



## **Re-commissioning of Children's Community Health Services for Bristol, North Somerset and South Gloucestershire**

DRAFT

# March 2015 Cumulative Equality Impact Assessment – updated January 2016

## Step 1: Equality Impact Assessment Screening:

### 1. Context:

This Equality Impact Assessment screening is undertaken to ensure that the Recommissioning of Children's Community Health Services across Bristol, North Somerset, South Gloucestershire (BNSSG), meets statutory obligations under the Public Sector Equality Duty 2011.

### 2. Relevance to the Public Sector Equality Duty:

#### **December 2013:**

In December 2013, a paper (appendix 1) was presented to the adult's and children's community services recommissioning steering group (prior to the group becoming Programme Board), outlining what compliance with the Public Sector Equality Duty would look like for the project and making the following recommendations:

- 1) Ensure that up to date equality information is available at each key decision making milestone.
- 2) Commence documenting all EIA activity.
- 3) Ensure that the demography of the of Bristol, North Somerset and South Gloucestershire is reflected in its decision making processes.
- 4) Ensure that relevant training for steering group members on the application of the PSED is arranged accordingly.
- 5) Actively encourage those that share relevant protected characteristics to participate in the involvement and consultation process. This shall offer valuable insights into potential impacts that might have been otherwise overlooked.
- 6) Build on the lessons learnt from re-commissioning programmes undertaken by other CCG's and ensure that these lessons are incorporated accordingly.

Due to the nature of the project and its focus on 3 geographical areas, it was critical that a cumulative Equality Impact Assessment approach was undertaken to ensure that the Recommissioning of Children's Community Health Services Programme Board:

- 1) Had oversight over the development of the Equality Impact Assessment activity and that decisions could be made in compliance with the Public Sector Equality Duty.
- 2) Was able to assess the impact of any of its changes across all 3 geographical areas.

3) Identified any interdependencies between the various elements of the project.

**April 2014:**

In order to ensure that the project was meeting Public Sector Equality Compliance, the focus of the first phase (phase 1) of the project was to be on ensuring that all our engagement/ involvement activity was inclusive and that protected groups (identified in the Equality Act 2010) were actively involved in this phase.

It was therefore vital that demographic data was sourced for each of the geographical areas BNSSG to ensure that involvement activities mirrored local demographics and assisted Programme Board in identifying any gaps in its involvement activity with protected groups.

**Appendix 2** outlines detailed engagement activity with protected groups as part of the project plan.

**3. Impact on Protected Groups:**

Has the above identified that the project has any relevance to any of the following protected characteristics?

Age	Yes	Disability	Yes	Sexual Orientation	Yes
Race	Yes	Sex.	Yes	Religion or Belief	Yes
Gender Reassignment	Yes	Pregnancy & Maternity	Yes	Marriage or Civil Partnership Status	No

The way in which the selected healthcare provider(s) deliver the services will be largely influenced by the way the services are designed, specified and procured. This includes the way equality and diversity issues are considered within each element of the re-commissioning process.

**4. Health Inequalities:**

Does it relate to an area with known Health Inequalities? Yes (It is envisaged that this recommissioning project shall take into consideration any concerns raised about current services in scope and incorporate improvements into the model/ pathway going forward).

5. **Where it is considered that the paper has no relevance to the General Duty or Protected Groups, this should be recorded here with reasons along with any advice received:**

N/A

6. **Conclusion:**

Proceed to full EIA: Yes

Quality Assured by: Programme Team.

Date: 19th December 2013, April 2014, October 2014 and February 2015.

## **Step 2: Scoping of the Equality Impact Assessment**

**What are the main aims, purpose and outcomes of the project? What do you hope to achieve by it? Who will benefit?**

A single integrated Community Children's Health Service for Bristol and South Gloucestershire was agreed in 2008 and a formal procurement exercise undertaken. South Gloucestershire Health Visiting was added in 2011. This service covers the majority of children's community services including Health Visiting, School Nursing, Community Paediatrics, Therapies, Child and Adolescent Mental Health Services (CAMHS) and some specialist services. Some specialist services are jointly commissioned with Local Authorities.

The contract was awarded to North Bristol NHS Trust (NBT) in partnership with Barnardo's the Children's Charity from 1<sup>st</sup> April 2009. The contract award was for five years, with the option to extend for a further two, which was recently agreed. The timescale was to enable the commissioners to review and redesign the community health services to ensure they support the commissioner's strategic aims to provide more care closer to home, and to support innovative models of delivery and commissioning. This may be done through making changes to the core services, pathways and model of delivery.

Following the NHS reconfiguration in 2013 the commissioning responsibility was divided and now sits with the following commissioners:

- Bristol CCG (Community Paediatrics, Therapies and CAMHS)
- South Gloucestershire CCG (Community Paediatrics, Therapies and CAMHS)
- Bristol City Council (Public Health) (School Nursing – Health Visiting from 2015)
- South Gloucestershire Council (Public Health) (School Nursing – Health visiting from 2015)

- NHS England (Health Visiting to 2015)

In May 2014 North Somerset CCG confirmed that they wished to commission their children's community services as part of this procurement.

The timescale for this procurement for a new service, to commence from the end of April 2017, enables the commissioners to engage widely and gather all required information to help scope the new service model. It allows for the commissioners to meet their legislative requirements for consultation. The main purpose of phase 1 was to engage with the public and a wide range of stakeholders to ascertain their views on community services and gather this feedback to help us design the future service model.

### **What aspects of the project are particularly relevant to equality?**

The nature of the project means that it will have a far reaching impact on communities across Bristol, North Somerset and South Gloucestershire. The service commissioners recognise that all children and young people are entitled to receive appropriate health care wherever they access it.

For one section of this group (young people aged under 20), the Department of Health "quality criteria for young people friendly health services" lay out principles that will help health services to 'get it right' and become young people friendly. These quality criteria cover ten topic areas, including accessibility, confidentiality and consent, and young people's involvement in monitoring and evaluation of patient experience.

Whilst it is hoped that such criteria will influence service delivery as a whole, the diversity amongst the children and young people of BNSSG is also recognised. Therefore, the focus of activity from an equality perspective will be to ensure that:

1. the engagement / involvement activity reflects the diversity of the population
2. the resultant services are accessible, inclusive and universally appropriate

As we progress through the different phases the project will, aim to identify the communities that we have not yet engaged or engaged effectively with. We will use this information plan active engagement with them in the future phases.

The key objectives of this inclusive approach to engagement, involvement and consultation are to ensure that, regardless of people's protected characteristics: the services we procure are equally accessible; patient experiences are equitable; the services are contributing to reducing health inequalities across BNSSG.

There was an acknowledgement from the outset that Bristol hosts the majority of Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Trans (LGB&T) communities, as well as relevant support organisations. Although there are some representative groups in the rest of the BNSSG, people from these protected characteristics tend to affiliate with Bristol based groups (e.g. there are no mosques or temples in South Gloucestershire). As such, there is a commitment, throughout the duration of the project, to ensure that intelligence and data collated from these groups will be shared between the different areas and taken into account collectively.

Feedback from phase 1 of the involvement phase has been made available to the relevant specification sub groups to enable them to incorporate this feedback into the specifications going forward.

**What evidence is already available that will help in the development of both the project and the EIA?**

For phase 1 of the project, demographic data was critical to act as a guide to inform the way in which the project ascertained information from our communities about current services, gauge their thoughts on how the new model to be commissioned could be developed and address any concerns with the current model.

The biggest challenge to the involvement of protected groups is the fact that across BNSSG, an approach for sustainable engagement with our minority communities has not yet been developed to an effective level.

Bristol CCG is currently developing this capability within its own processes. South Gloucestershire CCG is committed to patient and public involvement throughout all stages of the commissioning cycle. Work is on-going to further strengthen our approach to stakeholder analysis to ensure that communication with our stakeholders is undertaken via appropriate methodologies and at a frequency which meets stakeholders' identified needs.

Demographic data collated to date:

**Black and Minority Ethnic [BME]:**

**Bristol:**

The child population in Bristol has seen a consistent rise and is now at its highest level since the mid 1980's. There are more children aged 0-15 living in Bristol than people aged 65 and over.

The majority of this rise in child population has been concentrated in the Inner City and East area which has the highest percentage of BME population in Bristol (31% compared with a 16% Bristol average).

The child population (see table 1) figures in Bristol has an increasing ethnic

diversity, with:

- a) 28% (22,596 based on 2012 figures) of children (0-15) are from BME communities, a higher percentage than average for Bristol total BME population at 16%.
- b) Rising number of children using English as an alternative language. In 2013, 9400 of Bristol school pupils had English as a second alternative language.

<b>Age Group</b>	<b>2012</b>	<b>2017</b>
0-15	80,700	86,700
16-24	66,800	67,900

**Table 1: Population Projections by broad age band 2012-2017**

*Source: 2012-based Sub-national Population Projections, ONS*

### **South Gloucestershire:**

The child population for South Gloucestershire is 19%. The area has a relatively small BME population representing 5% of the total population. A reasonable proportion of the BME population gravitate or affiliate to Bristol based groups.

### **North Somerset:**

It is estimated that one in five of residents are under 18. In 2011 the BME population (all ethnic groups other than white) accounted for 2.7% (5,490 people), compared to 4.6% in the South West and 14.6% in England as a whole.

The annual North Somerset Council school census collects details on the ethnic origin of all children. Results from the January 2012 Census showed that a higher percentage of children were from a BME population than the 2011 Census suggests the general population of North Somerset (4.8% compared to 2.7%) were BME.

The main challenge to involving BME communities in North Somerset (also true for South Gloucestershire) is the dispersal of these communities which could be attributed to the small numbers of this population.

### **Lesbian, Gay, Bisexual and Transgender:**

The Stonewall estimate for the local population of LGB is 6% although local support group estimation is that this figure is closer to 10 - 15%.

The estimated figure for the LGB community in South Gloucestershire is 1.5% of the total population.

There are no official Bristol records for the transgender community

There are no official figures to demonstrate the number of LGB&T young people in Bristol; this is also applicable for South Gloucestershire and North Somerset.

**Children living with disabilities and complex needs:**

For **Bristol** 16.7% of the total population declared they have a form of disability which limits their day to day activities to some extent.

March 2015 figures (Source Bristol City Council) show that:

- 1) 7196 children in Primary Education were registered as having a Statement of Educational Need.
- 2) 1662 children in Secondary Education were registered as having a Statement of Educational Need.

A detailed breakdown of this is provided in **appendix 3**.

For **South Gloucestershire**, 15.6% of the total population declared they have a form of disability which limits their day-to-day activities to some extent.

Of children and young people with a Statement of Educational Need (SEN), 9% are of BME [1.105], 74% are boys and 26% are girls.

For **North Somerset**, 19.2% of the total population declared they have a form of disability which limits their day-to-day activities to some extent. The precise number of children with disabilities in North Somerset is unknown.

**Other protected characteristics**

**Sex:**

In terms of the SEND population, there is a greater prevalence of boys to girls and care must be taken to ensure equal access to both.

**Religion/belief:**

No specific involvement activity with children and young people from religious groups was undertaken in phase 1. In order to mitigate this, specific engagement activity has been developed for the next involvement phase.

There is DH guidance to indicate that religious festivals or observances where a sensitive approach needs to be taken e.g. not offering appointments at times when people are unable to attend for religious reasons

**Pregnancy and maternity:**

Female service users could be young mums and this will need to be planned for.

**Do you require further information to gauge the probability and / or extent of any adverse impact on protected groups?**

Yes, as per involvement plan.



**Which communities and groups will need to be consulted or involved in the development of the project?**

**What consultation and engagement activities have already been undertaken regarding this project?**

Our involvement activity aimed at protected groups has focused on 2 approaches:

**1) Engagement events:**

**BME:**

A specific consultation event was organised to involve BME people in phase 1, and the forum of choice was the annual BREHP (Bristol Race Equality Health Partnership) conference on the 19th June, along with targeted media interviews with local radio stations (Ujima radio, BBC radio Bristol) in the build up to the event.

The findings from this event are equally applicable to South Gloucestershire and North Somerset.

Gypsy and Traveller groups have been identified as communities we have yet to involve and for a variety of reasons we were unable to do so. Summer is also traditionally the time when the community tend to travel making contact a bit more difficult.

Much greater forward planning and working with other agencies and trusted staff will be necessary ahead of and during the consultation phase to engage this community more effectively.

**Lesbian, Gay, Bisexual and Transgender:**

A focus group was organised with the LGBT Bristol Youth Forum to ascertain feedback from LGB&T young people on their experiences accessing community health services to date.

The findings from this event are equally applicable to South Gloucestershire and North Somerset.

**Children with disabilities and complex needs:**

Involvement activity in Bristol targeted the following groups to ensure views were ascertained on both current services and suggestions for services going forward:

- Parents and carers of children with complex needs
- Parents and carers of children with learning difficulties
- Parents and carers of children who use mental health services
- Parents of children who use universal services (school nurses and health visitors)
- Young people with complex needs
- Young people with learning difficulties
- Young people who use mental health services

- Young people who use universal service (school nursing)
- Parents, carers and young people who may use community health services in the future

South Gloucestershire engaged with South Glos Parents and Carers a representative group who have children and young people with a disability or additional needs who also organised a number of engagement events on our behalf. Additionally a number of disabled children were engaged directly through events such as the Youth Board

The CCG promoted opportunities for engagement through the South Gloucestershire Disability Equality Network, South Gloucestershire Equality Forum, South Gloucestershire Deaf Association.

## **2) Surveys:**

Three surveys were designed, one for the parent and carers, one for the professional and one for children and young people and were used across BNSSG.

The online surveys across BNSSG were designed to capitalise on the fact that access to IT is more prominent today than ever, however hard copies were available and 36 were posted in response to email requests. Whilst online communication is acceptable for the engagement with professionals, not all of our communities have access to an electronic device (phone, tablet, laptop, and computer) and the CCG and local authority websites.

It is also noted that the survey was developed in English only which may have restricted access to it to those that:

- a) have access to a device, internet, are IT literate; and
- b) read English - no easy read version was produced nor versions in alternative languages.

The online survey did however provide a useful tool to access a wide range of communities, this was evident from analysing the equality monitoring questionnaire which was attached to the survey.

The online survey analysis facility did not allow for corroboration between the equalities monitoring data and responses to the main questionnaire. This limits the validity of the data, and this has formed part of our learning going forward.

In addition, Bristol also used paper surveys to target BME communities through recruiting a community activist and ensuring that this was part of their wider approach to ensuring that we involved a wide cross section of our communities.

The analysis of the equality monitoring data produced inconsistent trends due to discrepancies in the completion of the equality monitoring section of the survey by respondents.

This needs to be addressed for future engagement, and shall be discussed with the communication team to determine the best way forward. As children and young people are likely to have high level of access to IT, it is critical that we can plan meaningful IT solutions to capturing the equality monitoring data in the future.

The professional engagement survey equality monitoring data did highlight a point of interest which is the under representation of BME staff. This is a pertinent point as the involvement with children and young people from BME backgrounds highlighted the importance of having people they can identify with within the mental health service. They said they find it easier to be open and honest with people who can understand their culture and/ or religion. They said that people who are from a minority group understand what that feels like and the impact that it can have on your life.

Highlights from the professional online survey are:

- There were no Hindu, Jewish, Muslim, or Sikh respondents.
- None of the respondents were from a BME background.
- 50% of the professionals surveyed were in the 45-54 age category.
- 84% of respondents are women.
- None identified as being Lesbian, Gay or bisexual with 3.7% identified as being a gender other than the one that they were assigned at birth.
- 3.75% stated that they are disabled.

**State the key outcomes of the consultation and engagement:**

- 1) Young BME males indicated that the ability to access online content anonymously was something that they felt was needed. With this in mind, future online engagement mechanisms need to be reflective of this requirement. The professional engagement survey equality monitoring data did highlight a point of interest which is the under representation of BME staff.
- 2) The professional engagement survey key highlights are outlined above including the link with children and young people from BME backgrounds.  
This indicates that the current workforce delivering the services are not representative of the communities they serve, and in light of the above feedback, this may need to be considered as a potential barrier to providing an effective service in accordance with need to children and young people.
- 3) Accessible communication: This relates to how communities receive communication from both commissioning organisations and service providers. Alternatives to standard IT/ electronic communication should be considered to address issues like IT illiteracy, lack of language appropriate content (spoken and sign language) on most websites make this way of communication inaccessible to some communities. In addition the lack of language support and interpretation services for

spoken languages and also sign language could be a barrier to accessing services.

- 4) Access to services: The key words here are “isolation” and “points of access”. Suggestions to address these issues are:
  - a) to provide services in a community setting which may enable services to be accessed by “seldom heard communities”.
  - b) staff that are culturally sensitive and well trained to be aware of the specialist needs from a language or access perspective.
  - c) Tapping into voluntary and grass root organisations and utilise their knowledge and contacts in setting up the service.
  - d) Increasing the knowledge they have about the availability of services.

**Which additional groups could usefully be engaged?**

It is evident that despite holding targeted consultation events for some protected groups, the numbers that we engaged with are low, and it is critical that we build on the links we have established to date and ensure that this interaction with protected groups continues now that we have built momentum.

It is also evident that we have not engaged with some groups such as

- 1) Religious groups and
- 2) Gypsy and Travellers

This shall need to be considered in detail to ensure that our next steps shall enable us to engage with these groups in an effective way.

### Step 3 Equality Analysis

#### Assessing the impact for different groups

##### **Approach to consultation:**

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



**Figure 1: Outline of consultation rationale.**

##### **How did we select the current methods for consultation?**

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

Of the variety consultation methods/tools open to us, we selected the following approaches which we anticipate will accommodate as many needs as we have identified through our earlier involvement phase :

It is also anticipated that by using a variety of tools (outlined in table two), we would be able to address any gaps which might result in using a single consultation method/ tool.

<b>Method/ Tool</b>	<b>Comments</b>
<b>Web based consultation: Your Healthy Future.</b>	<p>The “Your Healthy Future” website has been designed with the following features:</p> <ul style="list-style-type: none"> <li>• Young person’s involvement in the development of the website through the Young People’s Reference Group, which has been expertly facilitated by the CCHS PPI lead.</li> <li>• Built in accessibility and usability testing, with a specific focus on the accessibility of the consultation site by people that are visually impaired.</li> <li>• A specifically commissioned sign language introduction to the consultation process.</li> <li>• The use of google translate and browse aloud (whilst acknowledging their limitation, it can still assist in breaking down language barriers)</li> <li>• A design that is compatible with a variety of screen readers to offer access for visually impaired users.</li> <li>• Accessible design which is engaging and aims at presenting key concepts in a simplistic fashion to encourage more people to offer their views on the values, model and both the single &amp; multiple needs pathways.</li> </ul>
<b>Focus groups</b>	<p>Focus groups have been set up to accommodate the needs of individuals and/or groups where a web based consultation is not suited.</p>
<b>A facility to request alternative formats (easy read, paper based documents etc.).</b>	<p>The Communications team have organised a range of publicity events (interviews, postcards and posters etc) to ensure that our communities are aware of the consultation time frame, and whilst initially directing people to the “Your Healthy Future” website, a telephone number to receive and respond to queries for alternative formats.</p>

**Table 2: Methods of Consultation.**

Throughout the entire engagement and consultation process it has been important for us to ensure that we were hearing a diverse range of views from all sectors of the community. Importantly, the online survey allowed us to include equality monitoring questions. Whilst the completion of these questions was optional, this data where provided, was vital to help us ensure that we understood the needs of our communities and to check that we were reaching out to all sectors of the local population.

There was a mid-point review during the consultation to evaluate the current number of responses and for a more in-depth look at the community members who were responding. This allowed us to identify any potential gaps in the reach of the consultation and to renew effort in reaching these groups.

From this mid-point analysis identified that we had a lower response rate than we might wish from men and the lesbian, gay, bisexual and transgender communities

In order to attempt to address this South Gloucestershire contacted Barnardo's and asked them to publicise the consultation with Fathers' Groups which they engage with. We also contacted Off the Record to ask them to promote the consultation with the Freedom Project which works with LGBTQ young people, including those from South Gloucestershire. We also made contact with the Diversity Trust who posted the link to the consultation on their Twitter feed (1300 followers) and Facebook pages (500 reach) including two pages aimed at LGBTQ young people.

For Bristol this mid –point review identified that we had a lower response rate than we might wish from the black and ethnic minority communities (BME) and young people under the age of 15. Therefore the Bristol CCG contacted and identified further organisations, such as the BME forum and youth clubs that work with BME community members. The YPRG then had a second attempt in their schools and local areas targeting younger people and local youth groups.

For North Somerset from the mid-point review we identified that we needed to target the Gypsy, Roma, Traveller (GRT) Community in North Somerset and the Lesbian, Gay, Bisexual and Trans (LGBT) young people. We developed our relationships with professionals and community groups such as the North Somerset Corporate GRT Group and the North Somerset LGBT Forum and HERO a voluntary organisation working within in Churchill Academy.

#### **Who did we hear from in the consultation?**

The approach to inclusive engagement has been a theme which we have built on from the earlier involvement process. We engaged with our diverse communities through focus groups, events and via the online survey.

**Equality group representation at Bristol focus group discussions:**

A total of 440 participants took part in the focus group discussions. An analysis of the equality data available from these focus group discussions is as follows:

**Age:**

Of these 62% (274 participants) were young people, 9% (39 participants) were parents and 28% (127) were professionals.

**BME:**

Of the 274 young people that took part in the focus group discussions, only 4% (10 participants) identified as BME. In addition, 18% (7 participants) of the parents that took part in the focus group discussions identified as BME. None of the professionals involved in the focus group discussions identified as BME. This was also highlighted during the earlier involvement stages.

**Gender:**

Of the young people that took parts in 30% (81) were male and 70% (124) were female. This was significantly higher than 8% (3 participants) male representation and 92% (36 participants) female representation. For professionals, males made up 16% (21 participants) of participants, with the remainder of participants.

**Transgender:**

Of all 440 participants, 0.5% (3 participants) identified as transgender. All of these were young people.

**Disability:**

Of the young people that participated in focus group discussions, 3% (10 participants) identified as disabled, 1% (3 participants) identified as Deaf and 5% (14 participants) identified as Autistic. In addition, 2% (1 participant) was a parent to a disabled child, and 10% (4 participants) were parents to Autistic children.

**Sexual Orientation:**

Of all the 440 participants, 1% (5 participants) identified as Gay. All of these were young people.

**Equality group representation at South Gloucestershire focus group discussions:**

A total of 10 participants took part in the focus group discussions. All of these were parents. An analysis of the equality data available from these focus group discussions is as follows:

**Age:**

40% (4 participants) were aged 25-49, 30% (3 participants) were aged 50-65.

**Ethnicity:**

70% (7 participants) identified as white.



**Gender:**

All of the focus group participants were women.

**Sexual orientation:**

70% (7 participants) identified as heterosexual.

**Religion and belief:**

50% (5 participants) identified as Christian, and 20% (2 participants) identified as not having a religion or belief.

**Disability:**

20% (2 participants) identified as disabled, and 50% (5 participants) identified as not having a disability.

**Age:**

The age profile of the respondents suggests that the majority of the survey responses have been completed by parents, carers and professionals.

**Disability:**

Only 8% of the respondents identified as disabled, however given that the majority of respondents are either parents, carers or professionals, it is highly likely some of these respondents would have completed the survey on behalf of a disabled child. In addition, a proportion of the respondents did not complete the equality monitoring questions which could account for the small numbers.

Other issues to consider are the preference some groups have for focus group discussions despite efforts such as the sign language video which was deployed to make the online consultation as inclusive as possible.

**Gender:**

The majority of the respondents are female (75%), with 21% of respondents being male, and 2.5% "preferred not to say".

**Transgender:**

None of the survey respondents identified as Transgender. It is important to note however that we did engage some people that identified as Transgender (0.5%) through focus group discussions.

This compares to the Gender Identity Research and Education Society and the Bristol LGBT Forum estimates which indicate that 1% of the population being on a "gender variant spectrum". This demographic is applicable across BNSSG.

**Sexual Orientation:**

93% (165 of respondents) identified as heterosexual, 3% (5 respondents) as Gay, 3% (6 respondents) as Bisexual and 0.5% (1 respondent) identified as Lesbian. All of the LGB respondents were Bristol based.

This compares to local demographic data of:

**Bristol:**

Stonewall estimate 6% of the local population being LGB, (The Bristol LGBT Forum estimate that this figure is closer to 10-15%)

**South Gloucestershire:**

There is no definitive figure for these groups in South Gloucestershire but 1.5% of the population was estimated to be Lesbian, Gay or Bisexual according to the Office of National Statistic's "Integrated Household Survey" (2012).

**North Somerset:**

Government estimates that 5%-7% of the population are LGB.

**BME:**

Only 3% (6 respondents) identified as BME. This is exceptionally low given that 16.5% of Bristol's population is BME, along with 5% in South Gloucestershire and 2.7% in North Somerset.

A further analysis of the data supplied highlighted that 3 of these respondents Bristol based, 1 is South Gloucestershire based, and 1 is North Somerset based.

Whilst respondents identified as "other" make up 5% (9 respondents) of responses, and these could be from a BME background, it is possible therefore that the number of BME respondents could be higher. Further interrogation of the data supplied could not provide any further detail as to the ethnicity of these respondents. It must also be noted that 37% of all respondents did not provide the details of their ethnicity. In addition, we have undertaken to engage BME people through focus groups. The outcome of this was that an additional 4% (17 participants) across focus groups for parents, young people and professionals took part in the engagement process.

**Religion and Belief:**

The respondents reflected diverse religious and none religious backgrounds with 50% of all respondents declaring their religious identity (Table three).

Noticeably however were no responses from people that identified as Jewish (Census figures for Bristol: 0.2%, North Somerset 0.09% and South Gloucestershire 0.1%) , Hindu (Census figures for Bristol 0.6%, North Somerset 0.1% and South Gloucestershire 0.6%) or Buddhist (Census figures Bristol 0.6%, North Somerset 0.17 and South Gloucestershire 0.3%) compared to demographic data.

The largest single group of responses 38% were from people that identified as not having a religion, followed closely by respondents that identified as Christian 35%.

This compares with census data across BNSSG indicating that the largest

religion represented is Christianity, followed by those that identify as not having a religion or belief.

**Table 3:**

<b>Religion</b>	<b>Percentage response rate from the online survey [%]</b>
Agnostic	4.5
Atheist	6
Christian	35
Muslim	3
No Religion	38
Roman Catholic	3
Sikh	0.5
Church of Jesus Christ Latter Day Saints.	0.5
Other	9

**Conclusion and next steps:**

Overall the consultation has reached a diverse range of respondents. Our analysis of the equality monitoring data and any gaps in reaching some groups/ communities must be considered in the context that equality monitoring data is not available for every participant. In addition, we have varied the methods we used in the consultation process to reach as many groups/ communities as possible

Further analysis shall be undertaken to enable us to understand if there are any specific themes that equality groups have told us in their feedback. This shall be fed back to programme board in February 2016, with a view of this data being utilised to support the procurement going forward.

The overwhelming feedback has been supportive of the proposed model, however the challenge is going to be to ensure that equality is embedded effectively into the procurement process to enable us to select a provider that can accommodate the needs of the diverse communities we serve.

**Key themes:**

1. Services should be accessible and provided in accordance with need.
2. Cultural competence is critical to ensuring that provider(s) can offer services to diverse communities effectively.

**What can you do to maximise opportunities to further promote equality and ensure equitable outcomes for different communities and groups?**

**Please provide details**

As outlined in next steps above, feedback has been provided to the procurement team on how to ensure that feedback from protected groups is incorporated into the procurement process.

Beyond the procurement process, discussions will need to take place to evaluate how national tools such as EDS2 (The Equality Delivery System 2), the Accessible Information Standard, and The Workforce race Equality Standard can be utilised to develop an inclusion framework which could be monitored through performance management.

**What is the outcome of the Equality Impact Assessment? (Choose ONE option)**

No major change – the EIA demonstrates that the project plan is robust. The evidence shows no potential for discrimination and opportunities to promote equality have been identified and implemented.	Yes / No
Adjust the project proposals / plan to remove barriers or to better promote equality.	Yes / No
Continue the project despite potential for adverse impact or missed opportunities to promote equality.	Yes / No
The EIA identified actual or potential unlawful discrimination. Changes have been made to the project to remove any unlawful discrimination.	Yes / No Yes / No
The proposals are deemed ‘business critical’. Legal advice has been sought and objective justification for the proposals are attached.	Yes / No

<b>Action Plan – Details of proposed mitigation</b>			
<b>Action</b>	<b>Owner</b>	<b>Due Date</b>	<b>Outcome</b>
Ensure that targeted engagement activity with children that are disabled, their parents & carers and BME Children continues, as was the case in this initial pre engagement phase.	<b>Programme Team</b>	<b>Ongoing</b>	See PPI activity and consultation report.
Programme Team to ensure that feedback from consultation is appropriately reflected in the procurement going forward. This includes planning a procurement process that is designed to ensure that Equality is embedded into the potential provider's core organisational systems.	<b>Programme Team</b>	<b>Ongoing.</b>	<ol style="list-style-type: none"> <li>1. Meeting arranged for December 2015 with programme team to discuss.</li> <li>2. The outcome of the meeting was that the Programme team have been assigned a task to produce an outline on how inclusion is going to feature in the procurement going forward.</li> <li>3. Bristol CCG provided feedback to procurement team on the PPQ documents.</li> </ol>

## **Step 4 Monitoring, Evaluation and Review**

<b>Monitoring and Review</b>
<p><b>Please provide details of how the actual impact of the project will be monitored?</b></p> <p>Consider:</p> <ul style="list-style-type: none"> <li>• How you will measure the effects of the project</li> <li>• When the policy/ practice will be reviewed and what could trigger an early revision</li> <li>• Who will be responsible for monitoring and review</li> <li>• What type of information is needed for monitoring and how often it will be analysed</li> </ul>

<ul style="list-style-type: none"> <li>How to engage relevant stakeholders in implementation, monitoring and review</li> </ul>	
<b>When will this EIA be reviewed?</b> (If not within a year please provide reasons)	Date: January 2016

## Step 5 Approval and publication

<b>Approved by Equality &amp; Diversity Lead</b>	<b>Date:</b>  <b>Name:</b> Niema Burns, Equality & Diversity Lead, Bristol Clinical Commissioning Group
<b>Approved by Project Lead / RO</b>	<b>Date:</b>  <b>Name:</b> Margaret Kemp, Senior Project Manager Community Health Services Re-commissioning, Bristol Clinical Commissioning Group

## Step 6 Monitoring and Reviewing the Action Plan

<b>Review of EIA - Update / Observations / Changes</b>	
<b>Please provide details: This EIA is in draft and is scheduled for next update by programme team.</b>	
<b>Approved by Equality &amp; Diversity Lead</b>	<b>Name:</b> Niema Burns, Equality & Diversity Lead, Bristol Clinical Commissioning Group  <b>Date:</b>
<b>Approved by Project Lead</b>	<b>Name:</b> Margaret Kemp, Senior Project Manager Community Health Services Re-commissioning, Bristol Clinical Commissioning Group  <b>Date:</b>
<b>Date of Next Review</b> (If no further review required please provide reasons)	<b>Date:</b>