

Equality Report

2018 -2019

1. Background

Navigo recognises the importance of ensuring our services are fair and equitable to all. The diversity of our staff, people who use our services, partners and any visitors to our services is celebrated and key to the delivery of services that we would be happy for members of our own family to use.

We welcome all people and members of staff inclusive of the protected characteristics of: race including nationality and ethnic origin, disability, sex, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, age, religion or belief.

This Equality Report sets out our approach to equality and diversity; both as an employer and as a healthcare provider of services.

It explains and responds to our statutory duties to promote equality amongst groups of people who have specific protected characteristics, as defined by the Equality Act 2010. It supports the legal obligations we have in relation to the Equality Act 2010 and the Public Sector Equality Duties 2011.

There are a number of legal requirements and equality-based national guidelines which mandate and guide how we provide services to members of diverse communities. The principal equality drivers include:

- Human Rights Act 1998
- The NHS Constitution – revised 2013
- Equality Act 2010
- Public Sector Equality Duty- section 149
- Equality Act 2010
- Health, public health and social care outcomes frameworks
- Equality Delivery System 2
- Health and Social Care Act 2012
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)

In considering our obligations and approach Navigo is aware that equality and diversity goes beyond individuals with protected characteristic, but also to consider other disadvantaged groups, such as;

- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as women and men involved in prostitution)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated
- People who are experiencing domestic abuse
- Carers.

We have a duty of care to people who use our services and our staff to ensure equality is embedded into everything we do and make changes that improve the lives of those individuals in our care or employed with us.

Our focus is on delivering high quality care and we live by our mission to provide services that we would be happy for our own family to use. We will achieve this in partnership with the people who know our services best, our staff, people who use our services and carers.

To support the delivery of NAViGO's mission and objectives whilst demonstrating our values in all that we do in the provision of a wide range of health and care services across North East Lincolnshire, our outlined Equality objectives for 2016-2020 were:

1. Implement and review : WRES and EDS2
2. Implement the Accessible Information Standard
3. Increase awareness of mental health issues and improve access and experience of people accessing our services across the local health economy.
4. Review workforce demographics and mitigate any adverse effects for the company and our staff.
5. Continue to support annual objective setting by our diverse membership body.

Navigo works in partnership with other local organisations via a combined Equality and Diversity Group. The partners of; Navigo, Care Plus Group, St Hughs, Focus, NLaG and NELCCG have agreed overarching E&D objectives from 2016;

- Provision of information in languages and formats that are appropriate to the individual
- Support for verbal communication in the form of appropriate high quality interpretation
- Timely facilitation of health and care consultations supported with relevant communication aids.

2. Equality Obligations

As with all public authorities Navigo has to comply with our legal duties under:

- Section 149 of the Equality Act 2010 (the public sector equality duty), and
- The Equality Act 2010 (Specific Duties) Regulations 2011

In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to three aims of the duty and the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

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.

The Act states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the duty may involve treating some people more favourably than others.

Specific duties were created by secondary legislation from the Equality Act 2010 (Specific Duties) Regulations 2011, in summary, Navigo is required to publish information to demonstrate its compliance with the general equality duty. This information must include, in particular, information relating to people who share a protected characteristic who are its employees, and people affected by its policies and practices.

The general equality duty applies to the exercise of all public functions. The duty applies to all of the decisions made in the course of exercising public functions, not just to policy development and high-level decision-making. To ensure compliance with the duty at all levels of decision-making, including in an individual case, there must be arrangements to integrate it properly into the day-to-day activities of those bodies to which it applies.

The general equality duty is not prescriptive about the approach a public authority should take in order to comply with their legal obligations. The specific duties are limited to requirements about publishing equality information and objectives.

In order to properly have due regard to the general equality duty aims, each public authority should keep in mind that those who exercise its functions must be aware of the general equality duty's requirements. Compliance with the general equality duty

involves a conscious approach and state of mind. General regard to the issue of equality is not enough to comply.

The duty places equality considerations, where they arise, at the centre of policy formulation, side by side with all other pressing circumstances, however important these might be. The duty is on the decision maker personally in terms of what he or she knew and took into account. A decision maker cannot be assumed to know what was in the minds of his or her officials giving advice on the decision.

A public authority must consciously think about the need to do the things set out in the general equality duty as an integral part of the decision-making process. Having due regard is not a matter of box ticking. The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision. There should be evidence of a structured attempt to focus on the details of equality issues.

A public authority must consciously consider the need to comply with the general equality duty, not only when a policy is developed and decided upon, but also when it is being implemented. The general equality duty is a continuing one, so public authorities may need to review policies or decisions in light of the general equality duty, for example if the make-up of service users changes.

What is published will depend on the size of the organisation and on the functions carried out. When publishing information, consider providing relevant, proportionate information which is broad enough to give a full picture of performance on the general equality duty across your functions, and to demonstrate that you have had due regard to all three aims of the duty, for all relevant protected characteristics.

Information will usually fall into two main categories:

1. information to identify equality issues. Examples of this include equality monitoring information about employees or service users, or information about the effect of your activities on people with different protected characteristics.
2. information about steps taken to have due regard to the aims of the general equality duty. For example, any records you have about how you had due regard in making certain decisions, information that was considered in that decision-making (including engagement), consideration of steps to mitigate adverse impacts, or details of policies to address equality concerns.

Equality Delivery System 2 (EDS2)

The Equality Delivery System 2 (EDS2) is mandatory within the NHS Standard contract and provides a framework for NHS organisations and providers to ensure that the Public Sector Equality Duty (from the Equality Act 2010) is met.

Navigo's EDS2 action plan (see separate action plan) is a mechanism to monitor and review these. Whilst EDS2 only requires a review every four years, Navigo will ensure ongoing annual reviews to make sure that we are making continuous improvements and that there is continuous review.

Within the EDS2 programme, any gradings and action plans should be subject to stakeholder engagement and scrutiny. This is achieved by consulting with our members and with final ratification of the plan formally through our Membership Board.

This will require a clear focus upon the culture of the organisation and the need to develop our staff to consider how the future requirements of people who use services will call upon us to think and act differently in the provision of care. We need a workforce that has the skills and behaviours to work across boundaries as we move towards a more integrated model of health and social care.

Workforce Race Equality Standard (WRES)

The WRES is a mandatory part of NHS Standard Contract since 2015/16 requiring all NHS providers to demonstrate progress against a number of indicators of workforce race equality.

Navigo is required to submit a specific WRES annual report to the CCG outlining progress on implementing the standard. The WRES has nine metrics, four specifically focussing on workforce data, four from the NHS Staff Survey, and one requiring organisations to ensure that their Boards are broadly representative of the overall workforce.

Please see separate WRES results and action plan for the latest details.

Workforce Disability Equality Standard (WDES)

This new standard for 2019 aims to improve workforce disability equality and will require NHS trusts and foundation trusts to gather data on the experiences of disabled and non-disabled staff against ten metrics. As with the Workforce Race Equality Standard, Navigo must then publish the results and develop action plans to address any differences highlighted. The first reports must be published by 1 August 2019 and will be based on data from the 2018/19 financial year.

Equality Analyses

The Equality Analysis process is a way of considering the equality effect on different groups protected under the Equality Act. Equality Analysis is a mechanism for how our due regard is met from the Public Sector Equality Duty (Equality Act 2010).

There are two main aims of an Equality Analysis;

1. To consider any unintended consequences for the protected groups, and
2. To consider whether the change will be fully effective for all target groups.

It involves using equality information and the results of engagement with protected groups, to understand the actual impact or the potential impact of the change. It helps to identify practical steps to tackle any negative risks or discrimination, advance equality and foster good relations.

Networks – Staff, member and community

Network groups can provide a platform for anyone to voice their opinions and support Navigo to improve working practices and services.

Staff networks can also support the Public Sector Equality Duty from the Equality Act 2010 by preventing and eliminating discrimination, harassment and victimisation, establishing and promoting equality and equal opportunities in the day-to-day running of our organisation and fostering good relations, by tackling prejudice and promoting understanding, between people who share a protected characteristic and those who do not.

As an organization Navigo openly supports staff to attend network groups, yet in part due to our overall staffing number and proportionally low numbers of staff identifying with any particular characteristic, we have an inherent difficulty in establishing, running and sustaining our own internal network group/s.

In 2018/19 we have instigated a bi monthly diversity forum, led by one of our staff membership representatives. Staff, carer and community members are openly invited to a NEL LGBT monthly network group.

Information standard and translation.

From July 2016 the Accessible Information Standard (AIS) became a mandatory compliance requirement for all public sector bodies to provide the whole range of communication methods for people who use our services living with a disability.

We need to ensure appropriate provision of BSL, and other formats like Braille, Text Relay, SMS, email, audio etc and therefore must evidence progress and compliance with meeting individual service user need. These provisions will need to be taken into account when sourcing new services.

This is currently met and assessed at an individual level and recorded , similarly any membership application is consistent with this and where indicated, alternative formats and information are offered and provided. In addition, Navigo provides a whole range of Interpretation and Translation Services to people who use our services.

NAVIGO

We provide acute and specialist services to people in North East Lincolnshire and neighbouring counties. We are continuing to develop services in and have shown a successful expansion of services to date.

Historically, we have had challenges in recruitment and retention of staff, and within a number of key service areas this has proved to be particularly difficult.

However our uniqueness helps to support the sustainability of the organisation as we are able to invest in non-traditional or core services.

Local Data

A number of headline data is helpful to understand the population, health and labour market context within which NAViGO is situated and how each may influence our services and workforce, whilst ultimately providing relevant background and rationale for targeted equality, diversity and inclusion objectives.

In the 2011 census the population of North East Lincolnshire (NEL) was 159,616 and is made up of approximately 51% females and 49% males. The average age of people in North East Lincolnshire is 40, with approximately 93.7% of the population being born in England. Demographic data for the region is rich and undertaken via the JSNA (Joint Strategic Needs Assessment) See Appendix for further detail.

It is projected that the population of NEL will increase by 2.86% by 2035. There are notable differences in the projections for each age group, with predicted reductions in both the 0-15 year and 16-64 year age groups of 4.33% and 7.27% respectively. Residents of retirement age are expected to see a 46.79% increase by 2035.

There are 42 out of 107 statistical areas of NEL ranked amongst the 20% most socio-economic deprived areas in England (Source: CLG, 2010 Indices of Multiple Deprivation, 2011). Approximately 39% of the population living within these deprived areas, notably East Marsh, West Marsh and South wards.

The 2011 Census estimates that in NEL, there are 18,708 households with at least one person with a long-term health problem or disability. 9.3% of the usual resident population of NEL are limited a lot in their day-to-day routine, which is comparable to both regional and national figures. At the time of the 2011 Census a total of 15,993 people resident in North East Lincolnshire stated that they provided unpaid care.

In NEL both genders have, on average, a lower life expectancy than the average of all England. Female life expectancy at birth for 2010-2012 was 81.9 years, and 77.9 for males.

The Annual Population Survey (APS) for the period 2014 indicates that although a reducing figure, 8.3% of the working age population have no qualifications compared to 8.6% in England as a whole and 9.8% in the Yorkshire and The Humber region.

In 2014 20.9 % of the working age population are qualified to NVQ level 4 or above compared with 35.7% in England as a whole and 29.7% in the Yorkshire and Humber region. The 2011 census estimate that in East Marsh and South ward over 40% of the population aged 16 and over have no qualifications, double the proportion in the Wolds ward area.

The proportion of working aged people surveyed who report receiving job related training in NEL has been reducing since 2011 but remains slightly higher than the England or Yorkshire and Humber averages at 19.5% during the 12 months to December 2014. In 12 months to Dec-14, the 8.80% unemployment rate in NEL was higher than both the Yorkshire and The Humber rate (7.58%), and England rate (6.36%).

Health of people in NEL is generally worse than the England average. Deprivation is higher than average and about 28.6% children live in poverty. In Year 6, 19.1% (311) of children are classified as obese. Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average. In 2012, 27.4% of adults are classified as obese, worse than the average for England. The rate of alcohol related harm hospital stays is worse than the average for England. The rate of smoking related deaths (334) is worse than the average for England. Estimated levels of adult smoking are worse than the England average.

Priorities in North East Lincolnshire include early intervention by investing in children's and family services, tackling health inequalities in our most deprived wards by creating new economic opportunities and building community capacity and resilience, creating new opportunities in communities to help older people maintain their health and independence as long as possible.

North East Lincolnshire has a distinctive economy, built on expertise in manufacturing, engineering, ports and logistics, and food processing. The local area has some significant advantages stemming from its location, labour force, and transport infrastructure that position it for growth in renewables, chemicals, advanced manufacturing and the food and drink sector. Taken together, Grimsby and Immingham constitute the UK's largest port by tonnage shipped.

The top occupations listed by people in North East Lincolnshire are Process, plant and machine operatives 14.9%, Elementary 13.9%, Skilled trades 12.9%, Elementary administration and service 11.2%, Caring, leisure and other service 10.4%, Professional 10.4%, Administrative and secretarial 10.2%.

Workforce Data

Further analysis of specific workforce metrics by topic area highlights more in depth detail and helps shape particular aspects of work. We will continue to develop the Workforce function to present an evidence based approach with workforce projects and service developments. Work already underway is focused on:

- Retention & exit interviews, supporting reliable data collection to analyse why people may leave.
- Improving overall Data quality within ESR consistent with other NHS.
- Producing reliable Workforce Race Equality Standard (WRES) information along with credible Equality & Inclusion activities.
- Continue to improve collection of data across all the protected characteristics within staff.
- Robust reporting and recording of absence, particularly reasons.

In addition we will continue to develop our reporting of the National Staff survey and other engagement activities. We will take a holistic approach to the staff survey to focus on all areas, those requiring improvement along with our successes.

Work is ongoing to not only support data quality, but ensure that this enables feedback into regional and national workforce planning along with our own local establishment and financial modelling.

We will continue to use workforce data and intelligence to shape and inform our local initiatives in relation to staff health and wellbeing, maintaining our commitment to delivering for our staff whilst supporting local and national CQUIN aims.

We recognize the importance of feedback and engagement with our staff, through formal annual surveys (National Staff Survey and Best Companies) and also through local direct feedback, we will ensure that we act promptly and appropriately to feedback to ensure the commitment our staff have towards improving NAViGO and its services is maintained.

External Influence

A number of publications, reviews and reports have set out expectations and standards to be delivered which focus on improving health system outcomes, these include:

- The 5 year forward view for Mental Health
- The Role of the Social Worker in Adult Mental Health Services, Dr Ruth Allen, College of Social Work
- Sir Robert Francis report - Mid Staffordshire Hospital; reference safe staffing.
- The Academy of Royal Colleges expectations about 7 day working
- NICE clinical guidance and National Quality Board Guide to nursing, midwifery and care staffing capacity and capability standards.

Vision, Values and Objectives

Each year NAViGO consult with its community members and staff to define key organisational objectives which are then built into team and individual staff personal development objectives for the coming year.

The overall organisational objectives form the basis and structure of our annual workplan, with many individual and linked projects or pieces of work sitting underneath and part of an overall corporate membership objective.

Whilst these provide an over-arching sense of direction and operational focus for the organisation on an annual basis, they remain consistent with the continuation of NAViGO's core values and mission, ultimately we are guided by our membership.

Behaviour of staff

As a company, we value and understand the contribution that the behaviour of our staff has in contributing to an effective and efficient delivery of high quality care, not only for people who use our services but each other.

As a first class provider of health and social care, NAViGO will uphold the rights and values contained within the NHS constitution.

Integral to all of our plans is the need to deliver effective leadership at all levels to ensure that we truly embed our vision and values, along with the right behaviours inclusive of any persons background or characteristics.

The quality of experiences & outcomes of people who use our services are a direct result of interactions with staff. We want to build a culture which:

- Places the service user at the heart of everything we do
- Ensures staff performance which reflects and upholds the vision and values of the organisation
- is well led, committed to delivering the highest standards of safe care
- supports a motivated, accountable, capable, valued and performance orientated workforce
- attracts and retains staff who always display positive behaviours
- has visible, credible, engaged and engaging senior leaders
- values, encourages and recognises engagement, openness, achievement, candour and contribution
- appreciates and develops effective team working
- supports individuals to have a clear understanding of their role and objectives and how this delivers better care.
- creates and nurtures, supporting highly motivated staff who are empowered to challenge constructively
- values high performance and continuous improvement in every aspect of our service
- staff trust and believe all that we do is aligned to our core purpose of providing high quality patient care
- creates a sense where our staff are proud to tell people that they work for NAViGO

- has a simple sustainable structure that adds value to high quality and safe patient care, delivers results and performance.
- allows staff to recognise leaders in the organisation and who is responsible and accountable.

The culture of the organisation continues to change and develop, from a public sector to a business with a conscience, creating the right culture and developing customer focussed values and practice has become and continues to be everyone's responsibility.

The continued development of a culture which promotes and actively encourages innovation and creative approaches to improve the care of service users and carers is at the forefront of what we do well, equality, diversity and inclusivity are golden threads that underpin and run through everything that we do.

Staff engagement

By creating the conditions for our staff to achieve their best we will provide quality services, particularly as engaged staff provide better health care and the level of engagement can show how well an organisation is performing, higher indicators of staff engagement, the higher performing the organisation.

Workforce will continue to support NAViGO and will champion good people management practices by a fair and consistent approach and implementation to the application of all employee related policies.

We will learn from other organisations which have high levels of staff engagement in order to develop and enhance our own approaches based on the evidence of what makes a difference to how engaged staff are and how they behave and feel at work.

We want staff engagement to shape our organisational culture and to do this we will: train and support our staff and managers to know how to increase engagement in their department.

We will continue to have a number of communication methods across our workforce and encourage participation in corporate events and horizon scanning meetings.

The NAViGO code of conduct will form part of all employment contracts and is explicit in our expectations for all staff.

Our policies will be developed to ensure that we have a supportive and learning culture, and will advocate the use of tools such as mediation, conciliation and other similar methods.

We will support robust investigations where necessary, but not unduly to apportion 'blame'. We will through our processes take account of all the factors which can influence people and their behaviour, ensuring that we identify any System or Person centred factors that may have contributed.

Competent staff

As a company we have a robust aim and policy that supports our expectation that all staff regardless of professional group receive regular and supportive supervision on a formal basis to support their performance and ongoing development.

To develop as an employer of choice, we must attract high calibre individuals who fit the culture of the company, who are encouraged to develop and are supported in their desire to continually improve our services, and who can be supported throughout their careers to develop and continue to progress.

We will continue the development of involving independent representatives in the selection of staff, ensuring they receive effective training and support.

We will also focus in developing career clinics that are open to all regardless of background and support a proactive approach to engaging with the future workforce particularly from people who have first hand experience of our services.

NAVIGO will continue to work with partner organisations and the local community to attract local people to the workplace by the use of Apprenticeships, employability placements, Internships and the new career academies.

Relevant Information sources. 2018-2019

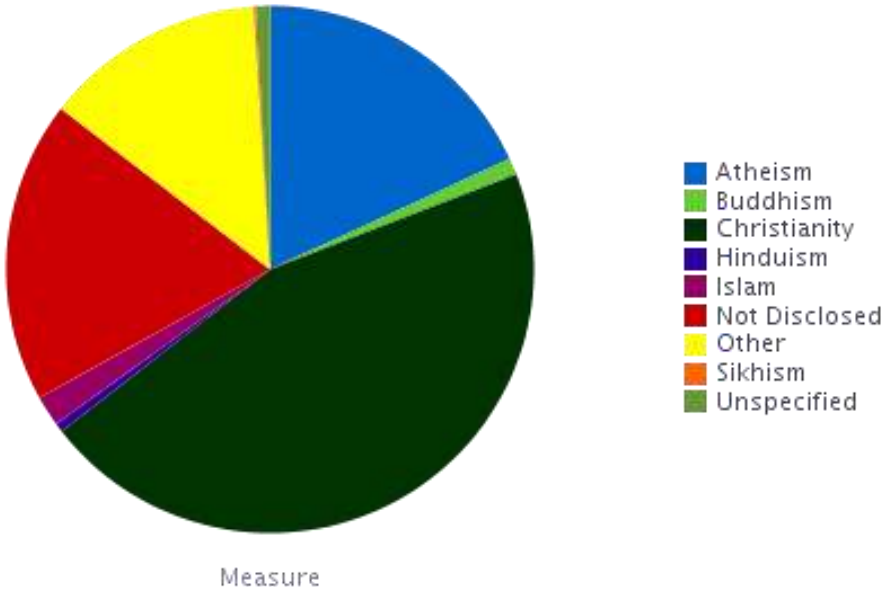
People who use our services Demographic

Age	Number of service users	Gender	Number of service users
10-19	166	Female	2728
20-29	853	Male	1976
30-39	721	Grand Total	4704
40-49	622		
50-59	669	Religion	Number of service users
60-69	465	Not religious	1092
70-79	570	Church of England, follower of religion	819
80-89	524	Patient religion unknown	772
90-99	111	Christian	563
100-109	3		557
Grand Total	4704	Religion not given - patient refused	343
		Atheist	261
Sexual Orientation	Number of service users	Religion (Other)	112
Heterosexual	1829	Roman Catholic	74
	2638	Agnostic	35
Unknown	113	Spiritualist	29
Declined to answer	49	Jehovah's Witness	19
Gay/Lesbian	42	Muslim	11
Bi-sexual	33	Buddhist	6
Grand Total	4704	Pagan	5
		Hindu	3
Ethnicity	Number of service users	Jewish	2
White British	4162	Sikh	1
Not Stated	230	Grand Total	4704
Any other ethnic group	121		
Any other White background	82	Marital Status	Number of service users
	63	Single	1623
White Irish	9	Married	1172
White and Black Caribbean	7	Widowed	309
Indian	6	Cohabiting	304
Pakistani	4	Divorced	253
Any other Asian background	4	Not Disclosed	120
Any other mixed background	4	Separated	124
Any other Black background	3	Unknown	735
African	3		64
White and Asian	3	Grand Total	4704
White and Black African	1		
Bangladeshi	1		
Chinese	1		
Grand Total	4704		

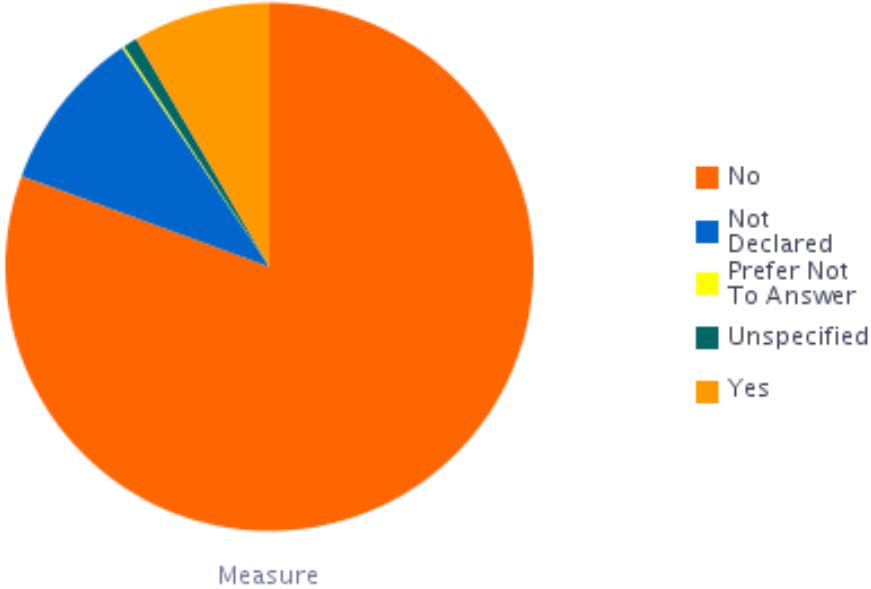
Workforce demographics – ESR

Staff group	Ethnic group	%
Professional Scientific and Technical	A White - British	12%
Professional Scientific and Technical	C White - Any other White background	0%
Professional Scientific and Technical	CY White Other European	0%
Professional Scientific and Technical	J Asian or Asian British - Pakistani	0%
Professional Scientific and Technical	L Asian or Asian British - Any other Asian	0%
Professional Scientific and Technical	R Chinese	0%
Additional Clinical Services	A White - British	30%
Additional Clinical Services	B White - Irish	0%
Additional Clinical Services	C White - Any other White background	0%
Additional Clinical Services	CY White Other European	0%
Additional Clinical Services	G Mixed - Any other mixed background	0%
Additional Clinical Services	H Asian or Asian British - Indian	0%
Additional Clinical Services	J Asian or Asian British - Pakistani	0%
Additional Clinical Services	L Asian or Asian British - Any other Asian	0%
Additional Clinical Services	M Black or Black British - Caribbean	0%
Additional Clinical Services	N Black or Black British - African	1%
Additional Clinical Services	P Black or Black British - Any other Black background	2%
Additional Clinical Services	S Any Other Ethnic Group	1%
Additional Clinical Services	SC Filipino	0%
Additional Clinical Services	Z Not Stated	0%
Administrative and Clerical	A White - British	20%
Administrative and Clerical	B White - Irish	0%
Administrative and Clerical	C White - Any other White background	1%
Administrative and Clerical	E Mixed - White & Black African	0%
Administrative and Clerical	H Asian or Asian British - Indian	0%
Administrative and Clerical	J Asian or Asian British - Pakistani	0%
Administrative and Clerical	P Black or Black British - Any other Black background	0%
Administrative and Clerical	S Any Other Ethnic Group	0%
Administrative and Clerical	Z Not Stated	0%
Allied Health Professionals	A White - British	1%
Allied Health Professionals	C White - Any other White background	0%
Allied Health Professionals	H Asian or Asian British - Indian	0%
Estates and Ancillary	A White - British	5%
Estates and Ancillary	C White - Any other White background	0%
Medical and Dental	A White - British	0%
Medical and Dental	C White - Any other White background	0%
Medical and Dental	CY White Other European	1%
Medical and Dental	H Asian or Asian British - Indian	0%
Medical and Dental	J Asian or Asian British - Pakistani	0%
Medical and Dental	Z Not Stated	0%
Nursing and Midwifery Registered	A White - British	17%
Nursing and Midwifery Registered	B White - Irish	0%
Nursing and Midwifery Registered	C White - Any other White background	0%
Nursing and Midwifery Registered	E Mixed - White & Black African	0%
Nursing and Midwifery Registered	F Mixed - White & Asian	0%
Nursing and Midwifery Registered	G Mixed - Any other mixed background	0%
Nursing and Midwifery Registered	M Black or Black British - Caribbean	0%
Nursing and Midwifery Registered	N Black or Black British - African	1%
Nursing and Midwifery Registered	P Black or Black British - Any other Black background	0%
Nursing and Midwifery Registered	Z Not Stated	0%

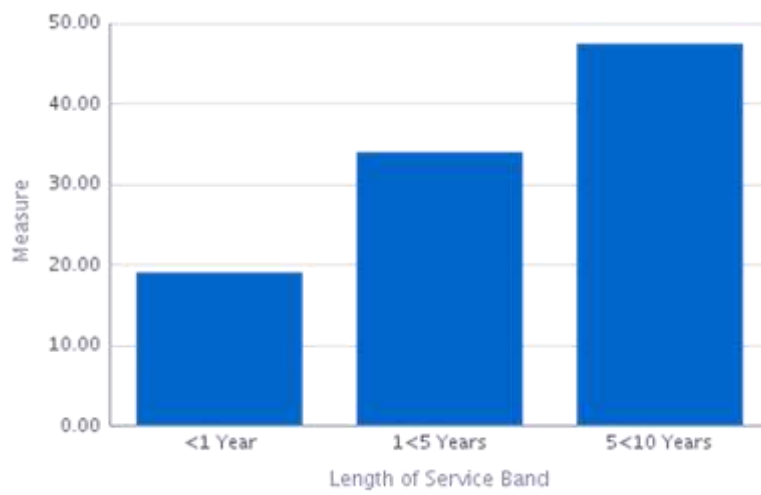
Religion



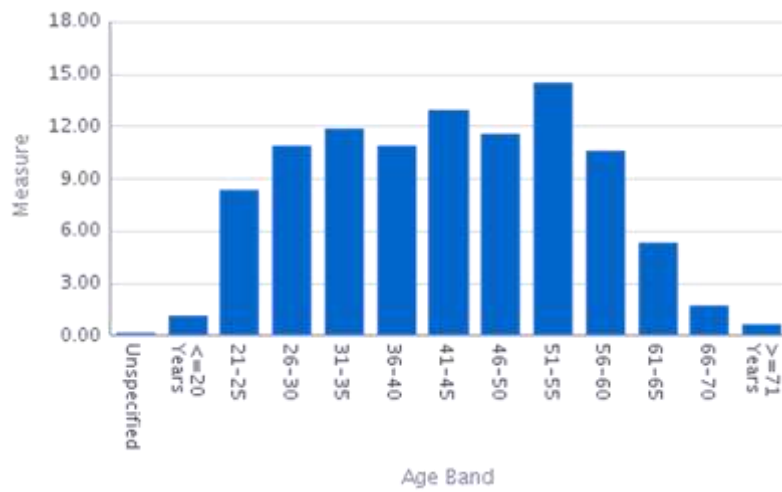
Disability



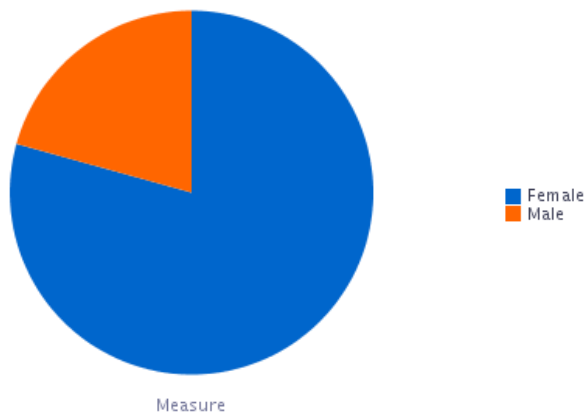
Length of Service in Current Employment



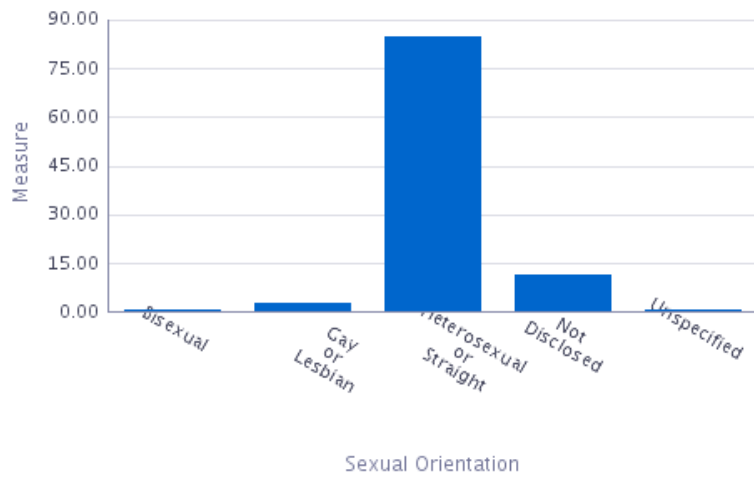
Age Band



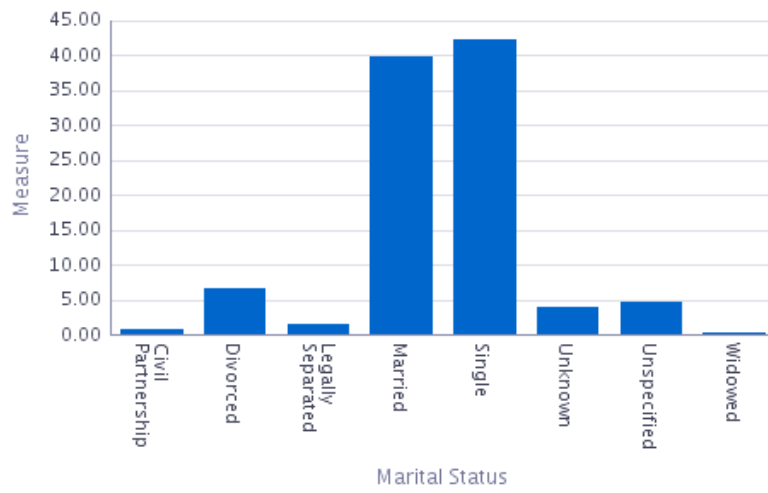
Gender



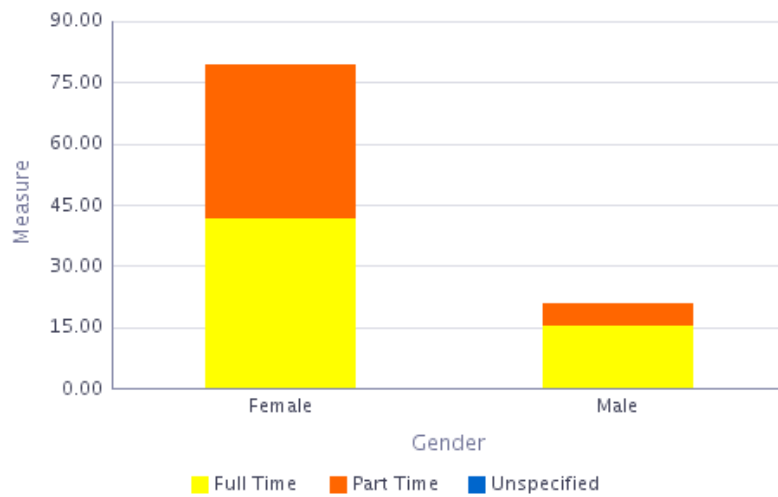
Sexual Orientation



Marital Status



Employee Category / Gender



Data Observations

In relation to Navigo data and the last 12 months, there are some observations that we will address through the ongoing implementation of our Equality & Diversity workplan and links to the broader Navigo operational workplans.

- Patient Demographics. Since the implementation of System1 as the patient record, to which GP's have shared access, there has been a slight increase in the number of our service users reporting as unknown/ not stated in relation to some protected characteristics.
- Age profile. During the last 12 months the Navigo age profile has flattened, ie, a more even distribution of our staff across all age groups, in part the main changes are fewer staff aged 51-55 than 12 months ago, and an increase in staff aged 36-40. The Workforce Committee regularly receive workforce data, including age and professional group.
- Length of service, there has been an increase in the proportion of staff that are new to Navigo, ie with less than 1 year service.
- There are now proportionally 5% more males employed by Navigo than 12 months ago, yet consistent with the health sector our workforce remains predominantly female.
- Disability. Fewer staff are now reporting as not stated or unspecified, whilst a positive direction, the implementation of WDES metric and reporting, along with the implementation of employee self service for their own staff record should encourage a greater level of reporting for disability as currently exists for other protected characteristics.

NE Lincolnshire Demographics

Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS)

The North East Lincolnshire JSNA is an overarching assessment of current and future health and social care needs. North East Lincolnshire Council and North East Lincolnshire Clinical Commissioning Group (CCG) have an equal and joint duty to prepare the JSNA and the JHWS through the health and wellbeing board. The evidence from the JSNA and the priorities from the JHWS will be used to inform commissioning to improve the health and wellbeing of the local population.

The JHWS is the strategy for meeting the needs identified in the JSNA and which sets out the vision, outcomes to be achieved, and priorities of the health and wellbeing board. The current JHWS for the period 2013 to 2016 can be accessed below and this will be updated during 2017 to reflect the findings from the JSNA refresh.

The 2016 JSNA refresh has aligned the JSNA to the North East Lincolnshire Outcomes Framework. The two key priorities for the Council are a Stronger Economy and Stronger Communities. The outcomes framework has been developed to support the delivery of the local priorities in conjunction with partners and across sectors. This vision for North East Lincolnshire as set out in the outcomes framework, sets out the five high level outcomes that the Council and its partners aspire to achieve to ensure economic, social, and healthy wellbeing for the residents of North East Lincolnshire.

These five outcomes are that all people in North East Lincolnshire will: Enjoy and benefit from a strong economy; Feel safe and are safe; Enjoy good health and wellbeing; Benefit from sustainable communities; Fulfil their potential through skills and learning. To ensure the JSNA informs this work, JSNA summary reports for each outcome have been produced which include diagnostic data and intelligence relevant to each outcome. The outcomes framework is structured into the life course stages and the JSNA summary reports also follow this structure: Starting well; Living well; Ageing well.

<http://www.nelincsdata.net/JSNA2016Demography>