

Equality Analysis

(Health Inequalities, Human Rights, Social Value)

Retirement Policy

Before completing this equality analysis it is recommended that you:

- ✓ Contact your equality and diversity lead for advice and support
- ✓ Take time to read the accompanying policy and guidance document on how to complete an equality analysis

1. Background

EA Title	Retirement Policy		
EA Author	Michelle Dunne	Team	Equality, Diversity & Inclusion
Date Started	12 th November 2018	Date Completed	7 th January 2019
EA Version	V0.1	Reviewed by E&D	7 th January 2019

What are the intended outcomes of this work? Include outline of objectives and function aims

NHS Birmingham & Solihull CCG is committed to providing a fair approach to the management of retirement.

To follow a fair and consistent process for all staff who wish to retire or retire and return to work.

This policy takes into account the Equality Act 2010 and the removal of the default retirement age from 1st October 2011.

The CCG does not operate a mandatory retirement age, therefore the decision about whether to retire is a matter for each individual employee. Staff are encouraged to remain with the organisation where competence, capacity and position meet mutual expectations.

When considering retirement options employees should bear in mind the potential impact on their pension. More detailed information about benefits information can be found on the NHS Pensions website www.nbsa.nhs.uk/pensions

This policy aims to promote flexible retirement and increase the options available to staff. It recognises that there can be a variety of approaches and the options described here are not exhaustive. What is important is that the CCG will seek ways of accommodating the aspirations of staff where this fits in with the needs of the business.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

This policy applies to all employees of the NHS Birmingham & Solihull CCG.

Some staff, particularly those eligible under the NHS Pension Scheme, may wish to retire when they are eligible for pension benefits, whilst others may wish to remain employed for a longer period. This policy sets out guidance for all groups of staff.

2. Research

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

Research/Publications	Working Groups	Clinical Experts
NHS Terms & Conditions of Service Handbook – NHS Employers	Staff Council	

NHS Pensions Website – member’s guides 1995 scheme 2008 scheme 2015 scheme	JNCC	
Employment Equality Regulation 2011		

3. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:

CCG Staff Profile

The CCG monitors the age profile of its staff. The following table illustrates the age profile of the CCG as at 30 November 2018. Broad age bandings have been utilised to ensure the information is non-identifiable.

Age Profile					
	Age Bands				
	20-29	30-39	40-49	50-59	60-69
Male	6.4%	26.9%	34.6%	28.2%	3.9%
Female	13.5%	25.3%	26.6%	27.5%	7%
Totals	11.7%	25.7%	28.7%	27.7%	6.2%

- No employees are aged below 20 and very few over the age of 60
- Over a quarter of all staff are in the age 50 to 59 age band, which has implications for succession planning.

The CCG does not operate a mandatory retirement age, therefore the decision about whether to retire is a matter for each individual employee. Staff are encouraged to remain with the organisation where competence, capacity and position meet mutual expectations. Some staff, particularly those eligible under the NHS Pension Scheme, may wish to retire when they are eligible for pension benefits, whilst others may wish to remain employed for a longer period. This policy sets out guidance for all groups of staff.

This policy aims to promote flexible retirement and increase the options available to staff. It recognises that there can be a variety of approaches and the options described here are not exhaustive. What is important is that the CCG will seek ways of accommodating the aspirations of staff where this fits in with the needs of the business.

The CCG recognises that staff may wish to retire with greater flexibility than has been afforded them in previous years. To this end, staff may or may not wish to claim their NHS pension at

3. Impact and Evidence:

this point and to look at their options to work full or part time, or in a different or less demanding capacity. All requests should be looked at in a timely manner and responded to by the line manager.

The policy is inclusive in its principles with no individual being treated differently on the basis of age, etc. The policy provides a clear process for following in relation to retirement. There is no perceived difference in the benefits staff will receive from this policy based on their age.

Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:

CCG Staff Profile

The CCG collects and monitors the disability profile of its staff,

- 3% of staff have indicated that they have a disability;
- 83% of staff have stated that they do not have a disability; and
- Just under 14% of staff have not provided information on their disability status.

The CCG has recently signed up to the Disability Confident scheme which is designed to help you recruit and retain disabled people and people with health conditions for their skills and talent.

When an employee becomes incapable of carrying out their duties on a permanent basis, and no reasonable adjustment can be made or suitable employment secured, the employee may wish to apply to NHS Pensions for retirement on the grounds of ill health. The option is only available to employees who have two years continuous pensionable NHS service. Any ill health retirement should be considered in conjunction with the CCGs absence management policy.

The organisation does not make the decision as to whether ill health retirement is appropriate, this is a request made by an individual to NHS pensions for consideration. NHS pensions will make the decision as to whether the individual can access benefits via ill health retirement.

However, the organisation and HR can support this application where appropriate and will take account of advice provided by the CCGs occupational health department. If an application for ill-health is made, this constitutes a mutual recognition that the employee is unable to fulfil their contractual obligations due to their ill-health condition therefore a termination date will be mutually agreed between the employee and their line manager. Each case will be considered upon its individual merits. This may be irrespective of the NHS pension decision.

The policy is inclusive in its principles with no individual being treated differently on the basis of disability, etc. The policy provides a clear process for following in relation to retirement and ill health retirement.

There is no perceived difference in the benefits staff will receive from this policy based on their disability.

Gender reassignment (including transgender): Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:

3. Impact and Evidence:

Equality monitoring by trans status is not currently undertaken by the CCG and therefore not data is available on the numbers of staff who may be affected by this policy.

Guidance is provided on the NHS Pensions webpages regarding the pension scheme and implications for staff with a gender recognition certificate.

The guidance states that:

A small number of gender specific regulations remain in the NHS Pension Scheme. Therefore, there are implications for members:

- *with Special Class Status in the 1995 Section; or*
- *who have membership before 25 March 1972 in the 1995 Section; or*
- *who transfer pension rights to and from either the 1995/2008 NHS Pension Scheme or the 2015*

For the most up-to-date information see NHS Pensions webpages on:

<https://www.nhsbsa.nhs.uk/member-hub>

Whilst this policy is inclusive in its principles with no individual being treated differently on the basis of gender reassignment, etc. The policy does not highlight potential pension implications for staff who have a gender recognition certificate.

Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:

CCG Staff Profile

The marital status is known for 96% of staff.

The NHS Pensions webpages contain some specific guidance for NHS staff who are in a civil partnership, <https://www.nhsbsa.nhs.uk/sites/default/files/2017-05/Civil%20Partnership%20Act%20Employers%20FAQs%20%2805.2017%29%20V3.pdf>

The policy is inclusive in its principles with no individual being treated differently on the basis of marital status or civil partnership, etc. The policy provides a clear process for following in relation to retirement, however, the policy could be improved by referring staff in a civil partnership to understand the pension implications referenced on the NHS Pensions web-pages.

There is no perceived difference in the benefits staff will receive from this policy based on their marital status or civil partnership.

Pregnancy and maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:

No impact identified.

3. Impact and Evidence:

Race: Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:

CCG Staff Profile

The chart below illustrates the race profile of staff as at 30 November 2018, compared to the Birmingham and Solihull population data. The CCG has an overall BME profile of 31.6% which is lower than that of the local population figure of 37% (taken from 2011 Census).

	2018	Bham & Solihull Population 2011 (census)
Black Minority Ethnic (BME)	31.6%	37%
White / White British	62.5%	63%
Undisclosed / Unknown	5.9%	-

The policy is inclusive in its principles with no individual being treated differently on the basis of race, etc. The policy provides a clear process for following in relation to retirement. There is no perceived difference in the benefits staff will receive from this policy based on their race.

Religion or belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:

CCG Staff Profile

The CCG collects and monitors the religion and belief profile of its staff, and is unable to publish comprehensive data due to the small numbers involved. The data has been grouped according to whether staff ascribe to a religion or belief, religion is unknown, no religion, or do not wish to disclose this information. This has been compared to the figures for the Birmingham and Solihull population information, as per the Census 2011.

Religion or Belief Data		Ascribe to a Religion or Belief	Unknown	Do not wish to disclose	No Religion
Year	Group				
2018	Staff	51.5%	0.3%	48.2%	-
2011	Bham & Solihull Pop	73.88%	6.5%	-	19.61%

The policy is inclusive in its principles with no individual being treated differently on the basis of religion or belief, etc. The policy provides a clear process for following in relation to retirement.

There is no perceived difference in the benefits staff will receive from this policy based on their religion or belief.

3. Impact and Evidence:

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:

CCG Staff Profile

As at 30th November 2018 the profile of staff by sex, reveals that over 74% are female.

CCG Staff	2018
Male	25.4%
Female	74.6%

The policy is inclusive in its principles with no individual being treated differently on the basis of sex, etc. The policy provides a clear process for following in relation to retirement.

Sexual orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:

CCG Staff Profile

The CCG collects and monitors the sexual orientation profile of its staff:

- 51.5% of staff are heterosexual;
- 2.3% of staff are lesbian, gay or bisexual; and
- Just over 46% of staff have been asked, but declined to provide a response.

The policy is inclusive in its principles with no individual being treated differently on the basis of sexual orientation, etc. The policy generally provides a clear process for following in relation to retirement, there is an opportunity to improve the information provided for staff who are in a civil partnership (see Marriage and Civil Partnership above).

Carers: Describe any impact and evidence on part-time working, shift-patterns, general caring responsibilities:

Policy includes a range of measures (such as early retirement or step-down) which would enable staff with caring responsibilities to have an improved work-life balance.

Other disadvantaged groups: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)

No impact identified.

4. Health Inequalities	Yes/No	Evidence
Could health inequalities be created or persist by the proposals?	N/A	
Is there any impact for groups or communities living in particular geographical areas?	N/A	
Is there any impact for groups or communities affected by unemployment, lower educational attainment, low income, or poor access to green spaces?	N/A	
How will you ensure the proposals reduce health inequalities?		
Policy is unlikely to impact on health inequalities.		

5. FREDA Principles/ Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	Policy applies to all staff employed by Birmingham & Solihull CCG
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	Not applicable
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	Policy includes an equality statement; reference is made to ill-health retirement.
	How will this affect a person's right to freedom of thought, conscience and religion?	Not applicable.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	Not applicable
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Policy provides all staff to make informed decisions regarding their retirement.
Right to Life	Will or could it affect someone's right to life? How?	Not applicable
Right to Liberty	Will or could someone be deprived of their liberty? How?	Not applicable

6. Engagement, Involvement and Consultation
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic/ Group/ Community	Date
Staff Council	Representing all staff	November 2018
JNCC	Representing all staff (Unions)	November 2018
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):		
No equality related concerns or issues were raised in the review of the policy by these groups.		

7. Summary of Analysis
Considering the evidence and engagement activity you listed above, please summarise the impact of your work:
<p>This policy promotes flexible retirement for all and provides a range of options for staff to consider in relation to preparing for retirement.</p> <p>The policy has been written in accordance with the Employment Equality (Repeal of Retirement Age Provision) Regulations 2011 which provides for equitable treatment of staff who wish to retire and also implements NHS Agenda for Change Terms and Conditions.</p> <p>The policy also includes an appeal process for employees to follow should a request for flexible retirement be denied.</p>

8. Mitigations and Changes :
<p>Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the recommendations and any changes to the proposal arising from the equality analysis.</p>
<p>Recommendation:</p> <p>The equality statement within the policy, is not the corporate BSol CCG statement agreed for inclusion in all policies; it needs to be replaced with the following:</p> <p>3. Equality Statement</p> <p>3.1 The general equality duty requires public authorities (such as the CCG) to have due regard to the aims of the general equality duty when making decisions and setting policies. To do this, it is necessary for the organisation to understand the potential impact of its decision making on different people. This can help to identify practical steps to tackle any negative impacts or discrimination, and to advance equality.</p> <p>3.2 The CCG endeavours to challenge discrimination, promote equality and respect human rights and aims to design and implement policies, services and measures that meet the diverse needs of our population, patients and workforce, ensuring that non are placed at a disadvantage.</p>

The policy also needs to make reference to the equality analysis, using this standard statement which forms part of the template policy form:

4. Equality Analysis

4.1 The CCG undertakes an Equality Analysis of policies, strategies, service design and other relevant activities to assess the impact of decision making against:

- The nine protected characteristics (age, disability, ethnic origin, sex, sexual orientation, gender reassignment, religion and belief, marriage or civil partnership, pregnancy or maternity status);
- Other groups or communities known to suffer disadvantage, such as the homeless, carers, migrants and sex workers;
- Human Rights
- Known health inequalities.

This analysis also explores the potential to support the Social Value Act.

4.2 An equality analysis of this policy was undertaken on xxxx and is attached as an Appendix to this policy.

Recommendation:

Gender Reassignment

The policy provides a clear process for following in relation to retirement, however, the policy could be improved by referring staff in who have a Gender Recognition Certificate to understand the pension implications referenced on the NHS Pensions web-pages.

Recommendation:

Staff in a civil partnership

The policy provides a clear process for following in relation to retirement, however, the policy could be improved by referring staff in a civil partnership to understand the pension implications referenced on the NHS Pensions web-pages.

9. Publication

How will you share the findings of the Equality Analysis?

This can include: reports into committee or Governing Body, feedback to stakeholders including patients and the public, publication on the web pages. All Equality Analysis should be recommended for publication unless they are deemed to contain sensitive information.

The policy and EA will be signed off by the Senior Leadership Team and subsequently published on the CCG webpages.

Following ratification all finalised Equality Analysis should be sent to the Communications and Engagement team for publication: bsol.comms@nhs.net

10. Sign Off		
The Equality Analysis will need to go through a process of quality assurance by the Senior Manager for Equality and Diversity, Senior Manager for Assurance and Compliance or Equality and Human Rights Manager and signed-off by a delegated committee		
	Name	Date
Quality Assured By:	<i>M K Dunne</i>	7 th January 2019
Which Committee will be considering the findings and signing off the EA?	Senior Leadership Team	11 th January 2019
Minute number (to be inserted following presentation to committee)		

Please send to Balvinder Everitt or Michelle Dunne, Equality, Diversity and Inclusion for Quality Assurance.

Once you have committee sign off, please send to Caroline Higgs, Communications & Engagement Team for publication: bsol.comms@nhs.net