Public Sector Equality Duty (PSED) information for publication January 2015

The Equality Duty, which came into force in April 2011, aims to help public authorities avoid discriminatory practices and integrate equality into their core business. It ensures that services are more appropriate to users, are more efficient and cost-effective and aims to improve public satisfaction. Importantly, using up to date equality information can lead to better decision-making and policy development.

The Duty became law as part of the Equality Act 2010 which describes nine protected characteristics:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership (in employment only)
- Pregnancy and Maternity
- Religion & belief
- Race
- Sex
- Sexual Orientation

In October 2013 Bradford City CCG produced a set of equality objectives as required by the PSED, using local and national data along with consultation and engagement activities with key local stakeholders and groups to identify our priorities in reducing health inequalities.

These objectives are:

1. Improve diabetes care for South Asian patients
2. Improve the transition pathway for young disabled people, including young people with mental health problems.
3. Ensure that the CCG Citizens’ Assembly is representative of the local population.
4. Improve the health of women

This report describes the work we have carried out over the previous year to act on that information about inequalities and to implement our equality objectives.

Each section includes:

- Local demographic information
- Progress against any relevant equality objectives
- Work to address relevant health inequalities

Previous equality and diversity reports are available on our website.
Equality Objective 1: Improve diabetes care for South Asian patients.

Race: Demographic Information

The largest Ethnic group in Bradford City is Asian/Asian British followed by the White population.

**Population by Ethnicity for NHS Bradford City**

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<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>21.3%</td>
</tr>
<tr>
<td>Asian/Asian British</td>
<td>6.2%</td>
</tr>
<tr>
<td>Black/Black British</td>
<td>3.1%</td>
</tr>
<tr>
<td>Mixed/multiple ethnic groups</td>
<td>4.2%</td>
</tr>
<tr>
<td>Arab</td>
<td>2.3%</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Data Source: Census 2011

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Objective at a glance

### Bradford Beating Diabetes

<table>
<thead>
<tr>
<th>Why this is a priority objective</th>
<th>Progress to date</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Asian people are up to six times more likely to have Type 2 diabetes than White British people. Bradford City CCG has 7,500 patients with diabetes and an additional 5,700 people at moderate or high risk of developing Type 2 diabetes. Local feedback from key stakeholders has described high rates of South Asian patients’ DNAs (do not attends) at clinic appointments which form part of</td>
<td>Over 946 previously undiagnosed diabetics have been identified. Over 75 people have commenced the Intensive Lifestyle Change Programme (ILCP) The proportion of patients receiving all 9 key care process checks has increased from 42% to 65% 7495 people have received</td>
<td>The CCG has commissioned York Health Economics Consortium and Leeds Beckett University to undertake an evaluation of the project and to measure its impact. This will take place after completion of the programme in March 2015</td>
</tr>
</tbody>
</table>
Background

Bradford Beating Diabetes was launched on World Diabetes Day, 14th November 2013. This Bradford City CCG campaign aims:

- To identify everyone in the City area who is at risk of developing diabetes in the future, and ensure they receive the appropriate advice, care and support to prevent or delay the onset of the condition
- To help those who already have diabetes to manage their condition and prevent serious complications

Progress to date

A team of 20 Bradford Beating Diabetes (BBD) champions were recruited at community events. The champions are a mix of volunteers, practice staff, health trainers and people who have worked as health champions before.

The BDD champions are running NICE-recommended Intensive Lifestyle Change Programme (ILCP) groups, which support people in making changes to their lifestyle. The sessions are held at GP practices and community venues throughout the city and cater for 10 to 15 people. The format is informal and friendly but with key messages about lifestyle changes including healthy eating and exercise – all of which are aimed at delaying the onset of diabetes. These lifestyle changes also reduce the risk of developing other serious conditions such as cancer, stroke and heart disease.

Many of the champions are bilingual and run the sessions in community languages. Some groups are women only.

Bradford City GP practices are inviting all adults aged over 25 (if they are from South Asian and certain other BME groups) or if they are aged over 40 (and white) and any others with conditions known to increase their risk of developing diabetes to attend an appointment. The Diabetes UK risk score tool is used at this appointment to assess whether the person is at low, moderate or high risk of developing diabetes. People at risk of developing diabetes are then offered appropriate advice and support; including Intensive Lifestyle Change Programmes.

Work is also taking place which aims to improve the clinical outcomes of patients with diabetes and to reduce the risk of complications. More diabetic patients will receive the nationally recommended 9 key care processes and staff will be upskilled.

Impact to date

- Over 75 people have commenced the Intensive Lifestyle Change Programme (ILCP)
The proportion of patients receiving all 9 key care process checks has increased from 42% to 65%
7495 people have received a risk assessment
Over 4000 people have received lifestyle advice to help prevent/delay onset of diabetes including 2500 who have received interventions
Over 946 previously undiagnosed diabetics have been identified
Training on the 9 key care processes has been delivered to relevant health practitioners
A healthy curry recipe book has been produced with Visit Bradford
The campaign has been shortlisted for the Health Service Journal’s Primary Care Innovation Award
A DVD promoting the key messages of the campaign has been produced in most South Asian languages

Final Evaluation and Impact Assessment

The CCG has commissioned York Health Economics Consortium and Leeds Beckett University to undertake an evaluation of the project. The project will be evaluated and its impact measured after the completion of the programme in March 2015.

Objective 2: Improve the transition pathway for young disabled people, including young people with mental health problems.

Age: Demographic Information

Our CCG’s population is significantly younger than West Yorkshire’s and England’s:

[Graph showing population by age-band for NHS Bradford City compared to West Yorkshire and England]
### Objective at a glance

<table>
<thead>
<tr>
<th>Transition in Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why this is a priority objective</strong></td>
</tr>
<tr>
<td>There is a key local need to make the move for young disabled people from children’s services to adult services easier and less distressing for the young people themselves and for their families and carers.</td>
</tr>
<tr>
<td>Young people who are part of a group run by Barnado’s have identified this as a priority.</td>
</tr>
</tbody>
</table>

### Background

In March 2013, a group of young people from Barnardos attended Bradford City CCG’s Governing Body meeting to explore the best way of engaging with and involving their age group. A key issue they raised was the need to improve their experience of transition between Child and Adolescent Mental Health Services (CAMHS) and adult mental health services.

### Progress to date

As a result of this, the CCG allocated a Commissioning for Quality and Innovation (CQUIN) payment to make the transition from CAMHS into adult mental health or community services smoother.

Young people also said that, when leaving CAMHS, they would benefit from a discharge pack providing support, information and guidance, for example, on how to get help in a crisis.

The CCG commissioned the production of an app to do this and in April 2014 Bradford District Care Trust (BDCT), the CCG and Barnardo’s began working in partnership to produce a relevant, accessible and robust resource that all young people moving into adulthood could benefit from.

Young people have consulted with their peers at various events and these consultations have determined how the app should look, its content and what it should link to in order to make it young person friendly, engaging and effective. Working with BDCT, young people have also designed a questionnaire for people moving between CAMHS and adult mental health services to gather information about their experience of this transition which can then be used to help improve systems.
47 young people have completed the questionnaire and identified the following top ten themes that will shape the structure and content of the app:

- Counselling services
- Contact numbers and information
- Health
- Education
- Socialising skills / Befriending
- Social Occasions
- Differences between adult and children’s services
- Practical hints and tips and daily maintenance
- Leaving Home / Moving Area
- Jobs and CVs

The app will be ready to launch by March 2015. The output, traffic using the app and effectiveness of the information will be measured through statistical audience information, reviews posted on the app and an online evaluation tool embedded into the website.

**Equality Objective 3:** Ensure the Citizens’ Assembly is representative of the local population

**Race:** Demographic Information

The largest Ethnic group in Bradford City is Asian/Asian British followed by the White population.

![Population by Ethnicity for NHS Bradford City](image)
Objective at a glance

<table>
<thead>
<tr>
<th>The Citizens’ Assembly</th>
<th>Progress to date</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why this is a priority objective</strong></td>
<td>The Bradford and Airedale NHS Equality Group has identified a key gap in terms of a partnership / forum that supports the development of health services to meet the needs of multi-ethnic populations.</td>
<td>The CCG to establish an NHS Citizens Assembly</td>
</tr>
<tr>
<td></td>
<td>A Citizens Assembly that is representative of the local population could fill this gap.</td>
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<tr>
<td></td>
<td>This will provide a strong voice for local Black, Asian and Minority Ethnic people who are locally in a majority but under-represented in many district wide partnerships and forums.</td>
<td></td>
</tr>
<tr>
<td><strong>Progress to date</strong></td>
<td>Every member GP practice has developed a Patient Participation Group or equivalent mechanisms of engagement.</td>
<td></td>
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<tr>
<td></td>
<td>The PPGs and the local voluntary sector meet in four community clusters.</td>
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</tbody>
</table>

Background

Since the CCG became authorised in 1st April 2013 a lack of patient engagement was identified as only eight member GP practices out of 27 had Patient Participation Groups (PPGs). It was also recognised that links between patient groups and voluntary and community sector organisations needed to be strengthened.

Progress to date

All 27 member practices have created patient and community groups which includes practice staff.

Four ‘community clusters’ have been created across the city. This provides a platform for the PPG and voluntary sector to connect and work together addressing health priorities / inequalities with the CCG. Each community cluster has had four meetings, although there are challenges with the small numbers of citizens participating.

Next Steps

Bradford City CCG plans to establish a local NHS Citizens’ Assembly which will bring together PPGs, the voluntary and community sector with the clinical board and governing body of the CCG for face-to-face discussion about health priorities effecting the local
population. The Assembly will operate on the ethos of citizens being ‘critical friends’ for the CCG leadership with a view to influencing priorities and decisions.

**Equality Objective 4: Improve the health of women**

**Sex:** Demographic Information

**Objective at a glance**

<table>
<thead>
<tr>
<th>Women’s Health Network</th>
<th>Progress to Date</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why this is a priority objective</td>
<td>NHS Bradford City and Bradford Districts Clinical Commissioning Groups (CCGs) plan to support the development of a women’s network to address women’s health issues and inequalities across the Bradford district.</td>
<td>Establish and launch the network</td>
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<td></td>
<td>Expected start date early 2015</td>
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</table>

Bradford City CCG plans to establish a women’s health network which will use a community development approach to involve local women from diverse communities such as South Asian, Eastern European, African Caribbean, asylums and refugee seekers and new migrants who may not routinely access health services. It will ensure a proactive, participatory approach to developing services for women in Bradford that meets their expressed needs.
It is envisaged that engagement with and the education of women will improve not only their own health but also that of their children and extended families.

The network will provide a framework for partnership and information about women’s health services in Bradford by linking and networking existing women’s organisations and identifying gaps and areas for improvement.

The network also aims to ensure that:

- Organisations working towards women’s health outcomes are capable and effective in delivering and evidencing services that engage, involve and improve access for women, particularly women from marginalised and underrepresented groups.

- Organisations are themselves better equipped with shared good practice, better communication and improved access to information that will support the delivery of quality health services for women.

- Organisations, patients and public have better opportunities to participate in, and contribute to and influence strategic discussions affecting the health and well-being of local women.

Priority areas for the women’s network will include cervical cytology and breast cancer screening, maternity with a focus on planned pregnancy support and access to healthcare for women with children with a focus on respiratory disease and diabetes.
Equality and Health Inequality Programmes Supporting Other Protected Characteristics and Vulnerable Groups

During 2014 the CCG has invested in a range of non-recurrent and grant funded programmes to support other protected characteristics and vulnerable groups through a range of community projects which have delivered both health and wellbeing support as well as addressing inequalities for local people. These include:

Disability: Demographic Information

In the 2011 census 16% of Bradford City CCG’s population said they have a disability or illness that limits their day to day activities.

![Population by day to day activity for NHS Bradford City](image)

*Data source: Census 2011*

Work to reduce the health inequalities experienced by disabled people.

Because our CCG population is younger than average and has more people from Black, Asian and Minority Ethnic communities than average our first set of equality objectives focus on reducing inequalities experienced by young people, South Asian people, BME people and women. Though 3 of the 4 objectives include a disability strand.

Our work to improve the transition between Child and Adolescent Mental Health Services and adult services is described on pages 5 and 6 of this report and will help to ensure that we are better meeting the needs of young people using mental health services.

In addition, local disabled people have raised concerns that their access needs are not being consistently identified and met by local NHS services. Two other local CCGs, Bradford Districts CCG and Airedale, Wharfedale and Craven CCG have agreed an equality objective.
to flag disabled patients’ access needs in SystmOne, the software used by all local GP practices.

The piloting phase of this work is currently beginning and once the pilot is completed, Bradford City CCG will take part in further piloting of the project.

**Gender Reassignment: Demographic Information**

Transgender or Trans is an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth.

One of the greatest difficulties in measuring or estimating the size of the Trans population is that no systematic or reliable data has been collected through the Census or through other Government-sponsored surveys. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GiRES, 2008b). The Trans equality agenda has increasing prominence. This is linked to the Equality Act 2010 which specifically includes gender reassignment as a “protected characteristic” and increased positive media coverage. The Equality Act 2010 protects Transsexual people from discrimination whether they are under medical supervision or not. At present there are over 4000 people receiving treatment for gender dysphoria in the UK. In 2011 the Charing Cross Gender Identity Clinic reported the number is multiplying by five every year.

**Work in West Yorkshire to improve Trans equality**

The CCG is a member of the West Yorkshire Trans Equality Multi Agency Partnership Group which began meeting in July 2012 with the aim of improving Trans people’s experiences and reducing health inequalities. The group has members from the public sector across West Yorkshire, including NHS organisations, local authorities, housing providers, universities and the police.

In 2013 the group commissioned research into Trans people experience of public services in West Yorkshire. When participants were asked how they would rate their experiences as Trans people, or people with a Trans history, of using the NHS in West Yorkshire in general, many were very positive. Of the 22 participants who responded to this question, most scored NHS services in West Yorkshire as at least average, with more tending to score positively than negatively overall.

55% of those participants felt that being Trans had influenced how they were treated in NHS services, with only one of those people feeling that it had improved their experience. Positive experiences centred around being seen as a person whose Trans history is incidental, being treated with empathy and understanding, having your gender identity validated and respected, and staff who were not only willing to learn, but made efforts to self-educate rather than relying on their patients for information.

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2. The Equality Act states that “A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person’s sex by changing physiological or other attributes of sex.” [http://www.legislation.gov.uk/ukpga/2010/15/section/7](http://www.legislation.gov.uk/ukpga/2010/15/section/7)
Negative experiences often related to having to follow a treatment pathway that was rigid and inflexible, a lack of knowledge or understanding from NHS staff, and overt discrimination. These were largely related to incidents where trans people’s gender identities were not respected or valued, where blocks or delays were placed upon their treatment, having to follow rigid treatment pathways, engaging with services which were strongly gendered and ill-equipped to work with trans patients, or where patients were dehumanised and their physical or mental health issues were conflated with their gender identity.

In addition to this local research, Trans awareness training was delivered to front line workers, an event to commemorate Trans Day of Remembrance was held in Bradford City Hall in November 2013 and 2014 and a Trans Equality Index.

Trans Equality Index

The partnership group were approached by Trans +ve, a Trans community group from Bradford who were developing a tool to support organisational development around Trans gender equality. The partnership felt this would be a really effective way to build understanding and responsiveness in the public sector. The Index which is in its final development stage also includes a pledge which participating organisations sign up to.

Religion and belief: Demographic information

The majority of people living in Bradford City are Muslim and approximately a fifth are Christian.

Among groups defined by religion, Muslim people tend to report worse health than average. Dr Ghazala Mir and Aziz Sheikh of the Institute of Health Sciences, University of Leeds have

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3 Census data
published research into the factors, including stereotyping, that affect the psychosocial well-being of Pakistani Muslims and on their ability to manage long-term conditions\(^4\)

**CCG work with faith communities**

We have invested in some programmes to support a range of faith based community projects to deliver health and wellbeing support to local people.

**Healthier Lives** is a project provided by the Khidmat Centre and uses the extensive network of 90 mosques in Bradford to reach Muslim people and support them to improve their health and wellbeing.

The project aims are to:

- engage, train and empower 60 Imam to incorporate and deliver a health based education/awareness programme through the mosques network with a key focus on prevention,
- offer a regular programme of health checks,
- establish three mosque-based health clubs as part of a pilot scheme.

**Inn Churches Winter Shelter project** uses available space in churches to welcome, feed and support homeless people during the winter months. They have provided 5,000 bed spaces so far and are trying to tackle the health inequalities faced by rough sleepers. They also work with agencies to find provision for rough sleepers in hostels, statutory agencies and private accommodation.

**Sexual Orientation: Demographic Information**

There is currently no reliable information on the size of the Lesbian, Gay and Bisexual (LGB) population. Estimates range from 0.3% to 10% using different measures and sources. Additionally, none of these estimates correct for the possibility of higher than average rates of non-reporting and misreporting among LGB people.

The most up to date published information we have about sexual orientation is found through the Office of National Statistics (ONS), whose Integrated House Survey for April 2011 to March 2012 estimates that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual. However, HM Treasury's 2005 research estimated that there are 3.7 million LGB people in the UK, giving a higher percentage of 5.85% of the UK population. This higher percentage is the figure currently used by the lesbian, gay and bisexual charity Stonewall as a more realistic estimation of the LGB population.

The absence of reliable population data means that it is impossible to develop representative samples of LGB people in research, which is an issue that needs to be addressed moving forward.

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\(^4\) Fasting and Prayer don’t concern the doctors…they don’t even know what it is’: communication, decision making and perceived social relations of Pakistani Muslim patients with long-term illness, by Ghazala Mir and Aziz Sheikh. *Ethnicity and Health* 2010 Vol 15
Work to highlight the health inequalities experienced by local LGB people

In 2013 two additional Bradford and Airedale based health and social care needs assessments have been published. One focussed on the needs of older LGB people and one on the needs of young LGB people.

The main aim of this older Lesbian, Gay and Bisexual (LGB) Needs Assessment was to establish a baseline picture of both health and social care experiences and requirements in Bradford and District in the 55 years and older age group.

Main Issues Facing Older LGB People From the one-to-one interviews the main issues/concerns facing them as ageing LGB people showed similarities to any person ageing such as general health, ageism, loneliness, and others were very specific to being LGB such as:

• Lack of inclusive attitudes of health care workers re being gay.
• Hard to talk because of my sexuality.
• Having to hide who I am - hide being gay.
• Future health and social care and their attitudes towards being LGB.
• Having to ‘de-gay’ me and my home.

The full report discussed the reasons why young LGB people could feel dissatisfied with services and what could be done to address these inequalities. It also highlighted areas of good and poor practice nationally and locally in the delivery of care and, in its recommendations, suggested solutions to these issues. Some of these recommendations included:

Improving Services

A LGB friendly atmosphere can be easily created by the use of positive imagery such as posters, leaflets, rainbow flags (small), information about LGB social/support groups. Embed positive LGB imagery in all publicity, public facing materials. Additionally, use the media (social, press etc.) to proactively 'sell' your LGB friendly service. Attend key events in the LGB calendar such as Pride, IDAHO Day. Run events yourself – e.g. during LGBT History Month.

In order to ensure that the needs of younger LGB people are met it is imperative that services understand who uses them. Simply ticking boxes and asking 'the question' is not enough. Neither is the status quo. An appropriate environment in which service users trust that they are 'safe' to respond openly is essential.

Train and support staff to implement good quality monitoring. Understand and act on feedback ensure that there is a clear complaints and compliments procedure which also collects information as to the make-up (characteristics) of those providing the feedback. Do something constructive with the information, act upon feedback and share best practice.
A grant funded project supporting the LGB community delivered through MESMAC a community-based social wellbeing, sexual and mental health services across West & North Yorkshire which provides a range of activities which focuses around 3 service outcomes:

1. Starting Well
2. Living Well
3. Ageing Well

Objective

With BLAGY (Bradford LGB&T youth group) to develop a social marketing and media campaign for local schools: Starting Well outcome

Outcomes to date

Consultation sessions/campaign workshops have been delivered to young people from Bradford College representing Bradford City CCG. Young people from BLAGY have also been closely involved in the development of the campaign representing various other schools.

The sessions have included work on; LGB&T* youth experiences, challenges and triumphs, impact of homophobia and transphobia, moving forward & more focussed work on what the actual campaign/distribution material should say/look like.

A Saturday workshop to bring all the young people together and finalise plans is taking place in January. A designer is involved and is working on young people’s ideas.

A total of 37 young people have been involved in the campaign so far with representation from each CCG area. The Facebook page is active with relevant posts, discussions and information and currently has 95 friends. Once the campaign material is finalised appropriate youth organisations will be contacted and involved.

Objective

Develop a series of self-help workshops and therapeutic groups, that tackle poor mental health and that challenge isolation: Living well and Ageing well outcomes

Outcomes to date

A session run with Older and Bolder group (GBQT*) - an introduction to relaxation with participants reporting feeling more relaxed at end of session. A group session was then held where the common issue of insomnia which was discussed and the different relaxation techniques which could be utilised to reduce sleep deprivation.

Specific workshop topics have also been identified with 3 other groups –

Older and Wilder (LBQT) - workshop 1 January 2015 - Confidence/self-esteem,
workshop 2 February 2015 - Perfectionism/Expectations,
BME group (GBQT) – workshop 1 - Assertiveness January 2015,

Trans Positive - workshop 1 - Confidence to deal with Strained Relationships Feb 2015,

Open session for Women (LBQT*) workshop 1 March 2015 - Assertiveness for Women.

These sessions were identified after mini sessions were run with participants from the groups to clarify needs and establish priority issues.