

# Single Equality Scheme:

Bath & North East Somerset Council

and

NHS Bath & North East Somerset Primary  
Care Trust

September 2009 – September 2012

This equality scheme can be made available in a range of languages, large print, Braille, on tape, electronic and other formats from:

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## 1. Foreword

1.1 This is Bath & North East Somerset Council and the Health and Wellbeing Partnership's equality scheme, part of a wider equality policy and commitment that covers the six equality strands (race, gender, disability, age, religion and belief and sexual orientation) in the delivery of services, commissioning of services and the employment of staff. We are determined to make all efforts to prevent discrimination against any staff or service users and are committed to translate this commitment into all our working practices.

### 1.2 Council and Primary Care Trust Partnership Working:

1.2.1 The Council and Primary Care Trust (PCT) have entered into a partnership together across health, children's services, adult social care and housing to improve the delivery of these services to the people of Bath & North East Somerset. The name of the Primary Care Trust organisation is 'NHS Bath and North East Somerset' (NHS B&NES). The Partnership between the Council and NHS B&NES is known as the Health and Wellbeing Partnership (H&WB Partnership).

1.2.2 The H&WB Partnership jointly commissions Health, Children's Services, Adult Social Care and Housing Services and works with local people and other parties to plan and arrange the services people need to reduce inequalities and to improve health and wellbeing.

1.2.3 The Health and Wellbeing Partnership also provides Health, Children's Services, Adult Social Care and Housing Services and is working to bring teams of Health & Social Care professionals together which will ensure people receive a well co-ordinated service. They will provide greater choice for individuals and better access to a wider range of services, in particular more capacity for complex care, new systems and models of care that support community provision and a focus on prevention and addressing inequalities.

## 2. Introduction to the scheme & legal context

2.1.1 We have a general duty to promote equality (race, disability and gender), and to produce equality schemes with action plans. We will be

2.1.2 proactive in eliminating discrimination and harassment

2.1.3 proactive in promoting equality of opportunity

2.2 We anticipate that duties covering sexual orientation, age and religion/belief will be introduced and therefore this scheme addresses six areas of equality (the 'six strands')

2.3.1 The Equality Bill was passed in April 2010 and, phased in over the next three years, will introduce the following range of new rights, powers and obligations to help the drive towards equality. We will update our action plan once a timetable of introduction of the new obligations has been published.

2.3.2 To achieve this we must:

2.3.2.1 Protect people from discrimination because of a combination of two protected characteristics (e.g. gender and ethnicity)

2.3.2.2 Use procurement as a way to improve equality

### **2.3.3 Socio Economic Disadvantage**

2.3.3.1 Consider how we will protect people from disadvantaged backgrounds and the persistent inequality they may face resulting from their family background or where they were born, considering socio economic disadvantage in all our strategic decisions.

### **2.3.4 Gender**

2.3.4.1 Tackle the pay gap between men and women requiring us to publish our gender pay gap

2.3.4.2 Ban secrecy in pay clauses which conceal inequality.

2.3.4.3 Protect pregnant women and new mothers ensuring services do not discriminate (e.g. being able to breastfeed children without being asked to leave cafes or shop)

### **2.3.5 Carers**

2.3.5.1 Protect carers from discrimination.

### **2.3.6 Religion / Philosophical Belief**

2.3.6.1 Consider the needs of people with different religions and philosophical beliefs when designing and delivering services.

2.3.6.2 Protect people from discrimination because of religion or philosophical beliefs (including those with no beliefs)

### **2.3.7 Lesbian, Gay and Bisexual People**

2.3.7.1 Consider the needs of LGB people when designing and delivering services. (E.g. a health centre running a promotional campaign to encourage more lesbians to attend cervical smear clinics; or schools working with parents to tackle homophobia in their schools)

### **2.3.8 Transsexual and Transgender People**

2.3.8.1 Promote equality

2.3.8.2 Protect people from discrimination by association with transsexual people

## 2.3.9 Disabled People

2.3.9.1 Work towards increasing the number of wheelchair accessible taxis in our area.

2.3.9.2 Ensure the right to easier access to rented accommodation through the provision of adjustments in communal areas (cost met by Disabled person)

2.3.9.3 Ensure Schools provide auxiliary aids e.g. equipment, large print books

2.3.9.4 We must not ask Disabled people about disability or health before making a job offer except in specified circumstances

## 2.3.10 Age

2.3.10.1 Consider the needs of people of all ages when designing and delivering services – including the needs of children, teenagers and younger adults.

2.3.10.2 Extend the existing duty to outlaw unjustifiable age discrimination in goods and services against people aged over 18 e.g. in shops, hospitals and within financial products.

2.3.10.3 Extend the duties to cover schools and ensure schools are more sensitive to the needs of children with gender issues

## 2.3.11 Race

2.3.11.1 Consider taking positive action to appoint a person from an underrepresented or disadvantaged group in order to make our workforce more reflective of the community we serve. (This is a voluntary measure and only appropriate when two candidates are as qualified as each other).

2.4.1 This scheme relates to all our work including commissioning, contracting and partnership working arrangements. We must have due regard to the need to:

2.4.2 eliminate unlawful discrimination

2.4.3 eliminate harassment

2.4.4 promote equality of opportunity

2.4.5 promote good relations between people of different racial groups

2.4.6 promote positive attitudes towards disabled people

- 2.4.7 encourage participation by disabled people in public life
- 2.4.8 take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons.
- 2.5.1 We also have specific duty to:
- 2.5.2 prepare and publish an equality scheme,
- 2.5.3 gather, use and publish information on how the public authority's policies and practices affect equality in the workforce and in the delivery of services.
- 2.5.4 in formulating overall objectives, consider the need to include objectives to address the causes of any gender pay gap.
- 2.5.5 consult stakeholders and take account of relevant information in order to determine equality objectives.
- 2.5.6 assess the impact of its current and proposed policies and practices on equality.
- 2.5.7 implement the actions set out in the scheme within three years, unless it is unreasonable or impracticable to do so.
- 2.5.8 report against the scheme every year and review the scheme at least every three years.

### 3. Our commitment to equality

3.1 The equality scheme refers to the Council's Corporate Equality Commitment and Equal Opportunities Policy and the NHS B&NES Equal Opportunities Policy.

3.2 The Council's and NHS B&NES's statement of intent says:

'Bath & North East Somerset Council and NHS B&NES are committed to equality of opportunity and believe that the diversity of the community is a major strength contributing to the social and economic prosperity of the area. We commit to ensure that no resident of, or visitor to the area, job applicant, employee or other person associated with the Council and the Health and Well Being partnership is treated inequitably or in an unlawful or unjustifiably discriminatory manner.'

## 4. Our priorities, vision and values

### 4.1 Vision and Values, B&NES Council

4.1.1 Through working in partnership we aim to deliver high quality, cost effective services aimed at improving the quality of life for our residents. The Council will ensure that equality of opportunity underpins all its activities.

4.1.2 The Council will:

4.1.2.1 Work in partnership

4.1.2.2 Encourage community involvement

4.1.2.3 Exercise leadership

4.1.2.4 Respond to needs

4.1.2.5 Work towards a better quality of life

4.1.2.6 Promote a community vision

4.1.2.7 Deliver services of quality

4.1.2.8 Seek value for money

4.1.2.9 Be open and accessible

4.1.2.10 Be a good employer

4.1.2.11 Promote economic prosperity

4.1.2.12 Be sensitive to the needs of the environment and sustainability

### 4.2 Statement of Values NHS-BANES

4.2.1 NHS B&NES is fully committed to the active promotion of equal opportunity in its employment practices and in the provision of all its services.

4.2.2 In its capacity as an employer, service provider and commissioner, NHS B&NES is determined to make all efforts to prevent discrimination against any of its existing staff, potential staff or users of its services regardless of their disability, race, culture, ethnic or national origin, religion / belief, sexual orientation, gender, age or marital status.

## 5. Our profile

- 5.1 Information in this section about our population is found in our research on equality mapping and the 2001 Census  
<http://www.BathNES/communityandliving/equality/Equality+Census+Summary+2001.htm>
- 5.2 We have a population of 169,040 residing within three major urban areas in Bath and North East Somerset; Bath, (a World Heritage City), Norton Radstock and Keynsham and a large rural hinterland, around a quarter of which is designated as 'Area of Outstanding Natural Beauty'. (Office National Statistics, census 2001)
- 5.3 Approximately 50% of Bath and North East Somerset's residents live in Bath city, which has a population of approximately 84,000. Approximately 20,000 people (12%) live in the Norton Radstock area, with 15,000 (9%) living in Keynsham. Just under 50,000 people (30%) live in rural areas,
- 5.4 Bath and North East Somerset is relatively affluent with six wards rated as amongst the least deprived wards in England. However, there are pockets of deprivation, with four wards among the most deprived. The population is comparatively healthy with high health indicators including lower rates of death from cancer and circulatory diseases, and lower than average levels of limiting long-term illness. There are pockets of deprivation with a significant gap in life expectancy between the most deprived and least deprived wards.
- 5.5 In 2008 NHS B&NES and the Council, through the Joint Director of Public Health completed the Joint Strategic Needs Assessment evaluating the demography of the area and identifying the areas needs in respect of health, health inequalities and the wider determinant of health and wellbeing.
- 5.6 Tourism is a key contributor to the local economy. The city of Bath attracts over 2.7 million visitors every year, contributing over £195 million per annum to the local economy. A high proportion of people commute to Bristol and Wiltshire, and there is a high proportion of self-employed people at 12.9 % of the working population.

## 6. How the Single Equality Scheme has been developed

- 6.1 This Single Equality Scheme has been developed using independent research, consultation with residents and staff and analysis of existing data. The research is available at  
<http://www.bathnes.gov.uk/BathNES/communityandliving/equality/default>; We continually strive to update our monitoring and data collection.

- 6.2 The draft equality scheme and action plan were circulated amongst key stakeholders for comment. We also considered the information gained from the Neighbourhood Conversations that invite local stakeholders to contribute to the planning of future health and social care services.

## 7. Inequality – the context

- 7.1 There is evidence that some people may experience discrimination and less favourable treatment due to one or more of their personal characteristics. This section highlights some of the key issues affecting the different groups. For further information on the national profile visit: <http://www.equalityhumanrights.com>

### 7.2. Age:

- 7.2.1 The age profile of the area is slightly older than average, with 17.8% of people being 65 years and over, compared with an average of 16% being 65 and over in the rest of England and Wales.

- 7.2.2 30.5% of the local population is under 25 years compared with an average of 31.1% in England and Wales.

- 7.2.3 Our population is expected to increase by 18% from 178,300 to 210,070 by 2026, including a 16% increase in the 80+ population.

- 7.2.4 Locally life expectancy is increasing and is some of the highest in the country, men can expect to live for nearly age 80 and a woman to over 82 years.

- 7.2.5 Between 500-1000 under 18s are not in education, employment or training at any given time and despite educational achievement which exceeds national averages, one of our areas is within the most deprived 5% for Education and Skills.

- 7.2.6 8.3% of children entering schooling are obese, increasing to nearly 15% by the end of primary school. Young people in our most deprived areas are three times as likely to be obese compared with the rest of the population.

- 7.2.7 Mental ill health is a significant issue for up to 35% of young people; increasing to 90% for those involved with the Criminal Justice system.

### 7.3 Gender:

- 7.3.1 The gender balance within the community is almost equal, with 49% male and 51% is female. Data for transgender people was not collected in the 2001 census.

- 7.3.2 Many women work in lower paid occupations, cleaning, catering,

caring, cashiering and clerical work. Women's full-time earnings are 18% less per hour than men's full-time wages. This drops to 40% less if women work part-time.

7.3.3 The income gap between men and women is widest in retirement, where women receive 47% lower weekly income than men. This is in a large part due to the effect on their pension of time out of the workforce raising children or working part-time. Whilst retired men get nearly half their income from non-state pensions, retired women get only a quarter of their income from this source.

7.3.4 Mothers of disabled children are seven times less likely to work than mothers of non-disabled children, mainly because of lack of suitable childcare (Family Trust Fund 2002 and General Household Survey 2002).

## 7.4 Health inequality experienced by men

7.4.1 Men's Health Forum 'Inequalities in Health' May 2000 states that men are much more likely than women to be overweight, to drink alcohol excessively, to experience heart disease and the most common cancers, and to have a serious accident at work or on the roads. Men are also at significantly greater risk of suicide.

7.4.2 Men's take-up of primary health care services is generally lower than that of women, resulting in later diagnosis of problems, greater risks for their health and greater cost to the health service

## 7.5 Health inequality experienced by women

7.5.1 Women are around 2.7 times more likely than men to develop an auto-immune disease such as diabetes.

7.5.2 Women are more likely than men to suffer from anxiety or depression.

7.5.3 Women are likely to spend more years in poor health or with a disability than men.

7.5.4 Over half of heart attacks in women go undiagnosed compared with a third in men.

## 7.6 Transgender

7.6.1 There is little national or local research on the equality and transgender people. The Partnership aims to promote good practice in employment regardless of whether people intend to undergo, are undergoing or have undergone gender reassignment, to ensure that people do not experience discriminatory treatment at work.

7.6.2 We aim to promote best practice by considering the elimination of gender reassignment discrimination and harassment in relation to the provision of goods and services.

## 7.7 Disability

- 7.7.1 The 2001 census used the question 'do you have a long term illness, health problem, disability which limits your daily activity of the work you can do? Locally 15.85% self declared as disabled compared with 18.2% nationally.
- 7.7.2 Only one in two Disabled people of working age is currently in employment compared with four out of five non-disabled people.
- 7.7.3 Employment rates are lower for Disabled men over 40, people with learning disability and people with mental ill health.
- 7.7.4 27% of households with one or more Disabled adult have an income below 60% of the national; average
- 7.7.5 Disabled people die younger than non-disabled people, partly due to unequal access to health screening, assessment and treatment. People with learning disability are 58 times more likely to die before age 50 than other citizens.
- 7.7.6 Between 1997 and 2003 there has been a 44% increase in the number of homeless households in priority need because a household member has a physical impairment and 77% increase in the number of households where the priority need is someone with mental or emotional distress (ODPM 2003 Housing Survey in England)
- 7.7.7 29% of households which includes a Disabled child live in poverty, compared with 21% of households with no Disabled children (DWP 2003: Households below Average Income)
- 7.7.8 In March 2009 the Health Ombudsman published a damning indictment of the appalling neglect of six people with a learning disability who died in NHS care as outlined in the Mencap report 'Death by indifference'.

## 7.8 Sexual orientation

- 7.8.1 The census did not gather information about sexual orientation and there has been no specific survey in this area. National estimates indicate that in mixed rural/urban areas it is likely that between 4-7% will be lesbian, gay men or bisexual people. (Stonewall 2005)
- 7.8.2 Lesbian, gay and bisexual people comprise around 6% of the UK population, approximately 3.6 million people.
- 7.8.3 Stonewall maintains that one in five lesbians, gay men and bisexuals believe that they have been harassed because of their sexual orientation; and one in 25 lesbians, gay men and bisexuals believe that they have been sacked due to their sexual orientation.

- 7.8.4 A survey of University students and staff in 2009 found that there are high levels of homophobia on campus, a factor that contributes to 20% of LGB students suspending their studies. 33.8% of LGB staff who took part in the research said they had experienced discrimination and abuse from colleagues. (Valentine, G. University of Leeds).
- 7.8.5 50% of lesbian, gay or bisexual adults who had been bullied at school contemplated self-harm or suicide. 40% had made at least one attempt to self harm, 53% had contemplated self-harm as result of being bullied, 40% had attempted suicide on at least one occasion and 30% had attempted on more than one occasion (Rivers, I. 2000).
- 7.8.6 The British Journal of Psychiatry in 2003 (Mental health and quality of life of gay men and lesbians in England and Wales) found that discrimination and intolerance led to a higher rate of mental anxiety, substance misuse and suicidal behaviour among gay people.

## 7.9 Race

- 7.9.1 A total of 2.8% of the population is from Black and Minority Ethnic groups including African Caribbean, East Asian, Chinese. 97.2% classified as white (including those who classified as 'white – other', including people from other European countries, Gypsies, travellers etc).
- 7.9.2 There are only 4% of BME local authority councilors compared with 9% of the national population. 1.9% of these councilors are women.
- 7.9.3 BME people experience worse health outcomes than the wider population
- 7.9.4 Diabetes is more prevalent in people from Black Caribbean and many Asian communities 10% of Black Caribbean men and 8% of women have diabetes compared with a general population norm of 4% for men and 3% for women.
- 7.9.5 Black Caribbean people are between three to five time more likely than others to experience psychotic illness and are likely to experience higher rates of compulsory psychiatric admission. BME people in mental health and learning disability services are three or more times more likely than average to be admitted as inpatients.
- 7.9.6 Black Caribbean and Irish men have the highest incidence of obesity – although Bangladeshi men were almost five times and Chinese men almost four times less likely to be obese than men in the general population.
- 7.9.7 The proportion of black teenagers achieving five good GCSE passes has continued to fall from 36%, whilst the performance of white students rose above 52%.

## 7.10 Religion / philosophical belief

### 7.10.1 People identified their religion belief as follows in the 2001 Census:

71.02% Christian

0.39% Muslim

0.36 Other

0.33% Buddhist

0.16% Hindu

0.12% Jewish

0.07% Sikh

8.03% chose not to say whether or not they have a religion or belief.

19.51% stated they have no religion

## 8. What we have done to promote equality

- 8.1.1 We have policies addressing harassment and bullying for staff and provide training for managers entitled “Harassment and Bullying – No Place for it in My Team”.
- 8.1.2 We have a ‘whistle blowing’ procedure for employees to report bad practice without fear of being victimised.
- 8.1.3 Equality is part of our induction days for staff and in the mandatory equality training programme. Updates for managers and e-learning packages are also available.
- 8.1.4 The Council has developed a competency framework for managers including equality and diversity in employment and in service delivery.
- 8.1.5 Equality is a competency in the NHS Knowledge and Skills Framework (KSF) and is included in all staff reviews and personal development planning.
- 8.1.6 Our corporate recruitment and selection process ensures candidates and potential candidates are treated fairly and consistently.
- 8.1.7 The Partnership supports three worker groups (Lesbian, Gay, Bisexual and Transgender Workers Challenge Group; Black Workers Challenge Group and Disabled Workers Challenge Group). These groups are an important part of the joint commitment to equality and diversity. Through consultation these groups help to improve working life, identify common workplace issues and provide a forum to share ideas and best practice.
- 8.1.8 We jointly fund many voluntary sector and service user networks that reach out to wide range of community organisations.

## 8.2 Age

- 8.2.1 The Partnership’s Youth Service has, or funds projects, including

'Youth Bank' aiming to support activities and services for young people, and 'Youth Work on Wheels', targeting rural areas through a mobile youth project. Additionally, they have made efforts to engage more with the younger population, including a designated website, b-active.info.

- 8.2.2 The Joint Older People's strategy establishes the Partnership vision for older people's community services. There is a directory of wide ranging services available that covers learning and employment, health and social care, and volunteering. Older people may request a Community Care Assessment to ensure they are receiving the support they need to live independently, for example, meals on wheels, respite for carers, adaptations to the home.
- 8.2.3 The Partnership is currently taking part in the National campaign focusing on 'free swimming for over 60's'.
- 8.2.4 The Partnerships Strategic Framework for Health and Wellbeing has actions to target health inequality focusing on age.
- 8.2.5 Some examples of our working practices include removing age limits from job adverts, using language and pictures that appeal to wide age groups and avoiding the use of phrases such as 'young graduates', 'mature person' etc

### 8.3 Gender

- 8.3.1 We operate a flexible working policy with a variety of working options (e.g. part time, job share, reduced hours, compressed weeks/fortnights, working from home etc).
- 8.3.2 We have a Childcare Voucher scheme effectively enabling workers to swap untaxed income for childcare.
- 8.3.3 We commission EACH (Educational Action Challenging Homophobia) to provide a helpline to people who are the target of homophobic abuse. EACH also provides support for transgender people who are subject to harassment and abuse.
- 8.3.4 We have ensured through the partnership against domestic violence and abuse, that domestic violence and abuse is one of the eight key priorities in Bath and North East Somerset Community Safety Drugs Partnership strategy.

### 8.4 Disability

- 8.4.1 The Council has carried out a complete audit of its publicly accessible buildings and, in consultation with Disabled people has drawn up a programme of works to improve access.
- 8.4.2 Where Heritage buildings are proving difficult or impossible to alter, video /audio virtual tours have been created. This has been successful

in the Roman Baths.

- 8.4.3 The Council has an assisted collection scheme through which Disabled people who cannot get their own refuse bins on to the street can have assistance.
- 8.4.4 The Council's libraries provide a range of services for Disabled people including accessible computers, spoken word audio tapes and CDs, large print books and a home visiting service.
- 8.4.5 We fund Shopmobility, designed to increase access to services and facilities in Bath city centre.
- 8.4.6 The Council has a Disability leave policy and a reasonable adjustment panel.

## **8.5 Sexual orientation**

- 8.5.1 The Council is a member of Stonewall's 'Diversity Champions Programme.
- 8.5.2 We have commissioned training courses on equality and sexual orientation in the workplace, targeted at managers and human resources staff.
- 8.5.3 The council has a 'homophobia in schools' group, attended by staff from children's services, the youth service, the equalities team, EACH and head teachers. The group offers training packages for schools on tackling homophobia.
- 8.5.4 We celebrate LGBT History Month and to engage local LGB communities and hold events attended by staff, students and other members of the public.
- 8.5.5 The Council marks International Day Against Homophobia (IDAHO).

## **8.6 Race**

- 8.6.1 The Partnership has adopted the Department of Health's Delivering Race Equality in Mental Health care policy as a driver for ensuring the partnership continues to improve race equality.
- 8.6.2 We developed a community research project looking at drug and alcohol misuse within differing BME communities. The research was carried out by young people from within the BME community.
- 8.6.3 We commission Bath & North East Somerset Racial Equality Council to assist us in tackling discrimination and promoting race relations. They employ a mental health community development worker and a development officer with the BME Senior Citizens Association.

- 8.6.4 The Partnership with the BME Community Development Forum has supported the development of community groups for example Bath East Asian Chinese & Friends Group (BEACH) and groups from the African Caribbean, Polish and Asian communities.
- 8.6.5 We a number of culturally diverse services such as community meals, home care, day activities and mental health support services for BME people who are eligible to receive such services.
- 8.6.6 As part of the hospital provision we ensure we are able to provide a culturally sensitive diet, respond to individual health needs and communication requirements.

## 8.7 Religion / Philosophical Belief

- 8.7.1 The Council recently commissioned a 'faith audit' of the area – once the results have been collated we will inform and update our scheme and action plan.

## 9. Comments and complaints

### 9.1 Council's Corporate complaints

- 9.1.1 The Council has a corporate complaints procedure and welcome comments, suggestions, feedback, complaints and compliments from anyone to whom a service is provided. The corporate complaints leaflet asks people to report any incident of discrimination they have experienced in the way the we have treated them. Anyone who completes the leaflet is invited to fill in a monitoring form for us to monitor the effectiveness of our equality policies. Complaints are monitored by gender, age, ethnicity, disability, sexual orientation and religion/belief if the information is provided by the complainant.

### 9.2 NHS B&NES comments and complaints

- 9.2.1 NHS B&NES has a complaints procedure complimented by a Patient Advice and Liaison Service where enquiries are assisted to resolve information requests or concerns.
- 9.2.2 Anyone who makes a complaint receives an acknowledgement letter and is asked to complete a monitoring form. This requests details of the ethnicity of the complainant and whether they consider themselves to be disabled. This allows the complaints team to monitor the effectiveness of the complaints service and ensure equal opportunity for all.
- 9.2.3 The H&WB Partnership is working to align the complaints procedures of both organisations into a single integrated service.

## 10. Training

## 10.1 Council's Corporate Training

10.1.1 The Council's corporate training programme contains an equality update session for managers. The equality team continues to provide service specific briefings across the partnership which is also offered to voluntary sector partners and elected members. Specific training on conducting equality impact assessments has been carried out and training on reviewing EIAs has been carried out with overview and scrutiny members and voluntary sector 'critical friends'. This training includes consideration of the barriers that might exist and how these may be overcome to promote wider access to services.

## 10.2 NHS B&NES Training

10.2.1 NHS B&NES hosts a joint health and social care training team that provides a wide range of training to its staff and for 3<sup>rd</sup> sector colleagues and others e.g. carers. The training schedule has access to face to face delivered equalities sessions, race equality in mental health sessions and e-learning packages. Equality training is part of the mandatory training programme

10.3 The partnership evaluates the overall equality training programme on an annual basis. If there is evidence to show that the training needs to be changed, action will be taken to ensure that this happens.

# 11. Procurement and commissioning

11.1 The Council ensures that the purchase of goods, services and facilities is undertaken in line with legislation. The Council's process ensures all contracts comply with equality guidelines, procurement equality strategy (developed sub/regionally) and all relevant legislation; equality is positively promoted through the contracting process. Through appropriate monitoring the Council ensures that individuals, voluntary organisations, firms or institutions acting on behalf or as agents of the Council do not practice unlawful acts of discrimination.

11.2 Both organisations will ensure that the equality and diversity arrangements of commissioned services are reviewed in line with quality expectations assigned within the contract including compliance with quality standards.

11.3 NHS B&NES has separated out its functions into providing services and commissioning services. It is therefore important to note that this duty applies to NHS B&NES in its corporate role, its role as a provider of health and social care services and its role as a commissioner of health services from other health organisations as well as its own provider arm. As well as the general and specific duties that apply to all the equality strands and their schemes the corporate and commissioned services have to attain the standards set out in the NHS Standards for Better Health.

## 12. Equality impact assessments

- 12.1 The EIAs undertaken are used to help find out whether policies, processes and services are meeting everyone's needs. The results of the assessments are published on the Council's and NHS B&NES public websites. The results are open to scrutiny by the Corporate Equality Group, the partnership steering group and, the 'EIA quality assurance group' comprising voluntary sector representatives.
- 12.2 The key areas for improvement for each service will be considered at the Corporate Equalities Group (which included representatives of NHS B&NES). Targets will be built into service action plans to address areas of concern.  
<http://www.BathNES/communityandliving/equality/Equality+Impact+Assessments.htm>  
[http://www.banes-pct.nhs.uk/equality/impact\\_assessments.htm](http://www.banes-pct.nhs.uk/equality/impact_assessments.htm)

## 13. Reviewing the scheme

- 13.1 The Corporate Equality Group will monitor the implementation of this equality scheme and action plan through regular reports from each of the directorate level equalities groups (including the partnership steering group).
- 13.2 From the Council, the Strategic Directors, Divisional Directors and all employees with supervisory responsibility are accountable for implementing, monitoring and promoting the equality scheme and action plan.
- 13.3 From NHS B&NES the Chief Executive and Trust Board and Executive Directors have responsibility. A joint steering group is in place to develop this scheme and has included representatives from across the organisation to ensure input and a consistent approach. Progress on the equality scheme and action plan will be measured annually, with a full review every three years.

## 14 Contact us

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