

# Public Sector Equality Duty (PSED) Report 2025 – 2026

NHS South East London ICB Annual Equality Report



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# Foreword

by **Tosca Fairchild**, Chief of Staff & Equalities SRO



I am pleased to once again introduce the latest South East London Integrated Care Board Public Sector Equality Duty (PSED) report. This year has been one of considerable change across our organisation and the wider system. The ongoing Change Management Process, which was first announced in March 2025, has required all of us to adapt to new ways of working while continuing to deliver high-quality services for our residents. I want to take this opportunity to recognise the dedication, professionalism, and resilience that colleagues have shown throughout this period. Your hard work and commitment to improving outcomes and reducing inequalities for the people of South East London are deeply valued and appreciated.

As we move through this period of transition, it is more important than ever that we uphold our shared responsibility to ensure our workplace remains equitable and supportive for everyone. A fair and inclusive culture is essential to our success; it enables staff to feel valued, respected, and empowers them to perform at their best. This, in turn, is what strengthens our ability to deliver compassionate, effective care for our communities across Bexley, Bromley, Greenwich, Lambeth, Lewisham, and Southwark.

Our continued focus on embedding Equality, Diversity, and Inclusion (EDI) across all areas of our work underpins our strategic priorities and aligns with the four pillars of SEL ICB: **improving health outcomes** in South East London; **tackling inequalities** in outcomes, access, and experience; **enhancing productivity and value** for money; and **supporting broader social and economic development** across the region.

This year's report highlights the positive work undertaken by staff and teams across the system over the past year. From strengthening our Equality Standards and refining our Equality Impact Assessment processes to deepening collaboration with our staff networks and System partners, these collective efforts demonstrate our commitment to making equity and inclusion a lived reality within SEL ICB and beyond.

While we recognise that the months ahead will bring further change, we remain guided by our shared purpose and values. By continuing to work together – with colleagues, partners, and communities – we will build on this strong foundation and move forward towards a more inclusive, compassionate, and equitable health and care system for everyone who lives and works in South East London.

**Equality, Diversity and Inclusion is everyone's responsibility.**

# Our legal and mandatory duties for Equality, Diversity and Inclusion



## Equality Act 2010

Came into force on **01 October 2010** – it replaced previous anti-discrimination laws into a single Act (such as Equal Pay Act 1970, Sex Discrimination Act 1975, Race Relations Act 1976 and many others), making it easier to understand and navigate. The main aim of the Act is to stop unfair treatment, bullying, and victimisation based on nine protected characteristics (whether the person has the protected characteristic, is perceived or is associated with someone who does). At the ICB, we also monitor three additional core areas of health inequalities, which are Digital Inclusion, Carers and Socio-Economic/Deprivation.

The Act also states that public authorities, such as SEL ICB, must comply with the Public Sector Equality Duty. This Duty aims to ensure consideration is given to matters such as discrimination / inequality and the needs of disadvantaged people when making decisions for example, when planning services.

### Public Sector Equality Duty

This duty requires SEL ICB to consider the need to:

- ✓ **Eliminate discrimination, harassment and victimisation** and any other conduct prohibited by the Act. **Advance equality** of opportunity between people who share protected characteristic and those who do not.
- ✓ SEL ICB publishes equality objectives at least once a year, demonstrating it has consciously considered the above three aims as part of its decision-making processes.
- ✓ SEL ICB publishes staff protected characteristic data, which is included in this report.

### Health and Social Care Act 2012

Under this Act, ICBs have a duty to:

- ✓ **Have regard** to the need to reduce inequalities between patients, in access to services and the outcomes achieved;
- ✓ Ensure **health service provision is integrated** with health-related and social care services to reduce inequalities;
- ✓ Produce an annual **commissioning plan** outlining the discharge of their duty to reduce inequalities.

### How does SEL ICB show 'due regard'?

To demonstrate 'due regard' and to fulfil our annual requirements the ICB:

- ✓ Produces this PSED report annually by 31 March;
- ✓ Undertakes Equality Impact Assessments (EIAs);
- ✓ Engages with local communities who share protected characteristics and embed their voice in service delivery

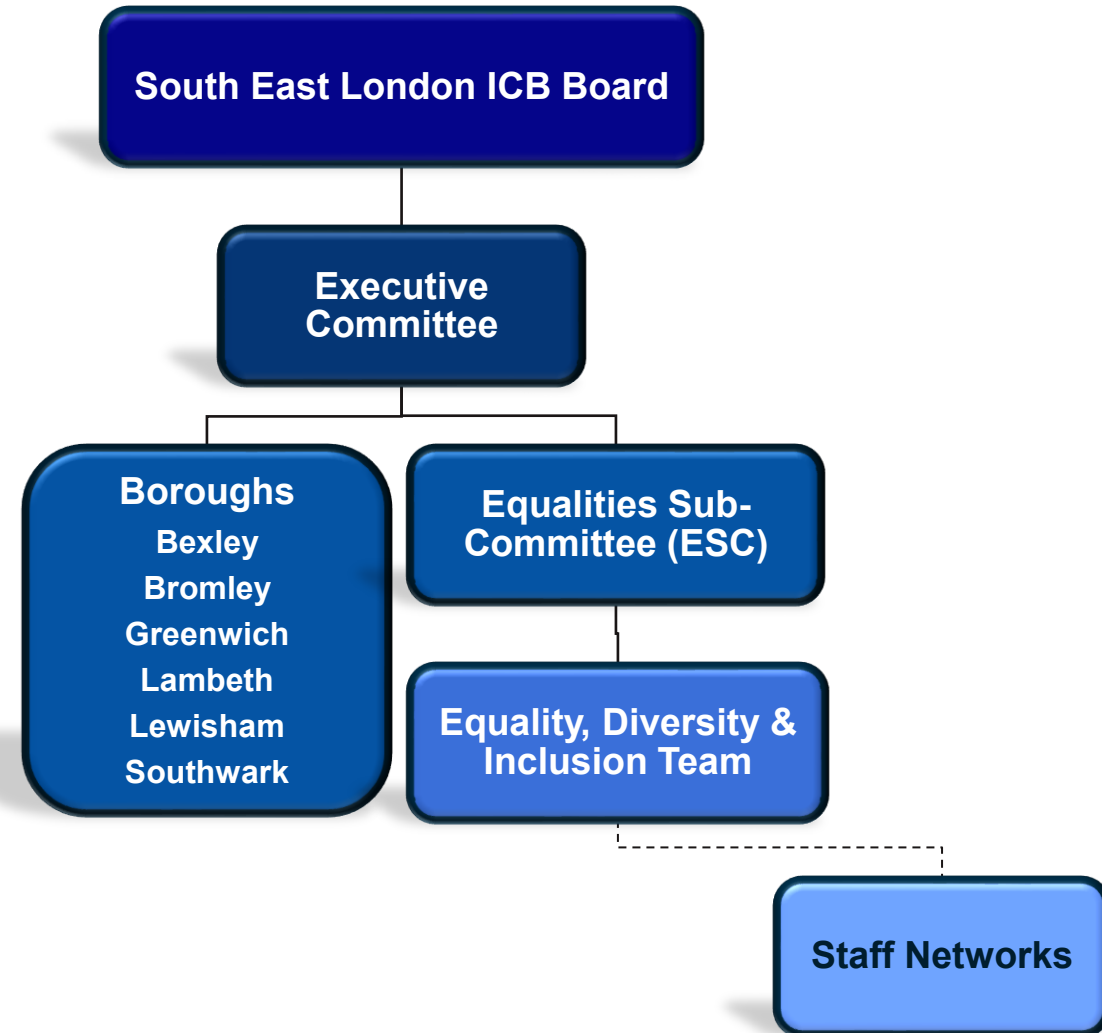
### Mandatory Standards

As well as the PSED, the ICB publishes information on:

- ✓ Workforce Race Equality Standard (WRES);
- ✓ Workforce Disability Equality Standard (WDES);
- ✓ Workforce Sexual Orientation Equality Standard (WSOES);
- ✓ Equality Delivery System 2022;
- ✓ Gender Pay Gap annually;



- **SEL ICB Board:** The Board with ultimate responsibility for all functions for the Integrated Care Board (ICB), which, along with the Integrated Care Partnership (ICP), holds the leadership of South East London to account.
- **Executive Committee:** Brings together executives of each part of the system (including the Boroughs and Collaboratives) to discuss key issues relating to the strategy, operational delivery and performance of SEL ICB, and related Integrated Care System or wider issues upon which the executive team should be briefed or develop a proposed approach.
- **Boroughs:** Administrative divisions within South East London, each serving as a local area for healthcare planning, delivery, and services. The ICB works collaboratively across these boroughs to meet the health needs of local populations.
- **Equalities Sub-Committee:** Supports the SEL ICB to make demonstrable improvements in EDI for the workforce, as well as for people and communities affected by the activities of SEL ICB. Committee members include representatives from each Borough.
- **EDI Team:** Creates equity for all groups and ensures patients and staff have a voice through promotion of good practice, coaching, mandatory and statutory requirements.
- **Staff Networks:** Allow colleagues to discuss their experiences, offering a safe space, and help us to shape our organisational culture to create a fairer and inclusive work environments for all. Currently: Age & Ability; Embracing Race & Diversity; LGBTQ+; and Women, Parent, and Carers.



# How does SEL ICB monitor Equality, Diversity and Inclusion?

## Equalities Sub-Committee

The purpose of the Equalities Sub-Committee (ESC) is to **support SEL ICB in making demonstrable improvements in Equality, Diversity and Inclusion** for the organisation's **staff**, as well as for **people and communities** for whom SEL ICB provides services and are affected by the activities of the ICB. The ESC **reports to the Executive Committee** and is **chaired by the Chief of Staff and Equalities Senior Responsible Officer**.

The Equalities Sub-Committee meets **bi-monthly** and brings together **representatives** from **Population Health, Human Resources, Organisational Development, Engagement** and **Staff Networks** to provide leadership, oversight and role modelling to the equalities agenda, ensuring that there are clear objectives, progress on, and evaluation of all related plans.

The Equalities Sub-Committee has an **annual workplan** to ensure all statutory duties and reporting is undertaken and that the ICB is embedding a culture of reducing health inequalities and promoting equality throughout all its functions.



## Equalities Delivery Plan (EDP)

The EDP is a centralised document that brings together all Equality, Diversity, and Inclusion (EDI) actions arising from EDI various reports including:

- a) Workplace Equality Standards (Race, Disability, Sexual Orientation)
- b) Gender Pay Gap Reporting
- c) Equality Delivery System 2022
- d) Equality, Diversity, and Inclusion Strategy
- e) Equality Objectives

By consolidating these actions into one comprehensive plan, the EDP provides a clear structure for monitoring progress and accountability effectively. It plays an important role in ensuring transparency and driving continuous improvement with regular progress being reported to the Equalities Sub-Committee. The EDI team identified recurring themes across all reports and, as a result, streamlined the actions at the end of the 2024/25 financial year into a three-year plan. However, in 2025, the ICB was notified of the upcoming change management programme, which prompted a review of the feasibility of delivering all the agreed actions. The EDI team subsequently met with action owners to determine which actions would be progressed and which would be placed on hold.

## What is it?

The Accessible Information Standard (AIS) aims to ensure that people with a disability or impairment can gain access to information in a way that is suitable for them, along with any communication support they need from health and care services. Organisations that commission NHS care and/or adult social care, for example ICBs, must also support provider organisations to implement the AIS.

## What does the Standard include?

The AIS states that patients, service users, carers and parents with a disability or impairment should:

1. Be able to contact, and be contacted by, services in accessible ways, for example via email or text message.
2. Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print.
3. Be supported by a communication professional at appointments, if this is needed to support conversation, for example a British Sign Language interpreter.
4. Get support from health and care staff and organisations to communicate, for example, to lip-read or use a hearing aid.

## What does the Standard tell organisations to do?

As part of the AIS, organisations that provide NHS care or adult social care must respond to five areas:

1. **Ask** people if they have any information or communication needs and find out how to meet their needs.
2. **Record** those needs clearly and in a set way.
3. **Highlight or flag** in the person's file or notes that they have information or communication needs and how to meet those needs.
4. **Share information** about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. **Take steps** to ensure that people receive information, which they can access and understand and receive communication support if they need it.

## Interpreting services

SEL ICB provides interpreting and translation services across all boroughs to assist patients in primary care settings. The service is delivered face to face and through telephone interpreting in a range of languages and can translate documents upon request. These services enables those with interpreting needs to access and increase knowledge of local health services, improving health and wellbeing and supporting community cohesion.

## Achievements:

- ✓ We identified remaining accessibility issues in the code of our website, which our developers have addressed.
- ✓ For pdfs and hosted documents: We are creating sections of the website with on-page content rather than pdfs. We continue to encourage and work with teams across the ICB/S to produce web-based content rather than pdfs where practicable, and accessible pdfs in other cases.



An Equality Impact Assessment (EIA) is risk assessment tool used when we commission a service, a new process or policy etc. It helps to identify any positive or negative impacts it could have on protected groups and to ensure appropriate actions are taken to mitigate any negative effects and promote equity.

**Benefits of EIAs:**  
EIAs help the ICB meet its Equality Act duties by improving services, strengthening planning, promoting inclusion, supporting engagement, and building trust with staff and the public.

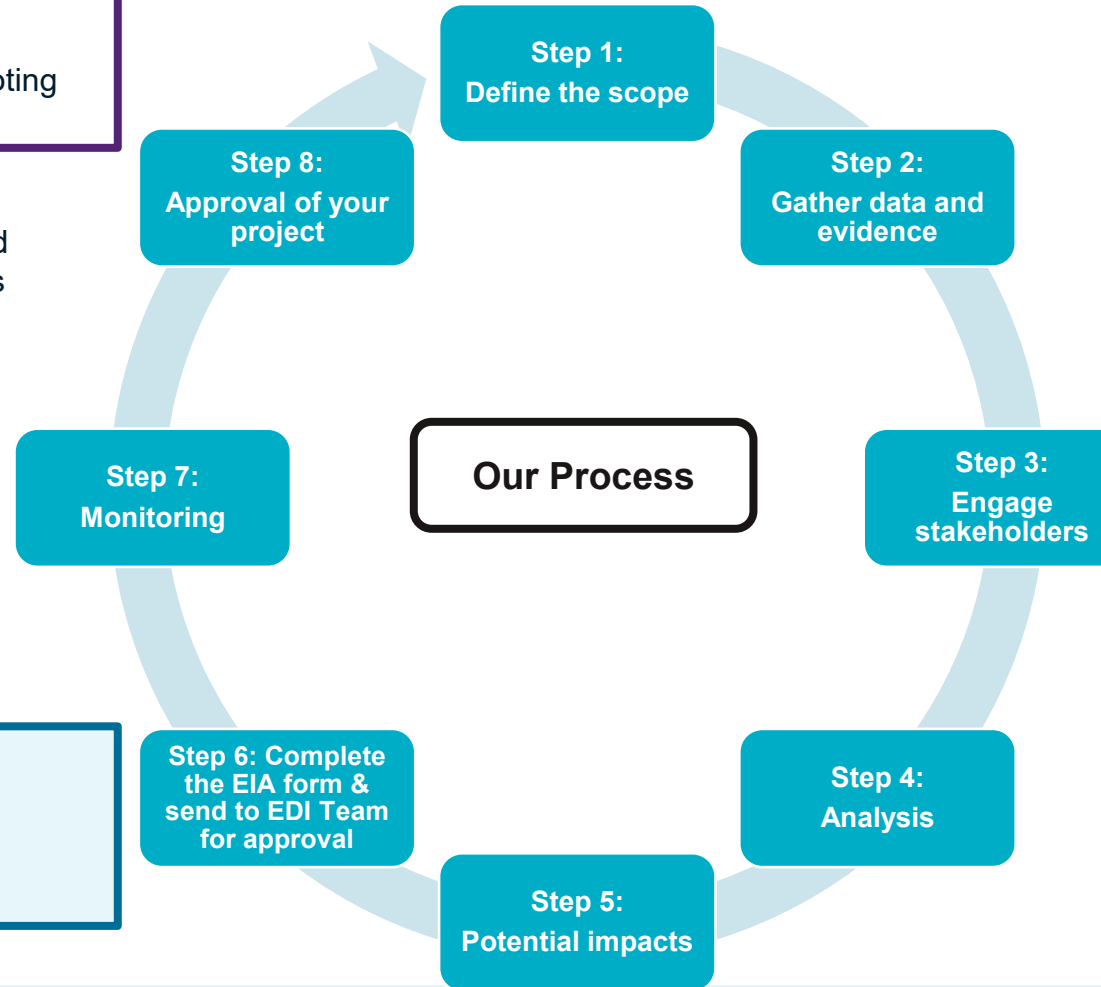
The EIA process was redesigned in 2024 and introduced at the end of 2024 with 2025/26 being used to embed the process. Since the introduction of the new process, the number of completed EIAs has grown significantly.

Between Jan - Aug 2024, 19 EIAs were submitted; in the same period in 2025, this increased to 43 - more than double. This suggests the new process is working, with staff showing greater awareness of equality issues and more confidence in using the EIA framework.

New EIA training was introduced this year to guide staff through the full process. This will continue as part of the EDI workstreams and is expected to further improve both the number and quality of assessments. Over time, it will help embed EIAs as a routine part of service design and policy, ensuring EDI is considered in all decisions.

**Next steps:**

- Continue offering training to colleagues.
- Update the resources on the SEL ICB intranet site.
- Establish ongoing communication channels for continuous support.



Listening to South East London residents helps the ICB better understand patient experiences with its services. Feedback from diverse backgrounds and protected characteristics provides valuable insights into different patient groups. These perspectives inform decision-making and drive improvements in local healthcare. The ICB collects patient experience feedback in various ways, as shown in the diagram.

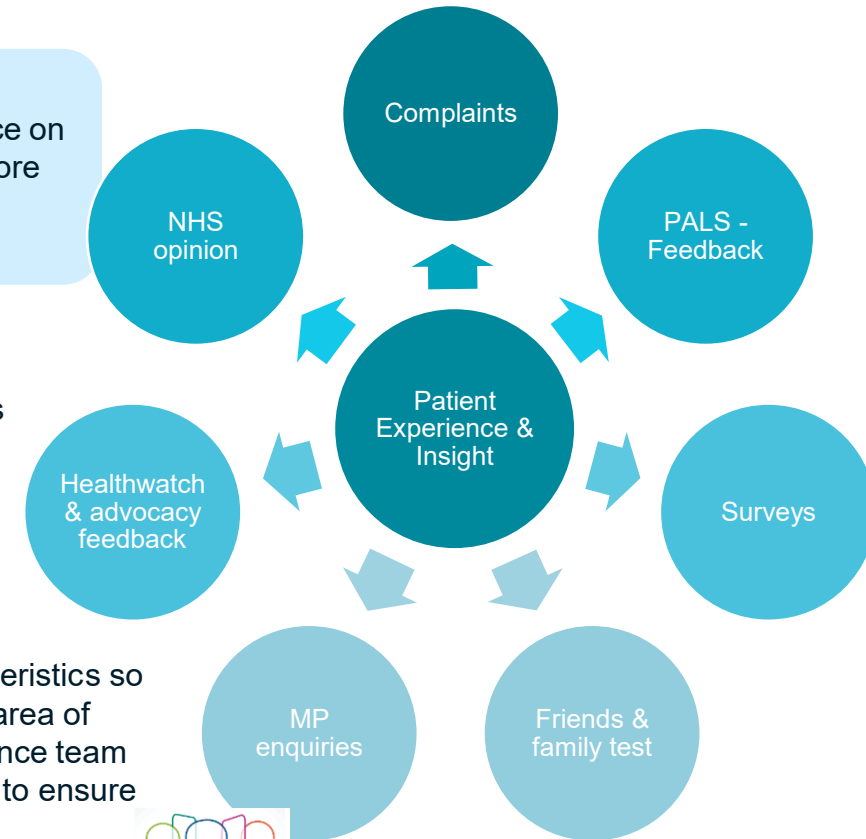
The ICB stores gathered information in a format that allows for further analysis, ensuring community feedback is a valuable data source. Equality and diversity monitoring helps identify whether certain groups face disproportionate impacts. While the ICB recognises the need to collect demographic data on formal complaints, current limitations in data collection prevent identifying potential inequalities in access to the complaints process.

### PATIENT EXPERIENCE, FEEDBACK & INSIGHTS - January 2025 – December 2025

The patient experience team provides support for patients, carers and relatives who are seeking advice and guidance on all aspects of healthcare. Ensuring equity of access for enquirers across the South East London landscape is therefore key. The ICB's patient experience officers are trained to be aware of any accommodations that may be needed to support enquirers with protected characteristics or additional needs.

Between 1 January 2025 and 31 December 2025, the organisation received **4,396** patient insights; this intelligence has been captured through **formal complaints** and **MP enquiries**. Feedback was also captured via **PALS/general enquiries**.

From the **433** formal complaints received by SEL ICB the majority (**365**) relates to **primary care services** (e.g. GP, Dental, Pharmacy). Complaints relating to **ICB services (68)**, mainly relates to provision of continuing healthcare and commissioning decisions. However, by far the highest number of complaints received (**528**) relates to **commissioned services** investigated directly by the provider, this includes primary care services (**205**) and services provided within acute trusts, LAS and NHS 111 (**323**).



In accord with the ICB's standard operating procedures, information is continually sought related to protected characteristics so access to more demographic data about people who make formal complaints is available. However, this remains an area of significant challenge as completion and return of this information is not compulsory or mandated. The patient experience team continue to explore ways to improve this situation and will engage in any benchmark activities and recommendations to ensure improvement in this area.



# South East London Population



- Southwark is ranked amongst the 15% most deprived local authority areas in the country
- Southwark has the third largest lesbian, gay and bisexual communities in the country
- 46% of Southwark's population are from a Black and Minority Ethnic background

- Lambeth is ranked amongst the 15% most deprived local authority areas in the country
- Lambeth has the second largest lesbian, gay and bisexual communities in the country
- 60% of Lambeth's population are from a Black and Minority Ethnic background

- Lewisham is ranked amongst the 15% most deprived local authority areas in the country
- 22.6% of children in Lewisham live in low-income families
- 47% of Lewisham's population are from a Black and Minority Ethnic background

- Greenwich is ranked amongst the 15% most deprived local authority areas in the country
- 21.8% of children in Greenwich live in low-income families
- 38% of Greenwich's population are from a Black and Minority Ethnic background

- 16% of Bexley's population are aged 65 and over
- 16.3% of children in Bexley live in low-income families
- Life expectancy is 7.9 years lower for men and 6.7 years lower for women in most deprived areas of Bexley, compared to the least deprived areas

- 18% of Bromley's population are aged 65 and over
- 13.2% of children in Bromley live in low-income families
- Life expectancy is 8.1 years lower for men and 6.1 years lower for women in most deprived areas of Bromley, compared to the least deprived areas

**Working with trusted voice community organisations:** We have partnered with [Food for Purpose](#) to promote children health immunity and help build vaccine confidence within Black faith communities across Southwark and Lambeth. By working directly with trusted church leaders, the project aims to support healthier lives for Black communities in South East London (SEL). Working with over 35 Nigerian and Ghanaian faith and community leaders and parents, issues that matter most to the community have been identified. [You can read more about the project here.](#)

**Women's and girls' health:** We helped to co-ordinate a menopause workshop with Bengali women in June with the SEL Gynaecology network, the Royal Borough of Greenwich and Oxleas NHS Foundation Trust. The session was very well received. [This is part of a wider programme of outreach which you can read about here.](#)



**Outreach:** We have continued building relationships with people and communities by meeting them in their own space. In order to support engagement as part of the creative health project and the reducing medicines campaign we have attended the Thamesmead carers event, Eid in the Park in Southwark, the Lambeth Country Show, Bexley South Asian festival, Thamesmead festival and Southwark Carers.

**Insight:** We continue to develop our [insights web page](#) to share insight easily across programmes and have published findings from our Change NHS engagement on the three shifts areas; we have also published a summary of insight gained highlighting the need to address racism, build trust, work with and in the community; address communication barriers, address access, mental health and wellbeing, the wider social determinants of health and to take a more proactive approach to prevention.

**Community organising:** To support projects and programmes in developing relationships with communities and building up trust and addressing power issues, we have developed a guide to community organising as part of our [engagement toolkit](#).

You can read updates on engagement activity, insight and next steps on [let's talk health and care in south east London](#) and sign up to the [Get Involved newsletter](#) for regular opportunities and updates.

# SEL Prevention, Wellbeing, Equity Framework

**SEL LONG-TERM AMBITIONS**

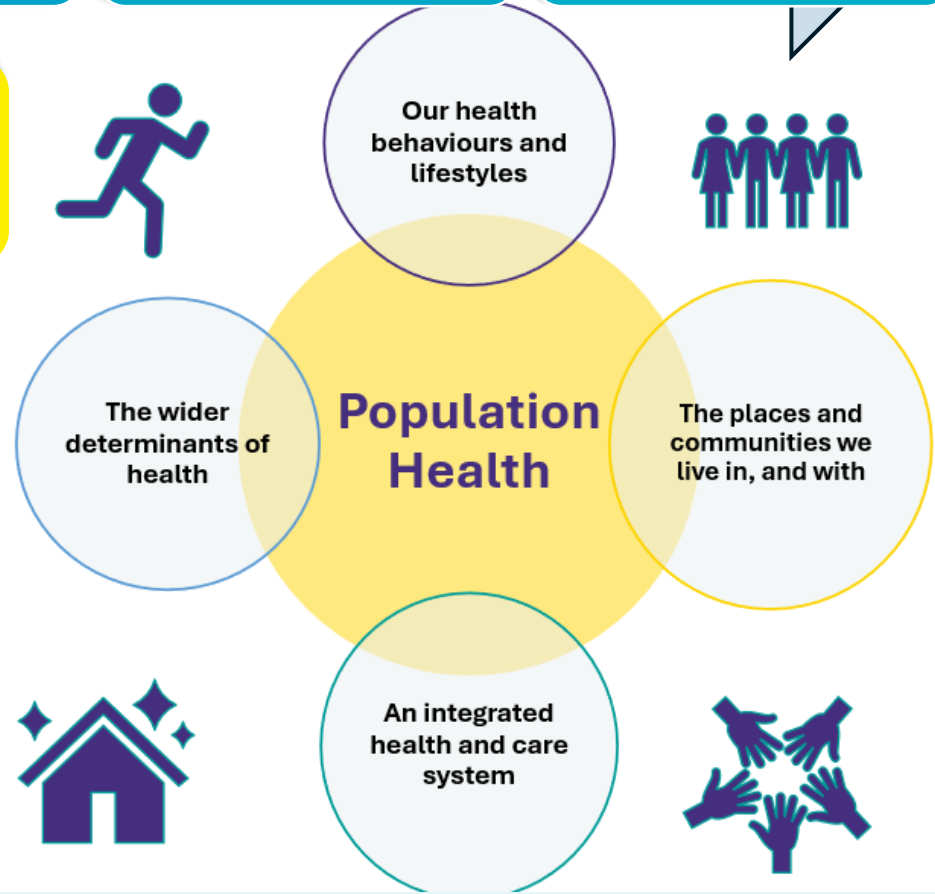
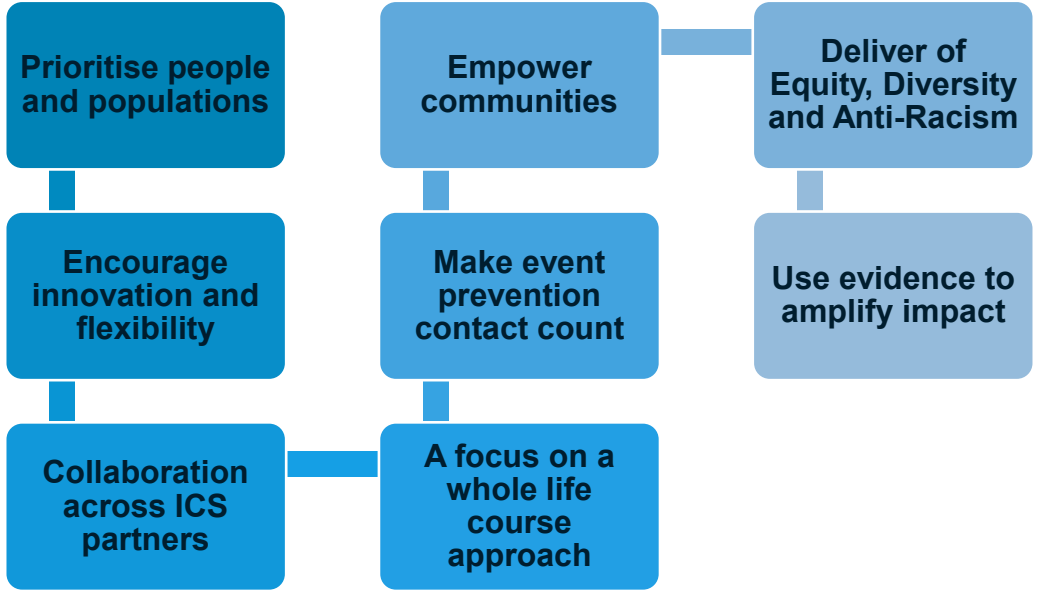
- Reducing the inequality gap in healthy life expectancy.
- Reduction in preventable deaths due to infectious disease and chronic disease.
- Reducing inequalities in child health outcomes and development.
- Reducing the gap between mental and physical health outcomes.
- Building trust and confidence in preventative healthcare services in our communities.

**AIM AND APPROACH**

**Our aim is to increase the likelihood that people will remain in the best health they can be, for as long as possible and, in doing so, to reduce disparities in healthy life expectancy.**

Our approach to prevention should be considered in the context of wider determinants of health creation.

**CORE PRINCIPLES**



# Socio-Economic Development and addressing the wider determinants of ill-health

Together we are building a future where health equity is at the heart of everything we do. Backed by data and shaped by the voices of our communities, the creation of thriving, equitable neighbourhoods will ensure everyone has the opportunity to lead healthier, longer lives. By **tackling health disparities, prioritising prevention and improving socioeconomic well-being**, we aim to bridge inequalities and ensure fairness for **all**.

**Community Partnerships & Outreach:** Built trust through collaborations with trusted voices, delivered community led workshops and events, and developed a community organising toolkit to empower local voices.

**Equity & Co-Design:** Embedded power-sharing governance, co-designed grant-making and trained community leaders to tackling systemic health inequalities. Integrated creativity into health equity strategies and youth mental health support.



## FUTURE ACTIONS

Secure long-term investment in community-led infrastructure and embed co-production into strategic commissioning and governance

Achieve system wide recognition of the value of trusted relationships and community empowerment

Deliver and evaluate equitable neighbourhoods using hyperlocal community organising and support the development of neighbourhood healthcare

Integrated work on wider health detriments

Power to communities

Multi-year funding opportunities for VCSE sector

OUTCOMES

Rebuild trust and relationships

Development of learning and action networks

# What have we done for our focus areas?

In 25/26 we have implemented a range of 'Vital 5' primary and secondary prevention interventions:

- ✓ **Alcohol:** Recruitment underway to expand Alcohol Care Teams (ACT) and Alcohol Assessment and Outreach Teams (AAOT) in SEL. South London ICB working with partners to develop a consistent SEL approach, based on best practice, based on [IAS report and recommendations](#).
- ✓ **Healthy Weight:** Recommendations from [Adult Weight Management Pathway review](#) into SEL commissioning intentions, with phased delivery via SPA model.
- ✓ **Hypertension:** National CVD Prevention data used to target hypertension measures, showing improvement from December 2024 (64%) to March 2025 (69.09%).
- ✓ **Mental Health:** Social Prescribing Link Worker integration; delivery of mental health prevention programmes including Talking About Mental Health and complementary health interventions in Lewisham.
- ✓ **Tobacco Dependency:** 3,199 referrals to SEL Stop Smoking Services - 60.4% made a quit attempt, of those, 50.0% were successful.
- ✓ **Pan Vital 5:** 155k+ Vital 5 checks delivered. Workforce training supported behaviour change and brief intervention delivery. Digital education portal launched with 90+ training packages. Proof of concept models developed to support place-based and community delivery.

To improve access to health care for **women and girls**, we have delivered on the following:

- ✓ Completed **public health needs assessment** on Long-Acting Reversible Contraception (LARC), menopause, preconception, and heavy menstrual bleeding.
- ✓ Established a **Women's and Girls' Health Network** with strong multi-sector representation.
- ✓ Delivered the '**Let's Talk about Women's Health**' public engagement campaign, gathering insights from over 1400 residents and two focus groups.
- ✓ **Pilot in Greenwich & Bexley:** self-referral to community hub, and targeted outreach with local organisations.
  - 474 women engaged across 30 events
  - 347 referrals to hub since March
- ✓ **Pilot in Lambeth:** introduced virtual triage, community hub, and outreach with local organisations.
  - 463 women engaged across 9 events. 10 VCSEs funded to deliver further outreach and education, estimated reach 1200+
  - 365 referrals triaged since April and 29 patients seen in hub since Sept
- ✓ **Designed a bespoke SEL Education and Training** programme covering 8 core areas through a health inequalities lens. Open to VCSEs, community pharmacy, and providers across all settings

To improve **uptake on vaccinations**, we have:

- ✓ Developed and submitted an Equality Impact Assessment for the South East London Winter Vaccination and Engagement Programme to ensure protected characteristics/health inequalities are considered.
- ✓ Key vaccination inequality initiatives in the past year focused on three priority groups:
  1. **Under-65s at risk/immunosuppressed** - collaboration with SEL borough leads and clinics have thus far achieved 18% uptake (vs. 25% national average); additional focus has been placed on high-risk oncology patients being treated at Guy's Cancer Centre (210 patients contacted, 41 requested further information to consider COVID-19 vaccination).
  2. **Pregnant People** – significant improvement in uptake compared to AW24 at GSTT maternity clinics (Flu: 612 vs. 359; RSV: 795 vs. 442; Pertussis: 593 vs. 354)
  3. **2 – 3-Year-Old Flu** – 156 community pharmacies across SEL have participated in the national pilot for delivery, directly administering 1,608 vaccinations thus far (total for SEL 12,701).

# Equality Objectives 2025 - 2029



Equality objectives are specific, measurable goals that public sector organisations, including the NHS, set to promote equality and comply with the Public Sector Equality Duty (PSED) under the Equality Act 2010. These objectives aim to reduce inequalities in access, experience, and outcomes for patients and staff, particularly those from protected characteristic groups. SEL ICB has refreshed their Equality Objectives for 2025-2026, with progress noted below.

SEL ICB Strategic Commitments	Equality Delivery System Domain / Outcome	EDI Strategy Theme	Deliverable – 2025/26	Executive / Operational lead	Timescale	Progress update – Nov 2025
Addressing health inequalities	Domain 1: Commissioned or provided services (1A)	Service planning and engagement	<b>1. Community dental services to continue to collect demographic data by protected characteristic, particularly, ethnicity; religion; and sex/gender. If possible this should include collection of demographic data for incidents and complaints.</b>	Executive Director of Planning / Community Dental Services (KCH and BHC) and Regional Lead for Secondary, Community & Specialist Dentistry	February 2026	<b>Complete:</b> A review of existing demographic data and the requirements of the Equality Act 2010 was carried out, which highlighted several data gaps—particularly in ethnicity, religion, and sex/gender. In response, a process has been developed to standardise and strengthen demographic data collection by ensuring that these fields are consistently available and clearly defined across all systems. Guidance for data entry has also been standardised, including clearer options for recording sex/gender and religion. In addition, prompts have been embedded at key staff contact points to encourage confirmation or updating of demographic information. To support this approach, the relevant standards and guidance have been updated, which is expected to improve overall data completeness.
Addressing health inequalities	Domain 1: Commissioned or provided services (1A)	Service planning and engagement	<b>2. Community dental services to broaden the range of measures regularly reported on to better understand access including waiting times.</b>		February 2026	<b>Complete:</b> Community Dental Services are expanding the measures reported to better understand access, including waiting times. A standard set of access indicators has been agreed, data quality processes have been strengthened, and a pediatric access dashboard is being developed. These improvements support more consistent reporting, clearer insights into inequalities, and data-driven service improvements.

SEL ICB Strategic Commitments	Equality Delivery System Domain / Outcome	EDI Strategy Theme	Deliverable – 2025/26	Executive / Operational lead	Timescale	Progress update – Nov 2025
Addressing health inequalities	Domain 1: Commissioned or provided services (1D)	Service planning and engagement	<b>3. Community dental services to continue to embed service user, patient and care-giver involvement in care formulation and service development, including development of case studies to provide evidence on this engagement.</b>	Executive Director of Planning / Community Dental Services (KCH and BHC) and Regional Lead for Secondary, Community & Specialist Dentistry	February 2026	<b>Complete:</b> Community Dental Services continue to embed meaningful involvement of service users, patients, and care-givers in both care planning and service development. Accessible communication tools and improved documentation processes are strengthening personalised care plans, while enhanced feedback mechanisms ensure patient and carer voices are consistently captured. Case studies are being developed to evidence real-world engagement, and involvement is now routinely reviewed through governance structures to drive ongoing service improvements
Addressing health inequalities	Domain 1: Commissioned or provided services (1A)	Service planning and engagement	<b>1. Integrated Therapies service to continue to collect demographic data by protected characteristic, particularly, ethnicity; religion; and sex/gender.</b>	Place Executive Lead – Lewisham (interim) / Operational Manager for Children’s Integrated Therapies	November 2025	All CYP services have completed a self-assessment on health inequalities and have identified areas where improvements can be made.
Addressing health inequalities	Domain 1: Commissioned or provided services (1B)	Service planning and engagement	<b>2. Integrated Therapies service to improve communication between the service, schools and parent/carer with a focus on those with English as a second language and those with a disability, impairment and/or sensory loss.</b>		September 2025	Clinical staff within the ITS service routinely use interpreters for families with English as an additional language, including BSL. Interpreters are also used for the translation of written materials, to allow for discussion and additional clarification.

SEL ICB Strategic Commitments	Equality Delivery System Domain / Outcome	EDI Strategy Theme	Deliverable – 2025/26	Executive / Operational lead	Timescale	Progress update – Nov 2025
Grow workforce capacity, skills, and improve staff wellbeing	Domain 2: Workforce health and wellbeing (2A)	Building staff support, health and wellbeing	<b>1. Implement a line manager training programme (which includes conflict management, EDI, health and wellbeing conversations) and ensure completion for 80% of SEL ICB line managers.</b>	Chief of Staff / Assistant Director of OD	March 2026	<p><b>Complete:</b></p> <ul style="list-style-type: none"> <li>✓ RISE (Reflect, Inspire, Support &amp; Empower) line management development programme has been rolled out to all health and care managers across south east London. Currently there are 586 registered users from across SEL ICS. ICB-level data will be available for the next update.</li> <li>✓ Managers are also being provided with training to support the implementation of the change programme e.g. guidance and training to support the launch of voluntary redundancy and training for VR panel members.</li> </ul>
Grow workforce capacity, skills, and improve staff wellbeing	Domain 2: Workforce health and wellbeing (2B/2C)	Tackling bullying and harassment	<b>2. Strengthen the ICBs approach to zero tolerance to bullying, harassment and physical violence through communications and training measured by a reduction in the 2025 NHS Staff Survey.</b>		March 2026	<p><b>Complete:</b></p> <ul style="list-style-type: none"> <li>✓ General awareness raising and engagement continues. OD team will work with HR to establish whether the number of reported incidents has increased / decreased and support with OD interventions accordingly.</li> <li>✓ HR will be communicating SEL ICB behaviours, the principles of a Just Culture, and our zero-tolerance stance on bullying, harassment and physical violence. Information has already been shared through SEL Together, and the EDI team has delivered a number of awareness sessions. The Equalities Forum has also continued to meet regularly, helping to embed a Just Culture across the organisation. Formal training, however, will be paused until the next financial year, once the new structure is in place.</li> </ul>

# Equality Objectives 2025/26

SEL ICB Strategic Commitments	Equality Delivery System Domain / Outcome	EDI Strategy Theme	Deliverable – 2025/26	Executive / Operational lead	Timescale	Progress update
Grow workforce capacity, skills, and improve staff wellbeing	Domain 3: Inclusive leadership (3A)	Active leadership commitment	<b>1. All ICB board members will have (at least) one specific and measurable EDI objective to which they will be individually and collectively accountable.</b>	Chief of Staff / Assistant Director of EDI	September 2025	<b>Complete</b> – all objectives for the Board are signed off. Each Board member has an equality objective, considered as part of the overall Fit and Proper Person Test, and in line with the Leadership Competency Framework.
Grow workforce capacity, skills, and improve staff wellbeing	Domain 3: Inclusive leadership (3A)	Active leadership commitment	<b>2. Continue to increase EDI awareness for Board members and senior leaders through events and activities measured by year-on-year improvement in the NHS Staff Survey and EDS22 ‘Inclusive Leadership’ Survey.</b>		March 2026	Inclusive leadership training has been put on hold due to the ICB Change Programme. Unconscious bias in recruitment training has been refreshed and is mandatory for all staff. NHS Staff and EDS22 surveys are paused in 2025/26, but staff feedback will be reviewed through new bi-monthly check in surveys.
Grow workforce capacity, skills, and improve staff wellbeing	Domain 3: Inclusive leadership (3B/3C)	Active leadership commitment	<b>3. Ensure Board and Committee coversheets are fully completed under ‘Equality impacts’, to ensure EDI considerations have been taken into account in ICB planning, development and decision-making, measured annually through EDS22 audit.</b>		December 2025	<b>Complete</b> – committee front sheets are being updated to include a note on EIA’s and the importance of completing and including them in decision-making processes.

# South East London-wide Case studies



Digital inclusion means ensuring that everyone, regardless of their circumstances, can access technology and has the skills and confidence to use digital devices and online services. As more services move online and digital channels become the default way to connect, people who are digitally excluded risk being left behind.

## Delivering the Digital Inclusion Strategy

- The strategy provides clear direction to improve accessibility, strengthen workforce efficiency, and reduce barriers, aiming for better outcomes through engagement, equality, and continuous improvement.
- It outlines core objectives while allowing partners flexibility, operates within existing resources, and relies on collaboration and system-wide expertise without additional funding.
- Delivery will run over three years through themed interventions, aiming for a sustained cultural shift, with success dependent on strong collaboration and risks linked to capacity and shifting priorities.



### YR1. PEOPLE

Embed digital inclusion into the culture of South East London, providing the workforce and population the knowledge needed to drive the change that is required to deliver inclusive services where no one is left behind, and health inequalities are not widened by the introduction of digital technology and platforms.

### YR2. PLATFORM

To promote digital inclusion through the adoption of user-centric design in digital initiatives (i.e. NHS App), ensuring that digital tools and services are accessible, intuitive, and empowering for individuals across diverse cohorts, including marginalised and underserved communities.

### YR3. PROCESS

To drive digital inclusion through transformative initiatives by providing clear guidance, education, and support, to ensure that all individuals, regardless of their digital literacy, can confidently use technology to enhance their personal health management, improve care delivery, and contribute to a more efficient, patient-centered healthcare system.

## Update YR1 People:

Integrate digital inclusion across the ICB by raising awareness of digital exclusion risks and challenges through staff training, workforce capability planning, and tools to support NHS staff in digital transformation.

### Outcomes:

- Launched the **ICB Digital Inclusion intranet hub** with key resources and support.
- Created an **operating model** embedding inclusive-by-design principles.
- Delivered **staff training** supported by digital exclusion personas.
- Developed a **workforce capability planning tool** to strengthen awareness and skills.

## Next Steps YR1 People

- ✓ **Toolkit & Monitoring:** Assess needs, analyse exclusion, and track impact of device and connectivity support.
- ✓ **Triage Service:** Raise awareness, provide equipment and training, and support sustainable digital access.
- ✓ **Empower & Educate:** Targeted communications to promote digital routes to care and inclusion.

The Black Maternal Health Programme is **one of two flagship programmes** delivered through NHS South East London-Impact on Urban Health joint funding partnership. It was created in 2022 to **re-build trust with communities** where it is currently absent or fragile by sharing power with them to design, commission and deliver healthcare interventions.



## Engagement & Interventions

In 2025, delivery has included:

- ✓ Establishing a power sharing governance model, putting Experts by Experience and VCSE Leaders from Black communities at the centre of decision making about the design, funding and delivery of work
- ✓ A Black Maternal Health Solutions-focused workshop held in Brixton in June 2025 convened over 80 people with lived experience with NHS clinicians and commissioners – an output is [available here](#).
- ✓ Co-designing an equity-informed grant-making process making up to £1.5m available for community-based organisations and partnerships to deliver the solutions collaboratively generated at the workshop

## Outcomes

- Providing meaningful opportunities to Black south east Londoners to be involved in shaping the services they use
- Beginning the long-term work of re-building trust with communities who have experienced systemic racism and lost faith in healthcare services due to previous poor care and discrimination

## FUTURE ACTIONS

Lived Experience Consultants will be at the centre of assessment and allocation of our £1.5m funding pot and have the opportunity to join an Accountability Group to oversee delivery of the work and our Partnership

Innovative, community-driven solutions will be funded and supported to iterate their models over a three-year delivery window. Delivery, Learning and Evaluation Partners and SEL ICB's Partnerships Project Lead will support projects and grantees to build capacity, relationships and impact and embed their work in the system 48.



The SEL Enhanced Sickle Cell Community Care Pilot was launched to address long-standing inequalities and systemic failings in sickle cell disorder (SCD) care identified in the [No One's Listening](#) report (Credit: Sickle Cell Society, Nov. 2021). Delivered across Guy's and St Thomas', Oxleas, and Bromley Healthcare, the pilot focuses on proactive, community-based, and culturally sensitive care, improving access, experience, and outcomes through an expanded nursing workforce and integrated multidisciplinary team.

## Achievements:

Services were **co-designed** with patient groups, councils, and community organisations to build trust and cultural relevance, alongside peer mentoring and education to support young people, families, and schools in managing SCD.

Community nursing capacity was **expanded and integrated** with wider multidisciplinary and welfare support, addressing social and financial barriers while delivering holistic, preventative care and targeted education.

Referrals **increased significantly** (GSTT from 7.5 to 22 per month), 96% of patients reported improved confidence, £349k in welfare support was secured, and services now reach deprived communities across South East London through multiple referral routes.

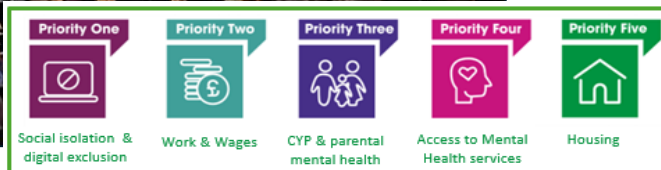


**Next steps** include developing a business case and service specification to secure **long-term investment beyond the pilot**. The team will continue rolling out education sessions for GPs and frontline staff to **improve awareness and understanding** of sickle cell. **Targeted outreach** will be developed for **men, particularly from African and Caribbean communities**, to help address stigma and cultural barriers to care. Work will continue with the Sickle Cell Society to **recruit and train more mentors**, easing caseloads and ensuring safe, effective support. Finally, **new information and resources will be designed** to be culturally appropriate, accessible, and to strengthen trust between patients and clinicians.



South East London ICB is a lead partner in a unique collaboration bringing together SEL and SWL ICBs, the **three** south London mental health Trusts, south London local authorities, **over 150** communities organisations, and **strategic partner** Citizens UK.

The programme harnesses the **power of community organising** to understand and address deep-rooted health inequalities – prioritising **mental health prevention** through tackling systemic barriers to good health and wellbeing.



**Future actions:** Developing **hyperlocal community organising pilots** in Greenwich and Southwark to **co-develop** health equity actions plans with communities aligned with NHS neighbourhood developments, in partnership with Local Authorities.



Since **2021**, SLL has engaged **10,000+** people, trained **1,000+** community leaders in organising and co-developed **40 pledges** across five priorities.

Guided by our community priorities and pledges agreed by NHS and Local Authority leadership at large-scale assemblies – most recently in **Nov 2025** at St George’s Cathedral with **1,000** attendees – this work is building a movement for change to improve mental health and wellbeing.

## OUTCOMES

Developed [Be Well programme](#) with 90+ organisations, engaging 4,500+ people monthly to tackle mental health and social isolation. Innovations include a wellbeing clinic for racially and religiously minoritised groups with Goldsmiths University and a new Arab community partnership.

Co-developed [CAMHS virtual waiting room](#) with community through MyHealthE accessed by over 10,000 families in South London.

Championing [Living Wage accreditation across NHS and Local Authority partners](#), seeing 5000 of the lowest paid NHS workers receiving wage uplifts – with SEL NHS leaders leading Living Wage work across London, leading to 10,000 wage uplifts across 164 organisations.

Taking system wide action on [health and housing-](#) launched Health and Housing coalition - bringing together NHS and LA leadership to develop community-led solutions to health and wellbeing impacts of housing crisis.

Driving innovative approaches to [improve healthcare access for migrants and refugees](#), including doubling participation in Safe Surgeries initiative (200+ practices signed up) and piloting a new [NHS Community Embedded Worker](#) within VCSE working with migrant communities

In December 2024, the [Health and Housing Coalition](#) was launched to directly deliver on commitments made by South East London ICB, South West London ICB and other system partners at two community assemblies to take action on the health impacts of the housing crisis. The Coalition is chaired by Andrew Bland, CEO, and Richard Douglas, Chair, South East London ICB, and Ann Rainsberry, Chair, South West London ICB – and includes NHS and Local Authority representation across the 12 South London boroughs.



## Engagement & Interventions

Through an engaging community-led process including online, in-person workshops and two full Coalition meetings in 2025, the group has been developing key priorities and interventions.

- ✓ Strengthen the role of the NHS as an anchor institution in supporting the creation of affordable homes and social homes
- ✓ Embedding housing advocacy within health services that support people with housing-adjacent health needs and strengthening the role of the health system in identifying housing issues

Initial NHS sites in South East and South West London identified that could be used for potential housing and community benefit – as well as exploring larger medium-term developments and scoping wider opportunities in 25/26

## OUTCOMES

Development of system wide communications to improve transparency and effectiveness of the process for raising health related housing needs – with neighbourhood focused implementation in core boroughs



## Future actions

Next Coalition meeting in Feb 2026 – incorporating community-led legislative theatre approach to share lived-experience insights, best practice working and co-produce information, support and advocacy solutions for those with housing-related health problems. This will inform a new set of Coalition priorities for 26/27.

# Creative Health for Lewisham's Neighbourhood Health

This project supports Health Equity Teams & Integrated Neighbourhood Teams in Lewisham to embed Creative Health in their approaches, it recognising that creative health can reduce health inequalities and offer improved health outcomes for those who are at risk yet are disengaged from healthcare services.

The Creative Health Impact Framework, funded by the Greater London Authority and developed by Jane Willis with partners across South East London, was created to help VCSE, arts, and cultural organisations demonstrate their impact on health inequalities. Starting in September 2024, the project combined research and stakeholder engagement. The result is a set of tools that help organisations measure and communicate their health impact in ways aligned with ICS priorities.

Across London, arts, cultural, and VCSE organisations are delivering activities that have a huge impact on people's health, supporting people who experience health inequalities, and improving the lives of many across the city every day. This framework has been designed to support voluntary, community and social enterprise, arts, and cultural organisations to plan for, evidence, and communicate impact to health partners in relation to inequalities and health improvement.

Lewisham have used the [Creative Health Impact Framework](#) to support Health Equity Teams to articulate the impact of collaborative projects between VCSE organisations and Primary Care Networks focused on reducing inequity in CVD outcomes, particularly for racially minoritised people. Delivering Training to Integrated Neighbourhood Team workforce so the value of creative health in relation to neighbourhood delivery is understood and workforce is aware of local creative health opportunities to support patients. Training also offered to the wider VCSE sector in Lewisham



## OUTCOMES

London Arts & Health and the Health Innovation Network will be evaluating the impact creative health is having on equitable neighbourhood health in Lewisham through Health Equity Teams and wider training offer 2025-2027

## FUTURE ACTIONS

Delivery of Creative Health micro grants programme for Lewisham in 2026

We are supporting the Creative Health sector—including VCSE, arts, and heritage organisations - to build stronger connections with health services, enabling improved referral pathways and greater collaboration between clinical and community-based providers. This work also brings Local Authorities and the ICB together with Creative Health organisations that offer best-practice, creativity-led approaches to supporting young people’s mental health.

**We delivered a programme of Creative Health activity across South East London, including:**

- A major regional event at the Southbank Centre in Feb 2025, bringing together 200 health professionals, local authorities, creative organisations and residents to explore creativity’s role in reducing health inequalities.
- Two Creative Health events in Bexley (Spring & Autumn 2025), convening 50 social prescribers, primary care teams, libraries, VCSE and arts organisations to strengthen local collaboration.
- A Lambeth Neighbourhoods Creative Health event in Oct 2025, bringing together 67 creative health providers, Lambeth Together, social prescribers and Healthwatch Lambeth to explore neighbourhood-level opportunities.

**Alongside these events, we are:**

- Establishing a partnership with the Southbank Centre and SLaM to integrate health services into a dedicated creative health centre.
- Connecting Queercircle with Bexley Public Health to support the LGBTQIA Schools Forum.
- Delivering Creative Health awareness sessions for Bexley’s School Wellbeing Ambassadors, supported by The January Challenge resources.

**Outcomes:**

- Greater awareness of the value of Creative Health and stronger collaboration with the sector.
- Clearer, more effective referral pathways, increasing access to evidence-based creative wellbeing activities.
- Movement toward embedding Creative Health as a core approach to supporting young people’s mental health.

**Future Actions:**

- Involve the creative health sector in co-designing neighbourhood delivery at local and regional levels, using events to strengthen partnerships with neighbourhood teams.
- Work jointly to secure resources for shared priorities, including the development of an integrated youth centre.
- Share evidence and resources with key partners to embed Creative Health within wellbeing approaches for young people.



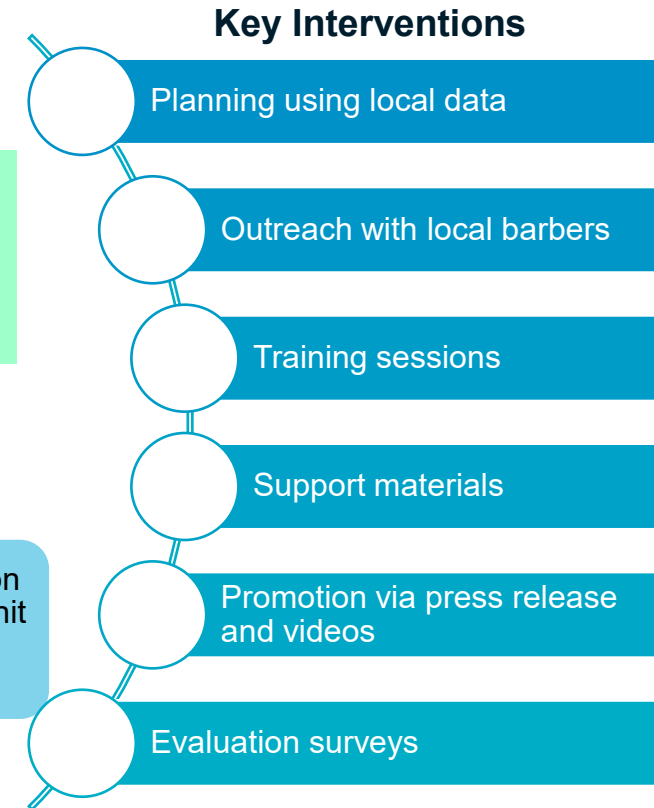
Head and neck cancers are the fourth most common cancer in men in the UK and eighth overall, with incidence increasing by over 30% since the 1990s. Only a third are diagnosed early, meaning most require more complex treatment with poorer outcomes. Prevalence and late diagnosis are higher in deprived areas, including Plumstead and Glyndon in Greenwich, which recorded the highest admissions (2017–22) and highest deaths (2021) in the borough. Greenwich uses a neighbourhood development approach that engages volunteers and community champions; barbers were identified as key influencers for sharing health messages.

The barbershop programme aimed to raise awareness of head and neck cancer symptoms, risk factors and the importance of GP referral, supporting earlier recognition in high-risk neighbourhoods. Training was designed to ensure barbers could confidently have conversations without feeling responsible for diagnosing cancer.

Direct outreach was undertaken to barbers in Plumstead and Glyndon to build relationships and understand appetite for training. Twenty-seven barbers attended the three-hour session, reflecting engagement with local communities in areas of deprivation disproportionately affected by late diagnosis.

- ✓ Twenty-seven barbers attended and “engaged well”.
- ✓ Qualitative feedback showed barbers increased knowledge, shared messages with customers, and valued the training.
- ✓ Follow-up survey feedback (from five barbers to date) showed strong agreement that knowledge improved and that they felt confident having conversations with customers.
- ✓ Barbers requested further training and additional merchandise to support future conversations.

Supporting local barbers has been recognised as a really positive piece of work. In light of other barber engagement activity taking place in the borough, stakeholders will now consider the following options:



Preconception care is often an area that is overlooked but can positively improve pregnancy outcomes by addressing risk factors prior to conception especially for those that experience the poorest outcomes including Black and Asian women and birthing people and those living in deprived areas.

SEL Local Maternity and Neonatal System in conjunction with Tommy’s charity carried out a digital preconception health campaign across SEL to raise awareness of the **Tommy’s preconception tool** and the importance of planning for a healthy pregnancy and a community outreach project with Local government East to gather insights from local people that will inform future campaigns and information sharing.

For **six months** the SEL campaign used a **multi-channel** strategy combining digital (social media, influencer content, geotargeted ads) and **offline** (printed materials, community events) approaches. The digital campaign achieved **1.54 million** impressions, **551,839 unique** reach and **3,604 tool completions**.

Materials were distributed in **75+ community locations** with resources translated into **multiple languages**. Community events engaged with over 130 service users including refugees, migrants, young adults, and fathers to be.

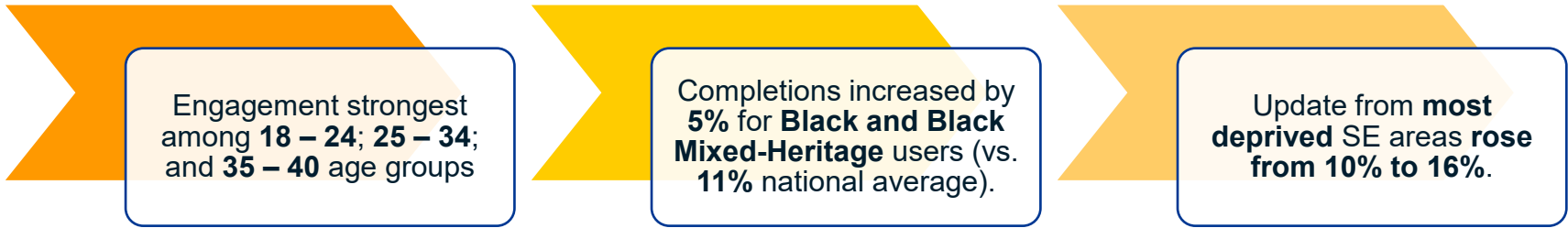
### KEY FINDINGS

#### Health behaviours:

- **Folic acid:** 51% uptake among SEL users who stopped contraception (vs. 48% nationally); ~50% uptake for **Black** and **Black Mixed-Heritage** users (vs. 37% nationally).
- **Vitamin D:** 45.7% uptake (vs. 38.2% nationally), with a 19.4% increase among Black and mixed-heritage users.
- **Mental health:** 32% reported a mental health condition, with higher prevalence among **Black (+7%)** and **Asian (+12%)** users.

#### User feedback and outcomes:

- ✓ **76%** found the tool useful, **61%** learned something new.
- ✓ **72.5%** intend to change behaviour (diet, exercise, alcohol, smoking); **44%** intend to use supplements; **34%** plan to speak to health professionals.
- ✓ **57%** reported increased confidence in speaking to professionals; **54%** said the tool improved mental health and wellbeing.

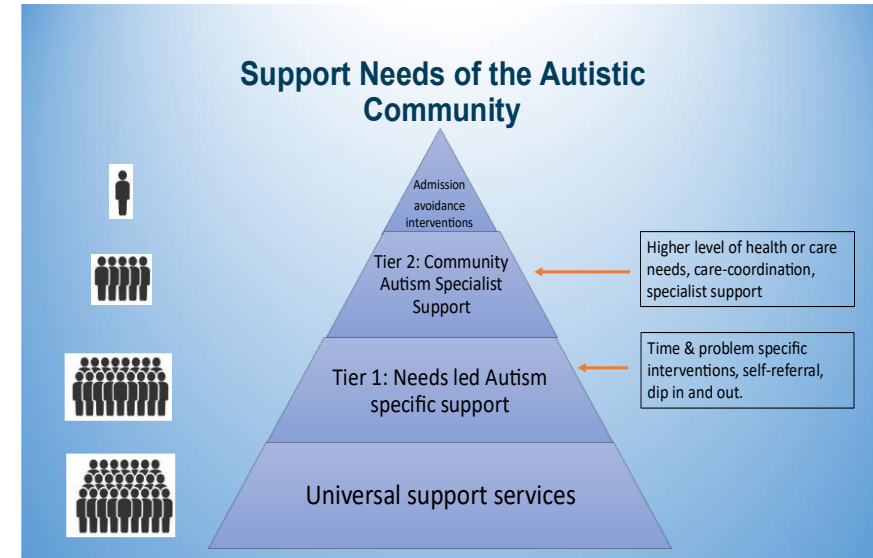


### Next Steps

Improving visibility and accessibility, tailoring communications, integrating preconception care into routine practice, strengthening partner engagement (including men), and sustaining community-led outreach with a clear focus on equity and education.

Comprehensive mapping of autism services by the ICB across SEL identified gaps that need to be addressed that are aligned to the ICB's SEL All Age Autism Framework, specifically the focus on *Building the Right Support* in the community and supporting people in inpatient care. One clearly identified gap was for autistic adults who have complex needs related to their experience of autism – Secondary Mental Health services excludes the vast majority of autistic adults without a Serious Mental Illness.

CAS will empower and enable autistic adults; Ensure that the voices and views of autistic adults, their carers and communities are heard and play a key role in coproducing/codesigning services; enable partnership working; enable access to preventive initiatives; provide training to partners in the wider pathway of support and other community sectors to engage effectively with autistic adults, and ensure their wider needs are met; improve health outcomes and reduce health inequalities; address inequalities in access to services; deliver care in the least restrictive manner in line with the Human Rights Act and Mental Capacity Act principles; support people to live as independently as possible in the community.



A SEL wide mapping of autism services was conducted in 2024, to better understand the causes of Mental Health admissions and to hear from the autistic community about the challenges they experience that contribute to poor outcomes and quality of life. A survey and a series of focus groups with autistic people was designed to collect information and views about current services and gaps in provision. The gap analysis highlighted two gaps to be filled: **Needs led autism specific support** and **Community autism specialist support**

## Planned Outcomes

- Prevent mental ill health and improve access to mainstream services
- Support people to live as independently as possible in the community

## Next steps

- ✓ Approval at Contract Management Board, Recruitment and Mobilise the service

## KEY INTERVENTIONS (TO DATE)

Development of service specification – co-produced with autistic citizens and NHS provider clinicians.

Completion of a business case and paper for Contract Management Board (pending final approval).

Determination of workforce needs, and demand and capacity.

# Bexley



# Tackling Health Inequalities: Clocktower Neighbourhood

## Population Health Focus

- The Bexley Wellbeing Partnership identified **clinically extremely vulnerable working age men in the Bexleyheath and Welling** as a particular area of focus to increase take-up of the flu vaccine.
- Experience of working with this demographic has evidenced that engagement over vaccinations and health matters is challenging.
- **Engagement** with the **Welling United Football Club**, which has a loyal **1,000-2,000** fan base, the *Fans Forum* wanted to discuss and receive support on **cancer awareness and mental health**.

## Improving Access

- Working in partnership with the **Welling United Football Club**, the club agreed to host a Health & Wellbeing Day, with the match sponsored by **Bexley Wellbeing Partnership**, at Welling United's home fixture against the Cray Valley Wanderers.
- The **Health and Wellbeing Day & Market**, would have an emphasis on **prevention and early intervention** for a demographic generally reluctant to access health services.

## Objectives

- Raising awareness on; winter **vaccinations**, health and wellbeing priorities including **cancer screening and suicide prevention**.
- **Proactive engagement** with a demographic that generally does not seek help or support with **health and wellbeing issues before a crisis**.
- Providing **Blood Pressure checks** and support on **smoking cessation**.

## Health & Wellbeing Day

On Saturday 15<sup>th</sup> November 2025, at the Isthmian Premier League fixture between Welling United and Cray Wanderers;

- In the *Fan Zone* before the match, the Health & Wellbeing Market included **11 local partners organisations and charities** support by the Bexley **Community Champions** – provided a range of support and advice including Blood Pressure Checks, advice on mental health, nutrition, exercise, cancer screening and awareness and smoking cessation.
- The Mayor of Bexley hosted a **Breast Cancer Awareness Tea Party** for the fans, where attendees heard from fans with lived experience of breast cancer.
- **Dr Winne Kwan**, Clinical Care & Professional Lead for Cancer (Bexley) was on hand to speak about raising awareness of cancer and the importance of screening.



## Cancer Awareness

To emphasise the Bexley Wellbeing Partnerships programme on **cancer awareness** the kit included ribbons on the sleeves to symbolise both breast and prostate cancer awareness – sponsored by the partnership.

Proceeds from Bexley Wellbeing Partnership & Cancer Awareness Kit and through fundraising on the day – resulted in the club being able to **donate £3,280 to the Community Hospice**.

**However, unfortunately, on the day Welling United were unable to beat the Cray Wanderers!**



# Bromley



The Community Dental Service at Bromley Healthcare was commissioned to promote oral health sessions at the Bromley Homeless Health Clinic and run a treatment clinic for the homeless at Beckenham Beacon from May 2025. The sessions focused on building trust with attendees, providing information and support, and identifying those needing further treatment. The treatment clinic was delivered with a nurse and the necessary facilities at the Beckenham Beacon site. This initiative addressed urgent oral health inequalities in homeless populations through a value-based, trauma-informed care model aligned with national strategy.

- Homeless individuals face high levels of untreated oral disease and systemic access barriers.
- There is good evidence that a very high proportion of the homeless have issues with their mouth since becoming homeless, including pain, bleeding gums, loose teeth and dentures and dental abscesses.
- Attendance at the dentist is lower than in the general population with homeless people were found to be unclear on the entitlements to dental treatments despite a high need for emergency treatment.
- Poor oral health has a significant impact on self-esteem and mental health, and this acts as a barrier to reintegration into society, especially seeking employment.

**Impact:**

1. Value-Based Care – Better outcomes, efficient resource use
2. Operational Efficiency – Cost savings, improved scheduling
3. Inclusivity & Safeguarding – Trauma-informed, partnership-driven



- Treatments Delivered**
- Relining Dentures
  - OPG X-rays
  - Fillings
  - Extractions

- Barriers**
- Uniforms
  - Completing paperwork
  - Dental Fees
  - Personal problems
  - Freedom to choose

- Enablers**
- Consistent staff
  - Flexible times/dates
  - Appointments later in the day



# The Anticipatory Care Team

The team provides proactive support to **housebound and/or frail individuals with long-term health conditions** using risk stratification and Community Asset Mapping to identify needs and gaps in local services. A co-design workshop with **40 local residents** helped shape a proactive care offer tailored to the community

The intervention focuses on holistic assessments in the home, supporting long-term condition management, wellbeing, and discussions about advanced care planning and the Universal Care Plan.

- ✓ Proactive identification using population reporting.
- ✓ Improved access for socially isolated, digitally excluded and housebound individuals.
- ✓ Evaluation, including Index of Multiple Deprivation (IMD), showed strong reach into more deprived communities.
- ✓ The model contributed to reducing health inequalities by delivering equitable, personalised support tailored to individual needs.



The service was continuously evaluated, including an analysis of the demographics of patients reached, activity levels, referral patterns and outcomes.





 **97** COPD Annual Reviews


 **82** Heart Failure Annual Reviews

 **231** Dementia Annual Reviews

 **61** Diabetes Annual Reviews

 **33** DNACPR's completed and UCP updated following Anticipatory Care Team assessment

 **21** seen by the team at Orpington or Crays Well-being cafe

 **129** seen for other reason (E.G. CKD pathway, B/P check, diabetic foot check, GP requested welfare check)

The proactive care model delivered meaningful improvements for patients and the wider team.

Holistic home assessments led to improved management of long-term conditions, increased uptake of personalised care planning and more timely referrals to community and PCN services.

# Greenwich



# Soft Signs of deterioration & effective annual review training

Soft signs are subtle, early indicators of potential deterioration in a person’s physical, psychological, or functional health. These changes often appear before clear clinical symptoms develop. Identifying soft signs is particularly crucial for vulnerable populations.

A series of training sessions were delivered within Greenwich with an aim to equip social care colleagues with the skills and confidence to identify early soft and subtle signs of deterioration. The training was to support care staff in early recognition and timely escalation to prevent delays in treatment and reduce the likelihood of conditions becoming severe enough to require hospital admission.

The training also supports staff in understanding what is involved in health checks and provides practical tips to help residents prepare, ensuring they receive the maximum benefit from these assessments.

## Training sessions help to benefit the following communities:

- People with learning disabilities and/or autism
- Individuals living with dementia, Older adults
- Non-verbal residents
- Socially isolated individuals
- People with language barriers, including Global Majority communities
- People with mental health needs living in community

## Key interventions:



These training sessions are intended to improve access to timely health and social care for vulnerable residents, reduce health inequalities, and minimise diagnostic overshadowing.

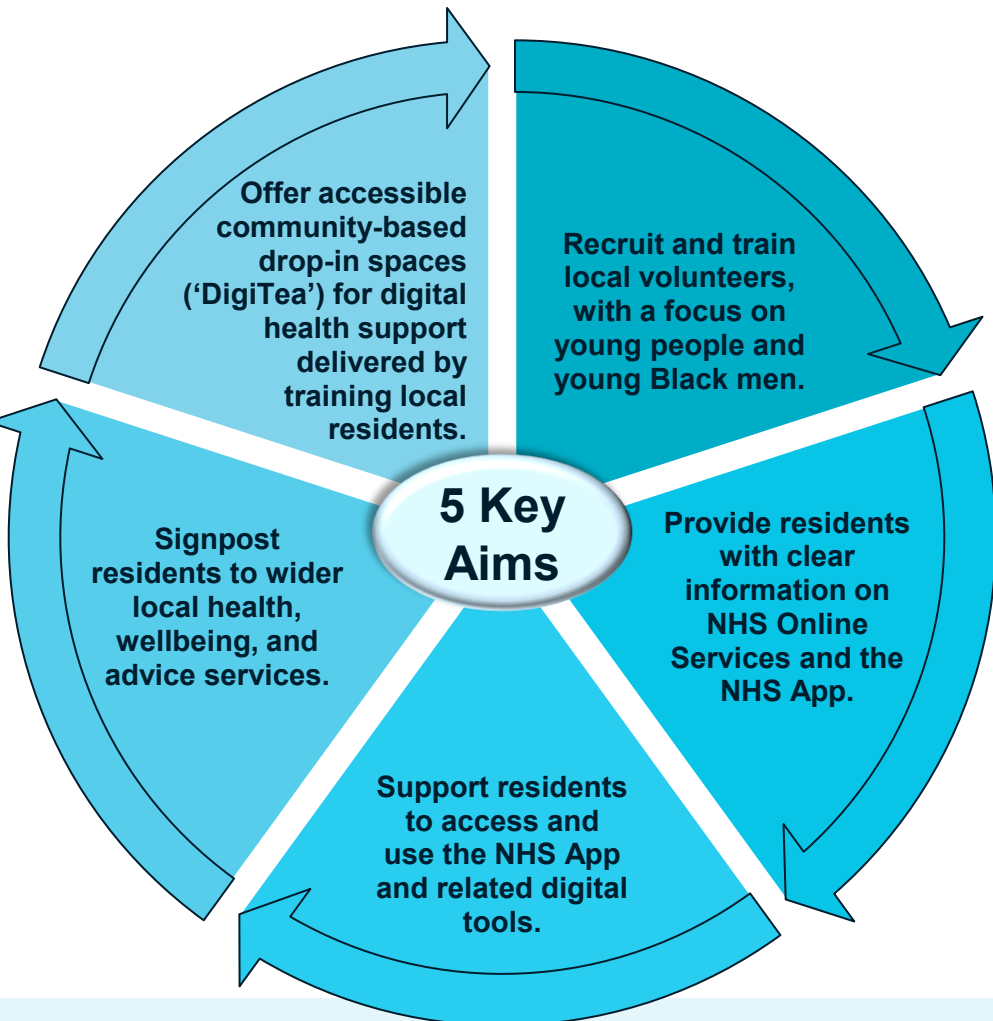
Earlier escalation and improved communication are expected to support safer, more proactive care within the community.

Greenwich training was delivered by the Learning Disability and Autism Specialist Prescribing Team within SEL ICB.

**Next steps** include extending the training offer to social care teams across other SEL boroughs.

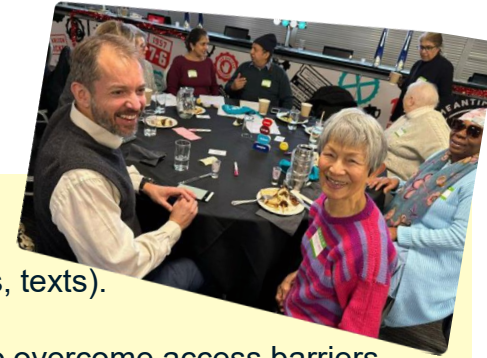


The Glyndon neighbourhood project is an excellent example of addressing health service access through community-led design and delivery. This project was onboarded into the Connecting Greenwich programme early on in its early development as a pilot project of how to engage harder to reach communities such as the elderly, speakers of other languages and Global Majority communities.



**Specific engagement with diverse communities:**

- The Nepalese community and in particular Veterans
- Older people within the Afro Caribbean and Asian communities



**Key interventions**

- Delivered 1:1 and group support to digitally excluded residents.
- Increased access to NHS online services (App, websites, consultations, texts).
- Signposted residents to additional digital and health services.
- Provided devices from local libraries and the Good Thing Foundation to overcome access barriers

**Key outcomes:**

1. Increased uptake and use of the NHS App;
2. More residents using GP websites and online consultation forms;
3. Stronger local relationships and co-designed, community-led services;
4. Greater resident confidence and trust in the Greenwich health system;
5. New skills, experience and confidence for local digital health champions.



**Next Steps:**

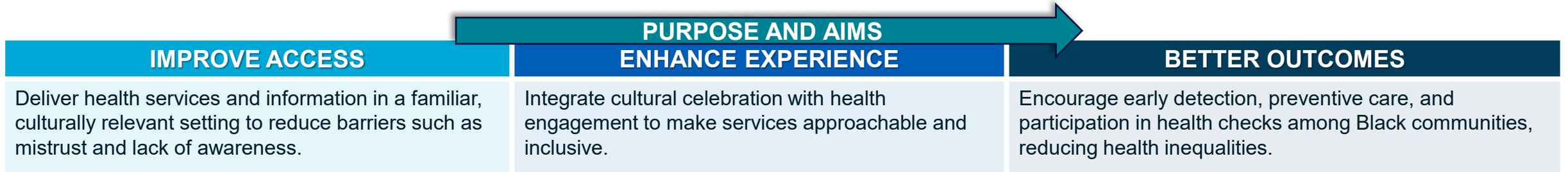
- ✓ Pilot participants now have improved access to health and digital services.
- ✓ Local people gained experience and confidence through involvement.
- ✓ Project identified opportunities for future expansion to Plumstead, Glyndon, Blackheath, and Charlton.
- ✓ Potential future sites include St Marks GP, St Patricks Church, and the Carers Centre.
- ✓ Continuation depends on securing funding and agreeing a future project scope.

# Lambeth



# Inspire Black Communities: Health and Wellbeing Day 2025

‘Inspire’ is Lambeth’s annual Black health and wellbeing event, created to address long-standing health inequalities affecting Black African and Black Caribbean residents. The event combines cultural celebration with trusted health engagement and reflects Lambeth’s commitment to equity, anti-racist practice and culturally grounded health empowerment. The annual inspire event is **free and open to all Black communities in Lambeth** – with information and follow-up support provided through **Lambeth Together Care Partnership** and local health networks. 25/26 saw over **450 attendees**, making it the largest inspire event to date.



Held at St Mark’s Church during Black History Month, inspire 2025 combined cultural performances, food, mindfulness and family activities with on-site health services, including FibroScan liver checks, HIV/hepatitis testing, lupus and glaucoma advice, flu vaccinations, blood pressure checks, health checks with AT Beacon and blood donation engagement.

Note a strong uptake of health services (e.g., FibroScans, HIV/hepatitis tests, lupus and glaucoma sessions, flu vaccinations, blood pressure checks and over 100 general health checks). Blood donation engagement led to new registrations, including Black donors. With 70% first-time attendees and 97% positive satisfaction, the event strengthened trust, increased early engagement and generated referrals into GP care, kidney health, cancer screening and mental health support.

Targeted outreach reached Black Caribbean (40%), Black African (19%), mixed/other ethnicities, a broad age range (18–65+), women, men and non-binary attendees, neurodiverse individuals and people on lower incomes. Delivery was supported by NHS, VCSE and community partners, with cultural leaders helping ensure trust and relevance. Activities were inclusive of protected characteristics including race, age, disability and socio-economic status, with specific focus on families and carers.

- Next Steps**
- ✓ Lambeth staying committed and connected to the London inspire programme.
  - ✓ Increase **screening and testing capacity** at future events.
  - ✓ Strengthen partnerships with **community organisations** for sustained engagement.
  - ✓ Collect and analyse **data on long-term health outcomes** to measure impact.

# Health Checks at Work

The Health Checks at Work pilot was one of 43 national projects funded by Department of Health and Social Care to test workplace delivery of NHS Health Checks and CVD assessments. Delivered by Lambeth GP Federation with Lambeth Public Health, the pilot completed **4,017 checks** – the highest in London – and aimed to improve access for underserved and high-risk groups by offering checks in both large employers and high-street workplaces.



The programme focused on increasing uptake among people facing barriers such as time constraints and difficulties attending GP appointments, and on engaging high-risk groups including men, smokers, socio-economically disadvantaged workers and ethnic minority communities. Workplace delivery improved access and experience (93% valued the model; 98% would repeat), supported early identification of risk factors and generated onward referrals.



The pilot effectively reached groups more likely to face barriers or experience higher CVD risk – men, Black and Asian workers, people experiencing socio-economic disadvantage and smokers. The pilot exceeded Lambeth’s demographic profile for Black (34%) and Asian (27%) participants and was particularly successful in high-street settings, where 70% of checks were delivered to routine and semi-routine occupations

A total of **4,017** checks were completed, with many participants reporting work and GP access as barriers. Health risk findings included 17% with high CVD risk and 59% overweight or obese. Follow-up surveys showed increased healthcare awareness (e.g., new diagnoses of high cholesterol and hypertension, 18% contacting their GP) and positive lifestyle changes, including improved diet, increased physical activity and reduced alcohol intake.

The final evaluation will be published and shared with the Health Check Steering Group to inform the borough’s Health Checks Strategy, neighbourhood services and wider programme delivery.



# Lewisham



## Low Complexity/Risk

### Who?

Generally, “well” residents of each neighbourhood, who **may be at risk of** Long-Term Conditions.

### How do we support them?

Community-Led Approach: support from VCSE, community champions and health & wellbeing coaches. Support residents to access community resources – and resources which support self-management – enabling healthy, independent lives.

## Medium Complexity/Risk

### Who?

People with 3+ Long-Term CVD Conditions that are unoptimised and/or also undiagnosed. Ranked by risk of being in the top 0.5% of admission, part of the Core 20 Care home and end of life patients are excluded

### How do we support them?

Integrated Neighbourhood Teams (INTs): a Team of Teams, from all health and care providers in Lewisham, case finding and managing cohorts. Short-term support for immediate needs, and targeted proactive support through identification of preventative needs before they become acute.

## Most Complex

### Who?

All people in the top 0.5% risk of admission.

### How do we support them?

MDMs (Multi-Disciplinary Meetings): a group of professionals from primary care (and other health & care sectors as appropriate) discussing individual patients at practice level, to provide ongoing support for those with acute and complex needs.

A digitally enabled, integrated care service designed to support patients with long-term conditions, starting with Chronic Obstructive Pulmonary Disease (COPD) and Asthma, with a view to expand to additional long-term conditions.

## Our Approach to inequalities

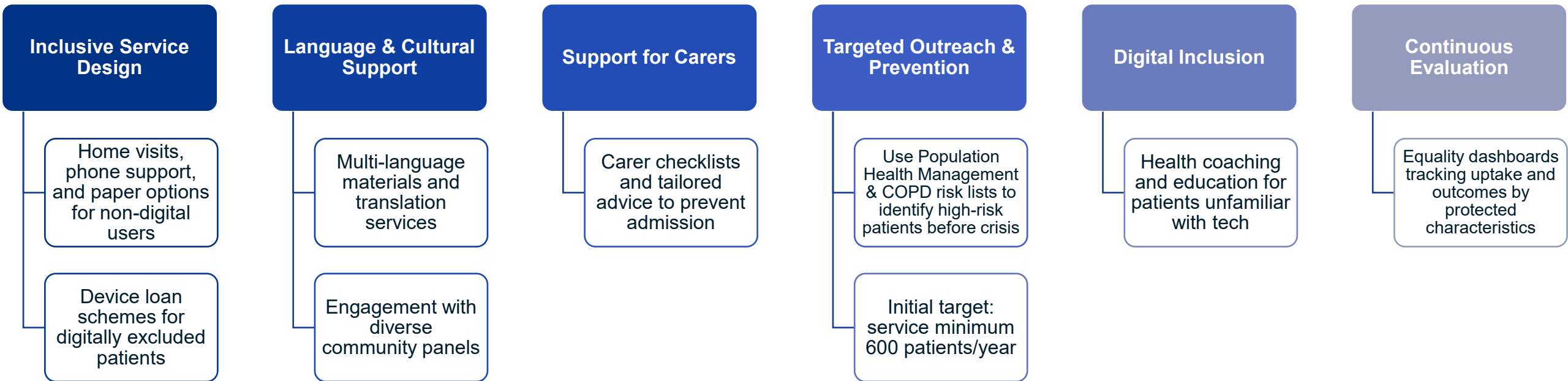
Deliver inclusive, digitally enabled virtual care models that reduce hospital admissions, support patients with long-term conditions and proactively prevent deterioration through early intervention. Whilst ensuring equitable access across all adult populations.

## Expected Reach

- Minimum 600 patients per year in Lewisham (initial respiratory focus). Expected from risk analysis 1400+ patients.
- Expansion planned for other LTCs within 12 months. The service will form part of the LTC – INT

## Impact

- ✓ Reduces barriers for older adults, ethnic minorities, and digitally excluded groups.
- ✓ Provides flexible access pathways to improve equity.
- ✓ Aligns with SEL ICB priorities for reducing health inequalities.
- ✓ Preventative Care reduces ED attendances and hospital admissions



# Southwark



The Southwark Maternity Commission, established in January 2024 and led by the Public Health team at Southwark Council, was supported by Commission chairs working alongside a panel of clinical specialists, local people, advocates and the Voluntary and Community Sector. Between January and September 2024, the Commission held six public meetings covering six themes: introducing the Commission, listening to frontline voices, listening to service users, focusing on inequality for Black people who are or have been pregnant, developing recommendations based on views of maternity care, and securing Southwark-wide organisational commitment to maternity care changes.



**Engagement:** The commission engaged with individual groups through its public meetings and the following VCS organisations: Aainna Women’s Group, Algerian Women’s Group, Aymara, Bengali Women’s Group, Black Parent’s Forum, LOVO, Pecan Women’s Group, SIDA, Southwark Traveller Action Group, Southwark Disability Forum, Rockingham Pre-school, Rockingham Nursery, Parent Action

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The commission was formed due to Southwark Maternity Data showing disproportionality in outcomes for women giving birth in Southwark, over half of births in Southwark are to mothers born outside the UK and Southwark has high levels of deprivation in some parts of the borough, between 2018 and 2022 40% of stillbirths in Southwark occurred in the five most deprived wards, over twice that of the five least deprived wards

The commission identified five outcomes:

- **Outcome 1:** Reduced infant mortality,
- **Outcome 2:** Reduced maternal morbidity,
- **Outcome 3:** Increased positive experience of maternity care,
- **Outcome 4:** Increased staff satisfaction,
- **Outcome 5:** Closing the health inequality gaps.

OUTCOMES

In addition to the five outcomes the commission made ten recommendations which have been developed into an action plan being led by Integrated Health and Care, the action plan is due to be delivered over five years and tangible outcomes will emerge over that time period though we have already delivered targeted campaigns to improve maternal health working with our Local Maternity and Neonatal Service (LMNS) and started bringing together local and national data to drive improvements.

Interventions are currently in development as part of the action plan and include improving data sharing, reviewing and standardising pathways across trusts, promotion of maternal health messages and improving services responses to feedback. **Going forward** Integrated Health and Care will continue to lead on delivery of the action plan and progressing individual projects

Inclusive Surgeries is a new project initiated in North Southwark that supports practices to deliver more equitable, accessible and culturally competent care for LDA, migrant, LGBTQIA+ and other marginalised communities. The purpose of the project is to embed evidence-based interventions across primary care systems to improve access, patient experience and outcomes across protected and marginalised groups.

## INTERVENTIONS

**Pride in Practice:** Collaboration with the LGBT Foundation to make primary care more inclusive and welcoming to LGBTQIA+ patients and staff by embedding policies, training, and cultural changes, culminating in Pride in Practice accreditation.

**Safe Surgeries:** Ensuring migrant and undocumented patients are not excluded from primary care through policy change, training, and inclusive communication.

**LDA Champion:** Aims to improve access, quality of care and health outcomes for people with learning disabilities and autism through training and implementation of reasonable adjustments.

**Engagement:** Partnership with community organisations and targeted practice support to ensure we capture as many marginalised groups as possible.

### Outcomes

- ✓ Increased uptake of inclusive training and improved staff confidence.
- ✓ Strengthened identification of reasonable adjustments and LDA patients.
- ✓ Improved routes into care for migrants, LGBTQIA+ and other minority group patients.



Expanded training offer.



Continued practice-level coaching and evaluation.



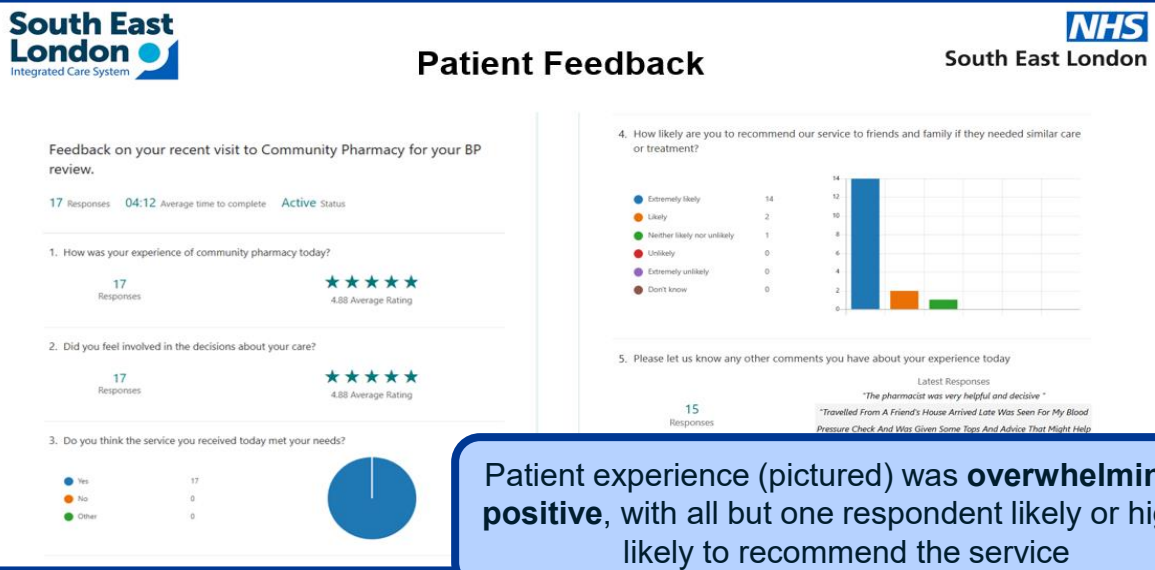
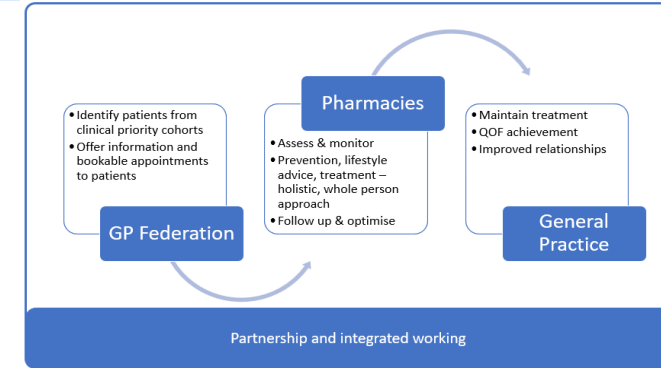
Embedding insights into SEL-wide equalities programmes.

## NEXT STEPS

We are delivering a nationally funded project in North Southwark to develop & test community pharmacy prescribing service models of care, which ended in December 2025. The model was a collaboration between General practice & community pharmacy, focussing on underserved populations living in CORE20 neighbourhoods through a proactive care model.

GP Federation identifies patients with uncontrolled and/or untreated hypertension, patients are booked in to pharmacy appointment slots, where they discuss lifestyle, medication adherence, explore beliefs around their condition and treat accordingly including prescribing. Appointments available evenings and weekends improving access

- **73 patients** have been seen so far, with average reduction in blood pressure of 11mmHg, reducing risk of cardiovascular adverse outcomes (heart attack, stroke)
- Patients predominantly from IMD deciles 1-4 (CORE40), but most from decile 2 (42%), **53% identifying as having black or mixed ethnicity**, **25%** having a primary language **other than English**.



Patient experience (pictured) was **overwhelmingly positive**, with all but one respondent likely or highly likely to recommend the service

**FUTURE**

Explore pharmacy 'walk ins' or community outreach to identify people with potential hypertension

Develop a commissioning framework with a broader prevention and lifestyle offer aligned to the SEL prevention framework.

Gather more data and learning, adding pathways for cholesterol, asthma and other conditions.

Strengthen community engagement and training on cultural competence and community empowerment.

Expand the model across SEL, targeting underserved, socially deprived communities at higher risk of multiple Long Term Conditions.

# Workforce Initiatives

Support in place for ICB staff



# EDI Strategy (2026 – 2029)



SEL ICB has developed a new Equality, Diversity and Inclusion Strategy 2026-2029 building on all previous work which has been undertaken. The strategy **outlines the current position and set out year on year aspirations** for how the ICB plan to embed EDI across the organisation to meet our core purpose, particularly at this time of NHS reform.

## Purpose

### Unification

- Combine existing and future requirements into a cohesive strategy, replacing separate plans

### Intersectional focus

- Strengthen ICB's approach on intersectionality and foster joint initiatives

### Targeted interventions

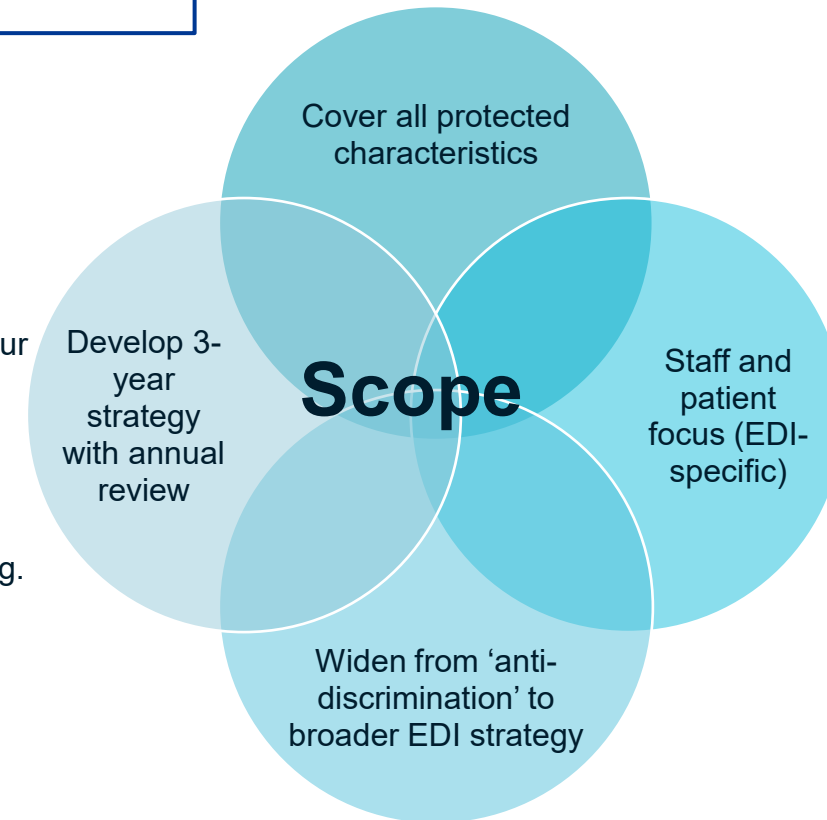
- Develop interventions based on evidence of disparities unique to specific protected characteristics

### Strategic anchor

- Serve as foundation for all current and future ICB EDI activities

The ICB strategy has **seven key themes**, predominantly focused on workforce, and **a flexible roadmap** which will be adopted, scaled and implemented in consideration of organisational change.

1. **Active leadership commitment:** ensuring our Board and senior leaders are role modelling inclusive leadership behaviours and embedding EDI across the ICB.
2. **De-biasing recruitment and improving representation:** 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:** putting in place measures which promote workforce health and wellbeing.
6. **Service planning and engagement:** 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.



Workplace adjustments (also known as reasonable adjustments) are **legally required** changes that an employer makes to remove or reduce barriers related to someone's disability or long-term health condition. It can be changes that are made to the work environment or the way the work is carried out, so that someone with a disability can work to their full potential without any barriers. Many adjustments are straightforward, don't cost anything and can be implemented easily.

In the UK, **1 in 5 people** have a disability, **83%** of which are acquired during working life.

'Disability' is defined as having a physical or mental impairment that has a **'substantial'** and **'long-term'** negative effect on your ability to undertake daily activities.

South East London ICB is committed to creating an inclusive environment for staff and patients, they are a part of the [disability confident scheme](#), the [Hidden Disabilities Sunflower Scheme](#) as well as promote the use of the [Access to Work scheme](#); signpost staff to our Occupational Health services (as needed); and have a dedicated (editable) wellbeing passport, designed for staff to document their support and adjustments.

Additional guidance, along with resources to support managers and staff in implementing workplace adjustments throughout the employee lifecycle, can be found in our published Workplace Adjustments Toolkit. This year, the EDI Team has also introduced a dedicated training programme based on the toolkit and worked closely with the Human Resource Management Team to develop a workplace adjustments policy.



### What does the SEL ICB staff data tell us?

- **9.3%** of staff within SEL ICB have shared that they have a disability, with **4.1%** not wishing to share whether they have a disability.
- **73.1%** disabled staff believe the ICB have made adequate adjustments, which is below the national average.

### Workforce Disability Equality Standard (WDES)

At SEL ICB we use the WDES, which is an evidence-based standard that aims to help improve the experiences of disabled staff in the NHS. It utilises the 'Social Model of Disability' and has 10 metrics that enable the NHS to monitor and make improvements for disabled staff, as follows:

- ✓ **Three metrics** focus on workforce
- ✓ **Five metrics** are based on questions from the NHS Staff Survey

- ✓ **One metric** covers the voices of Disabled staff data
- ✓ **One metric** focuses on disability representation on boards

Over 2025/26, the EDI Team ran a comprehensive programme of Consultation Wellbeing Training and Support to help colleagues feel informed and supported throughout the organisational change process. The programme included open-access wellbeing sessions and Equalities Forums aligned with national campaigns, alongside targeted opportunities for colleagues to explore EDI topics in greater depth. The offer was designed to be flexible and accessible, with open sessions and Forums available to all colleagues without the need to register, while smaller, facilitated discussions provided space for more interactive engagement. This approach created a supportive environment where colleagues could access guidance, share perspectives and build confidence in navigating equality, diversity and inclusion issues during a period of significant change.

## Equalities Forum

The Equalities Forum is an awareness-raising space that aligns with topical national campaigns, as well as the work of the ICB's four staff networks and is open to **all ICS staff**. We invite guest speakers who share lived experience and expertise related to key equality themes, providing an opportunity to reflect and learn how to support more inclusive practice within the organisation.

Previously operating as the Race Equality Forum, the Forum has since expanded to encompass a more intersectional approach to EDI.

Our 2025/26 sessions are focused on health and wellbeing, career journeys, developing resilience and showcasing amazing work happening across the ICB.



## Staff Skills Development

The team delivered a series of in-house training sessions to support staff in developing their knowledge and confidence around key EDI topics as part of the ongoing ICB consultation support programme. The sessions provided a safe and interactive space for colleagues to explore challenging issues, discuss real-world scenarios and consider how to apply inclusive practices in their work.

Feedback from participants was overwhelmingly positive, highlighting both the practical value of the sessions and the supportive environment they created for learning and reflection.

- LGBTQ+ Awareness & Allyship;
- Micro-Incivilities and Unconscious Bias;
- Being Compassionate Through Change;
- Equality Impact Assessments;
- EDI Legislation Awareness;
- Workplace Adjustments.



## EDI Awareness Articles

For national awareness events where we're unable to host an Equalities Forum – such as Ramadan, Diwali, Trans Day of Remembrance, Menopause Awareness Day or World Mental Health Day – we mark the occasion through awareness articles that highlight the significance of each event, share lived experiences and encourage allyship to increase understanding across the organisation.



The Equalities in Recruitment Working Group was put in place to support the South East London ICB in the delivery of its Equality Standards (Race; Disability; Sexual Orientation), Gender Pay Gap commitments, and Equality Delivery Plan in relation to both internal and external recruitment, and internal career development. Membership includes colleagues from across the ICB, representing the ICB's staff networks, as well as Human Resources, Organisational Development professionals, and stakeholders from other areas of the ICS, such as the Widening Participation team at Guys and St Thomas NHS Foundation Trust. The group is focused on identifying and implementing a range of improvements to ICB processes and has developed a challenging action plan to support delivery.

## Achievements

Similar to previous year, most of the work this year has been led by the ongoing Change Management process. The ICB currently working through various programmes, tools and resources to effectively deliver the programme while staff are adequately supported through change. Ongoing work includes updating dedicated webpages on the intranet with resources to support the change programme and transition to business as usual (BAU) includes:

- SEL ICB Recruitment Policy updated and aligned to the NHSE Recruitment Policy Framework (Draft)
- New Recruitment Guide for Hiring Managers
- Further developed TRAC guidance to support staff 'at risk' and redeployment process (on going)
- Developed FAQs based on feedback from the last Management Cost Reduction cycle.
- Review of short application guidance in progress to support ring-fenced application process.
- Drop in sections for staff and hiring managers to support ring fenced and redeployment application process
- Workplace Adjustments guidance and policy for managers and staff developed and to be widely published.

Diverse interview panels to support fair and consistent recruitment process.

Refresh of the redeployment module in TRAC to prioritise and support individuals 'at risk' to find suitable alternative employment.

The ICB continues to prioritise vacant roles for staff internally, including secondment and acting up opportunities, unless there is a specialist skill set or an urgent requirement to fill the role quickly.

## Future actions

The group has been stood down while the Associate Director of HR, OD and Recruitment prioritise the ongoing Change Management programme. The review of membership and the terms of reference for the group is still subject to review.

NHS South East London ICB has **four active staff networks** that provide support and equality, diversity, and inclusion expertise, informing senior decision-making and improving workforce development, employee experience, and patient care. In **2025/26**, their focus has been supporting staff through ICB cost reductions, while continuing many regular activities.



The **Age and Ability staff network** has seen a 50% increase in membership over the past year and has incorporated development-focused sessions into longer meetings, allowing for meaningful discussion and check-ins. Members have been regularly consulted on the change management process, with sessions and training tailored to their feedback. Topics have included **application and interview skills, personal awareness and impact, assertive conversations, workplace adjustments, micro-incivilities and bias, LGBTQ+ allyship, physical and mental wellbeing, and menopause and andropause**, with chairs from other networks supporting intersectional discussions. A set of network principles has also been established to guide activity and engagement.

The **Embracing Race and Diversity staff network** led a range of events and resources for Black History Month, including a book, film, and music club, a newsletter, and an equalities forum with guest speakers. Beyond supporting staff through change, network representatives helped shape communications following London demonstrations related to the Union/St George's flags, reinforcing that the ICB is inclusive, actively anti-racist, and has zero tolerance for discrimination, harassment, or bullying.



The **LGBTQ+ staff network** has focused on the LGBTQ+ Health and Inclusion Framework, which helps health and care leaders create inclusive environments for staff and service users. In November 2025, the network launched an all-staff survey to assess the ICB's current support for LGBTQ+ staff, patients, and local communities. Results will be reviewed with the network in early 2026 and shared more broadly during LGBTQ+ History Month in February, informing the network's priorities for 2026/27.

The **Women, Parent, and Carers' staff network** has engaged staff throughout the change programme, discussing topics like supporting young carers, AI literacy for teenagers, and growth mindset. Members are also helping plan the 2026/27 programme, aligned with policy development and staff survey results.



**In quarter four of 2025/26 the ICB will focus on:**

- ✓ Ensuring staff networks **progress 2026/27 workplans**, whilst having organisational context and understanding about the impact the change management programme will have on workforce numbers.
- ✓ Support the analysis and development of regular **staff check-in surveys**.

Freedom To Speak Up (FTSU) Guardians are engaged across the NHS. Freedom to Speak Up is for anyone who works in health. This includes any healthcare professionals, non-clinical workers, senior, middle, and junior managers, volunteers, students, locum, bank and agency workers, and former employees. This role was created as a result of the recommendations published in 2015 by Sir Robert Francis following his review of the Mid Staffordshire Hospital. Please see the full report [on the Freedom to Speak Up website](#).



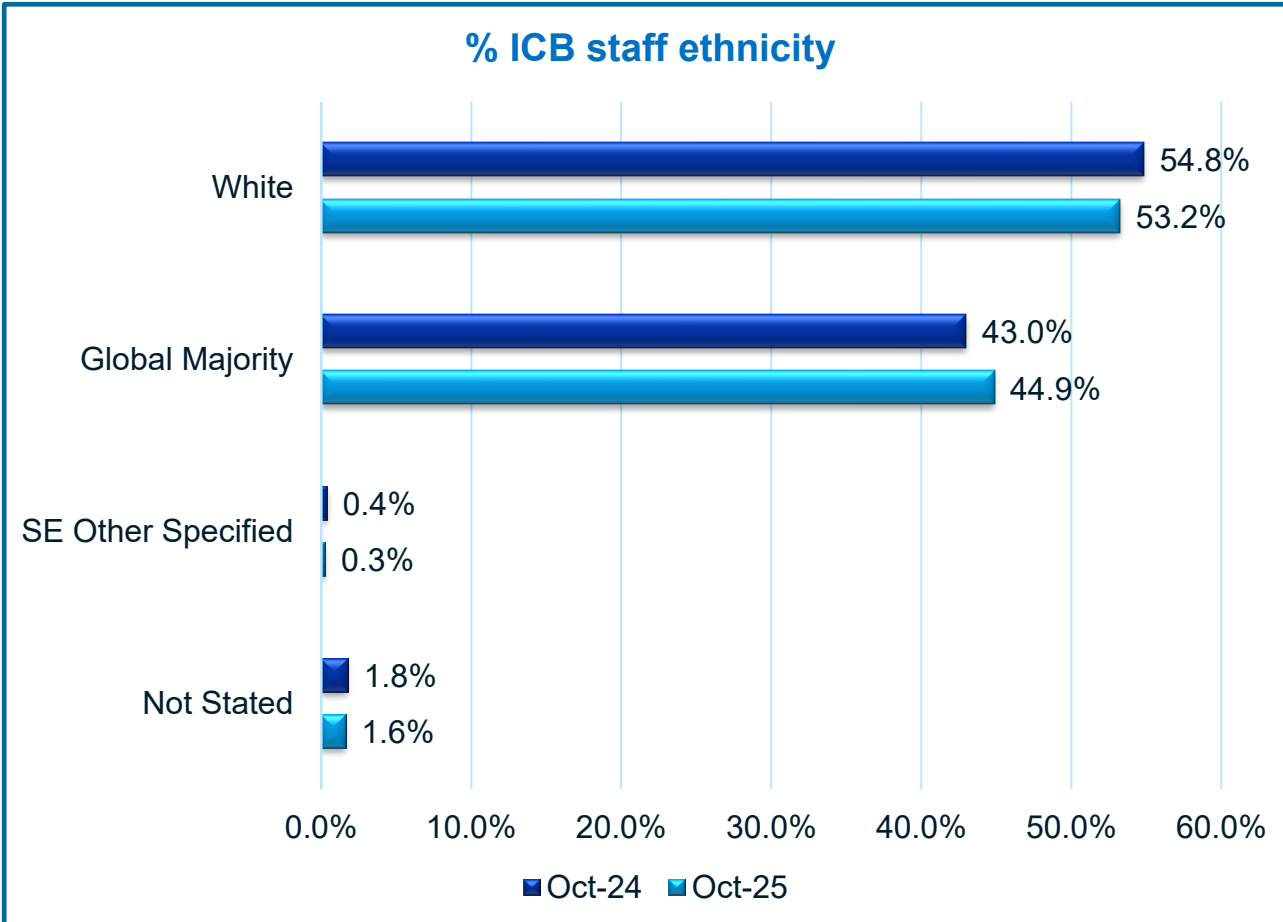
- The ICB remains committed to supporting a culture of learning, openness and transparency across the whole organisation. The ICB want to ensure that their staff feel empowered to speak up if they have any concerns about patient care in South East London.
- The ICB has a diverse group of FTSU champions, who represent staff in the boroughs and are supported in these roles by a number of colleagues including:
  - ✓ The ICB's FTSU Guardian, who is registered with the National Guardians Office;
  - ✓ The ICB's Chief of Staff who is FTSU executive lead;
  - ✓ One of the ICB Non-Executive Members.
  - ✓ Contact details for colleagues who can help with FTSU queries are included on the staff intranet.
- The ICB's FTSU Guardian and Champions act as an independent and impartial outlet for ICB staff to raise issues or concerns confidentially. The themes gathered from the issues raised with the team will help the ICB make improvements for patients and staff.
- Colleagues are encouraged to use the FTSU service to discuss:
  - ✓ When things go wrong, so we can make sure that lessons are learnt, and things are improved;
  - ✓ If we think something might go wrong, so that potential harm can be prevented;
  - ✓ Even when things are good, but could be even better, to identify opportunities for improvement.

# SEL ICB Workforce Data

Equalities Standards and Equality, Diversity, and Inclusion Data



The below graph and table provides the ethnicity breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2024 and October 2025.

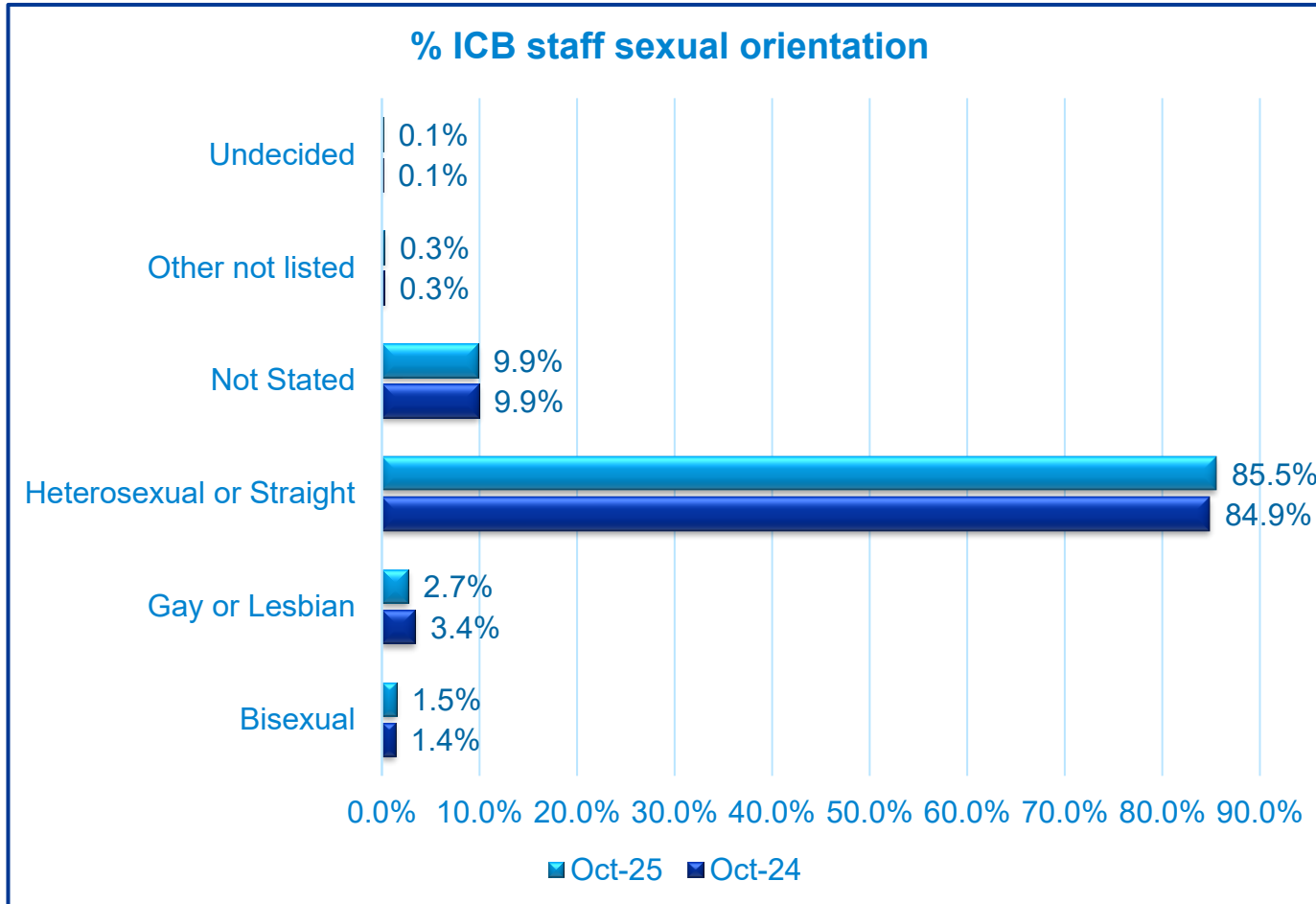


- Total White staff members have seen a **1.6%** decrease in the last year – in October 2024, the workforce was comprised of **54.8%** White staff members, and in October 2025 there were **53.2%** White staff members.
- Total Global Majority staff members have increased by **1.9%** in the last year – those from a Global Majority background made up **43%** of the workforce in October 2024, compared to **44.9%** of the workforce in October 2025.
- The number of people who did not wish to disclose their ethnicity has decreased marginally by **0.2%**.
- South East London’s community is made up of **60.2%** White and **39.8%** Global Majority (**2021 Census**). When comparing to the community we serve, the ICB is overrepresented by **5.1%** (October 2025) for Global Majority staff and underrepresented for White staff by **7%**.

Ethnicity	Oct-24	Oct-25
<b>White</b>	54.8%	53.2%
<b>Global Majority</b>	43.0%	44.9%
<b>SE Other Specified</b>	0.4%	0.3%
<b>Not Stated</b>	1.8%	1.6%

# Equalities Data – Sexual Orientation

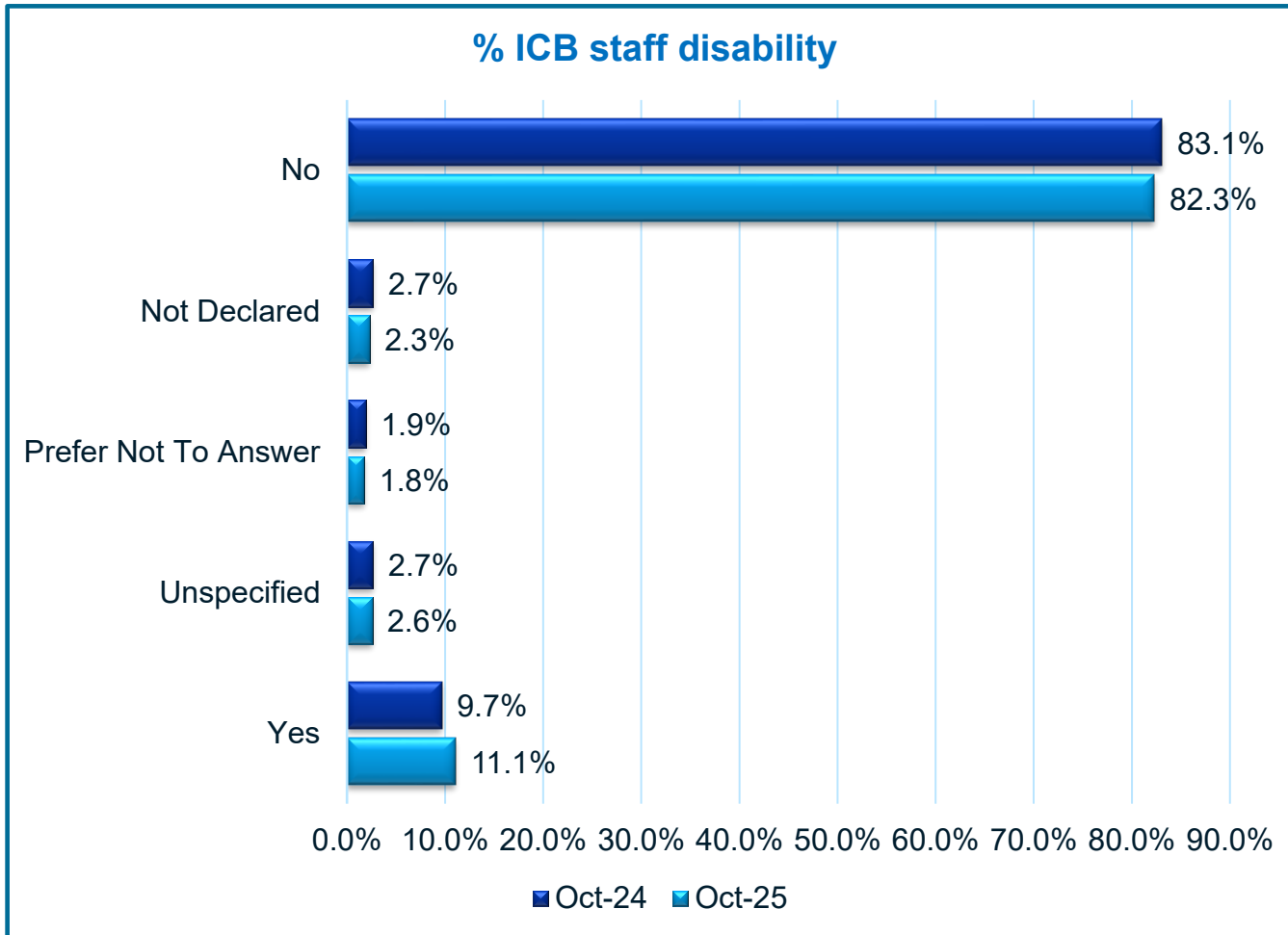
The below graph and table provides the sexual orientation breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2024 and October 2025.



- In October 2024 **1.4%** of the workforce stated that they were Bisexual and in October 2025 this increased to **1.5% (+0.1%)**. We are still underrepresented to the South East London Community (**1.8%**, as per the **2021 Census**).
- In October 2024 **3.4%** of the workforce stated that they were Gay or Lesbian compared to **2.7%** in October 2024 (**-0.7%**). We are underrepresented by **0.4%** compared to the Gay or Lesbian community members in South East London (**3.1%**, per the **2021 Census**).
- Those who stated they are heterosexual/straight has slightly increased from **84.9%** in October 2024 to **85.5%** in October 2025 (**+0.6%**). We are underrepresented by **0.5%** compared to the community we serve (**86%**).
- There is a relatively high number of the workforce that have not disclosed their sexual orientation, **9.9%** (both years), indicating that there are still barriers to disclosure within the organisation.

Sexual Orientation	Oct-24	Oct-25
<b>Bisexual</b>	1.4%	1.5%
<b>Gay or Lesbian</b>	3.4%	2.7%
<b>Heterosexual or Straight</b>	84.9%	85.5%
<b>Not Stated</b>	9.9%	9.9%
<b>Other not listed</b>	0.3%	0.3%
<b>Undecided</b>	0.1%	0.1%

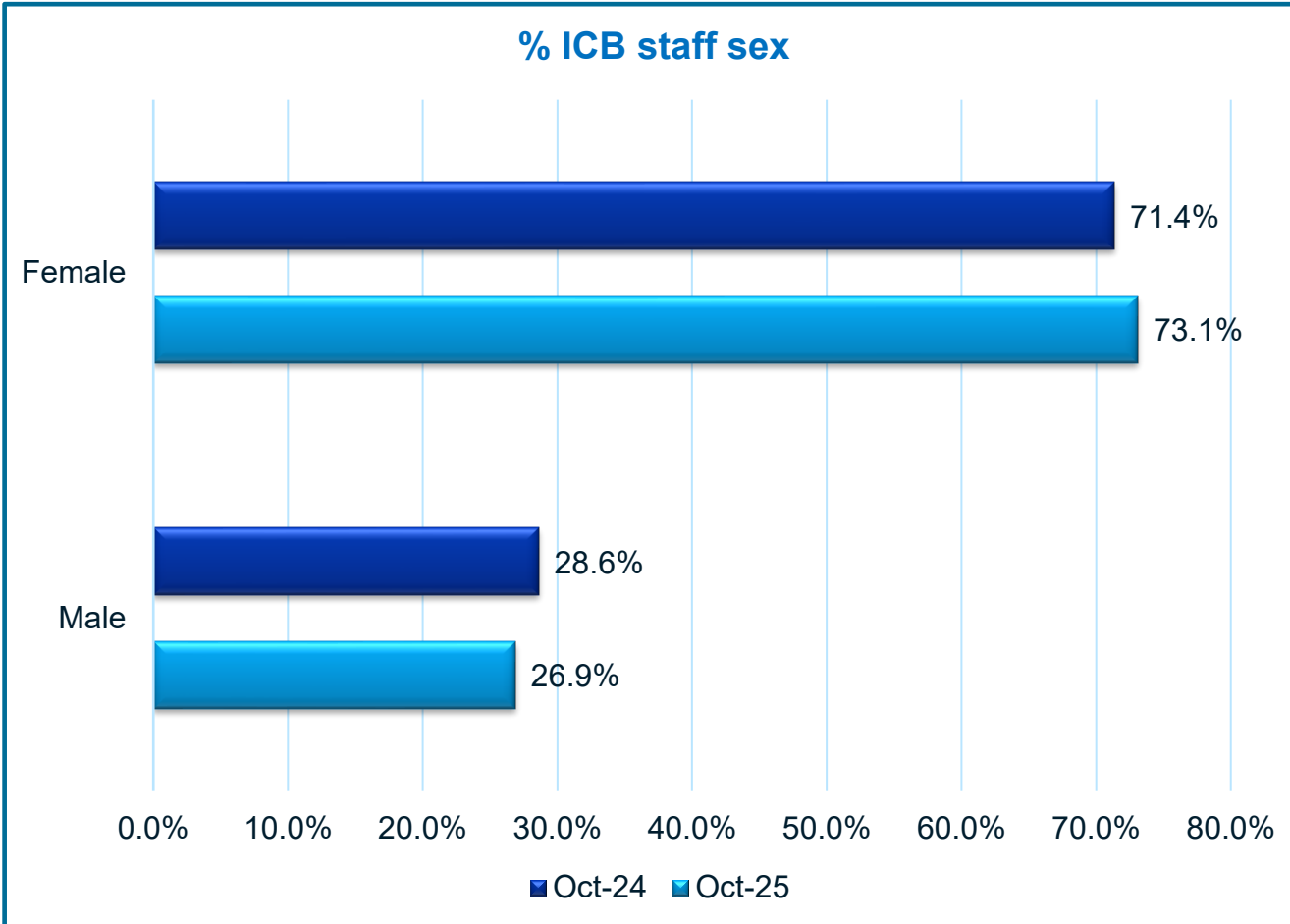
The below graph and table provides a breakdown of disability data for South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2024 and October 2025.



- In October 2024, **83.1%** of the workforce stated that they do not have a disability compared to **82.3%** in October 2025. This is a slight decrease of **0.8%**.
- Those who stated that they have a disability or long-term condition has increased from **9.7%** in October 2024 to **11.1%** in October 2025. This an increase of **1.4%**.
- We can see fractional decrease in those who did not want to disclose by **0.9%** with **2.7%** in October 2024 compared to **2.3%** in October 2025. Similarly, those choosing 'Prefer not to say' has decreased by **0.1%** in the last year.
- A decrease can also be in seen in those who have not specified from **2.7%** in October 2024 compared to **2.6%** in October 2025.
- **14%** of the South East London Community have stated that they have a disability or long-term condition (**2021 Census**). The ICB is underrepresented by **2.9%**.

Disability	Oct-24	Oct-25
No	83.1%	82.3%
Not Declared	2.7%	2.3%
Prefer Not To Answer	1.9%	1.8%
Unspecified	2.7%	2.6%
Yes	9.7%	11.1%

The below graph and table provides the sex (gender) breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2024 and October 2025.

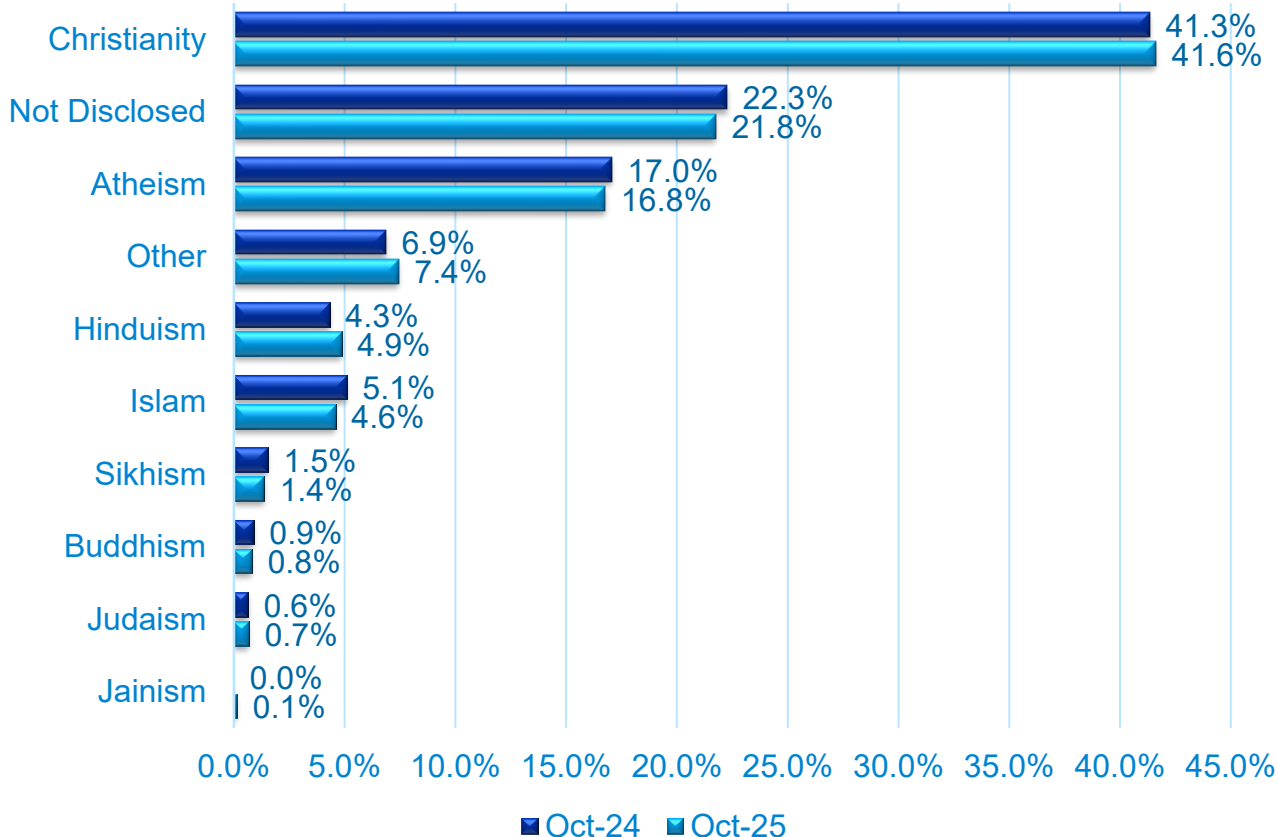


- In October 2024 **71.4%** of the workforce was Female, and in October 2025, we can see an increase of **1.7%** (**73.1%**).
- The workforce in October 2024 was **28.6%** Male, and in October 2025 **26.9%** – a decrease of **0.7%**.
- London’s population has an equal split of male and female (**2021 Census**) – with this in mind, SEL ICB’s female workforce is therefore significantly overrepresented, while our male workforce is significantly underrepresented.
- NHS data shows that the national NHS workforce is approximately **76%** female and **24%** male, which means our female and male workforce are both underrepresented in comparison.
- It should be noted the system used to collate data only uses female, male and unknown. No staff at SEL ICB have declared their gender as unknown.

Sex	Oct-24	Oct-25
Female	71.4%	73.1%
Male	28.6%	26.9%

The below graph and table provides the religion and belief breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2024 and October 2025.

**% ICB staff religion & belief**

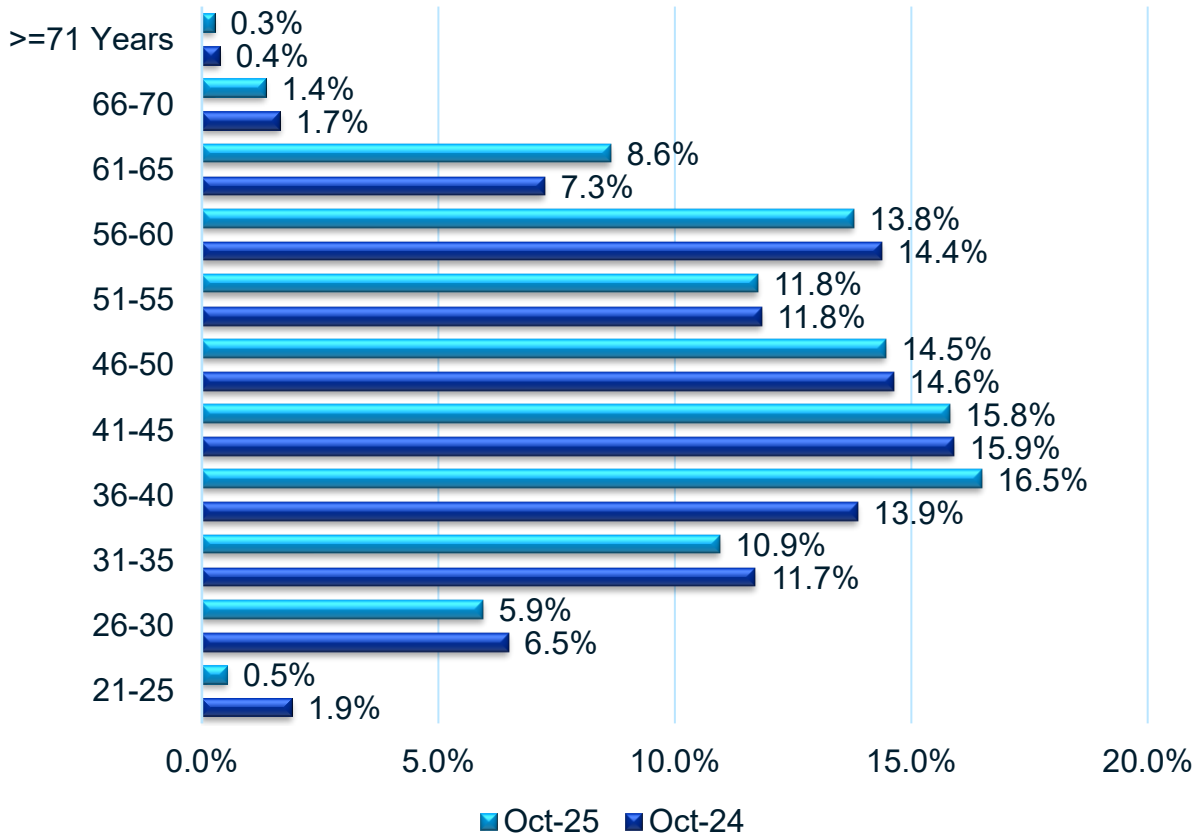


- In October 2024, the ICBs top three highest categories were Christianity (**41.3%**), not wishing to disclose (**22.3%**) and Atheism (**17%**).
- As of October 2025, the top three highest categories were Christianity (**41.6%**), Not disclosed (**21.8%**) and Atheism (**16.8%**). This has been consistent across all PSED report years.
- The data shows % increases in disclosure in the following religion/belief categories: Christianity (**0.3%**), Other (**0.5%**), and Hinduism (**0.6%**), Judaism and Jainism (**both 0.1%**).
- All other religion/belief categories have seen a % decrease: Not disclosed (**0.5%**), Atheism (**0.2%**), Islam (**0.5%**), Sikhism (**0.1%**), Buddhism (**0.1%**).

Religion	Oct-24	Oct-25
Christianity	41.3%	41.6%
Not Disclosed	22.3%	21.8%
Atheism	17.0%	16.8%
Other	6.9%	7.4%
Hinduism	4.3%	4.9%
Islam	5.1%	4.6%
Sikhism	1.5%	1.4%
Buddhism	0.9%	0.8%
Judaism	0.6%	0.7%
Jainism	0.0%	0.1%

The below graph and table provides the age breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2023 and October 2024.

**% ICB staff age**



- In October 2024 the largest age range was 41 – 45 (**15.9%**), only decreasing by **0.1%** in October 2025. It is no longer the largest age range, however, having been overtaken by 36 – 40 (**16.5%**) – this is also the largest increase (**2.6%**).
- Our smallest number of workforce comes from the age range of over 71 years, in October 2024 this was **0.4%**, and in October 2025 this decreased to **0.3%**.
- The largest decrease can be seen in the age range of 21 – 25. In October 2024 this was **1.9%** and in October 2025 this decreased to **0.5%**, a decrease of **1.4%**.
- SEL ICB continues to be overrepresented in the following age ranges 31-65 compared community we serve, as well as underrepresented in the workforce in the following ages, 21-30 and 66 and over (**2021 Census**).

Age	Oct-24	Oct-25
21-25	1.9%	0.5%
26-30	6.5%	5.9%
31-35	11.7%	10.9%
36-40	13.9%	16.5%
41-45	15.9%	15.8%
46-50	14.6%	14.5%
51-55	11.8%	11.8%
56-60	14.4%	13.8%
61-65	7.3%	8.6%
66-70	1.7%	1.4%
>=71 Years	0.4%	0.3%

# Equality Delivery System 2022 (EDS22)

- **Equality Delivery System 2022** is a tool to improve NHS services and create work environments which are free from discrimination and promote equality. It looks at access, experience and outcomes for people with **characteristics protected under the Equality Act 2010**.
- **Equality Delivery System 2022** is made up of **3 domains (areas of focus)**, with a total of **11 outcomes (success measures)**:
  - **Domain 1: Commissioned or Provided Services**
  - **Domain 2: Workforce Health and Wellbeing**
  - **Domain 3: Inclusive Leadership.**
- The overall **process** involves gathering evidence to carry out an **assessment** against the outcomes below and giving a rating of either, **Undeveloped, Developing, Achieving, Excelling**.
- **SEL Integrated Care Board has adopted the EDS22 framework by:**
  - Establishing a SEL ICS-wide ‘task and finish’ group with all south east London NHS partners represented to drive and standardise this work and learn and collaborate where possible.
  - Agreeing an ‘assess and implement’ cycle for EDS22: 2024/25 was a year of assessment, with two services selected for review, and 2025/26 has been a period of implementation, with deep dives conducted for service areas and all domains.
  - Developing a summary report with progress which will be published by the end of March 2026. A progress update for 2025/26 can be found on the next few slides.



## 2025 – 2026 update:

It was agreed that the ICB would not undertake a new EDS22 assessment. Instead, the focus will be on completing the previously agreed actions and ensuring we are well-positioned to support the upcoming changes. This approach also aligns with the change management programme announced in March 2025.

## ***Integrated Therapies (Greenwich)***

- **Data** – improve quality of service data by protected characteristic to address known patterns. Integrated Therapies has carried out a self-assessment to identify gaps for improvement.
- **Handover and transitions** – investigate effectiveness of operational processes through the lens of protected characteristics. Oxleas NHS Foundation Trust has developed an EDI dashboard to improve demographic data of all services to understand access, experience and outcomes. Clinical handover processes are well established, but are under continual review, with the most recent in summer 2025.
- **Improve communication between the service, schools and parents/carers** with a focus on those with English as a second language, disability impairment or sensory loss. Clinical staff routinely use interpreters for families with English as an additional language and BSL. Translation of materials into other languages is also undertaken.
- **Ensure service's website reflects families' communication preferences and meet the Accessible Information Standard.** A new website has been designed with AIS standards fully reflected. The website has functionality to change language (over 100 options) and will include complaints information. The website will be live by December 2025.
- **Develop robust mechanisms to engage, communicate with, and listen to feedback from parents and carers.** The service seeks user feedback through twice yearly patient experience questionnaires. Families are also sent text messages after each appointment for service feedback. Signposting is readily provided to the PALS/Complaints team.

## ***Community Dental Services***

- **Data quality** – Community Dental Service data has been reviewed against the Equality Act 2010 and gaps identified. A programme of improvement has been established, including a standard data collection approach including development of guidance on data entry for specific protected characteristics.
- **Access indicators** – a standard set of access indicators, including a paediatric dashboard, has been developed and agreed to support data-driven service improvements.
- **Patient involvement** – the service embeds meaningful involvement in both care planning and service development. Accessible communication tools and improved documentation processes are strengthening personalised care plans. Enhanced feedback mechanisms ensure patient and carer voices are consistently captured. Case studies are being developed to evidence real-world engagement.

## Domain 2 – Workforce Health and Wellbeing

- Developed and implemented bespoke training for line managers by promoting wider ICS initiatives such as Rise. Managers have also been provided with training to support them through the Change Management programme.
- Awareness raised on various health conditions and the Employee Assistance Programme via SEL Together, Staff Networks, All Staff briefing and HR Sessions. This includes promoting initiatives on a healthy lifestyle.
- NHS Staff Survey (2024) reviewed by staff networks and liaised with the OD Team to identify any areas where actions are required.
- Mediation service needs reviewed and found that we have enough mediators within the organisation.
- Staff have opportunities to raise concerns within appraisals.
- Sexual Safety Charter implemented and embedded.
- Freedom to Speak Up is being actively being promoted and safe places being continuously reviewed to ensure staff are able to raise concerns.
- Line managers and leaders have been sign posted to relevant resources to handle concerns that are raised.
- Stress Indicator Toolkit launched and assessed the impact on colleagues.
- Reviewed the number of Mental Health First Aiders and started raising awareness of this service.
- Exit interview and questionnaire data is presented and discussed at PCOG and relevant actions taken.
- Collaboratively working with partner organisations to ensure staff lived experiences are incorporated.

## Domain 3 – Inclusive Leadership

- Created awareness within the organisation on (for all staff including senior leaders) on various EDI topics.
- All activities and discussions undertaken have a intersectional perspective and is evident in the new EDI Strategy.
- Board and all committees regularly undertake discussions on Equality, Diversity and Inclusion.
- The Equality Impact Assessment has been fully embedded following it's overhaul, with toolkits, new forms and training available to all staff.
- the EDI team ensures that Equality, Diversity, and Inclusion (EDI) is a golden thread running through all their work and areas of involvement
- Maintained current involvement of Board members, system, and senior leaders in WRES, WDES, WSOES, EDS22, and Gender Pay Gap (GPG) initiatives.

The **Workforce Race Equality Standard (WRES)** was developed to ensure employees from a Global Majority background have equal access to career opportunities and receive fair treatment in the workplace. The WRES was mandated in 2015 for NHS Trusts and required organisations across England to submit and publish their workforce data. The WRES has not yet been mandated for ICB's however, SEL ICB completes it as good practice.

## Summary of findings:

**Indicator 1:** **43.7%** of the workforce are from a Global Majority background and **55.1%** are from a White background.

**Indicator 2:** **White** applicants are **3.95** times **more likely** to be appointed after shortlisting compared to Global Majority applicants.

**Indicator 3:** In the past 12 months, there have been **0** formal disciplinary investigations or hearings within SEL ICB (consistent the previous three years).

**Indicator 4:** 28 applications were processed during 2024-2025 for non-mandatory training, which consisted of applications from 15 Global Majority staff and 13 White staff.

**Indicator 5:** Global Majority staff (**5.7%**) are more likely to experience harassment, bullying or abuse from patients compared to White staff (**4.3%**).

**Indicator 6:** Global Majority staff (**21.4%**) experience more harassment, bullying or abuse from staff compared to White staff (**13%**).

**Indicator 7:** **42.9%** of Global Majority staff and **61.1%** of White staff believe the organisation provides equal opportunities for progression or promotion.

**Indicator 8:** Global Majority staff (**17.3%**) are more likely to experience discrimination at work from managers/team leaders and other colleagues compared to White staff (**5.8%**).

**Indicator 9:** The difference between Global Majority Board members and Global Majority staff (workforce) is **(minus) -28%**. The difference between White Board members and White staff (workforce) is **14%**.

## Actions:

The ICB Workforce Equality Standards and Gender Pay Gap Reports now operate under a **single** action plan, providing a clear framework to address key priorities and deliver measurable, positive change across the organisation. It has been agreed that the actions outlined in the report will span a three-year period to support effective implementation and ensure long-term impact.

These actions will be reviewed annually to maintain relevance and alignment with organisational goals. Due to the ongoing Change Management Programme (CMP), some actions were temporarily paused however have been revisited and completed.

You can view the full Workforce Race Equality Standard report on the following link: [ICB's reports webpage](#).



SEL ICB is committed to championing disability equality and improving the experience and everyday lives of ICB staff with disabilities or those seeking employment in the NHS. To help the ICB achieve this ambition, we have adopted the **Workforce Disability Equality Standard (WDES)** - a set of ten measures (metrics) enabling NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The data is used to develop an action plan for the organisation.

## Summary of findings:

**Metric 1:** The workforce consists of **9.2%** staff with a disability/long-term condition (LTC) and **86.6%** without.

**Metric 2:** The data shows a relative likelihood of **0.37** for applicants with a disability/LTC being appointed..

**Metric 3:** In the past 12 months, there have been **0** formal disciplinary investigations or hearings within SEL ICB (consistent with the previous three years).

**Metric 4a:** Staff with a disability/LTC are **3.6%** more likely to experience harassment, bullying or abuse from patients, relatives or the public compared to staff without a disability.

**Metric 4b:** Staff with a disability/LTC (**14.1%**) experienced significantly higher levels of harassment, bullying, or abuse from managers compared to non-disabled staff (**8.3%**).

**Metric 4c:** Staff with a disability/LTC experienced significantly higher levels of harassment, bullying, or abuse from other colleagues (**17.6%**) compared to non-disabled staff (**9.1%**).

**Metric 4d:** A significantly higher percentage of staff with a disability/LTC (**46.2%**) reported harassment, bullying, or abuse compared to staff without (**35.9%**).

**Metric 5:** **42.9%** of staff with a disability/LTC believe that the organisation provides equal opportunities for career progression or promotion compared to staff without a disability/LTC (**57.3%**).

**Metric 6:** **24.6%** of staff with a disability/LTC felt pressured to come to work despite feeling unwell compared to staff without a disability/LTC (**17.6%**).

**Metric 7:** Staff with a disability/LTC (**43.5%**) felt least valued compared to staff without (**57.7%**).

**Metric 8:** **73.1%** of staff with a disability/LTC have advised that reasonable adjustments were made to help them carry out their role.

**Metric 9:** Staff with a disability/LTC have a lower engagement score (**6.5**) compared to staff without (**7**).

**Metric 10:** The difference between disabled Board members and disabled staff (workforce) is (**minus**) **-2%**.

## Actions:

The ICB Workforce Equality Standards and Gender Pay Gap Reports now operate under a **single** action plan, providing a clear framework to address key priorities and deliver measurable, positive change across the organisation. It has been agreed that the actions outlined in the report will span a three-year period to support effective implementation and ensure long-term impact.

These actions will be reviewed annually to maintain relevance and alignment with organisational goals. Due to the ongoing Change Management Programme (CMP), some actions were temporarily paused however have been revisited and completed.

You can view the full Workforce Disability Equality Standard report on the following link: [ICB's reports webpage](#).



The **Workforce Sexual Orientation Equality Standard (WSOES)** is a framework to improve workplace equality for LGBTQ+ staff in the NHS. Using **eight** metrics, the framework is used to identify and address disparities in recruitment, progression, and staff experiences. For the purposes of the WSOES report, our focus is specifically on LGB+ staff. Currently the WSOES is being discussed for national adoption. Monitoring for inclusion for all LGBTQIA+ staff can be achieved through initiatives like the WSOES, LGBTQ+ Health Inclusion Framework and the People's Promise.

## Summary of findings:

**Metric 1:** **4.5%** of SEL ICB's workforce identify as LGB+ and **87%** of staff identify as Heterosexual/straight.

**Metric 2:** The data shows that heterosexual applicants are **0.7 times** as likely to be appointed following shortlisting compared to LGB+ applicants.

**Metric 3:** In the past 12 months, there have been **0** formal disciplinary investigations or hearings.

**Metric 4:** There were 28 applications were processed during 2024-2025 for non-mandatory training, which consisted of applications from 1 LGB+ staff member, 20 Heterosexual staff members and 7 who did not state.

**Metric 5:** **57.1%** of Gay or Lesbian\* staff believe that the organisation is providing equal opportunities for progression and promotion compared to **55.1%** of heterosexual/straight staff.

**Metric 6:** **7.1%** Gay or Lesbian\* staff report experiencing bullying from managers compared to **9.2%** heterosexual/straight staff.

**Metric 7:** Gay or Lesbian\* staff experienced less discrimination at work from colleagues (**0%**) compared to heterosexual/straight staff (**11.5%**).

**Metric 8:** The difference between LGB+ Board members and LGB+ staff (workforce) is **(minus) -4%**. The difference between heterosexual Board members and heterosexual staff (workforce) is **(minus) -18%**.

## Actions:

The ICB Workforce Equality Standards and Gender Pay Gap Reports now operate under a **single** action plan, providing a clear framework to address key priorities and deliver measurable, positive change across the organisation. It has been agreed that the actions outlined in the report will span a three-year period to support effective implementation and ensure long-term impact.

These actions will be reviewed annually to maintain relevance and alignment with organisational goals. Due to the ongoing Change Management Programme (CMP), some actions were temporarily paused however have been revisited and completed.

You can view the full Workforce Disability Equality Standard report on the following link: [ICB's reports webpage](#).

**\*NOTE:** 'Bisexual' and 'Other' are included as disclosure options in the staff survey; however, responses from these groups are not reported when numbers are low (**fewer than 7**) to protect anonymity.

The gender pay gap is the difference in average earnings between men and women, typically expressed as a percentage of men's earnings. It reflects various factors, including differences in job roles, working hours, career progression, and discrimination. There are two main types: 1) Mean gender pay gap – the average difference in pay across all employees and 2) Median gender pay gap – the difference between the middle-earning man and the middle-earning woman. All UK organisations with more than 250 employees are required to publish details of their gender pay gap as part of the Equality Act 2010 Act. As of **31 March 2025**, SEL ICB employed **654** people, **72% women** and **28% men**.

## Summary of findings

- **Upper Pay Quartile:** There has been a slight change in the representation of men and women within the upper pay quartile. Since 2024/25 **women** have seen a **1.1% decrease**, while **men** have seen a **1% increase**.
- **Upper Middle Pay Quartile:** There has been a slight change in representation of men and women within the upper middle pay quartile. Since 2024/25 **women** have seen a **1.7% increase**, while **men** have seen a **1.7% decrease**.
- **Lower Middle Pay Quartile:** Women's representation has significantly **increased** by **6.1%**, while men's representation has seen a significant **decrease** of **6.1%**.
- **Lower Pay Quartile:** Women have seen a significant **increase** of **6%** representation in this quartile, while men have seen a significant **6% decrease**.
- SEL ICB's **mean gender pay gap** for hourly pay is **10.6%**, a significant increase from **5%** on 31 March 2024. On average, for every £1 earned by a woman, a man earns £1.11.
- The **median gender pay gap** for hourly pay is **9.7%**, a significant increase of **5.3%** since 31 March 2024. This reflects the percentage difference between the mid-point hourly pay for men and women. The median relative pay calculation shows that for every £1 earned by a woman, a man earns £1.10.
- It is important to note that the **data includes Clinical Leads**, some of whom work one day a week within the ICB. This **may distort the data** and contribute to narrowing the gender pay gap, as there are **71 female Clinical Leads** compared to **30 male Clinical Leads** as of the snapshot date.

## Actions:

The ICB Workforce Equality Standards and Gender Pay Gap Reports now operate under a **single** action plan, providing a clear framework to address key priorities and deliver measurable, positive change across the organisation. It has been agreed that the actions outlined in the report will span a three-year period to support effective implementation and ensure long-term impact.

These actions will be reviewed annually to maintain relevance and alignment with organisational goals. Due to the ongoing Change Management Programme (CMP), some actions were temporarily paused however have been revisited and completed.

You can view the full Workforce Disability Equality Standard report on the following link: [ICB's reports webpage](#).



# Contact us

If you have any questions about this report, or would like it in a different format, please contact us at:

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