

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

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1 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.

2 Public Sector Equality Duty & Equality Delivery System Toolkit

2.1 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) monitor the performance of ICBs and require the annual publication of equality information (31st March 2024).

2.2 Equality Delivery System Toolkit

The NHS Equality Delivery System is an accountable improvement tool for NHS Organisations in England. Updated [EDS Technical Guidance](#) 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: -

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 and the 23/24 Operational Planning Guidance. NHS organisations are expected to start to adopt a system approach to application of the EDS framework where possible.

3 Overview of Gloucestershire’s Equality Information

As per last year, the 2021 Census data information provides 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.

4 Our Approach to EDS for 2023/24

Across Gloucestershire we have agreed that we will collaborate on a review of *Commissioned and Provided* services for the 2023/24 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, the Working with People & Communities Advisory Group (WPACG) and the Maternity and Neonatal Voices Partnership 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 and an overall improvement on last year's performance, there are some areas where we are still developing and embedding equality objectives, data and reporting.

5 Overview of Outcomes

5.1 Domain 1: Commissioned or Provided services

This year we have agreed across Gloucestershire to revisit our progress on Cancer Services and Translation & Interpretation Services (which we reviewed last year) and to look at Maternity 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

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 and Maternity and Neonatal Voices Partnership representatives, who gave valuable insight into our self-assessment and made recommendations regarding ratings for each of the four outcomes.

The following summarises the findings for each section. The full assessment is included in Appendix 3.

What we found

Outcome 1A: Patients (service users) have required levels of access to the service

Cancer services: There is good provision of cancer services across primary care, acute and community services. A place-based population health approach is being taken through Integrated Locality Partnership and Primary Care Networks. Our Integrated Care Strategy focuses on understanding our communities and achieving equity through a range of targeted improvement for those living in our most deprived areas of the county.

There is ongoing work to improve data coverage and links across all health data sets, to improve the data completeness. Analysis by some protected characteristics remains challenging due to the incompleteness of data.

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 are in the final phase of re-procuring one T&I service for spoken languages across One Gloucestershire partners. This will enable:

- Continuity of interpreter (where preferred)
- Improved access to services
- Collection of robust feedback from people in our communities
- Improved staff training

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.

We are working with voluntary sector partners to raise awareness of the Accessible Information Standard (2016) and develop mechanisms to ensure compliance across our system.

Maternity Services:

The Local Maternity and Neonatal System (LMNS) Board has regular oversight of and monitors the national local maternity services dashboard. This brings together information from different data sources to track, benchmark and improve the quality of maternity services in Gloucestershire.

Maternity services, including Delivery Suite, Birthing Units, Community Midwives and Perinatal Mental Health Services are delivered in a number of locations in Gloucestershire.

Our data shows that 21.3% of maternity bookings are for women from ethnic minority communities. This is higher than the ethnic minority population in Gloucestershire, which according to the 2021 Census is 17.7%, for women of child-bearing age. 23.9% of all bookings are from women who live in the most deprived areas (IMD Deciles 1&2) of Gloucestershire. 14.7% of these women are booked with the Continuity of Carer team/pathway.

Outcome 1B: Individual patients (service user's) health needs are met

Cancer Services: System-wide work to deliver the Cancer Operational Planning guidance 2023/24 has contributed to local action, including:

- Faster diagnosis and operational improvement; e.g. Targeted focus on inequalities in prostate cancer aimed at increasing engagement in men over 45 from a black ethnic background, with family history of prostate cancer.
- Early Diagnosis: NHS Cancer Screening - Working to identify the population groups with low screening uptake locally e.g. Actively developing opportunities to improve screening uptake in women from South Asian communities and in areas of deprivation.
- Improving access to screening for people with Learning Disabilities and Autism by having a dedicated cancer screening support nurse.

- Primary Care Direct Enhanced Service and Quality Improvement Projects respond to local needs and challenges.

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.
- Reasonable adjustments made e.g. longer appointments, mobility, support for hearing and sight impairments.
- New service specification for spoken language will:
 - support requests for continuity of interpreter across organisations
 - enable service improvement (re T&I) based on feedback from patients
- Accessible Information Standard: Working in partnership with VCS organisations to support awareness raising of communication needs for people with a disability, sensory or cognitive impairment.

Maternity Services:

The Local Maternity and Neonatal System (LMNS) has developed an Equity and Equality action plan, in collaboration with the Maternity and Neonatal Voices Partnership (MNVP). This 5-year plan sets out initiatives which include:

- 2 Midwifery Continuity of Carer (MCoC) teams have been established to provide support in areas of high deprivation and ethnic minority communities.
- A Perinatal Emotional Health and Wellbeing pilot funded by the ICB and delivered by The Nelson Trust supports women with low/moderate perinatal mental health needs, and can support with issues around accommodation, drug and alcohol misuse and domestic abuse.
- Perinatal Equity and Equality Action Plan developed with a focus on mothers from more deprived areas and ethnic minorities, young mothers and Traveller communities
- A young mums' support group is delivered by Forest Voluntary Action Forum (FVAF), who has identified the needs of the young people and encourages social inclusion, helps build confidence, learn new skills and increase parenting social circles.

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 Group established 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.

Maternity Services:

- Local Maternity and Neonatal System receive regular updates on quality and safety, including the quarterly Perinatal Quality Surveillance and Safety Report.
- Maternity and Neonatal safety champions in post and meet bi-monthly, undertaking walkabouts of key areas of focus. They provide visible leadership and promote safe, personalised care, share learning and best practice from national research, local investigations and initiatives.
- DATIX reporting – a daily review of all incidents rated moderate harm+ takes place to ensure we are responding to any potential safety concerns in a timely way. In addition, the introduction of hot and cold de-brief post incident to support staff health and wellbeing
- We have strengthened the quality and safety reporting both internally and externally to support an increase in learning from our incidents and patient feedback.

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 due to small numbers involved
 - Patient experience data gathered via Friends and Family Test (FFT) – demographic data capture extended to provide greater breakdown of ethnicity; disability; carer

- Working closely with ICB Insights Manager to build relationships with local communities and groups, including plans for engagement work and cultural competency training for staff supporting events.
- Targeted campaigns include:
 - Prostate cancer risk and awareness event with the African Caribbean Community.
 - Breast Cancer Awareness Events utilising the Information Bus to target deprived communities, ethnic minority communities (prevalence of late-stage diagnosis), the homeless community and the LGBT+ community.
 - Bartongate Children’s Centre event - female Afghani refugees, with support from GARAS.
 - All Nations Health and Wellbeing event attended by Prostate and Breast Nurses.
 - General awareness, risks and prevention with Nepalese soldiers

Translation & Interpretation Services:

- We are in the final phase of re-procuring one T&I service for spoken languages across One Gloucestershire partners. This will enable:
 - Continuity of interpreter (where preferred)
 - Improved access to services
 - Collection of robust feedback from people in our communities
 - Opportunity to promote service to local communities
 - Improved staff training
- Gloucestershire Health and Care NHSFT are in the process of introducing a QR code, so that when an appointment has taken place, the Deaf client will receive a text so they can send back some feedback.
- Working with Inclusion Gloucestershire, Gloucestershire Hospitals NHSFT have reviewed patient information leaflets and agreed which should be translated into Easy Read. Information to support patients in Shared Decision Making has been included on the back of each leaflet.

Our assessment rating:

There is a range of scores across the different services, but when combined they equate to the following:

Outcome 1A – Achieving activity = Score 2

Outcome 1B – Achieving activity = Score 2

Outcome 1C – Achieving activity = Score 2

Outcome 1D – Achieving activity = Score 2

Overall Rating for Domain 1: Commissioned or Provided services is Achieving Activity (score 8 out of possible 12)

Improvement Actions: -

- Further data analysis is underway for cancer services to improve identification of variation and link further datasets to improve data quality.
- Work to provide consistency and clarity of the maternity offer for labour and delivery.
- Further improvements are made to equality data recording, in order to achieve consistency.
- Establish mechanisms for gathering patient experience of translation and interpretation services and explore innovation in improving access and visibility of the service.
- Review compliance with the Accessible Information Standard providing and evaluating the impact of additional training and support for staff.

5.2 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

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 2022 were assessed as well as more recently the staff survey results relating to 2023. The range of activities and resources produced was listed in a presentation (and domain 3 document) and shared with the ICB Staff Partnership Forum on 29th February 2024 for their feedback and input..

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 over the year (2023-2024) including: **Staff health checks (MOTs); Blood Pressure Checks; Women's Health Day; MSK session; Promote hybrid working and office furniture grant; Health & Wellbeing policies; Reasonable Adjustments** policy, Health Passport and Guidance was developed in 2023; **Intranet resources** and blogs cover Women's Health, Alcohol and Drugs, Mental Health

Staff Survey H&WB Results 2023

In the 2023 survey, a number of the People Promise element scores relating to the theme of *safe and healthy* cannot be benchmarked due to data issues but we scored above the ICB average and improved on last year's position on staff reporting that burnout was not an issue. More staff completed the staff survey than the previous year with 77% of staff employed by the ICB responding to the survey compared to 74% in 2022.

For the forthcoming year 2024 we have identified the following H&WB themes

Managers supporting staff with H&WB

- 2023, 87% of staff can approach immediate manager to talk openly about flexible working compared to 88% in 2022; slight deterioration in score.
- 2023, 84% of staff reported that their immediate manager takes a positive interest in my health & well-being; compared to 86% in 2022; deterioration in score.

Organisation supporting staff with H&WB 2023, 78% of staff confirmed that the organisation takes positive action on health and well-being; compared to 83% in 2022; deterioration in score.

MSK 2023, 79% of staff have in the last 12 months not experienced musculoskeletal (MSK) problems as a result of work activities; compared to 82% in 2022.

Reasonable adjustments 2023, 83% of staff reported that the organisation made reasonable adjustment(s) to enable them to carry out work; compared to 93% in 2022 a significant deterioration in score.

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.
- Training provided to all staff on building a culture of conscious inclusion; sessions were designed for managers 8A and above and for staff in bands 7 and below. The Commissioning Support Unit ED&I specialists delivered the training throughout 2023. Feedback and evaluation on the training has been received.
- ICB has a Whistleblowing and Freedom to Speak Up Policy with an induction session on FTSU as well as slots at the Staff Meeting. There are now two FTSU Guardians who are trained at the ICB and a lead NED for FTSU.
- The ICB introduced a Zero Tolerance of Abuse of NHS Staff Policy in 2023 with reporting forms and a dedicated incidence box.
- ***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 is a signatory to the Sexual Safety in Healthcare Organisational Charter*** Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help

achieve this. NHS Gloucestershire ICB Board agreed on the 10 principles and actions to achieve this, at its September 2023 board meeting.

- 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.

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 including:

- Flexible working policy to help staff achieve a work-life balance.
- Leave and Other Leave policies including Disability Leave.
- Additional Leave procedures and process whereby staff can purchase additional leave for 2023-24 57 staff have exercised this choice with 70 staff taking additional leave in 2023-24 financial year.
- Training delivered on Building a Culture of Conscious Inclusion.

Staff Survey

- In 2023 68% of staff *feel safe to speak up about anything that concerns me in this organisation* which is better than the national average for ICBs of 60%, However in 2022 it was 76.6% equivalent to the 'Best'

Outcome 2D: Staff recommend the organisation as a place to work and receive treatment

- In 2023 57% 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 48% but has significantly decreased from 2021 with 71% of ICB staff reporting favourably on this question.
- However, 77% of Gloucestershire ICB staff reported that the care of patients / service users is my organisation's top priority in 2023 compared to the national average of 67%.
- 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 and a further dip in 2023 to 75%. but still compares well to the national average which is 52%.

Our assessment rating:

Outcome 2A – Achieving activity = Score 2
 Outcome 2B – Developing activity = Score 1
 Outcome 2C – Developing activity = Score 1.5
 Outcome 2D – Developing activity = Score 1.5

Overall Rating for Domain 2: Workforce health and wellbeing (ICB employed staff) Score 6 out of possible 12.

Improvement Actions: -

- Further work will be undertaken on wellbeing initiatives that are targeted to protected characteristics; a special session on domestic abuse and supporting staff by GDASS will be organised for Spring 2024.
- A H&WB survey will be sent out to staff to gather ideas to improve staff health while at work in Q1 of 2024 with a focus on protected characteristics.
- Further FTSU sessions will be organised during 2024.
- FTSU mandatory training via a national e-learning module will be made available to staff in June 2024
- ICB will be undertaking further work to tackle bullying and harassment from patients, service users, their family, staff and managers, with a coordinated approach across the ICS and internal focus groups to understand the issues in more depth.
- A focus on creating a health workplace culture with particular emphasis on understanding stress experienced by our staff, improving Musculo-skeletal health.

5.3 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.

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. Looked at organisational level and system wide approaches to support senior leaders understanding of equality and health inequalities
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 March 2024

Outcome 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.

1. We undertook a desk top review of a number of meetings which have taken place since March 2023 to see how frequently the Board Members were discussing inequalities and issues relating to equality, diversity and inclusion. Meetings reviewed:
 - 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:

1. Workforce Race Equality Standards (WRES)
2. Workforce Disability Standards (WDES)
3. Impact Assessments
4. Gender Pay Gap Reporting
5. Accessible Information Standards
6. Patient and Carer Race Equality Framework (Mental health)

What we found

For Outcome 3A:

EDI Objectives for all Board members

- In line with the national EDI improvement plan all ICB Board members will have an EDI objective by March 2024.

Training & Support for Staff

1. We have run a 2nd cohort of the Reciprocal mentoring programme - matching staff from a range of services and with different protected characteristics with Senior Managers to become co-mentees for a 6-month period

- Cohort 1: 22 pairs, including 13 Executives & Non-Executive Directors
- Cohort 2: 17 pairs, including 6 Executive & Non-Executive Directors

2. We have run a 2nd Cohort of the Inclusive Allies programme:

107 staff from Public sector organisations across Gloucestershire participated in the 2nd Inclusive allies programme during 2023

3. Training for ICB employed staff

We commissioned cultural awareness training for ICB staff (72% of staff completed the training). Providers across the system has also run specific EDI training for their staff.

For Outcome 3B:

Board, Strategy & Committee meetings:

1. We continue to ensure that health inequalities are regularly discussed at ICB Board meetings – a recent desk top review of agendas and meeting papers showed that there are frequent discussions on health inequalities.

- *2 specific topic items and 15 separate references to EDI/Inequalities as part of the non-standard Board items across Public and Confidential sessions*
- *5 Patient Stories (every meeting apart from extraordinary Board).*
- *Health Inequalities clearly referenced in Board Assurance Framework*

2. A dedicated EDI development session for Board members took place in October 2023

3. The People Committee recently reviewed the Workforce Race Equality Standards which illustrate the different experience of staff from Black and Minority ethnic backgrounds in relation to discrimination, bullying and harassment as well as the representation and disparity ratio between staff at different grades. This is an area for further focus in 2024/25.

For Outcome 3C: -

Tools to Support Staff across the system:

- GCC colleagues have launched the Prevention & health Inequalities hub. The hub is an online compendium of information, resources, and practical tools to help people to better understand and take action to improve health equity in their areas of work. It includes tools such as :-
 - Health Equality Assessment Tool (HEAT)
 - Health Equity Audit (HEA)
 - Health Impact Assessment (HIA)
 - The Hub can be found here: www.gloucestershire.gov.uk/PHI-Hub

We will continue to promote the hub and its resources to support staff across the system in taking appropriate action to manage health inequalities as part of our work programmes.

- The ICB Board considered a draft Inequalities Framework at its February ICB development session. An outcomes framework and health Inequalities dashboard are in development and will be shared with the Board in due course.

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 1.5

Outcome 3B – Developing activity = Score 1.5

Outcome 3C – Developing activity = Score 2

Overall Rating for Domain 3: *Inclusive Leadership (Activity Score 5 out of possible 9)*

Future Improvement Actions: -

- System wide action planning on WRES results with a focus on recruitment, data and anti-discrimination.
- Further review of equality objectives in 2024 linked to roll out of the Inequalities Framework
- Improve the visibility on our website of equality information such as the protected characteristics of our Core 20 population, more case studies and equality impact assessments.

6 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 = 8

Domain 2 Staff health and wellbeing = 6

Domain 3 Inclusive Leadership = 5

This gives an overall score of 19 (compared to 14 in 2022/23). Those who score between 8 and 21, adding all outcome scores in all domains, are rated as [Developing](#).

7 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. Equality objectives agreed in 2023 are:

- 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.

8 Future Issues to Consider

The Equality and Human Rights Council (EHRC), working collaboratively with NHS England and the Care Quality Commission has been reviewing how every ICB is meeting its PSED obligations. They will use this information to target support and share information on best practice.

Our initial feedback from the EHRC:

- recognises good practice in our work with local communities of interest;
- recommend we refine our Equality Objectives to create more specific and measurable objectives and develop an action plan to monitor and evaluate progress towards meeting these objectives.
- encourages us to demonstrate detailed understanding of our population and their health needs, through published data sets and Equality Impact Assessments.
- suggests in line with good practice, we continue to publicly report our workforce data, including plans to address inequity identified through the Workforce Race Equality Standard, Workforce Disability Standard and gender pay gap.

9 Recommendations

ICB members are asked to:

- i) 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, Maternity and Neonatal Voices Partnership and the ICB's Staff Partnership Forum
- ii) Note and approve the improvement actions set out in sections 5 & 8.
- iii) Note that information about the profile of our local population and the EDS assessment will be published on our website on 31st March 2024.

Appendix 1: Infographic showing an overview of the Gloucestershire population

[Understanding our local population : NHS Gloucestershire ICB \(nhsglos.nhs.uk\)](https://www.nhs.uk/england/about-us/understanding-our-local-population)

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
- Matt Lennard / Gill Parker – VCS Alliance
- Emma Mawby – LGBT+ Partnership
- Becky Parish and Caroline Smith - NHS Gloucestershire ICB Engagement/Insight/Equality and Diversity Leads