

**EQUALITY, DIVERSITY AND HUMAN RIGHTS (EDHR) STRATEGY  
2015 – 2018**

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## Document Control Sheet

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<i>This document is to be read in conjunction with the following documents:</i> EDHR Employment Policy		

## Version Control

Version	Date	Brief description of change
V.1	July 2015	First Draft of Strategy sent to see list above
V.1.1	August 15	Equality Analysis added as an Appendix
V 2.0		Revised in line with the new Serious Incident Framework 2015

*PLEASE NOTE: the formally approved copy of this document is held on North, Central and South CCG's website. Printed copies or electronic saved copies must be checked to ensure they match the current online version.*

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If you require a copy of this strategy in a different format you can do so by contacting the Communications and Engagement Team. The CCG will do its utmost to support and develop equitable access to all policies and procedures.

## FOREWORD

### Our Equality, Diversity and Human Rights Strategy for Manchester

We are pleased to present this refreshed Equality, Diversity and Human Rights (EDHR) Strategy, which will outline our plans during 2015 - 2018 to eliminate discrimination, reduce inequalities and improve health outcomes for all who live and work in the city. This strategy will also support the transformation work that is currently taking place throughout the city.

Everyone in Manchester is likely to use NHS services at some point in their life. To make a difference and improve health in Manchester, we must address the inequalities that persist in our society. This means understanding the impact of our work on people who are made more vulnerable by their circumstances, and knowing that particular groups may experience inequalities in outcomes. Challenging discrimination and addressing inequalities are key to achieving our **local vision**.

The EDHR Strategy and supporting action plan supports the CCGs requirement to meet its obligations under the Equality Act 2010 and incorporates the mandatory requirements for the Equality Delivery System 2 (EDS2), Workforce Race Equality Standard (WRES) and the Accessible Information Standards. These all go a long way to ensure that we continue to provide quality services and employment for all.

We will continue to highlight areas and gaps for improvement alongside championing excellent work that reflects the improving high level services regardless of an equality groups (protected characteristics) as outline in the Equality Act 2010. We will work with GPs and Clinicians, NHS staff and most importantly communities and patients to consult and engage to ensure the pro-active development of the strategy and to improve NHS services wherever you live and wherever you need them.

The CCGs have made a good start on its EDHR journey, however recognises that more still needs to be done to meet the aims of this strategy and the CCGs overall vision. We will continue to take a personal interest in how the action plan is implemented and reviewed. We are confident that progress will be made on building an infrastructure to support this work and during the next 3 years we will make accelerated progress in embedding EDHR issues and improving the quality of life for local people and employment prospects.

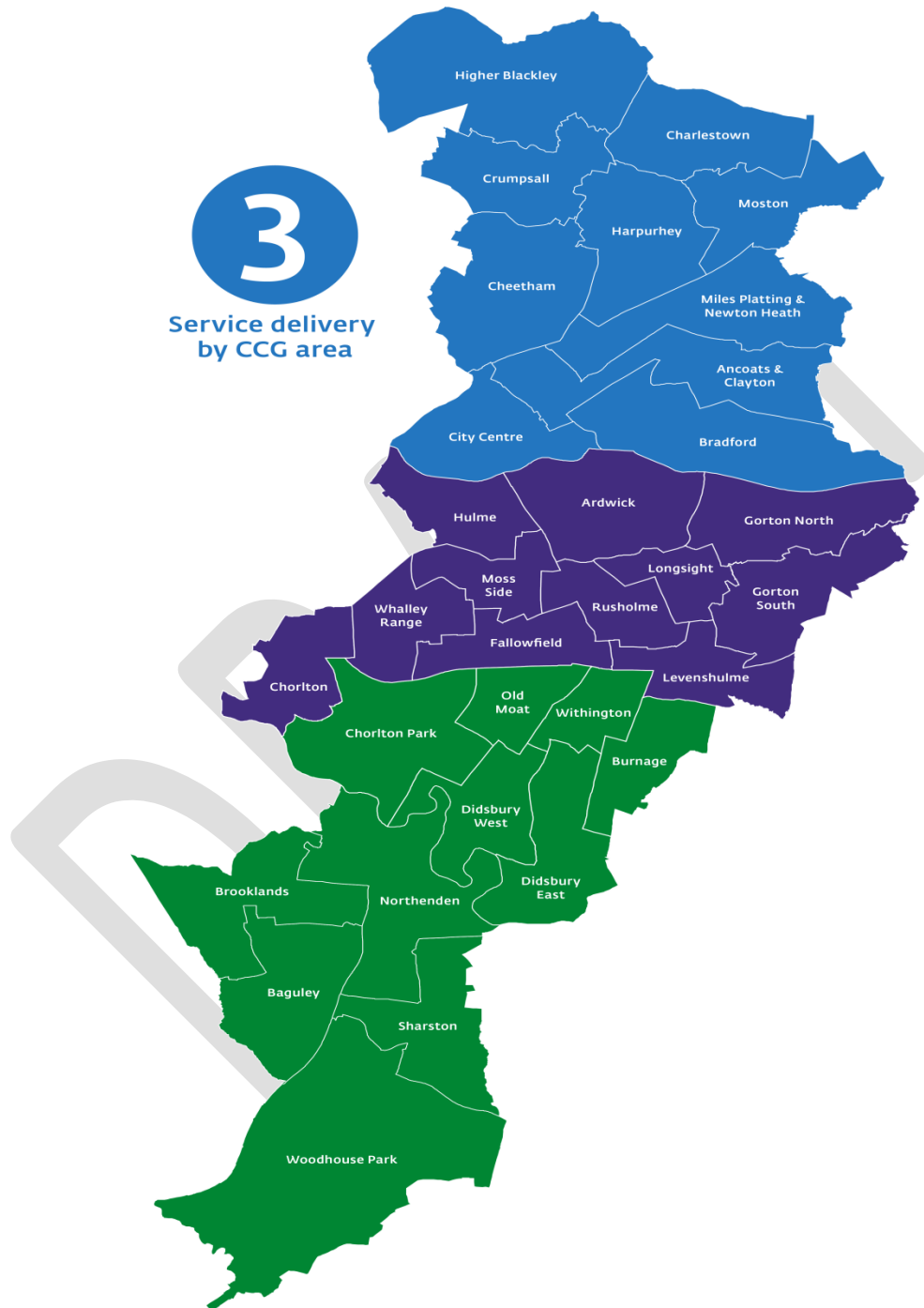
We aim is to provide and commission accessible, high quality health services, working on prevention and intervention initiatives aimed at reducing health inequalities and establishing a culture of inclusion which enables us to meet the needs of all our diverse communities.

This strategy will serve as a reminder of the importance of EDHR and will provide clear and transparent direction for moving forward in a clear and coordinated way. It will support other mechanisms and strategies to address inequalities and ensure our service are accessible as possible for our communities and that employment opportunities are available for all.

CCG Chairs – insert signatures

# 1. Introduction

1.1 There are three Clinical Commissioning Groups in Manchester: North Manchester, Central Manchester and South Manchester. Each Clinical Commissioning Group has its own identity, vision and structures. We work collectively across the city to ensure a timely; appropriate and accessible health services and at the same time responding to the needs of the community whom we serve.



1.2 We are pleased to present this refreshed Equality, Diversity and Human Rights (EDHR) Strategy, which will outline our plans during 2015 2018 to eliminate discrimination, reduce inequalities and improve health outcomes for all who live and work in the city. The

**Strategy** will be reviewed every three years or earlier if circumstances dictate.

- 1.3** This EDHR strategy for Manchester sets out how the three Clinical Commissioning Groups (CCGs) aim to take forward equality, diversity and human rights. The strategy demonstrates the CCGs commitment to continuously understand and respond to the changing needs of all the residents of the city. This strategy also aims to assist with narrowing the gaps between the different health inequalities and employment opportunities from people who are socially excluded, disadvantaged or marginalised.
- 1.4** The CCGs Strategic aims for EDHR are to:
- Reduce unlawful discrimination in all our functions as a Commissioner and employer
  - Reduce inequalities in health amongst the different groups of people living in the city
  - Develop a holistic awareness and understanding of communities and their health needs
  - Commission services from providers who are able to be responsive to the diverse needs of individuals and their families
  - Promote equality of opportunity and inclusion so that all staff and patients can achieve their potential and have the best life chances possible
  - Become a strong community leader, championing equality in all aspects of our work with other local partner agencies.
- 1.5** The strategic aims are aligned to the five Equality objectives, the Equality Delivery System 2 (EDS 2), and the NHS Workforce Race Equality Standards (more details are set out in **Appendix A** the Action Plan and in **Section 5** below). The strategy has been developed in conjunction with the CCGs Strategic and Operational.
- 1.6** The GM Devolution Agreement is key to the transformation of the City. Manchester partners are driven by the aim of creating the conditions for economic growth, connecting more residents to the opportunities of that growth as well as creating attractive places for people to live and work. All of this must be underpinned by good quality universal services including health and social care.
- 1.8** **Health and Social Care integration in Manchester** is based on better integration of public services for those cohorts of people who place the greatest pressure on the health and social care systems. These principles are built into the reform programmes i.e.
- Shared services across hospital sites in Greater Manchester
  - Living Longer, Living Better (LLLB) to integrate community health, adult social care, primary care and community mental health services
  - Primary care as part of integrated community services, including seven-day access to GPs and adult social care
  - Mental health and work – integrated with other targeted services for cohorts within the Confident and Achieving Manchester and LLLB programmes
  - Public health, including integrated access to wellbeing, drug and alcohol and mental health services within Confident and Achieving Manchester programme
  - Social movement for change, to help people to become more independent and self-reliant through building community capacity and helping people to connect with it.
- 1.9** The CCGs will ensure that EDHR is built into any future work streams or programmes identified as a result of the Manchester transformation agenda.

- 1.10** This Strategy supports the <sup>1</sup>visions and values of all three CCGS in its commitment to deliver equality of opportunity and reduce health inequalities across the city.
- 1.11** The strategy has been developed with full consultation and involvement of the diverse local stakeholders, employees and trade union representation. This strategy puts the EDHR agenda at the heart of the CCGs business as a commissioner of local health services and an employer. It is intended that this approach will deliver real improvements in health outcomes for the people of Manchester.

## **2. Manchester the Place**

- 2.1** <sup>2</sup>The city of Manchester prides itself on its commitment and reputation as a city where diverse communities and people from all backgrounds can work and live together in peace. This strategy aims to address inequalities in Manchester by ensuring that we focus on particular needs of people who are disadvantaged or discriminated against as a result of their race, age, disability, gender, gender reassignment, sexual orientation and religion or belief.
- 2.2** Manchester is a city of change. The birthplace of the industrial revolution, Manchester is the powerhouse of the north-west region. The city boasts several key drivers that help sustain the economic growth of the area. These include its world-class universities, a knowledge-based economy, a thriving city centre, a skilled workforce, and Manchester International Airport.
- 2.3** Manchester also has globally recognised cultural and sporting venues alongside thriving communities. One of the main assets of an area is its residents and the success of Manchester is, in part, measured by the continued growth of its population and its ability to retain successful people from diverse backgrounds.
- 2.4** Data from the 2011 Census also shows that the population of Manchester has become more diverse in the last decade, with a reduction in the proportion of residents classifying themselves as coming from a 'White' ethnic group (from 81% in 2001 to 66.6% in 2011). In some parts of the City, more than two-thirds of the population classify themselves as coming from a non-White ethnic group. Around 45% of live births to women resident in the City are now to mothers born outside of the UK (up from just 25% in 2001).
- 2.5** Despite the economic growth seen over the past decade, Manchester continues to suffer from significant levels of deprivation. Although one in five of Manchester's employed residents now works in a professional occupation, a disproportionately large number of residents are confined to low paid and part-time jobs. Manchester also has one of the highest rates of child poverty in the country with nearly 40% of children aged under 16 living in poverty and many live in workless households.
- 2.6** The city has experienced economic growth in recent years and is a hub of business, investment, education, and culture and community activity, rivalling any other city in the UK. And while economic challenges over the past few years have impacted on all aspects of the local economy, the level of business activity in the city along with the strength of the

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<sup>1</sup> <http://www.manchesterccgs.nhs.uk/>

<sup>2</sup> State of the City Report – Refresh 2013/14

private sector suggest that Manchester is well placed to benefit from wider economic recovery.

### **3. What do we know about our communities?**

- 3.1** Manchester's population grew rapidly during the Industrial Revolution in the 19th century to a peak of over 750,000 in the 1930s. Towards the end of the last century, Manchester suffered a massive decline in its manufacturing base and substantial population loss. In the fifty years between 1951 and 2001, the population of the city fell by 39.9%, from 703,100 to 423,000. However, it has now recovered to a 42-year high, with an estimated 522,350 people living in the city in 2014, this is still yet to continue. The City Councils forecasting model predicts population growth in Manchester to rise to between 543,100 and 577,800 by 2021.<sup>3</sup>
- 3.2** The University of Manchester has indicated that at least 153 languages are spoken in the city, making it one of the world's most diverse places linguistically.
- 3.3** Manchester has a resident male population of 257,800 (50.3%) compared to a resident female population of 253,000 (49.7%), which is slightly contrary to the North West and Great Britain as a whole, where the female population is slightly higher than the male population. The proportion of males and females is broadly the same across all age groups, although (nationally) women have a slightly older age profile than men with twice as many females aged 75 and above as there are males.
- 3.4** The health of people in Manchester is generally worse than the England average at all stages of life. Statistics relating to Manchester population's life expectancy are stark. Healthy Life Expectancy in Manchester is significantly lower than the England average for both men and women. A boy born in Manchester can only expect to live 77% of his life in good health compared with 87% for a boy born in the healthiest part of England. Similarly, a girl born in Manchester can only expect to live 71% of her life in good health compared with 84% for a girl born in the healthiest area of the country.
- 3.5** We know that around two-thirds of the life expectancy gap between Manchester and England as a whole is due to three broad causes of death: circulatory diseases, cancers and respiratory diseases. These, in turn, can be linked in part to poor lifestyle.
- 3.6** In contrast to the national picture, Manchester has a comparatively young population. Between 2001 and 2011, the largest increases in the population occurred in the 25 to 29 age group (which rose by 52.4%) and in children under the age of 5 (an increase of 45.8%). Currently, nearly two-fifths (39%) of the population are aged under 25 compared with around 31% in England as a whole. In contrast, just 10% of the population is aged 65 and over compared with 17% in England.
- 3.7** The State of the City Report 2013 states that the average life expectancy for Manchester women is the lowest in the country and remains among the lowest for men. Although female life expectancy remains higher for Manchester women, the gap between male and female life expectancy at birth for Manchester has reduced from five years since 2008–2012 to a gap of 4.3 years in 2010–2012.

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<sup>3</sup> 2012 subnational population projections, ONS and Manchester City Council Forecasting Model projections for 2015



- 3.8** Data from the latest Health Profile for Manchester shows that both children and adults in the City have problematic rates of obesity, alcohol misuse and smoking-related conditions.
- 3.9** Poor mental health and wellbeing has a significant impact on individuals, families and communities in the City. Low mental wellbeing among people living in Manchester is associated with employment status, poor general health and a higher prevalence of diagnosed medical conditions. Suicide rates in Manchester remain higher than the national average.
- 3.10** While the population of Manchester contains a smaller proportion of older people than other parts of the country, the older people that do live in the City tend to have poorer health earlier in their lives and place greater demands on health and social care services. Frailty underlies the poor physical and mental health of older people in Manchester. The rate of emergency hospital admissions for injuries due to falls in people aged 65 and over in Manchester remains significantly higher than the average for both England and Greater Manchester as a whole. Improving end of life care is a key priority for the City. Currently, over half (53%) of deaths among patients registered with the 3 CCGs in Manchester occur in hospital rather than in the patients' own home, a care home or a hospice.
- 3.11** Manchester has a slightly lower proportion of residents whose day-to-day activities are not limited (82.2%) compared to the England average (82.4%), it has a higher proportion of residents whose day-to-day activities are limited a lot: 9.4% compared with 8.3% for England.
- 3.12** There was no specific question about sexual orientation or trans people in the 2011 census, however using Government estimates the LGB population of Manchester is estimated at around 35,750. The <sup>4</sup>LGBT Needs Assessment in Salford 2015 provides a barometer as to some of the key health issues facing the LGBT community within the Manchester area. LGBT people face higher rates of mental health issues including suicide, suicide ideation, self-harm, depression and anxiety, than for the general population nationally. Bisexual people, especially women, and Trans people appear to have the poorest outcomes. Sexually transmitted infections (STIs), including HIV, in gay and bisexual men (men who have sex with men). Uptake of sexual health screening by lesbian and bisexual women nationally has been hampered by myths that they are not at risk. There is some evidence that bisexual people have worse health outcomes in some areas than lesbian women or gay men.
- 3.13** There is limited published research into Trans health issues outside of gender reassignment pathways of care. There is also limited research into the long term impact of hormonal treatment, although there is evidence of increased incidence of metabolic syndrome in male to female Trans individuals using hormones. <sup>5</sup>The largest survey of Trans people in England found that 20% of trans people identify as heterosexual, 58% have a disability or chronic health condition including 8.5% who were deaf and 5% who were visually impaired, 18% were carers with 7% giving significant levels of care.
- 3.14** Latest figures from the 2011 Census show that 75.3% of the population of Manchester reported as having some religious affiliation, which is down from a total of 84% in 2001. The North West and England based on data from the 2011 Census. There has been a

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<sup>4</sup> Lesbian, Gay, Bisexual and Trans People in Salford Needs Assessment - 2015

<sup>5</sup> The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document – Public Health 2012

large decrease in the proportion of people identifying themselves as Christian in Manchester since 2001, falling from 62.4% in 2001 to 48.7% in 2011. Conversely, there has been an increase in those not identifying with any religion, rising from 16% to 25.3% and a rise in the proportion of people identifying themselves as Muslim, rising from 9.1% in 2001 to 15.8% in 2011.

- 3.15** Manchester experiences a significantly higher proportion of economic inactivity of working-age people identifying as long-term sick or disabled (6.6%), compared with the national average (4%). The education: of Manchester's school population of 71,831 pupils, 19.8% have special educational needs (SEN), which is made up of 21% in secondary schools and 17.2% in primary schools.
- 3.16** The percentage of Manchester pupils achieving five or more A\*–C grades including maths and English has improved to 53.2%, up from 51.8% in 2011. This improvement is happening at a faster rate than for the rest of England, which is narrowing the gap between the Manchester and England averages.
- 3.17** Manchester continues to be popular with students who choose to study at one of the highest education institutions in the city. According to the Higher Education Statistics Agency (HESA) there were 70,900 students (full and part-time) attending Manchester's higher education establishments in 2013/14. Although not all of those enrolled have had term-time addresses in the city, the number of students still makes up about 14% of the current resident population.

## **4. Our Workforce**

- 4.1** The CCGs are committed to ensuring that they have an inclusive workforce, where employees are treated with dignity and respect, where opportunities are accessible and open irrespective of employees Equality Group(s) and where the workforce is representative of the population that they serve.
- 4.2** The CCGs have an EDHR Employment Policy which sets out the key principles it has adopted to ensure the CCGs commitment is implemented on a day to day basis. These principles are also underpin a range employment related policies and procedures covering all aspects of employment including training & development, terms & conditions, health & wellbeing, attendance , recruitment & selection, leave of absence and flexible working. The principles of the EDHR policy are to:
- Support the CCG's in promoting employee and organisational development by raising awareness of human rights, and focusing on equality and diversity at all levels within the CCG's
  - Embed the human rights based approach to support the CCG's core business of planning and delivering a high quality and accessible health service for all
  - Develop and maintain a culture within the CCG's that promotes fairness, respect, equality, dignity and autonomy for others at all times
  - Ensure the CCG's value the diversity within our community and aim to reflect this in our workforce by reviewing selection criteria and procedures to ensure that individuals will not be disadvantaged by conditions or requirements which cannot be shown to be justifiable
  - Commission and deliver services and procedures that put the 'patient' at the heart of healthcare
  - Provide fair access to information, services, premises, and to any employment opportunities at the CCG's. This also impacts on the fair access standards provided by our provider partner organisations
  - Provide impactful human rights, equality and diversity training to all employees
  - Implement the Human Rights, Equality and Diversity Policy under which no job applicant or employee will receive less favourable treatment. Train all managers appropriately to demonstrate that all employees will be treated fairly i.e. selected, promoted, and treated on the basis of their relevant merits and abilities
  - Support employees and independent contractors to effectively meet the requirements of the articles of the Human Rights Act 1998 and the Equality Act 2010, as well as progressing healthcare commission standards on human rights and patient treatment to support and add value to the work on related duties and priorities, such as: equality and diversity; health inequalities; dignity in care; commissioning a patient-led National Health Service (NHS); deliver patient choice; provide a personalised service and ensure our service users, carers and community have a stronger voice to influence service development and protect the most vulnerable people
  - Distribute and communicate this policy to all employees via the organisational website and also to all commissioned services
- 4.3** The CCGs aim to provide a working environment which is free from discrimination, harassment and victimization where all staff feel valued and respect. The organisations will monitor the use of a range of employment policies to ensure that any inequalities are identified and addressed appropriately. This includes disciplinary, grievance processes and Dignity at Work complaints.

- 4.4 Understanding the equality groups of our employees is critical in addressing needs, identifying inequalities and ensuring that the CCGs are an employer of choice offering equality of opportunity to all. All performance in this area will be assessed through the equalities data accessed through the NHS Electronic Staff Record (ESR)
- 4.5 The CCGs will ensure where appropriate it will meet the <sup>6</sup>workforce requirements of the Public Sector Equality Duty, EDS 2 outcomes 3 and 4 and the NHS WRES.
- 4.6 Workforce Summary (as at 30.6.15.)
- The current headcount across all 3 CCG's is 257
  - The overall percentage of men employed is 38%, the overall percentage of women employed is 62%
  - 13% percent of the workforce is from an BME background
  - 3% percent of employees have declared a disability
  - The majority of the workforce is aged over 40 which is 57%.
  - 63% percent of the workforce have declared their sexual orientation
- 4.7 Specific information on Governing Body memberships can be found in the <sup>7</sup>CCGs Annual Report
- 4.8 Any under-representation is addressed in the EDHR action plan 2015 / 2016. More details about the CCGs workforce are available from the <sup>8</sup>Annual Public Sector Equality Reports.
- 4.9 Organisational Development (OD) is key to ensuring that the CCGs has the right skills mix and learning and development opportunities available at the right time for staff to meet the needs required for the diverse communities of Manchester and the constant changing landscape of health provision. We will ensure that EDHR is integral theme running through all of our OD processes.
- 4.10 To demonstrate this CCGs ensure that all new employees attend the mandatory **Induction programme**, where EDHR forms a key part of the programme. A range of mandatory **on-line training programmes** are required to be completed by all staff to ensure compliance. EDHR forms part of the suite of mandatory training requirements and must be completed annually. Other EDHR related programmes are Safeguarding children and adults, which has to be completed annually by all staff.
- 4.11 All staff members are required to have an annual **Personal Development Review (PDR)** meeting with their line manager; this is based on a **competency framework**, EDHR forms a key element of this process. The PDR provides an opportunity to:
- Outline personal and career aspirations
  - Discuss last year and the coming year's performance with line Managers
  - Review areas of strength and development potential, including training needs
  - Use all this to help establish the key objectives for the coming year
- 4.12 The In-house **Management Development programme** is another way of ensuring that

<sup>6</sup> Equality Act 2010 (workforce) - [http://www.equalityhumanrights.com/sites/default/files/publication\\_pdf/PSED%20Essential%20Guide%20-%20Guidance%20for%20English%20Public%20Bodies.pdf](http://www.equalityhumanrights.com/sites/default/files/publication_pdf/PSED%20Essential%20Guide%20-%20Guidance%20for%20English%20Public%20Bodies.pdf)

<sup>7</sup> CCGs Annual Reports <http://www.manchesterccgs.nhs.uk/>

<sup>8</sup> CCGs website <http://www.manchesterccgs.nhs.uk/>

managers are skilled to manage a diverse workforce and also provide great development opportunities for the workforce. The programme is based on a modular approach which allows managers the flexibility to attend the modules that they feel are most applicable to their own professional development without having to commit to attending the entire programme in one go. The

- 4.13** The in-house “**Train the trainer** “ programme has been designed to assist people in developing confidence to deliver effective presentations, facilitate groups or deliver training sessions / workshops. The programme is available to all levels of staff.
- 4.14** **Leadership development and Management development** were the two highest ranking development needs identified in the corporate Training Needs Analysis (TNA). Previously these services would have been bought in from external sources at a high cost to the organisation.
- 4.15** We now have the expertise and resource to deliver a large amount of this in-house. An internal management development programme is currently under-way (as detailed above) and has already been advertised to staff. Every individual who cited this on their Personal Development Review has been sent details of the programme and information has been communicate to all staff via staff notice boards, e-mail and through Manchester Matters.
- 4.16** In addition to the Management Development Programme, there are plans to bring a lot of the Leadership development programmes in-house in order to reduce the amount of expenditure in this area and enable more people to benefit from development by increasing access opportunities.
- 4.17** We have applied to participate in the **North West Leadership Academy’s** “Developing a Coaching Culture Building Capability and Capacity Train the Trainer Programme and Implementation Grant”. If successful, we will be able to deliver in-house Coaching programmes based on Leadership Academy approved materials to develop skills across the organisation.
- 4.18** As we develop the internal training offering, we are exploring methods of generating income through offering partner organisations the opportunity to purchase places on existing programmes. A costing model has been developed to assist with this. We would also look to offer organisations the opportunity to purchase bespoke sessions from the team where resources allow for this. We have already accessed funding from the North West Leadership Academy to provide a Clinical Lead Development programme which is been offered to Clinicians City Wide.
- 4.19** **Board Development** is as critical as workforce development, therefore the CCGs have a range of programmes available to develop board members across their required roles and responsibilities, and this includes training around EDHR.
- 4.20** The OD Team will continue to identify through PDR, evaluation and TNA any additional learning and development programmes that the CCGs need to meet its organisational needs. The CCGs will ensure that all training will be monitored across the equality groups to demonstrate equity across access to learning and development opportunities are open to all.

## 5. Equality, Diversity and Human Rights (EDHR) Key Drivers

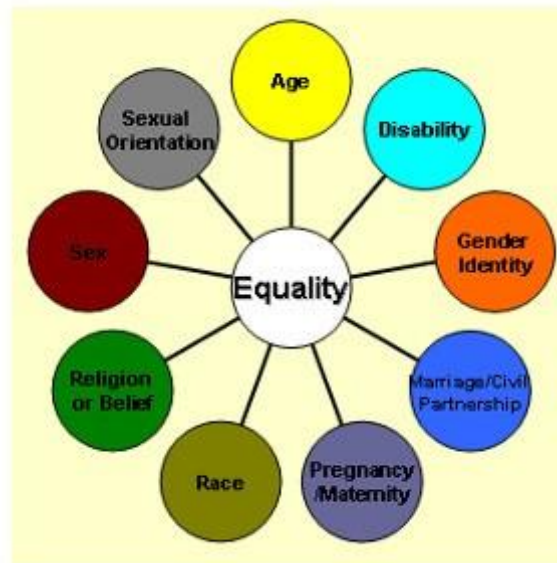
- 5.1 There are a number of EDHR key drivers that support the development and implementation of this strategy; all the drivers add value directly to the CCGs performance, delivery of services and employment opportunities. The drivers are detailed below.
- 5.2 EDHR is placed at the heart of all of the CCGs business and supports the vision and principles of the **NHS Constitution**.

<sup>9</sup>“The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.”

- 5.3 The **Equality Act 2010** was a watershed in an attempt to address structural inequalities as well as unfair treatment and promote a fairer and equal society. It brought in for the first time, specific statutory responsibilities for organisations to begin to think about and address inequalities in our society. The **Equality Act 2010** protects anyone who falls into a ‘**protected characteristic**’, however throughout this Strategy protected characteristics will be referred to as

### Equality Groups.

- Age
- Disability
- Gender Identity (Reassignment)
- Marriage and Civil Partnerships
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation



- 5.4 The **Public Sector Equality Duty (PSED)** places a proactive duty on public institutions to show it pays ‘**due regard**’ to the three aims of the General Duty. This requires us to consider the general duty in what we do, including our commissioning, contracting arrangements with other public and private health care providers and our employment practices. We are required to:

<sup>9</sup> NHS Constitution Section 3a

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/448466/NHS\\_Constitution\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448466/NHS_Constitution_WEB.pdf)

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

**5.5** To assist us to meet the three aims of the General duty, <sup>10</sup>**Specific duties** were introduced, and these require us to:

- Annually publish information to demonstrate compliance with the general duty, this information must include, in particular information relating to people who share an equality group (protected characteristic) who are:
  - Its employees
  - People affected by its policies and practices (such as service users)
- Prepare and publish one or more specific and measurable objective that it thinks it needs to achieve to further any of the aims of the general duty. Equality objectives should be prepared and published at least every four years.

**5.6** The CCGs EDHR Objectives are set out in **Section 7** below.

**5.7** The **Human Rights Act 1998** is core to the rights of patients as set out in the <sup>11</sup>NHS Constitution. The CCGs will endeavor to embed a human rights based approach in the way that we commission services and in our role as an employer. We will also use the **FREDA** principles in our Equality Analysis documentation to ensure that our decisions are made with due consideration of human rights. Human Rights are underpinned by a set of common values and have been adopted by the NHS under the acronym **FREDA**. The principles represent:

- **Fairness** – Right to a fair trial (e.g. fair and transparent grievance and complaints procedures)
- **Respect** – Right to respect or family and private life (e.g. respect for same ex couples, teenage parents, homeless)
- **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)

**5.8** **The Health and Social Care Act 2012**, introduced legal duties to reduce health inequalities for CCGs. We are now required to consistently **'have regard'** to the need to reduce inequalities when exercising our functions. To meet this requirement the CCGs will incorporate health inequalities into its current Equality Analysis template to assist with the decision making process.

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<sup>10</sup> Specific Equality -

[http://www.equalityhumanrights.com/sites/default/files/publication\\_pdf/PSED%20Essential%20Guide%20-%20Guidance%20for%20English%20Public%20Bodies.pdf](http://www.equalityhumanrights.com/sites/default/files/publication_pdf/PSED%20Essential%20Guide%20-%20Guidance%20for%20English%20Public%20Bodies.pdf)

<sup>11</sup> NHS Constitution Section 3a

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/448466/NHS\\_Constitution\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448466/NHS_Constitution_WEB.pdf)

- 5.9** Although the **Equality Delivery System 2 (EDS 2)** is not a legal requirement it is however 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 CCGs in meeting and delivering the requirements of the PSED. This strategy and action plan is aligned to the EDS 2 goals and outcomes.
- 5.10** Since 1<sup>st</sup> April 2015 NHS organisations are required to respond to the <sup>12</sup>**NHS Workforce Race Equality Standards (WRES)**, as regards their workforce. We already monitor our workforce under the PSED (for those with more than 150 employees); however, some organisations have a historically poor record in collecting and publishing data on equality, including on race equality. Therefore the WRES has now been included in the 2015/16 NHS Standard Contract. The WRES forms the first phase in a programme of work addressing workforce equality issues. The CCGs have developed a range of actions to address issues arising from the <sup>13</sup>WRES; these are incorporated into the EDHR Action Plan 2015 – 16.
- 5.11** The CCGs will ensure that all information is accessible and that appropriate communication support is provided to support the needs of patients, service users and carers. It will therefore ensure that it meets the requirements of the <sup>14</sup>**Accessible Information Standards** and will also monitor its providers against this standard on an annual basis.

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<sup>12</sup> <http://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/>

<sup>13</sup> CCG WRES Report <http://www.manchesterccgs.nhs.uk/>

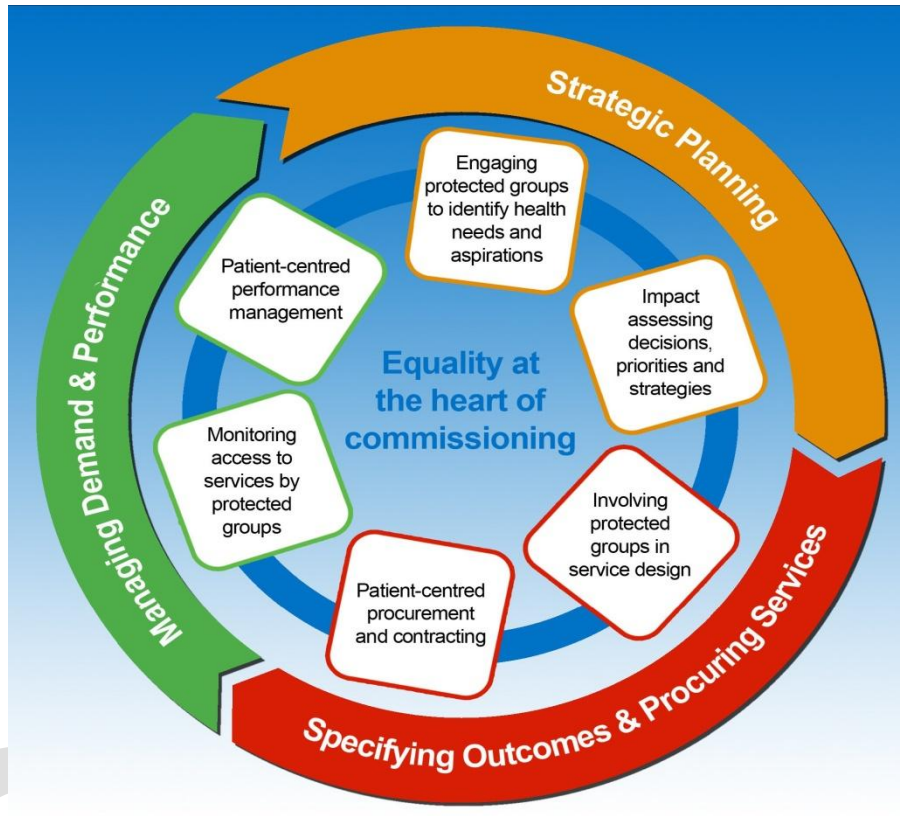
<sup>14</sup> NHS July 2015 Accessible Information Implementation Guidance



## 6. How We Manage EDHR -- Evidence Base Approach to Commissioning

6.1 Equality, diversity and human rights (EDHR) is an integral part of all our processes, ensuring that we are transparent and that all of the work we do is fair and accessible. Throughout the commissioning cycle, we will ensure that EDHR is put at the heart of our work. **Diagram 1** below highlights how EDHR is built into the commissioning cycle for the CCGs.

**Diagram 1. “EDHR in the Commissioning Cycle”**



- 6.2 We aim to commission the highest quality of care that is tailored to meet the specific needs of patients and the wider community in the Manchester area.
- 6.3 We will ensure that robust data collection is central to the CCGs ability to commission high quality health services. Performance data will be disaggregated by equality groups (as appropriate) in order for us to monitor the impact of our commissioned services on the population groups.
- 6.4 We will conduct an Equality Analysis on all commission, procurement, and service delivery activities. This will enable us to demonstrate that we have taken into account the range of equality groups and health inequality needs in our decision making processes. To ensure openness and transparency all Equality Analysis will be available and open for public scrutiny.
- 6.5 We will ensure that service access will be monitored by all equality groups to ensure there is no access issues, this has been included in the current EDHR Schedule for Providers to report on annually.

- 6.6** We will ensure all contracts include equality monitoring to ensure equal access to services and clauses to enforce compliance with equality legislation.
- 6.7** Assurance checks will be required from Providers to demonstrate that their workforce has access to a range of equality training; fair recruitment and employment practices and that equality analysis are undertaken.
- 6.8** Patient satisfaction levels will be monitored by equality groups to establish that all groups have a positive service experience.
- 6.9** We value the importance of community engagement in seeking to understand our diverse communities. We ensure that a full range of communication mechanisms are in place to meet our inclusive and involvement agenda.
- 6.10** We will ensure through the EDHR Schedule that all Providers produce and publish an annual equality report, relating to their workforce (where applicable) and service provision. A separate report will be required for the WRES. In our commissioning role we will monitor our Providers to ensure that they adhere to and publish their grading for EDS 2 and also demonstrate compliance with the new Accessible Information Standards.
- 6.11** To demonstrate openness and transparency, the CCGs will ensure that it will publish all appropriate and relevant information relating to EDHR on its website and provide a range of information tools and mechanisms for its workforce via its intranet system.
- 6.12** We will monitor the progress of the above activities for both the CCGs and Providers, through our current governance structures.

## 7. Equality, Diversity and Human Rights (EDHR) Objectives

7.1 The five equality objectives are aligned to the EDS 2 framework, WRES and our strategic and operational plans, the objectives also support all the key EDHR drivers as detailed in **Section 5** above. It is intended that these objectives will assist the CCGs in reducing health inequalities and improve employment opportunities for marginalised, disadvantaged and vulnerable communities. An EDHR champion on the Governing Body will take responsibility for ensuring that EDHR will be kept high on the governing's agenda

7.2 The equality objectives are based upon organisational priorities and gaps identified by analysing equality monitoring information. The objectives will be monitored and reported through the CCGs governance structures. They will be reviewed every three years in line with the requirements of the PSED.

7.3 The EDHR objectives are:

### **Objective 1 – To increase the awareness of the EDHR Agenda across CCGs, their members and providers**

- The CCGS will ensure that all staff have a full understanding of their roles and responsibilities under the Equality Act 2010
- That general practice staff are aware and can respond to the needs of the local equality groups

### **Objective 2 – To improve data collection and usage across all equality groups**

- Ensure that commissioners use evidence base data to assist with their commissioning decisions across all activities and equality groups.
- That information is collected, shared and stored in accessible formats via data hub

### **Objective 3 – To ensure effective communication, engagement, involvement tools are available and accessible for all of our communities**

- The CCGS will ensure that under-represented groups are effectively informed and involved in the decision making process of the CCGs in relation to health care
- The CCGS will have in place a range of communication, engagement and involvement tools to ensure total inclusion for all.

### **Objective 4 – To ensure that all commissioned Providers have robust standards in place in respect of EDHR and have plans in place to make improvements**

- To have in place robust standards and systems to meet EDHR Schedule
- To ensure robust action plans are in place to address any gaps

### **Objective 5 – To ensure that all CCGs have inclusive leadership, engaged and represented workforce**

- The CCGs will provide vision and strong leadership to lead on this agenda
- The CCG will work towards creating a workforce that is fully reflective of the diverse communities

- We will ensure that OD programmes reflect and communicate the CCGs commitment to this agenda whilst enhancing and developing knowledge and skills
- CCG will ensure that key policies and procedures are in place to support the CCGs achieve its aims

- 7.4** The work streams associated with the objectives are detailed in the EDHR Action plan 2015 - 2016 – **Appendix A**. The Action plan captures the EDHR work streams being undertaken by the three CCGs.
- 7.5** The action plan links to the key EDHR drivers as detailed in **Section 5** above.
- 7.6** The actions within this plan will be within a 12 month cycle with a view to ensure that actions are completed within realistic timeframes. On an annual basis the action plan will be refreshed to ensure all actions are moved forward or are completed, new challenges and actions will be produced to continually meet the three year EDHR objectives.

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## **8. Governance - Equality, Diversity and Human Rights (EDHR)**

- 8.1** Governing Body Members have a collective responsibility to ensure compliance with the public sector equality duty, which will in turn secure the delivery of successful equality outcomes for the CCGs both as commissioners and an 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.
- 8.2** EDHR will be monitored by the relevant Committee's and they have responsibility to ensure that EDHR is an integral part of their decision making and policy development responsibility.
- 8.3** Any issues relating to quality or risk will be reported via the Quality Lead into the relevant Committee structures.
- 8.4** Regular updates will be provided to the Joint Governance Committee and Joint Executive Team on the progression of the strategy, over-arching action plan and any other related EDHR issues across the CCGs.
- 8.5** The Chief Officers have overall responsibility and accountability for ensuring that the necessary resources are available to progress the EDHR agenda within the CCGs and for ensuring that the requirements of this framework are consistently applied, coordinated and monitored.
- 8.6** Head of Organisational Development and Human Resources oversees the implementation of the strategy, the supporting action plan, responsibility for the E&D lead and is the Executive representative for this agenda.
- 8.7** CCGs Equality and Diversity Lead provides guidance, support, and advice and has day to day responsibility for EDHR ensuring that key EDHR work streams are delivered in conjunction with the Head of OD/HR and has responsibility for the implementation and delivery of the EDHR Strategy and action plan.
- 8.8** Managers of the CCGs have responsibility for ensuring that 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.
- 8.9** 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. All reports are supported with completed Equality Analysis demonstrating impacts negative, positive and mitigating actions. This approach ensures that decision makers are armed with the relevant EDHR information to make appropriate decisions that won't disadvantage or discriminate, which are summarized in board/committee papers.
- 8.10** The CCGs will regularly review its governance processes to ensure it is fit for purpose. We are proposing to establish an internal EDHR steering group which will strengthen the current internal governance arrangements around this agenda.
- 8.11** The CCGs are currently reviewing the EDHR governance approach in line with best practice. Any new process will be incorporated into the strategy once the review has been completed.

## **9. Dissemination, Training and Advice**

**9.1** Once ratified this strategy will supersede the previous Equality Strategy and action plan. In order that this strategy is disseminated and implemented correctly the following will occur after ratification:

- The Strategy will be published on the CCGs websites and relevant links sent via the Communications and Engagement Team
- Manchester Maters will include a link to this Strategy and action plan
- The Induction Training will be updated to match this Strategy and attendees will be made aware of the strategy and action plan
- Managers will make their staff aware of the Strategy and action plan
- A separate communication plan will be developed to support the implementation of the action plan activities
- Advice can be sought from the Equality and Diversity Manager

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## 10. References

### 10.1 Legislation

- Human Rights Act 1998
- Equality Act 2010
- Health and Social Care Act 2012

### 10.2 Guidance

- A refreshed Equality Delivery System for the NHS EDS 2 making sure everyone counts 2013
- Refreshed EDS 2 guidance March 2015  
<http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>
- Technical Guidance for NHS Workforce Race Equality Standards (WRES) 2015
- NHS Constitution -  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/448466/NHS\\_Constitution\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/448466/NHS_Constitution_WEB.pdf)
- One Stop Guide to Managing Diversity
- Equality Act 2010 (PSED) Specific Equality Duty  
[http://www.equalityhumanrights.com/sites/default/files/publication\\_pdf/PSED%20Essential%20Guide%20-%20Guidance%20for%20English%20Public%20Bodies.pdf](http://www.equalityhumanrights.com/sites/default/files/publication_pdf/PSED%20Essential%20Guide%20-%20Guidance%20for%20English%20Public%20Bodies.pdf)
- Equality Act 2010 (workforce)  
[http://www.equalityhumanrights.com/sites/default/files/publication\\_pdf/PSED%20Essential%20Guide%20-%20Guidance%20for%20English%20Public%20Bodies.pdf](http://www.equalityhumanrights.com/sites/default/files/publication_pdf/PSED%20Essential%20Guide%20-%20Guidance%20for%20English%20Public%20Bodies.pdf)
- <http://www.manchesterccgs.nhs.uk/>
- NHS Accessible Information Implementation Guidance - July 2015
- CCGs Personal Development Review

### 10.3 Statistical Supporting Information

- **The State of the City – Communities of Interest 2014 Document**  
[http://www.manchester.gov.uk/manchesterpartnership/downloads/download/6/state\\_of\\_the\\_city\\_communities\\_of\\_interest](http://www.manchester.gov.uk/manchesterpartnership/downloads/download/6/state_of_the_city_communities_of_interest)
- More specific statistics for each of the CCGs can be accessed via the following links:  
[http://www.manchester.gov.uk/downloads/download/5724/compendium\\_of\\_statistics-manchester](http://www.manchester.gov.uk/downloads/download/5724/compendium_of_statistics-manchester)
- <http://www.manchester.gov.uk/jsna>
- [http://www.manchester.gov.uk/info/200088/statistics\\_and\\_census/438/publicintelligence/5](http://www.manchester.gov.uk/info/200088/statistics_and_census/438/publicintelligence/5)
- Lesbian, Gay, Bisexual and Trans People in Salford Needs Assessment - 2015
- The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document – Public Health 2012
- 2012 subnational population projections, ONS and Manchester City Council Forecasting Model projections for 2015

### 10.4 Strategic Operational and Plans and Values and Vision

CCGs Manchester: <http://www.manchesterccgs.nhs.uk/>

North Manchester: <https://www.northmanchesterccg.nhs.uk/our-plans-and-priorities>  
<https://www.northmanchesterccg.nhs.uk/our-values-and-vision>

Central Manchester: <https://www.centralmanchesterccg.nhs.uk/our-plans-and-priorities>  
<https://www.centralmanchesterccg.nhs.uk/our-values-and-vision>

South Manchester: <https://www.southmanchesterccg.nhs.uk/our-plans-and-priorities>  
<https://www.southmanchesterccg.nhs.uk/our-values-and-vision>

## 10.5 Policy

- EDHR Employment Policy

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