**NHS**
**North East London**
Clinical Commissioning Group

# Workforce Race Equality Standard Report and Action Plan 2020-21

## North East London (NEL) Clinical Commissioning Group

Version: 0.3

Date: XX September 2021

# Contents

# 1. Foreword

This is the first year that we have been able to report our Workforce Race Equality Standard data as a single CCG and I am delighted to present this to you along with our outline action plan for 2021-2022. As a newly formed organisation there has been a significant amount of work undertaken since the previous report which builds on earlier work started while there were still 7 north east London CCGs. As with many NHS organisations we have seen the impact of Covid and the way in which it shone a spotlight on the need for continued and sustained efforts to address inequalities for our population in north east London and our workforce. I have been delighted to demonstrate my personal support to our Black and Minority Ethnic staff as both a current applicant to the London region White Allies programme and as senior sponsor of our Black and Minority Ethnic Staff Network.

We have made some rapid progress over the first three years of reporting and our Black and Minority Ethnic Staff Network has been a fundamental part of helping us move the dial on this agenda and start to encourage us to have the uncomfortable conversations and take a critical look at our policies, practices and behaviours to ensure we are making our new organisation one where staff can thrive and develop and are representative of our population at all levels of seniority.

Henry Black, Acting Accountable Officer, North East London Integrated Care System

The organisation is in the 3rd year of the WRES and this year, our action plan builds on programmes started in previous years. This is a positive step particularly as we endeavour to tackle behaviours and practices to create the right culture and environment for our staff. We recognise change takes time and the impact of these initiative may not be immediately apparent.

Our focus is to ensure NEL CCG continues to make the necessary investment to build on progressive and innovative programmes, and develop policies and protocols that remove systemic racism and moves us towards a more equitable, inclusive and diverse workforce at all levels in the workplace. The Black and Minority Ethnic Staff network will continue educating, collaborating and providing challenge to the organisation in areas where racial equality for staff and the population interests are the focus.

Julie Dublin, Black and Minority Ethnic Staff Network Chair

# 2. Background

In 2014, NHS England and the NHS Equality and Diversity Council agreed action to ensure employees from Black and Minority Ethnic (BME*) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.  It was agreed that a Workforce Race Equality Standard (WRES) should be developed, and in April 2015 it was made available to the NHS.

All NHS organisations including CCGs, Trusts and CSUs as well as national organisations are required to report against the WRES indicators and are encouraged to take agreed action in an open and transparent way, engaging with their workforce on the actions that are planned to address areas of shortfall.

The report supports two key areas:

- enabling organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice

- providing a national picture of WRES in practice, to colleagues, organisations and the public on the developments in the workforce race equality agenda

The NEL CCG's WRES report that covers the period 1 April 2020 – 31 March 2021. It provides a review of BME* representation in staff numbers by seniority. It also reviews the dignity and respect staff survey results for the CCG.

The focus of this report is to determine action plans for the current financial year to address racial inequality in the workplace. Delivery of the action plan is overseen by the CCG People and Culture Group which reports to the CCG Remuneration Committee.  Kash Pandya, Lay Member, chairs this group.

There has been significant action taken since the previous WRES report including:
- Reverse mentoring programme ran with 9 paired Senior Management Team mentees and self nominating staff with a range of protected characteristics
- Improved advertising processes including ensuring in all but exceptional circumstances posts and secondment opportunities are advertised internally to encourage development and progression within the organisation
- Reviewed and harmonised key people management policies with input from all of our staff networks
- Continued encouragement of staff to declare their protected characteristics on their staff record to improve data quality
- Developed and produced allies guidance

**\*The term BME is used by the WRES report to refer to People of Colour from Black, Asian and minority ethnic backgrounds.**

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# NEL CCG WRES related activities and impact during 2020-2021

- Formally launched the Black and Minority Ethnic Staff Network in an open, online event for staff.
- Invited the historian and author, David Olusoga, to speak during Black History Month. This event was edifying prompting continued dialogue in a range of groups and encouraging more difficult conversations relating to race.
- A pilot took place in Barking, Havering and Redbridge Integrated Care Partnership of a suite of learning events focusing on a range of issues relating to cultural awareness and effective allyship. This has been evaluated and will form the basis of further programmes to be rolled out across the whole CCG workforce.
- The Black and Minority Ethnic Staff Network has been key to reviewing a range of people management policies with a view to ensuring appropriate language, tone and that there is a 'just culture' focus to them.
- There has been a reverse mentoring programme with nine paired mentors which has received positive feedback from both mentors and mentees. The intention is to repeat this programme and supplement it with a reciprocal mentoring programme.
- A programme started to develop the culture of the new CCG which has just moved into the design phase which is being supported by an organisational 'Big Conversation' which encourages and enables our staff to contribute to our culture, behaviours and what they wish to see from our leaders.
- Reviewing an on-line training programme covering equality, diversity and inclusion.

# 3. Executive Summary

**Staff Representation (Indicator 1 and 9)**

**Overview:** BME groups make up **49%** of the CCGs catchment area population (ONS, 2018). BME staff representation is **44%** of all staff in the CCG, which has not changed since the 2020 figure. Board level staff representation is **43%**, which is an increase from 39% in 2020.

**Action:** Whilst the summary representation is good, there are certain bands where further action is required. These are Agenda for Change bands 8-9 and all VSM bands.

**Recruitment (Indicator 2)**

**Overview:** BME constitute **52%** of new recruits, compared to 49% of the population covered by NEL CCG, however the relative likelihood indicator points negatively with white applicants 1.5 times more likely to be appointed when shortlisted than BME colleagues (which shows a decrease from 2.1 times reported in 2020).

**Action:** A key priority for 2022-22 in the People and OD work programme is an overhaul of recruitment and selection practices, policies and processes.  This review has started and involves all staff networks with regards to support with co-design of each phase of improvement.  Amongst other goals this aims to improve our ways of ensuring diverse panels, de-biased appointment processes and transparent approaches to enable equal access to opportunities.

**Disciplinary and Non-mandatory training opportunities (Indicators 3 and 4 respectively)**

**Overview:** No BME colleagues faced disciplinary formal procedures during the reporting period.  White staff accessed non-mandatory training significantly less (34%) than BME staff (56%).

**Action:** Explore the under-representation of white groups accessing non-stat and mand training and subsequent action planning as poor reporting systems regarding non mandatory training may mean this demonstrates a degree of under reporting

**Dignity and Respect at Work (Indicators 5, 6, 7 and 8)**

**Overview:** BME colleagues report higher levels of experiencing of bullying, harassment and discrimination. There is also the perception more significantly from BME that the CCG does not provide equal opportunities for career progression and promotion.

**Action:** The CCG has carried out staff engagement sessions aiming to understand the range of issues relating to dignity and respect at work.  The CCG has a culture and leadership development programme running which is at the design phase which involves a 'Big Conversation' approach which enables a co-designed approach to developing the CCG culture and behaviours that can be expected from leaders and staff more widely.

# 4. The Equality Act 2010 and Positive Action

**The Law** : the Equality Act allows positive action to be taken in recruitment and promotion.

## Equality Act 2010 - Section 159 - Positive action: Recruitment and Promotion

(1)This section applies if a person (P) reasonably thinks that

(a)persons who share a protected characteristic suffer a disadvantage connected to the characteristic, or
(b)participation in an activity by persons who share a protected characteristic is disproportionately low.

**Legal Advice** : How does an employer identify if it needs to take positive action?

### Emma Bartlett, employment partner at Speechly Bircham
published in Personnel Today

An employer that reasonably thinks that there is a need to increase diversity in its organisation should first obtain credible evidence to determine whether or not employees who share a particular protected characteristic are under-represented. The employer could compare the proportion of its workforce that is of a minority group with national or local statistics

## Examples of Positive Action

The Employment Tribunal ruling in Furlong v Cheshire Police 2018 (paragraph 18) gives some examples:

- **Setting targets** for increasing participation of relevant group
- Providing **bursaries** to obtain a qualification in a profession such as journalism
- **Outreach work** such as raising awareness of appointments within the community
- **Reserving places on training courses** for people with protected characteristics,
- Working with local schools and FE colleges, inviting under represented groups **to spend a day at the company**
- Providing **mentoring**

## Positive Action requires a plan Furlong v Cheshire Police 2018 (paragraph 26) that:

• sets out **evidence** of the disadvantage, particular **need and/or disproportionately low levels of participation** as appropriate, and **an analysis of the causes**

• sets out **specific outcomes** which the employer aims to achieve

• identifies **possible action** to achieve those outcomes and shows an assessment of the **proportionality** of the proposed actions

• sets out the **measurable indicators** of progress towards those aims set against **a timetable (time limited)**

• explains how they will **consult with relevant groups such as all staff,** including members of the protected group

• sets out **periods for review** of progress of the measures towards the aim to ensure it **remains proportionate**.

# 5. NHS People Plan 2020-21 / London Workforce Race Equality Strategy

**NELCCG 2020-21 WRES Action Plan is linked to the
NHS National People Plan and the London Workforce Race Equality Strategy**

### NHS People Plan 2020-21

   "There is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves.

This plan sets out actions to support transformation across the whole NHS.

It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train our people, and work together differently to deliver patient care.

The plan sets out what the people of the NHS can expect – from their leaders and from each other – for the rest of 2020 and into 2021."

### London Workforce Race Equality Strategy

 More than 44.9% of our NHS staff in London are from a BME background and the majority of our doctors, nurses and midwives bring global experience to their roles.

However, it is well documented that the experience of BME colleagues working in London is not equal to that of their white counterparts. This is simply not acceptable, and we now need to make a step-change to move forwards.

This strategy is aimed at starting a coordinated, consistent and sustainable programme of work to make that change.   It is aligned with the spirit and actions of the People Plan and there is a great deal of interconnection between the two documents.

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Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by: Non-Clinical Staff/Clinical staff

## BME people make up 49% of NEL CCGs population (see Appendix B)

| | | White | BME | % BME | Unknown | Total |
|---|---|---|---|---|---|---|
| Agenda for Change Staff | Bands 1 - 7 | 89 | 134 | **58%** | 10 | 233 |
| | Bands 8-9 | 154 | 88 | **33%** | 21 | 263 |
| | VSM | 11 | 3 | **21%** | 0 | 14 |
| Other Staff | | 36 | 43 | **34%** | 48 | 127 |
| | Total | 314 (45%) | 306 | **44%** | 81 (11%) | 701 |

**Representation RAG**

| |
|---|
| **Over by 20%+** |
| **Over by 10-20%** |
| **Tolerance + / - 10%** |
| **Under by 10-20%** |
| **Under by 20%+** |

### Staff Representation

Comparing the staff demographic to the NEL CCG population demographic is a useful way to see how balanced the representation is. Overall representation is higher is Bands 1-7 and lower in all other bands. Overall the staff representation is 44% compared to 49% of the CCGs catchment are population.

# Staff Representation : Indicator 1 – Integrated Care Partnership detail

| | System | Bands 1-7 | | | Bands 8-9 | | | VSM | | | BME Representation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | White | BME | Not Stated | White | BME | Not Stated | White | BME | Not Stated | % Staff | % Population |
| Agenda for Change Staff | BHR | 42% | **54%** | 4% | 61% | **34%** | 5% | 100% | **0%** | 0% | **46%** | 40% |
| | TNW | 27% | **67%** | 6% | 55% | **36%** | 9% | 75% | **25%** | 0% | **43%** | 58% |
| | C&H | 55% | **45%** | 0% | 57% | **38%** | 5% | 50% | **50%** | 0% | **38%** | 47% |
| | NEL | 38% | **58%** | 4% | 59% | **33%** | 8% | 79% | **21%** | 0% | **44%** | 49% |

**Representation RAG**

| |
|---|
| Over by 20%+ |
| Over by 10-20% |
| Tolerance + / - 10% |
| Under by 10-20% |
| Under by 20%+ |

| | | White | BME | Not Stated | BME % Staff | BME % Population |
|---|---|---|---|---|---|---|
| Other Staff (ad-hoc salary) | BHR | 40% | **30%** | 30% | **46%** | 40% |
| | TNW | 19% | **24%** | 57% | **43%** | 58% |
| | C&H | 50% | **38%** | 12% | **38%** | 47% |
| | NEL | 28% | **34%** | 38% | **44%** | 49% |

## Explaining the data

The data show a similar picture in each of the systems in NELCCG – that there is a good representation of BME staff at B's 1-7, and an underrepresentation of BME staff at Bs 8-VSM. As such, the focus should be focussed here.

## Other staff

'Other' staff include clinical leads and lay members of the CCG (those not employed through agenda for change). Whilst the rag rating are mostly red, the data may be skewed by the amount of 'not stated' staff. This area should be focused on before looking to balance representation

# Staff Representation Indicator 1 – Analysis and Actions:

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**Analysis: There is significant under representation at band clusters 8-9 and VSM.**

| Potential for change | Posts will become vacant which provides opportunity to consider how they are designed and appointed to. | Posts are less likely to become vacant in the next year as there are only 14 posts. Movement in to ICS's may impact. |
|---|---|---|
| Equality Target | An increase of 40 BME staff in these bandings, taking the representation from 88 to 128 will match the 49% BME representation in our local population. | An increase of 4 BME staff at VSM level, taking the representation from 3 to 7 will match the 49% BME representation in our local population. . |

## Action Areas

| 1.1 | Development of our leadership development programmes and talent management approach for colleagues at B6-7, 8 & 9 |
|---|---|
| 1.2 | BME career conversations for colleagues at all levels |
| 1.3 | Positive action based recruitment campaign for BME staff for bands 8-9 |

# Recruitment, Disciplinary and Training Comparison – CCG Level of Detail Indicators 2 – 4

| | Indicator 2 Relative likelihood of staff being appointed from shortlisting | Indicator 3 Relative likelihood of staff entering the formal disciplinary process | Indicator 4 Relative likelihood of staff accessing non-mandatory training and CPD |
|---|---|---|---|
| NELCCG | 1.49:1 | 0 | 0.63 |
| White | 62 appointees (40%) | 0 | 150 (34%) |
| BME | 80 appointees(52%) | 0 | 249 (56%) |
| Not Stated | 12 appointees (8%) | 0 | 39 (16%) |

**Representation RAG**

| |
|---|
| Over by 20%+ |
| Over by 10-20% |
| Tolerance + / - 10% |
| Under by 10-20% |
| Under by 20%+ |

| Indicator 2 | Indicator 3 | Indicator 4 |
|---|---|---|
| White applicants were 1.49 times more likely to be appointed from shortlisting compared to BME applicants.\n\nHowever, there was no under representation of BME applicants in overall appointments. | No BME colleagues faced disciplinary processes in this financial year. | There is an uneven split of training between White and BME staff, with White groups being under-represented in training provision. |

**Action Area:** Explore why there is under-representation of white groups in non-stat and mand training and subsequent action planning. This is potentially due in part to poor recording mechanisms in parts of the CCG for non mandated training.

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# Recruitment, Disciplinary and Training Comparison – CCG and Integrated Care Partnership level comparisons
## Indicators 2 – 4

| | Representation RAG |
|---|---|
| | Over by 20%+ |
| | Over by 10-20% |
| | Tolerance + / - 10% |
| | Under by 10-20% |
| | Under by 20%+ |

| | Indicator 2 — Relative likelihood of staff being appointed from shortlisting | Indicator 3 — Relative likelihood of staff entering the formal disciplinary process | Indicator 4 — Relative likelihood of staff accessing non-mandatory training and CPD |
|---|---|---|---|
| NELCCG | 1.5 : 1 | - | 0.6 |
| White | 62 appointees (40%) | - | 36% |
| BME | 80 appointees (52%) | - | 56% |

| Indicator 2 | Shortlisted | | | Appointed | | | |
|---|---|---|---|---|---|---|---|
| | White | BME | Unknown | White | BME | Unknown | Indicator |
| BHR | 40 | 65 | 4 | 17 | 15 = 47% | 0 | 1.84 |
| TNW | 152 | 303 | 36 | 43 | 63 = 53% | 12 | 1.36 |
| City & Hackney | 4 | 9 | 1 | 2 | 2 = 50% | 0 | 2.25 |
| NEL CCG | 196 | 377 | 41 | 62 | 80 = 52% | 12 | 1.5 |

Out of 154 appointments made, 80 (52%) were BME.

This excludes 12 unknown BME/White

| Indicator 4 | 2020/21 Training | | |
|---|---|---|---|
| | White | BME | Unknown |
| BHR | 76 | 108 = 52% | 22 |
| TNW | 84 | 141 = 58% | 17 |
| City and Hackney (No data available) | 0 | 0 | 0 |
| NEL CCG | 160 | 249 = 56% | 39 |

Out of 448 Non-Stat & Mand training places taken up, 249 (56%) were BME.

This excludes 39 unknown BME/White

# Staff Survey - Indicators 5 - 8

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| WRES staff survey questions 2020 | Indicator 5 % staff experiencing harassment, bullying or abuse from patients, relatives or public | | Indicator 6 % staff experiencing harassment, bullying or abuse from staff. | | Indicator 7 % staff believing that the CCG provides equal opportunities for career progression or promotion. | | Indicator 8 % staff personally experienced discrimination at work | |
|---|---|---|---|---|---|---|---|---|
| Year | White | BME | White | BME | White | BME | White | BME |
| 2020-21 | 7.7% | 8.2% | 23.6% | 34.8% | 81.3% | 41.1% | 8.5% | 21.3% |
| 2019-20 | 7.7% | 8.4% | 25% | 31.1 % | 80.4% | 49.5% | 7.7% | 16.2 % |
| England CCGs Average | 7.9% | 8.2% | 16.7% | 24.2% | 88.60% | 54.7% | 3.9% | 17.4% |

| Indicator 5 | Indicator 6 and 8 | Indicator 7 |
|---|---|---|
| There the data for 2020-21 reports a similar experience between ethnicities and the England CCG average. | There is a significant difference in the experience of discrimination, harassment, bullying and abuse (from staff). | The perception is recruitment is not fair. Further investigation is needed to understand why. BME candidates were slightly over represented in recruitment data. |

**Action Areas:** Take action to create a culture of respect and dignity at work. In consultation with staff through the 'Big Conversation' sessions establish the key features of a culture that promotes inclusion, belonging and respect. Develop the Freedom To Speak Up service for the CCG. Include appropriate development and training offers to support increased awareness, skills and capabilities to create a respectful work environment and experience for all. Ensure positive messaging about progress that has been made within the CCG to date to improve experiences of BME staff.

# Board Membership - Indicator 9

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Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce*

| WRES Indicator 9 | Governing Body Representation | | | BME % of staff | BME % of Population |
|---|---|---|---|---|---|
| | White | BME | Not Stated | | |
| NEL CCG 2020-2021 | 36% | 43% | 21% | 44% | 49% |
| BHR | 15% | 62% | 23% | 46% | 40% |
| TNW | 48% | 32% | 20% | 43% | 58% |
| C&H | 60% | 20% | 20% | 38% | 47% |

## Governing Body

There is a significant number of Governing Body members not declaring their ethnicity. By excluding the unknown ethnicities, White groups make up 46% of members and BME groups make up 54% of members. BHR looks over-represented and TNW and C&H look under-represented compared to the catchment area population demographics.

**Action Areas:** A progamme of work is planned to encourage an increase in declaration rates of all protected characteristics to improve data quality. As the Integrated Care Board is established there will be an opportunity to consider ways to ensure as diverse a range of representation as possible at senior levels within the new organisation. Learning will be explored from those areas that have demonstrated higher levels of representation than others.

| No | WRES Indicator | Action Areas |
|---|---|---|
| 1 | Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups, and VSM (including executive board members) – compared with the percentage of staff in the overall workforce | Development of our leadership development programmes and talent management approach for colleagues at B6-7, 8 & 9. BME career conversations for colleagues at all levels. Positive action based recruitment campaign for BME staff for bands 8-9 |
| 2 | Relative likelihood of staff being appointed from shortlisting | Explore why there is under-representation of white groups in non-stat and mand training and subsequent action planning. This is potentially due in part to poor recording mechanisms in parts of the CCG for non mandated training. |
| 3 | Relative likelihood of staff entering the formal disciplinary process | |
| 4 | Relative likelihood of staff accessing non-mandatory training and CPD | |
| 5 | Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or public | Take action to create a culture of respect and dignity at work. In consultation with staff through the 'Big Conversation' sessions establish the key features of a culture that promotes inclusion, belonging and respect. Develop the Freedom To Speak Up service for the CCG. Include appropriate development and training offers to support increased awareness, skills and capabilities to create a respectful work environment and experience for all. Ensure positive messaging about progress that has been made within the CCG to date to improve experiences of BME staff. |
| 6 | Percentage of staff experiencing harassment, bullying or abuse from staff | |
| 7 | Percentage of staff believing that the CCG provides equal opportunities for career progression or promotion | |
| 8 | Percentage of staff personally experienced discrimination at work | |
| 9 | BME board membership | A progamme of work is planned to encourage an increase in declaration rates of all protected characteristics to improve data quality. As the Integrated Care Board is established there will be an opportunity to consider ways to ensure as diverse a range of representation as possible at senior levels within the new organisation. Learning will be explored from those areas that have demonstrated higher levels of representation than others. |

## 8. NEL CCG Next Steps

- The data and outline action plan presented here has been discussed at our People and Culture Group and signed off by our Governing Body however it is recognised this is a high level plan at this stage.
- During October sessions are planned with our Black and Minority Ethnic Staff Network to discuss the data and outline action areas in more detail and consider how they align to the People and OD priorities that have been agreed or 2021-22.
- In November a more detailed plan and the data will be presented at an all Staff Briefing.
- A final and more detailed action plan and progress against it will be monitored regularly at the CCG People and Culture Group.

# Workforce Race Equality Standard

# Appendices

**North East London (NEL) Clinical Commissioning Group**

Version: 0.3

Date: 27 September 2021

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# WRES Indicators

| | |
|---|---|
| **Workforce indicators**<br>For each of these four workforce indicators, <u>compare the data for white and BME staff</u> | |
| 1. | Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce Note: Organisations should undertake this calculation separately for nonclinical and for clinical staff |
| 2. | Relative likelihood of staff being appointed from shortlisting across all posts |
| 3. | Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation Note: This indicator will be based on data from a two year rolling average of the current year and the previous year |
| 4. | Relative likelihood of staff accessing non-mandatory training and CPD |
| **National NHS Staff Survey indicators (or equivalent)**<br>For each of the four staff survey indicators, <u>compare the outcomes of the responses for white and BME staff</u> | |
| 5. | KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months |
| 6. | KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months |
| 7. | KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion |
| 8. | Q217. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues |
| **Board representation indicator**<br>For this indicator, <u>compare the difference for white and BME staff</u> | |
| 9. | Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator |

# Appendix B – Local Healthcare Providers' WRES Compliance

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| Area | Number | | | | |
|------|--------|--------|--------|--------------|--------|
| | White | Asian | Black | Mixed/Other | Total |
| Barking and Dagenham | 109,000 | 54,000 | 36,000 | 15,000 | 215,000 |
| Redbridge | 143,000 | 126,000 | 20,000 | 18,000 | 307,000 |
| Havering | 216,000 | 13,000 | 14,000 | 15,000 | 258,000 |
| | 60% | 25% | 9% | 6% | 780,000 |
| Hackney | 144,000 | 32,000 | 63,000 | 42,000 | 281,000 |
| City of London | No ethnicity breakdown | | | | 9,000 |
| | 50%* | 11%* | 22%* | 14%* | 290,000 |
| Tower Hamlets | 145,000 | 128,000 | 22,000 | 19,000 | 314,000 |
| Newham | 111,000 | 166,000 | 47,000 | 27,000 | 351,000 |
| Waltham Forest | 142,000 | 44,000 | 43,000 | 48,000 | 277,000 |
| | 42% | 36% | 12% | 10% | 942,000 |
| NEL CCG* | 50% | 28% | 12% | 9% | 2,012,000 |

*City and Hackney and NEL CCG data does not equal 100% due to City of London not having an ethnicity breakdown.

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