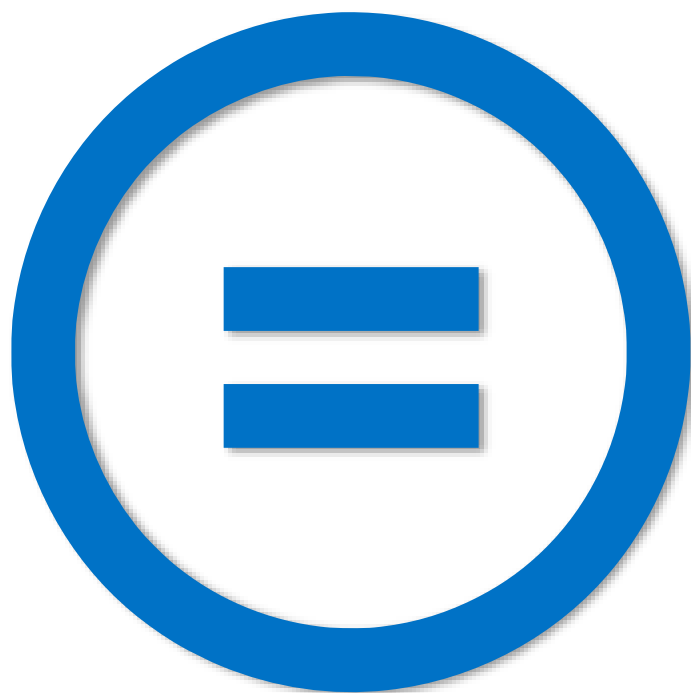


Equality Report 2023/2024



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Introduction

Public Sector Equality Duty implemented in 2011 requires all public sector bodies to publish an annual report in respect of its adherence to matters of equality, diversity, and inclusion.

Public Sector Equality Duty has general and specific equality duties which are outlined below.

General Equality Duties have three aims to which organisations need to pay due regard, namely:

1. Put an end to unlawful behaviour that is banned by the Equality Act 2010, including discrimination, harassment, and victimisation.
2. Advance equal opportunities between people who have a protected characteristic and those who do not.
3. Foster good relations between people who have a protected characteristic and those who do not.

Specific Equality Duties have three parts, namely, to publish:

1. Equality information.
2. One or more equality objectives.
3. Gender pay gap information.

This report combines both the General and Specific Equality Duties for NHS Somerset Integrated Care Board (ICB).

The Equality Act 2010 defines nine protected characteristics. Protected characteristics are things about a person that they may or may not identify with.

These are defined as:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race and ethnicity
- Religion or belief
- Sex
- Sexual orientation

It is considered good practice to define additional characteristics that have geographical relevance. In Somerset, we have jointly agreed the following as characteristics that we wish to consider when making decision about how we provide services to our population:

- Digital confidence
- Homelessness
- Military and veterans
- Rural and coastal communities

Further information about each of the protected characteristics can be found

in ‘Appendix I – Protected Characteristics’ on page 12 of this report.

These characteristics protect people from discrimination, harassment, and victimisation when in work or when access services. Discrimination, harassment and victimisation are referred to as prohibited acts and you can see more information about these in ‘Appendix II – Prohibited Conduct.’

Overview of Somerset

The majority of the data in this section has been taken from the 2021 UK Census¹ hosted by Nomis unless otherwise stated.

Somerset is a large county with a population of 571,548². The county is mainly rural and has a large agricultural industry. There are two main towns, Taunton which is the county town, and Yeovil which is the second largest. Other main urban centres include Bridgwater, Shepton Mallet, and Frome.

There are two acute hospital facilities in Somerset, Musgrove Park Hospital in Taunton and Yeovil District Hospital in Yeovil. Both are operated by Somerset NHS Foundation Trust, along with 13 community hospitals³.

Seven of the community hospitals across Somerset also host Minor Injury Units.

Somerset has a single unitary authority, Somerset Council which has its main office in Taunton.

Age

Somerset has a higher proportion of older people compared to other counties. Figure 1 shows the breakdown of ages by five-year gap. There is a total of 141,897 people who are 65 or over equating to 24.9% of the total population.

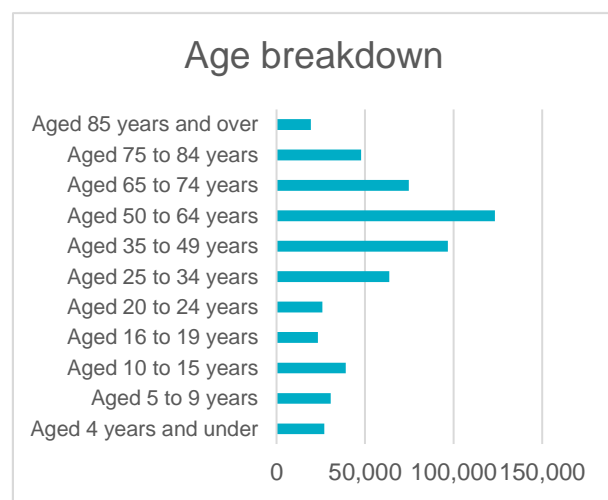


Figure 1 - Age breakdown by five-year gap

Sex

The split between the legal sexes of female and male is in line with the

¹ Data downloads - Nomis - Official Census and Labour Market Statistics

² Nomis - Official Census and Labour Market Statistics

³ Community Hospitals - Somerset NHS Foundation Trust

national average (51% female and 49% male).

Race and ethnicity

Somerset is not generally considered to be ethnically diverse with 96% of the population identifying as white. The remaining 4% is represented by people who identify as Asian/Asian British (1.5%), black or black British (0.4%), mixed or multiple ethnic groups (1.2%), and other ethnic groups (0.4%).

Bridgwater has a hotel that hosts asylum seekers and refugees and has a fluid population and can accommodate up to approximately 250 residents. The hotel is allocated to accommodate families or single females.

Somerset has pockets of privately run Gypsy and Traveller sites located across the county. The number of residents on these sites is difficult to estimate. In addition, Somerset is on one of the main travelling routes for more mobile travellers and there is a marked increase in numbers during the traditional travelling period (April – October). Somerset does not have any provision for “stopping places” for travellers and many will set up “roadside” which makes it difficult to get a full picture of the numbers that may travel through Somerset or are in Somerset at any given point. In addition to the ethnic travellers mentioned above, Somerset has many

New [Age] Travellers, particularly around the area of Glastonbury. This is a transient community and populations fluctuate regularly. It is estimated that there are approximately 180 vehicles parked roadside in the Glastonbury area.

Language

There are 532,913 (95.9%) of the population over the age of three who have English as a first language. Of the remaining 22,875 (4.1%) of people:

- 10,347 (1.9%) can speak English very well
- 8,769 (1.6%) can speak English well
- 3,244 (0.6%) cannot speak English well, and
- 515 (0.1%) cannot speak English

Sexual orientation

The population of over 16s in Somerset was 474,940. Figure 2 shows that the majority (90%) of this population identify as straight or heterosexual. A further 1.2% as gay or lesbian, 1.1% as bisexual, and 0.3% as all other sexual orientations. 7.5% elected not to respond to this question in the 2021 Census.



Figure 2 - Split of population by sexual orientation

Gender identity

The population size for over 16s in respect of questions around gender identity is 474,940.

446,072 (94%) of this population identified as having a gender which matched that which was assigned at birth.

665 (0.35%) of this population identify as having a gender that is different to the gender assigned at birth, which is broken down as follows:

Gender identity	Number	Percentage
Trans woman	308	0.06%
Trans man	313	0.07%

⁴ A total of 35 "other" religions were identified in the 2021 census which can be found in 'Appendix IV'.

Non-binary	193	0.04%
Other	163	0.03%

Figure 3 - Breakdown of population whose gender does not match that which was assigned at birth

27,266 (5.73%) elected not to answer this question in the 2021 Census.

Religion

The 2021 Census identified that 296,905 (52.0%) of the population has a religion or belief and 237,262 (41.5%) do not. Those considered as not having a religion include agnostic, atheist, free-thinker, and humanist, along with those who identify as having no religion.

Religion	Number	Percentage
Christian	286,672	96.55%
Muslim	2,600	0.88%
Buddhist	1,930	0.65%
Hindu	1,103	0.37%
Jewish	451	0.15%
Sikh	189	0.06%
Other ⁴	3,960	1.33%

Figure 4 - Breakdown of religions and beliefs.

Transport

Somerset has bus services across the county and has mainline train services and national coach services. Of the 250,120 households in Somerset, 34,931 (14%) do not have access to a private vehicle, with 215,189 (86%) having access to at least one private vehicle.

Carers

Of the 544,501 people aged five or over, 494,564 (90.8%) do not have caring responsibilities. Figure 5 shows a breakdown of the number of hours per week spent undertaking caring responsibilities.

Caring responsibility per week	Number	Percentage
9 hours or <	19,474	3.58%
10-19 hours	6,584	1.21%
20-34 hours	4,447	0.82%
35-49 hours	4,688	0.86%
50+ hours	14,744	2.71%

Figure 5 - Level of caring responsibilities per week

Deprivation

Somerset has less deprivation than the England average. Approximately 10% of the Somerset population fall into the England Core 20⁵ most deprived group, which are mainly centred in urban areas. There is a lot of rural deprivation which is

not as extreme but exacerbated by poor transport and access to services, and digital exclusion, especially in West Somerset and coastal areas.

The 2021 Census shows that 50% of the population are not deprived by any of the dimensions. The dimensions are national indicators which are detailed in 'Appendix V'.

Figure 6 shows the number of households by the number of deprivation dimensions.

Number of deprivation dimensions	Number	Percentage
One	86,027	34.4%
Two	31,969	12.8%
Three	6,762	2.7%
Four	329	0.1%

Figure 6 - Household deprivation by number of dimensions

⁵ NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

Equality activity

We undertake several initiatives and activities to improve access and experience of services in Somerset. These are a combination of those which we are asked to undertake as part of national initiatives but also include activities that we choose to undertake to address the local needs of patients.

Below is a summary of our activity for the period 2023/2024.

Reasonable adjustment flag

NHS Digital has launched a new requirement for NHS organisations to adopt a reasonable adjustment flag⁶.

The main aim of the reasonable adjustment flag is to record and share the access needs of patients when using any NHS service. For example, where a patient records their needs with their GP practice, this is then shared with other NHS services, such as hospitals, community teams, etc.

NHS Somerset has a working group to support the technical implementation of this flag for providers of healthcare across the county. This working group comprises members of the Digital Team, Equality Leads and people with particular expertise in areas such as Learning Disability, Mental Health, etc.

One key aim of this initiative is to support the success of the Accessible

Information Standard. More information about the [Accessible Information Standard](#) can be found below.

Accessible Information Standard

The Accessible Information Standard (AIS)⁷ which was introduced in 2016 and is a national initiative to support the successful recording and implementation of patient needs in respect of [disability](#).

The AIS requires five core actions in respect of recording a patient's needs to make the NHS accessible. These are:

1. Identify

Establish the needs of patients and their carers relating to accessibility needs. Where appropriate, the identification of needs should involve the patients and their carers.

⁶ <https://digital.nhs.uk/services/reasonable-adjustment-flag>

⁷ <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>

2. Record

Appropriate recording of a patient's needs and those of their carers should be maintained on the patient's record. Guidance provided by NHS emphasises the need to record the required adjustments, rather than the condition or disability itself.

3. Flag

Any details of adjustments should appear prominently to ensure that anyone accessing the patient record is alerted that there are needs to be considered.

4. Share

Where a requirement has been detailed in a particular health setting, e.g. a GP practice, this information should be shared with other providers of NHS services and social care. This should be undertaken using existing data sharing agreements with other organisations.

5. Meet

Where an adjustment has been recorded, every organisation is required to meet the needs detailed.

This is a duty under the Equality Act 2010 for organisations to make Reasonable Adjustments⁸ for people using its services.

NHS Somerset is not required to meet the Accessible Information Standard. This is partly because we do not routinely hold patient information. However, we have taken the decision locally to focus on areas of the organisation that do have direct patient access, specifically Continuing Healthcare (CHC) and Patient Advice and Liaison Service (PALS). The systems used to record information were successfully updated and assessed as compliant with the AIS in 2021 and there is ongoing monitoring of their compliance.

CHC is currently procuring a new system to manage patient records, and the AIS has been included in the procurement process to ensure that the successful bidder retains its compliance with the AIS.

Armed Forces Covenant

For several years, the NHS Constitution has referred to the Armed Forces Covenant, as set out in the fourth



8

<https://www.legislation.gov.uk/ukpga/2010/15/part/2/cha/pter/2/crossheading/adjustments-for-disabled-persons>

principle.⁹ More recently, the Armed Forces Covenant has been enshrined in law.

We have undertaken a number of initiatives to ensure that serving military personnel, veterans and their families are not disadvantaged when using NHS services in Somerset.

During the year we undertook extensive engagement activity with military personnel and veterans during which incorporated to the recommendations made in the ‘Healthcare for the Armed Forces community: a forward view.’¹⁰

These include:

1. Ongoing engagement with the Armed Forces community in Somerset
2. To improve the relationship between NHS Somerset and the Armed Forces community at times of transition
3. Continue / develop / enhance Education and training for all NHS staff in Somerset
4. Improve access to dentistry for military children
5. Ensure access to mental health services for those currently serving in the Armed Forces
6. Provide mental health care for the children of serving personnel
7. Audiology referral for veterans with hearing loss
8. Regular physical and mental health checks for veterans
9. Mesothelioma screening programme
10. Skin cancer research in veterans

More information about our engagement around serving personnel and veterans can be found in our ‘[Meeting the needs of the Armed Forces community in Somerset](#)’ on our website.

Community outreach

We undertake various activities to reach our diverse communities within Somerset.

We have worked closely with Somerset Council to support migrant and displaced communities. This includes the many people who have arrived in the UK under the Homes for Ukraine scheme, the Afghan Relocations and Assistance Policy (ARAP) and Afghan Citizens Resettlement Scheme (ACRS). In addition, we have been central to supporting the large population of migrant workers in the county providing education and signposting into appropriate health services and support

⁹ <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

¹⁰ [Healthcare for the Armed Forces community: a forward view to 2022](#)

with wider access to other public services.

Somerset has an outreach vaccination team, initially to deliver the Covid-19 vaccination to our underserved communities. During this reporting period the team have also developed their skills to support and build on the outreach model such as targeted vaccination programmes such as MMR.

Migrant workers

During this period, we continued to provide direct support to a large group of migrant workers originally from Bulgaria.

Support included registration with local GP services and signposting away from Accident and Emergency to more appropriate settings.

A total of 136 GP registrations were undertaken for this community along with education on how to navigate the health system in the UK.

We also facilitated the attendance of nurses from Somerset's outreach nursing team to provide on site support, and additional support from maternity services where required.

This approach has demonstrated the need for ongoing consistent support from known individuals is necessary to address fears and mistrust of "authorities" and allowed us to engage

other agencies to offer engagement of other services, such as health visitors, education, housing, DWP, and many more.

The learning from engaging this group has given us the opportunity to respond more efficiently should similar groups arrive in the future.

Equality training

During 2023/2024 a total of six training workshops were delivered to GP practices on the topic of equality. Three of these included an extended session covering trans health and one included a focus on Gypsy, Roma and Traveller health at the request of the practices. Approximately 240 practice staff attended these workshops.

Furthermore, we provided tailored training to Somerset's homelessness outreach nursing team with a focus on Lesbian, Gay, Bisexual and Trans (LGBT) health. This focus was selected due to the disproportionate representation of LGBTQ+ people within the homeless communities nationally.

We provided a full-day workshop to Taunton's trainee GPs covering patient experiences across many of the protected characteristics. These included topics such as LGBTQ+, Gypsy, Roma and Traveller communities, homeless people, D/deaf communities

and people, and migrant health. This was a combination of patient experiences, cultural awareness, unconscious bias, and reasonable

adjustments, along with practical information around clinical pathways and ICB policies.

Engagement activities

To understand the needs of Somerset's population, we are committed to engaging with people and communities across the county.

We also listen to feedback from those who provide NHS services in Somerset, such as hospital staff, GP practices, and community health teams.

This allows us to work towards providing services that meet the needs of people should they have to use them.

Our engagement team proactively seeks feedback from those using NHS services across the county. The engagement team works closely with our equality leads and commissioners to develop a comprehensive understanding of what is important to our population.

You can read more about [our approach to engagement](#) on our website.

In addition to the wider engagement activities, we maintain strong links with organisations that provide support to the different communities that make up Somerset.

Staff at the ICB are regularly reminded of the need to engage with patient groups and communities when undertaking any Equality Impact Assessments¹¹. Our Equality Leads provide support to ensure access to relevant groups is achieved to inform our decisions across all of the protected characteristics as defined by the Equality Act 2010.

¹¹ An Equality Impact Assessment is a process which formalises the consideration of the impacts of change on a

particular group, including the protected characteristics as defined by the Equality Act 2010.

Appendices

Appendix I – Protected Characteristics

Age

Age relates to a person's actual age, or an age group, for example 18 to 25-year-olds. It also can relate to age-related references or terms, such as teenagers, elderly, pre-schoolers, etc.

Disability

The Equality Act 2010 provides a legal test in respect of the protected characteristic of Disability:

A psychological or physical condition that has a substantial and long-term impact on a person's ability to undertake day-to-day activities.

In addition to the legal test above, the Act also states that cancer, multiple sclerosis, and HIV are all treated as disabilities, irrespective of the impact they may or may not have on a person's day-to-day life.

Protection from Prohibited Conduct in respect of disability also extends to people caring for someone who is disabled.

Gender reassignment

This is defined as a person who is considering undergoing, is undergoing,

or has undergone the process of changing from one sex to another.

Marriage and civil partnership

This relates only to people who are married or have a civil partnership. It does not extend to people who are single, in a romantic or sexual relationship, or people who are co-habiting.

Pregnancy and maternity

Protection for pregnancy starts when a person becomes pregnant.

Protection for maternity starts when a person gives birth and continues for 28 weeks. One exception to this period relates to breast/chest feeding. Anyone who is feeding is protected from Prohibited Conduct for however long this continues.

In the case of early termination or still birth, where a pregnancy has lasted for more than 24 weeks, the same protection from Prohibited Conduct applies.

Race and ethnicity

This relates to a person's skin colour, e.g. black, brown, white, etc. It also relates to a person's national identity.

Furthermore, ethnicity relates to any ethnic identities, such as Gypsy, Roma, or other travelling communities.

Religion or belief

This relates to a person's religion, e.g. Christianity, Islam, Judaism, etc.

In addition to what might be considered "organised religions", belief extends to any commonly held values that have an impact on how someone might conduct their life. Successful legal cases in respect of belief include veganism and environmentalism.

The Equality Act 2010 does not provide a defined list of religions or beliefs, however any philosophical belief that:

- ✓ is genuinely held and more than simply an opinion.
- ✓ is cogent, serious and applies to an important aspect of human life or behaviour.
- ✓ is worth of respect in a democratic society and does not affect other people's fundamental rights.

Protection also includes anyone who does not have any religion or belief.

Sex

Sometimes referred to as Gender, sex is simply a man or a woman.

Sexual orientation

This relates to people who are attracted to the opposite sex (heterosexual), the same sex (homosexual) or both sexes (bisexual).

It does not currently extend to include other sexual identities, such as asexuality, aromantic, or pansexuality.

Appendix II – Prohibited conduct

The Equality Act 2010 sets out what are prohibited conduct. These are actions, activities or behaviours that are unlawful when related to any of the protected characteristics defined by the Act.

Prohibited conduct are defined as:

Discrimination

Discrimination is divided into three types.

Direct discrimination is where a person or group of people are directly treated less favourably because of one of the protected characteristics. An example of this might be where a person is overlooked for an employment opportunity because of their ethnic background, their age, their sexual orientation, etc.

Indirect discrimination usually occurs where an organisation has a policy that leads to people being treated less favourably because of one of the protected characteristics. For example, a policy where all patients can only telephone a GP practice or hospital, with no alternative contact method, would most likely indirectly discriminate

against certain people, for example d/Deaf people.

Discrimination on the grounds of disability relates solely to the protected characteristic of Disability.

Discrimination on the grounds of disability occurs when a person is treated less favourably due to something that is related to their disability, rather than the disability itself.

Harassment

Harassment relates to any unwanted or offensive behaviour on the grounds of any of the protected characteristics.

Types of harassment can include, but are not limited to:

- ✘ Bullying
- ✘ Inappropriate “jokes”
- ✘ Name calling
- ✘ Sexual harassment
- ✘ Teasing

Victimisation

Victimisation can occur where a person who has made a complaint of discrimination or harassment and, because of this, is treated less favourably.

Appendix III – Making adjustments

There is a legal duty for every organisation to make adjustments for its employees and the people using its services. These are aimed to reduce exclusion from the working world and, in the case of Somerset ICB, when designing services for the county's population.

These include things like the ability to access to interpreters for people who have no or little English, and to provide any information in the languages required by Somerset's population.

Adjustments also extend to ensuring that services are sensitive to any cultural or religious needs of patients and employees, for example access to gender-appropriate clinicians, or adherence to faith-based practices.

Reasonable Adjustments

These are a specific requirement in law and relate to people with disabilities.

All organisations are required to ensure that disabled people can access employment and health services equally. These can include things like step-free access to buildings for wheelchair users, however the topic of reasonable adjustments is much wider

than simply physical adaptations to the environment.

For example, a person may need longer appointments to ensure that they have sufficient time to process the information that they are being given.

They may need letters and other information provided in tactile languages, such as Braille.

They may need access to additional equipment, such as a hearing loop.

They may need to use a support worker or carer to assist them during consultations.

They may need access to a British Sign Language/English interpreter to ensure that the clinician and patient both understand what is being communicated.

All of these could be considered Reasonable Adjustments.

The duty to make Reasonable Adjustments is referred to as an anticipatory duty. This means that organisations must consider the potential needs of anyone who may use its services and make these available.

Appendix IV – List of “other” religions as identified in the UK 2021 Census

Religion	Number	Religion	Number
Alevi	8	Rastafarian	35
Animism	26	Ravidassia	1
Baha'i	32	Reconstructionist	10
Believe in God	12	Satanism	41
Chinese Religion	3	Scientology	5
Deist	8	Shamanism	18
Druid	61	Shintoism	11
Heathen	76	Spiritual	463
Jain	10	Spiritualist	355
Mixed Religion	106	Taoist	53
Mysticism	14	Theism	6
Native American Church	3	Thelemite	3
New Age	10	Universalist	16
Occult	11	Vodun	2
Other religions	671	Wicca	147
Own Belief System	33	Witchcraft	20
Pagan	1,633	Zoroastrian	12
Pantheism	45		

Appendix V – Deprivation dimensions

The dimensions of deprivation used to classify households are indicators based on four selected household characteristics. These are:

Education

A household is classified as deprived in the education dimension if no one has at least level 2 education and no one aged 16 to 18 years is a full-time student.

Employment

A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or economically inactive due to long-term sickness or disability.

Health

A household is classified as deprived in the health dimension if any person in the household has general health that is bad or very bad or is identified as disabled. People who have assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).

Housing

A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.