

EQUALITY INFORMATION

MEETING THE PUBLIC SECTOR EQUALITY DUTY



JANUARY 2012

Accessibility statement

If English is not your first language and you need a translation, we will consider your request. Please call PALS on 0800 389 7671

<p>ALBANIAN</p> <p>Nëse anglishtja nuk është gjuha juaj amtare dhe keni nevojë për një përkthim, ne mund t'ua sigurojmë atë.</p>	<p>POLISH</p> <p>Jeżeli język angielski nie jest Twoim językiem ojczystym i wymagasz tłumaczenia, możemy to zapewnić.</p>
<p>BENGALI</p> <p>ইংরেজী আপনার মাতৃভাষা না হলে এবং আপনার কোন অনুবাদের প্রয়োজন হলে আমরা তা প্রদান করতে সক্ষম।</p>	<p>PORTUGUESE</p> <p>Se o Inglês não é a sua língua materna e precisa de uma tradução, nós podemos obtê-la.</p>
<p>CHINESE</p> <p>如果英文不是您的第一語言，而您需要翻譯的話，我們可以為您安排。</p>	<p>PUNJABI</p> <p>ਜੇਕਰ ਇੰਗਲਿਸ਼ ਤੁਹਾਡੀ ਪਹਿਲੀ ਭਾਸ਼ਾ ਨਹੀਂ ਅਤੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜ਼ਰੂਰਤ ਹੈ ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਅਸੀਂ ਇਸਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।</p>
<p>GUJARATI</p> <p>જો તમારી પહેલી ભાષા અંગ્રેજી ન હોય અને તમને ભાષાંતરની જરૂર હોય તો અમે તમને તે આપી શકીએ છીએ.</p>	<p>SOMALI</p> <p>Haddii Ingiriisku aanu ahayn afkaaga kowaad oo aad u baahan tahay turjumaad, annagaa kuu samayn karra.</p>
<p>HINDI</p> <p>यदि अंग्रेज़ी आप की पहली भाषा नहीं है और आप को अनुवाद की आवश्यकता है तो यह हम आपको प्रदान कर सकते हैं</p>	<p>URDU</p> <p>اگر انگریزی آپ کی پہلی زبان نہیں ہے اور آپ کو ترجمہ کی ضرورت ہے تو ہم آپ کے لئے فراہم کر سکتے ہیں۔</p>
<p>KURDISH</p> <p>Heke îngilîzî zimanê we yê yekem nîne û pêwîstîya we bi wergêr heye, em dikarin yekî ji we re bibînin</p>	<p>VIETNAMESE</p> <p>Nếu quý vị không thạo Anh văn và cần bản dịch, chúng tôi sẽ giúp quý vị một bản.</p>

Accessibility
If you would like this document in a language or format of your choice, please contact the Patient Advice and Liaison Service at NHS Wiltshire:

Email: pals@banes-pct.nhs.uk
Telephone: The PALS team on **01225 831717** or 0800 389 7671
or write to: PALS, NHS Bath and North East Somerset, St. Martins Hospital, Clara Close Lane, Bath, BA2 5RP

1 INTRODUCTION

1.1 ABOUT NHS BATH AND NORTH EAST SOMERSET

Bath and North East Somerset is a commissioning organisation, that is to say, we plan and buy health services for residents in Bath and North East Somerset (B&NES). As estimated in 2008 the population of B&NES is about 176,000, however, approximately 183,000 people are registered with Bath and North East Somerset GPs. Between 1998 and 2008 (8.6%) B&NES population saw a moderate growth. It is predicted to grow by 15% between 2006 and 2026. The largest growth areas will occur in the under 10's (31%), 30-39's (32%) and the 90+'s which are predicted to see an 83% rise between 2006 and 2026. The areas experiencing the largest population growth will be Publow and Whitchurch ward and Bathavon south and west Wards outside of the city centre and Westmoreland ward in the city centre.

The population as a whole is in the most affluent quarter of local authorities in the country. However, within B&NES there are a small number of localities that feature in the most deprived 20% in England. This is based on measures of health, income, education, environment, housing and crime.

The proportion of Black and Ethnic Minorities in the population is very much lower than the national average. The highest proportion of adult overseas nationals registered in B&NES are from the EU Accession States, followed by Asia and the Middle East, and the European Union. Further work is needed to better understand the health and social needs of these groups and to ensure equitable access to services.

NHS B&NES does not directly provide health services.

NHS Wiltshire and Bath and North East Somerset PCTs are now part of cluster which means that they now share resources for some of the work and services for example our Patient Advice and Liaison Service. By March 2013 both PCTs are expected to be dissolved as a legal entity with the commissioning role being taken up by the four Clinical Commissioning Groups currently being established.

2 THE EQUALITY ACT

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 main provisions of the Act came into effect in October 2010; the new Public Sector Equality Duty came into force on the 5th April 2011 and the ban on age discrimination in the provision of goods, services and public functions is scheduled to come into effect in April 2012.

Essentially, the Act places a general duty on us to have **due regard** to the need to:

Equality Information
Jan 2012

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

By:

- Removing or minimising disadvantages suffered by people due to their protected characteristics;
- meeting the needs of people with protected characteristics
- tackling prejudice and promoting understanding between people who share a protected characteristic and others.

3 PUBLIC SECTOR EQUALITY DUTY AND THE PUPOSE OF THIS DOCUMENT

The Public Sector Equality Duty is a specific duty on public bodies including NHS Wiltshire. It requires us to publish equality information to demonstrate our compliance with the general duty.

This document is the start of NHS BaNES demonstrating the work that is currently being undertaken. This work still needs further development and detail to show what we are currently doing to comply with the general duty, the gaps that we have identified and how we will try to address these.

3.1 INTRODUCTION AND CONTEXT

- The focus of our work with patients and public has been on “Commissioning for Quality” - delivering the highest quality of care for **all** is a fundamental goal of the NHS. The Lord Darzi report “High Quality Care for All” (2008) has helped us to put in place mechanisms that deliver positive assurances around quality and safety and the processes to enable us to pre-empt risks to patient safety and quality. We believe that quality and equality are inter-linked. To deliver a high quality service we need to assure that our services are personal, diverse and fair and work equally well for all our service users irrespective of their background.
- In view of the planned abolition of PCTs with effect from March 2013 we have undertaken much work to support the formation of new Clinical Commissioning Groups (CCGs) and transferring knowledge, skills and experience of the PCT on commissioning to CCGs as they assume responsibilities for commissioning of health services for residents of BaNES.

Equality Information
Jan 2012

- NHS Wiltshire has been clustered with Bath and North East Somerset PCT and we are working jointly to ensure that we develop a comprehensive and sound legacy document for our successor commissioners, the CCGs.
- We are also continuing to work with our partners such as BaNES Council and our communities on a range of initiative to promote health and well-being of all our communities.

3.2 CURRENT EQUALITY WORK

The NHS Equality Delivery System or **EDS**, is a framework designed to help NHS organisations improve equality performance and embed equality into mainstream NHS business so that they can provide a better service for people from diverse communities. We are currently working through the framework which will be used to set our Equality Objectives for the forthcoming year.

PCTs are due to be abolished in March 2013 to be replaced by new Clinical Commissioning Groups. The arrangements for supporting the CCGs are currently being worked out. Whatever happens, it is anticipated that the new Clinical Commissioning Groups support organisation will be considerably smaller than NHS Wiltshire or Bath and North East Somerset. However, our aim is to leave an equality legacy for the new organisations.

4 INFORMATION TO IDENTIFY EQUALITY ISSUES

4.1 EQUALITY AND DIVERSITY ASSURANCE CHECKLIST

The attached checklist has been completed as part of our review on progress within the PCT to meet the requirements of the Public Sector Duty. It highlights areas that still need further evidence and development.

4.2 EQUALITY ACTION PLAN

The attached action plan has been developed to indicate the actions being undertaken to develop equality and diversity within the Trust and to demonstrate how we meet the requirements of the Public Sector Duty.

Name of organisation: Bath and North East Somerset PCT

Criterion	Red/ Amber/ Green	Comments
Compliance with the Public Sector Duty(PSD)		
Equality Delivery System buy-in from the Board including date that Equality Delivery System paper was discussed/ or will be discussed on the Board		The Trust Board approved the adoption of EDS as a framework for meeting its equality duties on 19 January 2012
Nominated executive and operational Equality Delivery System lead- please indicate names on the comment box		Suzanne Tewkesbury – Executive Director with support from Deputy Director HR and named Commissioners, namely Tracy Cox and Jane Shayler and E&D expertise as required.
Published Equality Delivery System grading		Collaborative work with Council on Equality Mapping and Joint Needs Assessment data has led to evidence based decision making. Further evidence is being collected to enable a meaningful assessment.
Published other PSD evidence		Collaborative work with Council on Equality Mapping and Joint Needs Assessment data has resulted in evidence based decision making. Work is in progress on gathering further evidence to show compliance towards PSED.

Published Equality Objectives		NHS B&NES works in partnership with Bath & North East Somerset Council. 3/9 of the strategic goals agreed in the Partnership's five year strategic plan focus on issues of equality and inclusion including improving access to services, reducing inequalities and social inclusion and improving services for vulnerable people
Engagement as part of the EDS implementation		
Staff/ Trade Unions		Staff engagement on the impact of organisational change is ongoing, however no specific consultation with staff has yet been undertaken with respect to EDS
Links/ Healthwatch		Common Voice – our Communication and Engagement Strategy sets out how we involve local interest including Links/Healthwatch in the EDS implementation. However, in the future we will seek to undertake this work jointly with NHS Wiltshire.
GPs/ Clinical Commissioning Groups		A training session with senior commissioning staff focused around JNSA to inform equality analysis and our equality impact assessment processes has been held. Mechanisms for regular communication with GPs and CCG are established but communication with respect to EDS is yet to take place.
Equality Delivery System cluster		The Cluster is beginning to get organised increasingly EDS implementation will be a joint activity.

Voluntary Sector		Ongoing engagement activities with different VS groups through the PALS and community engagement team
Patients and Carers		Ongoing engagement activities with different VS groups through the PALS and patients/carers engagement team
Any groups that share a protected characteristic		B&NES has a higher proportion of people between 20-24 age group, and a growing proportion of service users in 60-65 age group. Specific health needs of these groups will need to be better understood.
Any other groups (please specify)		
Governance		
Equality & Diversity lead in post		To date resources for NHS B&NES E&D work were located within Bath and North East Somerset Council, however under the clustering arrangements this is under review and the possibility of sharing NHS Wiltshire E&D Lead is being explored.
Dedicated resources/ Budget for Equality & Diversity (please specify on the comments box)		One Executive Director, two commissioners, one member in communication team dedicate some of their time to EDS. There is no specific budget allocated to EDS.
Assurance through the Equality Analysis/ Equality Impact assessment methodology		As and when appropriate Equality analysis is carried out and outcome is used to inform decision-making
Equality Training and Awareness Campaigns for staff		This is being done in a variety of ways, information on the intra-net, articles in staff bulletins, on-line training, incorporation in induction programme etc.

Preparedness for continued delivery of Equality & Diversity agenda in the new NHS structure		PCT Cluster is preparing a legacy document for its successors. This document states the importance of adopting EDS as a framework for meeting public sector equality duties
Support for staff who share a protected characteristic		B&NES PCT staff complement has been significantly reduced; this has led to changes to staff support systems. A staff forum and further support mechanisms will be developed as required. Staff who share protected characteristics may access networks within the NHSW/BANES Cluster.
Confirmation that Trust Board is appraised of Equality & Diversity systems, assurance and progress against objectives		Equality Steering Group is in place and meets regularly to discuss integrated Adult Commissioning arrangements. The ESG reports to the joint Council Corporate Equality Group with accountability through the Health and Wellbeing Partnership arrangements.
Any other comments?		

Key **Red: not started yet/ not in place**
Amber: in progress or partially done
Green: completed or in place

Date: 25 January 2012

Bath & North East Somerset Commissioning Equality Action Plan - January 2012

Section	Area for improvement	Aim	Actions	By when
1.1	Demonstrate that our decisions are effectively informed by up to date community data and intelligence	We understand our communities and their changing needs and use this intelligence to inform service planning and delivery.	<ul style="list-style-type: none"> • Maintain a comprehensive and up to date information base about our community's needs • Provide 3 examples of service revisions as a result of equality mapping information • Use 2012 JNSA (which will include appendix detailing population and projected change) to inform all strategic commissioning decisions 	<p>April 2012</p> <p>September 2012</p> <p>May 2012 and ongoing</p>
1.2	Develop a robust communication and engagement strategy linked to equality issues	The 'Community engagement strategy' sets out clear mechanism for full engagement of the local Community	<ul style="list-style-type: none"> • Engage communities that in the past we have struggled to communicate with • Continue to promote equality mapping and strengthen its use within the commissioning process • Engage with VCS groups to share intelligence and identify need (e.g. Mosque, BEMSCA, Bath People First). 	<p>October 2012</p> <p>May 2012</p> <p>September 2012</p>
2.1	Undertake thorough Equality Impact Assessments	Equality Impact Assessments are built into all aspects of decision making and policy and service reviews.	<ul style="list-style-type: none"> • Re - publicise EqIA toolkit, equality mapping pages and EqIA training • Steering group to review EqIAs highlight key issues to Corporate Equality Group • Voluntary sector 'Quality Assurance' group to sample EqIAs to check they are robust 	<p>May 2012</p> <p>May 2012</p> <p>September 2012</p>

2.2	Key parts of the commissioning strategy to be subject to EqlAs	To be able to demonstrate commissioning is transparent and demonstrably open to scrutiny	<ul style="list-style-type: none"> EqlAs to cover core commissioning – finance; discretionary spends; service reductions and reviews 	April 2012
2.3	Equality considerations are not consistently embedded in the commissioning process	Services are commissioned with full consideration of equalities issues. Contractors are involved where appropriate	<ul style="list-style-type: none"> Train commissioners to raise awareness of their equalities responsibilities (and the EqlA process), using the Equality Act 2010 as a lever. 	September 2012
3.1	Future responsibilities re equality and human rights for GP consortia clarified and agreed	Ensure GP consortia and Social Enterprise acknowledge their legal responsibilities re equality and human rights	<ul style="list-style-type: none"> Produce briefings and training pack for GP consortia and Social Enterprise staff Set up reporting mechanism for equality policy and procedures 	June 2012 June 2012
3.2	Inclusive leadership at all levels	Ensure that equality is embedded throughout the organisation and communicated to CCG partners	<ul style="list-style-type: none"> Boards and senior leaders ensure compliance with the Public Sector Equality Duty Re establish the Equality Steering Group to direct and monitor our equality work and provide biannual reports to the board Maintain staff awareness of equality issues through access to regular training, briefings, induction etc 	January 2012 February 2012 Ongoing

