Appendix 1

Public Sector Equality Duty (PSED) Report of Equality, Diversity and Inclusion (EDI) outcomes 2023-24

This report highlights key areas of EDI work achieved during April 2023 to March 2024. The information demonstrates Lincolnshire Integrated Care Board (LICB) compliance to the **Equality Act 2010, Public Sector Equality Duty (PSED) 2011** and how the ICB has, through the exercise of all its functions, given due regard to the need to: -

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

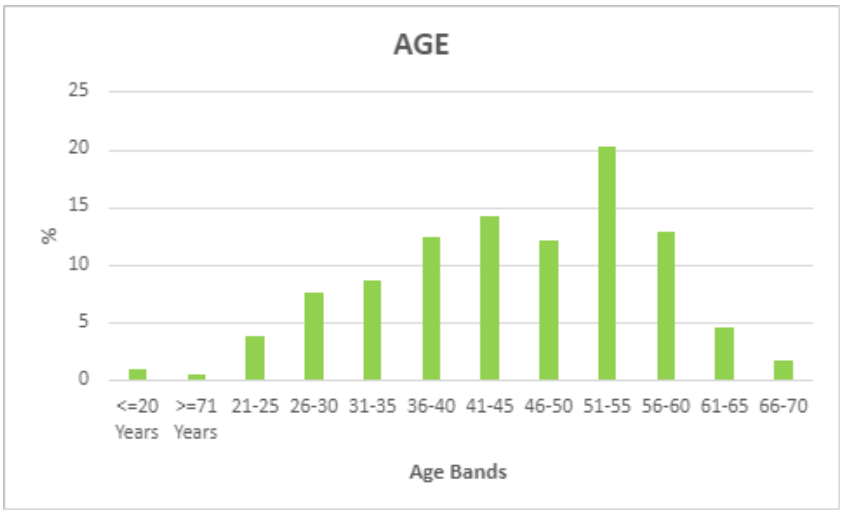
The work achieved during 2023-24 is summarised below: -

1. WORKFORCE DATA AND LINCOLNSHIRE POPULATION

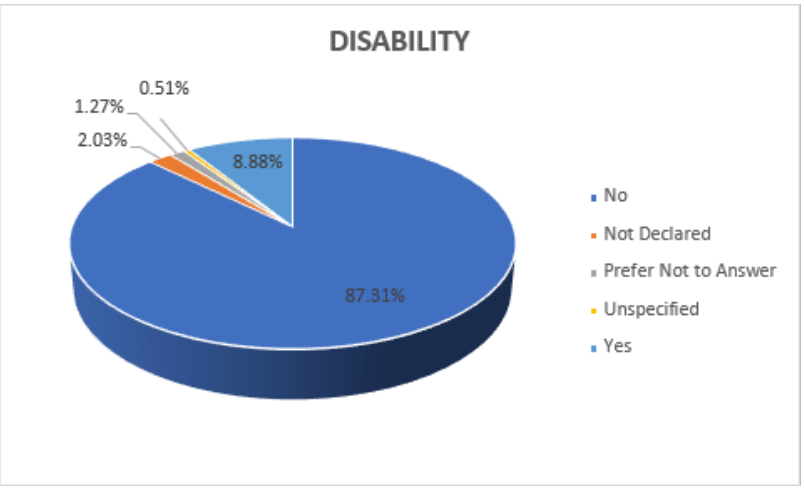
1.1 Workforce data

Data as at 31/12/23 indicates that there is a total of 394 ICB staff. Note only categories where there was sufficient data available have been referred to and comparisons with Lincolnshire population (section 1.2 below) have been made where relevant.

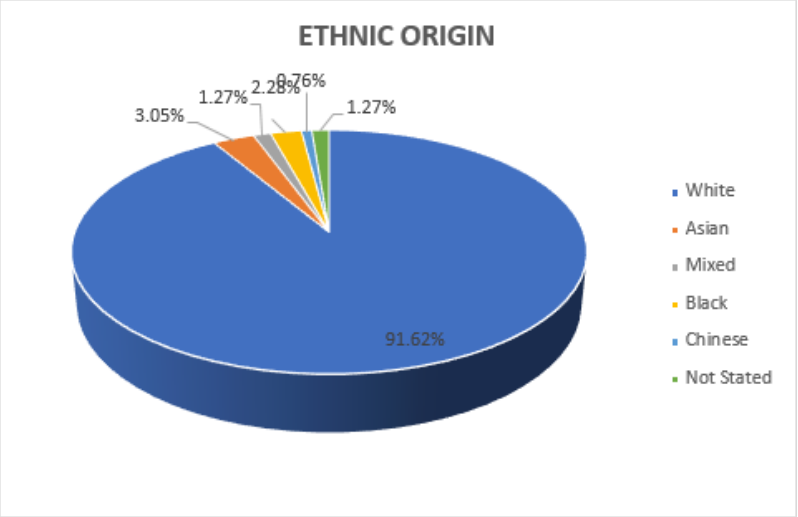
a) Age: The majority of staff are between the ages of 36-60, with the highest being 51-55 (20.30%), followed by 41-45 (14.21%).



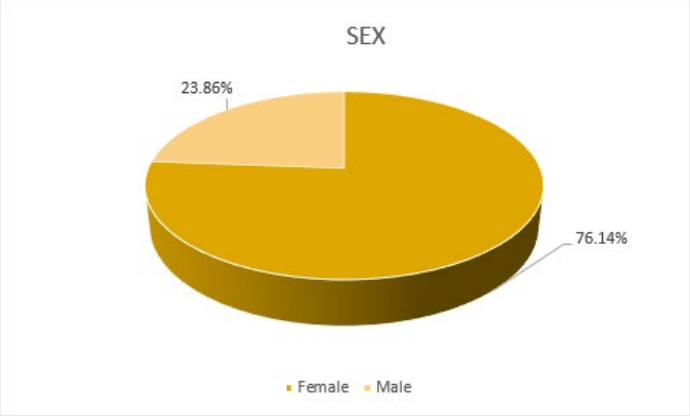
b) Disability: 8.88% of staff have specified yes to living with a disability, 87.31% have said no and the remaining have not declared or preferred not to say. The figure of 8.88% is lower than the 2021 Census which shows that 20.1% of the population in Lincolnshire classified themselves as living with a disability.



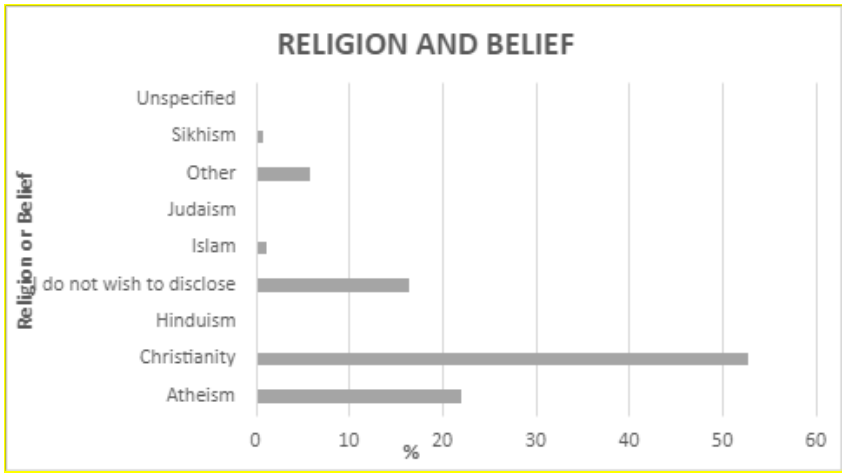
c) Ethnicity: 6.09% staff are from Black Minority Ethnic (BME) backgrounds (this includes all Asian, all Black and Chinese). White staff make up 91.62%, and those who have classified themselves as Mixed, make-up 1.27%. There is greater representation of staff from BME backgrounds in comparison to the Lincolnshire population which is around 4%.



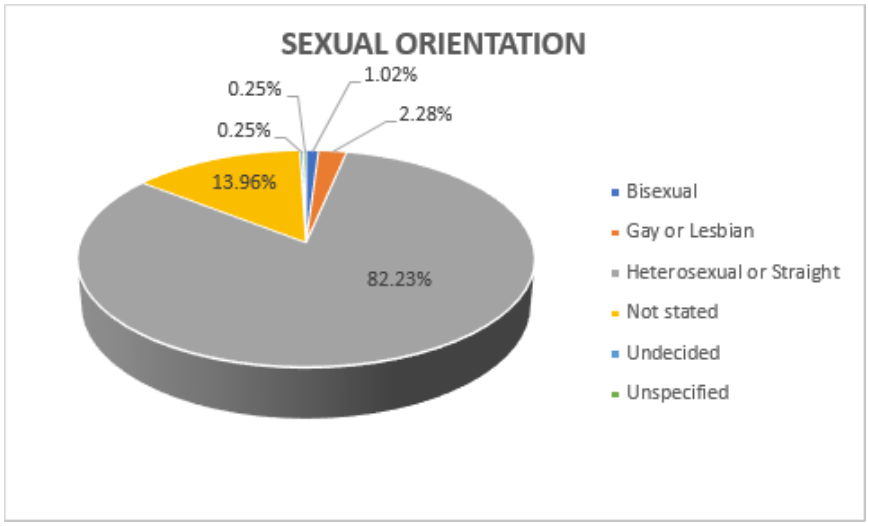
d) Sex: There are 76.14% female staff and 23.86% male staff working for the ICB. The percentage of women to men in the ICB is much higher in comparison to the almost equal split of Lincolnshire's population.



e) **Religion and/or belief:** The majority of staff 52.79% have indicated that they are Christian, followed by Atheism 22.08%. 16.50% do not wish to disclose their religion or belief. A small percentage disclosed other religions, the highest of these included, for example, Islam 1.27%, whilst 5.84% made up the 'Other' category. This closely resembles that of Lincolnshire's population.



f) **Sexual orientation:** The majority of staff 82.23% have described themselves as being heterosexual or straight. 3.3% are either lesbian, gay or bi-sexual, which is slightly above Lincolnshire's population of 2.5% and the remaining 13.96% come under the not-stated category.



1.2 Lincolnshire population data

Lincolnshire is the 4th most sparsely and largest populated county in England covering an area of 5,921 sq. km. It is predominately rural, with no motorways, little dual carriageway and 80km of North Sea coastline, which provides fundamental difficulties in the provision of services. It has a population of 768,364 residents according to the 2021 census with 51.0% (391,934) females and 49.0% (376, 430) being males, and 813,119 registered patients across 81 GP practices in Lincolnshire.

a) Age

In relation to age the statistics show that the age range 0-15 makes up 16.7% of the population, whilst the other sections of the population aged 16-24, 25-64, 65-84 and 85 years and over make up 10%, 49.9%, 20.5%, and 2.9% respectively[1].

Lincolnshire population is on average older than the population of England and the East Midlands. It also has a higher proportion of adults over the age of 75 and the number in this age range is estimated to double over the next 20 years. Year-to-year increases in the size of this ageing population are one of the key planning assumptions for Lincolnshire's health and care system[2].

b) Disability

The 2021 Census shows that 20.1% of the population in Lincolnshire classified themselves as living with a disability as defined under the Equality Act, this includes a proportion of 11.8% (90,305) people that were disabled under the Equality Act 2010 where their day-to-day activity was limited a little, and 8.4% (64,269) where their day-to-day activity was limited a lot, whilst 79.9% (613,791) of people were classified as not disabled.

c) Ethnicity

According to the 2021 census, the population in Lincolnshire is predominantly White at 96%, with non-white minorities representing the remaining 4.0% of the population. Asian people are the largest minority group in Lincolnshire, accounting for 1.6% (11,927) of the population. 0.6% (4,365) of the Lincolnshire population are black, while 1.3% (10,191) are mixed or from multiple ethnic groups[3].

Additionally, international migration has also contributed to the demographic change in Lincolnshire. According to the Census 2021, in Greater Lincolnshire:

- 9.4% (103,107) of residents were born outside of the United Kingdom. 6.6% (72,305) in Europe and 2.8% (30,802) in the rest of the world
- The largest proportion of non-UK-born are resident in Boston, 14.3% are from EU8 countries which include Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia
- Lincoln has the highest proportion 2.3% of residents that were born in EU14 countries and include Austria, Belgium, Denmark, Finland, France, Germany, Greece, Republic of Ireland, Italy, Luxembourg, The Netherlands, Portugal, Spain, and Sweden
- Boston has the highest proportion of the population that were born in EU2 countries and include Romania and Bulgaria at 3.8%
- In terms of the rest of the world, Lincoln has the highest proportion of residents from Middle East and Asia, Africa and The Americas and the Caribbean, with 2.9%, 1.3% and 0.7% respectively.
- The number and proportions of non-UK-born residents that have arrived in the UK in the last 5 years, Lincoln has the highest proportion with almost one third (32.3%) of the non-UK-born residents followed by Northeast Lincolnshire with 29.5%. The local authorities with the highest proportions tend to be university areas.[4]

[1] 2021 Census Profile for areas in England and Wales - Nomis (nomisweb.co.uk)

[2] NHS Lincolnshire Joint Forward Plan Strategy_2023_28_Final01 - Lincolnshire ICS - FutureNHS Collaboration Platform

[3] Lincolnshire Demographics | Age, Ethnicity, Religion, Wellbeing (varbes.com)

[4] GL-Census-2021-Summary-International-Migration.pdf (lhih.org.uk)

d) Religion and/or belief
Christians make up the largest group at 53.7%, followed by those who do not have a religion at 38.3%. Other smaller religious groups include Muslim at 0.7%, followed by Hindus at 0.3%, Buddhist at 0.2%. The smallest religious groups include Jewish at 0.1% and Sikh at 0.1%. Other religion amount to 0.5% and unknown at 6.1%[5].

e) Sexual orientation
The 2021 census shows that about 89.6% of the Lincolnshire population aged 16 years and over are straight or heterosexual, 1.2% gay or lesbian, 1.3% bisexual, 0.1% pansexual, 0.1% asexual.

f) Gender Identity
The 2021 census shows that 93.4% of people have a gender identity that is same as their sex registered at birth, 0.2% have a gender identity that is different from sex registered at birth, but no specific identity given, 0.1% are trans women, 0.1% are trans men and 0.1% nonbinary[6].

g) Main language
In Lincolnshire 93.6% (312,052) of all adults in households have English as a main language. Polish remains one of the most common languages in Lincolnshire after English according to figures released by the Office for National Statistics. The highest proportion of Polish speakers were in Boston with 3,886 (5.68%) residents putting the language down as their main, followed by Lithuanian, with 3,452 (5.04%) of residents putting the language down. Secondary languages appearing in the top slots included Hungarian, Romanian, Portuguese, Russian, Spanish, Bulgarian, Latvian and, in North Lincolnshire, Bengali[7].

1.3 Revision and update of Equality and Health Inequalities Monitoring Form

The equality monitoring form/guidance was revised and updated in line with the Stonewall equality monitoring guide 'What's it got to do with you' to provide broader equalities and health inequalities categories to be used to collect staff, patients and public data. The updated version was circulated to all staff, shared with system leads and is available on the ICB intranet site. Work around encouraging people to self-classify will continue into 2024, through different communication exercises.

Recommended actions for data collection and monitoring 2024-27: -

- *As recommended for implementation by the NHSE EDI Workforce Improvement Plan and letter (NHSE 14 December), ICBs are now required to collate, submit and monitor data for:*
  - *The Workforce Disability Standard (WDES)*
  - *Ethnicity Pay Gap to identify and address pay gaps amongst different ethnic groups*
  - *Gender Pay Gap in 2024*
- *LICB needs to do more to highlight the importance of disclosure – communications relaying the importance of equality monitoring of staff, patient and public data is*

[5] 2021 Census Profile for areas in England and Wales - Nomis (nomisweb.co.uk)
[6] 2021 Census Profile for areas in England and Wales - Nomis (nomisweb.co.uk)
[7] The most commonly spoken language after English in all Lincolnshire areas (thelincolnite.co.uk)

paramount to address barriers and gaps in practice amongst different protected characteristics

- *Review and update local population profiles in accordance with up-to-date mid-term estimates, compare data and publish new profiles on the ICB website. This will provide ICB with useful population demographics data to support ongoing work.*

2. STANDARDS/COMPLIANCE FRAMEWORKS

2.1 Workforce Race Equality Standard (WRES)

The WRES report 2023 and action plan 2023-26 was finalised, approved at the Senior Managers Operational Delivery Group (SMODG) meeting of 28 Sept 23, and published on the LICB website at beginning of October (before the deadline of 31 October). SMODG members agreed to the recommendation that a task and finish group be set up to support implementation of the WRES action plan priorities – see 2.3 below.

Whilst there were some improvements e.g., better representation of BME staff in Bands 8-9 and (gone up 3% to 5%) and BME staff experiencing discrimination from a manager, team leader or other colleagues in the last 12 months is 4%, which is 9.3% below the national average of 13.3%, there is still a lot to of work to do. The main areas of concern highlighted in the report include: -
WRES indicator 3: Limited data available to calculate ratio of White and BME staff entering the formal disciplinary process
WRES indicator 5: BME staff experiencing harassment, bullying or abuse, from patients' relatives and public in the last 12 months is 22.2% (11.9% above the national average of 10.3%) and White 9% (1.3% below the national average of 10.3%)
WRES indicator 6: BME staff experiencing harassment, bullying and abuse from other staff in the last 12 months is 16.7% (5.5% above the national average of 11.2%) and White staff 10.9% (0.4% below national average of 11.2%)
WRES indicator 7: BME staff believing that LICB provides equal opportunities for career progression or promotion is 25% (13.3 % below the national average of 38.3%) and White staff 45.5 (13.8% below the national average 59.3%)

The WRES action plan sets objectives and actions for the above areas and links to the following high impact areas of the NHS EDI workforce improvement plan including: -

- High Impact area 2: Overhaul recruitment processes and embed talent management processes.
- High Impact area 6: Eliminate conditions and environment in which bullying, harassment and physical harassment occurs.

Workforce Race Equality Standard (WRES) Report 2022-2023 including the WRES Action Plan for 2023-26

2.2 Equality Delivery System (EDS)

LICB, as required by NHSE, commenced full implementation of EDS in 2023-24. This is the first time that LICB has worked on all three domains. With limited examples of previous work, it has been a process of ongoing learning, familiarisation and developing working relationships around the whole EDS framework. The following was achieved: -

Domain 1 – Commissioned or Provider Services

LICB chose to work with Lincolnshire Community Health Services (LCHS) Trust and agreed to focus on two service areas: Assess to Discharge and Stroke team. A task and finish group was set up to collect EDI evidence/information about the services which focused mainly on the following areas: -

- Service policies/practices development – for staff and patients
- Equality Impact Assessments as part of review/development of service practices
- Monitoring and analysis of staff/patient data
- Consideration of accessibility issues

Main findings focused on lack of available workforce, patient and public equality data to assess disparities amongst different protected characteristics and socially excluded groups and a need to further promote the use of the Accessible Information Standard (AIS) to support patient communication accessibility requirements. An action plan was produced for domain 1 to work on these areas.

The domain 1 report and action plan were shared with: -

- Task and finish group members
- Ongoing consultation with LCHS EDI leads
- Reviewed and agreed by SMODG on 25 January 24
- Benchmarked with other ICBs, including Bedford Luton and Milton Keynes (BLMK) and Coventry and Warwickshire

Domain 2 – Workforce Health and Wellbeing

Up to date workforce data/evidence relating to the EDS domain 2 outcomes was collected/analysed and a revised action plan for 2024-25 was developed. Data sources included ESR, the annual staff survey and Workforce Race Equality Standard (WRES).

Main findings of the report related to: -

- The need to have more effective communication of information including raising the awareness of managers and staff around bullying and harassment, health and wellbeing
- Raising confidence of managers to have caring conversations and encouraging the use of freedom to speak up guardians.
- Lack of sufficient workforce data - encouraging staff to fill in equality monitoring forms to self-classify so that ongoing monitoring can take place and gaps in practice can be identified and addressed.

An action plan was developed for domain 2 to support work on these areas

Domain 2 report and action plan was shared with: -

- Member of the ICB Staff Engagement Group (SEG)**:** A peer review took place on 6 November, where members were asked to review different elements of the report and agree final scores for each outcome under domain 2.
- SMODG meeting of 23 November 23: The report and action plan was reviewed and signed off at this meeting and members also agreed to the setting up of a task and finish group (linked to the WRES work) to ensure ongoing implementation of the actions – see 2.3 below.

Domain 3 – Inclusive Leadership

Evidence for the 3 EDS outcomes was collected as below: -

Outcome 3A: A letter and online form was developed. This was sent to all leaders Band 8a and above and those with line management responsibilities (mainly bands 6+). The responses have been analysed to form the evidence for this outcome.
Outcome 3B: Through the Head of Corporate Governance. A random sample of substantive Board or prime Committee papers from the last year, March 2022 to April 2023, was collected. The percentage of papers that identified equality-related impacts, through analyses or other assessments was defined, and how negative impacts were mitigated, monitored, and managed.
Outcome 3C: A template was provided, and information was gathered on the levers that are in place to manage performance and monitor progress with staff and service user. This was provided by the Head of Corporate Governance.

In summary the main findings showed that, in all three outcomes above, ICB leaders were positively working to ensure EDI and health inequalities was on the agenda of various committees. Improvements in the following areas were identified: -

- Papers: Review of current templates that embed EDI and update as required
- Attendance at cultural, religious or EDI events: To improve capacity to attend such events and networks or delegate to team or network to ensure visibility of ICB leaders
- Improve scheduling of EDI issues/monitoring on SMODG and Executive meeting agendas
- Regular attendance at SMODG to support implementation and monitoring of WRES, EDS and future work around Workforce Disability Equality standard (WDES) and Gender Pay Gap (GPG) reporting
- Consider the setting up of a data collection and analysis group to enable quarterly reports to be produced, to compare data and identify gaps – this would support ongoing review of WRES, EDS implementation and ICB EDI workforce objectives

Updates of the EDS process and findings were shared/discussed at the regular LICB EDI catch-up meetings, the LICB Equality Forum meetings with system Providers and benchmarked with other ICBS in the midlands.

Final EDS Scoring: Total scoring for EDS = 23.5 which just takes the ICB into the 'achieving' level *(those who score between 22 and 30, adding all outcome scores in all domains, are rated Achieving).* All EDS domain reports including the final full report can be found here Documents Library - Lincolnshire ICB

Next steps

- Implementation of action plans for all 3 domains
- Task and finish group has been set up to support implementation see 2.3 below
- Board development session took place on 27 February to further develop/agree domain 3 objectives/actions (see 3.3 under section 3)
- EDI Objectives/actions developed for 2024-7, to meet the PSED, will be taken from some of the objectives/actions of the EDS 1,2 and 3 action plans
- Ongoing review of action plan outcomes will be undertaken and shared with SMODG and executive members on a quarterly basis.
- Create a stakeholder list and set up meetings each quarter to monitor progress and help with scoring e.g., through an EDS Assurance Group

2.3 Task and Finish group

The purpose of the group is to support the implementation of actions relating to the outcomes of the WRES action plan and EDS domain 2 (Workforce Health and Wellbeing) action plan. Duties include: -

- Prioritise actions to be implemented from the action plans
- Agree initiatives/activities to support implementation of the actions of the EDS D2 and WRES action plans
- Monitor and review the outcomes of the activities
- Agree the closure of actions / areas of concern.

Membership of the group is from across the organisation and names were nominated by LICB directorates including Staff Engagement Group (SEG) members. The ICB EDI Lead, HR lead and members of communications and engagement team are also involved. The first meeting of the group took place in quarter four where discussions commenced around prioritising key areas for 2024, including tackling bully and harassment through workforce communication exercises and ensuring the delivery of anti-racism training for ICB staff.

2.4 Accessible Information Standard (AIS)

Health care services need to ensure that the information they provide to those who may have a disability, impairment or sensory loss is in accessible formats and in response to their specific needs and requirements. With raising concerns relating to the lack of AIS implementation especially within GP practices, the EDI and comms teams ensures that AIS information is annually circulated to providers and GP practices and updated on the LICB website to remind staff of their responsibilities to support accessible requirements of their patients. The implementation of AIS by NHS provider trusts is measured through the S6 quality assurance process and reported back to LICB every six months.

3. TRAINING AND DEVELOPMENT

3.1 Equality Impact Assessment (EIA) training

This has continually been delivered throughout the year for ICB staff. The has been important for those staff have continued to undertake EIAs to give due regard to equalities when assessing the impact of an activity, policy, or project either in its revision or developmental stage. EIAs enable staff to ensure that the services provided to the workforce, Providers, and the diverse communities are free from discrimination and are accessible to all. EIA guidance and templates are now available alongside Quality Impact Assessment (QIA) and Health Equity Assessment Tool (HEAT) in one easy to access location on the ICB intranet site. Training continues to be well received by ICB staff, and evaluation indicates that those staff who have undergone training feel more confident in undertaking EIAs.

3.2 Anti-racism training

The outcomes of the EDS and WRES reports indicated a requirement for this training. Objectives and contents of the training have been developed to be delivered in 2024-25 as part of a package of other EDI training.

3.3 Board development session

This took place on 27 February 24 and provided a good opportunity for members to gain an update on EDI activities and compliance. It also enabled them to have discussions around objective setting and how they can support the delivery of EDI and produce a

culture shift in EDI thinking within the ICB and wider system. EDI objectives have been drafted (see section 6 below) as a result of the session and, once approved, these will form the basis of the EDI strategy for 2024-27, work on which will commence from April.

4. STRATEGY AND POLICY DEVELOPMENT

4.1 LICB Equality Policy

The ICB equality policy was developed agreed at SMODG 25 May 23. The policy was circulated and published on Team Talk News and staff intranet.

4.2 Quarterly EDI update reports to Executive

Updates to executive committee are given every new quarter based on the work of the previous quarter and has allowed continuous dialogue with senior leaders on EDI achievements, areas of concerns and future priorities. This has been important to keep EDI on the agenda of the executive and senior management committees.

4.3 Lincolnshire ICB Equality Forum

The LICB equality forum continues to meet on a bi-monthly basis to enable ongoing discussions to take place between the ICB and EDI leads from provider trusts – the members support the development, implementation, monitoring and evaluation of equality, diversity and inclusion work to enable a system-wide approach for sharing information, raising concerns around current EDI priorities and issues, and planning collaborative working activities. Examples of joint initiatives include equality training, support with implementation of the new EDS, especially linked to domain 1 - commissioned or provider services and discussions around setting priorities in line with the NHSE EDI workforce improvement plan. On occasions, other staff are also drawn into the discussions around tackling inequalities including staff from health inequalities team and population health.

5. EDI RELATED WORK OF ENGAGEMENT TEAM

- Continual up-date and strengthening of the NHS system stakeholder data base ensuring that our engagement reaches all communities including vulnerable populations and those who experience the worst health outcomes
- Our engagement survey and face to face engagement, where appropriate, includes collating equalities and health inequalities data. In 2022/23, the questions were revised to be more specific to the Lincolnshire population ensuring that we are capturing data and understanding and meeting the needs of the Lincolnshire population. This best practice was shared with other system partners and relevant external organisations
- Our engagement bulletin “The Contributor” continues to be distributed every two weeks to promote opportunities for the population to have their say and get involved. Membership has grown throughout the year with approximately 11,000 contacts, communities and groups now receiving this
- We have worked with local trusted community connectors and involvement champions to help promote engagement opportunities in local communities
- Each of our engagement projects is planned and targeted, driven by data, ensuring that we target our engagement where there is the need. This has included for example getting translated communications materials produced where this is required

- The Engagement Manager continues to be a key member on the Equality Forum, escalating particular equalities and health inequalities issues from our engagement activities and sharing reports
- Our “Experiences of Accessing Services” survey has continued to run throughout 2023/24 ensuring that we hear from those people living within different communities and groups about what works well, what requires improvement and what excellence looks like. This feedback is reported into our Operational Quality Assurance Group ensuring that we are acting on this feedback
- A dedicated Health Inequalities Engagement Manager to commence post in April 2024.

6. ICB EDI PROPOSED OBJECTIVES for 2024-27

1. Leaders to drive the EDI agenda and create a sense of belonging through the delivery of measurable objectives on EDI for Chairs, Chief Executives and Board members, which align to the recently published EDI improvement plan high impact area 1
    a. Annual Chair/CEO appraisals on EDI objectives via Board Assurance Framework (BAF).

2. Strive to create a compassionate, diverse and inclusive culture by fostering an ethos across the ICS of wellbeing, inclusion and belonging.
    b. Driven by senior leaders to ensure there are regular and effective communication exercises to deliver key messages around the ethos.

3. Tackle health inequalities and strengthen the system approach to population health and care management
    a. Improve knowledge and understanding of health inequalities within the local population.
        - Increase data collection and analysis for protected characteristics and identified inclusion health groups (including IMD and ethnicity)
        - Engage with communities that are under represented and disadvantaged in health care to understand the barriers to access and listen to their experiences.
        - Develop health inequalities baseline information with Population Health Intelligence and Health Inequalities team to support regular monitoring of health access, experience and outcomes with the aim to reduce health inequalities amongst different protected characteristics and health inclusion groups.

    b. Identify gaps for improvement in addressing and reducing health inequalities
        - Work in collaboration with system partners to scope where the gaps and opportunities are to improve action in reducing health inequalities and provide services that meet the diverse needs of our communities
        - Work with communities to understand and address challenges in meeting the needs of the population and ensure a co-production and asset-based approach is used to make improvements to services or in service design
        - Work with Providers to undertake systemwide targeted health campaigns and initiatives to improve access, experience and outcomes for patients and public from different protected characteristics and health inclusion groups including those from areas of high deprivation.

4. To comply with our EDI responsibilities and ensure that there are mechanisms in place to monitor the impact and cultural shift in the way we fulfil our ICB duties.
    c. Monitor outcomes of results from WRES action plans setting further specific and measurable targets to address disparities within certain WRES indicators
    d. Implementation of Workforce disability standard (WDES), Gender pay gap and Ethnicity pay gap, action planning and monitoring outcomes through appropriate governance processes
    e. Ongoing implementation of the 3 domains of EDS and monitoring of outcomes of action plans to sustain 'achieving' level and set processes in place towards reaching 'excelling' level

These objectives were approved at the Executive meeting of 21st March 2024

For further information on any aspect of this report, please contact:
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For more information about our EIHR work please visit the equality webpage of the LICB Website: Commitment to Equality, Inclusion and Human Rights - Lincolnshire ICB