Appendix 1

NHS Lincolnshire Clinical Commissioning Group (CCG)

Equality Strategy 2021 – 2023

Outlining our strategic direction in Equality, Inclusion, and Human Rights (EIHR)

Terminology

Diversity	Diversity is the recognition and valuing of difference in its broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation, its workforce and the individual, including patients
Equality	Equality is not about treating everyone the same it is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination based on particular protected characteristics.
Equality Impact Assessment (EIA)	An equality impact assessment (EIA) is the process of applying a designed set of questions in order to ensure that a policy, product or service does not discriminate against patients and service users with protected characteristics.
Human Rights	'Human rights' are the basic rights and freedoms that belong to every person in the world. They are the fundamental for human beings to flourish and participate fully in society. Human rights belong to everyone, regardless of their circumstances. They cannot be given away or taken away from you by anybody – although some rights can be limited or restricted in certain circumstances. For example, your right to liberty (Article 5, European Convention on Human Rights) can be restricted if you are convicted of a crime.
Inclusion	Peoples experience in the workplace and in society and the extent to which they feel valued and included.
Protected Characteristics	This policy is intended to protect employees and service users from unfair treatment, regardless of their background. Our definition of 'protected characteristics' is based on those set out in the Equality Act 2010. The nine protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
Public Sector Equality Duty	A public authority (including NHS organisations) must, in the exercise of their functions, have due regard to the need to : • Eliminate discrimination, harassment and victimisation or any other conduct prohibited by the Equality Act 2010 in relation to the protected characteristics • Advance equality of opportunity between all persons; and • Foster good relations between groups of people sharing a protected characteristic and those that do not.
Due Regard	Having **due regard** for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

FOREWORD:

This strategy details Lincolnshire CCG's aims to ensure that Equality, Inclusion and Human Rights (EIHR) is at the heart of what we do. The strategy sets out our intentions around EIHR for the next three years to ensure the best possible outcomes for our workforce, the local communities; and especially those seldom heard groups who experience Health Inequalities.

The CCG is committed to identifying and understanding the healthcare experiences of the population it serves, narrowing the gaps in the health of the population, raising the quality of care and maximising the value and effectiveness of resources spent by or on behalf of the CCG. Central to this is the recognition that every member of staff and every organisation contracted to provide a service on the CCG's behalf have a shared role in delivering this aspiration, in a fair and equitable way.

During much of 2020 and early parts of 2021 the Covid -19 situation threw many challenges our way, placing an extra burden on our staff and resources and uncertainties amongst patients and the general public. In response to situations arising as a result of the pandemic, we did our utmost to ensure that due regard to equalities was given and a good balance was maintained to meet the needs of our workforce and diverse communities. We continue to implement standards and practices that enable Lincolnshire CCG to sustain EIHR compliance throughout.

At the heart of this strategy is our approach to integrate EIHR issues into everything that we do. By becoming an inclusive organisation, one that listens, and responds to the people (patients, staff, partners and stakeholders) it serves, by meeting their diverse needs and addresses the local health inequalities successfully, we will be an efficient, effective and productive organisation.

Martin Fahy
Director of Nursing and Quality
NHS Lincolnshire CCG

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1. Introduction

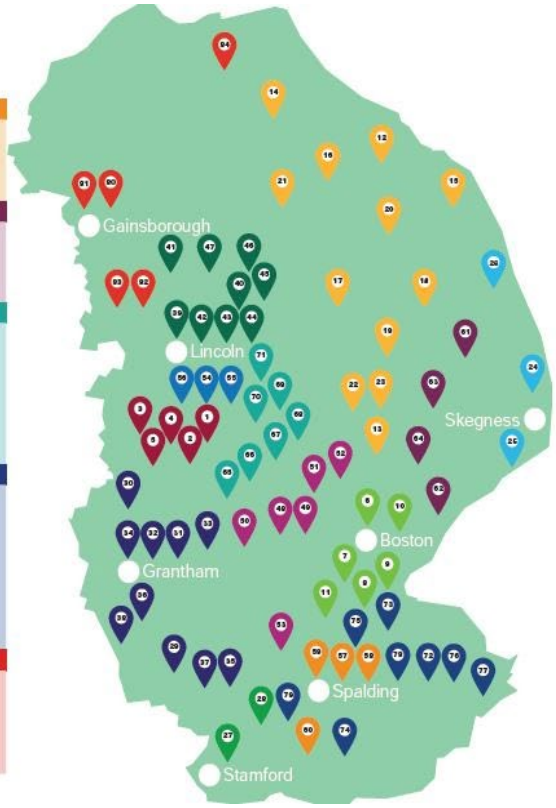
We are the NHS organisation responsible for planning, commissioning (or buying) and developing healthcare services for the population of Lincolnshire. It's our job to understand the health needs of local people to invest in services that will give our patients and communities better healthcare.

NHS Lincolnshire CCG was formed on 1 April 2020, following the transformation of the four previous CCGs to one new Lincolnshire CCG: NHS Lincolnshire East, South, South West and Lincolnshire West CCGs.

NHS Lincolnshire Clinical Commissioning Group (CCG) is made up of 84 PCNs (Primary Care Networks) across the county.

Lincolnshire PCNs

APEX		**Grantham and Rural**		**Market Deeping & Spalding**	
1	Newark Road Surgery	29	Colsterworth Surgery	57	Munro Medical Centre
2	Richmond Medical Centre	30	Long Bennington Surgery	58	Beechfield Medical Centre
3	Birchwood Medical Practice	31	St Johns Medical Centre	59	Deepings Practice
4	Boultham Park Medical Practice	32	St Peters Hill Surgery	60	Spalding GP Surgery
5	Woodland Medical Practice	33	The Harrowby Lane Practice	**SOLAS**	
Boston		34	The Vine Street Surgery	61	Merton Lodge Surgery
6	Liquorpond Surgery	35	Market Cross Surgery	62	Old Leake Medical Centre
7	The Sidings Medical Centre	36	Swingbridge Surgery	63	The Spilsby Surgery
8	Greyfriars Surgery	37	The Glenside Country Practice	64	Stickney Surgery
9	Kirton Medical Centre	38	The Welby Practice	**South Lincoln Health Care**	
10	Parkside Surgery	**IMP**		65	Church Walk Surgery
11	Swineshead Medical Group	39	Abbey Medical Practice	66	Cliff Villages Medical Practice
East Lindsey		40	Glebe Park Surgery	67	Bassingham Surgery
12	North Thoresby Practice	41	Willingham-by-Stow Surgery	68	Branston & Heighington FP
13	The New Coningsby Surgery	42	Cliff House Medical Practice	69	The Heath Surgery
14	Calstor Health Centre	43	Lindum Practice	70	Brant Road & Springcliffe Surgery
15	Marsh Medical Practice	44	Minster Practice	71	Washingborough Surgery
16	Binbrook Surgery	45	Nettleham Medical Practice	**South Lincs & Rural**	
17	The Wrabgy Surgery	46	Welton Family Health Centre	72	Holbeach Medical Centre
18	East Lindsey Medical Group	47	Ingham Surgery	73	Sutterton Surgery
19	Horncastle Medical Group	**Sleaford**		74	Abbeyview Surgery
20	James Street Family Practice	48	Millview Medical Practice	75	Gosberton Medical Centre
21	Market Rasen Surgery	49	Sleaford Medical Group	76	Littlebury Medical Centre
22	Tasburgh Lodge Surgery	50	Ancaster & Caythorpe Surgery	77	Long Sutton Medical Centre
23	Woodhall Spa New Surgery	51	Ruskington Surgery	78	Moulton Medical Centre
First Coastal		52	Billinghay Medical Practice	79	Bourne Gallelty Practice Team
24	Beacon Medical Practice	53	The New Springwells Practice	**Trent Care Network**	
25	Marisco Medical Practice	**Marina**		80	Caskgate Street
26	Hawthorn Medical Practice	54	Brayford Medical Practice	81	Cleveland Surgery
Four Counties		55	Portland Medical Practice	82	Glebe Practice
27	Lakeside HealthCare Surgery	56	University Health Centre	83	Trent Valley Surgery
28	Hereward Practice (Lakeside)			84	Hibaldstow Medical Practice



These cover areas of socio-economic deprivation, people growing older and living longer, high levels of obesity and people living with long term conditions like diabetes and Chronic Obstructive Pulmonary Disease (COPD).

We are committed to ensuring that NHS patients, carers and family members, as well as current and potential staff will not be discriminated against on the grounds of age, disability, gender, gender re-assignment (identity), Marriage and civil partnership, pregnancy/maternity, race, religion or belief, sexual orientation as well as social/economic circumstances or background. We commit to work with staff, providers, partners, patients, carers and communities to improve the health of our population and reduce health inequalities for the people of Lincolnshire.

The CCG has an obligation to take action to eliminate discrimination, advance equality of opportunity and foster good relations under the Equality Act 2010, public sector

equality duty (2011) and reduce Health Inequalities for the population it serves as part of the requirements of the Health and Social Care Act 2012. Furthermore, the CCG commits to ensure that when making decisions, appropriate and proportionate consideration is also given to gender identity, socio-economic status, immigration status and the FREDA principles of the Human Rights Act 1998, including Fairness, Respect, Equality, Dignity and Autonomy.

This strategy outlines our strategic direction in meeting the equality needs of the population we serve, improving outcomes for that population and ensuring legal compliance with the Public Sector Equality Duty (2011) and other relevant legislation.

2. LCCG GOALS, AMBITIONS AND VALUES

Responding to the EIHR requirements as outlined in this strategy offers many challenges and opportunities for us. Aligning the EIHR strategy to our overall goals, values and aims is paramount in our desire to be inclusive as is the need to be transparent, accessible and engaging with staff, patients and communities. This EIHR strategy seeks to address any inequalities and embrace everything that we aspire to achieve in the coming years.

2.1 LCCG Goal

Our goal is to ensure that everyone living in Lincolnshire has the best possible health and wellbeing they can. To achieve this, we work alongside our health and care partners to provide people with access to quality healthcare and reduce the health inequalities that exist today.

LCCG vision is to work with the NHS across Lincolnshire to deliver the ambitions identified in the NHS Long Term Plan with partners in both the local and district councils, partners across the voluntary sector and the people of Lincolnshire, to improve the quality and experience of services so that the population can live happier, healthier lives. This aligns with the wider system priorities identified in the Lincolnshire Long Term Plan of:

Start well - from pregnancy, birth and early weeks of life; through supporting development before starting school; to help in navigating the transition to adulthood.

Live well - supporting a healthy lifestyle; ensuring urgent help to deal with accidents or acute illness; working together to manage long term conditions.

Die well - preparing, planning, caring and supporting those who are dying and the people who are close to them.

2.2 Ambitions

The new Lincolnshire CCG will play a leadership role in delivering the four system ambitions identified in the Lincolnshire Long Term Plan delivery framework of:

Prevention - shifting emphasis from treatment to prevention.

Person centred care - giving people choice and control over their care delivery.

Working together - joined up and co-ordinated services across the health and care system.

Care closer to home - wherever possible services will be provided in the patient's community.

2.3 Our values

We will use our values to drive our ambitions for Lincolnshire CCG as we continue to move forwards. The values that lie at the heart of our work are:

Quality - safety, effectiveness and patient experience will guide our decisions

Clinical leadership - we believe clinicians should be our key leaders and primary influence

Patient focus - we will seek the views of patients and take them into account in what we do

Integration and partnership - we will use these as keys to success

Fairness - we believe investment should reflect need

Equality - we will strive for equality of patient experience, opportunity and outcome

Good value - we will use NHS resources to best effect

3. POPULATION DEMOGRAPHICS

With regards to the following statistical data please note the data has been derived from AGCSU Population Summary for NHS Lincolnshire Clinical Commissioning Group report, Public Health England and the Lincolnshire observatory and is based on census 2011 census data and in some areas 2017 and 2018 mid-term estimates. The data focuses on the county of Lincolnshire and localities covered by Lincolnshire CCG.

3.1 Lincolnshire demographics – overview

- Lincolnshire is the 4th most sparsely and largest populated county in England, covering an area of 5,921 sq. km. It is predominately rural, with no motorways, little dual carriageway and 80km of North Sea coastline, which provides fundamental difficulties in the provision of services.

- According to the 2011 census, statistics for Lincolnshire's show the population as 713,653 (2017 estimates 751,171). In total there are more females 366,498 (51.3%) than males 348,270 (48.7%), with slight variations amongst different age groups. The estimated difference in 2017 slightly narrows that gap between male and female population at 385,800 (51%) female and 370,000 (49%) male.

- Out of the total population estimate of 751,171, the age range 0-15 makes up 17.1% of the population, whilst the other sections of the population aged 16-24, 25-64, 65 -84 and 85 years and over make up 10.1%, 49.6% 20.3%, and 2.9% respectively. Lincolnshire's population is on average older than the population of England and the East Midlands. It also has a higher proportion of adults over the age of 75 and the number in this age range is estimated to double over the next

20 years. Year-to-year increases in the size of this ageing population are one of the key planning assumptions for Lincolnshire's health and care system.

- The diversity of the population in terms of ethnicity has increased in recent years as a result of new and emerging communities. As of the 2011 Census, around 93% of residents identified themselves as White British with a significant 4% identifying as White Other. This 4% is primarily made of Eastern European communities, which represents much in the agricultural, hospitality and tourist industries. Recent issues relating to Brexit have influenced the migration of EU foreign nationals back to their countries of birth. This in the future will no doubt have impact on the statistics of the white European population and detrimental impact on the Lincolnshire's agricultural industries. The non-white population makes up 2.4% of the total population in 2011 compared to 1.4% in 2001 and although slight increases are becoming apparent since 2011, the proportions are still very small in comparison to the national non-white population of 14%.

The combination of an ageing population, a rural geography and areas of high socio-economic deprivation define the specific challenge of delivering high-quality and effective treatment and preventative services in Lincolnshire.

3.2 Health data

There are 751,171 residents (2017), 86 GP surgeries across the County and 783,080 GP-registered patients, dispersed across Lincolnshire.

One of many challenges for LCCG is being able to deliver accessible services across a wide geographical area of 1,350 square miles, 60 miles north to south and 35 miles east to west (larger than the county of Leicestershire) and ensuring equity of services for our population. Another challenge is being able to deliver this equity and accessibility of services to a population which has some significant health and social issues such as those listed below: -

Key inequalities and health inequalities

- In Lincolnshire, health inequalities exist between levels of income deprivation and gender.
- Between the most and least income deprived deciles, the gap in male life expectancy is 6.5 years, and for healthy life expectancy is 11.8 years. For women, the gap in life expectancy is smaller at 4.8 years and for healthy life expectancy is 10.8 years.
- Life expectancy, premature cancer mortality, mental health-related, smoking related, alcohol-specific and drug-related hospital admissions, all show a moderate association with BAME.
- Both life expectancy and healthy life expectancy are strongly associated with income deprivation.
- Regression testing highlights a high level of variation in healthy life expectancy can be explained by income deprivation.
- Regression testing highlights moderate levels of variation in mental health related, alcohol-specific and drug-related hospital admissions and can be explained by income deprivation in older people.
- In the most income deprived decile of Lincolnshire, life expectancy is 5.1 years less and healthy life expectancy is 11.2 years less compared to the least income deprived decile.

- Preventable mortality rates in the most income deprived decile are 1.7 times higher than in the least deprived decile.
- The geographical distribution of preventable mortality is more closely aligned to the most income deprived areas with the highest rates seen along the east coast as well as around the larger market towns of Lincolnshire such as Lincoln, Boston, Grantham, Sleaford, Gainsborough and Spalding.
- The proportion of unemployment claimants is higher along the coast of Mablethorpe and Skegness, as well as around Grantham, Wragby, Gainsborough and Lincoln.
- The areas of Skegness, Lincoln, Boston, Grantham and Gainsborough showing the highest proportions of Pension Credit claimants in Lincolnshire.
- It is likely that some of these geographical differences can be explained by the different age groups that underpin each of these determinants, with unemployment relating to the working age population (aged 16 to 64 years) and Pension Credit relating to an older population (aged 60(F)/65(M) years and over)
- Rural areas of Lincolnshire have lower proportions of households with no access to a car, higher levels of fuel poverty and poorer quality housing. By comparison, urban areas of Lincolnshire have higher proportions of pensioners living alone and in overcrowded accommodation.
- There is a strong geographical association between mental health-related hospital admissions and life expectancy and alcohol-specific and drug-related hospital admissions.
- There is a strong geographical association between smoking-related hospital admissions and preventable mortality, premature cancer mortality and lung cancer mortality.

As part of our work to implement this strategy, objectives and actions, the CCG will continue to use population statistics to recognise trends, identify health inequalities amongst different communities/groups and create solutions to improve health related practices.

3.3 LCCG Workforce profile

Data from 2020 analysis show the following workforce diversity: -

- There are a total of 416 staff including bank staff which also includes Covid-19 vaccinators
- In terms of gender, women make up 74.27% of the LCCG workforce and Males represent 25.73%
- The age profile shows the largest group of employees to be between the age of 51-70 who make up 45% of the workforce, followed by 31-50 who make up 42.5% and under 30s make-up 12.5%
- With regards to ethnicity African/Caribbean, Chinese, Indian and Black, mixed) communities make up of 2.4% of the total workforce; 81% of staff are from white background (including white European) the remaining 16.5% did not state their background. Much of the staff are Lincolnshire based and from the surrounding areas – one of the contributors to the low number of BME staff as this resembles the demographics of the area as well as the county.
- In relation to Disability, out of the 416 staff, just over 5.2% declared a disability, whilst 17.5 did not declare or specify whether they had a disability or not.
- With regards to Sexuality out of the total staff 66.35% classified themselves as Heterosexual and only 0.96% as Gay or Lesbian. 32.65% did not specify or declined to answer this question.

- In relation to religion and belief nearly 35% of the workforce did not specify or disclose their religion. Christians represent the largest group 45.9% of the total workforce, followed by atheist at 13.9%. whilst 5.7% staff specified other religions and beliefs including for example Buddhism, Islam and Judaism.

It is the intention of LCCG to ensure that ongoing collection and analysis of workforce data is undertaken annually, to reflect the timescales of this strategy, so that any discrepancies can be identified and solutions can be found to address gaps and enable continuous and sustainable improvements. The following are some areas that the CCG will focus on: -

- Analysis of data in relation to Intersectionality of protected groups e.g. sex/gender/ethnicity and job roles/grades – to assess whether individuals face a multiple disadvantage.
- Challenges around recruiting BME staff – assessing recruitment practices and using positive action initiatives to attract people outside of the county.
- Attracting more young people to apply for positions within the LCCG and systemwide approach for Lincolnshire.
- Reasonable adjustments to attract and support people with disabilities to apply for positions and work for the CCG.

4. LEGISLATIVE FRAMEWORK

As a CCG we are driven by different EIHR legislation to ensure that our polices, procedure and practices are unbiased and fair to all individuals.

4.1 Equality Act 2010

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These are the “protected characteristics”.

4.1.1 Equality Act 2010 – Public Sector Duty

Section 149 of the Equality Act 2010 imposes a duty on public authorities in the exercise of their functions to have due regard to the need to**:-**

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; this involves…
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Advancing equality of opportunity involves:

- 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.

Fostering good relations involves:

- Tackling prejudice, with relevant information and reducing stigma, and
- Promoting understanding between people who share a protected characteristic and others who do not.

Due Regard:

Having due regard entails considering the above three aims of the PSED in all the decision making as in: -

- How we act as an employer
- Developing, reviewing and evaluating policies
- Designing, delivering and reviewing services
- Procuring and commissioning
- Providing equitable access to services

The legislation acknowledges that in some circumstance's compliance with the PSED may involve treating some persons more favourably than others, but not where this would be prohibited by other provisions of the Act.

4.1.2 Specific Duties require us to: -

- Publish Information to show our compliance with the Equality Duty, at least annually;
- Set and publish equality objectives, at least every 4 years;
- Ensure that all information is published in a way which makes it easy for people to access it.

4.2 Human Rights Act 1998

Human Rights are the basic rights all individuals have, regardless of who they are, where they live or what they do. Human rights represent all the things that are important to human beings, such as the ability to choose how to live their lives and being treated with dignity and respect. See appendix 1a for the 15 basic rights under the UK Human Rights Act.

The CCG will consider the human rights principles in relation to our staff, patients and communities at all times, aiming to demonstrate our commitment to quality outcomes which will improve the patient experience in the services we commission, and provide satisfaction to staff that they are undertaking a job that is valued.

4.3 Health and Social Care Act 2012

Under the Health and Social Care Act 2012, CCGs must, in the exercise of their functions, have regard to the need to reduce inequalities between patients with respect to their ability to access health services.

There is clear evidence that reducing health inequalities improves life expectancy and reduces disability across the social gradient. Tackling health inequalities is therefore core to improving access to services, health outcomes, improving the quality of services and the experiences of people. It is also core to the NHS Constitution and the values and purpose of the NHS.

The NHS Constitution 2 states that the NHS has a duty to "…pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population". This is reflected in the National Health

Service Act 2006 (as amended by the Health and Social Care Act 2012), which introduced for the first-time legal duties to reduce health inequalities, with specific duties on CCGs and NHS England. These duties took effect from 1 April 2013.

CCGs have duties to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.14T);
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved (s.14Z1);
- Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities (s. 14Z11);
- Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities (s. 14Z15).

5. LINCOLNSHIRE CCG OBJECTIVES FOR 2020-2023

These objectives are drawn from the outcomes of the EDS2 assessments 2018 – 2020 that were conducted by the former four CCGs as part of the transformation process towards the formation of one Lincolnshire CCG.

NHS Lincolnshire CCG Equality, Inclusion and Human Rights Objectives - Approved at the QPEC meeting of 15 June 2020.

Workforce data and staff support

- Enhance the data quality held on CCG staff via ESR, through an updated data cleansed system to improve data recording and monitoring
- WRES/WDES delivery of annual submissions to NHSE and implementation of action plans
- GPG reporting – dependant on the workforce numbers (threshold 250 staff), the new CCG will need to consider submitting gender pay gap data and so be responding to this data with an action plan
- Introduce staff networks to support the development of staff from different protected characteristics.

Visible leaders to champion Equality

- Leaders to be at the forefront of engaging with staff and public
- Managers to be more involved in implementing Equality actions/initiatives as part of their roles
- Review and extend the Equality Forum to involve more senior staff – Forum to act as an Equality monitoring, review and support network for the new CCG.
- Support providers to address barriers to accessing services to by patients
- Improve engagement with vulnerable groups/populations with regards to service change.

Equality Strategy and policy development and training

- Assess current Equality training provision and staff professional development
- Improve the contents and uptake of Equality mandatory training for all staff

- Introduce more face to face training to support the work of staff from leaders to front line staff.

Standards and Charter marks

- EDS version 3 – All future work will be done in line with the new framework which will be released in 2020 by NHS England and piloted over the year
- Disability Confident – to obtain Leader Status by 2023, and identify other relevant Equality Charter Marks.

Objective 5: Implement actions within the new NHS Lincolnshire CCG to assess the disproportionate impact of Covid 19 on BAME staff and communities in line with the associated health inequalities issues raised in the PHE disparities report – Approved at QPEC meeting of 9 September 2020

Actions with regards to the workforce: -

- Collect/analyse workforce data trends paying specific attention to higher bands and create initiatives to address the under-representation of BAME staff at executive/senior level – relate to WRES work;
- Encourage the participation of BAME staff in the decision-making process of the CCG, through networks with access at Board level but also other means e.g. staff consultation and engagement forums and staff surveys;
- Organise training for all staff in a leadership role to help raise their awareness and confidence in having honest and difficult conversations with BAME staff about their circumstances;
- Review the induction process with a view to include reference to the availability of additional support for all new and existing BAME staff;
- Conduct ongoing risk assessments on those BAME staff who may be at greater risk of infection and provide targeted support as required;
- Ensure that the CCG continues to conduct Equality Impact Assessments (EIA's) when reviewing existing and developing new workforce policies and practices to address any disparities that may exist with regards to BAME staff;
- Ensure all staff are kept up to date with BAME issues, developments and initiatives through regular communications and engagement of information.

Actions with regards to the communities: -

- Review Lincolnshire wide demographics and health inequalities data to assess disparities and compare trends amongst different BAME communities and associated factors;
- Focus on targeting support to specific geographical areas of the county where disparities among certain communities may be more prominent;
- Engage with our partner organisations across the STP/ICS to ensure there is a system wide approach to tackling inequality across the Lincolnshire STP workforce;
- Through communication and engagement exercises ensure that up to date information is distributed widely as possible and is accessible in different languages and formats as required – assessing the demographics of the areas being targeted prior to conducting exercise, helps to ascertain communication and engagement methods.

5.5 Implementation and our inclusive approach to meeting these objectives

Our inclusive approach will not only deliver on legal obligations but also provide a direct synergy with the work on quality and addressing health inequalities. This can be achieved by focussing on improving the organisations' performance whilst reducing inequitable health gaps between different protected characteristics and communities. These are usually associated with poor levels of ill-health, take-up of treatment, and the outcomes from healthcare given that some people from protected groups are at times disproportionately affected and as a result experience difficulty in accessing, using and working in the NHS.

When analysing the outcomes for services and employment, we will also extend the analysis and engagement beyond the protected groups to other groups and communities who face stigma and challenges in accessing, using or working in the NHS. For example, carers, people who are homeless, isolated people and temporary residents.

By developing this integrated model of addressing inequalities and providing an equitable and fair service to all the residents in the area, we believe, we will be more successful in meeting our various obligations, objectives and local needs of our diverse communities.

We have developed a 3-year action plan to support implementation of these objectives, work around which commenced in 2020. The Action plan is available on the LCCG equalities webpage:
NHS Lincolnshire CCG Equality, Inclusion and Human Rights Action Plan April 2020-23

6. WHAT WE HAVE ACHIEVED SO FAR 2020-21

2020 was a challenging year for all of us. Whilst many staff had to work in response to the covid-9 pandemic, in Equality Inclusion and Human Rights (EIHR) a good balance had to be maintained to ensure that the needs of the diverse workforce and communities were being considered in response to the pandemic as well as maintaining EIHR compliance. Key areas of work achieved as part of the EIHR agenda for NHS Lincolnshire CCG during 2020 – 21 are highlighted below: -

LCCG Equality objectives and additional Covid-19 BAME disparities objective:
New Lincolnshire CCG equality objectives for 2020-23 were approved. These were derived from the individual EDS2 assessments that were conducted by the former four CCG's. Further to this, due to the issues raised in various national reports brought about by the Covid-19 situation, an additional objective with actions was developed around supporting BAME staff within the CCG and Lincolnshire's diverse communities. Examples of work undertaken as part of this included: -

- Produced Equality Guidance on Covid-19 as a support tool to help CCG to respond to diverse needs and requirements of different staff and communities
- Collating local information and data to assess disparities that may be apparent in Lincolnshire populations
- Collecting equality information relating to staff so that EIA/risk assessments could be undertaken to support BAME/at risk staff in the frontline

- Targeting comms and engagement exercises as wide as possible to ensure the messages are getting out there to different communities as well as through the new Lincolnshire CCG Website
- Working with our providers to ensure they were communicating all information in accessible formats in line with the Accessible Information Standard.
- Supporting joint work as part of the systemwide BAME and Allies Network.

New Lincolnshire CCG Equality Forum
The Equality Forum was re-established following the transition process from four into one CCG. The Forum acts as a supportive mechanism for staff to discuss ongoing EIHR work priorities, implement key actions, monitor and review action plan objectives and publish outcomes in line with the Equality Act 2010, Public Sector Equality (PSED-2011) duty. The Forum membership includes representatives from LCCG leadership team, HR, service lead reps and equality advisors. Membership of the Forum was also extended to local health provider organisations to enable a system-wide approach for sharing information, raising concerns around current issues and planning collaborative EIHR initiatives. The Forum has reporting links feeding into other LCCG committees such as QPEC (Quality and Patient Experience Committee) to feedback and gain approval of key EIHR priorities and initiatives.

Systemwide BAME and Allies Network
LCCG supports and represents the BAME and Allies Network – a new systemwide group set up in response to recent national BAME and BLM (Black lives matter) issues raised. Members represent a variety of Lincolnshire health organisations and providers. Key priorities for Lincolnshire have been agreed and, through a series of workstreams, collaborative work is being undertaken to address issues impacting on BAME staff and communities. The group envisages to provide regular bulletins and feedback reports to highlight issues, gaps and progress. This work links to LCCG EIHR action plan priorities.

LCCG Equality Policy
The new LCCG EIHR policy was developed and approved around mid-2020. This sets out the CCG's stance on promoting EIHR in relation to employment, service delivery, goods and supply of service including contractors and partner agencies. It ensures that no individual or group receives less favourable treatment either directly or indirectly and that reasonable adjustments are made effectively and proactively. The policy is available on the EIHR webpage: EIHR Strategies/Policies – Lincolnshire CCG

Revised Equality Impact Assessment (EIA) template and guidance
This produced to enable staff to give due regard to equalities when assessing the impact of an activity/project either in its revision or development stage. Both documents are being implemented by LCCG staff as part of their roles within the CCG and with the diverse population they serve. An example of this was organising EIA training to support staff working in Covid-19 cells, to enable them to give due regard to equalities in decision making – this work continues into 2021.

Charter marks – The following Charter marks have been achieved by LCCG:
- Disability Confident – Employer Status
- Mindful Employer
- Carers Award

Work has continued over the year to implement initiatives including assessing practice, conducting reviews and training to ensure that LCCG retain appropriate standards required. Research is also being done to identifying other relevant Charter marks.

Workforce Race Equality Standard (WRES): With regards to WRES work

- WRES data set (SDCS submission) – was submitted to NHSE/I WRES team before the end of August deadline
- WRES, report (redacted for publication) was completed, approved and published on the CCG website in October 2020
- WRES action plan: This was produced jointly with HR and is linked to the CCG's equality objective focusing on 'enhancing workforce data and providing staff support'. Work to improve the equality monitoring of workforce data, the recruitment of staff from diverse background, board and committee members and supporting progression of internal staff is being implemented as a result.

Equalities in Communications and Engagement: Work with the comms and engagement teams have enabled accessible methods to be considered and embedded in health activities and campaigns to notify and advise diverse communities of e.g. Covid-19/vaccinations and other key health priorities to tackle health inequalities. Regular update reports have been shared with the Equality Forum as well as regular bulletins circulated to LCCG workforce to keep them updated with EIHR developments.

EIHR Webpage: Following the transition from four into one CCG work was undertaken in early 2020 to develop content for new LCCG EIHR webpage. Since then the webpage has evolved over the year. This is an ideal source for the CCG to publish EIHR information in line with its responsibilities under the PSED and to communicate information to staff and the public. The webpage is updated regularly as work progresses. All information/documents can be found on: - https://lincolnshireccg.nhs.uk/about-us/our-commitment-to-equality-inclusion-and-human-rights/

7. FUTURE EIHR WORK PRIORITIES (based on Equality Action Plan 2020 – 23)

7.1 Equality and Diversity work priorities for 2021 – 22

We will:-

- Have an updated equality strategy
- Continue assessment of work in line with EDS2 and implement new EDSv3 standards (once released by NHSEI)
- Continue to consult and engage with patients and the public through the EDS2 Assessor Group established to provide on how LCCG can improve ratings of the EDS2 outcomes assessment
- Improve equality data collection/analysis of the workforce and local population demographics
- Update recruitment/selection policies to ensure EIHR elements are embedded
- Continue to communicate and work with seldom heard groups through ongoing engagement/listening events to support various health campaigns and to reduce health inequalities e.g. Covid -19
- Organise/deliver EIHR and EHIA training to staff, board members and committees
- Submit 2021-22 WRES data and continue implementation of WRES action plan

- Work with HR with Gender Pay Gap reporting and set actions to close wage gaps between male/female staff
- Ongoing involvement with different equality workstreams of the Systemwide BAME and Allies Group

7.2 EIHR work priorities for 2022 – 23

We will:-

- Continue working on embedding EDS2 or v3 to ensure that we are at 'Achieving level' across the board and in some areas moving towards 'Excelling' level
- Ongoing workforce/population data collection and analysis to identify and set actions to address gaps in practice
- Develop Positive Action initiatives to attract protected characteristics/groups that may be under-represented in the workforce, boards and committees
- Aim to achieve Disability Confident – Leader Status
- Continue consultation and engagement with diverse voluntary, community and seldom heard groups over their specific health needs and requirements and agree actions
- Work towards attaining diversity champions status through the Stonewall Champions scheme to support LGBT work

8. COMMUNICATION AND ENGAGEMENT

One of the essential elements of the CCG delivering its EIHR agenda is to work in collaboration with our local health providers and partners such as local authorities to share best practice, undertake joint engagement activities, encourage joined-up thinking and share qualitative and quantitative evidence in addressing local health inequalities.

Ongoing engagement with patients, carers and staff as well as local interests including voluntary organisations and people from different protected characteristic and disadvantaged groups, will assist us in effectively delivering a two-way flow of information and collating information and evidence to influence our performance and decision making.

Further to this, LCCG will continue to give due regard to embedding equality elements in all current and future comms and engagement strategies, practices and activities to ensure inclusivity.

9. FRAMEWORKS FOR IMPLEMENTATION, MONITORING AND REVIEW

9.1 NHS Equality Delivery System (EDS2)

The Equality Delivery System (EDS2) framework was designed by the NHS to support NHS organisations to meet their duties under the Equality Act 2010.

The EDS2 has four goals, supported by 18 outcomes. The CCG will continue to use the EDS2 as a toolkit to meet the requirements under the Equality Act and we believe this will impact positively across all the activities of the CCG.

We publish our EDS2 evidence and objectives on our and the NHS England website in line with the deadlines. The objectives, combined with updates on progress, can be found on the relevant page via the link Our Commitment to Equality, Inclusion and Human Rights – Lincolnshire CCG

We await the launch of the new EDSv3 by NHSEI, the release of which has been delayed due to Covid-19. It is our intention to implement this strategy, objectives and action plan to help us attain a minimum of 'Achieving' level across all goals/priorities of the current EDS2 and the new standard by 2023.

9.2 Equality Forum

The LCCG Equality Forum was set up to act as a supportive network for staff to discuss and agree the implementation of EIHR action plan priorities and monitor progress of work outcomes. Providers are invited to attend meetings to share updates and raise issues and concerns. Meetings of the Forum take place on a bi-monthly basis and highlight reports are escalated to Executive committee and QPEC, for final approval of key priorities. On a quarterly basis, the Forum also produces an update on EIHR work progress which is shared with staff through the main LCCG staff bulletin.

9.3 Assessors Group

The Assessors Group consists of patient and public council representatives and is set up annually to act as a consultative network as part of the equality analysis and review process for EDS2 work. It enables members to give feedback and their thoughts on how effectively we are working on and addressing equality issues and priorities. The Assessors Group will continue to be reformed to support any work associated with the new impending EDSv3.

3 REVIEW AND RENEWAL OF STRATEGY

The CCG's Executive Equality Lead, members of the Equality Forum and Governing Body will continue to regularly review and update this strategy and publish updates accordingly in line with the legislative compliance.

The strategy will be reviewed and updated on an annual basis and renewed every three years.

For further information and to discuss any related concerns please contact Sarah Southall sarahsouthall@nhs.net or Kamljit Obhi kamljt.obhi@nhs.net

Human Rights Act 1998

- The right to life.
- The right not to be tortured or treated in an inhuman or degrading way.
- The right to be free from slavery or forced labour.
- The right to liberty and security.
- The right to a fair trial.
- The right to no punishment without law.
- The right to respect for private and family life, home and correspondence.
- The right to freedom of thought, conscience and religion.
- The right to freedom of expression.
- The right to freedom of assembly and association.
- The right to marry and have a family.
- The right not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention.
- The right to peaceful enjoyment of possessions.
- The right to education.
- The right to free elections.