NHS
Bristol Clinical Commissioning Group

Equality & Diversity Annual Report

2015 - 2016

Bristol CCG Equality & Diversity Annual Report 2015-2016:

1. Introduction:

This is the third equality & diversity annual report for Bristol Clinical Commissioning Group since its inception in April 2013. The report outlines our equality & diversity achievements in our third year of operation through our 2015-2016 equality & diversity action plan and gives us an opportunity to examine our actions and assess how well we, as an organisation are meeting our statutory, social and moral obligations as a lead organisation in Bristol.

This third year also allowed us to build on the good foundations we put in place in 2014-2015, and to take active steps towards being a lead organisation for promoting good equality and diversity practice in Bristol.

The report also outlines our aspirations to continue to build on our successes and solidify our position as a lead organisation over the upcoming 12 months.

2. Organisational context:

Bristol CCG 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 48 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. 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”

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.

4. 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 life limiting long term illness or disability in the city make up 16.7% of the total population.

5. Structures and processes:

We recognised when agreeing our internal organisational structure that we needed a dedicated resource to help shape our equality and diversity agenda and lead on the implementation on the development and implementation of our equality & diversity strategy going forward. The CCG was successful in appointing an equality and diversity lead in August 2013.

The current reporting arrangements are for the monitoring of progress against the equality and diversity action plan to be monitored through the PEC (PPI, Equality & Communications) group. The PEC group is a strategic meeting that brings together the 3 enablers to good commissioning (PPI, Equality & Communications) and is chaired by the Governing Body Lay Member for PPI (Patient & Public Involvement). The PEC reports to the Quality & Governance Committee which reports in turn to the governing body.

6. 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 current 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.

7. Achieving our equality objectives:

We have developed an equality and diversity action plan **Appendix 1** to clearly outline how we shall achieve our equality objectives. Each objective has been mapped against the relevant EDS outcomes.

8. Equality Delivery System 2 (EDS2)

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 Equality Delivery System 2:

Implementing the system will involve an evidence-based assessment of performance against 18 nationally-specified outcomes in relation to 4 goals. 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. To assist us in achieving this, we have worked with our partners to develop an "expert panel", made up of local stakeholders. The panel have taken part in a robust training programme designed to familiarise members with the EDS, and to ensure consistency of approach to the grading process. They have assisted the CCG in grading our performance against each of the EDS goals. A summary of this grading is outlined in **table 1**. The Equality and Diversity Action plan 2016-2017 will reflect the feedback under each of the EDS2 grading/ comments.

Goal/ Objective	**Outcome**	**Grading**
1. Better health outcomes	1.1 Services are commissioned, designed and procured to meet the health needs of local communities	**Green**
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways.	**Amber**
2. Improved patient access and experience.	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	**Green**
	2.3 People report positive experiences of the NHS	**Green**
	2.4 People's complaints about services are	

	handled respectfully and efficiently	**Green**
3. A representative and supported workforce	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	**Green**
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	**Green**
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	**Green**
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	**Green**
4. Inclusive leadership at all levels	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	**Green**
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	**Green**

	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	**Green**

Table 1

Majority of the feedback received from the expert panel indicated that the CCG had made good progress against achieving EDS2 goals. The feedback did however indicate that whilst the CCG had established positive foundations towards ascertaining the needs of the communities it serves in an effective way, there still remained areas in which further work needed to be undertaken to strengthen equality data available to commissioners through the JSNA. This feedback has been incorporated into the Equality and Diversity Action going forward.

9. Our workforce:

Our current profile compared with Bristol working population is as follows:

Bristol CCG employs 140 staff, and a breakdown of our work force profile compared with Bristol population can be found in table 3.

Profiles are available for the following areas:

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

Table 3

Group description		Analysis of workforce as at 30 Sept 2015	Bristol population (figures for 2011)
Characteristic	**Total Workforce or Population**	**100% (140 employees)**	**100%**
Ethnic origin	White British Ethnic Origin	62% (87)	**78%**
	Black or Minority Ethnic Origin (excluding 'White Irish' and 'Other White' groups)	8.6% (12)	15%
	White Irish or Other White Ethnic Origin	8.6% (12)	**5%**
	Unknown Ethnic Origin	20.7% (29)	2%
Disability	People with a limiting long term illness on Electronic Staff Record Unknown	2.1% (3) 22.9% (32)	12.4%
	People with a limiting long term illness in staff survey (Sept-Dec 2013)		
Sex	All population, all ages	22% male (31) 78% female (109)	50% male 50% female
Gender identity	Transgender population	Information not available	Information not available
Sexual	Lesbian, Gay or	5% (6)	6.0*%

Group description		Analysis of workforce as at 30 Sept 2015	Bristol population (figures for 2011)
Orientation	Bisexual Heterosexual Unknown	 67.1% (94) 27.9% (40)	 94*%
Religion or Belief	Christian Other religion or belief No religion or belief Unknown	31.4% (44) 15% (21) 17.9% (25) 35.7% (50)	46.8% 7.7% 37.4% 8.1%
Age	Aged 16-64	99.3% (139)	62.2%

*2005 Treasury estimate for the UK population, reported on Stonewall's website (2013)

Detailed analysis of our workforce report indicates the following trends:

Disability:

With a decrease from 3% representation in 2014-2015 to a 2% representation in 2015-2016, this is the one area of representation that the CCG has not made improvements on over the past 12 months. It must however be noted that the small numbers and the changes in overall staff numbers mean that these figures should be interpreted with caution. Another factor to consider is that 22% of staff did not disclose if they did/didn't live with a disability, it is therefore possible that the percentage of representation might be higher.

In order to focus on this area the CCG has:

1) Developed a Recruitment & Positive Action strategy and associated action plan.

2) Renewed our “two ticks” disability symbol user status through undergoing an assessment by Job Centre Plus.
3) Worked with Job Centre Plus on developing our work experience programme, aimed specifically at people with disabilities. The pilot programme launched in May 2015 has been evaluated and as a result a work experience policy has been developed to support future initiatives.
4) Dedicated resources to support the development and launch of the Bristol Deaf Health Charter.
5) Continued to engage with disabled service users, their parents/ carers through commissioning activity to gauge a better understanding of their needs.
6) Developed a staff support network policy, and continue to take proactive steps to encourage the reformation of the Disability Forum.

Sexual Orientation:

Representation of LGB&T individuals within the workforce saw the CCG remained at 5% in 2015-2016, which is the same as the previous year (2014-2015). Again the small and changing numbers of staff mean that these figures should be viewed with caution. The CCG will endeavour to:

1) Continue to build its reputation amongst LGB&T grass root organisations to ensure that it LGB&T people are aware of the CCG’s ongoing commitment to increasing its representation of the communities it serves.
2) Actively encourage the LGBT forum (staff support network) to act as a critical friend to the organisation and to become involved in key activity to support the implementation of the recruitment and positive action strategy.

Race:

Representation of BME individuals within the CCG workforce saw a decrease over the last 12 months from 11% in 2014-2015 to 8.6% in 2015-2016. It must however be noted that the small numbers and the changes in overall staff numbers mean that these figures should be interpreted with caution. Another factor to consider is that 22% of staff did not disclose their ethnic origin, it is therefore possible that the percentage of representation might be higher.

In order to focus on this area the CCG has:

1) Developed a Recruitment & Positive Action strategy and associated action plan.
2) Began to work with partner agencies and grass root organisations on developing a multi agency approach to improving the representation of BME individuals across public sector organisations in Bristol through the Manifesto for Race Equality.

A further breakdown of ethnicity per pay band is shown in table 4:

Table 4: Ethnicity and pay band

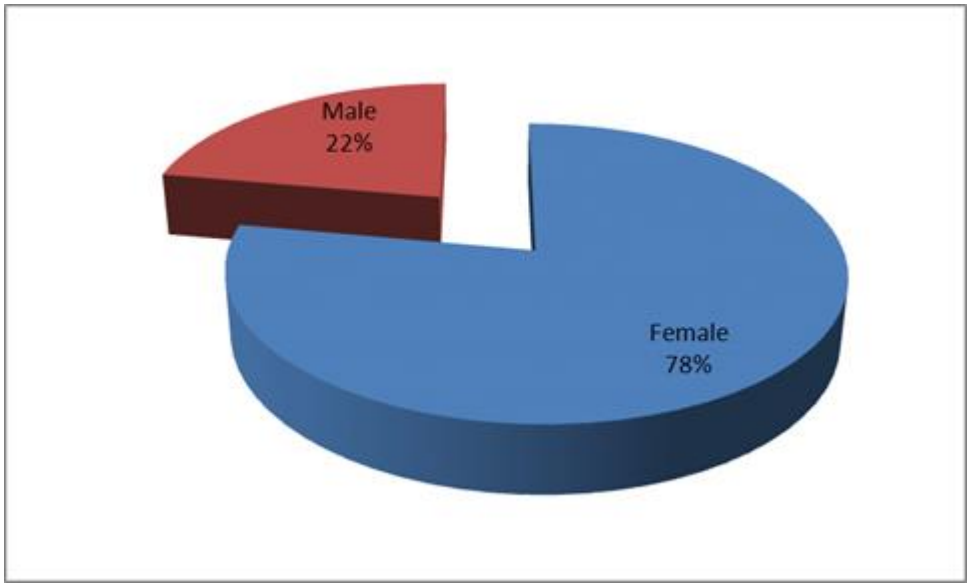
Group description	Analysis of workforce as at 30 September 2015		
	All staff	Staff at AfC Band 8A to 9	Staff on non-AfC grades
White British Ethnic Origin	62%	78.9% (30)	24.2% (8)
Black or Minority Ethnic Origin (excluding 'White Irish' and 'Other White' groups)	8.6%	13.2% (5)	6.1% (2)
White Irish or Other White Ethnic Origin	8.6%	7.9% (3)	3% (1)
Unknown Ethnic Origin	20.7%	0% (0)	66.7% (22)

Sex:

Representation of Male members of staff has increased to 22% representation 2015-2016 (Figure 2), from 18% representation in 2014-2015.

Figure 2: **Headcount and percentage breakdown by sex**

Female	109
Male	31



10. Equality Impact Assessments:

Equality Impact Assessment (EIA) is an analysis of a proposed organisational policy/ procedure/ practise, or a change to an existing one, which assesses whether the policy/ procedure/ practise has a disparate impact on persons with protected characteristics.

We have taken proactive steps to embed equality impact assessments into our policy development and commissioning cycle. We have also taken steps to develop an EIA library on our website to document the EIA activity that the CCG undertakes. The CCG has taken a lead role on developing the EIA for the Recommissioning of Children's Community Health Services.

Key to our approach has been to ensure that the EIA process has been integrated into the core activity of the programme:

From the outset, the design of the consultation has taken into account the diverse needs of the populations it is aimed at. During the earlier involvement activity, we had ascertained that our communities access information (and therefore consultation) differently, and as a result we needed to design a consultation process that would accommodate these diverse needs and by doing so engaging as many people as possible in this process.

How did we select the methods for consultation?

Our involvement process prior to the commencement of the consultation process, along with our understanding of our demographic data had placed us in good stead to anticipate the access needs of our communities.

We used a variety of consultation tools **(table 5**) which allowed us to reach to reach our diverse populations, and minimising the gaps that would have arose from using a single consultation approach/ tool.

Table 5

Consultation method/ tool	**Features/ comments**
Web based consultation: Your Healthy Future.	The “Your Healthy Future” website was designed with the following features: • Young person’s involvement in the development of the website through the Young People’s Reference Group, which has been expertly facilitated by the CCHS PPI lead. • Built in accessibility and usability testing, with a specific focus on the accessibility of the consultation site by people that are visually impaired. • A specifically commissioned sign language introduction to the consultation process. • The use of google translate and browse aloud (whilst acknowledging their limitation, it can still assist in breaking down language barriers) • A design that is compatible with a variety of screen readers to offer access for visually impaired users. Accessible design which is engaging and aimed at presenting key concepts in a simplistic fashion to encourage more people to offer their views on the values, model and both the single & multiple needs pathways.
Focus groups	Focus groups were set up to accommodate the needs of individuals and/or groups where a web based consultation is not suited.
A facility to request alternative formats (easy read, paper based documents)	The Communications team organised a range of publicity events (interviews, postcards and posters etc) to ensure that our communities are aware of the consultation time frame, and whilst initially directing people to the “Your Healthy Future” website, a telephone number to receive and respond to queries for alternative formats.

Throughout the entire engagement and consultation process it was important for us to ensure that we were hearing a diverse range of views from all sectors of the community. Critically, the online survey allowed us to include equality monitoring questions. Whilst the completion of these questions was optional, this data where provided, was vital to help us ensure that we understood the needs of our communities and to check that we were reaching out to all sectors of the local population. There was a mid-point review during the consultation to evaluate the current number of responses and for a more in-depth look at the community members who were responding. This allowed us to identify any potential gaps in the reach of the consultation and to renew effort in reaching these groups.

The midpoint analysis identified that we had:

1. A lower response rate from young LGB&T (lesbian, gay, bisexual and transgender) communities, and

2. Young people under 15 from BME (Black, Minority and Ethnic) communities.

With this information, the CCG contacted and identified further organisations, such at the BME forum and youth club and the Young Person's Reference Group whom assisted us through their connections with schools to connect with young people from BME and LGB&T backgrounds.

11. Developing our organisation:

We recognise the value of learning and development in assisting us in promoting equality and valuing diversity. Over the past 12 months, we have:

1) Continued to deliver class room based equality and diversity sessions as part of our induction programme.
2) Delivered bespoke equality and diversity training sessions.

In order to complement our equality and diversity strategy, we have also developed our recruitment and positive action strategy 2015-2017 as we:

- Recognise the value of being an organisation that is diverse and representative of the communities that we serve.
- Aim to be a public sector employer of choice, attracting the best candidates to be part of our organisation.
- Aim to build on existing good practise in our recruitment processes by ensuring that we have systems in place that enable us to be proactive about attracting and retaining talent from under represented groups in our communities.
- Aim to create a workforce environment where staff are supported in their career progression.

The key objectives of the recruitment and positive action strategy are to:

- Raise the profile of the CCG as a positive place to work in Bristol, targeting community organisations and groups with direct links to BME, Disabled & LGB&T communities.
- Monitor recruitment activity and outcomes, and produce management information to illustrate such activity in partnership with the Human Resources team.
- Develop opportunities for work experience and shadowing for potential external candidates to gain insight into the work of the CCG.
- Utilise existing processes such as secondment opportunities and the performance development framework to improve overall job satisfaction for our staff and identify progression opportunities to improve representation at leadership levels.

In order to continue to support our diverse workforce, we have developed a staff support network policy.

In addition, the CCG has worked with job centre plus on the following initiatives:

1) Renewed its status as a “two ticks” positive about disability organisation through completing its 2015-2016 annual assessment.
2) Developed and implemented a work experience programme aimed at people with disabilities.

We have also supported the development of our Programme Management Office (PMO) through reviewing over 60 business cases since the PMO’s inception in August 2015. This has enabled the CCG to evaluate and determine the equality input it requires in the upcoming 12 months to support the integrating of good equality practice into core business activity.

12. Key initiatives:

Support the launch of the Bristol Deaf Health Charter:

Bristol has become a significant cultural centre for the Deaf community in the UK (predominantly British Sign Language users). It is estimated that the Deaf population in Bristol is at least three times higher than the national average, and is second only to London’s Deaf population.

The CCG has worked with the Bristol Deaf Health Promotion Group on developing both the Bristol Deaf Health Charter and the associated guidance. The Charter sets out a number of pledges to improve the access and rights of Deaf, hard of hearing, deafened and deafblind people. It highlights good practice and will build the capacity to eliminate unlawful discrimination (both direct and indirect), advance equality of opportunity and build good relations with Bristol's Deaf, hard of hearing, deafened and deafblind communities. The CCG was instrumental in launching the Charter in May 2015, and was the first organisation to sign up to the charter pledges.

The Bristol Manifesto for Race Equality:

The Bristol Manifesto for Race Equality has been developed by a number of Race Equality Champions in Bristol a basis to tackle Race Inequality across a number of themes.

These themes range from the under representation of BME people in the work place to access to services and involvement in public life. The Manifesto sets out a series of expectations from the public sector, including Bristol CCG as a public sector organisation.

The CCG is currently working as part of the of both the Manifesto strategic and steering group sub committees to support the achievement of the Manifesto goals, with the first programme of work being the establishment of a Bristol base line completed in March 2016.

13. Summary and highlights:

1. Bristol CCG has taken positive steps towards implementing its Equality & Diversity Strategy and Objectives.
2. Workforce data indicates a decrease in the representation of people living with a disability and BME individuals in the workplace compared to 2014-2015 data. Mitigating action has included developing the Positive Action and Recruitment Strategy, the Staff Support Network Police, and supporting the launch and development of both the Bristol Deaf Health Charter and the Bristol Manifesto for Race Equality.
3. Bristol CCG has achieved an overall “green” grading in its performance against EDS2 goals. This grading was undertaken through the “expert panel”.
4. Bristol CCG has secured its positive about disability “two ticks” status for the third year in a row.
5. Bristol CCG has led the multi agency work on developing a robust Equality Impact Assessment for both the Children Community Health Services Recommissioning project.
6. Bristol CCG has continued to integrate equality practice into its core business activity through supporting the development of the Programme Management Office (PMO).

14. Next steps:

Looking ahead, the CCG will need to ensure that it integrates its positive action objectives into its main people strategy. This will enable to CCG to continue to build on progress made to date and embed good equality practice into developing its organisation.

Both the Bristol Deaf Health Charter and the Bristol Manifesto for Race Equality have placed the CCG in good stead to begin to lay foundations for ensuring that it is part of a city wide approach to improving the representation of minority groups within the public sector. The upcoming

12 months will see the CCG further solidify this area of activity through implementing the Time for Change and the Autism Charter.

In addition, continuing to integrate equality practice into core organisational activity shall remain a priority. This will be through ongoing support to the Programme Management Office and fostering an organisational culture where good equality practice is a key part of our business activities.