

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 EDS toolkit.

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 2025).

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. Ratings are as follows:

Undeveloped activity – organisations score 0 for each outcome
Developing activity – organisations score 1 for each outcome

Achieving activity – organisations score 2 for each outcome

Excelling activity – organisations score 3 for each outcome

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 annual 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 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 2024/25

Across Gloucestershire we have agreed that we will collaborate on a review of *Commissioned and Provided* services for the 2024/25 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) 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 exemplary practice and a continued improvement against the overall objective of advancing equality there is of course much more to do.

The Working with People & Communities Advisory Group also felt that the scoring system is unhelpful and preferred to provide some general feedback and commentary to the ICB.

5 Overview of Outcomes

5.1 Domain 1: Commissioned or Provided services

This year we have agreed across Gloucestershire to look at our work in 3 different areas: Respiratory Services, Blood Pressure & Children’s Mental Health 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

Our assessment looked at focused work for each of the three service areas, gathering evidence which included statistical data, policies, strategies, working protocols and procedures, service specifications and health inequalities action plans.

The evidence presented identified exemplary practice and demonstrates progress has been made. When people access services, they are able to report a positive experience and the services provided are safe. However, analysis by some protected characteristics remains challenging due to the incompleteness of data and members felt that there are some patient groups who are still underserved. Assessing services by protected characteristics does not recognise intersectionality and makes it difficult to establish whether the service delivery models meet the needs of all.

Further information about the evidence gathered is included in Appendix 3.

Our assessment rating: Developing

Improvement Actions: -

- Continue to build a detailed understanding of our population and their health needs, through improvements in the quality of our data recording and robust use of Equality and Engagement Impact Assessments.

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

The data and statistics we have on our workforce profile, including a breakdown of staff according to gender, ethnicity, age and disability was reviewed. Over the last year the ICB has provided a range of health and wellbeing initiatives and projects to support staff to manage their health conditions such as obesity, diabetes, asthma, COPD and mental health conditions.

The staff survey results for 2023 were assessed as well as more recently the staff survey results relating to 2024. The information was shared with the ICB Staff Partnership Forum on 27th February 2025 for their feedback and input.

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.

Further information about the evidence gathered is included in Appendix 3.

Our assessment rating: Developing

Improvement Actions: -

- During 2025-26 the ICB will concentrate on supporting the health and wellbeing of staff during a time of change and transition. We will improve our staff offer around psychological support, resilience training and improve our policies and procedures with regard to wellbeing.

5.3 Domain 3: Inclusive Leadership

In completing the assessment, we collated an overview of organisational level and systemwide approaches to support senior leaders understanding of equality and health inequalities. A desk top review was completed of a number of meetings which have taken place since March 2024 to see how frequently the Board Members were discussing inequalities and issues relating to equality, diversity and inclusion.

We also reviewed how well the ICB (as an employing organisation) 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

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.

Our assessment rating: Developing

Future Improvement Actions: -

- System wide action planning on 2024 WRES and WDES results with a continued focus on recruitment and anti-discrimination.
- A health inequalities dashboard is in development and will be available by May 2025
- A One Gloucestershire Leadership Conference on ED&I
- Implementation of next phase of the Health Inequalities Framework

6 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. During 2024-25 we revised our Equality objectives to the following:-

- To develop an Equality Statement and robust action plan for promoting equality, diversity and inclusion, which sets out clear objectives which ensure good practice across our organisation and link to wider health inequalities work that is being undertaken in our Integrated Care System.
- Build a detailed understanding of our population and their health needs, through published data sets, improvements in the quality of our data recording and robust use of Equality and Engagement Impact Assessments.
- To reduce the percentage of staff experiencing discrimination at work from a manager/team leader or other colleagues in the last 12 months by at least 2% per annum over the next 3 years.

7 Equality Statement

[Promoting equality, valuing diversity](#) sets out our expectation that all staff will take responsibility for promoting equality; commissioning accessible services that respond to the diverse needs of communities in Gloucestershire.

We are keen to build upon the work that is already underway across our Integrated Care System and in recognition of this, our Equality Statement links to other strategies and plans which, when combined, fully document how we will work in partnership to achieve our vision for Gloucestershire.

Our [Equality Action Plan](#) sets out how the ICB will work towards achieving our organisational equality objectives.

8 Health Inequalities

The Gloucestershire Health Inequalities Framework, launched in August 2024, aims to provide structure to the work that we are doing to address health inequalities across the Gloucestershire system, and supports a more strategic, systematic, and evidence-based approach to improving health equity.

Alongside the Framework, we have developed an ICS Health Inequalities strategic planning and self-assessment process, requiring organisations to identify high-level objectives which will enable them to make the biggest impact on reducing health inequalities. As a system, this will allow us to see where progress against health inequalities is being made, where there are gaps or duplication in our collective response to health inequalities, and where we can go further in the work that we are doing.

Our first [annual review of healthcare inequalities](#) was published in July 2024, enabling us to monitor progress against a range of indicators that align to the Core20PLUS5 programme by deprivation and ethnicity, in line with the [NHS England Statement on Health Inequalities](#). An ICS Health Inequalities Intelligence Group has been established to oversee and drive the development of the next review, due to be published in July 2025. Through this group, we are taking a collaborative approach to identifying areas of

improvement that align to the Core20PLUS5 programme and to our system priorities, that will help us achieve our long-term system outcomes to achieving health equity.

We are currently working with:

- health inequalities champions from system organisations and partnerships to co-develop a shared ambition, and a set of shared objectives, priority outcomes and metrics for addressing health inequalities across the system, aligned to the Health Inequalities Framework.
- internal information teams to develop a PowerBI dashboard to cover all indicators required for the forthcoming health inequalities information reviews, which will help to inform service design and delivery, and to assess whether improvements are being made to different population groups in access, experience, and outcomes.

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 and the ICB's Staff Partnership Forum.
- ii) Note and approve the improvement actions set out in section 5.
- iii) Note the updates relating to our Equality Objectives and Equality Statement.
- iv) Note that the EDS assessment will be published on our website on 31st March 2025.

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