

Appendix 3: Equality Delivery System reporting 2024/25



Gloucestershire

Domain 1: Commissioned or provided services

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 three service areas are Respiratory Services, Hypertension and Childrens' Mental Health services. These were selected based on work that is underway to tackle health inequalities, patient experience data and local community insight.

The evidence has been discussed and considered with the ICB Working with People and Communities Advisory Group, but members felt that attributing individual scores to services and/or domains was unhelpful. There was evidence of exemplary practice which demonstrated that the needs of certain groups of people were being met. However, limited data capture for some protected characteristics meant it was difficult for members to be fully assured.

Domain	Outcome	Evidence	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	<p>Respiratory services: There is good provision of respiratory services across primary care, acute and community services. A Population Health Management approach is being taken in the ongoing development of services, with a focus on providing earlier intervention and community-based support to avoid the need for acute admissions. Work is being progressed at a Primary Care Network level, involving a Consultant-led support and the development of Respiratory Champions/wider Voluntary Sector support.</p> <p>Improved access to services through Community Clinics and Acute Respiratory Infection Hubs potentially benefits all, but is particularly helpful in enabling access for working age adults, children, people who are frail and those with co-morbidities.</p> <ul style="list-style-type: none"> 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. 	Respiratory Clinical Programme Board

- Targeted improvements for those living in our most deprived areas (CORE20). People living in our CORE20 areas are more likely to be from ethnic minority communities and/or will be living with co-morbidities.
- We have implemented and funded a model of "Respiratory Champions" to promote and improve respiratory care at a PCN level; this has involved education and training, spirometry training and delivery, and "lung health" clinics for those at risk of respiratory disease.
- Respiratory consultant collaborative community clinics are delivered in practices across the county. The clinics are delivered at a PCN level and are rotated across practices monthly to ensure equitable coverage.
- Acute Respiratory Infection (ARI) Hub – Provides additional capacity particularly targeted to working age adults and paediatrics. If needed clinicians are able to talk to a respiratory consultant to get advice and guidance. They also have the added advantage of being able to refer patients directly the Respiratory Virtual Ward for continued remote monitoring.
- Childrens' Asthma Service – Implementation of national bundle of care for CYP Asthma designed to help improve health outcomes for all children and young people with asthma. This has included:
 - Improved integrated working.
 - Liaison with district council Clean Air Officer re. system training
 - Asthma Friendly Schools (AFS) – ensuring a safe learning environment for CYP with asthma.
 - Work with county council to access schools – web portal, headteacher/SENCO/schools' HLL Leads
 - Extra-curricular reach – Glos FA, RFU, Girl Guides
 - Collaboration with local housing associations and system leads to work towards minimum standards for CYP asthma patients.
- Patients admitted to hospital are offered a smoking assessment, with a range of support available from advice and Nicotine Replacement Therapy (NRT) to help manage any cravings or withdrawal symptoms, to personalised behavioural support. On leaving hospital, patients who want to continue abstaining from smoking will receive NRT and a referral to the Healthy Lifestyles Service for

ongoing support in the community, in addition to follow up from the tobacco free team in the month after they leave hospital.

- Our innovative and truly collaborative approach to service delivery has recently been recognised in the National HSJ awards.

Hypertension:

High blood pressure is a leading cause of heart attacks and stroke in England and account for a quarter of premature deaths. CVD is identified within the NHS Long Term Plan (2019) as the biggest area where the NHS can save lives over the next 10 years. Gloucestershire’s Integrated Care Strategy identified blood pressure as one of three ‘exemplar themes’. The approach for blood pressure within the exemplar themes work is to take a data-informed approach to co-design interventions for our population.

When considering hypertension, we talk about:

Diagnosed high blood pressure - Patients with a confirmed hypertension diagnosis that have a blood pressure reading in the last 12 months that is over the age-appropriate threshold.

Missed opportunity patients – Patients with no diagnosis of hypertension and with no BP reading in the last 5 years who have had a primary care appointment in the last year.

Missing BP - Patients with no diagnosis of hypertension and with no BP reading who have not had a primary care appointment in the last year.

Our data shows that:

- As of June 2024, it was estimated that 159,191 people in Gloucestershire had hypertension. Of this expected number, 106,990 patients in the county had received a confirmed diagnosis (67.2%). This means that to reach the 80% diagnosis target, an additional 20,363 patients need to be identified and diagnosed with hypertension by 2029.
- Males aged 45-59 are most likely to be considered missed opportunities.

CVD Clinical Programme Group

- Male patients aged 50-69 are more likely to have diagnosed high BPs as well as female patients aged 70-89. For both genders, those aged 50-79 are most likely to have a diagnosed high BP.
- Out of the patients that had received a confirmed diagnosis, 68,645 patients (64.2%) had been treated to target (as per NICE guidelines). This means there are 38,345 patients in Gloucestershire with hypertension who have not yet been treated to target.
 - CVD Prevent data shows that those less likely to be treated to target are more likely to be:
 - under 60;
 - live in the most deprived quintile;
 - black;
 - men.

Missing BP →

Gloucestershire residents with a **missing blood pressure reading** are more likely to be:

1. Male
2. Aged 40-49
3. Living in the most deprived areas (Gloucestershire IMD1)*
4. Living in Gloucester

Diagnosed High →

Gloucestershire residents who are in the **'high risk'** group are more likely to be:

1. Aged 70-79
2. Black/ Black British**
3. Living in the most deprived areas (Gloucestershire IMD1)
4. Living in Gloucester

Diagnosed Uncertain →

Undiagnosed High →

* there is a correlation between age and deprivation, with more deprived deciles tending to have younger patients – this means that the deprivation analysis is not independent from age

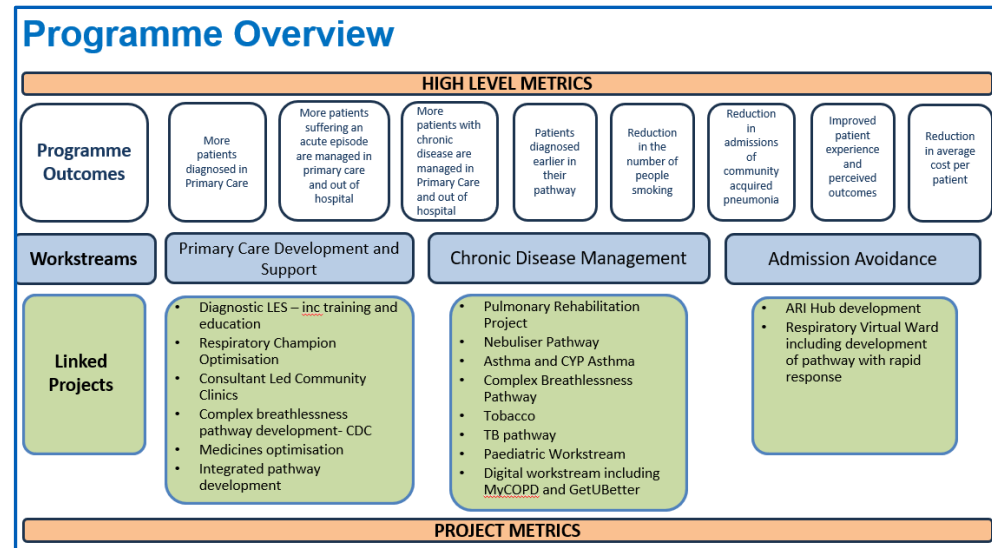
** there is a large proportion of patients with a 'blank' or 'not stated' ethnicity and an underrepresentation of patients identified as 'white' when compared to 2021 census data – this could be skewing analysis

NB. As we increase the number of patients diagnosed, we will increase the number of patients needed to be treated to target.

	<ul style="list-style-type: none"> • Cardiovascular Disease (CVD) Champions initiative launched in Primary Care. There are now 10 PCNs signed up to the initiative, which aims to increase both the number of diagnosis and those treated to target. • Through active promotion and community outreach, e.g. Know your Numbers Week, we have seen a steady increase in the number of people diagnosed with high blood pressure. Know your Numbers week typically sees us using the Information Bus across a variety of locations in Gloucestershire (e.g. high streets, community events) as well as joining community group meetings such as: <ul style="list-style-type: none"> - Fair Shares @ The Friendship Café - Sahara Saheli @ Cheltenham Community Resource Centre - Ebony Carers @ All Nations Community Centre Supported by the Outreach Vaccination & Health Team (OVHT) at Gloucestershire Health & Care (GHC), the 3 KYNs' campaigns (each lasts a week) in 2024 have seen over 750 blood pressure checks completed with over 150 people signposted for additional support. <p>Childrens' Mental Health support: Data taken from our countywide Pupil Wellbeing Survey is used to track the prevalence of Low Mental Wellbeing (LMW) in children and young people (CYP) across our education settings. It is clear from recent years that whilst there is no difference in need between CYP whose ethnicity is White British and CYP from minority ethnic communities, the number of CYP from minority ethnic communities accessing services and support (e.g. core Children and Adolescent Mental Health Service, CAMHS) is significantly below that of their White British peers.</p> <p>Consequently, NHS Gloucestershire has formed a collaboration with The Music Works and Gloucester Community Building Collective - GCBC (two VCSE organisations already working with young people and communities in Gloucestershire) to co-design a programme which aims to:</p> <ul style="list-style-type: none"> • Understand the barriers to accessing mental health support for C&YP from ethnic minority backgrounds; 	<p>Children and Young People's Programme Board</p>
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		<ul style="list-style-type: none"> • Engage with C&YP from ethnic minority backgrounds who are traditionally under-represented; • Provide NHS Gloucestershire ICB with an evidence base of user feedback to improve access; • Increase awareness and access to mental health support. <p>The Music Works are already working with young people from global majority communities in Gloucester, taking an open dialogue approach. They will build trust with young people and the communities they live in by engaging in transparent, open dialogue and working within a strengths-based approach across Gloucester City. This in turn will empower them to help inform the redesign of mental health services by exploring the barriers to accessing mental health support for young people and ensuring recommendations are presented to the Children and Young People's Programme Board within the ICB.</p> <p>Following a co-produced recruitment process, the project employed two Community Connectors in May 2024. They each have significant personal stories of overcoming barriers and dealing with mental health issues. They have undertaken a training programme with, and continue to be supported by, experienced community builders from Gloucester Community Building Collective. They are also supported by a colleague from the Friendship Café who is an experienced community builder himself. They have mentorship in place from The Music Works youth development lead who has experience in working with diverse communities, including those living in very challenging circumstances e.g. involved in gang violence.</p>	
	<p>1B: Individual patients (service users) health</p>	<p>Respiratory Services:</p> <p>The CPG team has developed collaborative programme metrics to define progress and success. All projects within the overarching programme feed into the delivery of these metrics. Population health and inequalities data are used to identify areas of need and focus interventions accordingly.</p>	<p>Respiratory Clinical Programme Board</p> <p>Primary Care Networks</p>

needs are met



The first 4 programme metrics are underpinned by patients being appropriately diagnosed and managed out of hospital by a highly skilled, confident workforce:

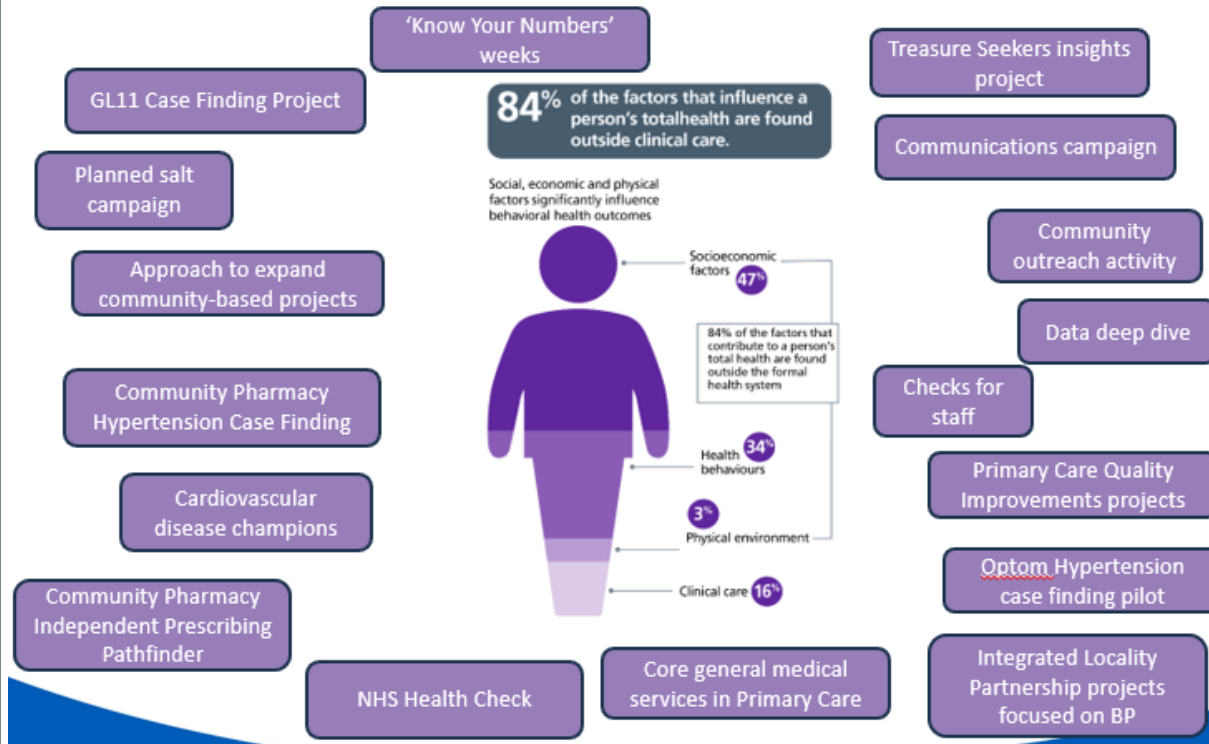
- More patients diagnosed in Primary Care;
- More patients suffering an acute episode are managed in primary care and out of hospital;
- More patients with chronic disease are managed in Primary Care and out of hospital;
- Patients diagnosed earlier in their pathway.

Examples of CPG initiated projects that are driving performance against these metrics are:

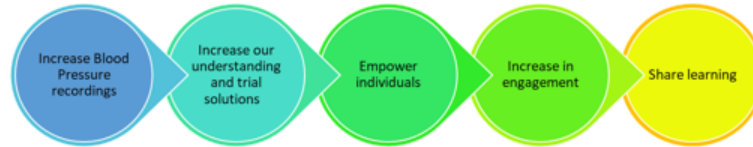
1. Respiratory rehabilitation, including Pulmonary Rehab, expansion via primary care and voluntary sector exercise providers for patients with a lower breathlessness score (MRC2). Collaboratively, the offers deliver a scaled-down, lower acuity, pulmonary rehab. Patients benefit from earlier access which slows their disease burden and helps them to stay fit and well. Evidence shows patients who

		<p>undertake regular rehab for their chronic condition also have shorter stays in hospital if, and when, they do suffer an exacerbation.</p> <ol style="list-style-type: none"> 2. CYP Asthma programme delivering education in schools and wider children's networks; 3. Community Clinics which are secondary care consultant led education and case review sessions to each PCN monthly, prioritised based on PHM data to focus on areas with higher need. <p>Primary Care testimonials on Community Clinics demonstrate "timely access to specialist respiratory support for patients who might not meet the criteria for a Consultant referral" and report "expert support with diagnosis and symptom control".</p> <p>The introduction of the Acute Respiratory Infection (ARI) Hubs has resulted in patients who are acutely unwell being seen, and consequently treated, more quickly. Locating the Hubs in areas of higher deprivation potentially provides improved access to urgent care for the most vulnerable in our communities – there is a correlation between areas of deprivation and people with multiple co-morbidities and also people from ethnic minority communities. The hubs have also demonstrated that they have been able to provide diagnosis of previously unknown long-term conditions, smoking advice and vaccinations resulting in a person-centred, holistic approach to care. Patient experience data shows high levels (over 90%) of satisfaction with the Hubs and evidence of a reduction in attendance/ pressure on General Practice, Emergency Department and NHS 111 services.</p> <p>Hypertension:</p>	<p>CVD Clinical Programme Group</p>
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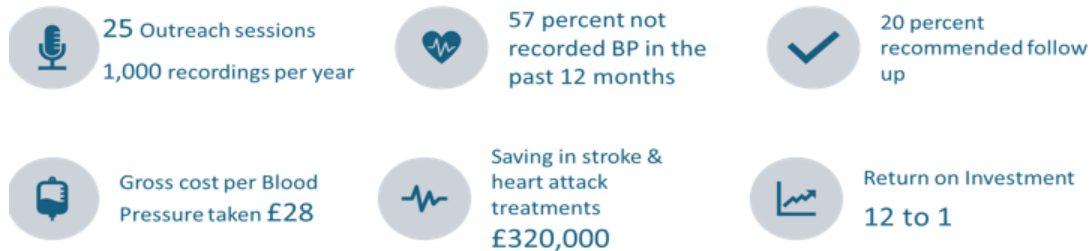
A summary of activity focused on blood pressure – core delivery, pilots and Exemplar Themes



The above shows the range of approaches being taken to improve diagnosis and ongoing support of hypertension, which are focussed across Primary Care with further community activity undertaken by the Outreach Vaccination & Health Team (OVHT). We recognise the importance of personalised care and during 2024 initiated two local community projects at GL11 in Dursley and Kingfisher Treasure Seekers in inner city Gloucester, with the additional aim of increasing our understanding of what support people need to better manage their blood pressure.



- Non-clinical environment
- Non Clinical staff, removal of patient/professional roles
- Strengths based, non-judgemental approach
- Health coaching group for individuals wanting to make lifestyle changes
- Collaboration throughout project
- Integration of other wellbeing activities at GL11



Project reports from GL11 demonstrate blood pressure checks have been undertaken across a range of age groups, including those within target groups i.e. 'missed opportunities' re diagnosis and those less likely to be 'treated to target'. Both the GL11 and Kingfisher Treasure Seekers programmes have provided an unidentified benefit of engaging with people with a learning disability or Serious Mental Illness (SMI).

The evaluation of these projects is currently underway and the findings will inform future funded work with the VCSE sector focussing on:

- Detection of hypertension - community-based test and learn approach to delivering blood pressure checks.
- Identify and work with at risk groups - supporting community research and co-designing solutions.

Children and Young People's Programme Board

Childrens Mental Health support:

The programme is youth-led, with active engagement and co-design with young people. The following plan has been designed by the young community connectors:

- Collect information from services and young people in communities.
- Focus on certain areas in Gloucester with high need (Matson, Barton, Tredworth, Coney Hill, Linden, Tuffley, Podsmead, Kingsholm, Westgate etc.)
- Create a survey with questions to engage with young people.
- Make the survey interactive and fun and possibly design a social media platform to create interest.
- After analysing the data from the surveys/social media, we invite people to a group circle to talk and express themselves, hopefully thereby widening the diversity of people working on this project/create a movement and to help design our next steps.

From that initial group, individuals who want to continue to be involved will help create a yearly event which the community would be interested in and spread the message on mental health awareness, continuing to create opportunities for interaction with services to support redesign and closer connections with communities.

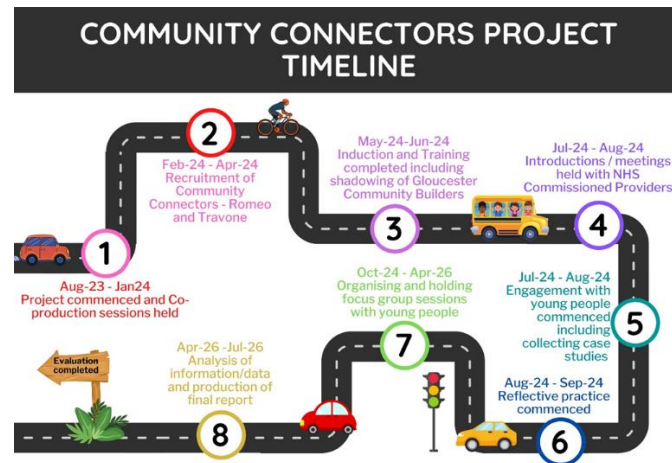
Although the approach has developed from this initial plan, the community connectors have made some really meaningful connections with young people and are uncovering some themes and issues based on the fact that they are listening and are trusted. They ran a group circle workshop in early December and will be reporting on progress in due course. The expectation is that the group of young people will continue to meet/work together, they will discuss some of the themes that are coming up, build their confidence and think about how they want to share their views and findings with others and influence the system.

Using an approach that is led by young people in the community takes time, is based on building trusted relationships and may come up with very different ways of working. Instead of relying on traditional surveys to gather insights about mental health, the Connectors have found that sitting down with young people over food has been far

more effective. Sharing a meal creates a relaxed and informal atmosphere, breaking down barriers and allowing for more genuine, heartfelt conversations. Sharing food has long been a universal way to connect. It creates a sense of community and equality, putting everyone on the same level. Young people often feel less intimidated and more willing to open up in these settings.

Through these conversations, the Community Connectors have noticed that young people are more willing to share their struggles, hopes, and solutions. The act of eating together humanises the process, making it less about “gathering data” and more about building genuine connections that lead to meaningful insights.

What happens next will be dependent on the group, but future work will align with NHS goals, address specific community needs, and leverage evidence-based methods to promote well-being and resilience.



		<ul style="list-style-type: none"> • 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. • Community programmes have clear, established criteria for onward referrals – monitored through project reporting to ensure safety and compliance. <p>Childrens Mental Health support: A range of training sessions formed part of the induction of the Community Connectors, including Mental Health First Aid and Safeguarding.</p> <p>The Community Connectors have lived experience of mental issues and complex lives so they also at times need support. A programme of supervision and mentoring aims to ensure the safety of both the Connectors and those they work with. There are clear strategies in place to ensure this, e.g. work was temporarily suspended during the race-related riots that took place in Summer 2024.</p>	<p>Children and Young People’s Programme Board</p> <p>Programme Steering Group</p>
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>Respiratory Services: Working with people and communities Strategy: NHS Gloucestershire’s system-wide approach ensures proactive engagement across diverse communities.</p> <ul style="list-style-type: none"> • Primary Care testimonials note that “patients respond very positively to the Community Clinics including those who have previously been difficult to engage”. • Mindsong have been commissioned to provide ‘Breathe in, Sing out’ groups to improve breathing and emotional wellbeing. The groups meet in easily accessible venues across Gloucestershire - there is also an online group for those who prefer, or are unable, to meet face-to-face. The 12 weekly sessions, with time for a chat afterwards, have been very well received by patients and their carers. Many report significant improvement in their breathing, often seeing ‘life-changing’ results. Some patients’ testimonials are covered in a short film at: https://www.mindsong.org.uk/breathe-in-sing-out/ 	<p>Respiratory Clinical Programme Group</p> <p>Patient engagement and experience leads</p>

	<ul style="list-style-type: none"> • Patient experience data shows high levels (over 90%) of satisfaction with the Hubs and evidence of a reduction in attendance/ pressure on General Practice, Emergency Department and NHS 111 services. • Patient experience information gathered through engagement is reported back to service leads and system partners. • Patient Experience data is gathered, monitored and acted upon. • Involvement of people with 'lived experience' ensures Clinical Programme Group remains focussed on patient outcomes – “On behalf of all respiratory patients in the county, being a regular member of this welcoming and respectful clinical group means that lived experience of respiratory patients can be heard. It provides a meaningful space and the opportunity to express any concerns, to improve the patient experience and importantly, to actively contribute to the development of new services for respiratory patients. It is a rich and highly rewarding experience.” <i>Patient Representative, Respiratory CPG</i> <p>Hypertension:</p> <ul style="list-style-type: none"> • Know your Numbers weeks have been warmly received by local residents, with positive feedback and appreciation of the outreach into familiar community venues and public spaces. • The CPG and Outreach and Vaccination Health Teams have worked closely with ICB Insights Manager to build relationships with local communities and groups and support events. <p>Feedback from those accessing services included positive comments about the location of the checks and convenience of community locations versus having to make a GP appointment. We have received a number of positive comments via our Patient Advice and Liaison Service (PALS) and through the community project monitoring:</p>	<p>CVD Clinical Programme Group</p> <p>Patient engagement and experience leads</p>
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Pseudonymised case studies:

Jean, 90+ years old, attended a community event for a blood pressure check. Although she had not had her blood pressure checked in quite some time, she felt fit and well. Her BP reading was recorded as 188/88. Our clinical member took over to provide observations and reassurance and we gained permission to send her reading to her GP. She was contacted the same day to book in for an appointment and is now undergoing treatment and on medication for high blood pressure. She is very glad she attended GL11 that day and has also purchased her own machine so she can monitor it at home.

Steve, a 37-year-old male, was persuaded to hop onto the One Gloucestershire Information Bus for a BP check. He recalls:

“Despite my initial reservations the team were persistent in checking me. They found that my blood pressure was extremely high.

Following their advice, I managed to get an urgent appointment with my GP, had blood tests and a 24-hour blood pressure monitor fitted.

I hadn't been experiencing any symptoms, so was totally unaware of my underlying health condition. Thanks to the team's persistence, my urgent health condition was identified, and I am now on medication to control it. I am extremely grateful.”

During KYN week, we have also invited participants to complete a short feedback survey:

- When asked about the usefulness of the outreach sessions in terms of increasing knowledge, 82% of respondents said they found the session very useful.
- Of the people surveyed, 24% said that this was the first time they had had their blood pressure checked.
- Comments included:
“Really convenient - this is needed in areas where people are out and about”.
“This was a useful spur of the moment discussion”.
“Good job, glad you're in the community.”

Childrens Mental Health support:

Children and Young
People's Programme
Board

	<p>Although this project is still in its infancy, it is clear that the voices of young people have been central to the shape and direction of the work. The positive impact of this work is already apparent with powerful contributions from the Community Connectors:</p> <p><i>“It would be an honour to be the catalyst of growth in the lives of a young person looking to de-stress and hopefully correct the course of their life to a more fulfilling one by offering my lived experience, skill sharing at workshops and inquiring into their wants and needs then using the wide network of services the NHS has to offer to provide the best support available”.</i></p> <p>The Community Connectors have already been very active in their communities, making some really meaningful connections with young people and uncovering some themes and issues based on the fact that they are listening and are trusted. These include young men dealing with relationships, use of social media, complex family lives, access to health and fitness to maintain mental health and refugee support and their specific needs.</p> <p>They have attended Kings Jam; a large festival supporting music of black origin and culture, bringing together internationally and nationally renowned artists of various art forms. The event has approximately 2500 attendees each year, and the Connectors used this opportunity to meet with and talk to lots of young people in Gloucester.</p> <p>The Community Connectors had previously planned to use a survey to gain feedback, but upon testing it in their meetings with young people, they found it was getting in the way of listening and the deeper conversations that people wanted to have. Therefore, they decided to work with their own knowledge of young people and their community to come up with better approaches. They have been gathering themes from the young people they meet and have also built up a group of between 5 and 8 young people who are engaged to use their own lived experience of mental health issues to work with others. They are beginning to work with them to build an understanding of the themes impacting their mental health and prepare material/opportunities to share with NHS and/or to think about entirely different approaches that would work for them.</p> <p>Excerpts from anonymised case studies collected through engagement with the Community Connectors are included below. They show the depth of connection and</p>	Programme Steering Group
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the potential for young people with lived experience to influence this work as the programme develops:

X (Jamaican British, age 20) has shared her experiences of past physical and mental abuse, describing how she felt these issues weren't addressed promptly by the NHS. This left her to navigate much of her healing process independently. Motivated by her journey, X wants to create a supportive space for men and women who have endured similar trauma. Her vision is to offer a platform where individuals can openly share, reason, and develop their own personal solutions.

She has expressed a passion for helping others rebuild confidence through habit formation and mental renewal. X believes in empowering people by the development of positive routines and thought patterns.

Her aspirations include organizing a series of events and activities aimed at transforming the lives of young people. These initiatives would emphasise reconnecting with nature, encouraging introspection, and guiding individuals toward discovering healthy online role models. I'm excited to explore these powerful ideas further with her.

Y (16-year-old) currently studying construction at college, dreams of creating his own clothing brand but feels uncertain about navigating online marketing and managing his online image. He shared that he struggles with waking up and immediately scrolling through his phone. While he doesn't fully understand why he does it, this habit leaves him feeling down, anxious, and unsure of himself, affecting his confidence throughout the day.

Though our conversation was brief, it was deeply impactful. Y expressed his desire to inspire others, just as he sees me doing, and to help people achieve their dreams. We discussed how reading could be a powerful tool for him not just to gain new ideas and perspectives, but also to develop strategies for staying present and focused when distractions arise.

	<p>He resonated strongly with the idea of a retreat-style getaway designed to help young people understand their minds, creating self-awareness and flow in their lives. Y felt this approach would be beneficial in learning how to harness his thoughts and energy effectively.</p> <p>Z (Jamaican British, age 24): I recently had a meal with Z discussing about pursuing his passion and how it has affected his mental health. He shared how focusing on something bigger than himself his acting career has been a cornerstone for improving his mental health. He described it as "knowing what your purpose is," a sense of direction that keeps him grounded.</p> <p>When I asked, "If there were a service that could support and enhance your development, what would it be?" Z reflected on the importance of introspection. He envisioned a service that could help people release repetitive, unhelpful thoughts and strengthen their focus on the ideas and goals they want to bring into their lives. One challenge he mentioned was a lack of connection to his heritage. He expressed regret that cultural identity wasn't prioritised in his upbringing, whether at home or in school. "Not knowing where you're from," he explained, "can affect knowing where you're going."</p>	
Domain 1: Commissioned or provided services overall rating		Developing

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence
omain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<p>We have worked hard to improve staff health and wellbeing at work and have made tangible improvements that are illustrated through the increase in staff satisfaction on health and wellbeing. In the 2024 Staff Survey 77% of Gloucestershire ICB Staff reported the organisations takes positive action on health and wellbeing which was above the Picker ICB average of 61%.</p> <p>Improved scores from 2023: In the last 12-months, have not experienced MSK problems as a result of work activities: 79.2% up from 78.9% In the last 12-months, have not felt unwell due to work related stress: 66.5% up from 62.9% Not felt pressure from manager to come to work when not feeling well enough: 86.9% up from 85.4% In the last 3 months have not come to work when not feeling well enough to perform duties: 52.9% down from 56.6%</p> <p>What have we done to improve staff health and wellbeing;</p> <ul style="list-style-type: none"> • Policies including Menopause, Drugs and Alcohol, Physical Activity etc • Staff Health-Checks to support identifying diabetes, high blood pressure etc • Blood pressure checks for staff called Know Your Numbers September 2024 • Menopause Awareness sessions to coincide with World Menopause Day; • Cervical Screening sessions • Men’s Health Day to raise awareness of men’s health conditions • MSK information and guidance in staff handbook and on the intranet • Accredited Mindful Employer and Disability Confident Employer • Accredited Armed Forces Covenant that also covers health and wellbeing • ICB Appraisal process includes section on health and wellbeing etc

		<p>In October topics promoted included Back Care, Bone and Joint Health plus Menopause. November highlighted Ageing Well and December raised awareness of the 16 Days of Action and Keeping Well at Christmas, covering financial, physical and mental wellbeing.</p> <p>Intranet resources and blogs cover Women’s Health, Alcohol and Drugs, Mental Health including</p> <ul style="list-style-type: none"> ○ Susan’s wellbeing blog: join me for Dry January : Intranet – NHS Gloucestershire (nhsglos.nhs.uk) ○ Women’s Health : Intranet – NHS Gloucestershire (nhsglos.nhs.uk) ○ Zero Suicide Alliance (ZSA) ○ Mental health support for staff: Intranet – NHS Gloucestershire (nhsglos.nhs.uk) <ul style="list-style-type: none"> ● Articles and features on mental health, stress and wellbeing in the staff bulletin ● Wellbeing Champions (x15 in place) working with directorates to highlight wellbeing initiatives and projects.
	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> ● The ICB has updated its policies on Harassment and Bullying. ● The Commissioning Support Unit ED&I specialists delivered Train the Trainer – training in Building a Culture of Conscious Inclusion across the ICS in February and March 2025 so that organisations have sufficiently trained staff to provide in-house ED&I training; two representatives from the ICB have undertaken this training. ● ICB has a Freedom to Speak Up Policy that covers Whistleblowing with an induction session on FTSU as well as slots at the Staff Meeting. There are two FTSU Guardians who are trained at the ICB and a lead NED for FTSU. ● By-stander training was delivered to ICB staff by the FTSU Guardians in the Autumn 2024 ● The ICB introduced a Zero Tolerance of Abuse of NHS Staff Policy in 2023 with reporting forms and a dedicated incidence box. This has continued to be promoted via the Staff Meetings. ● The ICB offers Restorative supervision for clinical staff at the ICB either group or 1:1 available from Professional Nurse Advocate’s (PNA).

		<ul style="list-style-type: none"> • The ICB is a signatory to the Sexual Safety in Healthcare Organisational Charter Glos ICB is a signatory 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. • A Sexual Misconduct Policy has been produced and is currently being consulted on and will be finalised in March 2025. <p>All these policies, activities are in place and significant work has been undertaken over the past couple of years to ensure that the ICB has good processes in place to listen and act on staff concerns such as FTSU policy, awareness sessions and 2 trained Guardians. However, the data from the Staff Survey for 2024 revealed that there was more to be done around tackling bullying and harassment from patients, colleagues and managers it is evident from the Staff Survey 2024 there is more work to be done around BME staff experiencing discrimination and greater bullying and harassment than white colleagues.</p>
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<p>The ICB has a range of resources and procedures in place to support staff to manage their stress, and support for staff who have experienced, bullying and harassment as follows:</p> <ul style="list-style-type: none"> • The ICB provides a range of employee support to help 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 • Freedom to Speak Up policy and process with two FTSU trained guardians in post; there are briefing sessions at the staff meeting and at corporate induction on FTSU <p>Other support mechanism includes our policies and procedures that help staff cope with stress and achieve a good work life balance including:</p> <ul style="list-style-type: none"> • Flexible working policy to help staff achieve a work-life balance and reduce stress. • Leave and Other Leave policies including Disability Leave, Compassionate Leave. • Additional Leave procedures and process whereby staff can purchase additional leave with 89 staff taking additional leave in 2024-25 financial year. • Support provided to staff who have lost family / friends via the annual Death Cafes held

		<ul style="list-style-type: none"> • Survey on Bereavement held in the summer / autumn in 2024, findings and key actions reported to the Staff Partnership Forum • Newsletters and communications around managing stress and encouraging a work-life balance.
	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> • In 2024 57.8% of Glos ICB staff reported that if a friend or relative needed treatment they would be happy with the standard of care provided by GICB which is above the picker average of 48.45%. 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 was above the national average 48% but has significantly decreased from 2021 with 71% of ICB staff reporting favourably on this question. • In 2024 73.4% of staff reported that they would recommend Glos ICB as a place to work, again a dip in scores from 2023 but compares well to the picker ICB average of 54%. The ICB was top for the second year running in 2023 for recommending the ICB as a place to work compared to other ICBs, however there has been a dip in scores between 2021 and 2022 and a further dip in 2023 to 75%.
<p>Domain 2: Workforce health and well-being overall rating</p>		<p>Developing</p>

Domain 3: Inclusive leadership

Domain	Outcome	Evidence
Domain 3: Inclusive leadership	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	<p>EDI Objectives for all Board members</p> <ul style="list-style-type: none"> • In line with the national EDI improvement plan all ICB Board members have an EDI objective by March 2024. In place across all providers and confirmed as part of South West ED&I Regional Audit in November 2024 and local internal audit for the ICB. Objectives range in scope depending on role. EDI objectives also form part of ICB appraisal process for all staff • ICB Board development session took place in November 2024 with ICB Board members with extended invitation to Executive teams across providers with focus on race discrimination, leadership reflections. <p>Training & Support for Staff</p> <ul style="list-style-type: none"> • One Gloucestershire conference on Health Inequalities took place on 28th June 2024 with over 200 attendees. The event promoted the health inequalities framework, and supporting tools and information contained within the Prevention & Health Inequalities hub as well as promoting local case studies of prevention in action. • Cohort 2 of Reciprocal mentoring continued during 2024/25 • ICB members participated in Regional events Inc. SW event on Too Hot to Handle Report in July 2024 • Restorative & Just Learning Culture Training provided to 27 senior staff across the system • ICB training sessions for staff on bystander training, civility and respect and promotion of cultural awareness events

<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>Board, Strategy & Committee meetings:</p> <p>We can evidence health inequalities are regularly discussed at ICB Board meetings – a recent review of agendas and meeting papers for 2024/25 showed that there are frequent discussions on health inequalities.</p> <ul style="list-style-type: none"> • <i>2 specific topic items and many separate references to EDI/Inequalities as part of the non-standard Board items across Public and Confidential sessions</i> • <i>Patient Stories (every meeting apart from extraordinary Board) – covering issues such as Pharmacy access, Bowel cancer, Asthma and Parkinson's disease.</i> • <i>Health Inequalities & ED&I clearly form part of the Board Assurance Framework</i> • We published our first annual report and statement on Health Inequalities. This report covers progress on metrics on deprivation and ethnicity and covers areas such as Elective waiting lists, urgent and emergency care, respiratory, mental health, cancer, cardiovascular disease, diabetes, smoking cessation and oral health. The report also includes recommendations for the future. A copy of the report is available here
<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>Tools to Support Staff across the system:</p> <p>During 2024 GCC colleagues 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 :-</p> <ul style="list-style-type: none"> • 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

		<p>The ICB Board adopted an Inequalities Framework in the Summer of 2024 and a progress report was provided to the ICB Board at the end of January 2025.</p> <p>All ICB staff have access to key demographic and deprivation information through the ICB's Power BI tool.</p> <p>We continue to work with our Programme Management office to collate best practice including case studies and equality impact assessments.</p>
Domain 3: Inclusive leadership overall rating		Developing