NHS
Hull
Clinical Commissioning Group

NHS Hull CCG Annual Equality Information Report

2021 - 2022

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Glossary of terms and abbreviations	
AIS	Accessible Information Standard
BAME	Black and Minority Ethnic
BMJ	British Medical Journal
CCG	Clinical Commissioning Group
EDI /ED&I	Equality Diversity and Inclusion
EDS / EDS3	Equality Delivery System
EqIA	Equality Impact Assessment
ESR	Electronic Staff Record
ICB	Integrated Care Board
ICS	Integrated Care System
L&D	Learning & Development
LMC	Local Medical Committee
ONS	Office for National Statistics
PCN	Primary Care Network
PDR	Personal Development Review
SEND	Special Educational Needs and Disability
SI	Serious Incident
SLT	Senior Leadership Team
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

2 Introduction

The past 12 months has been another challenging year for health services up and down the country. NHS Hull Clinical Commissioning Group (CCG) has continued to navigate the pandemic, working with our partners to commission and deliver healthcare services in the most appropriate and safest way possible in the circumstances to ensure the people of Hull have access to the services they need.

The pandemic has continued to highlight and widen stark health inequalities, particularly affecting Black, Asian and Minority Ethnic NHS staff and patients, as well as those with disabilities.

We have supported our staff to work safely, either from home or back in the office, and have continued to work in partnership to deliver the largest vaccination programme this country has ever undertaken.

The CCG has over many years developed strong relationships in our communities and strengthened our equality impact assessment approach, and this has paid dividends in our response to the pandemic. It has been particularly significant as the equality impact assessment of the vaccination programme provided insight and data and enabled community engagement approaches to underpin our targeted delivery of this programme.

NHS Hull CCG continues to embrace its equality duties, rather than simply focus on legal compliance, and make meaningful progress against its equality objectives and drive real change.

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. The expected date for the transfer of Clinical Commissioning Group functions to the ICS is 1st July 2022. Where this report references objectives and priorities that extend beyond that date, we are still in discussions with colleagues across the ICS about how we can work together to re-define objectives and make meaningful progress towards delivering them.

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

This report will:

- Set out our equality public sector duties and how we have responded to these
- Define our equality objectives for 2020 – 2024

- 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 progress against our equality objectives and outcomes
- Identify areas where improvement or progress is still needed
- Set out our priorities for 2022 - 2023

3 Legal context and equality objectives

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

1. Eliminating unlawful discrimination, harassment, and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic. The protected characteristics defined by the Equality Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (further defined in 3.2 below).
2. Advancing equality of opportunity between people who share a protected characteristic and people who do not share it. This means:
    - Removing or minimising disadvantage experienced by people due to their personal characteristics
    - Meeting the needs of people with protected characteristics
    - Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.
3. Fostering good relations between people who share a protected characteristic and people who do not share it, which means:
    - Tackling prejudice, with relevant information and reducing stigma
    - Promoting understanding between people who share a protected characteristic and others who do not.

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

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

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

3.1 The specific duties are:

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

        i. its employees (providing it employs 150 or more employees);

        ii. other persons affected by its policies or practices.
    b. *Publish information not later than 30th March 2018 and annually thereafter.*
    c. *Subsequently at intervals of not greater than one year beginning with the date of last publication*
3. Preparation and publication of one or more, specific and measurable, equality objectives;
    a. *Published not later than 30 March 2018 (aligning to any current Equality Objective commitments).*
    b. *Subsequently at intervals of not greater than four years beginning with the date of last publication.*

3.2 Protected Characteristics

The protected characteristics referred to in the Act are:

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

4 NHS England Equality Standards

4.1 Equality Delivery System (EDS)

Our equality objectives and outcomes were developed using the Equality Delivery System (EDS) as a framework to engage with local interest groups and listen to their experiences.

The EDS2 is based on four key performance objectives, and these are:

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

More information about our approach and outcomes can be found here: http://www.hullccg.nhs.uk/equality-delivery-system-eds2/.

We have reviewed insights from EDS2 engagement, along with wider engagement insight and data in preparation of the publication of the EDS3 guidance.

NHS England was due to launch EDS3 during 2021-22, but this has been delayed due to the pandemic response and consultation draft documents were released in December 2021, which have been reviewed. We have an opportunity to work more closely across the health and care system using EDS as an improvement framework, and we will explore this during the transition period as the Integrated Care System is configured.

4.2 Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) requires organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of Black and Minority Ethnics (BAME) Board representation. We recognise our role in asking providers to report on their performance against the WRES framework, as well as paying due regard to the standard in the CCG's own workforce practices.

Paying due regard to WRES as an employer and a commissioner is reflected in our Equality, Diversity, and Inclusion (EDI) Outcomes Framework.

Our latest WRES report is available at www.hullccg.nhs.uk

4.3 Workforce Disability Equality Standard (WDES)

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

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

4.4 Accessible Information Standard

Implementing the Accessible Information Standard has been incorporated into our communications and engagement delivery plan with new public sector accessibility regulations which came into effect from 23 September 2020. Full information on how we have met this standard is detailed at 7.1.2.

5 Governance and management arrangements

All our staff are aware that it is everybody's responsibility to promote equality, diversity and inclusion. This is reflected in our Equality, Diversity and Inclusion (EDI) Policy, staff training, and equality objectives aligned to Personal Development Reviews (PDRs).

In addition to this, the Associate Director of Communications and Engagement is our officer lead for equality, taking on this responsibility in September 2020. The CCG formalised an EDI Steering Group in October 2020 to oversee the implementation of our EDI Delivery Plan. Membership of this group includes representation from all CCG functions and now also includes the CCG's Board Member for Health Inequalities. Membership is as follows:

- Jason Stamp, Lay Member for Patient and Public Involvement
- Dr Bushra Ali, GP Board Member for Health Inequalities
- Sue Lee, Associate Director of Communications and Engagement
- Emma Kirkwood, Head of Human Resources
- Mike Napier, Associate Director of Corporate Affairs
- Karen Ellis, Deputy Director of Commissioning
- Joy Dodson, Deputy Chief Finance Officer
- Michela Littlewood, Deputy Director of Quality & Nursing
- Phil Davis, Strategic Lead - Primary Care
- Colin Hurst, Head of Engagement
- Amanda Heenan, Independent Equality, Diversity & Inclusion Consultant, Arc of Inclusion

The EDI Steering Group meets bi-monthly to update and review progress against an EDI Delivery Plan 2021/22. Bi-monthly reports are presented to the Quality & Performance Committee, with an annual Equality Information Report submitted to the CCG Board for approval.

6 Reporting information

6.1 Gender Pay Gap Reporting

The CCG employs 88 staff as of 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 includes a salary and information report, which lists the salaries received by members of the CCG Board.

6.2 Workforce Reporting

As above, the workforce reporting duty applies to employers with more than 150 staff. However, we do capture and analyse data relating to the protected characteristics of staff and our Board.

The summary findings for the CCG (as of September 2021) are as follows:

• According to ESR data, fewer than 5% of the CCG's workforce is identified as BAME. The BAME population of Hull (as defined above) is 6%. Specific numbers are not listed as they are so small and potentially enable the identification of individuals.

• According to NHS Hull CCG 2020/21 recruitment information, white candidates (when expressed as a ratio of applications to shortlisting) have a higher chance of being appointed when compared to BAME (10.07% and 12.5% respectively). The relative likelihood of white staff being appointed from shortlisting when compared with BAME is 1.29. That said, caution must be used in interpretation of this data as the very low numbers reported in some categories would challenge statistical validity.

• 7% of the declared CCG Board profile is BAME.

The full Workforce Race Equality Standard Report 2021 can be found on the CCG's website https://www.hullccg.nhs.uk/nhs-workforce-race-equality-standard-wres/

6.3 Information about people affected by the CCG

The CCG works with our partners and the people of Hull to commission services and improve the health of the people and communities of Hull. 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
- Building relationships with communities / community insight
- Taking action on health inequalities and the refreshed local strategy for health and wellbeing

The CCG has also developed a health information resource to support staff and partners in undertaking effective equality impact analysis. This is a developing resource of equality related research and information. See: http://www.hullccg.nhs.uk/health-information-and-resources-3/

6.4 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
- The Kings Fund and Race and Health Observatory have both identified structural, institutional and interpersonal racism as a significant factor.

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.

The impact of COVID on disabled people has also been profound with disabled people in the UK facing an increased risk of ill health and death during the Covid-19 pandemic when compared to the rest of the population:

- 6 people in 10 who die from COVID-19 (compared to around 20% of the population reporting to be disabled).[1]
- People with learning disabilities are disabilities with COVID -19 are five times more likely to be admitted to hospital and eight times more likely to die compared with the general population of England, according to a British Medical Journal (BMJ) study[2].
- COVID accounts for 8 in 10 deaths of people with a learning disabilityhttps://www.mencap.org.uk/press-release/eight-10-deaths-people-learning-disability-are-covid-related-inequality-soars

The Office for National Statistics (ONS) has found the negative social impacts of the pandemic have been greater for disabled people, including impact on mental and physical wellbeing.

The Health Foundation reports on the impact of disrupted health services disproportionately impacting disabled people[3].

Our response

Local engagement and collaboration with system partners, including the voluntary sector, has continued throughout the COVID-19 pandemic which

[1] https://lordslibrary.parliament.uk/covid-19-pandemic-impact-on-people-with-disabilities/

[2] https://www.bmj.com/company/newsroom/people-with-learning-disabilities-extremely-vulnerable-to-the-effects-of-covid-19/

[3] https://www.health.org.uk/news-and-comment/blogs/the-forgotten-crisis-exploring-the-disproportionate-impact-of-the-pandemic

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. For example, bespoke vaccination sessions were delivered for people with a learning disability within a smaller, more familiar setting, with easy read information materials and with additional time allowed for appointment slots.

Working in partnership with local authority and public health colleagues collectively we are improving our understanding of the local population. Hull City Council has established a Hull Health Inequalities Task and Finish Group which the CCG's Chief Operating Officer, along with the CCG Board lead for inequalities, the executive lead for equality and diversity and the clinical lead for vulnerable people are members.

The Hull Place Board agreed to a focus on Community Wealth Building and championing the role of the Voluntary and Community Sector in supporting vulnerable communities. The Building Forward Together programme has become fully established during 2021 as a partnership transformation programme to drive forward a new collaborative relationship between the voluntary and community sector and its public sector partners to achieve better outcomes for the city.

Another key focus has been around Social Inclusion and a two-year research programme, commissioned by Hull City Council, has been undertaken to gather the views and experiences of migrants and UK-born residents in Hull. It explored themes of health, integration, housing, education and employment, with the aim of developing a Social Inclusion strategy and action plan for the city. The resulting multi-stakeholder strategy will be launched in 2022.

The Hull Health and Wellbeing Board, chaired by Councillor Hester Bridges, clearly has a remit around tackling health inequalities and NHS Hull CCG has been a key player in developing a number of programmes to support fairness and health inequalities across the city. Work has been led by the CCG's clinical lead for vulnerable people, Dr Lucy Chiddick, around Hull taking a system wide approach to becoming a Trauma Informed City and improving the health offer for people with multiple disadvantage and those who have experienced Adverse Childhood Experiences (ACEs).

The development of a Poverty Truth Commission is another key pillar of the health inequalities work with a vision of eradicating poverty and inequality in the city of Hull. The CCG, as core member of the Poverty Truth Commission Advisory Group, provides mentorship, advice and support on the strategic direction of the Poverty Truth Commission.

We have also seen the establishment of a multi-agency Vaccine Inequalities Steering Group, whose purpose is to identify and address inequities that lead to inequalities in vaccine uptake across the NHS Hull CCG registered population. The group has the following responsibilities:

- To raise the profile of inequalities in the vaccination programme
- To monitor the data relating to uptake, specifically in relation to particular vulnerable groups or in relation to socioeconomic deprivation
- To share examples of good practice and the associated successes in relation to tackling inequalities
- To share challenges experienced in the delivery of the vaccination programme in relation to tackling inequalities
- To escalate concerns or specific issues that cannot be addressed locally
- To work collaboratively to address inequalities

More recently, a Hull Community Vaccination Champions Programme has been established, using funding from Department for Levelling Up, Housing and Communities. A core element of the associated delivery plan will be to increase uptake of the COVID-19 vaccine, particularly amongst residents who may be disproportionately impacted by vaccine inequity. However, the programme as a whole will seek to improve overarching community involvement and build sustainable networks to engage with a wide variety of groups across the city.

A new team of Community Connectors, located within the VCSE, will mobilise groups and individuals within identified communities to become Community Champions and work with them proactively to address issues of vaccine hesitancy along with other health and societal related issues.

This citywide approach will be pivotal in taking forward to vision for embedding EDI work within communities for the new Health and Care Partnerships and will be an essential consideration in developing Hull's delivery model.

The CCG's transition into the Humber, Coast and Vale Integrated Care System will lead to greater integration on a larger geographical footprint. There will no doubt be a wider system approach to elements of the Equality and Inclusion agenda, for example setting shared equality objectives and the implementation of the revised Equality Delivery System (EDS3). There are clear benefits to sharing expertise and closer alignment where it is appropriate to do so. This has already been demonstrated through the Anti-Racism Training and Allyship Programme delivered by the ICS, as well as the pioneering ICS Black, Asian and Minority Ethnic and Disabled staff Network of Networks, bringing together colleagues with lived experience and allies across the ICS.

However, we will not lose sight of the value of working at Place and neighbourhood level to ensure we listen to and understand our local communities and work in partnership with local authorities to address health inequalities and strengthen local accountability.

7 Equality Objectives

Our equality objectives were developed through extensive engagement with staff and local interest groups primarily through implementing the Equality Delivery System (EDS2). Our EDS2 findings have also supported the development of specific outcomes and success measures. In 2020, the CCG reviewed its objectives to put a greater focus on health inequalities. Our equality objectives are:

- To be an employer with a well-supported workforce and Board that represents our population
- To work, alongside partners, to tackle health inequalities with the aim of better health outcomes for all
- To demonstrate leadership on equality and inclusion through collaboration
- To ensure that our governance and decision making pays due regard to equalities
- To ensure that all our diverse communities are able to have their voices heard and their views are taken into account in our decision making

These objectives are most likely to be achieved through:

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

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

7.1 Summary of progress – the CCG as a Commissioner

The embedding of EDI work across all directorates is now starting to make a tangible difference and all directorate leads have championed EDI within their own teams and programmes of work.

Despite the backdrop of the continuing pandemic the CCG has made really good progress over the past year against the equality and inclusion outcomes set out for each of our areas of focus and this progress is summarised within the following section:

7.1.1 Strategic Oversight and EDI Governance

Outcomes:

- Annual Equality Report to Board and published by 31 March each year.
- Reporting to Quality & Performance Committee on a bi-monthly basis.
- Robust EqIA process and quality assurance for corporate & HR policies, commissioning decisions & clinical policies.
- System / multi-stakeholder commissioning activity follows robust EqIA process.
- Effective EDS assessment and governance.
- Strategic collaboration in health and social care sector on EDI.
- CCG Annual report reflects EDI objectives and achievements.
- Timely submission of WRES/WDES reports (overarching responsibility – completion within HR outcome)

Progress:

- 2021 - 22 has been a year of consolidation of EDI governance processes as we work toward the CCG / ICB transition period. An aligned sign off process for EqIAs for Hull, East Riding and North Lincolnshire has been agreed for HR policies and other aligned policies. The EDI Steering Group has now become well established and has met bi-monthly with all area leads providing updates against their own outcomes and reports submitted to every bi-monthly Quality and Performance Committee. All mandated reporting deadlines have also been met.

- Work is underway to establish ICB and place delivery models for EDI and Hull CCG has taken a leadership role in supporting Primary Care Networks to strengthen their skills and capacity in respect of EDI. Multiple examples of collaboration at a place level i.e., Health Inequalities Group, Building Forward Together Programme, Vaccine Inequalities Steering Group. The training offer has been enhanced this

year for the HR Humber team and commissioning teams, including North Lincolnshire CCG colleagues.

7.1.2 Engagement and Communication

Outcomes:

- Compare language requests at providers to gain insight on diversity. Note positive steps and monitor insight work / survey
- Trusted relationships exist between local public services and communities and groups with protected characteristics where regular two-way communication about health and social care services and issues in Hull is actively engaged.
- Engagement methods are tailored to ensure that there are not barriers to participation for communities and groups with protected characteristics, in service planning, service improvement, and development of strategies and policies in Hull.
- Communication is delivered in accessible formats and languages through trusted channels to communities and groups with protected characteristics who use health and social care services in Hull.
- Communities and groups in Hull with protected characteristics are engaged, and their views and experiences inform the participation in the National EDS Programme.
- Our staff are knowledgeable, and feel empowered, to ensure the views and experiences of communities and groups with protected characteristics are included, and embedded in, all aspects of our work.

Progress:

2021 has been another challenging year in terms of communication, significant resource has been diverted into supporting pandemic response and the vaccination programme, and whilst some face-to-face engagement has been possible this year, this has still been limited with a strong reliance on digital and other methodologies. However, good progress has still been made against most of the defined engagement and communication outcomes.

Engagement

NHS Hull CCG is an active member of a number of multi-agency networks and groups who engage with diverse communities and groups with protected characteristics. These include, but not limited to;

- Independent Advisory Group
- Humberside Community Safety Partnership
- Older People's Partnership

- Maternity Voices Partnership
- Black History Group
- LGBT+ Forum

The CCG works closely with Hull City Council regarding Public Health, Adult Social Care and Children and Young People's Services and much collaboration and co-production work has been undertaken in these areas particularly in relation to Special Educational Needs and Disability (SEND) which has involved extensive engagement with parents, carers and children and young people with SEND as well as professionals working to support them.

The CCG has worked in partnership with the local authority around engagement for the COVID-19 Vaccination programme, particularly targeting areas of low uptake linked to health inequalities.

No engagement work is undertaken without a robust EqIA in place and the information identified used to target engagement appropriately. Evidence of engagement is a requirement of any new procurement (detailed on the Procurement Panel Status Report presented to Board) and also within the sign off process for service specifications by Planning and Commissioning Committee. This provides the assurance that appropriate engagement and insight is used to inform our commissioning decisions.

Some work to highlight has been:

Engagement work to support translation services

- Members of NHS Hull CCG Hull Community Champions Programme who work with those most likely to require translation support were approached initially. Additional groups that aligned with people with protected characteristics were also approached; this was to determine if diversity intersections, i.e., someone who has more than one protected characteristic, had an impact on experience or perception that had not been previously considered.
- The groups that took part in this engagement included, HANA, Hull CVS, Iranian Community, Hon Lok, Refugee Council, Open Doors, Deaf Community, Sight Support, Rainbow Children's Centre, MESMAC, HEY LGBT+ Forum.
- A full report on the findings of the engagement and in particular highlighting wider communications challenges than just language was presented to committee in February. A subsequent action plan is now being developed.

Neurodiversity service

- Engaged with parents, carers, children and young people to support the development of the neurodiversity service and also with VCSE

organisations who will be signposted to as part of the support offer. Short breaks service and support offer videos were developed to improve accessibility of information, this was in response to engagement with parents and carers.

- Easy read resources developed to support and children and young people with neuro-diverse conditions were invited to design a logo for the service.

Transgender Patient Engagement

- Transgender Patient Experience session held in September 2021, brought together stakeholders across the health system to learn and share together with a specific focus on patient records. As a result, Hull CCG now hosting a virtual space on our website dedicated to Transgender patient experience. This includes bitesize video recordings from the 'Transgender patient records' event; guidance and resources for professionals and patients; and updates on future developments.

GP Access Project

- Working with NHSE on national project for GP access – to be piloted in five Hull PCNs and five across rest of Humber Coast and Vale. Working with practices, healthcare partners and patients to test how to engage with them to make access routes to general practice more inclusive. Builds on national / local research into barriers to inclusive access, particularly in deprived communities. Tested communications understanding, language and propositions in relation to inclusive access routes to create an inclusive access routes toolkit for all participating practices. Roll out originally planned for December 2021 but due to the vaccination booster programme was postponed until February 2022.

Veterans Mental Health

- Throughout October and into November 2021 the CCG worked in partnership with Hull City Council and veteran support organisations from across the city to develop and promote a number of materials aimed at promoting veteran specific mental health services. As part of this Dr Dan Roper visited Hull 4 Heroes, particularly their men-only peer support group. Hull CCG also developed an online 'one stop shop' for signposting and advice; www.humberveteransupport.co.uk and took part in a citywide social media campaign, localising the national Op Courage materials.

CCG of Sanctuary

- CCG became the first commissioning organisation in the country to be awarded the accreditation from the City of Sanctuary UK (16th June).

- A toolkit has been developed to support other health organisations who may want to attain sanctuary status for health /partner agencies to support refugees and asylum seekers.
- QR code access to a directory of services on CCG website to support front line staff to access information and facilitate signposting to services available to asylum seekers and refugees. Completed a week-long awareness raising campaign to support the national refugee week in June 2021.

Obviously during the pandemic period, the focus has been more on digital activities and the CCG has offered telephone support to those who may not have experience of virtual meetings. We have a limited supply of equipment that can be loaned to support access (iPads) and the CCG is working with other agencies across the Humber around the issue of digital exclusion.

The CCG does have a policy of ensuring that all face-to-face meetings and events are held in accessible venues with access ramps and lifts and event invites ask if attendees require any additional support, e.g., Accessibility or Sensory impairment, for example we have used palantypists in the past and the CCG also has a mobile hearing loop.

Accessible Communication

Website accessibility

The CCG is committed to ensuring our website and other public communication meets accessibility standards. We have been updating the content in line with the new public sector accessibility regulations which came into force from 23 September 2020.

We have provided accessibility statement at www.hullccg.nhs.uk/accessibility, which outlines how accessible the CCG website is, which content is not accessible and which content falls outside of the current legislation.

To minimise the impact of the areas which we were not able to make more accessible by updating the website content or layout, we have subscribed to Browsealoud web accessibility tool.

Browsealoud offers a host of reading and translation support - helping users to access and understand our online content better. It provides the following options:

- text-to-speech: users can click on or select any text to hear it read aloud
- translation: written and spoken translations in multiple languages
- text magnification: enlarges text and reads it aloud
- MP3 generation: converts selected text into an MP3 audio file
- screen mask: blocks distractions on screen with a tinted mask

- web page simplifier: removes clutter from the screen, displaying only the main text
- settings: users can customise options to suit individual needs or preferences

Social media and video

As a standard, we include embedded captions in all videos produced by the CCG. Embedded captions help with accessibility for hard-of-hearing or deaf people and those for whom English is not the first language.

On social media, we include alternative text for images (if the particular platform provides such functionality) to improve accessibility for people with visual impairments who use screen readers. We also continue to use translated social media assets, easy read information and BLS videos provided as part of key national campaigns such as the COVID-19 vaccination programme, and we develop localised content where appropriate.

7.1.3 Commissioning

Outcomes

- Robust EqIA process in place and appropriate capacity available for commissioning projects & clinical policies
- Demonstrated use of Equality Impact Assessments (EqIAs) to focus service development around the needs of the local population.
- Work with provider business development teams to promote their use of EqIA as part of service review processes.
- Relevant data and information, such as ITS service usage in primary care, language and other assistive communication requests with providers and accessibility requirements are actively considered as part of any service planning processes.

Progress

- EqIAs are being developed early for all internal projects/policies and being used to frame the discussion on what changes are needed / anticipated impacts and associated actions to minimise any potential impacts. No service specifications are approved without a signed EqIA.
- There is agreement in place to share EqIAs between organisations to reduce duplication, and we will look to use a single approach unless the EqIA does not meet internal minimum standards.
- There is an increased awareness and acceptance by healthcare providers of the need to provide EqIAs in support of proposals, this is not yet systematically embedded but there is little resilience to comply.

7.1.4 Corporate Governance

Outcomes

- Ensure clear line of sight of existing and emerging governance arrangements in relation to equality duties, for example explicit reference to equalities duties within Board and Committee Terms of Reference.
- Collate relevant Board level data to support WRES and WDES submissions.
- Ensure Board and Committee members have access to appropriate support and training to challenge and respond to equalities issues.
- Prepare a guidance document for Committee Chairs in respect of ensuring their committees are meeting their equalities duties.
- Seek assurance that Wilberforce Court is fully accessible via external review (accessibility expert).

Progress

- Draft Terms of Reference for the Integrated Care Board (ICB) has drawn up by members of the governance leads group and was considered at a meeting on 14 December 2021. ICB membership includes a Voluntary and Community Sector representative and the CCG Board member for EDI is actively involved in ICS programmes of work.
- Board level data was included in the WRES submission and work has been undertaken by the Humber Advisory Board to better understand the diverse make-up of the Boards of the ICS constituent partners.
- Work was planned to develop a short guidance document for Committee Chairs in respect of ensuring their committees are meeting their equality duty, but this has not progressed at this stage but may be picked up as part of the wider ICS governance work.
- An independent accessibility review of the building was planned but has been put on hold in view of limited use of the building during COVID restrictions.
- The CCG Board undertook training in May 2021 in respect of Equality, Diversity and Inclusion with a particular focus on the impacts of COVID on our diverse communities.

7.1.5 Quality

Outcomes

- 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.

- Quality outcomes are embedded in commissioning intentions; recognising that health inequalities are preventable by addressing factors within societies which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs.
- Engage with wider stakeholders in accelerate preventative and proactive programmes which engage those at risk of poor health outcomes and improve patient experience.
- Provide leadership in promoting continuous learning into action and in supporting improvement initiatives which focus upon quality outcomes for patients.
- Ensure analysis and interpretation of the data relating to COVID-19 mortality; identifying learning and improvement opportunities to inform system wide change and improve the overall quality of services
- Provide system leadership in ensuring the learning from deaths of people with Learning Disabilities; ensuring LeDeR reviews inform improvements in both the experience and health outcomes for people with Learning Disability.

Progress

- The monitoring of the actions from the outcomes is undertaken via a number of quality forums with our providers where COVID mortality and the outcome from mortality reviews / serious incidents are discussed and actions monitored though to implementation. The Serious Incident panel is the vehicle for reviewing any investigations that have been undertaken for harm or deaths as a result of nosocomial infections and other COVID related harm.
- The LeDeR panel identifies any inequalities from deaths of people with a learning disability and also now more recently added is autism. Actions are identified and where appropriate drive key quality improvement pieces that will be monitored via the Humber LeDeR steering group forum. There is also ongoing work with LeDeR ICS deep dive development work. LeDeR case reviewers being increased to support learning.
- Part of the ICS development work includes scoping the current Patient Experience journey for PALs/ Complaints via the CCG and proposals for a future model. Hull CCG is facilitating this across the six CCGs and a report was submitted to Humber Coast and Vale ICS Patient Relations meeting 20th January 2022.

7.1.6 Primary Care

Outcomes

- Capacity building with PCNs through learning and development and sharing resources – focus on:
  a) Workforce
    - Recruitment and selection processes lead to a more representative workforce at all levels
    - Development of EDI staff networks to support and empower staff

  b) Population Health Management

  c) Governance Processes

  d) Accessible communication (Accessible Information Standard)

  e) Patient voice and community engagement
- CCG to work with PCNs to map what current and emerging EDI initiatives in Hull (and Humber) and identify what support can be provided and where value can be added – e.g., tools, data, good governance. PCNs to receive support for EDI capacity building.
- Ensure emerging Place structures and arrangements have EDI embedded from April 2022 and beyond
- Scope how Primary Care links into ICS to embed EDI
- CCG to support implementation of recommendations from Humberside LMCs

Progress

- Initial discussions were held session with PCN Clinical Directors in September 2021 to explore development of dedicated session to strengthen good practice in relation to EDI and identify any gaps to support development. The agreement was to develop a working group with nominated leads from PCNs to shape a further PCN workshop to explore EDI issues and co-produce an appropriate training package for wider practice staff.
- Two working group meetings were held in October and November, resulting in the framework for a two-part workshop approach being agreed. These workshops were initially scheduled for January and March, but unfortunately due to the government's requirement for primary care to focus on the vaccination booster programme, the January date was no longer felt to be appropriate, and the sessions have been rescheduled to April and May 2022.
- Humberside LMC presented the report Racism and Discrimination – the experience of primary care professionals in the Humberside region to the Primary Care Commissioning Committee in June 2021 where it was agreed that the CCG would continue to work with the LMC

regarding implementation of the report's recommendations for community stakeholders.

- The CCG has worked in partnership with the LMC to support their public facing campaign, the initial phase of which was highlighting the impact and consequences of abuse in primary care which was one of the areas highlighted in their report. Another meeting with the LMC took place in December to agree a joint approach to some of the further recommendations made, including joint training approaches.
- Work has commenced with Practices to improve patient ethnicity coding

7.1.7 Contracting and Procurement

Outcomes

Contracting

- Gain appropriate assurance that our providers are meeting their equalities duties.
- Obtain evidence from our provider organisations that they are compliant with the Accessible Information Standard (AIS).
- Seek assurance from our provider organisations that they are addressing race equality and disability equality issues for their staff through the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Procurement

- Ensure that equality considerations are explicit within procurements via specific reference with Invitation to Tender (ITT) documentation.

Progress

Contracting

- It was planned to establish processes for gaining appropriate assurance from providers in respect of their equality duties, including Accessible Information Standard (AIS), Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES). WRES assurance was received from main providers immediately following submission of their returns, however very limited capacity in the contracting team has meant work establishing the wider assurance processes has been limited. This will now be progressed through the annual contract refresh process.

Procurement

- Equality legislation compliance is included as a standard element of the provider Selection Questionnaire (SQ) included in any Invitation to Tender. The Homeless Health service ITT was published in May 2021

and included this in section 9 [Q9.1 – 9.4 inclusive]. The ITT documents were approved by the Procurement Panel in May 2021.

- Procurement processes ensure that an Invitation to Tender is not published without an approved service specification. The process for a service specification requires that an EqIA is fully completed and approved by the EDI Lead prior to submission to the Planning and Commissioning Committee approval.
- Whilst there have been no further live procurements in the reporting period the Procurement Panel continues to monitor EqIA status where relevant for direct contract awards.

7.2 Summary of progress – the CCG as an Employer:

We are the NHS: People Plan

This plan sets out actions to support transformation across the whole NHS. It focuses on how we build a compassionate and inclusive culture. The inclusion of the **Our People Promise** sets out in a series of phrases what we should all be able to say about working in the NHS:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

Clearly many aspects of the People Plan will be picked up through Workforce and Organisational Development plans, however, there are also clear EDI requirements within the document, including risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support and publishing progress against the Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce and that senior leadership represents the diversity of the NHS, spanning all protected characteristics.

Outcomes:

- Continue to build recruiting manager capability to embed EDI good practice in all recruitment advertising
- Recruitment process as inclusive and accessible as possible, within national framework

- Positive action to actively promote job opportunities and troubleshoot application process (find out where people experience barriers and if any additional support needed)
- Ensure that the Workforce Wellbeing Group consider EDI objectives as part of their annual workplan/outcomes
- Staff feel well supported in their work and wellbeing
- Employees and managers are supported in taking ownership of EDI issues and identified resolutions
- Successful completion of identified training / programmes in line with the Training Needs Analysis and PDR.
- WRES & WDES standards supported (linked into Governance)
- Effective EDS staff engagement & data capture
- Maintaining best practice standards, e.g., Mindful Employer, Disability Confident and work to ensure the achievements of such awards is part of the ICS ambition.

Progress

Recruitment

- The HR Humber team carried out a review of their recruitment processes and all Humber CCG job adverts are now shared with each other and shared within diversity and inclusion groups to help the adverts reach a wider more diverse audience. To aid in making the recruitment process more accessible the HR Humber team have access to a document to audio function via ERY CCG to allow for alternative application forms to be used as well as regularly delivering recruitment and selection training which has a large focus on the Equality Act, reasonable adjustments during the recruitment process and the benefits of a diverse workforce along with training on removing unconscious bias. To improve employee experience, applicants now have access to the applicant portal via ESR and a survey was developed to gather feedback on the recruitment experience to look for improvements. Recruitment adverts circulated to over 100 local VCS organisations and community groups via 'Forum' newsletter.
- Three Recruitment & Selection training sessions were delivered during the year and the revised training covers ED&I considerations including large focus on the equality act and protected characteristics, discrimination, benefits of having a diverse workforce, unconscious bias, legislation, the use of reasonable adjustments, disability/two ticks scheme and how to consider equality issues during virtual recruitment.
- Commenced work on the recruitment process for ICB roles, confirmed that EDI for workforce will sit within Executive Director of People portfolio.

Workforce wellbeing

- A number of policies were reviewed including Grievance, Other Leave, Learning and Development, Statutory and Mandatory Training and Flexible working which included revised EqIAs. In addition, the new Agile Working Policy was launched. A joint ICS working group was established for EqIAs / Impact Assessments (IAs) for ICB policies.
- Launched the Violence Charter which includes an Acceptable Behaviour statement at each CCG site.
- Over the last year all employees have had the opportunity to undertake a COVID-19 risk assessment and a personalised plan based on individual and organisational needs. Regular communications have been issued to all staff to remind them of the need to regularly review their risk assessments and personal plans. HR FAQs are reviewed and updated to effectively support staff including those who are clinically vulnerable, from an ethnic minority group or pregnant.
- Updated 1:1 and Personal Development Review (PDR) guidance documents and templates to provide opportunity to raise any ED&I concerns during the 1:1 and is PDRs discuss how an individual's objectives support the achievement of the CCGs ED&I outcomes.
- 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.
- Launched Employee Assistance Programme (EAP) following successful funding bid. launched shortly.
- Coaching opportunities supported both for staff to train to be accredited coaches and to receive coaching.
- Staff Wellbeing group relaunched and developed to work across Hull / NL / ERY CCGs.

Training

- Needs Analysis framework to allow the EDI Lead to identify training needs across the CCG.

- HR team undertook EDI – Three Mottos training course to re-explore principles of EDI, e.g., how the dominant identity shapes the world, how privilege is often invisible to those who hold it and how intention and impact can differ. This was followed up by an equality impact training session, to demonstrate how the principles are put into practice through equality impact assessment

- 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.

Staff Engagement and data capture

- Staff pulse survey undertaken, and data reported back to SLT. WRES data collated and submitted for full reporting. Action plan developed to address areas highlighted in WRES and staff pulse survey. 2022 will undertake full staff survey that will collect some WRES / WDES reporting data and highlight area for improvement.

Maintaining best practice standards

- The CCG renewed the Mindful Employer charter.

8 Priorities for 2022 - 2023

The CCG will continue to drive operational progress and integration of EDI within all of our programmes of work. We will evolve our current thematic outcomes to become broader place-based outcomes without losing the momentum already built up. We will also support the development of shared Integrated Care System equality objectives.

We will work towards implementing EDS3 once guidance is received, and we will look to strengthened EDI links with:

- Primary Care Networks
- The newly forming Integrated Care System
- Provider Collaboratives
- Local Authority

We will develop a particular focus on upskilling primary care teams to have a greater understanding of EDI considerations when planning and delivering services and support for the embedding of the principles into operational practice.

We will use our local networks and existing and developing community engagement models, i.e., the Community Vaccinations Champions Programme, to further our links with all of our communities, (geographic and of common interest). We will gather intelligence and insight to ensure our local Place Operating Plans place a strong emphasis on reducing health inequalities and improving health outcomes of the local population that we know have widened during the COVID-19 pandemic.

As we move towards a more population health driven approach to designing health interventions, we will ensure that insight and data gathered from our engagement work is shared via the developing Population Health Intelligence Hub and used to inform ICS decision making.

We will continue to support our workforce in any transition arrangements (e.g., post COVID or due to structural / organisational changes) as the new integrated care system configures and the wellbeing of our staff will continue to be a key area of focus.

9 Acknowledgements

The CCG would like to acknowledge all the hard work and commitment from its own staff and wider partners in challenging circumstances over the past two years. Championing equality, diversity and inclusion has never been more important and as we enter a period of change for the organisation of health and care services, we remain as committed as ever to putting people at the heart of everything we do.

10 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 on page 2 of this report.