NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

Public Sector Equality Duty

Annual Equality Data Publication

January 2018

Healthier People, Better Future

Document Control

Date	Amendment	Version	Comments/Author
30/11/2017	Samina Arfan	Draft v0.1	First draft
30/11/2017	Samina Arfan	Draft v0.2	Quality and Safety Committee
21/12/2017	Samina Arfan	Draft V0.3	Patient and Public Engagement Committee
10/1/2018	Samina Arfan	Draft V0.4	EMT
19/01/18		**Final**	**HMR CCG Governing Body Meeting**

Contents Page

Accessibility

Heywood Middleton and Rochdale Clinical Commissioning Group (CCG) supports the NHS Accessible Information Standards and, therefore, if you require a copy of this document in a different format you can do so by contacting the Communications and Engagement Team.

We will do our best to support and develop equitable access to all policies and procedures.

Contact us by:

- **Telephone 01706 652853**
- **Email hmrcommunications@nhs.net**

For more information please contact:

Samina Arfan
Equality and Diversity Business Partner
GM Shared Service (hosted by Oldham CCG)
samina.arfan@nhs.net
07824 599 501

Section One – Executive Summary

This is the fifth annual public sector equality report for the Heywood Middleton and Rochdale Clinical Commissioning Group (HMR CCG). As a public sector we are dedicated to developing an organisational culture that promotes inclusion and embraces diversity ensuring that the focus on equality is maintained and strengthened across the local health and social care economy. This includes addressing health inequalities and embedding equality values into all commissioning activity. Our aim is to provide equality of opportunity to all our patients, their families and carers. We re required to publish relevant proportionate information to show how we meet the Equality Duty by 31 January each year. This report demonstrates how the CCG is meeting its Public Sector Equality Duty in relation to services commissioned and its workforce.

We are currently working towards assessing our performance against the Equality Delivery System (EDS) Goal 2 ***'Improved Patient Access and Experience'***. An internal assessment and external grading event will take place during 2018 when external stakeholders will assess our progress and also help us develop our **four yearly overarching Equality Objectives and Equality and Inclusion Strategy for 2018-2022.** A dedicated task and finish group will support the CCG in delivering this.

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

We recognise Equality and Inclusion is an enabler in delivering our commissioning and transformation plans, therefore the report demonstrates how these considerations in particular the impact on local communities. **Section Seven** of this report details a range of information and data that we use to support our decision making process.

We have a responsibility to ensure that any decision taken shows due **regard** of the impact on the nine equality groups, and also **have due regard on health inequalities**. We undertake this process by completing an Equality Analysis (EA). We are currently reviewing our process with our partners in the council to ensure this happens whenever we plan, change, or remove a service, policy, or function. Quarterly workshops are delivered to support this process and the Business Partner (for Equality Diversity and Human Rights- EDHR) provides quality assurance checks for EAs. **Section Eight** provides more details about the CCG's approach to EAs.

Research and evidence by the Kings Fund links[1] compassionate care underpinned with the ethos and values of equality and inclusion to good patient care, therefore we recognised the important of setting standards for our providers. We have developed an EDHR Schedule that is included in all provider contracts. Our focus next year is to improve our monitoring of our providers and work closer with them to ensure compliance against contracts and support them to develop remedial action plans. The report sets out the specific requirements placed on providers to adhere to the EDHR Schedule**. Section Nine** of the report provides more details in relation to this area of work.

Equality and diversity has been at the forefront of employment policy making in the UK for many years, [2] with anti-discriminatory legislation spanning over three decades. The Equality Act 2010 placed duties on public bodies to monitor and publish Workforce data. For Public Sector organisations with over 150 employees, however in the spirit of transparency and openness, we

[1] https://www.kingsfund.org.uk/audio-video/michael-west-collaborative-compassionate-leadership and https://www.kingsfund.org.uk/blog/2014/05/nhs-equality-diversity-and-human-rights-week-more-shining-light

[2] Walsh, J. (2007) Equality and diversity in British workplaces: the 2004 Workplace Employment Relations Survey, *Industrial Relations Survey, Vol 38(4) pp 303-319*

provide an overview of our workforce at **Appendix A**.Our numbers are small, meaning no statistical reliable inference can be drawn from them,

Our recruitment processes are currently part of the **'Two Ticks Scheme'** which has now been replaced with the '**Disability Confident Scheme'**. This new scheme is a government initiative that aims to help employers make the most of the opportunities provided by employing disabled people. It is voluntary and has been developed by employers and disabled people's representatives.

The New Workforce Disability Equality Standard will become a requirement from April 2018 and in preparation for this we will explore good practice in developing a draft **Disability Policy during 2018-2019** and when we refresh our **Equality and Inclusion Strategy** during this period. We have developed a suite of learning and development opportunities for staff so that we have the right skill sets and knowledge for the challenges and demographic demands on our services. All staff have an annual Personal Development Review and all new staff are required to attend mandatory Induction programme and complete the E- Learning mandatory training; Equality and Inclusion forms a key part of that process.

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

Much work had been undertaken last year to implement the **Accessible Information Standard**. This standard is now incorporated into our 2017-2018 EDHR Schedule for providers and is one of the key monitoring areas. Further work will during 2018 will include working towards embedding the **NHS England Sexual Orientation Monitoring Standard** and improve our GP take up of the LGBT Foundation **'Pride in Practice Scheme'**.

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

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

Next Steps:

- Deliver a number of EA workshops for Staff.
- Set up an EDS Task and Finish Group to look at our performance against EDS 2 goal 2; deliver an internal and external event; and report findings during 2018.
- Review our Equality Analysis process to support the the integrated commissioning team.
- Review our Equality Objectives and Equality and Inclusion Strategy 2018- 2022 to support key work streams and priorities.
- Complete the NHS Employers Partners Programme and deliver a good practice project.
- Work with our local partners around Equality and Inclusion Agenda.
- Improve our monitoring of equality standards of providers.
- The organisation will continue to work towards developing inclusive organisations with systems, processes, polices and training in place to embed the principals of EDHR across

the organisation, underpinned by a clear leadership and governance to set goals and priorities, review progress, and ensure continuous progress.

- Publish Workforce Race Equality Standard and the new Workforce Disability Equality Standard for July 2018.
- Undertake a staff survey that incorporates the 4 indicator questions from Workforce Race Equality Standard and report on findings.
- Ensure the organisation remains legally compliant, and continue to develop best practices in working towards becoming an employer of choice.
- A development programme for all employees at all levels is being developed and rolled out to promote understanding of EDHR and how the principals shape their role on a day-to-day basis, specifically around the design, procurement, and commissioning of services to meet the changing needs of the local population.
- To develop and implement an action plan for the EDHR strategy, focusing on the key priorities set by the Executive Management Team.
- Work with our partners to explore ways of employing local people with learning disabilities.
- Continue to engage with our local communities across equality groups.
- Continue to engage at a Greater Manchester level.

Section Two – Welcome Statement

We are pleased to present this year's Annual Public Sector Equality Duty (PSED) report for Heywood Middleton and Rochdale Clinical Commissioning Group (HMR CCG). We believe that promoting equality and having an inclusive approach enables us in addressing health inequalities and we endeavour to embed this ethos into all our commissioning activity. This report takes into account our activities and achievements and makes recommendations in relation to meeting Equality, Diversity and Human Rights (EDHR) and of the legislative requirements of the PSED.

We have undertaken work to improve our approach and to ensure our providers are compliant. Last year our role in the Accessible Information Partnership demonstrated our commitment to improving patient access and experience. Our focus now is to measure our performance against the Equality Delivery System Goal 2 ***'Improved Patient Access and Experience'.*** We will also work to embed the Sexual Orientation Monitoring Standard and Workforce Disability Equality Standard. We have successfully published our Workforce Race Equality Standard (WRES) and have identified a number of actions to address the gaps, which are detailed on our website.

HMR CCG (along with Salford and Bury CCGs) was selected earlier in 2017 in a joint bid as one of 28 organisations across the country, to be an NHS Employers' Equality and Diversity Partner for 2017/18. The Equality and Diversity Partners programme will support us to progress and develop our equality performance, as well as offering advice, guidance and examples of good practice. A thought provoking Equality and Inclusion Strategy Session was delivered to our Governing Body in February 2017. This moved away from the traditional focus on legislation to a more emotive scenario based session asking members to think about their work in the context of being party of a minority or disadvantaged group.

The CCG has a lot to be proud off and this is evident in its local partnerships and ongoing commitment to engaging and involing local communities building strong relationships.Our work around the Intermediate Tier of Service (ITS) that went live in September 2015 with the early benefits of this redesign exercise becomingmore pronounced during 2017. In summary the ITS has been recognised as a national exemplar of integrated health and social care through both the Greater Manchester (GM) Devolution process and winning the Local Government Chronicle award for 'Health and Social Care'

However, in Rochdale we have some unique challenges. We have a diverse communities and overall our population experiences high levels of deprivation and is listed in the top 30 nationally in the Index of Multiple Deprivation (2015). The CCG population is ranked 12th worst from 209 CCG's for its health deprivation. Within this context we are pleased have recently secured funds to deliver our ambitious and exciting programme to transform health, wealth and social care in Rochdale by 2021

As the report identifies, there have been some notable successes but we recognise there is still much to do for our patients, our staff and our local community. This is a challenging yet exciting time an we look forward to reporting on our progress in 12 months' time.

Dr Chris Duffy Chair

Simon Wootton - Chief Officer and Accountable Officer

Section Three – Introduction

We buy, or commission, health services for the residents of Rochdale borough and are responsible for making sure that these services based on local need that are safe and deliver high quality care. This has to be achieved within the budget allocated to us by NHS England making sure we take into account the different needs of all our diverse communities. You can find out more about the CCG by accessing the following link: **http://www.hmr.nhs.uk/**

Our vision reflects the needs of its local population: '***We want the people of Rochdale Borough to enjoy longer, healthier lives. Those who need healthcare receive it at the right time and of the highest quality***'

Each one of the 36 GP practices in Rochdale is a member of our CCG and these GP practices work together to plan and commission services in response to the needs of our patients. We have a budget of around £316 million to plan and purchase a range of health services including those provided in hospitals and out in the community setting and for GP primary care services, for our resident population of 216,150 (ONS 2016). We have 232,724 (NHS Digital, June 2017) patients registered with registered with GPs across Heywood, Middleton, Rochdale and the Pennine villages of Littleborough, Newhey and Milnrow.

We commission:

- Planned hospital care;
- Rehabilitative care;
- Urgent and emergency care (including out-of-hours) ;
- Community health services ;
- Mental health and learning disability services; and

We are also responsible for improving the quality of the services offered by our member GP practices.

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

CCGs are overseen by NHS England at a national level. NHS England is a body that ensures CCGs have the capacity and capability to successfully commission services for their local population. NHS England will also ensure that the CCGs meet their financial responsibilities. As well as overseeing CCGs, NHS England also commissions Specialist services, which are required by a small number of people.

Partnerships

- **Health and Wellbeing Board**

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

Rochdale's HWB is responsible for leading a collaborative approach to improving the health and wellbeing of local residents and reducing health inequalities.

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

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

The HWB has developed a strategy with clear strategic priorities to address inequalities across the Borough. You can find out more about the Health and Wellbeing Board by following this link: **Rochdale Council: Health and Wellbeing**

- **Public Health**

Rochdale Council have been responsible for public health since April 2013, however the CCG works closely with them through Health and Wellbeing Boards to achieve the best possible outcome for the local community by developing a joint needs assessment and strategy for improving public health. The Director of Public health attends the CCG Governing Body. The following link takes you to the **Rochdale Public Health Annual Report 2014.**

- **HealthWatch**

Healthwatch Rochdale is the independent consumer champion, created to gather and represent the views of the public. HealthWatch plays a role at both national and local level and will make sure the views of the public and people who use services are taken into account. Health watrch are a member of the CCG's Patient, Public and Engagement Committee, which is a sub-committee of the Governing Body.

You can find out more about HealthWatch by following this link **Rochdale Healthwatch.**

Section Four – Governance

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

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

Equality, Diversity and Human Rights (EDHR) is monitored by the Quality and Safety Committee to ensure EDHR is an integral part of their decision making and policy development responsibilities. Quarterly updates will be provided to the Quality and Performance Committee and Executive Team on the progression of the strategy, over-arching action plan, and any other related EDHR issues across the CCG.

The **Deputy Chief Officer and Executive Nurse** oversees the implementation of the strategy, the supporting action plan, and oversees the work of the Equality Diversity and Human Rights (EDHR) Business Partner, which is commissioned by the CCG from the Greater Manchester Shared Service.

The **EDHR Business Partner** provides guidance, support, and advice and has day-to-day responsibility for ensuring key EDHR work streams are delivered. The EDHR Business Partner is a member of the **Patient Public Engagement Committee and the Quality** and the **Safety Committee** to ensure equality and inclusion is integral to how we connect with our communities.

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

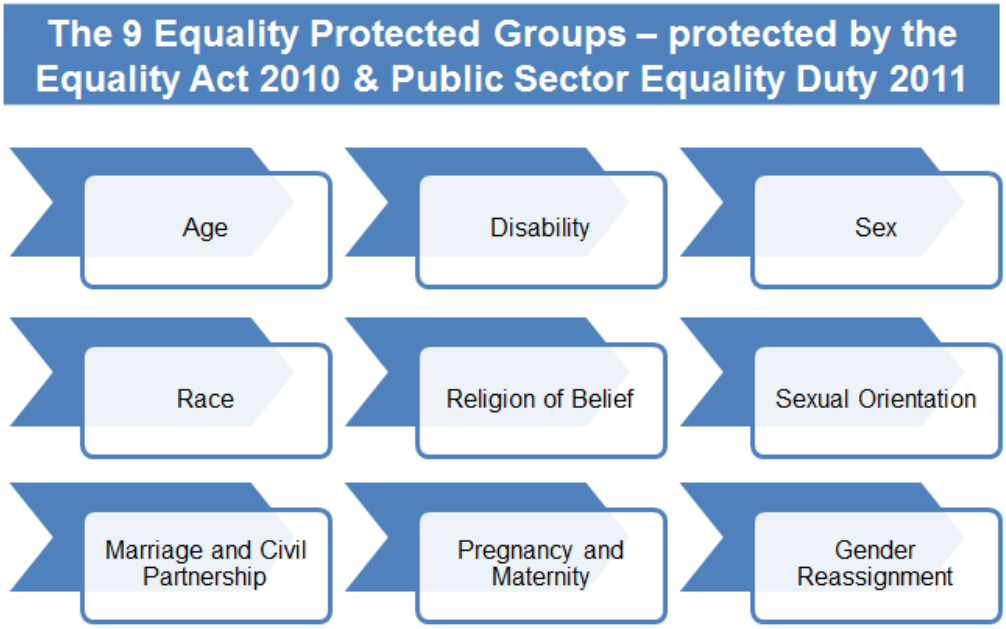
All **staff** members of the CCG are required to carry out all duties and responsibilities in accordance with CCG's Equality, Diversity and Human Rights policies, avoiding unlawful discriminatory behaviour and actions when dealing with colleagues, service users, members of the public and all other stakeholders. Additionally employees are required to promote awareness of and respect for Equality, Diversity and Human Rights in accordance with CCG policies and procedures and undertake Equality Analysis and any related training, as required.

Section Five- Compliance with the Public Sector Equality Duty

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

Aim 1 – Eliminate unlawful discrimination, harassment and victimisation
Aim 2 – Advance equality of opportunity between different groups
Aim 3 – Foster good relations between different groups

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



The Specific Equality Duty

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

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

- Information – details of information taken into account when assessing impact **See Section Seven (EDHR in Commissioning- evidence based approach to commissioning);**
- Service delivery – evidence of equality analysis that has been undertaken **See Section Eight Decision Making (Equality Analysis);**
- Workforce – employee related issues are detailed in **Section Ten; and**
- Connecting with our Communities – details of communication and engagement activities that have taken place during this period can be found in **Section Twelve**.

Other Key Equality, Diversity and Human Rights Drivers

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

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

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

Health and Social Care Act 2012

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

Equality Delivery System 2

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

EDS 2 also supports the CCG in meeting and delivering the requirements of the PSED. Our strategy and action plan is aligned to the EDS 2 goals and outcomes. More information about EDS goal 2 will be available in our next annual equality report January 2019.

Workforce Race Equality Standard

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

Two Ticks

The CCG has adopted the social model of disability and ensure barriers, that restrict life choices for disabled people, are removed. They also ensure a more inclusive way of living is developed through our interaction with patients, carers, service users, and employees. The CCG HR specialist services including recruitment are provided by GMSS who have been awarded the ' 'Two Ticks Symbol', which demonstrates we are Positive about Disabled People. The recruitment team will be applying for 'Disability Confident Scheme' during 2018 which has now replaced the 'Two Ticks Symbol'.

Accessible Communication Standard

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

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) will be mandated via the NHS Standard Contract by April 2018 with a preparatory year from 2017-18. The WDES seeks to improve patient experience by ensuring organisations employ people with disabilities and view disability as an asset. We have included the WDES in the new contract round with our providers and will be working towards developing a report over 2018 to drive this standard forward. As an employer we recognise the huge potential of all of our staff, and ensure their individual experiences contribute to improving care for patients. More information about this standard can be found by following this link. **Workforce Disability Equality Standard**

Sexual Orientation Monitoring Information Standard

NHS England has worked with key stakeholders including NHS Digital, the Lesbian Gay Bisexual and Trans (LGBT) Foundation to develop the Sexual Orientation Monitoring Information Standard (SOM). The SOM information standard provides a consistent mechanism for recording the sexual orientation of all patients/service users aged 16 years and above across all health services in England. It will also cover local authorities with responsibilities for adult social care in all service areas where it may be relevant to record this data using a standardised format. We have included the SOM in the new contract round with our providers and will be working with our partners over 2018 to drive this standard forward. More information about this standard can be found by following this link **Sexual Orientation Monitoring Information Standard**

Section Six Rochdale Borough's Demographics and Health Profile

Our Borough is very diverse, with a rich and exciting 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.

Our population is growing. We currently have 216,150 people in the borough (ONS mid-year estimates 2016). This represents a 2.1% increase on the census 2011; this is expected to rise by a further 1.4% over the next 10 years' with a predicted large increase in the over 65s age group. The number of people living in Rochdale (216,150) is lower than the number of people registered with our GPs (232,274 as at June 2017).

Our population experiences high levels of deprivation. The Borough is one of the most deprived Boroughs in England, being ranked 16th most deprived in the overall Indices of Deprivation 2015. A proxy measure for deprivation used to segment the Borough into 5 categories from the most (Group 1) to the least (Group 5) deprived shows an increase in our Borough's population living in our two most deprived population segments compared to 2011. Our most deprived communities have a younger age profile compared to the Borough average and our more affluent areas.

We have several indicators, described below of our population diversity:

Age - The population is relatively young, with 20.1% of the population being under 15, compared with 19.2% across Greater Manchester and 18.0% in England.

In future there is an expectation that there will be a greater proportion of elderly local people compared to those of working age as people are living longer. The population aged 65 or over in Rochdale Borough is expected to increase by 8.9% by 2021, which will put pressure on both health and social care services in the future. Source: ONS Mid-Year Estimates (MYE) 2016; ONE 2014-based Population Projections

Disability -Within the borough there are 42,722 people (20.4%) across all ages that have declared they have a long term health condition or disability. Of these, 55.1% (23,534) are from the working age population (16 to 64 years). Instances of disabilities rise significantly with age. Across all ages, 10.2% said they were limited a lot and of those aged between 16 and 64, 5.5% said they were limited a lot. The proportion of the population aged 65 and over with a long term condition is projected to increase from 58.7% in 2011 to 63% by 2021. As life expectancy increases, so too are the numbers of people with complex care needs which will impact greatly on social care and related services such as dementia services. Source: Rochdale Profile 2011; Census 2011; HMR CCG Strategic Commissioning Plan 2014/15 -2018/19.

Around 4,270 people in the Borough (2%) are likely to be affected by severe mental health disorders requiring support from secondary mental health services. Of these, 800 are estimated to have a psychotic disorder. Levels of common mental disorders, including anxiety, depression and phobias, are estimated to affect 30,178 people (14% of the population).

About 600 local people (age 18-64) have profound or severe learning disabilities and are in receipt of services, which vary in accordance with individual need. However there is an estimated 3,500 people with a moderate level of learning disability, of whom 17% are known to services.

Gender – The Census 2011 revealed that there are more females than males in the borough: with approximately 108,057 (51%) women compared with 103,462 (49%) males. The population was split almost equally by gender for 2012 (50.6% female, 49.4% male) and 2016 (50.8% female, 49.2% male), which mirrors the national trends. Source: JSNA 2017; ONS MYE 2012 and 2016.

Race – The Census 2011 revealed that in Rochdale borough, 166,481 people are White British which is 78.6% of the population. Our population is ethnically diverse. People from White Minority Ethnicities (WME: White Irish; White Gypsy Irish Traveller and White Other) account 3%. People from Black Minority Ethnic communities (BME: Black, Asian, Mixed and Other Ethnic) account for over 18.3%. 21% is the total calculation of WME and BME of the Borough's population the rate of increase since 2011 and other evidence, such as the schools census, suggests that it may be higher than this. The largest BME group is Pakistani with 10.5% of the population and the second largest is Bangladeshi with 2.1%. Source: Rochdale Profile 2011; Census

The socio-economic profile of our BME groups is often vastly different to that of our White British residents with consequent effects on their quality of life and health outcomes. BME groups generally have worse health than the overall population and language or cultural barriers may prevent these groups from accessing mainstream services

Language - 91.7% of the Borough identified English (or Welsh) as their main language in the 2011 Census. South Asian languages (including Urdu, Punjabi and Bangla) were the second most common languages (5.6%) and 4% of households having no occupant with English as their main language. This can impact on people's ability to access help and support when they need it.

Pregnancy and Maternity – The birth rate has been fairly constant since 2008 but declined in 2014 with 2,844 babies born to local residents (from 3,044 the previous year) and 2015 saw a similar figure (2,894). Birth rates are higher among our ethnic minority groups and in areas of deprivation. The infant death rate is also higher than average in this group. Teenage pregnancy rates (under 18) are slightly higher than the England average but are declining and have fallen below the North West average. There has been a 62.7% reduction in teenage conceptions in the Borough since 1998 and the rate now stands at 23.1 per 1,000 females (aged 15 to 44).

Marriage and Civil Partnerships - The census 2011 showed almost 73,323, (44.2%) of residents as being married, 58,665 (35.1%) said they are single, 20,815 (12.6%) co-habiting, 12,236 (7.3%) widowed and 293 (0.2%) in civil partnerships in Rochdale borough

Religion and Belief - Most people in the borough follow a religion; the census 2011 showed over 35 religions observed across the borough. Around 60.6 % (128,186) are Christian, around 13.9% (29,426) are Muslim and around 18.9 % (40,014) state they have no religion. Muslim population reports poor health in line with the national picture. Source: ONS Census 2011.

Sexual orientation - Based on the governments estimates round 5-7% identify as lesbian, gay or bisexual in Rochdale Borough. (LGBT) people experience significant health inequalities, which impact both on their health outcomes and their experiences of the healthcare system

Transgender (including Gender Reassignment) – The census does not measure how many residents within the borough identify as transgender, however, the Gender Identity Research and Education Society estimates that 1 in 4,000 of the UK population seeks support to change their gender. If we use this estimation for the borough's population the number equates to an estimated

53 people who might identify themselves as transgender. Transgender people have reported that they consider themselves to be amongst the most marginalised and discriminated against groups in society Source: Census 2011 and Gender Identity Research and Education Society.

Carers in Rochdale are a key resource and as the population ages there will be additional impact on carers. The 2011 census identified 23,260 people who describe themselves as carers, who provide unpaid care, helping family, friends or neighbours with long-term physical or mental ill-health or disability or problems relating to old age. Although this is likely to be an underestimation of the total number of people providing unpaid care, it represents 10.8% of Rochdale Borough's population and is above the national average. (England average is 10.2%).

The profile of carers in Rochdale Borough is similar to the profile of carers nationally. The greatest numbers of carers are of working age, particularly between the ages of 35-64 with the highest number of people in Rochdale Borough becoming carers between the ages of 55 and 59. Carers in Rochdale are most likely to be female (58%) with the highest proportion of female carers being within the working age band.

The majority of carers provide between one and 19 hours' care per week (13,550). A smaller number of carers (3,605) provide 20-49 hours and 6,105 provide 50 or more hours per week. However, the trend is for the number of hours of care to increase with the age of the carer. Carers who provide high levels of care for sick or disabled relatives and friends, unpaid, are more than twice as likely to suffer from poor health compared to people without caring responsibilities: including stress, anxiety and depression. Carers UK undertook research in 2004 and found that locally 22.2% of carers providing 50+ hours of care report they are in poor health against 13.77% of the non-carer population (21% and 11% nationally). Source: Census 2011; Borough-Wide Joint Carers Strategy 2013-16.

Hidden Carers do not identify themselves as carers and therefore may not seek support and information that would benefit them. In particular, problems in identifying individuals in some specific groups can lead workers to believe, incorrectly, that these individuals do not need or want services or support. These include the following carers:

- Minority ethnic backgrounds as well as those from the new migrant population.
- Lesbian, gay, bisexual and transsexual people.
- People with mental health problems.
- People who look after someone with a drug or alcohol problem.

Veterans are men and women who have served in the Royal Navy, Army and Royal Air Force (regular or Reserve) and who have now left to re-join civilian life. Because of their military service, their healthcare needs can be different from those of other patients. There are no definite figures on the total number of veterans in the UK at the present time, although estimates were produced by the ONS in conjunction with the Royal British Legion 2007. Extrapolated figures from that report suggested for HMR are available below.

Age >	16-24	25-34	35-44	45-54	55-64	65-74	75+	**All ages**	< 65
Rochdale	409	784	1.562	1597	1,644	3,572	5,054	**14,623**	5,996

For more information on specific communities and their needs, see
Rochdale JSNA
Rochdale Health Profile

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

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

Challenge

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

Ambition

Through the development of the Locality Plan, an overarching aim for Rochdale as a locality has also been developed by all stakeholders and partner organisations. This is reflective of our vision and HMR CCG is committed to the realisation of this aim, which is to By 2021 ***we want more people to be in control of their own health and wellbeing, managing their long term conditions well and being supported to achieve good health and wellbeing across their life***.

Locality Plan Transformational Programmes

The Locality Plan identifies 6 inter-related work programmes (underpinned by our new Primary Care Strategy) that will be prioritized over the next few years:

- **Prevention and self-care** will focus on developing the building blocks and early help and support that people need to support themselves to thrive and cope, to stay healthy and to achieve and prosper.
- **Getting help in the community** will support people who have significant and emerging needs. It will provide immediate, more comprehensive, and better coordinated care through multi-disciplinary teams working together. The support will be personalized to the person and their families, using personal health and care budgets where relevant
- **Getting more help** will provide more intensive support to people in the community, which may only be required for a short period of time. We will enhance our existing integrated tier of intermediate services as part of this programme. (Programmes 1, 2 and 3 are inextricably linked to the delivery of our Primary Care Strategy).
- **Getting specialist help** will support people who need to be cared for in a 24 /7 setting or children who need to be looked after. When people do need this level of care, our focus will be on quality and effectiveness, with discharge back to the getting help level services at the earliest point.
- **Mental health and wellbeing** is intrinsic to people's motivation, confidence and ultimately success in managing their own needs and taking control over their own health and care. Activities to improve support for people at risk of developing mental

health conditions or for those with an existing condition have been integrated through each of our programmes of work. However, mental health is also identified as a programme in its own right to reflect the priority which will be attached to it.

- **System transformation** will address system and behavioral changes we need to make to ensure we can deliver the outcomes we are seeking. Four new service centres to be developed under this programme will be a critical part of our model.

The annual Operational Plan all CCGs are required to produce each year will focus its commissioning activity on delivery of year 1 of the Locality Plan transformational programmes, as well as delivering against our constitutional standards and statutory requirements for the 2018/19 financial year.

Joint commissioning

We are an active member of Rochdale Health and Wellbeing Board (HWBB). This forum brings together key leaders from the health and care system to work together to improve the health and wellbeing of all people across the Borough and to reduce health inequalities.

Health and Wellbeing Boards:

- Ensure stronger democratic legitimacy and involvement across health systems
- Provide leadership across health and social care
- Strengthen working relationships between health and social care
- Encourage the development of more integrated commissioning of services
- Work collaboratively to achieve the aims of their Health and Wellbeing Strategies.

We and the other members of the HWBB are taking a partnership approach to assessing health needs across Rochdale borough and have joint targets for the area. The HWBB aims to work together to commission services that improve the health outcomes of all the borough's residents, especially for vulnerable or disadvantaged groups who currently experience poorer health outcomes or experiences of care. In all our joint work, we want to use and enhance the assets of local people and communities and influence "partners" to improve health within the provision of their services. Some of our joint projects include:

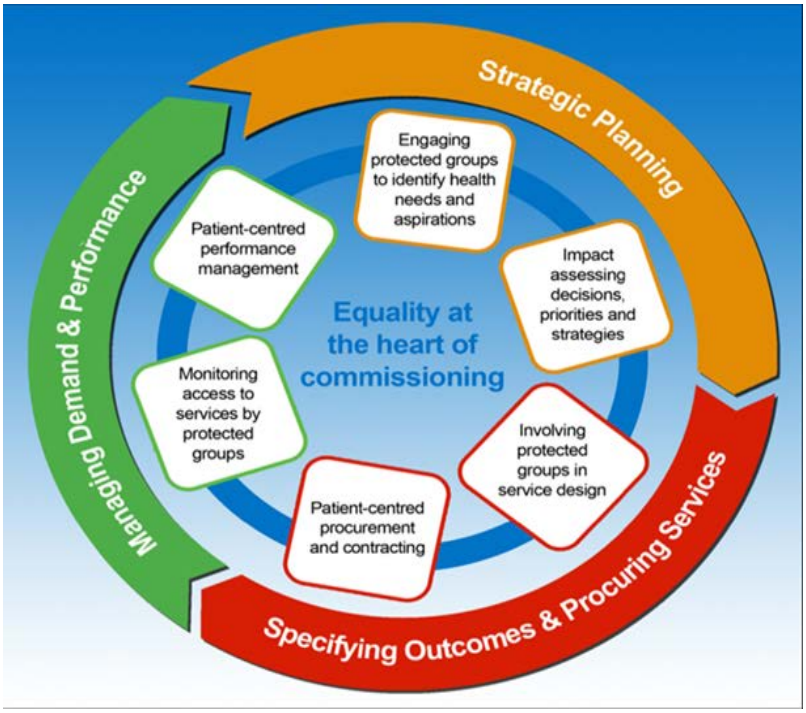
- Participating in the implementation of the Integrated Health Improvement, Sexual Health, and 5 Ways to Wellbeing programmes.
- Prioritising support for carers by updating and implementing our joint carers strategy.
- Promoting preventative programmes within communities who are less likely to access them. Programmes include health checks, screening and immunisation.
- In conjunction with Public Health England and Rochdale Borough Council, supporting a pilot campaign to raise awareness of the seriousness of breathlessness and encouraging people struggling with shortness of breath to visit their doctor.
- Plans to jointly commissioning drugs and alcohol services with the Local Authority, Police and Probation services.
- Plans to jointly re-designing services for children with disabilities as part of the Special Educational Needs and Disability Pathfinder programme.
- Plans to improve Child and Adolescent Mental Health Services.
- Plans to increase the number of 'Looked After Children Nurses' to meet the health needs of Looked After Children residing in the Borough.
- Plans to jointly fund Dementia service proposals from providers including voluntary and independent sector.

We have established a Integrated Commissioning Board which has shadow delegated responsibilities from NHS HMR CCG Governing Body and Rochdale Council Cabinet and reviews progression on the Better Care Fund and the jointly commissioned Intermediate care service and integrated Neighbourhood team service.

We have also now have integrated health and social care commissioning team . Moving forward the plan is to have more joint posts as we integrated health and social care commissioning and bring closer working between the CCG and Council.

Equality, Diversity and Human Rights in Commissioning

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



We are committed to ensuring that Equality and Inclusion is at the heart of commissioning and will demonstrate this by:

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

Key information and data (evidence base)

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

- **Rochdale Context the EIA/EA** provides more detailed information on the Boroughs health inequalities, socio economic factors and the protected characteristics.
- **The Joint Strategic Needs Assessment (JSNA)** provides a baseline assessment of needs across the Borough and is a key piece of evidence underpinning the development of the joint Health and Wellbeing strategy. NHS and local authority commissioners will be expected to have given due regard to the JSNA and Joint Health and Wellbeing strategy when developing their commissioning plans. Follow this link to find out more about the Rochdale JSNA.
- **Rochdale Profile 2011** A full copy of the report can be found by following the link : **Rochdale Profile.**
- **Public Health Report 2014** – Presents an overview of the demographics and health profile of the communities of Rochdale Borough. A copy of the full report can be accessed by following this link :Rochdale Annual Report 2014.
- **Census 2011** – Census statistics help paint a picture of the nation and how we live. They provide a detailed snapshot of the population and its characteristics and underpin funding allocation to provide public services. The census is divided by a range of themes and is also broken down by cities and neighbourhoods. Further information can be found by following this link: Census 2011.
- **LGBT Foundation** – This website has a wealth of information Commissioners can access to obtain health and demographic information about the LGBT community within the Borough. The following link details the wealth of information at the disposal of the CCG:LGBT Foundation.
- **State of Health Black and Other Minority Groups,** Black Health Agency Contribution to the Development of a Joint Strategic Needs Assessment (JSNA). A full copy of the report can be found by following the link: State of Health Black And Other Minority Groups
- **Due North: The Report of Inquiry into Health Equity in the North,** Inquiry Chair: Margaret Mead. A full copy of the report can be found by following the link: Due North
- **Opportunities and Challenges for Greater Manchester** by Ruth Lupton, Anthony Rafferty and Ceri Hughes, Inclusive Growth Analysis Unit, University of Manchester A full copy of the report can be found by following the link: Opportunities and Challenges for Greater Manchester
- **The Equality and Human Rights Commission** provides a range of EDHR resources as well as undertaking a number of specific research programmes that are published and supports the CCG in understanding the communities it serves: Equality and Human Rights Commission.
- **The Business Intelligence Team** is based within the CCG and provides Commissioners with a wealth of data about the local population, particularly at primary care level.
- **Communication and Engagement** – see **Section Twelve below**.

Section Eight – Decision Making (Equality Analysis)

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

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

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

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

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

The CCG delivers quarterly EA workshops for all staff who are required to undertake an EA in the course of their work.

The CCG is currently reviewing its process with its partners in the Council to support the integrated commissioning team.

Section Nine - Performance Monitoring of Providers

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

Health and social care services for local people are delivered to patients and service users across a range of settings including hospitals such as Northern Care Alliance NHS Group Oldham Hospital in Oldham; community settings including health centres, and where safe and appropriate, in a patient's own home.

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

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

We recognise the link between organisations that underpin their service provision with principles of equality and inclusion impact on patient care and outcomes. Therefore we regularly monitor their equality performance, patient experience and service access of our providers.

With the support of the GMSS EDHR Business Partner, we assure the quality of provider services from an EDHR point of view by:

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

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

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

The following table provides an overview of compliance from our main providers:

NHS or other providers	Equality Objectives agreed and published	Publication of Equality information before January 2018	Published EDS grading around 2017 performance	Undertaken Workforce Race Equality Standard (WRES)	Compliant with Accessible Information Standard
Pennine Acute NHS Hospitals Trust	Yes	Yes	Yes	Yes	Yes
Pennine Care Foundation Trust	Yes	Yes	No	Yes	Plans in place

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

- **Pennine Acute NHS Hospitals Trust**
- **Pennine Care Foundation Trust**
- **NWAS**
- **Greater Manchester Shared Services**

Improvement in Quality of Services

Primary Care Quality Standards
All of HMRs GP practices are meeting the locally designed Quality Standards, with 34 practices achieving the highest level (Level 3). This has demonstrated improvements in access,management of patients with long term conditions and management of the physical health of patients with mental health conditions

In 2017 we have identified some significant challenges to the quality of care provided for our local population; for example urgent and critical care, maternity and paediatric services provided by Pennine Acute Hospitals NHS Trust (PAHT). The CCG has worked collaboratively with PAHT, Greater Manchester Health & Social Care Partnership, NHS Improvement and other CCGs, to ensure improvements were made and measures taken to secure sustainability of these improvements. We are working with Pennine Care NHS Foundation Trust to secure improvements required in mental health services, as identified in its CQC inspection. Similarly we are workingwith BMI The Highfield as they implement the required improvements to address the outcomes of its CQC inspection.

The Quality Team is committed to enhancing the quality and delivery of nursing care within Care Homes by supporting staff and managers to achieve the optimum levels of care delivery across the Borough. Working closely with the CCG's Safeguarding and Continuing Healthcare teams and in partnership with Rochdale Borough Council and other agencies, the CCG has implemented a quality monitoring system which alerts to early indicators of possible quality or safety failings. The CCG Safeguarding Designated Professionals have a key function across the commissioning cycle, from procurement to quality assurance, to support the CCG in assuring effectivesafeguarding arrangements that support the delivery of improved outcomes and life chances for the vulnerable, in all CCG commissioned services.

As part of their work programme, the team have devised assurance dashboards for Care Homes, General Practices and Cared for Children to enable effective monitoring of safeguarding good practice. These tools ensure themes and trends can be analysed, lessons learnt and gaps and further good practice identified and shared.

The CCG Safeguarding team also provide training, expertise and support about safeguarding to ensure that CCG staff, including General Practitioners and Practice staff, are updated regarding safeguarding practice and contributions to partnership working ensures the effectiveness of the Safeguarding Team.

Our plans for 2018 is to continually improve our approach to the improvement in quality of services by ensuring equality and inclusion is a golden thread and have a better understanding of experiences of our diverse communities.

Section Ten – Workforce

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

As our workforce is less than 150, our approach is to review and monitor workforce data through our internal reporting mechanisms. Our numbers are small, meaning no statistical reliable inference can be drawn from them, however, in the spirit of transparency and openness, we provide an overview table of our workforce profile below on page 29 and a detailed report is available in **Appendix A**

As at 31st August 2017, HMR CCG employed 108 people, made up of 68.5% females and 31.5% males.

Organisation and Culture

We are committed to developing an organisational culture which is inclusive, eliminates discrimination and promotes fair treatment for all employees. This is evident with our application and subsequent selection to the NHS Employer's Partners Programme.

We have a schedule of HR policies to support this ethos within the organisation which are readily available to all employees, supported by training and development. Soon we will be undertaking a staff survey that will include the four questions from the Workforce Race Equality Standard (WRES) and hope to report on the findings within our next WRES report during 2018. We will continue to monitor our staff across the protected groups to ensure that any issues or concerns are addressed through the normal HR policies and processes.

Progress 2017

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

- Our CCG (along with Salford and Bury CCGs) was selected earlier in 2017 in a joint bid as one of 28 organisations across the country, to be an **NHS Employers' Equality and Diversity Partner for 2017/18**. We hope to use the learning develop our equality performance for our staff and our partners;
- We continue to offer a broad range of proactive HR policies with a regular work plan for reviewing and updating HR polices. With the **new Workforce Disability Equality Standard** on the horizon in preparation for this we will explore good practice in developing a draft Disability Policy during 2018-19 and refresh our EDHR Strategy during this period.
- GMSS provide our HR processes and have attained the **Disability Confident award** which demonstrates the organisation's on-going commitment to developing an inclusive organisational culture.
- We offer a rolling **training programme for Equality Analysis** has been set to promote internal knowledge and expertise
- **Equality and Inclusion Strategy Session** was delivered to the CCG Governing Body in February 2017

Participation in a number of National and regional events around equality and inclusion to share our experiences and learn from others these include: **North West Leadership Academy Equality, Diversity and Inclusion Reference Group** - Review, Refresh and Refocus Session; **NHS Employers Diversity and Inclusion Conference** – we had the opportunity to hear stories highlighting successful strategies on how to use diversity within the new health and social care landscape to improve collaboration and drive innovation. A host of speakers including the CEO of the CIPD and the founder of the Empathy Business - Chief Geek, Belinda Parmar to explore what role diversity and inclusion will play in achieving system change and meeting the challenges facing local services; **WRES Conference 2017** - the conference covered the impact of WRES nationally in organisations, what has worked so far and what support is available and phase two of the programme.

Policy and Procedures

We have a range of employment policies which support Equality, Diversity and Human Rights including Dignity at Work, Equality, Diversity and Human Rights, Flexible Working, Disability Policy, Shared Parental Leave. All HR policies are regularly reviewed and updated to reflect changes in legislation and best practice. Additionally, Equality Analysis are undertaken as part of the development and review process to ensure polices are fair and equitable to all employees and any potential adverse impacts are identified and addressed.

Pay

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

Grievances and Disciplinary

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

Workforce Race Equality Standards (WRES)

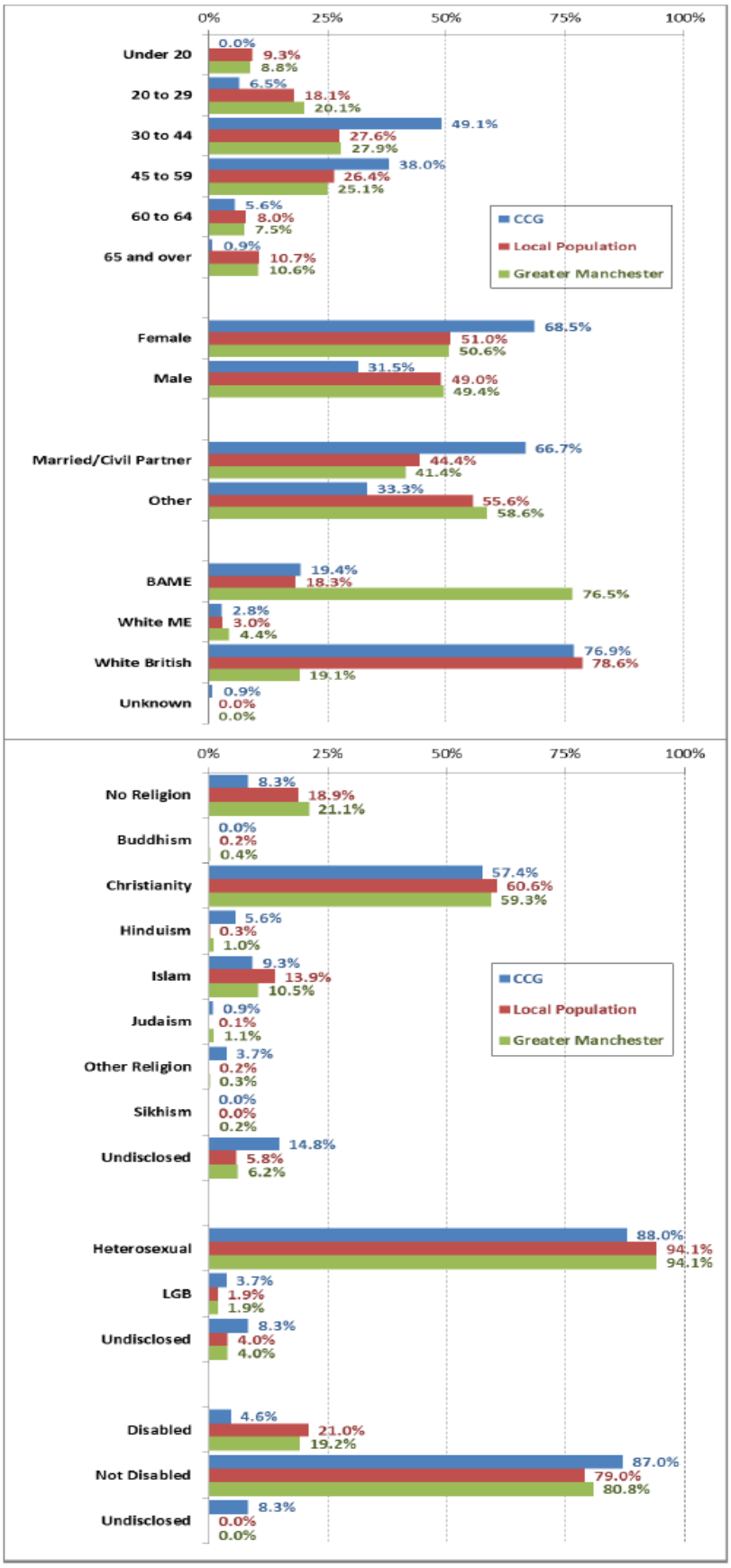
The organisation has recently published its Workforce Race Equality Standard and is currently implementing actions identified from the baseline report. For further information please see - HMR CCG Equality and Diversity Webpage.

Workforce Disability Equality Standards (WDES)

We have taken steps to advance with the Workforce Disability Equality Standard (WDES) which will be mandated via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18. We have included it as a requirement within our EDHR Schedule for contracts and working on a communication plan for staff within the CCG.

Employing People with Learning Disabilities

We will be exploring over 2018 how we with our local partners can help more people with learning disabilities find employment.



Our Workforce at a Glance (As at 31 August 2017)

Figures for "Rochdale Borough" in the summary above are based on the 2011 Census, apart from the Sexual Orientation data which use the ONS 2012 National Survey, North West region

Please note: The sexual orientation figures in this graph suggests that LBG people are better represented in the workplace than the local population. However sexual orientation data was not collected as part of the census 2011 and the ONS acknowledge the lack of data. Research by the LGBT Foundation extimates 1 in 4000 people in the UK seek to change their birth gender and between 5%-7% identify as LGB nationally, which suggests higher proportions of the population identifying as LGBT.

Section Eleven - Equality Objectives October 2013-17

Our equality objectives for 2013- 2017 were developed using views, observations and comments from patient's, public and staff. We have undertaken a number of actions to move forward the equality objectives which were set as part of our Equality Strategy, an outline in the table below:

Equality Objective 1: Improved data monitoring, collection and usage	**Work streams have supported the CCG in meeting objective**
• Promoting a consistent approach to equality monitoring; access to services; diseases rates; patient experience levels and complaints, broken down by all 9 protected characteristics.	-Improvement in the range of data sets Commissioners are using to aid them in understanding their local population – as detailed in **Section Seven above.**
Equality Objective 2: Joined-Up Approach to Complex Care	**Work streams have supported the CCG in meeting objective 2**
• A real focus on quality improvement. As commissioners we have strengthened our equality and human rights requirements for all our providers through our contracting processes. We will continue to monitor the performance against equality and human rights requirements of the contracts • We will work with our partners to use human rights as leverage for real change in care settings; continually work to improve access and experience by improving transport and bringing healthcare services closer to the community.	- EDHR Schedule for Providers - Accessible Information Standard (AIS) audit of providers and GP practices - Good ratings for our GPs and care homes - Living With and Beyond Cancer, - Mental Health - CAHMS -Dementia –Intergrated servcies
Equality Objective 3: Information and Engagement	**Work streams have supported the CCG in meeting objective 3**
• Continue to develop targeted campaign work to support equality groups • Strengthen links and build the capacity of the local interest groups who represent protected groups to continually engage and challenge our performance and that of our providers against equality standards.	**See Section twelve**
Equality Objective 4: Engaged and fully equipped staff	**Work streams have supported the CCG in meeting objective 4**
• Increasing the awareness of the equality and human rights agenda for CCG and their membership practices, to ensure they have a full understanding of their responsibilities under the Equality Act 2010. .	-Mandatory E Learning – Equality Awareness - Equality Analysis Workshops - Equality Analysis Quality Assurance and one to one support for staff -Briefings around the Accessible Information Standard - Workforce Race Equality Standard - Equality analysis of HR Policies - Equality And Inclusion Strategy Session Members of the NHS National Partners Programme 2017-18

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

Section Twelve – Connecting with our Communities

We want to commission (plan and buy) services that improve the health of all our communities. We do this by trying to understand the potential barriers experienced by patients using the services we commission, and by listening to the issues that they raise. We do this in a number of ways including our communication and engagement work and through complaints, compliments and feedback we receive, input from our Patient Public and Engagement Committee.

Our Patient Experience and Engagement Committee is delegated by Governing Body, the Committee assures the delivery of the CCG's patient and public involvement duty. Ensuring the CCG's commissioning activity meets its statutory duties and follows national guidance and best practice. Some of our members represent those with protected characteristics are key members of the committee. Current membership includes:

- Rochdale and District Disability Action Group – disabled people
- BME Healthmatters – BME groups
- Greater Manchester Youth Network – young people
- Rochdale and District Mind – mental health
- Rochdale Boroughwide User Forum – mental health, learning disability, LGBT
- Circle (commencing January 2017 after the demise of Age UK Rochdale) – older people
- CVS Rochdale – third sector organisations in general
- Healthwatch – patients and carers
- Representation from the Lesbian Gay Bisexual and Trans Foundation and BME interest groups will be joining the committee in January 2018

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

Protected characteristic	**Engagement**
Disability	**Rochdale And District Disability Action Group (RADDAG)** RADDAG is a well-established third sector organisation in the borough of Rochdale supporting those with a disability. They have worked in partnership with the CCG since it was formed in 2013. In the last year, as well as the usual "enter and view" visits and focus groups RADDAG have taken on 2 other projects in the short term to support the CCG. The 2 projects are; • A series of 18 Focus Groups exploring barriers to accessing health services and looking at suggestions for improvements or services that work well. A short report identifying key issues is produced after each meeting. • Drop in Sessions with people with a learning disability. These focussed on raising awareness of the CCG and the services which are commissioned. They encouraged people to engage with the CCG and get involved in tender panels, focus groups, and proof reading documents. The drop in sessions took place at the Possibilities Service a learning disability support organisation.
Race	**New and Emerging Communities Project-** This project aimed to connect with those new and emerging communities who struggle to engage with and access services.

	Recognising the serious challenges for health professionals to meet the health needs of an increasingly diverse population, this time-limited project wanted to work with new and emerging communities, in particular refugees and asylum seekers to raise awareness and promote access to health services. **Crescent Radio** is a small local radio station broadcasting mainly to the South Asian community in Rochdale. The CCG has regular broadcast slots giving one of the CCG clinical leads Dr. Sonal Sharma the chance to engage on health issues key to this com munity.
Age	**Health Action Champions is the young people's forum** for health supported by the CCG and Greater Manchester Youth Network. The forum gives members the chance to learn about the local NHS and to influence decisions made by the CCG. Over the last 6 months forum members assisted the CCG Engagement Lead to design and develop a board game based on "Choose Well" principles. The CCG Engagement lead discussed the idea of an app with the forum but they challenged the Engagement Lead to invent a board game instead. They thought an app on their phone should be used for fun, not learning which health services to use when. The game is designed to get young people and their families to think which services are best for a given set of circumstances so that in real life they will begin to make those links and choose the right service. This fits with the "Prevent" theme in the Locality Plan. The Engagement Lead attends two regular **forums for older people**. They are: Rochdale User carer Forum and Rochdale Senior Citizens. These forums give the Engagement Lead the opportunity to update older people on issues which may affect them and can give them the opportunity to comment on local healthcare plans such as the themes in the Locality Plan. This gives older people a voice and enables them to influence decision making.
LGBT community	We have ran focus groups in partnership with LGBT foundation to examine key issues for LGBT community.
Commissioning generally	As a CCG we embrace opportunities to involve service users in the commissioning process as much as possible. Service users/patients have been involved in: • Examining and commenting on service specifications • Developing "I" statements for contract monitoring. "I" statements are based on what service users / patients believe are the key outcomes they can expect when using services. An "I" statement might be – "All communications provided to me were in plain language that I could understand" or "I knew where to obtain information about services and support that would be useful to me, including services outside of local NHS services". These would be measured through a patient satisfaction survey. • Assisting in the co-design of new services such as the proposed Integrated Cardiology service. On the 29th March this year a first workshop was held at the Town Hall in Rochdale and a patient representative attended as a full partner alongside NHS and local authority officers. • Scoring tender submissions. Patient panels have assisted with the scoring of submissions for the Anti-Coagulant Therapy service,

	the Bio Psycho Social Pain service, Integrated Elective Care, and more. • Following scoring submissions the same patient groups would take part in moderation panels to agree in partnership the preferred providers for services

Engagement at Greater Manchester level
The CCG is committed to learning and developing and we have attended the following events in support of this:

- **Greater Manchester BME Health Conference**
  This conference was hosted by the voluntary sector 'Black Health Agency' and looked at the state of health for BME groups across GM and how this represents a challenge for GM health and social care and at local levels. **Trends and challenges** was presented by Professor Carol Baxter CBE, good practice presentations was shared of improving health and wellbeing by the voluntary sector across GM; followed by discussion groups for mental health, cancer, dementia and sexual health. The CCG will use the learning from this conference to continue to support local BME groups to get involved in health and wellbeing initiatives locally.

- **Greater Manchester Health and Social Care Partnership: Working with the Faith Sector Health Conference**
  This conference provided an opportunity for faith organisations from across the GM and professionals from the health and social care partnership to engage with each other and discuss an emerging Memorandum of Understanding between these sectors. The Faith Audit and the Role of the Faith Sector in Health and Social Care across the GM landscape was shared via an interactive map; this will be explored further by the CCG during 2018 in terms of understanding better what health and wellbeing support is happening locally in Bury's faith sector and include them within our asset based initiatives.

Always Learning and Future Partnership Working

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

We will continue to work in partnership with communities and our partners locally and at a GM level to ensure there is equality and equity in the services we commission for our residents

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

We will continue to co-produce innovative ways to engage and listen to individuals and communities. We are exploring opportunities to further engage with our local communities through our working relationships with the Local Authority and other partners and stakeholders.

For more information about how we engage with protected characteristic groups please read our **Annual Patient Public Engagement Report July 2017**.

For more information about how we engage with protected characteristic groups, contact our Engagement Lead, Phil Burton on **phil.burton@nhs.net**

Section Thirteen -Patient Experience

The GP Patient Survey July 2017 is a national survey undertaken by NHS England. In NHS Heywood, Middleton and Rochdale CCG, 11,590 questionnaires were sent out, and 3,756 were returned completed. This represents a response rate of 32%, which is a 3% decreased reponse rate from 2016 which was 35%. The diversity profile of respondents is provided in **table 13.1** below.

Table 13.1 Diversity Profile of Respondents

Ethnicity		**Learning Disability**	
Respondents that declared their Ethnicity	**3,070**	**Respondents that declared their Learning Disability**	**3,014**
British	76%	Yes	4%
Irish	1%	No	96%
Any other white background	*	**Unknown data**	**742**
Pakistani	9%	**Sexual Orientation**	
Bangladeshi	1%	**Respondents that declared their Sexual Orientation**	**3,033**
Indian	1%	Heterosexual or Straight	91%
Any other Asian background	1%	Gay or Lesbian	1%
Chinese	0%	Bisexual	1%
African	2%	Other	1%
Any other ethnic background	3%	Prefer not to say	5%
Unknown data	**686**	**Unknown data**	**723**
Deaf and use sign language		**Religion and Belief**	
Respondents for this question	**3018**	**Respondents that declared their Religion and Belief**	**3,096**
Yes		No religion	24%
No	100%		
Unknown data	**738**		
Gender		Christian	57%
Respondents that declared their Gender	**3,066**	Muslim	15%
Male	49%	Other	1%
Female	51%	Prefer not to say	2%
Unknown data	**609**	**Unknown data**	**660**
Age		**Caring Responsibilities**	
Respondents that declared their Age	**3,077**	**Respondents that declared their**	**3.003**
18 - 24	8%	No caring responsibilities	78%
25 – 34	18%	1-9 hours	11%
35– 44	17%	10-19 hours	3%
45 - 54	19%	20-34 hours	2%
55 – 64	16%	35-49 hours	1%
75 -84	6%	50 plus hours	5%
85 and over	3%	**Unknown data**	**753**
Unknown data	**679**		

Table 13.2 shows that **overall, patient satisfaction levels** are rated as very good and fairly good across GP practices for the residents of the borough of Rochdale; only 6% felt the service was fairly and very poor.

Table 13.2: Overall experience of GP surgery	January 2017
Very good	42%
Fairly good	41%
Neither good nor poor	10%
Fairly poor	4%
Very poor	1%
Total number	3,111

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

Table 13.3: Overall experience of GP surgery by Gender Age and Ethnicity						
Protected Group	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	**Total Number**
Gender						
Male	41%	40%	13%	4%	2%	**1,577**
Female	42%	42%	10%	5%	2%	**1,598**
Age						
18-24	23%	49%	16%	8%	4%	**334**
25-34	32%	41%	17%	6%	3%	**538**
35-44	37%	43%	13%	3%	3%	**517**
45-54	45%	35%	10%	4%	2%	**609**
55-64	45%	41%	11%	3%		**511**
65-74	54%	38%	5%			**386**
75-84	58%	36%				**200**
85 and over	59%	34%				**79**
Ethnicity						
British	45%	41%	9%	4%	1%	**2468**
Irish	60%					**24**
Any other white background	40%	36%	17%			**104**
Pakistani	23%	43%	24%	5%	6%	**293**
Bangladeshi		43%				**45**
Chinese		55%				**22**
Any other Asian background		58%				**38**
African	38%	33%	27%			**48**
Any other ethnic background	44%	33%	18%			**68**

The GP Patient Survey is target measure where HMR CCG needs to demonstrate in the July 2017 that they have either:

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

Table 13.4 below shows that **overall experience of making an appointment** levels are rated as very good and fairly good across GP practices for the residents of the borough of Rochdale; only 17% felt the service was fairly and very poor.

Table 13.4: Overall experience of making an appointment	**January 2017**
Very good	32%
Fairly good	36%
Neither good nor poor	15%
Fairly poor	9%
Very poor	7%
Total number	**2,984**

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

Table 13.5: Overall experience of GP surgery by Gender Age and Ethnicity						
Protected Group	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	**Total Number**
Gender						
Male	33%	34%	15%	9%	8%	**1,452**
Female	32%	37%	16%	10%	6%	**1,476**
Age						
18-24	19%	51%	15%	6%	9%	**250**
25-34	30%	34%	16%	10%	9%	**535**
35-44	29%	35%	19%	11%	8%	**505**
45-54	34%	34%	13%	11%	6%	**552**
55-64	32%	36%	15%	11%	6%	**479**
65-74	41%	36%	12%	6%	4%	**368**
75-84	37%	40%	13%	9%		**175**
85 and over	59%	34%	16%			**75**
Ethnicity						
British	34%	36%	17%	9%	7%	**2240**
Irish		42%				**24**
Any other white background	45%	39%	22%			**112**
Pakistani	16%	36%	21%	12%	15%	**268**
Bangladeshi	29%	25%				**41**
Indian	*	*	*	*	*	**17**
Chinese	*	*	*	*	*	**12**
Any other Asian background		34%				**38**
African	61%	31%				**49**
Any other ethnic background	29%	42%				**89**

For further information about GP satisfaction see the results of the National GP Patient Survey for HMR CCG

Complaints and Informal Patient Enquires (PALS)

Our 'Complaints and Patient Liaison Advice Services' (PALS) are provided by the 'Patient Services' team at Greater Manchester Shared Service (GMSS). The team are aware of the diverse population served by the CCG and an equality and diversity monitoring questionnaire and pre-paid envelope is sent to all complainants with the acknowledgement letter to complete and return (completion of the questionnaire is voluntary).

Analysis of patient demographic data collated from contacts received over 1 October 2015 – 30 September 2016 shows 395 patient contacts were received by NHS Heywood, Middleton and Rochdale CCG. These contacts included:

- Informal patient enquiries (PALS) – 297
- Complaints – 67
- MP letters – 23
- Compliments – 3
- Claim – 5

A detailed report showing the demographic breakdown is available in **Appendix B**

Section Fourteen – Our Achievements

The following pages set out a number of achievements and progress made over 2017 to support our diverse communities, improving health outcomes and reducing inequalities.

Equality and Inclusion and Workforce

- **NHS Employers Partners Programme**

HMR CCG (along with Salford a
d Bury CCGs) was selected earlier in 2017 in a joint bid as one of 28 organisations across the country, to be an NHS Employers' Equality and Diversity Partner for 2017/18.

- **Equality and Inclusion Strategy Session for Governing Body**

We delivered a development session to our Governing Body which moved away from the traditional focus on legislation to a more emotive scenario based session which asked members to consider their decision making in the context of being a member of a minority or a disadvantaged group. This was an engaging session which left a lasting impression and will support the inclusion of equality within the decision making process

- **Review of our Equality Analysis process**

This has resulted in the development of a 2 tier approach, one to support policy development and the other to support commissioning. This incorporates the duties of health inequalities, patient and public involvement and equalities into one template. This is supported with workshops for staff to ensure EA is at the heart of the work we do.

Sexual Orientation

- **Pride in Practice**

This is a quality assurance support service that supports primary care providers to strengthen relationships with the LGBT community and is being rolled out across Greater Manchester under a three year contract from Greater Manchester Health & Social Care Partnership (GMHSC) awarded to the LGBT Foundation.

The contract sees free training being offered to GPs, Doctors, Optometrists and Pharmacists across Greater Manchester and is endorsed by the Royal College of GPs. It ensures that practices effectively and confidently meet the needs of LGBT patients and offers ongoing support and information resources for each practice. For example it can give practitioners the confidence to:

- Support trans patients beginning their transition
- Support gay and lesbian people wanting to adopt children
- Offer gay and lesbian patients with drug and alcohol problems help

Currently training has been delivered to 8 GPs and 1 dental practice (with 1 more GP booked in). the CCG will be working closely with the LGBT foundation to further rool out this intiative to other GP practices and share more about Pride in Practice at the Locality Engagment Group in March.

Age

- **Integrated Neighbourhood Teams (INTs)**

This major component of health transformation that will enable the partial shift to successful out of hospital care for adults with long term conditions and is an outcome based commissioned service. These multidisciplinary teams of health and social care professionals will work in an integrated

way with GP practices across the Borough to improve case management of those with long term conditions, aiming to reduce crises and enable patients to manage their own conditions more successfully.

The INT new provider was mobilised May 2016 and serve the population aged 18 and over registered with a Heywood Middleton and Rochdale GP practice and who are resident in the Rochdale Borough with a Rochdale postcode.

- **Dementia Pathway**

The Dementia Pathway has been reviewed with the support of the Life Story Network, adopting an ethnographic approach to understand the needs of people with dementia and their carers, and ensure that the pathway is modelled to deliver this. The 2015/16 focus was on post-diagnostic care, and the network of service provision has been confirmed until 2018/19. The model aims to increase the social support offer within a traditionally medical model. This work has been recognised by Professor Alistair Burns, National Clinical Director for Dementia.

- **Children's Community Health Services**

A new integrated service model has been implemented from April 2016. The new children's acute and ongoing needs service is provided by a collaborative partnership across and NHS Foundation Trust and local charity. The service (covering services such as community paediatrics, community nursing team, complex needs and therapy services) is now able to offer a seamless approach to delivering care, enabling children and young people/parents to 'tell their story once'. A single point of access now supports an effective triage system where a child's needs are considered by a multi-disciplinary team to enable the right package of support to be provided. The co-location of the service is planned by the end of March 2017 which will further support an integrated approach to care provision. The service is also now able to provide additional non-clinical practical and emotional support to those families identified as having complex care needs. This involves streamlining and co-ordinating multiple assessments, reviews or intensive family support, whilst ensuring that at all times, families feel prepared and in control of the process. Although the service is predominantly providing treatment with 18 weeks in accordance with national guidance, there remain some historical access issue, particularly in relation to Occupational Therapy support. The children's commissioning team are working closely with the provider to improve these waiting time to ensure that no child is waiting for treatment longer than 18 weeks in the future.

- **Emotional and Mental Health**

Following an extensive co-design process, with children, young people, families and stakeholders, a new emotional health and wellbeing service has been procured, provided by a collaborative partnership across an NHS Foundation Trust, mental health charity and culture and leisure trust. The co-design process has continued during the mobilisation of the service, with both the provider and children's commissioning team working closely with the Innovation Unit to test and prototype the service delivery model. The new service went live in July 2016 and has been named #Thrive by children and young people. A hub/café located centrally in Rochdale is due to open in March 2017 offering a drop-in facility, information and signposting, as well as planned clinical sessions. Children and young people decided to name the hub 'Around the corner'. #Thrive offers early support to children and young people up to the age of 19 years, including awareness raising, 1:1 drop in sessions and 'sort it' sessions in schools and community venues, solution focused therapy, early intervention and counselling. The service is also able to offer social prescribing, including exercise and arts. The service has been welcomed as a much needed resource in the borough and is already proving invaluable in offering early support to children and young people, as well as parents, when they need it.

- **Eating Disorders**

Alongside our neighbouring CCG's, Bury and Oldham, the children's commissioning team has jointly commissioned a new Community Eating Disorder Service for young people up to the age of 19. This service offers much needed specialist support locally for young people who may be suffering from an eating disorder with the aim of early identification and intervention. The service offers intensive home treatment to prevent escalation of need. The service went live in July 2016 and is an extension to the support offered by Healthy Young Minds (previously CAMHS). It is planned to extend the service for young people up to 25 years in the future.

- **Early Years**

Through the integrated team the CCG, public health and local authority children's service commenced work to redesign services for 0-5 years old. The intention is to develop an integrated offer of support for families from conception through to school entry at universal, targeted and specialist levels to ensure that children can have the healthiest start to life as possible, with need identified and early help offered as soon as possible.

Disability

- **Cancer**

HMR CCG have successfully secured funding via a formal bidding process for a Macmillan Living With Beyond Cancer Project team which will consist of a Commissioning Project Manager and Administration Assistant to work with the Macmillan GP Cancer Lead to review current services, explore opportunities for integrating LWBC across HMR and Greater Manchester. The work will concentrate on the delivery of the LWBC Cancer Action Plan during 2016/17.

- **Diabetes National Diabetes Prevention Programme**

HMR CCG and Rochdale Borough Council have been chosen as one of 27 sites for the National Diabetes Prevention Programme announced by NHS England and Public Health England. The partnership will work with national providers to identify residents who are at risk of developing Type 2 diabetes (pre-diabetes). Once identified eligible HMR CCG registered residents will be offered an intensive lifestyle management programme to support them to reverse their pre-diabetic condition and to stave contraction of diabetes. The programme will run for a minimum of 2 years and it is estimated that up to 1600 patients will be identified to benefit from the programme via Health Checks and GP practice held data.

- **Mental Health Investment**

The CCG agreed an additional £1.3million investment fund for mental health during 2015/16, in order to deliver parity of esteem for Mental Health. Areas of investment included:

- Children and Young People's Mental Health
- Psychological Therapies Provision
- Early Intervention in Psychosis
- Development of a learning Disabilities and Mental Health team
- Mental Health Practitioner pilot in partnership with GMP to support management ofindividuals with chaotic lifestyles
- Extension of the Oasis Unit at Rochdale Infirmary
- Extension of Street Triage pilot to recurrent service

Mental Health has also been identified as a standalone programme in the Locality Plan, recognising the collective local commitment to mental health and parity of esteem with physical health.

- **Learning Disabilities (LD)**

The programme of work and effort to support people with Learning Disabilities has significantly increased in 2015/16 through the identification of this as a key work stream in the Greater Manchester Devolution Fast Track activity. HMR CCG, along with all other Greater Manchester Health and Social Care Economies are supporting this programme of work which looks to develop the supported and independent living of people with LD and move people with LD who are currently placed out of area, back into our locality in line with the outcomes of the Winterbourne Review.

- **Bio-Psycho-Social Pain Management Service**

During 2015/16 HMR CCG worked with a variety of stakeholders to design an outcome based service pathway and specification for a Bio-Psycho-Social Pain Management Service. The service includes a number of features which HMR patients do not currently have access to:

- Holistic assessment for chronic pain
- Bespoke pain management programme including psychological, social and physical support and therapy
- Reduction of the number of clinically ineffective procedures undertaken for back pain in line with NICE guidance
- Community based provision of pain management services.

Section Fifteen - Next steps

We recognise that although good progress has been made, there is always more to do. In developing our work programme for 2018 and refreshing our Equality Objectives we will incorporate the following actions:

Corporate

- Deliver a number of EA workshops for Staff.
- Set up an EDS Task and Finish Group to look at our performance against EDS 2 goal 2; deliver an internal and external event; and report findings during 2018.
- Review Equality Objectives and Equality and Inclusion Strategy 2018- 2022 to support key work streams and priorities.
- Complete the NHS Employers Partners Programme and deliver a good practice project.
- Work with our local partners around Equality and Inclusion Agenda.
- Improve our monitoring of equality standards of providers.

Workforce

- The organisations will continue to work towards developing inclusive organisations with systems, processes, polices and training in place to embed the principals of EDHR across the organisation, underpinned by a clear leadership and governance to set goals and priorities, review progress, and ensure continuous progress.
- Review our progress and publish our report for the Workforce Race Equality Standard for 2018.
- Agree staff survey that incorporates the key questions from Workforce Race Equality Standard and Workforce Disability Equality Standard.
- Ensure the organisation remain legally compliant, and continue to develop best practices in working towards becoming an employer of choice.
- A development programme for all employees at all levels is being developed and rolled out to promote understanding of EDHR and how the principals shape their role on a day-to-day basis, specifically around the design, procurement, and commissioning of services to meet the changing needs of the local population.
- To develop and implement an action plan for the EDHR strategy, focusing on the key priorities set by the Executive Management Team.
- Work with our partners to explore ways of supporting local people with learning disabilities into employment.

Engagement activity

- Continue to engage with our local communities across equality groups.
- Continue to engage at a GM level
- Work with the Local Authority to explore and promote health and social care engagement opportunities.

Samina Arfan
Equality Business Partner
Samina.arfan@nhs.net