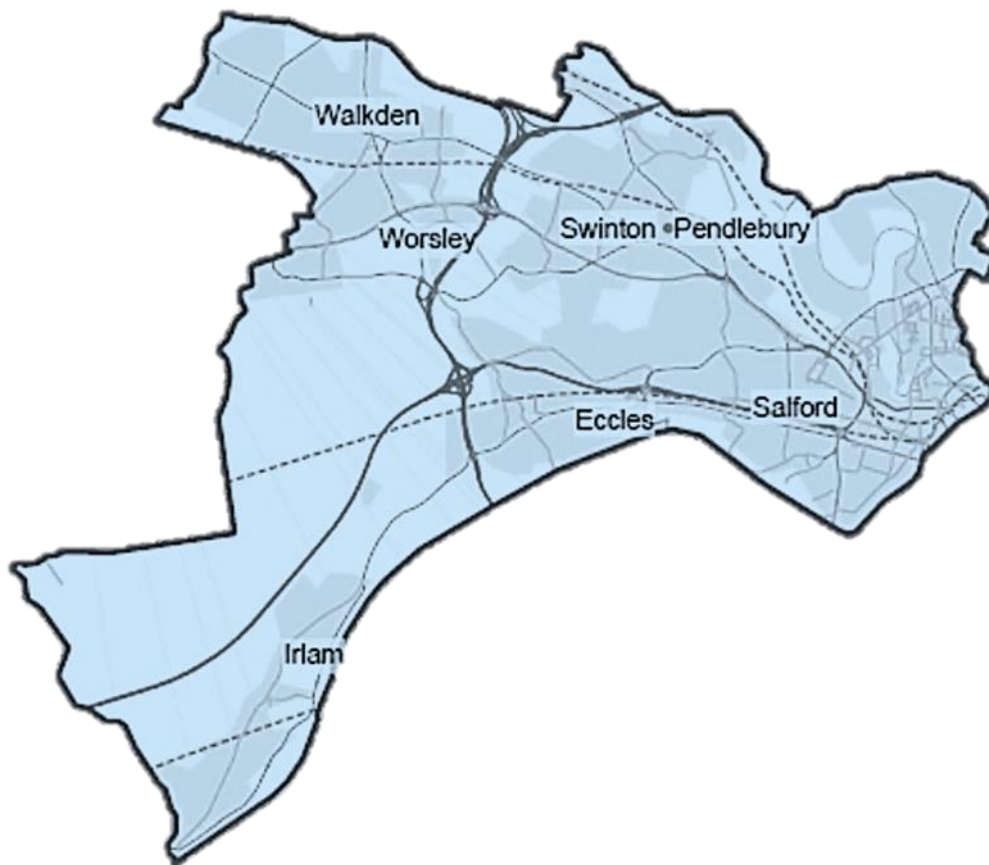


Annual Equality Report January 2016



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1. Executive Summary

This is Salford Clinical Commissioning Group's (CCG) third Annual Equality Publication. It shows our commitment to promoting equality and reducing health inequalities, and sets out the way we fulfil our responsibilities arising from the Equality Act 2010. The Act requires public bodies to publish appropriate information showing compliance with the Equality Duty on or before 31st January each year.

The report sets out the initiatives that we have followed in key areas of our business as well as the key challenges that we know we need to address.

We are pleased with the progress in our equality assurance with Health Care providers and contract management, governance arrangements for reviewing equalities and, in particular, getting closer and engaging with our local communities.

That said, there remain aspects of our equality plan that need a concerted effort during 2016 to help us embed the inclusive approaches in our practices and decision making processes.

The report also gives you an overview of our role and aims and our current understanding of Salford's diverse population and health challenges. It recognizes our legal responsibilities in demonstrating 'due regard' to the Public Sector Equality Duty and what we are doing to achieve it as well as progress against our Equality Objectives and commissioning for inclusion.

We need to be assured that the organisations providing the services we commission can effectively collect and analyse data to improve service provision and achieve better health outcomes for vulnerable groups in Salford.

The report highlights examples of work we have undertaken to take account of the needs of our vulnerable communities, looks at our plans to improve the way we commission services and identifies future areas for development.

This publication reflects our open and transparent approach to inclusion and to local vulnerable protected groups, and will be available in other formats on request.

2. What we know about Salford

Commissioning health services presents particular challenges. Salford is a very diverse borough, with a unique, interesting and unusual multicultural heritage. It has areas of high deprivation where health outcomes are relatively poor, and areas of affluence where health outcomes are generally relatively good. Certain vulnerable groups within the borough have poorer health outcomes than the general population, or experience particular barriers to service access.

This presents particular challenges when means that commissioning health services for Salford's health inequalities. Some examples of specific inequalities for some (though not all) protected characteristic groups are shown below:

Fig.1 Life expectancy in Salford

Life expectancy (from 2012 JSNA*) in years	National Average	Salford Average	Best	worst
Men	79.4	76.6	82.6	72
Women	83.1	80.4	86.3	76

Salford has a lower average life expectancy than the national average, but also has inequalities between its different areas.

Fig. 2 Some Health inequalities in Salford

	Salford	England average
Pregnant women were smoking at the time of delivery	15.1%	12.0%
Physically active adults	48.5%	56.0%
Year 6 children in Salford classified as obese is	21.4%	19.1
Children under 16 living in poverty **	28%	19.2%

The health of people in Salford is generally worse than the England average, and 45% of Salford's population are in the most deprived fifth of the England population but only about 5% are in the least deprived fifth of the England population.

We are aware of the link between poverty and poorer health, and work with local partners to address these and other health inequalities via the Salford Health and Wellbeing Board. We are also a member of the Salford Equality Network, which aims to develop and deliver a citywide Equality Charter arising out of the 2015 Salford City Equality Strategy.

More information on the health profile of Salford can be found in the:

- [Salford JSNA](#)
- [Salford Health Profile](#)

*Information taken from the Public Health England Salford Health Profile, from Salford Joint Strategic Needs Assessment (JSNA), the Salford 2015 LGBT Needs Assessment and from the 2011 census figures. All figures refer to Salford residents rather than patients registered with Salford GP practices.

**Using the Public Health Outcome framework definition of children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income

3. Progress on Equality Objectives

We developed our equality objectives for 2013-2017 using the views, observations and comments of patients, carers and members of the public via our processes of engagement and outreach.

Salford CCG's Equality Objectives are:

1. Improve health and narrow the gaps in access, experience and outcomes.
2. Improve collection and use of data/evidence for all protected groups.
3. Communicate and engage with all protected groups.
4. Develop equality and diversity competent and well supported staff.
5. Develop leadership, corporate commitment and governance arrangements for equality and diversity.

Further overview of the work we have done towards achieving these, the plans and further intentions to address gaps, are set out further within this publication.

The table below sets out our progress against the recommendations that came from the 2014 EDS2 public grading event and the 2015 Equality Publication.

Fig 3. Progress on 2015 Equality Annual Report Objectives

Key: Complete On track Delayed

2015 Recommendation	Progress	Rating	Equality Objective
The CCG should ask all service providers to disaggregate patient satisfaction levels by protected characteristics to provide assurance that no community group is experiencing a worse service than others.	All specifications have been included in EDHR Schedule for providers and monitored via quarterly visits to providers. Contract review meetings also include EDHR where reasonable progress/compliance is not being seen following a face to face EDHR support meeting.		2
Focus for the EDHR Schedule of annual required evidence should be specified.			2
Robust approach to EDHR contract management should be specified.			2
CCG should set out how the Equality Strategy; Health Inequalities document; and annual provider EDHR Schedule each show how these have influenced better decision making by commissioners	This information is summarised by the EDHR lead into quarterly progress reports to EEMG.		1
Develop an EDHR Action plan with a focus on health inequalities by each of the	An action plan developed and progressed, which supports the CCG's		1

protected groups and on the health and wellbeing impacts of deprivation/ poverty on local protected groups. Advise CCG COO of the top 2 priority areas.	Equality Strategy which was approved by the Governing Body in September 2015. Project underway to prioritise areas for health inequality reduction.		
Look into online provision of access to signers / BSL interpreters (trained to at least Level 6) for emergency healthcare appointments.	Project results reported to EEMG December 2015. Recommended Action Plan to improve the services and experience (including interpretation) for Deaf people due to be considered at EEMG February 2016.		1
CCG to actively promote commissioner use of the current Health Inequalities support document when planning and reviewing services.	Insight Project system to capture engagement and health inequalities information and promote their use in commissioning decisions due for testing Feb-April 2016. Fully embedded in the CCG by September 2016.		4
The CCG should ensure commissioners refer to equality requirements within service specifications, as appropriate to each service	New template has been developed for service specifications for new or reviewed services.		4
The CCG should set out its current governance arrangements for EDHR, including reporting requirements.	Set out within CCG Equality Strategy.		5
Feed back evidence of Board Papers routinely discussing protected groups and giving 'due regard' to the next EDS2 public grading.	This will be completed as part of the next EDS2 grading will take place by September 2016. EEMG approved postponing the public grading.		5
The CCG should demonstrate that staff (including governing body members) have engaged with local groups to learn more about a particular community.	See section 7.3		3
GP member practices to begin providing the option to all patients to declare their demographic profiles by protected groups onto the	Under way for new patients. Options to improve reporting to be explored by April 2016.		2

Electronic Patient Records (EPR) system at GP practices.			
CCG will continue to involve a more representative membership and attendance from local communities of interest and stakeholders.	See section 7.3		3
Develop a demographic profile of the E&D Sounding Board Group	Sounding Board Group currently under refresh. Profiling to then be completed by June 2016.		3
Demographic data on complaints is gathered by CCG to ensure that the complaints process is fair and accessible to all sections of our local communities and to show any differential satisfaction levels	Action plan to be developed by June 2016.		5
Data gathered is used for service improvement purposes.	Where data is gathered it is used for service improvement. More work continues to be done on gathering information in a format that can be easily used.		1
Workforce actions should sit with People Services via an action plan.	The Executive Team will review the workforce data and progress by People Services on any actions to improve equality for March 2016.		5

Progress against the Equality Action Plan associated with the Equality Strategy (September 2015) and the recommendations from this year's Equality Report will be published in the 2017 Equality Report.

4. Areas of focus for 2016

We continue strive to commission to reduce health inequalities and become a responsible and inclusive employer.

The areas of focus for 2016 will therefore look to embed the thinking and application of Equality and Inclusion considerations in key parts of our business. We will be working to deliver the action plan agreed to ensure the delivery of our CCG Equality Strategy. To this end, and based on our equality performance for 2015, in addition to the EEMG action plan, we will be focusing upon:

Areas of focus	Equality Objective
1. Maintain a central point to hold the main conclusions from any engagement with protected groups, and relevant information referring to protected groups so all relevant staff can access it.	1 Improve health and narrow the gaps in access, experience and outcomes. See Section Seven
1.1 Ensure that there is a trigger in the commissioning process to tell staff when to look for it, for example to use in the evidence base for their Equality Analysis or service specification.	
2. Include the requirements of the Accessible Information Standard in the Salford Standard in 2016/17.	
2.1 Consider ways to improve the collection of equality information in general practice.	
3. Examine opportunities to encourage more male candidates to apply to the CCG. 3.1 Examine opportunities to encourage more women to apply for election to the Governing Body, clinical leadership and director roles.	4 Develop equality and diversity competent and well supported staff.
4. Promote recruitment in currently under-represented communities and communities of interest. * 4.1 To provide opportunities for staff to learn more about the issues and service access barriers these communities experience.	
5. Continue to encourage staff to disclose their protected characteristics to give the CCG a better understanding of its staff and their possible needs, in particular ethnicity and sexual orientation	
6. Encourage recruiting managers to attend Key Skills for Manager Training which includes modules on recruitment, non-discriminatory management practice and valuing diversity	
7. Continue to collect and monitor data on BaME uptake of non-mandatory training to ensure continuous improvement.*	
8. Assess results from 2015 annual Staff Survey to identify any areas of work relating to equality. Continue to participate in the annual NHS National Staff Survey	

*Area of focus taken from the findings of the 2015 Workforce Race Equality Standard report

5. Legal obligations

We are committed to making sure the services we commission offer fair access for all our registered populations, and that they reduce the barriers, disadvantages and poorer health outcomes experienced by particular vulnerable groups.

Part of this commitment includes meeting the requirements of the Equalities Act (2010) and meeting the requirements of the [Public Sector Equality Duty \(PSED\)](#).

For more information on what the PSED requirements please visit our [Equality and Diversity page](#) on our website.

5.1 What this means for health care commissioning

We aim to commission services that give all our communities across Salford the same opportunities to access and experience to health care services. However we recognise that not all sections of our communities access or experience health care provision across Salford in the same way. There a number of reasons why this may be the case, however as part of our commissioning intentions and as an employer, Salford CCG pay due regard to:

- Reducing inequalities in health outcomes and experience between patients.
- Reducing any barriers or inequalities faced by more vulnerable protected community groups in accessing healthcare
- Minimising disadvantages suffered by people due to their protected characteristics.
- Raising awareness of our health services and their benefits among communities who are traditionally less likely to use health services.
- Engaging and involving patients and their carers in making decisions about how their health care is provided and about different treatments or hospitals.

“Due regard” means that we think about issues of equality and discrimination before making any policy or key decision that may impact on local protected groups. We will find out what the barriers for protected groups might be in advance (as far as possible) and put arrangements in place to reduce them. One way of doing this is by Equality Analysis.

5.2 Safeguarding Human Rights

We work with members of the public, patients, carers and partner organisations to build a culture in which we treat everyone with fairness, respect, equality and dignity, and respect their autonomy (the FREDA principles).

We use the web based Datix electronic risk management system for the management of incidents, complaints and PALs. GP practices as well as the CCG are able to utilise the modules. The types of data / information captured include patient safety issues, quality concerns relating to commissioned services as well as any discrimination towards patients observed by CCG staff.

Appropriate training is provided to enable staff to report and investigate incidents and complaints. Our systems ensure that provider organisations respond to incidents / complaints and notify the CCG of serious incidents within agreed timescales.

The CCG remain committed to ensuring that all staff, including that of General Practice, are alert to the need to safeguard and promote the welfare of children young people and adults at risk and are appropriately skilled and competent in carrying out their responsibilities for safeguarding appropriate to their role.

We provide mandatory training for all staff so they can be alert to potential abuse and neglect and know how to act on those concerns line with Salford Safeguarding Children's Board (LSCB) and Salford Safeguarding Adult Board (SSAB) procedures. This training is tailored according to staff level of involvement with vulnerable people.

We also regularly review Complaints/Patient Advice and Liaison Service (PALS) issues, patient stories and clinical incidents to check that no breaches of Human Rights have occurred; and scrutinise them for discrimination by protected characteristic (including violent discrimination or hate crime). These measures help to ensure that we act compatibly with the Human Rights Act (1998) in everything we do.

6. Workforce

We aim to be a progressive and inclusive employer and look to ensure that our recruitment, selection and training policies and practices are fair and equitable, and that our workforce is protected from any discrimination linked to protected characteristics.

There are statutory requirements for some larger organisations to monitor recruitment, promotion, training, pay, grievances and disciplinary action by the protected characteristics of their staff. As the CCG employs less than 150 staff we are not required to monitor and publish the same information, however we do follow the guidelines.

At the time of this publication we are in the process of preparing our first annual workforce report to be received and reviewed by our Experience and Engagement Management Group and our Executive team, the messages and findings of which will help inform additional key areas of focus for 2016.

7. Our Equality Objectives

We are keen to involve local people in the development and monitoring of our Equality Objectives. This transparent approach will help us commission the right health care services, have well trained staff to deliver them, ensure our providers meet their equality requirements and promote patient's rights.

We developed our equality objectives for 2013-2017 using the views, observations and comments of patients, carers and members of the public via our processes of engagement and outreach.

The objectives link to our strategic aims and key priorities, the Equality Delivery System goals, the Joint Strategic Needs Assessment priorities and the NHS Outcomes Framework.

Salford CCG's Equality Objectives are:

6. Improve health and narrow the gaps in access, experience and outcomes.
7. Improve collection and use of data/evidence for all protected groups.
8. Communicate and engage with all protected groups.
9. Develop equality and diversity competent and well supported staff.
10. Develop leadership, corporate commitment and governance arrangements for equality and diversity.

How we will achieve these aims was set out in our Equality Strategy, which was approved by the Governing Body in September 2015. The associated action plan was subsequently approved by the Engagement and Experience Management Group (EEMG) and regular reports on progress are sent to EEMG.

An overview of the work we have done towards achieving these, the plans and further intentions to address gaps, are set out below:

7.1 Improve health and narrow the gaps in access, experience and outcomes

Our main priorities as a CCG are shown in our 5 Year Strategic Plan 2014 -19. It has a focus on whole patient pathways from prevention to end of life care.

Our key strategic priority areas are:

- Quality
- Community based care
- Integrated care
- In hospital care
- Long term conditions and Mental Health (including Prevention)

The strategic priority areas contain measures that reduce the health inequalities experienced by particular groups. Examples include (but are not limited to):

- Engaging with all sections of our population to encourage their involvement in improving the quality of care provided and actively seeking feedback on their experiences of healthcare and using this information to improve services;

- Developing an integrated and coordinated approach to care, especially for vulnerable individuals or those with a long term condition;
- Implementing a Local Commissioned Service (LCS) to standardise the care given to patients with one or more long term condition with the aim of reducing variations in care, including End of Life Care;
- Working to address the stigma and discrimination that surrounds mental health;
- Improving approaches around screening and interventions regarding physical health for those patients who are least likely to engage with Primary Care.

The CCG is responsible for maintaining and improving the quality of the services GPs provide. We have therefore developed the Salford Standard to encourage all GP practices to provide the same excellent level of care. This will be implemented in 2016/17, subject to Governing Body approval.

The Standard aims to:

- Reduce unwarranted variation in quality of care across Salford;
- Overall improve the health outcomes for the people of Salford;
- Investment in primary care for the future to ensure stability and growth;
- Reduce avoidable admissions and readmissions to secondary care.

It contains some measures which are specifically aimed at vulnerable groups and are designed to address particular health inequalities. Examples include:

- Providing communication support - This includes both spoken language support and support needed because of a disability as required by the Accessible Communications Standard. The CCG will support practices to achieve this;
- Pulse Checks – patients aged 65 years and over will be offered pulse checks when they are attending for another reason such as the flu jab;
- Assessment for dementia – practices will offer opportunistic assessments for dementia for patients aged 60 or over with cardiovascular disease, stroke, peripheral vascular disease or diabetes and other clinical indicators;
- Practices will identify a dementia champion within the practice who will act as an advocate for dementia through the practice with a focus on supporting front facing staff;
- Having systems in place to record asylum status to ensure Asylum Seeker patients receive appropriate and timely health care, including NHS Hospital Care or Mental Health Specialist Service when required; Increasing the number of carers identified within GP practices in Salford and ensuring that carers have access to the health care they need including health checks.

Did you know?

Salford CCG is an active member of Salford Health and Wellbeing Board. This forum brings together key leaders from the health and care system to work together to improve the health and wellbeing of Salford people and to reduce health inequalities.

Salford CCG and the other members of the HWBB take a partnership approach to assessing health needs across Salford and develop joint aims accordingly. The HWBB aims to work together to commission services that improve the health outcomes of all Salford residents, especially for vulnerable or disadvantaged groups who currently experience poorer health outcomes or experiences of care.

The complete Salford CCG 5 Year Strategic Plan 2014 to 2019 and work to support the strategic priority areas can be found [here](#).

Salford Lesbian, Gay, Bisexual and Transgender (LGBT) needs assessment and Pride in Practice Report.

The report, which ran from April 2014-April 2015 looked at the health and wellbeing needs of the LGBT population in Salford.

LGBT people experience poorer health outcomes and health inequalities compared to their heterosexual peers. The needs assessment identified a list of recommended actions to take forward.

Salford Pride in Practice supports GP Practices towards strengthening and developing a GP practice's relationship with their lesbian, gay and bisexual patients within their local community.

58% of all GP Practices in Salford were actively engaged with Pride in Practice through this Project. Six Salford GP practices gained the full Pride in Practice award for delivering an inclusive healthcare service to their patients, 4 of these gained the award at Gold level.

The project was funded by the CCG and was delivered as a partnership between the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation and Salford CVS.

Working with other organisations

We are an active member of the **Salford Partnership**, which brings together people from the public, private, voluntary, community and faith sectors. We work closely together to ensure that all of Salford's citizens have an equal chance to thrive. We have worked together to develop a city-wide Equality Strategy, which is a living document to show how all agencies will work together to reduce disadvantages and inequalities.

Salford Together is a partnership between Salford City Council, NHS Salford Clinical Commissioning Group, Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust. We want to integrate health and social care for older people in Salford, bringing GPs, District Nurses, social workers, mental health professionals, care homes, Consultant Community Geriatricians, voluntary organisations and local hospitals together to provide older people with the support they need to manage their own care.

Through the Salford Together partnership we are working to create an **Integrated Care Organisation (ICO)** which would be responsible for adult hospital, community and mental health, and social care in Salford. It will enhance existing care for mental health, dementia, learning difficulties and carers, and transform the way we manage long-term conditions, however it does not include children's services or primary care services.

We will involve people who use our services, staff and other stakeholders in the development of the ICO. We have already made progress in establishing safe ways to share patient records and identifying the gaps in service provision across different areas of Salford.

We are part of a new partnership (called the **Strategic Board for Integrated Support for Children, Young People and Families**) across health, social care and education commissioners and providers working providing services in more efficient and effective integrated ways.

Third Sector Fund - We are again working in partnership with Salford Community and Voluntary Services (CVS) to identify projects to fund which meet the priorities of Salford's Joint Health and Wellbeing Strategy. The £1million fund will be divided between a wide range of initiatives, delivered by voluntary organisations, community groups, social enterprises and schools, which will encourage people to live healthier lifestyles and improve access to services. Projects have included the Incredible Edible's Tindall St Project, who used a grant to appeal to reach out to more volunteers, and the Lower Kersal Young People's Group who work with a number of young families to help them grow their own fruit and vegetables on a nearby allotment, which they could then use to make their own healthy meals.

Haelo is a joint venture between the CCG, Salford Royal NHS Foundation Trust and Salford City Council. It supports the Integrated Care Programme by improving the quality of vascular health checks. As a result of Haelo's work, there was an increase in the uptake of these checks.

We plan to do further work with Haelo to support safety improvement work in hospital, community and primary care.

Salford has a long and positive history of effective partnership working and the above initiatives demonstrates how we continue to work with others to improve the health and wellbeing of the people of Salford. The CCG is also actively engaged in work across North West Sector of Greater Manchester, and the whole of Greater Manchester, including in relation to Greater Manchester Devolution.

For more information see the [Salford Joint Health and Wellbeing Strategy](#).

7.2 Improve the collection and use of data/evidence for all protected groups.

We commission services from a variety of appropriate providers that meet relevant NHS or other standards. These can be NHS hospitals, social enterprises, charities, or private sector providers. We must be assured of the quality of services they provide, taking into account National Institute for Health and Care Excellence (NICE) guidelines, the Care Quality Commission's (CQC) data about service providers and their compliance with the Public Sector Equality Duty.

*We commissioned a theatre company, Ensemble 52, to produce a play that could raise awareness of the issue of self-harm for school students. The play, titled **All In The Mind**, was shown in ten schools, academies and pupil referral units across the city during March 2015. Following the performances the Year 9 old students took part in workshops to explore the issues and themes around mental health and self-harm amongst young people.*

Our main contracts are with the following provider organisations:-

- Salford Foundation Trust
- Greater Manchester West Mental Health Trust
- Ramsay Oaklands

With the support of the Greater Manchester Shared Service Equality, Diversity and Human Rights team, we assure the quality of provider services on equality performance, patient experience and service access, by:

- Ensuring that provider organisations meet the requirements we have specified in their contracts. The GMSS has developed a revised contract schedule for proposed 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.
- Working with provider organisations to improve their understanding of Equality, Diversity and Human Rights.

Individual providers publish Annual Equality Data Publications to show how they are meeting the requirements of the Public Sector Equality Duty. This helps to identify areas, or communities, where people do not use services or overuse them, and to design and commission services to respond to this.

- All our main providers have published their agreed Equality Objectives and published Equality information in 2015
- None of our main providers held EDS2 grading's in 2015

More information about equality, diversity and human rights in these providers, and to view their Annual Equality Data Publications, follow the links below to the Equality and Diversity pages of their websites.

[Salford Royal NHS Foundation Trust](#)
[Greater Manchester West Mental Health Trust](#)
[Ramsay Oaklands Hospital](#)

7.3 Communicate and engage with all protected groups.

We are accountable to local people for the way we allocate our resources. We engage our stakeholders on how decisions are made, about their choices and about what services might be commissioned.

Adopting the Accessible Information Standard will help the CCG to give "due regard" for the needs of people from protected characteristic groups by promoting fairer access to services, and allowing people with communication difficulties a clearer understanding of diagnosis, treatment options and medication.

Accessible Information Standard

The Accessible Information Standard is mandatory for provider organisations from 1st April 2016 and has been included in secondary care contracts and in the Salford Standard.

It requires providers to identify and meet the information and communication support needs of patients, service users and carers where those needs relate to a disability, impairment or sensory loss. It does not cover personal preferences or foreign language support needs. Corporate publications (such as Annual Reports) and signage are not covered by the standard.

As CCG we do not have to comply with the Standard, but support providers to do so. However, we have a number of mechanisms in place to ensure that communication reaches protected groups in an accessible way.

This includes access to services and support for interpretation and translation, British Sign Language, easy read format, audio and braille.

We will continue to ensure that our communication and engagement plans are Equality Assessed and we will work with Salford City Council to produce Community Impact Assessments to ensure protected groups are not inadvertently affected.

All our communications and engagement plans include sections on the methods we will use to communicate and engage with people from different protected groups as part of our general engagement, and we have set up several specific mechanisms through which we understand the views of protected characteristic groups. These include (but are not limited to):

- **Salford CCG Equality and Diversity Sounding Board** is a virtual group of individuals who represent protected groups. The CCG consults with this group in relation to planning and commissioning where there may be a potential impact on the groups they represent;
- **Salford CCG's Citizen and Patient Panel** has over 2,500 members representing people who live, work and use services in Salford. The panel provides a way for us to keep people informed of new developments and information for health and social care. It also helps us to gather views from a representative section of our community to understand their needs and experiences when planning and improving healthcare. We collect the demographics of panel members and address any under-representation by carrying out targeted recruitment of and engagement with these groups, so the voice of all sections of the community are considered in our decisions.

The CCG also works in partnership with the City Council to engage with vulnerable and protected groups via a number of forums including:

- **Listening to People (LD) group.** This is a group of service users and carers with learning difficulties to participate in health and wellbeing decisions that affect their life. The group provides valuable insight to commissioners in relation to service access and experience.

- **Independent Living Partnership Board.** The Engagement team supports a group of people with physical and sensory impairments to be involved in shaping future health and social care services in Salford. The group meets monthly in a community venue.
- **Dementia Champions Group.** This community groups meets monthly to discuss improvements to services and health and wellbeing for people with dementia and their carers.
- **Salford Deaf Gathering.** The Salford Deaf Gathering is made up of local people from the Deaf community who come together to provide peer support and to advise statutory agencies in relation to the provision of accessible services for the community. The group is supported by the CCG Engagement Worker.

Patient Experience

All providers are required, via their contracts, to disaggregate their patient experience information, such as surveys and complaints, to establish whether:

- Their complaints process is accessible to all sections of the community
- One group has a worse experience than another

The information depends on the willingness of patients to disclose protected characteristics. It is expected that the new EDHR contract schedule will enable us and our providers to gather richer patient experience information.

7.4 Develop equality and diversity competent and well supported staff.

Salford CCG requires its staff to complete a series of mandatory training to ensure that key areas of knowledge and competence are maintained. These include Equality and Diversity as well as broader remits of competent practice e.g. safeguarding and health and safety.

The governance of Mandatory training is provided through Executive Group reports and Governing Body papers.

We continue to perform extremely well in terms of mandatory training compliance and in comparison to the Greater Manchester CCG average, see Figure 4 below, Salford CCG performance highlighted in column 2.

Records demonstrate that Salford CCG is the most compliant CCG for six out of the seven modules and Equality and Diversity demonstrates a 92% compliance rate, the highest in Greater Manchester. We anticipate this to continue to rise now that technical difficulties have been resolved.

Fig. 4 Salford CCG Mandatory Training Completion Rates.

	892	Greater Manchester (#)		
		Average	Max	Min
Equality and Diversity	92%	65%	92%	14%
Fire Awareness	80%	53%	80%	9%
Health, Safety and Security	95%	71%	95%	45%
Introduction to Information Governance	88%	82%	96%	39%
Moving and Handling	96%	69%	96%	37%
Safeguarding Adults	92%	72%	92%	39%
Safeguarding Children	93%	72%	93%	36%

See also areas of focus in section 4 (above).

7.5 Develop leadership, corporate commitment and governance arrangements

The CCG Chair and Governing Body are committed to embedding Equality, Diversity and Human Rights in all we do, ensuring that the decisions we take make a positive health difference to the people of Salford.

Our Governing Body needs to be assured that the decisions it makes will not impact adversely on one group more than another. The processes by which it does this are set out below in Figure 5.

Fig 5. EDHR Governance

Governance process	Outcome	CCG Assurance
EDHR Action Plan	Shows how we are delivering our Equality Strategy and meeting our Equality Objectives and other requirements	Bi monthly reports are sent to the Engagement and Experience Management Group (EEMG) on the outcomes achieved and the issues to be raised
Equality Analysis scrutiny of key changes	Service changes, service specifications and contracts take into account the needs of different groups; decisions are assessed for potential impacts on people from protected groups	A rolling programme of training is established for key staff, Equality Analysis is built in to Business Cases for changes, Equality Diversity and Human Rights is notified on Governing Body and other committee cover sheets

Equality risk management	Staff use the corporate risk management procedure to identify and manage EDHR risks from earliest stages to reach agreed solutions	Bi monthly reports to the EEMG notify EEMG of risks which are escalated to Programme Management Group (PMG) and Governing Body as appropriate
EDS2	See section 9 .	
Discrimination and hate crime reporting	CCG and provider partners can recognise and report any potential discrimination incidents	Via Safeguarding processes.

We do not simply assume that our decisions will be equally beneficial for everyone. We test our assumptions before making decisions and assess the effects of a decision on particular populations in order to increase the likelihood that a decision will promote equality of access and equity of outcomes.

We have adopted the Equality Analysis toolkit used by Greater Manchester Shared Service (GMSS) to analyse the possible effect of our decisions upon equality, diversity and human rights.

Equality Analysis has been undertaken in 2015 on areas including:

- The Salford Standard
- Community based Clinical Assessment and Treatment (CATS)
- District Nursing Service

An Equality Analysis is underway on the Salford Locality Plan for devolution.

We progress the issues raised through governance structures via the Engagement and Experience Management Group (EEMG) which reports to PMG.

8. Devolution

Local decision making organisations are increasingly being given increased freedoms and flexibilities to tailor budget and priorities to their own region's needs.

Health and social care devolution is part of the wider plan to devolve a range of powers for significant areas such as transport, planning and housing to Greater Manchester. The deal signed in February 2015 with the Government means that councils and the NHS will have control of, or influence over, the entire health and social care budget for the 2.8m people in Greater Manchester (estimated to be around £6 billion for 2016/17).

Devolution in Greater Manchester will allow us to have a bigger impact, more quickly, on the health, wealth and wellbeing of people living in Greater Manchester. Health and care services will be more easily able to respond to what local people want and will use residents' experience to help change the way we spend the money. We will also be able to work collaboratively to close the health inequalities gap within GM and between GM and the rest of the UK.



A health and social care agreement has been drawn up between the Greater Manchester Combined Authority (GMCA) and the Government, NHS England and Greater Manchester Clinical Commissioning Groups (CCGs). The GMCA consists of the ten local authorities, police and fire services. All other NHS bodies in Greater Manchester have also given their formal commitment to this agreement, which covers acute care, primary care, community services, mental health services, social care and public health.

In order for Devolution to be equitable, and to make sure that local health inequalities are addressed, each area has to submit a locality plan, showing how health and social care in each area will work in partnership to commission and deliver transformed services to reduce or eliminate health inequalities.

In Salford, our joint plans will be strongly aligned with local equality, diversity and human rights work in order to target protected characteristic groups for their input and feedback. This will be in line with the Salford Equality Strategy and task force.

Examples of the key areas for transformation in Salford that align into three main categories of, (a) Starting Well (b) Living Well and (c) Ageing Well, include (but are not limited to):

- Preventing unhealthy behaviours from the start both within the home and in the early years, school and Further Education environments;
- Utilising a new integrated neighbourhood support offer for early help specifically for children, families and young people;
- Using approaches that promote and strengthen community assets, building on the strengths of individuals and communities to develop new ways of thinking about and responding to difficulties;
- Programmes to support people to reduce their chances of developing the common conditions of heart disease, cancer and respiratory disease. This includes commissioned services to raise awareness of these conditions and support them to prevent these diseases through providing opportunities to live a healthy lifestyle including reducing smoking, eating healthily, exercising more. Preventing alcohol related illness through prevention and treatment services;
- Promoting mental wellbeing and positive emotional health, and signposting to services that can support people to manage mental health conditions
- Patient and carer education programmes;
- Introducing a “Salford Standard” for GP practices to ensure care is of a consistent delivery and quality of treatment for those with long term conditions;
- Better Care – moving beyond current integrated care arrangements towards integration of commissioning and provision;
- Ensuring that there is a supported, trained and skilled workforce to work in partnership in community settings in line with the developing “Salford Together Workforce Strategy”.




To read more about Greater Manchester Devolution, please go to <http://gmhealthandsocialcaredevo.org.uk/>

9. Equality Delivery System (EDS2)

We adopted the EDS2 as a performance framework to help us demonstrate how we are meeting the Equality Duty; drive up equality performance and embed equality into our mainstream business.

Our Engagement and Experience Management Group (EEMG) agreed that the 2014 grading would focus on Goal 4 “Inclusive Leadership” as this is fundamental to inclusive commissioning. In June 2014, we held a public grading highlighting the inclusive leadership gains made in the previous 12 months and plans for future improvement.

Fig. 6 EDS2 2014 Dashboard of NHS Salford CCG progress:

Goal 4: Inclusive Leadership	2014 Grading
Outcome 4.1: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	 Developing
Outcome 4.2: Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	 Developing
Outcome 4.3: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	 Achieving

Participants at this event recommended particular actions to enable us to move from developing to achieving.

Our next public grading will take place by September 2016 and the focus will be agreed by the EEMG.

10. Workforce Race Equality Standard (WRES)

Black and minority ethnic staff are significantly under-represented in senior management positions and at board level across the NHS. In 2012, just 1% of NHS Chief Executives came from a BaME (Black and Ethnic Minority) background, compared to 16% BaME representation in the NHS workforce.

From 1st April 2015, NHS-commissioned providers have been required to respond to the NHS Workforce Race Equality Standards. The WRES now forms the first phase in a programme of work addressing workforce equality issues and will apply to almost all provider organisations, and national organisations.

All providers of NHS-funded healthcare services (other than primary care) will be expected to collect, analyse and publish relevant workforce data in respect of their staff providing NHS services, unless the income from services commissioned under the NHS Standard Contract is less than £200,000.

Organisations must collect and analyse reliable data and listen to their staff including especially BaME staff, in order to understand how differences in treatment arise so that remedial action can be taken. This information will highlight any differences between the experience and treatment of White staff and BaME staff in the NHS.

The aim is to ensure BaME staff are treated fairly and their talents valued and developed, as previous studies have shown that unfair treatment of BaME staff adversely affects the care and treatment of all patients, click [here](#) to view the NHS England report. In addition, organisations whose leadership composition bears little relationship to that of the communities served will be less likely to deliver the patient focused care that is needed. Boards are therefore expected to be broadly representative of the population they serve.

As a commissioner, we need to ensure that our providers are collecting, analysing and publishing the data to establish the base line data on each indicator in the standards. Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust produced baseline reports which are available on their websites. We have included the Standard in 2016/17 contracts and continue to work with and monitor our providers to ensure improvement in any areas of focus that have been identified..

Our WRES report for 2015 can be found [here](#). This was the first year of reporting against the WRES, no areas of significant concern were identified and the CCG continues to progress work in this area.

For more information on the WRES see the [NHS England Race Equality Standards page](#).

11. Conclusion

We have undertaken significant work in translating our learning from engagement with staff, providers and communities to inform our focus on equality and diversity.

We have undertaken a number of initiatives in key areas of our business and are pleased with the progress in our equality assurance with health care providers and contract management, governance arrangements for reviewing equalities and, in particular, getting closer and engaging with our local communities.

However, our commitment to commissioning for excellence in access to health care for vulnerable groups and for improving health outcomes for vulnerable groups remains. There are a number of aspects of our equality objectives that need a concerted effort, during 2016, to help us embed inclusive practices in our relationships with providers and decision making processes. This will be achieved through delivery of our Equality Action Plan.

Importantly, we maintain our compliance with the requirements of the Public Sector Equality general and specific duties as well as providing data with respect to our commissioning and engagement activities. We will continue to look for better and improved methods for pursuing our commitments to improving the health and well-being of the people who live, work and visit Salford.

Report prepared by Greater Manchester Shared Services and Salford CCG