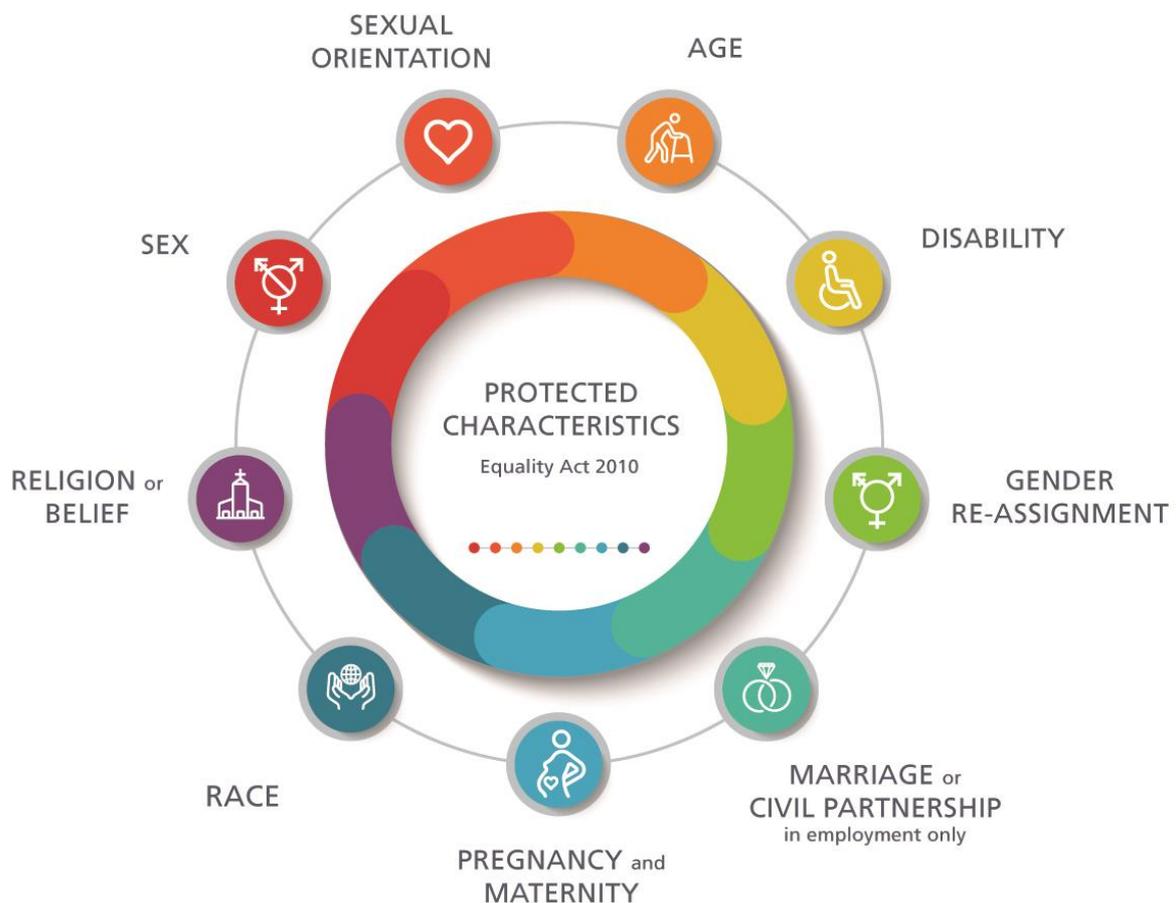


Annual Equality Assurance Report

October 2021



This document can be made available in large print and in other languages by request to the CCG's Communications and Engagement Team.

Email: nccg.team.communications@nhs.net

Website: <https://nottscg.nhs.uk/>

Contents

- 1. Welcome 1**
- 2. Our organisation 3**
- 3. Our equality duties 4**
- 4. Our infrastructure for equality, diversity and inclusion 5**
- 5. Having due regard to equality..... 7**
- 6. How we measure our equality performance 17**
- 7. Our equality objectives 19**
- 8. Our equality improvement plan 19**
- Appendix A – Summary of the legislative framework for equality..... 21**
- Appendix B – 2020/21 Equality and quality impact assessments..... 22**
- Appendix C – Workforce demographics 28**
- Appendix D – 2021/23 Equality improvement plan..... 29**

1. Welcome

NHS Nottingham and Nottinghamshire Clinical Commissioning Group (the CCG) was established on 1 April 2020, following a successful merger of our six predecessor CCGs. We are pleased to present our first Annual Equality Assurance Report on how we are meeting the Public Sector Equality Duty of the Equality Act 2010 (the PSED).

The CCG recognises and values the diverse needs of the population we serve and we are committed to embedding equality and diversity considerations into all aspects of our work, including policy development, commissioning processes and employment practices. This commitment was confirmed by our Governing Body in August 2020, when it approved the CCG's [Equality, Diversity and Inclusion Policy](#) which sets out the CCG's aims to:

- Improve equality of access to health services and health outcomes for the diverse population we serve.
- Build and maintain a diverse, culturally competent workforce, supported by an inclusive leadership team.
- Create and maintain an environment where dignity, understanding and mutual respect, free from prejudice and discrimination, is experienced by all and where patients and staff feel able to challenge discrimination and unacceptable behaviour.

We understand that equality is about ensuring that access to opportunities is available to all and that no-one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability. We believe that diversity is about recognising and valuing differences by being inclusive, regardless of age, disability, gender re-assignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sex, or sexual orientation. This report sets out to demonstrate our commitment to equality, diversity and inclusion. In it we summarise:

- The role of our organisation and some key health characteristics of the population we serve.
- How equality and diversity considerations are embedded in our governance arrangements.
- How our policy development, commissioning processes and employment practices have due regard to equality.
- How our staff are being supported to work in culturally competent ways.
- How we measure and plan to improve our equality performance.

During 2020/21, as a newly merged organisation, our key focus was to establish an appropriate infrastructure to govern equality, diversity and inclusion within the organisation, to assess our baseline equality performance, and to develop (and start to implement) our equality improvement plan.

This work has been undertaken at a time when the NHS has been facing its greatest ever challenge; responding to Covid-19. The pandemic has had a devastating impact across our communities, our country and worldwide, and it has highlighted the urgent need to understand and address the health inequalities experienced by different groups in society who have suffered disproportionately. We are working collaboratively with our partners across the health and care system in Nottingham and Nottinghamshire to take this important work forward. You can read about this work later in this report.

2020 also saw the Black Lives Matter movement focus global attention on the injustices, racism and everyday discriminations faced by black, Asian and minority ethnic (BAME) people. The CCG will not tolerate racism, or discrimination of any kind. We want our BAME staff, and staff from other protected groups, to feel safe, supported and listened to. Our Staff Networks provide safe spaces for staff to express their lived experiences, supporting people to feel empowered to challenge discrimination and to contribute towards ensuring equality, acceptance and inclusion in our organisation. You can read about this work later in the report.

We consider that we are making good progress to improve our equality performance and we are taking this opportunity within this report to highlight some specific examples to demonstrate that progress. However, it is clear that there is still much more we can do and we will continue to listen and learn from our diverse communities and from our staff networks. We have developed plans to build on the work we have undertaken so far and to progress our equality aims and objectives and we will continue to evolve this as we move forward. 2021/22 will be a year of transition for the CCG, as we move to a new statutory organisation from 1 April 2022 (subject to the passage of legislation). We will ensure as part of these transition arrangements that a robust handover of our equality plans is achieved.



Amanda Sullivan
Accountable Officer



Rosa Waddingham
Chief Nurse and Executive Lead for Equality, Diversity and Inclusion

2. Our organisation

We are responsible for commissioning (planning and buying) health services for 1.1 million people in Nottingham and Nottinghamshire in line with our statutory responsibilities, which include:

- Most planned hospital care
- Rehabilitative care
- Urgent and emergency care (including out of hours services, accident and emergency services, ambulance services and NHS 111 hours)
- Most community health services
- Mental health services (including psychological therapies)
- Services for people with learning disabilities
- Maternity and newborn services
- Children's healthcare services (mental and physical health)
- NHS continuing healthcare
- Infertility services
- Primary medical services (GP practice services)

We are also responsible for making certain that the healthcare provided is of a high standard, delivers quality improvements and offers value for money, and that systems are in place to make sure people are looked after in the best way possible, in line with their health needs.

Detailed information about the demographics and health needs of our population can be found at: [Home - Nottingham Insight](#) and [Home - Nottinghamshire Insight](#).

We commission healthcare services from a number of providers. Our main acute (secondary care) providers are Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust. For mental health and learning disabilities, our key provider is Nottinghamshire Healthcare NHS Foundation Trust, which also provides a range of community physical health services alongside Nottingham CityCare Partnership. We also commission services from NHS organisations outside of our area and from independent and voluntary organisations.

We have a workforce of approximately 500 people.

3. Our equality duties

The Equality Act 2010 provides a single legal framework to protect people from discrimination, harassment and victimisation in the workplace and in wider society. Nine characteristics are protected by the Act, there are: age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

The Public Sector Equality Duty (section 149 of the Equality Act) applies to 'relevant' public authorities, which includes CCGs and it consists of a general equality duty, supported by specific duties that are imposed by secondary legislation. The general equality duty requires public bodies to have due regard to the following three aims:

- To eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act.
- To advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- To foster good relations between people who share a relevant protected characteristic and those who do not.

The broad purpose of the general equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. If consideration is not given to how a function can affect different groups in different ways, then it is unlikely to have the intended effect. This can contribute to greater inequality and poor outcomes. The general equality duty therefore requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services.

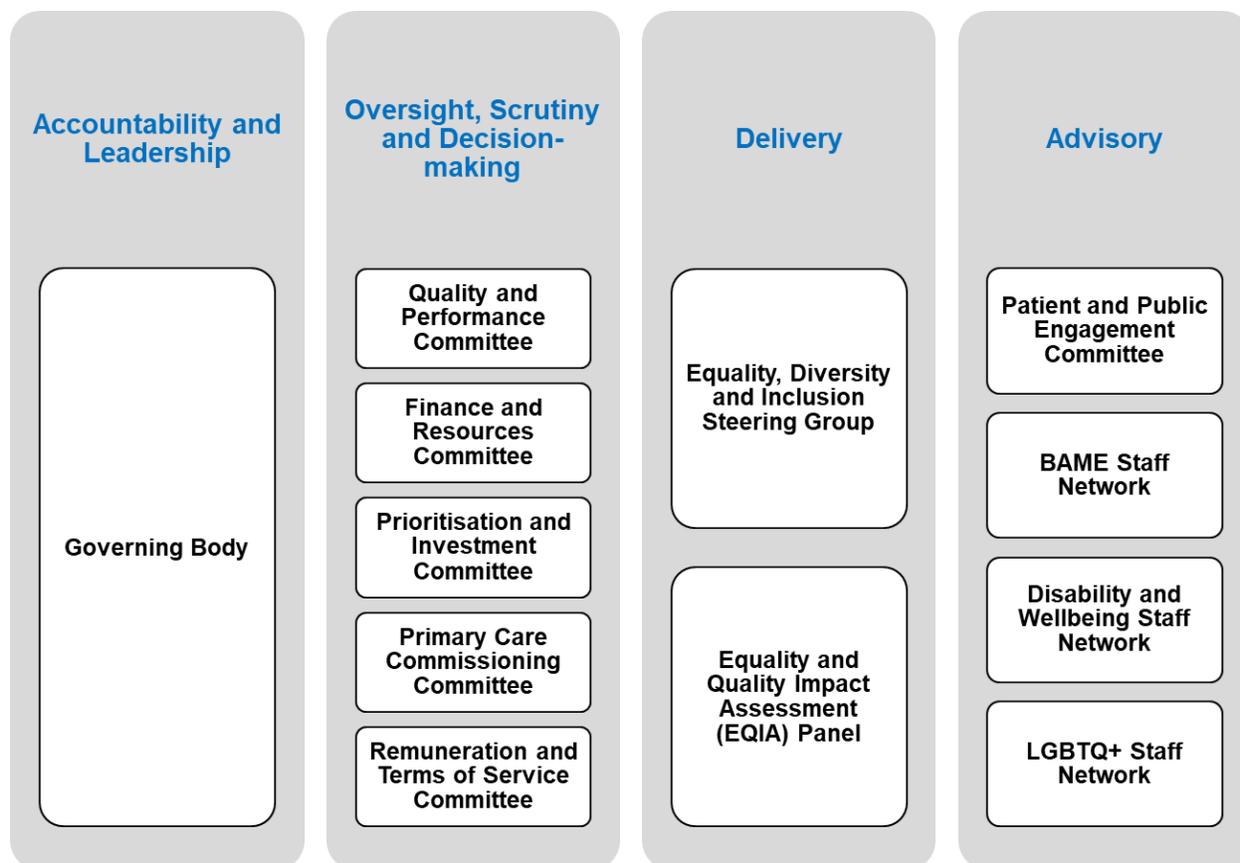
Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 require relevant public bodies to: publish equality information annually to demonstrate compliance with the general equality duty; prepare and publish one or more equality objectives at least every four years; and publish information to demonstrate how large the pay gap is between their male and female employees (only for employers with 250 or more employees).

In addition to considering the health needs of people on the basis of their protected characteristics, it is also important for the CCG, as a commissioner of health services, to consider the needs of people from other disadvantaged groups who can experience difficulties in accessing and/or benefitting from health services. These include: vulnerable migrants (refugees and asylum seekers) and homeless people.

A summary of the legislative framework for equality is provided for information at **Appendix A**.

4. Our infrastructure for equality, diversity and inclusion

As a newly merged CCG, much of the early part of 2020/21 was focussed on establishing an appropriate infrastructure for equality, diversity and inclusion within the organisation. This infrastructure is illustrated and described below:



- All **Governing Body** members have a collective and individual responsibility for ensuring compliance with the PSED, which in turn, secures the delivery of successful equality outcomes for the organisation, both as a commissioner and an employer. The Governing Body is required to provide strategic leadership to the equality, diversity and inclusion agenda, which is in part achieved through its establishment of the CCG's Equality Diversity and Inclusion Policy, and also by agreeing the CCG's objectives and plans for improving its equality performance and by ensuring that equality is a core consideration in Governing Body and committee discussions and decisions.
- The **Quality and Performance Committee** is responsible for monitoring the CCG's equality performance in relation to its role as a commissioner of health services. This includes monitoring the delivery of the CCG's equality improvement plans relating to and patient access, safety and experience.

- The **Finance and Resources Committee** is responsible for monitoring the CCG's equality performance in relation to its role as an employer. This includes monitoring the delivery of the CCG's equality improvement plan in relation to recruitment, training and development, cultural competence and staff experience.
- The **Prioritisation and Investment Committee** is responsible for making investment, disinvestment and resource allocation decisions. As part of this responsibility, the Committee ensures that appropriate equality impact assessments have been completed and their findings considered. This includes consideration of the collective impact of previous decisions and current and future proposals.
- The **Remuneration and Terms of Service Committee** is responsible for overseeing compliance with the gender pay gap requirements set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.
- We have established an **Equality, Diversity and Inclusion Steering Group** that meets on a quarterly basis to drive the equality, diversity and inclusion agenda within the CCG and to provide a focal point for the discussion, development and implementation of ways to improve the CCG's equality performance. The Steering Group embeds equality, diversity and inclusion considerations into the CCG's key business activities, assesses the CCG's equality performance, develops and implements equality improvement plans, develops the CCG's equality objectives, and prepares the CCG's annual equality assurance report. The Steering Group is chaired by the CCG's Chief Nurse, as executive lead for equality, diversity and inclusion. Its membership includes senior representatives from all key business activities, the Chairs of the CCG's Staff Networks and the Vice-Chair of the Patient and Public Engagement Committee. The work of the Steering Group feeds into the scrutiny and assurance arrangements of the Quality and Performance Committee, Finance and Resources Committee and Remuneration and Terms of Service Committee, and will inform the objectives and improvement plans presented to the Governing Body for approval.
- An Equality and Quality Impact Assessment (EQIA) Panel has been established as part of the CCG's arrangements for ensuring that the way that we commission and change health services does not disadvantage people from protected characteristic and other disadvantaged groups. The Panel reviews and signs off all equality impact assessments when the CCG is planning, changing or removing a service. As part of this, it makes sure that any negative consequences are minimised or eliminated, and opportunities for promoting equality are maximised. The equality impact assessments are completed through integrated EQIAs that also incorporate wider quality considerations (patient safety, patient experience and clinical effectiveness) and impact on health inequalities. The work of the EQIA

Panel feeds into the decision-making arrangements of the Governing Body, the Prioritisation and Investment Committee, the Primary Care Commissioning Committee, and the Accountable Officer and Chief Finance Officer. Assurances are also provided to the Quality and Performance Committee to enable scrutiny of compliance and oversight of the implementation of mitigating actions.

- Three **Staff Networks** have been established: a BAME Staff Network, a LGBTQ+ Staff Network and a Staff Disability and Wellbeing Network (DAWN), each with an Executive sponsor. The networks are staff-led and they shape their own agendas, with support from the Human Resources Team. They provide a safe space for staff to discuss their lived experiences, or those of their family, friends or wider communities and networks, with the aim of ensuring an inclusive and diverse working environment for all staff; with no fear of discrimination or disrespect. The Staff Networks are seen as key advisory forums to support the work of the CCG as an employer, but also as a commissioner of health services, through the provision of shared insights, constructive challenge to existing ways of working, and through the co-production of equality initiatives and improvement plans. There will be a continued focus within the CCG to ensure that the insights, ideas and concerns from the Staff Networks are systematically and meaningfully considered and responded to.
- The **Patient and Public Engagement Committee (PPEC)** also acts in an advisory capacity to the Governing Body, its committees, and other operational delivery forums within the CCG. Its membership is comprised of people with lived experience and third sector representatives to help bring the voice of specific population groups to the work of the CCG. The Committee provides advice and guidance on approaches to patient and public engagement and reviews how engagement has been used to influence decisions made by the CCG. It also supports the CCG's equality, diversity and inclusion agenda through the provision of shared insights and the co-design of equality initiatives and improvement plans.

5. Having due regard to equality

Having due regard to the three aims of the general equality duty requires the CCG to give proper consideration to removing or minimising disadvantages, taking steps to meet people's needs, tackling prejudice and promoting understanding.

During 2020/21, we completed an assessment of the CCG's functions, both as a commissioner of health services and as an employer. This enabled us to identify the key business activities where due regard to the general equality duty is required. Focussing on these key business activities has helped us to prioritise effort to ensure compliance with the general equality duty.

The following sections set out the work we are doing in each of these key business activity areas.

Assessing the health needs of our population

In order to make the best decisions for our population, we have to understand the health and care needs of people living across Nottingham and Nottinghamshire. Joint Strategic Needs Assessments (JSNAs) provide the CCG with key information about the health and wellbeing of our local population. These demographics vary significantly between the City and County districts, including by age, by ethnicity, by disability, and by levels of deprivation. We use this information to commission services that will deliver the most benefit to people, with the aim of reducing health inequalities and increasing healthy life expectancy (the number of years a person lives in 'good health') for our population.

We continue to work with Local Authority Public Health colleagues to ensure that JSNA chapters consider all protected characteristic and other disadvantaged groups to accurately inform equality considerations in the CCG's commissioning intentions.

Promoting research and use of research evidence

Research is a core function of health and care and is essential for continual improvement in health, wellbeing, high quality care and reducing health inequalities. As a CCG, we have a statutory duty to promote research and to promote the use of evidence obtained from research. In delivering these duties, we are focussing our efforts on promoting research being delivered in locations where patient need is greatest and in involving patients and the public from more diverse and underserved communities.

We also fund our own research where there is a gap in the evidence base that limits effective commissioning or further development of services to improve patient outcomes. We use the findings to support the delivery of our commissioning priorities and the continual improvement of patient care, health outcomes and the effectiveness of health services.

Improving the mental health outcomes of Lesbian, Gay, Bisexual and Transgender (LGBT+) People in Nottingham City – A research study, commissioned by one of the CCG's predecessor organisations, concluded during the year and the final report was published in February 2021. The research was commissioned because evidence shows LGBT+ people are at higher risk of poor mental health, self-harm and suicide, and report lower well-being compared to the wider population due to a range of issues including discrimination, harassment, bullying, rejection and social isolation. For some, other factors such as age, religion or

ethnicity can exacerbate mental health needs.

The research was conducted by a joint team from the Universities of Leicester and Brighton. The focus of the research was on improving mental health outcomes with regards to prevention, early diagnosis and self-care related primarily to primary care and community mental health services. The research included four elements: understanding the population; understanding the patient story; understanding the stakeholder perspective; and learning from practice elsewhere.

The research generated important evidence and the final report contains a range of recommendations relating to: training and cultural competence; systematic recording of patient/service user sexual orientation and (where appropriate) gender identity; the specific needs of LGBT+ people being reflected in the commissioning and delivery of services; visibly inclusive LGBT+ services; improved access to mental healthcare; and developed and/or strengthened relationships between services.

The final report has been widely disseminated and the CCG is working with system partners and our LGBTQ+ Staff Network (acting as a critical friend), to ensure the evidence is mobilised and the recommendations taken forward.

Addressing health inequalities

During the year, it has become increasingly clear that Covid-19 has had a disproportionate impact on different groups in society, many of whom already face disadvantage and discrimination. This has highlighted the need for us to increase the scale and pace of our actions to tackle health inequalities.

During 2020/21, we have worked with our health and care system partners across the Nottingham and Nottinghamshire Integrated Care System to produce a Health Inequalities Strategy, which was approved in October 2020. The strategy describes the disproportionate impact that Covid-19 has had on certain groups in our population, including black, Asian and minority ethnic (BAME) groups, disadvantaged communities, vulnerable groups (including rough sleepers, people in temporary accommodation, Gypsy/Roma/Traveller communities, migrant workers, people recently released from prison, people with learning disabilities and autism, and people with severe mental illness) and people who are frail or older. The full strategy, which can be found here: [Nottingham and Nottinghamshire ICS Health Inequalities Strategy](#), sets out eight urgent actions. Initial progress against some of these actions can be summarised, as follows:

- **Protect the most vulnerable from Covid-19** – Our approach to our Covid Vaccination Programme has been to reduce barriers to access for vulnerable groups and to tackle vaccine reluctance. We have focussed on areas of lower uptake amongst some black, Asian and minority ethnic (BAME) communities and those from marginalised or deprived groups. This has included pop-up

clinics in GP practices, mosques and community settings and our very own mobile vaccination bus. This work has seen a closing of the gap in vaccine take up between our BAME and deprived residents and the population as a whole.

- **Restore NHS services inclusively** – Our service recovery work focussed on patients from our 20% most deprived neighbourhoods. An example of this work has been to integrate specialist homelessness services with outreach nursing teams. We have also worked with our Local Authorities to mitigate the impact of Covid restrictions on carers, by ensuring that alternative offers of carers support were made available.
- **Digitally enabled care to increase inclusion** – We have enabled online and video consultations, the expansion of Telehealth and further roll out of the Notts NHS App (including Patient Knows Best). We are taking forward a range of actions to support patients in engaging with digital solutions, including a digital support line, a tablet lending scheme and digital skills training.
- **Accelerate preventative programmes for at risk groups** – Our approach to our Flu Vaccination Programme this year was to target actions for the specific groups where there was low uptake. This delivered increased uptake for the over 65s in care homes; people with dementia; and people with learning disabilities. A range of actions have also been taken in support of the Diabetes Prevention Programme, including the recruitment of local educators that speak multiple languages. A review of GP enhanced services has also taken place, with investment being targeted at vulnerable areas, enabling appointments with a translator for people with severe multiple disadvantage, physical checks for people with serious mental illness and enhanced reporting on safeguarding. GP practices have also continued to prioritise the annual health checks for people with a learning disability aged 14 years and over and Maternity Continuity of Care teams have been located in areas of high deprivation.
- **Support those who suffer mental ill-health** – We have continued to focus on the delivery of Long Term Plan priorities and achievement of Mental Health Investment Standard (MHIS), using local insights to inform planning (e.g. population health management mental wellness rapid assessment, CCG commissioned research on Improving the Mental Health Outcomes of Nottingham's LGBT+ Populations). We have used the Health Equity Assessment Tool (HEAT) to produce our community mental health transformation plan and we have brought together data from primary and secondary care settings to identify people with severe mental illness to determine access to services and support required, including linking this work to the Covid Vaccination Programme. An increased focus on inequalities at service level is also being achieved (e.g. review of IAPT Positive Practice Guides, 'Whose Shoes' event in perinatal services, CAMHS LGBTQ+ quality improvement programme).

Public engagement and communications

The CCG is committed to putting the voice of patients and the public at the heart of our commissioning activities. This includes involving people in how decisions are made, how services are designed and how they are reviewed.

Our [2019/21 Communications and Engagement Strategy](#) sets out the CCG's approach for involving local people in commissioning activity, recognising the diversity of the Nottingham and Nottinghamshire population and the significant health inequalities that exist between the different communities. This is underpinned by a set of key engagement principles, which include:

- Being clear, open, honest, consistent and accountable.
- Using plain language and being accessible to all.
- Targeting our engagement to the audience we want to reach.
- Aligning our engagement activities with our system partners whenever we can.
- Using available insights to develop engagement approaches.
- Systematically evaluating the effectiveness of our engagement activities.

We engage with people from all protected characteristic groups (and other disadvantaged groups) in our population, particularly those whose voices may not be routinely heard, through a range of different mechanisms to ensure that we have the right information to commission the right health services that can be accessed by the people who need them.

When planning engagement work, we undertake a scoping process to identify who we need to engage with; informed by the equality impact assessment on the service transformation being proposed. This identifies the people who may be impacted by changes to the way services are delivered and provides a focus for engagement. Our Patient and Public Engagement Committee (PPEC) ensures that all mechanisms for planned engagement work are inclusive and appropriately targeted. More recently, the Committee has developed its own 'Effectiveness Framework' to support its work and to ensure that engagement plans clearly demonstrate how the views of seldom heard groups will be sought and how the engagement will reach the intended groups of people. We publish reports from all our engagement and consultation activities on our website at [Current and previous engagement and consultations - NHS Nottingham and Nottinghamshire CCG \(nottscg.nhs.uk\)](#).

The CCG continues to build on its partnership working with organisations that are known and trusted within the communities it is trying to reach, particularly voluntary and community sector (VCS) partners. During 2020/21, we have commissioned a patient

and public engagement service from an alliance of VCS organisations across Nottingham and Nottinghamshire to support engagement with some of our most vulnerable and marginalised communities. During the pandemic, this has helped us to gather feedback from over 100 groups supporting our most vulnerable communities, including asylum seekers and refugees; carers; Deaf people; gypsies/travellers; people with learning disabilities; and victims of domestic abuse.

The CCG's [2020/21 Patient and Public Involvement Report](#) provides full details of our engagement activities over the past 12 months and demonstrates more explicitly how the organisation has engaged with the full diversity of the local population. Some notable engagement activities include:

- **Covid-19 Recovery** – The pandemic has placed a spotlight on the existing health inequalities amongst our most vulnerable and marginalised communities, which were exacerbated as a result of Covid-19. A programme of engagement activities has taken place to understand the impact of changes to service delivery (accessing services) as a result of the pandemic. This was conducted alongside support of over 100 voluntary and community sector partners, as well as the use of online questionnaires and an action plan has been developed in response. Work in this area is continuing to take place with people with a learning disability. The Voluntary Sector Alliance (a service commissioned by the CCG) recently delivered a listening event that provided a platform for people living with a learning disability and the organisations that support them to discuss the ways in which they had been impacted by Covid-19. The event explored the way in which improved communication and other system changes could improve access to services and health outcomes for the learning disability community.
- **Covid-19 Vaccination Programme** – A programme of engagement activities and 'community conversations' have taken place, working with community and faith leaders and voluntary and community sector partners, to encourage people from vulnerable, deprived and black, Asian and minority ethnic (BAME) communities to take up the vaccine. This has included 'pop up' sites in community and faith venues, a monthly vaccination webinar, and use of communication channels effective with BAME communities (e.g. Dawn FM and Kemet FM), all supported by bilingual BAME clinicians. The conversations referenced above with people with a learning disability have led to the production of a short film showing what to expect at your vaccination appointment and improved signage at Covid Vaccination Centres. This film is co-produced by the CCG and One Conversation (a grassroots Learning Disability Activist Group).
- **Reducing health inequalities experienced by BAME communities** – A

further programme of work is being delivered through the Voluntary Sector Alliance, which is aimed at reducing health inequalities in the City of Nottingham. The objectives of this work programme are to: strengthen engagement and involvement of BAME communities in the commissioning process to ensure that health and care services meet their needs; and transform engagement and communications with BAME communities to improve access to, and experience of, using services.

Equality impact assessments

The completion of equality impact assessments is central to being a transparent and accountable organisation. Equality analyses ensure that we do not disadvantage people from protected characteristic and other disadvantaged groups by the way that we commission and change health services, or through our employment practices. They are also a way of making sure that any negative consequences are minimised or eliminated, and opportunities for promoting equality are maximised.

We complete equality impact assessments whenever we plan, change or remove a service, policy or function. These are completed through integrated Equality and Quality Impact Assessments (EQIAs) that also incorporate wider quality considerations (patient safety, patient experience and clinical effectiveness). EQIAs are treated as 'live' documents and are revisited at key stages of scheme development and implementation, particularly following the conclusion of any patient and public engagement and consultation activities to inform decision-making. EQIAs also help us to continually improve our understanding of the communities we serve.

During the CCG's early response to the Covid-19 pandemic, a rapid response EQIA process was developed to allow for the assessment of impact, (both positive and negative) on patients and people within the protected characteristic groups, of any service changes as a result of the pandemic.

Equality impact assessments (EIAs) are also completed for all of the CCG's corporate policies and reviewed as part of the document review process. EIAs prompt policy authors to consider whether the policy itself, or implementation of the policy, has any potential adverse impacts on people in protected characteristic groups and, if so, what actions may be required to remove barriers to access or inequality of opportunity. The EIAs also prompt authors to consider if there are any positive impacts for people within the protected characteristic groups. All policy EIAs are published on the CCG's website.

During 2020/21, a total of 98 EQIAs were completed. Over half of these were completed during the first quarter of the year, during our first initial phase of responding to the Covid-19 pandemic, which required us to adapt service models,

enhance service provision and restore services. Many of the EQIAs relate to the establishment of Clinical Management Centres (CMCs) across Nottingham and Nottinghamshire, to support GP practices in maintaining and providing GP services to patients during the early stages of the Covid-19 pandemic. A full list of all EQIAs completed during the period is attached at **Appendix B**. In all instances where potential negative impacts were identified, suitable mitigating actions were agreed.

Procurement and contract management

The CCG commissions health services for the local population from a range of NHS, independent and third sector providers and it is important for all associated procurement and contract management arrangements to incorporate appropriate equality considerations.

An assessment of compliance with equality legislation requirements is completed as a routine aspect of all of our procurement exercises and the national NHS Standard Contract, in its full-length version, mandates providers of NHS services to implement¹:

- The **NHS Equality Delivery System** – a tool developed by the NHS Equality and Diversity Council to enable NHS organisations to review and rate their equality performance.
- The **NHS Accessible Information Standard** – an approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.
- The **NHS Workforce Race Equality Standard (WRES)** – which requires providers of NHS services to demonstrate progress against nine indicators of workforce equality, including recruitment, training, harassment/bullying and levels of board representation by black, Asian and minority ethnic (BAME) people.
- The **NHS Workforce Disability Equality Standard (WDES)** – a set of ten specific metrics that enable providers of NHS services to compare the workplace and career experiences of disabled and non-disabled staff.

A range of assurances on compliance with the above requirements are incorporated within the CCG's routine quality monitoring processes, albeit that arrangements for 2020/21 differed to normal to enable staff to focus on the Covid-19 response.

¹ These provisions do not apply to the shorter-form version of the NHS Standard Contract, which is typically used for commissioning lower value services with smaller providers.

Safeguarding adults and children

We have a statutory responsibility to safeguard the welfare of adults at risk across Nottingham and Nottinghamshire. This means protecting an adult's right to live in safety, free from abuse and neglect. We also have a statutory duty to promote the safety and welfare of children.

Safeguarding has a very broad remit and much has been achieved to ensure that adults and children/young people in Nottingham and Nottinghamshire are safe and protected from harm. However, in recent years adult safeguarding work has increased in response to factors such as an ageing population, while safeguarding and promoting the health of children has had to respond to issues such as child sexual exploitation, female genital mutilation and unaccompanied asylum-seeking children.

We continue to be committed to maintaining safe and effective safeguarding services and strengthening safeguarding arrangements across Nottingham and Nottinghamshire, working in partnership with colleagues across health and social care. Further information on our work to safeguard adults and children can be found here:

[About Nottingham City Safeguarding Adults Board - Nottingham City Council](#)

[Nottinghamshire Safeguarding Adults Board](#)

[Safeguarding Children Partnership - Nottingham City Council](#)

[Nottinghamshire Safeguarding Children Partnership](#)

Whilst the CCG does not meet the requirements for producing an annual Slavery and Human Trafficking Statement (as set out in the Modern Slavery Act 2015), our Governing Body fully supports the Government's objectives to eradicate modern slavery and human trafficking. As such, the Governing Body has agreed to demonstrate its commitment to the Act and has produced a position statement, which is published on our website at <https://nottsccg.nhs.uk/>.

Learning Disabilities Mortality Review (LeDeR) Programme

People with a learning disability often have poorer physical and mental health than other people and may face barriers to accessing health and care to keep them healthy. Too many people with a learning disability are dying earlier than they should, many from things that could have been treated or prevented.

The learning from deaths of people with a learning disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a learning disability, reduce health inequalities and prevent premature mortality of people with a learning disability and autistic people, by reviewing information about the health and social care support people received. By finding out more about why people

died, we can understand what needs to be changed to make a difference to people's lives.

We publish an annual report in relation to this Programme and all reports are available on our website at <https://nottsccg.nhs.uk/>.

Recruitment, staff development and the working environment

We are committed to being a fair and inclusive employer, as well as maintaining a working environment that promotes the health and wellbeing of our employees. We have therefore taken positive steps to ensure that our policies deal with equality implications relating to recruitment and selection, pay and benefits, flexible working hours, training and development, and that we have policies around managing employees and protecting employees from harassment, victimisation and discrimination. This includes working to the requirements of the NHS Workforce Race Equality Standard (WRES) and the NHS Workforce Disability Equality Standard (WDES), which aim to ensure that employees from black, Asian and minority ethnic (BAME) backgrounds and those that identify as disabled have equal access to career opportunities and receive fair treatment in the workplace.

We are accredited under the Disability Confident employer scheme, which encourages us to think differently about disability and take action to improve how we recruit, retain and develop disabled people. As part of this, we operate a Guaranteed Interview Scheme, which ensures an interview for any candidate with a disclosed disability whose application meets all of the essential criteria for the post. We also have Mindful Employer status, which demonstrates our commitment to supporting mental wellbeing at work. These accreditations help to ensure that specific needs of employees are identified and addressed, whilst promoting positive attitudes towards people with physical, sensory and mental impairments.

We have three staff networks, which have been established during the year: a BAME Staff Network, a LGBTQ+ Staff Network and a Staff Disability and Wellbeing Network (DAWN). The aims of the networks are to:

- Provide a safe space for discussion of issues.
- Help to raise awareness of issues within the wider organisation.
- Provide a source of support for individuals who may be facing challenges at work.
- Offer a collective voice for the workforce to management

All CCG staff are responsible for treating everyone with dignity and respect and must not discriminate or encourage others to discriminate. Consequently, it is a mandatory requirement for new staff to complete equality and diversity and human rights training

as part of their induction and every three years subsequently. At the time of writing this report, our training compliance stands at 92%.

To reinforce this basic equality training we have developed a Cultural Competence Programme, with the aim of improving our staff and leadership team's cultural competence and their understanding of the needs of our diverse population. The programme incorporates the four components of: awareness, attitude, knowledge and skills. To date, 87% of staff have received unconscious bias training.

During 2020/21, **individual Covid-19 risk assessments** have been completed for all vulnerable staff identified as having an increased risk of severe illness from coronavirus, including those who were shielding, those from black, Asian and minority ethnic (BAME) backgrounds, and those with other risk factors.

In response to the Covid-19 pandemic and the move to staff working remotely from home, we have maintained a focus on the **mental health and wellbeing of our staff** throughout the year. This has included running 'wellbeing weeks' and having line manager-led wellbeing discussions. A library of information, and support, has also been made available to our staff via our Employee Assistance Programme.

Early actions arising from our Staff Networks during the year have included:

- The development of an **Equality Champions Framework** (including Cultural Ambassadors, aimed at reducing inequalities in disciplinary and recruitment processes, and Equality Advocates, aimed at improving staff experience and access to support, and increasing confidence in challenging discrimination)
- The introduction of **Mental Health First Aiders**.

Both of these programmes of work will be fully implemented during the coming year and form part of our equality improvement plan.

6. How we measure our equality performance

The NHS Equality Delivery System (EDS) is a tool developed by the NHS Equality and Diversity Council to enable NHS organisations to review and rate their equality performance. The CCG has adopted use of the EDS to help us measure our equality performance. However, use of the latest version of the EDS (version 2) has been paused, awaiting publication of an updated version 3 EDS. This has been delayed nationally, due to the decision to further review it in light of the issues relating to inequalities highlighted by the Covid-19 pandemic. In the absence of the national EDS framework, the Equality, Diversity and Inclusion Steering Group has developed an Equality Performance Assessment Framework for 2020/21. This has allowed for a focussed assessment of the CCG's equality performance against its key business activities. As part of developing the alternative assessment framework, an exercise was completed to map the CCG's key business activities to the existing EDS2 goals and

outcomes. This demonstrated comprehensive coverage through the lens of a commissioning organisation, in recognition that the EDS is a generic framework for all NHS organisations and many of its outcomes are provider-orientated.

We also utilise a range of monitoring and reporting mechanisms to assess our equality performance as an employer. These include:

- Routine workforce reporting to our Finance and Resources Committee and our Governing Body. **Appendix C** sets out our workforce demographics for the year. This is starting to show some improvements, but still more needs to be done in line with our equality objective to improve workforce diversity. Actions to address this are included within our equality improvement plan.
- We take part in the NHS Staff Survey on an annual basis and 76% of our staff took part in the survey in 2020. The full results from our 2020 Staff Survey can be found at: [NHS Staff Survey 2020 Benchmark Reports \(nhsstaffsurveys.com\)](https://nhsstaffsurveys.com).

The survey poses a number of questions relating to equality, diversity and inclusion, as set out in the table below. This shows some improvement on last year and a considerable reduction in staff members reporting experiences of discrimination. However, the CCG has a zero tolerance for discrimination of any kind, and as such, this needs to remain an area of focus as part of our equality improvement plan. The reduction in staff reporting that adequate adjustments have been made has likely been influenced by the need for staff to work from home during the pandemic period.

Question	2019	2020	Benchmark
Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? <i>(% of staff selecting 'Yes')</i>	79.7%	84.8%	86.3%
In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues? <i>(% of staff selecting 'Yes')</i>	8.1%	3.6%	4.7%
Has your employer made adequate adjustment(s) to enable you to carry out your work? <i>(% of staff selecting 'Yes')</i>	82.6%	76.5%	85.8%

We will also be publishing a report for the first time on our Gender Pay Gap by 30 March 2022. Any required actions resulting from this work will be added to our equality improvement plan.

7. Our equality objectives

Our equality duties require us to prepare and publish equality objectives. These are needed to help us focus attention on the priority equality issues for the CCG, to deliver improvements in policy-making, service delivery and employment practices.

As outlined above, our Equality, Diversity and Inclusion Steering Group has overseen a baseline assessment of our equality performance and has used the outcome of this work to shape three equality objectives for the CCG, as follows:

- **Objective 1:** Improve access and outcomes for patients and communities who experience disadvantage and inequalities.
- **Objective 2:** Improve workforce diversity at all levels within the CCG to be reflective of the population we serve, with a specific focus on ethnicity, disability and sexual orientation.
- **Objective 3:** Improve the cultural competence of our workforce and empower our staff to support us in improving equality, acceptance and inclusion in our organisation.

It is recognised that our first equality objective is wide-ranging and further work will be completed over the coming months to refine this in line with the evolving approach to strategic planning, utilising population health management intelligence to focus on areas where we can have maximum impact.

In order to monitor delivery of our second equality objective, we are using the NHS Employers 'Measuring Up' Tool to help us understand where we currently have underrepresentation in our workforce, when compared to our population demographics. The tool provides a comparative analysis for disability, age, gender, sexual orientation, religion and ethnicity, using available datasets from the Office for National Statistics (ONS), NOMIS (National Online Manpower Information System) and the 2011 Census.

We will use Staff Survey results and feedback from our Staff Networks to measure our success in delivering our third equality objective.

8. Our equality improvement plan

Our equality improvement plan for 2021/23 is attached at **Appendix D**. This has been informed by the outcome of the equality performance assessment and the actions

required to deliver the CCG's equality objectives. It is also informed by existing plans that include actions to improve the CCG's equality performance (e.g. WRES Action Plan, Staff Survey Action Plan). The actions required to deliver the Nottingham and Nottinghamshire Integrated Care System's Health Inequalities Strategy are purposefully excluded to avoid duplicated monitoring and reporting activities.

The equality improvement plan will be monitored by the Equality, Diversity and Inclusion Steering Group, with progress scrutinised by the Quality and Performance Committee and Finance and Resources Committee on behalf of the Governing Body.

The equality improvement plan will form part of the legacy arrangements handed over to the CCG's successor organisation in April 2022 (subject to the passage of legislation).

Appendix A – Summary of the legislative framework for equality

Equality Act 2010 – Nine protected characteristics:	Age	Disability	Gender re-assignment
	Marriage and civil partnership	Pregnancy and maternity	Race
	Religion or belief	Sex	Sexual orientation
Equality Act 2010 – Types of discrimination:	Direct discrimination – treating someone with a protected characteristic less favourably than others		
	Indirect discrimination – putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage		
	Harassment – unwanted behaviour linked to a protected characteristic that violates someone’s dignity or creates an offensive environment for them		
	Victimisation – treating someone unfairly because they’ve complained about discrimination or harassment		
Equality Act 2010 – Further considerations	Within each protected characteristic group, the risk of discrimination is greater for some people than others.		
	Intersectionality – different types of ‘identity’ overlap for some people, which can shape unique experiences of discrimination.		
	The protected characteristic of disability includes a wide range of physical and sensory impairments, learning disabilities, mental health conditions and long-term conditions.		
	The needs of people from other disadvantaged groups (or ‘Inclusion Health’ groups) also need to be considered (e.g. vulnerable migrants, homeless people).		
General Equality Duty – Requires public bodies to have ‘due regard’ to the following three aims:	To eliminate discrimination , harassment, victimisation and any other conduct prohibited by the Act.		
	To advance equality of opportunity between people who share a relevant protected characteristic and those who don’t.		
	To foster good relations between people who share a relevant protected characteristic and those who do not.		
Having ‘ due regard ’ involves:	Removing or minimising disadvantages suffered by people due to their protected characteristics.		
	Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.		
	Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.		
Fostering good relations is described as:	Tackling prejudice and promoting understanding between people from different groups.		
Specific Equality Duties – Require public bodies to:	Publish information demonstrating compliance with the general equality duty – on an annual basis.		
	Prepare and publish one or more equality objectives – at least every four years.		
	Publish information to demonstrate how large the pay gap is between their male and female employees – on an annual basis.		

Appendix B – 2020/21 Equality and quality impact assessments

EQIA Ref	Business Case/Scheme Name	Date
2020/21 01	Wheelchair Service (Covid-19 Service Change)	April 2020
2020/21 02	Sherwood Forest TIA Referral Process (Covid-19 Service Change)	April 2020
2020/21 03	City St Ann's CMC (Covid-19 Service Change)	April 2020
2020/21 04	Mid Notts Newark CMC (Covid-19 Service Change)	April 2020
2020/21 05	City Bulwell CMC (Covid-19 Service Change)	April 2020
2020/21 06	Mid Notts Ashfield CMC (Covid-19 Service Change)	April 2020
2020/21 07	Mid Notts Bull Farm CMC (Covid-19 Service Change)	April 2020
2020/21 08	Mustard Seeds Service Change (Covid-19 Service Change)	April 2020
2020/21 09	Haven House Service Change (Covid-19 Service Change)	April 2020
2020/21 10	Primary Integrated Community Services – Community Pain Pathway (Covid-19 Service Change)	April 2020
2020/21 11	South Notts Arrow CMC (Covid-19 Service Change)	April 2020
2020/21 12	Enhanced Support to Care Homes and Home Care (Covid-19 Service Change)	May 2020
2020/21 13	South Notts Byron CMC (Covid-19 Service Change)	April 2020
2020/21 14	South Notts Calverton CMC (Covid-19 Service Change)	April 2020
2020/21 15	South Notts Chilwell CMC (Covid-19 Service Change)	April 2020
2020/21 16	South Notts Eastwood CMC (Covid-19 Service Change)	April 2020
2020/21 17	South Notts Highcroft CMC (Covid-19 Service Change)	April 2020

EQIA Ref	Business Case/Scheme Name	Date
2020/21 18	South Notts Synergy CMC (Covid-19 Service Change)	April 2020
2020/21 19	South Notts Hickings Lane CMC (Covid-19 Service Change)	April 2020
2020/21 20	Newark Urgent Care Centre (Covid-19 Service Change)	April 2020
2020/21 21	Community Orthoptics (Contract Extension)	May 2020
2020/21 22	SFH suspension of TOP Service (Covid-19 Service Change)	April 2020
2020/21 23	Breast Surgery Service (Covid-19 Service Change)	April 2020
2020/21 24	MSK Together (Covid-19 Service Change)	April 2020
2020/21 25	24/7 Urgent Mental Health Telephone Support, Advice and Triage (Covid-19 Service Change)	April 2020
2020/21 26	Patient Taxi Transport Service (Covid-19 Service Change)	May 2020
2020/21 27	South Notts St Georges CMC (Covid-19 Service Change)	May 2020
2020/21 28	South Notts Keyworth CMC (Covid-19 Service Change)	May 2020
2020/21 29	South Notts Embankment CMC (Covid-19 Service Change)	May 2020
2020/21 30	South Notts Bingham CMC (Covid-19 Service Change)	May 2020
2020/21 31	NUH Downgrading of Colorectal Polyps Service Change	May 2020
2020/21 32	Telephone-based Partial Risk Assessment for Home Oxygen Service Patients (Covid-19 Service Change)	May 2020
2020/21 33	Grief Line (Covid-19 Service Change)	May 2020
2020/21 34	Transfer of Alexander House patients and staff to the Orion Unit (Covid-19 Service Change)	May 2020

EQIA Ref	Business Case/Scheme Name	Date
2020/21 35	Urgent Eyecare Service (CUES) (Covid-19 Service Change)	May 2020
2020/21 36	Repurposing of the current Nottingham City General Practice Alliance (NCGPA) into Covid home visiting service (Covid-19 Service Change)	June 2020
2020/21 37	Decommission of Telemedicine in care homes (Covid-19 Service Change)	June 2020
2020/21 38	Step down of the Covid Home Visiting Service and return to Nottingham City General Practice Alliance (NCGPA) GP Plus Service (Covid-19 Service Change)	June 2020
2020/21 39	Reconfiguration of Stroke Services, NUH	June 2020
2020/21 40	Dementia Pathway	June 2020
2020/21 41	Reducing Conveyance Care Home SOP (Covid-19 Service Change)	June 2020
2020/21 42	LGBT + Network (12 month grant)	June 2020
2020/21 43	Community Vasectomy (Covid-19 Service Change)	June 2020
2020/21 44	City Locality Cripps CMC (Covid-19 Service Change)	June 2020
2020/21 45	Radford Medical Centre Closure	June 2020
2020/21 46	Intensive Support at Home	June 2020
2020/21 47	Diabetic Eye Screening Services (Covid-19 Service Change)	June 2020
2020/21 48	City Locality CMC location change (Covid-19 Service Change)	June 2020
2020/21 49	Tracheostomy and Laryngectomy Appliance Prescribing	June 2020
2020/21 50	Restoration of Community AQP Non Obstetric Ultrasound Service (Covid-19 Service Change)	June 2020
2020/21 51	Fracture Liaison Services- South Notts ICP (Covid-19 Service Change)	June 2020

EQIA Ref	Business Case/Scheme Name	Date
2020/21 52	Ovulation Induction / IUI (Covid-19 Service Change)	June 2020
2020/21 53	Gedling Housing to Health Scheme – Commissioner Change	June 2020
2020/21 54	NEMS Amber (Covid-19 Service Change)	June 2020
2020/21 55	Locked Rehabilitation	June 2020
2020/21 56	IAPT and Eating Disorder Procurement	July 2020
2020/21 57	BTS NUH Pilot (Covid-19 Service Change)	July 2020
2020/21 58	Transfer of 999 calls from EMAS To NEMS for clinical validation	July 2020
2020/21 59	Newark/Nottinghamshire FRV (Covid-19 Service Change)	July 2020
2020/21 60	Re-procurement of four APMS contracts for core primary care medical services	July 2020
2020/21 61	Alignment of Border Care Homes: Elmbank Care Home	August 2020
2020/21 62	Alignment of Border Care Homes: Parker House Nursing Home	August 2020
2020/21 63	Alignment of Border Care Homes: Acer Court/Alder House	August 2020
2020/21 64	Alignment of Border Care Homes: Eden Lodge	August 2020
2020/21 65	Alignment of Border Care Homes: Hawthorne Nursing Home	August 2020
2020/21 66	Alignment of Border Care Homes: Sandiacre Court	August 2020
2020/21 67	Alignment of Border Care Homes: Edingley Lodge Care Home	August 2020
2020/21 68	Hospital to Home Respiratory Care Team Pilot (contract to end 30 November 2020)	August 2020
2020/21 69	Admiral Nurses Clinics Pilot (funded by Dementia UK)	August 2020
2020/21 70	Bull Farm Surgery vacant premises to transfer to Oakwood Surgery	August 2020

EQIA Ref	Business Case/Scheme Name	Date
2020/21 71	Extension of Community MSK and Community Pain Services	August 2020
2020/21 72	Extension of Community Ophthalmology and Orthoptics Services	August 2020
2020/21 73	Extension of GP Direct Access Non Obstetric Ultrasound Service	August 2020
2020/21 74	NHS 111 First	September 2020
2020/21 75	Stoma Prescribing Service	September 2020
2020/21 76	Chatsworth Neurorehabilitation Service	September 2020
2020/21 77	Greater Nottingham Community Bed Remodelling	September 2020
2020/21 78	Mental Health and Social Prescribing	September 2020
2020/21 79	Temporary Overnight Closure of Newark Urgent Treatment Centre (UTC)	October 2020
2020/21 80	Development and implementation of Crisis Sanctuaries across the ICS	December 2020
2020/21 81	NUH Community Geriatrician Service	November 2020
2020/21 82	Giltbrook Surgery Boundary Change	November 2020
2020/21 83	Procurement for Enhanced Primary Care Services Bundle	November 2020
2020/21 84	Community Ophthalmology Services EMMS 'Drive Thru'	November 2020
2020/21 86	Interim Community Pulmonary Rehabilitation proforma	November 2020
2020/21 87	Platform One Practice – next steps	November 2020
2020/21 88	Suicide Bereavement Support Services	November 2020
2020/21 89	Housing to Health – Service Contract Renewal (ASSIST SCHEME)	November 2020
2020/21 90	Housing to Health – Service Contract Renewal (CITY SCHEME)	November 2020

EQIA Ref	Business Case/Scheme Name	Date
2020/21 91	Ophthalmology – Monitoring for Hydroxychloroquine and Chloroquine Retinopathy	November 2020
2020/21 92	Nottinghamshire Hospice End of Life Services	December 2020
2020/21 93	Weekend Treatment Room Service – Commissioning Intentions 2021-22	December 2020
2020/21 94	Community Crisis Support Service (British Red Cross) service extension	December 2020
2020/21 98	IVF Contracts Extension	January 2021
2020/21 102	Review of Primary Care LES	January 2021
2020/21 103	NHCT HISU – High Intensity Service User Service	January 2021
2020/21 104	City Care HISU – High Intensity Service User Service	January 2021
2020/21 106	Continuing Healthcare at Home – Fast Track Service	February 2021

Appendix C – Workforce demographics

Protected Characteristic		Headcount as at 01/04/2020	Headcount as at 31/03/2021	Trend (%)
Age	16-30	8.2%	9.3%	↑
	31-40	26.4%	25.5%	↓
	41-50	34.3%	31.4%	↓
	51-60	26.3%	29.4%	↑
	>60	4.8%	4.4%	↓
Gender	Male	23.8%	24.1%	↑
	Female	76.2%	75.9%	↓
Ethnicity	White	88.6%	89.7%	↑
	BAME	8.6%	8.9%	↑
	Not declared/stated	2.8%	1.4%	↓
Disability	Yes	4.4%	5.2%	↑
	No	80.8%	81.1%	↑
	Not declared/stated	14.8%	13.7%	↓
Sexual Orientation	Heterosexual	70.9%	73.1%	↑
	Lesbian/Gay/Bisexual/Other	2.2%	2.4%	↑
	Not declared/stated	26.9%	24.5%	↓
Religion/Belief	Atheism	17.0%	18.5%	↑
	Christianity	40.7%	40.7%	→
	Hinduism	1.0%	1.0%	→
	Islam	1.8%	2.0%	↑
	Other	6.0%	6.0%	→
	Not declared/stated	33.5%	31.8%	↓

Appendix D – 2021/23 Equality improvement plan

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
1	Systematic consideration of the protected characteristic groups (and other disadvantaged groups) when we identify the health needs of our population.	<p>Review current Joint Strategic Needs Assessment (JSNA) chapter prioritisation and development processes with Public Health teams at Nottingham City Council and Nottinghamshire County Council, including templates, proforma and SOPs used for chapter development.</p> <p>Undertake a review of recently published JSNA chapters on both Nottingham and Nottinghamshire Insight websites to identify good practice and any gaps in consistent consideration of protected characteristics in chapters.</p> <p>Work with the two JSNA Steering Groups to take forward any identified actions from the above review.</p> <p><i>It should be noted that this work will be part of the ongoing work looking at the development and alignment of the Nottingham and Nottinghamshire JSNAs with the Nottingham and Nottinghamshire Integrated Care System.</i></p>	Head of Research and Evidence	31/03/2022	All JSNA processes and future published JSNA chapters will demonstrate systematic consideration of protected characteristics.	Equality Objective 1 – Improve access and outcomes for patients and communities
2	Systematic consideration of the protected	Review Population Health Management (PHM) packs developed to date to identify how consistently consideration	Head of Research and Evidence	31/03/2022	Future Population Health Management published packs will demonstrate systematic	Equality Objective 1 – Improve access and

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
	characteristic groups (and other disadvantaged groups) as part of the Population Health Management approach.	of protected characteristics is embedded into the PHM approach. Work with the PHM Programme Manager to take forward any identified actions from the review.			consideration of protected characteristics.	outcomes for patients and communities
3	Improved mental health outcomes and improved experience of primary care and community mental health services by LGBT+ people.	Develop a system-wide action plan with partners to take forward the six recommendations from the CCG commissioned research "Improving the mental health outcomes of Lesbian, Gay, Bisexual and Transgender (LGBT+) People in Nottingham City". Establish mechanisms to take forward the specific recommendations that relate to the CCG and primary care. The recommendations relate to: training and cultural competence; systematic recording of patient/service user sexual orientation and (where appropriate) gender identity; the specific needs of LGBT+ people being reflected in the commissioning and delivery of services; visibly inclusive LGBT+ services; improved access to mental healthcare; and developed and/or strengthened relationships between services.	Head of Equality, Diversity and Inclusion (to co-ordinate)	30/09/2022	Improved mental health outcomes and experience reported by LGBT+ people in the annual GP patient survey. Patient/service user data about sexual orientation (and where appropriate, gender identity) is systematically recorded in primary care.	Equality Objective 1 – Improve access and outcomes for patients and communities
4	Diverse people and communities shape	Establish mechanisms to provide opportunities for everyone to participate	Head of Research and	31/03/2023	Increase in recruitment to NIHR portfolio research studies from	Equality Objective 1 – Improve

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
	research and opportunities to participate in research are an integral part of everyone's experience of health and care services. Barriers to research career progression arising from characteristics such as sex, race or disability are not experienced by the CCG or primary care workforce.	in research, with a focus on involving patients and the public from more diverse and underserved communities. Support and promote opportunities for diverse people and communities to be involved in shaping research locally, both those led by local academics and any future research commissioned by the CCG. Support research career opportunities for CCG and the primary care workforce and work to address any barriers arising from protected characteristics.	Evidence		GP practices working with more diverse and underserved communities. Increase in recruitment to NIHR portfolio research studies from a broader group of participants. Utilisation of the organisation's NIHR Research Capability Funding to support research career opportunities and address any barriers arising from protected characteristics.	access and outcomes for patients and communities
5	The information and communication support needs of patients and service users with a disability, impairment or sensory loss will be met.	Identify any gaps in meeting the requirements of the Accessible Information Standard by those who provide NHS services within Nottingham and Nottinghamshire.	Head of Equality, Diversity and Inclusion (to co-ordinate)	30/09/2022	Quality assurance arrangements.	Equality Objective 1 – Improve access and outcomes for patients and communities (Covid-19 Recovery Engagement Action Plan)
6	Information will be provided that is clear and accessible for all.	Define an organisation approach to ensuring that information published by the CCG is accessible, to include:	Head of Communications	31/12/2021	Patient and Public Engagement Committee to review.	Equality Objective 1 – Improve access and outcomes for

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
		<ul style="list-style-type: none"> • Routine inclusion of accessibility statements, advising how information in alternative formats and languages can be obtained. • Publication of any information that will be relevant for a long time in the most commonly spoken languages across Nottingham and Nottinghamshire. • Use of Flesch Reading Ease tool (to measure how easy a document is to read). • Exploring a Literacy Champion role. • Reviewing the CCG's website to ensure full compliance with Public Sector Website Accessibility Regulations. 				patients and communities (Covid-19 Recovery Engagement Action Plan)
7	Ethnically diverse communities and people with a learning disability will be able to give and receive information in a way that is most suitable for them.	Through the CCG commissioned engagement service with the Voluntary Sector Alliance, undertake in-depth reviews of communication and engagement preferences with ethnically diverse communities and people with a learning disability.	Head of Insights and Engagement	31/03/2022	Patient and Public Engagement Committee to review.	Equality Objective 1 – Improve access and outcomes for patients and communities (Covid-19 Recovery Engagement Action Plan)
8	Improved patient experience of booking	Review of interpretation and translation services in primary care for patients,	Associate Director of	31/03/2022	Service evaluation process.	Equality Objective 1 – Improve

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
	interpreters and accessing services.	carers and clinicians to help them understand each other when they do not speak the same language (in line with Guidance for commissioners: Interpreting and Translation Services in Primary Care). Through the review identify gaps and develop a plan to deliver improvement.	Primary Care			access and outcomes for patients and communities (Covid-19 Recovery Engagement Action Plan)
9	Primary care staff will be more aware of barriers faced by people who are deaf or have a hearing impairment, and better equipped to make reasonable adjustments to meet the needs of this patient group.	Facilitate roll-out of training, funded and delivered by NHS England/Improvement, to 40 front-line staff working in general practice or community pharmacy to complete a training session that will provide them with greater awareness of issues facing people who are deaf or have a hearing impairment.	Head of Insights and Engagement (to co-ordinate)	31/12/2021	40 front-line primary care staff trained in British Sign Language to support communication with people who are deaf or hard of hearing.	Equality Objective 1 – Improve access and outcomes for patients and communities (Covid-19 Recovery Engagement Action Plan)
10	Commissioning decisions are systematically informed by robust equality impact assessments. People from protected characteristic and other disadvantaged groups are not negatively impacted	Review the CCG's Equality and Quality Impact Assessment (EQIA) process to ensure continued fitness for purpose for an Integrated Care System (to include a review of the EQIA Panel and its effective operation). The review will consider how the actual impacts of service changes are reviewed against anticipated outcomes and mitigations (as identified within	Head of Equality, Diversity and Inclusion	30/09/2022	Equality, Diversity and Inclusion Steering Group to review.	Equality Objective 1 – Improve access and outcomes for patients and communities (Covid-19 Recovery Engagement Action Plan)

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
	by service changes.	supporting EQIAs). The Public Health England Health Equity Assessment Tool will also be reviewed to provide a framework for monitoring, evaluating and reviewing outcomes and access data and to embed this within routine commissioning activities.				
11	The CCG is seen as an employer of choice with improved workforce diversity.	Review the CCG's Recruitment and Selection Policy and produce a supporting Recruitment Handbook. Particular consideration to be given actions needed to improve workforce diversity, including: <ul style="list-style-type: none"> • How job descriptions are written and the essential criteria required (including whether desirable criteria are needed). • How adverts are written and where vacancies are advertised to attract diverse candidates • How shortlisting is completed • How interview panels are comprised. • How commitment to equality, diversity and inclusion is tested at interview. • How candidate experience can be 	Head of Human Resources and Organisational Development	31/03/2022	Staff Survey Results WRES Indicator 1, 2	Equality Objective 2 – Improve workforce diversity at all levels within the CCG (WRES Action Plan / Staff Survey Action Plan)

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
		<p>improved.</p> <ul style="list-style-type: none"> • Training required for recruiting managers. <p>Staff Networks to be involved in the review process.</p>				
12	The CCG is seen as an employer of choice with a diverse leadership team.	Embed diversity as an explicit aim within the CCG's succession planning process, with a particular focus on Governing Body and Senior Leadership Team roles.	Head of Human Resources and Organisational Development	30/09/2022	WRES Indicator 1, 9	Equality Objective 2 – Improve workforce diversity at all levels within the CCG (WRES Action Plan)
13	The CCG understands the development support required by its diverse workforce and is able to engender a culture of equal opportunities.	Review the CCG's Learning, Development and Education Policy and existing training and development offers available to ensure opportunities for development are fit for purpose and there is equity of access to staff with protected characteristics. Staff Networks to be involved in the review process.	Head of Human Resources and Organisational Development	31/03/2022	Staff Survey Results WRES Indicator 4, 7	Equality Objective 2 – Improve workforce diversity at all levels within the CCG (WRES Action Plan / Staff Survey Action Plan)
14	All CCG staff are treated with dignity and respect at all times.	Review the CCG's Acceptable Behaviours Policy and implement a comprehensive training and awareness plan. Staff Networks to be involved in the review process.	Head of Human Resources and Organisational Development	31/03/2022	Staff Survey Results WRES Indicator 3, 5, 6, 8	Equality Objective 3 – Empower staff to support improved equality, acceptance and inclusion (WRES Action

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
						Plan / Staff Survey Action Plan)
15	CCG staff are culturally competent, with improved understanding and ability to respond to the needs of colleagues and our diverse population.	<p>Develop and implement a Cultural Competency Programme, to include:</p> <ul style="list-style-type: none"> • Intentional About Inclusion Leadership Programme • Reciprocal Mentoring Programme • A range of equality, diversity and inclusion specific training courses • Living Library/ Let's Talk Events • Awareness Raising/ Communications Plan – shaped around an annual equality, diversity and inclusion calendar <p>As part of this work, we will explore opportunities for community leaders and third sector organisations to be involved in shaping and/or delivering elements of the Programme.</p>	Head of Equality, Diversity and Inclusion	31/03/2023	Evaluation of Cultural Competence Programme WRES Indicators 1, 2, 3, 4, 5, 6, 7, 8, 9 Staff Survey Results	Equality Objective 3 – Improve the cultural competence of our workforce (WRES Action Plan / Staff Survey Action Plan / Covid-19 Recovery Engagement Action Plan)
16	The CCG has sustainable and effective Staff Networks.	<p>Ensure the right infrastructure is in place to enable the CCG's Staff Networks to function effectively; including a review of the role of Allyship, Executive sponsors and Chair access to senior management.</p> <p>Clearly articulate a support package (e.g. time commitments, training and development) to ensure sustainable</p>	Head of Human Resources and Organisational Development	31/03/2022	Staff Survey Results Staff Network feedback	Equality Objective 2 – Improve workforce diversity at all levels within the CCG Equality Objective 3 – Improve the cultural competence of our

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
		<p>Staff Networks/Chairs.</p> <p>Produce a You Said, We Did for each of the Staff Networks to demonstrate impact during 2021/22.</p> <p>Review the long-term objectives of Staff Networks and ensure these are clearly communicated to the wider staff.</p>				<p>workforce and empower staff to support improved equality, acceptance and inclusion</p> <p>(Staff Survey Action Plan / EDISG)</p>
17	CCG staff feel empowered to improve equality, acceptance and inclusion within the workplace.	<p>Develop and implement an Equality Champions Framework to include the following specialisms:</p> <ul style="list-style-type: none"> • Cultural Ambassadors – aimed at reducing inequalities in disciplinary and recruitment processes • Equality Advocates (Ability, LGBT+, Race) – aimed at improving staff experience and access to support, and increasing confidence in challenging discrimination <p>Framework to ensure clarity of roles, time commitments, recruitment, induction and training plan, supporting materials (role descriptions, handbook, etc.) and agreed approach to ensuring visibility (e.g. lanyards, intranet, notice boards, staff communications, etc.)</p> <p>Develop mechanisms to embed specialist roles in organisational ways</p>	Head of Equality, Diversity and Inclusion	31/03/2022	Staff Survey Results Staff Network feedback	<p>Equality Objective 3 – Empower staff to support improved equality, acceptance and inclusion</p> <p>(Staff Survey Action Plan / Staff Network Action)</p>

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
		of working.				
18	CCG staff experiencing mental or emotional distress are supported in the workplace. Reduced stigma and increased awareness of mental health issues within the CCG's workforce.	Implement the role of Mental Health First Aiders within the CCG.	Head of Human Resources and Organisational Development	31/03/2022	Staff Survey Results Staff Network feedback	Equality Objective 3 – Improve the cultural competence of our workforce and empower staff to support improved equality, acceptance and inclusion (Staff Survey Action Plan / Staff Network Action)
19	CCG staff have easy access to equality, diversity and inclusion information and resources.	Review and develop the CCG's Intranet to support the promotion of equality, diversity and inclusion requirements and considerations within the workplace.	Head of Communications (to co-ordinate)	30/09/2022	Staff Survey Results Staff Network feedback	Equality Objective 3 – Improve the cultural competence of our workforce and empower staff to support improved equality, acceptance and inclusion (Staff Network Action)
20	Equality, diversity and inclusion considerations are	Complete an equality impact assessment of the proposed changes associated with CCG disestablishment	Head of Equality, Diversity and	31/03/2022	NHS England Readiness to Operate Assessment Process	Equality Objective 2 – Improve workforce diversity

Ref.	Desired Outcome	Action	Implementation Lead/Co-ordinator	Date	How will we measure success?	Cross-reference
	<p>embedded within new statutory arrangements (subject to legislation).</p>	<p>and Integrated Care board establishment (subject to legislation). This will include review of all equality impact assessments completed in relation to the CCG's corporate policies to ensure their continued fitness for purpose and robustness. This work will also consider the CCG's agreed move to an agile working model. The equality impact assessment completed to support the CCG merger process in 2019/20 will also be revisited.</p>	<p>Inclusion (to co-ordinate)</p>			<p>at all levels within the CCG Equality Objective 3 – Improve the cultural competence of our workforce and empower staff to support improved equality, acceptance and inclusion (CCG Transition Plan)</p>