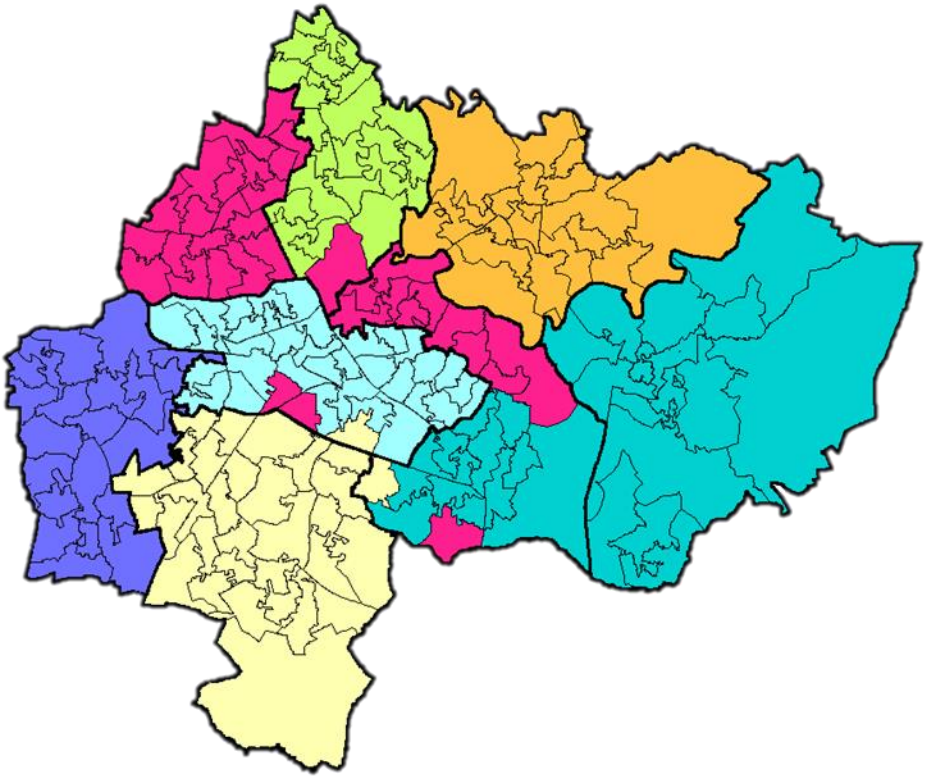
NHS
Stockport
Clinical Commissioning Group

Annual Equality Report – 2019 and 2020

Promoting Equality, Inclusion and Fairness for All
Meeting the Public Sector Equality Duty



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1. Introduction

Welcome to our 2019 and 2020 annual public sector equality report. This report outlines the key pieces of work we have undertaken around equality, diversity and human rights (EDHR) during the calendar years 2019 and 2020 to meet the Public Sector Equality Duty and our responsibilities arising from the Equality Act 2010, both to our local communities and as an employer. The Act requires public bodies to publish appropriate information showing their compliance with the Equality Duty, usually on or before 31st March each year. The reporting requirement was however lifted in March 2020 due to the COVID-19 pandemic and therefore this year's report is a combined report for 2019 and 2020.

This Annual Equality Report outlines our role and aims, and a snapshot of the effects of COVID-19on Stockport's diverse population and the health challenges the borough faces. It sets out our legal responsibilities in demonstrating 'due regard' to the Public Sector Equality Duty's three aims and provides evidence for meeting our Specific Equality Duty.

The CCG is committed to a culture where those working for us or visiting us are valued and appreciated for the skills and talents they bring to the organisation and where the needs of those using the services we commission are understood and respected, taking into account their individual differences, personal values and perspectives.

The report shows progress against our five current Equality Objectives highlighting examples of work we have undertaken in 2019 and 2020 to take account of the needs of our vulnerable communities and also sets out the future direction of our work and our plans to improve the way we commission services to ensure everyone in Stockport can access responsive and inclusive healthcare, and to ensure that we increasingly reflect the population we serve by being an inclusive employer.

We need to be assured that the organisations we commission from are improving service provision and achieving better health outcomes for vulnerable groups in Stockport, and ensuring that they are inclusive employers. Our larger providers include Stockport Foundation Trust for hospital care, Pennine Care Foundation Trust for Mental Health care, and our 37 GP practices, Mastercall and Viaduct Care for Primary Care. This report can be read in conjunction with their equivalent reports.

This year has been dominated by the COVID-19 pandemic, and our response to this will shape our work for the future. The Equality and Human Rights Commission have specified that the Public Sector Equality Duty and the general duty "are critical in ensuring that public bodies consider the needs of people with protected characteristics as they respond to coronavirus". This report therefore has a focus on the differential impacts of COVID-19 on specific groups, how we are considering the needs of people with protected characteristics in our response to coronavirus, and how we will reduce the health inequalities caused or brought to light by the virus.[1]

[1] The Equality and Human Rights Commission have set this as a specific requirement for 2020

We aim to use our equality data to inform our service improvement plans and to improve access to employment opportunities for staff from particular protected characteristic groups.

This publication reflects our open and transparent approach to inclusion, especially of vulnerable or protected groups, and will be made available in other formats on request. For more information on any aspect of this report contact stockportccg.communications@nhs.net

2. Executive Summary

This report demonstrates our commitment to commissioning for equal access to health care for vulnerable groups and our compliance with the requirements of the Public Sector Equality general and specific duties.

The Public Sector Equality Duty (PSED) requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. They should also increase their understanding of the ways in which different people will be affected by their activities and ensure that nothing we do discriminates against anyone because of one of the nine Protected Characteristics.

The nine Protected Characteristics are:

We meet our PSED requirements by paying due regard in our commissioning decision making 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.

We also meet our PSED requirements by ensuring that our workplace is fair and inclusive.

Key points

- Our Lay Member for involvement and lived experience has a role to help ensure that the CCG meets its duties for equality and diversity and the Chief Accountable Officer is the CCG's Executive Lead for equalities
- We are working to reduce health inequalities as we restore services disrupted by the global pandemic
- We are refreshing our Equality Objectives to reflect new priorities
- Our Workforce Race Equality Standard (WRES) submission identified areas for action around Black and Asian Minority Ethnicity (BAME) representation in the workforce
- We have engaged with staff and local communities to identify the different ways Covid-19 has affected particular groups

Key actions

In 2021, Stockport CCG will:

- Strengthen processes and procedures to continue commissioning equitably for our local communities and creating a fair environment for our staff.
- Equitably restore services disrupted by the global pandemic
- Ensure Equality Impact Assessments (EIA) are undertaken by services as they resume
- Work in partnership with other organisations to address health inequalities and ensure fairer commissioning in Stockport and beyond as we respond to COVID-19.
- Work to become a more diverse, fair and inclusive employer
- Map out gaps in our engagement and work in partnership with local people to co-produce priorities.

3. Who we are and what we do

NHS Stockport Clinical Commissioning Group (CCG) manages the local healthcare budget and buys, or commissions, health services from healthcare providers to deliver services meeting the health needs of the 313,610 patients registered with Stockport GPs. We are responsible for making sure that local people have good access to safe, high quality health services delivered within our allocated budget, that meet the needs of all our communities.

The services that we are responsible for include:

- Primary care
- planned hospital care
- urgent and emergency care
- rehabilitation
- community health services
- mental health
- learning disability services
- packages of care at home or in a care home

The CCG covers the same area as the Metropolitan Borough of Stockport. In some areas we work very closely with Stockport Council, local hospitals and mental health providers and voluntary and community groups (see sections 7 and 11).

When commissioning services, we aim to:

- Reduce health inequalities and address specific health needs in localities.
- Improve access and reduce the risk of someone being admitted to hospital unnecessarily.
- Work collaboratively with secondary care, mental health service providers, voluntary, community and social care services to better integrate services

Our Strategic Plan for 2019-2024 sets out how we will address and improve:

- Primary & Community Care services
- Maternity and Children services
- Mental Health, Learning Disabilities and Autism services
- Planned Care, including Cancer
- Urgent Care

This has now been supplemented by our Health and Care System Restoration Plan for 2020/21, which deals with the effects of COVID-19 on the local population and the actions proposed to reduce the inequalities caused.

Some of these effects are shown in Section 10, all the information is taken from the COVID-19 JSNA unless otherwise stated. This will be updated in early summer 2021 as more data emerges.

4. Legal obligations

The CCG believes in inclusivity regardless of any legal duty. However, there is a legal framework to follow. This consists of three key relevant Acts: the Equality Act 2010, the Human Rights Act 1998 and the Health and Social Care Act 2012. Our compliance with this framework is one of the ways in which local people and our staff can hold us to account.

The Equality Act 2010 affords protection from unfavourable treatment where this relates to one or more protected characteristics (see Section 2 above).

There are also a number of other equality requirements placed on us by the Equality Delivery System (see Figure 4 below), the Workforce Race and Disability Equality Standards (see Figure 4 below) and the NHS Constitution.

The Equality Act includes specific requirements for public bodies, known as the Public Sector Equality Duty. Public bodies must consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. They should also increase their understanding of the ways in which different people will be affected by their activities. This helps to make sure that policies and services are appropriate and accessible to all.

The Table at figure 1 below shows a summary of these requirements.

Equality Act 2010 (Public Sector Equality Duty)	Human Rights Act 1998	Health and Social Care Act 2012	Other Duties
General Duty • eliminate unlawful discrimination, harassment and victimisation; • advance equality of opportunity • foster good relations Specific Duty • Publish Annual Equality information • Publish equality objectives Gender Pay Gap recording	Section 6 of the HRA makes it unlawful for a public authority to act in a way that is incompatible with a person's rights The **FREDA** principles • **F**airness • **R**espect • **E**quality, • **D**ignity, • **A**utonomy	CCGs must have regards to • Reduce inequalities between local communities with respect to their ability to access health services • Reduce inequalities between local communities with respect to the outcomes achieved for them by the provision of health services	Equality Delivery System (EDS2) This is a tool kit that can help us improve the services we provide for local communities, consider health inequalities and provide a working environment free of discrimination Workforce Race Equality Standard (WRES) We have to: • Collect and analyse data on the experience and treatment of white staff and BAME staff. • Submit data to NHS England. Workforce Disability Equality Standard (WDES). CCGs may be required to submit data in 2021. NHS Constitution Phase 3 - Third phase of NHS response to Covid-19

Figure 1 Summary of our legal requirements

Organisations with more than 150 staff must monitor recruitment, training, pay, grievances and disciplinary action by the protected characteristics of staff. Organisations with more than 250 staff must publish their Gender Pay Gap. As at 31st March 2020, we had a staff of 131, so are not required to publish this information. However, we will examine our workforce composition internally as part of our commitment to inclusion.

5. Engagement with protected groups in 2020

During the pandemic, face-to-face engagement with local people has not been feasible. However, some engagement has been undertaken, largely around the restoration of services after initial lockdown. We also worked with partners to understand local feelings, and contributed to Stockport Council's One Stockport survey which asked local people about the impact COVID-19 has had on their lives.

During August 2020 and September 2020, the CCG ran a series of virtual meetings/sessions with members of the public, our Partnership Involvement Network (PIN), Healthwatch Stockport, and representation from the voluntary and community sector.

We asked them:

- What has changed for people in terms of accessing health and social care during Covid-19-19 and lockdown?
- What has worked well for people and what is not working and needs to be improved?
- What matters most to you over the next few months?

Some common themes emerging from the engagement were:

Positives

- Accessing services digitally/remote access/phone consultations
- Community pulling together
- Supporting those in crisis

What mattered most

- Vaccination programme for flu and Covid-19
- Accessing primary care and community services
- Reducing the waiting list in the safest possible way
- Supporting elderly people, people with poor mental health and those with long term conditions.

More themes emerged from partner-led engagement activity, especially from the One Stockport Covid-19 joint online survey results (the survey was undertaken from July 2020 to September 2020 and led by Stockport Metropolitan Borough Council with the CCG as a contributor).

Some of the common priorities from these activities encompassed those shown above.

Additional priorities included:

- Covid-19 related themes including, testing/track and trace;
- Cancer Screening; Mental Health and General Practice
- Responding to the black lives matter movement – connect with our Black, Asian and Ethnic minority communities
- Ensuring that future priorities, plans and engagement are co-produced with the Voluntary Community and Social Enterprise sector and local communities
- Ensuring that our Borough, our services and how we work is inclusive
- Connecting with grass root community networks, organisations and leaders
- Supporting marginalised or under-represented groups – providing the conditions for communities to be listened to and included
- Ensuring that services and ways of working are accessible for all
- Commissioning locally, as far as possible, building capacity within our local sector

We will ensure that the feedback for local people shapes our priorities and commissioning; and we will continue to engage through representative organisations and established networks and forums to ensure views and experiences of as many as possible are captured and feedback informs future plans.

CCG leaders will continue to participate in the One Stockport workshops, which are intended to be a place where information can be shared to establish collectively what people feel are the top priorities for the borough as a whole.

We plan to map out our existing networks and contacts to see which communities we are currently reaching and where there are gaps. This will help commissioners to identify relevant groups to engage with.

We will be developing a plan of public engagement activity that reflects the CCG short-medium term priorities and programme of work. This will enable us to take up opportunities to collaborate with partners so future engagement is not duplicated and so no groups are consulted too frequently.

6. Our Equality Objectives

Our Equality Objectives for 2017-2020 link to the Equality Delivery System goals as set at our 2017 EDS2 grading

Our Equality Objectives for 2017-20 are:

- Integrated approach to managing complex care needs
- Increased investment in Mental Health
- Ensure that providers implement in the Accessible Information Standard
- Improve uptake of annual Learning Disability (LD) Health Checks
- Ensure that staff are well trained and equipped to deliver inclusive services

Section 9 below shows what we have done to achieve these objectives, and also shows some of our other equality and inclusion achievements.

7. Achievements against our current equality objectives 2019/2020

7.1 Integrated approach to managing complex care needs

We have worked with care home staff and residents and with hospital staff to establish our Red Bag Scheme to make admission to hospital and discharge back to care homes a more seamless process.

We have worked with Stockport Council and organisations involved in dementia care to develop and implement a Dementia Strategy to improve the care of people with dementia and their carers in Stockport.

We have worked with Stockport Council and others to develop a system-wide care model and outcomes framework on the End of Life**.**

We have worked with Stockport Council and the voluntary and community sector to establish the Wellbeing and Self Care team

These promote better health outcomes for older people who also share the protected characteristic of disability.

7.2 Increased investment in Mental Health

There has been a substantial improvement in Stockport's mental health care – we now have a rating of "good" following excellent progress made in priority areas.

In 2020 we commissioned the Open Door Safe Haven in Princes Street, a free walk-in service providing immediate crisis management and emotional support to any resident of Stockport aged 18 and over.

We involved a range of mental health groups and service users to co-produce the business case to improve the physical health of people with serious mental illness. As part of this work, introduced a comprehensive, annual physical health check and are working to increase the uptake of this physical health check within Primary Care.

An additional £3.4m was invested in mental health services and an additional £0.5m into Special Educational Needs and Disability (SEND). We continue to work with Stockport Foundation Trust and Stockport Council to engage, inform and involve local communities and co-produce improvements to SEND services

These promote better health outcomes for people with a disability.

7.3 Ensure that providers implement the Accessible Information Standard (AIS)

Both long and short forms of provider contracts include a requirement to report annually, evidencing progress in implementing the standard. The AIS sets out a requirement to provide patient information in different formats, where this is needed because of a disability. This promotes better health outcomes for people who share the protected characteristic of disability.

7.4 Improve uptake of annual LD Health Checks

We were part of the Learning Disability Transforming Care Programme to reduce inequalities in health outcomes for people with learning disabilities and/or autism with and reduce the reliance on hospital admissions. This objective will form part of the set of actions that will help us achieve our future equality objectives

This will promote better health outcomes for people with a disability.

7.5 Ensure that staff are trained and equipped to deliver inclusive services

Our staff are required to complete mandatory Equality training every 3 years**.**

We delivered Equality Impact Assessment training to commissioning staff, to better enable them to identify impacts for vulnerable groups, and ensure that services are more equitable. These will promote better health outcomes for people who share all protected characteristics and promote an inclusive workplace.

We developed an LGBT Needs Assessment, working with Stockport NHS Foundation Trust and the LGBT Foundation. As a result, we adopted the Pride In Practice in primary care which trained practices around LGBTQI+ issues, resulting in more LGBTQI+ friendly practices. This promotes better health and employment outcomes for LGBTQI+ people.

8. Other Equality Achievements

Although the COVID-19 pandemic has largely shaped the CCG's work in 2020, we have worked to embed Equality and Inclusion within the CCG's day to-day activities.

- We have strengthened EDHR presence at Governing Body level. Ensuring compliance with our equality duty is in the role description of our Lay Member for Involvement and Lived Experience. Our Chief Accountable Officer is also the CCG's executive lead for equality.
- We have established a clear line of sight for EDHR governance through the Quality and Governance Committee which is chaired by the Lay Member for Involvement and Lived Experience.
- We have developed processes to ensure Equality Impact Assessment is triggered at an appropriate point in commissioning decisions.
- We have delivered Equality Impact Assessment training to relevant staff and have more sessions planned.

- We have ensured that provider contracts clearly set out the EDHR information we need from them.

These will promote better health outcomes within all protected characteristics and promote an inclusive workplace

We have also developed four new equality objectives for 2021-2025. These are still in draft form, but build on existing achievements and look ahead to the next four years, whilst responding to the changing NHS landscape, reflecting our values and linking to our strategic aims and objectives as set out in our Strategic Plan, They also link to organisational priorities post-COVID-19 as set out in our Health & Social Care Recovery Plan: The draft objectives are linked to the Equality Delivery System (EDS2) goals and cover all aspects of the CCG's work.

Our new draft Equality Objectives are:

- Ensure our workplace, processes and procedures are inclusive and anti-discriminatory
- Ensure the voices of local vulnerable groups are heard in our decision making
- Ensure that all our communities have fair access to the services we commission
- Collaboratively plan and commission services to help ensure equitable health outcomes for disadvantaged groups

We will be engaging as widely as possible in the current circumstances with staff and local communities to check that we have got the right objectives and help demonstrate our commitment to transparency and accountability.

A work plan to support these objectives will be drawn up annually, taking into account the findings of our Annual Equality Report and Workforce Race Equality Standard (WRES). Progress towards these objectives will be reported half-yearly and in our published Annual Equality reports.

9. Workforce Race Equality Standard (WRES)

Black and Asian Minority Ethnic (BAME) staff are significantly under-represented in senior management positions and at board level across the NHS. The nationally derived WRES is designed to change this.

Organisations have to collect and analyse reliable data and listen to their staff, and especially BAME staff, in order to understand how differences between the experience and treatment of white staff and BAME staff arise so that we can address the root causes.

In 2019, CCGs were required for the first time to submit data to NHS England, and our data was submitted in 2019 and again in 2020. We also submitted data to the Greater Manchester Health and Social Care Partnership, which is establishing common WRES metrics over the whole health and social care economy in Greater Manchester.

We also need to demonstrate that we are using the WRES principles to help improve workplace experiences and representation at all levels for BME staff.

Our 2020 submission identified BAME representation in the workforce, taken as a percentage of the workforce as an area for improvement, which demonstrated the need to refine our recruitment processes. These will be addressed by our plan under the third phase of NHS response to Covid-1.to ensure that Board membership and CCG senior leadership reflect the ethnic diversity of the community it serves.

As a commissioner, we also need to ensure that our providers collect WRES information, that they analyse and publish this to give a clear picture of employment practices and have plans in place to address any areas for improvement.

10. Effects of COVID-19 on different population groups

Certain vulnerable groups within the borough have poorer health outcomes than the general population, or experience particular barriers to accessing services. Different demographic groups have also been disproportionately affected by Covid-19.

Some of the national data taken from the Office of National Statistics and from Public Health England shows that:

- The risk of severe impact of Covid-19 increases significantly for older people
- Men are more affected than women at all ages and working age males are twice as likely to die as a result of Covid-19as females.
- People from minority ethnic are at greater risk of coronavirus (Covid-19) related death than the white population, after adjusting for age and other characteristics.
- Black males and females are nearly twice as likely as similar white people to experience a Covid-19 death
- People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas.
- The highest rates of deaths involving Covid-19 have been seen among male low skilled workers .

The CCG's initial response to the first wave of the pandemic was the Health and Care System Restoration Plan for 2020/21, when changes were made to keep local people safe.

The first period of lockdown, and subsequent restrictions has also had an impact on local people in different ways. Below are some of the ways this has impacted on Stockport.

Age

By September 2020, around 5.7% of people aged 90+ in Stockport had been diagnosed with Covid-19 and around 2.3% of those aged 80 - 89. For all other age groups the rate was less than 1% though it is likely that these rates have been impacted by the testing policy early in the pandemic.

Ethnicity

The table below shows that the rate per 1,000 of diagnosed cases is more than double in Asian / Asian British, Black / Black British and other ethnic groups.

These rates may be impacted by the cases where the ethnicity is not known. There are many possible reasons for this higher rate, including occupation, population density and housing conditions. BAME communities nationally have expressed the opinion that the pandemic has exposed existing inequalities rather than created new ones.

Ethnic Group	Number of Cases in Stockport	Estimated rate per 1,000
White / White British	1,622	6.2
Mixed / multiple	30	5.9
Asian / Asian British	221	16.1
Black / Black British	28	14.3
Other ethnic group	33	20.2

Figure 2 Estimated Covid-19 cases by ethnic group

Deprivation

The rate of diagnosed cases was lower in the least deprived areas of Stockport at all ages. The rate of diagnosed cases was similar in areas at all other levels of deprivation, though mortality rates show that a third of deaths from COVID-19 occurred in people who lived in areas of the highest levels of deprivation, though only 17% of Stockport's population live in these areas. This indicates that people in deprived areas are more likely to contract COVID-19 severely.

Mental health

Nearly a fifth of Stockport's population has experienced some form of anxiety or depression during the pandemic, which is twice the level pre-pandemic. Younger adults, women, and people on low incomes were more likely to be affected. This figure rises to 42% in LGBT+ people[2]

More information can be found in the COVID-19 JSNA

[2] LGBT Foundation "Hidden Figures – the impact of theCOVID-19pandemic on LGBT+ communities in the UK"

11. Equality and the response to COVID-19

11.1 Restoring services

During 2020 the impact of COVID-19 has been felt every member of our community, and has had a disproportionate impact on some of our more vulnerable groups (see section 10 above).

During the initial COVID crisis-response and the restrictions of the national lockdown, many commissioned services temporarily paused or became largely or wholly telephone/online only. Whilst this was suitable for most people, it disadvantaged some groups for whom face-to-face services are necessary, including (but not limited to):

- people on a low income and those with no access to online facilities,
- people with communication difficulties who may find speaking on telephones difficult,
- people with Learning Disabilities /autism,
- people whose first language is not English,
- people undergoing domestic violence who have no safe space to talk/video conference safely,
- people who are homeless/at risk of homelessness.

This created further barriers for these people, in addition to the inequalities in the ways COVID has affected different groups. Therefore consideration had to be given to these groups when services started to resume, especially as Covid-19 continues to be a real threat. As part of the service reactivation reviews, in addition to meeting stringent Covid-19 safety conditions, services were asked to assess the impact of the changes they needed to make on patients from the various protected characteristics, and specifically asked to consider how their service will be accessible by the groups of people above. This will help ensure that everyone who needs these services can access them.

Community pharmacies, emergency dentists and GP practices have remained open for necessary face-to-face services, so patients needing urgent primary care are able to access it. GP have also offered telephone and video appointments as far as possible to help reduce the risk of infection and support social distancing.

11.2 Third Phase of NHS Response to COVID-19 (Phase 3)

In July 2020, after the first lockdown period of national restrictions, the national NHS priorities for September 2020 – March 2021included returning to near-normal levels of non-Covid-19 health services, in a way that took account of lessons learned during the first Covid-19 peak, supported our staff, and acted to reduce inequalities and prevent ill-health and infection.

In response to this, we produced our Health & Social Care Recovery Plan: September 2020 – March 2021. This has a full Equality Impact Assessment to

ensure that the actions to return to near-normal services do not disadvantage any group.

Specific action to reduce health inequalities include:

- Restarting chronic disease management in primary care
- Introducing a dedicated programme of health checks for people with learning disabilities and serious mental illness
- Promoting mental health and wellbeing services across the borough, with a focus on the most affected groups
- Increase the availability of digital appointments whilst maintaining safe access to face-to-face appointments, giving priority to those people who are unable to access digital appointments
- Engaging with vulnerable or disadvantaged groups to barriers experienced by people because of relevant protected characteristics or social and economic conditions
- Introducing core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities
- Put in place a named executive board member responsible for tackling inequalities with an action plan to increase the diversity of senior leaders. This is our Chief Accountable Officer and an action plan has already been developed

11.3 Supporting Staff

At the outset of the pandemic, the CCG moved to homeworking where possible, with a very few exceptions entering a strictly-controlled, Covid-secure office space. We wanted to ensure that all staff could share their feedback on working remotely, any circumstances that potentially increase their risk of contracting COVID-19 and how they would feel about eventually transitioning back to the office. Our aim was to understand individual circumstances and make appropriate plans for any support needed. Risk assessments were therefore undertaken in June 2020 for all staff, looking especially at ethnicity, health conditions/disabilities and age. These were undertaken in a way that enabled managers to assess well-being and other support needs of their staff.

This exercise was again repeated through the Time to Talk initiative in December 2020. A resilience based approach to wellbeing the purpose of Time to Talk was introduced to remind staff what they need to do to stay well and what they can do to look after their own mental health and wellbeing. In conversation with their line manager it was an opportunity for employees to reflect on the changes to their current working style, to think about what they did to support their mental health when they were able to travel to work and what they can do now to stay well and maintain good mental health.

12. Areas for action and future plans

This document forms the basis of our work in 2021. In addition to the actions outlined in section 11, we have decided to take action on three other areas. These areas and the actions to support them can be seen in the table below.

Area	Action
Equality Strategy and Objectives	Review and revise objectives to reflect new developments and priorities post-COVID-19 set out in our Health & Social Care Recovery Plan:
	Update the E&D strategy
	Develop 5 year work plan to set out how the CCG will ensure that Board membership and CCG senior leadership reflect the ethnic diversity of the community it serves. This will mean that the CCG Board and senior staffing will, in percentage terms at least, match the overall BAME composition of its overall workforce, or its local community, whichever is the higher. (Phase 3 Action)
Governance	Ensure robust oversight of Equality by Senior Team Ensure all decisions (policy, commissioning, workforce) are assessed for Equality/Inclusion (EIA) Develop and deliver appropriate training for senior leaders
	Ensure that providers implement statutory and mandatory requirements Develop monitoring process Monitor providers' performance
	Compliance with statutory and mandatory requirements
Ensure culture of non-discrimination and inclusion	Ensure that staff are well trained, supported and equipped to deliver inclusive services
	Develop Process to capture effects of possible decisions and mitigations of possible adverse impacts
	Hold EDS2 and use findings
	Identify what data will be available from the new core performance standard from November and establish a process for the analysis of this data to understand any differential access and / or outcomes to inform actions that may be needed to support any groups of local communities who might have unequal access to diagnosis and treatment. (Phase 3 action)

Figure 3 Other areas of focus

13. Conclusion

We have demonstrated in this report that we have met all our statutory requirements under the general Public Sector Equality Duty. We can show that we have

undertaken significant work in relation to equality and diversity to go beyond these in our ambition to become an exemplary inclusive commissioner and employer.

Our Equality governance has been strengthened to show our commitment to equality at all levels of the organisation, though more still needs to be done to continue commissioning equitably for our local communities and creating a fair environment for our staff.

Our partnership work shows our commitment to working in collaboration with other organisations to address health inequalities and ensure fairer commissioning in Stockport and beyond. This can be seen especially in our action plan to respond to COVID-19.

However, we know there is much more work to be done, especially as we respond to COVID-19. Working closely with our partners, we want to become ever more diverse, fair and inclusive as we meet the challenges of closer integration.

Health inequalities in Stockport are deeply ingrained but by working together across health and social care and more widely into areas like housing, the voluntary sector, the criminal justice system and education as part of Stockport's joint commissioning arrangements, we can make real inroads towards ensuring everyone in the borough can enjoy the best possible health outcomes.