**Appendix 1**

**Equality Objectives and Action Plan April 2023 – March 2026 (subject to annual review)**

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| **Action** | **Details** | **Outcome** | **ICB Lead** | **Target completion date** |
| **Objective 1 - To develop a framework and robust action plan for promoting equality, diversity and inclusion, which sets out clear objectives to ensure good practice across our organisation and link to wider health inequalities work that is being undertaken in our Integrated Care System.** | | | | |
| 1. Refine our Equality Objectives | Produce a set of SMART equality objectives, which reflect the ongoing work to promote equality, diversity and inclusion. | Equality objectives approved by Board and published on the ICB website. | Director: People Culture & Engagement | November 2024 |
| 1. Produce an equality framework and action plan. | To inform staff and local stakeholders of ICB’s role in promoting equality and valuing diversity. This will link to wider work to tackle health inequalities in both the ICB and in collaboration with ICS partners, e.g. Joint Forward Plan, Health Inequalities Framework. | An agreed strategy and action plan will be published on the ICB website and shared with staff through briefings, training opportunities and staff induction.  The action plan will be subject to ongoing monitoring by Equality and Health Inequalities Oversight Group. A full review will be undertaken on an annual basis to ensure that the ICB is responsive to changes in:   * relevant legislation; and * the changing needs of our local communities. | Senior Manager, Engagement & Inclusion | November 2024 |
| 1. Establish a robust process for completion of the EDS assessment, including identification of priorities and monitoring of related action plans | Using the stepped approach outlined in the NHS England guidance (refer to Appendix XX), the ICB will undertake a full assessment and grading of its performance against the goals and outcomes of EDS.  Helps to meet our duties under the Public Sector Equality Duty and the NHS Constitution.  Develop best practice by integrating equalities/health inequalities considerations in day-to-day business. | An assessment and grading of our performance against the goals and outcomes of EDS is completed for 2024/25.  A cyclical process is established to ensure annual completion of the EDS reporting and subsequent monitoring of identified actions. | Senior Manager, Engagement & Inclusion | March 2025 |

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| **Action** | **Details** | **Outcome** | **ICB Lead** | **Target completion date** |
| **Objective 2 – Build a** **detailed understanding of our population and their health needs, through published data sets, local engagement with our communities, improvements in the quality of our data recording and robust use of Equality and Engagement Impact Assessments.** | | | | |
| 1. Work in partnership to develop accessible information and resources on health outcomes for specific communities in Gloucestershire | Better understanding of the health needs of different protected groups and subsequent development of services to meet these needs.  Review the quality of data that we hold and develop a plan for improvement.  Information is available via the JSNA and Health Inequalities Plan, overseen by Public Health.  Raise staff awareness of the available information to ensure it supports commissioning decisions. | ICB demonstrates a good understanding of the health needs of its population by different protected characteristics and vulnerable groups. We commission appropriate services, informed by local engagement.  Clinical Programme Groups utilise needs assessments and local sources of information (e.g. JSNA) to inform service design. EIA demonstrate consideration of equality issues. | Equality and Health Inequalities Oversight Group | March 2025 |
| 1. Develop resources on specific health conditions and their incidence for different protected and vulnerable groups. | Working in partnership with others e.g. Public Health, develop easy to access information and resources on health variations among specific communities in Gloucestershire | Easy to access resources are readily available to inform day to day commissioning.  Public Health/Business Intelligence is actively involved in all Clinical Programme Groups and provide condition specific needs assessments. | Clinical Programme Leads | Examples of good practice will be included as part of PSED reporting process. |
| 1. Ensure that consideration of equality and diversity is taken into account in our decision-making processes. | Raise awareness by delivering regular briefings/training and development sessions as required. Equality and diversity forms part of the mandatory training package.  Supports integration of equalities and diversity into day-to-day business. Helps to meet legal and regulatory requirements. | Staff within ICB a become more aware of why equality in provision and health outcomes is important.  Revision of ICB Equality and Engagement Impact Assessment process and development of support to complement the PMO training sessions. | Senior Manager, Engagement & Inclusion | Revision of EEIA - November 2024 |
| 1. Ensure that staff use the ICB Equality and Engagement Impact Assessment (EEIA) process as a planning tool and consider equalities and health inequalities issues at all stages of the commissioning cycle. | Training and awareness raising to ensure the EEIA framework is used appropriately.  Demonstrate legal compliance with the Public Sector Equality Duty and other regulatory requirements.  Open and transparent decision-making meeting legal and regulatory requirements developing best practice and improving performance. | EEIAs are used to support decision-making.  Examples of EEIAs are made available on the NHS Gloucestershire website. | Senior Manager, Engagement & Inclusion | Subject to annual review as part of Public Sector Equality Duty (PSED) reporting process. |
| 1. Support staff to put equality/reduction in health inequalities at the heart of commissioning. | Raise staff awareness of how they can engage with disadvantaged and vulnerable groups to ensure their feedback informs decision-making.  Supporting and developing staff skills and competencies to ensure that service developments and redesign are informed by a wide range of patient experiences.  Continue to build a stakeholder map to ensure that GICB is engaging across a broad range of communities. | Staff and stakeholders have a clear understanding of how to engage with people from different protected/ vulnerable/seldom heard groups and the ICB can demonstrate good engagement. | Associate Director, Patient Engagement & Experience | Examples of good practice will be included as part of PSED reporting process. |
| 1. Understand the experience of people who identify as LGBTQ+ when accessing health and care services and support. | Building on the findings of the Inclusion Gloucestershire report:   * Systematically gather insight into the experiences of our LGBTQ+ population when accessing health care and identify opportunities for improvement. * Develop training resources and awareness raising for staff working in our ICB and Primary Care. | Improved experience of health care services reported from our LGBTQ+ population.  People receiving care from specialist out-of-county services have access to local support from the point of their referral.  Once training resources have been developed, we will set targets and monitor the numbers of staff accessing training. | Senior Manager, Engagement & Inclusion | Initial gathering of feedback completed Spring 2025. |
| 1. Improve the visibility on our website of equality information such as the protected characteristics of our Core 20 population, more case studies and equality impact assessments | Ensure that information is widely available:   * to improve access to information about health inequalities across the county * to support staff to complete EIAs * to inform staff about key pieces of legislation regarding equality issues * to inform stakeholders and members of the public about the work that GICB is undertaking relating to equality and health inequalities issues. | The sections of ICB’s website and intranet relating to equality are reviewed and updated accordingly | Communication Manager | Initial update completed December 2024 |
| 1. Identify disparity in the detention of people under the Mental Health Act and establish a detailed action plan in response to the findings. | Detailed understanding of the:   * inappropriate detention of people with LD / autism; and * disproportionate detention of people from ethnic minorities under MH Act   An action plan has been developed to tackle the inequity in our system. | Associated programmes of work across Mental Health including:   * Community Mental Health Transformation Programme * Assertive Outreach teams working with adults with Serious Mental Illness (SMI) * Adoption of the Patient and Carer Race Equality Framework (PCREF) and Right Care Right Person. | Head of Integrated Commissioning, Adult Mental Health |  |
| 1. Achieve the aims of the national maternity transformation plan | Equality & Inclusion Action Plan aims:   * To identify, understand and reduce the inequality gap in maternity services to ensure every woman and child has equal opportunity to achieve the best possible health outcome; and * To identify, understand and reduce inequalities in the experiences of staff. * To deliver the right care the first time. * For our maternity and neonatal system to commit to being an anti-racist service. | * Improved outcomes and equity for mothers and babies from black, Asian and mixed ethnic groups and those living in the most deprived areas. * Improved equality in experience for staff from minority ethnic groups. | Local Maternity and Neo-natal System | Action Plan is reviewed annually, but covers the period 2022-2027 |

| **Action** | | **Details** | | **Outcome** | | **ICB Lead** | | **Target completion date** |
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| **Objective 3 – To reduce the percentage of staff experiencing discrimination at work from a manager/team leader or other colleagues in the last 12 months by at least 2% per annum over the next 3 years.** | | | | | | | | |
| 1. In 2024/25, 14.50% of staff from other ethnic groups reported they have experienced bullying or harassment from their manager or a colleague. We have set an improvement trajectory to reduce incidence for staff from global majority ethnic groups by at least 2% per annum over the next 3 years. | In 2023 we provided EDI and cultural awareness training for ICB staff. 66/140 Senior Managers completed senior manager programme and 224/260 Band 8a and below completed either 1 or both modules.  We remobilised the ICB’s BAME network and have held a number of coffee connect sessions.  In 2024 we completed a further deep dive as a follow-up to the staff survey into bullying and harassment and have developed a set of additional actions including the development of materials for anti-discrimination campaign. | |  | | Director: People Culture & Engagement | | Reviewed annually, with targets set until 2027 | |
| 1. GICB leadership promotes an open culture, demonstrating appropriate skills relating to equality and reduction in health inequalities. | Senior leaders routinely demonstrate their commitment to promoting equality and reducing health inequalities within and beyond GICB. | | Papers that come before the Board and Committee identify equality-related risks and steps taken to mitigate against these.  GICB leadership is reflective of the community it serves. Senior leaders advocate for, and actively participate in, work to promote equality and reduce inequalities. | | GICB Board and Senior Leaders.  Equality and health inequalities oversight group. | | Examples of good practice will be included as part of PSED reporting process. | |