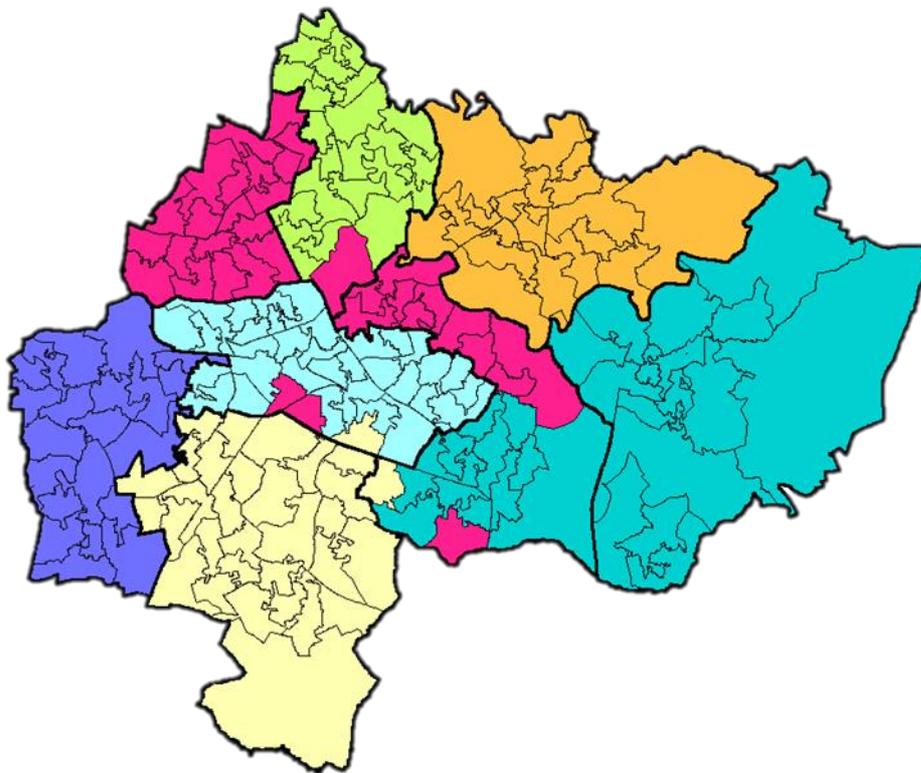


Stockport CCG Annual Equality Report 2021/2022
Promoting Equality, Inclusion and Fairness for All
Meeting the Public Sector Equality Duty



Version	Date	Comments
1	16/03/2022	Craig McGuire, Interim Head of Governance
2	21/03/2022	Craig McGuire, Interim Head of Governance
	30/03/2022	Governing Body
3	05/04/2022	Craig McGuire, Interim Head of Governance

Contents

Item	Page
1. Introduction	3
2. Executive Summary	4
3. Who we are and what we do	6
4. Legal obligations	6
5. Our population	8
6. Our workforce	9
7. Engagement with protected groups in 2021	13
8. Our Equality Objectives	15
9. Our Equality Achievements	15
10. Workforce Race Equality Standard (WRES)	16
11. Conclusion	17

1. Introduction

Welcome to our 2022 annual public sector equality report. The Equality Act 2010 (Public Sector Equality Duty) Act requires public bodies to publish appropriate information showing their compliance with the Equality Duty, usually on or before 31st March each year.

This report outlines the key pieces of work we have undertaken around equality, diversity and human rights (EDHR) during the calendar year 2021 to meet the Public Sector Equality Duty and our responsibilities arising from the Equality Act 2010, both to our local communities and as an employer.

The CCG is working closely with GM and particularly with its locality partners of Stockport Borough Council, Stockport Foundation Hospital Trust and Pennine Care NHS Foundation Trust to address the system's health inequalities. As we look forward to 2022-23, we are committed to the establishment of a successful borough with confident communities as part of the Greater Manchester Integrated Care System (ICS). Further formalisation of this way of working will be a core feature for us in the next year. During this period, we will ensure we keep staff informed, create opportunities and work hard to retain talent in Stockport locality and the GM system.

This Annual Equality Report shows our commitment to promoting equality by being an inclusive employer. We are committed to a culture where those working for us or visiting us are valued and appreciated for the skills and talents they bring to the organisation and where the needs of those using the services we commission are understood and respected, taking into account their individual differences, personal values and perspectives.

This report provides an overview of our role and aims, and a snapshot of the effects of COVID-19 on Stockport's diverse population and the health challenges the borough faces. It sets out our legal responsibilities in demonstrating 'due regard' to the Public Sector Equality Duty's three aims and provides evidence for meeting our Specific Equality Duty.

We need to be assured that the organisations we commission from are improving service provision and achieving better health outcomes for vulnerable groups in Stockport, and ensuring that they are inclusive employers. Our larger providers include Stockport Foundation Trust for hospital care, Pennine Care Foundation Trust for Mental Health care, and our 37 GP practices, Mastercall and Viaduct Care for Primary Care. This report can be read in conjunction with their equivalent reports.

This year has been dominated by the COVID-19 pandemic, and our response to this will shape our work for the future. The Equality and Human Rights Commission have specified that the Public Sector Equality Duty and the general duty "are critical in ensuring that public bodies consider the needs of people with protected characteristics as they respond to coronavirus". This report therefore has a focus on the differential impacts of COVID-19 on specific groups, how we are considering:

- health inequalities that existed before the pandemic
- the needs of people from different vulnerable groups as we respond to coronavirus, and

- how we will reduce the health inequalities caused or brought to light by the virus as we recover from COVID-19.

The report highlights examples of work we have undertaken in 2021 to take account of the needs of our vulnerable communities. It looks at our plans to improve the way we commission services, identifies future areas for development and demonstrates our approach to inclusion, with examples of work we have undertaken to take account of the needs of our vulnerable communities.

We aim to use our equality data to inform our service improvement plans and to improve access to employment opportunities for staff from particular protected characteristic groups.

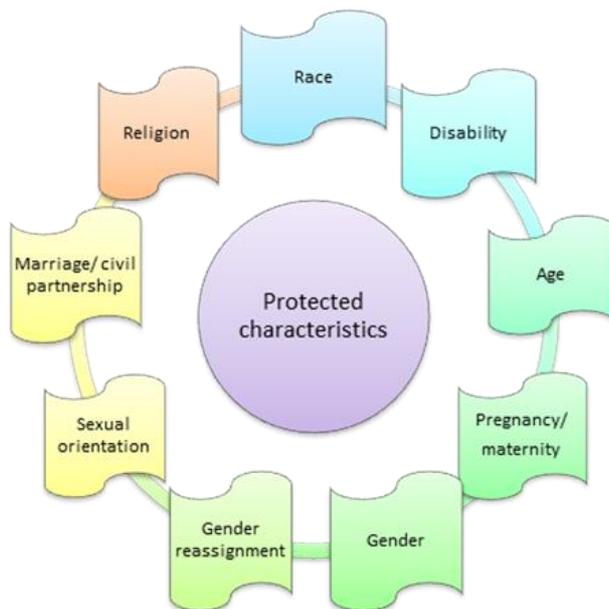
This publication reflects our open and transparent approach to inclusion, especially of vulnerable or protected groups, and will be made available in other formats on request. For more information on any aspect of this report contact stockportccg.communications@nhs.net

2. Executive Summary

This report demonstrates our commitment to commissioning for equal access to health care for vulnerable groups and our compliance with the requirements of the Public Sector Equality general and specific duties.

The Public Sector Equality Duty (PSED) requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. They should also increase their understanding of the ways in which different people will be affected by their activities and ensure that nothing we do discriminates against anyone because of one of the nine Protected Characteristics.

The nine Protected Characteristics are:



We meet our PSED requirements by paying due regard in our commissioning decision making to:

- Reducing inequalities in health outcomes and experience between patients.
- Reducing any barriers or inequalities faced by more vulnerable protected community groups in accessing healthcare.
- Minimising disadvantages suffered by people due to their protected characteristics.
- Raising awareness of our health services and their benefits among communities who are traditionally less likely to use health services.
- Engaging and involving patients and their carers in making decisions about how their health care is provided and about different treatments or hospitals.

We also meet our PSED requirements by ensuring that our workplace is fair and inclusive.

Key points

- We are working with partners to reduce health inequalities as we recover from the pandemic, both those that existed pre-pandemic and those that have been made worse by COVID-19
- We have taken steps to make our workplace more inclusive
- Our workforce is largely reflective of the Stockport community though not all staff disclose all protected characteristics
- We aim to communicate and engage with a wide variety of community groups and in a number of different ways
- We will develop a joint Equality Strategy and Equality Objectives with the Council as we move into locality working within the ICS

Key actions

In 2022, Stockport CCG will:-

- Strengthen processes and procedures to continue commissioning equitably for our local communities and creating a fair environment for our staff.
- Work in partnership with other organisations to address health inequalities and ensure fairer commissioning in Stockport and beyond as we respond to COVID-19.
- As a CCG and at locality level in the ICB, work to become a more diverse, fair and inclusive employer
- As a CCG and at locality level in the ICB, map out gaps in our engagement and work in partnership with local people to co-produce priorities.
- As a CCG and as we transition to the ICB, ensure that good workforce practice is built on

3. Who we are and what we do

NHS Stockport Clinical Commissioning Group (CCG) manages the local healthcare budget and buys, or commissions, health services from healthcare providers to deliver services meeting the health needs of the 313,610 patients registered with Stockport GPs. We are responsible for making sure that local people have good access to safe, high quality health services delivered within our allocated budget, that meet the needs of all our communities.

The services that we are responsible for include:

- Primary care
- planned hospital care
- urgent and emergency care
- rehabilitation
- community health services
- mental health
- learning disability services
- packages of care at home or in a care home

The CCG covers the same area as the Metropolitan Borough of Stockport. In some areas we work very closely with Stockport Council, local hospitals and mental health providers and voluntary and community groups.

When commissioning services, we aim to

- Reduce health inequalities and address specific health needs in localities.
- Improve access and reduce the risk of someone being admitted to hospital unnecessarily.
- Work collaboratively with secondary care, mental health service providers, voluntary, community and social care services to better integrate services

Our [Strategic Plan for 2019-2024](#) sets out how we will address and improve

- Primary & Community Care services
- Maternity and Children services
- Mental Health, Learning Disabilities and Autism services
- Planned Care, including Cancer
- Urgent Care

This has now been supplemented by our Health and Care System Restoration Plan for 2020/21, which deals with the effects of COVID-19 on the local population and the actions proposed to reduce the inequalities caused.

Some of these effects are shown in Section 5; all information is taken from the sources in section 5 unless otherwise stated.

4. Legal obligations

The CCG believes in inclusivity regardless of any legal duty. However, there is a legal framework to follow. This consists of three key relevant Acts: the Equality Act 2010, the Human Rights Act 1998 and the Health and Social Care Act 2012. Our

compliance with this framework is one of the ways in which local people and our staff can hold us to account.

The Equality Act 2010 affords protection from unfavourable treatment where this relates to one or more protected characteristics (see Section 2 above).

There are also a number of other equality requirements placed on us by the Equality Delivery System (see Figure 4 below), the Workforce Race and Disability Equality Standards (see Figure 4 below) and the NHS Constitution.

The Equality Act includes specific requirements for public bodies, known as the Public Sector Equality Duty. Public bodies must consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. They should also increase their understanding of the ways in which different people will be affected by their activities. This helps to make sure that policies and services are appropriate and accessible to all. The Table below shows a summary of these requirements.

Equality Act 2010 (Public Sector Equality Duty)	Human Rights Act 1998	Health and Social Care Act 2012	Other Duties
<p>General Duty</p> <ul style="list-style-type: none"> • eliminate unlawful discrimination, harassment and victimisation; • advance equality of opportunity • foster good relations <p>Specific Duty</p> <ul style="list-style-type: none"> • Publish Annual Equality information • Publish equality objectives <p>Gender Pay Gap recording</p>	<p>Section 6 of the HRA makes it unlawful for a public authority to act in a way that is incompatible with a person’s rights</p> <p>The FREDA principles</p> <ul style="list-style-type: none"> • Fairness • Respect • Equality, • Dignity, • Autonomy 	<p>CCGs must have regards to</p> <ul style="list-style-type: none"> • Reduce inequalities between local communities with respect to their ability to access health services • Reduce inequalities between local communities with respect to the outcomes achieved for them by the provision of health services 	<p>Equality Delivery System (EDS2) This is a tool kit that can help us improve the services we provide for local communities, consider health inequalities and provide a working environment free of discrimination</p> <p>Workforce Race Equality Standard (WRES) We have to:</p> <ul style="list-style-type: none"> • Collect and analyse data on the experience and treatment of white staff and Black and Asian Minority Ethnic staff. • Submit data to NHS England. <p>Workforce Disability Equality Standard (WDES). will apply to the Greater Manchester ICS.</p> <p>NHS Constitution</p>

Organisations with more than 150 staff must monitor recruitment, training, pay, grievances and disciplinary action by the protected characteristics of staff. Organisations with more than 250 staff must publish their Gender Pay Gap. As at 31st March 2021, we had a staff of 129, so are not required to publish this information. However, a brief overview of our staff can be seen at section 6.

5. Our population

Certain vulnerable groups within the borough have poorer health outcomes than the general population, or experience particular barriers to accessing services. Different demographic groups have also been disproportionately affected by Covid-19-19.

- We have over 290,000 residents: this is projected to grow by over 1,000 people per year.
- The percentage of people identifying as being from ethnically diverse backgrounds in the census increased from 4.3% in 2001 to 7.9% in 2011. In the School Census, the percentage of young people from ethnically diverse backgrounds in 2011 was 10.1% which has increased to 19.6% in 2021
- We also have an ageing population, with higher than national and regional averages. Projections show that nearly a third of our residents will be aged 65 or above in 2030
- On average Stockport residents have good health outcomes and life expectancy which is improving year on year. However, not everyone experiences good health, and in some communities life expectancy and healthy life expectancy are not improving as much as they should
- Covid-19 has exacerbated existing inequalities, especially affecting older people, males, Black Asian and Minority Ethnic Groups and people living in deprived areas. We have also seen the increase in the rates of poor wellbeing amongst our communities during the pandemic, compared with that prepandemic.

Some of the national data taken from the Office of National Statistics and from Public Health England shows that:

- The risk of severe impact of Covid-19-19 increases significantly for older people
- Men are more affected than women at all ages and working age males are twice as likely to die as a result of Covid-19-19 as females.
- People from minority ethnic are at greater risk of coronavirus (Covid-19 19) related death than the white population, after adjusting for age and other characteristics.
- Black males and females are nearly twice as likely as similar white people to experience a Covid-19 19 death
- People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas.
- The highest rates of deaths involving Covid-19 19 have been seen among male low skilled workers.

There is still more to understand about the long term impact of COVID19 on those who have been discharged, the duration of these effects, and the full extent of the

level of increased need due to long Covid in Stockport. ONS modelling suggests that there will be both positive and negative effects on health from pandemic and the control measures, such as improvements in health due to lower air pollution but deterioration due to mental wellbeing and economic consequences.

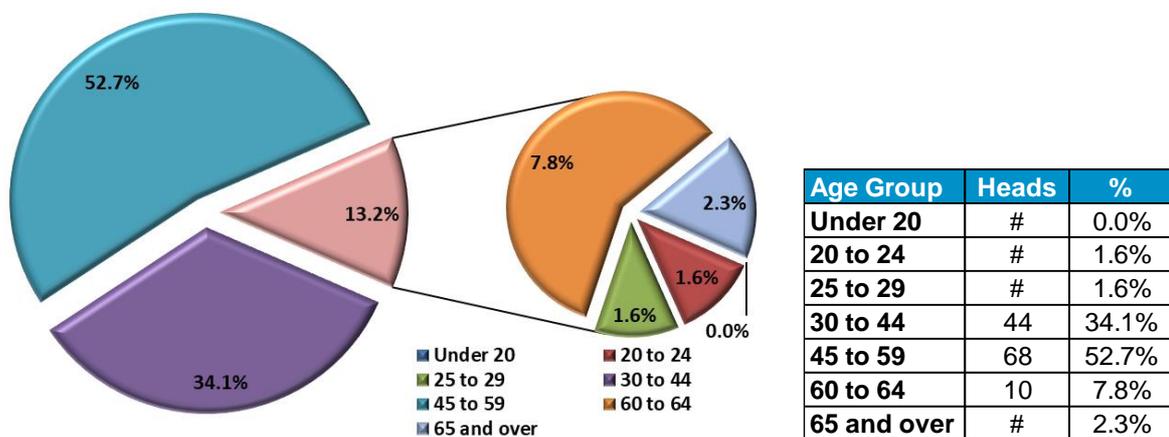
More information can be found in the Office for Health Improvement and disparities health profile for Stockport [here](#), the [Stockport Borough Plan](#) and the updated COVID JSNA, which can be found in the [June 16th Governing Body papers](#).

6. Our Workforce

This is brief analysis of workforce data held on employees of Stockport CCG as at 31 March 2021. The focus is on (where data is available) seven of the nine characteristics protected by the Equality Act 2010, namely: age; disability; gender; ethnicity; sexual orientation; religion or belief and marriage and civil partnership. The schedule of data used has been collated as a snapshot in time and represents information collated as at 31st March 2021.

Information is generally expressed as percentages, so individuals are unlikely to be identified. In all cases where numbers are given, numbers less than 10 are represented by # in line with the Equality and Human Rights Commission guidelines. Because of this, in some cases categories have been combined to give a meaningful graph. For consistency, percentage figures are rounded up or down to the nearest decimal place where necessary and may therefore not sum to exactly 100%.

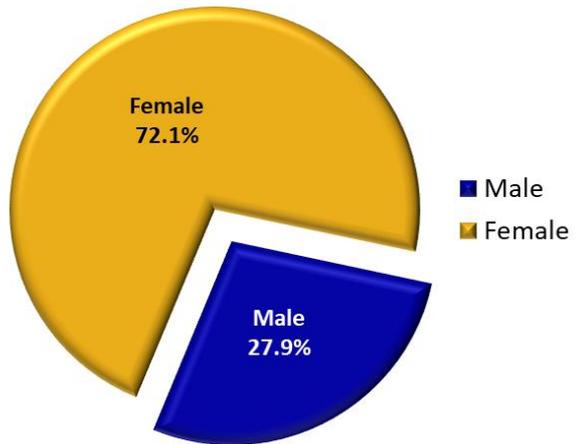
Age



Sex

Stockport CCG has a largely female workforce.

Gender	Headcount	%
Male	36	27.9%
Female	93	72.1%

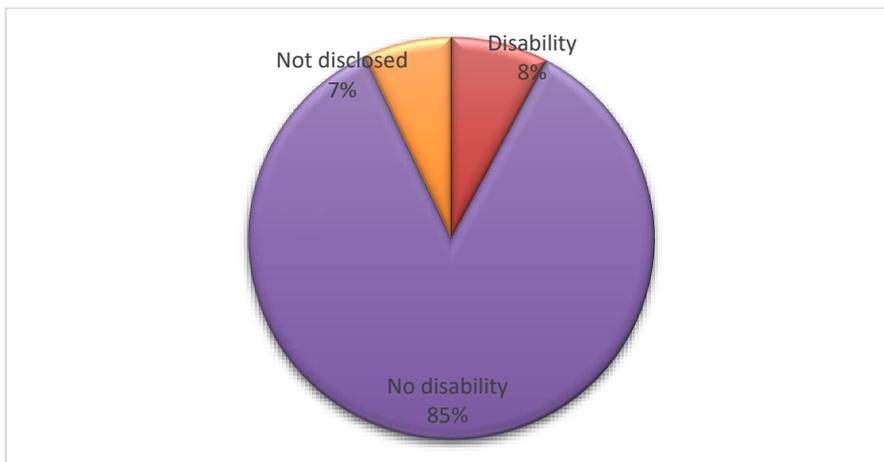


Gender reassignment

There is currently no data field in the National Electronic Staff Record (ESR) System to record gender re-assignment.

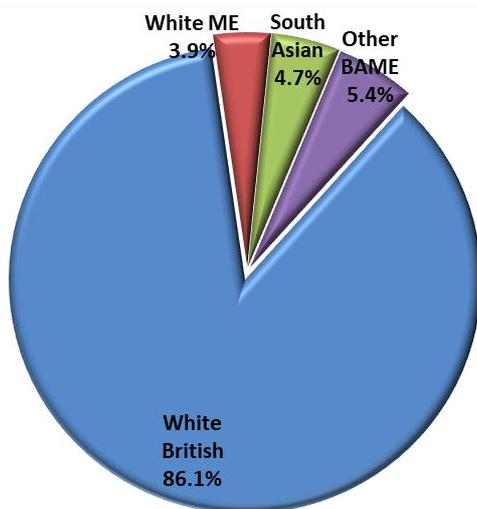
Disability

	%	Heads
Disability	7.80%	10
No disability	85.30%	110
Not disclosed	7%	#



It can be seen that Stockport CCG has a small percentage of staff disclosing disabilities. The National average for people who feel they have a disability or long term health condition that affects their daily life was around 20% in the 2011 census (2021 figures not yet available). It is unclear why this figure is so small, and more work will need to be done by the ICS to increase recruitment/retention of staff with disabilities or encouraging disclosure by existing staff.

Race

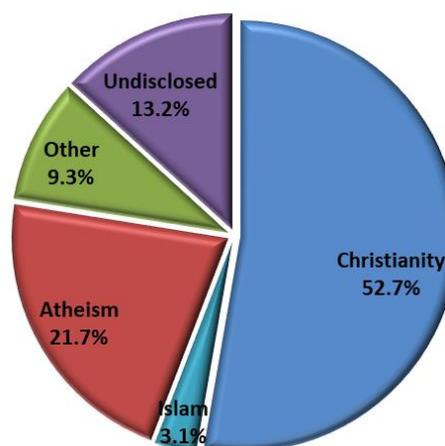


Ethnic Origin	Clinical	Non Clinical
BAME	13.0%	8.4%
Unknown	0.0%	0.0%
White British	87.0%	85.5%
White ME	0.0%	6.0%

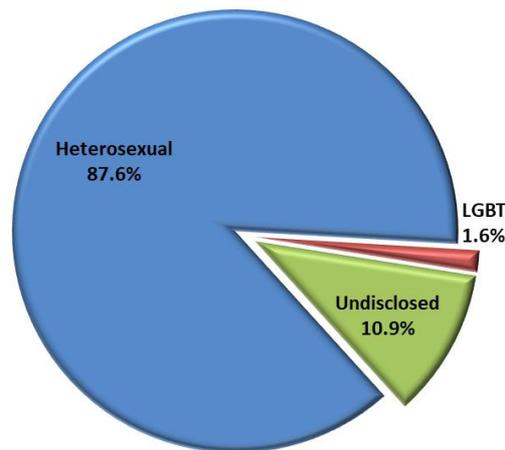
According to the current figures for Black Asian and Minority Ethnic Groups within the workforce, Stockport CCG employs a similar percentage to Black Asian and Minority Ethnic Groups within the local population (8% at the 2011 census). However, there is no “on the ground” Black and Asian Minority Ethnic senior representation in the general workforce. It will be a priority to make the ICS a more attractive place for Black and Asian Minority Ethnic senior staff to work and ensure Black and Asian Minority Ethnic visibility at higher levels in the workplace.

Religion

Religious Belief	%
Atheism	21.7%
Buddhism	0.8%
Christianity	52.7%
Hinduism	1.6%
Undisclosed	13.2%
Islam	3.1%
Jainism	0.0%
Judaism	0.0%
Other	7.0%
Sikhism	0.0%

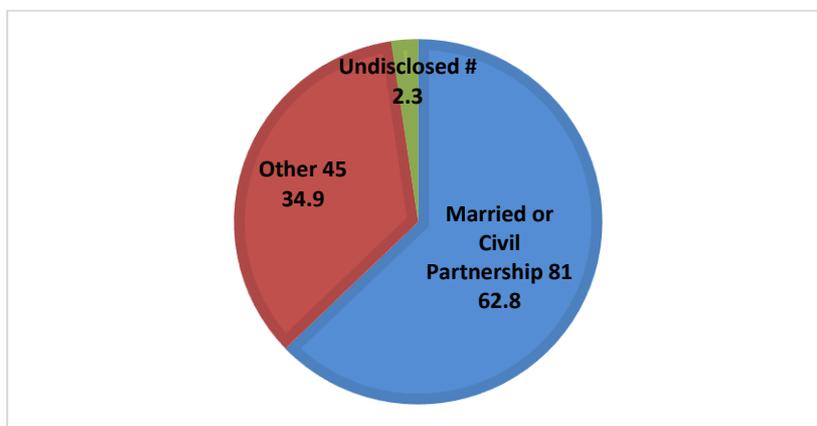


Sexual orientation



Government research indicates that between 5% and 9% of the UK population is lesbian, gay or bisexual (LGB). Greater Manchester’s 2011 census population suggests that there are around 134,000 to 187,600 LGB people in Greater Manchester. Figures for LGBTQI+ for the 2011 census are not yet available, but the above would suggest that our workforce is not representative of the Greater Manchester population. It is hoped that the ICS will use staff engagement to build confidence so staff feel able to disclose their sexual orientation. This information would be useful to identify trends in areas such as promotion and disciplinaries and any workplace barriers they may face.

Marital Status



Marital Status	Heads	%
Married or Civil Partnership	81	62.8%
Other	45	34.9%
Undisclosed	#	2.3%

7. Engagement with protected groups in 2021

During the pandemic, face-to-face engagement with local people has not been feasible. However, some engagement has been undertaken and new means of

communication have been introduced, to get information to as wide an audience as possible.

7.1 COVID-19 vaccination

We used social media as a key tool to inform local people about where, how and when to get vaccinated and invited people to follow the CCG on social media to stay up-to-date with the vaccination pop up clinic schedule. We introduced a dedicated COVID-19 helpline contact for more complex or individual queries, accessible by email or telephone. Our Communications and Engagement Team worked closely with Stockport Council's Public Health Team to endorse public health messages and advice.

7.2 Public Engagement Surveys

Citizen Space is the main platform the CCG used to host public engagement surveys. It is one of the tools which has allowed the CCG to put people at the heart of decision making to help improve local health services. Open surveys can be found at: <https://consultation.stockport.gov.uk/stockportccg/>.

One way we used this was by working with NHS Cheshire CCG, Stockport NHS Foundation Trust and East Cheshire NHS Trust to gather opinions from health and care staff, patients, carers, and local people on a range of services. This was part of an ongoing programme of work to look at opportunities for further closer working and links between the two trusts.

7.3 In House and Local Campaigns

We launched a campaign to encourage people to look after themselves and their family, using self-care advice and guidance. As part of this campaign the CCG used a new approach for engagement and, for the first time, used bus advertising to increase its reach by covering 50 bus routes across Stockport promoting the Taking Care Of campaign.

The CCG, alongside its Council partners, hosted the Special Educational Needs and Disability (SEND) Week of Action in November 2021. It gave local people the opportunity to tell the CCG about their experiences and what they told us will help to influence future work and developments.

7.4 Partnership Involvement Network (PIN)

The Partnership Involvement Network (PIN) is made up of representatives from local communities and patient groups, including Healthwatch Stockport and the voluntary sector. The CCG engaged with the network in different ways to ensure it sought the views of residents on health and care issues and took those views into its planning. Members received regular updates from the CCG via emails, media releases and online meetings. Topics brought to the PIN this year included Stockport Community Champions, restoration of services following the pandemic, integrated care system development and While You Wait – a free support service for those waiting for operations in Greater Manchester.

7.5 Vaccine Inclusion Group

The Vaccine Inclusion Group is a joint working group with representatives from NHS Stockport CCG, Stockport Council as well as voluntary and third sector organisations from across Stockport. It gives the CCG a direct channel to a range of diverse of communities and seldom heard groups. As a result we developed a film about the

vaccination programme in Stockport, sourcing and promoting vaccination clinics targeted at specific cohorts, cascading information posters and leaflets using their contacts and door-to-door canvassing with key audiences.

7.6 Mental Health Carers Group

The Accountable Officer and Senior Mental Health Commissioning Lead continued with the series of meetings over the year between the Stockport Mental Health Carers (of working age adults with serious mental illness) Group and partners, including colleagues at Stockport Council and Pennine Care NHS Foundation Trust. A key focus in 2021/22 was transparency of staff and support services available for those who have a serious mental illness; This group will continue to input as we move into the new locality governance.

7.7 One Health and Care Plan

The One Health and Care Plan, a key element of the One Stockport Borough Plan, designed in partnership with Stockport Council and partners from the voluntary, business, health and education sectors was formally launched. It brought together existing strategies and plans, including Stockport's Locality Plan, Health & Wellbeing Strategy, and the key priorities from local partners' strategies into a single document and one vision for health and care service delivery.

The plan sets out the intentions for the next three to five years to deliver a shared ambition for health and care. Underpinning this are specific, detailed delivery plans to ensure local delivery of the requirements of the NHS Long Term Plan and the Greater Manchester Integrated Care System.

Representatives from many communities contributed to the plan including the voluntary, community, faith, social enterprise, and business sectors. Young people, parents and carers, older people, veterans, care homes, housing providers and members of the LGBTQ+ community were also involved.

The contributions were made in a variety of ways including online and paper surveys, video booths, online workshops, meetings, and one-to-one conversations.

7.8 Community Champions

In conjunction with Stockport Council, the Stockport Community Champions programme continues to develop, with over 500 people now registered as community champions in their local areas across Stockport.

The overall aim is to help improve people's health and wellbeing through sharing the latest health information from the CCG, public health colleagues and other partners. Champions are also encouraged to find out what people and communities need, to help shape services in the future.

We will continue to engage as widely as possible with staff and local communities as we move into the ICS and locality-based working.

8. Our Equality Objectives

A joint Equality Strategy and Equality Objectives will be developed with the Council as part of the Equality strand of the Stockport Borough Plan and within the context of locality governance and the ICS

9. Our Equality Achievements

Although the COVID-19 pandemic has largely shaped the CCG's work in 2020, we have worked to embed Equality and Inclusion within the CCG's day to-day activities.

9.1 Greater Manchester Public Services – Race Commitment for Change 2021

In August 2021 the Governing Body agreed to and adopted the pledges under the Greater Manchester Public Services – Race Commitment for Change 2021. This commitment was led by GM Race Equality Panel and aims for all Public Sector organisations in GM to sign up to deliver fair, consistent and high quality services irrespective of a person's race and cultural diversity.

9.2 One Health and Care Plan

In October 2021 the Governing Body approved the final version of the ONE Health and Care Plan. The plan sets out ambitious goals, stretching to 2030, for locality-based work with local partners to meet the health and social care needs of Stockport residents and reduce both existing health inequalities and those deepened by Covid-19. It is intended to work within the context of the transformation to an Integrated Care System (ICS) and contains specific actions to tackle inequalities. It was developed through extensive engagement with around 1000 local people and an equality impact assessment was completed.

9.3 Ensuring robust oversight of Equality by Senior Team

The Quality and Governance Committee now oversees EDHR, and processes are in place to ensure all relevant decisions are assessed for their impact on Equality. Commissioning staff have had Equality Analysis training, and the Equality Analysis is established in the PMO processes and presented as part of business cases for projects. An Equality Analysis is also required in the development of any new or review of existing policies. This will capture effects of possible decisions and mitigations of possible adverse impacts and ensure our commissioning intentions are assessed for impacts on equality.

9.4 Ensuring that providers implement statutory and mandatory requirements

A process has been developed allowing the EDHR Business partner to review EDHR contract submissions, and monitor where there are gaps. The EDHR Business partner will work with providers to improve contract returns.

9.5 Inclusion survey and conversations

In June 2021 we held an Inclusion Survey and an Inclusion Conversation in response to feedback from the Staff Survey. The aim was to find out whether staff think the CCG is a safe place to talk about personal circumstances, how staff feel their personal circumstances affect the way the CCG values them, and how the CCG can learn from their experience and improve inclusion in the workplace. The intention was to use the results to co-design further work. As a result we developed and delivered a series of training workshops around promoting inclusivity and challenging discrimination.

9.6 Ensuring that staff are well trained, supported and equipped to deliver inclusive services

Equality Impact assessment training has been delivered to relevant staff, An Inclusion survey and Inclusion conversation have been held, the findings have been summarised and a number of actions agreed as a result .and inclusive workforce training and other staff has been offered as appropriate. The Governing Body has also signed the Race Commitment to Change 2021. Progress against the pledges in the Race Commitment to Change will be monitored as part of the EDHR workplan and reported to Governing Body.

9.7 Hold EDS2 and use findings

The Equality Delivery System (EDS2) was designed to support NHS commissioners and providers to deliver better outcomes for patients and communities and working environments for staff which are personal, fair and diverse, and to meet the requirements of the Public Sector Equality Duty. The EDS is all about making positive differences to healthy living and working lives so that everyone counts.

Stockport CCG will look at Goal 3, “ A representative and supported workforce”, to assess its fairness and commitment to inclusion as an employer, and to address any areas for action to ensure it is well-placed to support an inclusive workforce as it moves into the ICS.

9.8 Refugees

Around 80 Afghan evacuees were placed in a hotel in Stockport in August 2021 under the **Afghan Relocation** (ARAP) scheme. A further 76 residents have been placed week commencing 19th January 2022, The CCG ensured that GP registration and enhanced primary care was been provided , along with other necessary support including interpretation services, safeguarding, specialist midwifery and health visiting, covid testing and vaccination teams.

9.9 Asylum seekers

Around 320 asylum seekers were placed in a hotel in Stockport in October 2021 on a temporary basis. The main countries of origin are Iran and Iraq and the main language is Kurdish Sorani. They are a mix of families and single people, and include a number of unaccompanied children. Accommodation for this group of people is interim as many move on out of Stockport and are replaced with new patients. This limits the effective monitoring and continuity of health care and presents considerable challenge to health care systems. The CCG ensured that urgent primary care was provided , along with other necessary support including interpretation services, safeguarding, specialist midwifery and health visiting, covid testing and vaccination teams.

10. Workforce Race Equality Standard (WRES)

Black and Asian Minority Ethnic (Black and Asian Minority Ethnic) staff are significantly under-represented in senior management positions and at board level across the NHS. The nationally derived WRES is designed to change this.

Organisations have to collect and analyse reliable data and listen to their staff, and especially Black and Asian Minority Ethnic staff, in order to understand how

differences between the experience and treatment of white staff and Black and Asian Minority Ethnic staff arise so that we can address the root causes.

In 2021, we submitted to NHS England, and also submitted data to the Greater Manchester Health and Social Care Partnership, which is establishing common WRES metrics over the whole health and social care economy in Greater Manchester with a view to establishing a baseline position for the ICS.

Taken as a snapshot on 31 March 2021 there was a headcount of 122 people in the organisation overall - 109 white people which is 89.3% of the workforce, 13 Black and Asian Minority Ethnic people which is 10.7% and no members of staff that hadn't declared their ethnicity. There is no-one from a Black and Asian Minority Ethnic background at a higher banding and therefore not a Director or Executive Director at the CCG. Therefore relatively few Black and Asian Minority Ethnic applicants were more likely to be appointed than white applicants, which is a change

As a commissioner, we currently ensure that our providers collect WRES information, that they analyse and publish this (for example, in their Annual Equality Reports) to give a clear picture of employment practices and have plans in place to address any areas for improvement.

10.1 WRES Disparity ratio

The Workforce Race Equality Standard (WRES) was submitted to NHS England by 31st August. CCGs were also asked to calculate and address their WRES disparity ratio, which is the difference in proportion of Black and Asian Minority Ethnic staff at various Agenda for Change (AfC) bands in the CCG compared to proportion of White staff at those bands. They were then asked to specify six actions to improve inclusive recruitment and promotion practices. The aims of these actions should be to increase the likelihood of appointing candidates from diverse backgrounds to posts. Improving Black and Asian Minority Ethnic representation at higher levels is a priority for ensuring equality in the workforce in the ICS.

11. Conclusion

We have demonstrated in this report that we have met all our statutory requirements under the general Public Sector Equality Duty. We can show that we have undertaken significant work in relation to equality and diversity to go beyond these in our ambition to become an exemplary inclusive commissioner and employer.

Our Equality governance has been strengthened to show our commitment to equality at all levels of the organisation, though more still needs to be done at a locality level to continue commissioning equitably for our local communities and creating a fair environment for our staff.

Our partnership work shows our commitment to working in collaboration with other organisations to address health inequalities and ensure fairer commissioning in Stockport and beyond. This can be seen especially in our action plan to respond to COVID-19-19. This will continue as we move into the ICS.