**ICB Progress Report – Public Sector Equality Duty and the Equality Delivery System**

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# Purpose of the Document

Integrated Care Boards have a vital role in tackling inequalities in access to and outcomes from health and social care services. Each year public sector bodies must demonstrate they have met the requirements of the Public Sector Equality Duty (PSED). This process is supported by the Equality Delivery System (EDS), an improvement framework and toolkit that is designed to assist organisations in assessing their performance and identifying future improvement actions. This paper reports on our progress against both the PSED and the revised EDS toolkit issued in 2022.

# Public Sector Equality Duty & Equality Delivery System Toolkit

## PSED Duty

The PSED is designed to support ICBs and other bodies to think about equality across our work programme, to identify the major challenges and to agree the actions we will take to tackle them.

The PSED consists of a general duty and specific duties. The general duty requires ICBs to think about how they can prevent discrimination, advance equality and foster good relations. This applies to the services that are provided and commissioned and to the employment of staff. The PSED requires a thorough consideration of the needs of people with each protected characteristics and is therefore different to the focus of the health inequalities duty which includes a focus on geographical inequalities and other non-protected characteristic inequalities.

The specific duty requires the ICB to be transparent about our work on equality and to show how we are meeting the requirements of the general duty. Each year we must publish equality information that demonstrates how we are thinking about equality across the services we provide and commission and the employment of staff.

ICBs should also have one or more published equality objectives, that are specific and measurable and cover a period of up to four years. The Equality and Human Rights Commission (EHRC) wrote to ICBs on 16th February setting out these requirements and the deadline for the publication of equality information (31st March 2023).

## Equality Delivery System Toolkit

The NHS Equality Delivery System 2022 is an accountable improvement tool for NHS Organisations in England. Updated [EDS Technical Guidance](https://www.england.nhs.uk/wp-content/uploads/2022/06/Equality-Delivery-System-2022-Technical-Guidance.pdf)  was published August 2022. This is the third version, commissioned by NHS England and supported by the Equality Diversity Council and is a simplified version of EDS2. The EDS comprises eleven outcomes spread across three Domains:

* Commissioned or provided services
* Workforce health and well-being
* Inclusive leadership.

Outcomes are evaluated, scored, and rated using available evidence and are designed to provide assurance or point to the need for improvement.

EDS ratings and Score Guidance are in place to assess each outcome area with the overall assessment approach based on the following: -

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| Undeveloped activity – organisations score 0 for each outcome | Those who score under 8, adding all outcome scores in all domains, are rated Undeveloped |
| Developing activity – organisations score 1 for each outcome | Those who score between 8 and 21, adding all outcome scores in all domains, are rated Developing |
| Achieving activity – organisations score 2 for each outcome | Those who score between 22 and 32, adding all outcome scores in all domains, are rated Achieving |
| Excelling activity – organisations score 3 for each outcome | Those who score 33, adding all outcome scores in all domains, are rated Excelling |

Completion of the EDS, and the creation of interventions and action plans in response to the EDS findings, can contribute to NHS system and provider organisations achieving delivery on the CORE20PLUS5 approach, the five Health Inequalities Priorities set out in the 22/23 Operational Planning Guidance. NHS organisations are also being encouraged to start to adopt a system approach to application of the EDS framework where possible.

# Overview of Gloucestershire’s Equality Information

The 2021 Census data information is now available providing us with more accurate and up to date information about the profile of our local population. The infographic at Appendix 1 shows our position across the nine protected characteristics.

# Our Approach to EDS22 for 2022/23

Across Gloucestershire we have agreed that we will collaborate on a review of *Commissioned and Provided* services for the 2022/23 review and each organisation would review its own progress on *Workforce health and wellbeing* *and Inclusive Leadership.*

We have collated evidence to support a review of the requirements against the 3 Domains and 11 outcome areas and have engaged with both staff networks and the recently established *Working with People & Communities Advisory Group (WPACG) to* review the information and to independently assess our performance. The membership of the WPAGAG is available at Appendix 2.

The next section shows our evidence and assessment against the framework. Whilst we have identified some good practice, the scoring reflects our position as a newly formed organisation and our desire to deliver further improvements over the next 12 months.

# Overview of Outcomes

## Domain 1: Commissioned or Provided services

This year we have agreed across Gloucestershire to review our performance for Cancer Services and Translation & Interpretation Services. For each service area we were required to test four outcomes:

* 1A: Patients (service users) have required levels of access to the service
* 1B: Individual patients (service user’s) health needs are met
* 1C: When patients (service users) use the service, they are free from harm
* 1D: Patients (service users) report positive experiences of the service

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| **What we did** |
| We have collated information to support this assessment from NHS Gloucestershire ICB, Gloucestershire Health & Care NHSFT and Gloucestershire Hospitals NHSFT. The evidence gathered includes statistical data, policies, strategies, working protocols and procedures, service specifications and health inequalities action plans.  The evidence has been discussed with the ICB Working with People and Communities Advisory Group, who gave valuable insight into our self-assessment and made recommendations regarding ratings for each of the four outcomes |
| **What we found** |
| **Outcome 1A: Patients (service users) have required levels of access to the service**  **Cancer services:** Whilst there is good provision of cancer services across primary care, acute and community services, the quality of our data does not allow us to undertake robust analysis/demonstrate required across protected characteristics.   * There is ongoing work to improve data coverage and links across all health data sets, to improve the data completeness. Currently ethnicity analysis in particular is challenging due to the incompleteness of data (“unknown” or “not recorded” are more common than the majority of non-white ethnicities recorded). * There is a focus on improving access to care and reducing backlogs in waiting times (COVID19 recovery). * The Gloucestershire ICS Cancer Programme oversees much of the work to increase early diagnosis rates and ensure identification of, and reduction in, inequalities.   **Translation and Interpretation (T&I) Services:** Each NHS organisation in One Gloucestershire commissions Translation & Interpretation (T&I) Services, which are available to patients’ attending appointments in Primary Care, Acute and Community Services.   * We monitor numbers of requests for T&I services, but struggle to compare this to the numbers of people accessing health care services who are not fluent in speaking and/or understanding English. * Our work with Gloucestershire Deaf Association has provided a better understanding of the number of British Sign Language users accessing health care in the county**.** * In line with the Accessible Information Standard (2016), we prepare written information in alternative formats including Easy Read and large print, but we do not understand the level of compliance across our system.   **Outcome 1B: Individual patients (service user’s) health needs are met**  **Cancer Services:** System-wide work to deliver theCancer Operational Planning guidance 2022/23 has contributed to local action, examples include:   * Targeted focus on inequalities in prostate cancer aimed at increasing engagement in men over 45 from a black ethnic background. * Targeted Lung Health Checks pilot Inner City Primary Care Network (PCN), Gloucester, an area of high deprivation and high lung cancer incidence. * PCN cancer information packs produced to support delivery of cancer early diagnosis Direct Enhanced Service. * Macmillan Next Steps: use of personalised planning (MYCAW wellbeing tool) * Hospital based support:   + Learning Disability Specialist nursing team to support patients coming in for surgery or treatment; and   + Admiral nurse for inpatients with dementia diagnosis. * Scoping of place-based approach to engagement, with system partners: Hub at Home, ICS Collaborative Awareness Campaigns Project: testing difference engagement approaches in areas identified as having later diagnosis of cancer and/or low screening uptake. * Additional PCN initiatives, e.g.: * to improve uptake of screening amongst patients with poor language skills, disability, learning disability; and * provide an improved, joined-up, out-of-hospital service for patients, with support from Cancer and Palliative Care Specialist Nurse.   **Translation and Interpretation (T&I) Services:** Access to the T&I services available across One Gloucestershire services 24/7, 365 days.   * Policies and procedures in place to ensure staff are able to access T&I support. * Training provided: Managing Memory services, Dementia induction delivered and more plans to upskill all providers around Learning Disability services. * Reasonable adjustments made e.g. longer appointments, mobility, support for hearing and sight impairments   **Outcome 1C: When patients (service users) use the service, they are free from harm**  **Cancer Services:** Gloucestershire residents are able to access reasonably high quality, safe healthcare. The Care Quality Commission has rated both main providers as ‘Good’. In Primary Care settings, residents can also access good quality GP services, most of which are rated as either ‘Good’ or ‘Outstanding’.   * System Safety Groupestablished to oversee the implementation of Patient Safety Incident Response Framework (PSIRF) at system level. * Patient safety policies and procedures in place with all providers: additional needs are supported by LD Liaison Nurse Service; Admiral nurse for inpatients with dementia diagnosis; Transgender policy. * Embedded through Professional Registration, Staff training, Risk Assessments, Information Governance, DATIX reporting, Freedom to Speak Up Guardians, Duty of Candour.   **Translation & Interpretation Services:**   * Policies and procedures are in place to ensure NHS providers are compliant with contractual safety requirements – these are generic for all patients. * DATIX reporting reviewed and actioned. * Freedom to Speak Up Guardians, who support staff to speak up on issues relating to patient safety and the quality of care; staff experience and learning/improvement. * One Gloucestershire Quality Framework, Quality Strategy, Whistleblowing Policy support patient safety.   **Outcome 1D: Patients (service users) report positive experiences of the service**  **Cancer Services:** Working with people and communities Strategy: NHS Gloucestershire’s system-wide approach ensures proactive engagement across diverse communities. Patient experience information gathered through engagement is reported back to service leads and system partners.   * Patient Experience data is gathered, monitored and acted upon: * National cancer survey – high levels of satisfaction reported, although limited analysis by protected characteristics possible. * Patient experience data gathered via Friends and Family Test (FFT) * Programme evaluation/wellbeing measures gathered via Macmillan Next Steps   However, data regarding protected characteristics is often not requested or disclosed when information is gathered through PALS, FFT and survey work and it is therefore, not possible to identify inequity in the experience of patients with protected characteristics.  **Translation & Interpretation Services:** Routine mechanisms for capturing patient experience (e.g. FFT) are unlikely to identify specific issues with T&I service.   * Feedback forms and case studies collated. However, patient/service user feedback is often gathered on an *ad hoc* basis. Opportunity to improve this through current re-procurement of T&I services. * Negative feedback from Clinical Teams is collated by Contract leads and discussed at regular contract meetings, but this is predominately about the process/difficulties associated with securing the interpreter or specific language, rather than patient experience of the service. * We hear anecdotally that some patients still do not have independent interpretation for their health care appointments, or that interpreters attending did not speak the required dialect. * Recent reports: Gloucester City Commission to Review Race Relations, January 2022 and #BlackLivesMatter – Gloucestershire Mental Health Services, December 2021 highlight some people’s poor experience of access to interpreters, with both reports recommending that more *“needs to be done to ensure there is a level playing field in access to healthcare*”. |
| **Our assessment rating:** |
| Outcome 1A – Developing activity = Score 1  Outcome 1B – Achieving activity = Score 2  Outcome 1C – Achieving activity = Score 2  Outcome 1D – Achieving activity = Score 1  **Overall Rating for Domain 1:** Commissioned or Provided services is Developing Activity (score 6 out of possible 12) |
| **Improvement Actions: -** |
| In addition to the ongoing work focusing on health inequalities in Cancer services (led by the Cancer CPG), the ICS should:   * continue to develop links between Electronic Patient Records and DATIX Cloud; * explore the collection of protected characteristic data in relation to PALS, complaints and incident reporting; * review compliance with the Accessible Information Standard and ensure   + additional training and support for staff   + sharing of information across the system via the Joining up your Information (JUYI) system; and * establish a system-wide working group to review uptake of translation and interpretation services, including improving mechanisms for gathering patient experience of translation and interpretation services. |

## Domain 2: Workforce health and wellbeing (ICB employed staff)

The 4 outcomes areas for review of our approach in this area are as follows:

* 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions
* 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source
* 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source
* 2D: Staff recommend the organisation as a place to work and receive treatment

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| **What we did** |
| We reviewed the data and statistics we have on our workforce profile including a breakdown of staff according to gender, ethnicity, age and disability. We reviewed the range of health and wellbeing initiatives and projects that the ICB has supported over the past year to assess how staff are supported to manage their health conditions such as obesity, diabetes, asthma, COPD and mental health conditions.  The staff survey results for 2021 were assessed as well as more recently the staff survey results relating to 2022. The range of activities and resources produced was listed on a spreadsheet as evidence and shared with the ICB Joint Staff Side Consultative Committee. |
| **What we found** |
| **Outcome 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions**  The ICB has supported a range of health and wellbeing projects and initiatives including:   * Staff health checks (MOTs) available to all ICB staff and widely promoted via the staff bulletin, wellbeing day and weekly emails. The health checks include an assessment of blood pressure, cholesterol, HbA1c (diabetes check) BMI, and a discussion with healthy lifestyle coach. Approximately 100 health checks have been carried out over the past 5 months. * Staff Wellbeing Day organised in November 2022 providing free sessions on nutrition, exercise – pilates and cardiovascular exercise, Diabetes stall and resources for staff, health checks (MOTs), mental health and wellbeing * Health & Wellbeing policies have been developed including the Drugs and Alcohol Policy and Menopause Policy with a range of resources available. * Specific publicity and training provided to managers to understand the Flexible Working Policy. * During the Covid pandemic and the immediate aftermath, Staff Risk Assessment forms were required to be completed. Managers were provided with guidance that if staff members were from an ethnic minority background and / or long term conditions that put them at greater risk of Covid then reasonable adjustments should apply, including ensuring that staff could work at home during this period and would not be required to attend the office. * Wellbeing Newsletters were produced on a range of topics including Stress, Mental Health, MSK, diet and exercise and financial wellbeing amongst many other topics. * Healthy Eating is a topic covered in a variety of newsletters over the last 2 years. Diet and Nutrition is highlighted in articles on Cancer, Diabetes, weight management. * The ‘Healthy Eating, Smart Meeting’ guidance has been developed as a statement of intent and is available on the staff intranet. * The ICB has trained 15 staff as Mental Health First Aiders. * There is a new ICB Appraisal process which includes a discussion during the appraisal of staff health and wellbeing and signposting to resources * Publicity about pension seminars to staff – specifically targeted at the older workforce in preparation for retirement have been included in staff bulletins and shared with JSCC members. * The ICB specifically employs a Health and Wellbeing Consultant to work 2 days a week to develop and promote wellbeing policies, resources and communications.   **Staff Survey Results 2022**   * 85% of staff are satisfied with opportunities for flexible working patterns. * 88% of staff can approach immediate manager to talk openly about flexible working 88%. * 83% of staff confirm that the organisation takes positive action on health and well-being * 93% of staff reported that the organisation made reasonable adjustment(s) to enable them to carry out their work.   Key theme in the staff survey affecting the wellbeing of staff is **B*urnout***   * How often, if at all, do you find your work emotionally exhausting? 24% same as 2021 * How often, if at all, do you feel burnt out because of your work? 20.1%, a slight increase on 2021 * During the last 12 months have you felt unwell because of work-related stress? 33% * In the last three months have you ever come to work despite not feeling well enough to perform your duties? 42.7%   **Gloucestershire Healthy Workplace Award**  A local award which recognises employers’ commitment to the health and wellbeing of its employees. The ICB has been awarded the Healthy Workplace Award Level 1 in 2021 and the Advanced Award in 2022.  **Outcome 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source**   * The ICB has updated its policies on Harassment and Bullying. * Managers training on Harassment and Bullying was provided in 2022 by the CSU HR Team. * ICB has a Whistleblowing and Freedom to Speak Up Policy. * ***The ICB offers Restorative supervision*** for clinical staff at the ICB either group or 1:1 available from Professional Nurse Advocate’s (PNA). * The ICB has accreditation as a Disability Confident Employer until 2025. * A compassionate leadership workshop was held with senior managers in March 2023 and a compassionate leadership intranet page has been produced with a range of resources for staff.   **Staff Survey 2022**  **WRES data**   * The percentage of Gloucestershire ICB (GICB) staff from an ethnic minority background that had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months was 0.0%, compared to 9.3% of GICB white staff. The ICB average for staff from an ethnic minority background was 8.3% and for white staff it was 7.9%. * The percentage of Gloucestershire ICB (GICB) staff from an ethnic minority background that had experienced harassment, bullying or abuse from staff in the last 12 months was 17.6% compared to 10.9% of GICB white staff. The ICB average for staff from an ethnic minority background was 20% and for white staff it was 15.5%.   **WDES data**   * The percentage of Gloucestershire ICB (GICB) staff with a Long-Term Condition (LTC) experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months was 11.7%, compared to GICB staff without a LTC which was 7.8%. The ICB average for staff who have a LTC was 10.7%, compared to 7.3% without a LTC. * The percentage of Gloucestershire ICB (GICB) staff with a Long-Term Condition (LTC) experiencing harassment, bullying or abuse from managers in the last 12 months was 8.3% compared to staff without a LTC 5.6%. The ICB average for staff with a LTC was 15.2% and for staff without a LTC it was 7.6% * The percentage of GICB staff with a LTC experiencing harassment, bullying or abuse from other colleagues in the last 12 months was 15% compared to those GICB staff without a LTC it was 5.1%. The ICB average for staff with a LTC it was 15.5% and for staff without a LTC it was 8.7%. * The percentage of GICB staff with a LTC saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it 31.3% compared to GICB staff without a LTC which was 44.4%. The ICB average for staff with a LTC was 40.9% and for staff with a LTC it was 42.2%.   **Outcome 2C. Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source**  The ICB has a range of resources and procedures in place to support staff as follows:   * Flexible working policy to help staff achieve a work-life balance. * Leave and Other Leave policies. * The ICB has a Harassment and Bullying Policy in place * In the autumn 2021 Harassment and Bullying Managers training was provided to staff * Additional Leave procedures and process whereby staff can purchase additional leave for 2023-24 are in place with 57 staff having exercised this choice. * Newsletters and communications around managing stress and encouraging a work-life balance. * Wellbeing days for staff to help them manage stress and promote wellbeing. * The ICB provides a range of employee support to health staff manage their health conditions including the Occupational Health Service – working well; the Employee Assistance Programme provided by Care First and the Gloucestershire Wellbeing Line. All three resources listed above are independent and provide advice and support to staff experiencing bullying and harassment, any physical violence and stress be that at work at home or both. Resources are promoted via the Corporate Induction, Health and Wellbeing intranet pages, ConsultHR portal, weekly Staff Bulletin.   **Staff Survey**   * 76.6% of staff feel safe to *speak up about anything that concerns me in this organisation*, equivalent to the ‘Best’.   **Outcome 2D: Staff recommend the organisation as a place to work and receive treatment**  58% of Glos ICB staff reported If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation, this is above the national average 53% but has significantly decreased from 2021 with 71% of ICB staff reporting favourably on this question. However, 80.6% of Gloucestershire ICB staff reported that the care of patients / service users is my organisation's top priority equivalent to the ‘Best’.  **2019 2020 2021 2022**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Glos ICB | - | **62.5%** | **68.8%** | **71.0%** | **58.0%** | | Best | - | 88.6% | 85.7% | 88.5% | 65.3% | | Average | - | 61.5% | 66.0% | 61.8% | 53.6% | | Worst | - | 28.6% | 30.9% | 37.7% | 35.7% |   It is evident that Gloucestershire ICB has positive scores in relation to recommending the ICB as a place to work compared to the national average however there has been a dip in scores between 2021 and 2022.  **2019 2020 2021 2022**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Glos ICB | - | 75.9% | **81.4%** | **82.7%** | **80.6%** | | Best | - | 95.7% | 95.5% | 94.5% | 80.6% | | Average | - | 65.1% | 71.0% | 67.4% | 62.1% | | Worst | - | 29.8% | 42.9% | 45.4% | 39.6% | |
| **Our assessment rating:** |
| Outcome 2A – Achieving activity = Score 2  Outcome 2B – Developing activity = Score 1  Outcome 2C – Developing activity = Score 1  Outcome 2D – Developing activity = Score 1 Overall Rating for Domain 2: Workforce health and wellbeing (ICB employed staff) Score 5 out of possible 12. |
| **Improvement Actions: -** |
| * Further work will be undertaken on wellbeing initiatives that are targeted to protected characteristics. * There is more work to be undertaken to understand Burnout of staff and effect on the health and wellbeing of staff and additionally how this relates to those members of staff with protected characteristics. * Continued awareness raising on harassment and bullying including ensuring that staff are aware of the ICB policies including the Freedom to Speak Up policy which is currently under review. * Continue to promote compassionate leadership as part of the ICB’s values and culture. * To raise awareness further of the range of staff support resources through the Staff Bulletin, Team meetings, Staff Meeting, JSCC meetings and ensure that resources are fully accessible on the new ICB intranet. |

## Domain 3: Inclusive Leadership

The 3 outcomes areas for review of Inclusive Leadership are as follows:

* 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.
* 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.
* 3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

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| **What we did** |
| Outcome 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.   1. Surveyed all ICB Board members and asked for an overview of activities undertaken to support Inequalities & the Equality, Diversity and Inclusion (EDI) agenda in the past year. 2. Collated an evidence file. 3. Reported on key system initiatives in place and provided an overview of these to the Working with People and Communities Advisory Group in December 2022.   Outcome 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.  We undertook a desk top review of a number of meetings which have taken place since January 2022 to see how frequently the Board Members were discussing inequalities and issues relating to equality, diversity and inclusion.  Meetings reviewed:   * CCG Governing Body (Public) * Integrated Care Board Meetings (Public) * ICS Strategic Executive (Closed)   Outcome 3C: Board members, system, and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.  We reviewed how well the ICB is using relevant tools such as the following:   * Workforce Race Equality Standards (WRES) * Workforce Disability Standards (WDES) * Impact Assessments * Gender Pay Gap Reporting * Accessible Information Standards * Equality Delivery System 2022 * Patient and Carer Race Equality Framework (Mental health) |
| **What we found** |
| **For Outcome 3A:**   * Equality and health inequalities are regularly discussed as part of specific items at ICB Board meetings (also see 3B below). * All ICB Board members and Executives provided evidence of attendance and involvement in EDI activities. * Attendance from across the system from a range of Executives and Senior leaders at a number of community events across Gloucestershire. * Addressing health inequalities has been identified as key part of our draft Integrated Care Partnership Strategy. * The ICB could show its continued commitment to this agenda e.g. through participation in the NHS Employers Diversity in Health and Care Partners programme with EDI and Human Resources (HR) leads from across the system participating (a national support programme running over a 6-month period).   **For Outcome 3B:**  The ICB could demonstrate it had taken a regular focus on equality and health inequalities through the range of reports and information that had been presented to its main Committee meetings. Since 1st July 2022 with the onset of the ICB, report templates now included specific information to be included on EDI/Inequalities information. However, there is not necessarily a consistent approach to how well these sections were completed.  **For Outcome 3C: -**   * All these tools are used by the ICB to monitor progress and to determine action plans. * The People Committee on 6 October 2022 completed a detailed review of Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) performance across Gloucestershire, and our comparative performance across the South West and nationally and reviewed current actions. * The ICB carries out an annual review of the gender pay gap amongst its staff. |
| **Our assessment rating:** |
| Given the ICB is a relatively new statutory body, and we are continuing to develop our approach, both ICB assessors and WP&ACAG members proposed the following ratings:  Outcome 3A – Developing activity = Score 1  Outcome 3B – Developing activity = Score 1  Outcome 3C – Developing activity = Score 1  **Overall Rating for Domain 3: *Inclusive Leadership (Activity Score 3 out of possible 9)*** |
| **Future Improvement Actions: -** |
| * Dedicated EDI development session for Board members planned in first half of 2023. * ICS-wide Reciprocal Mentoring Scheme mobilised in 2023 for (Executives and Band 9 senior managers to be matched with mentors from staff under-represented groups. * Adherence and improvement of equality and health inequalities data as part of ICB reports. * All ICB staff are being supported with Inclusive Leadership training focusing on from March 2023. |

# Our Overall Assessment & Rating

Organisations are required to provide an overall rating, created by adding all outcome scores together. Our position is:

Domain 1 Commissioned & provided services = 6

Domain 2 Staff health and wellbeing = 5

Domain 3 Inclusive Leadership = 3

This gives an overall score of 14. Those who score between 8 and 21, adding all outcome scores in all domains, are rated as Developing.

# Equality Objectives

In line with the Public Sector Equality Duty requirements we are required to have one or more published equality objectives, that are specific and measurable and cover a period of up to four years. In recognition of the issue identified through the EDS22 process and drawing upon existing priorities for the ICB we are proposing the following 3 equality objectives for the ICB:

## 7.1 To develop the quality and range of equality and health inequalities data as part of our clinical programmes of work to improve our understanding of the impact of inequalities and the opportunities to take improvement actions.

7.2 To deliver our programme of work in the Core 20 Plus5 clinical priority areas.

## 7.3 To work with system partners across One Gloucestershire on the implementation

## of the Equality Delivery System to share information, learning and good practice.

# Future Issues to Consider

Later this year the Equality and Human Rights Council, working collaboratively with NHS England and the Care Quality Commission will monitor how every ICB is meeting its PSED obligations and will use this information to target support and share information on best practice.

As part of this monitoring they will particularly look at what steps are being taken to tackle the inappropriate detention of people with a learning disability and autism and action to tackle the disproportionate rates of detention of ethnic minority people under the Mental Health Act. They are also likely to look at how ICBs are considering equality in their workforce including the experience of low paid ethnic minority staff.

The PSED also includes the obligation for public bodies with 250 or more staff to publish gender pay gap information each year. Whilst the former CCG has routinely published such data, the duty to publish information will apply to ICBs from March 2024 but relate to the workforce profile on 31 March 2023.

# Recommendations

ICB members are asked to:

1. Note the up to date position of Gloucestershire’s population against the 9 protected characteristics.
2. Consider our assessment of our performance against the 11 outcome areas that make up the Equality Delivery System improvement framework, noting this assessment has been tested independently with the Working with People & Communities Advisory Group and the ICB’s Joint Staff Consultative Committee.
3. Note and approve the improvement actions set out in Section 6.
4. Approve the ICB’s equality objectives set out in Section 7.
5. Note that information about the profile of our local population and the ICB’s equality objectives will be published on our website on 31st March 2023.

***Appendix 2: Membership of Working with People & Communities Advisory Group***

The proposed ‘lay’ membership should be up to 12 individuals including the Chair.

The WWPAC AG members should include individuals with recent and relevant experience of health and care services in Gloucestershire and have a mix of characteristics and interests:

* Chair (Jenny Hepworth, NHS Gloucestershire ICB Lay Champion)
* John Lane - Healthwatch Gloucestershire
* Vicci-Livingston-Thompson – Inclusion Gloucestershire
* Rupert Walters – 4orty2 – Black Business Network
* Jennifer Skillen – Expert by Experience
* Pat Eagle – Foundation Trust Public Governor
* Jan Marriott – Trust Non-Executive Director/Partnership Board Co-Chair
* Riki Moody – Gloucestershire Care Home Providers Association TBC
* Matt Lennard / Gill Parker – VCS Alliance TBC
* Emma Mawby – LGBT+ Partnership TBC
* Becky Parish and Caroline Smithy - NHS Gloucestershire ICB Engagement/Insight/Equality and Diversity Leads
* Anthony Dallimore - NHS Gloucestershire ICB Communications Lead
* Clive Lewis - NHS Gloucestershire ICB Non-Executive Director TBC