Mid and South Essex Health and Care Partnership

NHS Mid Essex Clinical Commissioning Group

Public Sector Equality Duty

Annual Report

2020/21

Contents

Welcome

Mid Essex CCG is delighted to present our 2020/21 Equality and Diversity annual report highlighting the CCG's progress in promoting equality and diversity in commissioning healthcare services and in managing our local NHS workforce.

This report brings together information, evidence and recommendations demonstrating how Mid Essex CCG is meeting its statutory duties under the Equality Act 2010 and how we will continue to integrate the principles of human rights, equality and diversity as an employer and a commissioner of services.

The CCG has supported the completion of an extensive Joint Strategic Needs Assessment and continues to engage with the local population to help inform its commissioning decisions.

Our approach to equality and diversity includes working closely with Essex County Council and the Essex Health and Wellbeing Board in agreeing local needs assessments and developing the strategy to address these needs. We use the Essex Joint Strategic Needs Assessment and Mid Essex CCG Joint Strategic Needs Assessment to inform our commissioning intentions and decision making. The JSNA is a collection of research about the local people, places and communities for which the CCG commissions services. We use the JSNA to try to understand what needs to be done in collaboration with local knowledge and community feedback.

As an organisation, the CCG implemented the Equality Delivery System 2 (EDS2) in 2014/15. The CCG has steadily increased its compliance against EDS2 in consecutive years and has maintained its 2019/20 level of achievement in 2020/21.

We have consequently refreshed our Equality Objectives and corresponding action plan to support us in improving further.

We are confident that our staff will be well versed with the principles we are embedding and that services will become more responsive to community needs enabling us to reduce the gap in health inequalities and improve health and wellbeing outcomes.

Viv Barnes
Director of Governance & Performance &
Chair of Equality & Diversity Sub-Committee

Executive Summary

This report sets out how Mid Essex CCG is working to demonstrate its compliance with the Public Sector Equality Duty, highlighting progress to date and setting out some key recommendations for building on the extensive work already in place.

The CCG has a duty to eliminate discrimination and promote equality, fairness and respecting human rights, both as an employer and a commissioner of local health services. We believe that diversity is about recognising and valuing the diverse population we serve and implementing good employment practices. We also recognise our responsibility to promote inclusion regardless of age, disability gender reassignment, marital status, pregnancy, race/ethnicity, religious beliefs, sex (male or female) or sexual orientation and respecting family values attached to conception and parenting capabilities.

We have continued to strive over the past year through our Equality Objectives to embed the consideration of equality and diversity issues into all aspects of our work, including policy development, commissioning processes and employment practices. We have achieved these though a number of measures including:

- Supporting the production of a Joint Strategic Needs Assessment and other local needs assessments.
- The ratification of Equality Objectives and implementation of an associated action plan.
- The implementation of an Equality and Health Inequalities Impact Assessment framework to review and support changes in service provision and policy development.
- Improving our data recording and positive approach in our recruitment practices and publishing a comprehensive report on our workforce.
- Better engagement with the public, both in reaching difficult commissioning decisions and consulting on innovative service provision, as well as listening to the patient's voice, such as through the Patient Story at Board meetings and supporting the national consultation on Evidence Based Interventions.
- Working with other CCGs within the Mid and South Essex STP footprint to standardise equality and health inequalities impact assessment documentation.

The CCG's financial position has been challenging throughout 2020/21 and will be even more challenging in 2021/22. We will continue to ensure that decisions are evidence-based and have had considerable engagement with our local population and people with protected characteristics. This will be supported by further equality and diversity awareness training for CCG Board members and staff.

A number of recommendations are highlighted at the end of this report which, when implemented, will provide assurance that the CCG will continue to promote equality and diversity and work with all stakeholders in reducing health inequalities. To this end, the CCG has updated its Equality Objectives and corresponding action plan and will endeavour to improve its rating in some of the key goals during 2021/2.

Introduction

1.1 About Mid Essex Clinical Commissioning Group

Mid Essex Clinical Commissioning Group (MECCG) is a NHS commissioning organisation which was formed on 1 April 2013. The CCG commissions (buys) health services for residents of the districts of Braintree, Chelmsford and Maldon. Some services are commissioned in collaboration with other NHS organisations as well as Essex County Council.

For more information on the health services we commission, please visit our website https://midessexccg.nhs.uk/.

1.2 Public Sector Equality Duty

Section 149 of the Equality Act 2010 places a Public Sector Equality Duty (PSED) on all statutory public authorities and those who act on their behalf. CCGs may not delegate these duties and are responsible for ensuring compliance by providers commissioned to deliver healthcare services.

The Equality Act 2010 replaced previous anti-discrimination legislation aimed to protect people from unfavourable treatment because of nine 'protected' characteristics, some of which apply to everyone while others to groups of people:

- Age
- Disability
- Gender-reassignment
- Marriage and civil partnership
- Pregnancy and maternity (including breastfeeding mothers)
- Race (including nationality and ethnicity)
- Religion or belief
- Sex (male or female)
- Sexual orientation

The PSED is made up of a 'general duty' which is the overarching requirement and the 'specific duties' which are intended to help performance of the general duty. The general duty applies to most public authorities, including CCGs, who must, in the exercise of their functions, have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act,
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it,
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The CCG is required to publish, in a manner that is accessible to the public, information to demonstrate its compliance with the public sector equality duty. This information must include, in particular, information relating to people who share a protected characteristic who are the CCG's employees and people affected by the CCG's policies and practices.

We must also set equality objectives at least every four years. In early 2019 the CCG reviewed and updated its Equality and Diversity Strategy and action plan to show how the CCG planned to improve compliance against our equality obligations as well as developing a more explicit approach in tackling health inequalities.

The CCG has published this report as a requirement of the PSED. This report highlights the work that the CCG has undertaken towards meeting the general PSED duty, gaps it has identified and actions it is going to take to improve quality outcomes.

The CCG is also required to complete an EDS2 Summary Report template for submission to NHS England and publish the template on our website.

We use the Essex Joint Strategic Needs Assessment (E-JSNA) and Mid Essex CCG Joint Strategic Needs Assessment (ME-JSNA) to inform our commissioning intentions and decision making.

The JSNA is a collection of research about the local people, places and communities to which the CCG and our partners deliver services. We use the JSNA, in collaboration with local knowledge and community feedback, to better understand the needs of our local population.

The information in this report meets many of the Equality and Human Rights Commission's recommendations on publishing annual equality information as the data is online, easily available and has been updated.

We know that we need to make full use of the JSNA in our commissioning practices. All staff including the Board will receive further equality and diversity training which will include information on evidence based commissioning.

2. Profile of Equality Groups in Mid Essex

The CCG has committed to using the information obtained from its JSNA and equality analysis process to inform the decisions it reaches.

The JSNA process has been less successful in gathering more qualitative information to inform local decision-making. The CCG has therefore adopted a broad equality analysis, through its Equality Impact Assessment process, to help the CCG in considering the impact that a service it is seeking to commission will have on specific protected groups and those identified as vulnerable, such as carers.

2.1 Wider Inequalities

Despite overall improvement in average health measures, there are variations in the health and wellbeing of people within the districts of Mid Essex.

Life expectancy at birth is either similar or above the national average across the Mid-Essex districts. In Chelmsford, life expectancy for both males (81.4 years) and females (84.4 years) are significantly higher than the national average of 79.8 and 83.4 respectively. Life expectancy in Braintree is similar to the national average (83 years for females and 80.1 years for males). In Maldon male life expectancy is significantly higher than the national average for males (81.1 years) and similar to the national average for females (83.7 years).

When reviewing the inequality in life expectancy across Mid-Essex districts (the range in years of life expectancy across the social gradient within each area, from most to least deprived). Maldon has the lowest level of inequality in life expectancy at birth for females (4 years), Braintree has the lowest level of inequality in life expectancy at birth for males (5.6). Inequalities in life expectancy are higher for males than females across all Mid-Essex districts.

Deprivation and fuel poverty (households whose fuel requirements are above the national average and would be left with a residual income below the official poverty line if they were to spend that amount) are key challenges in some of our communities, with associated poor health and social outcomes.

There are 87 Lower Super Output Areas (LSOAs) in Braintree, with none of them being amongst the most deprived 10% in England and just two that are in the bottom 20% *(Source: ONS English indices of deprivation 2019)*. The distribution would suggest that there are some affluent areas of Braintree but few that are relatively deprived. Braintree is ranked 211 out of 317 local authorities in England on overall deprivation (where 1 is the highest level of deprivation).

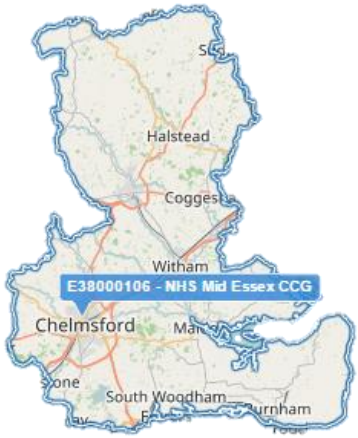
There are 107 LSOAs in Chelmsford, with none of them being amongst the most deprived 10% in England and just one that is in the bottom 20%. There are 26 LSOAs in the top 10% most affluent areas. The distribution would suggest that there are many affluent areas of Chelmsford but few that are relatively deprived. Chelmsford is ranked 253 out of 317 local authorities in England on overall deprivation.

There are 40 LSOAs in Maldon, with none of them being amongst the most deprived 10% in England, and none in the bottom 20%. There are four that are in the top 10%, i.e. the most affluent. The distribution would suggest that there are some affluent areas of Maldon but few that are relatively deprived. Maldon is ranked 222 out of 317 local authorities in England on overall deprivation.

The percentage of households in an area estimated to experience fuel poverty varies across the districts of Mid Essex with Maldon at 10.7%, Braintree at 13.1% and Chelmsford at 12.1% *(Source: Department for Business, Energy and Industrial strategy Sub-regional Fuel Poverty Data 2021)*. This is compared to the national percentage of 10.3% of households experiencing fuel poverty. Tackling fuel poverty is important for improving health outcomes and reducing health inequalities in England.

The rate of alcohol related admissions appears to increase with the level of deprivation across the county with the highest levels in those in the most deprived decile of the population. The directly standardised rate of alcohol related admissions in Mid-Essex varies from 535 per 100,000 people in Maldon to 582 per 100,000 in Chelmsford. Braintree had 567 per 100,000 compared to 664 per 100,000 nationally in 2018/19.

2.2 Population Age and Gender



The population of mid Essex is estimated to be around 396,000 – the breakdown by gender and age groups are shown in the population pyramid. This is split at a district level as follows:

- Braintree District Council: 152,604
- Chelmsford City Council: 178,388
- Maldon District Council: 64,926

(Source: ONS Mid-Year Population Estimates 2019)

There is a roughly even gender split within the population. 20.2% of the GP registered population in Mid-Essex are aged 65 years and over, which has increased from 16.6% in 2010.

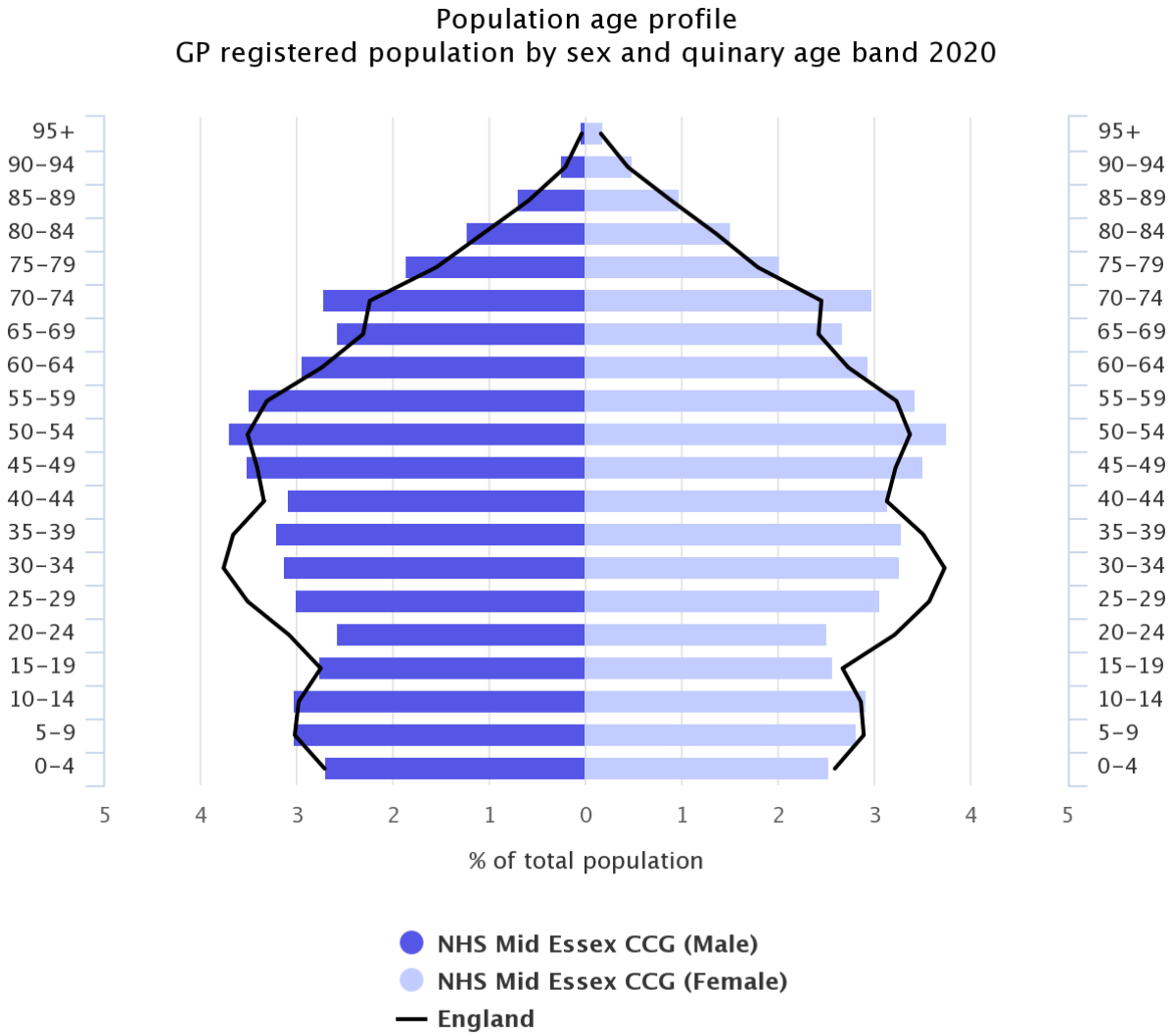


Figure1:2020 age profile of GP registered population by sex and age band (Source: PHE fingertips- Public Health Profiles)

2.3 Local Ethnicity

Ethnic Group	Braintree	Chelmsford	Maldon	Mid-Essex total	Proportion of Mid Essex population
All usual residents	147,084	168,310	61,629	377,023	100%
White	142,087	157,983	60,429	360,499	95.62%
Mixed/multiple ethnic groups	1,837	2,646	506	4,989	1.32%
Asian/Asian British	1,998	4,962	484	7,444	1.97%
Black/African/Caribbean/Black British	913	2,051	150	3,114	0.83%
Other ethnic group	249	668	60	977	0.26%

Table 1: 2011 census ethnicity data for Mid-Essex

Detailed ethnicity data is available through the 2011 census however may not be up to date. The 2011 census suggested that the BME population comprises 4.38% of the overall Mid-Essex population. 1.97% of the Mid-Essex population were classified as Asian/Asian British, 0.83% as Black/African/Caribbean/Black British, 1.32% as mixed/multiple ethnic group, 0.26% as other ethnic group. In the 2011 census, 0.14% of the population were classified as Gypsy or Irish Traveller.

Maldon has the lowest proportion of the population recorded as BME (1.9%) compared to Braintree (3.4%) and Chelmsford (6.1%) (2011 Census data). However, this may have changed since the data was originally published. A more recent population survey (2018) suggests that the BME population may be increasing (5.6%) however this data has limited reliability in view of small sample sizes.

The proportion of live births in Mid-Essex where one or both parents were not born in the UK is 16.1% which is lower than the England proportion of 35.2% *(Source: ONS, Live births by country of birth of mother and of father, 2019).*

BME groups generally have worse health outcomes than the overall population. Barriers to accessing services due to language and cultural attitudes can have an impact on the health of the BME groups, asylum seekers and recent migrant groups. Therefore in response to such health inequalities, we ensure that health services reflect the specific needs of BME and faith groups, ensuring accessibility and cultural competency.

2.4 Disability, Mental Health and Inequalities

The claimant count (the number of people claiming benefit principally for the reason of being unemployed as a proportion of those resident in the area aged between 16-65) varies across the region. Maldon's proportion is 4.8%, Chelmsford is 4.7%, Braintree is 5.2% compared to 6.6% across East of England and 6.5% across Great Britain *(Source: ONS Claimant count by sex and age, March 2021)*.

The recorded prevalence of learning disability within Mid-Essex (as measured by the proportion of patients with learning disabilities as recorded on practice disease registers) is 0.4% *(Source: PHE Fingertips- Public Health Profiles)* which is lower than the England proportion (0.5%).

In England, approximately one in six people experience a common mental health disorder which would equate to approximately 66,000 people in Mid-Essex. Smoking prevalence in adults (18+) with long term mental health condition is 26.4% in Mid-Essex compared to 25.8% nationally *(Source: PHE Fingertips- Public Health Profiles).* It is worth noting that life expectancy for people with severe mental illness such as schizophrenia can be 20 years less than for the general population. The suicide rate amongst males in Mid-Essex is 12.4 per 100,000, which is significantly higher than the England average of 9.6 per 100,000. The rate for males is 19.6 per 100,000 which is significantly higher than the England average (14.9 per 100,000), the rate amongst females is 5.6 per 100,000 which is similar to the England average (4.7 per 100,000). *(Source: PHE Fingertips- Public Health Profiles*).

The QOF recorded prevalence of dementia in the population of Mid-Essex is 0.8%, which is the same as the national average of 0.8% *(Source: PHE Fingertips- Public Health Profiles)*.

The 2020 National GP patient survey highlights that 10% of respondents in Mid-Essex reported a long-term mental health problem (similar to the national proportion of 11%). 75% of respondents with long-term conditions visiting their GPs felt that they had enough support from services in the last 12 months which is lower than the national proportion of 77%.

There is a consistent picture of increased mortality rates in areas of higher deprivation for all causes including circulatory disease and cancer. The high rates of long-term limiting illness in more deprived wards also reflect the significant role that deprivation plays in morbidity and mortality. Under 75 year old mortality rates from cardiovascular disease are lower than the national average in Chelmsford, Braintree and Maldon. Stroke mortality rates in those under 75 in Chelmsford are 7.1 per 100,000 which is significantly lower than the national average of 12.5 per 100,000. Braintree (10.7) and Maldon (10.1) rates are similar to the national average *(Source: PHE Fingertips- Public Health Profiles)*.

2.5 Sexual Orientation

A lack of information/ knowledge has led to Lesbian, Gay, Bisexual and Transgender (LGBT) people's needs being a relatively low priority in health and social care policy. Evidence suggests that LGBT groups are disproportionately affected by poor mental health, problematic alcohol use, smoking and sexually transmitted infections.

The 2017 national LGBT survey received 108,100 responses from people who self-identified as having a minority sexual orientation or gender identity, or self-identified as intersex and were 16 or above living in the UK. It highlights that nationally, 23.2% of those who responded to the survey had accessed mental health services whilst 8% tried but were unsuccessful. Of those respondents in care, 27.6% felt that disclosing their LGBT status positively affected their care whilst 22.8% felt it had negatively affected their care. 15.6% of respondents felt that disclosing their LGBT status to health care staff had a positive effect on their care compared to 7.4% who felt there was a negative effect. These findings illustrate the importance of better local understanding of LGBT group needs to ensure they are being met.

2.6 Fertility Rate and Inequalities

In 2019, there were just under 4000 new births in Mid-Essex (ONS Live Births 2019). In Mid-Essex the highest fertility rate is seen in the 30-34 age group. Maldon has the

highest age specific fertility rate for the under 18 age group, whilst Chelmsford has the highest age specific fertility rate for the group aged 40-44. The former age group are associated with fewer pregnancy complications and the latter age group with a higher risk of complications. Following an extensive public consultation the CCG suspended access to fertility treatment in October 2014 on financial grounds, but continues to review this decision annually.

Deprivation impacts on the health of mothers and newly-born children. This can be, for example, due to increased levels of smoking (6.4% women were recorded as smoking at the time of delivery in Mid-Essex in 2019/20 *Source: PHE Fingertips- Public Health Profiles*) and poor diet and nutrition. Infant mortality varies within deprivation deciles across the country with 5.3 deaths in infants under 1 per 1000 live births in the most deprived decile compared to 2.7 per 1000 live births in the least deprived decile *(Source: ONS Child and infant mortality in England and Wales: 2018)*. In Mid-Essex, infant mortality is 3.3 per 1000 live births which is similar to the national average *(Source: PHE Fingertips- Public Health Profiles)*.

The 2019 annual survey of maternity services carried out by the CQC (86 MEHT patients), covered three main areas; labour & birth, staff during labour and birth and care in hospital after the birth, for which MEHT scored the rating of “about the same” as most other Trusts.

2.7 Communities with Specific Health and Social Care Needs

Carers
Census data from 2011 suggests that 2.36% of the population in Maldon are providing more than 50 hours of unpaid care, compared to 1.82% in Chelmsford and 2.13% in Braintree.

Frail and Older People
In Mid Essex, 11% of the population who responded to the 2020 annual GP patient survey reported problems with physical mobility in the last 12 months e.g. difficulty getting around the house. Poor mobility can lead to poor health and wellbeing – such as falls and poor continence care. 6% reported feeling isolated in the last 12 months. Loneliness can affect both physical and mental health and can be further exacerbated by lack of transport and poor mobility. 15% felt that a long term medical condition significantly reduced their ability to carry out day to day activities whilst 39% felt this ability was reduced a little.

3. Equality & Diversity and the Workplace

The CCG is committed to the ongoing development of a representative and supported workforce, aiming to ensure that we have fair and equitable employment and recruitment practices.

3.1 The CCG’s Workforce Profile

This section of the report details Mid Essex CCG’s workforce composition under the nine protected equality characteristics. The data used in table 1 below has been sourced from the Electronic Staff Record (ESR) system as at 31st March 2021 for 2020/2021 data and 31st March 2020 for 2019/2020 data. It should be noted that ESR is not configured to hold information on Gender Reassignment and so this data is not currently recorded.

Workforce Profile

	2019/2020	2020/2021
Total Staff	184	177

	2019/2020		2020/2021	
	No.	**%**	**No.**	**%**
Gender				
Female	154	83.70%	148	83.62%
Male	30	16.30%	29	16.38%
Sexual Orientation				
Bisexual	3	1.63%	4	2.26%
Gay or Lesbian	3	1.63%	3	1.69%
Heterosexual or Straight	161	87.50%	157	88.70%
Not stated (person asked but declined to provide a response)	11	6.52%	11	6.21%
Undecided	1	0.54%	1	0.57%
Unspecified	4	2.17%	1	0.57%
Age				
<=20 Years	0	N/A	0	N/A
21-25	6	3.26%	4	2.26%
26-30	13	7.07%	10	5.65%
31-35	18	9.78%	20	11.30%
36-40	30	16.30%	25	14.13%
41-45	25	13.59%	24	13.56%
46-50	23	12.50%	27	15.25%
51-55	31	16.85%	26	14.69%
56-60	17	9.24%	19	10.73%
61-65	20	10.87%	19	10.73%
66-76	1	0.54%	3	1.70%
Ethnic Origin				
A White – British	157	85.32%	158	89.29%
B White – Irish	1	0.61%	1	0.56%
C White - Any other White background	5	2.71%	2	1.13%
D Mixed - White & Black Caribbean	1	0.61%	1	0.56%
F Mixed - White & Asian	3	1.63%	2	1.13%
G Mixed - Any other mixed background GD Mixed – Chinese & White	1	0.61%	1	0.56%
H Asian or Asian British - Indian	7	3.83%	6	3.39%
J Asian or Asian British - Pakistani	1	0.61%	1	0.56%
L Asian or Asian British	1	0.61%	0	0.00%
M Black or Black British - Caribbean	1	0.61%	1	0.56%
N Black or Black British - African	1	0.61%	2	1.13%
R Chinese	3	1.63%	2	1.13%
S Any Other Ethnic Group	1	0.61%	0	0.00%
Religion				
Atheism	32	17.39%	28	15.83%

Buddhism	3	1.63%	3	1.69%
Christianity	98	53.26%	97	54.81%
Hinduism	6	3.26%	5	2.82%
I do not wish to disclose my religion/belief	28	15.22%	28	15.82%
Islam	1	0.54%	1	0.56%
Other	11	5.98%	12	6.78%
Sikhism	1	0.54%	1	0.56%
Unspecified	4	2.17%	2	1.13%
Disability				
No	172	93.48%	165	93.23%
Yes	12	6.52%	12	6.78%
Unspecified/Not declared/undefined	0	0.00%	0	0.00%
Marital Status				
Civil Partnership	0	0.00%	2	1.13%
Divorced	16	8.70%	21	11.86%
Legally Separated	4	2.17%	3	1.69%
Married	119	64.67%	106	59.89%
Single	42	22.83%	40	22.60%
Unknown	2	1.09%	2	1.13%
Widowed	1	0.54%	3	1.69%

Table 1 – Workforce Data

In 2020/21 the CCG saw a small decrease in staffing levels to bring the overall headcount to 177, with only minor differences in the diversity composition of the CCG's workforce compared to 2019/20. Black, Asian and Minority Ethnic (BAME) staff made up 9.02% of the CCG workforce in 2020/21, compared to 10.87% in 2019/20, which is representative of the Mid-Essex BAME population (most recent Annual Population Survey – suggesting a BAME population of 6.1% Chelmsford area, 1.9% Maldon district and 3.4% for Braintree area).

The highest percentage of BAME staff in 2020/21 are in Band 7 (2.81%) and Band 8a (2.25%) as shown in table 2 below.

Ethicity	2	3	4	5	6	7	8A	8B	8C	8D	9	Other
White – British	0.00%	**6.78%**	**9.60%**	**9.60%**	**14.69%**	**12.43%**	**10.17%**	**9.04%**	**7.34%**	**3.39%**	**2.26%**	**3.95%**
White – Irish	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
White – Any other background	0.00%	0.00%	**0.56%**	0.00%	0.00%	0.00%	**0.56%**	0.00%	0.00%	0.00%	0.00%	0.00%
Mixed – White & Black Caribbean	0.00%	0.00%	0.00%	0.00%	**0.56%**	**0.56%**	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Mixed – White & Asian	0.00%	0.00%	0.00%	0.00%	0.56%	0.56%	0.00%	**0.56%**	0.00%	0.00%	0.00%	0.00%
Mixed – Chinese & White	0.00%	0.00%	**0.56%**	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Asian or Asian British – Indian	0.00%	0.00%	**0.56%**	0.00%	**1.13%**	**1.13%**	**1.13%**	0.00%	**0.56%**	0.00%	0.00%	0.00%
Asian or Asian British – Pakistani	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Black or Black British – Caribbean	0.00%	0.00%	0.00%	**0.56%**	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Black or Black British – African	0.00%	0.00%	0.00%	**0.56%**	**0.56%**	**0.56%**	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Chinese	**0.56%**	0.00%	0.00%	0.00%	0.00%	0.00%	0.56%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	**0.56%**	**6.78%**	**11.30%**	**10.17%**	**16.38%**	**15.25%**	**12.43%**	**9.60%**	**9.60%**	**3.39%**	**2.26%**	**3.95%**

Table 2 – Ethnicity by Agenda for Change pay band as at 31/3/2021

The CCG currenlty has no employees from BAME backgrounds above a Band 8c. The NHS People Plan 2020/21 requires NHS organisations to demonstrate progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce and this is reflected in the CCG's local Equality and Diversity Objectives Action Plan.

The CCG's disability profile has remained relatively unchanged with 6.78% (12 employees) declaring that they have a disability in 2020/21 compared to 6.52% (12) in 2019/20. The CCG is a 'Disability Confident' employer and continues its commitment to the disability agenda through this process.

The CCG continues to work with its Occupational Health provider to gain advice and support to ensure that any reasonable adjustments are made for those staff who have declared a disability.

The CCG's age profile remains relatively consistent in most areas compared with 2019/20. There has been a slight reduction (of 2.42%) in the proportion of staff under the age of 30 - 7.91% in 2020/21 compared to 10.33% in 2019/20. However, as our recruitment statistics show, the number of appointments of individuals under 30 has slightly increased (22.3% compared to 17% in 20219/20).

There is little variation in the CCG's sexual orientation profile in 2020/21 with 88.70% of employees considering themselves to be heterosexual/straight (an increase of 1.2%), 3.95% to be bisexual, gay or lesbian (an increase of 0.69%) with the remainder not stating/undecided or unspecified.

3.2 Recruitment Statistics

Analysis has been undertaken of Mid Essex CCG job applications against the protected equality characteristics. The data used in this section has been obtained from the NHS Jobs website and Electronic Staff Record (ESR) system as at 31st March 2021. It should be noted that NHS Jobs is not currently able to report information on Maternity, Paternity, Adoption or Gender Reassignment.

2020/2021	Applications		Appointments	
	No.	%	No.	%
Gender				
Female	172	73.5%	14	77.80%
Male	59	25.2%	3	16.70%
Undisclosed	3	1.30%	1	5.60%
Ethnicity				
WHITE - British	143	61.10%	15	83.30%
WHITE - Irish	3	1.30%	0	0.00%
WHITE - Any other white background	5	2.10%	0	0.00%
MIXED - White & Black Caribbean	0	0.00%	0	0.00%
MIXED - White & Asian	1	0.40%	0	0.00%
MIXED - White & Black African	4	1.70%	0	0.00%
MIXED - any other mixed background	6	2.60%	0	0.00%
ASIAN or ASIAN BRITISH - Indian	16	6.80%	1	5.60%
ASIAN or ASIAN BRITISH - Pakistani	4	1.70%	0	0.00%
ASIAN or ASIAN BRITISH - Bangladeshi	8	3.40%	0	0.00%
ASIAN or ASIAN BRITISH - Any other Asian background	3	1.30%	0	0.00%
BLACK or BLACK BRITISH - Caribbean	0	0.00%	0	0.00%
BLACK or BLACK BRITISH - African	32	13.70%	1	5.60%
BLACK or BLACK BRITISH - Any other black background	0	0.00%	0	0.00%
OTHER ETHNIC GROUP - Chinese	0	0.00%	0	0.00%
OTHER ETHNIC GROUP - Any other ethnic group	1	0.40%	0	0.00%
Undisclosed	8	3.40%	1	5.60%
Religion				
Atheism	39	16.70%	2	11.10%
Buddhism	5	2.10%	0	0.00%
Christianity	118	50.40%	9	50.00%
Hinduism	8	3.40%	1	5.60%
Islam	15	6.40%	0	0.00%
Jainism	0	0.00%	0	0.00%
Judaism	0	0.00%	0	0.00%
Other	20	8.50%	3	16.70%
Sikhism	2	0.90%	0	0.00%
Undisclosed/do not wish to disclose/unspecified	27	11.50%	3	16.70%
Disability				
No	212	90.60%	17	94.40%
Undisclosed	8	3.40%	0	0.00%
Yes	14	6.00%	1	5.60%
Impairment Learning Disability/Difficulty	0	0.00%	0	0.00%
Age Band				
<=20	1	0.40%	0	0%
20-24	18	7.70%	1	5.60%
25-29	28	12.00%	3	16.70%

30-34	33	14.10%	3	16.70%
35-39	28	12.00%	2	11.10%
40-44	32	13.70%	3	16.70%
45-49	35	15.00%	2	11.10%
50-54	21	9.00%	2	11.10%
55-59	28	12.00%	2	11.10%
60-64	9	3.80%	0	0.00%
65 and over	0	0.00%	0	0.00%
Sexual Orientation				
Bisexual	3	1.30%	0	0.00%
Gay/Lesbian	9	3.80%	0	0.00%
Heterosexual	209	89.30%	17	94.40%
Other	0	0.00%	0	0.00%
Undecided	0	0.00%	0	0.00%
Undisclosed/do not wish to disclose	13	5.60%	1	5.60%
Marital Status				
Civil partnership	1	0.40%	0	0.00%
Divorced	18	7.70%	2	11.10%
Legally separated	2	0.90%	0	0.00%
Married	107	45.70%	9	50.00%
Single	93	39.70%	6	33.30%
Undisclosed	7	3.00%	1	5.60%
Widowed	6	2.60%	0	0.00%

Table 4 – Applications and Appointments

Highlights

The CCG's recruitment activity has reduced for the second year running with the number of applications for 2020/21 totalling 234 (down from 301 in 2019/20 and 881 in 2018/19) and the number of appointments totalling 18 (compared to 30 in 2019/20 and 48 in 2018/19). The reduction in recruitment activity is due to a combination of the impact of COVID and preparation for the organisational restructure required to successfully transition to an Integrated Care System in 2022.

In 2020/21 35% of applicants were from BAME backgrounds (compared to 41% in 2019/20). There was a slight increase in the proportion of individuals from BAME backgrounds being appointed into roles (11.2% compared to 9% in 2019/20).

There has been a decline in the appointment of individuals who identified themselves as being Bisexual/Gay or Lesbian (0% compared to 4% in the 2019/20). For context, 5.1% of those shortlisted for interview had identified themselves as Bisexual/Gay or Lesbian in 2020/21 compared to 4% the previous year.

The proportion of male appointments has increased this year to 16.7% (from 13% in 2019/20).

Whilst the number of applicants in the age range 55-59 doubled in 2020/21 (12% compared to 6% the previous year), the number of appointments within this age range halved within the same period (11% in 2020/21 compared to 20% in 2019/20). We see this trend replicated in the age range 60-64; whilst we saw an equal proportion of applicants in this range compared to 2019/20 (around 4%), there were no actual

appointments in 2020/21 whereas 10% of appointments were aged 60-64 in the previous year.

The CCG has retained its 'Disability Confident Committed' employer status (gained in 2019) and has promoted this as part of its recruitment process when advertising vacancies on NHS Jobs.

Where job applicants declare a disability, the CCG ensures that appropriate arrangements are made through the interview and selection process. The CCG is also a 'Mindful Employer' and commits to supporting people with mental health illness during the recruitment process and their employment, if successfully appointed.

The CCG continues to follow NHS Employers 'good practice guidance' and to meet NHS employment checks standards to ensure a fair and equitable recruitment process.

When considering the recruitment data for 2020/21, certain factors should be borne in mind. Firstly, all recruitment and selection interviews were undertaken online throughout 2020/21 due to COVID-related social distancing restrictions; it may therefore be an atypical year in terms of appointment data. Assuming face-to-face interviews can resume at some stage during 2021/22, the CCG will undertake a comparison of data to establish if there are any meaningful trends or outcomes as a result of the differing recruitment methods. Also, due to the low levels of recruitment acrivity throughout the year, there was a smaller spectrum of roles being advertised and recruited which may also have had an effect on the nature of the applicants compared to a more typical year.

Areas Requiring Development

The statistics reflect that there is still more that could be done to increase BAME representation in the CCG workforce, particularly at senior levels. Whilst the number of appointments from those of a BAME background increased in 2020/21, the number of applications declined (6% compared to 24% in 2018/19) suggesting that more could be done to attract candidates from BAME backgrounds to apply for roles.

Conversely, whilst there has been a slight increase in the proportion of applicants who identified themselves as being Bisexual/Gay or Lesbian (5.1% compared to 4% in 2019/20), there has been a reduction in actual appointments (0% compared to 4% in the 2019/20). For context, 5.1% of those shortlisted for interview had identified themselves as Bisexual/Gay or Lesbian in 2020/21 compared to 4% the previous year.

As part of our strategy to improve equality within our workforce, the 5 Mid and South Essex CCGs were due to commence participation in the Royal College of Nursing's Cultural Ambassador Programme in 2020/21 through which employees from BAME backgrounds receive specific training in two areas:

1. To sit as part of investigation teams or as members of the decision-making panels for grievances and disciplinary hearings where a BAME member of staff is involved.
2. To participate in recruitment processes where applications from BAME candidates have been received

The role of Cultural Ambassadors is to identify and explore issues of culture, behaviour, potential discrimination and unconscious or conscious cultural bias and their aim is to be curious about these issues, make them transparent and create dialogue to establish the potential impact on outcomes. Involvement in this programme has been delayed while participation on a wider organisational footprint is explored at system-level.

Similarly, to support transformational change and to enable a culture of diversity, equality and inclusion where the power of difference is valued, the CCG successfully applied to participate in the NHS Leadership Academy's Reciprocal Mentoring for Inclusion Programme in December 2020 (in a cohort with our South Essex CCG partners). This mentoring programme provides opportunities for individuals from under-represented groups (such as BAME, LGBTQ+, disability) to work as equal 'partners in progress' with senior executive leaders in a relationship where knowledge and understanding of both sides of lived experiences creates awareness, insights and action that directly contributes towards the creation of a more equitable and inclusive organisation. A decision was subsequently made to explore extending participation in the programme to wider health and care system partner organisations which has led to a delay in the commencement of the programme.

Whilst there has been a delay in the CCG's participation in these programmes, it is hoped that participation will enable learning and cultural change throughout the whole employment cycle when involvement commences. Further improvement work will also continue through the CCGs WRES action plan and wider CCG Equality and Diversity action plan.

4. Equality & Diversity Governance

4.1 Governance Arrangements

In order to meet the CCG's Public Sector Equality Duty, the CCG set five Equality Objectives (see Appendix 1). The CCG ensures equality and diversity is embedded through the Equality Delivery System (EDS2) which is a national framework to assist the NHS with this responsibility.

The CCG has a clear governance framework in place for monitoring Equality and Diversity. The Equality and Diversity Sub-Committee meets quarterly and reports to the Quality and Governance Committee and thereafter the CCG's Board. This group is responsible for:

- Developing an Equality and Diversity Strategy and Action Plan, monitoring/reviewing its implementation and reporting on outcomes;
- Carrying out a self-assessment using EDS2, with patient and public involvement from those who speak for or a within the protected groups to inform future equality objectives;
- Leading on information and evidence gathering on equality and diversity using the Joint Needs Strategic Assessment;
- Ensuring the publication at least annually of agreed information to meet the CCG's Public Sector Equality Duty;
- The quality assurance of all Equality and Health Inequality Impact Assessments and advising where further strengthening is required or where the assessments meet the PSED fully.

4.2 Robust System for Equality and Health Inequality Impact Assessments

Equality and Health Inequality Impact Assessments (EHIIAs) are the process we use to check that our policies and decisions are fair for all groups.

Where necessary, consultation with protected or hard to reach groups on services is carried out. Each EHIIA is shared with members of the Equality & Diversity Sub-committee for review and comment.

All EHIIAs must be signed-off by the Chair of the Equality and Diversity Sub-committee. The Quality & Governance Committee receives copies of the minutes of the Equality & Sub-Committee detailing EHIIA's carried out. The EHIIA process flowchart is shown at **Appendix 2**.

We undertake these assessments to ensure that we provide a fair and equitable service to all, including our staff, through the policies and procedures that we have in place and also through the services that we commission for our residents and other service users.

4.3 Complaints Procedure and Equalities Monitoring

The CCG remains committed to equality and diversity and anti-discriminatory practice. To guide us in fulfilling this commitment, we ensure that the CCG's governance processes support full compliance with the Equality Act 2010 and the Human Rights Act 1998.

The Equality Act 2010 requires the CCG as a public authority to have "due regard" to the need to tackle prejudice and promote understanding between people who share a protected characteristic and those who do not.

The Human Rights Act 1998 sets out the basic rights and focuses on the core principles of Fairness, Respect, Equality, Dignity and Autonomy. Under the Act public authorities and those organisations providing a public function must promote these rights while safeguarding the rights of the wider community.

The Complaints Team support the delivery of the core principles listed above when addressing concerns and complaints raised by patients or the public. A robust recording/reporting mechanism has been developed to monitor complaints and concerns relating to discrimination and equality. No complaints relating to discrimination and equality were received in 2020/21.

5. Communications and Engagement

5.1 Involving our residents in CCG planning

The CCG has an ongoing ambition to be as proactive and inclusive as possible with our patient and public involvement to ensure the services we commission are, as far as possible, tailored to the needs of people in mid Essex and inclusive for people with protected characteristics or at risk of inequality of health and care outcomes.

Our current Communications and Engagement Strategic Priorities were developed and are routinely refreshed to set out how the CCG plans to engage and involve communities, including protected groups. This engagement is intended to:

- be meaningful for our residents
- meet our duties under section 14Z2 of the Health and Social Care Act 2012 and address local health inequalities
- inform and reflect our commissioning priorities

The most recent update to our communication and engagement priorities was approved by the CCG's Board in the summer of 2019. Despite the subsequent COVID-19 pandemic and the resulting relaxation of NHS England requirements for CCGs to engage with local people, Mid Essex CCG has nevertheless realised a number of its ambitions around digital marketing and widening involvement of different communities.

The CCG Board actively reviews and considers reports on community and stakeholder engagement and public involvement every three months when it meets in public. The CCG's Board includes a Lay Board Member – Patient and Public Engagement (the post's title varies between CCGs) whose principal role is to represent our residents and hold the CCG accountable for how we involve them in our decisions and plans. The Lay Member also helps to identify groups whose involvement needs further development and attends a number of standing meetings including the CCG's Equality and Diversity Committee and regular community outreach groups (see section 5.2 below).

Board report papers from our Communications and Engagement Team aim to update CCG Members and our residents on key conversations, meetings, involvement and patient experience. The CCG's Head of Communications and Engagement presents the report to Board and is able to give an overview of all involvement for that period.

The Board also receives a quarterly report on patient experience including data from the family and friends test, patient complaints and requests. And for the past four years, the CCG shared the lived experience of patients with our Board at their meetings in public. This gives our Board an additional opportunity to hear first-hand how patients have engaged with local healthcare, what worked well for them and areas where the services we commission can improve. See section 5.5 below for more details.

Mid Essex CCG's communications team has been operating as part of a system-wide communications and engagement function since April 2020 as part of the pandemic response. The majority of the work has by necessity focused on the local pandemic response and keeping our residents and other stakeholders informed. Nevertheless, we have continued to meet our duty in a number of ways.

The Health and Care Partnership's Citizens' Panel, called "Virtual Views" and consisting of about 2,000 people who are demographically representative of residents across the footprint, was successfully launched with support from Mid Essex CCG and now feeds into our commissioning processes.

Our regular reports to Board, published in the papers for Board meetings in public (suspended at the start of the pandemic but which resumed in July 2020) have continued to provide an 'at a glance' snapshot of engagement activity for the reporting period. These reports set out actions and feedback shared by local people during engagement events including focus groups and Virtual Voices, as well as through surveys and social media.

This style of 'you said, we did' reporting (see below for examples) will be strengthened over the next 12 months as the CCG fully adopts the Engagement Framework agreed by the Partnership Board of the Mid and South Essex Health and Care Partnership (of which Mid Essex CCG is a part).

5.2 Community engagement via virtual "patient summits"

The COVID-19 pandemic forced the suspension of the three face-to-face engagement meetings the CCG had implemented during 2019/20 for each of the localities we serve

(see section 1.1). However, as soon as conditions and capacity permitted, we began holding virtual briefings for representatives from key patient and community groups in mid Essex. Invitees include:

- Chairs of all the local GP practices' Patient Participation Groups
- Chairs of the hospital friends' groups and patient council
- The local umbrella organisation for voluntary groups and charities
- Representatives from local physical and learning disability groups
- Faith and minority ethnic community groups
- Healthwatch Essex Ambassadors and officers
- Carers' charities
- Resident groups and housing associations with an interest in healthcare
- Local authority partners
- NHS providers (as speakers)

Prior to 2019, what was then our main patient panel consisted mainly of the chairs and representatives from our Member Practices' patient participation groups (PPGs). As such, the demographics of those meetings were fairly homogenous.

Holding more diverse meetings allowed our Lay Board Member – Patient and Public Engagement to gain a sense of the concerns our communities had. These were largely and unsurprisingly around the pandemic and latterly the COVID Vaccination Programme when they resumed on a bi-monthly basis in September 2020.

Each of these virtual summits was scheduled to take place about two weeks before Board meetings in public so our Lay Member could collate the feedback she received and share it with fellow Board members. You can see a record of the questions asked and the actions the CCG took from our residents on our website.

We also track our actions resulting from feedback the group (and other members of the public) on our "You said, we did" web page (see section 5.4 below for further details).

5.3 Engagement and Involvement Programmes

We have taken further steps this year to focus on engaging seldom heard groups through targeted campaigns and engagement events. As noted in section 5.1, this work has in considerable measure formed part of the Mid and South Essex CCGs' pandemic response, though there has also been more looking to improve seldom-asked population groups' access to the services we commission.

Specific examples include:

- **Outreach meetings with minority communities around COVID-19 vaccination**

  Working together, the five CCGs arranged a virtual workshop with local mosques, learning disability groups and the local Orthodox Jewish community to co-design materials to assuage concerns from those communities around having the vaccination and seeking care for COVID-19 symptoms.

  Each of these communities identified a separate way for the CCGs to support them – the mosques through videos presented by community leaders that the CCGs produced, the LD community through EasyRead documents and the Orthodox

Jewish community in mid and south Essex by request as there was a clear feeling within this community that current understanding of the vaccine was sufficient.

- **Seeking input on the new Essex Child Health App for smart devices**

  Building on the success of the CCG's earlier Mid Essex Child Health App, giving parents clinical guidance on identifying common health conditions in their children and the most appropriate care for them, we led on expanding its scope and reach to serve parents across the county.

  To ensure the app remained relevant and helpful we worked with our neighbouring south Essex CCGs to seek Essex parents' feedback via online meetings and a survey promoted via parenting forums. This feedback, a selection of which you can find on our website, informed the design and content of the revised app prior to its countywide launch.

- **Involving residents in the design of websites for Primary Care Networks**

  The new Primary Care Networks established across mid and south Essex in 2019 required websites to explain their function and services to residents. To ensure these sites offered accessible and consistent messages, Mid Essex CCG led on engaging with as diverse a group of residents as possible ahead of their launch to ensure their views could be incorporated into the final designs.

  The CCG ran virtual focus groups to show how the websites could be navigated, proposed content and ways they sought to be inclusive. End users' comments were extensively incorporated into the final designs, an example of which you can see here and the CCG intends to publish the full user discovery reports before the end of May 2021.

- **Co-design of My Health Matters resource kit to support self-care**

  'My Health Matters' is a new campaign that aims to bring together tools, tips and resources that can help people across mid and south Essex to take care of themselves and support their health and wellbeing. To ensure the content is engaging and useful for our residents, the joint CCG communications and engagement team sought involvement from as diverse a range of residents as possible in identifying useful information and ensuring it is accessible.

5.4 You Said, We Did

The CCG has made a commitment to all the residents of mid Essex that we will share the outcomes of feedback we have received, so community representatives and our own Lay Member – Patient and Public Engagement can hold us to account for acting on the input we receive and ensuring that we are addressing health inequalities of which we are made aware in addition to those we are already addressing as set out elsewhere in this report. The CCG publishes this information on the You Said, We Did page of our website and through our social media channels.

5.5 Patient Stories

To help our Board understand how our commissioning decisions affect individuals as well as our population more broadly, the CCG prepares a "patient story" video for each of our Board meetings in public. Each story consists of an interview with resident from

the Mid and South Essex Health and Care Partnership footprint who has accessed one of the services commissioned by the MSE CCGs.

A number of these patient stories have been shared by residents from a demographic or protected characteristic whose health outcomes may be worse as a result of inequalities, allowing the Board a deeper understanding of how these inequalities might affect access to and provision of care. This in turn informs their decision-making on future services.

In the current reporting period, patient stories included a woman who lost her husband to a rare type of tumour just after she was diagnosed with breast cancer herself, two mothers with contrasting experiences of local maternity care and the difficulties caused by the pandemic for a transplant patient who also has sight loss, making video consultations more difficult to access.

5.6 How we work with partner organisations

A system-wide engagement steering group to monitor implementation began operation during 2020/21, with membership including engagement officers and lay Board members from all five local CCGs, along with the three local Healthwatch organisations. The Health and Care Partnership's engagement manager chairs the group's (currently virtual) meetings and Mid Essex CCG's communications and engagement manager deputy chairs.

Building on the communications and marketing steering group established in 2019/20, communications and engagement colleagues from across the Mid and South Essex Health and Care Partnership also attend meetings hosted by the five CCGs so we can coordinate our campaigns with partner organisations, engage with a broader spread of our communities and avoid repetition of effort.

The opportunity to take part in public events organised by our partner organisations has obviously been severely curtailed by the COVID-19 pandemic during 2020/21, however our Executive team have continued to attend partnership meetings, most notably the Mid Essex Alliance meetings with local authorities and other stakeholders.

The CCG also reports regularly to the Health Overview and Scrutiny Committee of Essex County Council and, as noted in section 5.2, we hold regular meetings with patient and community representative including members of disability and faith groups.

To complement these meetings, the informal relationships with our key stakeholders remain strong and we always seek appropriate collaboration on campaigns, awareness events and information days to ensure local people can access and have information on the availability of health and wellbeing services.

5.7 Increasing Our Reach and Use of Digital Media

The Mid and South Essex CCGs' joint communications and engagement team worked closely with the Strengthening Communities team at Essex County Council and the administrators of local Facebook communities during 2020/21 to establish a shared page called This Is Your Life.

This page is designed to raise awareness of key health issues and build a collaborative community where people feel empowered to take care of themselves and each other.

We want the page's users to make the right health and lifestyle choices to ensure that the NHS remains effective for everyone.

By working work with the local groups' administrators we can create and maintain content that is interesting and relevant for our diverse communities. We hope to use real-life examples of local people taking control of their health and wellbeing to increase representation of our community and improve accessibility.

We appreciate that digital marketing alone is not a sufficient means of involving and engaging with our residents, so we aim to make it part of broader communications plans as far possible during the COVID-19 pandemic. The communications plans associated with our various activities include a broad spread of community outreach and other resident and stakeholder engagement.

The CCG also expects to continue its annual reporting on how we have engaged with our communities during the previous financial year. The first of these reports covered 2019/20 and was called "Listening to our communities – and acting on what you tell us". The new report covering 2020/21 is currently in preparation and we expect to publish it on our website in June 2021.

5.8 Supporting Wider Consultation Across Mid and South Essex

The CCG's Communications and Engagement team also took part in the Mid and South Essex Health and Care Partnership project to establish a demographically representative virtual "Citizens Panel" of 1,000 residents which began operating in the late spring of 2020. This allows us to seek views of minority communities whose voice might otherwise not be heard in planning decisions.

6. Equality Delivery System (EDS2) Assessment 2019/20

The CCG carried out its annual review of the EDS2 self-assessment in March 2020 against the following nationally set goals:

- Goal 1 - Better health outcomes
- Goal 2 - Improved patient access and experience
- Goal 3 - A representative and supported workforce
- Goal 4 - Inclusive leadership

These goals have a total of 18 outcomes, against which the CCG is required to assess its performance as either 'Underdeveloped', 'Developing', 'Achieving' or 'Excelling'. The table below sets out the 18 outcomes.

National Goal	Number	Description of Outcome
1. Better health outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment & abuse

National Goal	Number	Description of Outcome
	1.5	Screening, vaccination and other health promotion services reach and benefit all communities
2. Improved patient access and experience	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
3. A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their obligations.
	3.3	Training and development opportunities are taken up and positively evaluated by all staff.
	3.4	When at work, members of staff are free from abuse, harassment, bullying and violence from any source.
	3.5	Flexible working options are made available to all staff, consistent with the needs of the service and the way people lead their lives.
	3.6	Staff report positive experiences of their membership of the workforce.
4. Inclusive Leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

The final agreed performance indicators were as follows:-

- Developing – 1 outcome
- Achieving – 17 outcomes

The table below summarises the CCG's performance:

National Goal	No of Outcomes	Final Rating
1. Better Health Outcomes	5	Developing – 0 Achieving - 5
2. Improved patient access and experience)	4	Developing – 0 Achieving - 4
3. A representative and supported workforce	6	Developing – 0 Achieving - 6
4. Inclusive Leadership	3	Developing – 1 Achieving - 2
Totals	18	Developing – 1 Achieving – 17

The following points are of note:-

- The overall score of 1 x 'Developing' and 17 x 'Achieving' is the same as 2019/20.
- There were no perceptions that the CCG was either 'Underdeveloped' or 'Excelling'.

It should be noted that whilst the outcome of the EDS2 assessment is based on where the CCG can evidence what it has done to meet each objective, this does not mean that it does not always consider every protected characteristic.

Appendix 3 provides the full EDS2 self-assessment.

7. Local Equality Objectives

The Equality and Diversity Sub-Committee has developed local objectives to deliver against the four national goals. These were last updated in 2018/19 as follows:-

Objective 1 – Ensure there is local engagement from vulnerable and ethnic groups in assessing health needs, service redesign and measuring the impact of commissioned services.

Objective 2 - Gather the intelligence to enable the CCG to understand the experience of protected groups when accessing and using NHS Services

Objective 3 – Improve overall staff health & wellbeing within the CCG by implementing a variety of approaches including the provision of workplace health activities and social events planned in partnership with the CCG's Work Well Committee.

Objective 4 – To ensure the CCG has a representative workforce who suffers no inequity in remuneration and is empowered to promote equality at work, and to provide assurance to the Board and seek their support on action being taken by the CCG to achieve this

Objective 5 – Embed equality and diversity at Board level and at every level within the CCG.

Progress against these objectives was monitored during the year by the Equality and Diversity Group and a number of key actions were completed during 2019/20, including:-

- The continued development of a new Equality and Health Inequalities Impact Assessment template and associated guidance, which will be used across the Mid and South Essex STP footprint.
- Assessment against the Workforce Race Equality Standard (WRES). The WRES assessment is set out at **Appendix 4** and the WRES action plan 2020/21 is at **Appendix 5**.
- Review of the CCG's main providers' compliance with the Accessible Information Standard, EDS2 and WRES and the provision of feedback where the CCG was of the view that further information or action was required.
- Delivery of Board level training on Equality & Diversity
- Delivery of training for CCG staff on completion of EHIIAs
- CCG staff Away Day and Awards ceremony

Appendix 1 sets out the local objectives and action plan for 2020/21, which will further improve the CCG's ability to meet its equality duties.

8. Next Steps

This report demonstrates that the CCG has undertaken a considerable amount of work in relation to equality and diversity and provides evidence of our commitment to commissioning for equal access and improving health outcomes for vulnerable groups as well as for people with protected characteristics.

However, the COVID-19 pandemic has shone a harsh light on some of the health and wider inequalities that persist in our society. It has become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The impact of the virus has been particularly detrimental on people: living in areas of high deprivation, from Black, Asian and minority ethnic communities (BAME), on older people, men, those with a learning disability and others with protected characteristics.

Although work was already happening to address these inequalities, the scale and pace of this work has increased to address the eight key asks in the NHS planning guidance and the 38 recommendations contained within the 'Promoting Equality and Reducing Health Inequalities' action plan for the East of England region. Alongside reducing health inequalities, this has resulted in an increased focus on protecting our workforce from the risks of COVID-19 as well as listening and acting upon the experiences of staff who had not had access to opportunities to have their voices heard, as further highlighted by the Black Lives Matter movement. The significant increase in collaborative working accelerated by the pandemic has enabled us to tackle these issues across the Mid and South Essex system.

A Health Inequalities Oversight Group (HIOG) was established in October 2020 to provide oversight, focus and ensure the delivery of requirements to reduce inequalities with representation from Providers, Commissioners, Local Authority and Health Watch colleagues. The HIOG will be continuing to progress the following key objectives during 2021/22:

- COVID-19 preventative and proactive health management of those at greatest risk of poor outcomes due to direct and indirect impact of COVID-19.
- Culture evolving to a culture of compassion and inclusivity in service development and delivery.
- Population Health coordination of intelligence and data to identify population health priorities and develop effective sustainable interventions to tackle the biggest driver of health inequality; the inverse care law.
- Creating Opportunities to mitigate health inequalities through understanding and addressing social, economic, and environmental influences on physical and mental health.
- Workforce and People Plan to develop organisational environments which value and support workforce. This includes the roll out of the Anchor Programme that initially focused on the Basildon and Thurrock Hospital sites and surrounding area, to extend to the wider MSE footprint.

9. Appendices

Appendix 1 – Local Equality & Diversity Objectives Action Plan 2020/21
Appendix 2 – Process for Equality and Health Inequality Impact Assessments
Appendix 3 – Equality Delivery System (EDS2) Assessment 2020/21
Appendix 4 – Workforce Race Equality Standard Assessment 2020/21
Appendix 5 – Workforce Race Equality Standard Action Plan 2020/21