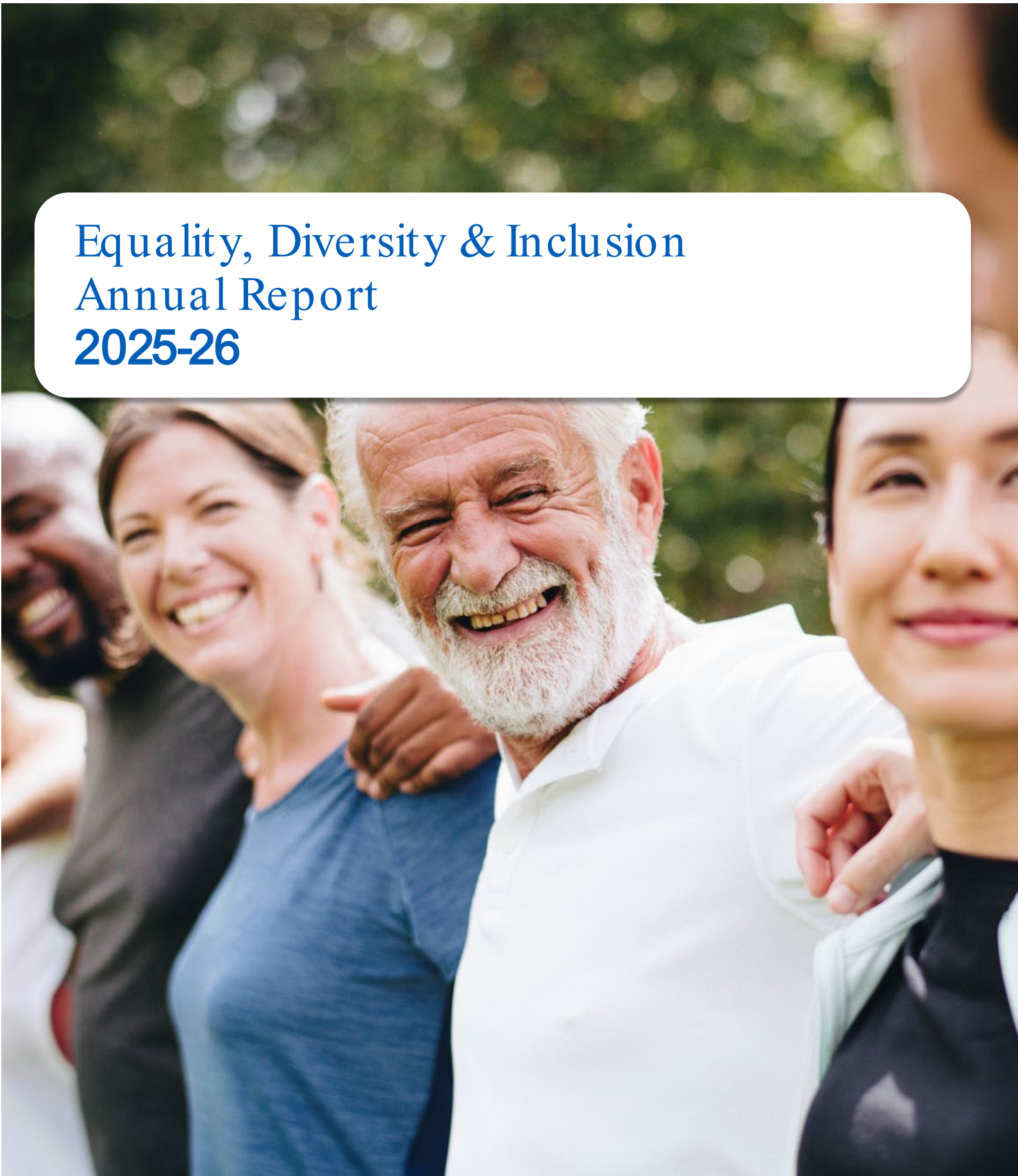
NHS
Lancashire and South Cumbria
Integrated Care Board



Equality, Diversity & Inclusion Annual Report 2025-26

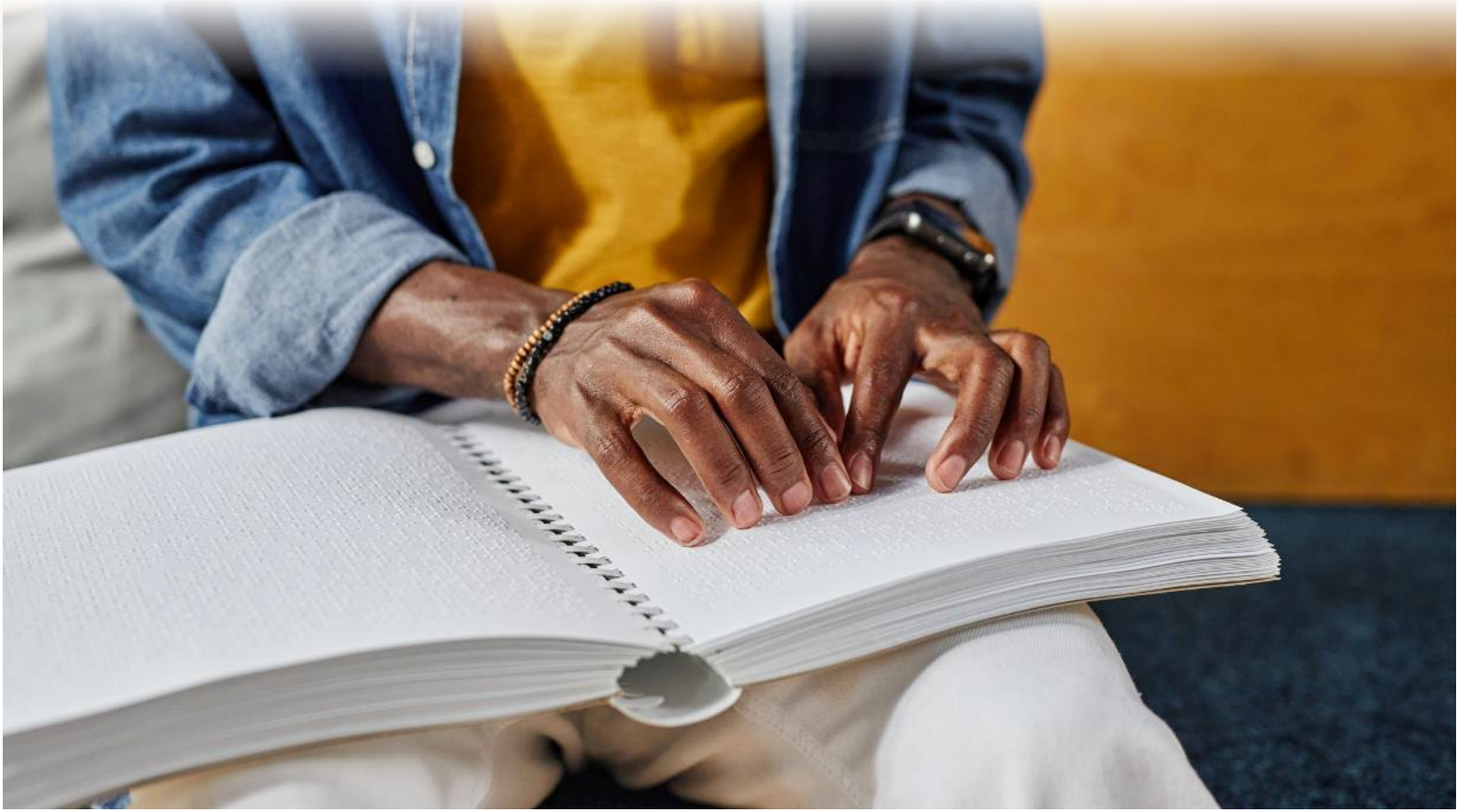
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Accessiblity Statement

We want to ensure that the information we communicate is fair and accessible to all sections of our local communities. Patients, the public and staff can request reasonable adjustments such as information converted into other formats for easier reading.

To request information or any of our key documents in an alternative format such as braille, larger print, audio or other format please email lsc.icb@nhs.net quoting your address, telephone number along with the title and date of the publication, plus the format you requ ire.



Foreword

I am pleased to present the Equality, Diversity and Inclusion Annual Report 2025/26 for NHS Lancashire and South Cumbria Integrated Care Board (ICB).

Having joined the organisation in November 2025, I have had the privilege of meeting colleagues across Lancashire and South Cumbria and seeing first-hand the commitment, professionalism and resilience that underpin our work. This report highlights the progress we have made in advancing equality, diversity and inclusion during what has undoubtedly been one of the most challenging and transformational periods for the NHS.

The past year has been dominated by NHS reform and the start of significant organisational change. Across the country, Integrated Care Boards have been required to respond to substantial reductions in running costs, changes in responsibilities and expectations, and increasing demands on services. At Lancashire and South Cumbria, colleagues have been navigating a period of uncertainty and transition while continuing to focus on improving outcomes for our population and supporting our staff.

In this context, it would have been easy for equality, diversity and inclusion to be viewed as a secondary priority. However, this report demonstrates why that cannot be the case. When organisations are undergoing change, inclusion becomes more important, not less. How we engage with staff, make decisions, support individuals through uncertainty and ensure that every voice is heard directly influences both organisational effectiveness and the experiences of our people.

Throughout a year of reform, we have remained committed to creating a culture where everyone feels valued, respected and able to contribute fully. We have continued to strengthen our staff networks, progress our inclusion priorities, improve understanding of workforce inequalities and embed equality considerations into decision-making. These efforts have helped ensure that, even during a period of significant change, fairness and inclusion remained central to the way we work.

This has also been a year in which difficult decisions have been required. As the organisation has adapted to a changing national landscape, we have worked to ensure that our approach to change has been guided by our values and informed by our commitment to equality, diversity and inclusion. While organisational structures may evolve, our responsibility to create an inclusive workplace and reduce inequalities remains unchanged.

The challenges facing our health and care system continue, and the reform agenda will remain a significant feature of the years ahead. As we move forward, it is essential that we continue to view equality, diversity and inclusion not as a separate programme of work, but as a fundamental part of how we lead, transform services and improve outcomes. The success of our future organisation will depend on our ability to create an environment where all colleagues can thrive and where the diverse needs of our communities are understood and addressed.

I would like to thank our staff, partners, staff network members and community representatives for their continued commitment and leadership. Your dedication has ensured that, despite unprecedented organisational change, progress has continued and inclusion has remained a defining feature of our culture.

As we continue through this period of transformation, I remain committed to ensuring that equality, diversity and inclusion are embedded in everything we do. By working together, we can build an organisation that is not only more sustainable and effective, but one where everyone feels they belong and can succeed.



Aaron Cummins –Chief Executive Officer of Lancashire and South Cumbria ICB

Introduction

The Lancashire and South Cumbria Integrated Care Board (ICB) was established on 1 July 2022 under the Government's Health and Care Act 2022. It is one of 42 ICBs in the country and replaces the eight clinical commissioning groups (or CCGs) that previously existed across the region. The ICB has since taken on responsibility for planning and buying NHS services for the 18 million people living in Lancashire and South Cumbria.

The equalities information presented in this report represents the ICB's progress in incorporating equality, diversity, and inclusion into aspects of its work during 2025-26.

The publication of this report and the information contained within demonstrates not just compliance with the Public Sector Equality Duty, and the requirement to publish equality information annually , but also showcases the positive actions taken to address workforce inequalities beyond compliance.

This report sets out :

- Lancashire and South Cumbria ICB's commitment to equality, diversity and inclusion
- Evidence of our 'due regard' to the Public Sector Equality Duty
- Progress made against the ICB's equality objectives



Legal Duties for Equality and Inclusion

This section outlines the various legal requirements and NHS England Mandated Standards relating to equality and inclusion.

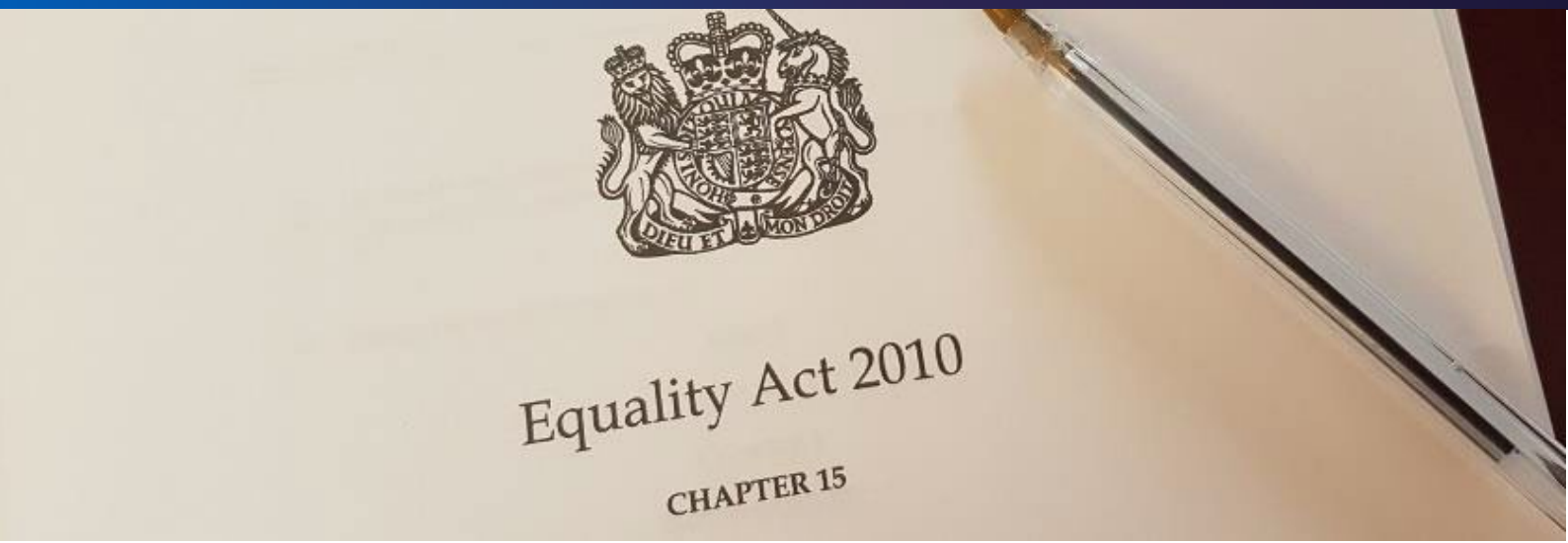
The Equality Act (2010)

The **Equality Act (2010)** came into force in October 2010. The Equality Act combines over 116 separate pieces of legislation into one single act. Combined, they make up an act that provides the legal framework to protect the rights of individuals and advance equality of opportunity for all. The act simplifies, strengthens and harmonises the current legislation to provide discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

The Equality Act protects people from unfavourable treatment, and this refers particularly to people from the following categories known as **'protected characteristics'**:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex (Gender)
- Sexual orientation

We also consider other inclusion health groups including carers, homelessness, military veterans, asylum seekers and refugees, rural and deprived communities .



The Protected Characteristics



Age: This refers to a person of a specific age (e.g., 50 years old) or a range of ages (e.g., 18 to 30 years old). Age discrimination includes treating someone less favourably for reasons relating to their age (whether young or old).

Disability



A person has a disability if they have a physical impairment, mental impairment, sensory impairment or learning disability which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.



Gender reassignment

The process of transitioning from one gender to another. Gender identity refers to the way an individual identifies with their own gender, e.g., as being either a man or a woman or, in some cases, being neither, which can be different from biological sex.

Marriage and civil partnership

Marriage is an institution in which interpersonal relationships are acknowledged and can be between different sex and same-sex partners. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. In England and Wales, marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple.



Pregnancy and maternity



Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. Protection against maternity discrimination is for 26 weeks after giving birth. This includes treating a person unfavourably because they are breastfeeding.

Race

Race refers to a group of people defined by their race, colour and nationality (including citizenship), ethnic or national origins.





Religion and belief

Religion has the meaning usually given to it, but belief includes religious convictions and beliefs, including philosophical belief and lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex (Gender)



A man or woman, but also includes men and women as groups. Treating a man or woman (or men and women) less favourably for reasons relating to their sex.



Sexual orientation

A person's sexual attraction towards their own sex, the opposite sex or more than one sex. This includes people who arelesbian, gay, bisexual or heterosexual.

Inclusion Health Groups

Inclusion health groups are most likely to be affected by health inequalities and experience inequalities of access. They also tend to have poorer health outcomes compared to the general population. Poorer access to healthcare services and negative experiences can also exacerbate existing inequalities that may be faced by these groups. Inclusion health groups include (but are not limited to):

People experiencing deprivation

Deprivation underpins almost all inequalities. It is associated with poorer health, disability and often behaviours that can further impact on health, such as smoking. People living in deprived areas are consequently more likely to have poorer health outcomes, shorter life expectancy and shorter healthy life expectancy rates compared to individuals in less deprived areas.





Carers

Carers are not recognised under the Equality Act 2010 in their own right, however, carers may support individuals who possess a protected characteristic, such as an older relative, or someone with a disability, which may impact upon their own health and how they access health care services.

Asylum seekers and refugees



Asylum seekers and refugees often experience multiple disadvantage due to intersectionality of overlapping protected characteristics such as age, race, disability or sexual orientation. They may experience complex health-related needs relating to their individual experiences, and may also have less understanding of the UK health care system, resulting in barriers to accessing the services they need.

People experiencing homelessness



This inclusion health group is more likely to experience poorer health outcomes and health inequalities compared to the general population and may also face barriers to health care assess. When homelessness is intersected with other protected or inclusion group characteristics, barriers to accessing health care services may increase, resulting even poorer outcomes.

Veterans and service leavers



Veterans and military service leavers are recognised as a group that are more likely to experience poorer health outcomes and potential barriers to accessing healthcare services. Almost two thirds of military veterans in the UK are aged 65 and over, so there may be intersectionality in this group with age-related health conditions and related clinical needs.

Rural communities



Outward migration of younger people, and inward migration of older people, is resulting in a rural population that is increasingly older than the urban one, with accompanying health and social care needs. As with deprivation, rurality can be a factor that impacts upon access to healthcare services and may lead to health inequalities such as social isolation. Digital exclusion in rural areas may also impact upon a service user's ability to access health care services.

Public Sector Equality Duty (2011)



Section 149 of the Equality Act (2010) requires us to demonstrate compliance with the **Public Sector Equality Duty** (PSED) which places a statutory duty on ICBs to address:

- **Eliminating unlawful discrimination, harassment and any other conduct prohibited by the Equality Act.**
- **Advance equality of opportunity between people who share a protected characteristic and people who do not share it.**
- **Foster good relations between people who share a protected characteristic and people who do not.**

The ICB also has a specific duty under the PSED to complete the following actions:

- **Publish information to demonstrate their compliance with the Equality Duties, at least annually.**
- **Set equality objectives, at least every four years.**

Human Rights Act (1998)

The **Human Rights Act (1998)** came into effect in the United Kingdom in October 2000.

The act requires ICBs to ensure that their commissioning decisions safeguard vulnerable people, and do not put people's lives at risk or expose them to inhumane or degrading treatment.



Health and Social Care Act (2012)

The **Health and Social Care Act (2012)** states that each ICB must, in the exercise of its functions, have regard to the need to:

- Reduce inequalities between patients with respect to their ability to access health services.
- Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.
- Promote the involvement of patients and their carers, in decisions about provision of health services to them.
- Enable patients to make choices with respect to aspects of health services provided to them.



NHS Constitution (2015)

THE NHS CONSTITUTION
the NHS belongs to us all

The **NHS Constitution (2015)** sets out rights for patients, the public and staff.

It outlines NHS commitments to patients and staff, and the responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

NHS Constitution targets are monitored via the ICB's Quality Committee, and further assurances are provided to the Board.

NHS Mandated Equality Standards

Equality Delivery System (2022)

The **Equality Delivery System (EDS)** helps NHS organisations improve the services that they provide for their local communities and provide better working environments , free from discrimination, for those who work in the NHS, whil st meeting the requirements of the **Equality Act (2010)**. EDS is an evidence-driven accountable improvement tool for NHS organisations in England – in active conversations with patients, public, staff, staff networks and trade unions – to review and develop their services, workforces, and leadership.

Accessible Information Standard (2016)

The aim of the **Accessible Information Standard** is to make sure that people who have a disability, impairment or sensory loss receive information that they can access and understand, and receive any communication support that they need.

Commissioners of NHS services must have a regard to this standard, in so much as they must ensure that they enable and support compliance through their relationships with provider organisations. This standard is in the ICB's NHS Standard Contract and is monitored by Quality and Performance Key Performance Indicators (KPIs).



Workforce Race Equality Standard (2015)



The NHS **Workforce Race Equality Standard (WRES)** is a useful tool to identify and reduce any disparities in experience and outcomes for NHS employees and job applicants of different ethnicities. The Standard is used by organisations to track progress in identifying and helping to eliminate discrimination in the treatment of Black and Minority Ethnic (BAME) employees

Workforce Disability Equality Standard (2018)

The **Workforce Disability Equality Standard (WDES)** is a set of specific measures (metrics) that enables NHS organisations to compare the experiences of disabled and non-disabled staff and improve outcomes for NHS employees and job applicants with disabilities.

All NHS standard contracts set out that NHS Trusts and NHS Foundation Trusts are required to implement the WRES and the WDES

Modern Slavery Act (2015)



All public authorities are required to co-operate with the Police Commissioner under the **Modern Slavery Act (2015)**. This means that police and health care services, together with voluntary organisations, are legally required to work together to support people who have experienced slavery.

The ICB has a zero-tolerance policy for modern day slavery and breaches of human rights, and ensure this protection is built into the processes and business practices that we, our partners and our providers use.

Belonging in the NHS

The NHS is made up of approximately 1.3 million employees who care for the people of this country with skill, compassion, and dedication. People work in many different roles, in different settings, are employed in different ways, and across a wide range of organisations.

The **NHS People Plan**, published in July 2020 sets out actions to support transformation across the whole NHS now and in the future. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as action to grow our workforce, train people, a nd work together differently to deliver patient care.

The People Plan sets out what NHS staff can expect from leaders and each other and includes a focus on fostering *a culture of inclusion and belonging*. The NHS People Plan includes a People Promise, which outlines the actions and behaviours staff should expect from their employers and colleagues, as part of improving the experience of working in the NHS for everyone.



More recently, the **NHS Long-Term Workforce Plan** was published on 30 June 2023. This plan has been described as "*a once in a generation opportunity to put staffing on a sustainable footing and improve patient care*". The 15-year plan focuses on **training** , **retaining** , and **reforming** the workforce , and places close attention on the way in which the NHS is organised to enable these ambitions. In particular, the plan places emphasis on retaining staff by improving culture and wellbeing.

Other recent national developments include the **NHS Equality, Diversity and Inclusion Improvement Plan** published in early June 2023. This improvement plan sets out targeted actions to address bias and discrimination that exist in workplace experiences, policies and practices against specific groups and individuals within the NHS workforce.

The EDI Improvement Plan has set out six high impact actions, to which our **LSC ICS Belonging Plan** is aligned, addressing:

- EDI objectives for Chairs, Chief Executives and Board members
- The overhaul of recruitment and embedding of talent management
- The review of pay gaps for race, disability and gender
- Addressing health inequalities within the workforce
- The reduction of inequalities for internationally recruited staff
- The elimination of experiences of bullying and harassment

Sexual Orientation Monitoring Information Standard (2017)

The **Sexual Orientation Monitoring Information Standard (SOM)** provides a mechanism for recording the sexual orientation of all patients/service users aged 16 years and over across all health services and local authorities with responsibilities for adult social care in England, and in all service areas where it may be relevant to record this data.

The ICB requires assurance from providers in the following areas:

- **The ICB and its providers are able to demonstrate the provision of equitable access for LGB individuals**
- **The ICB is monitoring its providers to determine if there is an improved understanding of the impact of inequalities on health and care outcomes for LGB populations in England.**

We have ensured that business cases and clinical policies are subject to an Equality & Health Inequalities Impact and Risk Assessment (EHIIRA) and quality monitoring. This enables the ICB and its providers to identify health risks at a population level that support preventative and early intervention work to address health inequalities for LGB populations.



Our ICB Workforce

The ICB is committed to holding up to date information about its workforce, in line with current data protection legislation, to help ensure that strategic decisions affecting the workforce are based on accurate reporting and data.

Workforce Representation

As an ICB, we strongly recognise the need for our workforce to be representative of our resident population. Furthermore, we recognise that we need to do more to attract and retain a workforce that is representative of the communities we serve, retain the existing diversity within our workforce, and improve the experiences of our diverse staff.

Throughout 2025/26, our internal workforce has marginally decreased from 922 people in March 2025 to 894 people as of 31 March 2026.

The following sections provide an overview of the demographics within our existing ICB workforce as of 31 March 2026. Please note – due to relatively low workforce numbers, we are unable to report on pregnancy and maternity, or marriage and civil partnership as there is a risk of identifying individual members of staff through the publication of this data. Furthermore, we are unable to report on gender reassignment as this data is not routinely collected via the national NHS Electronic Staff Record.

At 31 March 2026, the ICB employed 894 people (813.9 full-time equivalent), 28 fewer than the previous year. The workforce remains predominantly female (80.0%) and is concentrated in middle and later career age groups, with three quarters of colleagues aged 36 to 60. Most staff are employed on permanent contracts (96.4%), almost three in ten work part time, and the largest staff group is administrative and clerical.

Recorded representation has increased since 2024/25: BME colleagues account for 8.7% of the workforce, disabled colleagues 9.4%, and gay, lesbian or bisexual colleagues 3.5%. However, BME and disabled representation remains lower in Bands 8a to 9 than across the workforce overall, and BME representation remains below the local population comparison used in the previous report. Disclosure gaps also remain significant for disability, religion or belief and sexual orientation, so these figures should be interpreted with care.

Recruitment activity remained largely paused because of financial pressures and anticipated organisational change arising from NHS reforms, with limited recruitment for essential roles only. The ICB will continue to improve equality data, monitor recruitment and progression outcomes, strengthen disability inclusion, widen access to development and senior opportunities, and assess the equality impacts of workforce change.

Measure	2025/26 position	Change or context
Headcount	894	28 fewer records than 31 March 2025
Full-time equivalent	813.9	Calculated from the supplied workforce records
Female	80.0%	79.3% in 2024/25
Male	20.0%	20.7% in 2024/25
Disabled	9.4%	7.3% in 2024/25
BME	8.7%	7.5% in 2024/25
Aged 36 to 60	75.5%	Largest part of the age profile
Gay, lesbian or bisexual	3.5%	3.3% in 2024/25
Part time	28.7%	257 employee records
Permanent contract	96.4%	862 employee records

We have also published a detailed Workforce Demographic Report which demonstrates our understanding of the diversity within our workforce at a more granular level, including specific analysis by pay band and directorate. The Workforce Demographic Report can be found as an appendix to this report.

Combined Pay Gap Overview 2026

The NHS Pay Gap Reports are standard national reports extracted from the Electronic Staff Record (ESR). As a result, the workforce data used in the pay gap analysis may not fully align with the staff-in-post data presented elsewhere in this report, which reflects the organisation's workforce at a specific point in time.

Gender Pay Gap Summary

As at 31 March 2026, NHS Lancashire and South Cumbria ICB had **867** full-pay relevant employees in the gender, ethnicity and disability datasets. Of those included in the gender pay-quartile data, **79.6%**were female and **20.4%**were male. The workforce therefore remains predominantly female, at a higher proportion than the NHS workforce overall.

Headline Gender Pay Gap Figures

- **Mean hourly pay gap** : **-24.83%**– the mean hourly rate was £37.18 for male employees and £27.94 for female employees, a difference of £9.23 per hour in favour of male employees.

- **Median hourly pay gap** : **-16.04%**– the median hourly rate was £30.30 for male employees and £25.44 for female employees, a difference of £4.86 per hour in favour of male employees.

Both measures have improved since the ICB first reported in 2023. The mean gap reduced from **34.3%** in 2023 to **24.83%** in 2026, while the median gap reduced from **29.7%** to **16.04%** The remaining gap is driven primarily by the higher concentration of male employees in the highest pay quartile and in some of the organisation's most highly paid roles. A pay gap does not in itself indicate unequal pay for the same or equivalent work.

Gender representation by pay quartile

Pay quartile	% Female	% Male
Quartile 1 (lowest)	86.47%	13.53%
Quartile 2	85.77%	14.23%
Quartile 3	80.42%	19.58%
Quartile 4 (highest)	66.51%	33.49%

Women occupy **66.5%** of the highest-paid jobs and **86.5%** of the lowest-paid jobs. Female representation in the highest quartile has increased by 2.1 percentage points compared with 2025, but men remain disproportionately represented at the top of the pay distribution relative to their share of the workforce. In creasing women's representation in the most senior roles remains central to narrowing the gap.

Gender pay gap trend

Measure	2023	2024	2025	2026
Mean pay gap	-34.3%	-30.9%	-28.7%	-24.83%
Median pay gap	-29.7%	-14.2%	-19.9%	-16.04%

The longer-term trend is positive, although the 2026 figures still show a material organisational gender pay gap. Continued attention is required to senior representation, progression and the outcomes of recruitment and organisational change.

Ethnicity Pay Gap Summary

As at 31 March 2026, **88.7%** of employees in the ethnicity dataset were White, **8.6%** were from Black and Minority Ethnic (BME) backgrounds and **2.7%** had an unknown ethnicity status.

Headline Ethnicity Pay Gap Figures

- **Mean hourly pay gap** : **5.26%**– BME employees earned an average of £30.84 per hour compared with £29.30 for White employees, a difference of £1.54 per hour in favour of BME employees.

- **Median hourly pay gap** : **0.00%**when rounded to two decimal places – median hourly rates were effectively the same at £25.70 for White employees and £25.71 for BME employees.

The 2026 headline measures do not indicate an organisational pay disadvantage for BME employees. However, they do not explain differences in workforce representation or progression and should be read alongside the pay-quartile distribution and data completeness. The findings do not indicate unequal pay for the same or equivalent work.

Ethnicity representation by pay quartile

Pay quartile	% White	% BME	% Unknown
Quartile 1 (lowest)	89%	11%	1%
Quartile 2	87%	8%	5%
Quartile 3	90%	8%	2%
Quartile 4 (highest)	84%	8%	8%

BME employees account for **8%**of the highest-paid quartile and **11%**of the lowest-paid quartile. Although the headline mean and median measures do not show a pay disadvantage, the distribution indicates that BME representation is higher at the lower end of the pay range. BME employees also remain under-represented in the workforce overall compared with **12.3%**of the Lancashire and South Cumbria population.

Ethnicity data was unknown for 2.7% of employees overall and 8% of those in the highest pay quartile. This limits the completeness of the analysis and means the findings should be interpreted with appropriate caution.

Disability Pay Gap Summary

As at 31 March 2026, the disability dataset included **867** full-pay relevant employees. Of these, **10.0%**were recorded as disabled and **59.1%**as non-disabled. The remaining **30.9%**were recorded as not declared or prefer not to answer.

Headline Disability Pay Gap Figures

- **Mean hourly pay gap** : **-7.41%**– disabled employees earned an average of £27.40 per hour compared with £29.59 for non-disabled employees, a difference of £2.19 per hour.

- **Median hourly pay gap** : **-8.84%**– the median hourly rate was £26.28 for disabled employees and £28.83 for non-disabled employees, a difference of £2.55 per hour.

Both measures indicate an organisational pay disadvantage for disabled employees. The figures do not identify the causes of the gap and should be considered alongside representation, progression and the completeness of disability data. They do not in themselves indicate unequal pay for the same or equivalent work.

Disability representation by pay quartile

Pay quartile	% Disabled	% Non-disabled	% Unknown
Quartile 1 (lowest)	12.4%	55.9%	31.8%
Quartile 2	10.9%	57.7%	31.4%
Quartile 3	9.6%	62.9%	27.5%
Quartile 4 (highest)	7.8%	58.7%	33.5%

Disabled employees account for **12.4%**of the lowest pay quartile and **7.8%**of the highest. This pattern indicates lower disabled representation at the top of the pay distribution, although it must be interpreted cautiously because disability status was not recorded as disabled or non-disabled for **30.9%**of employees overall and **33.5%**of those in the highest quartile.

Improving disability declaration remains essential to strengthening the evidence base, understanding barriers and targeting action effectively.

Actions to address the Combined Pay Gap

The ICB has reviewed the actions recommended in the 2025 Combined Pay Gap Report and considers that they remain relevant to the 2026 findings. They will therefore be retained and prioritised, with delivery monitored through 2026. Particular focus will be placed on:

- **Strengthen workforce data analysis** , including deeper exploration of pay gaps by band, role, and demographic characteristics

- **Improve equality monitoring data** by encouraging staff to disclose protected characteristics and raising awareness of its importance

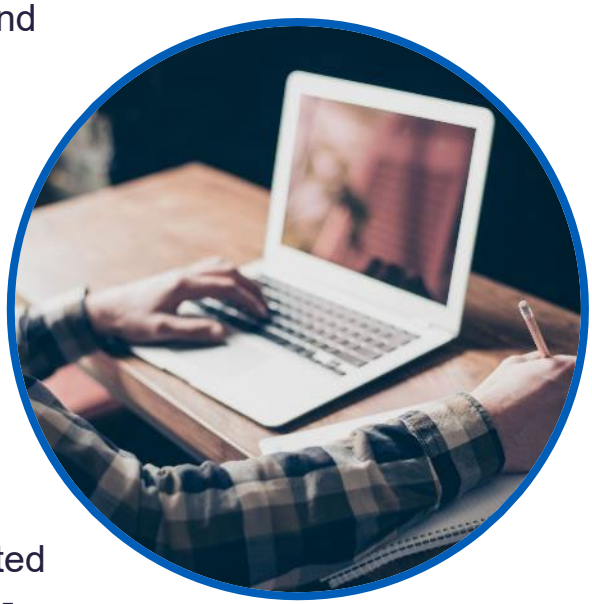
- **Review recruitment and selection processes** to address underrepresentation in senior roles
- **Provide inclusive recruitment training** and ensure diverse interview panels, particularly for senior positions
- **Embed EDI considerations into organisational change processes**, including Equality Impact Assessments
- **Expand sponsorship, coaching and mentoring opportunities** for women, disabled staff and ethnic minority staff
- **Support and grow Staff Networks** to ensure staff voice informs decision-making
- **Review family-friendly policies**, including promoting shared parental leave
- **Promote flexible working** across all staff groups and encourage senior leaders to role model this
- **Improve support for staff wellbeing**, including targeted support related to gender, ethnicity and disability

NHS Lancashire and South Cumbria ICB continues to operate through significant organisational change, including the requirement to reduce running costs by **47%** This may affect workforce composition, organisational capacity and the pace at which some actions can be delivered.

Implementation will be prioritised in line with available EDI capacity and resources, while maintaining oversight of pay, representation, recruitment, retention and progression outcomes and ensuring that equality considerations inform organisational change.

Training and Development Opportunities

Staff are encouraged to discuss and agree learning and development opportunities with their manager s at regular intervals during one-to-ones and through the appraisal process. These opportunities may include undertaking specific courses, attending conferences and events, or identifying areas for 'on-the-job' development.



The ICB is committed to the active promotion of targeted learning and development programmes such as the NHS Ready Now programme, access to opportunities via the Apprenticeship Levy, and activities delivered through the NHS Leadership Academy which are aimed at colleagues from protected characteristic groups who are less likely to access non-mandatory training, who feel that there are fewer opportunities for career progression or who are under-represented in senior roles and leadership positions.

Through the ICS Belonging Plan, the ICS Five Year Workforce Strategy and Education and Training Plan, the ICB is committed to increasing learning and development opportunities and improving career development opportunities for individuals who are from grou ps who are currently under-represented within our ICB workforce and those of our wider ICS system partners

Equality, Diversity and Human Rights Training

Mandatory training for staff is monitored via Electronic Staff Records (ESR). Online Equality, Diversity and Human Rights training is mandatory for all ICB employees and is completed every three years.

As of 31 March 2026, the compliance rate for Equality, Diversity and Human Rights training amongst ICB employees was 91.4%.

Reasons for not reaching 100% compliance may include employees currently on secondment, maternity leave and long-term absence.

In addition to mandatory equality, diversity and inclusion (EDI) training, the ICB has continued to provide a programme of non-mandatory learning opportunities to support the development of an inclusive workforce culture.

Staff were invited to attend training sessions on **Equality and Health Inequalities Impact and Risk Assessments (EHIIRAs)** and on **Fairness, Equity, and Inclusion in Organisational Change.** These sessions were interactive and were designed to deepen understanding of the barriers faced by marginalised groups, promote reflective practice, and equip staff with the knowledge and tools to embed inclusive thinking into decision-making, service planning, and everyday interactions.

Attendance and feedback have demonstrated a strong appetite among colleagues to further their learning in this space and actively contribute to creating an equitable and compassionate working environment.

Communicating with our staff

The ICB strives for a high standard of engagement and communication to keep staff well informed and involved in key decisions and priorities for the organisation. This has remained important during the ICB's fifth operational year as leadership, structures, and ways of working have continued to evolve against the backdrop of financial recovery across the organisation and the wider system. The following methods are used to communicate, engage and involve staff:

- Regular staff newsletters including important organisational and financial updates, in addition to information about local, regional and national equality and inclusion events and awareness days.
- Social media posts (LinkedIn, Facebook and Twitter)
- Regular newsletters for staff in primary care organisations
- Regular all-staff virtual briefings
- Regular corporate induction sessions for new starters which include specific information around culture, EDI, and the health and wellbeing measures in place for staff.
- Staff intranet which includes a wide range of information around equality, diversity and inclusion, health and wellbeing, latest news, staff surveys/consultations, policies, contact information and upcoming events.
- Regular listening rooms focused on a range of health and wellbeing-related topics.
- Inclusion calendar which outlines a wide range of EDI-focused awareness days and celebrations including specific campaigns and areas of focus for each month.

Belonging Series – Webinars, Spotlight Sessions and Listening Rooms

During 2025/26, the Health and Wellbeing Champions planned the wellbeing activities schedule for the ICB.

Whilst all wellbeing and inclusion related topics are equally important, the Health and Wellbeing Champions focused on listening rooms for the most popular themes for our

workforce. Other topics were recognised, and information was shared along with support mechanisms.

A host of health and wellbeing related listening rooms took place and relevant communications were issued in 2025/26, focused on the following topics:

- Menopause
- World Suicide Prevention Day
- Black History Month
- UK Disability History Month
- LGBT+ History Month
- Freedom To Speak Up
- Ramadan

Through these activities, we were able to create opportunities for staff to engage with diverse perspectives and explore the challenges faced by colleagues from underrepresented groups. These efforts continue to play a key role in cultivating an inclusive workplace by encouraging reflection, building empathy, and supporting a deeper appreciation of the barriers that can exist within the workplace.

ICB Values and Behaviours Framework

During 2025, the ICB completed the development and organisation-wide implementation of its Values and Behaviours Framework. Co-designed with colleagues through workshops and listening sessions held between October 2024 and February 2025, the completed framework established **Compassion, Integrity, Respect and Inclusion** as the core values guiding how colleagues work, lead and make decisions.

The values were embedded across organisational and people practices during the year through:

- **Leadership and accountability** – senior leaders visibly role-modelled the values, and inclusive leadership and culture were incorporated into leadership discussions, objectives and assurance arrangements.
- **People processes** – the values were incorporated into appraisal and feedback conversations and informed the design and delivery of organisational change.
- **Communication and engagement** – the values were reinforced through staff briefings, newsletters, webinars, listening rooms, team conversations and the colleague intranet, establishing clear expectations for everyday behaviours.
- **Staff voice and inclusion** – staff networks, Freedom to Speak Up routes and wider engagement activity enabled colleagues to share their experiences, challenge behaviours that did not align with the values and influence organisational improvement.

By the end of 2025, the framework had been fully established as the ICB's organisational standard for how colleagues lead, collaborate, make decisions and treat one another. Its completion provided a clear cultural foundation for organisational

change and confirmed that the way change was delivered would be expected to reflect the ICB's commitments to compassion, integrity, respect and inclusion.

Equality and Inclusion Awareness Briefings

Each month, the Culture and Inclusion Team compiles and circulates a monthly Equality and Inclusion Awareness Briefing for inclusion in ICB staff newsletters. The regular publication of these briefings allows the Culture and Inclusion Team to not only raise the profile of national awareness days, it also helps to draw attention to local awareness and celebration events and encourages staff to show their support.

Some examples of awareness campaigns featured in these briefings are displayed below:



ICB Staff Networks



The ICB continues to actively support its staff networks, which have become increasingly involved in organisational change initiatives. Membership across the Women's, Race Equality, Disability, and LGBTQ+ Networks has been steadily growing, reflecting their vital role in fostering an inclusive workplace. Below are some key achievements achieved by the staff networks over the past year.

Women's Staff Network

The Women's Staff Network led activity during Menopause Awareness Month (October 2025) to raise awareness, reduce stigma, and support colleagues experiencing menopause. With nearly 80% of the workforce being female, the initiative aimed to normalise menopause conversations and promote workplace wellbeing.
The ICB recognises the growing need to understand menopause's impact and has developed a dedicated intranet page offering menopause support for staff. Progress includes the formation of a menopause working group in 2025 to foster a menopause-friendly culture, a monthly Menopause Café for peer support, and the development of an ICB menopause policy by the women's health team.

Activities included an all-staff briefing, peer support sessions, a World Menopause Day event with external partners, and webinars showcasing research and best practices. These efforts encourage open dialogue and increased awareness of available support.

LGBTQ+ Staff Network

The LGBTQ+ Staff Network continued to promote inclusion and visible allyship across the organisation. The network launched the NHS Rainbow Badge Scheme, a nationally recognised initiative that provides a visible symbol of support and inclusion for LGBTQ+ colleagues and patients. Staff were invited to apply for the badge by sharing why the initiative was meaningful to them, with responses reviewed by the network.
The network also led activities during Pride Month 2025. Weekly themes focused on LGBTQ+ awareness, allyship, service user experiences and staff learning. Highlights included a "Listening Room" discussion where colleagues shared insights on supporting LGBTQ+ communities and best practice across the organisation. The month concluded with a short team briefing to encourage continued reflection and discussion about inclusion in the workplace.

Disability Staff Network

The Disability Staff Network marked UK Disability History Month (20 November – 20 December 2025), themed “Disability, Life and Death,” by promoting awareness of the experiences and contributions of disabled people.
Colleagues were encouraged to share reflections on living and working with a disability or long-term condition to increase understanding and visibility. The network also delivered a webinar on creating inclusive workplaces and supported training on invisible disabilities and reasonable adjustments to help managers better support colleagues.

The network contributed to organisational change by capturing lived experiences and practical suggestions from staff, particularly around reasonable adjustments and barriers during organisational redesign. Insights from anonymous surveys highlighted gaps in workforce data and supported evidence-based improvements. The network also developed resources including an accessibility toolkit and values and behaviours charter, while advocating for improved workplace support, including safe spaces for disabled colleagues

Race Equality Network

The Race Equality Network supported Black History Month 2025, themed “Standing Firm in Power and Pride,” celebrating the resilience, leadership and contributions of Black communities.
Celebrations were launched by Dr Andy Knox, who shared a video reaffirming the organisation’s commitment to anti-racism and race equity as both an employer and a commissioner of health services. Staff were invited to share reflections on the theme, which were published on the intranet and in staff communications to highlight diverse perspectives across the organisation. Two webinars featuring guest speakers were also delivered, attracting more than 100 participants from across the ICB and the wider NHS, generating strong engagement and positive feedback.

The staff networks continue to provide valuable insight and expertise on equality, diversity, and inclusion, which is embedded into the ICB’s wider work on workforce development, staff experience, wellbeing, and inclusive policy.

The Culture and Inclusion team supported the networks in establishing a Staff Network Operating Model and supported each group in developing a Terms of Reference. Now fully established, the networks are contributing feedback and insight to senior leaders and formal committees, helping to shape organisational policies, procedures, and the day-to-day experience of our workforce.

Belonging in the ICS

Belonging Operating Model

The ICB is committed to ensuring that all of our ICS partners are modern employers of choice whereby our workplaces reflect a compassionate and inclusive culture, and that our collective workforce is diversely representative at all levels. In support of this approach, the ICB's Belonging Operating Model enables us to highlight clear accountability and governance routes to meet our priorities around culture and inclusion.

The Belonging Operating Model adopts an outcomes-led approach with a focus on three domains within the Belonging programme:

1. **Equality and diversity** – ensuring that there is equal representation at all levels of the workforce, transparency in our decision-making processes, and fairness in our people processes and practices.

2. **Culture of belonging** – ensuring that people at all levels display inclusive behaviours, senior leaders hold accountability for adopting good practice, our organisations are committed to learning, and that our people feel valued, feel safe to speak up and feel able to bring their whole selves to work.

3. **Employer commitment** – ensuring that we work together to deliver high quality healthcare for underserved communities and that the diverse needs of patients are reflected in service design and delivery through robust Equality and Health Inequality Impact and Risk Assessments (EHIIRAs).

In 2025/26, the ICB has refreshed and re-established the roles of sub-committees attended by system colleagues designed to provide accountability and assurance around EDI, Culture and Belonging in Lancashire and South Cumbria.

North West BAME Assembly Anti-Racist Framework

Published in 2023, the NHS North West BAME Assembly Anti-Racist Framework aims to support organisations on the journey to becoming intentionally and unapologetically anti-racist. The framework encourages the tackling of structural racism and discrimination through collaboration, reflective practice, accountability and action. Through the embedding of the themes, deliverables and actions outlined into structures, processes, policies and culture, organisations will create meaningful change within their workforce and service delivery.

The framework is organised into three levels of achievement: **Bronze**, **Silver** and **Gold**. Each level builds on the next, encouraging organisations to make incremental changes and take consistent actions towards eliminating racial discrimination in their organisations.

Bronze status signifies that an organisation has taken initial steps towards becoming an intentionally anti-racist organisation. These deliverables (see table below) are those that embed structures and accountability for the delivery of racial equity in an organisation:

Key Drivers	Direct Deliverables	Supporting Actions
Leading from the front	The appointment of an executive or director level EDI sponsor with a commitment to advancing anti-racism within the organisation.	• This senior director level EDI sponsor has a clear role description, including annual personal development performance goals related to advancing anti-racism. • Must report as a minimum into an executive director and / or chief executive officer and be considered a part of the wider senior leadership team to facilitate and enable change on racial equity.
Anti-racism as Mission Critical	Evidence of how the organisation has acted to make antiracism work mission critical in the past year.	• An anti-racism statement to be produced and published detailing organisational commitment to racial equity.
Action not words	An organisation must have set and published at least one stretch goal that goes beyond legal or NHS assurance frameworks compliance.	• Implementation of equality and inclusion KPIs with a focus on addressing race-based disparities.
We do this together	The organisation can demonstrate progress over the last 12 months of reducing an identified health inequality	• The organisation can demonstrate working in partnership to reduce a specific health inequality • through an anti-racism lens and publish progress within the organisational annual report.
Zero tolerance	The organisation must have communicated clearly that it takes a zero-tolerance approach to racist abuse from service users or staff members.	• Explicit processes for addressing instances of racist abuse, discrimination and harassment should be • developed within or in addition to current organisational disciplinary procedures.

In May 2024, the ICB submitted its initial application for the Bronze Award from the North West BAME Assembly. The submission was unsuccessful, and although the feedback received acknowledged several areas of good practice and notable progress,

the panel concluded that as the ICB was still in its second year of operation, there was not yet sufficient evidence of measurable impact from its anti-racism initiatives.

During 2025, the ICB continued to strengthen its internal work in this area by undertaking a **Staff Inclusion Survey** to better understand the lived experiences of colleagues from diverse backgrounds. The findings revealed significant and unacceptable disparities, such as 70% of Black and Global Majority colleagues reported experiencing discrimination, and 50% reported bullying, harassment or victimisation at work.

These results demonstrated a clear gap between the ICB's organisational values and staff experiences. While equality and inclusion were established priorities, staff feedback indicated the need for greater visibility, stronger executive leadership, and clearer accountability to ensure the organisation moved beyond aspiration to becoming actively anti-racist.

Black History Month 2025 was identified as a critical opportunity to demonstrate senior leadership commitment, reinforce zero tolerance to racism, and embed the principles of the North West BAME Assembly Anti-Racist Framework into culture, policy, and everyday behaviours.

The ICB committed to:

- Providing visible, credible executive leadership on anti-racism.
- Publicly acknowledging staff survey findings and addressing racism directly.
- Reinforcing that racism, including microaggressions, would not be tolerated.
- Encouraging staff to safely speak up and ensuring incidents were investigated and addressed.
- Embedding anti-racism into governance, policy, training, and leadership accountability.
- Aligning organisational activity with the NW BAME Assembly Anti-Racist Framework.

Dr Andy Knox, Medical Director and Executive Anti-Racist Champion, was tasked with leading this work. He launched the ICB's Black History Month campaign through a 10-minute organisation-wide video hosted on the ICB colleague intranet on 1st October 2025, in which he:

- Spoke openly about the Staff Inclusion Survey findings, describing them as disturbing and unacceptable.
- Emphasised that organisational values alone are insufficient unless they are actively demonstrated through behaviours at every level.
- Stated clearly that any incident perceived as racist by the victim or others would be investigated, recorded and addressed, reinforcing a zero-tolerance approach.

- Highlighted that challenging and reporting racism, including microaggressions, is a duty of care for all staff.
- Encouraged colleagues to use the various speaking-up routes, reassuring them of organisational support.

This leadership message was reinforced by:

- The formalisation of the Executive Sponsor for Anti-Racism role, providing senior accountability and oversight.
- The publication and promotion of the LSC ICB Anti-Racism Policy and LSC ICB Anti-Racism Statement, committing the organisation to investigate all racist incidents and support affected staff.
- Delivery of anti-racism briefings to the Business and Sustainability Group, including an extraordinary session led by Evelyn Asante Mensah (North West BAME Assembly).
- Co-creation of Board-level and operational anti-racism statements with the Race Equality Staff Network and the Anti-Racism Lead.
- Line-manager briefings during Black History Month to support open team conversations on anti-racism and shared responsibility.
- Ongoing EHIIRA training, Unconscious Bias training, and cultural awareness sessions (including Ramadan awareness) to build organisational capability.

Anti-racism was clearly and explicitly led from executive level, increasing visibility, credibility and trust. Staff received a clear message that racism, including microaggressions, would be challenged, reported and addressed, and awareness and confidence in speaking-up mechanisms increased.

Anti-racism became more strongly embedded in policy, governance, leadership roles and training, aligned to the North West BAME Assembly Anti-Racist Framework, and collaboration with staff networks and external partners ensured co-production and authenticity, rather than symbolic action.

Black History Month 2025 acted as a catalyst for sustained organisational change, supporting the ICB's commitment to becoming a proactively anti-racist organisation where all colleagues feel safe, valued and respected.

The ICB resubmitted its application for the Bronze Award in March 2026 and was successful in achieving the Bronze Award.

More information about the North West Anti-Racist Framework can be found here.

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)



Following the introduction of the Workforce Race Equality Standard (WRES) in 2015, every NHS organisation has been required to submit individual annual WRES data returns to NHS England on an annual basis. Similarly, since 2018, NHS Trusts have been required to submit Workforce Race Disability Standard (WDES) data returns to NHS England.

Since the establishment of ICBs in July 2022, NHS England have not yet requested formal WRES and WDES data returns from Integrated Care Boards. However, as part of as our collaborative activities across the system, the ICB compiled an internal WRES and WDES data analysis report in 2025 to provide data about the workforce across these underrepresented groups. In turn, this has informed our current WRES and WDES action plan (approved in September 2025) which consists of the following actions:

- Focus on fair and equal representation across all pay bands to level out the bulge at band 7 and increase BME representation at more senior levels from band 8a and above.
- Provide targeted opportunities for BME people to progress and develop through the talent management route into more senior roles.
- Develop and implement a programme of work on 'becoming an anti-racist organisation'
- Focus on improving the disability declaration rates across the workforce, including Board level.
- Focus on fair and equal representation across all pay bands to level out the bulge at band 7 and increase disabled representation at more senior levels from band 8a and above.
- Review sickness absence policy for disabled people and provide enhanced support for disabled people to feel supported during periods of ill health to return to work, ensuring our new reasonable adjustments process is effective.

NHS EDI Improvement Plan

The **national NHS Equality, Diversity and Inclusion (EDI) Improvement Plan**, published in June 2023, sets out a strategic framework to tackle bias, discrimination, and inequality across the NHS workforce. Its purpose is to ensure a consistently inclusive and equitable experience for all NHS staff, particularly those from underrepresented or disadvantaged groups. The plan outlines six *High Impact Actions*

that must be implemented by all NHS organisations—including Integrated Care Boards (ICBs) and NHS Trusts—with a focus on leadership accountability, equitable recruitment and talent management, reducing pay gaps, improving experiences for internationally recruited staff, addressing health inequalities within the workforce, and eliminating bullying and harassment. The plan provides a clear and measurable set of expectations that hold NHS organisations accountable for creating inclusive cultures where all staff can thrive.

In 2025/26, Lancashire and South Cumbria ICB aligned its **Belonging Plan** and broader EDI programme with the NHS EDI Improvement Plan to support consistent implementation of the six High Impact Actions across the system. Notable progress includes:

- Ongoing development of an **inclusive recruitment toolkit** to address diverse under-representation across all pay bands.
- Publication of the **Combined Pay Gap report** (gender, race, disability) in 2025.
- Improved **data collection and declaration rates**, especially for disability and sexual orientation, enabling more accurate monitoring of workforce inequalities.
- Delivery of a broad programme of **Belonging webinars and training sessions**.

As part of its responsibilities under the NHS EDI Improvement Plan, Lancashire and South Cumbria ICB submits quarterly assurance returns to NHS England's regional EDI team. These submissions provide structured evidence of the ICB's progress against the six High Impact Actions, alongside insights into system-wide delivery and collaboration. The LEAF framework enables NHS England to monitor both the ICB's internal EDI performance and the support it provides to its system partners. The assurance process has strengthened accountability, supported local alignment with national priorities, and enabled targeted action in areas such as inclusive recruitment, leadership diversity, and cultural transformation.

Our Communities

Lancashire and South Cumbria is an area in the North West of England, covering the southern parts of the Lake District in the north, rural areas of the Ribble Valley in the east, coastal towns such as Blackpool and Morecambe in the west, the urban cities and towns of Lancaster, Preston, Blackburn and Burnley, and market towns such as Ormskirk and Chorley in the south.

The total population of Lancashire and South Cumbria as of March 2026, is nearly **1.8 million** residents.

Census 2021 results show that the resident population is evenly split between males and females. **20.6%** are aged 65 and over, **28.6%** are aged 24 and under, and **50.7%** are aged between 25 and 64.

While the majority of Lancashire and South Cumbria residents are White, **12.3%** of the population are from an ethnically diverse group (including non-white British).

2.9% of Lancashire and South Cumbria residents aged 16 and over identify as having a sexual orientation other than heterosexual or straight.

19.7% of residents in Lancashire and South Cumbria categorise themselves as being disabled under the Equality Act 2010, and **8.8%** of those individuals feel that their day-to-day activities are limited a lot.

The average life expectancy rates for residents in Lancashire and South Cumbria are estimated to be **77.9** years for males, and **81.8** years for females. These figures are lower than the respective England averages of **79.4** and **83.1.**

Population Profile of Blackburn with Darwen

The total population of the place-based partnership area of Blackburn with Darwen, as of March 2026 is approximately **149,700** residents.

The majority of the area's residents live in the towns of Blackburn and Darwen with the remainder living in the rural villages and hamlets that surround the two major urban centres.

Census 2021 results show that the resident population is evenly split between males and females, and **14.3%** are aged 65 or over, **34%** are aged 24 or under, and **51%** are aged between 25 and 64. **28.3%** of its population is aged under 20, which is the 6th highest proportion in England.

The Blackburn with Darwen population is more diverse compared to other areas in Lancashire and South Cumbria, and while the majority of residents are White, **39.7%** of the population are from an ethnically diverse group (including non-white British).

2.1% of Blackburn with Darwen residents aged 16 and over identify as having a sexual orientation other than heterosexual or straight. This is lower than the England rate of **3.1**%.

18.5% of residents in Blackburn with Darwen categorise themselves as being disabled under the Equality Act, and **9.1**% of those individuals feel that their day-to-day activities are limited a lot.

Life expectancy rates for residents in Blackburn with Darwen are lower than national averages. Life expectancy for males in the area is estimated to be **76.3 years** compared to the England figure of **79.4**, while life expectancy for females in the area is approximately **80.3 years** compared to the England figure of **83.1**.



Population Profile of Blackpool

As of March 2026, the total population of the place-based partnership area of Blackpool is approximately **142,708** residents.

Census 2021 results show that the resident population is evenly split between males and females, and that **20.6%** are aged 65 or over, **26.9%** are aged 24 or under, and **52%** are aged between 25 and 64.

The majority of residents in Blackpool are White, with approximately **5.3%** of the population coming from an ethnically diverse group (including non-white British).

5% of Blackpool residents aged 16 and over identify as having a sexual orientation other than heterosexual or straight. This is higher than the England rate of **3.1**%.

25.1% of residents in Blackpool categorise themselves as being disabled under the Equality Act, and **12.3**% of those individuals feel that their day-to-day activities are limited a lot.

Life expectancy rates for residents in Blackpool are significantly lower than national averages. Life expectancy for males in Blackpool is estimated to be **74.1 years** compared to the England figure of **79.4**, while life expectancy for females in the area is approximately **79.0 years** compared to the England figure of **83.1**.



Population Profile of Lancashire

The place-based partnership area of Lancashire consists of the following twelve Local Authority districts: Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire and Wyre.

The total population of this area as of March 2026 is approximately **1.2 million** residents.

Census 2021 results show that the resident population is evenly split between males and females, and **20.7%** are aged 65 or over, **28.7%** are aged 24 or under, and **50.5%** are aged between 25 and 64.

The majority of Lancashire residents are White, with **11%** of the population coming from an ethnically diverse group (including non-white British).

2.9% of Lancashire residents aged 16 and over identify as having a sexual orientation other than heterosexual or straight. This is similar to the England rate of **3.1**%

19.3% of residents in Lancashire categorise themselves as being disabled under the Equality Act, with **8.5**% of those individuals detailing that their day-to-day activities are limited a lot.

The average life expectancy from birth across all twelve Lancashire districts is **78.3** for males and **82.0** for females. Both of these figures are lower than the England statistics of **79.4** for males and **83.1** for females respectively.

Ribble Valley has the highest average life expectancy for males across Lancashire and South Cumbria as a whole, at **81.0**. Whereas Burnley and Preston have some of the lowest life expectancy rates for females across Lancashire and South Cumbria at **80.3** and **80.5** respectively.



Population Profile of South Cumbria

The place-based partnership of South Cumbria consists of the Barrow-in-Furness and South Lakeland areas from within Westmorland and Furness Council, the Millom areas from within Cumberland Council, and the Craven area from within North Yorkshire Council.

The total population of this area as of March 2026 is approximately **186,478** residents.

Census 2021 results show that the population is evenly split between males (49%) and females (51%), and **25.7%** are aged 65 or over, **23.8%** are aged 24 or under, and **50.5%** are aged between 25 and 64.

The majority of residents in South Cumbria are White British 94.7% (English, Welsh, Scottish, Northern Irish or British), with only **5.3%** of the registered population coming from an ethnically diverse group (including non-white British).

Approximately 2.3 % of South Cumbria residents aged 16 and over identify as having a sexual orientation other than heterosexual or straight. This is lower than the England rate of **3.1**%

19.3% of residents in South Cumbria categorise themselves as being disabled under the Equality Act, with **8.1**% of those individuals detailing that their day-to-day activities are limited a lot.

The average life expectancy from birth in Barrow-in-Furness is **77.1** for males and **80.6** for females. Both of these figures are lower than the England statistics of for males and **83.1** for females respectively. In contrast, South Lakeland, has the second highest average life expectancy in males across Lancashire and South Cumbria as a whole at **80.3**, and the highest life expectancy for females across all Lancashire and South Cumbria districts at **84.8**.



Deprivation in Lancashire and South Cumbria

People may be considered to beliving in poverty if they lack the financial resources to meet their needs, whereas people can be regarded as deprived if they lack any kind of resources, not just financial income. There is a recognised link between deprivation and poorer health outcomes.

The **Index of Multiple Deprivation (IMD)** is the official measure of relative deprivation in England and is calculated by the Ministry of Housing, Communities and Local Government. The IMD follows an established methodological framework in broadly defining deprivation to encompass a wide range of an individual's living conditions, and in general, the higher an area's score is, the more deprived it is likely to be.

The table below details the IMD scores for eachLocal Authority district in Lancashire and South Cumbria as of 2019, and the difference compared to the national average. It also includes the IMD rank for each district, which summarises the average level of deprivation across all Local Authorities in England, with 1 being the most deprived and 317 being the least deprived.

Area	IMD Rank 2019	IMD Score 2019	↑/↓ compared to national average
Blackburn with Darwen	**14th**	36.0	↑ **14.3**
Blackpool	**1st**	45.0	↑ **23.3**
Burnley	**11th**	37.8	↑ **16.1**
Chorley	**192nd**	16.9	↓ **4.8**
Craven	**239th**	12.8	↓ **8.9**
Eden	**7th**	41.7	↑ **20.0**
Fylde	**198th**	15.9	↓ **5.8**
Hyndburn	**18th**	34.3	↑ **12.6**
Lancaster	**112th**	24.2	↑ **2.5**
Pendle	**36th**	30.7	↑ **9.0**
Preston	**46th**	29.5	↑ **7.8**
Ribble Valley	**282nd**	10.6	↓ **11.1**
Rossendale	**91st**	24.1	↑ **2.4**
South Ribble	**210th**	15.3	↓ **6.4**
West Lancashire	**178th**	18.6	↓ **3.1**
Wyre	**147th**	20.9	↓ **0.8**
Barrow-in-Furness	**44th**	31.1	↑ **9.4**
South Lakeland	**242nd**	12.5	↓ **9.2**
England	-	**21.7**	-

Of the 18 Local Authorities in Lancashire and South Cumbria in 2019*, 8 rank amongst the 50 most deprived districts in England (with Blackpool being ranked as the most deprived), and five rank between 192-282 at the least deprived end of the IMD.

The IMD 2019 scores show that rates of deprivation are indeed variable across Lancashire and South Cumbria, with ten Local Authorities having higher levels of deprivation than the national average, six having lower levels, and one lone district having a similar score to the England average.

However, it should be noted that while the IMD scores and ranks in the table above give a useful broad insight into deprivation in each Local Authority (and place-based partnership area), there will be variations in deprivation at local levels that may relate to a range of socio-economic and population factors.

***Please note that since the 2019 IMD index was published, local authority boundaries in South Cumbria have been reconfigured and replaced with Westmorland and Furness Council, Cumberland Council and North Yorkshire Council. The figures included in the above table reflect the previous local authority districts that now form part of the South Cumbria footprint of the ICS.**

Deprivation at LSOA level

Differences in relative deprivation are not just regional but can also occur between neighbourhoods too. Lower-Layer Super Output Areas (LSOAs) are small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households.

Each LSOA in England is ranked into 10 deprivation deciles, with the LSOAs in decile 1 being deemed to be the *most* deprived 10% nationally, and LSOAs in decile 10 being the *least* deprived 10% nationally. There are currently **1,049** LSOAs in Lancashire and South Cumbria in total, and **198** (**18.9%**) of those are in decile 1, meaning that they are considered to be amongst the most deprived 10% in the country.

The majority of the LSOAs that are in the most deprived decile across Lancashire and South Cumbria are located in the Local Authorities of Blackpool, Burnley, Blackburn with Darwen, Eden and Pendle, and these particular districts also rank amongst the top 20 Local Authorities in England in regard to the proportion of such neighbourhoods. However, these districts do also have small proportions of LSOAs in the least deprived deciles, illustrating how levels of deprivation can look very different across a particular patch.

Core20PLUS5– An approach to reducing health inequalities

Introduced in 2021-22, **Core20PLUS5** is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the '**Core20PLUS** – and identifies '**5**' focus clinical areas requiring accelerated improvement on a national level.

Core20:

The most deprived 20% of the national population as identified by the national Index of Multiple De privation (IMD). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.



PLUS:

Locally determined population groups experiencing poorer than average health access, experience and/or outcomes, but not captured in the 'Core20' alone. This should be based on local population health data.

Such population groups may include ethnic minority communities, coastal communities, people with multi-morbidities, protected characteristic groups, people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people incontact with the justice system, victims of modern slavery and other socially excluded groups.

Lancashire and South Cumbria Integrated Care System will continue its work on identifying local priorities and inclusion groups relating to Core20PLUS5 throughout 2026-27.

5:

The final part sets out five clinical areas of focuswhere a need has been identified for improvements on a national level:

1. **Maternity :** ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups.

2. **Severe mental illness (SMI):** ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities).

3. **Chronic respiratory disease:** a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines.

4. **Early cancer diagnosis:** 75% of cases diagnosed at stage 1 or 2 by 2028.

5. **Hypertension case finding:** to allow for interventions to optimise blood pressure and minimise the risk of myocardial infection and stroke.

Lancashire and South Cumbria Integrated Care Strategy:

This describes how organisations in the Lancashire and South Cumbria Integrated Care Partnership will work together to reduce inequalities identified as part of Core20PLUS5, improve the health and wellbeing of our residents, and achieve our vision of longer, healthier, happier lives. The strategy sets a number of priorities focused on the life course of our residents:

Starting Well – Giving our children the best start in life, supporting them and their families with problems that affect their health and wellbeing, and getting them ready to start school.

Living Well – Reducing ill health and tackling inequalities across mental and physical health for people of all ages by understanding the cause of these unfair differences.

Working Well – Increasing ambition, aspiration and employment, with businesses supporting a health and stable workforce and employing people who live in the local area.

Ageing Well – Supporting people to stay well in their own home, with connections to their communities and more joined up care.

Dying Well – Encouraging all of our residents to feel comfortable in talking about planning for dying, and to be well-supported when a loved one dies.

Some of the themes that will help us deliver on these priorities include:

- 'One workforce' across health and care, helping services be more joined up for our residents.
- Supporting unpaid carers with their own health and wellbeing as well as the people they are looking after.
- Using digital resources and making better use of information about our population.
- Using our buildings as collective resources across communities.
- Committing to sustainability in health and care services to reduce our environmental impact.

For more information about our Integrated Care Strategy, please visit the following link - https://lscintegratedcare.co.uk/our-work/our-strategy

Good Practice in Engagement and Service Delivery

Lancaster and Morecambe benefit from targeted work to reduce health inequalities



A targeted outreach initiative led by Lancashire and South Cumbria Integrated Care Board and other local NHS and community partners has helped reduce emergency hospital admissions in several wards across Lancaster and Morecambe.

A coalition of NHS, voluntary, community, faith and social enterprise (VCFSE) sector and local community groups came together to address long-standing health inequalities affecting residents in the Poulton, Skerton West, Westgate, Harbour, Heysham North and Overton wards, after analysis showed that emergency hospital admissions were significantly higher in these areas, and that residents were less likely to engage with health services, meaning that health needs were sometimes only addressed when they became urgent.

NHS staff and community partners visited parks, schools and community groups, and also carried out doorstep engagement to offer health checks, provide advice, and connect residents with support for a wide range of issues affecting their health and wellbeing, including housing problems such as damp, financial hardship, and access to foodbanks.

Urgent and emergency care attendance in the areas fell as a result ofthe targeted work, and some areas also recorded a reduction in associated healthcare costs compared to similar areas where the model had not been implemented.

Claire Niebieski, Head of Population Health for Lancashire North at the ICB, said the work demonstrated the importance of meeting people where they are, and that "some of those people who have benefited from this approach, would otherwise have been at high risk of repeated A&E visits, prolonged hospital stays, delayed discharges, and multiple long-term conditions - all leading to escalating costs and declining health."

The model is now being expanded to other wards in the district and has the potential to be replicated in other areas of Lancashire and South Cumbria where communities face similar health inequalities.

New dementia support services launched across Lancashire and South Cumbria



Lancashire and South Cumbria Integrated Care Board commissioned a post-diagnostic support service as part of their five-year dementia strategy aimed at improving support for people living with dementia and their carers across the region.

Dementia is the leading cause of death in England and Wales, and more than 15,000 people aged over 65 in Lancashire and South Cumbria are currently living with the condition. Despite this, many people remain undiagnosed and those who receive a diagnosis can often feel isolated or unsure about where to find support.

The service- delivered by Alzheimer's Society and Age UK Lancashire, aims to provide people with dementia (and their families and carers) with practical guidance and emotional support following diagnosis and throughout the progression of the condition.

Dr Jim Hacking, the ICB's Clinical Lead for Mental Health, said: "As a GP, I see increasing numbers of people with a diagnosis of dementia. It can be scary and challenging and hold a lot of uncertainty. The Lancashire and South Cumbria Dementia Strategy sets out a bold and collaborative vision to improve the lives of everyone affected by dementia, ensuring that people receive a timely diagnosis, meaningful support, and compassionate care."

The new services include Cognitive Stimulation Therapy sessions, local Dementia Hubs, and Dementia Advisers offering one-to-one support, helping people understand their diagnosis, access appropriate services and plan for the future.

The service recognises that dementia can disproportionately affect older people and those experiencing social isolation, and that carers also require support to manage the emotional and practical challenges associated with the condition. By strengthening post-diagnostic support, the strategy aims to reduce inequalities in access to care and ensure that people living with dementia can maintain independence, wellbeing and quality of life for as long as possible.

Lancashire and South Cumbria selected for national Neighbourhood Health Implementation Programme

Blackburn with Darwen and Morecambe Bay were among 43 areas across England that were selected to take part in the first wave of a national programme designed to strengthen neighbourhood health services and improve access to care closer to home.



The Neighbourhood Health Implementation Programme, which supports health and care partners to develop multidisciplinary teams that work collaboratively to provide more coordinated care and support in local communities, will initially focus on supporting people with long-term conditions such as diabetes, respiratory illness and cardiovascular disease, as well as those who are frail or living with complex health needs.

It will prioritise communities experiencing the highest levels of deprivation and health inequalities, but will expand to support other areas and cohorts as the programme grows, giving as many residents as possible, easier and more joined-up access to care and support closer to their own homes.

The ICB's Chief Nurse, Jane Scattergood, said: "Our footprint covers a wide geographic area, including urban, coastal and rural communities across three counties. Despite this huge geography, partners have a strong history of working collaboratively to support the needs of our residents in different areas and design services that respond to local challenges and maximise local community assets. Being selected to participate in wave one of this programme is a fantastic reflection of our hard work to date, and an exciting opportunity for us to do much more in our neighbourhoods to offer preventative, person-centred care."

As wave one participants, colleagues in Morecambe Bay and Blackburn with Darwen will learn from other sites across the country and will share their learning with other places and neighbourhoods within the Lancashire and South Cumbria footprint. This will ensure that places such as Blackpool, Preston, and Barrow-in-Furness can be fast followers in the design and implementation of neighbourhood health.

Burnley partnership project improved healthcare access for underserved communities



A collaborative initiative in Burnley has been helping to bridge gaps in healthcare access for underserved populations over the past two years.

The project brought together Burnley East and Burnley West Primary Care Networks (PCNs), local authorities, East Lancashire Hospitals NHS Trust and voluntary, community, faith and social enterprise (VCFSE) partners, and delivered more than 500 health checks and community clinics over a two-year period, to support people who often experience barriers to accessing traditional healthcare services, including those affected by homelessness, refugees and asylum seekers, veterans and other individuals facing social or economic hardship.

This work, funded by Lancashire and South Cumbria Integrated Care Board, and led by NHS health inequality clinical leads, clinical directors, and Primary Care Network managers, targeted areas with a higher-than-expected rate of urgent and emergency care hospital admissions and high levels of deprivation for focused interventions.

Lucy Astle, Health Inequalities Lead for Burnley East PCN, said: “Some of the people we supported faced multiple challenges at once, including poor health, housing difficulties and financial pressures. By working together across health, social care and community organisations we were able to provide practical support that addressed the wider factors affecting their wellbeing.”

In one example, a man recently released from prison attended a community clinic where staff identified that he had unmanaged asthma and was not registered with a GP. The team supported him in registering with his local practice, helped him access appropriate medication and connected him with housing and benefits services.

The ICB is now working with Primary Care Networks across Lancashire and South Cumbria to share learning from the initiative and explore opportunities to expand similar partnership approaches in other communities experiencing health inequalities.

WorkWell initiative helps even more residents with health conditions return to employment

An employment support initiative aimed at assisting people with health conditions or disabilities return to work, reached an



important milestone in Lancashire and South Cumbria this year, as it helped its one thousandth participant access tailored work and health resources.

Lancashire and South Cumbria was one of 15 areas in England selected by the Government to pilot the WorkWell programme, which supports people whose physical or mental health conditions are affecting their ability to work, and the initiative has been delivered across the region with support from Lancashire and South Cumbria Integrated Care Board.

The free and voluntary service offers participants tailored support from a dedicated coach, who works with individuals to develop a plan that reflects their specific needs and circumstances, and can include a personalised assessment of individual needs, goal-based plans to address physical and mental wellbeing, and access to local community services.

Ian Treasure, WorkWell Programme Lead for Lancashire and South Cumbria ICB, said the initiative recognised the strong link between employment and health.

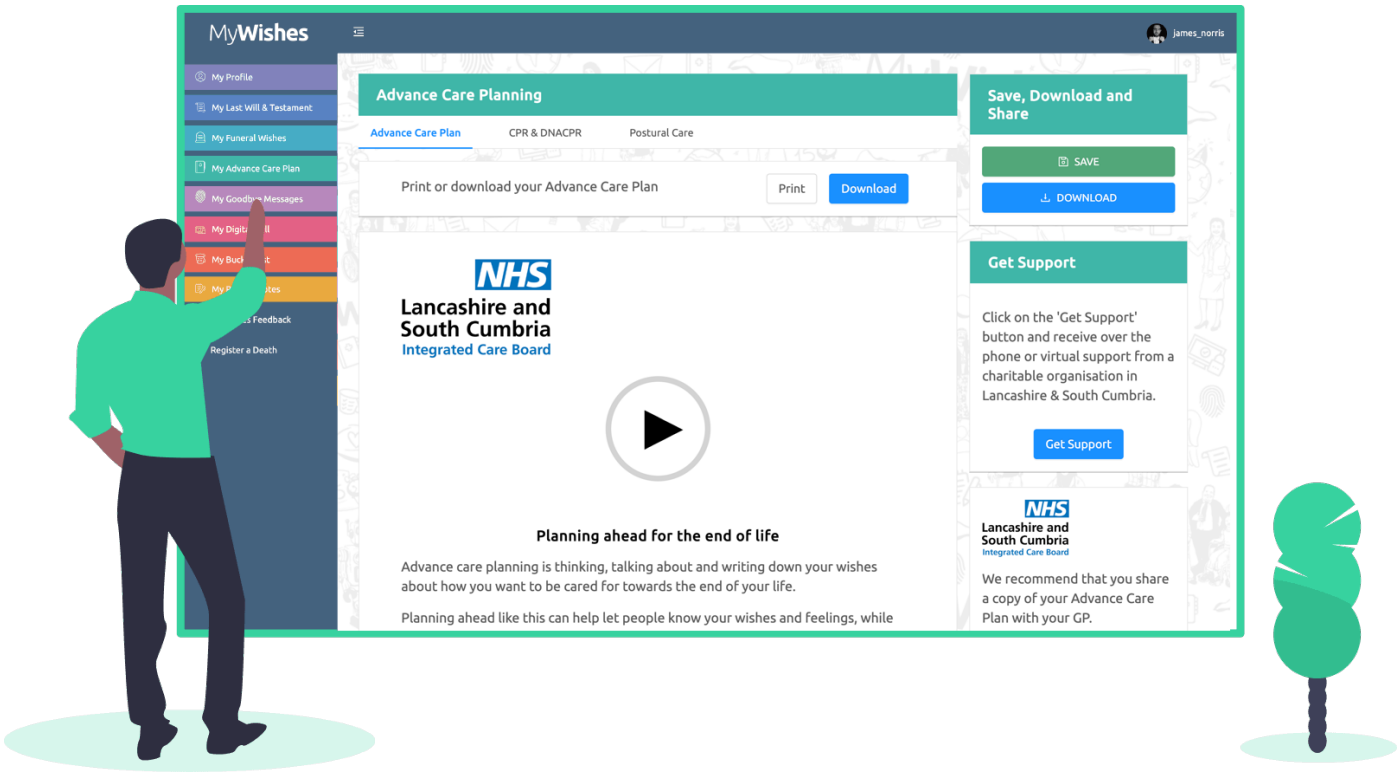
Good work can have a positive impact on people's physical and mental wellbeing, while being out of work due to ill health can often worsen existing conditions.

WorkWell aims to provide practical support that helps people regain confidence and return to employment where possible.

The programme has been rolled out across several areas, including Barrow-in-Furness, Blackburn, Blackpool, Burnley, Lancaster, Preston and West Lancashire, however, any eligible adult in the region can access it.

By providing early intervention and personalised support, WorkWell aims to reduce health-related barriers to employment and improve wellbeing for individuals across Lancashire and South Cumbria.

Digital platform helps Lancashire and South Cumbria residents make end-of-life plans



Residents in Lancashire and South Cumbria were given access to a new digital platform designed to help people plan for their future health and end -of-life care.

Lancashire and South Cumbria Integrated Care Board supported the regional rollout of a localised version of the MyWishes platform during Dying Matters Awareness Week in May 2025, enabling residents to record their wishes and preferences to ensure their views are known and respected if they become unable to communicate them later in life.

Advance care planning can be an important way for individuals to maintain control over decisions about their care, but many people do not feel confident starting these

conversations with family members or healthcare professionals. The MyWishes platform was introduced to make the process more accessible and easier to understand, helping users record preferences about medical treatment and end-of-life care, and outlining practical arrangements such as funeral wishes or the management of personal possessions and digital accounts.

By offering the service free of charge, the ICB aimed to remove barriers that might otherwise prevent people from recording their wishes, particularly those who may not have access to legal or financial advice.

The initiative forms part of wider work across Lancashire and South Cumbria to improve awareness of advance care planning and ensure that residents can access high-quality, compassionate palliative care when they need it.

Our Equality Objectives 2024 - 2027



As required by the Public Sector Equality Duty (PSED) of the Equality Act (2010), public sector organisations are required to prepare and publish one or more equality objectives at least every four years.These objectives must be specific and measurable, address one or more of the three equality aims in the Public Sector Equality Duty and one or more of the protected characteristics set out in the Equality Act (2010).

By setting equality objectives and targets, the ICB aims to meet its legal obligations while driving strategic and demonstrable equality improvements and improve health outcomes relating to relevant protected characteristics within our resident populations and our workforce.

In 2024/25, the ICB developed a set of refreshed equality objectives for the ICB to work towards between 2024 and 2027. These objectives are focussed on both service delivery and our workforce.
The ICB is undergoing significant change within the Maternity Team in response to national reforms and wider organisational change. While this has affected capacity and the pace of delivery in some areas, the ICB remains committed to progressing its Public Sector Equality Duty (PSED) objectives and ensuring that equality considerations continue to inform maternity services. A comprehensive update on progress, outcomes and next steps will be provided in next year's annual report.

Service delivery focused equality objectives

Objective 1: By March 2025, to demonstrate that maternity and neonatal insight, co -production and engagement (ICE) activity is focused on service users and their families who are representative of the diversity of the local (maternity) population.

This objective was developed to support the delivery of "Intervention 6 : ensure the Maternity Voice Partnerships in your Local Maternity Services reflect the ethnic diversity of the local population, in line with NICE QS167". It was agreed that this objective would be progressed via the following actions:

ACTION: There has been a review of the ICE and MNVP model. Given the recent publications and spotlight on maternity services the ten -point plan has been released and the ICB will be working with Trusts to ensure compliance listening to birthing people and their families against key elements ;

1. Has the trust established a monthly cycle of collecting and analysing the latest available maternity and neonatal clinical audit and patient outcome & experience data representative of the local population, including but not limited to, FFT, CQC survey findings when available, local intelligence from MNVPs and targeted outreach?

2. The trust board receive and publish a regular summary report that brings these sources of intelligence together, and can it demonstrate the decisions, actions or escalation resulting from its scrutiny, including how progress and impact are tracked?

3. Does the report identify variation in outcomes and experience by ethnicity and deprivation, including any important gaps or limitations in the available data, and can the board demonstrate how the trust is responding to the variation identified ?

PROGRESS

- **System-wide model:** A revised ICE Model and final SOP provide clearer roles, governance, accountability, and protection of the independent service-user voice.
- **Equity focus:** Engagement is expected to be informed by population health, inequalities, outcomes and service intelligence, with proactive outreach to underserved and seldom-heard communities.
- **ICE Plans:** Annual plans will align population need, lived experience, local and national priorities, intended outcomes, engagement methods and measures of success.
- **Data and reporting:** Standardised reporting will capture demographic reach, communities engaged, key themes, impact and outcomes, moving assurance beyond activity volumes.
- **Community mapping:** The hosting specification requires mapping of VCFSE and community assets, engagement opportunities, gaps in representation and underserved populations.
- **Targeted engagement:** Priority groups include Black and South Asian women, refugees and asylum seekers, travelling communities, and people affected by poor mental health or loss.
- **Neonatal voice:** Neonatal families are explicitly included, building on work to understand how families wish to engage and identify priorities for improvement.

- **Quality and impact:** Insight will be thematically analysed and triangulated with quantitative, quality and experience data; providers must evidence how it informs improvement.
- **Closing the loop:** "You Said, We Did" approaches will show what was heard, action taken, responsibility and the difference made.
- **Workforce capability:** The model requires induction, training, supervision, debrief and wellbeing support, including equity, inclusion and trauma-informed practice.



ACTION: Produce an updated population health needs analysis of the maternity population which will include population demographics

PROGRESS: As part of the ongoing commitment to understanding and responding to population health needs, the ICB continues to work with Healthwatch Lancashire and the MNVPs to gather a richer set of demographic data through community engagement and structured survey tools.

Objective 2: To improve completeness and accuracy of ethnicity coding in primary care for patients assessed as having mild-moderate frailty.

This objective was developed to enable us to better understand frailty in different ethnic groups, to map need and to tailor services to better reflect needs. In order progress this objective, the following actions were agreed



ACTION: Completed an audit of completeness and accuracy by December 2024, to provide a baseline for future improvement for patients within the assessed frailty cohorts with an aspiration of 80% having up to date and accurate ethnicity coding for those patients who have received a frailty review by March 2025

PROGRESS: We have completed the NHS General Practice Quality and Outcomes Framework for 2024/25 incorporating the assessments of individuals with mild-moderate frailty. 78,736 assessments were undertaken during this period using a template to assess unmet need and enable the General Practice workforce to improve the coding of ethnicity. We are currently undertaking a post-hoc analysis (beyond activity monitoring for assurance and payment purposes) to assess impact on quality of care delivered and system activity. The process to focus on ethnicity

(amongst other items) has been delayed due to capacity and priority challenges but is expected to be updated in the next set of reports .

Objective 3: By March 2025 to have used the 2021 census data to map the LGBTQ population for Lancashire and South Cumbria and to understand the correlation with Core20plus populations

PROGRESS In 2024/25, the ICB's Population Health Team successfully completed the mapping of the LGBTQ population across Lancashire and South Cumbria using data from the 2021 Census. This work involved detailed analysis and cross -referencing of demographic data to i dentify geographical distribution patterns of LGBTQ communities within the region. As a result, a dynamic and user -friendly dashboard has been developed, which enables us to visualise LGBTQ population clusters at a local level. The dashboard also integrate s Core20PLUS data, allowing for a deeper understanding of where LGBTQ populations intersect with other priority or underserved groups. This tool is now informing targeted planning and resource allocation to address health inequalities more effectively.

The work to understand the distribution of people who are LGBTQ+ has continued to inform the ICB, feeding into the ICB's Population Health Needs Assessment produced in January 2025. During 2025/26 a number of engagement sessions were held involving members of local LGBTQ+ groups and professionals to understand the barriers facing this group in accessing prevention services. The results were fed into a national Evidence Review as well as being shared locally. Key headlines were that: -

- Gaps in data and trust make it difficult to understand LGBT+ needs, identify who services miss and tailor support.
- Discrimination, staff awareness and wider pressures can limit engagement with services such smoking cessation, physical activity and weight-management services, particularly when immediate needs take priority.
- The priorities are more inclusive services, better-informed staff and trusted, targeted outreach, with particular attention to barriers affecting trans people's participation in physical activity.

Workforce focused equality objectives

Objective 1: Increase the proportion of staff declaring their diversity monitoring information via ESR to enable a better understanding of the diverse composition of the ICB workforce

ACTION: **Increase ethnicity sharing rates across the overall workforce from 91.9% to 98% by the end of 2026/27. This will include a particular focus on increasing ethnicity declaration rates at Band 8b and above where declaration rates are currently lowest, and wit h an aspiration for 100% declaration rates at Band 9 and VSM levels by the end of 2025/26.**

PROGRESS: Between March 2025/26, the ICB launched a campaign to encourage employees to self-report their diversity monitoring information via the Electronic Staff Record (ESR). As a result, we have seen ethnicity reporting rates rise from **94.5%** (as of 31 March 2025) to **96.2%** (as of 31 March 2026) which suggests that we are on course to reach our target of **98%** by the end of 2026/27.

As of 31 March 2026, ethnicity declaration rates at Bands 8a to 9 sit at **95%** with non-AfC declaration rates sitting at **91%**. This demonstrates a need for continued targeted activities to ensure that senior leaders update their diversity monitoring data in order to achieve **100%** declaration rates at Band 8b and above.

ACTION: **Increase disability sharing rates across the overall workforce from 59.9% to 75% by the end of 2025/26, increasing to 85% by the end of 2026/27. This will include a particular focus on increasing disability declaration rates at Band 8a and above where decl aration rates are currently lowest, and with an aspiration for 100% declaration rates at Band 9 and VSM levels by the end of 2025/26.**

PROGRESS: Through 2025, the ICB launched a campaign to encourage employees to self-report their diversity monitoring information via the Electronic Staff Record (ESR). We have seen an increase in disability reporting rates from **57.7%** (as of 31 March 2025) to **68.9%** (as of 31 March 2026) which suggests that there are still actual or perceived barriers to staff feeling confident enough to formally record their disability status. We have seen a slight increase in the number of staff declaring that they have a disability on ESR – rising from **7.3%** (2025) to 9.4% (2026).

Through 2025, disability declaration rates at Bands 8a to 9 sit at **100%** with non-AfC declaration rates sitting at **49%**. This demonstrates a need for targeted activities to ensure that very senior leaders update their diversity monitoring data in order to achieve **100%** declaration rates.

ACTION: **Increase sexual orientation sharing rates across the overall workforce from 56.6% to 70% by the end of 2025/26, increasing to 80% by the end of 2026/27, with**

an aspiration for 100% declaration rates at Band 9 and VSM levels by the end of 2025/26.

PROGRESS: Throughout 2025, the ICB launched a campaign to encourage employees to self-report their sexual orientation monitoring information via the Electronic Staff Record (ESR). As a result, we have seen sexual orientation reporting rates rise from **65.8%** (as of 31 March 2025) to **74.7%** (as of 31 March 2026) which suggests that we are on course to reach our target of **80%** by the end of 2026/27.

As of 31 March 2026, sexual orientation declaration rates at Bands 8a to 9 sit at **75%** with non-AfC declaration rates sitting at **62%**. This demonstrates a need for targeted activities to ensure that senior leaders update their diversity monitoring data in order to achieve **100%** declaration rates at Band 8b and above.

Objective 2: Increase diverse representation across all levels of the workforce

ACTION: **Increase BME workforce representation from the position of 7.1% by the end of 2026/27**

ACTION: **Increase disability workforce representation from the position of 6.3% by the end of 2026/27.**

ACTION: **Increase LGBQ+ workforce representation from the position of 3.2% by the end of 2026/27.**

PROGRESS:
As at 31 March 2026, BME representation had increased from the baseline position of 7.1% to **8.7%** while disabled representation had increased from 6.3% to **9.4%**. Colleagues recorded as gay, lesbian or bisexual represented **3.7%**.

These percentages use the whole workforce as the denominator and indicate progress against each representation objective. However, the findings should be interpreted with caution because information remained undeclared for 31.8% of the workforce for disability, 29.6% for sexual orientation and 3.8% for ethnicity. Improving declaration rates therefore remains important to strengthening the evidence base and enabling the ICB to assess representation and progress more accurately.

Objective 3: Improve the experiences of our diverse workforce and reducing instances of diverse staff reporting incidents of discrimination, bullying and harassment

ACTION: **Undertake a full reset of organisational values and behaviours by the end of 2024/25.**

PROGRESS: Throughout 2025/26, we undertook work to launch our new Lancashire and South Cumbria ICB values and behaviour framework which sets out how we will collectively create the culture to achieve our vision and purpose. Between October 2024 and February 2025, we held a range of workshops and session to listen to our people about what the values and behaviours they felt we were important to them. Based on this feedback, we established a set of core values and behaviours based on **Compassion**, **Integrity**, **Respect** and **Inclusion** to foster a positive organisational culture as a great place to work, delivering high quality, safe and effective health and care.



ACTION: Achieve the NW Anti-Racist Framework Bronze award by the end of 2025/26 with an aspiration to achieve the Silver award by the end of 2026/27

PROGRESS: The ICB submitted its initial application for the Bronze Award to the North West BAME Assembly in May 2025. While the submission was not successful on this occasion, the feedback received acknowledged several areas of good practice and notable progress. However, the panel concluded that, as the ICB was still in its second year of operation, there was not yet sufficient evidence of measurable impact from its anti-racism initiatives.

The ICB then continued to strengthen its internal work in this area by undertaking a **Staff Inclusion Survey** to better understand the lived experiences of colleagues from diverse backgrounds, and **Black History Month 2025** was identified as a critical opportunity to demonstrate senior leadership commitment, reinforce zero tolerance to racism, and acted as a catalyst for sustained organisational change, supporting the ICB's commitment to becoming a proactively anti-racist organisation where all colleagues feel safe, valued and respected.

The ICB resubmitted its application for the Bronze Award in March 2026 shortly before this report was prepared. The outcome has yet to be received at the time of writing.

ACTION: Deliver a programme of cultural learning opportunities (e.g. webinars and listening rooms) via our Belonging workstream .

PROGRESS: As part of the ICB's commitment to Belonging which includes listening to our people and understanding their needs, the Culture and Inclusion Team regularly collaborate with our Health and Wellbeing Champions and our Staff Networks to deliver a programme of EDI-specific activities aimed at giving our people the

opportunity to share their lived experiences, their workplace experiences and help the ICB to identify and explore opportunities to better support our workforce.

A host of health and wellbeing related listening rooms took place and relevant communications were issued in 2025/26,focused on the following topics:

- Menopause
- World Suicide Prevention Day
- Black History Month
- UK Disability History Month
- LGBT+ History Month
- Freedom To Speak Up
- Ramadan

Through these activities, we were able to create opportunities for staff to engage with diverse perspectives and explore the challenges faced by colleagues from underrepresented groups. These efforts continue to play a key role in cultivating an inclusive workplace by encouraging reflection, building empathy, and supporting a deeper appreciation of the barriers that can exist within the workplace.

Staff were also invited to attend training sessions on **Equality and Health Inequalities Impact and Risk Assessments (EHIIRAs)** and on **Fairness, Equity, and Inclusion in Organisational Change.** These sessions were interactive and were designed to deepen understanding of the barriers faced by marginalised groups, promote reflective practice, and equip staff with the knowledge and tools to embed inclusive thinking into decision-making, service planning, and everyday interactions.

ACTION: Strengthening and amplifying the voices of our Staff Networks

PROGRESS: The ICB has strengthened and amplified the voices of its Staff Networks by enabling them to lead impactful, organisation-wide initiatives that reflect the experiences and needs of colleagues. The Women's Staff Network, for example, shaped Menopause Awareness Month 2025 through a programme of events and resources that elevated lived experiences and helped normalise conversations around menopause. This included peer support spaces, webinars, and collaboration with the women's health team to influence the development of a menopause policy and dedicated intranet support. Similarly, the LGBTQ+ Staff Network played a key role in embedding inclusive practice by launching the Rainbow Badge Scheme and leading Pride Month activity, creating platforms for staff to share perspectives, build understanding, and promote visible allyship across the organisation.

This approach has also been evident in the work of the Disability Staff Network and Race Equality Network, where staff voice has directly informed organisational learning and change. The Disability Staff Network amplified colleague experiences during UK Disability History Month through storytelling, surveys and engagement activity, ensuring that insights on barriers, reasonable adjustments and workplace accessibility were captured and used to shape improvements, alongside the development of

practical resources. In parallel, the Race Equality Network created opportunities for staff to share reflections during Black History Month, supported by senior leadership messaging and well-attended webinars that broadened engagement and dialogue. Collectively, the ICB has demonstrated a strong commitment to listening to, valuing and acting on the voices of its Staff Networks, embedding their contributions into meaningful action and cultural change.

The Staff Network Executive Sponsor structure and monthly Staff Network Chairs meetings have also enabled more direct influence on organisational priorities, greater visibility of network-led initiatives, and improved responsiveness to the concerns raised by network members. By elevating their role in awareness campaigns, decision-making forums, and policy development, our Staff Networks are now more empowered than ever to shape an inclusive and representative workplace culture

Objective 4: Provide targeted progression and development opportunities to under-represented, diverse groups within our workforce

ACTION: Implement a refreshed Inclusive Recruitment Toolkit to be fully rolled out throughout 2025/26 .

PROGRESS: We continued the development of an Inclusive Recruitment Toolkit during 2025, with the intention of implementing it across the organisation to support equitable and inclusive hiring practices. However, since this objective was set, NHS Lancashire and South Cumbria ICB has entered a period of significant organisational change, driven by the requirement to reduce running costs by 47%. As a result, this programme of work has been paused to reflect a shift in organisational priorities and a reduction in recruitment activity du ring 2025/26.

Notwithstanding this pause, the organisation remains committed to ensuring that principles of equality, diversity and inclusion are embedded throughout this period of transition. We will continue to consider how inclusive practices can be applied within Management of Change processes and wider organisational decision-making, to support fair and equitable outcomes for all colleagues.

ACTION: Implement a Reciprocal Mentoring Scheme to be fully rolled out throughout 2025/26

PROGRESS: Plans to launch a Reciprocal Mentoring scheme in 2025/26 were developed as part of our broader commitment to fostering inclusive leadership and addressing disparities in staff experience. However, the introduction of new national financial priorities withi n the NHS has placed constraints on programme delivery across the system. As a result, the implementation of the scheme has been paused. We remain

committed to the value of reciprocal mentoring and will revisit opportunities to progress this initiative when circumstances allow.

ACTION: Utilise the Apprenticeship Levy to provide targeted development opportunities for under-represented, diverse groups within our workforce.

PROGRESS: Our ambition to leverage the Apprenticeship Levy to create targeted development opportunities for under-represented and diverse groups within our workforce remains a key strategic priority. However, in the context of ongoing financial pressures and national workforce constraints, opportunities for formal development may be limited during this period of change. Despite these challenges, we remain committed to advancing equity in access to career development and will continue to explore alternative approaches to support the progression of diverse talent within the organisation.

Equality and Health Inequalities Impact and Risk Assessments

Lancashire and South Cumbria ICB utilises an Equality and Health Inequalities Impact and Risk Assessment (EHIIRA) toolkit from the Equality and Inclusion Team at NHS MLCSU. The EHIIRA toolkit provides a framework for undertaking Equality and Health Inequalities Impact and Risk Assessments in all aspects of ICB decision-making.

This tool combines two assessments consisting of Equality and Human Rights. This enables the ICB to show 'due regard' to the Public Sector Equality Duty and ensures that consideration is given prior to any policy or commissioning decision being made by ICB committees that may affect equality and human rights. The toolkit was updated in 2022 to ensure a wider range of inclusion health groups (as defined by NHS England) and to ensure that Core20PLUS5 priority areas were routinely considered within the completion of EHIIRAs.

By considering 'due regard', the ICB aims to ensure that people from protected characteristic groups and inclusion health groups can expect the same high standards of access, care and experience compared to the general population. The ICB is committed to embedding the use of EHIIRAs in every aspect of service development, policy development and workforce development. Throughout 2025/26, work has been undertaken to more closely align our EHIIRA processes with other key impact assessment processes (such as Quality Impact Assessments) by developing an Integrated Impact Assessment process comprising of EHIIRAs, Quality Impact Assessments and Sustainability Impact Assessments. The Integrated Impact Assessment framework will be launched in early 2026/27.

Between April 2025 and March 2026, 66 EHIIRAs relating to a wide range of service design and workforce decisions were completed or are currently in progress.

Equality Delivery System 2022

The Equality Delivery System (EDS) is a national NHS framework designed to help NHS organisations assess their performance on equality, diversity and inclusion (EDI). It focuses on improving access, experience and outcomes for both service users and staff, especially those from protected and underserved groups.

In 2025/26, the ICB undertook its second year of assessments using the updated EDS 2022 framework. This provided a structured opportunity to review our performance across three domains:

1) Commissioned or provided services
2) Workforce health and well-being
3) Inclusive leadership.

Each domain includes specific outcomes that are scored against four grading levels: **Undeveloped**, **Developing**, **Achieving**, or **Excelling**.

Domain 1: Commissioned or provided services

Following the EDS Domain 1 grading event undertaken last year, which focused on maternity services, it was provisionally agreed that maternity services would be revisited during the 2025/26 EDS cycle. The intention was to assess progress made over the intervening year, identify areas of improvement, and highlight emerging good practice.

To support this objective, regular EDS Domain 1 Working Group meetings were convened, starting in September 2025, with the aim of coordinating a grading event scheduled for February 2026. However, engagement throughout this period was consistently limited. Attendance at working group meetings was sparse, and provider representatives indicated from an early stage that there was limited capacity and appetite to deliver EDS Domain 1 in a meaningful and robust way during the current year, given wider system pressures.

Engagement from provider organisations was particularly challenging. There was been minimal involvement from NHS Lancashire Teaching Hospitals (LTH) and Lancashire and South Cumbria NHS Foundation Trust (LSCFT) throughout the process.

In light of these challenges, and taking into account the significant operational pressures across the system and within the Culture and Inclusion Team as the CSU EDI service prepares to exit, it was recommended that delivery of EDS Domain 1 was stood down for 2025/26. Providers instead were advised to focus efforts on progressing EDS Domains 2 and 3 during this period.

This recommendation was based on the following considerations:

- The planned Domain 1 grading event was schedule for February 2026, and providers did not demonstrate sufficient engagement, nor identified appropriate representatives or collated the necessary maternity service evidence to support a credible grading process due to their limited capacity.
- The majority of the system was operating at OPEL 4, significantly constraining provider capacity and resources.
- Delivery of EDS Domain 1 represents a substantial and time-intensive commitment which was not realistically achievable under those conditions.
- Despite outreach to a range of external stakeholders to support the grading process, no confirmations were received, further compromising the viability of the planned event.
- Maternity services across the system are currently subject to the national maternity review, placing additional demands on clinical and managerial capacity and limiting the ability to engage fully with EDS requirements.
- Internal capacity within the Culture and Inclusion Team is also significantly constrained as a result of transition and handover activity associated with the CSU service exit.

Standing down Domain 1 for this year was therefore considered a pragmatic and proportionate response to current system pressures, while allowing providers to maintain momentum against Domains 2 and 3 and protecting the integrity of the EDS process overall.

Domain 2: Workforce health and wellbeing

The assessment of Domain 2, covering the health and wellbeing of our workforce, was carried out internally by the ICB. On 23 February 2026, a grading session was held for all staff, supported by the Culture and Inclusion Team. Evidence packs were distributed ahead of the event, allowing staff to review policies, data and organisational initiatives before casting their votes on each outcome. The session itself was facilitated using Mentimeter, an interactive tool enabling anonymous, real-time voting and feedback.

In comparison to the 2025-2026 EDS reporting cycle, grades across all Outcomes in Domain 2 remained the same with the only exception being Outcome 2A where the grade has improved from “developing” to “achieving”. Overall, the Domain 2 grade remains at “developing” which is the same as the 2024-2025 EDS reporting cycle.

It is worth noting that a significant number of attendees graded as “undeveloped” in Outcome 2D which may suggest that current staff members would not recommend LSC

ICB as a place to work.In 2024/25, Domain 2 had been graded as **'Developing'**. This year, participants gave an overall grade of '**Developing**' again. The grades for each Domain 2 outcome were as follows:

EDS Domain 2: Workforce health and wellbeing	2025/2026 Grade
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Achieving
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Developing
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Achieving
2D: Staff recommend the organisation as a place to work	Undeveloped
Overall Domain 2 grade	Developing

It is worth noting that work is continuing to take place in the ICB to reset the culture and current ICB reforms. While it is possible that the low attendance at the grading session affected the outcome, the feedback indicates that further work is needed to rebuild trust and improve staff experiences.

Domain 3: Inclusive leadership

Domain 3 focuses on leadership's role in promoting and embedding equality throughout the organisation. This domain was also assessed internally during the same staff grading session. The evidence considered included board papers, equality impact assessment, training initiatives, and examples of senior engagement with staff networks and community groups.

In comparison to the 2024/25 EDS reporting cycle, all grades received for Outcomes in Domain 3 remained the same, however, it is worth noting that Outcome 3C was tied at "undeveloped" and "developing" as four votes were received for each grade, this suggests that there may have been a slight deterioration in Outcome 3C since that last reporting cycle. The grade for each for each Domain 3 outcomes were as follows:

EDS Domain 3: Inclusive leadership	2024/2025 Grade
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	Developing

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Developing
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	Undeveloped/ Developing
Overall Domain 3 grade	Developing

EDS- next steps for 2025/26:

The 2025–2026 EDS assessment indicates overall stability in performance across Domains 2 and 3 when compared to the previous reporting cycle.

Whilst there was an initial intention to revisit EDS Domain 1 for maternity services during the 2025/26 cycle, the prevailing operational context has made delivery unachievable within this timeframe. Persistent system pressures, including sustained OPEL 4 status, limited provider engagement, competing national requirements relating to the maternity review, and reduced internal capacity associated LSC system EDI teams have significantly constrained the ability to undertake a robust and meaningful grading process. The decision to stand down Domain 1 for 2025/26 reflects a pragmatic and proportionate response to these challenges

Domain 2 remains graded at "developing", with a positive improvement noted in Outcome 2A, which has progressed from "developing" to "achieving". However, the continued overall "developing" rating demonstrates that further work is required to embed consistent progress across all workforce-related outcomes.

Of note is the number of "undeveloped" gradings recorded for Outcome 2D. While this may suggest that some staff would not currently recommend LSC ICB as a place to work, this finding must be considered in the context of significant national NHS restructuring and local organisational change. Periods of uncertainty can reasonably influence staff perception, engagement, and confidence, and this wider context is likely to have had an impact on grading outcomes.

Similarly, Domain 3 grades have remained largely static, though the tied grading in Outcome 3C between "undeveloped" and "developing" may indicate emerging concerns or a potential deterioration since the previous cycle. This warrants closer review to better understand the underlying issues and to prevent further regression.

Equality Monitoring

All NHS Providers that Lancashire and South Cumbria ICB contracts with undertake an annual equality compliance review. The table below provides a snapshot of the current position of each of the main NHS Providers in Lancashire and South Cumbria following a review of their websites. For reference, a green tick signifies that the trust is compliant in that area, and an amber tick signifies partial compliance in that area.

Commissioned Provider	Equality Objectives	Published Equality Information	Undertaken EDS in 2024/25	Published WRES report	Published WDES report	AIS	Modern Slavery Act
Blackpool Teaching Hospitals NHS Foundation Trust	-	-	-	-	-	✓	✓
East Lancashire Hospitals NHS Foundation Trust	-	-	✓	-	-	✓	✓
Lancashire and South Cumbria NHS Foundation Trust	✓	✓	✓	✓	✓	✓	-
Lancashire Teaching Hospitals NHS Foundation Trust	-	-	-	-	-	✓	✓
North West Ambulance Service NHS Trust	✓	✓	✓	✓	✓	✓	✓
University Hospitals of Morecambe Bay NHS Foundation Trust	✓	✓	-	✓	✓	✓	-

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A glossary of our most used terms is available at the ICB website at the following link - https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/glossary