NHS
Lancashire and South Cumbria
Integrated Care Board

Interim Equality, Diversity & Inclusion Strategy – 2022-23

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Foreword and Vision

This interim Equality, Diversity and Inclusion Strategy sets out how the newly established NHS Lancashire and South Cumbria Integrated Care Board (ICB) aims to embed and develop its approach to ensuring that equality, diversity, and inclusion (EDI) is at the heart of everything we do – how we deliver health and care services for our population, how we commission such services, how we engage with the people we serve and how we manage our workforce.

Our interim Strategy recognises that NHS Lancashire and South Cumbria ICB is a new statutory body and is in the process of developing with other partners its wider priorities and ambitions. This means that extensive work is required to develop our actions around EDI and the health inequalities affecting our communities, however we have significant good practice to build upon and an ambition to positively address these matters. As such, we want to draw upon the skills, knowledge and experience of our population and our diverse workforce to develop our commitment to, and delivery of, EDI, and to drive and develop this work over the coming years.

Inclusion is all about an individual's experience within society and the workplace, and the extent to which they feel valued and included. The key aims of this strategy are to:

- **ensure we are inclusive in how we commission and change the way services are organised and delivered**
- **listen to the people we serve in our communities and engage them in how these things happen**
- **ensure we meet (as a minimum but ideally exceed) the legal requirements as an employer and for the communities we serve, including those with protected characteristics, but taking a whole population approach.**

This is a fundamentally different approach to dealing with inequalities, engaging people in our communities, and engaging, retaining, and supporting the best workforce needed to deliver these aims. We can only achieve this through stronger partnerships, clear measurement and communication of the progress and challenges faced across L&SC.

Tackling these matters will be the business of all those that work in Lancashire and South Cumbria, including each and every employee of the ICB, our wider partnerships with other public sector bodies, and voluntary, community, faith, charity, and other social enterprises and our communities. As part of our ongoing commitment to EDI, we have designated Board level leads for EDI and Health Inequalities. These leads are responsible for ensuring that the Board retains a focus on these issues in all aspects of decision-making. Furthermore, these leads are supported by specialist EDI colleagues within the wider ICB who will support us to embed EDI best practice in everything we do.

This document forms part of NHS Lancashire and South Cumbria's commitment to developing a positive and equitable culture for everybody, including our population, our workforce, and our wider partners in the Lancashire and South Cumbria Integrated Care System (ICS).

James Fleet
Chief People Officer
Lancashire and South Cumbria Integrated Care Board

Executive Summary

The interim Equality, Diversity and Inclusion Strategy has been developed to support the statutory establishment of the NHS Lancashire and South Cumbria Integrated Care Board, following the closedown of the predecessor Lancashire and South Cumbria Clinical Commissioning Groups **(CCGs).**

Our vision is to deliver positive, measurable improvements through addressing EDI in all that we do as an Integrated Care Board and Partnership for the residents we serve, the staff we employ and the services we commission. In the next five years, we aim to see a measurable increase in life expectancy, using the diverse experiences of our populations to affect positive change, and to make our workforce representative of the population it serves.

The ICB is committed to reducing health inequalities faced by our communities by identifying and removing the barriers they face. In doing so, we recognise the following considerations:

- Our legal duties relating to EDI – the ICB acknowledges that merely meeting the threshold of compliance is not good enough, and we must go further to ensure that EDI is the responsibility of each and every employee and is at the centre of everything we do.
- Our responsibility for discharging the Public Sector Equality Duty cannot be delegated and remains with us as a commissioner of health care services and the lead partner in the Lancashire and South Cumbria ICS. This means that we must ensure that organisations and partners providing services on our behalf are also meeting the duty.
- The ethical case for EDI is entirely justified – it is not acceptable that our communities in Lancashire and South Cumbria experience health inequalities and strong action must be taken to mitigate against this.
- The *Marmot Review 10 Years On* Report published in 2020 estimated that inequality costs the NHS over £12 billion every year. This alone makes a strong case for identifying and taking actions to reduce health inequalities.

This interim Strategy will be further developed over the coming operational year (2022-23). First and foremost, we will implement and embed the best existing processes and systems from within the NHS and from our predecessor CCGs into the new statutory organisation. We will continue to identify and learn good practice in relation to EDI from other systems, system partners and organisations. Secondly, we will ensure our leaders and managers have the skills and knowledge to address EDI and Health Inequalities, we will engage with our workforce, patient populations and system partners to identify areas of focus and develop an ambitious, long-term vision and strategy for tackling issues relating to EDI and Health Inequalities.

This document sets out our organisational objectives relating to Equality, Diversity and Inclusion for the transitional year and contains information about the opportunities and challenges faced in Lancashire and South Cumbria, as well as information about processes and actions taken by our predecessor CCGs and areas that we will continue to focus on in the future as an Integrated Care Board and Integrated Care System.

1. Introduction

NHS Lancashire and South Cumbria Integrated Care Board **(ICB)** was statutorily formed on 1 July 2022 following the close-down of the 8 Lancashire and South Cumbria Clinical Commissioning Groups **(CCGs)** and the formation of the wider Lancashire and South Cumbria Integrated Care System **(ICS)**. Lancashire and South Cumbria has a population of around **1,783,000** people living in a wide geography – including rural and urban areas, as well as highly affluent and highly deprived areas.

As an ICB, we take our obligations towards equality, diversity, and inclusion **(EDI)** very seriously and aim to promote fair and equitable treatment to, and value diversity in, our staff, stakeholders, patients, and the public. To commission and deliver high quality health care services, we believe is it essential to value the diversity of our population and workforce and consider equality in everything that we do.

The disruptive nature of the ongoing COVID-19 pandemic has caused (and continues to cause) significant impacts on a local, national, and global scale. In particular, the virus disproportionately impacts on people from certain protected characteristic groups and socio-economic backgrounds and has exacerbated and shone a spotlight on some of the wider health inequalities that exist within in our society – particularly on those from ethnically diverse communities and those with pre-existing health conditions and disabilities. As we progress through the post-COVID restoration and recovery phase, it is essential that we understand which groups within our population are most impacted by health inequalities, not just in relation to accessing routine health care services, but also the wider determinants that impact upon their health and wellbeing.

Furthermore, the Black Lives Matter movement has ignited renewed calls for an end to racism, discrimination, and injustice for black people worldwide. The role that the NHS can play in tackling these issues was further highlighted by the recent publication of the NHS People Plan. As an ICB, we will not tolerate racism or any form of hate crime. We acknowledge that our working environments, including where services are delivered, need to be spaces where the people we serve and our staff feel safe, welcomed, and listened to. We value and consider the views of our staff, partners, and local communities. We will build upon progress made in this area through our predecessor CCGs and will continue undertaking work to ensure that this happens and take action to reduce health inequalities.

This interim strategy recognises that the ICB (and the wider Integrated Care Partnership) is still in its infancy and is developing its priorities and long-term ambitions during this the upcoming transitional year. However, this strategy sets out a strong range of initial commitments that we are making in our approach to EDI in our role as a commissioner of health services and as an employer.

We will develop our wider ambitions to tackle issues relating to EDI and health inequalities in service delivery, within our workforce and across the Integrated Care Partnership (**ICP**). As such, we will develop a more in-depth strategy and long-term objectives in partnership with our colleagues, communities, and system partners over the year ahead.

2. Equality Objectives (2022-23)

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. The purpose of these objectives is to strengthen performance and demonstrate clear progress against, and compliance with, the general equality duty.

Over the coming year, the ICB will work with its system partners to develop a long-term system-wide Equality, Diversity and Inclusion Strategy that aligns with the overarching strategies developed by the Integrated Care Partnership.

2.1. Our Vision

Our vision is to deliver positive, measurable improvements through addressing EDI in all that we do as an Integrated Care Board and Partnership for the residents we serve, the staff we employ and the services we commission. In the next five years, we aim to see a measurable increase in life expectancy, using the diverse experiences of our populations to affect positive change, and to make our workforce representative of the population it serves.

2.2. Our Objectives

As part of this interim strategy, the ICB has defined a set of equality objectives for the transitional year ahead. These objectives are designed to set out a range of initial commitments in relation to EDI while the emerging ICB (and the wider ICS) continues to develop and firm up its long-term priorities and ambitions over the coming year.

While this is in development, we will focus upon the following objectives in 2022/23:

1. **Our commissioned and provided services will meet the needs of our diverse population**
2. **Our workforce will see improvements in health, wellbeing, and diverse representation**
3. **Our leaders will demonstrate a clear and strong commitment to EDI in all that they do**

Objective 1: Our commissioned and provided services will meet the needs of our diverse population

We want to ensure that the services we design, commission and deliver are accessible to all and meets the individual needs of our diverse patient population. Patients accessing the services we commission should not face disadvantage and should have a positive experience. To ensure this, we are committed to considering the voices and needs of our diverse population in the design of our services.

What our stakeholders told us:

- We need to reduce variations in access to services and health outcomes across different patient groups who experience health inequalities and are affected by wider determinants of social health.

- We need to better understand the needs of our diverse population and ensure that residents are given real opportunities to be engaged, included, considered, and given a voice throughout all stages of our decision-making processes.

- We need to improve the ways we gather diversity monitoring data of the patients and residents that we engage with.

What we will do:

- Ensure that our staff have access to up-to-date data and evidence about protected characteristics and disadvantaged groups within our patient population and the health inequalities they face.

- Ensure that patients and members of the public with specific communication needs can receive information in accessible formats

- Develop our patient and public engagement mechanisms to maximise opportunities to reach diverse communities in the design and commissioning of our services

- Gather diversity monitoring data as standard in all our engagement activities.

- Put systems in place to ensure our services are designed taking into account local health needs, population data and engagement feedback.

- Embed processes to ensure that Equality and Health Inequality Impact and Risk Assessments (EHIIRAs) are routinely and robustly completed in all aspects of decision-making, and their findings are integral to improving patient outcomes and reducing health inequalities

- Roll out mandatory programmes of training to ensure decision-making staff are confident in completing EHIIRAs and know how to access specialist support around this process.

- Deliver programmes of training and tailored opportunities for staff to develop their knowledge around EDI issues and cultural awareness.

Objective 2: Our workforce will see improvements in health, wellbeing, and diverse representation

The development of a more inclusive and representative workforce forms a key part of our People Strategy. However, as a newly established organisation, the ICB recognises that it needs to focus its efforts on understanding the makeup of its new workforce, as well as that of its system partners to work towards the vision of ‘one workforce’ across the ICS.

We have an ambition to create an inclusive environment for our staff that fully promotes and celebrates diversity in all its forms and allows staff to bring their whole self to work. To achieve this ambition, we need to ensure that our organisation is representative of the diverse communities it serves, and that everybody has equitable access to support, development and progression opportunities at all levels within the workforce.

We know from workforce analysis of our predecessor CCGs that there are areas of significant under-representation within certain groups of staff, along with a reluctance for staff to self-report their diversity monitoring data around certain protected characteristics such as disability and

sexual orientation. As an ICB, we will take positive actions to improve workforce representation and encourage staff to provide us with up-to-date diversity monitoring data.

Furthermore, we will use mandated standards such as the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) and Gender Pay Gap reporting to monitor and drive our commitment towards improving workforce representation.

What our stakeholders told us:

- We need to ensure that our workforce is more representative in order to better reflect the communities it serves.
- We need to provide targeted recruitment and progressions opportunities are available to under-represented groups within our workforce to ensure better diverse representation at all levels of the workforce.
- We need to invest in talent management programmes to ensure we develop and retain the best practitioners in Lancashire and South Cumbria.
- We need to better understand the diversity of our workforce and can do so by building confidence in staff to self-report their diversity monitoring information.
- We need to prioritise and invest in staff health and wellbeing

What we will do:

- Proactively encourage our workforce to self-report their diversity monitoring data through ESR and raise awareness of the benefits of doing so.
- Develop a detailed workforce profile to allow us to identify gaps in representation and barriers to career progression.
- Support NHS England's North West EDI Team work on the development of a North West EDI Dashboard and contribute workforce data as appropriate.
- Work with our system partners to develop a combined profile of the 'one workforce' across the ICS
- Set actions and targets to improve workforce representation at all levels using positive action in recruitment, Model Employer targets and the Race Disparity Ratio.
- Develop our talent management strategy to ensure increased opportunities for under-represented groups
- Support the development of staff networks from protected characteristics and disadvantaged groups as appropriate – either within the ICB or in collaboration with system partners – to strengthen the collective voice of the workforce.
- Report, for the first time as an organisation, against the WRES, WDES and Gender Pay Gap requirements, and set action plans against each of these standards

Objective 3: Our leaders will demonstrate a clear and strong commitment to EDI in all that they do

In order to create a truly inclusive organisation at all levels, we need to ensure that our leaders demonstrate a strong commitment to EDI and lead by example.

Our leaders will evidence their commitment to EDI by demonstrating an awareness of their own biases, and by proactively considering different views and perspectives to inform the way they make decisions.

Every one of our leaders will take ownership of the EDI agenda and promote and support the organisational vision around EDI at every available opportunity.

What our stakeholders told us:

- We need to ensure that our boards, leaders, and committees are as inclusive as they can be and consider EDI as a meaningful priority – not just an area of legal compliance.
- We need to ensure that diverse representation is seen within our boards and senior leadership teams.
- We need to identify senior EDI Leads at board level to ensure robust accountability within decision-making.

What we will do:

- Appoint a Director of Equality, Diversity, and Inclusion within the Integrated Care Board.
- Deliver a programme of EDI-related development training to the newly appointed ICB Leadership Team, Board, and place-based teams to enable them to develop a long-term, ambitious approach to embedding EDI within all aspects of operations and decision-making.
- Develop governance pathways to enable staff networks and other EDI-related committees and groups to feed in and feedback to ICB leaders.

3. About the ICB

Integrated Care Systems (ICSs) are partnerships of health and care organisations, local government organisations and voluntary and community sector organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. They exist to achieve four aims:

• Improve outcomes in population health and healthcare

• Tackle inequalities in outcomes, experience, and access

• Enhance productivity and value for money

• Help the NHS support broader social and economic development.

The above four aims are inextricably linked to the EDI agenda and provide the platform for putting this at the centre of the delivery agenda for residents and staff in L&SC.

This interim strategy applies to the NHS Lancashire and South Cumbria Integrated Care Board (ICB) which forms part of the Lancashire and South Cumbria Health and Care Partnership – the formal name for the Integrated Care System (ICS) in Lancashire and South Cumbria.

The ICB is the statutory body responsible for the NHS planning functions previously held by our predecessor CCGs, along with absorbing some planning roles from NHS England.

The ICS is the broad alliance of organisations and representatives concerned with improving the care, health, and wellbeing of the population, jointly convened by local authorities and the NHS. The partnership will enable partners to plan for the future and develop strategies using available resources creatively to address the longer-term challenges which cannot be addressed by a single sector or organisation alone.

In consultation with ICS partners, the ICB is responsible for producing a five-year plan (to be updated annually) which sets out how NHS services will be delivered to meet the needs of its local population.

Throughout the 2022/2023 operational year, NHS England and NHS Improvement has asked systems to focus on a series of priorities, some of which have a direct impact on the ICB's approach to EDI. These national priorities are listed below:

- **Invest in the workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care**

- **Focus on systems working to make the NHS a better place to work, including improving the Race Disparity Ratio.**

- **Improve mental health services and services for people with a learning disability and/or autistic people**

- **Continue to develop our approach to population health management, prevent ill health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.**

4. Meeting our Duties

The publication of this interim strategy sets out our unwavering commitment to embedding EDI considerations in everything we do. Furthermore, we are committed to reducing health inequalities faced by our communities by identifying and removing the barriers they face. In doing so, we recognise the following considerations:

- Our legal duties relating to EDI – the ICB acknowledges that merely meeting the threshold of compliance is not good enough, and we must go further to ensure that EDI is at the centre of everything we do and is seen as the responsibility of each and every one of our employees.

- Our responsibility for discharging the Public Sector Equality Duty cannot be delegated and remains with us as a commissioner of health care services and the statutory body responsible for NHS services in the Lancashire and South Cumbria ICS. This means that we must ensure that organisations and partners providing services on our behalf are also meeting the duty.

- The ethical case for EDI is entirely justified – it is not acceptable that our communities in Lancashire and South Cumbria experience health inequalities and strong action must be taken to mitigate against this.

- The *Marmot Review 10 Years On* Report published in 2020 estimated that inequality costs the NHS over £12 billion every year. This alone makes a strong case for identifying and taking actions to reduce health inequalities. The newly established Lancashire and Cumbria Health Equity Commission, chaired by Sir Michael Marmot, will act as a key driver in reducing our local health inequalities.

The Equality Act (2010) is the main legislative driver behind our EDI work and requires us to pay **'due regard'** to the aims and general duty of the Act. These three aims are:

- **To eliminate unlawful discrimination, harassment, and victimisation**

- **To advance equality of opportunity between different groups**

- **To foster good relations between different groups**

This means that we have a duty to demonstrate and evidence how we build consideration of equality, diversity, and inclusion and the three aims of the Public Sector Equality Duty into our work as an employer and as a commissioner of healthcare services, and within and across our wider partnership activities. The protected characteristic groups covered by the Equality Act are as follows:

- **Age**
- **Disability**
- **Sex**
- **Gender Reassignment**
- **Race**
- **Religion and Belief**
- **Sexual Orientation**
- **Pregnancy and Maternity**
- **Marriage and Civil Partnership**

As part of our decision-making framework, we also consider the needs of, and challenges faced by, other vulnerable groups within our population. Such groups include, but are not limited to:

- **People experiencing socio-economic deprivation**
- **Carers**
- **Armed Forces Veterans and their families**
- **People experiencing homelessness**
- **Asylum Seekers and Refugees**
- **Rural communities**

NHS Lancashire and South Cumbria Integrated Care Board is also committed to meeting national requirements within its day-to-day activities, and that of the wider Lancashire and South Cumbria Integrated Care System. There are several Acts and NHS mandated standards that remain integral to achieving compliance with national legislation. These include:

- **Human Rights Act (1998)**
- **Health and Social Care Act (2012)**
- **Children and Families Act (2014)**
- **Autism Act (2009)**
- **Equality Act (2010) and the Public Sector Equality Duty (PSED)**
- **Public Services – Social Value Act (2012)**
- **Modern Slavery Act (2015)**
- **The NHS Constitution (2013)**
- **NHS Workforce Race Equality Standard (WRES)**
- **NHS Workforce Disability Equality Standard (WDES)**
- **NHS Equality Delivery System (2013)**
- **Gender Pay Gap Reporting**
- **NHS Sexual Orientation Monitoring Information Standard (SOMIS)**
- **Accessible Information Standard**
- **Model Employer Strategy**
- **Race Disparity Ratio**

More information about relevant equality legislation and NHS mandated standards that we comply with as an organisation can be found in Appendix 1.

5. Delivering Excellence in EDI

NHS Lancashire and South Cumbria ICB recognises that it is not enough to merely comply with our statutory duties to EDI. We need to make improvements in a proactive way to ensure that EDI is fully embedded in everything that we do – in the commissioning of health and care services, in our employment offer and in our partnership working across the wider ICS.

It is widely acknowledged that when strong principles of EDI are fully embedded and embraced, this leads to wide ranging benefits including improved patient outcomes, better healthcare services, more efficient use of financial resources, and a representative, supported and more resilient workforce.

In order to achieve this, NHS Lancashire and South Cumbria ICB makes the following commitments:

- **We will routinely and robustly consider the diverse needs of our patient population and our workforce in everything that we do and as part of our day-to-day business.**
- **We will actively listen to and consider the feedback of our diverse population as part of our decision-making processes.**
- **We will proactively identify gaps and areas for improvement in our knowledge and evidence bases and take steps to address them.**
- **We will ensure that our leaders, staff, and partners make a visible commitment to supporting EDI and actively promote the EDI agenda for our patient population and our workforce.**
- **We will take positive actions to improve diverse representation within all levels of our workforce and take steps to identify and remove barriers to career progression experienced by diverse groups.**
- **We will develop strong monitoring and governance processes to measure progress and improvements to the ICB, the wider partnership, our residents and staff against these drivers and other NHS mandated standards.**

5.1. Stakeholder Engagement

As part of our work in developing this interim EDI Strategy, we have engaged with a range of health and care organisations and patient representative groups across Lancashire and South Cumbria (and beyond) throughout 2021/22 to seek their views in developing our approach. It is recognised that the ICB is a completely new statutory body that will build upon the work of the 8 predecessor CCGs and the ICS in Lancashire and South Cumbria following its statutory establishment on 1 July 2022.

With regard to the development of this interim strategy, this means that we have had to make some assumptions on the behalf of the incoming Board about EDI-related priorities for the first operational year of the ICB. This document is intended as a stepping off point for the ICB and the wider partnership to develop a more ambitious strategy that recognises that the last few years have seen health inequalities widened, life expectancy reduced, and a wide range of negative impacts upon our population and workforce because of the COVID-19 pandemic.

As part of our engagement work, we held a face-to-face stakeholder workshop in May 2022 to seek the views of organisations on the vision for the ICB EDI Strategy and to help identify our strategic priorities in this area. The workshop was facilitated by Lancashire CVS and was attended by 33 people representing 25 organisations across Lancashire and South Cumbria – these included a range of NHS and voluntary sector organisations. Furthermore, we were assisted by local Directors of Public Health who supplied us with data about our population to support the workshop.

The workshop demonstrated the real passion to increase the commitment to delivering excellence in EDI work in Lancashire and South Cumbria and highlighted a real opportunity for the ICB, as a statutory body, to give this work the profile and support needed to ensure that we focus on EDI in all that we do.

This commitment is already evident in the planned appointment of a Director of EDI reporting to the Chief People Officer.

6. Our Population

Lancashire and South Cumbria **(L&SC)** has a combined population of around 1,783,000 people served by 201 GP practices and 41 Primary Care Networks, four acute hospital trusts, a mental health and community services provider trust, an ambulance trust, working alongside two upper tier and two unitary local authorities, 12 district councils, and a strong network of voluntary, community, charity, and faith-based sector organisations.

Nearly a third of our residents live in some of the most deprived areas across England. The percentage of people living in fuel poverty and unable to afford to heat their homes, is higher than the national average: 13% for Lancashire and South Cumbria, the national average is 10.6%. A significant proportion of children experience adverse living conditions including child poverty leading to significant variation in their development and school readiness. The percentage of children living in poverty ranges from a low of 12% to as high as 38% in Lancashire and South Cumbria, the national average is 30%.

Life expectancy in Lancashire and South Cumbria is lower than the national average

There is a significant level of unwarranted variation in the number of years people can expect to live a healthy life across Lancashire and South Cumbria. Healthy life expectancy and disability-free life expectancy is predicted to be less than the expected state pension age of 68 years for children born today. In some neighbourhoods, healthy life expectancy is 46.5 years.

Health and wellbeing

Only around a fifth of adults are meeting the recommended levels of physical activity. Much more needs to be done to encourage children to be active: just 15% of young people aged 15 in Lancashire are meeting the recommended levels of physical activity, 14.1% in Blackpool and 12.4% in Blackburn with Darwen.

18.5% of adults smoke in Lancashire and South Cumbria - the national average for England is 17.2%.

21,442 people have five or more long term health conditions in Lancashire and South Cumbria. The main causes of ill-health are cancer, cardiovascular, respiratory, mental health, and neurological conditions. Suicide rates are significantly higher than average in Lancashire and South Cumbria, particularly in Barrow in Furness, Blackpool, Chorley, and Wyre. The estimated prevalence of common mental health disorders is higher than the England average.

Approximately 40% of ill-health in Lancashire and South Cumbria is due to smoking, physical inactivity, obesity, and substance misuse.

7. Our Workforce

NHS Lancashire and South Cumbria Integrated Care Board is committed to following all current employment legislation including meeting the requirements of the Equality Act (2010). The ICB will create an environment which is free from discrimination, victimisation, and harassment on an individual and an institutional basis on the grounds of any of the nine protected characteristics specified in the Equality Act (2010) and any other vulnerable and/or marginalised groups. In particular, we are aware that our colleagues from ethnically diverse backgrounds, and those with disabilities, often report experiences that do not correlate with the wider values of the NHS. We are fully committed to changing this for the better. We believe that it is essential that our system workforce, at all levels, is reflective of the population that we serve. In ensuring this, we will be better able to embed EDI into day-to-day business and respond more effectively to the needs of our resident population. Our responsibilities as an employer are clearly set out in our Human Resources policies and procedures.

Our predecessor CCGs collected information on an annual basis about their workforce including, where possible, against the protected characteristics via the NHS Electronic Staff Record (ESR). As the size of the workforce within the individual CCGs was relatively small, it was not possible to publish this information due to the risk of identifying individual members of staff. However, the overall majorities within the workforce were female and White British. Furthermore, the small headcounts within individual CCGs did not meet the threshold which required them to collate and publish annual Gender Pay Gap reporting. As outlined in Objective 2, the ICB will take targeted action to understand the profile of its workforce in 2022/23.

As an ICB, we will continue to collect information and will be able to publish a wider range of data due to the overall collective head count of the organisation, which will now include the publication of annual Gender Pay Gap reports. We will also submit and publish workforce data returns relating to ethnicity as part of the NHS Workforce Race Equality Standard **(WRES)** and set actions to identify and reduce any disparities in experience and outcomes for NHS employees and job applicants of different ethnicities.

In 2021, the WRES data returns submitted by our predecessor CCGs revealed that **85.2%** of the combined workforce had self-reported their ethnicity with **8.4%** self-reporting as being from ethnically diverse backgrounds (compared to **9.6%** of the overall population of Lancashire and South Cumbria).

As a newly established organisation, the ICB recognises that there is work to be done to enable us to understand the diversity profile of our workforce. We will do all we can to encourage staff to self-report their diversity monitoring information via Electronic Staff Record **(ESR)** in order that we can fully understand the profile of our workforce and ensure our plans are fully informed by the diversity of backgrounds and experience of our organisation and identify those areas where we need to do more to improve diverse representation. Furthermore, we recognise the need to understand the workforce profiles of our system partners to enable us to deliver upon the NHS People Plan and the vision for ‘one workforce’ across the ICS which is representative of the local communities it serves.

All ICB employees are required to undertake mandatory Equality and Diversity e-learning which must be refreshed every three years. However, the ICB recognises that we should be providing our colleagues with more opportunities to expand their knowledge and understanding around issues relating to EDI. As such, this strategy contains an objective aimed at increasing opportunities for staff to increase their confidence and capability in relation to EDI through the provision of tailored packages of awareness training.

8. Our Approach to Equality, Diversity, and Inclusion

8.1. Governance Arrangements for Equality, Diversity, and Inclusion

The Integrated Care Board and its Chief Executive are accountable for ensuring EDI are at the heart of all the organisation does. The ICB's Chief People Officer is responsible for the Equality, Diversity and Inclusion agenda and plays a key role in driving improvements in EDI and health and wellbeing across the organisation, including the delivery of the NHS People Plan and People Promise.

The Chief People Officer will also take a leading role in how the ICB collaborates with system partners in relation to EDI and will identify health inequalities affecting the workforce, and set actions to address them, considering wider determinants (such as housing, education, and employment) that may have an impact on the health of our staff. This includes what action is driven via our places.

8.2. Equality in the Commissioning Cycle

The process of commissioning services in the NHS can be portrayed as a commissioning cycle. NHS England and NHS Improvement outlines the commissioning cycle in the diagram below:

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Procured and commissioned work provides core services to our core population which, in turn, sustains and generates thousands of jobs. We have a statutory duty to ensure that public money is spent in a way that ensures the best value and provides equality of access and outcomes for our whole patient population. Staff responsible for commissioning and procuring services will ensure that we are meeting our equality and inclusion duties in order to meet the needs of our diverse population.

Service redesign is the way that we reflect on existing or past commissioned service provision and plan for the future, establishing key objectives and targets for the coming year. Staff responsible for service redesign will take this opportunity to assess whether the service is meeting its equality and inclusion duties and ensure due regard for access to services and outcomes of satisfaction with the service they deliver are not different or worse for some patients or communities.

Valuing equality and diversity is key to understanding and engaging with our patient populations and achieving better health outcomes for our population and therefore must be an integral part of the way in which our commissioning decisions are made.

8.3. Equality & Health Inequalities Impact & Risk Assessments

The routine completion of Equality and Health Inequalities Impact and Risk Assessments (EHIIRAs) allow us to identify the impact or effects (both positive and negative) of our policies, procedures, projects, services and proposed service changes and developments, and functions on different sections of our patient population and workforce. In particular, EHIIRAs allow us to pay regard to the needs of protected groups and other disadvantaged groups. Where negative impacts are identified, we have a duty to take steps to mitigate against such impacts as much as possible.

The Equality Act (2010) requires statutory authorities to provide evidence of equality monitoring. By implementing and following a robust EHIIRA process, evidence is maintained to demonstrate inclusive assessment and mitigation. The ICB recognises that the undertaking and review of EHIIRAs is a continuous process and, as such, recognises the need to update these assessments to reflect the status of ongoing programmes of work. Furthermore, the ICB is committed to using the findings of EHIIRAs and other population health data to ensure we reduce the gaps in health inequalities faced by our patient population.

The ICB has adopted the Equality and Health Inequality Impact and Risk Assessment toolkit designed by NHS Midlands and Lancashire Commissioning Support Unit.

This toolkit provides a framework for undertaking EHIIRA assessments which is broken down into two stages. Stage 1 involves the completion of a basic EHIIRA screening assessment which should be completed at the formative stage of any proposal. If this screening tool identifies any potential areas of equality or health inequality related impact, a Stage 2 in-depth EHIIRA template should be completed.

This process ensures that we can appropriately evaluate equality risk, along with any impact upon human rights and health inequalities. In turn, this enables us to demonstrate how ‘due regard’ to the Public Sector Equality Duty has been taken and allows us to evidence how the decisions we make have contributed to reducing health inequalities. The process is embedded within our decision-making framework and ensures that consideration is given before any final policy or commissioning decisions are made by the Commissioning Committee or Integrated Care Board.

All EHIIRAs completed by our staff are supported by the expertise within NHS Midlands and Lancashire Commissioning Support Unit’s Equality and Inclusion Team and undergo a quality assurance check before being signed off.

The process for ICB staff undertaking EHIIRAs is as follows:

1. **Completion of a Stage 1 EHIIRA Screening**

The **Stage 1 EHIIRA Screening** identifies whether a project is relevant to equality and health inequalities. It outlines the purpose/aim of the project, gives information or evidence relating to affected groups and gauges any impact upon them – positive, negative, or neutral.

2. **Submission of Stage 1 EHIIRA Screening for review**

The **Stage 2 EHIIRA Screening** will highlight whether a **Stage 2 EHIIRA** is required. Once submitted, MLCSU's Equality and Inclusion Team review the Stage 1 EHIIRA and advise as to whether the EHIIRA process can be signed off at this stage, or whether a detailed **Stage 2 EHIIRA** is required. If no **Stage 2 EHIIRA** is required, move to Step 4.

3. **Completion of Stage 2 EHIIRA Assessment (if required)**

The **Stage 2 EHIIRA** will require detailed assessment of the potential impact of a project in relation to all protected characteristics, vulnerable groups, Inclusion Health Groups, groups affected by health inequalities. This will ensure that any potential risks are identified along with SMART actions to mitigate against them where possible. Once completed, the **Stage 2 EHIIRA** will be reviewed by MLCSU's Equality and Inclusion Team who will either advise on areas for further consideration or monitoring or provide sign off on the EHIIRA process.

4. **Submission of EHIIRA to the relevant committee and/or board for final consideration and approval.**

8.4. Communications and Public Engagement

Effective engagement with our diverse communities is essential to ensure our commissioning decisions are effective and inclusive. Our success in improving outcomes and the quality of services locally is significantly dependent on the ability to look outward and be inclusive of the communities we serve. We fully recognise the importance of working strategically with our local communities, our colleagues, our statutory partners, and the voluntary sector to ensure their voices inform the way we plan, commission and delivery services across Lancashire and South Cumbria.

Work will be undertaken to engage directly, or through advocates, or support organisations to make sure that a wide range of communities have opportunities to contribute to our service developments and to provide clarity about how they can make a difference. We have lots of good examples of how we have engaged those with lived experience in our work on service transformation and commissioning and aim to build on that in the coming years. Furthermore, our predecessor CCGs and system partners built strong relationships with voluntary sector organisations and community partners across Lancashire and South Cumbria. As an ICB, we will collaborate with these organisations and groups to ensure we deliver the best possible integrated care across all our services. These organisations include, but are not limited to:

- **ICS EDI Leads Collaborative**
- **Preston BAME Forum**
- **Lancashire LGBT**

- **NHS North West BAME Forum**
- **NHS North West LGBT Forum**
- **Maternity Voices Partnerships**
- **Our local health and care places**

Our engagement activities will have a clear and agreed purpose, and we will use appropriate methods and standards to achieve these purposes, ensuring they are relevant to the audience and easily accessible for everyone. We currently make reasonable adjustments in terms of interpreting and translation, Easy Read format and through our contracts supporting partners to implement the Accessible Information Standard within our services. Our key publications can be made available in alternative formats, such as Easy Read, large print, braille, or audio, and can be made available in alternative languages upon request.

For more information about how EDI principles inform our approach to engagement, please refer to our engagement strategy - **'Working with people and communities: Strategic public involvement for Lancashire and South Cumbria ICB'**

8.5. Our Approach as an Employer

The ICB recognises that the people who make up our workforce have different needs and, as such, we have a range of policies and procedures carried over from our predecessor CCGs and new ICB policies which are designed to create a supportive environment for our staff.

As part of the national NHS People Plan, ICBs are required to take actions to overhaul recruitment and promotion practice to improve diversity, representation, and opportunities for career progression within at all levels of the workforce – with a particular focus on improving ethnic diversity. In order to meet this requirement, the NHS People Plan requires all NHS organisations to take steps to implement the following high impact actions:

1. **Ensure executives and senior managers own the agenda, as part of culture changes in organisations, with improvements in BAME representation (and other underrepresented groups) as part of objectives and appraisal processes.**

2. **Introduce a system of 'comply or explain' to ensure fairness during interviews. This system includes requirements for diverse interview panels, and the presence of an equality representative who has authority to stop the selection process, if it was deemed unfair.**

3. **Organise talent panels to:**
   a. Create a 'database' of individuals by system who are eligible for promotion and development opportunities such as Stretch and Acting Up assignments, which must be advertised to all staff

   b. Agree positive action approaches to filling roles for under-represented groups

   c. Set transparent minimum criteria for candidate selection into talent pools

4. **Enhance EDI support available to:**
   a. Train our staff and HR policy teams on how to complete robust and effective Equality Impact Assessments of recruitment and promotion policies

   b. Ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews.

5. **Overhaul interview processes to incorporate:**
   a. Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used.

   b. Ensure adoption of values-based shortlisting and interview approach

   c. Consider skills-based assessment such as using scenarios

6. Adopt resources, guides, and tools to help leaders and individuals have productive conversations about race

9. Frameworks for Implementation, Monitoring and Review

This strategy will be further developed throughout the 2022-23 operational year and will be regularly reviewed to reflect changing/emerging needs and new strategies developed by the ICB.

The objectives contained in this strategy will be worked into a detailed EDI Action Plan. Progress on the delivery of these objectives will be regularly reviewed by the Integrated Care Board and discussed in the Integrated Care Partnership.

As part of our obligations to the Public Sector Equality Duty, we will report on progress made upon these objectives in our Equality, Diversity, and Inclusion Annual Report for 2022-23. This report will also contain our review of employee relations data which outlines the makeup of our workforce by each protected characteristic where possible, along with our reporting against NHS mandated standards such as the WRES, WDES and Gender Pay Gap reporting.

Other frameworks and mechanisms for measuring our progress against this strategy include:

- **Information monitored and reported upon as part of the Public Sector Equality Duty under the Equality Act (2010)**
- **NHS Equality Delivery System grading assessment results**
- **WRES and WDES reporting**
- **Feedback from EDI-related committees and groups such as ICS EDI Leads' Collaborative and Staff Networks**
- **Metrics such as Model Employer targets and Race Disparity Ratio**

Appendix 1 – Further information on our statutory duties and NHS mandated standards

Equality – Equality is about making sure everyone is treated fairly and ensuring that our staff, partners, and local population have access to the same opportunities, regardless of their protected characteristics or socio-economic status. This does not necessarily mean treating everybody the same – it means taking an equity-based approach that meets the different needs of individuals and groups. By challenging discrimination, removing barriers, and addressing disadvantage, we can make sure everyone has the opportunity to achieve their desired outcomes.

Diversity – Diversity is about recognising different values, abilities and perspectives and celebrating people's differences. In doing so, we can make sure everyone is able to make their voice heard and express their views, beliefs, and feelings. Recognising diversity helps to break down cultural barriers, promote understanding, and build social cohesion and good community relations.

Inclusion – Inclusion is about ensuring that everybody has opportunities to contribute, have a voice and feel valued and accepted. By creating inclusive spaces, we can support people from protected characteristics and other disadvantaged groups to help us shape the way we shape and commission health and social care services.

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** – refers to a person belonging to a particular 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** - The definition of marriage varies according to different cultures, but it is principally an institution in which interpersonal relationships are acknowledged and can be between different sex and same-sex partners. Same-sex couple 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 woman unfavourably because she is breastfeeding.

- **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** - 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 are Lesbian, Gay, Bisexual or Heterosexual.

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 the ICB 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 4 years.**

Human Rights Act (1998)

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

ICBs must 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 commissioning organisation 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 the 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 (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.

Equality Delivery System (2013)

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, while meeting the requirements of the **Equality Act (2010)**. The main purpose of EDS is to help NHS organisations and providers, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act.

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 included in all NHS Standard Contracts 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 to identify and help 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 will enable NHS organisations to compare the experiences of disabled and non-disabled staff.

All NHS Standard Contracts set out that NHS Trusts and NHS Foundation Trusts will have to implement the WDES when it is finalised and rolled out by NHS England.

This information will then be used by the relevant organisations to develop a local plan to enable them to demonstrate progress against the indicators of disability equality.

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 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 providers use.

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:

- **Both 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 ensure that all business cases and clinical policies are subject to an Equality Impact and Risk Assessment and quality monitoring. This enables both the ICB and its providers to identify health risks at a population level that supports preventative and early intervention work to address health inequalities for LGB populations.