

We are inclusive: living our values



NHS South East London Integrated Care Board
Equality, Diversity and Inclusion
strategy 2026-2029

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This document uses words and terms which are specific to equality, diversity and inclusion. Definitions of many of these words are available in the *Glossary of terms used in this document*, which begins on page 26.

Our mission:

We will build a fair and inclusive workforce culture at the heart of health services planning in south east London

Our EDI strategy will enable and enhance the ICB's ability to understand and meet the needs of our diverse workforce.

When the needs of our workforce are met, our teams become better equipped to fulfil our core purpose of improving access, experience and outcomes for our patients and populations with protected characteristics.

Foreword by Tosca Fairchild, Chief of Staff & Equalities Senior Responsible Officer (SRO)

It is not right or fair that people face discrimination and experience inequalities because of who they are or what they believe.

SEL ICB believes in being caring and inclusive. These are two of our organisational values and to be both things - and in turn to meet our duties and responsibilities - **we must aim higher in our equality, diversity and inclusion (EDI) ambitions.**



SEL ICB has created this strategy, which builds on our work so far to become a fully anti-racist, anti-ableist, anti-ageist, non-heteronormative organisation, welcoming of all faiths, beliefs and cultures, genders and orientations, and marital or pregnancy status.

Tackling these issues starts with our people. By **building an inclusive, diverse and just culture where we recognise and address the obstacles our staff face**, we will continue to create a strong and happy workforce who feel enabled to be their whole selves at work. Embedding this culture within our workforce pays forward; if we can fulfil the holistic needs of our staff, then they will be better able to identify, empathise, understand and meet the needs of our 1.92m population.

Nationally, NHS leadership has shown a renewed commitment to EDI, asking that ICBs retain their focus on it. It has always been our Board's aim that we remain focussed, open and transparent about our current position to create opportunities for conversations in our organisation and increase momentum around EDI.

Our strategy provides a roadmap of action that has been woven into a broad range of ICB policies, processes and frameworks. This enables **every ICB employee, at all levels, to consider, implement and champion equality** in all that we do, both within the ICB and when carrying out our work on behalf of the organisation.

Evidence¹ shows that embedding EDI in workplace cultures brings wider improvements and benefits to organisations. By being inclusive, we are **building trust, supporting cohesion, promoting collaboration, driving innovation and tackling staff and patient health inequalities**. Through having a more inclusive and diverse workforce, which reflects and understands the needs of our diverse and complex population, we will be able to better plan health services in south east London.

¹ [How diversity, equity, and inclusion \(DE&I\) matter | McKinsey](#)
[NHS EDI improvement plan - the case for change | NHS England](#)
[Effect and outcome of equity, diversity and inclusion programs in healthcare institutions | BMJ Open](#)

Why have an EDI strategy?

Our EDI strategy is a necessary response to the discrimination that some of our staff experience in their working lives. We also recognise that discrimination faced outside of work can still affect people in the workplace. There is a more detailed description on the causes of discrimination in this strategy (see page 13).

Within the NHS, we use the NHS Staff Survey as a barometer of staff experience regarding working conditions. The results of the 2024 Staff Survey paint a picture of the experiences some SEL ICB staff face:

- 352 employees participated in the survey in total and **11% reported having experienced discrimination from colleagues.**
- **18% of 91 disabled staff reported having experienced discrimination from colleagues**, compared to 9% of non-disabled staff
- **15% of 140 staff from ethnic groups reported having experienced discrimination from colleagues**, compared to 9% of white staff

For people to feel empowered, engaged and effective at work, it is vital we think and act to recognise, understand and respond to discrimination and its impacts. This becomes even more important during periods of change and uncertainty.

This EDI strategy seeks to directly address these issues and findings with effective, evidence-based actions which respond to the current changes in the NHS. It looks beyond to what this could mean for the workforce as the ICB becomes a strategic commissioning organisation.

A lived experience of discrimination, from a SEL ICB employee:

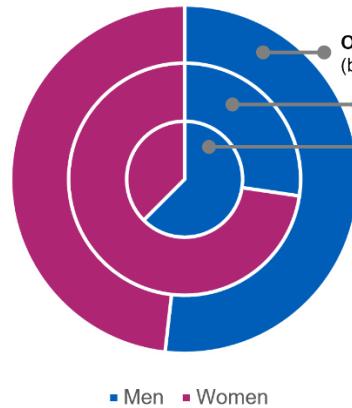
“As I started my professional career in my teens, I learned about racism and saw how it unfolded in the health system. I quickly had to find my confidence and be assertive, but a black woman is never seen as being confident...only aggressive! If you see my confidence as aggression then it’s your problem, not mine.

I’ve worked in NHS organisations where I’ve seen toxicity and blatant racism on display. Experiencing that dulls your spirit, makes you invisible and can even damage your physical well-being. During one job I developed physical pain across my neck and shoulders; it was constant and it didn’t stop until I found a new job.

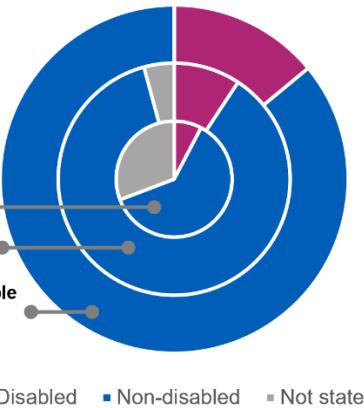
I shouldn’t have to beg to be viewed as human, but that’s how it can feel. The problem is, in any workplace it only takes one person to persecute you. Thankfully, I have an unwavering constitution and strong faith, and I know how to corral people around me so I can get the support I need”.

Statistically, how representative is the ICB of the SEL population?

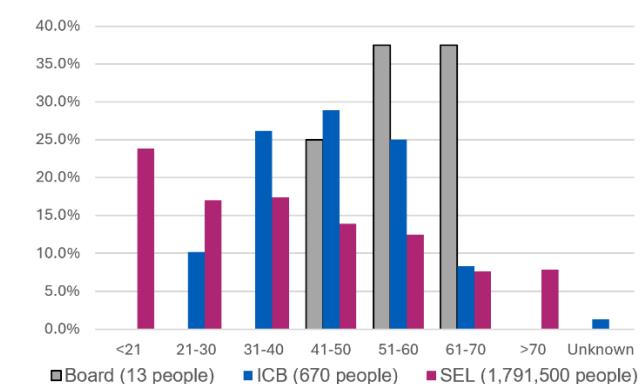
Protected characteristic: Sex



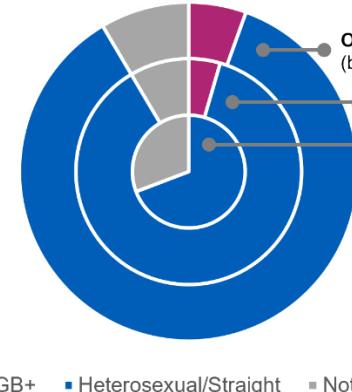
Protected characteristic: Disability



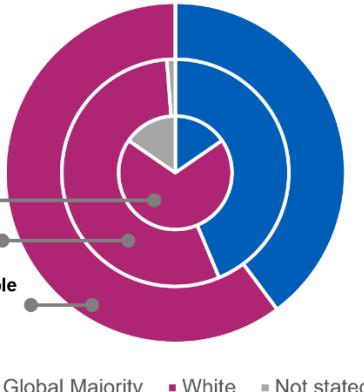
Protected characteristic: Age



Protected characteristic: Sexual orientation



Protected characteristic: Ethnicity



What does this data tell us?

- The ICB workforce is not fully representative of the south east London (SEL) population across the protected characteristics shown in these infographics. Arguably, there is fair representation in the characteristics of disability, sexual orientation and ethnicity. Also, whilst not directly representative of the SEL population, the ICB workforce has a reasonable spread of age between 21 and 70 years.
- The ICB Board is majority white, middle-aged, non-disabled, heterosexual men and therefore not fully representative of the ICB workforce or south east London population.
- Representation by protected characteristic is an important factor in understanding the needs of the ICB workforce and SEL population, but where we are not fully representative, continued work and education is needed to serve our people and close health inequality gaps.**

*ICB workforce and Board populations are from an ICB workforce snapshot captured in March 2025

Where are we on our path to inclusion?

South East London ICB is committed to equality, diversity and inclusion through adoption of numerous standards and frameworks. Some are statutory and mandatory, and others are voluntary – we understand the value each one brings to improve our culture and ways of working, and ultimately, the work we do in health planning. A number of activities are delivered by working collaboratively with partners in the south east London system.

Our position against the key standards and frameworks are as follows:

EDI Improvement Plan. NHS England developed the [EDI Improvement Plan](#) in 2023, setting out six targeted 'High Impact Actions' (see below) to address direct and indirect prejudice and discrimination that exist through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. SEL ICB is delivering against all High Impact Actions, with further work planned for 2026/27.

The six *High Impact Actions* in the NHS EDI Improvement Plan:

1. Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
2. Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.
3. Develop and implement an improvement plan to eliminate pay gaps.
4. Develop and implement an improvement plan to address health inequalities within the workforce.
5. Implement a comprehensive induction, onboarding and development programme for internationally recruited staff (N.B. this is not directly relevant to ICBs)
6. Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Workforce Race Equality Standard (WRES). Across the majority of the nine WRES indicators, 2024/25 data (where it is available) indicates that the workplace experiences of global majority staff are less positive than white staff. The position has not changed significantly compared to the previous year. The ICB is focusing on six priority areas of action to drive positive change.

Workforce Disability Equality Standard (WDES). Across the majority of the ten WDES indicators, 2024/25 data (where it is available) indicates that the workplace experiences of disabled staff are less positive than non-disabled staff. The position has become more challenging across most indicators since the previous year, indicating that work is required to remove the discrimination faced by our disabled staff. The ICB recognises the key areas where improvement is required and actions to address these are embedded in the ICB Equality Delivery Plan (EDP).

Workforce Sexual Orientation Equality Standard (WSOES). Across the majority of the eight WSOES indicators, 2024/25 data (where it is available) indicates that the workplace experiences of gay, lesbian and bisexual staff are less positive than heterosexual staff. 2024/25 is the first year that the ICB has participated in WSOES, meaning there is no prior year data with which to compare. The 2024/25 data has been used to identify areas for improvement and will provide a benchmark for future reporting.

Equality Delivery System 2022 (EDS22). The Equality Delivery System (EDS) is a framework that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS. Across the three EDS22 domains in 2024/25, SEL ICB moved up to being an 'Achieving' organisation. In 2025/26, the ICB is ensuring implementation plans are being achieved with deep dives planned across the year.

Gender Pay Gap. The ICB is currently moving in a positive direction in narrowing the gender pay gap. At the 2024 measurement point, the ICB's mean gender pay gap for hourly pay was 5%; a decrease from 12.66% in 2023.

ICB Anti-Racism Strategy. The ICB continues to deliver a dynamic staff anti-racism strategy, first published in 2023. The strategy has been well received and featured as a case study in Sir Michael Marmot's [Structural Racism, Ethnicity and Health Inequalities in London report](#) (2024). The strategy took an employee lifecycle approach to map how anti-racism could be built into the policies, practices and culture of the ICB. An internal review in October 2024 confirmed that 67% of actions from the 2024/25 action plan were delivered. Its success has informed the approach and action of this EDI strategy.

Race Equality Maturity Index (REMI). The ICB has participated in a pilot to test the '[Race Equality Maturity Index](#)' developed by the Race Equality Foundation in partnership with the London Anti-Racism Collaboration for Health (LARCH). The assessment showed the ICB is at Stage 3 - 'Implementing' in the REMI framework, which means our race equality strategy is being put into practice and the ICB is actively working towards its goals and objectives.

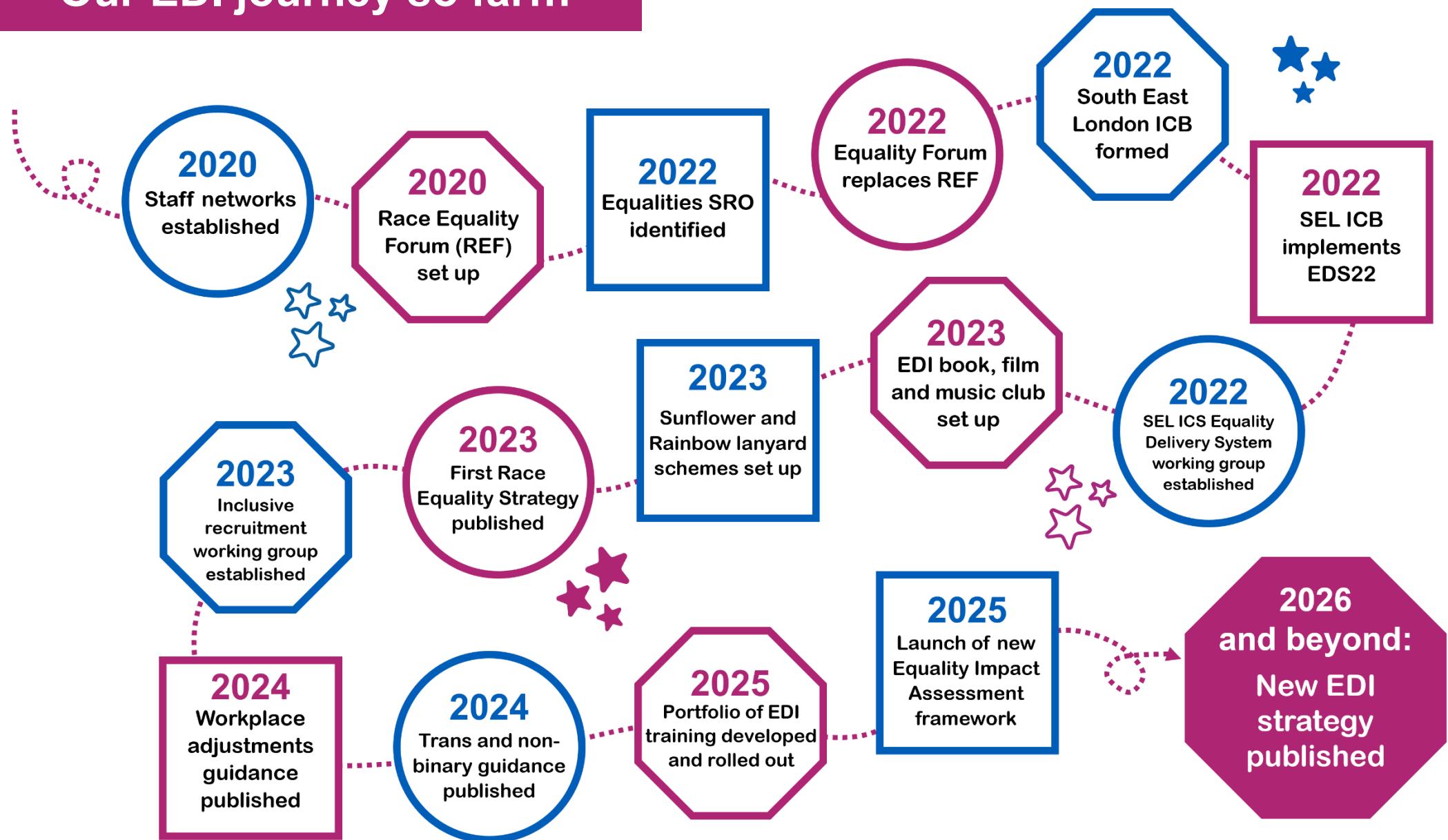
Inclusive recruitment training. After a successful bid, the ICB received NHS England funding to deliver dynamic drama-based forum theatre sessions for staff across the ICS, including the ICB, NHS Trusts, GP practice and local authority partners. The sessions reached up to 400 staff across the wider system and were designed to support managers and teams actively reduce bias during the recruitment process.

Training Needs Analysis. Much of our work to map the ICB's progress on EDI highlights the knowledge and skills our staff need to embed EDI into their roles, team working and wider organisational culture. A number of themes and topics have emerged that the EDI team will consider in its training and development plans and future offerings. SEL ICB has built foundation knowledge through our Equalities Forum, Book Film and Music Club, Staff Networks, and other resources and tools which have been made available to staff.

LGBTQ+ Health Inclusion Framework. The NHS Confederation developed this tool to benchmark and assess the experiences of LGBTQ+ staff within the workplace. A self-assessment survey was shared with all staff and over 100 responses were received. Analysis of the data is being undertaken along with development of an action plan to be launched during LGBTQ+ History Month.

NHS leadership on anti-racism, antisemitism and Islamophobia. NHS leaders have written to all ICBs to ensure a focus on EDI is maintained through change processes and key topics are addressed in work programmes. New mandatory training will be made available and other planned activities outlined in the roadmap.

Our EDI journey so far...



Our Equality, Diversity and Inclusion strategy

Our leaders are actively working to embed equality, diversity and inclusion in their work and in their teams. Actions to deliver equality are more significant and easier to understand when they are linked with key themes. Analysis led by the EDI team in collaboration with teams, networks and leads across the organisation has consistently highlighted seven key workforce themes.

- 1. Active leadership commitment:** ensuring our Board and senior leaders continue to role model inclusive leadership behaviours and embed EDI across the ICB.
- 2. Being an inclusive employer:** developing processes which ensure parity of access, fair outcomes and reflect our diverse population at all levels.
- 3. Progressing careers and talent development:** supporting our diverse talent on their career pathways.
- 4. Tackling bullying and harassment:** understanding and addressing the experiences faced by minoritised staff.
- 5. Building staff support, health, and wellbeing:** continuing to put in place measures which promote workforce health and wellbeing. Experiences of discrimination are bad for health and wellbeing. Feeling good in yourself means you feel good in your health.
- 6. Service planning and engagement:** ensuring our workforce understand the needs of our population, and strengthening mechanisms to improve access, experience and outcomes in partnership with our people and communities.
- 7. Training, learning and development:** building capacity and competency in all areas of EDI.

Our strategy is to base a roadmap of action around these seven key themes.

The roadmap will consist of new and pre-existing commitments, gathered from multiple sources and spanning all protected characteristics.

Emphasis will be put on specific protected characteristics where targeted action is identified as required.

Objectives of our strategy

Our EDI strategy will deliver our mission to **build a fair and inclusive culture for the workforce at the heart of health planning in south east London, by understanding and meeting the needs of our diverse workforce.**

When the needs of our workforce are met, our teams become better equipped to fulfil our core purpose of improving access, experience and outcomes for our patients and populations with protected characteristics.

Through our strategy, our objectives are to:

- Make our people aware of the discrimination that exists, the harm it can do and how we can counteract it (see page 13, *Explainer: causes of discrimination*).
- Further develop our culture, which promotes inclusivity, celebrates diversity and is actively anti-discriminatory.
- Directly support the ICB to live its national and local values set out in the NHS People Promise and SEL ICB's organisational values (see below).
- Continue to create positive change that can be felt by our workforce and will be echoed by our people and communities through the decisions we make and the healthcare services we plan and commission.

How we demonstrate our values, specifically related to our EDI strategy

Our organisational values:

We are **collaborative**

- By creating a positive working environment
- By being mindful of the impact of our words and actions on others
- By listening actively to others
- Be being kind and respectful of all cultures and beliefs
- By developing an understanding of others' needs and requirements
- By being considerate of others' views and opinions
- By curiously engaging with different cultures and beliefs
- By being understanding and non-judgemental of others
- By continuing to learn by listening to new ideas

We are **caring**

We are **inclusive**

We are **innovative**

Explainer: causes of discrimination

Discrimination is one of the most common types of abuse and takes many forms. It is often the result of prejudice or intolerance, which can occur at multiple levels. The diagram below illustrates the links between causes and forms of discrimination.

Stereotyping

Stereotypes are generalised and overly simplified beliefs about groups of people. They are usually not based on information, but on impressions or opinions we adopt during our lives, sometimes from personal experiences.

Prejudice

Prejudices are judgements – usually negative – that we make about people that we don't really know. Unlike stereotypes, prejudices tend to be formed based on information – but it is down to individual perception as to whether the information is true.

Structural discrimination

Facets of society are organised in ways that create deep patterns of behaviour which in turn create social, economic and cultural differences which disadvantage groups of people. This is often linked to **institutional discrimination** or **bias**, where mechanisms exist that favour certain groups of people over others.

Identity

We each have a personal identity, and a natural need to identify with certain groups or categories. However, this can sometimes lead to groups believing they are superior to others, which can create intolerance and division.

Direct discrimination

Discrimination where people or groups are directly treated unequally or unfairly based on their characteristics.

Indirect discrimination

Discrimination which occurs when provisions or processes (that *should* be neutral) put certain people or groups at a disadvantage, compared with others.

Multiple discrimination

Discrimination which occurs against multiple characteristics of a person or group, where they identify with multiple characteristics or social groups (**intersectional disadvantage**).

Impacts of discrimination

Negative social identity • Lower social cohesion (and potential intergroup conflict) • Reduced education and employment opportunities • Poverty • Digital exclusion • Stress and low self-esteem • Impacts on health and wellbeing, including wider health inequalities, increased occurrence of mental health issues and addictions, higher prevalence of acute conditions

How the strategy applies in SEL

This strategy seeks to unify and harmonise various strands of SEL ICB's ongoing work around equality, diversity and inclusion. It will strengthen our integrated and intersectional approach to all activities (see *The SEL ICB definition of intersectionality, below*) whilst retaining the unique attributes and barriers faced by different protected characteristic groups. These are: **age, disability, ethnicity, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex, sexual orientation, and religion and belief**. In addition, there are some Health Inclusion groups the ICB has selected to focus on: carers, socio-economic deprivation and digital inclusion.

The SEL ICB definition of intersectionality

A framework for conceptualising and identifying the multiple factors and social categories that simultaneously create our social identity.

These intersecting, overlapping, interconnected social identities:

- Create our uniqueness and individuality
- Influence our values, beliefs, perceptions, attitudes, stereotypes and prejudices
- Drive our behaviours, relationships and interactions with others
- May be both empowering and oppressing, creating interdependent and overlapping systems of advantage and disadvantage, oppression, domination, and discrimination

Simply put, intersectionality is an acknowledgement that everyone has their own unique experiences of discrimination.

This strategy:

- **Covers a three-year period from 2026–2029.**
- **Will operate across a period of significant transformation for the ICB in 2026/27.** The roadmap of actions will be dynamic; focussing on supporting ICB transformation in 2026/27 and broadening in years 2 and 3.
- **Is a workforce-first strategy,** delivering a roadmap of actions to meet the needs of our diverse workforce. However, we recognise the importance and impact a representative and inclusive workforce has on our core planning and commissioning functions. As part of our strategy, we will consider how we develop our workforce to better understand the needs of our population and better engage meaningfully with the diverse communities across SEL.

What is my role in supporting this strategy?

For staff at all levels of the organisation to feel the tangible difference this strategy will make, it is important to understand the roles and responsibilities that various staff groups must play for its success.

What we ask of you (as a member of our staff) is that you:

- Consider what EDI means to you and how it impacts and benefits your work
- Understand why it's important to develop a fair and inclusive workplace culture
- Explore and use the resources, tools and training we provide to help create positive EDI impacts, in line with the personal and professional journey you want to take
- Read and share ICB communications regarding EDI and delivery of this strategy

Your line management and team leaders should support your awareness of this strategy and the EDI activities that contribute to delivering it. Where EDI matters to you and your role, you can use team meetings, one-to-one meetings or the annual appraisal cycle to have regular conversations about EDI.

It will also benefit your team if you can identify and discuss opportunities to broaden the team's understanding or delivery of EDI; especially where it is core to the work your team does or decisions that your team makes.

Senior leaders will have awareness of the aims and objectives of the EDI strategy and they will ensure that actions are taken at senior level to implement it. You will see them doing this through (for example) making funding decisions, dedicating time to share developments and opportunities, and ensuring there is communication, awareness and support for the strategy across their areas of responsibility.

The ICB Organisational Development (OD), Human Resources (HR) and other key teams will identify, create and adopt effective, intersectional interventions and policies which support the delivery of the aims and objectives of the strategy and will report back regular progress on their implementation. Staff wishing to access the interventions, resources, tools and policies created by these teams will find them on the SEL ICB intranet.

Governance

Delivery of the EDI strategy is the responsibility of key leads across SEL ICB:

The ICB Board has oversight for the delivery of this strategy and will seek regular assurance that the ICB is delivering on the commitments outlined in the roadmap.

Executive leadership is provided by the **Chief of Staff and Senior Responsible Officer (SRO) for Equalities**. They are the senior champion of the strategy; ensuring it is given visibility and a platform at the highest level.

The Equality, Diversity and Inclusion team is responsible for liaising with key leads to develop or procure evidence-based and impactful interventions and monitor the operational delivery of the roadmap. The team will ensure that best practice initiatives are included, and the strategy is promoted across the organisation.

The **Corporate Operations directorate** will implement most strategy actions from its component teams: EDI (as above), Organisational Development (OD), Human Resources (HR) and Recruitment.

Other ICB teams will be invited to provide additional and/or specialist input and support, where required.

Oversight and assurance of the EDI strategy will follow the current ICB governance structure. Within this structure:

- The ICB Board has overall responsibility to ensure the ICB is discharging its duties under the Equality Act 2010.
- The Executive Committee provides scrutiny and oversight on key equalities areas, including the Equality Delivery System 2022, Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap and Public Sector Equality Duty.
- The Equalities Sub-Committee (ESC) brings together leads from across the ICB to drive and monitor EDI activities to make demonstrable improvements for our staff and population.

To facilitate this, ESC membership includes representatives from ICB Human Resources, Organisational Development, Planning, Engagement and representatives from each of our six boroughs (or 'Places') and Healthwatch and is chaired by our Equalities SRO.

The core requirements of our EDI function (as outlined in this strategy) are delivered via actions collated in our Equalities Delivery Plan (EDP). Delivery of our EDP is reported to and monitored by the ESC.

EDI strategy: Roadmap of action

Strategic theme	Our commitments are to...	The actions to achieve our commitments
1. Active leadership commitment	<ul style="list-style-type: none"> • Strengthen the knowledge of our leadership on EDI • Embed Equality, Diversity, and Inclusion as core elements of the consultation process, and thereafter, in the organisation's business as usual (BAU) 	<p>In year one (2026/27):</p> <ul style="list-style-type: none"> • Continue active discussion of EDI considerations at SMT throughout the consultation period, supported by the established role of the Executive Equalities SRO • Continue to include Equality and Health Inequalities as standing agenda items in committees and sub-committees <p>Across the duration of the strategy*:</p> <ul style="list-style-type: none"> • Further increase Board awareness of EDI requirements and activities • Further involve the ICB leadership in statutory monitoring and reporting • Explore externally provided Inclusive Leadership training • Recruit and activate ICB EDI champions • Identify executive sponsors for staff networks • Enhance leadership attendance at staff networks

**Actions with an asterisk apply after ICB change has been implemented e.g. once the new operating model has been established.*

Strategic theme	Our commitments are to...	The actions to achieve our commitments
2. Embedding our status as an inclusive employer	<ul style="list-style-type: none"> • Navigate the ICB change progress, whilst continuing to meet EDI requirements, including Equality Impact Assessments (EIAs) in 2026/27, throughout the ICB Change Programme and restructure • Create a recruitment process which is accessible and inclusive to increase representation within the organisation • Present the ICB as an attractive employer, to attract talent and increase representation within the organisation 	<p>In year one (2026/27):</p> <ul style="list-style-type: none"> • Implement and promote the ICB EIA process • Undertake 2-stage consultation EIA on proposed changes • Provide HR/OD drop-in sessions throughout change programme • Review training and support to ensure interview panels are inclusive • Provide suite of EDI training to support staff through change • Continue provision of mandatory EDI training on unconscious bias (which includes micro-incivilities and micro-aggressions) for Band 4 roles and above. <p>Across the duration of the strategy*:</p> <ul style="list-style-type: none"> • Take forward recommended enhancements to ICB recruitment processes e.g. promoting inclusion by amending the standard text in ICB job descriptions

**Actions with an asterisk apply after ICB change has been implemented e.g. once the new operating model has been established.*

Strategic theme	Our commitments are to...	The actions to achieve our commitments
3. Progressing careers and talent development	<ul style="list-style-type: none"> • Understand colleagues' experiences of career progression and act on the feedback they provide • Introduce EDI training and resources, making us a compelling and inclusive employer 	<p>In year one (2026/27):</p> <ul style="list-style-type: none"> • Review staff check in survey results to understand colleague experiences • Review data and feedback from exit interviews • Invite guest presenters to discuss career journeys when speaking at EDI forums • Continue gender pay gap report and implement action plan <p>Across the duration of the strategy*:</p> <ul style="list-style-type: none"> • Re-introduce in-person inductions with EDI element • Improve uptake of EDI objectives in staff appraisals • Introduce ethnicity and disability pay gap reporting and improvement plans

**Actions with an asterisk apply after ICB change has been implemented e.g. once the new operating model has been established.*

Strategic theme	Our commitments are to...	The actions to achieve our commitments
4. Tackling bullying and harassment	<ul style="list-style-type: none"> • Support the ICB to develop an organisational culture of safety and inclusion • Empower and support ICB colleagues to feel safe when speaking up about experiences of bullying and harassment and to report them 	<p>In year one (2026/27):</p> <ul style="list-style-type: none"> • Review safe spaces and consider further ways to engage with and address concerns of staff • Continue with provision of mandatory EDI training on unconscious bias (which includes micro-incivilities and micro-aggressions) for Band 4 roles and above • Strengthen and promote the speaking up process • Implement the Sexual Safety Charter <p>Across the duration of the strategy*:</p> <ul style="list-style-type: none"> • Procure and deliver anti-racism training sessions

**Actions with an asterisk apply after ICB change has been implemented e.g. once the new operating model has been established.*

Strategic theme	Our commitments are to...	The actions to achieve our commitments
5. Building staff support, health, and wellbeing	<ul style="list-style-type: none"> Ensure EDI is embedded in the ICB Change Programme, via the organisations' staff support offers Foster an inclusive and equitable workplace where all colleagues feel valued, supported, empowered and enabled to thrive 	<p>In year one (2026/27):</p> <ul style="list-style-type: none"> Amend the focus of ICB Equalities Forums to change-relevant topics Develop and deliver EDI training for the change programme Promote staff networks as safe spaces to discuss change Hold an Equalities Forum on antisemitism Implement in-house solutions and support e.g. workplace adjustments, allyship and compassion training Review mental health first aiders and ensure they represent a range of backgrounds Support the promotion of wider health initiatives <p>Across the duration of the strategy*:</p> <ul style="list-style-type: none"> Review ICB menopause policy and develop action plan

**Actions with an asterisk apply after ICB change has been implemented e.g. once the new operating model has been established.*

Strategic theme	Our commitments are to...	The actions to achieve our commitments
6. Service planning and engagement	Ensure planning and commissioning of health services is inclusive, and care pathways and services are co-designed with people and communities, particularly communities who are marginalised and under-served	<p>In year one (2026/27):</p> <ul style="list-style-type: none"> Define EDI and engagement as enablers to strategic commissioning, incl. interdependencies with ICB Health Inequalities and Population Health Management workstreams Formal launch and rollout of EIA programme, including training offer Development of EIAs to inform engagement plans for/with our people and communities Develop an EDI resource for procurement exercises <p>Across the duration of the strategy*:</p> <ul style="list-style-type: none"> Engage staff networks in review of priority EIAs Undertake the Equality Delivery System for a minimum of two service reviews for Domain 1: Commissioned or Provided Services.

**Actions with an asterisk apply after ICB change has been implemented e.g. once the new operating model has been established.*

Strategic theme	Our commitments are to...	The actions to achieve our commitments
7. Training, learning and development	<ul style="list-style-type: none"> • Build capacity and competency in all areas of EDI • Promote intersectionality to deepen understanding of people's unique experiences of discrimination. 	<p>In year one (2026/27):</p> <ul style="list-style-type: none"> • Use training needs analysis findings to understand EDI learning and development priorities • Design and delivery of comprehensive training offer, including EIA, workplace adjustments, allyship, EDI awareness, compassionate working, micro-incivilities, inclusive recruitment, line manager training and personal development sessions. • Staff networks to promote discussions on intersectionality • Staff to complete mandatory EDI training; updated to include antisemitism, Islamophobia and antiracism (timescale for completion dependent on national launch and rollout) <p>Across the duration of the strategy*:</p> <ul style="list-style-type: none"> • Procure specialist expertise to support effective anti-racism culture change.

**Actions with an asterisk apply after ICB change has been implemented e.g. once the new operating model has been established.*

The future: EDI in a strategic commissioning organisation

To support delivery of the *Fit for the Future: 10 Year Health Plan for England*, NHS England has published the *Model ICB Blueprint* and *Strategic Commissioning Framework*; two documents which detail the work required to transform ICBs to become strategic commissioners; focussing on providing system leadership for population health and setting evidence-based and long-term population health strategies. Following publication of these documents, considerable thought and effort is going into translating what this will mean for the ICB in terms of its purpose, people and how it will operate.

We are required to think about EDI in this context. Equality is an ICB statutory function, due to the public sector duties enshrined in the Equality Act 2010 that all NHS organisations must abide by. The UK has robust legislation in place which offers protections to historically discriminated and/or underserved groups (also known as those with 'protected characteristics').

The purpose of the Public Sector Equality Duty (PSED) is to ensure that public authorities, like the NHS, consider, review and promote equality in all their functions:

- Decision-making
- Internal and external policies
- Procuring goods and services
- Services they commission and provide
- Recruitment, promotion and performance management of employees

In the meantime, whilst work is being undertaken to re-organise the ICB, the EDI team will continue to look at tools and resources which support different functions of the ICB to meet its responsibilities under the Public Sector Equality Duty, align with the Blueprint and support the vision of the 10 Year Health Plan.

Equality Impact Assessments (EIAs) as a tool for strategic commissioning

Further thought is being given to how Equality Impact Assessments can be routinely completed to a high standard and to embed this approach within South East London ICB as it becomes a strategic commissioning organisation.

EIAs are a key tool to identify where people and communities face barriers or have poorer experiences and outcomes and therefore become an effective approach to understanding inequalities for different sections of our population, by protected characteristic group, many of whom are well known to be affected by greater levels of deprivation and other social determinants of health across their life course. This is also applicable to our diverse staff and as such should continue to inform the work of the ICB in strategy, service and policy development.

Connected policies and dependencies

Our strategy connects to a wide range of corporate policies and frameworks:

- [Equality Act 2010](#)
- [Health and Care Act 2022](#)
- Human Rights Act 1998
- [Public Sector Equality Duty \(PSED\)](#)
- [Our NHS People Promise](#)
- SEL ICB Values and Behaviours Framework
- [NHS Workforce Race Equality Standard \(WRSE\)](#)
- [NHS Workforce Disability Equality Standard \(WDES\)](#)
- NHS Workforce Sexual Orientation Equality Standard (WSOES)
- Disability Confident scheme
- [NHS Six High Impact Actions \(see page 7\)](#)
- [Equality Delivery System 2022 \(EDS22\)](#)
- [Gender Pay Gap](#)
- [National Framework on Inclusion Health](#)
- [Health and Care LGBTQ+ Health Inclusion Framework](#)
- [SEL ICB Workplace Adjustments guidance \(internal only\)](#)
- [SEL ICB Trans and non-binary guidance \(internal only\)](#)
- SEL ICB Equality Delivery Plan
- The [SEL ICS Joint Forward Plan](#) and our [Integrated Care Strategy](#); both of which set out ambitions for EDI and reducing health inequalities
- [SEL ICB People and Communities strategic framework](#)

Our strategy informs, and is informed by, the following SEL ICB internal People and Organisational Development (OD) policies:

- Annual Leave and Special Leave Policy (HR07)
- Attendance Management Policy (HR02)
- Bullying and Harassment Policy (HR08)
- Change Management Policy (HR01)
- Disciplinary Policy and Procedure (HR06)
- Flexible Working Policy (HR10)
- Freedom to Speak Up and Whistleblowing Policy (CG02)
- Grievance Policy (HR09)
- Menopause Management and Support in the Workplace Policy (HR16)
- Parental Suite of Policies (HR04)
- Performance Management (HR03)
- Safer Recruitment Policy (QN03)
- Management of Stress and Mental Health in the Workplace Policy (HR11)
- Training and Development Policy (HROD01)

Glossary of terms used in this document

Term	Definition
Ableism	A set of beliefs or practices that devalue and discriminate against people with physical, intellectual, or psychiatric disabilities.
Age	A person of a particular age or within a range of ages. A protected characteristic under the Equality Act 2010.
Allies and allyship	Allyship is an active and consistent effort to recognise your privilege (based on gender, class, race, sexual identity, etc.) and to use it to support and advocate for people with less privilege, by understanding the struggles that they face. An ally is not a member of the group who they are supporting.
Anti-racism	The work of actively challenging and opposing racism in all forms, even within oneself, by advocating for changes in political, economic, and social life.
Antisemitism	Antisemitism is discrimination, prejudice, hostility or violence against Jews as Jews (or Jewish institutions as Jewish).
Cis-normative/ hetero-normative	The way that society is structured such that being heterosexual/cisgender is the 'default' or 'normal'. It is the assumption that all, or almost all, individuals are heterosexual/cisgender until proven otherwise.
Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. A protected characteristic under the Equality Act 2010.
Diversity	Diversity is recognising, respecting and celebrating each other's differences. A diverse environment is one with a wide range of backgrounds and mindsets, which allows for an empowered culture of creativity and innovation.
EDI champions	Someone who voluntarily acts as an ambassador to promote, embed, and advocate for an inclusive, fair, and respectful workplace culture.

Term	Definition
Employee lifecycle	The key stages that a person progresses through when engaging with an organisation as an employee. The cycle starts from a person becoming aware of the company, continues through their employment, and ends after they leave the organisation.
Ethnic Groups	A community or population made up of people who share a common cultural background or descent, like their colour, nationality (including citizenship) ethnicity or national origins.
Equality	Equality means fairness: ensuring individuals, or groups of individuals, are not treated less favourably because of their protected characteristics. It also means equality of opportunity: ensuring those who may be disadvantaged can get the tools they need to access the same, fair opportunities as their peers.
Equality Act 2010	The legal framework for equalities in Britain, consisting of three main areas: eliminating discrimination, advancing equality and fostering good relations.
Equality Impact Assessment (EIA)	A risk assessment tool used to identify the potential impacts (either positive or negative) of documents and services relating to the workforce or local people and communities.
Gender Pay Gap	The difference in average hourly earnings between men and women within an organisation. It does not refer to unequal pay for the same job, and it arises from various structural and societal factors.
Gender re-assignment	The legal term for transition, especially medical transition. It usually means to undergo medical procedures which change the body to align with a person's gender, but can also mean changing names, pronouns, dressing differently and for a person to live in their self-identified gender.
Global majority	Describes people who are Asian, Black, Brown, Indigenous, and of mixed heritage backgrounds. Collectively, these groups represent approximately 80% of the world's population.

Term	Definition
Health inequalities	Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. For the purposes of Equality Impact Assessment, the ICB looks specifically at digital inclusion, socio-economic deprivation and caring responsibilities.
Healthwatch	A body established in 2013 to ensure people and communities' experiences and views improve health and social care services.
Hidden Disabilities Sunflower scheme	A simple tool for people to voluntarily share that they have a disability or condition that may not be immediately apparent and that they may need a helping hand, understanding, or more time in shops, at work, on transport, or in public spaces. This can be in the form of a card/lanyard.
ICB core functions	These are the key areas that form the ICB's structure and include: planning, finance, quality and nursing, corporate etc.
Inclusion	Inclusion means creating an environment where everyone feels welcome and valued. An inclusive environment can only be created once we are more aware of our unconscious biases and have learned how to manage them.
Intersectionality	Refers to each person having their own unique experiences of discrimination across a range of different social identities and protected characteristics. See the full definition on page 13.
Islamophobia	An exaggerated, irrational fear, hatred and hostility towards Islam and Muslims perpetuated by negative stereotypes resulting in bias, discrimination and marginalisation of Muslims from civic, social, and political life.
Just culture	A fair, transparent environment in which staff report mistakes without fear of undue punishment, because the organisation is focused on improving systems and processes rather than blaming individuals.
Marriage and civil Partnership	Refers to colleagues who are married or in a civil partnership. A protected characteristic under the Equality Act 2010.

Term	Definition
Maturity index	A measurement or assessment scale that indicates the degree of progress made by an organisation with respect to the issue the scale is intended to address.
Micro-incivilities & micro-aggressions	Micro-incivilities (also known as micro-aggressions) are everyday verbal, nonverbal, and environmental behaviours, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their membership of a minority group.
Minoritised person or groups	Means to treat a person or group as distinct from, and less important than, the dominant population.
Neurodivergent/ neurotypical	A person who is 'neurodivergent' has a brain that 'diverges' from (is different to) the 'typical' brain. Someone who is not neurodivergent is often referred to as 'neurotypical'. Because of the diversity of all human brains, there is debate about whether a 'typical' brain really exists.
Neurodiversity	Describes the concept that people experience and interact with the world around them in many different ways; there is no one 'right' way of thinking, learning, and behaving, and differences are not viewed as deficits.
NHS People Promise	An NHS-wide plan developed in 2020 to deliver improvements to the working lives of NHS staff built around seven core themes.
Population health management	A methodology which improves population health through data-driven planning and the delivery of proactive care to optimise health outcomes.
Pregnancy and maternity	The condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. A protected characteristic under the Equality Act 2010.
Prejudice and discrimination	Prejudice means to 'pre-judge' someone. It starts in the mind and is a negative attitude towards people based solely on a group to which they belong. It is based on an unfounded opinion. Discrimination means to act unfairly towards a person or group of people based on their actual or perceived protected characteristic(s). It is putting prejudice into action, excluding people from equal treatment.

Term	Definition
Protected characteristics	Nine specific aspects of identity or attributes which are safeguarded against discrimination under the Equality Act 2010. These are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
Race	A group of people defined by their colour, nationality (including citizenship) ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British. A protected characteristic under the Equality Act 2010.
Rainbow Lanyard scheme	A physical lanyard which shows the wearer is LGBTQ+ or an ally.
Religion or belief	Refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition. A protected characteristic under the Equality Act 2010.
Sex	A man or woman. Assigned at birth and different from Gender Identity. A protected characteristic under the Equality Act 2010.
Sexual orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. A protected characteristic under the Equality Act 2010.
Training needs analysis	An organisation-wide survey of staff training needs to help plan for future training and development provision.
Transgender and non-binary	Transgender (or trans) relates to a person whose gender identity does not correspond with the sex registered for them at birth. Trans identities take a wide diversity of forms. Non-binary refers to an individual who does not belong fully in the category of either 'man' or 'woman'. It is an umbrella term encompassing a wide variety of genders that fall outside the more usually socially recognised binary.
Workplace adjustments	Adjustments made to remove barriers and to bring equity to staff with a disability or long-term health condition.

“ What some people call diversity I just call an open door...
it's like we open a door and there is the world, and you breathe it in.

You know those windows in hotels you can't open properly?
Some people just look through that and they breathe in exhaust fumes... fine,
stick with your narrow window. Over here is a **BIG** open door and everyone's
dancing and it's **glorious**. That's the place to be.

Why limit yourself? Why breathe in the exhaust fumes? Why be toxic?
Come over here, where the life and light and air and sound is. ”

- Russell T. Davies
Television screenwriter