

NHS North Lincolnshire CCG Annual Equality Information Report 2020 / 2021

1 Accessibility Statement

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Glossary of terms and abbreviations

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| E&I | Equality and Inclusion |
| CCG | Clinical Commissioning Group |
| EDS / EDS3 | Equality Delivery System |
| EqIA | Equality Impact Assessment |
| L&D | Learning & Development |
| WDES | Workforce Disability Equality Standard |
| WRES | Workforce Race Equality Standard |
| PCN | Primary Care Network |
| LMC | Local Medical Committee |
| AIS | Accessible Information Standard |

2 Introduction

NHS North Lincolnshire CCG has navigated unprecedented change during 2020/2021, supporting staff to work safely whilst working in partnership to coordinate an emergency response to support the people of North Lincolnshire in accessing vital healthcare services. The COVID-19 pandemic has also highlighted and widened stark health inequalities, particularly affecting Black, Asian and Minority Ethnic (BAME) NHS staff, patients and communities, as well as those with disabilities.

The CCG has strived to keep up momentum in terms of embracing its equality duties and not simply focusing on maintaining legal compliance but continuing to make meaningful progress against its equality objectives.

This Equality Information Report demonstrates how NHS North Lincolnshire Clinical Commissioning Group (CCG) is meeting its public sector equality duties and NHS England equality standards. The report goes beyond compliance, to reflect our equality programme of work. We recognise this is a journey of development and improvement and welcome feedback and views on how we are doing.

This report will:

- Set out our equality public sector duties and how we have responded to these
- Demonstrate how we are paying due regard to NHS England Equality Standards, including the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES), the Accessible Information Standard (AIS) and the Equality Delivery System (EDS)
- Set out our governance arrangements for delivering our equality objectives and reviewing performance
- Highlight achievements and outcomes against our equality objectives 2017-2020.
- Define our equality objectives for 2021 - 2022
- Set out our priorities for 2021/22

3 Legal Context and Equality Objectives

NHS North Lincolnshire Clinical Commissioning Group is committed to promoting equality and eliminating discrimination as an employer, and in ensuring the services we commission are accessible and inclusive. We recognise our duties under the Human Rights Act 1998 and the Equality Act 2010, including the Public Sector General Equality Duty to pay due regard to:

1. Eliminating unlawful discrimination, harassment and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic.

The protected characteristics defined by the Equality Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (further defined in 3.2 below).

2. Advancing equality of opportunity between people who share a protected characteristic and people who do not share it. This means:
 - Removing or minimising disadvantage experienced by people due to their personal characteristics
 - Meeting the needs of people with protected characteristics
 - Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.
3. Fostering good relations between people who share a protected characteristic and people who do not share it, which means:
 - Tackling prejudice, with relevant information and reducing stigma
 - Promoting understanding between people who share a protected characteristic and others who do not.

Having due regard means considering the above in all the decision making, including:

- How the organisation acts as an employer
- Developing, reviewing and evaluating policies
- Designing, delivering and reviewing services
- Procuring and commissioning
- Providing equitable access to services.

The specific equality duties were updated by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. These regulations introduced requirements for public bodies to publish information in relation to gender pay equality and the annual publishing of equality information.

3.1 The specific duties are:

1. Gender pay gap reporting:
 - a. *Applicable to all public bodies with 250 or more employees (not directly applicable to the CCG).*
 - b. *Utilising data from 31st March 2017 to analyse and publish by 30th March 2018 and annually thereafter.*
 - c. *Publish the information in a manner that is accessible to all its employees and to the public, for a period of at least three years beginning with the date of publication.*
2. Publication of information demonstrating compliance with s149(1) Equality Act 2010:

- a. *Publication must include information relating to persons who share a relevant protected characteristic who are;*
 - i. *its employees (providing it employs 150 or more employees);*
 - ii. *other persons affected by its policies or practices.*
 - b. *Publish information not later than 30th March 2018 and annually thereafter.*
 - c. *Subsequently at intervals of not greater than one year beginning with the date of last publication*
3. Preparation and publication of one or more, specific and measurable, equality objectives;
 - a. *Published not later than 30 March 2018 (aligning to any current Equality Objective commitments).*
 - b. *Subsequently at intervals of not greater than four years beginning with the date of last publication.*

3.2 Protected Characteristics

The protected characteristics referred to in the Act are:

- **Age**, which refers to a person of any age group
- **Disability**, including persons with a physical or mental impairment where the impairment has a substantial long-term adverse effect on that person's ability to carry out day-to-day activities
- **Sex**, refers to a man or a woman
- **Gender reassignment**, which refers to a person proposing to or has undergone a process in relation to physiological or other attributes of sex, with the aim of aligning gender identity
- **Pregnancy and maternity**, this includes protection from discrimination when someone is pregnant, or after they have given birth. It includes protection for breastfeeding mothers
- **Race**, including ethnic or national origins, colour or nationality
- **Religion or belief**, including a lack of religion or belief, and where belief includes any religious or philosophical belief
- **Sexual orientation**, meaning a person's sexual orientation towards persons of the same sex, persons of the opposite sex and persons of either sex
- **Marriage and civil partnership**, refers to marital or civil partnership status, but in terms of assessing equality impact, only has relevance when a policy or decision includes criteria related to a person's marital or civil partnership status.

4 NHS England Equality Standards

4.1 Equality Delivery System (EDS)

Our equality objectives and outcomes were developed using the EDS as a framework to engage with local interest groups and listen to their experiences. The EDS is based upon 4 key performance objectives these are;

- Better Health Outcomes for all
- Improved patient access & experience
- Empowered, engaged & well supported staff
- Inclusive leadership at all levels

More information about EDS can be found here; [NHS England » Equality Delivery System](#). It is expected that NHS England will launch EDS3 during 2021/2022. We are reviewing previous EDS and other wider engagement and consultation insight and data in preparation of the publication of the EDS3 guidance. In the interim, we have incorporated the goals of the EDS into our equality objectives so that progress continues.

4.2 Workforce Race Equality Standard (WRES)

The WRES requires organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of Black, Asian, Minority Ethnic (BAME) Board representation. We recognise our role in asking providers to report on their performance against the WRES framework from 1 July 2015, as well as paying due regard to the standard in its own workforce practices.

Paying due regard to WRES as an employer and a commissioner is reflected in our Equality and Inclusion (E&I) delivery plan.

4.3 Workforce Disability Equality Standard (WDES)

The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of disabled staff in the NHS. The WDES is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts from April 2019.

Mandatory reporting on WDES is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation. However, in accordance with its commitment to best practice beyond compliance, the CCG has collected and reviewed the WDES data to enable analysis of the information, learning and putting measures in place to improve access and opportunities for disabled staff and candidates.

4.4 Accessible Information Standard

The CCG meets the requirements of the Accessible Information Standard by providing a range of communication adjustments to the public who wish to engage directly with the CCG. The CCG has a direct link within the CCG's Equality and Inclusion webpage that is dedicated to

signposting the general public if alternative methods of communication are required, this can be found at <https://northlincolnshireccg.nhs.uk/equality-and-inclusion/accessible-information-standard/>. Further developments form part of the North Lincolnshire CCG Equality and Inclusion delivery plan.

5 Governance and Management Arrangements

The Executive leadership and oversight for Equality and Inclusion is held by the Director of Nursing and Quality, however all North Lincolnshire CCG employees are aware that it is everybody's responsibility to promote equality and inclusion and this is reflected throughout staff training and within personal development reviews. In addition to this, in 2020 North Lincolnshire CCG committed to a new and dedicated role that is focused solely on Equality and Inclusion. This post has been recruited to and commenced in February 2021.

In June 2020 the CCG re-instated the Equality and Inclusion Steering Group to oversee the implementation of the CCG's Equality and Inclusion Delivery Plan. Membership of this group includes representation from all CCG functions as follows;

- Lay Member for Equality and Inclusion
- Lay Member for Patient and Public Involvement
- Deputy Director of Nursing and Quality
- Head of Strategic Commissioning
- Head of Communication and Engagement
- Head of Human Resources
- Equality and Inclusion Lead
- Engagement Manager

The E&I Steering Group meets bi-monthly to update and review progress against an E&I Delivery Plan 2020/21. Bi-monthly reports are presented to the Quality, Performance and Finance Committee, with an annual Equality Information Report submitted to the CCG Board for approval.

6 Reporting Information

6.1 Gender Pay Gap Reporting

The CCG employs 65 staff (as at December 2020), and therefore is not subject to this reporting duty. However, we do regularly analyse our workforce data, including pay band by gender. Salaries are reviewed by our Remuneration Committee, which follows national guidelines and best practice. [Our annual report](#) includes a salary and information report, which lists the salaries received by members of the CCG Board.

6.2 Workforce Reporting

As above, the workforce reporting duty applies to employers with more than 150 staff which the CCG does not met. However, we do capture and analyse data relating to the protected characteristics of staff and our Board.

The summary WRES findings for the CCG (as at September 2020) were as follows:

- According to ESR data, 8.86% of the CCG's workforce is identified as BAME. This is higher than the overall BAME population of North Lincolnshire (as defined above) which is identified as 7.2% (ONS Census, 2011). Specific numbers are not listed as they are so small as to potentially enable the identification of individuals.
- Based on the 2019/20 recruitment information, white candidates have a higher likelihood of being appointed from shortlisting compared to BAME candidates. However caution must be used in interpretation of this data as the very low numbers reported in some categories would challenge statistical validity.
- According to ESR data 27.3% of Board Members are from a BAME ethnicity compared with 45.5% from a white ethnicity. 27.3% were reported as unknown / null. This is a variation from 2018/19 where only 40% of Board Members were identified as BAME ethnicity.

6.3 Information about people affected by the CCG

The CCG works with our partners and the people of North Lincolnshire to commission services and improve the health of the local people and communities. The CCG's programmes are based on evidence about the population, with a focus on health needs and inequalities. These include:

- Population Health Management data
- Ward level public health profiles
- People, communities and Place
- Delivery of the NHS Long Term Plan
- Delivering safe, high quality services
- Building relationships with communities
- Taking action on health inequalities and the local strategy for health and wellbeing

6.4 Health Inequalities and COVID-19 Equality Impact

COVID has highlighted inequalities at a local, national and global level, with the impact of the pandemic being borne disproportionately by Black, Asian and Minority Ethnic (BAME) individuals and disabled people. NHS England and Improvement issued an urgent response in the summer of 2020 requiring action across the healthcare system ([Phase 3 Covid Response to health and workforce inequalities](#))

Particular sections within the Phase 3 implementation guidance have direct relevance to our Equality and Inclusion Delivery plan. These include but are not limited to;

- Protecting the most vulnerable from COVID-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.
- Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31 December 2020, with general practice prioritising those groups at significant risk of COVID-19 from 1 September 2020.
- Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September 2020; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact.

The phase 3 letter from Simon Stevens dated 31 July 2020 also highlights that action is required to;

- Address systemic inequality that is experienced by some of our staff, including BAME staff.
- Wherever possible, work with local authorities and local partners in developing plans for recruitment that contribute to the regeneration of communities, especially in light of the economic impact of COVID-19.

Our response

Local engagement and collaboration with system partners, including the voluntary sector, has increased since the beginning of the COVID-19 pandemic which has aided bespoke and targeted support into some of our most vulnerable communities. Bespoke support has been wrapped around specific community groups such as Care Home residents, the Homeless population and our local BAME communities. An integrated approach to supporting our local population utilising a variety of methods has enabled many successes in areas such as COVID-19 outbreak management and uptake of the Covid vaccination programme.

As previously highlighted North Lincolnshire CCG committed to the recruitment of a new role with a sole focus on the Equality and Inclusion agenda. The aim of this role is to support the wider CCG and local system partners in improving the understanding of the local position, enhance the current delivery plans to ensure all aspects of health inequalities and learning from the COVID-19 pandemic are fully embedded in the ongoing actions and to aid pace in the delivery.

Additionally equality impact assessments were also conducted throughout 2020/2021 in line with local processes for all newly commissioned services or changes to service delivery as a

direct result of the COVID-19 pandemic response. These EqIA's enabled increased oversight and action planning in response to the findings which were shared with the relevant Committee's and Executive Team within the CCG and the outcomes feed directly into the local Equality and Inclusion delivery plan.

During 2021/22 the CCG will move into a transition period to transfer many of its commissioning functions into an Integrated Care System, with increased collaboration both across the Humber, Coast and Vale footprint and also across the Humber Partnership. There will no doubt by a wider system approach to elements of the Equality and Inclusion agenda, for example the implementation of the revised Equality Delivery System (EDS3) and there are clear benefits to sharing expertise and closer alignment where it is appropriate to do so. However, we will not lose sight of the value of working at Place and neighbourhood level to ensure we listen to and understand our local communities and work in partnership with local authorities to address health inequalities and strengthen local accountability.

7 Equality Objectives

The North Lincolnshire CCG equality objectives for 2017-2020 were developed through engagement with staff and local interest groups primarily through implementing the Equality Delivery System (EDS2). The equality objectives for 2017- 2020 were;

1. The CCG will engage and involve, with due regard, local people, communities and stakeholders (representing the Equality Act 2010 Protected Characteristics) when commissioning, designing and evaluating services throughout the year.
2. The CCG will demonstrate; and report in the annual report each year; it is a fair and inclusive employer that recognises the value of diversity.
3. The CCG will continue to embed equality and diversity principles by developing and supporting all staff and Governing Body members to promote and champion inclusion in all aspects of the CCGs work.

7.1 Achievements against the 2017-2020 CCG Equality and Inclusion Objectives

The CCG has made many achievements over the last 3 years against the Equality and Inclusion objectives, the following section highlights just a few of the key areas of success against each objective;

1. *The CCG will engage and involve, with due regard, local people, communities and stakeholders (representing the Equality Act 2010 Protected Characteristics) when commissioning, designing and evaluating services throughout the year.*
- The CCG has several employees who are regular members of the Northern Lincolnshire Equality, Diversity and Inclusion Forum where commissioning intentions and service evaluation areas can be considered. However of greater importance this has improved collaboration and networking between all partner organisations across Northern Lincolnshire as well as a forum for sharing of best practice.

- Engagement in Commissioning intentions is now embedded within the CCG and wider across the system partners. An example of this was the engagement regarding the development of an Urgent Treatment Centre (UTC) in North Lincolnshire. A survey questionnaire was available online and was sent to key contacts, however to support wider equality engagement, CCG staff went out into the community to discuss key questions from the survey with inclusion health groups such as parents of young children, the homeless, people in the workplace and older people's groups. Discussions were also held with groups representing mental health, maternity, carers and religious groups. The outcome of this engagement helped to shape the UTC model.
 - Extensive engagement has taken place throughout the last year in relation to understanding the impact of service changes as a result of the COVID-19 pandemic. This included extensive patient engagement in relation to changes regarding access to Primary Care and Emergency Departments throughout the pandemic. The recommendations from these will aid future service developments and commissioning intentions.
 - Utilisation of a CCG Humber wide Integrated Impact Assessment tool has been utilised for assessing Equality impact of large service transformation such as Oncology and Haematology services.
2. *The CCG will demonstrate; and report in the annual report each year; it is a fair and inclusive employer that recognises the value of diversity*
- As highlighted in section 6.2, 8.86% of the CCG's workforce is identified as being from BAME background, which is higher than the North Lincolnshire local BAME population.
 - During 2020 recruitment training continued with the inclusion of unconscious / conscious bias training within it to upskill all recruiting employee's to ensure the CCG is an inclusive employer.
 - CCG accreditation with Disability Confident
 - CCG accreditation with Mindful Employer scheme
3. *The CCG will continue to embed equality and diversity principles by developing and supporting all staff and Governing Body members to promote and champion inclusion in all aspects of the CCGs work*
- All commissioning decisions, including service specification, projects and policies have a well embedded process for ensuring equality impact assessments have been completed and these are presented as part of the approval process at the Planning and Commissioning Committee. This provides the assurance that appropriate engagement and insight is used to inform our commissioning decisions.
 - The development and continuation of a staff forum, with a focus on staff health, wellbeing and inclusivity. Additionally a range of support is provided for CCG staff for their physical and emotional wellbeing. These include Occupational Health,

Counselling, MIND wellbeing plans, HSE stress risk assessment, national H&WB Apps and websites, and access to colleagues who are trained Mental Health First Aiders. These are promoted on a regular basis via the weekly all staff briefings.

- Several employees are now members of the Yorkshire and Humber Equality Diversity and Inclusion Network, where learning and sharing of best practice takes place.
- The reinstatement of the Equality and Inclusion Steering group in June 2020, incorporating membership from across most directorates within the CCG. This forum is well supported by two Lay members who are fundamental in championing the role within the Governing Body, alongside the Executive Lead for Equality and Inclusion.
- Regular oversight and assurance of the Equality and Inclusion progress at the bi-monthly Quality, Performance and Finance Committee which is a subcommittee of the Governing Body.
- The CCG has developed Equality and Inclusion website pages that have a direct link from the home page to highlight the importance of the Equality and Inclusion agenda within the CCG.

7.2 North Lincolnshire CCG Equality and Inclusion Objectives for 2021/2022

During 2020 an engagement and consultation process took place to gauge opinion on the relevance of the existing Equality and Inclusion objectives and seek people's views on any areas that should be considered in the future. The engagement period ran for an extended period over two months and included all stakeholder contacts from groups that share protected characteristics, the North Lincolnshire Equality and Inclusion steering group members, partner organisations, local voluntary sector groups and provider equality and diversity leads.

Following this consultation four new Equality and Inclusion objectives were developed for 2021/2022 which were approved by the North Lincolnshire CCG Governing Body in February 2021. The four Equality and Inclusion Objectives are as follows;

1. To ensure that North Lincolnshire CCG is an organisation whose workforce is representative of the local population and proactively supports and drives the Equality and Inclusion agenda within all roles and responsibilities across the CCG.
2. To ensure that North Lincolnshire CCG governance and decision making pays due regard to Equality and Inclusion.
3. To proactively work in collaboration with local partners across North Lincolnshire to reduce health inequalities and improve the health outcomes for the local population.
4. To proactively engage with our diverse communities and ensure that voices and views are heard and taken into account when considering the CCG priorities and commissioning intentions.

These objectives are likely to be achieved through:

- Embedding an inclusive and compassionate culture, at all levels
- Facilitating learning environments that build collective capacity to understand and address health inequalities
- Empowering staff voice through staff networks and mentoring
- Nurturing partnerships (e.g. Yorkshire and Humber ED&I Network, local Diversity & Inclusion Forum, Primary Care Networks (PCNs), Local Authority Health Inequalities Network)
- Ensuring health inequalities are integrated into future commissioning arrangements, whilst seeking assurance from providers relating to equalities impact within their organisations
- Developing diverse networks of people, organisations and special interest groups in order that our engagement approach is both effective and inclusive

Our approach is to target our focus to a set of outcomes, matched to our equality objectives and aligned to the functions of the CCG.

7.3 Priorities for 2021 / 2022

The CCG will continue to drive operational progress and integration of Equality and Inclusion within all of our programmes of work across the CCG and will work towards implementing EDS3 once guidance is received.

The key priorities will continue to focus around meeting the Equality and Inclusion Objectives as defined above with a strong emphasis on reducing health inequalities and improving the health outcomes of the local population that we know have widened during the COVID-19 pandemic.

The CCG will continue to strengthen Equality and Inclusion links with:

- Primary Care Networks
- The Integrated Care System
- Provider Alliances
- Local authority

Another key area of focus will be supporting our workforce in any transition arrangements (e.g. post COVID or due to structural / organisational changes) as the new integrated care system configures.

8 Have your say

If you have any feedback about this report, or wish to raise any concerns please contact us, using the contact information given in section 1, page 1 of this report.