NHS North Lincolnshire CCG Annual Equality Information Report

2021 / 2022

# Accessibility Statement

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| Glossary of terms and abbreviations | |
| 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 |

# Introduction

During 2021/2022 NHS North Lincolnshire Clinical Commissioning Group (NLCCG) has continued to support and encourage staff to work safely across the partnership, to ensure the people of North Lincolnshire can access vital healthcare services. Throughout the past 2 years the COVID-19 pandemic has shone a light on health inequalities and highlighted how initially COVID-19 disproportionally affected ethnic minority staff, patients and wider communities, as well as those with disabilities. Therefore, NLCCG has ensured a key focus has been maintained on supporting the health and wellbeing of employees and the wider community, minimising health inequalities where able.

Throughout this past year NLCCG has not only embraced its equality duties and legal compliance but continued to drive change in line with the CCG equality objectives for 2021/2022.

This Equality Information Report demonstrates how NHS North Lincolnshire Clinical Commissioning Group 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 there are always areas for development and improvement and welcome feedback and views on the progress.

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 2021-2023.
* Outline our continued commitment for 2022/2023

# 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.

## The specific duties are:

1. Gender pay gap reporting:
   1. *Applicable to all public bodies with 250 or more employees (not directly applicable to the CCG).*
   2. *Utilising data from 31st March 2017 to analyse and publish by 30th March 2018 and annually thereafter.*
   3. *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:
   1. *Publication must include information relating to persons who share a relevant protected characteristic who are;*
      1. *i. its employees (providing it employs 150 or more employees);*
      2. *ii. other persons affected by its policies or practices.*
   2. *Publish information not later than 30th March 2018 and annually thereafter.*
   3. *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;
   1. *Published not later than 30 March 2021 (aligning to any current Equality Objective commitments).*
   2. *Subsequently at intervals of not greater than four years beginning with the date of last publication.*

## 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.

# NHS England Equality Standards

## 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 & wells supported staff
* Inclusive leadership at all levels

More information about EDS can be found here; [NHS England » Equality Delivery System](https://www.england.nhs.uk/about/equality/equality-hub/eds/). It was expected that NHS England would launch EDS3 during 2021/2022, however this did not happen. In the interim, we have incorporated the goals of the EDS into our equality objectives so that progress continues and recognise the need to ensure our actions focus on wider areas that effect inequalities such as socio-economic factors.

## 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 ethnic minority Board representation. We recognise our role in asking providers to report on their performance against the WRES framework from 1July 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.

[Our WRES report is available to read here.](https://northlincolnshireccg.nhs.uk/wp-content/uploads/2022/01/NL-WRES-WDES-EDS-2020-21.pdf)

## 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. The WDES does not apply to CCGs and the independent sector at this time. NHS England will be engaging with regions and integrated care systems (ICSs) to explore how the WDES can be applied in 2022.

Mandatory reporting on WDES is restricted to NHS Trusts and Foundation Trusts. However, in accordance with the 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.

## 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 website has a language translation facility and the ability to increase font size to aid inclusivity and a supplementary CCG You Tube channel is utilised for alterative video messages and engagement opportunities. Additionally 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/>. During 2021/2022 a national assessment was made of all NHS CCG websites. NLCCG received a ‘fair’ rating identifying two areas where accessibility could be improved. Both of these areas have ben acted upon and subsequently improved the overall accessibility to the CCG website and navigation.

# 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. This is reflected throughout staff training, within personal development reviews and with the addition of a specific element within line managers one to one paperwork to ensure a focus upon this during 2021/2022.

The CCG’s Equality and Inclusion Steering Group oversees the implementation of the CCG’s Equality and Inclusion Delivery Plan. This forum has continued to meet throughout the past year despite the pressures of the pandemic. 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
* Interim Director of Nursing and Quality
* Deputy Director of Nursing and Quality
* Head of Strategic Commissioning
* Head of Communication and Engagement
* Head of Human Resources
* Head of Primary Care Transformation
* Quality and Patient Safety Lead
* Engagement Manager

The Equality and Inclusion Steering Group meets bi-monthly to update and review progress against an Equality and Inclusion Delivery Plan 2021/2022. Bi-monthly reports are presented to the Quality, Performance and Finance Committee, with an annual Equality Information Report submitted to the CCG Governing Body for approval.

# Reporting Information

## Gender Pay Gap Reporting

The CCG employed 68 staff (as at 31st December 2021), 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](https://northlincolnshireccg.nhs.uk/wp-content/uploads/2021/08/2545-NL-CCG-Annual-Report-2020-21.pdf) includes a salary and information report, which lists the salaries received by members of the CCG Board.

## Workforce Reporting

As above, the workforce reporting duty applies to employers with more than 150 staff which the CCG does not meet. 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 2021) were as follows:

* According to ESR data, 7.2% of NLCCG’s workforce is identified as BME. The BME population of North Lincolnshire (ONS 2011) is 7.2%. Specific numbers are not listed as they are small and potentially enable the identification of individuals.
* Based on the 2020/2021 recruitment information, white candidates have a higher likelihood of being appointed from shortlisting compared to BME 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 21.4% of the CCG’s Board is BME. This is the similar to the 2020 data reported.
* BME staff are no more likely to enter formal disciplinary processes than White staff.

[The full Workforce Race Equality Standard Report 2021 can be found on the CCG’s website here.](https://northlincolnshireccg.nhs.uk/wp-content/uploads/2022/01/NL-WRES-WDES-EDS-2020-21.pdf)

## 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

## Health Inequalities and COVID-19 Equality Impact

In June 2020, the Prime Minister and the Secretary of State for Health and Social Care asked the Minister for Equalities to look at why COVID-19 was having a disproportionate impact on ethnic minority groups and to consider how the government response to this could be improved. At that time, we knew that ethnic minorities were more likely to be infected and to die from COVID-19, but we did not know why. Following research our understanding of the risk factors affecting ethnic minorities became much clearer. We now know:

* the main factors behind the higher risk of COVID-19 infection for ethnic minority groups include occupation (particularly for those in frontline roles, such as NHS workers), living with children in multigenerational households, and living in densely populated urban areas with poor air quality and higher levels of deprivation
* once a person is infected, factors such as older age, male sex, having a disability or a pre-existing health condition (such as diabetes) are likely to increase the risk of dying from COVID-19
* while ethnicity itself was not thought to be a risk factor, recent research by Oxford University identified the gene responsible for doubling the risk of respiratory failure from COVID-19, carried by 61% of people with South Asian ancestry – this goes some way to explaining the higher death rates and hospitalisations in that group.

These insights have been crucial in shaping the government’s response to COVID-19

The early efforts, informed by the emerging data and scientific advice, focused on preventing the risk of infection and protecting key frontline workers who were most at risk. This included risk-assessing over 95% of frontline NHS staff by September 2020 and national guidance on how to make workplaces secure for those who were not able to work from home.

The approach to the pandemic evolved as our understanding of the risk factors developed. For example, in the second wave of the pandemic, the risk of dying from COVID-19 was much higher for the Bangladeshi and Pakistani ethnic groups resulted in more specific actions for this population.

The most significant measure to protect ethnic minorities from the risk of COVID-19 infection, and to save lives, has been the vaccination programme. The largest mass-vaccination programme in British history has been delivered through an unprecedented partnership approach between national and local government, health agencies, and the voluntary and community sector. Through combined efforts we have seen increases in both positive vaccine sentiment and vaccine uptake across all ethnic groups since vaccine deployment began.

There are a number of wider public health lessons to be learned in relation to ethnic minorities including:

* ensuring the success of vaccination deployment is carried over to other public health programmes, such as winter flu and COVID-19 booster vaccinations – this includes continuing to use respected local voices to build trust within ethnic minority groups and to help tackle misinformation.
* not treating ethnic minorities as a homogenous group – COVID-19 has affected different ethnic groups in different ways throughout the pandemic and a ‘one size fits all’ approach is not an effective way of tackling public health issues.
* avoiding stigmatising ethnic minorities by singling them out for special treatment, which could be taken to imply that they are vulnerable or, in the case of COVID-19, were somehow at fault for the spread of the virus.
* improving the quality of health ethnicity data so that patterns and trends can be spotted quicker in future.

**Our response**

Local engagement and collaboration with system partners, including the voluntary sector, has continued throughout 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 ethnic minority 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.

Working in Partnership with Local Authority and Public Health colleagues collectively we are improving our understanding of the local population. Most recently we have seen the establishment a specific partnership forum ‘Population Health Management and Prevention group’. The key aims of this group are to;

* develop and utilise local data and intelligence collaboratively to identify, design and drive coproduced partnership actions / commissioning that will target cohorts most at risk from specific health indicators and cohorts experiencing the biggest inequalities in health.
* have responsibility for delivering and coordinating actions on themes from the North Lincolnshire Joint Health and Wellbeing Strategy, with a focus on health inequalities and reducing the gap.
* Steer the Joint Strategic Needs Assessment for North Lincolnshire and be the vehicle for reviewing new data and insights and utilising to inform action across North Lincolnshire.

During 2022/2023, the CCG will transition into the Humber, Coast and Vale Integrated Care System once the Health and Care Bill is passed through legislation. This will lead to greater integration on a larger geographical footprint. 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.

## NHS People Plan

The [People Plan 2020/21: action for us all](https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf), published at the end of July 2020 along with [Our People Promise](https://www.england.nhs.uk/our-nhs-people-promise), built on the [interim People Plan](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf) to set out a range of actions to deliver this. These are organised around four pillars:

* **looking after our people** – with quality health and wellbeing support for everyone
* **belonging in the NHS**– with a particular focus on tackling the discrimination that some staff face
* **new ways of working and delivering care**– making effective use of the full range of our people’s skills and experience
* **growing for the future**– how we recruit and keep our people, and welcome back colleagues who want to return.

Support for our NHS people has been further prioritised in the 2021/22 national[planning guidance](https://www.england.nhs.uk/publication/2021-22-priorities-and-operational-planning-guidance/) and work continues to develop the longer term People Plan for 2022/23 and beyond.

# Equality Objectives

This section will review the CCG’s performance against the 2021-2022 Equality Objectives.

The North Lincolnshire CCG equality objectives for 2021-2022 were developed through engagement with staff and local interest groups and approved by the 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.

## 7.1 Achievements against the 2021-2022 CCG Equality and Inclusion Objectives

Despite the backdrop of the continuing pandemic the CCG has made good progress over the past years against the Equality and Inclusion objectives, the following section highlights just a few of the key areas of success against each objective;

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.*

* Revised the recruitment and selection training for 2021. The revised training covers ED&I considerations including unconscious bias, legislation, the use of reasonable adjustments and how to consider equality issues during virtual recruitment.
* Updated and revised the process in terms of recruitment advertising, ensuring opportunities are widely communicated across local community groups. Also introduced the use of social media platforms to enable wider reach to potential candidates. To aid in making the recruitment process more accessible the HR Humber team have access to a document to audio function to allow for alternative application forms to be utilised.
* Developed and implemented a range of HR Bite-size training sessions that consider unconscious bias and equality issues whilst following key HR processes, for example managing attendance, performance management, honest conversations, induction and probation and recruitment.
* PDR guidance updated to include discussion on links to EDI objectives and 1:1 guidance updated to facilitate staff to raise any concerns.
* The HR team has formed a working group to prevent and tackle violence against staff with the review of Violence Charters. As part of this work there has been an agreed Acceptable Behaviour statement endorsed by the CCG.
* A range of support is provided for CCG staff for their physical and emotional wellbeing. These include OH, Counselling, MIND wellbeing Plans, HSE stress risk assessment, National H&WB Apps and websites and MH First Aiders

1. *To ensure that North Lincolnshire CCG governance and decision making pays due regard to Equality and Inclusion.*

* During 2021 staff from key teams across Commissioning and Quality completed a number of bespoke training sessions in relation to Equality, Diversity and Inclusion considerations. A specific focus of the training related to the importance of undertaking Equality, Quality Impact Assessments (EQIA) utilising local data and intelligence and support in terms of completing these robustly.
* The EQIA process was reviewed and strengthen during 2021, with a more structured approach to the review and sign off process for all EQIA’s across the CCG, prior to any decision making for new or adjusted service changes.
* The E&I steering group has continued to meet bi-monthly to ensure progress and oversight of the CCG E&I action plan. Progress and monitoring is overseen by the bi-monthly Quality, Performance and Finance Committee which is a formal sub-committee of the Governing Body.
* Appropriate oversight is in place with our commissioned services to ensure they are meeting their equalities duties and that they comply with Accessible Information Standard (AIS). These reports are reviewed by the E&I steering group or any learning or system improvement opportunities.
* Robust quality governance arrangements in place to effectively use intelligence sources and experience data to identify and take action to address inequalities in health and improve outcomes for patients.

1. *To proactively work in collaboration with local partners across North Lincolnshire to reduce health inequalities and improve the health outcomes for the local population.*

* Extensive collaborative work with Local Authority and Voluntary Care Sector Colleagues with regards to the roll out of the COVID-19 vaccination programme. Bespoke outreach work undertaken to provide specific targeted clinics in ethnic minority communities. This included bespoke sessions within local faith settings such as a Sikh Temple and the Islamic Centre, as well as sessions specifically for the homeless population.
* Videos were produced and shared widely in 20 different languages by local clinicians advocating the benefits of the COVID-19 Vaccine.
* A drive to build local confidence, convenience and reduce complacency in the vaccine uptake across the local Place. More than 2,000 multi-language flyers were distributed to residents in the heart of Scunthorpe. The flyer drop was very much data-driven in that, geographically, it was those wards that had seen the lowest uptake across all of North Lincolnshire. The four languages we prioritised again followed the data. Our key messages were in English, Polish, Slovakian and Bengali.
* Joint commissioning opportunities continue to be explored and all commissioning projects reflect the requirements of the 8 actions for Health Inequalities.
* The establishment a specific partnership forum ‘Population Health Management and Prevention group with a focus on developing and utilising local data and intelligence collaboratively to identify, design and drive coproduced partnership actions / commissioning, that will target cohorts most at risk from specific health indicators and cohorts experiencing the biggest inequalities in health.
* The CCG has several employees who are regular members of the North 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.

1. *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*.

* Engagement in Commissioning intentions is now embedded within the CCG and wider across the system partners. Extensive engagement has continued throughout the last year in relation to understanding the impact of service changes as a result of the COVID-19 pandemic. The recommendations from any engagement process aid future service developments and commissioning intentions.
* The CCG has improved the Equality and Inclusion section on the CCG website. This also has a direct link from the home page to highlight the importance of the Equality and Inclusion agenda within the CCG.
* The CCG’s public membership network, Embrace, has increased to 270 members. More importantly was the refresh of membership. While not exclusive to, the focus was on encouraging groups that link to the nine characteristics, protected by the Equality Act 2010. As a result of this, we have seen a number of new groups join – including a support group for the traveller community, a health and wellbeing group for the ethnic minority community, local maternity group, sex worker support group and a transgender health and wellbeing forum.
* The CCG’s Patient and Community Assurance Group has built strong foundations with new Terms of Reference and overall focus. We have been keen to make the group more representative of the population we serve and have successfully recruited three new members. The confirmed new additions include the chair of the North Lincolnshire Mult-Faith Partnership and a college student. Both have already made invaluable contributions. A third is set to start in February and is a passionate member of the LGBTQ+ community. Moving forward, the communications and engagement team is committed to adding representation from an Easter European background, African background and East Timor – all with large representation in our populations.

## 7.2 North Lincolnshire CCG Equality and Inclusion Objectives for 2022/2023

As the widely anticipated move towards the Integrated Care System (ICS) is expected during 2022 and the recognition that CCG’s will cease to exist with the statutory duties and regulations being conferred to the ICS, the CCG will extend its current Equality and Inclusion objectives to remain in place for 2022.

The 6 ‘Place’ leads from across the ICS have been working together for several months to ensure a seamless transfer and identifying opportunities to enhance the current Place plans, sharing learning and increasing collaboration. However the voice of Place, local engagement and collaboration remains a fundamental element of ensuring the voice of our local community is fully represented.

## 7.3 Priorities for 2022 / 2023

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 newly forming Integrated Care System
* Provider Collaboratives
* Local Authority

# 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.