



**South Gloucestershire  
Clinical Commissioning Group**

## **Equality and Diversity strategy**

**2016-2019**

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## Executive Summary

This strategy sets out how the CCG intends to make sure the services it buys on behalf of the residents of South Gloucestershire accessible, responsive and fair to all sections of our community. This includes ensuring Equalities is taken into account when the CCG:

- Plans services,
- Buys services,
- Monitors and evaluates how those services are performing.

This strategy builds on the first equality and diversity strategy of the CCG and takes account of the feedback received over the last three years.

Our objectives for the next three years are:

1. Improve our equalities data and intelligence,
2. Design and commission services to meet the needs of our diverse population,
3. Seek and receive assurances that the services we buy are accessible, fair responsive to all sections of our community.

An Implementation Plan will be developed which will set out the actions we will undertake to ensure we meet these objectives. The Improving Patient Experience Forum will own this strategy and monitor the implementation plan to ensure we are on track to complete the key actions and meet our objectives.

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## Introduction

The current resident population of South Gloucestershire is around 271,600 (ONS 2014-based mid-year estimate). South Gloucestershire has a predominately urban population with around 60% of South Gloucestershire's population living on the Bristol 'fringe' area; 20% living around Yate, Chipping Sodbury and Thornbury and the final 20% living in more rural areas.

South Gloucestershire has a diverse community characterised by the following:

- A slightly older population compared to England with larger than average middle-aged population;
- Black and minority ethnic (BME) population of 5% but which is substantially lower than the National average of 14%. White Gypsy or Travellers makes up approximately 0.1% of the South Gloucestershire population, the same percentage as both England and the South West;

- Around 18% of the population aged sixteen and over has day to day activities limited by a long term health problem or disability, lower than then England average of 21%;
- Christians who made up 59.6% of the population, followed by Muslims (0.8%) and Hindus (0.6%). Over a third of the population of South Gloucestershire did not disclose their religious beliefs or stated that they had no religion;
- Approximately half (51.9%) of the South Gloucestershire population aged sixteen or over described themselves as married, and 0.1% living in a same sex civil partnership;
- Based on government estimates, 5-7% of the South Gloucestershire population are lesbian gay or bisexual;
- Whilst carers are not a group covered under the Equality Act 2010 it is important to recognise their importance in their own role as carers and supporting our diverse

communities. The CCG is developing a separate carers strategy jointly with the local council.

Further information on our diverse community can be found in Appendix 1.

NHS South Gloucestershire Clinical Commissioning Group [CCG] is the local NHS organisation responsible for planning and buying (commissioning) healthcare services for South Gloucestershire. The CCG commissions healthcare services from local NHS hospital trusts and community service providers such as Sirona Care and Health.

This strategy sets out the CCGs objectives for the next three years in order to improve the access and experience of all those who use the healthcare services. It is based on what patients, public and voluntary groups have been telling us since the CCG was created in April 2013, and on the CCG's assessment of its performance against the NHS's Equality Delivery System.

## What does the CCG Commission?

Table 1 below lists the healthcare services the CCG commissions along with services commissioned by other NHS organisations.

**Table 1: List of services commissioned by the CCG and other NHS organisations.**

Services the CCG is responsible for	Services commissioned by other organisations
Urgent and emergency care, such as NHS 111, A&E and ambulance services	Primary care such as: <ul style="list-style-type: none"> <li>▪ GPs,</li> <li>▪ Dentists</li> <li>▪ Opticians and</li> <li>▪ Pharmacists</li> </ul> These services are commissioned by NHS England.
Planned (elective) hospital care, such as operations and treatments	Prison healthcare commissioned by NHS England.
Community health services, such as community nursing and physiotherapy	Specialised health services commissioned by NHS England [e.g. liver transplants, cystic fibrosis]
Rehabilitation for those recovering from operations and certain conditions	Public health, such as: <ul style="list-style-type: none"> <li>▪ Immunisations</li> <li>▪ family health visitors</li> <li>▪ health promotions</li> </ul> These services are the responsibility of South Gloucestershire Council
Maternity and new-born services (excluding neonatal intensive care)	
Infertility services	
Children and young people's health services	
Mental health services	
Continuing health care for people with on-going health needs, such as nursing care	

## Approach to Equality and Diversity

### What we mean by equality and diversity

Equality is not about treating everyone the same. It is about ensuring everyone has the opportunity to be involved and consulted regardless of their individual needs and capabilities.

Diversity is about recognising and valuing differences through inclusion, regardless of age, disability, gender, race, religion or sexual orientation.

### Values

One of the CCG's core values is to be fair and just, acting with integrity, objectivity, selflessness and honesty.

The CCG is committed to ensuring the services it commissions are available to everyone, irrespective of gender, race, disability, age, sexual orientation, religion or belief as set out in the NHS Constitution.

### Structures

As part of ensuring that the CCG complies with its equalities responsibilities, the following arrangements have been established:

- Job descriptions for all CCG staff include a responsibility in respect of supporting the CCG in meeting its equalities duties.
- All reports received by the CCG Governing Body are required to include an assessment of the implications for equalities.
- The CCG has a p/t Equalities Officer to advise and support the CCG to meet its equalities duties.
- The Improving Patient Experience Forum [IPEF] is a formal committee of the CCG's Governing Body and is accountable to the Governing

Body for ensuring the organisation has the necessary processes and systems in place to fulfil its statutory duties around Patient and Public Involvement, and Equality and Diversity.

- A lay member with responsibilities for Patient and Public Involvement and Equalities chairs the IPEF and is also a lay member representative on the Governing Body.
- IPEF has representatives from the South Gloucestershire Disability Equality Network, South Gloucestershire Race equality Network, Voluntary Sector, Local Healthwatch, Carers and NHS North Bristol Trust Patient Panel.

## Equalities in Practice

All staff receive a basic introduction to equalities at induction but are then required to complete a more in-depth e-learning course.

The CCG undertakes an appropriate assessment of the impact of its policies and service changes on different equalities groups. This is known as an equality impact assessment. The equality impact assessment is carried out prior to any policy or service change to identify any gaps in who the CCG should consult and what can be done and to ensure that the service or policy is fair and accessible to all.

The CCG is required to involve individuals in planning commissioning arrangements, in developing and considering proposals for changes in the commissioning arrangements, and in decisions that would likewise have a significant impact. When involving individuals the CCG endeavours to engage with and receive feedback from the various equalities groups.

The CCG requires all providers of healthcare services to comply with the requirements of the Equality Act Human Rights Act and the NHS Constitution. This includes ensuring that providers are assessed on equalities performance at all stages in procuring a contract.

The CCG and the Local Authority are jointly responsible for producing the Joint Strategic Needs Assessment [JSNA]. The JSNA is assessment of the current and future health and social care needs of the population. The JSNA is used in the development of the CCG's commissioning priorities. The different chapters take into account the experiences and needs of people with relevant protected equality characteristics (equality groups).

Before the CCG commissions any new service or re-commissions any existing one, it will seek the views of the relevant stakeholders including engaging with relevant equality groups.

## Equality Objectives

### Objective 1

Improve our  
Equalities Data and  
Intelligence

This means finding out more about our different communities' health needs and experiences of health services.

### Objective 2

Design and  
Commission  
Services to meet  
the needs of our  
diverse population

This means taking steps to make the health services we buy accessible and which meet the needs of our local community.

### Objective 3

Seek and receive  
assurances that the  
services we buy are  
accessible, fair  
responsive to all  
sections of our  
community

These means checking that the organisations that provide health services are making them accessible and that they meet the needs of the community.

## **Appendices**

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## Appendix 1: Demographic Profile

- South Gloucestershire is a relatively affluent area in the South West of England. In 2014, the Office of National Statistics (ONS) estimated there were 271,600 people living in South Gloucestershire. This is an increase of around 10% since 2002. The main driver for population growth in recent years has been natural change (more births than deaths), and inward migration.
- Although the majority of the land in South Gloucestershire is rural, most people live in urban areas with 60% living in the Bristol 'fringe', 20% around Yate and 20% in more rural areas.

### Age

- The proportion of 0-15 year olds is 17.4%, slightly lower than the England average of 17.8%. South Gloucestershire has a broadly similar proportion of people at working age (63.3%) compared to England (63.5%). Older people aged over 65 make up 17.6% of the population compared to 18.2% for England. The dispersal of the older and young populations in South Gloucestershire is not evenly distributed, with the highest proportion of 0-15's in Bradley Stoke South (8.9%) and over 65s in Westerleigh, Severn (30%).
- The number of babies born to a resident of South Gloucestershire rose from approximately 2,600 in 2003 to a peak of 3,400 in 2012 – an increase of over 30%. The baby boom has started to show signs of decline with the number of resident births falling between 2012 and 2014. In the period to 2037, there is projected to be a 6% increase in births.
- Most growth was seen in those aged 45-49, a rise of 5,471 people accounting for a 32.1% increase, followed by 65-69 year olds (4,225 people, 37.5% increase) and 20-24 year olds (3,743 people, 29.5% increase) with the over 85's increasing by 2,012 in number but by 75% in terms of proportional increase.
- ONS population projections suggest that the South Gloucestershire population is set to rise further to 318,400 in 2037, a rise of 17% from 2014 and slightly higher than the England average of 16%. The biggest increase will be seen in those aged 65 and over, with a 69% increase in this age group and a 184% in those aged over 85's. These ONS projections do not take into account planned housing developments which will likely swell the general population further.

### **Disability**

- According to the 2011 census, 18% of people aged over 16 have a long-term health problem or disability, lower than the England average of 21%. Based on the 2011 census figures it is estimated that there are approximately 22,500 people aged 65 or over with a limiting long term illness that limits their day to day activities, this figure is predicted to rise to 33,400 by 2030.

### **Language and Country of Birth**

- According to the 2011 census South Gloucestershire has a lower than national or regional averages for people born outside the UK, with 6.6% born overseas compared to 7.7% and 13.8% for the South West and England respectively. The majority of South Gloucestershire residents born outside the UK come from EU countries (35%) followed by the Middle East and Asia (30%) and Africa (15%), Caribbean and the Americas (9%), Ireland (6%) non EU Europe (3.5%) and Other (2.9%).
- At the time of the 2011 census 97% of South Gloucestershire residents' main language was English, higher than the national average of 92% but similar to the regional average of 96.5%. The majority of primary languages spoken other than English are European languages (61%), South West and Central Asian languages (19%), East Asian languages (14%), Arabic (3%), African languages (3%) and other languages (1%).

### **Religion or Belief**

- At the time of the 2011 census, the majority of South Gloucestershire residents described themselves as Christian (60%). Over a third of the population did not disclose their religion or stated they had no religion.

### Race/Ethnicity

- The black and minority ethnic (BME) population of South Gloucestershire was 2.4% in 2001. By 2011 this had risen to 5.0% but remains substantially lower than the national average of 14%. The table below gives a breakdown of population by ethnicity.
- The Gypsy or Traveller population is approximately 0.1%, the same percentage as both England and the South West.

<b>Ethnic Group</b>	<b>Ethnic Subgroup</b>	<b>Number of people</b>	<b>Percentage of total population of South Gloucestershire</b>
<b>White</b>	White British	241,611	91.9%
	White Irish	1,223	0.5%
	White other	6,740	2.6%
<b>Black and Minority Ethnic Groups</b>	Mixed	3,667	1.4%
	Asian	6,440	2.5%
	Black	2,218	0.8%
	Arab/other ethnic group	868	0.3%

### Sexual Orientation and Gender Reassignment

- There are currently no reliable local sources of data on the lesbian, gay and bisexual population. Based on national data, 5-7% of the population are lesbian, gay or bisexual, equating to approximately 16,300 people in South Gloucestershire.
- Around 1,330 –2,210 people have some degree of gender variance.

### **Marriage and Civil Partnership**

- Approximately half (51.9%) the adult population described themselves as married, a decrease from 57.8% recorded in the 2001 census.

### **Carers**

Carers contribute enormously not only to the individuals and families they support, but also to the health and social care system. Carers are not a protected characteristic under the Equality Act 2010; however they play an important part in supporting individuals from the different protected characteristics. Additionally, carers of disabled people in particular, are protected against discrimination by association.

- Data from the 2011 Census shows there are 27,639 carers in South Gloucestershire.
- 10.5% of the total population are carers, slightly above the national average of 10.3%.
- The proportion of older adults aged 50 and over who are caring is higher than the national average. There are 524 young carers aged 0 – 15, but this is likely to be an underestimate.
- There are 817 carers from black and minority ethnic communities in South Gloucestershire.

## Appendix 2: Legislative Framework

### The Equality Act 2010 and the Public Sector Equality Duty

The Equality Act 2010 brought together all the previous and separate pieces of anti-discrimination legislation into one Act of Parliament. The Act covers the following “protected characteristics”: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

The Equality Act contains special provisions for public sector bodies known as the Public Sector Equality Duties [PSED]. It is made up of the general duty which is the overarching requirement and ‘specific duties’ which are intended to help performance of the general duty.

The general duty has three aims and it applies to most public authorities, including CCGs (and bodies exercising public functions such as private healthcare providers), who must, in the exercise of their functions, pay due regard to them. These are:-

- Aim 1: eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Aim 2: advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Aim 3: foster good relations between people who share a protected characteristic and people who do not share it.

Under the Specific Duties of the Public Sector Equality Duty, public authorities are required to publish, in a manner that is accessible to the public, the following information:

- i)** Publish information to demonstrate its compliance with the public sector Equality Duty at least annually. This information must include, in particular, information relating to people who share a protected characteristic who are:
  - a) its employees – (public authorities with fewer than 150 employees are exempt);
  - b) people affected by its policies and practices. This includes information on:
    - community profile by protected characteristics;
    - results of consultations/engagement with protected characteristics;
    - patient profile
    - patient satisfaction
    - Equality Impact Assessments;
- ii)** Publish one or more equality objectives at least every four years. All such objectives must be specific and measurable.

## Human Rights Act

Public sector organisations also need to have due regard to the Human Right Act 1998 [HRA]. There are five principles of human rights which are: fairness, respect, equality, dignity and autonomy called the FREDA principles which also form part of the NHS Constitution.

In commissioning and delivering services which are compatible with the HRA, the CCG commits to undertaking human rights based approach in line with PANEL principles:

**Participation, Accountability, Non-discrimination, Empowerment, and Legality**

## The NHS Constitution

The NHS constitution revised in March 2012 contains seven principles that guide the NHS as well as a number of pledges for patients and the public. A number of these demonstrate the commitment of the NHS to the requirements of the Equality Act and the Human Rights Act.

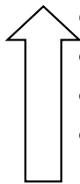
The first of the seven principles requires that the NHS *“provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief.”*

There are also a number of rights contained in the constitution which underpin the NHS’s commitment to equality and human rights and which *include*:

- i)** the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age;
- ii)** the right to be treated with dignity and respect, in accordance with your human rights;
- iii)** the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this;
- iv)** the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent;
- v)** the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

## Appendix 3: The NHS Equality Delivery System

1. The NHS has developed a framework for assessing equality performance called the Equality Delivery System [EDS]. The EDS can help NHS Organisations to:
  - i) demonstrate our compliance with the general and specific equality duties and human rights obligations;
  - ii) deliver on the NHS Outcomes Framework and the NHS Constitution;
  - iii) help NHS organisations improve the services they provide for their local communities, consider health inequalities in their locality and provide better; working environments, free of discrimination, for those who work in the NHS and;
  - iv) help NHS organisations to identify and shape our equality objectives.
  
2. The EDS is based on four key goals and 18 associated outcomes. Evidence against each of these outcomes is used to determine the organisation's equality performance against one of four grades. These four goals and grades are shown below:
  
3. For each of the 18 EDS outcomes, there are four grades or RAG "plus" rating, to choose from:
  - **Excelling [Purple] – People from all protected groups fare as well as people overall**
  - **Achieving [Green] - People from most protected groups [6 to 8 groups] fare as well as people overall**
  - **Developing [Amber] - People from only some protected groups [3 to 5 groups] fare as well as people overall-**
  - **Undeveloped [Red] - People from all protected groups fare poorly compared with people overall OR evidence is not available**
  
4. The CCG is required to self-assess its performance and then consult the local stakeholders to present the evidence and agree the grades. When this has been done, a table setting out the CCG's equality performance as agreed with the local stakeholders should be published on the CCG's website. The CCG's current EDS performance is shown below:



## Equality Delivery System Summary 2015-2016

The CCG has used the phased approach to the implementation of the Equality Delivery System [EDS]. The first service to be assessed was Children's and Maternity Services with the evidence presented to and agreed with local stakeholders in July 2016.

**Overall, the CCG's rating for these services is "Developing with strong elements of Achieving".**

GOALS		EDS OUTCOMES		CONSENSUS GRADE
PATIENT AND PUBLIC FOCUSED GOALS	Goal 1: Better Health Outcomes	1.1	Services are commissioned, designed and procured to meet the health needs of local communities	Achieving
		1.2	Individual people's health needs are assessed, and met in appropriate ways	Developing (with strong elements of achieving)
		1.3	Transition from one services to another, for people on care pathways, are smoothly with everyone well-informed	Developing
		1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing
		1.5	Screening, vaccination and other health promotion services reach and benefit all local communities	Not Applicable
	Goal 2: Improved Patient Access and Experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving
		2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Developing
		2.3	People report positive experiences of the NHS	Developing
		2.4	People's complaints about services are handled respectfully and efficiently	Developing

GOALS		EDS OUTCOMES	CONSENSUS GRADE	
ORGANISATIONAL FOCUSED GOALS	Goal 3: A Representative and Supported Workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving
		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	Achieving
		3.3	Training and development opportunities are taken up and positively evaluated by all staff	Developing
		3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving
		3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving
		3.6	Staff report positive experiences of their membership of the workforce	Achieving
	Goal 4: Inclusive Membership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Achieving
		4.2	Papers that come before the Governing Body, Quality and Assurance Group and other major committees identify equality-related impacts, including risks, and say how these will be managed	Achieving
		4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Achieving