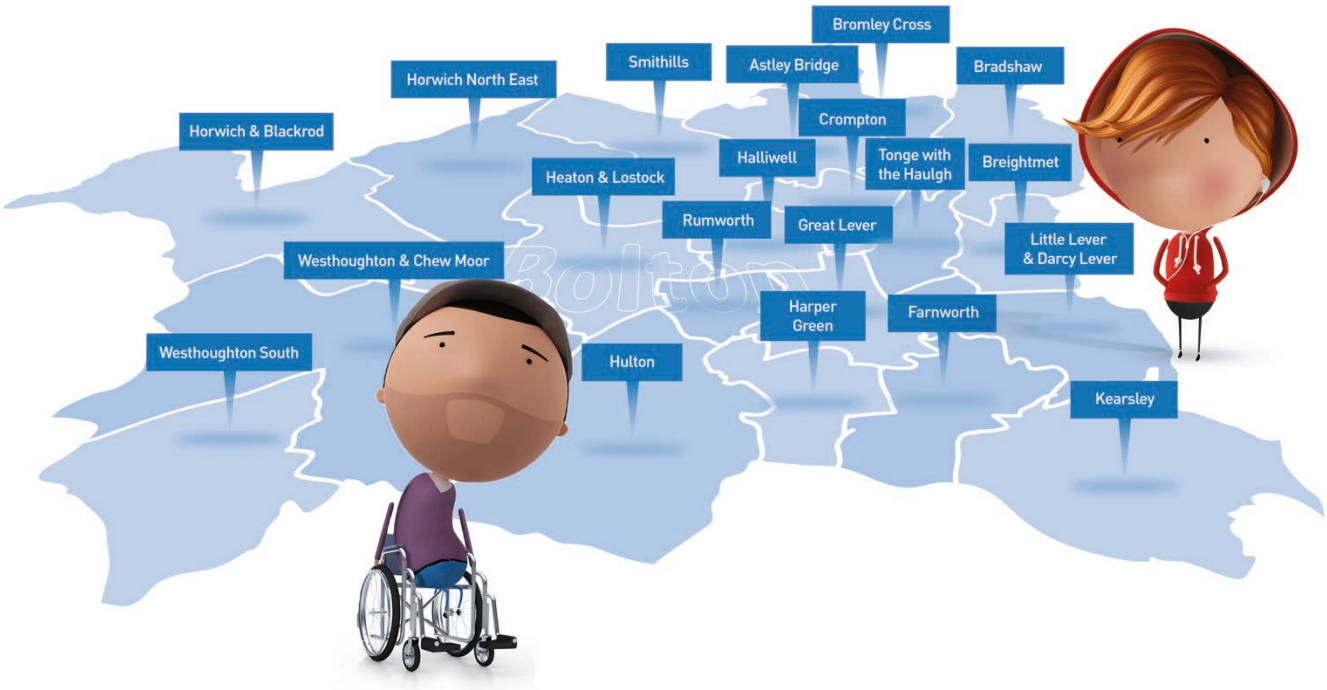
NHS
Bolton Clinical Commissioning Group

Annual Equality Publication

January 2017



Version	Date	Comments
1	6.12.2016	EDHR Steering Group
2	23.12.16	Mike Robinson
	11.1.17	Quality and Safety Committee
3	18.1.17	Executive Committee

Contents

Executive Summary

This is Bolton Clinical Commissioning Group's (CCG) fourth Annual Equality Report. It aims to show our commitment to promoting equality and reducing health inequalities, and sets out the way we fulfill our responsibilities arising from the Equality Act 2010.

This information includes overviews of our role and aims, of Bolton's diverse population and of its health challenges. It sets out our legal responsibilities in demonstrating 'due regard' to the Public Sector Equality Duty's three aims and will provide evidence for meeting the specific equality duty. It demonstrates the way in which we strive to commission for inclusion, describes our four Equality Objectives and explains how we monitor the equality performance of our providers.

We need to be assured that the organisations providing the services we commission can effectively collect and analyse data to improve service provision and achieve better health outcomes for vulnerable groups in Bolton. This report is best read in conjunction with the equivalent reports published by our providers, which also must be published by 31st January.

The report is intended to show our approach to inclusion, with examples of work we have undertaken to account for the needs of our vulnerable communities. It looks at our plans to improve the way we commission services and identifies future areas for development. It also shows the equality progress we have made since our previous Publication in January 2016. It is not intended to be an exhaustive list of our achievements.

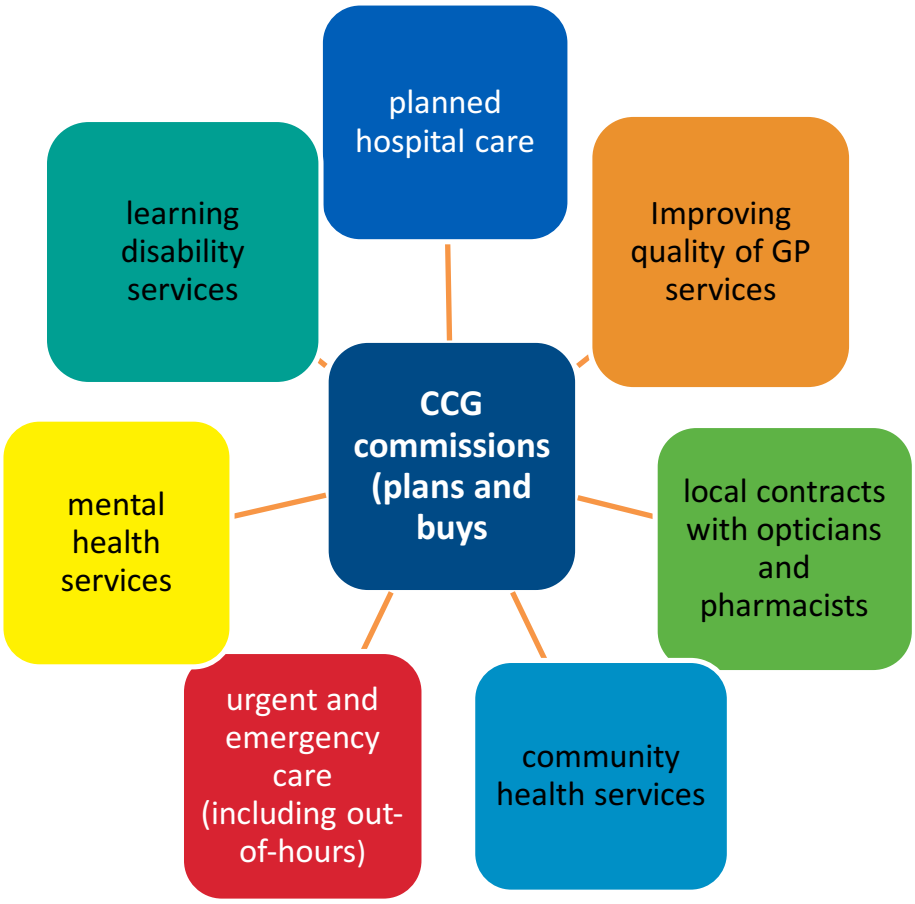
The report will also show any significant gaps we have identified. We aim to use our equality data for service improvements and to deliver the equality objectives set out in our Equality and Diversity Strategy.

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

2. Who we are and what we do

NHS Bolton CCG buys, or commissions, health services on behalf of the Bolton GP registered population. We are responsible for making sure that local people have good access to safe, high quality health services delivered within our allocated budget, that meet the needs of our diverse communities.

Each one of the 50 GP practices in Bolton is a CCG member and all work together to meet these aims and represent the needs of our 304,900 registered population.



Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. It offers the opportunity to develop more affordable services and enables the development of a more collaborative, flexible and responsive approach to designing local solutions which meet local needs. We now have delegated commissioning responsibility for primary care medical services, which will ensure greater efficiencies and local improvements throughout wider primary care in general.
We are also responsible for maintaining and improving the quality of the services GPs provide, and have introduced the Bolton Quality Contract to encourage all GP practices to provide the same excellent level of care for people from protected groups (see **section 8.5 on page 16**).

3. Facts about Bolton - Demographics and Health challenges

Commissioning health services presents particular challenges. Bolton is a very diverse borough, with a rich and exciting multicultural heritage

Life expectancy (from 2012 JSNA) in years	National Average	Bolton average
Men	79.5	78
Women	83.1	81.6

The gap in life expectancy between Bolton best and Bolton worst for both men and women has reduced since last year.[1]

- From the Census 2011, the percentage of Bolton residents with a long-term health problem or disability was 19.8% (54,913 people); higher than the national average of 17.6% but lower than the North West average of 20.3%.
- Bolton's smoking at date of delivery rate in 2016 is 15.1% compared to just 11.4% nationally – this has reduced from 16% since last year.
- 22.4% of Bolton children live in poverty, compared to 18.6% nationally. The gap between the Bolton and national averages (3.8% currently) has increased since last year (3%).
- Using national measures, 20.6% of Bolton Year 6 children are obese compared with 19.1% nationally. Interestingly, Bolton has a slightly lower percentage (22.2%) of obese adults than the England average (23%).

Bolton has areas of high deprivation where health outcomes are relatively poor, and areas of affluence where health outcomes are generally relatively good. Around 39% of Bolton's population lives in the highest level of deprivation in England (according to the statistical method used in the Index of Multiple Deprivation). Certain vulnerable groups within the borough have poorer health outcomes than the general population, or experience particular barriers to service access.

More information can be found here:
Bolton JSNA
Bolton Health Profile 2016

4. Legal obligations

Under the Equality Act 2010, all organisations that rely on public finances are subject to the public sector equality duty (PSED), and are required to show that they comply with the legislation.

This means that, in carrying out our activities, we are required to pay 'due regard' to the three aims of the duty:

- eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between different groups of people
- foster good relations between different groups of people

Protected characteristics in the context of the Public Sector Equality Duty are defined as:

- Age
- Gender
- Disability
- Gender Reassignment (Transgender)
- Race
- Religion or Belief
- Sexual Orientation
- Pregnancy, maternity and breastfeeding mothers
- Marriage and civil partnership (these last two are with respect to eliminating unlawful discrimination in employment).

We also consider 'carers' and people living in poverty as if they were a protected characteristic when making commissioning decisions.

[1] All figures taken from the Bolton Health Profile 2016 and the 2011 census

We have further duties under the act that require us to publish, on an annual basis, our equality objectives which support the aims of the duty and information which demonstrates that we are complying with the duty.

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

For more information see the Equality and Diversity page on our website.

4.1 What this means for health care commissioning

We aim to commission services that give all our vulnerable groups the same opportunities to access healthcare and experience the same health outcomes as the general population. We therefore pay due regard to:

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

"Due regard" means that we think about issues of equality and discrimination before making any policy or key decision that may impact on local protected groups. We will find out what the barriers for protected groups might be in advance (as far as possible) and put arrangements in place to reduce them. One way of doing this is by Equality Analysis (see **Section 8.2 on page 13**).

4.2 Meeting our statutory Human Rights responsibilities

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

The FREDA principles
Fairness
Respect
Equality
Dignity
Autonomy

We will ensure that our HR policies are fair and transparent. We regularly review Complaints/Patient Advice and Liaison Service (PALS) issues, patient stories and clinical incidents to check that no breaches of Human Rights have occurred; we also scrutinise them for discrimination by protected characteristic (including violent discrimination or hate crime). We have procedures in place to record and report discrimination through our quality governance structures. This will help to ensure that we act compatibly with the Human Rights Act (1998) in everything we do.

5. Our Equality Objectives

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

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

Our Equality Objectives:

- Engage with local vulnerable groups to identify barriers to accessing services and to ensure their voices are heard in commissioning decisions
- Ensure meaningful equality information is collected, collated and analysed
- Ensure that the Board understands its EDHR responsibilities and fulfils them
- Commission a transformed health service that brings care into community settings and pays due regard to the needs of vulnerable groups as identified via engagement, service access and other data.

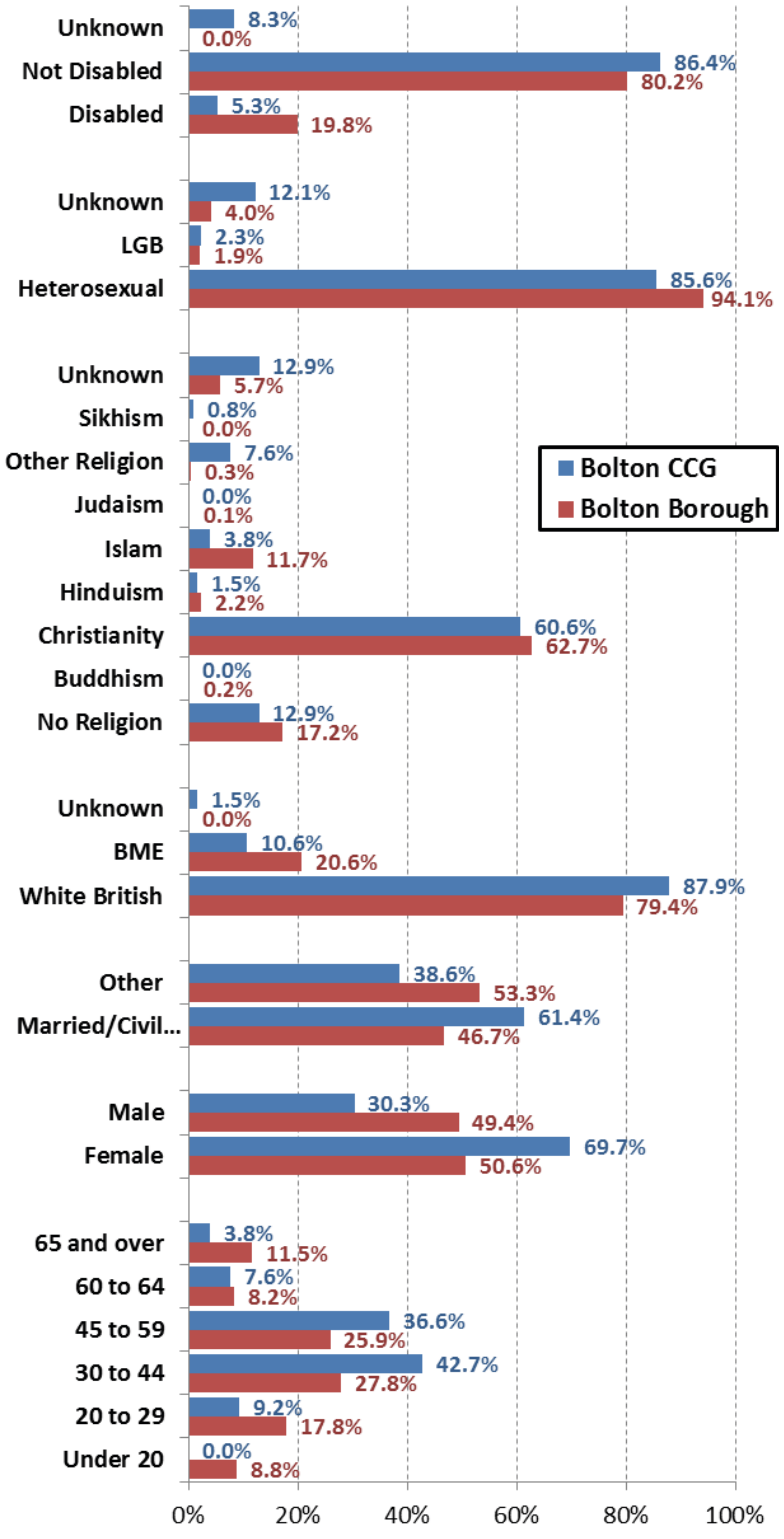
We will be reviewing our Equality Objectives in 2017, in line with the Specific Public Sector Equality Duty. It is likely that they will align with our Locality Plan objectives and our EDS2 priorities (see **section 10 on page 17**).

6. Workforce report

Public service employers are expected to monitor recruitment, promotion, training, pay, grievances and disciplinary action by the protected characteristics of their staff. We use this equality information to check if any equality-related issues are a cause for concern. We are not required to publish workforce data as we have fewer than 150 directly employed staff – however, an annual workforce report is received and reviewed by our Governing Body. We will ensure that our recruitment, selection and training policies and practice are fair and equitable, and that our workforce is protected from any discrimination.

The chart at **figure 1** below shows a summary of the demographic make-up of our workforce.

Figure 1



This year's report has shown

- Bolton CCG's workforce has a larger proportion of females than the general population and a higher percentage of female staff than is usual in the NHS.

- Bolton CCG has a smaller percentage of BME staff (10.6%, rising from 9% last year) than the local population.
- Religion figures show that Bolton CCG has a broadly similar spread when compared to the local population.
- There is a larger percentage of staff who have disclosed LGB status than was the case in the 2011 census for Bolton – this is a reversal of last year
- The percentage of staff disclosing protected characteristics is higher than last year.

The actions we need to take can be seen in **section 13 on page 19**.

7. Engagement with protected characteristic groups - How we find out what people feel about our services

7.1 Engagement

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

> At an ETAG meeting, we were informed that trans people may have a worse experience of health care, particularly primary care, than the general population. No specific examples could be quoted, but we have been working with local trans community to better understand their experiences.

Over the past year, we have built up relationships with, and engaged with individuals who share a particular protected characteristic and organisations that work with them. We are working hard to strengthen these relationships via our ETAG group and with individual organisations. During this engagement many previously unknown needs were identified. These have been put into our decision making via the Equality Analysis process described in **Section 8.2 on page 13.**

The Communication and Engagement team at Bolton CCG aims to engage as broadly and widely as possible in Bolton, and get people who wouldn't normally be engaged with the NHS involved.

Since November 2015, as part of our everyday engagement we have –

- Made 82 visits to community groups
- Attended 14 public events
- Held 2 CCG roadshows
- Held 7 ETAG meetings

This has enabled us to listen to what local groups want to talk about and understand their experiences. This is in addition to sessions and events held with the public for feedback on specific commissioning projects. Examples include:-

Our Board are keen to hear from Bolton people and find out more about a patient's experience of using local health services. A patient story is shared and discussed at every monthly Board meeting, and a variety of topics have been covered in the last year. In particular, in July 2016 a video called 'See What I See, Hear What I Hear' which was made by a student from the University of Bolton and a learning disability advocacy group called New Openings. This video talked about the problems people with learning disabilities face, and started a debate amongst Board members about how they could help when practicing as GPs.

- We now have representation from all protective characteristics in our ETAG network, and have seen increased attendance by people who are deaf/hearing impaired.
- We continue to build on our Engagement distribution list, which is compartmentalised by protected characteristic and public places or organisations such as health organisations or supermarkets. This includes organisations representing all protected characteristics.
- The Let's Make It brand is intended to be used by the CCG to make sure the conversation we are having with the public is as simple and in plain English and to make our messages accessible for all.
- Our Engagement Officer has achieved Level 2 in BSL Sign language to aid communication and engagement with the Deaf community.
- We make regular visits to sessions held by various groups made up of people with learning disabilities and/or their carers to give updates about the NHS and answer any questions.
- We have set up a health economy-wide Learning Disability group to better understand the challenges faced by this group; the group will also review deaths and highlight areas for improvement in care for people with learning disabilities
- We have now linked our key priorities to our engagement activity, so we will engage with the above groups of people on key issues.
- We will also make sure that we engage with these groups around issues that they raise themselves, not just around our own agenda.

The feedback from this and other engagement with protected characteristic groups will help to inform our commissioning decisions.
More information about our engagement work can be found in our EDS2 report and our Annual Report, or contact Bolton CCG's Engagement Officer

You can see some of the ways in which engagement has influenced our decisions in the You said, We did page of our website.

People who had used the Improving Psychological Therapies (IAPT) service told us they were happy with the care received but suggested improvements to waiting times and better access for all, including those with sight and hearing impairments.
We used this feedback to amend the service. We're currently talking to Greater Manchester West and other providers about how the new service will be set up. We'll talk to patients, GPs, and other health and care bodies to make sure its as accessible as possible.

7.2 Patient Experience

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

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

The information depends on the willingness of patients to disclose protected characteristics.

It is difficult to draw any conclusions about the issues brought by the protected groups as the themes are very broad and do not contain any information on discrimination and harassment. The monitoring forms are anonymous which makes it difficult to link themes to ethnicity.

People making complaints from April 2015 – March 2016 were sent an equality monitoring form, and this has been analysed by age, ethnicity, gender, sexual orientation, religion or belief, caring responsibilities and disability. Not everyone who made a complaint or raised a PALS issue responded, and not everyone who responded answered every question, so the % below do not always add up to 100%.

Our analysis shows that people from protected groups seem to fare as well as the population as a whole -

• 61% of complaints and PALS issues were brought by women, and 36% by men.
• White British patients are more likely to complain (77%) and contact PALS, though the percentage has reduced from 2014/15 (94%), with small numbers of other ethnic groups.
• The age groups more likely to complain or contact PALS are those who are 65 and over and 45-64 years.

We have a safeguarding policy in place, which is intended to make sure that the safety and dignity of vulnerable patients, including the groups we are targeting, is a top priority. We safeguard both children and adults. There are different levels of training for staff, with a basic level of safeguarding training for all staff, and higher levels for staff who regularly work with vulnerable adults or children. The policy pays special attention to getting consent from patients, especially patients with particular communication needs.

There are many other ways in which the public can feed back their experience or get involved in the work of the CCG. These include -

- The Friends and Family test, which has been extended to GPs.
- Through GP practice's Patient Participation Group (PPG)*
- The "Your Stories", and Current Engagement and Consultations sections of the CCG website
- Attend our Equality Target Action Group (ETAG) meetings
- Contact us using our Facebook, Twitter or corporate CCG accounts
- Post onto our Let's Make It public forum
- Be a member of the Let's Make It Happen People Bank

We will be helping GP practices in the next year to develop their Patience Participation Groups (PPGs) to make sure they reflect the demographic make-up of their practice. We will also help them to work closer with the CCG and have more involvement with the CCG's work.

8. Using what we know to reduce Health Inequalities

8.1 Partnership working

We are working with other organisations to join together health and social care for vulnerable people. Some of this work is part of the changes resulting from the devolution of Health and Social Care in Greater Manchester, where we are part of the Greater Manchester Health and Social Care Partnership (GMHSCP). This brings together health and social care commissioners and providers

The Bolton Locality Plan is one area where we can show how we are working jointly with other organisations to create services where health and social care are as one, which especially benefits some very specific protected groups. The Locality Plan itself was based upon the need to address the health inequalities in Bolton.

We focus on those who have the greatest need for extra help and support, for example older people, people with long term conditions, like heart problems or diabetes. We also want to offer more support to people who are at risk of health problems, before they become ill.

We know that voluntary, community and faith groups can help to improve the health of the population and reduce health inequalities. So we will work with the communities which face the poorest health outcomes and help them to play an active role in improving health and wellbeing. We will build on the strengths of the voluntary, community and social enterprise sector to engage local communities, including seldom-heard groups.

Specific examples of some of our plans include –

- Reducing the gap between the most and least deprived across Bolton
- Reducing the local life expectancy gap to the Greater Manchester average
- Reducing Bolton's suicide rate for self-harm admissions in children
- Use our Early Years new delivery model to help vulnerable families with complex needs
- Supporting people to live well and improve their wellbeing
- Help mothers to breastfeed for longer to match the England average of 6-8 weeks
- Improving the uptake of the Flu vaccine in people over 65 to over 80%

Development of Healthier Together sector equality implementation plans

In January 2016 the Healthier Together programme board, of which Bolton CCG is a member, agreed to an equalities benchmarking exercise which hospital providers across Greater Manchester would complete. The equalities benchmarking exercise was a desktop review which required providers to answer a series of questions and also enabled them to share any current best practice in their own organisations applicable to each equality group.

The findings from this exercise were shared in a draft paper from the Healthier Together Equalities Advisory Group to the October meeting of the Programme Board. The paper shows the areas for development across Greater Manchester,

identifies best practice and quick wins with timescales and provides recommendations as to next steps, in line with the implementation of Healthier Together. These actions have been developed with members of the Equalities Advisory Group and have involved equality personnel from each sector. A number of general recommendations were identified, which will enable a consistent approach to equalities across sectors.

Bolton CCG will ensure that it supports the implementation of the recommendations from the review when the paper is endorsed by the Healthier Together Programme Board.

8.2 Service improvement and contracts

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

When we are considering changing services, we look at the effects the decision might have on protected characteristic groups. This is called an Equality Analysis. The analysis uses information from engagement with protected characteristic groups, and they help make sure that our decisions are made fairly and do not disadvantage any particular group.

Each Equality Analysis is considered by our Equality, Diversity and Human Rights Steering Group and any serious issues are taken to be managed by the Quality and Safety Committee. The Equality Analysis is started at an early stage in the planning process so if there are any possible disadvantages or negative effects, we can remove or reduce them at a later stage in the planning process.

By progressing the issues raised through our governance structures we give Quality Impact Assessments and Equality Analysis equal prominence and contribute to the evidence on which decisions are based.

Any paper going to the Governing Body for consideration must include an equality analysis and human rights risk assessment. We carry these analyses on new projects to ensure we pay 'due regard' to the three aims of the PSED and Human Rights Act.

The following are examples of Equality Analysis undertaken in 2016:

- Changes to the Podiatry Service
- Community Wheelchair service
- Bolton Locality Plan
- Orthopaedic interface service
- Personal Health Budgets
- Ophthalmology

We involved children and young people in the co-production of the Child and Adolescent Mental Health transformation plan as part of the Building Health Partnerships (BHP) programme. Bolton Youth Council reviewed the action plan from BHP and assisted with identifying priorities which became the transformation plan. As part of the plan we are engaging further with young people to produce an emotional health and wellbeing mobile app.
For more information, follow this link.

We use the findings from an Equality Analysis when we write a specification for a service. When we have decided to commission or buy a service, we write a service specification to tell potential providers what we want the service to do. The organisations which provide the services must make sure that show us how they are dealing with the issues we have identified

In addition to this, we make sure that all our service specifications include a section on Equality and Diversity and a section on Access. This is where we state what we expect providers to do to make sure that everyone who needs their services can use them. We monitor this, and will hold providers to account if they do not achieve their targets. We have a contracts team which makes sure providers meet the requirements of their contract, including the equality requirements.

When we review a service, we use data provided to consider how services are accessed by patients. Providers of services have to, via Key Performance Indicators (KPIs), record demographic information of patients using the service so that work can be done to make sure the service is accessible. We can find different ways to work with groups that we know do not find it easy to access services via the traditional routes, and develop ways of improving access where needed.

8.3 Monitoring provider organisations

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

Our largest contracts are with the following provider organisations:-

- Bolton Foundation Trust and Greater Manchester Mental Health Trust

Individual providers will publish Annual Equality Data Publications to show how they are meeting the requirements of the Public Sector Equality Duty. In some cases, the proportion of particular protected characteristic using services (eg Learning Disability) can be compared to the proportion of people with a learning disability in the general Bolton population. We can then identify areas where people do not use services as might be expected.

Below is a diagram showing provider compliance from our main providers:

NHS or other providers	Equality Objectives agreed and published	Published Equality information before January 2017	Undertaken EDS grading around 2015-16 performance	Undertaken WRES in 2016
Bolton Foundation Trust	Yes	Yes	Yes	Yes
Greater Manchester Mental Health Trust	Yes	Expected	Yes	Yes

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

Bolton Foundation Trust
Greater Manchester Mental Health Trust

8.4 Service specifications

When we have decided to commission or buy a service, we write a service specification to tell potential providers what we expect the service to do. We make sure that all our service specifications include a section on Equality and Diversity and a section on Access, to ensure that everyone who needs their services can use them. We monitor this, and will hold providers to account if they do not achieve their targets. We also monitor our providers' action plans to make sure they are making progress.

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

- Ensuring that provider organisations meet the requirements we have specified in their contracts.
- Supporting provider organisations to improve their understanding of Equality, Diversity and Human Rights.

8.5 Primary Care

Under new regulations we can commission enhanced (extra) services to improve GP services. We have therefore introduced the Bolton Quality Contract to encourage all GP practices to provide the same excellent level of care. The 2016/17 Bolton Quality Contract had specific standards linked to people from protected characteristic groups. Some examples can be seen below. Practices will be expected to:-

- Ensure children under 12 are assessed by a Clinician the same day
- Invite everyone aged between 40 - 74 years, without existing cardiovascular disease or diabetes, to have a Bolton NHS Health Check every 5 years.
- Identify a Carers Lead within the Practice, make sure that all staff are 'carer aware', and have a basic understanding of the support available.
- Offer access to screening initiatives to all eligible patients on the LD register
- Offer annual health checks to all patients on the MH Register
- Undertake opportunistic dementia screening
- Record Armed Forces Veterans & Reservists on the Practice system and comply with the requirements of the Armed Forces Covenant.

Further specific standards linked to people from protected characteristic groups will be included in the 2017/18 contract as this develops.

9. Governance structures

Our Governing Body needs to be assured that the decisions it makes will not impact adversely on one group more than another. The processes by which it does this are shown below and for more information see our Equality Strategy:

Governance process	Outcome	CCG Assurance
EDHR Action Plan	Shows how we are meeting our Equality Objectives	Executive Committee
Equality Analysis scrutiny of key changes	Service changes, service specifications and contracts take into account the needs of different groups; decisions are assessed for potential impacts on people from protected groups	EDHR steering group
Equality risk management	Staff use the corporate risk management procedure to identify and manage EDHR risks from earliest stages to reach agreed solutions	Executive Committee
EDS2	See **section 13**.	EDHR steering group
Discrimination and hate crime reporting	CCG and provider partners can recognise and report any potential discrimination incidents.	Governing Body
Bi-monthly report on EDHR outcomes achieved	Accountable evidence of progress as a "you said, we did" approach to inclusion for marginalised or vulnerable communities. The EDHR Steering Group is linked to the Quality and Safety Committee as a sub-committee of the Governing Body	EDHR steering group

10. Equality Delivery System (EDS2)

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

Our EDHR Steering Group agreed that the 2016 grading would focus on Goal 1, Better Health Outcomes, for all protected groups.

The EDS2 2016 summary shows the progress NHS Bolton CCG is making

This EDS2 2016 Summary:

Goal 1: Better Health Outcomes	2015 Grading
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	Achieving
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	Developing
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Achieving

The full report will be available on our Equality and Diversity page in February 2017.

The Accessible Information Standard has been mandatory for all health and social care providers from April 2016, including GPs, pharmacists and opticians. They must find out, share and meet specific information needs and provide information to patients and carers in different formats, where this is needed because of a disability (eg learning disability, sensory disability).

We have a duty to support our providers to achieve the Standard by including it in contracts and monitoring progress. As part of our work to support the Accessible Information Standard, we assisted practice managers by sending them an information pack with ideas to help them implement the standard. We also sent a very brief survey to GP practices in September 2016, by the practice bulletin, to see whether they have plans to make their information easier to access, and what help they can give patients. Not all practices responded, but those who did have plans for finding out, sharing and meeting specific information needs, and can already can provide or arrange information in many different ways.

This makes GP care and patient information more accessible to patients with specific communication needs due to a disability.

11. What we have done in the last year

The table below shows what we have done in response to the recommendations made in last year's Equality Report. Some of these recommendations arose out of our EDS2 event

Key **Complete** **In progress/on track** **Delayed/not yet started**

Action	Status	Progress
Ensure that care plans follow patients from one organisation to another		Digital Care record being introduced
Work more with people with learning disabilities and carers to encourage them to access services and look after themselves.		Fund Carers' worker, ongoing work with LD groups
Embed a "carer" trigger into patient records so if a carer is ill, a package can be put in place quickly for the person they care for as well as for themselves		
Improve awareness of the complaints process and its accessibility.		NHS complaints process was regularly promoted by CCG Engagement Officer during visits to community groups and at public events e.g. Bolton Health Mela. Bolton Carers Support and Healthwatch, Bolton also promote service user access. New complaints leaflet produced 2016 and patient feedback from Engagement Officer is followed up via the NHS complaints process when appropriate. Big Word accessed when translation service required, written information provided upon request. Work to be undertaken in 2017 to promote access for service users from other hard to reach community groups. CCG website translation tool to be embedded so complaints info available in other languages.
Embed the good equality initiatives of some GP practices within the Bolton Quality Contract		GP practices have received advice and help around the Accessible information Standard and assurance will be sought from practices to ensure this is in place.
Encourage younger people to apply to become GB members/ clinical directors.		This will be taken into consideration as new posts arise.
Encourage men to apply to the CCG and more women to apply for election GB/clinical director roles.		This will be taken into consideration as new posts arise.
Promote recruitment in currently under-represented communities		
Provide opportunities for CCG staff to learn more about the barriers these communities experience		Staff briefing session on disability, key skills for managers course containing module on managing diversity. Further briefings and training to be arranged.
Improve the disclosure of equality		Data cleanse exercise held. We still need to

monitoring information to give the CCG a better understanding of its staff and their possible needs.		encourage staff to disclose their disability status via staff communications

12. Workforce Race Equality Standard (WRES)

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

From 1st April 2015, NHS-commissioned providers must respond to the NHS Workforce Race Equality Standards as regards their workforce.

As a commissioner, we need to ensure that our providers are collecting, analysing and publishing the data to establish the base line data on each indicator in the standards. We also need to demonstrate that we are using the WRES to help improve workplace experiences and representation at all levels for BME staff and publish this as a separate report.

Our WRES for 2016 can be found here.

For more information see the NHS England Race Equality Standards page.

13. What we need to do next

We are always trying to improve the way we commission for inclusion, and to improve as an inclusive employer. In order to do this, the following actions have been identified (these include the actions from our EDS2 event and our workforce report):

- Review our Equality Objectives to ensure they will improve inclusion, reduce health inequalities and align with our Locality Plan objectives and our EDS2 priorities
- Further improve the accessibility of our website, by adding assistive software such as Browsealoud
- Commit to the Disability Confident employers scheme (which has replaced the “two ticks” scheme since July 2016)
- Consider Unconscious Bias training for interviewing staff.
- Work with local groups to encourage applications from people of different religions and people with disabilities and ensure that when new posts are advertised, they encourage applications from people with a disability and people from different BME communities.
- Investigate and address the low levels of take-up of non-mandatory training by staff with a disability and other groups.
- Ensure that all new staff, on induction, are encouraged to disclose a disability if they have one and encourage staff with disabilities to take up development opportunities and make reasonable adjustments to enable this.

- Actions arising from the EDS2 event in December 2016

The above actions will be incorporated into the CCG's business planning and objective setting process for 2017/18 and progress reported in next year's Annual Equality Data Publication.

14. Conclusion

This report demonstrates that we have undertaken significant work in relation to Equality, Diversity and Human Rights. The information in this report demonstrates our commitment to commissioning for equal access to health care for vulnerable groups and for improving health outcomes for vulnerable groups. It also demonstrates our compliance with the requirements of the Public Sector Equality Duty (general and specific) as well as providing data with respect to our commissioning and engagement activities. It shows how we have made our commissioning decisions, and what needs to be undertaken in the next year to continue commissioning for diversity.

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