

BURY CLINICAL COMMISSIONING GROUP

ANNUAL EQUALITY REPORT – 2015

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Executive Summary

Underpinning the NHS Constitution is to deliver free healthcare for all. NHS Bury Clinical Commissioning Group (CCG) recognise that 'one size does not fit all' when meeting the needs of the communities of Bury.

Our approach to diversity is to view it in the widest sense which goes beyond looking at the ethnic mix of our local population and includes age, gender, disability (including long term conditions and mental health), religious belief, sexual orientation, carers, veterans and people of non-status and the implications this may have on access to healthcare and health outcomes.

Addressing health inequalities of people living in the Borough is vital to have a positive impact and improve health. All individuals and population groups should have equal opportunity to benefit from employment opportunities and practices and healthcare commissioned by the Clinical Commissioning Group (CCG). Inequalities in health between different groups are well documented and long-standing. We cannot simply assume that our work will be equally beneficial for everyone. To do this we must understand the effects of our commissioning work on the diversity as described above to ensure we make continual improvements along with challenging unfairness and addressing inequalities in realising our vision for Bury.

The CCG was authorised in April 2013 and equality, diversity and human rights has underpinned our journey so far and is reflected in our core business including staff training and development, planning, commissioning healthcare, working with patient and the public and partnership working.

Bury has a population profile of the young and the ageing with both spectrums projected to increase. Ethnicity is diverse with both settled and emerging communities. Further there is a significant number of people living with a long-term illness and people taking on caring responsibilities. This brief picture makes the age, race and disability 'protected characteristic groups' a focus for local equality work and reflects the JSNA and Health and Wellbeing Strategy focus on adults and families, long-term conditions, elective and urgent care, mental health and prescribing.

Bury CCG has a much older workforce than the local population and has a higher representation of Black and Minority Ethnic (BME) employees than the local population. However it recognises that more can be done to improve representation particular at the higher levels of the organisation and welcomes the introduction of NHS England's Race Standards which will be a mandatory requirement from 2015.

The CCG has made progress in organisational development; engaging with protected groups and responding better to their health needs through a number of initiatives including:

- Internal training and development
- Engaging and gathering information about patient experience and needs to inform service redesign and delivery.
- Targeted communication and projects.
- Strengthening patient and public involvement.

Looking forward the CCG recognises the need to continue to prioritise equality and diversity by engaging better especially with hard to reach groups; improving access to health services, working

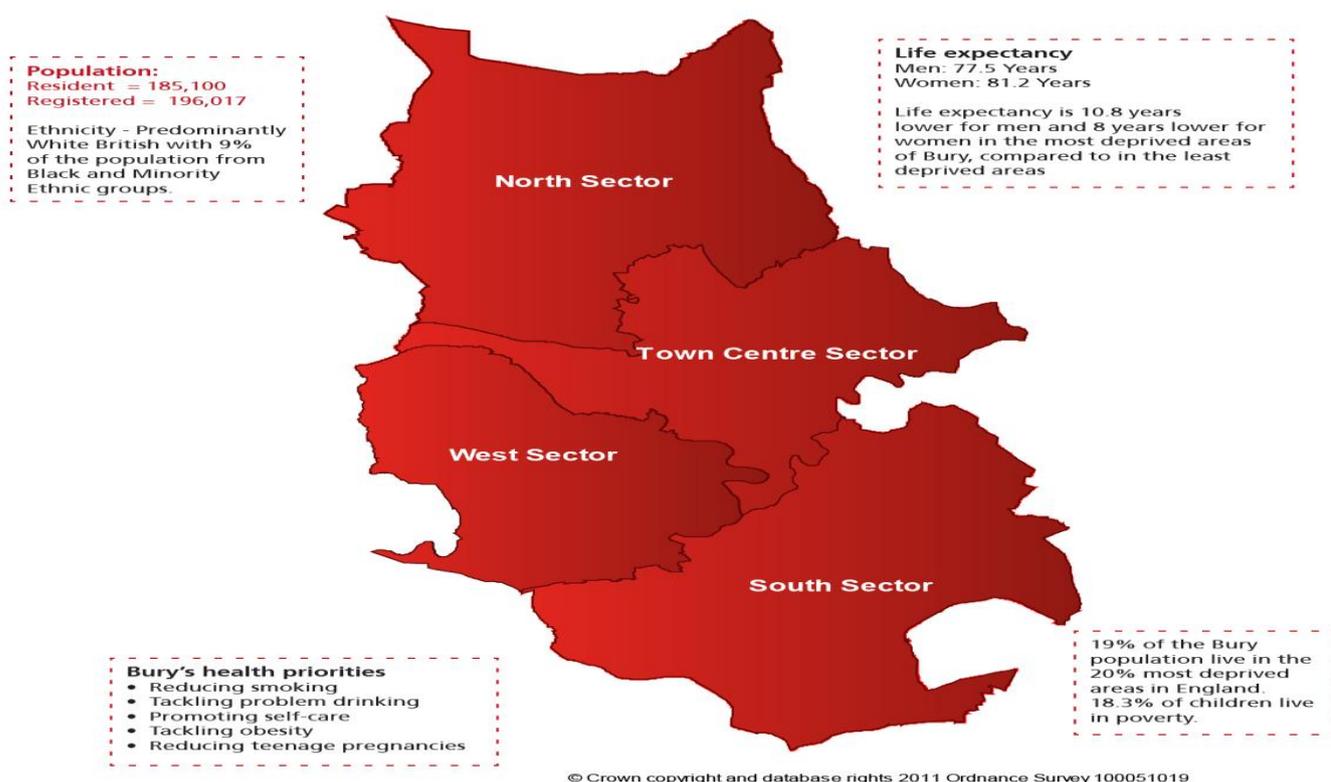
with partners and providers to reduce health inequalities and improving the workforce representation.

1. WELCOME

NHS Bury Clinical Commissioning Group (CCG) is a new NHS organisation, which was formed on 1st April 2013 as part of the national reforms within the NHS. The CCGs took over some of the commissioning responsibilities from the former PCTs. NHS Bury CCG buys, or commissions, health services for the residents of Bury and is responsible for making sure that people have health services based on local need that are safe and deliver high quality care. We have to deliver this within the budget allocated to us by NHS England and while making sure we take into account the different needs of all our diverse communities.

NHS Bury Clinical Commissioning Group's (CCG) vision reflects the needs of its 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 33 GP practices in Bury is a member of the 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 registered population of over 190,000 patients.

We are responsible for making sure the services we commission are safe and of a high quality. We need to be assured that the organisations that provide the services we commission have systems in place to collect and analyse data to improve services and deliver better health outcomes including for vulnerable groups in Bury.

We do not commission primary care services (GPs, dentists, pharmacies or opticians) or specialist services (for example cancer services from the Christie) as these are commissioned by NHS England <http://www.england.nhs.uk>. However, Bury CCG has commissioned a number of primary care development programmes to improve health outcomes for particular communities.

This Annual Equality Publication will look at the ways in which the services we have commissioned since April 2013 take account of the needs of our vulnerable communities and the plans that we are making to improve the way we commission services.

It will report on what equality data we have and any significant gaps identified. We aim to use equality data for service improvements, and deliver our equality objectives set out in our **Equality, Diversity and Human Rights Strategy 2013-17**.

This publication not only meets our legal obligations but reflects our commitment to openness and transparency and inclusion and will be available in an Easy Read format, Braille and other community languages on request.

2. OUR APPROACH

The CCG's **5 year strategy** sets out an ambitious programme of work for the CCG. At its heart are a number of key strategic aims:

- Improve the health of the population
- Reduce health inequalities
- Deliver Parity of Esteem in health provision and outcomes for people with a mental health problem or learning disability

The Strategy is underpinned by **key values**:

Our local values



To support the **5 year strategy** the CCG has reviewed and refreshed its Communications and Engagement Strategy and in doing this invited feedback from some of our key stakeholders and our Patient Cabinet. The Strategy sets out our main priorities over the next five years. These include:

- To better utilise the experiences of our local patients who are treated at our providers in shaping future services and ensure that the CCG embeds the mantra ‘no decision about me without me’ into everything it does.
- To inform and support the significant transformation of health and social care that will take place in Bury over the next five years through public service reform. This will include promotion of changing services and working practices including more integration of care, bringing care out of hospital and closer to home, extending primary care services and supporting self-care.
- To develop the ‘**breadth**’ of engagement (the total number of patients and the public engaged) and the ‘**depth**’ of engagement (reaching patients and members of the public who would not usually engage) in Bury by utilising new mechanisms for involvement and targeting different communities in bespoke ways.
- To develop our work with stakeholders and in particular better utilising the CCG’s **Patient Cabinet and Healthwatch** in understanding and responding to the needs of communities in Bury and to make views and opinions useful, by feeding into the CCG’s commissioning process.

The CCG’s 5 year strategy also sets out a number of specific priorities in relation to equality and diversity:

PRIORITY	ACTION EXAMPLE
Develop data to monitor, information to manage and knowledge to act	Develop better (more detailed and disaggregated) population data in partnership with local authorities and the third sector.
Develop the right services, targeted, usable, useful and used	Target health improvement initiatives to particular groups underpinned by robust and up to date intelligence
Move beyond compliance to initiating best Practice	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.
Workforce and leadership	Full sign up of member practices to ‘Pride in Practice’ Lesbian, Gay, Bisexual and Transgender (LGBT) quality standards

3. DIVERSITY IN BURY

Bury has a population of around **185,060** [Census 2011] and has over **190,000** patients registered with GPs across the borough. Demographically it has a younger structure than the national picture. The communities we serve are diverse in their make-up but similar in that they are generally less healthy when compared with the rest of the population of England. In terms of affluence and deprivation it is ranked the **84th most deprived district out of 151** in England, with some areas of affluence. Health inequalities are widening with approximately **6,800 children living in poverty** and **life expectancy for men and women lower than the England average**.

We have several indicators of our population's diversity:

- **Gender** within Bury is 51% female and 49% male. On average over recent years life expectancy has slightly increased for men who tend to live for 77.5 years and for women 81.2 years. But remains shorter than England as a whole. The association between deprivation and ill health is all too clear; life expectancy in Bury reaches as low as 73 years for males in the most deprived areas of Bury as opposed to 88 for females in the more affluent areas.
- Bury has a **relatively younger population** profile than the UK and also the North West, with more people aged between 0-15, 15-44 and 45-64 years old [Census 2011]. By 2021: The number of children and young adults is predicted to increase by 9%. The number of people under 25 years old is expected to increase by 6%. The population in every 5-year age band over 50 years old is expected to increase by at least 16% with: The over 65 year olds population expected to increase by 21%. The over 85 year olds population expected to increase by 33%. [Source: Interim based 2011 population projections [ONS 2012].
- 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 there **over 21,224** people in Bury 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, 2001 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 to support to change their birth gender and between 5 and 7% identify as Lesbian, Gay or Bisexual nationally.

- The Census, 2011 showed in Bury those married as 70,088 and those in a **registered civil partnership status is as 253.**

For a full breakdown of health in Bury, following the link to see our Joint Strategic Needs Assessment (JSNA) document.

<http://www.buryccg.nhs.uk/Library/Downloads/misc/JSNA%20web.pdf>

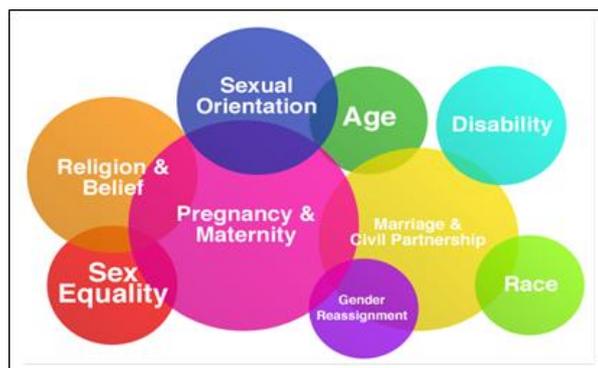
4. MEETING OUR LEGAL REQUIREMENTS

The Equality Act (2010) is the UK's discrimination law, which protects individuals from unfair treatment and promotes a fairer and equal society.

It protects people from discrimination, harassment and victimisation in work, education and when accessing services like healthcare.

The Equality Act protects anyone who falls into a '**protected characteristic**':

- Age
- Disability
- Gender Identity
- Marriage & Civil Partnerships
- Pregnancy & Maternity
- Race
- Religion & Belief
- Sex
- Sexual Orientation



The **Public Sector Equality Duty** protects people from discrimination, harassment and victimisation in work, education and when accessing services including healthcare.

All public bodies must make sure that they:

- Eliminate unlawful discrimination, harassment, or victimisation
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it.

Regardless of what protected group a person is in they should have equal access to healthcare.

To meet the requirements of the **Public Sector Equality Duty**, the CCG has an obligation to publish information to show what we are doing to:

- Eliminate discrimination in healthcare
- Reduce health inequalities
- Identify and minimise barriers different community groups may face in accessing healthcare
- Target local people who need to access health services to benefit their health outcomes
- Foster good relations between different community groups by inclusive practice

The CCG produced its first Annual Equality Data Publication in January 2014, which set out how the CCG has demonstrated '**due regard**' to the public sector equality duty's three aims since 1 April 2013. This is the second report and the CCG provides an overview of how we are meeting these legal requirements during the past 12 months.

Our Equality Objectives October 2013-17 are:

Bury has undertaken a number of actions to move forward the Equality Objectives, some of the key actions are detailed below:

Equality Objective 1 - Improved data collection from all NHS services, including access to services, diseases rates,

- Work is continuing to improve the gaps in data especially in areas of disability, sexual orientation, and patient experience.
- Toolkit in place to consider how equality is embedded in market management and contracts
- On-going work on Equality Analysis
- Improve data sharing arrangements between CCG and other services

Equality Objective 2 - Targeted health campaigns

- On-going work to identify 'seldom engaged' groups
- Breast Screening campaign for South Asian Women
- Further work to be developed through joint working with public health to target health campaigns for protected groups

Equality Objective 3 - Well-trained fully equipped staff

- Equality and Diversity training for all staff on annual basis
- Regular contract monitoring meetings with service providers
- Equality Analysis sessions delivered and a rolling programme developed
- Further work to be undertaken to produce and deliver Governance Body Development sessions
- Staff Surveys and action plans produced with outcomes of results

The Equality Objectives are over a three year period, Bury will review and refresh based on completed actions, **EDS 2 Outcomes** and changes to legislation or best practice measures.

5.WORKFORCE

The CCG recognises that a diverse and culturally aware workforce is better placed to understand and respond to the needs of our diverse communities of Bury. NHS Bury CCG came into existence on the 1st April 2013 as an authorised body. The vast majority of staff were transferred over from NHS Bury Primary Care Trust with additional clinical directors from Local GP Practices.

There is no statutory requirement for public bodies with less than 150 employees to publish a workforce profile, however although the numbers are very small in the spirit of transparency and openness NHS Bury CCG provides an overview table below of its workforce profile. Workforce information will be reviewed internally through the CCG governance structure and key recommendations will be developed to improve any areas of under-representation. As at the end of September 2014 our workforce is significantly lower than the legacy PCT with a total number of employed staff at 80 people

Protected Characteristic	Bury Population	CCG Workforce	Comparison	
Age	Most common age bands 15-44 and 45-64	Largest age band 45-59, 53.75% age bands 30 –44, 36.25% age bands		overly representative in some age bands
Disability	27.2 % live with a limiting long- term illness, health problem or disability	1.25.1% disabled <i>low levels of disclosure</i>		No clear picture
Ethnicity	10% BME	18.75 BME (all ethnic groups except White British)		Fairly representative
Gender	51% female, 49% male	63.75% Female 36.25% Male	 	Broadly representative (but typical of NHS nationally)
Gender Identity	No local data,	No staff data		No clear picture
Pregnancy/ Maternity	No local data	No staff data		No clear picture
Marriage/Civil Partnerships	38% married households, 0.13% civil partnerships	75% married no civil partnerships	 	Overly representative /No clear picture
Religion or Belief	62.7% Christian, 6.1% Muslim & 5.6% Jewish	30% Christian <i>low levels of data</i>		Not representative
Sexual Orientation	No local data. Estimated to be 5-7% nationally	32.50% heterosexual <i>low levels of data</i>		No clear picture

It should be noted that NHS Bury CCG workforce being so small no statistically reliable inference can be made as to whether the workforce is representative of the working age population.

More importantly is the workforce profile of the providers we commission who deliver face to face patient care. As a commissioning organisation we work closely with our providers to understand how well equipped they are to respond to our population needs.

The workforce reports also highlights the key workforce issues for our main providers, this information will be accessible on the following links.

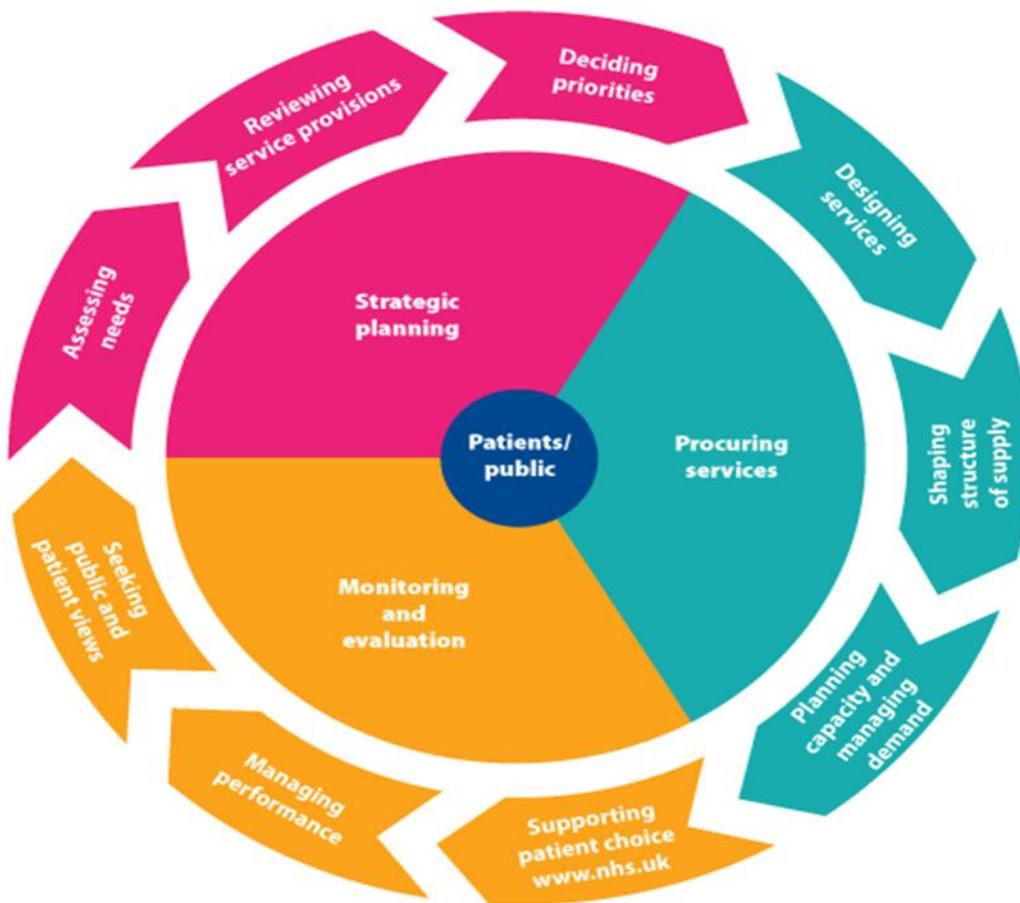
Pennine Acute Hospitals NHS Trust - <http://www.pat.nhs.uk/working-for-us/equality-performance-data.htm>

Pennine Care NHS Foundation Trust - <https://www.penninecare.nhs.uk/about-us/equality-and-diversity>

6. COMMISSIONING PROCESS

The CCG places 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 Equality Diversity and Human Rights (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 at the heart of commissioning



- Ensure all CCG staff (including new starters) and providers have received training 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 in EDHR criteria into all contracts, eg 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 at early stage of decisions, priorities, re-commissioning intentions, programmes, strategies, policies where appropriate
- Specify required Equality Outcomes within service specifications
- Engaging local protected groups to identify health needs and any negative impacts on protected groups from health care changes under consideration by CCGs.

7. INTERPRETATION AND TRANSLATION

As a public sector body we have an obligation under the Equality Act 2010 to ensure equal access to our services for all our population. This includes providing communication support so that patients with limited or non-English and patients who use sign language can access healthcare services in a safe and informed way.

The CCG had set aside a budget for **2014-15** to cover access to primary and community health services. The budget has been used to fund interpretation at medical appointments (GP, dental, optometry and community health services).

The providers of interpretation services for Bury Patients are:

- **Language Empire** – for the provision of face to face foreign language interpreters and BSL interpreters.
- **Language Line Solutions** – for the provision of phone interpretation services.
 - ✓ Monitoring indicates that the greatest demand for (face to face) interpretation is from speakers of the following languages*:
 - ✓ Urdu
 - ✓ Polish
 - ✓ Chinese (Mandarin)
 - ✓ Arabic
 - ✓ Czech
 - ✓ *(The 3rd highest use of interpreters is by people who use BSL-British Sign Language)

As a commissioner of healthcare services we also ensure our providers have communication support services through our procurement and contracting processes.

8. MONITORING EQUALITY WITH OUR 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 they commission, 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.

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

- Pennine Acute Hospitals Trust (acute services)
- Pennine Care Foundation Trust (mental health and community services)

As a commissioner of health care, we have a duty to ensure that all of our local healthcare service providers meet their statutory duties under the Public Sector Equality Duty. As well as regular monitoring of performance, patient experience and service access we will work with our service providers to analyse their annual publications and monitor progress on their equality objectives and the Equality Delivery System (see paragraph 12).

With the support of the North West Commissioning Support Unit's Equality, Diversity and Human Rights team, we assure the quality of provider services from an Equality, Diversity and Human Rights point of view by

- Ensuring that provider organisations meet the requirements we have specified in their contracts. The Equality, Diversity and Human Rights schedule in the contracts requires particular reports about inclusion in their service delivery and their workforce to be submitted to commissioners by the 1st November each year. A revised schedule has been developed for use at a Greater Manchester level so there is a consistent approach to equality monitoring to give a greater focus to information about particular areas to be agreed between commissioners and providers. This will give more extensive information on which to base service improvements to give better outcomes for vulnerable groups.
- Scrutinising the Equality and Diversity information on provider organisations' websites to ensure they show information about how they meet their obligations under the Public Sector Equality Duty. The scrutiny extends to their Annual Equality Data Publications
- Ensuring that their websites show how they meet their PSED requirements by publishing the outcomes from their latest Equality Delivery System (EDS) public grading by local protected characteristic groups (or their plans to complete EDS 2 by March 2015) as laid down in the new contract schedule;
- Holding regular Greater Manchester wide meetings with provider organisations to develop a collective approach to gathering evidence of good practice in promoting improved health outcomes for vulnerable groups.
- Working with provider organisations to improve their understanding of Equality, Diversity and Human Rights and their compliance with the Public Sector Equality Duty.

Individual provider organisations will be publishing 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. This enables commissioners to 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 these reports. We will scrutinise these reports to obtain assurance that the provider organisations understand the improvements required and have action plans in place to address them.

The diagram below briefly shows Provider compliance from our main providers.

NHS or other providers	Equality Objectives agreed & published	Published Equality information in 2014	Undertaken EDS grading re 2013-14 performance
Pennine Acute Health Care (Acute Hospital Services)			Planned for early 2015
Pennine Care Foundation Trust (Community Services)			

More information about equality, diversity and human rights 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 Hospitals NHS Trust - <http://www.pat.nhs.uk/working-for-us/equality-performance-data.htm>

Pennine Care NHS Foundation Trust - <https://www.penninecare.nhs.uk/about-us/equality-and-diversity>

9.PATIENT EXPERIENCE

Overall, patient satisfaction levels are rated as very good and good across GP practices for the residents of the borough of Bury; only 15% felt the service was not so good.

Overall experience of GP surgery	%	Number
Very good	43%	1338
Fairly good	42%	1298
Neither good nor poor	10%	315
Fairly poor	4%	121
Very poor	1%	34
Total		3106

Source : gp-patient.co.uk/surveys-and-reports#july-2014

The data above is not collated across the different ethnic groups. The only available data is the number of patients who completed the survey by ethnic groups in total 3114 patients completed the survey, which is detailed in the table below. This shows that 87% (2717) of the patients completing the survey was White British and the remaining 13% (397) were from the different ethnic groups. In some instances the numbers responding are very low.

Ethnic Group	%	Number
White - English / Welsh / Scottish / Northern Irish / British	87%	2717
White - Irish	1%	36
White - Gypsy or Irish Traveller	0%	2
White - Any other White background	3%	95
Mixed / multiple ethnic groups - White and Black Caribbean	0%	8
Mixed / multiple ethnic groups - White and Black African	0%	2
Mixed / multiple ethnic groups - White and Asian	0%	10
Mixed / multiple ethnic groups - Any other Mixed / multiple ethnic background	0%	6
Asian / Asian British - Indian	0%	12
Asian / Asian British - Pakistani	3%	83
Asian / Asian British - Bangladeshi	0%	2
Asian / Asian British - Chinese	0%	8
Asian / Asian British - Any other Asian background	1%	18
Black / African / Caribbean / Black British - African	1%	16

Black / African / Caribbean / Black British - Caribbean	0%	3
Black / African / Caribbean / Black British - Any other Black / African / Caribbean background	0%	4
1Other ethnic group - Arab	0%	3
Other ethnic group - Other	3%	90
Total		3114

Source : gp-patient.co.uk/surveys-and-reports#july-2014

The overall data shows a broad similarity among different community groups, though a lack of equality monitoring means this is not definitive.

10. COMMUNICATION AND ENGAGEMENT

Strategic

The CCG recognises that inequalities exist in a number of important areas: wider determinants of health; access to and uptake of services and health outcomes. Through the Bury Health and Wellbeing Board NHS Bury CCG works with strategic partners on a system wide programme of work to improve health outcomes and tackle the health inequalities that exist in the Borough. This work is informed by the Joint Strategic Needs assessment.

The CCG believes that working in partnership – with other organisations but also with communities – is fundamentally important in achieving health improvement and in driving up the quality of services. To this end the CCG has been working closely with Public Health, social care and other partners including **Healthwatch** and the local voluntary sector to develop a joint strategy for community engagement in relation to health and social care. The Community Engagement for Health working group has identified the Asset Based Community Development Approach as a key methodology for achieving health improvement.

This partnership approach underpins a range of strategic and delivery programmes – drawing together expertise, resources and commitment from a range of sources. Examples include:

- **The Learning Disabilities Partnership Board** – The Board co-ordinates and monitors services to people with a learning disability and consults learning disabled people, their families and carers on services. It includes members of People First a self-advocacy group for people with learning disabilities.
- **Children’s Trust Board** – led by the council and involving strategic partners from health, education and the voluntary sector the Board is responsible for the strategic planning; co-ordination and delivery of services to children and young people. Recent work includes the development of shared children and young people’s participation strategy and a new Children’s Plan.
- **Healthier Radcliffe** – a multi-agency partnership to extend access to primary care and improve the integration of health and social care services to the 35,000 patients living in one of the most deprived parts of the borough.
- **Professionals in Partnership** – a multi-agency group with the aim of raising awareness of the needs of deaf and hard of hearing people and ensuring services are co-ordinated, needs led and innovative.

The CCG has communicated with and provided information on its work to local people via a wide range of mechanisms including:

- The CCG website
- Web publication of Governing Body minutes and papers along with CCG policies

- Public attendance at Governing Body meetings
- A quarterly 'Health Matters' electronic newsletter
- Press articles
- Social media
- Attendance at local community meetings and events
- Public events

We are investing in our communications infrastructure with the implementation of the 'My NHS' online platform. This will enable people to sign up to receive information and get involved in the work of the CCG. Participants will be invited to register demographic information such as their ethnicity; age and area of residence to allow the CCG to both target communications but also assess how far we are reaching the diverse communities in Bury.

Over the past year the CCG has sought to extend the reach of its communications and engagement activities to ensure that patients and public are not just informed but have the opportunity to voice their views and experience. The CCG has received positive feedback from NHS England on the public and patient engagement work underpinning the development of our 5 year strategy and Better Care Fund proposal.

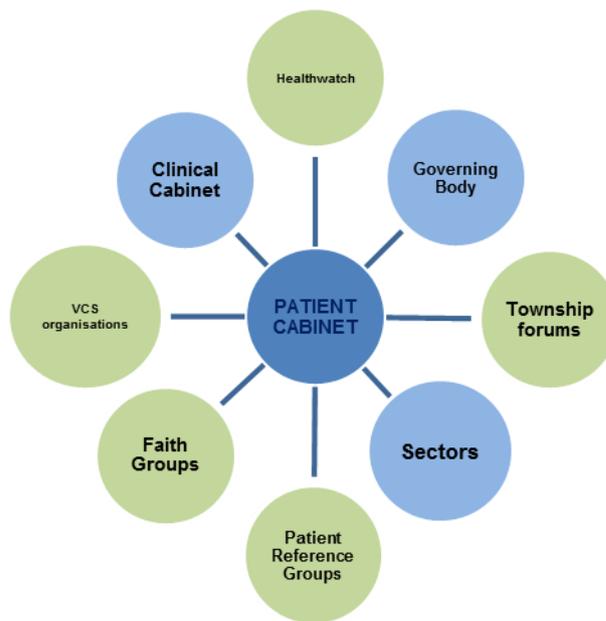
The CCG has sought to *hardwire* patient and public voice into its structure and governance arrangements via the establishment of a Patient Cabinet - a group of local people from a range of backgrounds who themselves use local health services. The Patient Cabinet has a key role in ensuring meaningful involvement and engagement with local people and communities - gathering views and feedback and making sure that people have a chance to feed into and actively participate in the CCG's planning and decision making.

As a formal sub-committee of the CCG's Governing Body it meets on a monthly basis, and issues raised through the Patient Cabinet have a direct route into the Clinical Cabinet and the Governing Body via its Chair, who is a non-executive director.

In turn there has been a process of building links from the Patient Cabinet with a network of organisations and community groups including GP practice based patient forums.

The Patient Cabinet has fulfilled the role of ensuring that the patient and public voice is integral to the work of the CCG by:

- Undertaking a small scale survey of local peoples experience of health services;
- Regularly receiving and commenting on CCG plans;
- Working with clinical and service redesign leads on service redesign programmes;
- Involvement in the procurement process for community health services
- Gathering and feeding in views from the local community via attendance at local Township Forums, practice-based patient participation groups and forging links with local voluntary and community groups;
- Having representation on key committees and groups including: the Governing Body, Clinical Cabinet and Sector (GP practice) meetings;



The CCG has learnt a great deal from the operation of the Patient Cabinet over the past year and is committed to developing and strengthening the role of the Cabinet moving forwards.

Over the past year the CCG has under taken a range of engagement activities to capture the views and experiences of local patients. There have been two main programmes of public and patient engagement:

1. **Engagement work** to inform the development of the CCG’s 5 year strategic plan. This took the form of two public events gathering views on the full range of local health services and identifying areas for improvement and service development. A further event took place with local voluntary sector organisations to capture their views and explore how they can be engaged across the commissioning cycle. In addition feedback was gathered from local people, councillors and community representatives via the six local Township Forums in Bury. Feedback from local people has been reflected in a ‘you said – we will’ section of the Strategy.
2. **Pre-engagement and consultation** around the reconfiguration of hospital services in Greater Manchester (‘Healthier Together’). Over 530 people in Bury were engaged with face to face throughout the consultation process.

Positive practice in engagement - Healthier Together

NHS Bury CCG drew up a schedule of engagement opportunities in a bid to hear and gather patient, public and stakeholder feedback around the planned changes, in a bid to ensure that local people had the opportunity to have their views heard and considered.

Two public events were organised along with a transport focussed event and in addition clinical representatives and officers from the CCG attended a range of meetings, events and forums already taking place within the town during the consultation period, securing slots on agendas to reach out to local communities. Over 530 people in Bury were engaged with face to face throughout the consultation process.

Our face to face outreach activity included:

- A public meeting and a public debate with a combined attendance of around 90 people.
- Two presentations to the local Asian community at Jinnah Day Centre reaching 36 people.
- Bury Council's Customer Task Force (20 people).
- Bury's Youth Cabinet meeting (8 young people).
- Bury Carers Forum, reaching out to 45 carers from Bury.
- Attendance at a Jewish Community event.
- Attendance at all six Township Forum meetings, reaching around 200 people in total.
- Pennine Acute and the Bury Health Overview and Scrutiny Committees both attended.
- Bury CCG Patient Cabinet meeting and CCG staff engaged with.
- Engagement with both Bury MPs.
- Attendance at all four GP sector meetings, together with a feature at a GP engagement event and the CCG's Annual General Meeting.

Working with partners helped to extend the reach of the consultation – for example working through a local Youth Group to raise awareness among LGBT young people; working with the Jewish Representative Council and ADAB to reach members of the Jewish and Muslim communities and getting the views of people with a learning disability via Bury council's adult social care Customer Task Force.

Service provision

The CCG recognises the importance of ensuring that universal services deliver equality of access, treatment and care and that service need to be responsive to the needs of the diverse population of the Borough. There is also a recognition that in some cases there is a need for targeted services and initiatives to meet particular needs.

1. Meeting the needs of lesbian, gay and bisexual patients

One of our local GP practices, Fairfax Group Practice, was successful in achieving a Pride in Practice status (awarded by the Lesbian & Gay Foundation) in recognition of the work done by the practice to demonstrate accessibility to and awareness of the needs of lesbian, gay and bisexual patients within the local community. We have communicated this achievement to all our GPs are promoting involvement in the scheme to all our practices.

2. Project to improve dementia support in BME communities

The CCG is funding a project that aims to improve and increase dementia diagnosis in BME groups in Bury. The Asian Development Association of Bury (ADAB), an established local organisation, is working with GPs, BME communities, and other local organisations in the area in order to improve the uptake of dementia services, whilst strengthening partnership working between GPs and the voluntary sector for the benefit of local patients. The project has been

established in response to the comparatively low uptake of dementia services among BME people in the area.

11. TAKING DECISIONS

NHS Bury CCG wants to be sure that the decisions we take make a real positive difference to the lives of residents of the Borough of Bury. However, inequalities in health between different groups are well documented and long-standing. We cannot simply assume that health policy will be equally beneficial for everyone.

A professional approach to policy-making means testing our assumptions. By assessing the effects of a policy on particular populations, we can increase the probability that a policy will promote equality of access and equity of outcomes.

Bury CCG is working closely with expertise from North West Commissioning Support Unit (NWCSU) and has recently reviewed and adapted the Equality Analysis toolkit used by NWCSU to ensure consistency. This tool is used to analyse the effect upon equality and human rights on our policies and commissioning work. Equality considerations have been built into our service review processes to ensure good practice is captured and our providers understand the standards we expect. A programme of training staff in its use has been taking place with CCGs staff.



12. GOVERNANCE AND ASSURANCE ARRANGEMENTS

This section sets out the governance and assurance arrangements for Equality and Diversity within Bury CCG.

All Governing Bodies have a collective and individual responsibility for ensuring compliance with the public sector equality duty, which will in turn secure the delivery of successful equality outcomes to the CCG, both as commissioner and an employer. The Governing body is required to provide strategic leadership to the equality agenda.

The Governing Body has an Executive Lead for E&D who is also the Head of Commissioning, it is her responsibility to ensure that the necessary resources are available to progress the equality agenda within the organisation and for ensuring that the requirements of this agenda are consistently applied, co-ordinated and monitored.

CCG E&D Lead – who is the key person who liaises with the CSU Lead for E&D and keeps the Governing Board up-to-date with progress on this agenda, via board reports etc.

Quality and Risk Committee – All equality and diversity issues are reported to this committee to ensure any quality or risk issues are discussed and highlighted as early as possible.

Patient Cabinet – Fulfilled the role of ensuring that the patient and public voice is integral to the work of the CCG.

Clinical Cabinet – Has responsibility for ensuring that all clinical aspects are integrated into any key areas of work.

Front Sheets of Papers to Governing Body require the author to state whether or not an Equality Analysis has been completed. If an EA has been completed this is attached with the report going to Governing Body. However we recognise that this may not be as robust as it should be and therefore the CCG is in the process of reviewing and refreshing its governance arrangements in relation to equality and diversity and Equality Analysis. Ensuring that both are an integral part of the decision making process.

E&D Specialist Support is provided by North West Commissioning Support Unit (NWCSU).

13. EQUALITY DELIVERY SYSTEM 2 (EDS2)

The Equality Delivery System 2 (EDS 2) has been designed to be a tool for NHS organisations and their contracted provider partners, through involvement of stakeholders, to assess how we are performing in respect of equality and diversity and to help identify future priorities and objectives. A refreshed EDS (2) framework was launched by NHS England to all NHS commissioner organisations (and their provider partners) on 4 November 2013.

The NHS Equality and Diversity Council decided on 30 October 2014 to support mandating the Equality Delivery System (EDS2) from April 2015 and to support a programme of work to support these proposals. Consultation is still underway at this time (November 2014). This decision is likely to make a significant difference to improving equality in the NHS. Each of Bury's CCG's provider partners are currently on target to deliver EDS during 2014 to 2015, looking at 2013 to 2014 equality performance across 18 required Outcomes over a 4 year delivery cycle of 2013 to 2017. CCG proactively encourage patient and carer representatives from each of the local protected groups to become part of the EDS2 Stakeholder Group who carry out an annual public grading of THE CCG's equality performance.

The progress to date is that we have delivered a number of briefings sessions for managers and they are currently collecting evidence for the goals that Bury is working towards. It is intended to complete EDS2 by March 2015.

EDS(2) equality performance framework asks for evidence of: how do people from local protected groups fare compared to people in general re healthcare?

EDS (2) Grading Explanation

Score	Number of protected groups affected	Explanation
● Underdeveloped	0-2 care pathways/groups	Insufficient data available
● Developing	3-5 care pathways/groups	Improved outcomes.
● Achieving Level 1	6-8 care pathways/groups	Improved outcomes. Have significantly improved on developing but still have actions to complete, clear future achievable plans in place
● Achieving Level 2	6-8 care pathways/groups	Improved outcomes. Can demonstrate they have achieved significant actions & clear future achievable plans in place
● Excelling	9 care pathways/groups	Improved outcomes.

14. ACHIEVEMENTS

Organisational development:

- Securing expertise in Equality, Diversity and Human Rights (EDHR) to work with the CCG to improve add value to our core business
- Establishing Equality Analysis process and training staff in its usage
- Embedding Equality considerations in our commissioning processes, including procurement, service reviews, contracting
- Development of our Patient Cabinet in EDHR with training provided to the Cabinet on the Equality Act 2010 and one of the Cabinet members delivering a presentation on ethnicity and health
- Rolling out equality and diversity training for CCG staff and embedded GMCSU staff.
- The refresh of our Equality and Diversity Strategy
- Strengthen our engagement with local protected/ vulnerable groups
- Working with our providers to strengthen our requirements of them around EDHR

Responding to the health needs of local groups:

- Promotion of flu school pilot – the CCG worked with Public Health to promote this pilot targeting school age children. Local and regional media coverage was secured (<http://www.buryccg.nhs.uk/news-and-media-centre/press-releases/2013/29112013.aspx>).
- In February 2013 the CCG worked with partners to undertake local consultation around health priorities. Respondents to the survey were asked to identify from a shortlist the three areas most important to them. Improving the health related quality of life for people with long term health conditions and halting the growth in the number of people aged under 75 who die from respiratory diseases were among the priorities identified for joint focus by the CCG and the Local Authority.
- Care Home Local Enhanced Service. This initiative has involved the linking local practices to care homes and is designed to improve the consistency of care for older people in residential care. GP practices were 'buddied up' with care homes with a view to providing patients in long term care more co-ordinated, proactive and responsive packages of care. Local media coverage was achieved (<http://www.buryccg.nhs.uk/news-and-media-centre/press-releases/2013/28052013.aspx>). The programme is currently being evaluated with care home staff, residents and their families / cares.
- Learning disability and dementia. A new approach was launched in Bury to assess patients who at a greater risk of developing dementia due to a learning disability or other condition. Patients with a learning disability are at an increased risk of developing dementia and generally develop the condition at a younger age. Around one in three people with a learning disability will develop dementia in their 50s. NHS Bury Clinical Commissioning Group (CCG) has worked with local GPs to opportunistically screen at risk patients for the early signs and symptoms of dementia. (<http://www.buryccg.nhs.uk/news-and-media-centre/press-releases/2013/03072013.aspx>)

- A member of the Patient Cabinet working through a local community Group, Apna Health, has worked with local groups, clinicians and public health to deliver health promotion initiative in local Mosques and successfully recruit Health Trainers from the Muslim Community in Bury.
- The CCG commissioned a specialist nursing service to advise and support patients who require appliances for their stoma or continence needs (predominantly older and disabled people). All patients will have access to a specialist nurse & will receive an annual review to assess and advice on their condition.
- The CCG worked with the Local Authority to consult with service users to inform the development of the Joint Bury Mental Health Strategy 2013-18.
- The CCG was involved in a number of consultation events with carers to inform the development of a local carers strategy with the overarching aim of better supporting carers.
- Health Checks for people with a learning disability. A patient feedback questionnaire for GP practices was developed to inform the improvement of health services for people with learning disabilities in primary care. This was developed with self-advocates from Bury People First, Bury CCG and Pennine Care NHS Foundation Trust. 119 questionnaires were returned and the CCG has used the findings/recommendations to inform its work to provide a high quality of care for people with a learning disability. A Learning Disability Pack has been developed to assist GPs to deliver the Learning Disability Health Checks and to encourage practitioners to work with patients to develop a health action plan. The CCG has seen an increase in the number of checks delivered and all practices now have a named Learning Disability Champion.

Communications and Engagement:

- Since its establishment Bury CCG has had a Patient Cabinet. The Patient Cabinet has a key role in ensuring meaningful involvement and engagement with local people and communities - gathering views and feedback and making sure that people have a chance to feed into and actively participate in the CCG's consultations and service planning. Through the Patient Cabinet the CCG aims to ensure that services it commissions are geared around the people who use them and that decisions take into account local views. The Cabinet is diverse group and members have grass roots connections within their local communities where they themselves live and use health services. Improvement outcomes and access to services to BME communities, people with mental health problems and cares have emerged as key priorities identified by the Patient Cabinet.
- The CCG was active in promoting public awareness linked to Dying Matters Week and was successful in securing local media coverage <http://www.buryccg.nhs.uk/news-and-media-centre/default.aspx>
- Bury CCG was in attendance at 'Circles of Influence' events led by the Local Authority. These events sought to engage with a large number of children and young people in Bury and gather information about their needs and concerns. A number of health related issues emerged including mental health and wellbeing and the feedback from these events will inform future commissioning plans.

- Representatives from Bury CCG, Bury Children's Trust, Pennine Care Foundation Trust and the voluntary sector to explore how we can work in partnership to improve the involvement of children and young people in the borough and build on local initiatives such as the Bury Youth Parliament.
- Staying Healthy during Ramadan. The CCG was actively involved in the promotion of 'stay healthy' messages for Muslims fasting during Ramadan
<http://www.buryccg.nhs.uk/news-and-media-centre/default.aspx>
- A member of the Bury CCG Patient Cabinet attended a meeting with the local Jewish Federation to gather feedback on the community's experience of health services and this will be followed up in the New Year with a meeting with the Jewish Care Forum.

15 NEXT STEPS

NHS Bury CCG's commitment to equality, diversity and human rights has resulted in some progress, however we recognise we still have much more to do to improve quality, and reduce health inequalities. Some of the key activities are detailed below:

- Test its performance against the Equality Delivery System 2, self-assessment and grading with local stakeholders
- Improve the quality of Equality Analysis
- Develop the awareness of our Patient Cabinet around barriers protected groups face, and strengthen their role in influencing commissioning
- Establish and implement NHS Race Standards to improve BME representation at board and employee levels
- Improve our providers performance in Equality Diversity and Human Rights
- To raise awareness of disability, reasonable adjustments and discrimination by association.
- Work with partners to engage with children and young people to inform commissioning decisions
- Consult and involve patients and public in relation to progressing integration plans which will involve engagement with groups including BME communities, carers and older people.
- Development of new community health service specifications which will include ensuring that these reflect the needs of minority and vulnerable groups.
- The development of an integrated diabetes service which will improve access and outcome for minority groups and those more at risk
- Work with the Local Authority and other partners to implement an action plan linked to the Bury Mental Health Strategy. Delivery of the action plan to be overseen by a Steering group with representatives from CCG, Bury MBC, Public Health and the Police. Service Users will be engaged including via the Patient Cabinet and user groups
- Implementation of an action plan linked to the Bury Carers Strategy to improve support for carers
- Work with partners to continue to deliver the key recommendations arising from the health services survey with people with a learning disability with the aim of increasing accessibility, improving patient experience and reducing inequality in health outcomes
- Work with our partners in the council to adopt a consistent approach to Equality Analysis for Health and Social Care
- Improve data collection from all employee related activities
- Undertake data cleanse exercise to improve protected characteristics on the Electronic Staff Record (ESR)
- Improve governance structure for the equality and diversity
- Improve relationship with providers to ensure compliance with EDHR Schedule