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Taking a systematic approach to inequalities at CNWL

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CNWL approach to inequality

There are significant differences in deprivation within and across our boroughs

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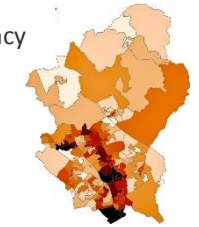
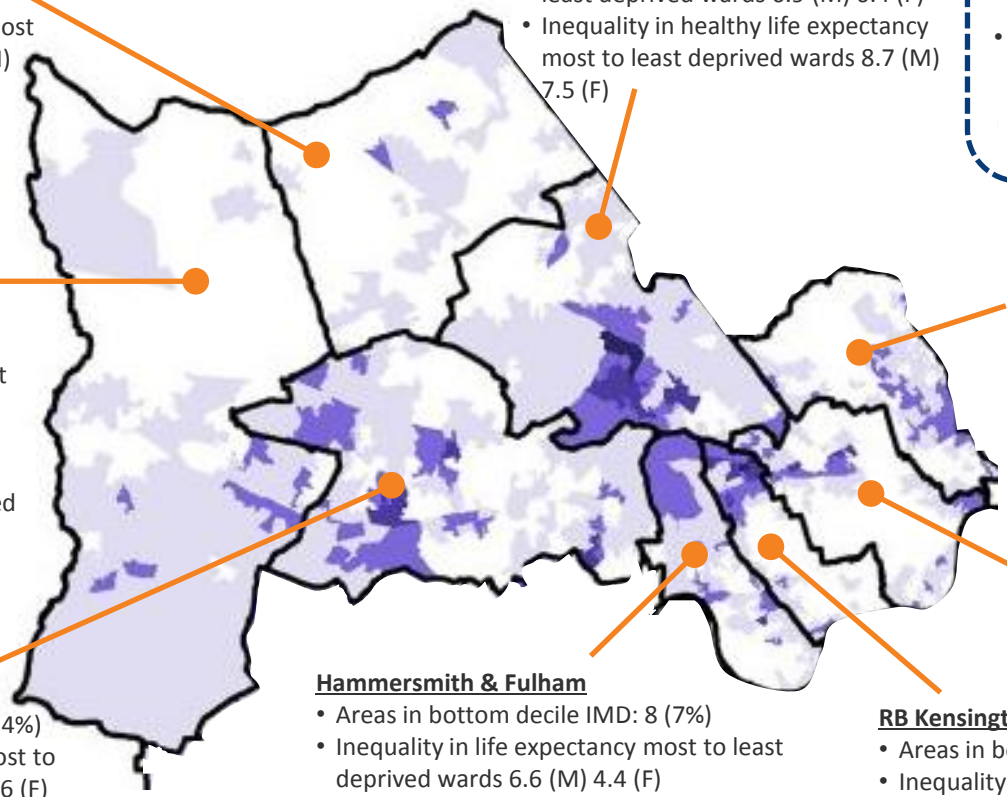
Harrow
- Areas in bottom decile IMD: 0
  Areas in next decile: 2 (1%)
- Inequality in life expectancy most to least deprived wards 7.8 (M) 5.4 (F)
- Inequality in healthy life expectancy most to least deprived wards 8.5 (M) 9.8 (F)

Brent
- Wards in bottom decile IMD: 14 (8%)
- Inequality in life expectancy most to least deprived wards 6.9 (M) 6.4 (F)
- Inequality in healthy life expectancy most to least deprived wards 8.7 (M) 7.5 (F)

Milton Keynes
- Inequality in life expectancy most to least deprived wards 7.3 (M) 6.9 (F)
- Inequality in healthy life expectancy most to least deprived wards 11.5 (M) 11.6 (F)



Hillingdon
- Areas in bottom decile IMD: 0
  Areas in next decile: 6 (4%)
- Inequality in life expectancy most to least deprived wards 7.2 (M) 5.5 (F)
- Inequality in healthy life expectancy most to least deprived wards 10.7 (M) 14.1 (F)



Camden
- Areas in bottom decile IMD: 7 (5.%)
- Inequality in life expectancy most to least deprived wards 12.6 (M) 10.6 (F)
- Inequality in healthy life expectancy most to least deprived wards 17.6 (M) 19.3 (F)

Westminster
- Areas in bottom decile IMD: 18 (14%)
- Inequality in life expectancy most to least deprived wards 13.5 (M) 7.4 (F)
- Inequality in healthy life expectancy most to least deprived wards 19.8 (M) 19.0 (F)

Ealing
- Areas in bottom decile IMD: 8 (4%)
- Inequality in life expectancy most to least deprived wards 5.8 (M) 3.6 (F)
- Inequality in healthy life expectancy most to least deprived wards 10.7 (M) 13.6 (F)

Hammersmith & Fulham
- Areas in bottom decile IMD: 8 (7%)
- Inequality in life expectancy most to least deprived wards 6.6 (M) 4.4 (F)
- Inequality in healthy life expectancy most to least deprived wards 11.5 (M) 12.0 (F)

RB Kensington & Chelsea
- Areas in bottom decile IMD: 11 (11%)
- Inequality in life expectancy most to least deprived wards 14.5 (M) 10.1 (F)
- Inequality in healthy life expectancy most to least deprived wards 24.6 (M) 21.2 (F)

Westminster, K&C, H&F, Ealing and Brent include some of the most deprived areas within the country. Inequalities in life expectancy and particularly healthy life expectancy (between most and least deprived areas) are very high in **Camden, Westminster and K&C** and **significant across our other boroughs.**

The populations we serve are highly ethnically diverse

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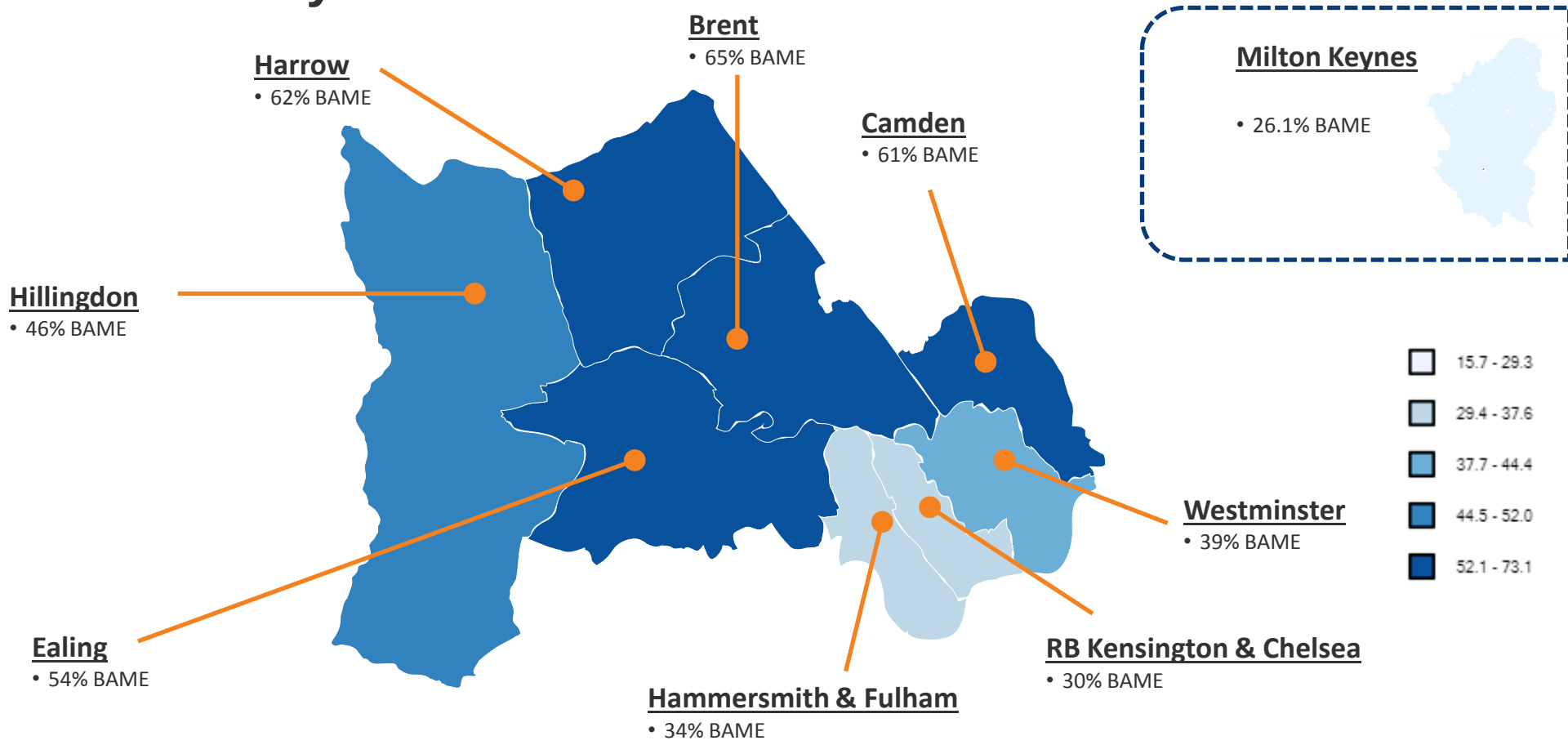

CNWL serves diverse populations including **Ealing, Harrow, Brent and Camden** which all have more than 50% BAME. Evidence tells us that some health outcomes and experience is poorer for BAME populations and that Coronavirus is disproportionately impacting BAME populations.

Workforce statistics

Our workforce is dispersed – we serve a population of 3 million people from 120 different sites, as well as people's homes
63% of our workforce is clinical - We employ 85 social workers and care staff - We have 167 apprentices and work with 160 volunteers – we want to expand these by around - 75% and grow our cohort of peer support workers .

We have a diverse workforce:

- BAME staff are 44% of our workforce but only 22% of Bands 8 and above.
- 45.3% are aged over 40; 32.5% are aged over 50.
- 5% of our staff say they have a disability: 71% say they do not have one.

Our staff survey in 2019 said:

- We compare well with our peers in relation to Quality of care and Violence
- We need to do better in relation to Equality Diversity and Inclusion, Health and Wellbeing, Immediate managers, bullying and harassment and team working

So what are we doing? Workforce

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Action Plan Pillar 1: Grow

Goal: To reduce the number of vacancies through accelerating recruitment, growing our own talent pipeline, recruiting into new roles and using our position as a leading employer to provide opportunities for our local communities

6 month priorities:

- To undertake workforce planning sessions with each division and develop the trust's workforce strategy
- To maximise all recruitment opportunities
- To remove unconscious bias in recruitment

Action Plan Pillar 2: Lead

Goal: To embed a model of distributed leadership based on our core values and to enhance staff experience of our culture and climate so more people report we are compassionate, inclusive and that they have the freedom to act with accountability

6 month priorities:

- To launch a culture and climate programme
- To develop the 21st Leadership programme
- To develop and commence implementation of an accelerated EDI plan

Action Plan Pillar 3: Care

Goal: To provide a physically and psychologically safe working environment that engages our people and enables them to thrive through support for their physical and mental well-being and recognizes the contribution they make.

6 month priorities:

- Keep staff safe and well during the Covid-19 Pandemic
- Enhance staff engagement and staff experience measures
- Develop our health/wellbeing strategy and offer

Action Plan Pillar 4: Enable

Goal: To enable divisions to deliver the people plan through efficient and effective teams and systems that operate 'digital by default' and to have access to good data and information and high quality professional support.

6 month priorities:

- Role out and adoption of Health Roster
- Design a new operating model for the People and OD directorate and agree the two-year modernisation programme
- Launch an agile working programme

Grow Lead Care Enable

All 12 priorities we have committed to deliver between October 2020 and March 2021 have a focus on reducing inequalities

A co-ordinated programme of work: workforce

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Leadership

Visible leadership and developing our leaders

Senior BAME leadership group – CEO led
Lead executive for inequalities
Cultural competency training for mangers
WRES adviser reporting to board and exe
21 Century leadership programme
Competency framework for leaders
White allies programme
Leadership development and support
Transparent data

Action

Taking focused action to address the areas where we have inequality

De-bias recruitment
Mentoring and coaching
Risk assessment for most vulnerable
Improve disciplinary process
Senior role appointments

Culture

Developing a culture that is psychologically safe, inclusive and reflects our values

Champions network
Freedom to Speak up guardians
Just Culture
Staff networks (BAME staff network)
Experience of staff – listen in sessions
Quick win programmes e.g. reverse mentoring, unconscious bias training

Covid

Complete and develop risk assessments for vulnerable staff

Risk assessments
Impact of Risk Assessments
Health and well being of our staff
Link to reducing health inequalities in communities

So what are we doing? Patients and communities

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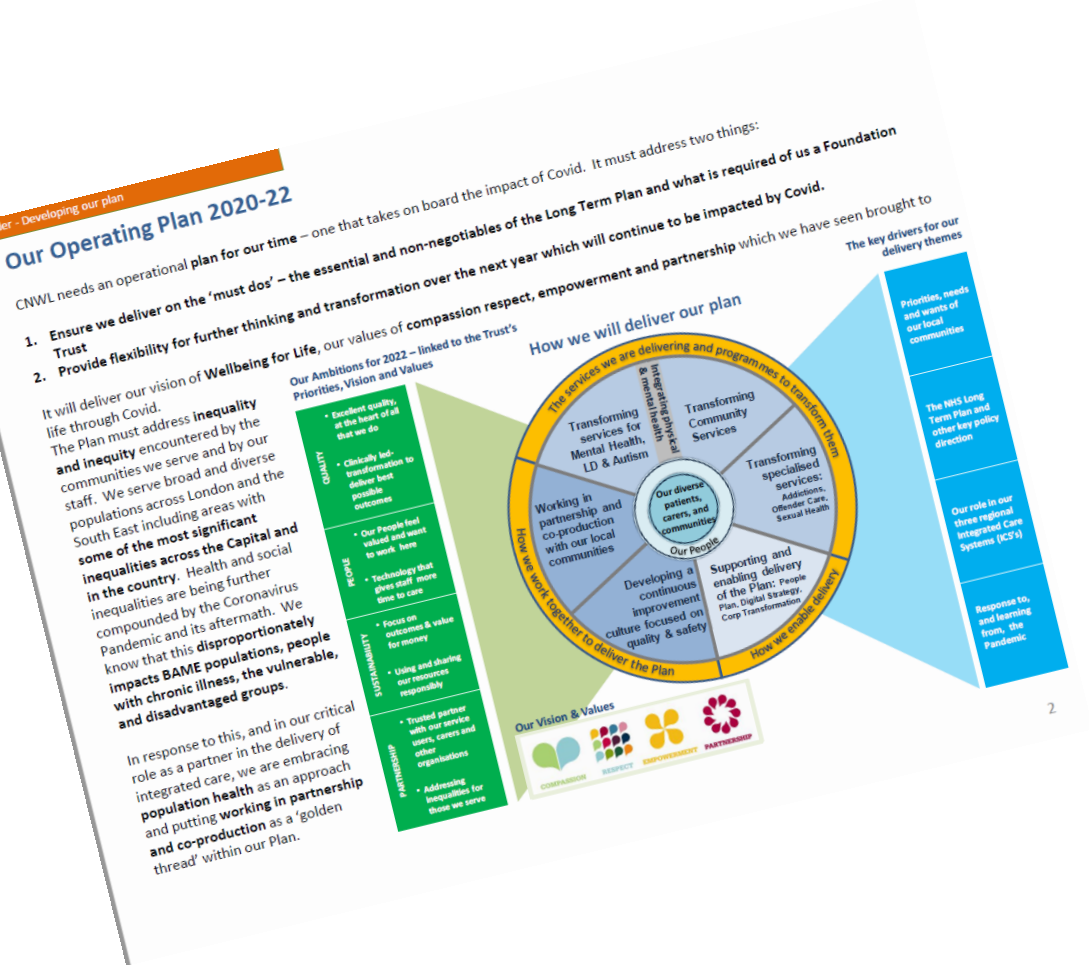

- Wider determinants of health (e.g. housing, travel, employment, education, social network etc)
- Life style choices (alcohol, diet, smoking etc)
- Integrated care (working together for our communities)
- Reaching into communities (health visits, sexual health, services, working with primary care etc)
- Patient access and care

A co-ordinated programme of work: patients and communities

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Wider Determinants

Understanding the key factors that create health inequalities and actively addressing them

Target work in disadvantaged communities
Recovery college
Accelerated prevention programmes (targeted)
Dedicated population health services
Working with community, voluntary & faith sector and wider range of public partners
Individual Placement Support services

Anchor Institute

Wider support to the community to address inequalities

Widening participation team
Recovery college
Internships
Apprenticeships
Peers by experience and volunteering

Integrated care

Delivering our services as close to communities as possible, integrated with other services where we are able

Multi-disciplinary teams
Community outreach
Community services
Adult social care team
Additional support to communities – e.g. Grenfell response

Patients

To provide fair and equal access and provision of care

Protecting the most vulnerable from covid (enhanced community engagement)
Equality data of patients
Patient access to services
Equality impact assessment of changes to services

Church End, Brent

> *"This training to the Somali community leaders was very successful. It focused on hand hygiene, use of face covering, social distancing and environmental hygiene. The group were very happy and feel they can train others if we supply further materials. We will support them as necessary to roll this training out. The event was very practical - the help and support asked for and delivered."*

Robyn Doran said

> *"One of the main lessons from the Grenfell experience is that it's important to go to the community direct – to see the situation as the community sees it and provide they help they ask for – that way it's a much better fit. This was an important start for working together. There's more to come!"*

Following the training one of the community leaders Abdullahi Mohamed said,

> *"Thank you so much for coming to see us and for this training. I really like the hand steps and I can now show people how to wash their hands properly and how to wear their masks."*

Show accessibility tools

Reaching out to the Somali Community in Church End, Brent

19 August 2020

Share

Sadly, Brent has a high causality rate from Covid-19 and the Church End area has suffered many deaths – at least 42. This has hit the community very hard, raising many issues about grief and bereavement, anxiety and fears about how to keep safe.

That part of the borough has a significant Somali population, so with the support of Brent Council, Robyn Doran, CNWL's Chief Operating Officer, Fatima Elguenuni, from the Grenfell Health and Wellbeing Service, and Jenny Lanyero, Senior Nurse Practitioner and Primary Care Lead, Brent Community Mental Health Team, met Somali community leaders on Tuesday 11 August for a wide ranging discussion about how to reach this community with public health information, making face coverings as well as providing advice to worried people, including counselling for the bereaved or people traumatised by the experience.

As part of the project Jenny Lanyero is working with local community leaders:

Show accessibility tools

Knowing the ‘so what’ and keeping a focus on data trends, targets and transparent reporting

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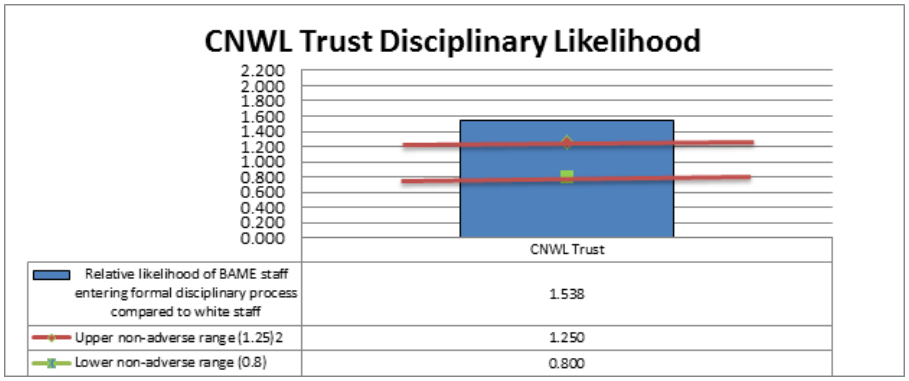

Likelihood of appointment	White	BAME	CNWL Relative likelihood white/bme	CNWL aspiration target range	National Average

BAME Staff in 8A and Above posts	Trust		2020/21 Aspiration Headcount BAME
	White	BAME	
Band 8 – A	363	163	126
Band 8 - B	159	42	54
Band 8 - C	76	26	21
Band 8 - D	34	10	11
Band 9	7	2	1
VSM	10	1	1
Total	649	244	214

Data Observations: *What is performance doing?*

- There is a steady, if slow, increase in % of BAME staff in senior positions (Band 8-9, VSM and Exec) rising from 18.1% in 2015 to 22.2% in 2019.
- Bands 8a, 8c and 9 are meeting NHSE trajected rates, Bands 8b and 8d are not on target.
- There is a reduction in the likelihood of BAME staff entering disciplinary - from BAME staff being 2.89 times more likely than white staff to enter disciplinary in 2015 to 1.93 times more likely in 2019.
- BAME staff are 1.5 times less likely to be appointed from shortlisting
- 6% more BAME staff report experiencing discrimination from a manager.

Cause Analysis: *Why might we be seeing this?*

- The increase in number of senior BAME appointments are showing a positive trend, we have superb talent to role model and build on.
- The introduction of the BAME Leadership Programme and Just Culture programmes may have had a positive impact
- The improvement of BAME Mentoring Programmes (Band 7) are creating more leadership opportunities
- The introduction of pre-disciplinary checklists which gives executive oversight of disciplinaries to ensure ongoing review.

Our Response: *Should we respond and if so, how?*

- Continuation of the EDI and BI data consolidation project to ensure our EDI data is measured and managed visibly by the Trust (both in terms of representation and experiences for our workforce and patients).
- Marginal developments achieved for WRES since its starting, Further strategic development work pending to address and increase pace of improvement.
- Pending measures of assessment of these interventions (both WRES and WDES) and other related programmes to ascertain impact.