
Annual Equality Publication

January 2017

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Accessibility

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Section One – Executive Summary

This is the fourth annual public sector equality report for the NHS Bury Clinical Commissioning Group (CCG). As a public sector organisation, the CCG is required to publish relevant proportionate information to show how we meet the Equality Duty. This information has to be published by 31 January each year. This report demonstrates how the CCG is meeting its Public Sector Equality Duty in relation to services commissioned and its workforce.

We are committed to embedding Equality, Diversity and Human Rights (EDHR) within all areas of our work and, as a result of the governance review, EDHR is clearly embedded within the terms of reference for the Quality and Performance Committee and Patient Cabinet. We will be refreshing our EDHR Strategy and revise our EDHR Objectives during 2017, which are all aligned to the Locality, strategic, and operational plans. All the above will strengthen our governance structure for EDHR. A number of work streams will be developed during 2017 to support the CCG's work towards mainstreaming this agenda.

The report highlights key demographic changes and health inequalities profile data across Bury. This information plays a pivotal role in ensuring we are commissioning for the diverse communities of the Borough. More information can be found in **Section Six** of the report.

As a commissioning organisation, we take EDHR seriously and, therefore, the report demonstrates how we have built EDHR into the commissioning process to ensure that, in everything we do, due regard is taken of the impact on local communities. **Section Seven** of this report details a range of information and data that we use to support our decision making process. The report also details the transformational approach to commissioning that is being undertaken and how we are playing a vital role in ensuring that EDHR is built into the heart of this process.

We have a responsibility to ensure that any decision taken shows due **regard** of the impact on the nine equality groups, and also **have due regard on health inequalities**. We undertake this process by completing an Equality Analysis (EA). We have a robust process in place to ensure this happens whenever we plan, change, or remove a service, policy, or function. Quarterly workshops are delivered to support this process and the EDHR Business Partner provides quality assurance checks for EAs. **Section Eight** provides more details about the CCG's approach to EAs and provides a full list of completed and signed off EAs for this reporting period.

We have developed a robust EDHR Schedule that is included in all provider contracts to ensure they comply with EDHR requirements. Regular meetings are held to ensure compliance and understanding from Providers any areas of concern are then escalated. The report sets out the specific requirements placed on providers to adhere to the EDHR Schedule. **Section Nine** of the report provides more details in relation to this area of work.

Workforce data is only required to be published for Public Sector organisations with over 150 employees. Our approach is to review and monitor workforce data through our internal reporting mechanisms. However although our numbers are small, meaning no statistical reliable inference can be drawn from them, in the spirit of transparency and openness, we provide an overview of our workforce and [Appendix A](#) a detailed report is available. We recognise that for some protected groups the current workforce data is not as robust as it could be and, therefore, will continue to encourage employees to declare and disclose their protected characteristics to enable us to gain a better understanding of our workforce. One of the key actions for the CCG is to continue to develop an inclusive culture and develop a staff survey during 2017 that includes the 4 questions from the Workforce Race Equality Standard (WRES).

We recognise more can still be done and will continue to monitor our staff across the protected groups to ensure any issues or concerns are addressed through the normal HR policies and procedures.

Our recruitment processes have been awarded the '**Disability Confident**' which has replaced the Two Ticks symbol "Positive about Disabled People" and going forward we will ensure this symbol is promoted on all CCG correspondence and documentation. A potential new Workforce Disability Equality Standard is on the horizon and in preparation for this we will explore good practice in developing a draft **Disability Policy during 2017-2018** and when we refresh our **EDHR Strategy** during this period. We have developed a suite of learning and development opportunities for staff so that we have the right skill sets and knowledge for the challenges and demographic demands on our services. All staff have an annual Personal Development Review and all new staff are required to attend mandatory Induction programme and complete the E- Learning mandatory training; EDHR forms a key part of that process.

The CCG has completed and published the **Workforce Race Equality Standard WRES** in line with the requirements from NHS England. Actions from the WRES will be incorporated into an over-arching EDHR Action plan.

We have been using 2016 to collate evidence against Equality Delivery System 2 (EDS 2) **Goal 1- Better Health Outcomes**, an internal assessment and external grading event will take place during 2017 when external stakeholders will assess our progress and also help us develop our **four yearly overarching Equality Objectives for 2017-2021**.

Much work has been undertaken during 2016 to implement the new **Accessible Information Standard**. This new standard was incorporated into our 2016-2017 EDHR Schedule for providers and is one of the key monitoring areas going forward. We have undertaken an audit of our GP Practices and we are members of Accessible Information Standard Partnership led by Pennine Acute Hospital Trust (PAHT). We are pleased to have signed up to the **AIS Pilot Communication Passport** which will be rolled out across some of our GP practices.

Much work has been undertaken to show progress against our four EDHR objectives, **Section Eleven** details progress to date.

In relation to the range of engagement activities, **Section Twelve** of this report demonstrates how the CCG are connecting with our communities. **Section Thirteen** will look at patient experience and the demographic profile for the GP National Survey and a detailed report for patient services is available in [Appendix B](#).

We recognise the progress that has been made this year and anticipate the feedback we will receive from our EDS 2 external stakeholders' event next year will positively validate this and the CCG's direction of travel. However we recognise much more still has to be undertaken for EDHR to be truly embedded within the CCG. **Section Thirteen** of this report sets out the next steps the CCG will be embarking on.

Section Two – Welcome Statement

We are pleased to present this year's Annual Public Sector Equality Duty (PSED) report for Bury Clinical Commissioning Groups (Bury CCG). This report takes into account our activities and achievements in relation to Equality, Diversity and Human Rights (EDHR) and of the legislative requirements of the PSED.

We remain fully committed to ensuring we meet and exceed our legal duties to meet the needs of our local communities and employees. We have strived to commission and deliver services that are appropriate and increasing in quality for the Borough's diverse communities. Through our commissioning, we are committed to improving health outcomes, reducing inequality and reducing health inequalities.

This report brings together evidence, activities, and recommendations that demonstrate how we are meeting our statutory duties under the Equality Act 2010. We have done much work to implement the Accessible Information Standard and to ensure our providers are compliant. Our role in the Accessible Information Partnership and being part of the AIS Communication Pilot demonstrates our commitment to improving patient access and experience and will be included as evidence for EDS 2, goal 1 external grading anticipated for 2017. We have successfully published our Workforce Race Equality Standard (WRES) and have identified a number of actions to address the gaps, which are detailed on our website.

This year, we undertook a review of our internal EDHR governance structure as a result EDHR is clearly embedded within the terms of reference for the Quality and Performance and Patient Cabinet. This approach we hope will strengthen our existing structures and ensure we are working towards embedding EDHR at every level of the organisation, ensuring EDHR will be featured in all key business activities.

As a Borough, we are going through a major transformational period with our approach to health and social care. We intend to do this by improving the health and wellbeing of all the people of Bury by closing the health inequality gap and integrate physical health, mental health, and social care services across Borough. The Locality Plan is the **commissioning plan** for health and care integration for across the Borough. The Locality Plan identifies 4 themes that will be prioritised over the next few years. A high level equality analysis was undertaken of the locality plan and going forward EDHR will be an integral part of this transformation work programme.

As the report identifies, there have been some notable successes but there are also a number of areas where we face significant challenges and we recognise there is still much to do. We do not underestimate the challenge we face in doing this, but we recognise the high opportunity it offers for our patients, our staff, and our local community. We look forward to reporting on our progress in 12 months' time.



Dr Kiran Patel
Chair



Stuart North
Chief Officer and Accountable Officer

Section Three – Introduction

We buy, or commission, health services for the residents of Bury and are responsible for making sure that these services are based on local need and deliver safe, high quality care. This has to be achieved within the budget allocated to us by NHS England, making sure we take into account the different needs of all our diverse communities. You can find out more about the CCG by accessing the following link: [Bury CCG Website](#).



Our vision reflects the needs of our local population and is to **'continually improve Bury's health and wellbeing by listening to you and working together across boundaries'**.

Each one of the 31 GP practices in Bury is a member of our CCG and these GP practices work together to plan and commission services in response to the needs of our patients. We have a budget of around £215 million to plan and purchase a range of health services including those provided in hospitals and out in the community setting for our resident population of around 187,500 (ONS, 2014 Mid-Year Estimate) and GP registered population of over 201,601 patients. We commission:

- Planned hospital care;
- Rehabilitative care;
- Urgent and emergency care (including out-of-hours);
- Community health services;
- Mental health and learning disability services; and
- We are also responsible for improving the quality of the services offered by our member GP practices.

The CCG works with patients and health and social care partners (e.g. local hospitals, local authority, local community groups, etc.) to ensure services meet local needs. The CCG Governing Body is made up of GPs from the local area and at least one registered nurse, one secondary care specialist doctor, and lay members.

We are responsible for arranging services within our boundaries, and for commissioning services for any unregistered patients who live in our area. All General Practices belong to a CCG.

CCGs are overseen by NHS England at a national level. NHS England is a body that ensures CCGs have the capacity and capability to successfully commission services for their local

population. NHS England will also ensure that the CCGs meet their financial responsibilities. As well as overseeing CCGs, NHS England Commissions some services itself. These are:

- Specialist services (i.e. those required by a limited number of people)

Partnerships

Health and Wellbeing Board

At a local level, a Health and Wellbeing Board (HWB) has been set up in the Local Authority to ensure the CCG meets the needs of local people. The Health and Wellbeing Board bring together the CCG and the local council to understand the health, social and wellbeing needs of its community.

Bury's Health and Wellbeing Board is responsible for leading a collaborative approach to improving the health and wellbeing of local residents and reducing health inequalities.

The HWB is a statutory committee of the Council. The roles and responsibilities of the HWB include:

- To ensure that all available resources to support health improvement and people's quality of life are used efficiently and to their full potential;
- To lead an assessment of the health and wellbeing needs of the local population and produce a high-level Joint Strategic Needs Assessment;
- To develop a joint health and wellbeing strategy providing an overarching framework and priorities identified for action within which commissioning plans for the NHS, social care, public health and other health and wellbeing related services will be developed;
- To shift the focus of services from crisis management to a preventative approach at key points in the whole life course;
- To challenge all partners to fully deliver their contribution to the Borough's priorities for health and wellbeing;
- To lead joint working and ensure coherent and co-ordinated commissioning strategies, including those of the NHS Commissioning Board;
- To provide public accountability for services that are directly related to the health and wellbeing of the local population;
- To ensure all partners fully understand what outcomes the Board are working to and use robust performance management structures to measure progress and success;
- To maintain an oversight of the allocated public health budgets and how these are spent; and
- To pull together the commissioning activities of the NHS locally and the local authority where this aligns with delivery of the joint health and wellbeing strategy and, through integrated commissioning, require assurances from joint commissioning structures of value for money and equity of access and outcomes;

The Health and Wellbeing Board has developed a strategy with clear strategic priorities to address inequalities across the Borough. You can find out more about the Health and Wellbeing Board by following this link: [Bury Health and Wellbeing Strategy](#)

Public Health

Bury Council have been responsible for public health, since April 2013, however the CCG work closely with them through Health and Wellbeing Boards to achieve the best possible outcome for the local community by developing a joint needs assessment and strategy for improving public

health. The Director of Public Health is a member of the CCG Governing Body and the Primary Care Commissioning Committee. The following link takes you to the latest [Bury Public Health Annual Report 2015-16](#)

Healthwatch

Healthwatch Bury is the independent consumer champion, created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and will make sure the views of the public and people who use services are taken into account. Healthwatch are a member of the CCG's Primary Care Commissioning Committee.

You can find out more about Healthwatch by following this link: [Bury Healthwatch](#).

Section Four – Governance

Governing Body Members have a collective responsibility to ensure compliance with the Public Sector Equality Duty (PSED), which will, in turn, secure the delivery of successful equality outcomes for the CCG, both as commissioner and employer. The Governing Body provides strategic leadership to the equality and diversity agenda, which forms a key driver for delivering the key strategic objectives and vision. EDHR assurances are made to CCG decision makers via board/committee reports, which demonstrate “**due regard**” has taken place regarding the relevant equality groups in relation to services and employment issues.

Equality, Diversity and Human Rights (EDHR) will be monitored by the relevant Committees and they will have responsibility to ensure EDHR is an integral part of their decision making and policy development responsibilities. Any issues relating to quality or risk will be reported via the Equality Business Partner into the relevant Committee structures.

Quarterly updates will be provided to the **Quality and Performance Committee** and **Executive Team** on the progression of the strategy, over-arching action plan, and any other related EDHR issues across the CCG.

The **Chief Officer** has overall responsibility and accountability for ensuring the necessary resources are available to progress the EDHR agenda within the CCG; also responsible for ensuring the requirements of this framework are consistently applied, coordinated, and monitored.

The **Deputy Director of Business Delivery** oversees the implementation of the strategy, the supporting action plan, and has line management responsibility for the Equality Diversity and Human Rights (EDHR) and is the representative for this agenda.

Equality specialist support is provided by the Greater Manchester Shared Service and the **EDHR Business Partner** provides guidance, support, and advice and has day-to-day responsibility for ensuring key EDHR work streams are delivered in conjunction with the **Deputy Director of Business Delivery** and has responsibility for the implementation and delivery of the EDHR Strategy and action plan. The EDHR Business Partner is a member of the **Patient Cabinet** to ensure equality and inclusion is integral to how we connect with our communities.

Managers of the CCG have responsibility for ensuring employees have equal access to relevant and appropriate promotion and training opportunities, access to policies and procedures, and support their staff to work in culturally competent ways within a work environment free from discrimination, harassment, and bullying.

Section Five- Compliance with the Public Sector Equality Duty

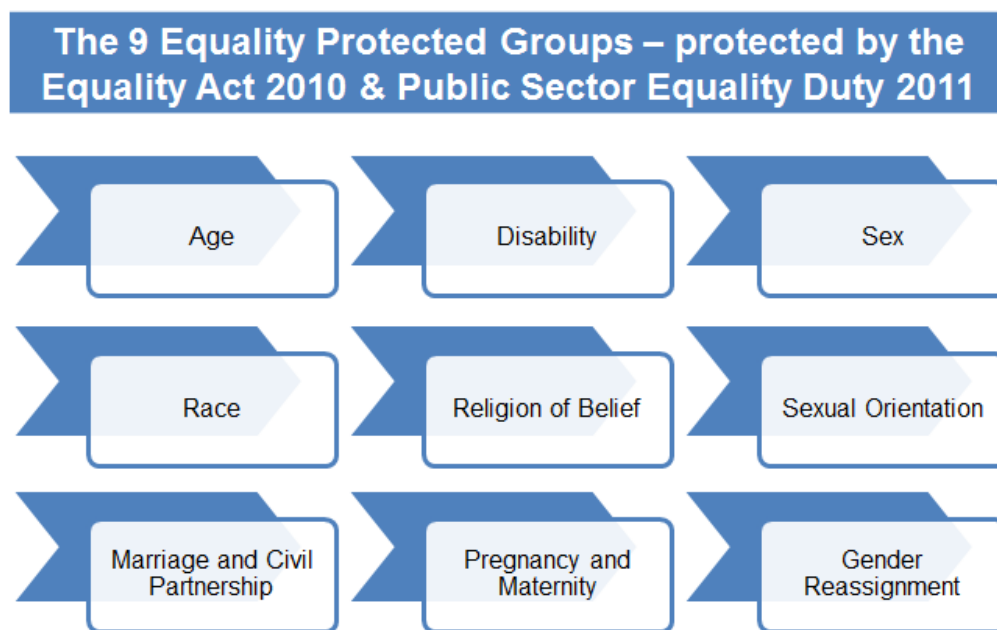
The Equality Act provides a legal framework to strengthen and advance equality and human rights. The Act consists of general and specific duties. The general duty requires public bodies to show due regard to:

Aim 1 – Eliminate unlawful discrimination, harassment and victimisation

Aim 2 – Advance equality of opportunity between different groups

Aim 3 – Foster good relations between different groups

There are 9 protected characteristics covered by the Equality Act 2010 (we refer to them as equality groups); these are detailed below:



The Specific Equality Duty

The CCG is required to publish relevant, proportionate information showing how they meet the Equality Duty by 31st January each year and to set specific, measurable equality objectives by 6th April every four years starting from 2012. Both general and specific duties are known as the Public Sector Equality Duties (PSED).

As statutory public bodies, the CCG must ensure it is meeting these legal obligations, and they intend to do so, by publishing information demonstrating how the organisation has used the Equality Duty as part of the process of decision making in the following areas:

- Information – details of information taken into account when assessing impact **See Section Seven (EDHR in Commissioning- evidence based approach to commissioning);**
- Service delivery – evidence of equality analysis that has been undertaken **See Section Eight Decision Making (Equality Analysis);**
- Workforce – employee related issues are detailed in **Section Ten; and**

- Connecting with our Communities – details of communication and engagement activities that have taken place during this period can be found in **Section Twelve**.

Other Key Equality, Diversity and Human Rights Drivers

The Human Rights Act 1998 is core to the rights of patients, as set out in the NHS Constitution.

The CCG endeavours to embed a human rights based approach in the way we commission services and in our role as an employer. Human Rights are underpinned by a set of common values and have been adopted by the NHS under the acronym FREDa. We will use the FREDa principles in our Equality Analysis documentation to ensure our decisions are made with due consideration of human rights. The principles represent:

- **Fairness** – Right to a fair trial (e.g. fair and transparent grievance and complaints procedures)
- **Respect** – Right to respect of family and private life (e.g. respect for same sex couples, teenage parents, homelessness)
- **Equality** – Right to not be discriminated against in the enjoyment of other human rights (not being denied treatment due to age, sex, race, etc.)
- **Dignity** – Right not to be tortured or treated in an inhuman or degrading way (e.g. sufficient staff to change soiled sheets, help patients to eat/drink)
- **Autonomy** – Right to respect for private life (e.g. involving people in decisions about their treatment and care)

Health and Social Care Act 2012

The Health and Social Care Act 2012 introduced legal duties to reduce health inequalities for CCGs. As a CCG, we are now required to consistently 'have regard' to the need to reduce inequalities between patients in access to health services and the outcomes achieved. With a view to securing health services that are provided in an integrated way and are integrated with health-related and social care services; where they consider this would improve quality and reduce inequalities in access to those services or the outcomes achieved. The CCG has incorporated health inequalities into their current Equality Analysis template to assist with the decision making process.

Equality Delivery System 2

Although the Equality Delivery System 2 (EDS 2) is not a legal requirement, it is a mandatory requirement for all NHS organisations. EDS 2 aims to help NHS organisations in discussions with local partners and stakeholders' review and improve their performance for equality groups protected by the Equality Act 2010.

EDS 2 also supports the CCG in meeting and delivering the requirements of the PSED. Our strategy and action plan is aligned to the EDS 2 goals and outcomes. More information about EDS 2 goal 1 will be available in our next annual equality report January 2018.

Workforce Race Equality Standard

Since 1st April 2015, NHS organisations are required to respond to the NHS Workforce Race Equality Standards (WRES), in regards to their workforce. We already monitor our workforce under the PSED and publish our report although we are less than 150 employees; however, some organisations have a historically poor record in collecting and publishing data on equality, including race equality. Therefore, the WRES was included in the 2015/16 NHS Standard Contract and 2017/19 going forward. The WRES forms the first phase in a programme of work addressing workforce equality issues. The CCG has developed a range of actions to address issues arising from the WRES; these are incorporated into the EDHR Action Plan. More information about the WRES can be found by following this link. [Bury CCG Equality and Diversity Web Page](#)

Disability Confident Scheme (replaces Two Ticks)

The CCG has adopted the social model of disability and ensure barriers, that restrict life choices for disabled people, are removed. They also ensure a more inclusive way of living is developed through our interaction with patients, carers, service users, and employees. The CCG HR specialist services including recruitment are provided by GMSS who have been awarded the 'Disability Confident' which replaces the 'Two Ticks Symbol', which demonstrates we are Positive about Disabled People.

Accessible Information Standard

The CCG will also ensure all information is accessible and that appropriate communication support is provided to meet the needs of patients, service users, and carers. We will, therefore, ensure they comply with the requirements of the Accessible Information Standards and will also monitor our providers against this standard on an annual basis. More information about this standard can be found by following this link. [Accessible Information Standard](#)

Section Six Bury's Demographics and Health Profile

Bury has a resident population of around **187,500** (ONS, 2014 Mid-Year Estimate) and has almost 201,601 (HSCIC September 2016) patients registered with GPs across the borough.

The communities we serve are diverse in their make-up but share some similarities in that they are generally less healthy when compared with the rest of the population of England. In terms of affluence and deprivation, Bury is ranked the **100th most deprived CCG out of 210** in England (2015 Index of Multiple Deprivation), although there are some areas of affluence.

Health inequalities are widening with approximately **6,400 children (under 16's, 2012) living in poverty** and **life expectancy for men and women significantly lower than the England average**.

We have several indicators of our population's diversity:

- The **gender split** within Bury is 51% female and 49% male. On average over recent years, life expectancy has slightly increased, but is still significantly lower than England with life expectancy in Bury currently 78.0 years for men and 81.5 years for women (2012-14, ONS). The association between deprivation and ill health is all too clear; in the most deprived areas of Bury, males have a life expectancy of 10.7 years less and females 7.7 years less than their counterparts (Public Health Outcomes Framework, 2011-13).
- Bury has a **relatively younger population** profile, similar to England overall, with more people aged between 0-10, and 40-59 [ONS 2014 Mid-Year Estimates]. By 2021 the number of people aged under 20 years old is expected to increase by 4 %. (2015 to 2021, using 2012-based sub-national population projections from ONS 2014). The over 65 year old population is expected to increase by 10%. The over 80 year olds is population expected to increase by 22%. [Source: 2012-based sub-national population projections [ONS 2014].
- Bury has a **BME population** of around 10% [Census 2011]. The Borough has a number of emerging communities' and data from the Border Agency shows that there are 449 refugee and asylum seekers in Bury, largely from Iran and Zimbabwe. Other refugee and asylum seekers are from Iraq, Pakistan and the Democratic Republic of Congo. The greatest concentration of asylum seekers are within East and Moorside wards (53% of the total).
- The 2011 census outlined that **over 21,224** people in Bury residents have a **limiting long-term illness, health problem or disability** equating to 27.2% of the population. Instances of disability rise significantly with age. As life expectancy increases, the number of people with complex care needs rises too. The number of people providing unpaid care is around 19,954, of which 2.5% care for 50 hours or more. The Census, 2011 showed those from the Pakistani and Bangladeshi communities are three times more likely to be carers than their white counterparts. Given the predicted changes in the over 65 population and long term conditions, it is reasonable to assume a corresponding rise in the number of carers. It is now widely accepted that carers are often in poor health themselves.
- The Census, 2011, showed a **majority of Bury's residents are Christian** (62.7%), followed by Muslim (6.1%) and Jewish (around 5.6%). 18.6 % identified as having no religion.

- There is currently **no local data on gender identity or sexual orientation**; it is estimated that 1 in 4000 people in the UK seek support to change their birth gender and between 5 and 7% identify as Lesbian, Gay or Bisexual nationally.
- The Census 2011 showed those married as 70,088 and those in a **registered civil partnership status as 253 in Bury.**

A more comprehensive breakdown of health in Bury can be accessed by following the links below:

- **Joint Strategic Needs Assessment (JSNA) document** [Bury JSNA](#)
- [Bury Health profile 2015](#)
- [Bury Public Health Annual Report 2015-16](#)

Section Seven – Equality, Diversity and Human Rights in Commissioning – (evidence base approach to commissioning)

Bury CCG is a clinically led commissioning organisation, meaning local clinicians are responsible for buying healthcare from a range of providers who are then contractually required to provide these services to the local population. These include urgent and emergency care, planned non-emergency hospital care, community health services, and mental health and learning disabilities.

Challenge

The NHS is facing an unprecedented level of future pressure, driven by: an ageing population; increase in long term conditions; rising costs; public expectations; and a challenging financial environment. To address these challenges, it is increasingly important we work more closely with our partners to achieve efficiencies, whilst improving quality and patient experience.

Ambition

Partners across Bury have responded by coming together to produce a Locality Plan which sets out the five year ambition for improving health and social outcomes across the Borough. By 2021 we want more people to be in control of their own health and wellbeing, managing their long term conditions well and being supported to achieve good health and wellbeing across their life.

Locality Plan Transformational Programmes

The Locality Plan is currently being refreshed; it identified four themes that will be prioritised over the next few years:

1. Redesigning & Improving Services: Our intention is to maximise the use of the Bury pound to support the citizens of Bury to live longer, happier lives, ensuring that everything we do is fit for purpose and as efficient and effective as it can be. We will quickly develop and upscale a number of services/projects in order to save money and to create an investment fund for our longer term work, whilst maintaining or improving outcomes for the people of Bury. We will also be changing the way we commission services and from whom. Health and Social Care will work together as if one commissioning body with aligned commissioning intentions, a significant pooled budget and shared back office functions.

2. Moving Services Closer to the Community: Here we will start to move services out of acute settings and into appropriate community ones. Some of this will require investment / pump-priming.

3. Investing in Early Intervention & Prevention: We will invest in evidence led interventions which will be designed to reduce the prevalence and severity of health conditions over the short, medium and longer term.

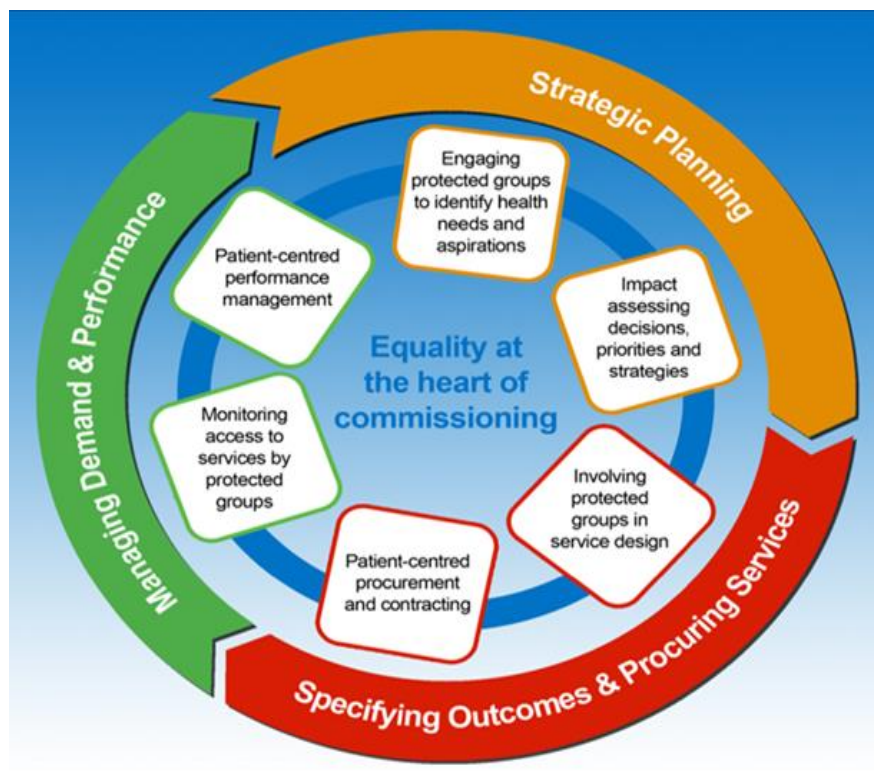
4. Enabling People to Self-Care: Here we will work to engage people in being part of the solution and ensuring they take a significant and active part in living longer and more healthily.

The annual Operational Plan all CCGs are required to produce each year will focus its commissioning activity on delivery of year 1 of the Locality Plan transformational programmes, as well as delivering against our constitutional standards and statutory requirements for the 2017/18 financial year.

More information about the Locality Plan can be accessed via this link: [Bury Locality Plan](#)

Equality, Diversity and Human Rights in Commissioning

The CCG want to place equality and inclusion at the heart of commissioning services for local people from vulnerable protected groups. The CCG has made some progress in transparently embedding EDHR into its decision making processes and this will be increasingly reflected in the redesign of existing services and the commissioning of all services. The diagram below illustrates the key components of mainstreaming equality and inclusion into the commissioning cycle.



EDHR is at the heart of commissioning:

- Ensure all CCG staff (including new starters) and providers have received training in how to embed EDHR into day-to-day practices.
- Ensure providers monitor fair access to services by protected groups and differential satisfaction levels. Build equality returns into contract reviews.
- Build EDHR criteria into all contracts e.g. EDHR Schedule of evidence and EDS 2 performance framework.
- Involve all protected groups in service design and re-design.
- Show “due regard” – undertake Equality Analysis screening on: early decisions; priorities; Commissioning Intentions; programmes; strategies; and policies, where appropriate.
- Specify required equality Outcomes within service specifications.
- Engage local protected groups to identify health needs and any negative impacts on protected groups from healthcare changes under consideration by the CCG.

Key information and data (evidence base)

Commissioners use a wealth of data/information to aid them when commissioning and procuring services; some of the key demographics, health inequalities, and engagement information can be accessed via the following links:

- **The Joint Strategic Needs Assessment (JSNA)** provides a baseline assessment of needs across the Borough and is a key piece of evidence underpinning the development of the joint Health and Wellbeing strategy. NHS and local authority commissioners will be expected to have given 'due regard' to the JSNA and Joint Health and Wellbeing strategy when developing their commissioning plans. Follow this link to find out more about the [Bury JSNA](#)
- **Bury Health Profile 2015** A full copy of the report can be found by following the link: [Bury Health profile 2015](#)
- **Public Health Report 2015-16** – Presents an overview of the demographics and health profile of the communities of Bury. A copy of the full report can be accessed by following this link [Bury Public Health Annual Report 2015-16](#)
- **Census 2011** – Census statistics help paint a picture of the nation and how we live. They provide a detailed snapshot of the population and its characteristics and underpin funding allocation to provide public services. The census is divided by a range of themes and is also broken down by cities and neighbourhoods. Further information can be found by following this link. [Census 2011](#)
- **LGBT Foundation** – This website has a wealth of information Commissioners can access to obtain health and demographic information about the LGBT community within the Borough. The following link details the wealth of information at the disposal of the CCG. [LGBT Foundation](#)
- **The Equality and Human Rights Commission** provides a range of EDHR resources as well as undertaking a number of specific research programmes that are published and supports the CCG in understanding the communities it serves. [Equality and Human Rights Commission](#)
- **The Business Intelligence Team** is based within the CCG and provides Commissioners with a wealth of data about the local population, particularly at primary care level.
- **Communication and Engagement** – see **Section Twelve**.

Section Eight – Decision Making (Equality Analysis)

Bury CCG is committed to ensuring we pay 'due regard' to the three aims of the Public Sector Equality Duty (PSED). The systematic analysis of the impact of our actions and decisions on equality is one way we demonstrate this.

The CCG believe the Equality Analysis (EA) process is central to being a transparent and accountable organisation. The EA ensures we do not disadvantage people from protected and marginalised groups by the way we commission health services. The EA help us to develop a better understanding of the communities we service. EAs are an integral part of the business case and policy development and, as such, they are required to be completed whenever we plan, change, or remove a service, policy, or function.

Our process requires individual staff and teams to think carefully about the likely impact of their work on different communities or groups. It involves anticipating the consequences of the organisations strategies, policies, procedures, and functions on different communities and making sure any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

As a CCG, we also have a responsibility under the Health and Social Care Act 2012 to "have due regard" to the need to reduce health inequalities when exercising our functions.

Our Equality Analysis Toolkit assists managers in undertaking analysis, which now incorporates a section on addressing health inequalities. The Toolkit aims to make the process of equality analysis easier to understand and implement and is designed to make it as simple as possible for the analysis to be completed.

The CCG delivers quarterly EA workshops for managers who are required to undertake an EA.

A full list of all completed EAs for this reporting period are listed below:

Commissioning Services

- Locality plan
- APMS
- End of Life
- Dementia
- LES Diagnosis of Cognitive Impairment in-house without referral to the Memory Assessment Service
- Urgent Care Review
- Primary Care Strategy

Greater Manchester Effective Use of Resources Policies

- GM Facet Joint Injections for Back and Neck Pain
- GM Radiofrequency Denervation for Neck and Back Pain
- GM Ultrasound and PES for Bone Healing
- GM Experimental and Unproven Treatments
- GM Circumcision
- GM Drainage of the Middle Ear
- GM Headache Disorders

- GM Knee Arthroscopy, Lavage and Debridement
- GM Caesarean Section
- GM Carpal Tunnel Policy
- GM Out of Contract Spinal Procedures
- GM Trigger Finger

Section Nine - Performance Monitoring of Providers

We can commission any service provider that meets NHS standards and costs. These can be NHS hospitals, social enterprises, charities, or private sector providers. However, we must be assured of the quality of services we commission, taking into account [National Institute for Health and Care Excellence \(NICE\)](#) guidelines and the [Care Quality Commission's \(CQC\)](#) data about service providers and their compliance with the Public Sector Equality Duty.

Some of our contracts are with the following provider organisations:-

- Pennine Acute Hospitals Trust (acute services)
- Pennine Care Foundation Trust (mental health and community services)
- Salford Foundation Trust
- Bolton Foundation Trust
- Central Manchester Hospitals NHS Foundation Trust
- North West Ambulance Service (NWAS)

We regularly monitor their equality performance, patient experience and service access.

With the support of the Greater Manchester Shared Service (GMSS) Equality, Diversity and Human Rights (EDHR) team, we assure the quality of provider services from an EDHR point of view by:

- Ensuring that provider organisations meet the requirements we have specified in their contracts. The GMSS has developed and refreshed the [EDHR contract schedule](#) for use across Greater Manchester. This will provide even richer information on which to base decisions, better outcomes for vulnerable groups and a consistent approach to equality monitoring;
- Scrutinising the Equality and Diversity information on providers' websites to ensure they show how they meet their legal Equality obligations; and
- Working with provider organisations (including GP practices) to improve their understanding of EDHR.

Individual provider organisations will be publishing their own Annual Equality Data Publication showing how protected characteristic groups use their services by locality and workforce information to show how they are meeting the requirements of the Public Sector Equality Duty.

We will use this to help us identify areas or communities where people do not use services or overuse them, and to commission services to respond to this. Plans to improve the collection or analysis of data are usually included in the provider's Annual Equality Data Publications. We will scrutinise provider publications to obtain assurance that the provider organisations understand the improvements required and have action plans in place to address them.

The Table below briefly shows compliance from our main providers:

NHS or other providers	Equality Objectives agreed and published	Published Equality information in 2016	Published EDS grading around 2016 performance
Pennine Acute NHS Hospitals Trust	Yes	Yes	No
Pennine Care Foundation Trust	Yes	Yes	Yes
Bolton Foundation Trust	Yes	Yes	Yes
Salford Foundation Trust	Yes	Yes	Yes
Central Manchester Hospitals NHS Foundation Trust	Yes	Yes	Yes
NWAS	Yes	Yes	Yes

More information about EDHR in these provider organisations, including their Annual Equality Data Publications when available, can be found on the Equality and Diversity pages of their websites.

- [Pennine Acute NHS Hospitals Trust](#)
- [Pennine Care Foundation Trust](#)
- [Bolton Foundation Trust](#)
- [Salford Royal NHS Foundation Trust](#)
- [Central Manchester Hospitals NHS Foundation Trust](#)
- [NWAS](#)

Section Ten – Workforce

As part of the requirement of the PSED, organisations with over **150 employees** are required to publish information relating to their employees.

As our workforce is less than 150, our approach is to review and monitor workforce data through our internal reporting mechanisms. Our workforce numbers are small, meaning no statistical reliable inference can be drawn from them. However, in the spirit of transparency and openness, we provide an overview table of our workforce profile on page 27 and a detailed report is available [Appendix A](#).

As at 31st August 2016, NHS Bury CCG employed 94 people, made up of 63% female and 37% male employees.

Organisation and Culture

We are committed to developing an organisational culture which is inclusive, eliminates discrimination and promotes fair treatment for all employees. We have a schedule of HR policies to support this ethos within the organisation which are readily available to all employees, supported by training and development. We will be undertaking a staff survey that include the four questions from the Workforce Race Equality Standard. We will continue to monitor our staff across the protected groups to ensure that any issues or concerns are addressed through the normal HR policies and processes.

Progress 2016

We have invested in a resource from GMSS to lead on the delivery of the Equality, Diversity and Human Rights strategy, ensure the organisation remains legally compliant with all employment legislation and that the organisation continues to develop best practices in working towards becoming an employer of choice.

- Our Equality, Diversity and Human Rights Strategy 2013-17 was developed and signed off at Governing Body and details the strategic approach to organisational culture, workforce and education and training to ensure alignment to the delivery of the business objectives;
- We have reviewed the governance arrangements for EDHR and now is embedded into the terms of reference of the Quality and Performance Committee and Patient Cabinet.
- We have published our Workforce Race Equality Standard which is supported by a clear action plan for improvement;
- We continue to offer a broad range of proactive HR policies with a regular work plan for reviewing and updating HR policies. A potential new Workforce Disability Equality Standard is on the horizon in preparation for this we will explore good practice in developing a draft Disability Policy during 2017-2018 and refresh our EDHR Strategy during this period.
- GMSS provide our HR processes and have attained the two ticks symbol, positive about disability which demonstrates the organisation's on-going commitment to developing an inclusive organisational culture; and
- We offer a rolling training programme for Equality Analysis has been set to promote internal knowledge and expertise

Policy and Procedures

We have a range of employment policies which support Equality, Diversity and Human Rights including Dignity at Work, Equality, Diversity and Human Rights, Flexible Working, Disability Policy, Shared Parental Leave. All HR policies are regularly reviewed and updated to reflect changes in legislation and best practice. Additionally, Equality Analysis are undertaken as part of

the development and review process to ensure policies are fair and equitable to all employees and any potential adverse impacts are identified and addressed.

Pay

All employees (other than very Senior Managers and Clinicians) are paid in line with the national Agenda for Change pay framework. Internal processes are in place to ensure that the national pay framework is implemented in a fair, open and transparent manner.

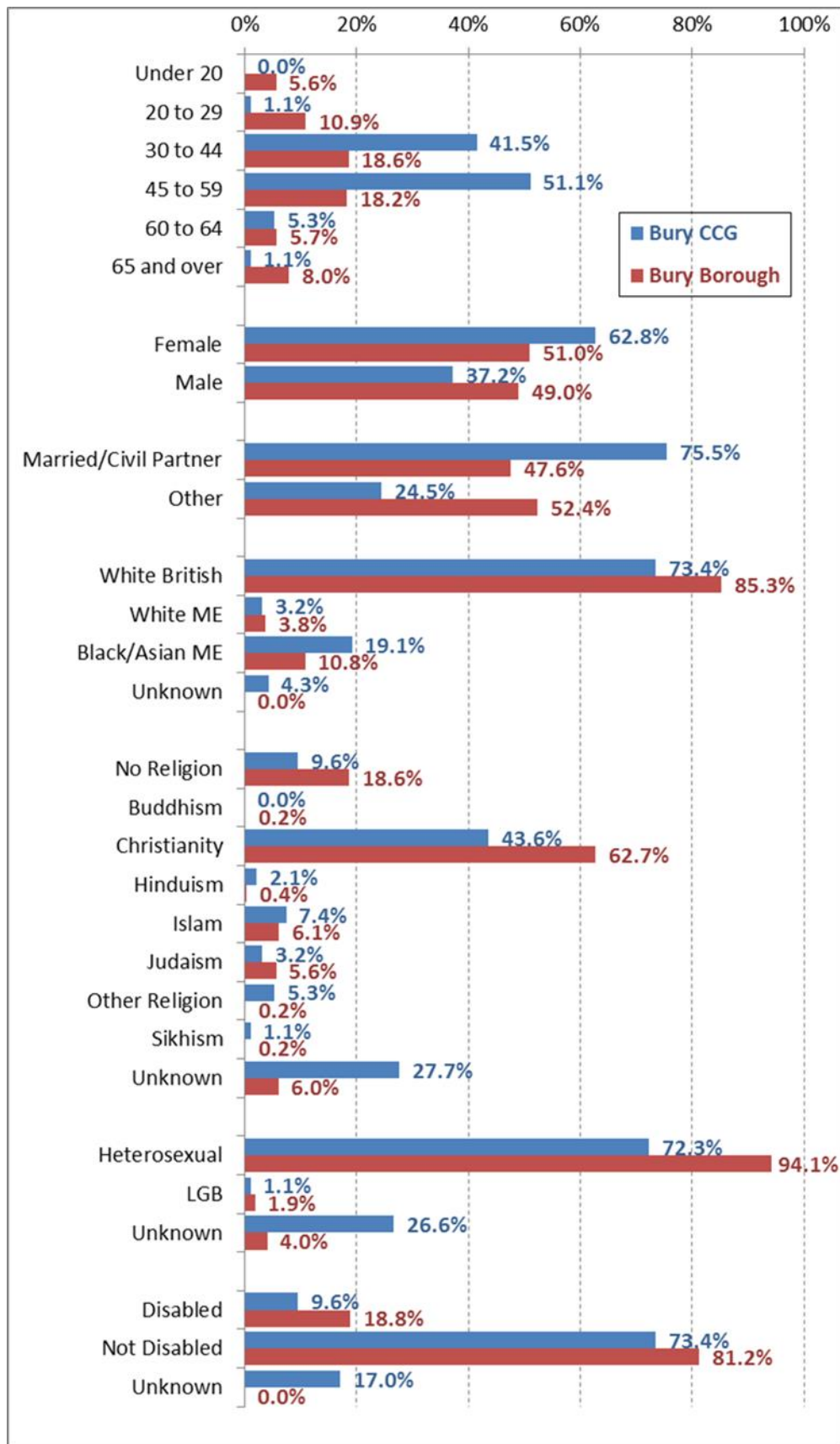
Grievances and Disciplinary

We have both a Disciplinary Policy and a Grievance Policy. Both of these policies are readily available to all employees and line managers are trained to use the policies in a fair and equitable way. The organisation is small and therefore will not report on the number of cases in order to maintain confidentiality. There are however monitoring systems in place to enable the organisation to identify trends and implement appropriate actions.

Workforce Race Equality Standards (WRES)

The organisation has recently published its Workforce Race Equality Standard and is currently implementing actions identified from the baseline report. For further information please see - [Bury CCG Equality and Diversity Web Page](#)

Table A: Our Workforce at a Glance (31 August 2016)



Figures for “Bury Borough” in the following summary are based on the 2011 Census, apart from the Sexual Orientation data which use the ONS 2012 National Survey, North West region.

Section Eleven - Equality Objectives October 2013-17

Our equality objectives for 2013- 2017 were developed using views, observations and comment of patient public and staff. We have undertaken a number of actions to move forward the equality objectives which were set as part of our Equality Strategy.

We are nearing the end of our four year equality objectives period (October 2013-2017) and will review these based on completed actions, EDS2 outcomes and changes to legislation or best practice measures

Equality Objective 1: Develop data to monitor, information to manage and knowledge to act	Work streams have supported the CCG in meeting objective
<ul style="list-style-type: none"> Promoting a consistent approach to equality monitoring; access to services; diseases rates; patient experience levels and complaints, broken down by all 9 protected characteristics. 	-Improvement in the range of data sets Commissioners are using to aid them in understanding their local population – as detailed in Section Seven above .
Equality Objective 2: Develop the right services, targeted, usable, useful and used	Work streams have supported the CCG in meeting objective 2
<ul style="list-style-type: none"> A real focus on quality improvement. As commissioners we have strengthened our equality and human rights requirements for all our providers through our contracting processes. We will continue to monitor the performance against equality and human rights requirements of the contracts We will work with our partners to use human rights as leverage for real change in care settings; continually work to improve access and experience by improving transport and bringing healthcare services closer to the community. 	<ul style="list-style-type: none"> - EDHR Schedule for Providers - Accessible Information Standard (AIS) audit of providers and GP practices - review of EDHR schedule across GM CCGs to standardize approach - Quarterly updates of provider compliance to Quality and Safety Committee - Member of the Healthier Together Equality Advisory Group - quality assurance role of single hospital sites - Partner of AIS Partnership led by PAHT and includes North East Sector CCGs and Councils - AIS Communication Passport Pilot
Equality Objective 3: Move beyond compliance to initiating best Practice	Work streams have supported the CCG in meeting objective 3
<ul style="list-style-type: none"> 	An equality analysis framework is collaboratively developed, shared and adopted. The framework promotes evidence-based equality analysis carried out with and informed, by the different equality target groups.
Equality Objective 4: Workforce and leadership	Work streams have supported the CCG in meeting objective 4
<ul style="list-style-type: none"> Increasing the awareness of the equality and human rights agenda for CCG and their membership practices, to ensure they have a full understanding of their responsibilities under the Equality Act 2010. . 	<ul style="list-style-type: none"> -Mandatory E Learning – Equality Awareness - Equality Analysis Workshops - Equality Analysis Quality Assurance and one to one support for staff -Briefings around the Accessible Information Standard - Workforce Race Equality Standard - Equality analysis of HR Policies

Section Twelve – Connecting with our Communities

We want to commission (plan and buy) services that improve the health of all our communities. We do this by trying to understand the potential barriers experienced by patients using the services we commission, and by listening to what the issues are that they raise. We do this via our engagement work, our Patient Cabinet who represent some parts of the community, and work with our partner agencies. More information can be found <http://www.buryccg.nhs.uk/here-to-help/GetInvolved/index.aspx>

Below are some examples of our engagement work. It is not exhaustive but shows our approach to engagement.

Dying Matters Week

Dying Matters is a coalition of 30,000 members across England and Wales which aims to help people talk more openly about dying, death and bereavement, and to make plans for the end of life.

The CCG in conjunction with Pennine Care NHS Foundation Trust and Pennine Acute Hospitals Trust planned a range of activities with specific groups and communities and utilising existing staff and public mechanisms including the website, social media and the press and media to deliver a range of messages about Dying Matters Week, utilising a hook to get the 'big conversation' going, i.e. 'something to remember me by'.

The programme of events included:

- Sessions with residents in six care homes in Bury targeting older people
- An event with the Jewish community involving local Rabbis
- A session at the Bury Carers Centre which engaged over 30 people
- Sessions organised through ADAB with Muslim elders. Sessions took place with men and women engaging over 40 people at each session.

End of life and palliative care service redesign

As part of this ongoing programme of work during 2016 supported by Macmillan Cancer Support there has been extensive engagement with local people and professionals to inform the redesign of care pathways. Engagement sessions have taken place with:

- The NHS Bury CCG Patient Cabinet
- Members of the local Jewish community
- Staff from the Bury Carers Centre
- Staff from ADAB looking at the experience and needs of BAME people

Cancer pathways redesign and support for people living with and beyond cancer

As part of this ongoing programme of work during 2016 supported by Macmillan Cancer Support there has been extensive engagement with local people and professionals to inform the development of a care pathway and services to support people living with and beyond cancer.

A total of 50 people [cancer patients and people affected by cancer] were involved in the consultation and the identity breakdown is given below:

Gender	Male	24%
	Female	76%
Ethnicity	White British	78%
	African Caribbean	4%
	Pakistani	18%
Disability	Disabled	30%
	Not disabled	64%
	Not stated	6%

As well as engaging with a wide range of statutory sector organisations there was targeted engagement with a number of voluntary sector organisations working with diverse groups including:

- Age concern
- ADAB
- Healthwatch
- Bury Prostate Cancer Support
- Bury Blind Society
- Bury Carers Centre

Always learning and future partnership working

We recognise the need to continue to learn, connect, and better understand the needs of people living in the Borough, especially for individuals and communities from protected characteristics and communities of interests.

We will continue to work in partnership with communities and our partners to ensure there is equality in the services we commission for our residents.

We will continue to share best practice, guidance, and learning and work with our partners and stakeholders to tackle health inequalities across the borough.

We will continue to co-produce innovative ways to engage and listen to individuals and communities.

For more information about how we engage with protected characteristic groups.

Section Thirteen -Patient Experience

The **GP Patient Survey July 2016** is a national survey undertaken by NHS England. In Bury CCG, 10,356 questionnaires were sent out, and 3,575 were returned completed. This represents a response rate of 35%, which is the same as 2015.

The diversity profile of respondents is provided in table 13.1 below.

Diversity Profile of Respondents			
Ethnicity		Learning Disability	
Respondents that declared their Ethnicity	2866	Respondents that declared their Learning Disability	2817
British	86%	Yes	3%
Irish	1%	No	97%
Any other white background	4%	Unknown data	758
Pakistani	4%	Sexual Orientation	
Indian	1%	Respondents that declared their Sexual Orientation	2810
Any other Asian Group	1%	Heterosexual or Straight	93%
		Gay or Lesbian	1%
Any other ethnic background	2%	Bisexual	1%
Unknown data	709	Other	1%
Deaf and use sign language		Prefer not to say	4%
Respondents that declared their Deaf and use sign language	2805	Unknown data	765
Yes	0%	Religion and Belief	
No	100%		
Unknown data	770		
Gender		Respondents that declared their Religion and Belief	2,878
Respondents that declared their Gender	2,881	No religion	23%
Male	49%	Christian	61%
		Buddhist	1%
Female	51%	Muslim	6%
		Jewish	5%
Unknown data	694	Hindu	1%
Age		Other	%
		Prefer not to say	2%
Respondents that declared their Age	2,880	Unknown data	697
18 - 24	9%	Caring Responsibilities	
25 – 34	16%	Respondents that declared their	2813
35– 44	17%	No caring responsibilities	81%
45 - 54	20%	1-9 hours	10%
55 – 64	15%	10-19 hours	2%
65 -74	13%	20-34 hours	1%
75 -84	7%	35-49 hours	1%
85 and over	3%	50 plus hours	4%
Unknown data	695	Unknown data	762

Table 13.2 below shows that **overall, patient satisfaction levels** are rated as very good and fairly good across GP practices for the residents of Bury; only 4% felt the service was fairly and very poor.

Overall experience of GP surgery	January 2016
Very good	47%
Fairly good	10%
Neither good nor poor	9%
Fairly poor	3%
Very poor	1%
Total number	2,877

Table 13.3 below shows the overall, patient satisfaction levels broken down by Gender, Age and Ethnicity.

Overall experience of GP surgery by Gender Age and Ethnicity						
Protected Group	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	Total Number
Gender						
Male	46%	40%	9%	3%	1%	1,387
Female	47%	41%	8%	4%	1%	1,449
Age						
18-24	38%	46%	11%			261
25-34	40%	44%	10%	5%		453
35-44	37%	46%	12%	4%		479
45-54	47%	40%	7%	4%	2%	578
55-64	48%	40%	9%	3%		414
65-74	60%	32%	6%			379
75-84	62%	31%	6			197
85 and over	62%	28%				76
Ethnicity						
British	48%	40%	9%	3%	1%	2,423
Irish	56%	34%				30
Any other white background	40%	45%	11%			106
Pakistani	39%	42%	14%			101
Indian		65%				19
Any other ethnic background	34%	53%				60

The GP Patient Survey is a mandatory performance measure, where Bury CCG needs to demonstrate in the July 2017 that they have either:

- Achieved a level of 85% of respondents who said they had a good experience of making an appointment; or
- 3% points increase from July 2016 on the percentage of respondents who said they had a good experience of making an appointment.

- **Table 13.4** below shows that **overall experience of making an appointment** levels are rated as very good and fairly good across GP practices for the residents Bury; only 13% felt the service was fairly and very poor.

Overall experience of making an appointment	January 2016
Very good	34%
Fairly good	40%
Neither good nor poor	14%
Fairly poor	8%
Very poor	5%
Total number	2,794

Table 13.5 below shows the **overall, experience of making an appointment** broken down by Age, Gender and Ethnicity.

Overall experience of GP surgery by Gender Age and Ethnicity						
Protected Group	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	Total Number
Gender						
Male	33%	41%	15%	7%	4%	1,353
Female	34%	40%	13%	8%	5%	1,409
Age						
18-24	28%	47%	14%	4%	7%	257
25-34	28%	44%	13%	8%	7%	449
35-44	30%	37%	17%	12%	4%	468
45-54	32%	39%	16%	8%	6%	562
55-64	35%	37%	15%	9%	4%	401
65-74	44%	38%	12%	4%		367
75-84	45%	42%	8%	6%		187
85 and over	46%	42%				69
Ethnicity						
British	34%	40%	14%	8%	5%	2,348
Irish	32%	44%				32
Any other white background	41%	32%	14%			103
Pakistani	18%	53%	20%			103
Indian		62%				20
Any other Asian background		65%				22
Any other ethnic background	31%	40%	22%			55

For further information about GP satisfaction see the results of the [GP National Survey for Bury CCG](#)

Complaints and Informal Patient Enquires (PALS)

Our 'Complaints and Patient Liaison Advice Services' (PALS) are provided by the 'Patient Services' team at Greater Manchester Shared Service (GMSS). The team are aware of the diverse population served by the CCG and an equality and diversity monitoring questionnaire and

pre-paid envelope is sent to all complainants with the acknowledgement letter to complete and return (completion of the questionnaire is voluntary).

Analysis of patient demographic data collated from contacts received over 1 October 2015 – 30 September 2016 shows 454 patient contacts were received by NHS Bury CCG. These contacts included:

- Informal patient enquiries (PALS) – 382
- Complaints – 56
- MP letters – 8
- Compliments – 4
- Claim – 1

A detailed report showing the demographic breakdown is available in [Appendix B](#).

Section Fourteen – Our Achievements

Accessible Information Standard

During the year, we have supported our providers to implement the Accessible Information Standard. Under the Accessible Information Standard disabled people who are our patients, service users and their carers and parents must have access to information that they can understand and any communication support they need.

This includes making sure that people get information in different formats if they need it, such as large print, Braille, embossed, easy read, via email and visual/British Sign Language (BSL) etc.

As part of the standard the organisations must do five things:

1. **Ask** people if they have any information or communication needs, and find out how to meet their needs
2. **Record** those needs in a set way on patient records
3. **Highlight** a person's file, so it is clear that they have information or communication needs, and clearly explain how these should be met
4. **Share** information about a person's needs with other Trust Teams/Departments, NHS and adult social care providers, when they have consent or permission to do so
5. **Act** to make sure that people get information in an accessible way and communication support if they need it.

We have published and shared briefing papers on a range of topics, including:

- A summary of Accessible Information Standard AIS
- The benefits of implementing the AIS in order to comply with the public sector equality duty, and the health inequalities duty
- Audit of our providers against AIS
- Promoting and engaging our GP practices in good practice with the PAHT AIS Partnership and piloting the AIS Communication Passport

We continue to support a number of our providers to implement AIS and EDS2.

The Communication and Information Needs Passport launch

Bury CCG is part of the Accessible Information Standard Partnership led by PAHT and signed up to Communication and Information Needs Passport which will be rolled across some GP practices soon. The launch event took place at North Manchester General Hospital in September.

During the event a new Accessible Information Standard Charter was signed by representatives from The Pennine Acute Hospitals NHS Trust, Bury, Oldham and Rochdale Councils; and Bury, Oldham and Heywood, Middleton & Rochdale Clinical Commissioning Groups. By signing up to the charter all of the above organisations agree to implement The Accessible Information Standard and comply with the requirements. [Communication and Information Needs Passport for Patients Launch.](#)

EDHR Assurance Schedule

A set of eleven standards for equality and diversity have been developed as part of the provider performance management process. GMSS EDHR Team led on a recent collaborative approach to review of how GM CCGs performances manage their providers; with 12 GM CCG Equality leads,

with the aim to move towards a standardized process. It is anticipated that 9 of the 12 CCGs including HMR CCG will use the EDHR Assurance Schedule in the imminent contract rounds.

Healthier Together Equalities Advisory Group

Our membership of the **Healthier Together Equalities Advisory Group** provides us with an opportunity to advise the Healthier Together Programme on a range of equality inclusion issues. We do this by utilising our member's expertise, representing the interests of the members of the public, ensuring that Healthier Together take account of the needs of the diverse population of Greater Manchester.

Members of the group represent patients and members of the public in the Healthier Together decision making process, paying particular attention to all equality groups. Such initiatives demonstrate our commitment to working with local partners to meet both our own legal obligations and those of our CCG customers, taking into account the requirements of the NHS constitution, EDS2 and the duty to reduce health inequalities. These initiatives support our desire to: improve access to services, remove barriers, and improve the quality of services and the experience of patients.

Commissioning

We are **working with our GP Practices to implement some Quality Standards**. The standards originate from Greater Manchester and we are implementing them in a phased approach. The standards show a commitment to improving and expanding GP services in areas such as improving access to services for our patients; improving cancer survival rates and earlier diagnosis and improving outcomes for children who have asthma

During the year we received the good news that we were to receive a **cash boost for children and young peoples' services**. The money would help us to transform emotional health and wellbeing services for children and young people in Bury. A plan of action for the next 5 years has been developed with the help of local children, young people and their families, to transform these services in Bury.

Self-care has been another key theme throughout the year. Since September 2015, Bury GP Practices have no longer routinely prescribed items for minor ailments such as diarrhoea, cold sores and dry skin. Through our Be Self Care Aware campaign, patients have been encouraged to treat minor illnesses and injuries such as upset tummies, minor cuts and burns and coughs and colds at home with over the counter items if appropriate.

One of the other priority areas we have been working on during the year is to review **end of life care and services** to ensure these are meeting the needs of local people. This has involved holding patient and public engagement events to help us to plan what services might look like in the future. We have also been reviewing cancer service provision and this has included reviewing services and the experiences of patients to ensure the right support is available for people living with and beyond cancer.

Section Fifteen - Next steps

Corporate

- Deliver a number of EDHR workshops for Small provider organisations.
- Review Equality Objectives and EDHR Strategy 2017- 2021 to support key work streams and priorities.
- Continue to deliver quarterly EA workshops and provide quality assurance to managers.
- EDS 2 goal 1 and deliver external event for EDS 2 during 2017.
- Collate all information from EDS 2 into the over-arching EDHR action plan.

Workforce

- The organisation will continue to work towards developing inclusive organisations with systems, processes, policies and training in place to embed the principals of EDHR across the organisation, underpinned by a clear leadership and governance to set goals and priorities, review progress, and ensure continuous progress.
- Publish Workforce Race Equality Standard for July 2017
- Undertake a staff survey that incorporates the 4 indicator questions from Workforce Race Equality Standard
- Ensure the organisation remain legally compliant, and continue to develop best practices in working towards becoming an employer of choice.
- The organisations are developing a more robust leadership and governance structure to set key priorities in line with the Locality Plan, to oversee progress on key programmes of work, and to facilitate continuous improvement.
- A development programme for all employees at all levels is being developed and rolled out to promote understanding of EDHR and how the principals shape their role on a day-to-day basis, specifically around the design, procurement, and commissioning of services to meet the changing needs of the local population.
- To develop and implement an action plan for the EDHR strategy, focusing on the key priorities set by the Executive Management Team.

Engagement activity

- Continue to engage with our communities

Samina Arfan

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