



North Central London
Integrated Care Board

2022-2023 Equality Information Report

July 2023

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Executive Summary

North Central London Integrated Care Board (NCL ICB) was established on 1 July 2022.

This report demonstrates how NCL ICB is complying with the Public Sector Equality Duty of the Equality Act 2010, and details progress made against workforce and patient/community related equality priorities.

The ICB is committed to providing inclusive services which meet the diverse needs of our patients, community and staff. This commitment was brought into focus over the last two years when COVID-19 highlighted the challenges that some of our staff and patients faced - ensuring equality, diversity and inclusion are central to delivering fair employment practices and ensuring our services are able to respond effectively remains our priority.

Our key achievements since the inception of NCL ICB on 1 July 2022 include:

- Developing our population health and integrated care strategy which has focus on addressing inequalities and wider determinants of health with our system partners
- Developing the core offer for community and mental health services to ensure equitable access to a core minimum offer for community and mental health services
- Improving access to diagnostic services within the most deprived areas, known to experience inequalities of access.
- The ICB has been strengthening the approach to leadership and management development that will enable managers and leaders to effectively lead with compassion, inclusivity and support their team members to achieve their potential.
- As part of our People Promise, the ICB has appointed Liz Sayce, Non-Executive Member Board Member as the organisation's Wellbeing and Inclusion Guardian. We are one of the first ICBs to formally introduce this role to our Board and have expanded the role to specifically address our commitment to inclusion.
- The ICB's approach to Equality Impact Assessments (EQIA) has been reviewed and refreshed with a new two stage process. The refreshed approach is accompanied by more comprehensive guidance on the requirements to inform the completion of the EQIA and the strengthening of the governance and approvals process.
- The NCL ICS has a leadership development programme specifically for senior leaders from a Black, Asian, Minority Ethnic background to support them to become Executive Directors

called the Future Leaders programme. Each organisation across the system has one participant with 14 in total, and NCL ICB has had the first participant to be appointed to an Executive Director post.

- The staff networks have organised a number of events during 2022-23 to celebrate and raise awareness of a number of areas including; Black History Month, cultural exploration events, neurodiversity awareness events and promoting blogs and resources on greener living.
- Our performance against the Workforce Race Equality Standards (WRES) shows that the overall workforce from BAME and White backgrounds is broadly reflective of the NCL population demographic. The staff survey results show that BAME staff have had improved experiences regarding bullying and harassment from patients/relatives and from staff in comparison to 2021-2022.
- Our performance against the Workforce Disability Equality Standards (WDES) shows that the relative likelihood of non-disabled staff being appointed in comparison to disabled staff is 0.68 times higher – this indicates that disabled staff are more likely to be appointed from shortlisting than non-disabled staff. Disabled staff have had improved experiences than non-disabled staff, regarding bullying and harassment from patients/service users, managers and other staff, and expressed better experiences regarding equal opportunities for career progression and the extent the organisation values their work.
- A number of mental health and wellbeing initiatives have been rolled out to staff during 2022-2023 including the roll out of a Workplace Reasonable Adjustment Passport to support staff that would benefit from reasonable adjustments in the workplace, weekly mindful sessions, access to occupational health and an employee assistance programme and the NCL wellbeing hub.

Whilst there have been a number of achievements across the ICB during 2022-2023, there is significant work that needs to continue over the coming year and beyond to improve the experience of staff and provide a more inclusive culture and environment, particularly in areas such as providing equal opportunities for progression/promotion which has worsened for both staff from a BAME and White background, the need to improve the likelihood of BAME staff being appointed to a role which has worsened since 2021-2022 and improve the representation of BAME staff in senior posts to better reflect the NCL population. Overall, there is a need to improve the experiences of staff and create a culture that is free from bullying, harassment and discrimination.

To start to address these disparities, NCL ICB are committing to becoming an anti-racist organisation. From September 2023 we will be one of ten NHS organisations in London participating in the Greater London Assembly's Workforce Integration Network Design Lab, which is focussing on developing anti-racist organisations with a particular emphasis on recruiting from under-represented communities in London. The ICB will be leading this work for the wider ICS and several partner organisations will be involved in this programme over its ten-month duration.

Our first year of inception has been a transition year and we are now becoming intentional about our commitment to fostering a culture of inclusion and belonging.

Our first year of inception has been a transition year and we are now becoming intentional as a new organisation, to our commitment to fostering a culture of inclusion and belonging. We acknowledge that our WRES scores and staff survey results demonstrate that our staff from a Black, Asian and Minority Ethnic background do not always have a good experience. We are therefore recommending that NCL ICB publicly commit to becoming an **anti racist organisation**.

To support the delivery of this commitment, the organisation is participating in the Mayor of London's Workforce Integration Network anti racism programme from September 2023. This is a ten-month programme and will include staff from other ICS NHS partner organisations.

This recommendation is fully supported by our Executive Team and we are seeking Board of Members endorsement and participation in the work to deliver on this commitment.

Over the coming 12 months, we will continue to foster a culture of inclusion and belonging through creating an inclusive community for our staff and patients, with targeted emphasis on:

- Public commitment to becoming an anti-racist organisation
- Develop and deliver an associated programme of work to start to shift the culture towards being anti-racist organisation for staff, patients and our population

As we start to mature as an organisation we want to focus on fostering a culture of inclusion and belonging through creating an inclusive community for our staff and patients, with targeted emphasis on:

- Participation in the GLA Workforce Integration Network Design Lab programme to becoming an anti-racist organisation
- Developing and deliver and associated programme of work to start to shift the culture towards being anti-racist for staff, patients and our population
- Developing a culture of equity, positive diversity and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected
- Managing the ICB change programme in a fair and equitable way that values diversity and inclusion, recruits, retains and attracts a diverse range of employees
- Ensuring that there is an inequalities lens to all programmes of work that we undertake as an ICB and learning from existing programmes of work to embed tackling inequalities within the core of planning and delivering services across the NCL ICS
- Adoption of our Population Health Management Programme through the support of the borough clinical and care leaders.

The priorities and objectives linked specifically to the workforce equality, diversity and inclusion objectives are set out in the Equality Information Report (section 7) and the ICB's 3-year OD Plan.

Introduction

The purpose of the 2022-2023 Equality Information Report is to provide assurance to the NCL ICB Board that the ICB continues to meet its responsibilities under the Equality Act 2010 and meets the requirements of the Public Sector Equality Duty.

This report outlines key achievements in the year, progress that has been made towards achieving the equality objectives that transitioned from the ICB's predecessor organisation (North Central London Clinical Commissioning Group (NCL CCG) to NCL ICB with key priority areas that have been identified for focus over the next three years.

The Public Sector Equality Duty of the Equality Act 2010 helps organisations to put in place a framework for monitoring and measuring equality performance against the requirements. This report and the equality information profile illustrate how the ICB are doing this and plan to improve on this through:

- Eliminating unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act.
- Developing an inclusive culture, where health and wellbeing needs are met and people feel valued, supported and safe
- Listening to and amplifying the voices of people from diverse groups, through the support of allies
- Developing a diverse and representative workforce and advancing our corporate commitment to equality, diversity and inclusive leadership

The Equality Delivery System is a framework for assessing the equality performance of NHS organisations and identifying areas for improvement. The ICB's equality priorities and objective have been set in line with the goals set out by this framework as well as with an aim to tackle key areas of improvement identified as part of the Gender Pay Gap Report, Workforce Race Equality Standard (WRES) reporting and Workforce Disability Equality Standard reporting (WDES).

The reporting period is typically 1 April 2022 – 31 March 2023 to reflect the statutory or mandated national NHS frameworks.

Equality, Diversity and Inclusion: Leadership Commitment

Equality, diversity and inclusion is integral to all policies, processes, practices, decision making, and everything that we do. Following the establishment of NCL ICB on 1 July 2022, the new ICB Executive Management Team (EMT) are committed to creating a work environment that is safe, healthy, compassionate, representative and inclusive for all our staff. EMT are committed to developing a culture that makes the ICB a great place to work, where staff are proud and excited to work.

The EMT are committed to creating a positive culture that respects all individuals and promote positive practice that values the diversity of all individuals and communities. This report forms part of EMT's commitment to ICB staff and the North Central London patient community.

The EMT have discussed the important of ensuring that equality, diversity and inclusion and the need to promote this both within corporate developments for the organisation but also within core business strategies. As part of this, there is commitment to creating an inclusive work environment as well as building an organisation where the diversity of our people is valued and utilised.

Equality, Diversity and Inclusion: Governance

Workforce Governance

Following the establishment of the ICB, the following governance arrangements have been put in place regarding the workforce equality and diversity.

[Executive Director Leadership](#)

The workforce equality, diversity and inclusion portfolio and team sit under the executive leadership of the Chief People Officer.

[Non-Executive Board Member as the ICB Wellbeing and Inclusion Guardian](#)

We rely on our diverse and skilled staff to achieve our ambitions to improve health and wellbeing and reduce inequalities for people across North Central London, so it's vital that we protect the health, wellbeing and inclusion of our staff and make sure they feel included and supported within NCL ICB.

As decisions made at board level can impact staff, it is important that we have a member of the board whose role is to make sure any significant changes made have capacity to improve the wellbeing of staff and promote inclusion. The role of the Wellbeing and Inclusion Guardian is to act as a critical friend to the board, challenge the board to place wellbeing and inclusion at the heart of all that they do, and hold the board to account for undertaking improvement work as required to enhance the wellbeing and inclusion of employees.

Our Wellbeing and Inclusion Guardian is Liz Sayce who is a Non-Executive Member of the NCL ICB Board. Liz works closely with our Chief People Officer, Sarah-Louise Morgan, and our staff networks to champion wellbeing and inclusion, ensuring all voices are heard across the organisation.

[People & Culture Oversight Group \(PCOG\)](#)

The PCOG has been established in accordance with the constitution of the ICB Board and is a forum that engages staff on our key people matters. The key responsibilities of the PCOG include approving new/revised HR policies, reviewing of and making recommendations on diversity and inclusion statutory reports to the ICB Board, oversight and scrutiny of all staff engagement and staff network work programmes, and staff communication and engagement plans. The PCOG also provide feedback on key areas they believe improvement is needed to facilitate a link between staff needs and the Senior Leadership Team.

The membership of PCOG is multi-disciplinary and includes a number of representatives across the ICB, including members of the Executive Team, Chairs of each of the Staff Networks, trade union representation and staff representation from each of the ICB Directorates.

[NCL Population Health and Inequalities Committee \(PHI\)](#)

The Population Health & Inequalities (PHI) Committee has been in place since February 2021, prior to the formal establishment of the ICB and the formation of the Integrated Care Partnership (ICP) Board. Chaired by Mike Cooke, it sits within the NCL ICB governance structure and utilises the NCL ICB for formal decision making if required / appropriate. The NCL PHI Committee is designated by the ICP to have oversight of the delivery of the NCL Population Health & Integrated Care strategy – therefore the PHI Committee has a close working relationship with the ICP Board.

Purpose of the PHI Committee:

- Oversee the development and implementation of the NCL Population Health & Integrated Care Strategy across the ICS.
- Developing a single integrated system wide approach to population health and the culture, ways of working and strategies that underpin it.
- Developing a methodical approach to assessing population health needs and embedding population health management across the system.
- Planning and prioritising how to meet population health needs.
- Addressing health inequalities and inequity of access and outcomes.
- Ensuring that ICS priorities are funded and delivered.
- Oversee the implementation and impact of the NCL inequalities fund borough projects.
- Tackling the health inequalities that affect our communities and staff

The PHI Committee, alongside the Integrated Care Partnership, is also a place for sharing and learning between our Borough Partnerships, showcasing projects and initiatives that take a population health improvement approach and focus on tackling inequalities at a local level.

There is a sub-structure of groups that report into the PHI Committee; the Population Health & Inequalities (PHI) Steering Group and the Population Health Management Group (see details below).

[NCL Population Health and Inequalities Steering Group](#)

The purpose of the group is to provide the 'day to day' direction to support the PHI Committee to deliver the NCL Population Health & Integrated Care Strategy, utilising combined system expertise.

The role of the group is to:

- Guide, shape and deliver the tasks and outputs required to deliver the NCL Population Health & Integration Strategy.
- Support the identification of resources from all partners to enable the timely delivery of tasks and outputs.
- Take ownership for driving forward work in local parts of the system to contribute to partnership delivery.
- Escalate and challenge PHI Committee with risks and issues that require mitigation or resolution.

- Agree where actions need to be once for NCL.

Population Health and Management (PHM) Group

The purpose of the group is for health and care organisations in NCL to collectively design, implement and oversee NCL's Population Health Management programme.

The role of the group is to:

- Agree and own a shared vision, mission, and definition of PHM from across NCL
- Develop and sign off iterations of the PHM Strategy, which will contribute to the ICS's overarching Population Health Strategy.
- Oversee the development, prioritisation, and delivery of NCL's PHM programme.
- Specifically ensure that data is being used in accordance with data sharing agreements, with data controllers' approval, and within patient/client expectations.
- Shape and endorse the PHM change programme across the system, place, and neighbourhoods.
- Oversee and shape resident engagement activities to build trust around the use of data in NCL, including ethics, and particularly with respect to the linkage of NHS/social care and wider data (e.g. housing).
- Shape and endorse the outline of the ICS Intelligence Function from a PHM perspective.
- Evaluate the impact and benefits of a PHM approach and use findings to shape the future strategy/programmes.

NCL ICB Board

NHS England has set out the following as the four core purposes of an Integrated Care System:

- a) Improve outcomes in population health and healthcare;
- b) Tackle inequalities in outcomes, experiences and access;
- c) Enhance productivity and value for money;
- d) Help the NHS support broader social and economic development.

The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges which include:

- a) Improving the health of children and young people;

- b) Supporting people to stay well and independent;
- c) Acting sooner to help those with preventable conditions;
- d) Supporting those with long-term conditions or mental health issues;
- e) Caring for those with multiple needs as populations age;
- f) Getting the best from collective resources so people get care as quickly as possible.

The ICB Board is responsible for ensuring the ICB acts in a way that is consistent with its statutory functions, both powers and duties. Many of these functions are set out in the 2006 Act and include equality, including the public sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35)

Section 2: Equality, Diversity and Inclusion: Our Work to Ensure Equality and Inclusion

This section of the report shows how the ICB continues to deliver the equality objective with regard to tackling health inequalities and strengthening the system approach to population health and care management during 2022/2023.

It also responds to what steps are being taken to tackle the inappropriate detention of people with a learning disability and autism and also action to tackle the disproportionate rates of detention of ethnic minority people.

1. Overview of key achievements during 2022-2023
 - a. Across the System
 - b. At Place – Communities and Inequalities
2. Tackling the inappropriate detention of people with a learning disability and autism
3. Action to tackle disproportionate rates of detention for ethnic minority people under the Mental Health Act 1983
4. Work Programme and Plans for 23/24

Key achievements during 2022-2023

Taking a strategic approach to tackling health inequalities – Population Health and Integrated Care Strategy

North Central London (NCL) is the second most deprived Integrated Care System (ICS) in London. Across our boroughs there are high levels of health need and inequalities, which since the pandemic, exacerbated with recent rise in living costs, have increased. Improvements in life expectancy across NCL have stalled in recent years and life expectancy and healthy life expectancy has declined following the pandemic. There is a gap of 20 years variation in healthy life expectancy between the most and least affluent areas in NCL.

As such, tackling inequalities in outcomes, experience and access to improve population health are a core purpose of our ICS and are central themes in our Integrated Care Partnership's Population Health and Integrated Care Strategy, which has been developed over the last year. The strategy outlines how as a health and care system we will deliver our vision for a prevention-oriented, proactive, integrated, holistic and person-centred approach to care, to improve population health, reduce health inequalities and ensure our health system is sustainable. It has been developed in collaboration with local residents and our Voluntary, Community and Social Enterprise sector (VCSE).

One core element within our strategy is a Population Health Outcomes Framework, agreed in June 2022, with corresponding indicators across 3 domains: start well, live well and age well. This was based on population needs identified through our NCL needs assessment, our borough joint strategic needs assessments and joint health and wellbeing strategies. We have used it as a tool to help identify variation across NCL and prioritise areas where can make a difference working together as a system, and areas which require action at borough or neighbourhood level to reduce inequalities in outcomes. For example, we have used the Outcomes Framework alongside other evidence to identify five 'key population health risks' for action at system-level, where we feel we can make the biggest impact to population health: **childhood immunisations; heart health; lung health; cancer; and mental health and wellbeing across the life-course**. They were selected as areas where there are known inequalities across different population groups in terms of access, experience and outcomes and for which there are several common risk factors, with opportunities for prevention.

There are also strong overlaps with the 5 clinical priority areas for children and adults within Core20PLUS5, the national NHS framework for tackling health inequalities. We have begun work on childhood immunisations, where we know uptake is lower in areas of high deprivation and amongst some ethnic groups, or communities where different languages are spoken. Our next step for our five population health risk areas will be to conduct a gap analysis to identify which population groups and geographies we need to focus on to reduce inequalities in these outcomes. This will form the basis of delivery plans to drive improvements. As part of the delivery of the Strategy, we will use the indicators which sit within the Outcomes Framework to measure progress in achieving our agreed outcomes at system and borough level; to identify further key population health risks for focussed attention across the system; and understand and reduce inequalities in outcomes across different population groups.

Another core element of the strategy is our focus on key population groups who experience inequalities, which builds on the other elements of Core20PLUS5 framework. In the last year we have scoped and agreed the population groups who will be our 'PLUS' focus groups for adults and young people; worked with Directors of Children's and Adult's Services to align our PLUS populations with local authority priorities to more fully reflect our local key communities; commissioned an Inclusion Health Needs Assessment as well as focus on our most deprived communities (Core20) through the work of our NCL Health Inequalities Fund.

Moving into delivery, the strategy describes our approach to embedding a wide scale understanding of population need and inequalities across those planning and delivering local services, as well as knowledge of our key local communities to ensure that population health is everybody's business and that we make every contact count. To support this we will build our quantitative and qualitative data capacity and capability to better understand and act on inequalities, including those related to ethnicity and deprivation, and through working with our VCSE colleagues and communities how we will use this to better align our resources to our needs and build this into performance metrics to measure how we are making a difference. We want to embed ambitions to improve population health outcomes and reduce health inequalities across all of our work, ultimately driving how we deliver care and prioritise our resources.

[Start Well for Children and Young People](#)

The Start Well Programme commenced in autumn 2021 with the aim of reviewing NCL children and young people's hospital-based services together with maternity and neonatal services. A population approach was taken in evaluating data, with all data cut by both ethnicity and deprivation, and this informed a Case for Change which was published in June 2022. This highlighted significant differences in the experience of care in NCL. For example, data shows that in 2020/21, admissions to neonatal units in of babies born to pregnant women and people in NCL of Black ethnicity have twice the rate of admission to a neonatal unit than babies born of White ethnicity, and those of Asian ethnicity have 1.5 times the rate of babies born to White women and people.

A ten-week targeted engagement programme followed to ensure that the programme heard from diverse communities across NCL to determine whether the themes highlighted in the Case for Change resonated. We heard from a broad range of NCL voices, of those answering the survey just over 75% agreed or strongly agreed with the opportunities for improvement across children, young people, maternity and neonates. The programme has progressed to an options appraisal which will be underpinned by an Integrated Impact Assessment (IIA) that will identify any potential impacts on equality and diversity, sustainable development, and health and wellbeing issues. As part of this qualitative engagement will be undertaken with groups that are likely to be impacted, which will include a strong population health focus and groups at risk of inequalities.

[Community Service Transformation Programmes: Children and Young People](#)

In 21/22, we set out a 'Core Offer' of care that all Children and Young People (CYP) can expect to access across our boroughs. In 22/23, professionals from across CYP services analysed variation from this offer, with a particular focus on addressing health inequalities for children and young people with Special Educational Needs or Disabilities (SEND), complex or long-term health needs and Children Looked After (CLA). It identified that children with SEND typically wait longer to have their needs assessed in Barnet, Enfield and Haringey compared with Camden or Islington. We know there is strong correlation between some forms of SEND and deprivation and high levels of deprivation in Haringey and Enfield in particular. There was also variation in health staffing levels working with CLA, which includes unaccompanied asylum-seeking children. This work has culminated in our CYP community health transformation programme which will change the way we deliver services across NCL and includes investment of an additional £2m recurrently in addressing

variation in care for children with SEND, LAC and CYP with health needs in Barnet, Enfield and Haringey.

Mental Health and Community Service Transformation Programmes

Implementation of the Mental Health and Community Services Reviews aim to deliver a consistent and equitable 'Core Offer' for our population across NCL. Implementation will take place over a 3-5 year timeline and will ensure that:

Outcomes for residents are optimised;

- That our "core offer" – the level of service every resident in NCL should expect is in place in every borough;
- Out of hospital care and prevention will be promoted in a way that reduces pressure on acute services and supports people to stay well within the neighbourhoods they live; and
- There is the necessary capacity within each borough for community and mental health services to contribute significantly to population health improvement through integrated delivery within partners, including at neighbourhood level.

The stages of the review have included a Case for Change (Baseline Review) followed by the articulation of a co-produced "core offer". The work engaged partners from all five boroughs and has been co-designed with users.

Our Baseline Review had three key findings:

- Firstly, that there is **significant variation in access, outcomes as well as experience per borough within mental health and community services** and that higher spend did not always equate to improved outcomes. An example of this is that 20% of children referred to mental health services in Islington wait over 18 weeks from referral to their first contact with services, compared to 1.2% of children in Barnet and 1.6% of children in Camden.
- Secondly, that **community service investment by borough is not correlated with need** by borough, due to historic variation in funding approaches. For example, in Haringey £98 per head is spent on community health services vs. £192 per head in Islington which is not proportionate to need within the NHSE need index.
- Thirdly, that in mental health there is variation in need and spend and that whilst mental health investment is correlated with need, **investment is required to implement the core offer and improve mental health services across NCL.**

- Further to this, the Baseline Review identified that in 2020/21, NCL had the highest rate of detentions under the Mental Health Act per weighted population in England, suggesting there is **significant opportunity for improvement** in service delivery.

Focus areas within 2022/23

The following provides a summary of key areas of improvement within community and mental health services as a result of our “core offer” implementation work within 2022/23:

Community services (adult and children and young people):

- Recurrent Investment in **extra community nursing and therapy capacity in Enfield and Haringey**, boroughs for which spend is not correlated with need. This extra capacity will support responsiveness and skill mix, helping avoid more admissions and providing enhanced recovery support post hospital stays.
- The **further roll-out of Virtual Wards** that support earlier discharge from hospital and support more people to recuperate in their home environment.
- Implementation of **Silver Triage**, a **consultant hotline** available to LAS staff at the point of potential ambulance conveyance from an NCL care home, which when utilised has **supported people to stay out of hospital 80% of the time.**
- Additional recurrent investment to address variation in care for children with Special Educational Needs or Disabilities (SEND), complex or long term needs and Looked after Children (LAC), with a focus on **reducing waiting times for assessments for children in Barnet, Enfield and Haringey;**
- A stronger universal **children’s therapies offer** to improve identification of Speech, Language and Communication Needs in our more deprived and diverse communities in **Barnet, Haringey and Enfield;** and
- A two-year programme to trial the delivery of **post-diagnostic support for Autistic Spectrum Disorder across NCL**, based on Enfield’s Atlas model – with a particular emphasis on supporting Turkish, Bengali and Somali families to access greater support.

Mental Health (adult and child and adolescent mental health services (CAMHS):

- Referrals to CYP MH services nationally went up by 39% in 2021/22, but through co-developed plans with partners, we have **reduced the total waiting list for CAMHS assessment in NCL** by 83%.
- Through investments into specialist and community Eating Disorders services, waiting times have reduced from 10 weeks to 6 weeks. Establishment of a new Community Eating Disorders service, which provides holistic assessment and co-production of care plans for children and young people and families;
- **Significant investment in our core offer associated with Crisis support for adults**, including investment in crisis houses and crisis cafes with a service now available in every Borough. Integration of the two crisis lines into one single point of access to ensure we can give a more immediate response to adults in crisis;
- **Expanded the NCL maternal mental health ‘Maple’ pilot service** across into Camden, Islington and Barnet offering equitable, evidence-based care for women with moderate-to-severe perinatal mental health difficulties and/or complex needs; and
- **Rolled out of new transformed community core teams to reach 100% of primary care networks (PCNs)** in 22/23.

[Work of the NCL Communities Team](#)

The Communities Team was established in 2020 to enable the ICB (then Clinical Commissioning Group) to make real its commitment to reducing inequalities between residents in access to, and outcomes from, healthcare services. The team’s core activities are in line with the ICB’s equalities duties and focus on our Core20PLUS5 populations, applying equalities to all our functions by:

- Working with teams across NCL to reduce variation in access, outcomes and experience.
- Identifying the highest priority needs to address to achieve this, including through review of the traditional understanding of ‘need’.
- Supporting the development and delivery of interventions to reduce health and wider inequalities.
- Recommending change to priorities and/or decision-making approaches where this will support greater equity and equality; and
- Fostering and spreading a culture of equality and ensuring that addressing health inequalities is an integral part of everyone’s role.

Throughout 2022/23, the Communities Team has worked on many areas to address health inequalities across NCL including:

- Taking forward 'anchor institution' approaches across NCL (anchor institutions are large organisations, connected to their local area, which use their resources to benefit local communities)
- Working with borough-based teams to oversee our NCL Inequalities Fund
- Focusing on the health of inclusion groups such as people seeking asylum and people experiencing homelessness
- Working on specific projects such as digital inclusion
- Strengthening our understanding of need through engagement and coproduction.

Below are some examples of specific pieces of work undertaken by the NCL Communities Team:

- **Work to tackle serious youth violence:** Supporting lead partners Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) to deliver the London Vanguard for Serious Youth Violence, piloting a trauma-informed specialist model of care for young people (aged 16-25 years) across our five boroughs (Barnet, Enfield, Camden, Islington and Haringey).
- **Reducing blood borne viruses:** Leading the NCL roll out of opt-out testing for HIV, hepatitis B (HBV) and hepatitis C (HCV) in emergency departments (ED). Established ED HIV and hepatitis screening at Royal Free London, North Middlesex University Hospital, University College London Hospital and Whittington Health NHS Trust. From April 2022-Jan 2023.
- **Work to reduce inequalities for our lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, plus (LGBTQIA+) communities:** Working with the Public Health team in Enfield to identify opportunities to tackle LGBTQIA+ health inequalities in NCL.
- **Digital inclusion:** NCL ICS has established a digital inclusion framework and is in the process of shaping its priorities and plans for work at Place and Neighborhood level, starting with improving remote access to primary care consultations and outpatient appointments.
- **Enhanced health in care homes:** Continuing the roll out of a clinical remote monitoring tool into bedded settings and introducing an online care homes competency training resource, accessible from the proud to care website.

Inequalities Fund in 2022-2023

In 2022-23 there was a dedicated recurrent Inequalities Fund of £5m, with funding weighted across NCL towards the 20% most deprived wards, and Core20PLUS5.

- Innovative and collaborative approaches to delivering high-impact, measurable changes in inequalities across NCL, and addressing the underlying causes of health inequalities.
- The programme supports solutions which break down barriers between organisations and both develop new and extend existing relationships within boroughs, multi-borough and NCL-wide partnerships.
- Targeting the most deprived communities and reaching out proactively to our resident black and minority ethnic populations, in line with the aims of CORE20PLUS5; and
- Engaging our population, the VCSE and our partners across health and care in making a difference to the lives of our people.

The existing Inequalities Fund programme was reviewed between October to December 2022 and below are some highlights of some health benefits demonstrated by investing and supporting underserved communities:

- A reduction of approximately 800 A&E attendances for people with Severe and Multiple Disadvantages.
- NMUH saw 33% reduction in emergency admissions for those aged 50+ living in the 20% most deprived (IMD) communities and is significant as the NMUH serves mostly Haringey & Enfield's deprived populations.
- Blood pressure reduction in 50% of those participating in the peer support cardiovascular scheme for those from South Asian, African and Caribbean heritage (Barnet).
- A 5% reduction in A&E admissions for other forms of heart conditions in Haringey.

The programme has demonstrated that a Population Health model can build on the principles of subsidiarity that the Inequalities Fund successfully introduced. Partnership working has been a cornerstone of this programme creating opportunities both strategically and practically for statutory and voluntary organisations to collaborate and problem solve. The Inequalities Fund encouraged wide collaboration with diverse communities not just at a borough partnership level, but within the VCSE and across communities, looking outwards for solutions.

Reducing inequalities through use of Population Management Tools

Addressing inequalities in health is one of the primary functions of population health management. HealthIntent, our Population Health Management system in NCL enables this work in two main ways:

- Embedding the tools to understand and tackle health inequalities in every analytic dashboard. Every HealthIntent dashboard has a 'demographics and inequalities' page where users can identify differences in care and outcomes between different groups in the population they are looking at (from GP practice up to ICB level) and a flexible case finding tool with a wide variety of filters (e.g. demographic factors, language spoken, homelessness, mental health diagnoses) that allow the user to focus activity to tackle health inequalities on the groups they have prioritised. We are currently working on developing a 'Core20plus5' filter to simplify analytics for users and enable a consistent approach to tackling inequalities across NCL.
- Building specific tools to improve care for groups of people who experience inequalities in health. Between June 22 - March 23 we have delivered a Learning Disability Registry to improve the quality and uptake of annual physical health checks for people with learning disabilities.

Reducing inequalities in Covid-19 and Flu vaccination uptake

The North Central London Covid-19 outreach vaccination team, hosted by UCLH, targets our communities which have the lowest uptake of vaccinations. Between July 2022 and February 2023, the team have supported 260 outreach clinics at around 50 locations. These include: community centres, special education needs schools, homeless centres, drug and alcohol centres, construction sites, sheltered housing and events to target the Black, Asian and minority ethnic population. The team have been upskilled to 'make every contact count' and introduced co-administration of Covid-19 vaccination with flu vaccinations in October 2022 and screening for smoking cessation in February 2023. In the last year, the team have delivered 4,828 Covid-19 vaccinations and 747 flu vaccines, a total of 5,575 vaccinations. The team have screened 121 individuals for smoking, identifying 18 smokers and referring 10 to smoking cessation services. Despite being the second most deprived ICS in London, the NCL uptake rates are above the London average for Covid-19 vaccinations.

Working with Communities – Key Activities

- VCSE Alliance: As part of our system development to become an Integrated Care System (ICS), ICB have funded our NCL VCSE Alliance to represent the voice of the VCSE & local communities – particularly those who face the highest inequalities through the ICB/S. The development of the Alliance has been led by the VCSE in NCL.
- Community Research and Action Programme: Developing strong VCSE partnerships within each Borough, working with local communities who face the highest inequalities (including communities living in areas of high deprivation, organisations representing refugee, migrant & BAME communities, organisations representing women at risk of domestic violence and children and young people) raising local communities' voices, and investment in grass-roots VCSE. We deliver a community research and asset-building programme which tackles health inequalities and addresses barriers to accessing statutory services. The learning and insights are directly utilised in the development of Borough Partnership priorities and decisions.
- Patient Participation Group (PPG) Network across NCL: In 22/23 Enfield Borough Partnership was given funding to develop their PPG network – focused on building a strong network between practice PPGs and building diversity of voice within the PPGs – to improve reach & ability to influence ICS decision-making (focus on access to primary care). Funding has been awarded to build on this work and develop a strong PPG network across NCL.
- The NCL Resident's Health Panel is an online engagement platform – we currently have 1000 local NCL residents signed up to give their views on proposals to improve local health and care services and are keen to expand the membership over the next year with a particular focus on local communities who face the highest health inequalities.
- Community Connectors: Working with local Health Watch organisations and grass roots VCSE to develop a community champions-style programme - through the Hypertension workstream. Supporting communities who face high health inequalities (as part of Core20 plus) both to understand the lifestyle factors which cause hypertension, symptoms of hypertension and to support local people to have blood pressure checks – linking them into the hypertension services and support.
- Long Covid Community Engagement: In-depth research to understand the challenges local people and communities face when managing Long Covid and accessing care and support – working with ICB Post-Covid Steering Group and programme lead to develop and implement key recommendations.

Tackling the inappropriate detention of people with a learning disability and autistic people

The ICB are committed to tackling the inappropriate detention of people with a learning disability and autism and have an established NCL Learning Disability (LD) and Autism programme implementing guidance on the least restrictive practises protocols to address these issues. This has resulted in a reduction in the number of people with a LD and autistic people placed inappropriately in an acute bed. In 22/23:

- NCL has the lowest number of CYP inpatients in London, 5 children (Q4 22/23).
- NCL also reduced the number of patients in Adult ICB Inpatients by 50%, from 30 (excluding SRS Patients) in Q1 21/22 to 15 adults (Q4 22/23).
- NCL increased number of Secure Inpatient Admissions in specialised commissioned services by 17% from 15 in Q1 21/22 to 18 Q4 22/23 due to new diagnosis of Adults with Autism in MH Secure Inpatient services.

The following priority areas remain a priority for the coming year:

- **Whole systems Approach to Health care Design in Line with Long Term Plan (LTP):** work progresses across key stakeholders in statutory, health and care, private and the VCS to move towards an ICS model improving the quality of care and service delivered to people with LD and Autism. For example. the equitable roll out of the CYP Keyworker model across NCL where the child is assessed as having high risk of admission on the Dynamic Support Register would receive support, advice and guidance to facilitate timely discharge and community support for them and their families/carers.
- **Quality Oversight of Out of Area Residential and Inpatients Placements: undertaken via Safe and Wellbeing Reviews.** The findings highlighted the importance of having shared accountability on the regular reviews of patient care which also aligned with Patient safety processes which were being mobilised by NHSE to improve accountability around quality of care and the focus was on Advocacy as well as reduction in restrictive practices. The improvement plan to reduce health inequalities is being implemented to improve health and quality outcomes. This has led to an increase in reasonable adjustments being put in place and reduction in Long term segregation by introducing adapted therapeutic modalities and support MH recovery.
- **Preventing Admission and Managing Lengths of Stay:** NCL has a monthly Inpatient Surgery which is an Assurance Meeting where discussions about patient journey, barriers to discharge are identified and a joint action plan is formulated to facilitate discharge as well as

reduce any inequalities in health care identified. This work continues to enable collaborative working, joint system risk management and effective joint decision making, to reduce the long lengths of stay in MH Inpatients and Acute Trusts. The outcomes of the meetings are related to looking at the Key Performance indicators for inpatient care, which includes facilitating timely Pre-admission and Post Admission Care (Education) Treatment Reviews (CeTRs), Commissioner oversight visits to facilitate timely discharges and sustainable discharge plans which reduce readmissions. NCL has seen a significant rise in Autistic inpatients, and the focus is now on addressing short and long-term improvements within the current mental health service provision to ensure that their treatment needs are met. There is also a focus on community pre and post Autism diagnostic support pathways underpinned by National Autism Strategy; and ensuring there is System Development of Waiting Well Pathways in each Borough.

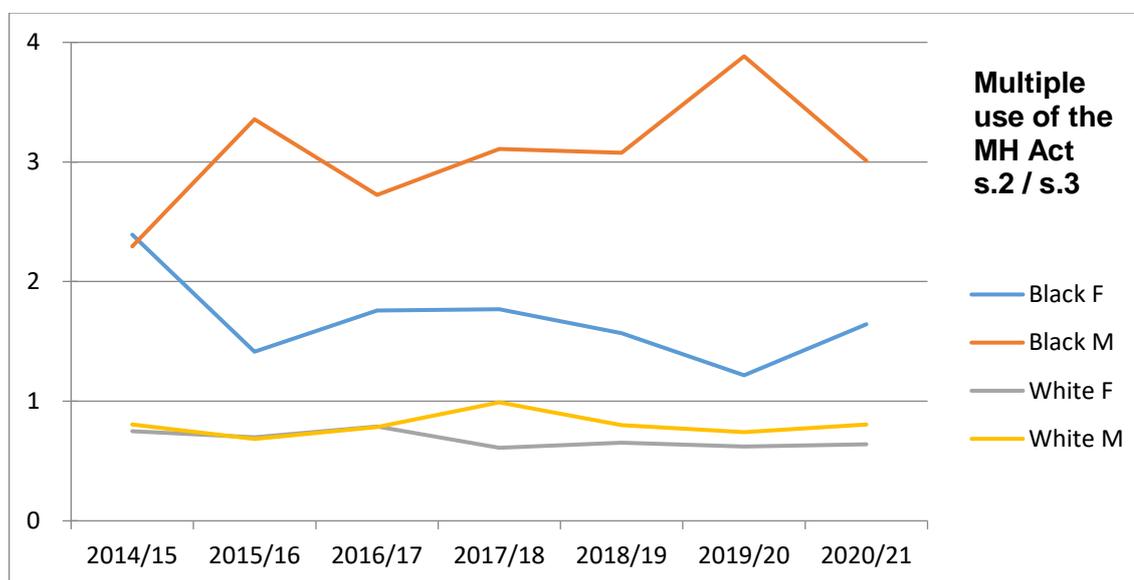
- **Work force development:** facilitating the LD and Autism Training and Community Service Development, establishing shared accountability of service delivery to improve effectiveness of services, and embedding clear expectations in Crisis Pathways. Including the roll out of the mandatory Oliver McGowan LD&A training for all CQC registered organisations.
- **Transitions from CYP to Adult Services and Discharge to Community:** Identifying the needs of inpatients as part of the 12-point discharge ensuring that there is a shared accountability between the community teams and Inpatient Service Providers identifying Pathways for Support before the age of 17.5 years for complex presentations. The Transition process should include s117 after care for patients who have been detained under MH Section, use of personalised budgets, CHC applications where required and considerations for Individualised commissioning, and Reduction of Delayed Transfer of care. This process also includes referral to Adult DSRs and communication with Out of Area Commissioners if an individual is placed in another geographic area.
- **Implementation of a culture of consistent Patient/service user Engagement:** Fostering population/service users as experts in order to support collaboration and coproduction thereby improving pre-existing services. To improve the process and uptake of the 6 - 8 weekly commissioner review, quality oversight sit and see reviews.

Although NCL are pleased with the progress made in tackling the inappropriate detention of people with a learning disability and autistic people, we recognise the need to do more and will continue to progress this work with an emphasis on local needs.

Action to tackle disproportionate rates of detention for ethnic minority people under the Mental Health Act 1983 (MHA)

The ICB are acutely aware of the disproportionate rates of MHA detention for people from ethnic minority populations. We are aware that people from ethnic groups are more likely to enter mental health services through the acute or forensic pathways and more likely to be detained under s136. NCL analyse the three protected characteristics of ethnicity, gender and age in the use of the MHA. Ethnicity is by far the most indicative of variations in use of the MHA; over the last seven years Black people have consistently been found to experience a further degree of overrepresentation in multiple periods of MHA detentions and in use of Community Treatment Orders (CTOs) having been placed on Section 3. This is broadly in line with the available national comparator data.

Whilst gender in and of itself appears to indicate relatively minor overrepresentations compared with ethnicity, it seems that gender combined with ethnicity does have a very pronounced effect: with Black men being by far the most over-represented group in use of all MHA detention powers analysed (see graph overleaf). Men are consistently found to be over-represented in the use of Sections 2 and 3, and to a greater degree locally than is reported nationally. The local degree of over-representation of men in Section 2 and 3 detentions has increased over the last two years.



We are committed to reducing MHA detentions for this group by increasing our investment in early intervention community-based services, so that many more people can get help at an early stage and prevent people's needs from escalating. We have successfully rolled out our new community mental health services with multi agency teams embedded within Primary Care Networks and

integrated with Social Care and the VCS so that people can access support close to home reducing the need for a referral to secondary care services.

In addition, we have strengthened our crisis pathway by increasing capacity in our community services including the development of crisis cafes so that people can easily access crisis support 365 days a year without the need for a referral from a health professional. We have also increased our capacity in crisis houses, so that people can be supported in a community setting preventing the need for an admission to an acute mental health bed.

We have more plans for 23/24 to reduce the inequality that people from ethnic minority populations experience. Including the continued focus on implementing the NHSE [Advancing Mental Health Equality](#) guidance and the development of a s136 hub for North London. A key focus of this work is to reduce the disproportionate use of the act on Black males.

Work Programme and Plans for 2023/24

Population Health and Integrated Care Strategy

The strategy sets the strategic direction for NCL and will guide our future ways of working in order to become a population health system. It has been developed by, with and for the system so there will now be a phase of wide sharing of the concepts, principles, and deliverables with organisations from across the system. We will continue to learn from partners as we move forward with implementation.

The strategy outlines next steps in the form of deliverables as well as a call to action for system partners working in a system that prioritises population health improvement. A more detailed plan (our Joint Forward Plan) has been developed with milestones, timelines and trajectories which will describe the detail behind the high level view described in the strategy. This will include how and where we will apply our new ways of working and integrate care and support to deliver better outcomes.

We will continue to implement our foundations for population health improvement through our inflight programmes of work and co-produce delivery plans with system partners for new delivery

areas that will have the greatest impact on population health. We want to strengthen system leadership to ensure there is a clear understanding about the role and remit of each element our system architecture, e.g. borough partnerships, Integrated Care Partnership.

[A Population Health Approach to Long Term Conditions: Case for a Pan-NCL Locally Commissioned Service](#)

The case for a consistent **Locally Commissioned Service (LCS) for Long Term Conditions (LTCs)** across NCL Primary Care has been in development since August 2021 and is now being implemented with a focus on outcomes and addressing health inequalities.

It speaks to all four core purposes of an ICS and aligns to the NCL Population Health Strategy. Delivered by primary care alongside partners, it supports a proactive and population health approach to long term condition care:

- **Delivering improved outcomes** for those in NCL living with - or at risk of developing - a long term condition by providing a proactive, personalised, holistic model of care across all boroughs and neighbourhoods
- **Narrowing health inequalities** by focussing on need over demand and recognising the differential effort needed to achieve outcomes with different communities
- **Supporting recovery from COVID** addressing the backlog in proactive management
- **Supporting the overall objectives of the ICB & ICS** through reducing variation in care and outcomes, promoting consistency of offer and adopting a risk stratified approach to care.

This represents an **ambitious new way of working** which can be achieved **without a system ask for funding**. It is underpinned by a **realistic workforce** plan, **resources to support preparation** of processes at practice & PCN level and **training and skills development**. It includes a **phased approach to implementation**. Evidence of benefits will be gathered so **outcomes can be tracked** and a system case for investment in population health priorities and earlier intervention and prevention can be made down the line, without delaying the crucial work needed today.

We are building our neighbourhoods (around 30-50k population) to drive hyper-local work and target key communities to improve population health by working together across local partnerships. It is intended to be the engine rooms for population health improvement and multidisciplinary working.

- The **neighbourhood** is the critical unit of delivery for population health. Our LTC model builds neighbourhood working.
- It supports the **ways of working, capacity & infrastructure** needed.
- It requires a **consistent, proactive and personalised** approach by neighbourhood teams.
- **HealthIntent** provides the tools for case finding, supporting understanding of need and tracks achievement of outcomes
- It will deliver on the **ICS vision** and **Fuller recommendations** and deliver significant system and patient benefit.

Health and Inequalities Improvement Plans

Specifically, some areas of planned work for 2023/24 to highlight include:

- **LGBTIQIA+ health inequalities:** building on work undertaken previously, we will work with programme leads (e.g. maternity service review) to ensure the needs of LGBTIQIA+ people are being considered; we are in conversation with the LGBT Foundation to deliver Pride in Practice with 10 GP practices across NCL to ensure that lesbian, gay, bisexual and trans people have access to inclusive healthcare that understands and meets the needs of our LGBTQIA+ communities; share learning from the Royal National Orthopaedic Hospital (RNOH) who have completed the Rainbow Badge programme, and work with trust EDI leads to deliver improvements across NCL.
- **Anchor institutions:** continue the work across the core pillars of an anchor approach.
 - Cost of living: building on partnership working in 2022/23, continuing to improve resident access to financial advice
 - London Living Wage (LLW): working with Local Authorities and providers in our supply chain to increase the number of employers paying LLW in NCL
 - Employment: delivering improved pathways into health and care jobs, particularly working with VCS organisations with funding from NHSE
 - Environment: delivering our green plan, focusing on our priority areas (reusable PPE; medicines; travel & transport) as well as working to align the principles of sustainable healthcare as a way to deliver our population health ambitions.
 - Procurement: working to further maximise the social value in procurements (education & training and contract management as key to this).

- **Health Inequalities Fund:** building on the results of the programme, we are planning the development of Healthy Community Zones, based around areas of high deprivation, to expand best practice approaches and learning, and agree the best use of resource in the zone; we are undertaking work enabling existing schemes to be sustainable with alternate funding, so that new innovations may receive investment in the future; to support and encourage a health inequalities approach across all areas of ICS work, we will work with colleagues to develop a framework that identifies best practice and encourages a health inequalities approach; our high performing schemes have demonstrated that investment in under-served communities, which cost the ICB a disproportionate amount, result in savings to the system – the Communities Team will undertake further exploration of allocative efficiency models, which review the value and impact of different interventions in a pathway, to enable the system to determine the best use of resource. We plan to review different models of resource prioritisation with system leaders, to ensure that all stakeholders can contribute to the conversation.
- **Blood-Borne Virus (BBV):** The BBV (blood borne virus) opt out screening programme aims to increase the number of residents diagnosed with HIV and Hepatitis C, in order to provide treatment at an earlier stage and ensure patients are retained in the health and care system. Our upcoming plans for this year focus on three objectives. Firstly, we will embed a clinical navigator and results management model to enhance patient care across treatment adherence in BBV management. Skilled navigators will provide valuable support, while upskilling select navigators to perform essential tests like Fibroscan will streamline diagnostics. Secondly, we are committed to developing a user-friendly pan London website that serves as a comprehensive resource hub for hepatitis B patients including resources in different languages. Collaborating with voluntary and community sector organisations, we will effectively communicate and prioritise hepatitis B-related communications. Lastly, we aim to support trusts in increasing blood-borne virus (BBV) testing uptake to at least 80% across trusts while reducing repeat tests. By implementing strategies to encourage testing and optimising procedures, we will ensure more individuals receive timely screenings, leading to early detection and intervention.
- **Inclusion Health Needs Assessment (IHNA):** with the IHNA completed recently, planned work underway includes identifying and aligning priorities across providers, place and system, ensuring that co-production with people with lived experience occurs to contribute towards these priorities. A system-wide phased action plan which reflects local/system

priorities will be developed as well as system partnership ways of working that support effective system collaboration, learning and accountability for delivery of the high impact priorities actions. This will link to and be informed by the Population Health Improvement and Integration Strategy but may include identifying inclusion health leadership/champions in all system organisations or partnerships to create environment for change, SRO and accountability arrangements and developing a network for sharing of learning and assets – for example training programmes.

Section 3: Equality, Diversity and Inclusion: Workforce

This section of the report outlines the ICB's workforce related equality, diversity and inclusion work during 2022-2023 and is set out in the following sections:

1. Overview of key achievements during 2022-2023
2. NCL ICB workforce equality and diversity representation and trends
3. Performance against the statutory and mandatory reporting requirements (WRES, WDES and the Gender Pay Gap)
4. Overview of staff engagement and the achievements of the ICB staff networks
5. NCL ICB organisational change programme
6. NCL ICB 3-year organisational development plan and equality, diversity and inclusion priorities

2022-2023 – A year of transition and change

2022-2023 has been a year of transition and change for current ICB staff. Staff from North Central London Clinical Commissioning Group (NCL CCG) and London Shared Services (LSS) transferred to NCL ICB on 1 July 2022 under a new ICB executive leadership team.

Since early 2023, the ICB commenced a 9–12-month organisational change programme to redesign the structure of the organisation and the way that we work to better meet the needs of our population, our people, our system and our partners. These changes and the period of transition have prevented the ICB from fully delivering the objective set out in the CCG 2021-2023 Diversity and Inclusion Strategy relating to recruiting a reflective workforce at all levels and implementing a fair and just organisational culture. Instead we have used 2022-2023 as a transitional year to understand our baseline position in view of the changes to composition and size of the workforce.

Whilst broad comparisons have been made to the performance against 2021-2022, it should be noted that the size and composition of the ICB workforce has changed significantly with the transfer of services and staff from London Shared Services (LSS) to NCL ICB on 1 July 2022. In turn some trends may not be truly comparative.

Key achievements during 2022-2023

Following the establishment of the ICB on 1 July 2022 and the appointment of the NCL ICB Chief People Officer, a number of new and improved workforce initiatives have or are being implemented to lead our people and create a work environment that is safe, healthy, compassionate and inclusive for all our staff – a journey that is continuing to 2023/24 and beyond to achieve the Chief People Officer's ambition to make the ICB to be a great place to work.

The ICB's staff networks play a key role in driving and progressing the ICB's equality, diversity and inclusion agenda and have been instrumental in leading or supporting the delivery of the following key achievements.

Appointment of a Wellbeing and Inclusion Guardian

As part of our People Promise, the ICB appointed Liz Sayce, Non-Executive Board Member as the organisation's Wellbeing and Inclusion Guardian. We are one of the first ICBs to formally introduce this role to our Board and have expanded the role to specifically address our commitment to inclusion.

Professional and Leadership Development

The ICB has been strengthening the approach to leadership and management development that will enable managers and leaders to effectively lead with compassion, inclusivity and support their team members to achieve their potential.

A Core Skills for Managers programme has been developed and rolled out that will enable the ICB to strengthen and enhance management capability across the organisation, ensuring staff at every level are provided with the right skills and knowledge to develop, grow and support their staff and teams. At 31 March 2023, 31 managers had completed the programme with a further 30 managers commencing the programme from April 2023. The programme will continue to run on a rolling basis for all managers to access.

The programme is a stepping-stone to developing and rolling out a Leadership and Management Development framework that will enable the ICB to strengthen and enhance management and leadership capability across the organisation, with the golden thread of equality and inclusion running through each module.

The modules covered in the training include:

- Expectations of leadership within the ICB and the role of a manager
- Fundamentals of compassionate leadership and building relationships
- Professional behaviours, and understanding emotional intelligence and its benefits on others
- Equality, inclusion and diversity – why does it matter?
- Running fair and equitable recruitment and selection campaigns
- HR policies, procedures and managing employee relations
- New ways of working through change and system leadership
- Growing and developing our staff and ourselves

Workplace Reasonable Adjustment Passport

The workplace reasonable adjustment passport was introduced in July 2022 and enables staff and managers to have a live record of adjustments agreed between them to support the staff member at work because of a health condition, impairment or disability. The workplace reasonable adjustment passport is kept by staff and enables them to share it with anyone they think needs to know about any symptoms they might experience and support needs they have within the workplace.

Financial Wellbeing

Supporting staff from a financial wellbeing perspective has become critically important, particularly over the past year with the increasing cost-of-living challenges. A range of national, regional and local financial information, resources and support have been made available for staff to access. In addition, the ICB has provided staff with funding to obtain a Blue Light card to receive discounts on a range of areas that are exclusively available for NHS workers.

Financial constraints can also have an impact on staff mental health and wellbeing. Information has been shared with regards to the support pathways available, including contact details for mental health and wellbeing champions, HR business partners, support from managers and signposting to external support means.

Staff Engagement

The ICB continues to strengthen staff engagement of our diverse workforce via a number of platforms. Our range of staff networks and forums (BAME, Disability, Carers and Long Term Conditions, LGBTQ+, Greener network, Engaging our People Forum, PCOG and Joint Partnership

Group) allow colleagues to discuss experiences, offer a safe space and contributing to our workforce priorities to shape a more inclusive and fairer organisational culture.

In addition, The ICB partakes in the annual national NHS staff survey, to better understand staff experience and identify areas of improvement. While anonymous, this is monitored against demographic data and broken down by Directorate allowing us to develop actions to better support our staff.

[Approach to Equality Impact Assessments](#)

Equality Impact Assessments (EQIAs) ensure that any changes to strategies, policies, services, projects or programmes do not discriminate against individuals or groups. EQIAs help to tackle and challenge discrimination and promote equality in the organisation as well as supporting general service improvements. The completion of an EQIA offers a proactive approach for achieving fair and appropriate outcomes for key stakeholders and service users, including our staff, carers, patients and the local community that we serve by promoting equality of opportunity.

The ICB's approach to EQIAs has been reviewed and refreshed with the introduction a new two stage process. The refreshed approach is accompanied by more comprehensive guidance on the requirements to inform the completion of the EQIA and the strengthening of the governance and approvals process. The revised EQIA process was rolled out with extensive training to staff from across the organisation. The training helps support staff in recognising the importance of the EQIA process as well as providing them with the tools needed to assess any changes and their impacts on each protected characteristic.

The EQIAs that have been developed not only ensure that the 9 protected characteristics are not discriminated against, but they also go further by assessing potential impacts against Carers, Health Inequalities and Human Rights. This allows us to consider other groups who may be disadvantaged but are not covered within the Equality Act for example, refugees, homeless people, families from low-income backgrounds etc. By doing this we are able to ensure that any changes proposed are inclusive and appropriate amendments, actions or mitigation measures are carried out to achieve a fair and equitable outcome.

[Clinical and Care Leadership Model](#)

The ICB has developed and implemented a new Clinical and Care Leadership model in accordance with the NHSE guidance and design principles for ICS' on the development of effective clinical and care professional leadership. Some of the key design principles included:

- Having a full range of clinical and professional leaders from diverse backgrounds integrated into system decision-making at all levels,
- Nurturing a culture that systematically embraces shared learning,
- Supporting clinical and care professional leaders to collaborate and innovate, and
- Having a transparent approach to identifying and recruiting leaders which promotes equity of opportunity, and creates a professionally and demographically diverse talent pipeline.

The ICB transitioned to a multi-disciplinary Clinical and Care Leadership model during 2022-2023, with full implementation from 1 April 2023. A range of clinical and care leaders from a range of professional groups have been appointed including Primary Care GPs, Trust medical staff, nursing and midwifery and allied health professionals.

NCL ICB Equality and Diversity Workforce Representation

The following summary provides an overview of the ICB workforce representation regarding each of the protected characteristics as of 31 March 2023.

- **Age:** The majority of ICB staff fall within the 41-50, followed by the 51-60 and 35-40 age groups
- **Disability:** The majority of staff within the ICB have declared that they do not have a disability (78%) and 6% of staff have declared a disability. Approximately 16% of the workforce choosing not to declare a disability or preferring not to answer.
- **Ethnic Group:** Overall, the NCL ICB workforce from BAME (44%) and White backgrounds (56%) is broadly reflective of the NCL population demographic. A higher proportion of ICB staff in roles that are band 3, 6, 7 and 8A are from a BAME background than a white background. In contrast, this is reversed for roles 8B to Very Senior Manager (VSM), in which there are a significantly higher proportion of staff that are from a white background than a BAME background.
- **Gender Identity:** Describes how a person feels about their gender and whether they identify as male, female, intersex or a member of the trans umbrella (including but not restricted to, non-binary, gender fluid or transgender). The equality data fields relating to gender identity on ESR are restricted to female and male. Feedback has been provided to the Workforce

Information Team and the national NHSE team together with IBM who manage the national ESR system. The majority of the workforce are female (65%).

- **Marriage and Civil Partnership Status:** The majority of staff are married, followed by having a single status
- **Sexual Orientation:** The majority of the ICB workforce are heterosexual/state. There are a significant proportion of staff who have not stated or have decline to provide their sexual orientation status. There are much smaller numbers of staff recorded in each of the other sexual orientation categories
- **Religious Belief:** Nearly a quarter of staff have chosen to not declare their religious belief. 30% of staff have a religious belief of Christianity, followed by 14% Atheism and 8% Islam.

Performance against statutory and mandatory reporting requirements

This section of the report sets out the ICB's progress against the Workforce Race Equality Standards (WRES), Workforce Disability Equality Standards (WDES) and the Gender Pay Gap.

Whilst broad comparisons are made with regards to NCL CCG's 2021-2022 performance against the WRES/WDES indicators and the gender pay gap, it should be noted that the size and composition of the workforce has significantly changed and therefore some comparisons and trends may not be truly representative.

Workforce Race Equality Standard (WRES)

Overall, the NCL ICB workforce from BAME (44%) and White backgrounds (56%) is broadly reflective of the NCL population demographic – BAME (41%) and White (59%).

Staff in bands 1-7 from a BAME/White background are broadly reflective of the NCL population demographic. However, in contrast staff in bands 8a -VSM are not reflective of the NCL population and there is a higher proportion of White staff than BAME staff.

There is a greater number of White ICB board members (89%) in comparison to BAME ICB board members (11%).

The staff survey results regarding the WRES indicators show that BAME staff have had improved experiences regarding bullying and harassment from patients/relatives and from staff in comparison to 2021-2022. In contrast White staff experiences in these areas has worsened. Staff from a White background have had improved experiences and BAME staff have had worsened experiences regarding experiencing discrimination at work from a manager/team leader.

Both BAME and White staff believing the organisation provides equal opportunities for career progression/promotion has slightly worsened.

The relative likelihood of White staff being appointed to a role has increased to 4 times higher than BAME staff, compared to 2 times higher in the 2021-2022 report. Part of the higher likelihood may be reflective of the increase in recruitment during 2022-2023 following the lifting of a long-term vacancy freeze and the recruitment to a number of roles in the Clinical and Care Leadership model.

Please see the full 2022-2023 WRES report which includes fuller details of progress against each indicator, areas the ICB is doing well in and areas the ICB needs to do better in, and key actions that will be taken forward into 2023-2024 that re linked to the organisational development plan.

[Workforce Disability Equality Standard \(WDES\)](#)

2022-2023 is the first year that the ICB has assessed its performance against the WDES indicators and therefore comparative information against the performance of the predecessor organisation (NCL CCG) for 2021-2022 is not available.

A significant proportion of staff have not declared their disability status (17%). The representation of disabled staff in bands 1-7 is proportionate to disabled staff at bands 8a-VSM.

The majority of the ICB Board have declared that they do not have a disability (93%).

The relative likelihood of non-disabled staff being appointed in comparison to disabled staff is 0.68 times higher – this indicates that disabled staff are more likely to be appointed from shortlisting than non-disabled staff.

The staff survey results regarding the WDES indicators show that disabled staff have had improved experiences, compared to non-disabled staff regarding bullying and harassment from

patients/service users, managers and other staff in comparison to last year. Disabled staff have also expressed better experiences regarding equal opportunities for career progression and the extent the organisation values their work in comparison to last year. In contrast non-disabled staff have reported worse experiences in these areas in comparison to last year. Disabled staff have also expressed worsened experiences regarding reporting bullying and harassment.

Please see the full 2022-2023 WDES report which includes fuller details of progress against each indicator, areas the ICB is doing well in and areas the ICB needs to do better in, and key actions that will be taken forward into 2023-2024 that re linked to the organisational development plan.

Gender Pay Gap

The gender pay gap is a measure that shows the difference in average earnings between men and women within an organisation and it should not be confused with equal pay. The gender pay gap is different from equal pay and not a measure of equal pay.

The gender pay gap for the ICB at 31 March 2023 is 7%. The office of national statistics reported the UK national gender pay gap in April 2022 as 8.3% [Gender pay gap in the UK - Office for National Statistics \(ons.gov.uk\)](#). The ICB gender pay gap is 1.3% below the national gender pay gap. The gender pay gap at 31 March 2023 is 3% less than the gender pay gap for NCL CCG at 31 March 2022 which was 10%. The significant change/reduction in the gender pay may be attributed to the change in the size and composition of both the workforce and the board.

Please see the full ICB Gender Pay Gap report which includes further details of the gender pay gap measures and key actions that will be taken forward into 2023-2024 that re linked to the organisational development plan.

Overview of staff engagement and the achievements of the staff networks

The ICB staff networks play a critical and key role to drive and set the equality, diversity and inclusion priorities for the organisation. The staff networks have delivered a programme of activity that has supported staff within the organisation and ensure they feel supported, valued and listened to.

Black, Asian and Minority Ethnic (B.A.M.E) Staff Network

The NCL ICB B.A.M.E Staff Network's purpose is to create an inclusive culture in NCL ICB where staff from B.A.M.E backgrounds feel supported, valued, respected and listened to without fear of discrimination or prejudice, whilst maintaining a belief that career opportunities or experience of work are not predetermined by ethnicity, nationality or colour. There are currently 40 members in the B.A.M.E staff network.

Key achievements during 2022-2023 include:

- Safe space conversations to provide staff with psychological safety to come together and share their lived experiences
- Black History 365 – the network continued to hold monthly Black History 365 events. Events included a combination of presentations, newsletter articles and events to celebrate B.A.M.E musicians, black classical music, athletes and other famous icons.
- NCL Diversity and Inclusion Book, Film and Music club has been meeting on a regular basis and is run jointly by the B.A.M.E network, Carers, Disability and Long-Term Conditions staff network and the LGBT+ staff network.
- Cultural conversations and events to raise cultural awareness.
- See ME First Campaign – first developed by Whittington Health NHS Trust, the campaign was introduced in NCL CCG and has continued within the ICB. Signing up to the campaign demonstrates commitment to embrace diversity and support and respect each other. 85 staff across the ICB have signed up to the campaign.

Please see the full overview of the key activities and achievements of the B.A.M.E staff network.

Carers, Disability and Long-Term Conditions Staff Network

The Carers, Disability and Long-Term Conditions (CDLTC) staff network seeks to raise awareness of disability issues, changing perceptions, so that staff and patients are seen as 'differently-abled' rather than disabled. The Network also supports all staff with long-term conditions and those with caring responsibilities, recognising that this can take many forms. This includes staff with caring responsibilities where a formal diagnosis has not yet been confirmed.

Key achievements during 2022-2023 include:

- Safe space conversations to provide staff with psychological safety to come together and share their lived experiences
- Weekly advent calendar events during Disability History Month
- Development and roll out of the Workplace Adjustment Passport

The CDLTC network works closely with the other networks to ensure a joined up approach to inequalities. We seek to understand people as a whole taking into account the many ways that they may identify be that race, religion, sexual or gender identity or disability/caring responsibility. We also seek to work with the green network where there are similar areas of concern, for example cleaner air impacts on asthma.

LGBT+ Staff Network

The LGBT+ staff network is instrumental in creating an inclusive culture within the ICB where staff who identify as LGBT+ can feel supported, valued, respected and listened to. A key part of the network's work will be to support embedding equality of opportunity in everyday practices such as recruitment, career progression and promotion and provide a fair, equitable, supportive and encouraging working and learning environment for our workforce.

Three co-chairs have recently been appointed to the LGBT+ staff network. Following an LGBT+ staff survey and a presentation on the findings in June 2023, the key areas of focus for the LGBT+ staff network during 2023-2024 will be to:

- Create more **visibility** - working with other networks to develop a 'pod-cast' to highlight the real life experiences of individual staff members

- Create more **safety** - developing some training or awareness raising amongst all NCL staff to strengthen the number of allies
- Offer more **support** - creating a safe space for LGBT+ staff to get support, particularly through the ICB change programme

Freedom to Speak Up Ambassadors

The ICB has a range of arrangements in place to provide Freedom to Speak Up (FSU) support to staff on both corporate and clinical issues – also providing support to North Central London General Practices. These arrangements include providing staff with options to have confidential ‘safe-space’ conversations with FSU colleagues of different gender, ethnicity and banding. Through 2022/23 the Guardians and Ambassadors supported a number of confidential conversations with members of ICB staff – with the overall number of concerns raised remaining broadly consistent with 2021/22 levels. FSU colleagues stay in regular contact to ensure consistency of approach and to provide mutual support, where required. The ICB continues to promote to staff the importance of speaking-up and whistleblowing and to provide supporting information on how staff can do this.

NCL ICB Organisational Change Programme

Following the establishment of the ICB on 1 July 2022 which included the transfer of services and staff from London Shared Services, the Executive Management Team (EMT) focused on creating the vision for the organisation, developing our ambitious Population Health Improvement Strategy, and understanding the capacity and capability that exists across the organisation. The vision created for the ICB is centred around three key pillars:

1. To deliver the priorities, namely the Population Health and Integrated Care Strategy that will provide our communities with better care and support through more joined-up and sustainable health and care services.
2. Ensure structures and processes are fit for purpose
3. [Meet the Running Cost Allowance reduction set by NHSE](#)

To meet this vision, the ICB has commenced an organisational change programme to redesign the structure of the organisation and the way that we work to better meet the needs of our population, our people, our system and our partners.

The organisational change programme focuses on three components (organisational design, ways of working and organisational development) and involves three phases of work over a period of nine months that will roll into 2023-2024:

Phase 1: Setting the design foundations and defining the ICB's future operating model

Phase 2: Engagement and consultation with staff and key stakeholders on the outputs of phase 1

Phase 3: Implementation of final structures and organisational development to support new ways of working

Our commitment to staff during the organisational change programme is to run the process as quickly and smoothly as possible, meaningfully engage and provide staff with an opportunity to contribute, communicate clearly and regularly, and manage any changes in a transparent, fair and equitable way.

Consultation EQIA

An Equality Impact Assessment (EQIA) has been completed with regard to the impact of the proposed changes to the structure of the ICB and has been undertaken in accordance with the ICB's EQIA framework and principles to ensure 'due regard' to the public sector equality duty. The ICB is committed to ensuring the EQIA is carried out in a robust and effective way and the outcomes including any recommendations and actions are followed through to ensure compliance.

The ICB is committed to undertaking a number of actions that will mitigate any potential negative impact on any protected characteristic group. There are a number of key actions that are linked to promoting fairness and equality of opportunity for staff that have protected characteristics, particularly with regards to selection processes and securing roles in the proposed structure.

2023-2026 Equality, Diversity and Inclusion Plan and Priorities

In order to support the change programme and the future operating model and structure of the ICB, an Organisational Development (OD) plan has been developed to strengthen our culture, values, capability, relationships and ways of working that will enable us to adapt, perform and thrive now and in the future.

The plan sets out the goals and interventions that research suggests will deliver culture change and create truly compassionate and inclusive working environments as set out in the NHS People Promise. The outcomes of staff experience as reported in the NHS staff survey, Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap, workforce data and employee relations trends have also informed the goals and interventions of the OD plan.

The six priorities and goals are set out below:

- **Vision and values** - An inspiring and shared vision and values that sets a clear direction and expectations; creating a strong identity and thriving culture that fosters pride and positivity.
- **Goals and Performance** - Clear priorities and objectives at every level and intelligent data informing all about performance. Recognising and rewarding good work and ensuring resources are available and used well.
- **Learning and Innovation** - Investing in opportunities for people to nurture, grow and improve how work gets done; ensuring fair and equitable access to learning, development, innovation and career progression.
- **Support, Compassion and Wellbeing** - Nurturing a compassionate and psychologically safe culture, where staff feel cared for, valued and respected and feel confident to raise concerns knowing they will be addressed.
- **Equality and Inclusion** – Equity, positive diversity and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected.
- **Team and System Working** - Effectively functioning team and inter-team working with role clarity, shared objectives and cooperation; working collaboratively across organisations and systems.

Mayor of London's Design Lab 2023 - Anti-racist Programme

Inclusive leadership remains at the core of our workforce priorities and the ICB is partaking in the Mayor of London's Design Lab 2023 to co-create a more integrated workforce across London. The ICB (together with other organisations across NCL ICS) will be part of 30 organisations across London to receive training, coaching and resources to collaborate, co-design and drive change to two key groups of communities that face barriers in seeking employment (black men (16-24 and 50+ years) and Pakistani, Bangladeshi and Black women. Our Chief People Officer has joined a 12-month Anti-Racist Leadership Programme to increase the competence and confidence in tackling racism at an individual, team and organisational level. Both programmes will continue to 2023-2024.

EDS2 Requirements and Plan

The Equality Delivery System 2022 (EDS2022) is an improvement framework that allows NHS organisations to assess their compliance with the Equality Act and meet the mandated requirements from NHS England. It looks at three key areas:

1. Commissioned and procured services
2. Workforce health and wellbeing
3. Inclusive leadership

Across these three areas, we are required to demonstrate how we meet 11 objectives. How well we are able to meet the objectives is assessed by colleagues, unions, stakeholders and patients who assign grades of either Undeveloped, Developing, Achieving or Excelling to each objective.

The objectives we are required to assess against are as follows:

1	Commissioned and procured services
1A	Service users have required levels of access to the service
1B	Individual service user's health needs are met
1C	When patients use the service, they are free from harm
1D	Service users report positive experiences of the service
2	Workforce health and wellbeing
2A	At work staff are supported to manage obesity, diabetes, asthma, COPD and mental health issues
2B	Staff are free from abuse, harassment, bullying and physical violence from any source
2C	Staff can access support and advice when suffering from stress, abuse, bullying, harassment and physical violence from any source
2D	Staff recommend the organisation as a place to work and receive treatment
3	Inclusive leadership
3A	Board members, leaders and line managers routinely demonstrate their understanding of and commitment to equality and health inequality impacts and risks and how they will be mitigated and managed
3B	Board/committee papers identify equality and health inequality impacts and risks and how they will be mitigated and managed
3C	Board members, system and senior leaders ensure levers are in place to manage performance and monitor progress with staff and patients

As the ICB was only established on 1st July 2022, we have used this year as a planning year. The first EDS2022 assessment for the ICB will be undertaken in 2023-24 and will be submitted in February 2024. Two service streams will be assessed against the EDS2022 objectives. The service streams that we will assess against will be Haemoglobinopathy services and Mental Health services.

Evidence on how each objective is being met will be pulled together in a series of presentations and grading events will be held with colleagues, unions, stakeholders and patients by December 2023 to understand how the services are viewed, what works well and where improvements are required from both staff and patient perspectives.

Staff Networks – Executive Management Team Sponsor

Each staff network will have an Executive Director sponsor to ensure the visibility of the network is increased and that their work is championed and promoted across the organisation.

- Sarah Mansuralli, Chief Development and Population Health Officer – BAME Network
- Chris Caldwell, Chief Nurse – Disability, Carers and Long Term Conditions
- Sarah McDonnell-Davies, Executive Director of Place – LGBT+
- Jo Sauvage, Chief Medical Officer – Greener Network
- Ian Porter, Executive Director of Corporate Affairs – Engaging Our People Forum
- Sarah Louise Morgan, Chief People Officer – People and Culture Oversight Group and Wellbeing

Equality, Diversity and Inclusion Objective and Actions (2023-2024)

The priorities and objectives linked to specifically to equality, diversity and inclusion set out in the OD plan are set out in the following table, together with the actions that will be taken to deliver the objectives.

Objective 1: To develop a culture of equity, positive diversity and comprehensive inclusion for all, where staff can bring their whole selves to work safe in the knowledge they will be valued and respected	
Actions	Embed and maintain EQIA approach, best practice and learning
	Further promote and embed the NCL Workplace Reasonable Adjustment Passport and guidance for managers
	Review support and development of Staff Networks including formal links into ICB governance arrangements
	Ensure staff network chairs have dedicated time allocated to support the networks
	Deliver and continuously improve the support and development of networks
	Scope and assess the requirements for implementing a programme to enable the ICB to be an anti-racist organisation and to tackle inequality
	Design and launch a programme to enable the ICB to be an anti-racist organisation and to tackle inequality
	Review management and oversight of local investigation and disciplinary procedures in line with the 7 recommendations outlined in a Fair Experience for All

Objective 2: Managing the ICB change programme in a fair and equitable way that values diversity and inclusion, recruits, retains and attracts a diverse range of employees	
Actions	Review and refresh the ICB values and develop a competency and behaviours framework aligned to the NHS Culture and Leadership programme that will champion an inclusive and compassionate leadership framework.
	Utilise the ICB competency and behaviours framework to underpin the selection processes for managerial/leadership roles and form part of the appraisal objectives for managers/leaders.
	Provide career transition support for staff affected by change
	All recruitment panel members that will partake on selection panels will be required to attend inclusive recruitment training
	All managers will be required to attend a diversity and inclusion awareness workshop before the outcome of the consultation
	All recruitment selection panels will be made up of a diverse membership
	The chair of the selection panel must provide a rationale and feedback regarding any staff with a declared protected characteristic not being appointed to a role, that will be shared with the Chief Executive Officer and Chief People Officer.
	Offer and accommodate reasonable adjustments for staff on long term leave, with a disability, long term conditions or carer commitments

We will measure success and impact through clear performance indicators, driven by our own people's experience and how our experiences compare with our peers and other industries, for example, through the staff survey, pulse checks and workforce performance data.

Please see the full 3 year (2023-2026) OD plan which sets out the key interventions under each goal and the measures of success.