

Equality Information Report 2016

**Equality, Diversity and Human Rights:
meeting the
Public Sector Equality Duty**



If you require this document in an alternative language or format, please telephone our Corporate Manager on:



01275 546770



enquires@northsomersectcg.nhs.uk

If you have any comments, suggestions or feedback about this document, please contact the Patient and Public Engagement Manager, using the above telephone number or email address.

Contents

	Page
1. Introduction	4
2. Population Profile of North Somerset (by Protected Characteristics)	5
3. Equality Information on our Workforce and Leadership	8
4. Equality Information on our Services	10
5. Equality Information on our Ways of Working	11
6. Equality and Diversity in Commissioning	12
7. Information on Paying Due Regard to the General Duty	16

1. Introduction

1.1 About us

NHS North Somerset Clinical Commissioning Group (CCG) is a commissioning organisation, which means that we plan and purchase health services for the residents of North Somerset. Generally speaking, we do not provide health services ourselves. For information about what we do and the health services we commission, please visit our website: www.northsomersetccg.nhs.uk . North Somerset CCG commenced on 1 April 2013.

1.2 The Public Sector Equality Duty and the purpose of this document

The Public Sector Equality Duty (PSED) is duty placed on public authorities (such as North Somerset CCG) by the Equality Act 2010. Part of this is a **specific** equality duty which requires us to publish information to demonstrate our compliance with the substantive part of the PSED, the **general** equality duty. This general duty requires the CCG, in carrying out its functions, to pay due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation, etc;
- advance equality of opportunity;
- foster good relations between different groups of people (groups with “protected characteristics” e.g. a specific sex or ethnic origin).

In this document, we set out what we are currently doing to comply with the general duty. The following section describes the profile of North Somerset, according to the protected characteristics, after which come the sections on:

- s3 Equality information on our workforce and leadership;
- s4 Equality information on our services;
- Equality information on our ways of working;
- Equality and diversity in commissioning; and
- Information on paying due regard to the general duty.

This report should be read in conjunction with the [Workforce Equality Monitoring report for 2015-16](#), which is published on the CCG website.

2. Population Profile of North Somerset (by Protected Characteristics)

2.1 Whole Population:

The population of North Somerset at the 2011 Census was recorded as 202,600. This represents an increase of 13,766 (7.3%) from the 2001 Census figure of 188,800. Mid-year estimates from the Office for National Statistics have put the total figure in 2014 at around 208,000. This is lower than the GP registered population of 215,010, possibly because some people who live slightly outside the North Somerset boundary attend GPs in North Somerset.

2.2 Age:

The age breakdowns from the 2011 Census for North Somerset are:

- Aged 0-14 years 17%
- Aged 15-64 years 62%
- Aged 65+ years 21% (the 2014 mid-year estimate is 23%)

The 2014 mid-year estimate for people in North Somerset aged 65+ is 23%, compared to 21.1 % in the South West and 17.6% nationally.

2.3 Sex:

The 2011 population had a roughly even split between males, at 103,273 and females, at 107,012. The 49:51% (male/female) split was unchanged in 2014.

2.4 Marriage and Civil Partnership:

The 2011 Census results for North Somerset record marriage and civil partnership as follows:

- | | |
|---|----------------|
| • Married | 86,784 (52.3%) |
| • Single | 44,511 (26.8%) |
| • Same Sex Civil Partnership | 314 (0.2%) |
| • Separated (but legally married or in a Civil Partnership) | 4,048 (2.4%) |
| • Divorced | 16,902 (10.2%) |
| • Widowed with a surviving partner | 13,355 (8.0%) |

2.5 Race and Ethnicity:

The population of North Somerset in 2011 was less ethnically diverse than England and Wales, with 199,618 (97% of people) identifying themselves as White (including White Irish and Other White). This was a decrease of 1% since 2001. Of those from a Black or Minority Ethnic background (2.7% of the population), 43% identified as Asian in the 2011 Census and a further 37% identified as mixed race.

2.6 Language:

Language is recorded in two main ways in the 2011 Census: by household and by the person's first spoken language. There are 88, 227 households recorded for North Somerset and of these 85,594 have English as their main language. This equates to 97% of households.

There are just over 40 other languages recorded as a person's first language in North Somerset. Other European languages, such as French, Spanish, German, Bulgarian, Lithuanian and Russian, account for 2,664 (1.4% of the population). Polish is the second most commonly spoken language, at 1,491 (0.8%). Eastern Asian languages account for 621 (0.3%) of speakers and Southern Asian languages account for 480 (0.2%) of speakers. African language speakers number only 78 (less than 0.1%).

2.7 Disability:

The 2011 Census recorded whether or not activity is limited (used as a proxy measure of disability). For North Somerset, the relevant figures were:

- Activity limited a lot 17,335 (8.6%)
- Activity limited a little 21,405 (10.6%)
- Activity not limited 163,826 (80.9%)

2.8 Pregnancy and Maternity:

The latest published Census data is for 2012 (mid-year estimates). In North Somerset, the average annual birth rate was recorded as 2,214 live births. Figures also record a general fertility rate of 64%. This rate is calculated from the number of live births per 1,000 women aged between 15 and 44.

2.9 Religion or Belief:

The largest religious group in North Somerset is Christian, at 123,545 (61%); with the next largest group stating that they have no religion, at 60,867 (30%). Other religious groups as stated by North Somerset people in the 2011 Census include:

- Muslim (Islam) 869 (0.4%)
- Buddhist 554 (0.3%)
- Hindu 340 (0.2%)
- Pagan 265 (0.1%)
- Jewish 150 (0.1%)
- Sikh 95 (0.03%)

2.10 Sexual Orientation:

The government estimates that 5% - 7% of the population is lesbian, gay or bisexual so North Somerset may have between 11,000 and 16,000 people who are lesbian, gay or bisexual.

2.11 Gender Identity:

In 2011, the Gender Identity Research and Education Society (GIRES) estimated that 0.6% - 1% of the population aged 16 and over, experience some degree of gender variance. In North Somerset, based on a 16+ population of 139,000, this may equate to up to 1,390 people. The majority of these individuals would continue to live in their birth gender and not request medical intervention. GIRES estimates that, at some stage, about 0.2% may undergo treatment for gender reassignment – this gives an estimate of about 2 or 3 people for North Somerset. From our engagement with local communities, we know that this is a significant under-estimation: however, we have no system of formal monitoring which could give us more reliable figures.

2.12 Deprivation:

Although not a protected characteristic in itself, 'deprivation' has a negative impact on health, life expectancy and years spent living with a disability. Those affected can be referred to as one of the 'health inclusion' groups, along with others such as: homeless people, people with chaotic lifestyles, people with substance misuse problems and sex workers.

According to the Indices of Deprivation 2015, North Somerset has 18 areas in the most deprived quartile in the country (up from 15 areas in 2010). All of these areas are in Weston-super-Mare. We also have 2 areas within the *most* deprived 1% nationally, and 3 areas in the *least* deprived 1%. This results in North Somerset having the 3rd largest inequality gap in the country, up from the 7th largest in 2010.

During 2013-14, 79% of the total working age population (16-64years) were economically active within North Somerset, with unemployment at 5.2%. This is lower than both the South West and Great Britain. Between 2001 and 2011, the number of single parents living with dependent children had increased by 35%, to 7,715. An estimated 10,997 people over 75 live alone in North Somerset, 61% of men over 75 and 34% of women.

Having looked at the equality profile of the population of North Somerset, the next section of this report analyses the CCG's workforce and leadership.

3. Equality Information on our Workforce and Leadership

3.1 Workforce

Information is reported annually on North Somerset CCG's workforce, where possible, against the protected characteristics. As of 2nd March 2016, we employed 79 members of staff. Less than 3 percent identify their ethnic origin as Black or Minority Ethnic (in line with the local population); 15% may have a long term limiting illness; and 79% are female.

The Public Sector Equality Duty exempts smaller organisations from publishing information on the protected characteristics of employees. However, the CCG has agreed to publish anonymised data in a way which maintains the confidentiality of staff. This is published as the Workforce Equality Monitoring Report for 2015-16.

The CCG has in place, and is in the process of further developing, workforce-related policies that support and protect all staff from discrimination, harassment, bullying, abuse and victimisation.

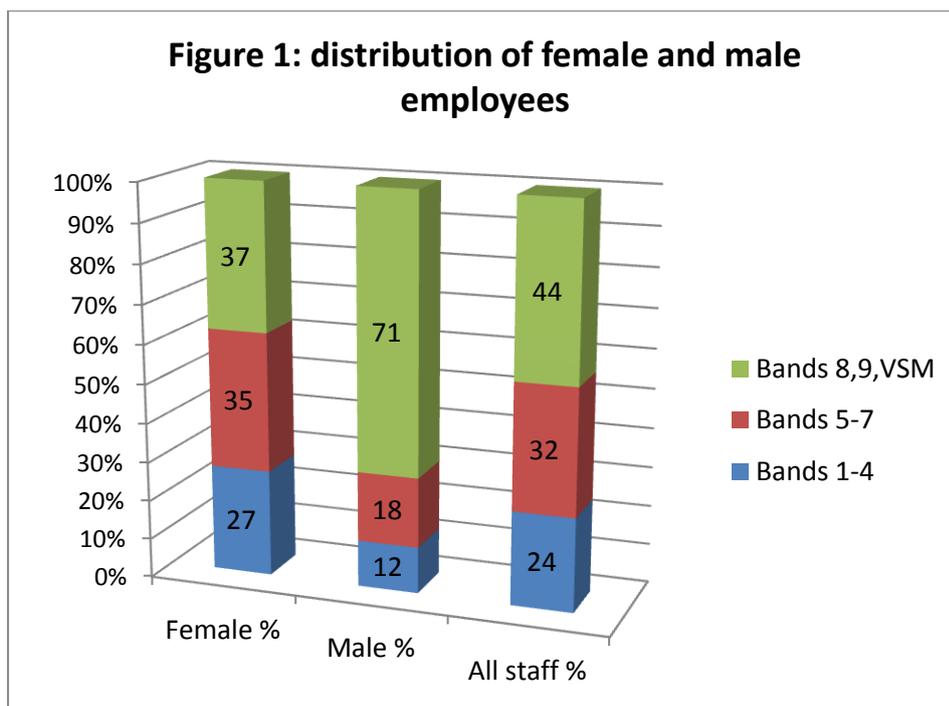
3.2 Leadership

In March 2016, women made up **78%** of the total workforce, **80%** of senior managers and **47%** of very senior managers (including clinical leads).

Female employees are more evenly distributed throughout the paybands than male employees, who are more concentrated in leadership roles.

Taking senior and very senior management roles together: **71%** of all male employees are employed at these higher grades, compared to only **37%** of all female employees (see Figure 1 below). The CCG's Governing Body membership is drawn from these grades.

The Governing Body is made up of GPs, lay members and executive officers. Individual members of the Governing Body bring different perspectives, drawn from their different professions, roles, backgrounds and experiences. These differing insights into the range of challenges and opportunities for the North Somerset CCG will help to ensure that the organisation undertakes a balanced view across its business and functions.



Source: Electronic Staff Record

3.3 Governance for Equality

Because there are only eleven Governing Body members, the CCG is again exempt from publishing details of their protected characteristics. However, the North Somerset CCG's Constitution requires the CCG to meet the Public Sector Equality Duty by delegating responsibility to the Governing Body.

Key governance mechanisms include:

- the 'Voices for Healthcare' Strategy and work plan which outline the CCG's approaches to delivering on engagement and equality;
- the 'Voices for Healthcare' Strategy Review Group, led by the Lay Chair and Chief Operating Officer, which monitors progress on the plan;
- the Equality Delivery Group, chaired by the Chief Operating Officer, which aims to ensure both best practice and statutory compliance with the Equality Act 2010 and the Public Sector Equality Duty 2011;
- the NHS Equality Delivery System (EDS2), a key framework which the CCG uses to achieve these aims;
- reporting from the Equality Delivery Group into the Quality Assurance Group and the Joint Commissioning Group;
- the Quality Assurance Group, which provides strategic leadership on statutory equality obligations and assurance to the CCG Governing Body.

The Chief Operating Officer (who is the Equality Champion at Governing Body level) has a particular role in ensuring that the North Somerset CCG meets its equality duties and responsibilities.

The Governing Body will:

- prepare and publish specific and measurable Equality Objectives, revising these at least every four years;
- implement the NHS Equality Delivery System;
- encourage patient experience feedback from communities across the nine protected characteristics;
- report annually to the Membership Group on meeting the duty;
- publish, at least annually, sufficient information to demonstrate compliance with the General Equality Duty across all functions.

4. Equality Information on our Services

4.1 Generally speaking, the CCG does not provide health services, but plans and commissions (buys) health services for the local population. Exceptionally, the CCG's GP Referral Support Service helps patients using the Choose and Book process with appointment bookings and patient transport. The service collects patient information and uses it to ensure that referrals are accessible.

4.3 The CCG commissions a Complaints Service and a Patient Advice and Liaison Service (PALS) from the South, Central and West Commissioning Support Unit, providing residents with a public-facing service to raise their complaints, concerns and comments. Independent advocacy is available for people who need support to make a complaint. Healthwatch North Somerset works in partnership with seAp (Support, Empower, Advocate and Promote) to provide this advocacy service.

5. Equality Information on our Ways of Working

5.1 The CCG's published Equality Objectives are as follows:

Objective 1: Improve our equalities data and intelligence in order to inform the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which will influence the commissioning of health services

Objective 2: Develop an equality assurance process in our commissioning cycle, enabling us to more effectively hold our providers to account over their equality performance

Objective 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

Objective 4: Support greater knowledge and understanding of equality, diversity and human rights across the membership of the CCG by offering opportunities to engage in facilitated training sessions

5.2 We have published an Equality, Diversity and Human Rights Strategy which details how we will meet these Objectives.

5.3 The North Somerset CCG requires all staff to undergo mandatory equality and diversity training, provided via an online course module which they are required to pass. This is supported by bespoke learning and development opportunities on specific topics, such as our Equality impact Assessment Masterclass which is delivered in collaboration with Bristol and South Gloucestershire CCGs.

5.4 The Diamond Cluster provides a forum for more extensive collaboration, knowledge-sharing, strategic influencing and peer support. The Cluster is a quarterly meeting of equality and diversity lead officers from NHS-funded commissioning, provider, Healthwatch and academic organisations.

5.5 North Somerset CCG is accommodated in a shared office base in Clevedon. Our premises are accessible and we ensure that all of our meetings held in public and our public meetings are risk-assessed and accessible.

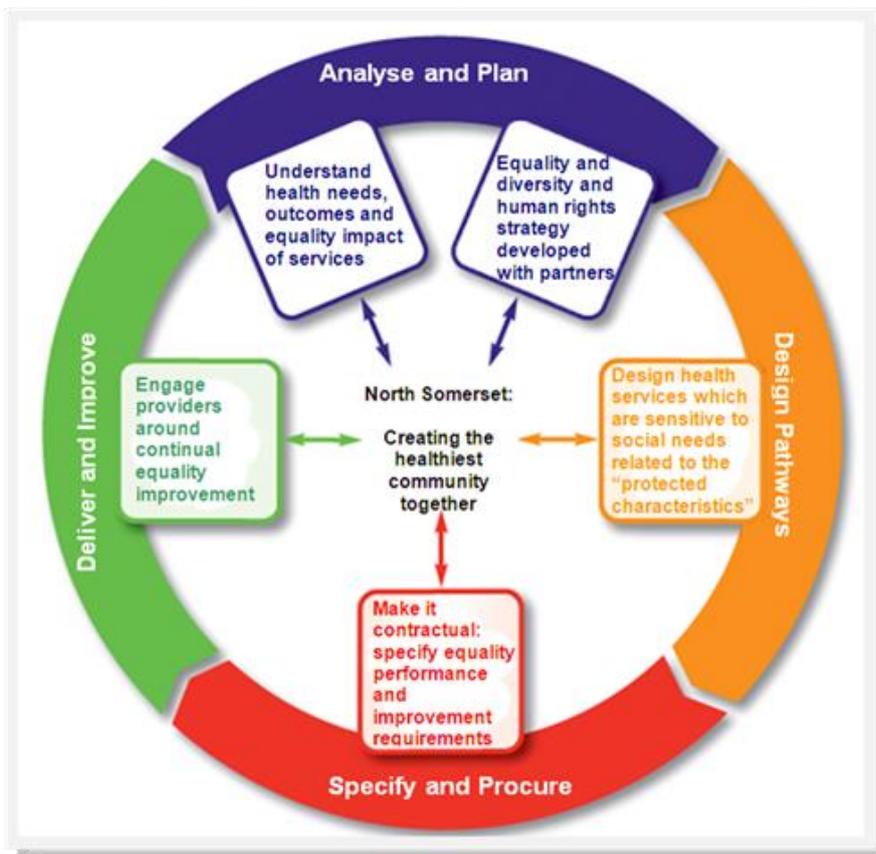
5.6 With regards to accessible information and communications, we recognise that interpretation and translation services help health service commissioners and service providers to accurately understand the needs and aspirations of individual patients and service users. They also potentially give us access to a wider range of individual and community insights than we would otherwise have. The CCG’s website promotes access to our published information, on request, in an alternative language or format (such as Easy Read, Braille, CD or audio tape). We also advise patients that all healthcare providers in North Somerset can provide relevant interpretation services, which might be over the telephone or face-to-face.

6. Equality and Diversity in Commissioning

6.1 The Commissioning Cycle

North Somerset CCG is primarily a health service commissioner and we aim to ensure that equality and diversity are addressed at all stages of the Commissioning Cycle. This is illustrated in Figure 1, an adapted model which is featured in the CCG’s Equality, Diversity and Human Rights Strategy.

Figure 2: Equality and Diversity in the Commissioning Cycle



At each coloured arc of the outer ring, the different phases of the Commissioning Cycle are stated. Each square 'text box' shows the types of activity required to ensure that each phase effectively addresses health inequalities and promotes equality, diversity and human rights. The central statement "creating the healthiest community together" highlights the central importance we attach to working with patients, service users, carers and wider stakeholders.

6.2 Analyse and plan

The health needs and inequalities affecting the North Somerset population are assessed as part of the Joint Strategic Needs Assessment (JSNA), produced jointly by the Council and the CCG. We have recently conducted needs assessments and added chapters on the Gypsy and Traveller population, cancer, childhood emotional wellbeing and mental health/ parity of esteem with physical health. We use the findings and recommendations of the JSNA to inform the People and Communities Strategy, which outlines our commissioning priorities.

The North Somerset CCG carries out Equality Impact Assessments (EIAs) on all major Strategies, Policies and Service Developments to ensure that they are helping us to meet the three aims of the Public Sector Equality Duty; these are published on our website. In recognition of the role played by a range of sectors and services in tackling the wider determinants of health and health inequalities, the CCG seeks to support and influence strategy and policy-making more widely. Therefore, we are represented on North Somerset Council's Equality Scheme Implementation Stakeholder Group and we participate in a range of multi-agency strategic groups, such as the Reporting Hate Incidents in North Somerset Group and the Gypsy, Roma and Traveller Group, ensuring that health inequality issues are included in the discussion, debate and work programmes.

6.3 Design pathways

A recent example of inclusive involvement in service design was the co-production process used to shape the redesign of community health services for North Somerset. The Equality Impact Assessment carried out on the project identified some gaps in this lay involvement process: in particular with regards to some Black and Minority Ethnic (BME) communities and to Lesbian, Gay, Bisexual and Transgender (LGBT) communities. To address the gaps, our community engagement activity during 2015 and 2016 has had a particular focus on these protected groups.

6.3.1 North Somerset Lesbian, Gay, Bisexual and Trans Forum:

We have supported the Forum through a difficult time in terms of its capacity to continue. The CCG's hosting and facilitating of the Group's meetings has enabled the members to focus successfully on:

- renewing their membership, including greater participation by Trans community members;
- refreshing their aims, objectives and terms of reference;
- planning the 2016 Weston Pride Festival;
- carrying out a health experiences snapshot survey at the festival.

6.3.2 BME community engagement:

We have recently let a Service Level Agreement to the Multicultural Friendship Association and partners, to strengthen relationships and ensure inclusive engagement with BME communities on health topics. Part of the agreement is for the Association to help us recruit and train a group of Peer Assessors to grade the CCG's performance against the NHS Equality Delivery System.

6.3.3 Gypsy, Roma and Traveller (GRT) community engagement:

Apart from regularly participating in the North Somerset GRT Strategic Group, chaired and co-ordinated by North Somerset Council, the CCG has also visited local sites and met with key professionals providing health, education, accommodation and other welfare services to local GRT families and individuals. This has enabled us to:

- better understand the health, wellbeing and service access challenges faced by the community;
- better understand the types of site management and accommodation support services being delivered by Alliance Homes and the Richmond Fellowship and the challenges of delivering these services;
- promote the programme to reprocur community health services to key professionals and to some GRT families;
- ensure that the North Somerset Gypsy and Traveller Action Plan contains a key focus on health service delivery, alongside action on the wider determinants of health, such as school attendance, community cohesion and raising awareness of community needs within the local Citizens' Advice service.

The health focus for the Greenfields, Moorland Park and Heathfield Park GRT sites is mainly about:

- registering with GPs and ensuring that the newly-procured community health services meet needs of GRT patients;
- a regular, on-site engagement session, delivered by a named Health Visitor and a named Family Support Worker;
- a multi-agency “MAVIS bus” tour of the sites, with a strong health promotion element.

Our agreed health service outreach approach is to prevent ‘over contacting’ the community: for example, families eligible for children’s health services receive a joint visit from a named Health Visitor, an Alliance Living worker and a Family Support Worker.

6.4 Specify and procure

Our contract documents for new, renewed or revised service contracts require providers commissioned by the CCG to meet equality and diversity legislative requirements. We often go further, reflecting our understanding of the needs of our local population. The service specifications for the recently reprocured adult and children’s community health services are clear about the role of the service in promoting equitable access to services and in identifying and tackling health inequalities related to the protected characteristics.

A set of key questions has also been developed to assess our service providers’ performance against equality, diversity and human rights requirements, including the NHS Equality Delivery System and the Workforce Race Equality Standard. These have been embedded in all our major contracts for 2015/16 and 2016/17.

6.5 Deliver and improve

The North Somerset CCG has a regular schedule of contract quality review meetings with providers. During these meetings, the following issues are raised and, where needed, the provider is required to implement an action plan which is then monitored:

- incidents where patient safety was compromised, such as abuse, harassment, bullying and violence across the protected characteristics;
- survey information showing patients’ experiences of treatment and care, such as the Friends and Family Test.

Furthermore, we have recently reviewed our providers' performance against our key equality and diversity questions, as well as their compliance with the new Accessible Information Standard. The latter directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

7. Information on Paying Due Regard to the General Duty

We have systems and procedures in place to help us meet the three aims of the general duty, in terms of our workforce and our core functions.

7.1 Workforce

7.1.1 Elimination of discrimination, victimisation and harassment, etc:

- i. We have three staff representatives, contactable via a dedicated email inbox, who deliver a confidential service to their colleagues. The staff representatives offer drop-in surgeries to discuss new policies which may have an impact on employees' working lives.
- ii. The Quality Assurance Group (a sub-committee of the Governing Body) has delegated powers to approve policies. Its members have been appraised of their role in ensuring that the CCG complies with the requirements of the Equality Act 2010, the PSED and related regulations.

7.1.2 Advancing equality of opportunity and fostering good relations:

We are a comparatively small, public sector organisation and do not have the critical mass to sustain our own staff networks. Instead, employees are able to join any Bristol, North Somerset and South Gloucestershire-wide Black and Minority Ethnic, Disability and Lesbian, Gay and Bisexual and Transgender staff networks which exist for NHS employees. Such networks and their meetings are promoted through staff bulletins and induction sessions.

7.2 Patients and the Public

7.2.1 Elimination of discrimination, victimisation and harassment, etc:

As mentioned earlier in this report, we promote and support the use of Equality Impact Assessments to ensure that the CCG is meeting the general equality duty. We also require our commissioned providers to comply with equality legislation, regulations and contractual requirements and we use the “key questions” approach mentioned above to manage this aspect of their performance.

7.2.2 Advancing equality of opportunity and fostering good relations:

We have described above the central importance which the CCG, as a commissioning organisation, attaches to working with patients, service users, carers and others. Key principles underlying this work are “community empowerment” and “co-production”, as outlined in our Voices for Healthcare Strategy.

Our commitment and approach to making this inclusive are outlined in our Equality, Diversity and Human Rights Strategy. This states that we will seek assurance that strategies, policies and practices around consultation, involving people and patient experience, are specifically designed so that:

- all patient and public involvement activities are accessible and inclusive in terms of reflecting the protected characteristics;
- issues of relevance to protected groups who have a weaker voice are heard, and influence organisational policy, practice and the wider health system;
- individuals and organisations representing the full range of protected characteristics are able to influence key decisions taken about the Joint Health and Wellbeing Strategy, commissioning plans and commissioned services;
- intelligence gathered is shared amongst strategic partners for the purpose of improving service planning, commissioning and delivery.

In order to make this possible, the North Somerset CCG works proactively to build relationships with community groups with a particular interest in the protected characteristics.

Some of the groups we engage with are the North Somerset Black and Minority Ethnic Network, the Older People's Champions Group and Senior Community Links, the Disability Access Group, The Physical and Sensory Impairment Group, the Learning Disability Partnership, Children, Young People's and Parents' groups.

7.3 Improving our performance

The North Somerset CCG will continue using the NHS Equality Delivery System to assess its equality performance. The aim is to at least maintain our developing/amber grade, working towards an achieving/green grade.

We are also paying due regard to the metrics contained within the Workforce Race Equality Standard. We are compliant with the Disability Two Ticks Standard and are working towards the Disability Confident Standard.

Report prepared by: David Harris, Equality & Diversity Partner
NHS South, Central and West
Commissioning Support Unit

Approved by: Quality Assurance Group

Date: 17 November 2016

