

Equality, Diversity & Inclusion Annual Report **2022-23**



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



Foreword

We are pleased to present our Equality, Diversity and Inclusion Annual Report produced for NHS Lancashire and South Cumbria Integrated Care Board (ICB).

This document sets out how the ICB delivers upon its 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 sets out how the ICB has performed in meeting its legal duties as set out in the Equality Act (2010) and the Human Rights Act (1998).

This year marks the first operational year of NHS Lancashire and South Cumbria Integrated Care Board which was formally established in July 2022, replacing the eight Clinical Commissioning Groups that previously operated in the region since 2013. The ICB is the new NHS statutory organisation responsible for commissioning health care services across Lancashire and South Cumbria and plays a lead role in the wider Integrated Care System (ICS).

The establishment of the Integrated Care System comes at a time of great challenge for health and care organisations in Lancashire and South Cumbria. Lancashire and South Cumbria's diverse population of 1.8 million people are spread across a broad geography with distinct health inequalities and poorer health outcomes being experienced by disadvantaged communities in each of our four places – Blackpool, Blackburn with Darwen, Lancashire, and South Cumbria. In some of our neighbourhoods, healthy life expectancy is just 46.5 years, and more than 20,000 of our residents have five or more long-term health conditions.

Through collaboration with our system partners and the ongoing development of our ICS Belonging Framework, Lancashire and South Cumbria ICB is 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 people are at the heart of everything we do.



James Fleet – Chief People Officer



Aisha Chaudhary – Director of Culture and Inclusion

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 its first operational year.

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:

- **NHS 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 set in 2022 as part of the interim Equality, Diversity, and Inclusion Strategy 2022-23**



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 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 '*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 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 well being.

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 exists 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, of which our **LSC ICS Belonging Plan** is aligned to addressing these;

- EDI objectives for Chairs, Chief Executives and Board members
- Overhaul recruitment and embed talent management
- Review pay gaps for race, disability and gender
- Address health inequalities within the workforce
- Reduce inequalities for internationally recruited staff
- Eliminate experiences of bullying and harassment

For more information about the LSC ICS Belonging Plan, see page 22 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 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. Within our existing workforce of 548 people, there are significant issues with under-reporting of diversity monitoring data which means we need to work harder to encourage our employees to share this information with us so that we are able to understand their needs and the challenges they may face.

The following sections provide an overview of diversity within our existing ICB workforce as of 31 March 2023. 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.

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 **24.3%** male staff and **75.7%** female staff.

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, **4.2%** of Lancashire and South Cumbria ICB's combined workforce has declared that they have a disability. However, **39.1%** 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. On a yearly basis, the ICB sends out a Display Screen Equipment (**DSE**) assessment form for each employee to complete – this is where any reasonable adjustment that may be required can be identified. Staff are also encouraged to discuss any needs or requests for reasonable adjustments as part of their health and wellbeing conversations with line managers.

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, **5.4%** of Lancashire and South Cumbria ICB's combined workforce self-

reported as coming from ethnically diverse backgrounds. However, it should be noted that **13.6%** of the workforce have not stated their ethnicity so the actual proportion is likely to be higher.

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	11%	32.0%
Christianity	38.8%	52.8%
Islam	3.2%	8.3%
Other	3.6%	1.4%
Not declared	31%	5.4%

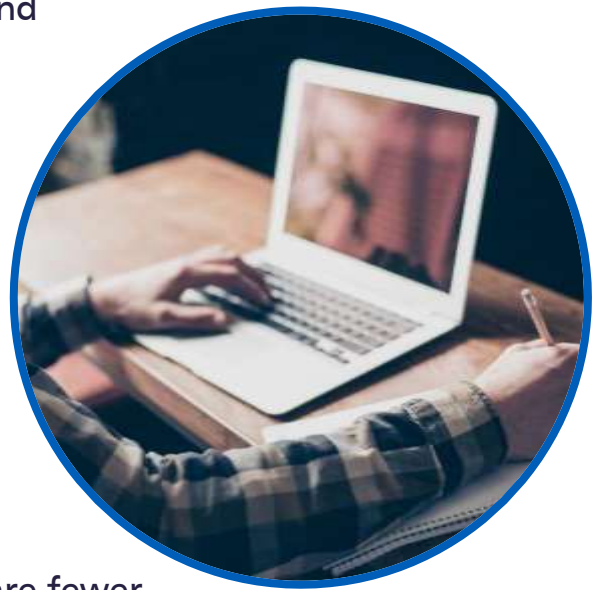
Sexual orientation – The following table provides an overview of sexual orientation within our workforce compared to our resident populations in Lancashire and South Cumbria.

	% of ICB workforce	% population of Lancashire and South Cumbria
Gay or Lesbian	2%	1.5%
Heterosexual / Straight	57.7%	90.2%
Other	0.5%	1.4%
Not declared	40.4%	6.9%

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, 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 workforce.

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 2023, the compliance rate for Equality, Diversity and Human Rights training amongst ICB employees is **79.5%**.

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

Communicating with our staff

The ICB has strived to put in place a high standard of engagement and communication to keep staff well informed and involved in key decisions and priorities for the organisation. This has been particularly important in the first year of the ICB's establishment as new leadership, structures and ways of working have been developing. The following methods are used to communicate, engage and involve staff:

- Weekly staff newsletters including important organisational updates in addition to information about local, regional and national equality and inclusion events and awareness days.
- Social media (LinkedIn, Facebook and Twitter)
- Weekly newsletters for staff in primary care organisations
- Monthly all-staff virtual briefings
- Monthly face-to-face sessions with executive team members at locations across Lancashire and South Cumbria
- 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, celebrations including specific campaigns and areas of focus for each month.

Inclusion listening rooms and belonging webinars

As part of the ICB's commitment to Belonging which includes listening to our people and understanding their needs, the Culture and Inclusion Team have collaborated with our Health and Wellbeing Champions to devise a programme of 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 2022-23, the ICB hosted themed Inclusion Listening Rooms focused on the following topics:

- **World Menopause Day**
- **Black History Month**
- **Cost of living pressures**
- **Disability History Month**
- **Cancer Awareness**
- **LGBTQ+ History Month**
- **International Women's Day**
- **Ramadan Awareness**
- **Carers' Inclusion**

The inclusion listening rooms were well-received by those attending and the valuable feedback received from participants will be robustly considered by the Culture and Inclusion Team as they explore the creation of ICB Staff Networks and other mechanisms to improve wellbeing and belonging within our workforce.

The ICB also hosted two belonging webinars in 2022-23, to provide opportunities for colleagues and partners to explore ways to cultivate a workplace where everyone feels like they belong. The webinars were designed to promote awareness and understanding of inequalities faced by those working in our organisation, and to help foster a culture of equality, diversity and inclusion.

The first Belonging webinar took place in December 2022 and focused on recognising **Disability History Month**.

Kate Smyth, Co-Chair of the Disabled NHS Directors Network, NED LTHFT, spoke about recognising disabled people in the workplace, with a focus on building knowledge and awareness of disabled colleagues and their experiences.



Stuart Moore, Senior Manager in the NHS National Equalities Team, discussed the Workforce Disability Equality Standard and its implications for ICBs. He was then followed by Lancashire and South Cumbria ICB's Chief People Officer, James Fleet (left), who spoke about the value of being seen and heard and recognising the importance of psychological safety when encouraging colleagues to speak up and bring their whole selves to work.

The second Belonging webinar in the series, took place in February 2023 and focused on recognising **LGBT+ History Month**.

Craig Harris, Chief of Health and Care Integration at Lancashire and South Cumbria ICB (right) began the session by speaking about his own leadership journey and the importance of building knowledge and awareness of the lived experience of LGBT+ people in the workplace.



Jessica Lowther-Payne, Strategic Lead for Inclusion and Engagement at University Hospitals of Morecambe Bay NHS Foundation Trust, spoke about raising awareness of the value of LGBT+ staff networks and the difference they can make by building more inclusive cultures, improving staff health and wellbeing, and amplifying the voices of LGBT+ staff in the inclusive decision-making process.

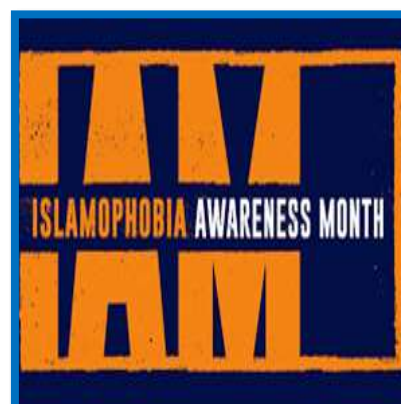
The panel also included a talk by Inclusion Specialist Ellie Lowther, from Because2 Ltd, who raised the topic of the challenges facing trans and non-binary colleagues in the NHS and publicised an ongoing engagement project entitled 'Free to Be Me', which captures the lived experiences of our trans and non-binary colleagues.

Both webinars were a great success in encouraging open dialogue, discussion, and learning to build knowledge and awareness of how people from different protected characteristic groups experience the workplace. Such conversations are vital in enabling a greater understanding of what we mean by equality and identifying the areas we need to focus on as an organisation to make that a reality.

Equality and Inclusion Awareness Briefings

Each month, the MLCSU Equality 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:



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 assessments.

ICS Belonging Plan

The Lancashire and South Cumbria ICS Belonging Plan will underpin the Belonging workstream and set 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.

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.

In February 2023, the Culture and Inclusion Team hosted a Belonging Workshop which was attended by over 25 stakeholders from the ICB, NHS Provider Trusts, local authorities and the voluntary sector who told us about what they felt were the short-term and long-term challenges and priorities. The outputs from this workshop have provided the basis to create a first draft of the ICS Belonging Plan.

The joint ICS Integrated Belonging Plan is currently being socialised with a range of stakeholders and colleagues – we are expecting a final draft to be ready for publication late summer 2023.

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.

In 2022, NHS England did not request formal WRES and WDES data returns from Integrated Care Boards as it was recognised that ICB workforce structures

were still in the process of being formed and recruited to – therefore any formal WRES and WDES data reporting would not accurately reflect the position of ICBs in their first operational year. As such, Lancashire and South Cumbria ICB did not conduct any internal WRES and WDES activities for its own workforce in 2022-23. However, through the ICB People Board and the ICS Belonging Framework, the ICB was able to co-ordinate and lead on the production of a range of system wide WRES and WDES reports and action plans. In turn, this will inform an ICS-wide approach to driving WRES and WDES improvement over the coming years.

WRES & WDES System Report 2022

In September 2022, 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. However, the report identified some clear areas where there are opportunities for improvement across the system such as:

- Ensuring equal representation across all pay bands, including at Board level
- Provision/uptake of non-mandatory training for ethnically diverse staff
- Ensuring that ethnically diverse and disabled staff feel that they are provided with equal opportunities for career progression
- Improving the experiences of ethnically diverse staff and disabled staff in relation to bullying, harassment and abuse

As part of this report, a series of recommendations were presented to the ICB People Board which will contribute to the development of a WRES and WDES Implementation Plan. It is anticipated that this plan will be adopted across the system as part of the Belonging workstream in 2023/24.

WRES & WDES Best Performers Report

Following on from the findings of the WRES and WDES System Report 2022, the ICB Culture and Inclusion Team conducted a desktop review of the best performing NHS organisations across each WRES and WDES indicator. The aim of this report was to support our NHS Provider Trusts to drive significant improvements in those areas where underperformance was identified against WRES and WDES indicators.

The WRES and WDES Best Performers Report outlined strong aspirations for all ICS system partners to reach standards of national excellence in relation to WRES and WDES. The report encourages our system partners to benchmark their progress against national best performing organisations rather than against national averages.

The report also set out a number of priority areas and actions where focus should be placed to address inequalities and drive improvements for ethnically diverse and disabled people. The priorities and actions have formed the basis of the WRES and WDES Implementation Plan that will be adopted across the system in 2023/24.

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 approximately **1.7 million** residents across a total of **270 GP** practices.

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 across **28** GP practices.

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, across **19** GP practices.

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 across **188** GP practices.

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. There are **27** GP practices.

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 be continuing its work on identifying local priorities and inclusion groups relating to Core20PLUS5 throughout 2023-24.

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 infection 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 around 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

Better Care for Older People with Mental Health Needs



An innovative mental health care solution was tested in some parts of Lancashire and South Cumbria between September 2022 to March 2023 that empowered older people with mental health needs to regain their independence and quality of life.

Mental health hospital patients who were ready for discharge, were moved to a care home setting and assessed over a six-week period to understand what support they needed in place in order to return home, or to a longer-term care setting.

Where previously, patients had been assessed in hospital, this new approach led to those hospital beds being made available sooner, and patients being assessed in a more natural environment to identify what the individual was capable of doing for themselves and what they really needed.

The trailblazing initiative was a partnership between the NHS Lancashire and South Cumbria Integrated Care Board (ICB), Lancashire County Council and Lancashire and South Cumbria NHS Foundation Trust, and allowed patients to benefit from extra support from mental health social workers, occupational therapists, physiotherapists and a residential care team, depending on their need.

Digital technology experts also worked with patients to help them to gain confidence with video conferencing and digital smart medicine cabinets to help improve the patients' quality of life.

Fleur Carney, ICB Mental Health Director, said: "Our ambition in Lancashire and South Cumbria is that mental health and wellbeing is considered of equal importance to physical health in all of our communities. When people require more support, they should be able to access an effective range of age-appropriate mental health services. This is one of many approaches we are taking to offer open parity of esteem for people with mental health needs to the intermediate care system."

Councillor Graham Gooch, Lancashire County Council's cabinet member for adult social care, called the pilot "another example of how effective collaborative working can achieve better outcomes for Lancashire residents."

Top award for Lancashire and South Cumbria COVID-19 Vaccination Programme



The Lancashire and South Cumbria COVID-19 vaccination programme scooped the Health and Equity Campaign award for vaccination outreach work in Caribbean and African communities, at the Caribbean and African Health Network (CAHN) awards in October 2022, beating 74 other nominees to first place.

In addition, the programme was also named as runner-up for the Voluntary Sector Collaboration award, recognising work in partnership with the Preston Windrush Initiative to increase uptake in the Caribbean population.

National research has shown the virus has had a disproportionate effect on these communities, making it increasingly important to receive enhanced protection. So, following detailed research and engagement with communities, the team put together a strategy which encouraged people in areas experiencing high vaccine hesitancy to protect themselves from COVID-19.

Naveed Sharif, vaccine inequalities lead for Lancashire and South Cumbria COVID-19 vaccination programme said: "COVID-19 exposed and exacerbated health inequality gaps. I am incredibly proud to lead a team that recognised those worsening inequalities as real negative impacts on real people – individuals, families and communities – not just a line on a spreadsheet."

"The team has worked incredibly hard, and I'm delighted that this has been recognised by this award. Moreover, I am delighted that we have made strides in making our vaccination offer both accessible and acceptable to all in Lancashire and South Cumbria."

Abdul Razaq, director of public health for Blackburn with Darwen Borough Council, added: "The Health and Equity award recognises the immense dedication, professionalism and collaborative efforts of services and staff in local authorities working very closely with NHS colleagues over the last two years on the vaccination programme."

"Together we have implemented successful outreach and engagement work for local communities which has helped to protect lives and this recognition for Blackburn with Darwen is hugely deserved as a testimony to that mutual endeavour."

Lancashire and South Cumbria New Hospitals Programme (NHP)

In September 2022, the NHS in Lancashire and South Cumbria stated its preference for new hospitals on new sites for both Royal Preston Hospital and Royal Lancaster Infirmary as part of the New Hospitals Programme, alongside alternative partial rebuild options. This followed a comprehensive assessment for deliverability, affordability, value for money, and viability, considering feedback from thousands of patients, local people and staff.



In May 2023, it was announced that two new hospitals will replace Royal Preston Hospital and Royal Lancaster Infirmary as part of a rolling programme of national investment in capital infrastructure beyond 2030. This will also include investment in improvements to Furness General Hospital. The existing Royal Preston Hospital and Royal Lancaster Infirmary sites will remain in place and deliver services to our population until new hospital facilities are opened.

The Lancashire and South Cumbria New Hospitals Programme (NHP) has a duty to comply with the Equality Act 2010 and associated Public Sector Equality Duty (PSED) 2011, ensuring that they actively consider the needs of patients, staff and stakeholders from protected characteristic groups in their decision making.

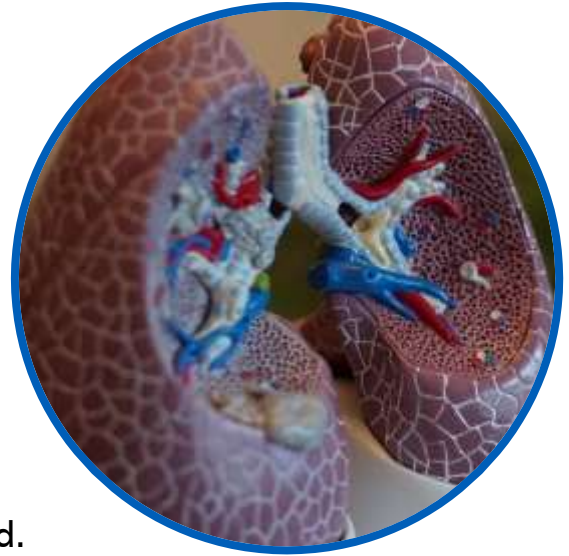
In order to ensure the programme is meeting its legal duties and evidencing due regard in its decision-making processes, several pieces of work have been conducted to capture key equality related considerations for the programme. Including:

1. **Demographic Insight Report** – to capture the demographics and health needs of the LSC population including considerations for the health needs of protected characteristic and inclusion health groups. This will help to assist the NHP with identifying any potential negative or positive impacts that may arise due to decisions made about future hospital facilities. Integrated Care Systems (ICS) and Integrated Care Boards (ICB) are also better equipped to meet the needs of their communities if they understand the demographic profiling of their area.
2. **Travel Analysis Report** – to capture the travel habits of patients and staff and consider any particular travel or transport needs for protected characteristic and inclusion health groups.
3. **Equality and Health Inequality Impact and Risk Assessment (EHIIRA) work** – to capture key equality considerations in relation to programme decision making and documents such as strategies and models of care.

Lancashire and South Cumbria Targeted Lung Health Checks

The Lancashire and South Cumbria Targeted Lung Health Check (TLHC) programme began inviting 7,813 eligible people in Burnley who were current or former smokers aged between 55 and 74 to attend the check in November 2022, and the initiative has since received a fantastic response with two-thirds of those invited saying yes to taking part in the vital check.

The invite for the check, described as an 'MOT for the lungs' was accepted by more than 5,000 people which then led to 1,500 people being referred for a low-dose CT scan and 10 cases of cancer being found.



Dr John Howells, clinical lead for Targeted Lung Health Checks, said: "Targeted lung health checks are saving lives in Lancashire, the response we have had from people in Burnley has been fantastic. 68% of people we invited agreed to take part and I hope even more will say 'yes' when we begin inviting those who are eligible in Hyndburn soon. Most patients received a clean bill of health and valuable peace of mind but for those who do require further treatment, we have a better chance if we find it early, often when there are no symptoms."

The checks take place in two stages: a 20-minute telephone consultation with a nurse followed by a low-dose CT scan for those identified as being at risk of lung cancer.

Dr Howells said: "We are seeing more and more people grasping the opportunity to get checked out and it is helping us spot problems sooner. If you are invited to take part please say yes. Early diagnosis saves lives."

The Lancashire and South Cumbria TLHC programme was launched in April 2021 in Blackburn with Darwen in 2021, before expanding to other areas including Blackpool, Burnley and Rossendale. The service is now being extended to Hyndburn from March 2023 onwards.

Lung cancer rarely presents any symptoms in its early stages, making it much more difficult to detect and treat effectively; this programme is designed to check those most at risk earlier.

Counsellor Miles Parkinson OBE, leader of Hyndburn Council, added: "I am really pleased this fantastic service from the NHS is coming to Hyndburn. Thank you to everyone involved in making it happen. Preventative health checks are so important, and I encourage everyone who is offered an appointment for a lung scan to say yes."

Special Kits Launched to Help Those at Risk of Self Harm



Self-harm safe kits were created to support young people in Lancashire who are suffering from mental illness.

The self-harm safe kits were originally developed by Cumbria charity Every Life Matters and adapted locally by Lancashire Mind, and contain information and resources about self-harm, recognised self-management tools and signposting to vital support resources. The kits are provided to professionals who may encounter young people struggling with gaining support and will help with conversations around the reasons for their self-harm.

Self-harm is a major public health concern and a well-known risk factor for future suicide. It predominantly occurs in young people with around 65% of self-harm occurring before the age of 35.

Mental health has been identified as a major risk and education services have raised concerns over the increased demand for support in schools. In addition, the number of hospital admissions due to self-harm in people aged between 10 and 24 in Lancashire is higher than the national average.

Helen Parry, a suicide prevention lead for Lancashire and South Cumbria Integrated Care Board (ICB) said: "The COVID-19 pandemic has resulted in fundamental changes to the lives of children and young people and their mental health. Nationally 54% of 11 to 16-year-olds with probable mental health problems said lockdown had made their lives worse. According to our most recent data, one in six of children aged five to 16 have a probable mental health disorder, an increase from one in nine in 2017."

The self-harm safe kits have been developed to provide support, guidance and connection for people aged 13 and older. The kits come with an offer of an instructional session to all organisations that handle the kits, to ensure people are confident with the conversations they are having, at what could be the only time a young person reaches out for help.

Every Life Matters founder Chris Wood said: "Young people have been very impressed by these kits. One young person really took ownership of the box and used it to talk to her friends and school support about her self-harm. Another young person recently told me she decorated the box as soon as she got it and has not harmed since receiving it."

Our Equality Objectives – 2022-2023

Lancashire and South Cumbria ICB – Interim Equality, Diversity and Inclusion Strategy 2022-23

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.

We have strong 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 are in the process of developing an Integrated Belonging Plan which defines our ambitions and long-term objectives with our colleagues, communities, and system partners from 2023-24 onwards.

Our 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.

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. These objectives were formally adopted by the ICB People Board in November 2022 – as such, it has not been possible to fully deliver upon all of

the actions under each objective. It is anticipated that some of these objectives and actions will be carried over into the 2023-24 operational year.

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 built strong links with the Population Health Team to ensure we collaborate on this action. We have built processes to ensure the appropriate use of the Health Equity Assessment Tool (HEAT) when completing Equality and Health Inequalities Impact and Risk Assessments (EHIRAs).



As part of work to support the Lancashire and South Cumbria New Hospitals Programme, a comprehensive Demographic Insight Report is currently in development which will provide detailed information, data and evidence around the health inequalities faced within our resident population using a range of up-to-date data sources. This report will be completed in Q1 2023-24 and will be 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 newly developed 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.

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, further work will take place with system partners to develop a consistent approach to the completion of EHIIRAs across Lancashire and South Cumbria.

ACTION: 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:

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 EHIIRA process, and how to complete an EHIIRA effectively. Further one-to-one support and training on EHIIRAs is available to all ICB staff upon request.

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

PROGRESS: The ICB is currently in the process of reviewing its formal training offers for staff which will include training content around EDI and cultural awareness.

As part of our work around Belonging, the Culture and Inclusion Team are hosting and delivering a programme of Belonging Webinars for staff to further their knowledge around a range of EDI and cultural issues. In 2022-23, we delivered webinars for Disability History Month and LGBTQ+ History Month. We will continue to develop this programme of events in 2023-24.

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 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 2022/23, we have circulated 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 is difficult to gauge the impact of these efforts due to the current movement within our workforce. As the establishment of our new structures settles, we will renew our efforts to reduce non-declaration rates amongst our people.

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, our workforce is currently in a state of flux which presents 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 diverse ethnicities within our workforce. As part of our decision-making relating to the ongoing Management of Change processes, we are reviewing the profile of the workforce at regular intervals to ensure that there are no areas of impact disproportionately affecting specific protected characteristics within our workforce.

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 in recent weeks by the NW EDI team. 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 2022, the ICB developed a 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 beyond 2023/24.

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 WRES and WDES System Report and Best Performers 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 will still not be a formal requirement for ICBs in 2023, the ICB intends to analyse its WRES and WDES datasets in full and will develop actions and targets in accordance with Model Employer targets and the Race Disparity Ratio.

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: The ICB hosted a series of Inclusion Listening Rooms throughout 2022/23 which were aimed at gauging the interest in, and demand for, diverse staff networks within the ICB. We are continuing to consider the need for staff networks and will make further progress against this in 2023/24. We have also collaborated with our system partners to create a Network of Networks which brings together Chairs from our partners' existing Staff Networks to share knowledge, best practice and opportunities for partnership working.

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: Due to the emerging nature of ICBs, there has been no formal requirement for ICBs to submit formal WRES and WDES reporting to NHS England. Similarly, the ICB's first Gender Pay Gap report is not due until early 2024. The ICB will be voluntarily preparing formal WRES and WDES reports in 2023 and will develop associated action plans alongside them.

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: In October 2022, the ICB welcomed Aisha Chaudhary as the newly appointed Director heading up the ICB's Culture and Inclusion Function.

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 currently in the process of developing its Belonging Implementation Plan and EDI OD plan, 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 – see information on page 22 - 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.

Equality and Health Inequalities Impact and Risk Assessments

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

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

By considering 'due regard', the ICB aims to ensure that people from protected characteristic groups and inclusion health groups can expect the same high standards of access, care and experience compared to the general population. The ICB is committed to embedding the use of EHIIRAs in every aspect of service development, policy development and workforce development.

Between July 2022 and March 2023, 70 EHIIRAs relating to a wide range of service design and workforce decisions were completed or are currently in progress.

Equality Delivery System 2022

In 2022, NHS England launched a new Equality Delivery System 2022 framework following a review of the existing EDS2 toolkit. EDS 2022 is designed for both NHS commissioners and NHS providers and places a heavier focus on partnership working between ICS system partners.

Due to the complexities of establishing the organisation and its priorities during our first operational year, Lancashire and South Cumbria ICB has not been able to undertake a formal EDS 2022 grading exercise in 2022/23. This has been further complicated by the lack of required data to inform the exercise (e.g., staff survey data) and the decision taken by ICS provider Trusts to continue to use the EDS2 toolkit in 2022/23.

Instead, the ICB has placed a strong focus on developing its ICS Belonging Framework and Belonging Plan which has created the necessary forums and lines of accountability required to effectively work in partnership with ICS system partners to collaborate on EDS grading activities from 2023/24 onwards.

The ICB remains committed to using EDS frameworks to support consistent assessment of our performance against EDS domains and promote involvement of our diverse population and workforce across all aspects of our work.

NHS Lancashire and South Cumbria Integrated Care Board will undertake its first formal EDS grading exercise in 2023/24 and will support its system partners with the transition to the EDS 2022 framework. It is anticipated that system partners will work together to:

- **Identify relevant services for assessment and use relevant data to identify strengths and weaknesses in patient access and experience**
- **Collaborate to engage and involve relevant stakeholders from diverse backgrounds in EDS grading activities**
- **Work together to review our grading processes and outcomes to ensure consistency in our approach across the system**
- **Co-produce materials and processes required to effectively implement EDS 2022 across the system**

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 newly developed 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 following a review of their websites. For reference, a green tick signifies that the trust is compliant in that area and a yellow tick signifies partial compliance in that area.

Commissioned Provider	Equality Objectives	Published Equality Information	Undertaken EDS in 2021/22	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							-

Contact Details and Alternative Formats

For a copy of this document in an alternative format, including other languages, large print or audio, please contact us using the following telephone number or e-mail addresses:

Tel: 01772 214 232

lsc.icb@nhs.net

Arabic/العربية

للحصول على نسخة من هذه الوثيقة في صيغة بديلة، بما في ذلك لغات أخرى، بالطباعة الكبيرة أو بالأجهزة الصوتية، يرجى الاتصال بنا باستخدام التفاصيل التالية:

الهاتف: 01772 214 232

lsc.icb@nhs.net

Bengali/বাংলা

অন্যান্য ভাষা, বড় ছাপার হরফ বা অডিও সহ, বিকল্প কোনো ফরম্যাটে এই নথির একটি প্রতিলিপির জন্য অনুগ্রহ করে নীচের বিবরণ ব্যবহার করে আমাদের সঙ্গে যোগাযোগ করুন:

টেলি: 01772 214 232

lsc.icb@nhs.net

Cantonese/香港中文

如需本文件的其他格式（包含其他語言、大型列印或音訊格式）複本，請透過下列詳細資料聯絡我們：

電話：01772 214 232

lsc.icb@nhs.net

French/Français

Si vous voulez un exemplaire de ce document dans un autre format, y compris dans une autre langue, en gros caractères ou au format audio, contactez-nous aux coordonnées suivantes :

Tél. : 01772 214 232

lsc.icb@nhs.net

Gujarati/ગુજરાતી

અન્ય ભાષાઓ, મોટા અક્ષરો અથવા ઓડિયો સહિત વૈકલ્પિક સ્વરૂપમાં આ દસ્તાવેજની નકલ માટે કૃપા કરીને નીચેની વિગતોનો ઉપયોગ કરીને અમારો સંપર્ક કરો:

ટેલિફોન: 01772 214 232

lsc.icb@nhs.net

Hindi/हिन्दी

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Mandarin/简体中文

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Polish/Polski

Aby uzyskać kopię tego dokumentu w innym formacie, w tym między innymi w innym języku, w wersji dużym drukiem lub w formie audio, należy skontaktować się z nami korzystając z następujących danych:

Tel: 01772 214 232

lsc.icb@nhs.net

Punjabi/ ਪੰਜਾਬੀ

ਦੂਜੀਆਂ ਭਾਸ਼ਾਵਾਂ, ਵੱਡੇ ਅੱਖਰਾਂ ਜਾਂ ਆਡੀਓ ਸਮੇਤ, ਵਿਕਲਪਕ ਰੂਪਾਂਤਰ ਵਿੱਚ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੀ ਕਾਪੀ ਲੈਣ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਵੇਰਵੇ ਦੀ ਵਰਤੋਂ ਕਰਦੇ ਹੋਏ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ:

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lsc.icb@nhs.net

Romanian/Limba română

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Tel: 01772 214 232

lsc.icb@nhs.net

Urdu/اردو

اس دستاویز کی کاپی کسی دیگر فارمیٹ جیسے دیگر زبانوں، بڑے حروف یا آڈیو میں حاصل کرنے کے لیے برائے مہربانی مندرجہ ذیل پر ہم سے رابطہ کریں :

فون: 01772 214 232

lsc.icb@nhs.net

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