



Equality, Diversity and Inclusion Annual Report 2023-24

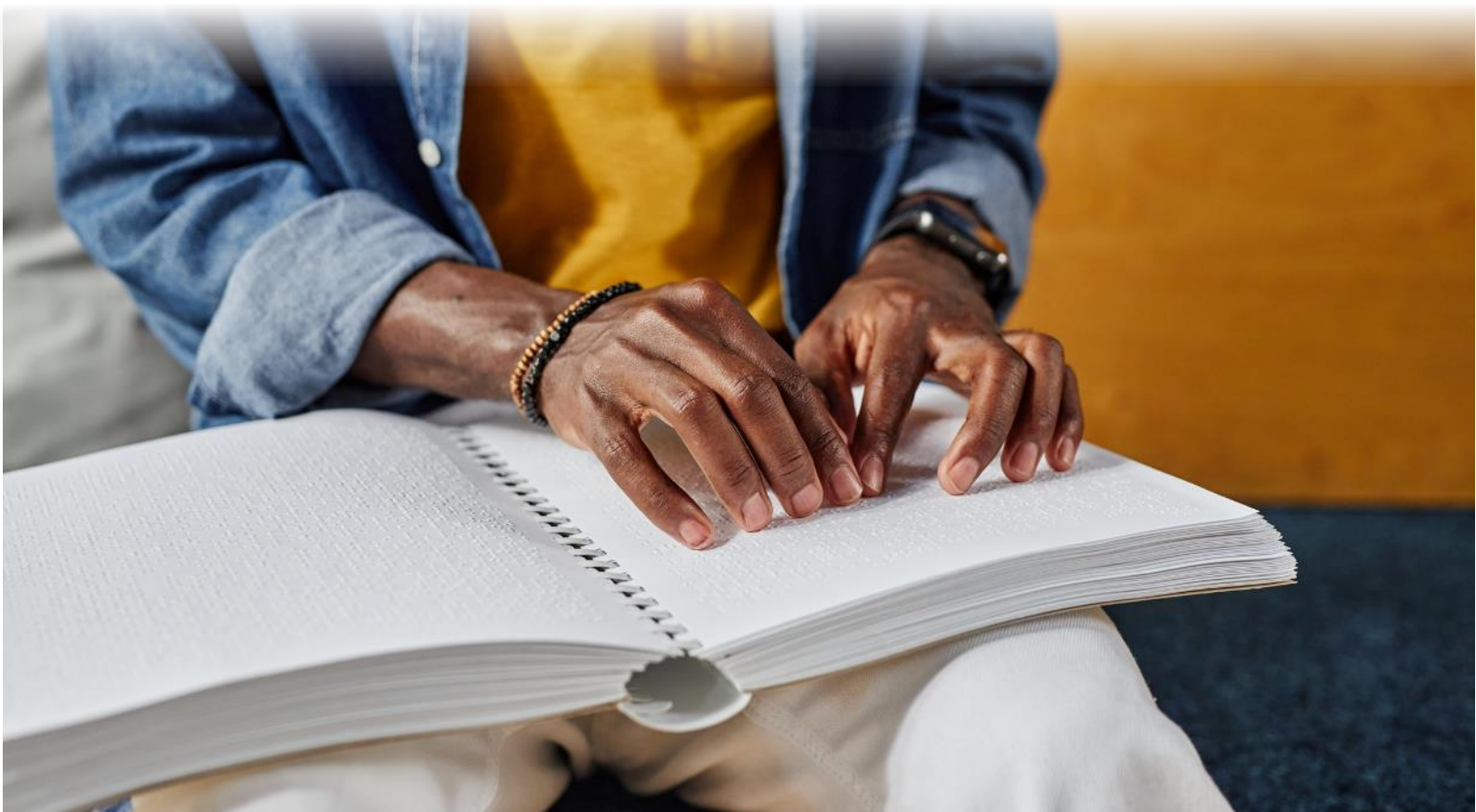
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Accessibility statement

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 lscicb.contactus@nhs.net quoting your address, telephone number along with the title and date of the publication, plus the format you require.



Foreword

I am pleased to present the Equality, Diversity and Inclusion Annual Report 2023-24 for NHS Lancashire and South Cumbria Integrated Care Board (ICB).

This report describes how we are delivering our commitment to taking equality, diversity and human rights into account in everything we do; from commissioning services, employing our workforce, developing our policies, and engaging with our local patient populations. Our Equality, Diversity and Inclusion Annual Report also sets out how we have performed in meeting its legal duties, as set out in the Equality Act (2010) and the Human Rights Act (1998).

One of our key commitments within the ICB is to work in close partnership with our local people and our Integrated Care System (ICS) partners to ensure that people in Lancashire and South Cumbria can experience better health outcomes and better patient experiences whilst also seeing a reduction in the health inequalities affecting our local populations.

In 2023-24, we were proud to develop and publish our ICS Belonging Plan which sets out our commitment to developing a truly joined up approach to creating inclusive workplaces that enable our people to do their best work, and to create better opportunities for communities to thrive. With this in mind, we are determined to ensure that our people, our citizens and our patients are at the forefront of what we do to ensure that Lancashire and South Cumbria can become the best place to live, work and belong.

There has been much achieved in 2023-24, but of course there is still plenty more to do. As we move forward, we remain committed to delivering better health outcomes for our disadvantaged communities, increasing the diversity of our workforce, and improving their experiences of the workplace by ensuring that our people are at the heart of everything we do.

I will leave you with a quote from John Lewis, an American civil rights leader and congressman, who once said: "When you see something that is not right, not fair, not just, you have to speak up. You have to say something; you have to do something".



Kevin Lavery – Chief Executive of Lancashire and South Cumbria ICB

Introduction

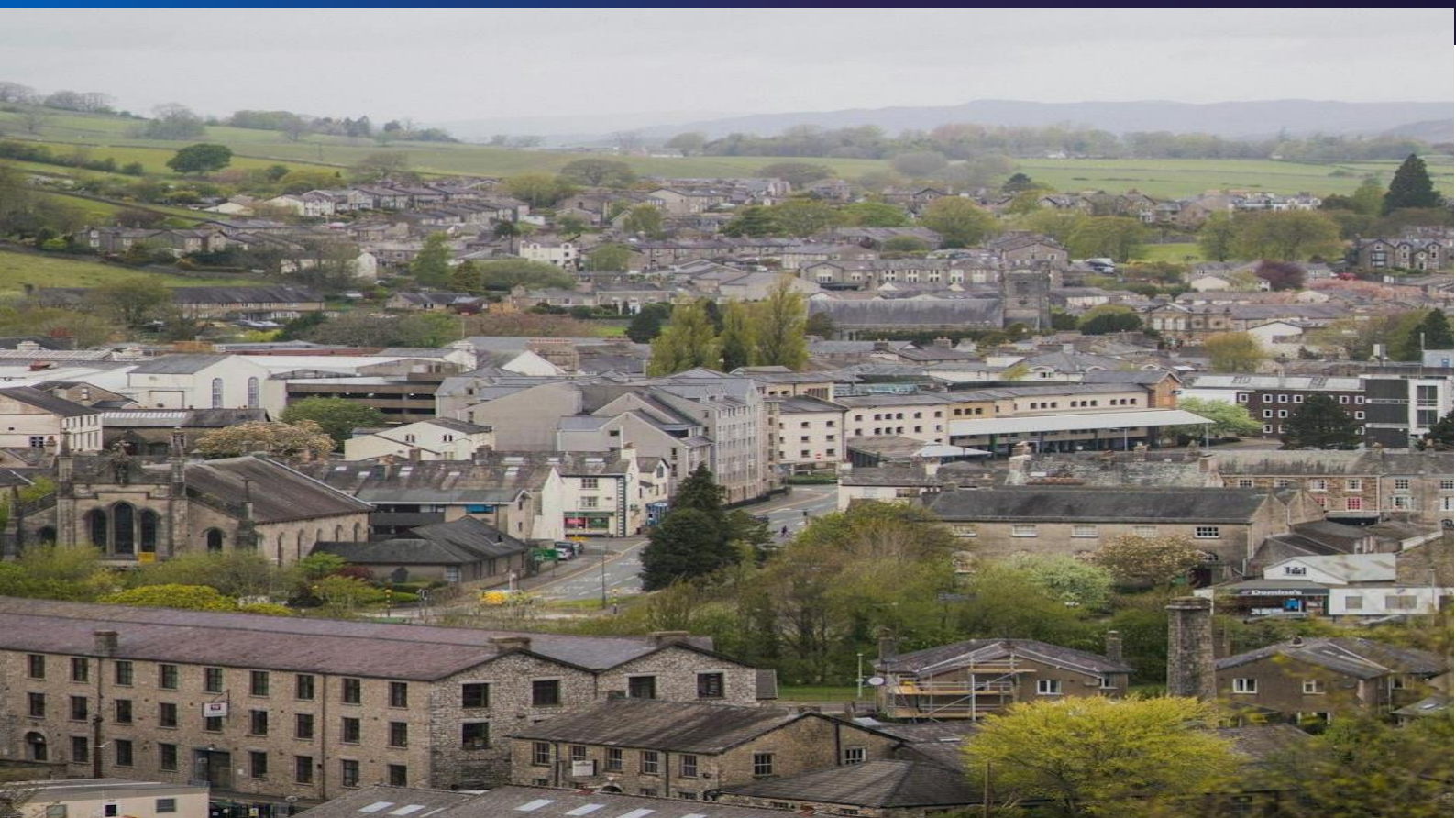
The Lancashire and South Cumbria Integrated Care Board (ICB) was established on 1 July 2022 under the Government's Health and Care Act 2022. It is one of 42 ICBs in the country and replaces the eight clinical commissioning groups (or CCGs) that previously existed across the region. The ICB has since taken on responsibility for planning and buying NHS services for the 1.8 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 all aspects of its work during 2023-24.

The publication of this report and the information contained within demonstrates compliance with the Public Sector Equality Duty, and the requirement to publish equality information annually.

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.



Equality Act 2010

CHAPTER 15

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 are lesbian, 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 access. When homelessness is intersected with other protected or inclusion group characteristics, barriers to accessing health care services may increase, resulting in 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, whilst 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)

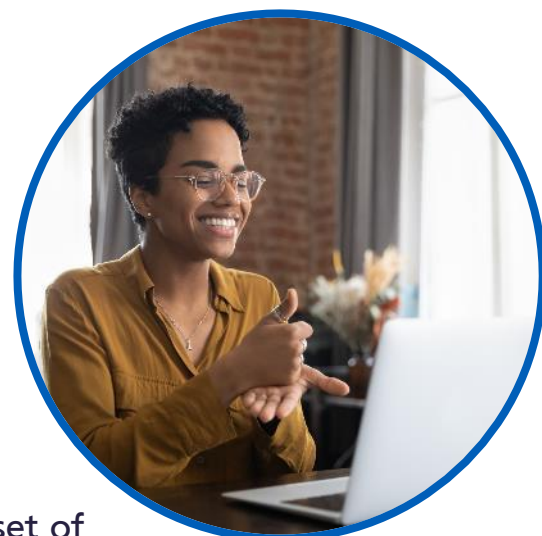
The aim of the **Accessible Information Standard** is to make sure that people who have a disability, impairment or sensory loss, receive information that they can access and understand, and receive any communication support that they need.

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 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** was published in July 2020. The plan 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, and 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 long-awaited publication of 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

For more information about the LSC ICS Belonging Plan, see page 23 of this report.

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 all business cases and clinical policies are subject to an Equality & Health Inequalities Impact and Risk Assessment (EHIRA) 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 far 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 2023/24, our internal workforce has grown significantly – rising from 548 people in March 2023 to 842 people as of 31 March 2024. However, there are still significant issues with under-representation of specific protected characteristics and under-reporting of diversity monitoring data via the national NHS Electronic Staff Record. This means we need to make further efforts to ensure that our people are comfortable with, and understand the importance of, sharing their personal information with us so that we are better able to understand their needs and the challenges they may face, and improve the workplace experience for all employees regardless of their background or protected characteristics.

The following sections provide an overview of the demographics within our existing ICB workforce as of March 2024. 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.

In 2024/25, the ICB plans to publish a detailed Workforce Demographic Report which will demonstrate our understanding of the diversity within our workforce at a more granular level, including specific analyses by pay band and directorate.

Sex (Gender) – In Lancashire and South Cumbria, the population has nearly the same number of males (49.2%) as females (50.8%). Lancashire and South Cumbria ICB's full time equivalent (FTE) workforce comprises of 21.3% male staff and 78.7% female staff.

Gender	Full Time Equivalent (FTE)	Headcount
Female	591.38	653
Male	160.49	189
Total	751.88	842

Disability – Census 2021 data tells us that 19.7% of the total resident population of Lancashire and South Cumbria are disabled under the Equality Act, and 8.8% of those individuals, report that their disability limits their day-to-day activities a lot.

In total as of 31 March 2024, 7.0% of Lancashire and South Cumbria ICB's combined workforce has declared that they have a disability. However, 41.0% of the workforce has not declared their disability status which means that the actual number of disabled

staff is likely to be higher. This is further supported by the fact that there are a significantly higher number of staff members who have required reasonable adjustments to be made in the workplace due to a disability or long-term condition.

Disability Status	% of workforce
Yes	7.0%
No	52.0%
Undeclared	41.0%
Total	100.0%

Ethnicity – The proportion of Lancashire and South Cumbria’s resident population who are from an ethnically diverse background (i.e., non-white British) is currently 12.3%. In comparison, 7.9% of Lancashire and South Cumbria ICB’s combined workforce self-reported as coming from ethnically diverse backgrounds. However, it should be noted that 8.5% of the workforce have not stated their ethnicity.

Ethnicity	% of workforce
White British	83.6%
Non-white British	7.9%
Undeclared	8.5%
Total	100.0%

Religion and belief – The following table provides an overview of the most prevalent religions and beliefs within the ICB workforce compared to our resident populations in Lancashire and South Cumbria. Please note that it has not been possible to report on the religion of some of our people due to the risk of identifying individual members of staff*

	% of ICB workforce	% population of Lancashire and South Cumbria
Atheism	8.8%	32.0%
Christianity	37.4%	52.8%
Islam	3.0%	8.3%
Other	4.0%	1.4%
Not declared	46.8%	5.4%

Sexual orientation – The following table provides an overview of sexual orientation within our workforce compared to our resident populations in Lancashire and South Cumbria. Please note that it has not been possible to report on the sexual orientation of some of our people due to the risk of identifying individual members of staff*

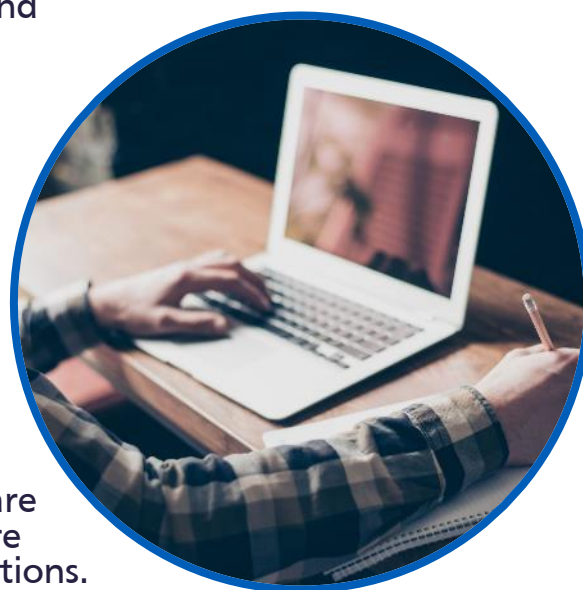
	% of ICB workforce	% population of Lancashire and South Cumbria
Bisexual	0.7%	1.1%
Gay or Lesbian	2.4%	1.5%
Heterosexual / Straight	53.9%	90.2%
Other	0.3%	1.4%
Not declared	42.7%	6.9%

*ICBs are often made up of relatively small teams and this can be problematic when assuring against any personal data breaches. To be able to produce staff data some of the staff numbers have been replaced with percentages to make it difficult to identify any individual staff member with a specific protected characteristic.

Training and development opportunities

Staff are encouraged to discuss and agree learning and development opportunities with their managers 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 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 Framework and 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 groups 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 2024, the compliance rate for Equality, Diversity and Human Rights training amongst ICB employees is **86.5%**.

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

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 second operational year as leadership, structures, and ways of working have continued to evolve. The following methods are used to communicate, engage and involve staff:

- Regular staff newsletters including important organisational 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
- Monthly 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.
- Inclusion calendar which outlines a wide range of EDI-focused awareness days and celebrations including specific campaigns and areas of focus for each month.

Inclusion Listening Rooms

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 to deliver a programme of EDI-specific inclusion listening rooms 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.

In 2023-24, the ICB hosted themed Inclusion Listening Rooms focused on the following topics:

- Men's Health Week
- Mental Health and Suicide Prevention Day
- Menopause Awareness Day
- Disability History Month
- LGBTQ+ History Month
- International Women's Day
- Ramadan
- Stress Awareness Month

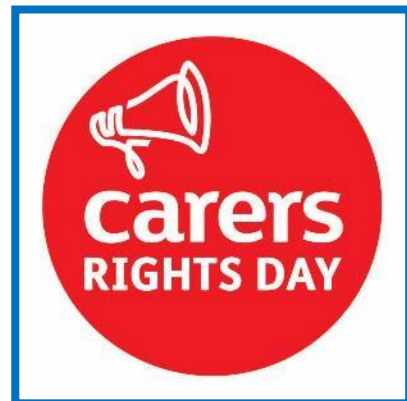
The inclusion listening rooms were designed to promote awareness and to help foster a culture of equality, diversity and inclusion within the organisation. They were a great success in encouraging open dialogue, discussion, and learning, to build knowledge and understanding of how people from different protected characteristic groups experience the workplace, and the inequalities they face.

The valuable feedback received from participants will be robustly considered by the Culture and Inclusion Team as they identify the areas we need to focus on as an organisation. This feedback will also help the ICB to support and shape the recently launched ICB Staff Networks and other mechanisms to improve wellbeing and belonging within our workforce.

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

During 2023/24, the ICB Culture and Inclusion team launched the following three internal staff networks, with a view of extending these to wider protected characteristics in the future:

- Race Equality Network
- LGBTQ+ Network
- Disability Network

All three staff networks have virtual meetings on a regular basis, and anyone is welcome to join, regardless of their protected characteristics. Allies are also particularly welcomed and encouraged to join the staff networks.

Staff networks are a key mechanism for driving meaningful change and making a difference. They play an integral role in the ICB's decision making processes and cultural change within the organisation.



influence

There are several functions that staff networks can perform, including:

- Providing a safe space for staff to discuss any issues or concerns and to comment on key workstreams and ICB policies.
- Helping to raise awareness of issues within the organisation.
- Providing a source of support for individual staff who may be facing challenges at work.
- Offering a collective voice for the workforce to feed-back to management and the ICB executive team.

Not only do staff networks provide a supportive and welcoming space for NHS colleagues, but they also offer expertise on matters related to equality, diversity, and inclusion. The NHS People Plan asks organisations, including boards and senior leaders to ensure this expertise informs senior level decision-making for workforce development, improving employee experience and retention, improving health and wellbeing and to influence national policy and patient care outcomes.

The Culture and Inclusion team have developed a Staff Network Operating Model, are liaising with each of the staff networks to develop a Terms of Reference document, and are working with each of the networks to elect a Chair/Co-Chair. The three ICB staff networks are currently in their embryonic stage, but as soon as they are more established, information and feedback from these network groups will be fed back to senior leaders and formal committees with the aim of influencing ICB policies, procedures, and day-to-day functions.

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 have drafted a robust Belonging Operating Model which enables us to highlight clear accountability and governance routes to meet our priorities around culture and inclusion. This model recognises the immense value of working collaboratively across the ICS to develop a joint Integrated Belonging Plan together with our system partners.

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 (EHIRAs).

ICS Belonging Plan

The Lancashire and South Cumbria ICS Belonging Plan underpins the Belonging workstream and sets out a system-wide commitment to collaboratively create inclusive workplaces that enable our people to do their best work and create opportunities for our communities to thrive.

From a compliance perspective, the ICS Belonging Plan is also a key document in evidencing that the ICB and wider system partners are meeting their obligations to the Equality Act (2010) and routinely demonstrating due regard to the main aims of the Public Sector Equality Duty.

Development on the ICS Belonging Plan began in October 2022 when the ICB Culture and Inclusion Team engaged with representatives from each of the NHS Provider Trusts within the system to assess their current progress and priorities within their own EDI functions, and their EDI-related successes and challenges.

Throughout Q1 and Q2 of 2023/24, the draft Belonging Plan was socialised for suggestions and feedback with a range of colleagues and stakeholders from across the LSC system. This provided the ICB with a wealth of insightful and practical feedback which was incorporated into the final version of the Belonging Plan. The Belonging Plan was approved for publication by the ICB in November 2023 and can be accessed [here](#).

Since the development of the Belonging Plan, the EDI, Culture and Belonging landscape has changed due to the publication of key strategic documents such as the national NHS EDI Improvement Plan and the regional Anti-Racist Framework. The increased focus on the delivery of these frameworks is likely to impact on how we deliver upon the objectives and actions included in the Belonging Plan.

With this in mind, the Culture and Inclusion Team are currently working with the ICS Belonging Strategic Group to develop a Belonging Implementation Plan which will outline specific priorities and actions to ensure that we can effectively deliver upon the objectives identified in the Belonging Plan, whilst also retaining a focus on these key strategic plans and frameworks. The Belonging Implementation Plan is likely to be approved early in 2024/25.

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.

In 2023/24, the ICB not only committed to undertaking an initial submission to achieve the Bronze award under the Anti-Racist Framework, but also committed to support our NHS system partners to work towards achieving Bronze standards. In its position as the lead organisation for the ICS, the ICB is not just committed to tackling racism internally, but also committed to encourage, support and direct partner organisations to drive progress in these areas.

In Q1 2024/25, the ICB will submit evidence to the BAME Assembly as part of its submission to achieve the Bronze award. Furthermore, the ICB is planning to host workshops for NHS system partners to ensure that they feel supported to develop their own evidence submissions.

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 our collaborative activities across the system, the ICB compiled an internal WRES

and WDES data analysis report in 2023 to provide baseline data about the workforce across these underrepresented groups. In turn, this report will help to inform our WRES and WDES data analysis and action plan development in 2024-25.

WRES & WDES System Report 2023

In August 2023, the ICB Culture and Inclusion Team worked with NHS Provider Trusts within the ICS to produce a collated WRES and WDES System Report. The aim of the report was to analyse performance and progress against each of the WRES and WDES indicators across ICS Provider Trusts and to identify any priority areas for improvement and opportunities for targeted and collaborative action based on WRES and WDES submission data provided by each of the Trusts.

The report demonstrated that there are pockets of good performance against the WRES and WDES indicators – both as a system and as individual Trusts when compared to national and regional averages – and identified some areas of progress compared to the WRES & WDES System Report 2022. However, the report revealed some issues with the consistent collection of WRES and WDES data across NHS Provider Trusts. The ICB's Culture and Inclusion Team is currently working with NHS system partners to resolve these issues and will compile the next WRES/WDES System Report in 2024.

LSC 5 Year Workforce Strategy and Education and Training Plan

In July 2023, work commenced through a system wide steering group on developing our first multi-sector five-year workforce strategy with a supporting training and education plan. The Lancashire and South Cumbria 5 Year Workforce Strategy and Education and Training Plan outlines a shared approach on how we will work together as one workforce, as a whole health and care system comprising of health, social care and our voluntary, community, faith, and social enterprise partners.

This strategy, and supporting training and education plan have been co-created through extensive engagement with more than 200 colleagues in the health, social care and VCFSE sectors. It has also been supported through engagement with system Chief People Officers, CEO/SRO for workforce for the LSC Provider Collaborative, Primary Care, North West Ambulance Service (NWAS), NHS England, Lancashire County Council and Directors of Adult Social Care.

To ensure that equality, diversity and inclusion remains at the heart of the LSC 5 Year Workforce Strategy, a comprehensive Equality and Health Inequalities Impact and Risk Assessment was undertaken and reviewed at regular stages throughout the engagement and development stages of the strategy.

Adopting this joined-up cross-sector ethos will benefit everyone who lives or works in Lancashire and South Cumbria and will help us to deliver our workforce ambitions, as well as our system Joint Forward Plan. We will deliver this step-change in our approach by:

- Working as one to deliver a 'one workforce' ethos and approach.
- Working as one to attract and retain a diverse and skilled workforce.
- Working as one to train and grow our own workforce.

This strategy will also inform and support the delivery of the LSC System Recovery and Transformation programmes of work through workforce transformation to enable greater efficiencies, reduce the usage of bank and agency staff by developing more sustainable talent pipelines, and to create value for money through the development of new workforce roles. Shifting our approach, our focus, and our mindset in this innovative way will require us to be brave and bold. We will embrace new and innovative ways of working, breaking down traditional barriers and mindsets, to achieve our common goals as a system.

This Five-Year Workforce Strategy outlines how we will approach and implement this fundamental change that will enable a system step change in attracting, developing and retaining our current and future workforces to deliver outstanding care and support to our local communities.

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 April 2023, 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 April 2023 is approximately **154,800** 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 April 2023, the total population of the place-based partnership area of Blackpool is approximately **141,100** 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 April 2023 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 the 2021 Census is **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 be living 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 each Local 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	14 th	36.0	↑ 14.3
Blackpool	1 st	45.0	↑ 23.3
Burnley	11 th	37.8	↑ 16.1
Chorley	192 nd	16.9	↓ 4.8
Craven	239 th	12.8	↓ 8.9
Eden	7 th	41.7	↑ 20.0
Fylde	198 th	15.9	↓ 5.8
Hyndburn	18 th	34.3	↑ 12.6
Lancaster	112 th	24.2	↑ 2.5
Pendle	36 th	30.7	↑ 9.0
Preston	46 th	29.5	↑ 7.8
Ribble Valley	282 nd	10.6	↓ 11.1
Rosendale	91 st	24.1	↑ 2.4
South Ribble	210 th	15.3	↓ 6.4
West Lancashire	178 th	18.6	↓ 3.1
Wyre	147 th	20.9	↓ 0.8
Barrow-in-Furness	44 th	31.1	↑ 9.4
South Lakeland	242 nd	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 Deprivation (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 in contact 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 and inclusion groups relating to Core20PLUS5 throughout 2024-25.



priorities

5:

The final part sets out five clinical areas of focus where 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 infarction and stroke.

Lancashire and South Cumbria Integrated Care Strategy:

The Lancashire and South Cumbria Integrated Care Strategy 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

Lancashire and South Cumbria nursing homes set precedent for new method of delivering COVID-19 vaccines



Lancashire and South Cumbria ICB became the first in the UK to enable nursing home staff to deliver COVID-19 vaccines to their own residents and colleagues, when nursing homes in Barrow trialled a new way of delivering COVID-19 and flu jabs aimed at increasing vaccine uptake and relieving pressure on local primary care teams.

Staff at four nursing homes in the town were trained to deliver both COVID-19 and flu vaccinations, so the inoculations could be given at any time and by staff working in the home who were already familiar to the people living and working there.

Carole McCann, lead nurse for the Lancashire and South Cumbria vaccination programme, said: "We are delighted to trial delivering COVID-19 and flu vaccines in this way to a very vulnerable group of people and the workforce that supports them. Many people may be living with dementia or other long-term health issues, so we hope the vaccine being given by a member of staff who knows their unique needs will improve their vaccination experience. This will also support the local primary care teams who will have some valuable time back to focus on other vital health needs within their GP practice."

The trial also aimed to encourage uptake of the vaccine among nursing home staff as the vaccinations could be carried out at a time and place that best suited individual needs.

Sam Sherrington, national deputy director of community nursing, visited Lonsdale and St George's Nursing Home in Albert Street to witness the vaccinations taking place and called the pilot "an innovative approach that results in a higher vaccine uptake in both care home residents and staff members" and offered a huge congratulations to the Integrated Care Board and the nursing teams involved.

It is hoped the move could pave the way for a new method of providing the life-saving vaccinations across Lancashire and South Cumbria and the rest of the country.

Independent maternity and neonatal support for Lancashire and South Cumbria families

Women and families in Lancashire and South Cumbria can now seek the support of an advocate if something has gone wrong with their maternity or neonatal care.

The maternity and neonatal independent senior advocate will ensure families voices are heard and acted upon by their maternity and neonatal care providers when they have experienced an adverse outcome any time during their maternity and neonatal care. Adverse outcomes are serious incidents that occur, such as when a baby dies before they are born (or in the days or weeks after their birth), when a mother dies, or when the mother has an unplanned removal of her uterus within six weeks of giving birth.



Vanessa Wilson, NHS Lancashire and South Cumbria Integrated Care Board's programme director for women and children's services, said: "Adverse outcomes in maternity care are very rare, but it is vital that families are supported through these difficult times, and that they are listened to by care providers. We are pleased to be one of the first areas in the country to have this important bespoke role in our community."

The advocate can support women and families by helping them understand the maternity and neonatal healthcare system, attending follow up meetings where concerns about maternity or neonatal care are being discussed, and supporting them through investigation and complaints processes.

Louise Peacock, new maternity and neonatal independent senior advocate for Lancashire and South Cumbria, said: "I am here to help you and your family to be listened to by your maternity and neonatal care teams. You do not need to be sure if there were mistakes or negligence in your or your baby's care to ask for my support."

The role was co-produced by NHS England working alongside maternity and neonatal service users and staff, following actions identified in the Ockenden review into maternity care at Shrewsbury and Telford Hospital Trust. The advocate is independent from NHS Trusts and reports to the Integrated Care Board, initially serving those who have received care at Blackpool Teaching Hospitals and University Hospitals of Morecambe Bay NHS Foundation Trust.

Royal honour for Lancashire and South Cumbria doctor

Lancashire and South Cumbria Integrated Care Board's Associate Medical Director for Population Health, Dr Andy Knox, has been awarded an MBE from King Charles III.

The medal was given in recognition of his services to primary care and tackling health inequalities across the region and was awarded as part of the King's first birthday honours list.

Dr Knox travelled to Buckingham Palace in October 2023 for the ceremony and said: "I had a really wonderful time and received my MBE from The King. He was incredibly kind and is clearly very intelligent and thoughtful. I was really amazed by how much interest he takes in the world of health and care. He spoke about the pressures in the NHS and especially primary care, the importance of focusing on prevention and working to tackle inequalities. He emphasised the vitality of continuity of care and the role GPs play in helping create a society that really cares. It was an absolute honour to meet him."



Dr Knox has been a leading figure in developing Lancashire and South Cumbria Integrated Care Board's population health model and the Population Health Equity Leadership Academy, which launched in 2022, to train, develop and empower healthcare leaders to provide compassionate and wise management and governance in order to tackle health inequalities in every area of Lancashire and South Cumbria.

His MBE nomination came from the chair of the Royal College of General Practitioners, Dame Professor Clare Gerada, and was seconded by local MPs Cat Smith and Tim Farron, as well as Dr David Wrigley, a fellow partner at Ash Trees Surgery GP practice in Carnforth.

Specialised support service for children with autism and their families

A new service dedicated to improving the lives of families and children with autism was launched in East Lancashire in July 2023. The service is being funded by Lancashire and South Cumbria Integrated Care Board and is provided by Spring North and Child Action Northwest.

The service offers a wide range of vital services to address the specific needs of families. It also provides comprehensive support to families and parents of children who have been diagnosed with autism and for those going through the assessment process.

Sarah O'Brien, chief nurse for Lancashire and South Cumbria ICB, said: "We're delighted to announce the launch of this vital service which will provide much-needed support to those with autism and those that care for them. Spring North and Child Action Northwest are leading non-profit organisations dedicated to improving the lives of families and children with autism and we're looking forward to working closely with them."



The service provides parents, carers, and families of newly diagnosed children or those children going through the diagnostic process with valuable guidance and information on understanding autism and its implications. Specialised seminars and training programmes such as the Cygnet parenting programme, are also provided throughout the year, covering topics such as What is Autism, Challenging Behaviour, Sensory Issues, and Communication. These seminars aim to empower parents with the knowledge and tools necessary to support their child's unique needs effectively.

The project also addresses the difficulties that parents, carers, and families may encounter when dealing with challenging behaviours exhibited by children on the autism spectrum. Strategies and practical support are offered to help families work cohesively, improving both their overall well-being and the child's behaviour. The project team work closely with the children and their parents or carers, providing wrap-around care to ensure the best possible outcomes for everyone involved.

Angela Allen, chief executive officer of Spring North, said: "We are thrilled to launch this vital project, driven by the needs of our communities and designed to meet the demand for specialised support. At Spring North, we believe in empowering children on the autism spectrum to thrive and succeed, and this initiative reflects our unwavering commitment to making a positive difference in their lives."

Tobacco Free Lancashire and South Cumbria Strategy 2023-2028

An ambitious five-year strategy to tackle smoking in Lancashire and South Cumbria was announced in October 2023, which plans to address smoking rates across the region in order to meet the NHS Long Term Plan target of less than 5% smoking rates across the country by 2030.



Dr David Levy, medical director for the ICB, said: "Tobacco use is the largest driver of health inequalities in England, and is responsible for more than 7,500 premature deaths and 17,000 hospital admissions across Lancashire and South Cumbria each year. Smoking not only impacts on the health of our population but also has wider economic costs for our society, and we estimate that in our region we spend £79 million each year on treating smoking-related illness in the healthcare system."

The Tobacco Free Lancashire and South Cumbria Strategy sets out four key priorities for the next five years, which include working together collaboratively as a system, taking action to address health inequalities that often drive smoking, encouraging smoke free places and environments, and showing a united voice across the region with campaigns and lobbying for change. National research has shown that people are three times more likely to stop smoking for good when they get the right support and professional help, and one of the aims of the strategy is that people in every neighbourhood across Lancashire and South Cumbria will have access to key touchpoints within hospitals, primary care, pharmacies and elsewhere in the community which will include offering free access to products to help them in their quit attempt.

The Tobacco Free Lancashire and South Cumbria Strategy 2023-2028 has been endorsed by the ICB, and work has now begun on bringing together local authorities, the wider NHS, service providers and communities to help achieve its goals.

Our equality objectives

Lancashire and South Cumbria ICB – Interim Equality, Diversity and Inclusion Strategy

In order to provide a framework during its first operational year, the ICB adopted an interim Equality, Diversity and Inclusion Strategy for 2022-23. This strategy set out how the newly established ICB aims to embed and develop its approach to ensuring that 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 support our workforce.



The 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 its first operational 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.

Due to the ongoing establishment of the ICB, the ICS and its structures and the late formal adoption of the equality objectives by the ICB People Board in November 2022, it was decided to extend the timeframe of the Interim Equality, Diversity and Inclusion Strategy and its associated objectives into the 2023-24 year.

The ICB has developed a refreshed set of equality objectives for 2024-26 which are due to be approved and published in Q1 2024-25.

Our Equality Objectives 2022-24

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.

As part of the interim EDI strategy, the ICB defined a set of equality objectives designed to set out a range of initial commitments in relation to EDI while the emerging ICB (and the wider system) continues to develop and firm up its long-term priorities and ambitions.

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.

ACTION: 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:

PROGRESS: The Culture and Inclusion Team has continued to build strong links with the Population Health Team and Quality and Performance Team to ensure we collaborate on this action. We have built strong processes to ensure the appropriate use of the Health Equity Assessment Tool (HEAT) when completing Equality and Health Inequalities Impact and Risk Assessments (EHIIRAs). Furthermore, we have developed and published policy around the completion of Quality Impact Assessments (QIAs) which lays out the strong interdependencies between QIAs and EHIIRAs.



As part of work to support the Lancashire and South Cumbria New Hospitals Programme, a comprehensive Demographic Insight Report was produced in Q1 2023-24 which provides detailed information, data and evidence around the health inequalities faced within our resident population using a range of up-to-date data sources including Census 2021 data. This report is available to all ICB staff to inform their decision-making processes.

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

PROGRESS: The ICB website contains a prominent accessibility statement advising how people can access any of our information, resources and documents in formats that they are able to understand. Furthermore, the ICB website is subject to an annual accessibility audit to ensure compliance with the Web Accessibility Regulations (2018). Where possible, all information hosted on the ICB website is published via HTML in plain and easy-to-understand language.

ACTION: Gather diversity monitoring data as standard in all of our engagement activities:

PROGRESS: Our Communications and Engagement Team are advised to collect a full range of diversity monitoring as part of all engagement activities. This team can access support and advice from the Culture and Inclusion Team around how to do this at any time.

ACTION: Embed processes to ensure that Equality and Health Inequalities 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:

PROGRESS: The ICB utilises the Equality and Health Inequalities Impact and Risk Assessment (EHIIRA) toolkit from the Equality and Inclusion Team at NHS Midlands and Lancashire Commissioning Support Unit. The ICB has embedded organisational processes to ensure that EHIIRAs are routinely undertaken, and their completion monitored via the appropriate decision-making committee(s). Any areas of EDI-related impact or risk arising from decision-making are governed by the ICB Risk Register and are regularly reported upon and monitored via the Quality Committee and/or the People Board.

In 2023-24, the ICB published a policy around the completion of Quality Impact Assessments (QIAs) which establishes clear processes around the completion of EHIRAs and highlights the interdependences between the two assessments. The routine completion of both QIAs and EHIRAs is monitored via the Quality and Performance Team and the Culture and Inclusion Team.

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

PROGRESS: As part of the ICB Induction Checklist, new starters are required to have an induction meeting with the MLCSU Equality and Inclusion Team which provides them with an overview of equality legislation, the EHIRA process, and how to complete an EHIRA effectively. Further one-to-one support and training on EHIRAs is available to all ICB staff upon request.

In 2023-24, the Culture and Inclusion Team began to deliver a rolling schedule of specific EHIRA training sessions which are available to ICB staff on a regular basis throughout the year. These sessions will continue into the 2024-25 year.

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

PROGRESS: As part of our work around Belonging, the Culture and Inclusion Team regularly host and deliver a programme of Belonging Listening Rooms and Webinars for staff to further their knowledge around a range of EDI and cultural issues.

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

The ICB has 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 selves 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.

ACTION: Proactively encourage our workforce to self-report their diversity monitoring data through ESR and raise awareness of the benefits of doing so:

PROGRESS: The ICB recognises that there are still significant rates of under-reporting of diversity monitoring characteristics on ESR which means that we are currently unable to fully analyse the diverse representation within our workforce. Furthermore, we recognise that our workforce is in a state of transition as we seek to establish our operational structures moving forward.

In 2023-24, we have continued to circulate information in our ICB Staff Newsletters outlining the importance of self-reporting diversity monitoring data along with instructions on how to do so. However, it has been difficult to gauge the impact of these efforts due to the significant changes in our workforce numbers throughout the year. Our refreshed equality objectives for 2024-26 include specific targets and stretch goals to improve declaration rates across our workforce.



ACTION: Develop a detailed workforce profile to allow us to identify gaps in representation and barriers to career progression:

PROGRESS: As per the action above, we have faced significant challenges in developing such a profile and in accurately assessing where gaps and barriers lie within our workforce. However, we are aware of some clear gaps in representation – particularly relating to ethnicity, disability and sexual orientation within our workforce. In Q4 2023-24, the ICB began work on developing a bi-monthly workforce dashboard which will include granular information on diverse workforce representation to allow us to identify barriers and monitor progress against our efforts in this area. It is anticipated that the first workforce dashboard will be available in Q1 2024-25.

ACTION: Support NHS England's North West EDI Team's work on the development of a North West EDI Dashboard and contribute workforce data as appropriate:

PROGRESS: An EDI dashboard has been developed by the NW EDI team. Furthermore, a wider EDI dashboard is now operational via the Model Health System. Further work is being understood to access the dashboard and align to reporting/metrics in the Belonging plan.

ACTION: Work with our system partners to develop a combined profile of the 'one workforce' across the ICS:

PROGRESS: In September 2023, the ICB refreshed the WRES and WDES System Report which provided a profile overview of ethnicity and disability status for NHS providers in the LSC system. However, work is in progress to develop a full system profile of the workforce. We will continue to develop this work into 2024-25.

ACTION: Set actions and targets to improve workforce representation at all levels using positive action in recruitment, Model Employer targets and the Race Disparity Ratio:

PROGRESS: Using the internal ICB WRES and WDES report and the wider WRES and WDES System Report, we have articulated our ambitions to reach standards of excellence in WRES and WDES performance as a system in future reporting years. As an ICB, we have not yet set defined actions and targets for improvement as we are yet to formally report on WRES and WDES to NHS England. While this is still not a formal requirement for ICBs, the ICB intends to analyse its WRES and WDES datasets in full and produce formal WRES/WDES actions and targets in accordance with Model Employer target, the Race Disparity Ratio, and the recently refreshed ICB equality objectives.

ACTION: 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:

PROGRESS: Throughout 2023-24, we have continued to collaborate with our system partners to hold regular ICS Network of Networks meetings which brings together Chairs from our partners' existing Staff Networks to share knowledge, best practice and opportunities for partnership working.

Furthermore, in Q4 2023-24, the ICB launched three internal staff networks focused on race, disability and LGBTQ+. These networks are still in their infancy but have garnered positive feedback from our people. A formal operating model for our internal staff networks is currently working its way through our governance routes

and the Culture and Inclusion Team will continue to support these staff networks to articulate their ambitions and objectives moving into 2024-25.

ACTION: 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:

PROGRESS: In Q4 2023-24, the ICB submitted its first Gender Pay Gap dataset to the Gov.uk portal and published its first Gender Pay Gap report on the ICB website. This report forms baseline Gender Pay Gap data for future years and, in Q1 2024-25, we will refresh this report for 2024 and develop actions to reduce our Gender Pay Gap.

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. We will ensure our Senior leaders are clear with their EDI objectives.



ACTION: Appoint a Director of Equality, Diversity and Inclusion within the Integrated Care Board:

PROGRESS: Appointed in October 2022, Aisha Chaudhary continues in her post as Director leading the ICB's Culture and Inclusion Team.

In 2023-24, the ICB also appointed Naveed Sharif as the Associate Director of Culture and Inclusion.

ACTION: 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:

PROGRESS: The ICB is still in the process of developing its Belonging Implementation Plan and EDI OD plan following the formal approval of the Belonging Plan in September 2023, which will include plans around training for all staff, including training for senior leadership teams and Board development.

ACTION: Develop governance pathways to enable staff networks and other EDI-related committees and groups to feed in and feedback to ICB leaders:

PROGRESS: The ICB's Belonging Operating Model provides clear governance pathways for staff networks, the Belonging Delivery Group and the Belonging Strategic Group to report directly into the ICB People Board. In turn, the ICB People Board feeds directly into the Integrated Care Board itself. Furthermore, the recently developed ICB Staff Networks Operating Model provides clarity around how the Executive Sponsors for each network will influence and feedback to ICB leaders.

Our Equality Objectives 2024-26

Throughout 2023/24, the ICB's Culture and Inclusion Team and Population Health Team have collaborated on work to refresh our Equality Objectives and have identified a range of population focused and workforce focused priorities that will form our Equality Objectives for 2024-26.

These proposed Equality Objectives are currently awaiting formal sign off from the ICB Board and will be published on the ICB website in due course.

Equality and health inequalities impact and risk assessments

Lancashire and South Cumbria ICB utilises an Equality and Health Inequalities Impact and Risk Assessment (EHIRA) toolkit from the Equality and Inclusion Team at NHS MLCSU. The EHIRA 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 EHIRAs.

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 EHIRAs in every aspect of service development, policy development and workforce development.

Between April 2023 and March 2024, 87 EHIRAs relating to a wide range of service design and workforce decisions were completed or are currently in progress.

Equality Delivery System 2022

In 2023/24, the ICB undertook its first assessment against the refreshed Equality Delivery System (EDS) 2022. Therefore, the 2023/2024 EDS 2022 reporting cycle provides a baseline for the ICB.

The EDS comprises eleven outcomes spread across three Domains, which are:

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

As per the EDS 2022 Technical Guidance, Domain 1 was graded at system level by a panel of external stakeholders, whereas Domains 2 and 3 were graded at individual organisation level by staff members. The overall results of the gradings for each domain are as follows:

Domain 1 (System) – Commissioned and provided services – **Undeveloped**
 Domain 2 (ICB) – Workforce health and wellbeing – **Achieving**
 Domain 3 (ICB) – Inclusive Leadership – **Achieving**

There is an acknowledgement by those that took part in EDS Domain 1 from an ICS perspective that more work is required for 2024/2025. It is recognised that this is the first time that Domain 1 has been completed at ICS level and that this submission has provided the system with future learning for the next reporting cycle.

It was universally felt by those organisations that took part in EDS Domain 1 as a system that they did not totally understand what was required in terms of evidence. Hence, organisations did not fully demonstrate all the evidence that was available to them. As such, the grading panel only had access to limited evidence on the day of the

grading event. Therefore, we are confident that the grades received are not a true reflection on system performance around Domain 1.

The ICB is assured that the system grading results for Domain 1 are not a true reflection of performance across these areas and the approach to Domain 1 for the EDS grading in 2024/25 will be far more robust to ensure a more accurate grading process takes place.

EDS Domain 2 and EDS Domain 3 were completed at organisation level. Evidence relating to both Domains were collected from relevant colleagues within the ICB and the ICBs intranet.

All LSC ICB employees were invited to an EDS grading event in February 2024 where grading for both Domains 2 and 3 were completed. Evidence packs were circulated to ICB colleagues prior to the grading event, and attendees used these to inform their grading, alongside their own experiences of working in the ICB. The grading event was facilitated by the Culture and Inclusion team, and the facilitator used Mentimeter (an interactive presentation software facility) to collect the results. Real time scoring was not provided at the event; however, an online form was set up to collect people's thoughts following the grading event.

Accessible Information Standard compliance









































The aim of the **Accessible Information Standard (AIS)** 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 all of the ICB's NHS Standard Contracts and is monitored by Quality and Performance Key Performance Indicators (KPIs).

The ICB website contains a prominent accessibility statement advising how people can access any of our information, resources, and documents in formats that they are able to understand. Furthermore, the ICB website has been subject to an accessibility audit to ensure compliance with the Web Accessibility Regulations (2018). Where possible, all information hosted on the ICB website is published via HTML in plain and easy-to-understand language.

On an annual basis, the MLCSU Equality and Inclusion Team undertakes a compliance check to ensure that the ICB website (along with provider websites) and its contents are designed in such a way as to meet compliance with the AIS. Further annual reviews of the website's accessibility audit and accompanying statement are undertaken by the ICB's Communications and Engagement Team.

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 2022/23	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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Arabic/العربية

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