



Better health and sustainable healthcare for Bristol

Equality & Diversity Strategy

April 2014 - March 2017

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Foreword

We are delighted to welcome you to our new Equality & Diversity Strategy.

Our first strategy 2013-2014 gave us an opportunity to examine our actions and assess how well we, as a new organisation were meeting our statutory, social and moral obligations as a lead organisation in Bristol.

It also allowed us to begin to lay the foundations for good equality practice and integrate this into our core business.

This strategy sets out who we are, our staff profile, and what we will do over the next two years to ensure that we meet the standards we have set ourselves and those our staff, service users and partners expect of us. It also sets out how we will monitor our progress and the steps we will take to meet our obligations under the public sector equality duty, promote equality, and tackle discrimination both as an employer and a commissioning organisation.

Our ongoing commitment is to ensure that we place patients at the heart of what we do, and that we embrace the diversity of the communities that we serve.

1. Introduction:

1.1 What do we mean by equality?

Equality essentially means making sure that people are treated fairly and given fair opportunities inclusive of the protected characteristics defined in the Equality Act 2010: age, disability, sex (gender), race (ethnicity), gender reassignment (gender identity), sexual orientation, religion or belief, pregnancy and maternity status, and marriage/ civil partner status. Collectively these are known as “protected characteristics”.

We recognise that people have different needs, circumstances and ambitions and that achieving equality requires that any barriers that might discriminate and limit what people can do and the life opportunities they may have, are removed.

We also recognise that some people do not experience fair access to services, a good quality of life or the opportunity to reach their full potential. People can experience inequality through discrimination they may encounter whilst accessing a service or at any point during the recruitment and employment process.

1.2 Why do we need an equality & diversity strategy?

The strategy shall enable us to show how we are addressing our responsibilities under the public sector equality duty as they relate to the 9 protected characteristics. It shall also outline what our equality priorities “our objectives” are and how we aim to achieve them.

The strategy applies to all of the CCG’s functions including:

- Commissioning of services.
- Recruitment, employment, retention, training and staff development.
- Patient and Public involvement.
- Exercise of statutory powers and responsibilities.
- Communications.
- Service redesign and planning.
- Management of complaints.

1.3 Legislative context:

Implementation of the public sector equality duty 2011 (PSED) forms the foundation of equality and diversity activities in Bristol CCG.

The PSED applies to the CCG as a public authority, and therefore requires that the CCG, in the exercise of its functions, **have due regard to the need to:**

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it

These are known as the three sections of the “general duty”

The CCG intends to utilise the NHS equality delivery system (EDS) as the principle means of fulfilling our commitments under the PSED.

In compliance with the CCG’s statutory requirements under the specific equality duty, we are required to:

- (a) Set specific, measurable equality objectives;
- (b) Analyse the effect of our policies and practises on equality and consider how they further the equality aims;
- (c) Publish sufficient information to demonstrate that we have complied with the general duty on an annual basis.

1.4 Our Equality & Diversity Strategy and the NHS constitution:

- The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.
- Access to NHS services is based on clinical need, not an individual’s ability to pay.
- The NHS aspires to the highest standards of excellence and professionalism – in the provision of high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population.
- The NHS aspires to put patients at the heart of everything it does.

- The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- The NHS is accountable to the public, communities and patients that it serves.

2. Organisational context:

Bristol CCG is a new organisation, having assumed its statutory responsibilities in April 2013. We are responsible for the commissioning of the majority of secondary, community and mental health services for the population of Bristol.

We are a statutory body and are also a membership organisation. Each of the 54 GP practices in the city is a member. The governing body includes elected representatives from our member practices, a specialist doctor, a nurse, and two lay members.

The CCG is formed from three strong and vibrant localities that cover large sections of the city in the North & West, Inner City & East and South Bristol.

The localities are the building blocks of the CCG and ensure that all of the member practices can be effectively involved in local decision making and collaborate on development with community partners. Each locality has its own Locality Executive Group (LEG) with an elected membership. Other larger CCGs in the country have also adopted a locality structure.

The LEGs are represented on the CCG's Governing Body. Individual CCG and LEG members play lead roles on an agreed area of clinical commissioning. They engage with stakeholders and patient groups across the city, through both structured events and more informal visits and meetings. These active and personal contacts are an important component of our communications to involve our public and patients in commissioning decisions. GP members also play a key role in bringing feedback from their individual patients and their own experiences as local clinicians into the commissioning process.

On relevant areas of commissioning Bristol CCG works in collaboration with CCG neighbours in North Somerset and South Gloucestershire. The three CCGs have set out a Memorandum of Understanding to guide the development of their partnership working.

3. The communities we serve:

Bristol has an estimated resident population of 441,300. It is the largest city in the South West, and currently the 8th largest city in England. Since 2001, the population of Bristol is estimated to have increased by 13.2%. This growth is double the average estimated increase for England.

Age:

Bristol's Joint Strategic Needs Assessment shows that Bristol has a relatively young age profile compared to the national average with higher proportions of people aged 16-24 years and lower proportions of people aged 45 and over.

Ethnicity:

BME communities in Bristol make up 16% of the total population, with 28% of all school pupils coming from BME backgrounds.

Religion & Belief:

There are at least 45 religions represented in Bristol, whilst 37% of people have no religion compared to the national average of 25%.

Disability:

The proportion of people with limiting long term illness or disability in the city make up 16.7% of the total population.

5. Our workforce profile:

Bristol CCG employs 107 staff, and a breakdown of our work force profile compared with Bristol population can be found in **Appendix 1**

Profiles are available for the following areas:

- Age
- Disability.
- Race.
- Sex.
- Sexual Orientation.
- Religion & Belief.

Gender reassignment/ Gender Identity workforce data is not collected due to specific provisions relating to Section 22 of the Gender Recognition Act 2004 which prohibits employers from making known the gender of an individual who is protected by the Act. This carries criminal sanctions and for this reason, we do not collect data on the gender identity of our staff. However, in terms of paying due regard (as required by

the Equality Act 2010) to gender identity, consideration should be given as to how individuals who live in, or identify with a gender which differs from the birth will be impacted on. In addition, the collective view of Trans community organisations and individuals that this information is irrelevant since individuals, with few exceptions, generally identify as male, female or gender neutral/ third gender.

4. The Equality Delivery System:

The EDS is a framework for NHS organisations to understand their equality performance and main challenges and to plan a way forward towards improvement. Implementing the EDS can also help the CCG to:

- i) demonstrate compliance with the general and specific equality duties and with human rights obligations
- ii) deliver on the NHS Outcomes Framework and the NHS Constitution
- iii) improve the services provided for local communities
- iv) consider health inequalities in the locality
- v) provide better working environments, free of discrimination

The EDS is also a way to identify and shape the equality objectives which all public authorities are required to publish.

Grading performance using the EDS

Implementing the system will involve an evidence-based assessment of performance against 18 nationally-specified outcomes in relation to 4 goals **Appendix 2**. Each of the 18 outcomes relates to the 9 characteristics protected by the Equality Act 2010. Evidence against each outcome is used to allocate one of four grades as shown below in figure 1:



Figure 1

Grades for each goal are then aggregated to give an overall grade for each of the four outcomes. These are then further aggregated to give an overall grade for the organisation. The EDS performance assessment will be shared and agreed with key, local stakeholders “expert panel” and published on the CCG website.

To assist us in integrating the EDS outcomes into our core business, we have mapped these and aligned them to our equality and diversity action plan.

5. Our equality objectives

Our first strategy equality & diversity 2013-2014 gave us an opportunity to examine our actions and assess how well we, as a new organisation were meeting our statutory, social and moral obligations as a lead organisation in Bristol.

It also allowed us to begin to lay the foundations for good equality practice and integrate this into our core business.

Our equality & diversity strategy 2013-2014 outlined the following objectives:

- 1) Improve our equalities data and intelligence in order to better inform the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, influencing the commissioning of services.
- 2) Develop an equality assurance process in our commissioning cycle, through the “making it contractual” workstream, enabling us to more effectively hold our providers to account over their equality performance.
- 3) Improve the awareness of NHS services by our diverse communities, by targeting at least one distinct group from each of the following protected characteristics: race; disability; sexual orientation.

We have utilised our current data in the analysis of the organisations’ current position. And in doing so, we have reviewed these objectives, and have developed new equality objectives which are aligned with the EDS outcomes and developed to fulfil our legal commitments under PSED

Our new objectives are:

Objective 1: Improve the use of equality analysis data in our commissioning cycle.

Objective 2: Build strong relationships with protected groups and communities to better understand their needs and improve our equality data.

Objective 3: Promote workforce equality and improve representation through effective employment practices.

Objective 4: Develop inclusive leadership at governing body level.

6. Achieving our equality objectives:

We have developed an equality and diversity action plan **Appendix 3** to clearly outline how we shall achieve our equality objectives. Each objective has been mapped against the relevant EDS outcomes.

7. Monitoring our progress:

We shall monitor our progress by reporting on the progress against our action plan through the (PPI, Equality & Communications) PEC group on a monthly basis and governing body on a quarterly basis.

In addition we shall ascertain feedback on our equality performance through our expert panel.

