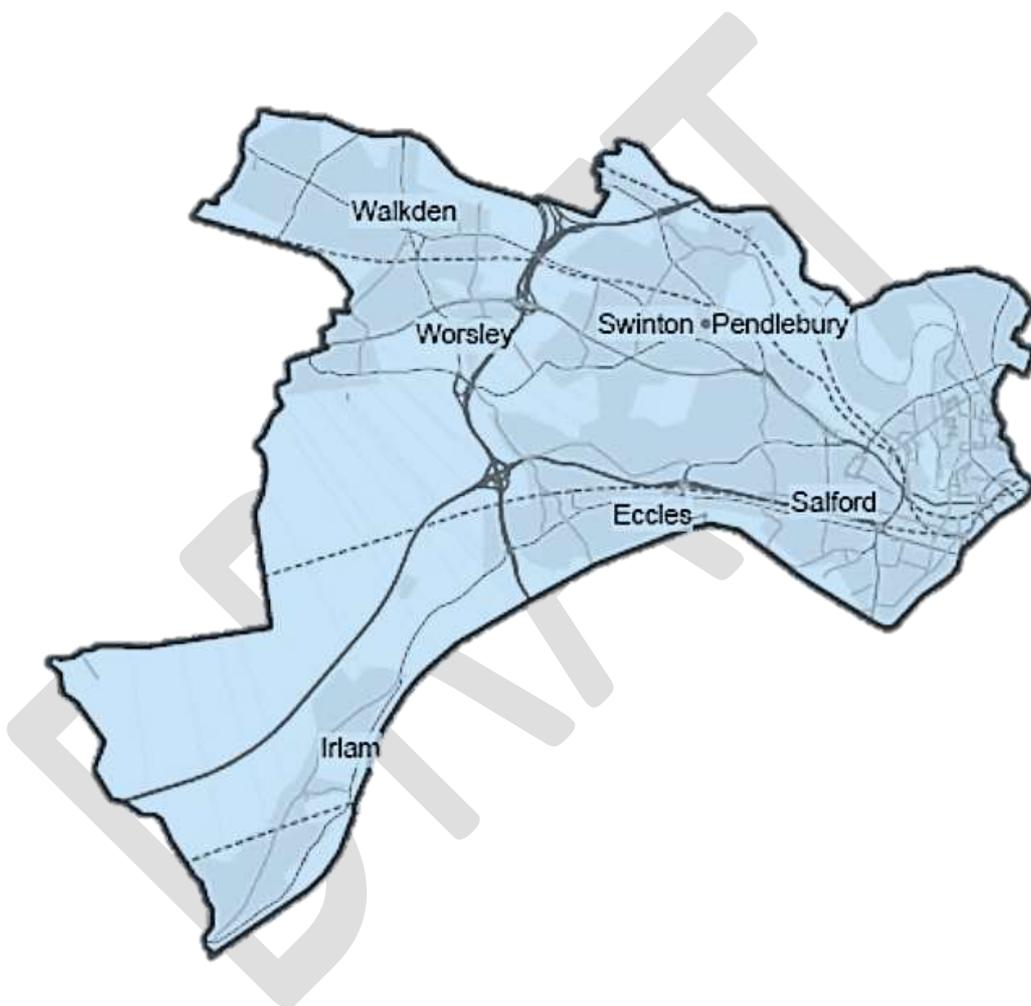


Annual Equality Report January 2017



Version	Date	Comments
1	13.12.16	EEMG
2	6.1.17	Executive Team
3	9.1.17	Director of Corporate Services
4	16.1.17	Governing Body

Contents

Item	Page
1. Executive Summary	3
2. What we know about Salford	4
3. Progress on Equality Objectives	5
4. Legal Obligations	7
4.1 What this means for health care commissioning	8
4.2 Meeting our statutory Human Rights responsibilities	8
5. Workforce review	8
6. Engagement with protected characteristic groups	10
7. Using what we know to reduce Health Inequalities	12
7.1 Partnership working	12
7.2 Service improvement and contracts	15
7.3 Monitoring provider contracts	16
7.4 Patient Experience	17
8. Governance processes	18
9. Equality Delivery System	19
10. Workforce Race Equality Standard	20
11. Key areas of work	21
12. Conclusion	22

1. Executive Summary

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

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

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

However, some aspects of our equality plan still need work so we can embed the inclusive approaches in all our practices and decision making processes, including where decisions are made jointly with partners.

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

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

The report highlights examples of work we have undertaken to take account of the needs of our vulnerable communities, looks at our plans to improve the way we commission services and identifies future areas for development. It shows our approach to inclusion, with examples of work we have undertaken to take account of the needs of our vulnerable communities, rather than an exhaustive list of all our achievements.

This publication reflects our open and transparent approach to inclusion and to local vulnerable protected groups, and is available in other formats on request from our [Communications and Engagement team](#).

2. What we know about Salford

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

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

Figure1 - Life expectancy in Salford

Life expectancy in years*	National Average	Salford Average	Least deprived area of Salford	Most deprived area of Salford
Men	79.5	76.7	82.5	71
Women	83.2	80.7	85.1	76

Figure 2 - Some Health inequalities in Salford

	Salford 2015	Salford 2016	England average
Pregnant women were smoking at the time of delivery	15.1%	14.8%	11.4%
Physically active adults	48.5%	49.5%	57.0%
Year 6 children in Salford classified as obese is	21.4%	21.3%	19.1%
Children under 16 living in poverty **	28%	26%	18.6%

The health of people in Salford is generally worse than the England average, and 42% of Salford's population live in the highest level of deprivation (according to the statistical method used in the Index of Multiple Deprivation), but only about 9% live in the least deprived level of the England population*.

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

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

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

* Information throughout taken from the 2016 Public Health England Salford Health Profile, from Salford Joint Strategic Needs Assessment (JSNA), the Salford 2015 LGBT Needs Assessment and from the 2011 census figures. All figures refer to Salford residents rather than patients registered with Salford GP practices. **Using the Public Health Outcome framework definition of children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income

3. Progress on Equality Objectives

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

Salford CCG's Equality Objectives are:

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

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

The table in figure 3 below shows progress made against the recommendations made in our January 2016 Equality Report. These recommendations looked to embed the thinking and application of Equality and Inclusion considerations in key parts of our business.

Figure 3

Complete

In progress

Delayed

Areas of focus	Progress	Status	Equality Objective
1.0 Maintain a central point to hold the main conclusions from any engagement with protected groups, and relevant information referring to protected groups so all relevant staff can access it.	Insight system pilot being tested out		1 Improve health and narrow the gaps in access, experience and outcomes.
1.1 Ensure that there is a trigger in the commissioning process to tell staff when and how to use engagement information, for example to use in the evidence base for their Equality Analysis or service specification.	Via Insight system when fully operational		
2. Include the requirements of the Accessible Information Standard in the Salford Standard in 2016/17.			
2.1 Consider ways to improve the collection of equality information in general practice.	Consideration will be given to this in future revisions of the Salford Standard		

3.0 Examine opportunities to encourage more male candidates to apply to the CCG.	Proportion of male staff has increased slightly from 30% to 31% over the last year		4 Develop equality and diversity competent and well supported staff.
3.1 Examine opportunities to encourage more women to apply for election to the Governing Body, clinical leadership and director roles.	Work in this area will continue into 2017/18		
4.0 Promote recruitment in currently under-represented communities and communities of interest. *	Work in this area will continue into 2017/18		
4.1 To provide opportunities for staff to learn more about the issues and service access barriers these communities experience.	Work in this area will continue into 2017/18		
5. Continue to encourage staff to disclose their protected characteristics to give the CCG a better understanding of its staff and their possible needs, in particular sexual orientation.	Data cleanse of demographic data held. Staff disclosing their sexual orientation has risen from 81% to 88%		
6. Encourage recruiting managers to attend Key Skills for Manager Training which includes modules on recruitment, non-discriminatory management practice and valuing diversity.	Some staff attended in 2016. Further tailored training will be developed and delivered in 2017		
7. Continue to collect and monitor data on BME uptake of non-mandatory training to ensure continuous improvement.*	There are particularly low levels of take-up by some groups of BME staff and Muslim staff. We will investigate the reasons for this and put solutions in place to address it. More information is available our workforce report.		
8. Assess results from 2015 annual Staff Survey to identify any areas of work relating to equality. Continue to participate in the annual NHS National Staff Survey.	The latest NHS Staff Survey results show that staff at Salford CCG generally have a higher than average level of satisfaction at work when compared		

	to CCGs nationally. However there are some areas where particular groups have a poorer experience, and these will be addressed in 2017.		
--	---	--	--

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

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 are complying 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 by considering the need to:
 - remove or reduce disadvantages suffered by people due to their protected characteristics
 - meet the needs of people with protected characteristics
 - encourage people with protected characteristics to participate in public life or other activities where their participation is low
 - 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 and Marriage and civil partnership ((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.

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. This document achieves those obligations.

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 on the PSED requirements please visit our [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 communities across Salford the same opportunities to access and experience to health care services. However we recognise that not all sections of our communities access or experience health care provision across Salford in the same way. There a number of reasons why this may be the case, however as part of our commissioning intentions and as an employer, Salford CCG pays 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.

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).

The FREDA principles

Fairness
Respect
Equality
Dignity
Autonomy

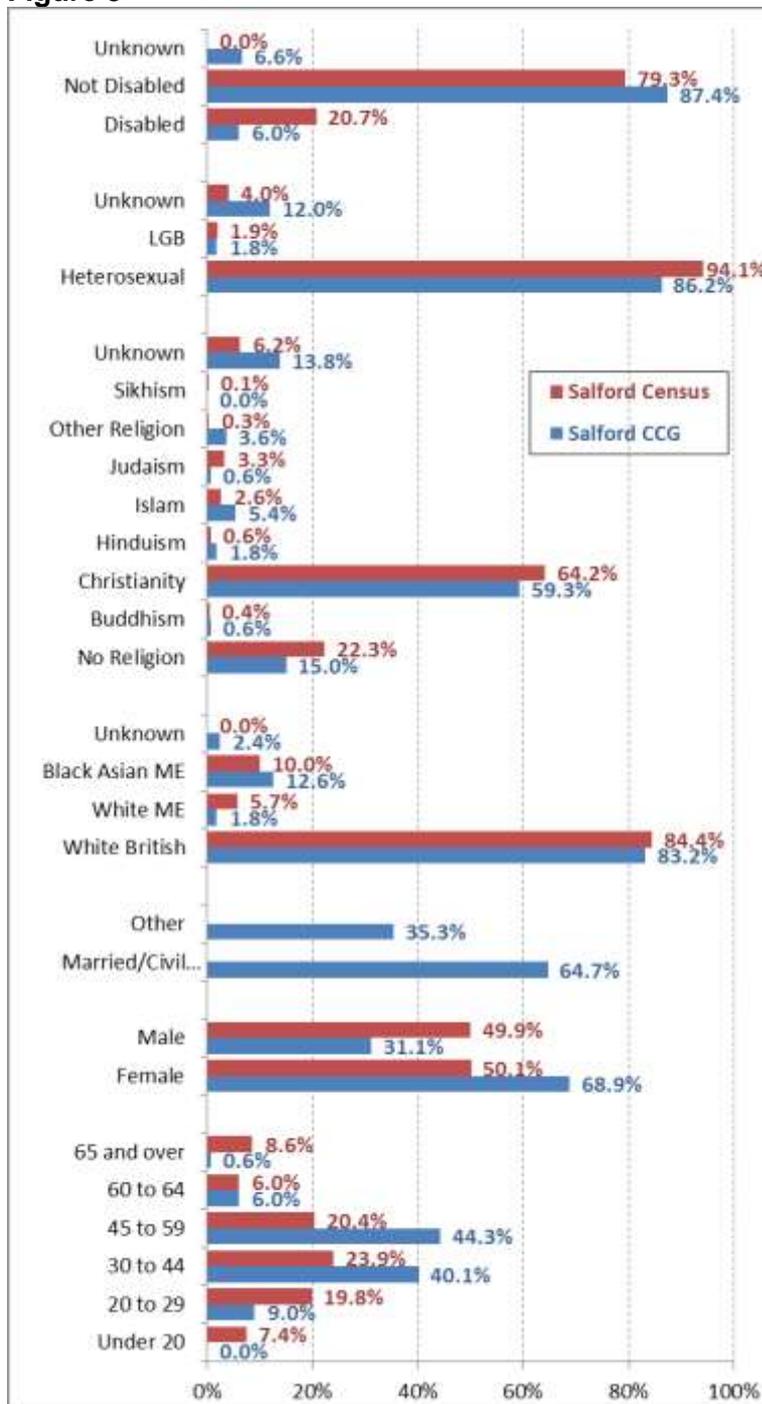
We will ensure that our HR policies are fair and transparent. We regularly review Complaints/Patient Advice and Liaison Service (PALS) issues, patient stories and clinical incidents to check that no breaches of [Human Rights](#) have occurred; we also scrutinise them for discrimination by protected characteristic (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 comply with the Human Rights Act (1998) in everything we do.

5. Workforce

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

There are statutory requirements for some larger organisations to monitor recruitment, promotion, training, pay, grievances and disciplinary action by the protected characteristics of their staff. We employ more than 150 staff and so we are required to monitor and publish this information. After Governing Body approval our full report can be seen on our website, and figure 5 shows a summary of our staff demographics.

Figure 5



Figures for "Salford Census" in the summary are based on the 2011 Census, apart from the Sexual Orientation data which use the ONS 2012 National Survey, North West region. LGB = Lesbian, Gay, Bisexual. ME = Minority Ethnic. The differences highlighted next are when the difference between the general population and our staff is over 15% of the general population for that measure.

It can be seen from this summary that compared to the general population of Salford, we have:

- a smaller proportion of people with disabilities
- a smaller proportion Jewish staff and those with no religion and a larger proportion of Hindu, Muslim and other religion staff
- a larger proportion of black and Asian minority ethnic groups and a smaller proportion of white minority ethnic groups
- a larger proportion of women
- a larger proportion of people aged between 30 to 59 and a smaller proportion of people aged between 20 to 29

We also have a relatively high proportion of “unknown” for people with a disability, sexual orientation and religion.

6. Engagement with Protected characteristic groups

We want to commission (plan and buy) services that improve the health of all our communities. We do this by trying to understand the potential barriers experienced by patients using the services we commission, and by listening to what the issues are that they raise. We do this in many ways, including via our Citizen and Patient Panel, Community Health Reporters, Youth Ambassadors, engagement workers with particular communities and our more general engagement with different groups. More information can be found [here](#).

Figure 6 below shows examples of our engagement work, by protected characteristic. It is not exhaustive but shows our broad and inclusive approach to engagement.

'We Tell You' Project with the Orthodox Jewish Community in Salford

We commissioned 42nd Street, a charity providing support services to young people aged 13-25yrs under stress in Salford, to develop a peer research project working with young people from the Orthodox and mainstream Jewish communities.

Key Objectives include

- To understand the personal, social and cultural issues impacting on the mental health and wellbeing of young people within these communities
- To identify barriers and recommend approaches to engage the community in supporting emotional health and wellbeing
- To understand the range of mental health services available to young people in these communities
- To understand what proportion young people in these communities engage with local mental health services and whether this is different when compared to non-Jewish communities
- To identify potential developments / service improvements

Figure 6

Protected characteristic	Example
Disability	<p>Engaged with Deaf, deaf/blind and hard of hearing service users to understand experience of health services.</p> <p>Big Health Day for people with learning disabilities and their carers, gathered patient stories and experience in relation to cancer.</p>
Religion	Engaged with Jewish community to undertake a Jewish Community needs assessment.
Race	<p>Engaged with refugees, asylum seekers and migrants to understand the barriers to accessing health services.</p> <p>Held a winter warmer event on 8th December 2016 in Little Hulton, an area of Salford with a high migrant community. Aimed to integrate people from different backgrounds and offer information in 13 different languages on how to stay well over the winter months. Over 100 people speaking several different languages attended the event.</p>
Age	<p>Age friendly city event to engage older people and find out what matters most to them.</p> <p>Dementia event to engage with dementia patients and their families/carers.</p> <p>Engagement with young people to understand their experience of mental health services to shape the children's mental health plan.</p> <p>Gathered patient stories from children with learning difficulties and children using Diana nursing teams as part of children's nurse reviews.</p> <p>Engaged with secondary pupils to understand priorities for health and wellbeing as part of mental health drama workshops.</p>
Sexual Orientation/Civil partnerships	<p>Commissioned the Lesbian, Gay and Bisexual Foundation (Now the Lesbian, Gay, Bisexual and Trans Foundation) to work with GP practices to improve access for the Lesbian, Gay and Bisexual community.</p> <p>Engaged with transgender and LGB communities at the 2015 Peel Park Pink Picnic to understand what matters most to them and promote better use of health services.</p>
Transgender/ LGB	Engaged with transgender and LGB communities at the 2015 Peel Park Pink Picnic to understand what matters most to them and promote better use of health services.
Carers	Annual Carers' Event to support carers' wellbeing and to engage around experience and priorities.
Breast feeding and maternity	Engaged with maternity service users to find out their views on reshaping maternity services in Salford.

Input from engagement with people who have experienced psychosis led to changes to the Early Intervention in Psychosis team. Participants said they particularly valued the things that keep them well, such as having a job, seeing friends and family, having a settled home, having something to do. As a result, the team was extended to include support workers with a focus on carers or people with first onset psychosis

We have engagement workers who work with particular groups, including

- People with Learning Disability
- BME groups
- Young people
- The Deaf community

These members of staff are specifically looking at their experiences and using information to input into service improvements and reducing the barriers they face, and so reduce inequalities

7. Using what we know to reduce Health Inequalities

7.1 Partnership Working

7.1.1 Poverty Truth Commission

We know in Salford that poverty/deprivation is a key driver of poor health outcomes and often creates a double disadvantage when people who share a particular protected characteristic (for example disability) are also living in poverty. The CCG is committed to supporting Salford City Partnership in its development of a Tackling Poverty Strategy which is expected to be agreed in the spring of 2017. This builds on the strong work that the CCG has worked with the City Council and the voluntary sector on around Social Value, which ensures the CCG maximises the positive social, environmental and economic of any decision.

We are the main funder of the city's Poverty Truth Commission, a project which brings together people with direct experience of poverty with business and civic leaders to explore together ways to improve how public services and local businesses respond to the specific needs of people living in poverty. The CCG's Chair is one of the leaders engaged in this work.

7.1.2 Locality Plan

In line with the devolution of Health and Social Care in Greater Manchester, Salford health and social care commissioners and providers have come together to develop a [Locality Plan for Salford](#). Partners from across the public, private, voluntary and community sectors will come together to join up services, be accountable to local people and reduce the acute health and care sector to reflect this shift.

The Locality Plan sets out our vision over the next five years to improve wellbeing, health and care outcomes for residents in the city, in the short, medium and longer term. It also reflects the need to tackle the demographic, financial and clinical challenges facing the city and to reduce specific health inequalities.

We are committed to making sure that all our residents can take advantage of the new opportunities in Salford, have a good education and decent jobs, whilst the City sees real growth and investment. We know that all these things affect the health and wellbeing of our residents.

We have engaged with local people and protected characteristic groups to shape the plan, and will continue to do so as work progresses.

Our plans fit with local equality, diversity and human rights work in order to target protected characteristic groups for their input and feedback.

The locality plan has a community impact assessment which summarises the engagement and involvement held during its development. It shows any impacts on protected groups. The assessment concludes that

- All policy and commissioning activity that results as a consequence of the Locality Plan should undergo a separate CIA to eliminate discrimination, advance equality of opportunity and/or foster good relations.
- Where required, commissioning organisations will include KPIs into contracts to ensure positive outcomes for relevant groups where a particular need is indicated.
- Equalities monitoring should be standardised to ensure a clear and consistent understanding is gained from services of any potential for one or more groups to be disproportionately affected by this Plan

7.1.3 Joint Strategic Needs Assessment (JSNA).

Salford's JSNA identifies the current health and wellbeing needs of local people. It

One of the aims of the JSNA is to assess any inequalities and to provide information to commissioners when setting priorities or designing services. The children's JSNA was undertaken 18 months ago and highlighted inequalities such as in educational attainment and health outcomes. This has been used in the various redesign and transformation programmes for children's services which will address these inequalities. More information can be found on the [JSNA website](#) and in the Salford [city-wide Equality Strategy](#).

also identifies current health inequalities. It is delivered through the Health and Wellbeing Board, which is a partnership between the Council, Salford Clinical Commissioning Group, community organisations and service providers. The JSNA helps us to plan services that will reduce health inequalities in the future. It links clinical and demographic information to improve health outcomes for protected characteristic groups in Salford, including the needs of Carers, people with Learning Difficulties, people who are homeless and people with sensory disabilities. We use these analysis reports, which contain detailed research and evaluation of a variety of

health inequalities, in the Equality Analysis process and our decision-making.

7.1.4 Salford Together

We are part of the Salford Together partnership along with the City Council, Salford Royal NHS Foundation Trust, Greater Manchester West Mental Health NHS Foundation Trust and Salford Primary Care Together. The Salford Together partners

have been working on proposals to create an Integrated Care System (ICS), firstly focused on older people and then extending the benefit of this approach to the wider adult population.

This system will help people to see their own health as something they invest in personally, as well as improve by receiving health and care services. Opportunities will be identified and exploited to promote healthier choices. Community assets also play a significant role to support social cohesion, build relationships and establish networks that bring mutual support and wellbeing. Salford Together is looking at how the benefits of community assets can be maximised for local people.

Accessible Information Standard

The Accessible Information Standard (AIS) is mandatory for provider organisations from 1st April 2016.

It requires health and social care providers to assess, record, flag, meet and share the information and communication needs of service users / patients, carers and family members who need special consideration because of a disability, impairment or sensory loss.

Commissioners must ensure it is part of their contracts and monitor their contracts for it. So we have embedded the Accessible Information Standard into the Salford Standard for GPs to help them make their communications more accessible. This means that GPs and staff must ask patients what their preferred method of communication is and this requires them to understand whether patients have a disability.

The CCG is leading on a partnership group involving the hospital and social care to find ways of ensuring consistent implementation of AIS throughout providers in Salford.

A separate requirement in the Salford Standard asks about language needs.

7.1.5 Development of Healthier Together sector equality implementation plans

In January 2016 the Healthier Together programme board, of which Salford 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.

Salford 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.

The recommendations include:

- Compliance with Accessible Information Standard⁴ across GM providers
- Consistent approach to data collection and utilisation across all protected characteristics
- Consistent approach to equality and diversity training across Greater Manchester.

7.2 Service improvement and contracts

7.2.1 Equality Analysis

When we are considering changing services, we look at the effects the decision might have on protected characteristic groups as well as the population as a whole. This is called an Equality Analysis. The analysis uses information from engagement with protected characteristic groups, and helps make sure that our decisions are made fairly and do not disadvantage any particular group. The Equality Analysis is part of the evidence we base our decisions on. All our plans use the information to help make sure we get the best possible outcomes for vulnerable groups.

Examples of Equality Analysis undertaken in 2016 include:

- The Care Home Medical Practice.
- Risk Management Strategy.
- Primary Care Technology Plan.
- Audiology re-procurement.
- Options appraisal to commission future primary medical care for patients registered with a single-handed GP.

Findings from our Equality Analysis are used in our service specifications and plans. 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 they reflect 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 hold providers to account if they do not achieve their targets. We have a contracts team which concentrates on ensuring that the providers fulfil the requirements of the contract, including the equality requirements.

Equality matters are considered in how we use our innovation funding. In 2016, as part of the locality innovation bids, the CCG agreed to fund a project to support older people with a hearing loss and tinnitus living in sheltered housing accommodation in Salford. This was one of seven projects that were funded, from over 40 applications.

7.3 Monitoring provider contracts

7.3.1 Contracts

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

We assure the quality of provider services on equality performance, patient experience and service access, by:

- Ensuring that provider organisations meet the requirements we have specified in their contracts.
- Scrutinising the Equality and Diversity information on providers' websites to ensure they show how they meet their legal Equality obligations.
- Scrutinising provider Quality Accounts.
- Working with provider organisations to improve their understanding of Equality, Diversity and Human Rights.

Our main contracts are with the following provider organisations:-

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

Every year, NHS organisations must produce an Annual Equality Data Publication to show how we are eliminating discrimination and promoting equality. As well as producing our own, we look at providers' Annual Equality Data Publications, to monitor what they are doing to make their services more inclusive and to improve outcomes for vulnerable protected characteristic groups.

We also put extra EDHR requirements in provider contracts to look at services in more detail. We check that they are giving us all the information we have requested, and we discuss the annual EDHR account at the Quality and Outcomes meeting in April of each year to raise any concerns.

- All our main providers have published their agreed Equality Objectives and published Equality information for 2015 and are expected to publish information before 31st January 2017 for 2016.
- All our main providers have completed the Workforce Race Equality Standard in 2016 and are working towards compliance with the Accessible Information Standard.

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

[Salford Royal NHS Foundation Trust](#)

[Greater Manchester West Mental Health NHS Foundation Trust](#)

[Ramsay Oaklands](#)

7.3.2 Salford Standard

We have invested to improve the quality of primary medical care (GP practices) via the Salford Standard. There are several domains of the Salford Standard intended specifically to improve the care to vulnerable groups (e.g. Safeguarding, Military Veterans, people with Learning Difficulties, Asylum Seekers, Carers, etc). Each section describes the standard of care we expect for the relevant group and has associated key performance indicators that will be monitored to assess whether that standard has been achieved. 2016/17 is the first year that the Salford Standard has been implemented and we do not yet have information that demonstrates whether it is achieving its aims. We expect it will take several years before all practices achieve all aspects of the Salford Standard; however this work shows our determination to improve primary care standards for all people in Salford.

7.4 Patient Experience

We work hard to listen to the experience of patients from protected characteristic groups.

We have recruited and trained local people, creating a network of Community Health Reporters. Reporters are volunteers who record patient experience stories which will be used to learn what people's key health priorities are across Salford. This information informs the work of Salford Clinical Commissioning Group.

We regularly receive patient stories at Governing Body meetings. These are a powerful way of bringing the experience of patients, including those from vulnerable groups, directly to decision-makers. Patients are invited to present these in person, or through video and audio stories as appropriate. We also receive patient experience stories by email, telephone and letter.

We advise people that they can report their experiences using Patient Opinion on NHS Choices, and the Friends and Family Test is now extended into all GP practices (in addition to acute settings). We analyse this feedback and it is presented bimonthly at our Engagement and Experience Management Group (EEMG) meetings.

We signpost the process for reporting of concerns and complaints on our website and distribute leaflets at public engagement events. Patients can raise concerns and submit complaints via telephone, email, by letter or via our website. We encourage patients or their carers to do this as soon as possible after the event they are unhappy with and within a maximum of 12 months.

We arrange face-to-face visits, BSL interpreters and spoken language interpreters as requested in relation to people sharing their experiences or making a complaint. Our engagement work with BME groups suggests that there is more work to be done with these communities to enable them to understand that they can complain about health services and how to do so.

The new Browsealoud software on Salford Clinical Commissioning Group’s website means that more people will be able to access the online information, but we know there is work to do to:

- Make our procedures more accessible by creating more easy-read leaflets and putting the information in different formats.
- Increase awareness of the complaints process among different communities.
- Collect equality monitoring information from complainants where possible.
- Ask people how they feel we have dealt with their complaint.

A quarterly report on complaints performance, key themes and lessons learnt is presented to Engagement and Experience Management Group, which in turn reports to the Executive Team.

All providers are required 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. Complaints equality information is reviewed at quality and outcomes meetings with providers annually and shows which protected characteristic groups use the complaints process and what the trends are. At present it is difficult to link trends to protected characteristic because of the anonymity of equality monitoring.

8. Governance processes

Figure 7

Governance process	Outcome	CCG Assurance
EDHR Action Plan	Shows how we are delivering our Equality Strategy and meeting our Equality Objectives and other requirements	Bi monthly reports are sent to the Engagement and Experience Management Group (EEMG) on the outcomes achieved and the issues to be raised. This group reports to the CCG’s Executive Team.
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	Equality Analysis is built in to Business Cases for changes, Equality Diversity and Human Rights matters are notified on Governing Body and other committee cover sheets.

Equality risk management	Staff use the corporate risk management procedure to identify and manage EDHR risks from earliest stages to reach agreed solutions	Bi monthly reports to the EEMG notify any risks which are escalated to the Executive Team and Governing Body as appropriate.
EDS2	See section 9 .	Goal 4 progressed to Achieving on all outcomes. Goal 2 had Outcomes 2.1 and 2.3 graded Achieving, and Outcomes 2.2 and 2.4 graded Developing.
Discrimination and hate crime reporting	Following the UK's Brexit vote, and reports of abuse of NHS staff, the CCG reiterated its stance that this would not be tolerated and discussed concerns with other city leaders.	<p>We work with all organisations in Salford to ensure children, young people and vulnerable adults are protected from harm, neglect and abuse.</p> <p>We use our website to signpost to the Salford Multi Agency Safeguarding Hubs so people who are concerned about a vulnerable adult or child can report their concerns.</p> <p>We are clear that safeguarding should be everyone's priority and try to make sure that the services we commission promote and protect the human rights of each individual.</p>

9. Equality Delivery System (EDS2)

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

Our Engagement and Experience Management Group (EEMG) agreed that the 2016 grading would focus on Goal 2 "Improved patient access and experience". In December 2016, we held a public grading highlighting the way we commission to do this.

Figure 8 2016 Summary of achievement for EDS2 Goal 2:

Goal 2: Improved patient access and experience	2016 Grading
Outcome 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	
Outcome 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.	
Outcome 2.3 People report positive experiences of the NHS.	
Outcome 2.4 People's complaints about services are handled respectfully and efficiently	

At the grading, we also presented evidence to show how we have progressed with the actions suggested in our 2014 grading of Goal 4 "Inclusive Leadership". This progress was also graded and the new grading is shown below.

Figure 9 2016 Summary of progress for EDS2 Goal 4:

Goal 4: Inclusive Leadership	2014 Grading	2016 Grading
Outcome 4.1: Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	 Developing	
Outcome 4.2: Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.	 Developing	
Outcome 4.3: Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	 Achieving	

We are pleased that these scores demonstrate that the public has confidence in our leadership and will take action on the areas for improvement identified associated with improving patient experience and access.

A full report will be published on the [Equality and Diversity](#) page of our website.

10. Workforce Race Equality Standard (WRES)

The NHS Equality and Diversity Council announced on 31 July 2014 that it had agreed action to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The move follows recent reports which have highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population.

The Council pledged its commitment, subject to consultation with the NHS, to implement the Workforce Race Equality Standard (WRES) to improve equality across the NHS from 1st April 2015.

Organisations must collect and analyse reliable data and listen to their staff including BME staff, in order to understand how differences in treatment arise so that remedial action can be taken. This information will highlight any differences between the experience and treatment of White staff and BME staff in the NHS. Salford CCG does this, in part, through taking part in the NHS Staff Survey.

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

Highlights from the 2016 WRES include

- There has been a slight increase in the number of BME staff in the CCG. This brings the figure in line with the local BME population (9.9% in the 2011 census).
- BME staff were 1.7 times more likely to take up opportunities for non-mandatory training than the Salford CCG staff average

Our WRES for 2015 can be found [here](#).

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

11. Key areas of work

We will continue to progress work against the actions outlined in Section 3 of this report, which support the CCG to achieve its equality objectives. As a result of this report and the EDS2 work undertaken in 2016, we will also formulate actions to address the areas of work shown below and incorporate them into the business planning and objective setting process for 2017/18. These areas also include those identified in the Workforce Equality Report.

- Areas arising from the EDS2 event in December 2016
 - Feed back on the outcome of engagement with protected groups
 - Join up and coordinate services even more
 - Work to make our complaints processes more accessible to people from ethnic minorities, people with learning disabilities and other disadvantaged communities to increase understanding of their right to complain about health services and how to do so

- Improve the Impact Assessment process and its use in decision making, including feedback about where an Impact Assessment has influenced a decision, along the lines of “you said, we did”
- Raise staff awareness of the needs of particular groups through culture competency training
- Work more closely with partners in our approach to addressing inequalities
- Areas associated with workforce:
 - Monitor the results of the 2016 NHS staff survey and compare with the results of the 2015 survey to identify and address any negative trends
 - Investigate and address the differential employment experiences of the different protected characteristic groups as reported in the 2016 and 2017 NHS staff survey results
 - Work to widen application and recruitment from under-represented communities

Progress will be reported to the Governing Body and the public in next year’s Annual Equality Data Publication.

12. Conclusion

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

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

We remain committed to commissioning for excellence in access to health care and to improving health outcomes for vulnerable groups. Some aspects of our equality plan still need work so we can embed the inclusive approaches in all our relationships with providers and decision making processes. This will be achieved through continued delivery of our evolving Equality Action Plan.

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

Report prepared by Greater Manchester Shared Services and Salford CCG.