



North East and
North Cumbria

Equality, Diversity and Inclusion Annual Report

2023/2024

Introduction

- The NHS North East and North Cumbria Integrated Care Board (ICB) is responsible for deciding how the NHS services are commissioned in the region.
- We are responsible for developing an ambitious plan to improve people's health, deliver high quality and safe services, provide value for money, and support broader social and economic development by working with our partners. This includes tackling things that impact on the health of our communities such as poverty, employment, housing and the environment
- North East and North Cumbria (NENC) Integrated Care Board (ICB) recognises that Equity, Diversity and Inclusion (EDI) are key to supporting our workforce, patient care and improving healthcare throughout the region
- This report provides a brief summary of NENC ICB's workforce demographics, regional demographics and the work we have undertaken throughout the year to further equity

Equality objectives

- Our 2023-24 strategic equality objectives are:
 - Improve EDI capability and knowledge - Embed the EDI strategy into the ICB
 - To be legally compliant and confident - Meet and exceed statutory and mandatory requirements
 - Ensure we are consciously inclusive - Improve inclusion, belonging and psychological safety of staff

Our organisational aims

- Working with the NHS, Local Authorities, and the voluntary, community and social enterprise sectors (VCSE) our aim is to ensure better health and wellbeing for all now and in the future.
- We want:
 - Longer and healthier lives
 - Fairer outcomes
 - Better health and care services
 - Giving our children the best start in live
- We have come together with our partners and set out a vision for health and care services in the region. We have a plan to deliver our ambitions. We also want to be the best at getting better, collaborating and innovating to encourage system wide learning.

Public Sector Equality Duty

- [The Public Sector Equality Duty \(PSED\)](#), outlined in Section 149 of the Equality Act 2010, requires public authorities to have due regard to certain equality considerations when exercising their functions, like making decisions. It encourages public sector organisations to engage with diverse communities to ensure that policies, projects, services and significant decisions are accessible and consider the diverse needs of the populations we serve
- The general duty requires public authorities, in the exercise of their functions, to have due regard to the need to:
 - Eliminate unlawful discrimination, harassment, victimisation and any other unlawful conduct prohibited by the act
 - Advance equality of opportunity between people who share and people who do not share a relevant protected characteristic
 - Foster good relations between people who share and people who do not share a relevant protected characteristic
- This report demonstrates our commitment and how we are complying with the PSED for 2023-24

Compliance

- We meet our legal duties through the following measures (discussed in more detail further on):
 - [Workforce Race Equality Standard Report](#)
 - [Workforce Disability Equality Standard Report](#)
 - [Gender Pay Gap Report](#)
 - [Ethnicity Pay Gap Report](#)
 - [Disability Pay Gap Report](#)
 - [Equality Impact Assessments](#)
 - [NHSE EDI Improvement Plan High Impact Actions](#)
- We were externally assessed in 2024 on our EDI activity by the [Employers Network for Equality and Inclusion \(ENEI\)](#), where we were awarded a 'bronze standard' award
- In addition, we have quarterly meetings with our Executive Team to discuss the progress we are making as an organisation in terms of Equity and Inclusion
- Lastly, we are also audited by the [Equality and Human Rights Commission](#), to ensure that we are meeting our PSED, and we have regular meetings with the North East and Yorkshire NHSE regional EDI team



Demographic summaries...

North East and North Cumbria regional population demographic data...

Data gathered from the Office of National Statistics (ONS) from 2021 Census Data



North East and North Cumbria

Disability:

Yes **21%** No **79%**



Marital Status:



36% Married/
Civil Partnership

10% Divorced/Separated

31% Single

17% Unknown/unspecified

6% Widowed

Age range:



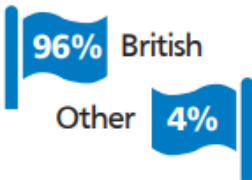
28% Under 25 yrs

24% 25-44 yrs

27% 45-64 yrs

21% 65+ yrs

Nationality:



Sexual orientation:



Hetrosexual



LGBTQIA+



Not disclosed
/unspecified/
not listed

Religion:

52% Christianity

39% Atheism

5% Not disclosed/
unspecified

4% Other

Ethnicity:



94% White

1% Black

1% Mixed

3% Asian

1% Other

Unpaid Carers:



9.5% Carers

90.5% Non-carers

Gender Identity:

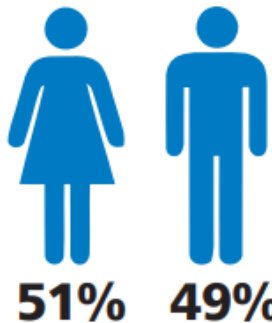


95% Cisgender

1% Gender diverse

5% Unknown

Sex:



Note:

1. Sex is the term utilised by ONS as part of the 2021 Census, referring only to male or female.
2. Cisgender refers to a person whose gender identity aligns with their birth sex. Often used by cisgender allies who by using this term, recognise that transgender and non-binary people exist and matter.
3. Gender identity is the term used to describe how a person feels internally about their own gender and is a spectrum. For example, a person's gender identity might mean they identify as a man, a woman, non-binary, or something completely different.

V1. Aug 24

Alternative versions of this document available on request.

Unless stated, figures rounded up to nearest whole number. Totals don't always add up to 100% due to lack of declaration, or 'prefer not to say' stated by respondent. Language/terminology based on ONS website.

Data from
August 2024

Staff demographics data...

Data gathered from NHS Electronic Staff Record (ESR) - NENC ICB, circa 660 colleagues July 2024.
We gather and publish this data anonymously in line with the Public Sector Equality Duty.



North East and
North Cumbria

Disability:

Yes **6%**
No **56%**

Not declared/
Prefer not to
answer/Unspecified **38%**



Marital Status:



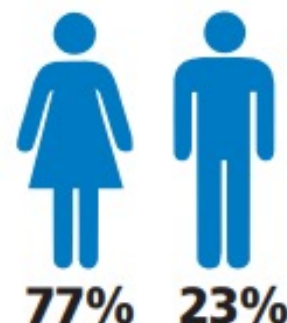
- 65% Married/
Civil Partnership
- 10% Divorced/Separated
- 21% Single
- 4% Unknown/unspecified
- 1% Widowed

Ethnicity:



- 91% White
- 3% Asian
- 1% Black
- 1% Chinese
- 1% Mixed
- 1% Other
- 3% Not stated/unspecified

Gender:*



Age range:

- 1% Under 25 yrs
- 34% 26-45 yrs
- 61% 46-65 yrs
- 4% 66+ yrs

Nationality:



Pay band / Gender:*



Bands 2-7
90% 10%
Bands 8-9 / Other
67% 33%

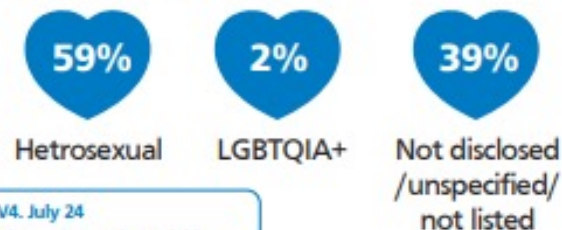
*NHS ESR used to collect data only allows for male or female categories, limiting our ability to gather data on other gender identities.

Employee contract / Gender:*



Part time
77% 23%
Full time
77% 23%

Sexual orientation:



Religion:

- 34% Christianity
- 15% Atheism
- 45% Not disclosed/
unspecified
- 6% Other

V4, July 24

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Data from
July 2024

Demographic comparison

Ethnicity	NENC		Difference (ICB-NENC)
	Region	ICB	
White	93.77%	88.15%	-5.62%
Black and Minority Ethnic	6.23%	5.30%	-0.93%
Unknown	0.00%	6.56%	6.56%

National Identity	NENC		Difference (ICB-NENC)
	Region	ICB	
UK	96.05%	94.70%	-1.35%
Other	3.95%	1.51%	-2.44%
Unknown	0.00%	3.78%	3.78%

Religion	NENC		Difference (ICB-NENC)
	Region	ICB	
Christian	51.76%	29.51%	-22.25%
Non-Christian	3.76%	4.79%	1.03%
Atheist/No belief	39.31%	11.22%	-28.09%
Unknown	5.16%	54.48%	49.32%

Age	NENC		Difference (ICB-NENC)
	Region	ICB	
Under 25	27.81%	2.77%	-25.04%
25-44	23.98%	32.41%	8.43%
45-64	27.17%	51.16%	23.99%
65+	21.04%	3.66%	-17.38%

Disabled	NENC		Difference (ICB-NENC)
	Region	ICB	
Yes	21.09%	4.54%	-16.55%
No	78.91%	48.42%	-30.49%
Unknown	0.00%	47.04%	47.04%

Sex	NENC		Difference (ICB-NENC)
	Region	ICB	
Female	51.08%	75.79%	24.71%
Male	48.92%	24.21%	-24.71%

Sexual Orientation	NENC		Difference (ICB-NENC)
	Region	ICB	
Straight/ Heterosexual	91.05%	51.58%	-39.47%
LGBO	2.91%	1.51%	-1.40%
Unknown	6.05%	46.91%	40.86%

Marital Status	NENC		Difference (ICB-NENC)
	Region	ICB	
Married/Civil Partnership	36.19%	64.31%	28.12%
Divorced/ Separated	9.86%	8.20%	-1.66%
Single	30.74%	21.94%	-8.80%
Widowed	5.80%	0.76%	-5.04%
Unknown	17.41%	4.79%	-12.62%

2021 regional census data compared with the July 2024 demographic data

Review of demographic data

- It can be seen that for many of the protected characteristics, staff have chosen not to share their demographic data with us. As such, more work needs to be done to improve staff disclosure rates, throughout the organisation
- In terms of many protected characteristics, it can also be seen that workforce representation is lower than that of the region. As such, work needs to be undertaken to develop a more representative workforce
- For ethnicity, our workforce has a slightly lower proportion of BME staff than the representative region (-0.93% difference). Additionally, we 6.56% of staff have chosen not to disclose their ethnicity
- For National Identity, our workforce has a lower proportion of non-UK citizens than the representative region (-2.44% difference). As with ethnicity though, 3.78% of colleagues have chosen not to disclose their National Identity
- For religion, we have a marginally higher proportion of colleagues with non-Christian faiths, within the organisation, when compared with the region (+1.03% difference). However, we have a significantly higher proportion of colleagues who have chosen not to share their religious beliefs with us (+49.32% difference)

- We plan to focus on creating a more representative workforce as part of our future EDI strategy to better reflect and therefore understand the communities we serve
- For age, we can see that there is a significant difference in the proportion of different age groups in the region compared to that of the workforce. There are disproportionately more colleagues aged 45-64 within the organisation, than there are within the region (+23.99%). There are also more employees aged 25-44, than there are within the region (+8.43%). Conversely, there are significantly less colleagues aged under 25 (-25.04%) and aged over 65 (-17.38%), than in the region. This indicates that there is a significant skew in the age groups within the organisation and the nature of commissioning organisation, and senior posts which are often linked workforce experience and therefore age.
- In terms of disability, it should be noted that 47.04% of colleagues have chosen not to share their disability status with us. This means that the disability information we have for our workforce is unreliable. The data indicates that we have significantly less disabled colleagues in the workforce than in the region (-16.55%). However, because of the large percentage of unknown disability status colleagues, there is no way of confirming the accuracy of this, however we are working to increase declaration rates through communication and sharing of information about how data is handled confidentially.

- Regarding sex, we have significantly more women working within the organisation than men, with a regional difference of +24.17% for women. This is true of many NHS organisations, with higher percentages of women working within the NHS as a whole. It should also be noted that male and female are currently the only options available for sex and at this time the national ESR system is unable to collect information on diverse gender identities. This is something that is being explored further by the national ESR team to ensure we are able to further support equity by better understanding our workforces
- In terms of sexual orientation, 46.91% of colleagues chose not to share their sexual orientation with us. This has significantly impacted the reliability of the data we have. At present, the data indicates that the proportion of LGB colleagues is fairly representative. However, it shows that there are significantly less heterosexual/straight colleagues in the organisation than the regional populace (-39.47%). This is likely to be significantly skewed by the low proportion of disclosure rates
- Regarding marital status, the data shows that the organisation has a significantly higher proportion of colleagues who are either married or in a civil partnership than that of the regional population (+28.12%)

Current equality reporting and initiatives...

Equality reporting and strategies

- While not required by the NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Teams, NENC ICB have voluntarily chosen to report on the WRES and WDES data for 2022-23 and 2023-24, to be transparent, set a leadership standard and expectation, and be able to compare with our regional and national peers.
- The Gender Pay Gap Report is required to be undertaken for any UK organisation with more than 250 employees. As such, we completed the report for the 31st March 2023 and for the 31st March 2024. In addition, we also voluntarily undertook Disability and Ethnicity Pay Gap Reporting, for both years, to better understand how we can further support workforce equity, and create plans to reduce the pay gaps for all our staff, as well as an intersectional approach.
- NENC ICB are also working to meet the NHS EDI Improvement Plan High Impact Actions (HIA) and have put in place several actions, including EDI objectives for all our executive members, including a champion role of a staff network for each characteristic.
- A new 5 year EDI Strategy and implementation plan is being co-created and developed for 2025-30

Equality initiatives implemented in 2023-24

- Executive Champions for each protected characteristic, with allocated EDI Objectives for each Executive Member
- Equality Impact Assessment (EIA) training for our Executive team, Directors of Policy and their team members.
- EDI awareness and learning events for International Women's Day, Disability History Month, Black History Month, South Asian Heritage Month.
- Calendar of EDI events and communication campaigns celebrating festivals, awareness days, etc. important to the NENC Population
- Boost Learning Academy – Workforce Health Inequalities focus to support our Healthier and Farrier programme
- Roll out of Oliver McGowan Mandatory Learning Disability and Autism Training

- Commissioned a Positive Action NHS development programme for Black, Asian and Minority Ethnic Women working in our region.
- Leader ICB for EDI between the 4 ICB + 1 NHS England, in East and Yorkshire (NEY)
- NENC regional NHS Trust EDI Leads group, with workstreams including:
 - Cultural Awareness Training
 - EDI System Events
 - Staff Networks
 - Equality Impact Assessments
 - Trans Policy
 - Workplace Passport
 - Demographic Declarations
 - Veterans

Regional health inequalities...

National health inequalities agenda

- There are three main national drivers of the healthcare inequality agenda.
 - CORE20Plus5 for adults
 - CORE20Plus5 for children and young people
 - NHS England Legal Statement
- CORE20Plus5 frameworks for Adults and Children & Young People state aims for addressing performance across 10 clinical pathways, including the narrowing of the inequality gap associated with deprivation and ethnicity, no national direction or technical guidance was provided as to how these should be measured.
- The NHSE Legal statement that was published in November 2023 and updated in March 2024 provided information on how powers should be exercised in connection with health inequalities for the period 1 April 2023 – 31 March 2025. The statement will be reviewed periodically and is expected to evolve as the ability to collect and analyse inequality data is strengthened. The statement requires NHS bodies to report the extent to which they have exercised their functions in addressing health inequalities within their annual report, which in turn enables NHS England to conduct an annual assessment of ICBs, a statutory requirement. The previous update on health inequalities was contained in the 2023/24 ICB Annual Report and Accounts

Local strategies, reporting requirements, and progress

NENC ICB Joint Forward Plan

- Longer and healthier lives; Reduce the gap between our region and the England average in life expectancy and healthy life expectancy at birth, by at least 10% by 2030
- Fairer outcomes for all; Reduce the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived 20% of neighbourhoods and the least deprived 20% - by at least 10% by 2030
- Better health and care services; To ensure not just high-quality services, but the same quality no-matter where you live and who you are
- Giving children and young people the best start in life; Increase the percentage of children with good school readiness at reception, especially for children from disadvantaged groups

Integrated Delivery Report

- Within the ICB Integrated Delivery Report (IDR) the metrics aligned with the CORE20Plus5 clinical pathway ambitions have required updating. Whilst the CORE20Plus5 frameworks for Adults and Children & Young People stated aims in addressing performance across 10 clinical pathways, including the narrowing of the inequality gap associated with deprivation and ethnicity, no national direction or technical guidance was provided as to how these should be measured

Integrated Delivery Report cont...

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- Within the ICB Integrated Delivery Report (IDR) the metrics aligned with the CORE20Plus5 clinical pathway ambitions have required updating. Extensive work with Programme leads has been undertaken to ensure that the aims within the framework are represented by smart, meaningful metrics within the IDR which reflect the ongoing work for each clinical pathway
- Following the work with the Programme leads on metric development, work has taken place between the ICB Insights Team and Healthier & Fairer Analytical support with ICB Managerial, Clinical and Director leads on ensuring that the reporting of these metrics is accurate, including reporting of the inequality gap for deprivation and ethnicity (where available)

Integrated Delivery Report cont...

- Specific Training sessions on Inequality reporting for all analytical support was delivered
- Following the review of the INB CORE20Plus5 Plan that was submitted in June this year as a requirement of the 2024/25 Operational Planning Guidance (<https://www.england.nhs.uk/publication/priorities-and-operational-planning-guidance-2024-25/>), NHSE specifically tasked NENC to set targets and milestones against the identified metrics. This has occurred across the 10 clinical pathways where it was possible to do so

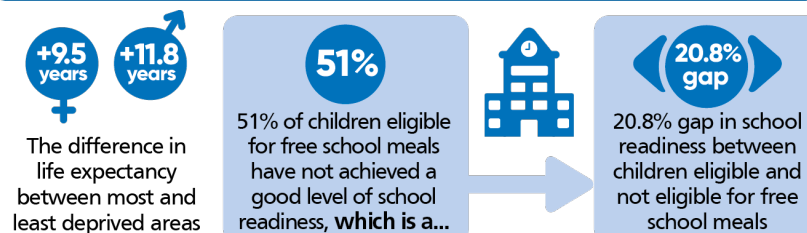
Clinical Conditions Strategic Plan

- Where clinical outcomes and aims are cross cutting with the ICB Clinical Conditions Strategic Plan, work on metric development has been done in collaboration with the team working on the outcomes framework for the strategy, including meeting with NEQOS colleagues to ensure alignment and the avoidance of duplication. It is expected that this will continue over the coming months as one piece of work informs the other, and vice versa. Whilst the metrics within the Clinical Conditions Strategic Plan may report clinical and population outcomes, the healthier and fairer will report the inequality gap to monitor fairer outcomes for all

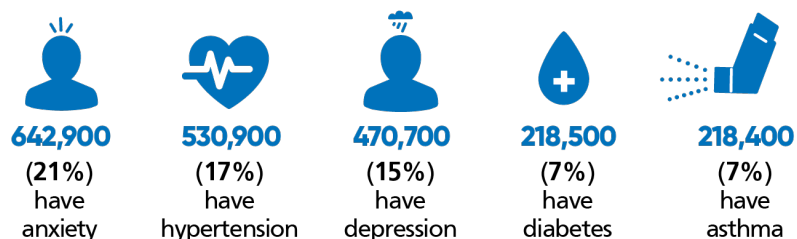
Health of the NENC population

Whole population

Inequalities

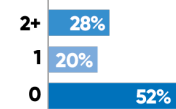


Most prevalent long term conditions (all ages)



Multi morbidity

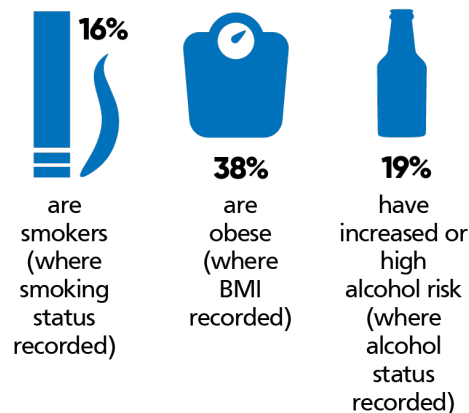
Number of long term conditions (LTCs)



28% of people live with 2 or more LTCs

Proportion of people with 2+ LTCs - **higher** in more deprived communities:
Most deprived 29%
Least deprived 25%

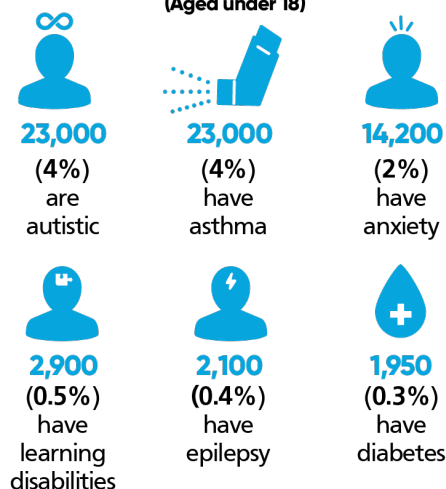
Risk factors



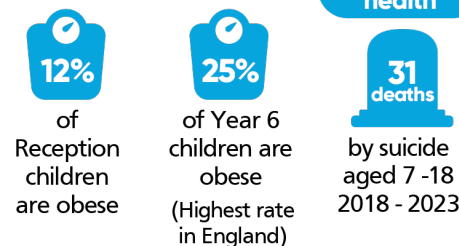
Children and young people

Most prevalent long term conditions

(Aged under 18)



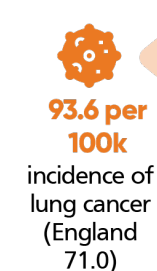
Obesity



Year 6 obesity rates - **higher** in more deprived communities:
Most deprived 40%
Least deprived 15%

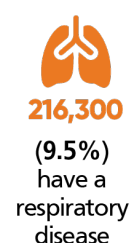
Adults (all ages)

Lung cancer



Incidence of lung cancer - **higher** in more deprived communities:
Most deprived 142.3
Least deprived 51.8

Respiratory



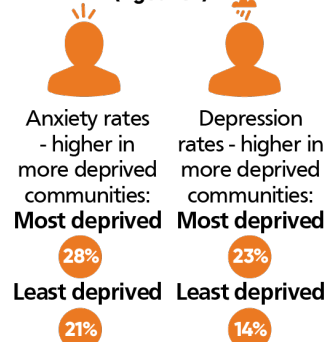
Back pain



Of these:
37% Anxiety
31% Depression

60% adults expected to experience back pain during lifetime (nationally)

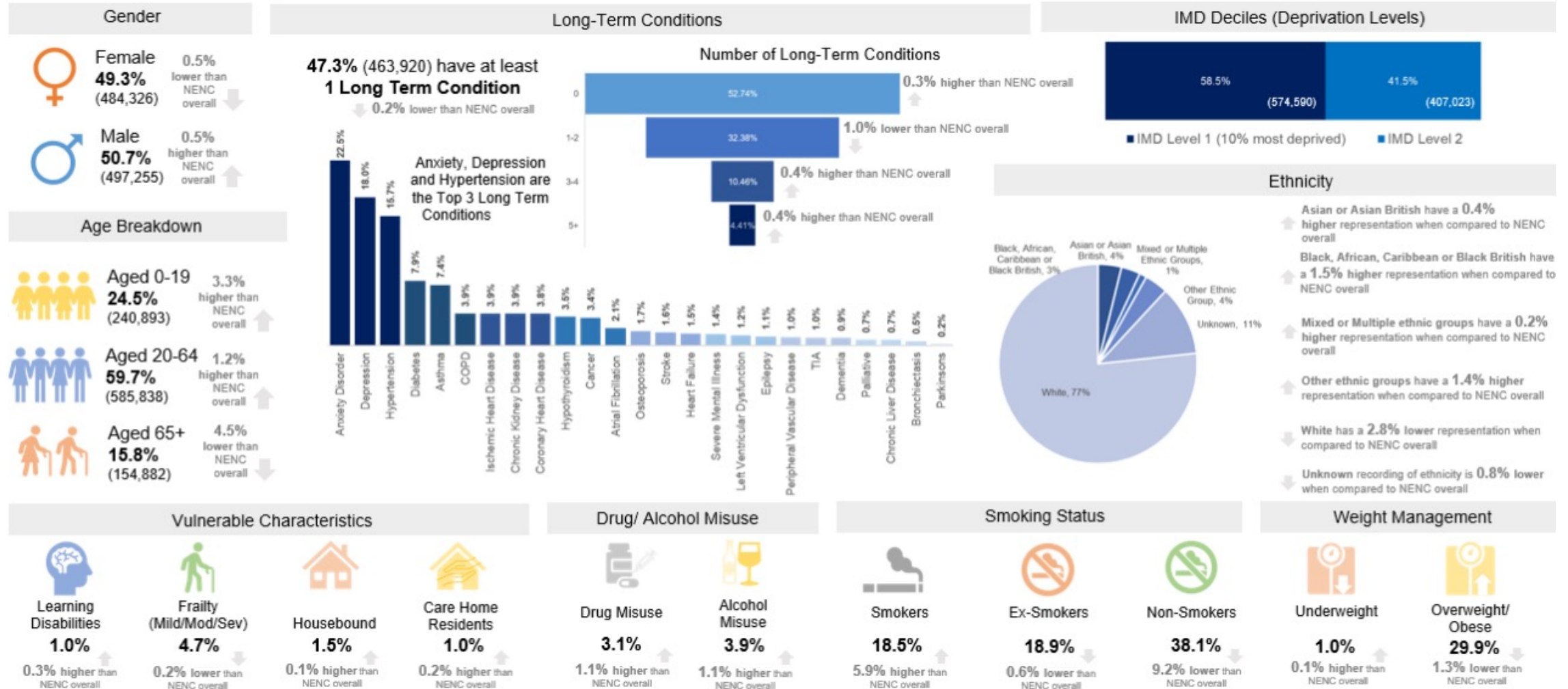
Anxiety and depression (Aged 18+)



Cardiovascular



Health of the most deprived 33% in NENC



Population health inequalities overview

- 33% of the population within NENC reside within the 20% most deprived areas nationally. This is equal to approximately 1,000,000 people. This population is what we define as the 'core20' population
- The core20 population has a younger age profile compared with the overall ICB, much of this is driven by the lower life expectancy within the population
- They are less likely to have a diagnosed long term condition, but those who do tend to have more than 2, leading to complex multimorbidity and increased need
- The core20 population have a greater prevalence of modifiable risk factors such as smoking, alcohol use and drug misuse. Estimates also suggest the prevalence of obesity is also greater although the information held within GP records doesn't reflect this at the moment
- NENC have a relatively small proportion of the population with an ethnicity documented as 'non-white' (8%), however, within the core 20 population, 12% are of non white ethnicity. This highlights that there is a higher representation of ethnic minority groups residing within the most deprived areas
- 35% of children in NENC are living within low income families, this has increased significantly since 2014/15 and has a direct impact on the healthy life expectancy and best start in life

- Individuals within the core 20 population die at an earlier age but also spend a longer time in poor health, be that self-reported poor health or diagnosed illness. The national evidence suggests there is a 12 year gap between the point in which ill health becomes apparent and when major illness is diagnosed
- The self-reported poor health (healthy life expectancy) is often influenced by broader economic and social factors such as employment and income
- By 2040, the number of people experiencing major illness is expected to grow, mostly driven by population growth. However, the inequalities in major illness is going to be unevenly distributed, particularly within the working age population. 80% in major illness for working age population is going to occur within the 50% most deprived communities
- The conditions expected to contribute to the increasing health inequalities are Chronic Pain, Type 2 diabetes, Anxiety and Depression, Heart Failure and COPD. The prevalence of all these conditions may not increase but the variation in the number of people affected in the core 20 population compared with the least deprived will
- For further information on the health inequalities affecting our local populace and the work we are doing to reduce them, please refer to our full [Healthier and Fairer Programme Update](#) and our [Annual Report](#)

Future work...

Future work

- Publish 5-year system EDI Strategy
- Develop EDI Annual Report, summarising demographic data for workforce, recruitment, bullying and harassment, grievances, staff survey data by protected characteristics, as well as analysis of regional population demographics
- Extend pay gap reporting to cover remaining protected characteristics
- Continue to work to reduce the health inequalities within our region
- An overarching anti-racist approach to support existing work within our NEY region