

# Public Sector Equality Duty (PSED) Report 2022/23

NHS South East London ICB Annual Equality Report

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Welcome to the South East London Integrated Care Board (SEL ICB) 2023 Public Sector Equality Duty (PSED) report.

NHS SEL ICB is a diverse employer, and plans services across six boroughs; Lambeth, Southwark, Lewisham, Greenwich, Bexley and Bromley. SEL ICB was established on 1 July 2022 and builds on the Integrated Care System (ICS) set up in 2019. You will find that this report refers to both SEL CCG and SEL ICB, this is due to the disestablishment of SEL CCG on 30 June 2022 and the ICB being formed on 1 July 2022.

SEL ICB is focussed on delivering on its four purposes, three of which are linked to equalities:

1) **Improve outcomes in** South East London **population health**, and health and care services, 2) **Tackle inequalities in outcomes, experience and access** experienced by the residents of South East London, 3) Enhance Productivity and value for money in the use of health and care resources in South East London, and 4) **Help the NHS support** broader **social and economic development** in South East London.

Each patient and carer using SEL ICS services may have a different experience of care and outcomes, depending on the wider determinants of health (such as their ethnic heritage, where they were born, live, work for example). We know that within South East London, health inequalities exist and we are trying to understand and tackle these causes.

Staff at SEL ICB are valued and respected and SEL ICB aspires to be an inclusive employer of choice. Equality, diversity and inclusion within the ICB workforce and in the care that is provided, is linked to improved health and experiences within the NHS.

SEL ICB understands and recognise that equality objectives, and the reporting that goes along with it are very important tools that help make improvements for the ICB staff and patients.

This yearly PSED report provides evidence and assurance that SEL ICB is adhering to its statutory obligations towards patients and staff. It demonstrates that SEL ICB is showing 'due regard', which means that SEL ICB has considered issues of equality and discrimination before making decisions that may affect patients and staff members.

You will find in this report examples of how SEL ICB been working continuously to ensure it is showing due regard in both their planned services and within their workforce.

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



**Tosca Fairchild**  
**Chief of Staff and Equalities SRO**

# SEL ICB legal and mandatory duties for Equality, Diversity and Inclusion

## Equality Act 2010

The Equality Act 2010 came into force on 1 October 2010. It combined over 116 separate pieces of legislation into one Act, providing a legal framework to protect the rights of individuals and advance equality of opportunity for all. It helps to protect individuals from unfair treatment and promotes a fair and more equal society. The Equality Act 2010 states that public authorities such as SEL ICB must comply with the Public Sector Equality Duty. The duty aims to make sure public authorities consider matters such as discrimination and the needs of people who are disadvantaged or suffer inequality when making decisions about how they provide their services and implement policies.

### Public Sector Equality Duty

The general equality duty under the Equality Act 2010 requires SEL ICB to have **due regard** (give consideration) to the need to:

1. Eliminate discrimination, harassment, and victimisation and any other conduct that is prohibited by the Act.
2. Advance equality of opportunity between people who share protected characteristics and people who do not share them.
3. Foster good relations between people who share a relevant protected characteristic and those who do not.

SEL ICB publishes equality objectives at least once a year, demonstrating that it has consciously considered the above three aims as part of its decision-making processes. SEL ICB also publishes protected characteristic data about staff, 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.
- Ensuring health service provision is integrated with health-related and social care services to reduce inequalities.
- Produce an annual plan explaining and assessing the discharge of their duty to reduce inequalities.

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

In order to demonstrate 'due regard', and to fulfil the ICB's annual requirements, the ICB:

- Produce this PSED report annually by 31 March.
- Undertake Equality Analyses (EAs).
- Engage 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 the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap (GPG) on an annual basis



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

## **Equalities Sub-Committee:**

With the establishment of South East London Integrated Care Board (SEL ICB) on 1 July 2022, the long-standing Equalities Committee was reviewed and replaced by an Equalities Sub-Committee. This sub-committee reports to the People Board and is chaired by the Chief of Staff and Equalities Senior Responsible Officer.

The purpose of the Equalities Sub-Committee 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 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.

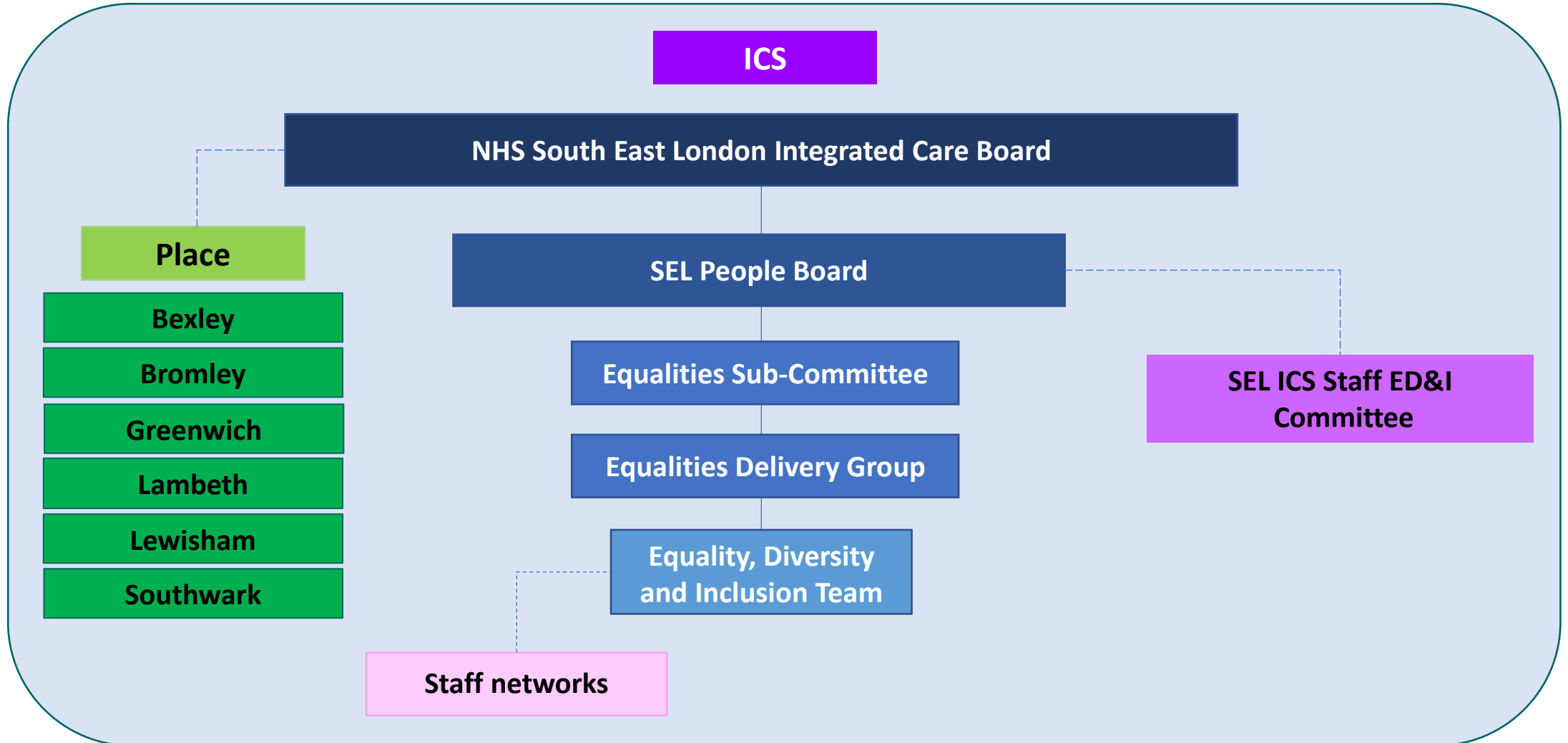
The Equalities Sub-Committee has an annual work plan to ensure all statutory duties and reporting are undertaken and that the ICB is embedding a culture of reducing health inequalities and promoting equality throughout all functions.



## **Equalities delivery plan (EDP):**

The Equalities Delivery Plan (EDP) is reported on at the Equalities Sub-Committee and is in the process of being refreshed for 23/24. The EDP aligns with requirements covering the a) Workplace Race Equality Standard, b) Workplace Disability Equality Standard, c) Gender Pay Gap, d) Equality objectives agreed by the Board and e) NHS People Plan and People Promise. The new approach to reporting will ensure stronger accountability and monitoring of agreed actions.

# Equality, Diversity and Inclusion Governance Framework





The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss can gain access to information in a way that is suitable for them along with any communication support that 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 standard.

### What does the Standard include?

The Standard says that patients, service users, carers and parents with a disability, impairment or sensory loss 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 Accessible Information Standard, 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 so it is clear 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 enable those with interpreting needs to access and increase their knowledge of local health services, improving health and wellbeing and supporting community cohesion.



### Achievements:

SEL ICB offers publications in a range of accessible formats and ensures their provider organisations are adhering to the Accessible Information Standard.

The SEL ICB website offers a range of accessible formats, which include navigating using your keyboard, colours, contrasts and fonts, speech recognition software and screen readers. SEL ICB also uses the ReachDeck Toolbar.

For more information on how we are making the ICB's publications and website accessible please click [here](#).



# Equality Objectives 2020-2024

	Equality Objective	Link to Corporate Objective	Link to PSED	Link to EDS 2022 Goal
1.	<p>Develop a culture of EDI needs assessment and demonstrate accountability with the Equality Act 2010.</p> <p>Embed Equality Analysis across all SEL ICB functions.</p>	2. Establish population health management (PHM) as the way of working in SEL, using data and local insights to improve population health and delivery of care and health equity.	Advance equality of opportunity	Domain 1: Commissioned or provided services
2.	<p>To cultivate an organisation that is inclusive, free from discrimination with all able to fulfil their potential.</p> <p>SEL ICB will develop and support an organisational culture of inclusion where staff are engaged, listened to and feel supported and where leaders and managers foster a workforce culture which values diversity.</p>	14. Invest in the ICB's workforce: achievement of workforce growth and retention targets across secondary, community, mental health and primary care.	Eliminate discrimination  Advance equality of opportunity	Domain 2: Workforce health and wellbeing
3.	<p>SEL ICB should ensure that equality is everyone's business. Everyone is expected to take an active part, supported by the work of specialist leaders and champions.</p> <p>Board members and senior leaders should demonstrate commitment to Equality, diversity and inclusion in the development of SEL ICB vision, values, strategies and culture. Building assurance and accountability for progress.</p>	<p>5. Develop a single and shared understanding of quality, patient safety and risk, with clear accountabilities for decision-making and ownership that improve outcomes for the SEL population.</p> <p>12. Delivery of system financial balance, efficiency and savings plans.</p> <p>14. Invest in the ICB's workforce: achievement of workforce growth and retention targets across secondary, community, mental health and primary care.</p>	Advance equality of opportunity	Domain 3: Inclusive leadership
4.	Build strong relationships with the diverse communities, better understand the needs and experiences of the population across SEL and adjust the ICB's approaches accordingly. Improving the fair access experience of protected patient groups across healthcare services.	4. Establish effective ways of hearing from and engaging with people from all communities across South East London to address unfair, avoidable and systematic differences in health between different groups of people.	Foster good relations	Domain 1: Commissioned or provided services

**Equality Objective 1:** Embed Equality Analysis across all functions and demonstrate accountability with the Equality Act 2010.

There has been increased uptake in Equality Analysis in 22/23, which highlights the value placed in completing assessments.

In response to the ongoing Covid-19 pandemic, services were adapted making them more accessible and responsive in new ways, and to help support and recover elective services.

Examples of this include:

- Peer-led structured education courses for people living with more than one long-term condition.
- Best Practice Guidance for Assessing Mental Capacity and Conducting Best Interest Meetings in General Practice.
- Safeguarding guidance for a general practice policy for vulnerable adults who Did Not Attend their appointment.
- South East London ICB Children and Young People's Mental Health and Emotional Wellbeing Transformation and Delivery Plan.

Equality Analyses (EA) were carried out to fully assess impacts and inform decision making in each example.

Further development of existing guidance, alignment with Quality Impact Assessments and rolling out of training will be a key focus in 23/24.

**Equality Objective 2:** Cultivate an organisation that is inclusive; free from discrimination with all able to fulfil their potential.

SEL CCG transitioned to SEL ICB in July 2022 and TUPE (transfer of undertakings protection of employment) transferred the workforce into the new organisation. Throughout this change and on an ongoing basis there continued to be significant importance placed on improving equalities for the ICB staff through a range of interventions in relation to recruitment and retention, all of which sit within the organisational development arena.

Staff network groups were strengthened and staff surveyed to understand where they see the value of these. Improvements in recruitment processes continue, ensuring shortlisting and interview panels are as diverse as possible. The workforce demographic has seen an improved position related to some under-represented areas, although this remains a focus for the ICB in 23/24.

The dedicated Equalities in Recruitment Working Group continues to take forward specific initiatives; this has included signing up to Evenbreak, a company that provides accessible careers support for disabled candidates looking for new or better work, delivered by careers professionals with lived experience of disability. A new role within the HR function has been implemented with a specific focus on 'just culture'. Staff are currently being trained to become mediators, to help ensure workplace issues can be dealt with at the earliest opportunity.



**Equality Objective 3:** Board members and senior leaders demonstrate commitment to Equality, diversity and inclusion in the development of SEL ICB vision, values, strategies and culture. Building assurance and accountability for progress.

The Equalities sub-committee, chaired by the ICB's Chief of Staff and EDI Senior Responsible Officer, provides leadership and oversight of the ICB's EDI programme and reports to the Board. Membership includes senior representatives from key directorates including Human Resources, Organisational Development, Equality, Diversity and Inclusion, Engagement, Population Health and chairs of existing staff networks. Through the Board and this sub-committee, ICS members are brought together to discuss the direction of travel, priorities, ways of working and the interface for equality, diversity and inclusion across SEL ICB, and where appropriate to the wider ICS.

The ICB will be refreshing the Equality Delivery Plan (EDP) to include actions resulting from the ICB's WRES, WDES and Gender Pay Gap reports. Data on the protected characteristics is monitored monthly. The EDP will continue to outline a number of commitments against specific objectives. Each commitment has an executive lead, specific targets and delivery dates, and aligns to the ICB's ambitions associated with the: **a)** Workplace Race Equality Standard, Workplace Disability Equality Standard and the Gender Pay Gap, **b)** Equality objectives identified by the Board, **c)** NHS People Plan and People Promise, **d)** NHS London Workforce Race Equality Strategy.

Senior leaders in the ICB, including the ICB's executive team, are part of the organisation's mentoring programme, where mentees have been provided with support measures to help improve representation and reflect the population in South East London.

The ICB's HR team works closely with managers to ensure employee relations cases are kept at the informal stages wherever possible. There is also a specific role within the HR team that focuses on 'Just Culture' and all policies and procedures are being updated in line with this, including the imminent (planned for April 2023) introduction of a mediation service.

The ICB has developed an Anti-racism strategy, which will eventually sit within a wider anti-discrimination strategy covering all the protected characteristics. This will be developed in 2023/24 and will be overseen by the SEL ICB Board.

**Equality Objective 4:** Build strong relationships with the ICB diverse communities, better understand the needs and experiences of the population across SEL and adjust the ICB approaches accordingly.

The ICB has developed an ICS [working with people and communities strategic framework](#), which was agreed at the Board on 1 July 2022. This sets out the ICB's ambition for how the ICB works with local people and what the ICB needs to put in place to do this. As part of the framework development exercise, the ICB commissioned engagement with specific communities who the ICB hear from less to inform the ICB's engagement approach. The insight gained from this work has also informed the development of the ICS strategic priorities.

Outreach with local groups and voluntary sector organisations working with marginalised communities took place in Autumn 2022 as part of a broader engagement approach to inform the ICS strategy development process, building on insight as set out above and insight gained through the pandemic.

The ICB has commissioned work from trusted voice voluntary, community, social enterprise sector to gain insight on particular programmes to enable the ICB to hear from lesser heard groups. [Mabadiliko](#) have worked with the ICB on the diabetes and the CVD programmes.

Continuing development of the ICB's ICS Population Health & Equity work, which includes three inter-related areas of work: Population Health Management; Prevention and Equalities (including Core20Plus5) and Making the most of the assets.

# Case studies

Initiatives taking place within South East London

# Patient Experience: Feedback and Insight

Listening to South East London residents helps the ICB to understand more about the patients experiences when they use the services the ICB plans and provides.

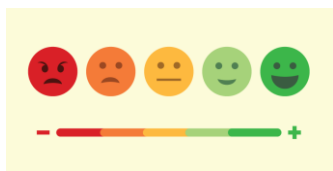
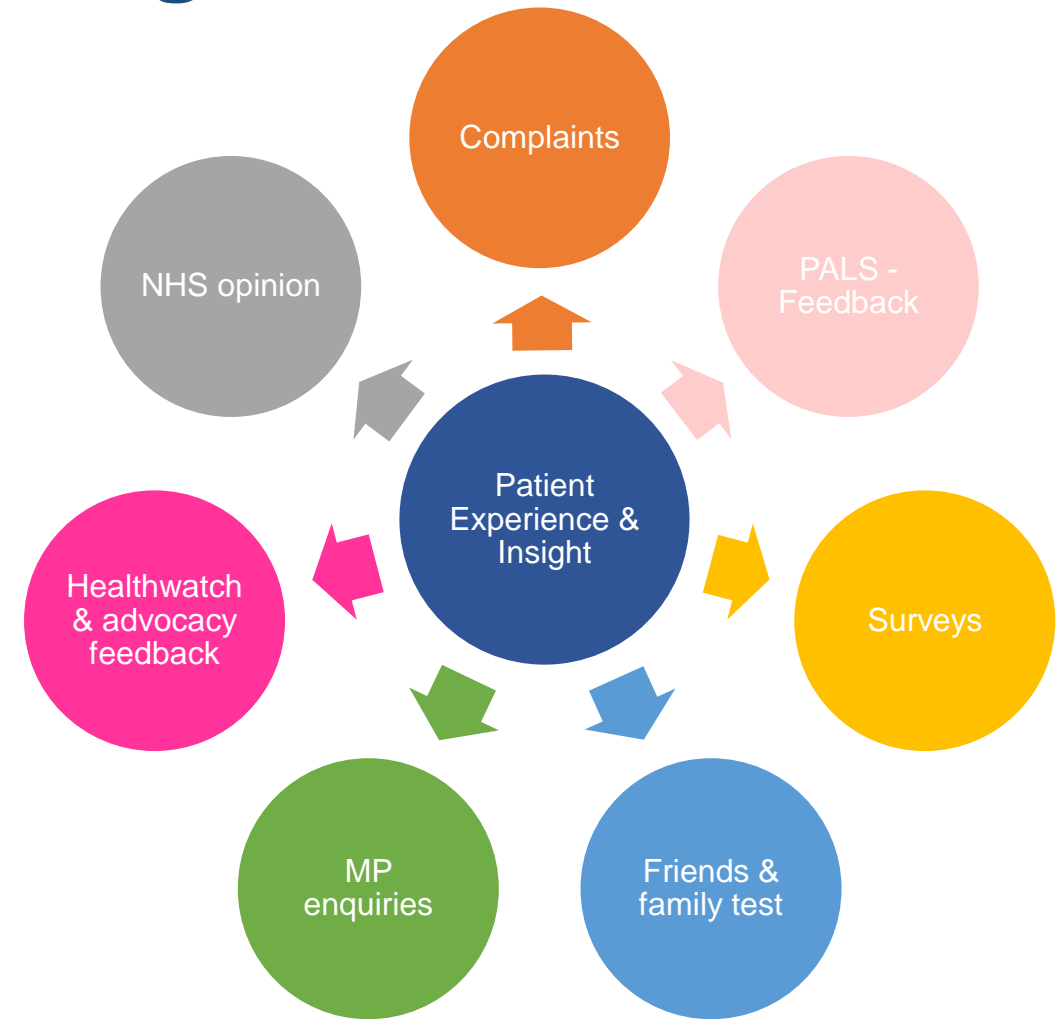
The feedback the ICB gather also helps the ICB to understand the perspectives of people from different backgrounds and protected characteristics, which enables the ICB to look at the experiences of different patient groups.

These insights help to shape the ICB's decision making and improve local healthcare services for everyone. The ICB gathers feedback and insights about patient experience in many ways – as set out in the diagram on the right side.

The information the ICB gathers is saved in a format that allows for further examination. This enables the ICB to draw on intelligence and further assures the local population that their views are an important source of data.

Equality and diversity monitoring is also an important source of information helping the ICB to identify whether certain groups experience problems disproportionately to other groups.

The ICB are aware that they need to collect more demographic data about people who make formal complaints, and this is something the ICB is seeking to improve in 2023/24.





# Working with people and communities

A key area of focus in the first part of the year was to develop the ICS approach to working with people and communities.

Six community organisations were commissioned to hear from people from communities that are seldom heard from: Somali women, LGBTQ+ community, Afghan community, Bengali community, migrant women and young people from Black African and Black Caribbean communities who have experienced mental health issues/trauma. Through this work the ICB heard the views of over 200 people and this informed the [working with people and communities strategic framework](#).

This recognised that the ICB needs to build relationships and trust, make engagement accessible and inviting, go out to communities to bring the conversation to them and to recognise the impact engagement has on people. Insight of experiences of services has also informed the development of the ICS strategy.

Throughout 2022 the ICS has engaged with local people and communities to inform the development of the ICS strategy and the strategic priority areas. Engagement included webinars as well as chat forums and an ideas board on the ICS on-line engagement platform, [Let's Talk Health and Care in South East London](#), a mechanism to help the ICB broaden their reach. The ICB met with voluntary and community sector organisations (VCSE) to understand insight from marginalised communities including refugees and asylum seekers, homeless people, people from the Gypsy, Roma, Traveller communities, people with learning disabilities and autism, LGBTQ+ community, people living with HIV, organisations supporting people from Latin America. This was augmented by insight reports from partner and trusted voice organisations including insight and experience of people from Black, Asian and minority ethnic communities. [The insight, organisations and groups we met and insight reports is available here](#).

The ICB has developed an [Engagement Assurance Committee](#) to provide assurance to the Board on engagement. Members of the public form the majority of the membership and were recruited through an open and transparent process to reflect the communities of South East London.

The ICS is developing a [People's Panel](#) with an initial membership of 500 people to be demographically representative of the south east London population based in terms of age, gender, ethnicity and borough based on Census 2021 data.





Health inequalities are differences in health across the population and between different groups in society that are systematic, unfair, and avoidable. Reducing health inequalities means giving everyone the same opportunities to lead a healthy life, no matter where they live or who they are.

- The ICB has learnt a lot from the system COVID-19 response and are enhancing the ICB's commissioning and planning approach based on the increased collaboration, engagement and innovation the ICB have seen over the last three years.
- The ICB is strengthening their data gathering and analysis skills to ensure effective health management approaches for all patients. This data driven approach aims to reduce unwarranted variations in service provision, identify seldom heard populations and marginalised groups.
- The ICB will continue to work with wider system partners to identify and drive improvements in health inequalities, ensuring that the ICB's plans for 2023/24 have improved health outcomes and reduction of inequalities at their centre, working in partnership with the SEL Integrated Care Partnership (ICP).

**Examples of work in 2022-23** have included:

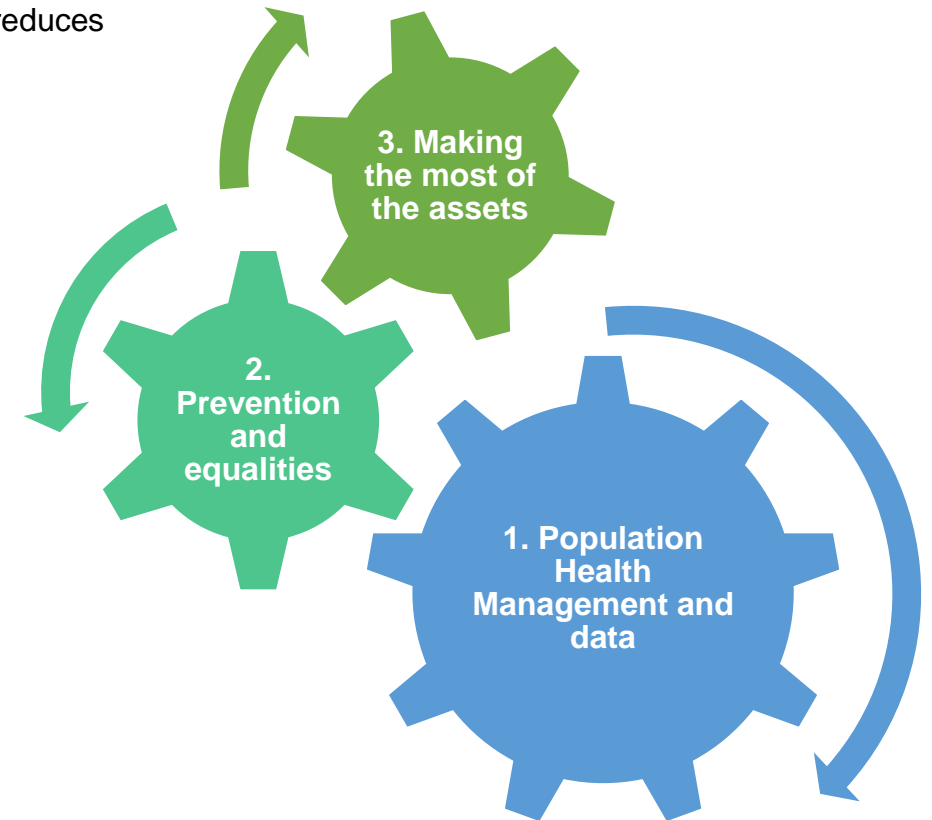
- **Elective Care:** Working with the Acute Provider Collaborative, prioritising the addressing of health inequalities through the equalisation of waiting times across Trusts. An elective health inequalities dashboard has also been developed to better understand patient characteristics of the waiting list.
- **Children and Young People's (CYP) Mental Health:** Commissioning of a report on health inequalities for CYP mental health, with recommendations incorporated into the ICS' CYP mental health and emotional wellbeing transformation plan.
- **Maternity:** Developing pathways, prioritising the offer of continuity of carer, to women and birthing people from ethnic minorities, those living in deprived areas and those most vulnerable within the local population.
- **Hypertension Case Finding:** Development of education events and guides, with hypertension data dashboards and searches to support active case-finding of people on the list with likely hypertension.
- **Diabetes & Obesity:** Working with an external partner, the ICB has worked with local communities to develop 'outcomes that matter to people' for diabetes, specifically focusing on the views and experiences of the Black and Asian communities.
- **Vaccinations:** Developing innovative and creative ways to build trust and confidence in vaccination programmes through community engagement and hyperlocal relationship building.

**Integrated care** is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.

**SEL ICS** is a partnership between organisations in South East London that work together to meet the health and care needs of South East London residents, coordinate services and plan in a way that improves population health and reduces inequalities between different groups.

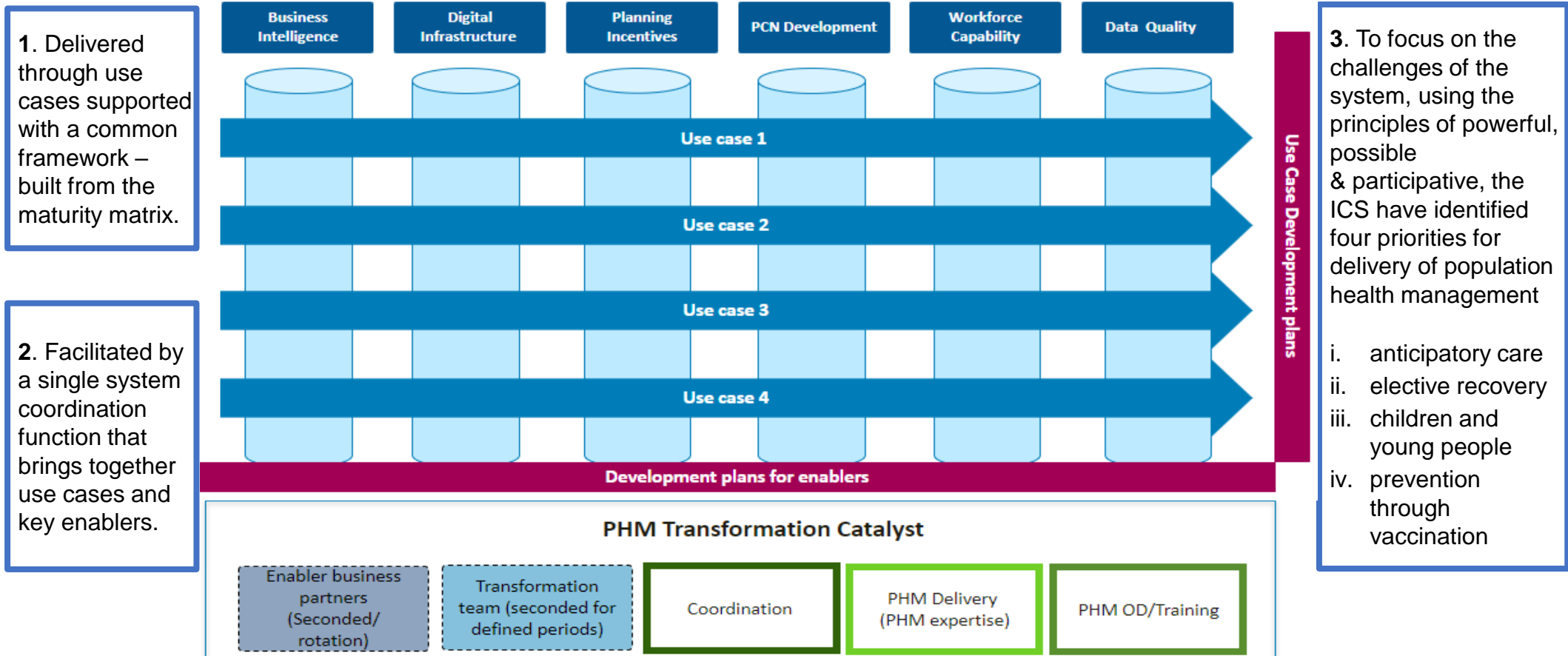
As part of the ICS, a population health and equality programme was scoped and agreed in the autumn of 2020. This programme has three (inter-related) areas of work:

- 1. Population Health Management (PHM)**
  - Establishing PHM as the way of working in SEL, using data and local insights to improve population health and delivery of care, and health equity.
- 2. Prevention and Equalities**
  - Identify priority initiatives to address 'the Vital 5' (smoking, alcohol, obesity, high blood pressure and mental health).
  - Support the ICS with becoming a learning and resilient health system.
  - Scoping work to look at the wider determinants of health.
- 3. Making the most of the ICS assets**
  - Spotlight the many great things that are happening locally.
  - SEL People Board.
  - Establish an 'Anchor system', which recognises the ICS assets of population, staff and organisations.
  - Asset-based approach to working with communities.





Over the past two years, the ICS have built on the Optum/NHS England input and the achievement of securing London Health Data Strategy Pathfinder funding to create the beginnings of a system-wide approach to Population Health Management (PHM). This included the agreement to support eight 'PHM transformation pilots' overseen by a new PHM reference group. The work of this group has resulted in a business case being supported by the ICB Executive to establish a 'PHM Catalyst' function



# Prevention and Inequalities: taking the 'Vital 5' in SEL

There are a small number of things which will make a big difference to the South East London population's health and reduce inequalities by preventing the onset of ill-health. For many diseases, including most of the long-term conditions that take up a lot of time and care in the NHS, there are a small number of behaviours and issues that lead to those diseases developing. In South East London, these are high blood pressure, obesity, smoking, alcohol and common mental health conditions. These are called the 'Vital 5', or the five leading causes of poor health in SEL communities.



- **High blood pressure** is the leading cause of heart disease, stroke, kidney disease, dementia, severe disease from COVID and early death, both globally and in SEL local population



- **Tobacco dependence** remains the greatest cause of preventable death, ill health and health inequality in SEL, causing 9,251 hospital admissions and 4,200 premature deaths/year. SEL has >200,000 smokers, 1 in 2 of whom are at risk of dying early, 70,737 smoking households in poverty and 9,576 people out of work due to smoking. Tobacco dependence costs SEL £663.82M a year



- **Obesity** in England is estimated to cause 30,000 deaths per year, lead to 1 million hospital admissions and cost the NHS £6.1 billion



- **Alcohol misuse** is the biggest risk factor for death, ill-health and disability among 15–49-year-olds in the UK, and the fifth biggest risk factor across all ages



- Each year 1 in 4 people have **depression or anxiety**

The Vital 5 are interconnected. For example, people with mental illness have increased rates of high blood pressure, smoking, and obesity. And link to the ICS work on the Core20PLus5.

Vital 5  
Improved population health by collectively and relentlessly tackling the five major drivers of health inequity through evidence-based implementation

The ICB have a **Prevention and Equalities working group**, which is developing initiatives across these areas to improve population health and equalities. The ICB have ring fenced several million pounds of funding to support improvements across SEL.

**SEL Borough Vital 5 initiatives:**

- Healthy eating: The Vital 5 in Lewisham - please click [here](#) for more information.
- Stopping smoking: The Vital 5 in Lambeth and Bromley - please click [here](#) for more information.
- Safe drinking: The Vital 5 in Greenwich - please click [here](#) for more information.
- Normal blood pressure: The Vital 5 in GP surgeries across South East London - please click [here](#) for more information.
- Good mental health Mind & Body work across South East London - please click [here](#) for more information.



While the main function of the NHS is to provide health services, the ICB can also play an active role in supporting partner organisations and communities to address the physical, social, and environmental factors, which can cause ill health; sometimes called the wider determinants of health. In SEL the ICS have committed to the development of an Anchor System Programme.

## Components of the Programme

The Anchor System Programme comprises three pillars, further explored below:

- Defining the **SEL ICS ‘Anchor System’**, including metrics by which success will be measured. This pillar includes learning from, and sharing learning with, other systems across the NHS.
- The creation of the **‘SEL Anchors Alliance’** to enable partners from across the ICS to share best practice and coordinate action.
- Setting up a **specific programme of work** based on engagement with the SEL people and communities; this will build on the success of South London Listens and partners across the system.

## What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

**Purchasing more locally and for social benefit**  
In England alone, the NHS spends £27bn every year on goods and services.

**Using buildings and spaces to support communities**  
The NHS occupies 8,253 sites across England on 6,500 hectares of land.

**Working more closely with local partners**  
The NHS can learn from others, spread good ideas and model civic responsibility.

**Widening access to quality work**  
The NHS is the UK’s biggest employer, with 1.6 million staff.

**Reducing its environmental impact**  
The NHS is responsible for 40% of the public sector’s carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

SEL LMNS recognises that there is inequity in the provision and outcomes of maternity care. This means some women and birthing people continue to have poorer experiences and outcomes. As part of the Maternity Transformation Programme (MTP) every LMNS in the country was asked to create an equality and equity strategy/action plan in response to the MBRRACE UK reports that show worsening outcomes from those women and birthing people from Black, Asian and mixed ethnicities and those living in the most deprived communities. There is also an emphasis on ensuring that the maternity workforce is representative of the communities LMNS serve, and there is race equality for all staff.

## SEL LMNS Health Needs Assessment (HNA)

An HNA was carried out in 2022 to understand health needs. This assessment included intelligence from a variety of sources and provides a baseline for further data collection and analysis. Highlights from the assessment showed;

- There are disproportionate rates of stillbirth between Black and White women and birthing people
- There is a disproportionate number of Asian women and birthing people experiencing significant perineal tears in labour compared to White women
- Many women and birthing people are living in areas with significant deprivation
- 1 in 10 women and birthing people are smoking at the time of giving birth
- 37.5% of women and birthing people are overweight or obese

### Outcomes:

- Colourful wallets have been rolled out across Lewisham & Greenwich NHST and Guys & St Thomas NHSFT
- The maternal medicine is now operational in SEL. Leads have been recruited and are in place, monthly MDT meetings have commenced and educational sessions also occur every month. LMNS are also supporting Kent/Medway and Sussex Maternal Medicine Network (MMN).

## SEL LMNS Equality & Equity Action Plan

A five-year action plan has been created and will be reviewed and updated as new information comes to light and as work progresses. Key areas of focus initially will include, but is not exhaustive to;

- Creation and publication of a public facing, easy to read version of the action plan.
- Further data collection, analysis, and monitoring of key metrics regarding the maternity communities SEL LMNS serve.
- Roll out of the LMNS community engagement plan, which involves working with organisations to hear from pregnant women and birthing people, especially those from minoritised communities, about their experiences and challenges faced in maternity care.
- Review maternity and neonatal specific workforce data, once available, and create an action plan with key stakeholders to address the findings.
- Fully implement the Maternal medicine network ensuring that pregnant women and birthing people with medical complexities are cared for by the right people in the right place.
- Continue to work as a system to oversee the quality and safety of maternity services, ensuring that the ICB/ICS are learning from events and implementing best practice care pathways.
- Support the delivery of Maternity Continuity of Care.
- Implementation of maternity Personalised Care and Support Plans (PCSPs) based on robust and continued assessment of an individual's holistic health needs.
- Review of information for women and birthing people, ensuring that it is available in a variety of formats and the most spoken languages and accessible both digitally and in paper format.
- Continue to collaborate and co-produce with user representatives including the Maternity Voice Partnerships (MVPs) and a wider network of people with lived experience.





During the pandemic, it became very clear that the virus impacted individuals differently and that there was a disproportion in impact on different communities. Certain communities also had a low uptake of the vaccine, especially those living in more deprived areas. The need to work with communities and address their concerns and consider disproportion has changed the way in which the ICB offer vaccination and has had implications for other health programmes. Developing and engendering trust in health and preventive services is essential for health and wellbeing, and are all more aware of the value of social connections, neighbourliness, a sense of belonging and mutual trust.

The ICB/ICS have responded to the pandemic by rolling out the vaccination programme and the need to continue to deliver other health and care services; often adapting their approach to continue reducing health inequalities

The inequalities apparent during the pandemic were brought to the attention of all the ICS's organisation boards. Examples of learning developed from this evidence was used to focus on certain groups for vaccination. The most significant inequality was found to be related to age. Older and other marginalised groups had worse outcomes. Work, therefore, took place with older people and care homes to implement enhanced testing as soon as possible and then prioritisation for vaccination.

South East London CCG created an inequalities 'taskforce' to promote the Covid-19 vaccine uptake amongst those groups that were reluctant to take up the vaccine. Each of the SEL 6 boroughs had a multiagency group looking at and managing these inequalities and all boroughs were provided with resources for interventions.

**Key interventions and engagement examples include:**

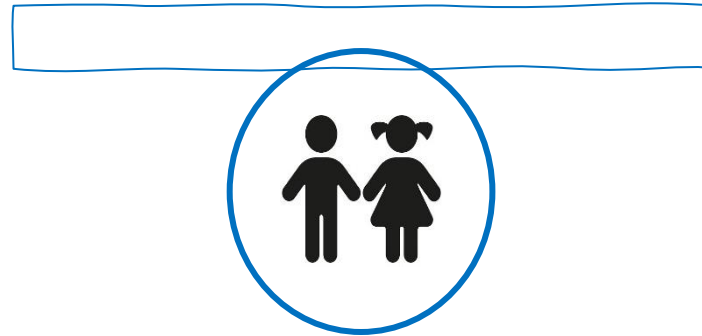
- Engagement with specific ethnic groups to understand people's perception of the vaccine and from this research, development of communications and engagement resources to address specific needs.
- Publication of weekly dashboard on uptake of vaccination by borough and Primary Care Networks, including by ethnic grouping, age and care home uptake to support the work of boroughs.
- Establishment of a SEL vaccination helpline which enabled clinical conversations to take place and included 'motivational' discussions.
- Specific interventions in certain areas such as pop-up clinics, clinics in faith settings, vaccination bus, vaccination sessions outside supermarkets, etc.



Older people are more likely to become seriously unwell from Covid-19 because they do not have as strong an immune system. They are also more likely to have conditions such as heart disease, lung disease, diabetes or kidney disease, which weaken their body's ability to fight viruses. Children and young people have a low uptake in the covid vaccination. Although children and young people with no medical problems are not at risk of becoming seriously unwell from Covid-19, they are still able to transmit the virus to others which is why focused vaccine uptake interventions are needed for this age group.

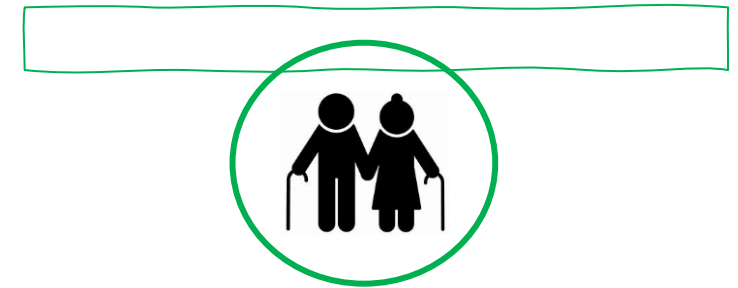
- 12-15 year olds: The highest rates of vaccine uptake were in Bromley (Petts Wood and Knoll) – 49.3% and Southwark (Dulwich village) – 52.1%.
- 16-17 years olds: highest rates of vaccine were in Bromley (Biggin Hill) – 75.2% and Southwark (Dulwich Village) – 74.3%.
- 12-15 year olds: lowest rates of vaccine uptake were in Greenwich (Eltham West) – 6.9% and Lambeth (Cold Harbour) – 14.5%.
- 16-17 years old: Lowest rates of vaccine uptake were in Greenwich (Charlton) – 14% and Lewisham (Telegraph Hill) – 22.7%.
- 80+ years old: highest rate Bromley (97.2%) – Chelsfield and pratts bottom.
- 80+ years olds: lowest rate - Lewisham (62.%) Telegraph Hill.

## Barriers



### Children and young people

- No access to cars, reliance on public transport
- Need for parental consent
- Parental hesitancy
- Likely to be more complacent about becoming seriously unwell



### Older people

- Dementia, sensory impairment, neurological problems, mobility issues
- Fear of going to a busy vaccination centre with many people
- Digital exclusion- unable to use the booking system, no access to advertising via Social Media
- If using cars- lack of parking, cost of parking

# Improving vaccine uptake

<b>Children and young people events</b>	There have been a number of school holiday events held across SEL with a broader health and wellbeing focus for the whole family. At these events, there have been BP and diabetes checks, financial support, contraception advice and advice and information on the covid-19 vaccination. At a lot of these events the vaccine was also available.
<b>School vaccination</b>	Our Healthier Southeast London have worked in partnership with schools to hold pop-up vaccination hubs at all schools across SEL. For children, having their vaccination done at school with their friends promotes trust and is a familiar setting.
<b>Vaccination bus</b>	Health and wellbeing buses were in operation in Bexley, Bromley and Greenwich, operating daily and touring the boroughs targeting areas with low vaccination uptake. They were staffed by trained health ambassadors who were equipped to have discussions about the vaccine and help with booking appointments. This worked well with the older population who may not have access to the online booking system. This hyperlocal approach also makes getting the vaccine more convenient for older adults who may have mobility issues.
<b>Door knocking</b>	Door knocking worked really well in Bexley and Bromley. There have been many rounds of this campaign targeting areas of low uptake. The volunteers were able to provide information on the vaccine, help with booking vaccination appointments and in some instances teamed up with the health and wellbeing buses to vaccinate in local areas or estates.
<b>Health ambassadors in partnership with Age UK</b>	Health ambassadors worked in partnership with Age UK to provide specific support to older adults. This included helping to book vaccination appointments, offering over-the-phone and in-person vaccination information.
<b>Outpatient clinic vaccinations</b>	Pilot of an in-person signposting and booking system for outpatients at Gassiot House (aimed at >70 year old patients, but reaching out to anyone unvaccinated attending Gassiot for an outpatient appointment).

Location
<b>CYP</b>
<ul style="list-style-type: none"> <li>School vaccination hubs</li> <li>Links with sports clubs and youth groups</li> </ul>
<b>Older person</b>
<ul style="list-style-type: none"> <li>Smaller venue with fewer people (GP practice, pharmacy, community pop up)</li> <li>Vaccination buses in local communities</li> <li>Walk in centres</li> <li>Vaccination services included as part of usual health appointment clinics</li> <li>Day centres</li> </ul>

Influencer
<b>CYP</b>
<ul style="list-style-type: none"> <li>Parent advice and information hotline</li> <li>Teachers-learning about virus and vaccination as part of the curriculum with a focus on protecting others not just ourselves</li> </ul>
<b>Older person</b>
<ul style="list-style-type: none"> <li>Information from a trusted healthcare professional; such as GP, nurse, pharmacist</li> <li>Carer and community health care workers to be equipped to have a conversation and provide up to date information on the vaccine</li> </ul>

Communication channels
<b>CYP</b>
<ul style="list-style-type: none"> <li>Work with younger cohort to understand what would motivate them to get vaccinated, and disseminate this through appropriate communication channels</li> <li>Utilising PHE literature designed at children</li> <li>Covid-19 and vaccination learning in school curriculum</li> </ul>
<b>Older person</b>
<ul style="list-style-type: none"> <li>Re-iterating the message and statistics that unvaccinated older people are more at risk from becoming seriously unwell from Covid-19</li> <li>Radio, TV adverts</li> <li>Door knocking</li> <li>Pop up stalls and events</li> </ul>

## **Brief background:**

Lewisham borough struggled with vaccine uptake in particular ethnic groups. Using population health data the ICS was able to identify the groups/areas and age ranges of the lowest uptake in any vaccination program. Using the data supplied the ICS was able to set up outreach clinics in community settings aimed at the target audience.

## **Purpose and aims:**

This improved patient access, because the outreach team were in settings that were familiar with the intended target groups. It also meant that patients who were hesitant were able to have conversations regarding the vaccine outside of normal clinical settings

## **Engagement with the community:**

Polio the 1<sup>st</sup> phase of the programme the ICS worked with the Lewisham Children and Family Centres to provide vaccinations in the centres in areas with high deprivation. The Children and Family centres have an experienced and qualified workforce skilled in working with babies, infants children and young people as well as their parents and carers and promoted the clinics through their networks.

## **Key interventions:**

Polio clinics were held in 2 children's centres and 2 community centres every week over a 4 week period. The clinic times were after school and at weekends and open to all ages under 10. All of these clinics were walk-ins. Phase 2 included a Pharmacy walk-in clinic in the centre of the borough that opened on Sundays just to give Polio vaccinations. Phase 3 included primary care clinics on Saturdays by appointment only.

## **Outcomes:**

Bringing healthcare to patients in their environment will always be beneficial and the children's centres' sites were inundated with parents wanting to vaccinate their children, frequent users of children's centres saw this as a trusted site. Pharmacy Opening on a Sunday was also very popular as a) it was in a high footfall area and b) Sundays were a good access day for parents. The first half of the Polio programme saw Lewisham figures soar.

## **Next steps:**

Development of the Health Inequalities programme, which will bring Screening, Health Promotion and vaccinations into communities through having static sites and roving models and working with community groups and leaders.





# Reducing Mental Health Detentions and Use of Restrictive Practice

The ICB is committed to working with system partners to reduce the number of service users detained under the Mental Health Act. The ICB recognises the disproportionate use of the Mental Health Act on some groups within SEL population.

Working with system partners, the ICB is supporting and leading the development of early intervention and community-based services. This includes:

- Driving forward the adult community mental health transformation programme. This programme aims to develop and embed local neighbourhood based integrated teams, which bring together health, care and voluntary sector services to provide a holistic approach to care for people experiencing mental health illness. The programme is specifically piloting the use of Peer Support Workers and Outreach Worker roles to work with marginalised communities to ensure early intervention is targeted to these populations in order to meet their needs.
- Reducing waiting times for services across adult and children's community services to ensure timely access to support and care. This is supported by the development of the children and young people's mental health transformation plan and the adult community mental health transformation programme (described above).
- Development and expansion of crisis alternatives for people experiencing mental health crisis. In 2022/23, this has included:
  - Opening of a Crisis Café in conjunction with a voluntary and community sector provider in Lewisham.
  - Expansion and sustainability of crisis lines across South East London offering advice, guidance and transfers of care for the ambulance services and the police force.
  - Pilot of a Mental Health Crisis Assessment Suite which provides short-term care for people in mental health crisis, accepting referrals from emergency services, community teams, ambulance services, and the police force.

All system partners recognise the need to better understand the data on the use of the Mental Health Act for SEL's population and over the course of 2023/24, the ICB will be focusing on improving the data quality, playing particular regard to the recording of ethnicity data.

# Reducing Mental Health Detentions and Use of Restrictive Practice

## Continued...

### Ensuring Patients Receive Care in the Least Restrictive Settings As Possible

- The ICB continues to work with the two NHS mental health trusts to ensure services are person centred and have a human rights approach, and reducing the use of restrictive practice is key to delivering this approach through a collective and collaborative approach to system wide quality management.
- South London and Maudsley NHS Foundation Trust is one of the four national pilot sites for the development of the Patient and Carer Race Equality Framework (PCREF) and as part of this work is working to ensure equity in the use of seclusion and restraint.
- In developing this safety and quality improvement programme, the Trust is focusing on five key safety interventions (see to the right). All of these interventions are based on either international, national or local evidence and have been piloted over the last two years as part of the Trust's Quality Improvement Programme.
- Latest benchmarking data shows improvements in the use of acute and prone restraint over the last 2 years:

Metric	Low	High	MH009	Mean	Median
Adult acute restraint per 10,000 occupied bed days			85	150	129
Adult acute prone restraint per 10,000 occupied bed days			11	18	12

- Further work is required over the course of 2023/24 and through PCREF to understand the impact of these actions on different population groups, especially SEL Black residents.

### Five Safety Interventions:

- SafeWards:** SafeWards is a package of 10 interventions that aim to reduce incidents of conflict and containment on wards. International evidence indicates these interventions improves staff and service user cohesion, encourage therapeutic relationships through enhanced communication and promote a sense of calm and safety on wards.
- Safety Huddles:** The Trust holds Safety Huddles at least twice per day everyday and attended by a varied membership from the whole ward team to ensure a focus on safety over the shift.
- DASA:** Roll out of a validated scale that helps objectively assess risk of aggression - Dynamic Appraisal of Situational Aggression (DASA) – which can then inform responsive care planning.
- SafetyPods and Deltoid IM:** All staff have been trained in the use of equipment to support safer restraint and injection technique for deltoid site. SafetyPods are used routinely in planned and reactive restraint scenarios.
- Phone chargers:** Ward bedrooms have USB charging points and wards have a supply of short charging leads available at all times, as a lack of this provision has been identified as a key frustration for service users. This intervention is liked by service users and releases staff time to care.

Mental health continues to be a key focus within the South East London Integrated Care System (ICS), and both children and young people's mental health and adult mental health have been identified as priorities for inclusion in the Integrated Care Partnership's forthcoming Integrated Care Strategy. The ICB has continued with its commitment to invest in mental health services both through the Mental Health Investment Standards and national Service Development Funds.

**Working with system partners, the ICB has worked to ensure these funds support:**

- Development of the ICS' adult community mental health transformation programme. This programme will result in an additional circa. £30 million of funding for community mental health services over a three year period. The programme, which will enter its final year in April 2023, aims to develop and embed local neighbourhood-based integrated teams, which bring together health, care, and voluntary sector services to provide a holistic approach to care for people with severe mental illness. The programme is crucial in the ICB's ambitions to reduce demand on inpatient services and improve the crisis care pathway.
- Investments into suicide prevention including a continuation of the South East London wide suicide bereavement support service (a partnership between the South London and Maudsley NHS Foundation Trust and Mind) and development of proposals to support people who present in the emergency departments having self-harmed (first pilot due to go live in April 2023).
- Expansion of access to mental health services (in line with the NHS Long Term Plan ambitions) including Talking Therapies (previously referred to as IAPT) and perinatal mental health.

**Demand for and access to some mental health services remains a challenge as a legacy of the Covid pandemic. Working with system partners, the ICB has:**

- Co-ordinated development of a children and young people's mental health and emotional wellbeing transformation plan. The plan provides a blueprint for future investment into services with a clear vision and objectives of the transformation programme, whilst also setting the minimum expectations for service delivery in 2022/23 and 2023/24 through a delivery plan. In 2021/22 the ICS commissioned a review into health inequalities for children and young people's mental health, with a specific focus on understanding access and experience of care for children and young people from black and mixed heritage backgrounds; the recommendations from this report are also included in the plan.
- Continued to convene system partners to explore all options and opportunities to improve the mental health acute and crisis care pathway. In November 2022, a Mental Health Summit was held involving NHS trusts, local authorities and the Metropolitan Police to develop local solutions to support demand over winter. An ICS-wide mental health discharge framework has also been developed and agreed to support timely and effective discharge from mental health inpatient beds.
- Developed a core offer for adult Attention Deficit Hyperactivity Disorder (ADHD) to ensure a consistent approach to service delivery across South East London and support reductions in waiting times.

The ICB continues to be a key partner in the [South London Listens Programme](#), a unique partnership between the NHS, local authorities, and community organisations.





Existing pressures affecting children and young people's mental health services were exacerbated by the impact of the pandemic, both on children and young people themselves and on the services which are designed to support them. In response, the South East London Integrated Care Board worked with social enterprises to explore the ways in which the ICS and local borough-based partnerships could enhance relationships and work with children and young people, their families and communities to address these challenges and reduce health inequalities.

The evidence showed differences in how children and young people of different ethnicities access services in South East London, with fewer black and mixed heritage children accessing services than likely need them. The evidence also showed there were risks to black and mixed heritage children of parents with poor mental health through failures to support them and their families effectively.

A Quality Improvement (QI) informed co-design approach was taken to identify shared areas of inequality and to reach a consensus on how partners could work together to improve outcomes for children and young people. This involved a series of engagement events with system partners including stakeholder workshops, 1:1 discussions and small group engagements.

From the opportunities and challenges raised by respondents during the engagement process, ten areas emerged as initial priorities for change in addressing inequalities in children and young people's mental health. From these priorities, two actions were identified for immediate action to support the mental health and emotional wellbeing of children and young people, with a particular focus on children and young people from black and mixed heritage backgrounds. These included:

1. Expansion of the Empowering Parents Empowering Communities parenting programme across all South East London boroughs.
2. Working with schools, to develop and test a co-designed mental health support offer for children and young people and their families responding to trauma and distress, above and beyond the existing offer of mental health support teams in schools.

The report and its recommendations were approved by the Integrated Care Board at the public [Board meeting](#) in July 2022. Although it was noted that the focus in 2022/23 was to take forward the two key actions above, it was agreed that the development of the children and young people's mental health and emotional wellbeing transformation plan for 2022/23 and 2023/24 would develop actions and initiatives to address all ten priority areas identified as part of this work.

#### Next steps:

A children and young people's mental health and emotional wellbeing transformation plan has been developed for 2022/23 and 2023/24. The plan provides a blueprint for future investment into services with a clear vision and objectives of the transformation programme, whilst also setting the minimum expectations for service delivery in 2022/23 and 2023/24 through a delivery plan focusing on the ten areas identified through this work.

The plan has received endorsement from Local Care Partnerships and will be reviewed by the Integrated Care Board in a public [Board meeting](#) in February 2022 ahead of final publication.



From October to December 2022, a number of people (supported by the three Mental Health supported accommodation providers: Bridge Support, One Housing and Sanctuary), were invited to come and share their experiences over three successive workshops. The aim of these events was to explore ways in which to move towards more considerate, meaningful, effective, and sustainable ways of learning about people's experiences and working in co-production with them.

**In order for this to be successful, some basic conditions were thought to be necessary and agreed:**

- a) Facilitators experienced in working with similar groups of disadvantaged clients had to be recruited
- b) Commissioners, Providers and other key Professionals would take part in the workshops, along with residents in supported accommodation.
- c) Participants in supported accommodation would be remunerated for their time and expertise
- d) Refrain from the temptation to steer conversations towards topics linked to specific aspects of service /outcomes.

**It was thought this approach would enable:**

- a) Participants to have the confidence to interact with respect and understanding of individual vulnerabilities
- b) hear more directly from the people the ICB/ICS support, as opposed to in a reported or otherwise mediated way
- c) honour the effort and time that people were putting in through remunerated participation, thereby creating a more equal playing field between professionals and lived experience participants
- d) avoid a transactional approach to engagement, and accept that the process may not provide any short-term answers.

It is often said that communities and client groups feel over-engaged, that organisations and providers of services tend to parachute in, repeating questions and leaving without ever reporting back on how information was used. The principles that were agreed on, as well as facilitation by co-production experts Curators of Change, served the ICB/ICS well. The workshops were very positively received, by professional and non-professional participants alike, and provided a different quality of experience and human interaction from what some were used to. The challenge now is to find ways of nurturing the rich and precious relationships the ICS started to form, and of honouring the information shared.

**Next Steps:**

- Continue to meet with the same participants, as well as to include more people in the conversation, across a range of life experiences.
- Develop a network with a shared language, capable of working successfully alongside other local initiatives and contributing positively to a vision for good Mental Health in Greenwich.

In support of this ambition, The Greenwich Mental Health Oversight Board has commissioned a training programme in Community Reporting around Mental Health, attended by professionals as well as by members of community groups and individuals with an active interest in providing support to Greenwich residents.

Providing patients with a choice over how they receive their healthcare is integral to NHS values and policy. Outlined in the [NHS Choice Framework](#) and the NHS Constitution, is the right to choose where to go for your first appointment as an outpatient. By providing choice, people have the opportunity to attend a hospital which best suits their circumstances, leading to better outcomes. To make an informed decision about where to book a first appointment, various information may be considered, such as quality outcomes, waiting times, parking and travel. Prior to the waiting times website, patients in South East London did not have easy access to waiting times information. GPs can access waiting times on e-RS, however, it is not easily viewable or collated in one place. Not knowing how long you should expect to wait for treatment can cause uncertainty, and result in queries to primary and secondary care services.

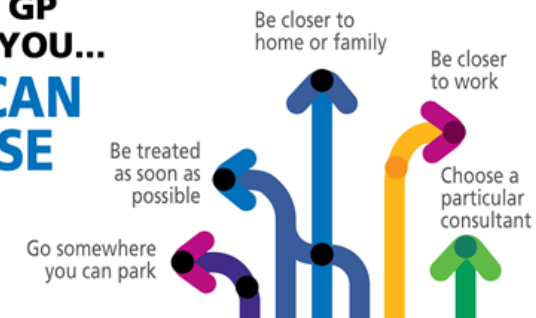
To support patient choice, the waiting times website was designed. There are two versions of the website, one for [healthcare professionals](#) and one for [patients](#). The version for healthcare professionals contains waiting time information for first outpatient appointments across 19 specialities at the three acute trusts in South East London. It also contains descriptions of the alternative services that are available, such as local community services. The patient version contains the same waiting time information, but with the addition of a travel tool so patients can compare the journey distance (via various modes of transport) to the hospital choices offered. Waiting time information is updated weekly.

To promote website accessibility, alternative stylesheets (high contrast – dark/light and large print), access keys (including navigation skipping), browser zoom support (a visual tool to allow users to increase the font size) and alternative image text were included. There was a focus on limiting links to PDF pages, as on a PDF the accessibility functions would no longer be available. To support those where English is not their first language, plain English was used and a translation tool available on every page of the website. The translation options chosen were based on data of the most spoken languages in South East London. The website does not require any form of login, making it accessible to anyone with the web address. This means that family, friends and carers of the person with whom the website has been shared will be able to access and support with communicating the information if necessary.

#### Next steps:

- Hospitals included on website will expand to include those surrounding south east London e.g. Dartford and Gravesham NHS Trust.
- Link to survey hosted on the Let's Talk platform to be added to website to provide avenue for user feedback.

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YOU CAN  
CHOOSE**



# Lambeth Together Neighbourhood and Wellbeing Delivery Alliance: Grassroots Programme

## Programme Overview:

The Grassroots Programme was established to explore creative ways to engage communities, to address health inequalities and to help build trust and foster good relationships with the community and the health and care system. The programme has been funded until March 2024. The ICB has worked collaboratively with Lambeth community groups who could lead on the promotion and engagement of health inequalities and ensure there is lasting value. The ICB welcomed new ideas for communication to better understand the lack of engagement and trust around health and wellbeing issues and encouraged opportunities to speak to those communities that are most mistrustful of traditional methods of engagement. Expressions of interest were sent out and SEL Health Inequalities funding was allocated to 10 projects in the programme.

## Purpose and aims – Building Trust within the Communities:

A primary goal across the different strands of the Health Inequality Community Fund is to enable ways to deepen connections into communities to help residents and service users to have a better awareness of and access to health services and care support, whether through the statutory provision or community settings. There is a strong focus on the Black, Asian and Multi-Ethnic population as well as those with protected characteristics or living in deprivation.

Work is focused on building trust with service users by funding innovative community projects, bespoke events, and support groups to engage people in new ways to think about their health and how to seek support when needed.

## Outcomes:

- Encourage Lambeth service users to engage in health and wellbeing initiatives.
- Target and improve the health and wellbeing of those with protected characteristics.
- Support residents to access the wider range of health and wellbeing offers within the community (such as Grassroot Projects, Thriving Communities and Project Smith).
- Understand what service users feel is important to them for their own health and wellbeing,
- Engage with those communities who are most mistrustful of the health and social care sector.
- Explore how residents would like health services to engage with them on areas such as screening, health checks, vaccination etc.
- Provide health and wellbeing advice and signpost to local services.
- Collect learning from projects to feed into the wider system and neighbourhood planning.

## Next steps:

- Current projects are funded until April 2023. Lessons Learnt and Final Evaluation to be conducted prior to 2023/24 projects to being awarded.





**COPEF Training Skills Brixton**, is a registered charity in England since 2012 and provides invaluable holistic support that improves life chances and helps Black African and Caribbean people to thrive in all areas of their community and individual life. Established a community wellbeing hub which will offer, Drop-in sessions, Workshops, Events, and Community engagement/discussion face-to-face or online. They will increase awareness on health and wellbeing including mental health and vaccine hesitancy.

**Food for Purpose (FFP)**, is a registered Community interest company based in South London. Their mission is to support Black, Asian and Multi-Ethnic communities by delivering culturally tailored, and where relevant, faith specific health interventions. The Healthy Church Initiative (HCI) is a programme that runs over six weeks and is aimed at addressing obesity and co-morbidities.

**BiG C.I.C** provides a space where young parents can concentrate on their own needs by engaging in self-care and self-development activities to enhance their health and wellbeing. The project aims to improve the health and wellbeing of 85% of young parents who attend BiG Young Parents Hub and support at least 70% of young parents.

**Christ Church Gipsy Hill** will deliver outreach work to those in the local community who are: suffering from social isolation; those experiencing food or fuel poverty; and those who may not be accessing direct health advice and support from other agencies.

**High Trees Tulse Hill's "Health For All"** project is aimed to tackle barriers to access public health services for individuals with low levels of English (from ESOL background). Their aim is to reduce barriers by improving knowledge of and increase trust in health and social care services.

**Streatham Mosque Women's Group** is an age group ranging from 23 to 80 years old that come from different ethnic background and faiths. The project will include six workshops led by professionals, which aims to promote physical health and wellbeing including screening, vaccinations, mental health etc.

**Brixton Project** will create a universal tool-kit to be used alongside Rooted affirmation cards to facilitate understanding, conversation and connection around personal health and wellbeing, with seldom heard individuals, and those with protected characteristics. The project aims to empower the community to kick start its own healing.

**Lambeth Links Waterloo** will host an extended series of gatherings for the LGBTQ+ community with a focus on intergenerational integration as this is extremely important for the community. Their aims are to build and solidify a lasting rapport between the LGBTQ+ generations in Lambeth by reducing social isolation and loneliness across the LGBTQ+ community.

**Stockwell Park Community Trust** will deliver a course to residents on low incomes who are keen to tackle their mental health issues with the aim to build resilience in those who have experienced historic trauma. Part of the programme will also consist of looking at diet, teaching participants how to cook, and physical exercise.

**RTW Plus Limited** will train people with chronic pain to manage their condition to improve their quality of life, reduce the use of healthcare services and facilitate job retention in cases where that is the individuals goal by delivering workshops.



North Lewisham Primary Care Network (NLPCN) developed an innovative programme to address health inequalities, placing co-production and community engagement at the centre. NLPCN has nine GP surgeries and serves over 85,000 residents in the vibrant South East London borough of Lewisham, which has many ethnically diverse groups, and has an higher-than-average level of deprivation. Many of those living in the area have poorer health outcomes compared to other groups, both across Lewisham and England.

## Methods:

The NLPCN carried out research and engagement events in 32 local community organisations to understand why North Lewisham had a high rate of health inequalities. They found three main themes, which were: barriers to accessing services, lack of trust towards mainstream health organisations and social factors as drivers for ill health. This resulted in five workstreams to help address inequalities. **1)** Appointment of a dedicated community link worker **2)** Community Forum (more information on the next slide), **3)** Improving access to GP services, **4)** Integrated data strategy and **5)** Prioritised NHS Health Checks.

## Successful outcomes:

- The work at NLPCN is being replicated and there will be a funded health inequalities lead role per PCN across Lewisham. This enables the PCN to target resources in the most impactful way and helps close the inequalities gap.
- Each PCN fellow is getting support and mentoring from KCL to develop Population Health Management and Public Health Training to take a population-based approach to developing PCN health equity projects. They will be partners with community organisations to deliver codesigned projects.
- In North Lewisham: the forum is continuing and has led to the following interventions:
  - The establishment of a community hub at the Waldron. Community organisations are providing health and wellbeing activities free of charge using a room in the Waldron. This approach is increasing the diversity of offerings for patients and taking an asset-based approach where community organisations are providing solutions around health equity for their own community.
  - The community codesign of a Lifestyle medicine clinic, staffed with health and wellbeing coaches and nutritionists that are linked to the wellbeing hub.
  - The continuation of a prioritised NHS health check project where those who are at risk of health inequalities are proactively invited for an NHS health check (for further information please see: <https://www.cerner.com/gb/en/client-achievements/population-health-in-action-a-pcn-approach-to-addressing-health-inequalities>).



## Context

The North Lewisham Community Forum launched in October 2021 is held every two months, funded by the Primary Care Network. The purpose of the forum is to ensure local residents feel empowered and are engaged to drive the agenda of the Primary Care Network using a co-design approach. It is also an opportunity for the Primary Care Network to truly listen to and build trust with its residents.

### Application of the shared approach principles



**Local residents can attend the forum either online via Zoom or in-person**, reflecting people's different abilities and capacity constraints.



**The forum is held in local community venues** that are familiar to residents, creating a neutral space for the Primary Care Network to engage 'with' and not 'to' residents. Here, residents have a regular safe and open space to come together and build relationships, and in turn trust, with the Primary Care Network.



**Local residents drive the conversations and agenda** for the Primary Care Network, offering the local community a real opportunity to decide what matters to them.



**Local dance and food** is offered at the forum events, fostering a safe and open space where everyone is welcome and relationships are formed. This opportunity for residents to receive something in return aids the feeling of being recognised and valued for their contribution.

### Priority areas agreed upon by local residents...



### Impact

A local community link worker has been hired to act as a bridge between the PCN and the community.

Community led messaging and campaign about how best to access care under new GP systems.

Working groups have been developed for poverty and housing, which are building multi-agency and community led solutions for residents.

The Waldron Health Centre has been transformed into a community hub targeting health inequalities.

**Background:**

Throughout the COVID-19 pandemic, there had been consistent concerns raised with regard to digital exclusion for some of Bexley’s most vulnerable residents. In response to this, in 2021/22 the **Bexley Wellbeing Partnership** supported the establishment of a **Digital Champions Network** to support Bexley residents to develop independent and safe digital skills, and to growing long-term digital resilience. **Bexley Voluntary Sector Council (BVSC)** worked with partners to recruit, manage and supervise volunteer **‘Digital Champions’** who are able to offer bespoke digital support to Bexley residents and organisations by getting people to the right support for a range of digital activities on an individualised 1:1 basis.

**Update:**

In 2022/23 there are now **8 partner organisations** hosting **38 Digital Champions** in **Bexley**. They work with people who are digitally excluded for various reasons such as Older adults, socioeconomic factors, language difficulties and mental health challenges. The **Blackfen Community Library** one of the partner organisations provides four sessions a week at the library and over the past year they have **helped 212 people**. The majority of their clients are older people or people who speak English as a second language.

**Case study: Reinstate**

**Hashim Choudhry** the digital champion began volunteering in December 2022. He is currently taking a gap year and will be starting University in September 2023. The initial plan was for him to support clients with smart phone use and capabilities on a 1:1 basis for three hours a week. This is something that the clients often struggle with but can be time consuming for staff to provide this training. Hashim has helped clients to set up email on their phone, understand how to do online banking, download apps, switch phones and swap data as well as general web browsing to include job searching web sites.

All of Bexley’s Digital Champions Network clients live with mental illness and their anxiety around engaging with new people can be significant. Feedback from clients that have worked with Hashim has been very positive. They have remarked on how calm and patient he is and that he explains things in a way they understand.

Hashim has worked with **18 clients** so far and having him as the digital champion, has freed up some of staff time to see more clients each week. It has also enabled Bexley’s Digital Champions Network clients to progress quicker which is reflected in the improvement in their mental health. Bexley Digital Champions Network have had a **record number of referrals in January 2023** and having Hashim on board has supported with the increased caseload.



**Need Some Help with 'Digital'?**

Come and meet one of the Bexley Digital Champion Network volunteers. These are based in a variety of organisations all over Bexley. They will be able sit alongside and offer friendly 1:1 support to get you started or learn something new. No previous experience needed. You can learn about your own equipment or access a computer onsite.

At your pace, doing the things that matter to you!

Contact Sky Crook on 01322 524 682 or sky@bvsc.co.uk for more information, or to find the right support for you.



## Background:

A special Black History Month Event funded by the Bexley Wellbeing Partnership took place in October 2022. The event was organised in collaboration with the Bexley Black, Asian & Minority Ethnicity Forum and Active Horizons. Active Horizons is a youth-led charity set up to support young Black and Minority Ethnic people and their families in Bexley.

## Challenges:

COVID19 vaccination uptake was low in areas of the borough with higher levels of deprivation and also impacted by some of the greatest health and socioeconomic inequalities – particularly in the North of Bexley where there is a large **West African population**. Direct engagement with these underserved communities is not always effective as trust in the healthcare system is low. By commissioning Active Horizons to organise the event it meant a **'trusted voice'** helped to deliver key health messages.

## Key outcomes:

- ✓ Representatives from the Bexley Wellbeing Partnership, Bexley Community Safety, Bexley Voluntary Service Council attended including Jesse's Place – a charity that works with young people with disabilities and especially young black people living with autism. Information was shared about COVID-19, Flu and Polio vaccination campaigns with families who have previously had little to no engagement with the healthcare system.
- ✓ Around **1,000 people attended** the event and feedback has been very positive. Active Horizons continues to work as a **Bexley Community Champion**, sharing vital health and wellbeing messaging with the population.
- ✓ Bexley had the **highest uptake for Black and Asian children** in South East London having the Polio Vaccination.



**Next steps:** Bexley is expected to become more diverse and by 2045 Black, Asian and minority ethnic groups will account for 30% of the population. Developing services that are accessible and address inequalities for these communities will be critical. The Bexley Wellbeing Partnership are planning more partnership events in the spring and summer to highlight the health challenges faced by Black, Asian & Ethnic Minority communities, including culturally appropriate healthy eating/cooking workshops.

The One Bromley homeless Winter healthcare clinics provide care for the homeless and rough sleeping population in the borough. The Bromley GP Alliance began running the clinics in December 2019, in partnership with the Bromley Homeless Shelter, to address health inequalities amongst the homeless and rough sleeping. Now funded and delivered by One Bromley partners, the weekly winter clinics offer a range of treatments and advice to help manage common health issues including vaccinations, mental health, drug and alcohol services, health promotion advice, podiatry, health assessments and helping individuals to register with a GP.

This integrated approach enables access to a variety of healthcare services and interventions in one, easily accessed site and has developed positive relationships that have changed the perception of healthcare and potentially improved the likelihood of this group accessing healthcare services in the future, thus improving health outcomes for this cohort in both the short and long term. The clinics won the One Bromley Mary Cooke Award for Reducing Health Inequalities in May 2022 and the 'Innovation Helping Address Health Inequalities Award' at the [2022 National Innovate Awards](#). Data from the winter homeless healthcare clinics run at the Bromley Homeless Shelter captures numbers of people who attended, which service they saw, the number of vaccinations given and new registrations at a GP practice.

The Bromley GP Alliance know that homeless people have some of the poorest health outcomes in the UK population; face numerous health inequalities and have high and complex needs. It is critical to work alongside partners who are directly supporting the homeless including the Bromley Homeless Shelter and the London Borough of Bromley's Homeless Project. The latter has undertaken a needs assessment of the Bromley homeless population to identify the most vulnerable and any gaps in the care they need.

This is informing the new One Bromley Homeless Population Programme which aims to improve the health and wellbeing of the homeless and address the health inequalities and barriers they face in accessing health services. This involves extending the winter healthcare clinics to operate all year round in order to offer the Vital5 and Core20PLUS5 priorities such as mental health, blood pressure, alcohol, smoking and respiratory disease through the combination of general medical, mental health specialist and substance misuse specialist availability.

The programme goes live at the end of February and also includes nurse-led clinics to support the homeless and encourage access to healthcare services, aims to build stronger relationships with service providers and the voluntary sector and develop, enhance and improve current pathways of care to increase uptake of services from the homeless population.

The programme is currently open to the homeless and rough sleeping population in Bromley, but the approach could be replicated in other areas.





# Support for people who are homeless or vulnerable in Greenwich



On 7 February 2023 NHS and public health staff worked together with Charlton Athletic Community Trust (CACT) and Woolwich Late Night Pharmacy to run a special pop-up wellbeing clinic.

They provided basic health checks (including blood pressure and BMI), covid and flu vaccinations and provided wellbeing goodie bags at Woolwich Service User Project (WSUP).

WSUP are a Greenwich Charity that works with some of the most vulnerable residents, including people who are experiencing homelessness, housing difficulties or are recovering from illness/addiction.

The successful clinic was run as part of WSUP's Tuesday morning warm meal session, which provided a great opportunity for a chat and to enable staff to signpost the 71 people who attended to other services.

Andrea Brunetti Leach – a Trustee of WSUP said: “WSUP stands for community and humanity in action for the Woolwich Community. Greenwich was proud to collaborate with the NHS and its partners to offer 71 guests free health checks in such a time of need. Long may it continue.”



## BACKGROUND:

The Neighbourhood Mental Health Support Workers are employed by a VCSE provided but based within the community, aligned to primary care clinical colleagues to support local residents with mental health needs. They are employed by the 'Wellbeing Hub' and as such have access to a wealth of resources. They provide one-to-one support to residents/patients in general practice, community-based locations and their own homes.

There are nine NMHSWs, each aligned to a GP neighbourhood. Being part of a team within the Wellbeing Hub, they benefit from peer support and consistency of supervision, training and development. In order to deliver an integrated system working, they are jointly supervised by the Hub Team Leader and the Social Prescribing Link Worker Lead associated within primary care.

## PURPOSE AND AIMS:

The ICB worked with the VCS provider, Together for Mental Wellbeing, to recruit nine additional 'mental health support worker' roles. The Neighbourhood Mental Health Support Workers:

- work in the community with local GPs and pharmacies, each aligned to a different neighbourhood in Southwark, supported by Social Prescribing Link Workers.
- work with other health and care staff including specialists, GPs, Practice Nurses, Allied Health Professionals, and the other new personalised care roles (Care Coordinators and Health and Wellbeing Coaches) based in primary care.
- work with hospitals, Southwark Council Adult Social Care, and voluntary and community sector services supporting mental health in Southwark
- provide outreach work into community spaces like the Walworth Living Room and Pecan Women's Hub, as well as meeting residents in coffee shops and libraries, faith centres, and in line with the Hub's safeguarding and lone working protocols will also see clients in their homes.

## ENGAGEMENT:

The initiative links with others in system-wide organisations:

- North and South Southwark PCNs (Social Prescribing teams)
- South London and Maudsley NHS Trust (Primary Care Mental Health Teams, Mental Health Practitioners in GP practices, BAME Mental Health Community Development project, Southwark Community Sanctuary)
- Adult Social Care: Mental Health Reablement team
- The MH signposting service delivered by the Wellbeing Hub to the borough
- Enables NMHSWs to link residents to a range of voluntary and community organisations to support them with their mental health and wellbeing
- Roles were recruited by community organisations, including Community Southwark and Southwark Healthwatch, to encourage candidates from different communities to apply for the roles. This included candidates with lived experience of mental health.
- Realising social value through social capital: employment opportunities for Southwark residents including those with lived experience of mental health issues; career pathways and opportunities for career progression; etc)

## OUTCOMES:

The pilot delivers on a number of social value priorities including:

- Delivering South London Listens pledges, inc. paying the London Living Wage
- Recruiting local people & actively encouraging applications from BAME communities
- Recruiting residents with lived experience of mental health issues
- Improved outcomes through collaboration and partnership working between statutory and voluntary and community organisations
- Widest range of benefits to service users and patients via links developed between independent, statutory and voluntary and community sector services

# Workforce initiatives

Support in place for ICB staff



Freedom To Speak Up (FTSU) Guardians are employed 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 [here](#).

- As the successor organisation to the former NHS South East London Clinical Commissioning Group, the ICB remains committed to supporting a culture of learning, openness and transparency throughout 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 the ICB's FTSU Guardian, who is a member of the Executive Team, and one of the Non-Executive Directors.
- The ICB's FTSU Guardians 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 FTSU Guardians team will help the ICB make improvements for patients and staff.



The ICB's Organisational Development (OD) team launched their support package in September 2022, and this contained a series of health and wellbeing interventions, including 'March on Stress' 'REACT' mental health conversation webinars, and 'Mental Health First Aid England' workshops to educate staff and managers in mental health awareness. A new wellbeing service was implemented internally as part of the OD support package launch. The 'Let it Out' service allows participants to process difficult thoughts, feelings and emotions in a facilitated discussion, and this can be done on an individual, team or group basis. The OD team's intranet page was improved to include a 'wellbeing support' section, in order to provide easy access for staff to all wellbeing support available to them and this includes access to the existing ['keeping well in South East London'](#) website.

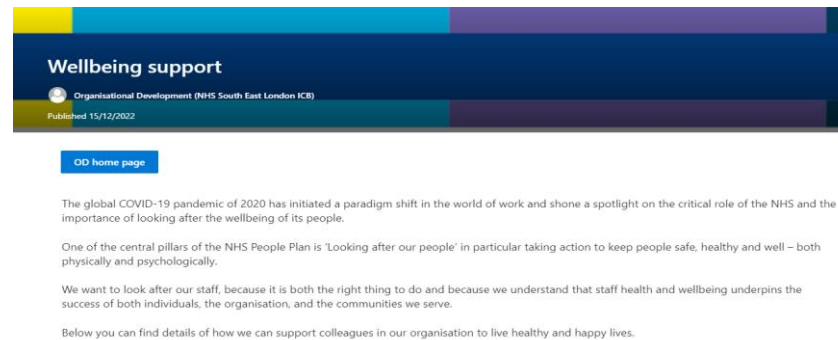
Following the creation of NHS South East London in July 2022, the fortnightly "Keeping healthy, safe and well" newsletter was reviewed and re-named 'Keeping YOU healthy safe and well,' to emphasise the organisation's ongoing commitment to staff health and wellbeing. The newsletters contain a range of useful resources, ranging from websites, apps, self-help initiatives and other health and wellbeing advice. It also promotes health and wellbeing initiatives taking place within the South East London area. Wherever possible, the ICB continue to ensure that these interventions are culturally appropriate and that they include a diverse mix of photos in support of the articles.

The OD team is currently planning the recruitment of approximately 20 'Health and Wellbeing Champions' who will receive an induction to the role, and training in how to facilitate 'Health and Wellbeing Conversations' to support facilitation of these conversations by staff and managers.



## Proud to be an NHS Health and Wellbeing Champion

Promoting health and wellbeing support available to our NHS colleagues





The OD team undertook a review of the current staff networks during quarter three of 2022.

The review made the following recommendations to improve governance and engagement with staff networks.

**Focus for 2023:**

- Revised governance and structure of staff network groups
- Clarity on membership and focus on allyship
- Clarity of purpose and objectives for each group
- Role clarity and recruitment of chair and deputy chair for groups
- Communications plan for each network group – including amendments to intranet pages
- Plan to raise the visibility of staff networks in the organization
- Plan for each network group in order to facilitate development towards maturity
- Creating a Health and Wellbeing Champions group

Despite the need to update and expand the staff networks, each of the four groups have achieved a number of achievements in 2022, which have benefitted all staff within the organisation. Please see slides 46 and 47 for more information.



## LGBTQ+ staff network – focus on:

1. Creating a safe, inclusive, and diverse working environment that encourages respect and equality for all and a space that values and recognises the differences between sexual orientation and gender identity and works proactively to address these.
2. Educating and informing staff about the LGBTQ+ agenda.
3. Celebrating LGBTQ+ culture and heritage.
4. Educating and providing insight into the issues that the LGBTQ+ community face.

## Key Achievements 2022:

- Commissioned LGBTQ+ and gender identity training.
- Launched the 'Progressive Pride Flag' lanyard scheme, issuing over 100 lanyards in the first three months.
- Facilitated an all staff event with external speakers from the Terrence Higgins Trust and the wider system to commemorate 'World Aids Day'.
- Facilitated an all staff event to celebrate Pride in the NHS, which more than 300 staff attended.
- Secured a chair for the network who networks with other chairs.



## Women and parent leaders' staff network – focus on:

1. Staff survey results each year and Equality, Diversity and Inclusion objectives.
2. The gender equality pay gap in the NHS.
3. Menopause in the workplace with a focus on the creation of a policy, all-staff awareness training.
4. Family health inequalities.
5. Parent and carer support, particularly with flexible working, maternity and paternity leave entitlements.

## Key achievements 2022

- Implemented a 'menopause in the workplace' policy, launched with an all-staff awareness event including both primary and acute clinicians.
- Engaged in plans for flexible working arrangements as part of return-to-office working.
- Celebrated international women's day with an intersectionality and ICS lens.





## Scope

The Equalities in Recruitment Working Group, which has been put in place to support the South East London ICB in the delivery of its Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Gender Pay Gap commitments, and Equality Delivery Plan in relation to both internal and external recruitment, and internal career development. The group's 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

Following the publication of the WDES the ICB sought to widen their talent pool by advertising roles in other online media alongside NHS Jobs. In April 2022, the ICB started work with Evenbreak, who run an accessible jobs board to support this aim. Roles are advertised on their job board and signposted to their members who can then apply via the normal process. The ICB is currently evaluating the effectiveness of this and whether it's had an impact on attracting and recruiting candidates with a disability. More recently the ICB has also asked Evenbreak to comment on the language/accessibility of the job descriptions, to see whether they attract or detract candidates from applying.

As part of the ICB's training for managers, 'Unconscious Bias in recruitment training' was made mandatory and ICB ensure all panel members are compliant, even if external to the ICB.

SEL ICB moved to an e-recruitment platform (TRAC) during 2022 and will use the additional reporting capabilities this brings to support the work in Equality, Diversity and Inclusion.

The ICB continue to advertise all roles internally, including secondment and acting-up opportunities, unless there is a specialist skill set or an urgent requirement to fill the role more quickly.



## Future actions

During 2023 the equalities in recruitment group will be focussing on job descriptions, advertising and applications, shortlisting, and interviewing, alongside workplace adjustments (for recruitment and employment purposes). Task and finish groups have been set up to work on these areas.

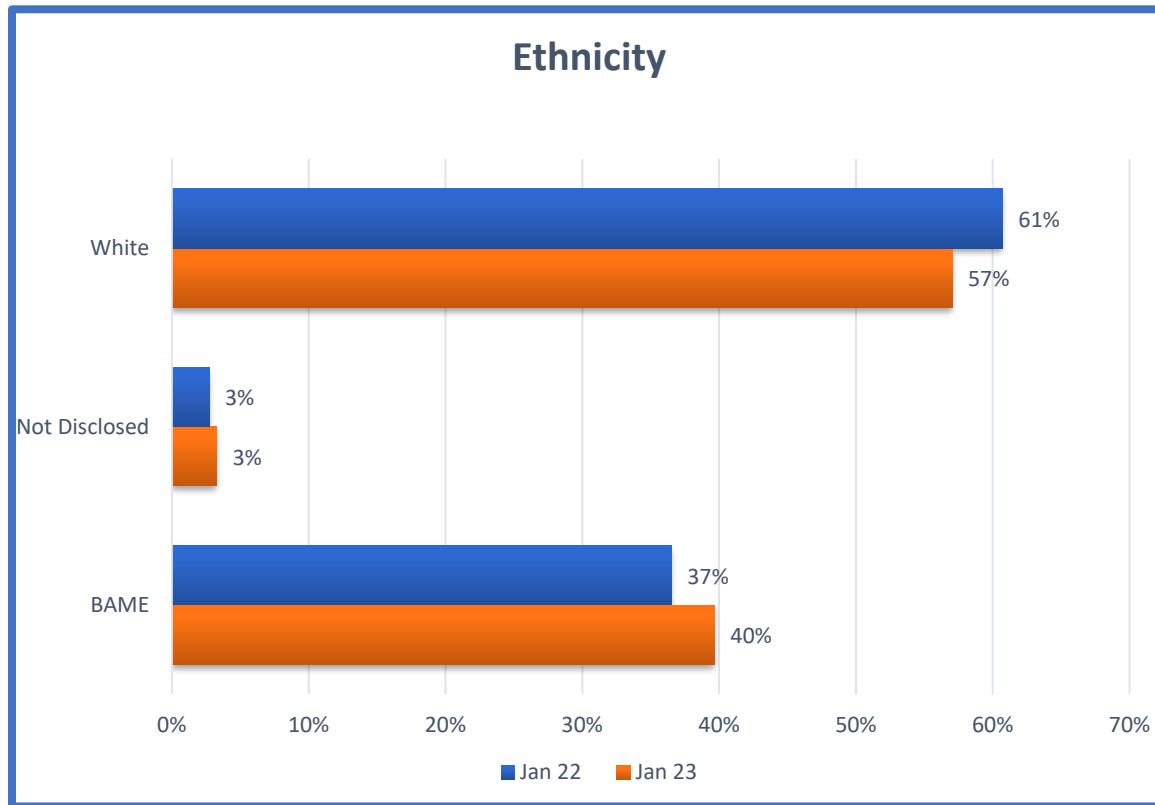
the equalities in recruitment group will also be running Recruitment & Selection training for managers with an emphasis on legal aspects of recruitment, alongside practical use of the e-recruitment platform (TRAC). The Equalities Sub-Committee retains oversight of this work.

# SEL ICB workforce data

Equalities data and Equality, Diversity and Inclusion standards



This page details the ethnicity breakdown of staff that work at SEL ICB. This is a comparison of data between January 2022 and January 2023. The data from January 2022 is data from SEL Clinical Commissioning Group (CCG) and the data from January 2023 is from SEL ICB. This is due to the cessation of CCGs and the establishment of ICBs in July 2022.

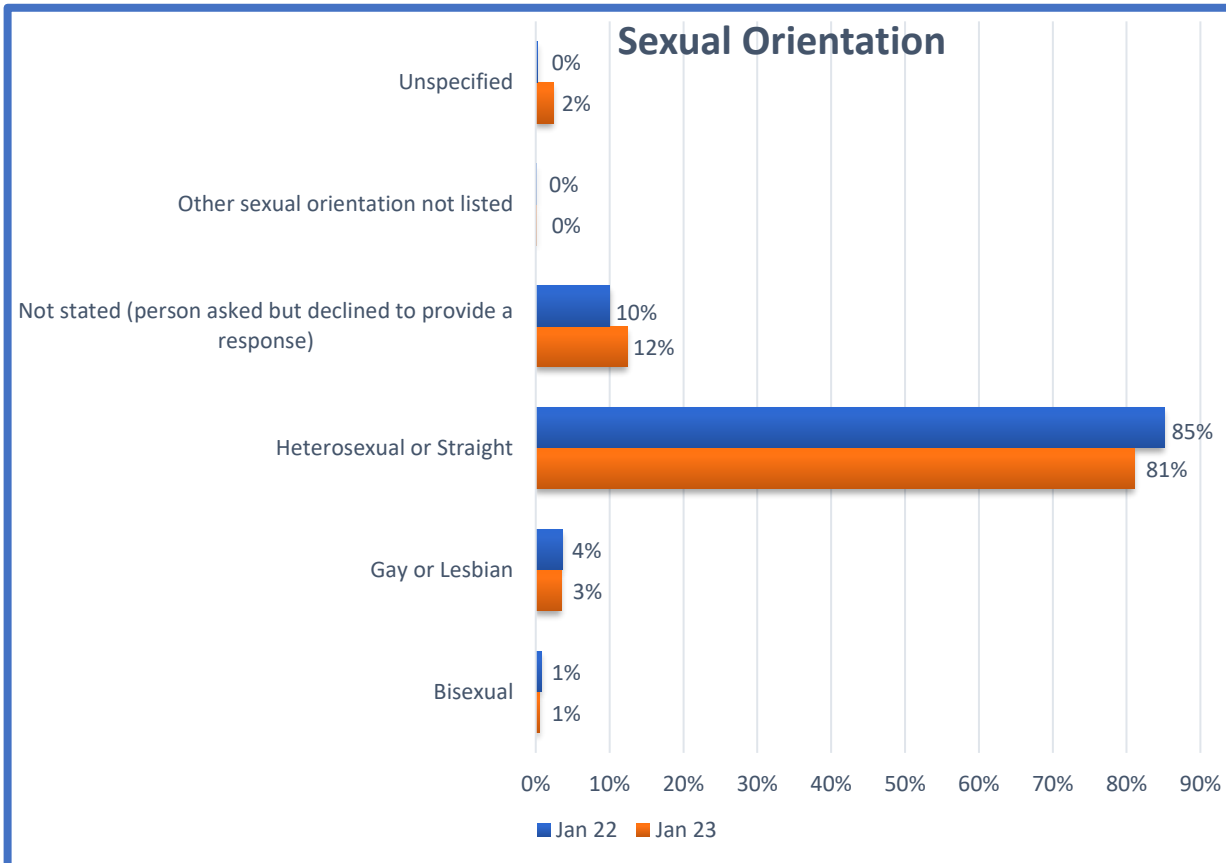


- The graph on this page details that in January 2022 as a CCG, there were 61% White staff members. Those from an ethnic heritage made up 37% of the workforce.
- In January 2023 as an ICB there were 57% White staff members. Those from an ethnic heritage made up 40% of the workforce.
- There remains no change to those who do not wish to disclose their ethnicity.
- SEL ICB’s White workforce is underrepresented by 10% (this is in accordance with data from the SEL Inequalities pack, 2018) compared to the community they serve.
- In comparison, those from an ethnic background are slightly overrepresented by 7%.

	SEL ICB	South East London
White	57%	67%
BAME	40%	33%

# Equalities Data – Sexual Orientation

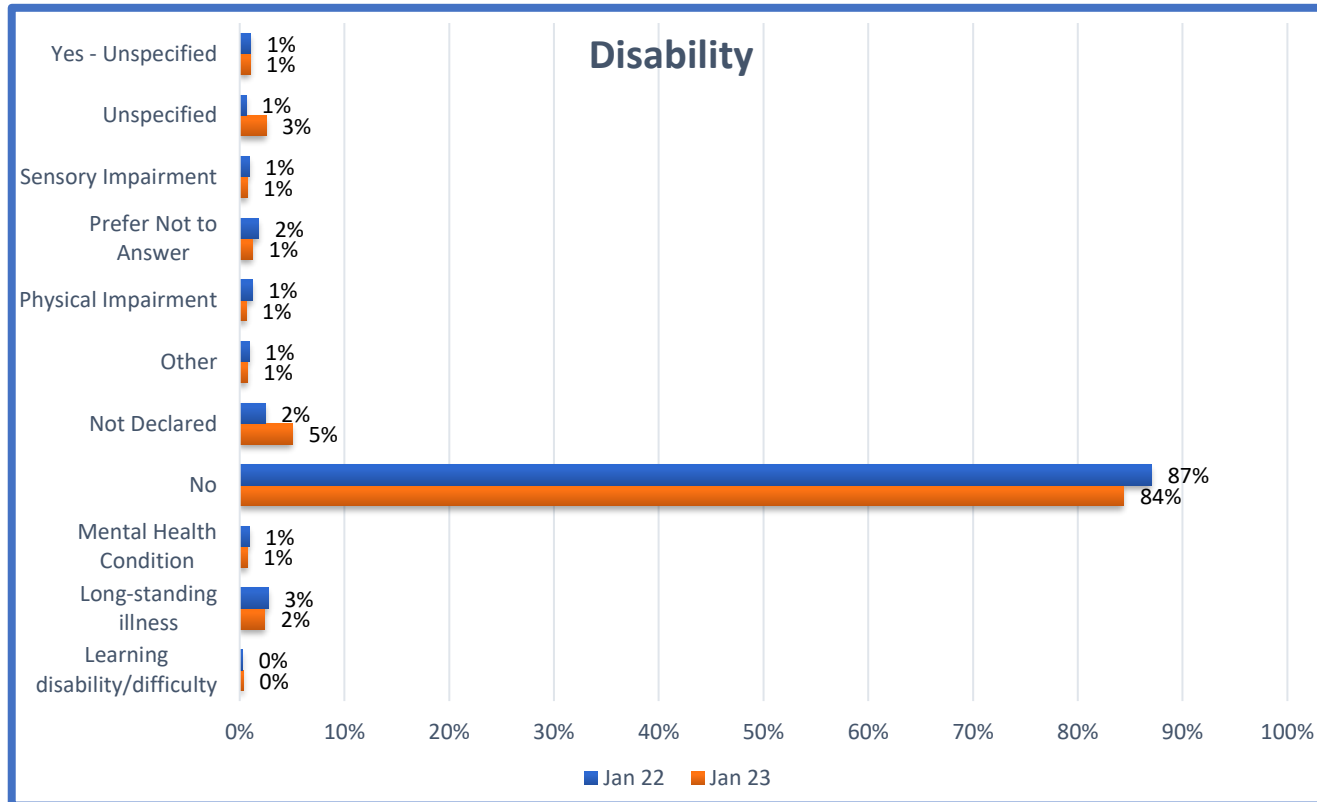
This page details the sexual orientation breakdown of staff that work at SEL ICB. This is a comparison of data between January 2022 and January 2023. The data from January 2022 is data from SEL Clinical Commissioning Group (CCG) and the data from January 2023 is from SEL ICB. This is due to the cessation of CCGs and the establishment of ICBs in July 2022.



- In 2022 the workforce for SEL CCG was 85% heterosexual/straight. This is an underrepresentation compared to the community the ICB serve.
- 5% of SEL CCG workforce stated that they were a part of the LGBTQ+ community. The London population is 3.4%, there was an overrepresentation within SEL CCG.
- In 2023 within SEL ICB, there were 81% of staff stated they were heterosexual/straight. SEL ICB is underrepresented compared to the community they serve.
- SEL ICB reported that 4% of their workforce was a part of the LGBTQ+ community. Compared to the LGBTQ+ community in London (of 3.4%), this is an overrepresentation.
- The graph shows that there is a high number of those who have not specified or not stated their sexual orientation. In 2022, in SEL CCG this was at 10% and in 2023 SEL ICB have reported 14%.
- It should be noted that although SEL ICB is working hard to be inclusive, the non-disclosure of sexual orientation may be high due to the fear of discrimination.

	SEL ICB	London
Hetero/Straight	81%	94%
LGBTQ+	4%	3.4%

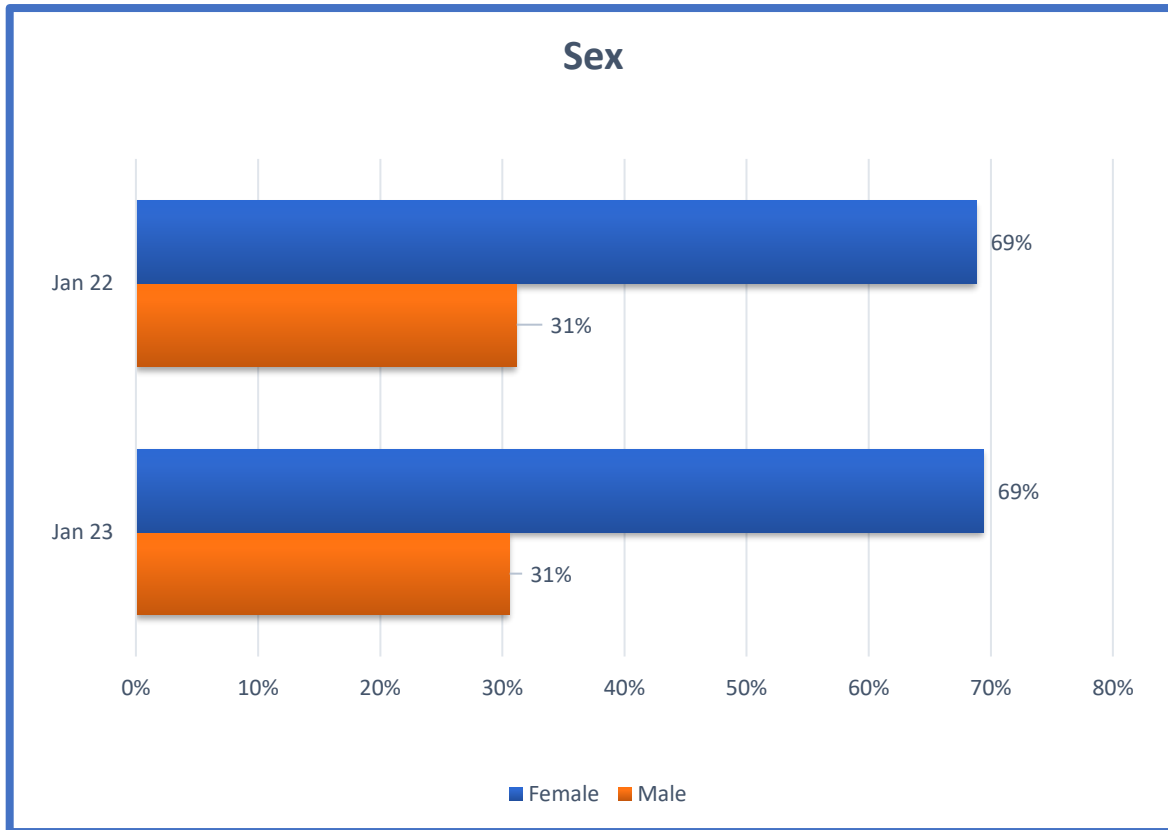
This page details the disability breakdown of staff that work at SEL ICB. This is a comparison of data between January 2022 and January 2023. The data from January 2022 is data from SEL Clinical Commissioning Group (CCG) and the data from January 2023 is from SEL ICB. This is due to the cessation of CCGs and the establishment of ICBs in July 2022.



- In 2022 87% of staff at SEL CCG declared that they do not have a disability compared to 8% of staff who declared a disability.
- There were 5% of staff within the CCG that did not declare whether they have a disability or not.
- In 2023 84% of staff from SEL ICB declared they do not have a disability compared to 7% of staff who declared a disability.
- Within the ICB 9% of staff have not declared whether they have a disability or not.
- Within London 14% of the population has declared a disability, thus the ICB is not representative of the population they serve.
- It should be noted that although SEL ICB is working hard to be inclusive, the non-disclosure of disability may be high due to the fear of discrimination.

	SEL ICB	London
Disability	7%	14%
No disability	84%	86%

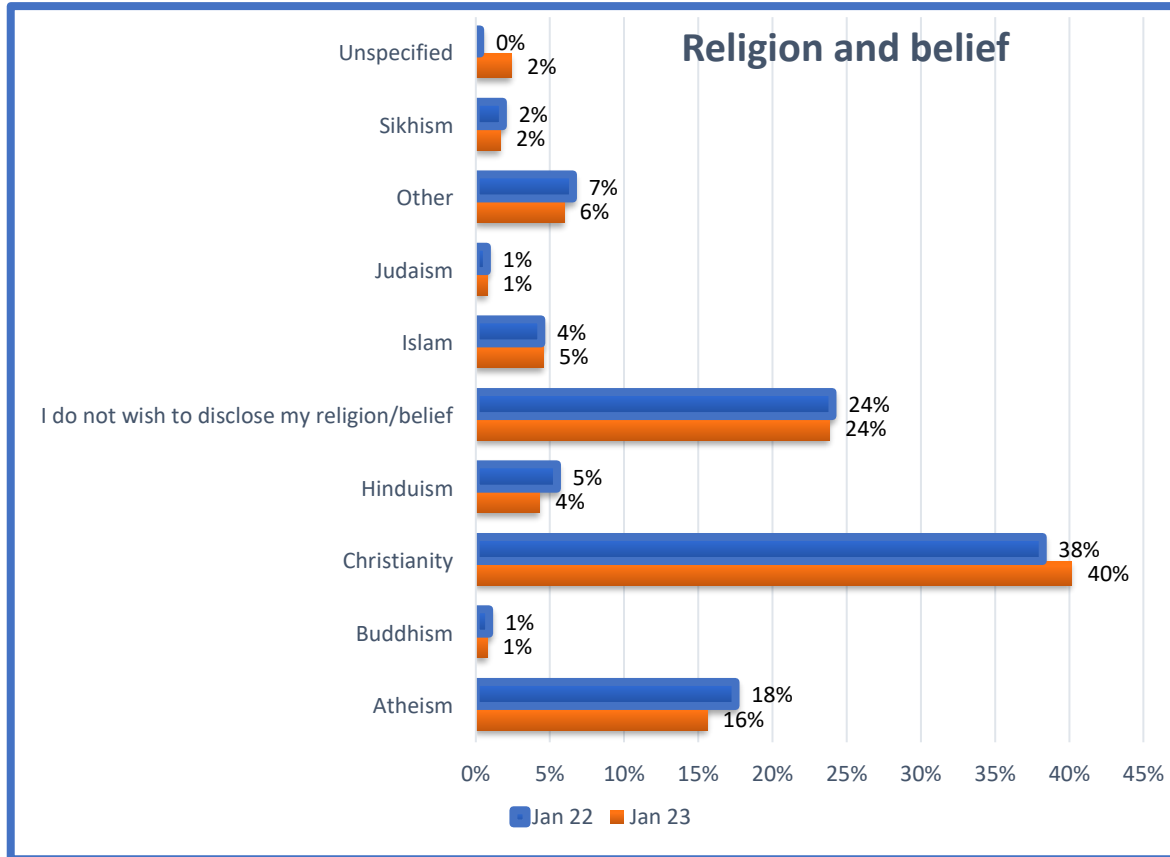
This page details the gender breakdown of staff that work at SEL ICB. This is a comparison of data between January 2022 and January 2023. The data from January 2022 is data from SEL Clinical Commissioning Group (CCG) and the data from January 2023 is from SEL ICB. This is due to the cessation of CCGs and the establishment of ICB in July 2022.



- The graph on this page shows the split between male and female staff within the CCG and ICB.
- In 2022, SEL CCG’s gender split was 69% female and 31% male.
- In 2023, SEL ICB’s gender split also shows 69% female and 31% male.
- London’s population has an equal split of male and female. This means that SEL ICB is overrepresented with female workforce but, underrepresented in their male workforce.
- Nationally the data shows that the NHS has a workforce that is 77% female and 23% male. SEL ICB presents a more balanced gender profile when compared to this data.
- However, the composition of this changes at the Board level where the split is nearly 60% male and 40% female.
- 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.

Gender	SEL ICB	London
Female	69%	50%
Male	31%	50%

This page details the religious belief breakdown of staff that work at SEL ICB. This is a comparison of data between January 2022 and January 2023. The data from January 2022 is data from SEL Clinical Commissioning Group (CCG) and the data from January 2023 is from SEL ICB. This is due to the cessation of CCGs and the establishment of ICBs in July 2022.

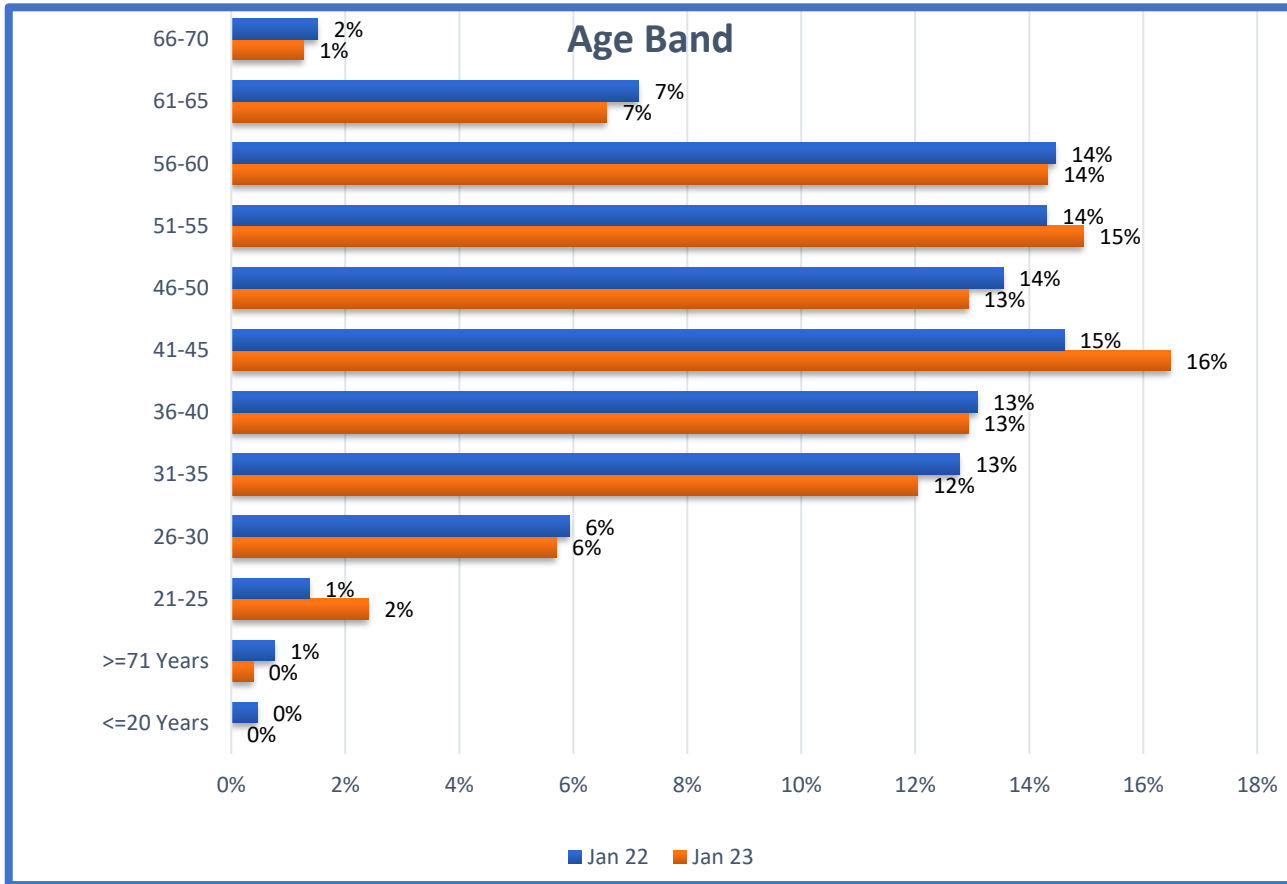


- The data on this graph shows the breakdown of staff who have declared their religious belief, no belief and unstated.
- In 2022 SEL CCG's top three highest categories were Christianity (38%), not wishing to disclose (24%) and Atheism (18%).
- In 2023, SEL ICB's top three highest categories were Christianity (40%), not wishing to disclose (24%) and Atheism (16%).
- According to the census the top three categories within South East London are Christianity, do not wish to disclose, and Atheism, which is also shown at SEL ICB. It should be noted that although this matches the census within these three groups – they are underrepresented at SEL ICB.
- It should be noted that there are 24% of staff members chose not to disclose their religious beliefs, which may not be giving an accurate picture.

Religion	SEL ICB	Community
Christianity	40%	45.6%
Do not wish to disclose	24%	6.9%
Atheism	16%	35.8%
Other	6%	0.6%
Islam	5%	6.9%
Hinduism	4%	2.3%
Sikhism	2%	0.6%
Judaism	1%	0.3%
Buddhism	1%	1%
Unspecified	2%	-



This page details the age breakdown of staff that work at SEL ICB. This is a comparison of data between January 2022 and January 2023. The data from January 2022 is data from SEL Clinical Commissioning Group (CCG) and the data from January 2023 is from SEL ICB. This is due to the cessation of CCGs and the establishment of ICBs in July 2022.



➤ This graph depicts that data from SEL CCG in 2022 and data from SEL ICB in 2023 have little difference.

➤ SEL ICB's largest workforce is those in the age range of 41-45.

➤ SEL ICB is overrepresented in their workforce in those aged 31-65 compared to the population.

➤ SEL ICB is underrepresented in their workforce in the following ages:

- 21-26
- 26-30
- 66-70
- 71+

Age	SEL ICB	Population
<20	0%	23.8%
>71	0%	7.8%
21-25	2%	7.4%
26-30	6%	9.6%
31-35	12%	9.3%
36-40	13%	8.1%
41-45	16%	7.2%
46-50	13%	6.7%
51-55	15%	6.6%
56-60	14%	5.9%
61-65	7%	4.4%
66-70	1%	3.2%

The Workforce Race Equality Standard (WRES) was devised to ensure employees from an ethnic background have equal access to career opportunities and receive fair treatment in the workplace. The WRES was mandated in 2015 and required NHS organisations across England to submit and publish their workforce data. **On 1 July 2022, NHS South East London Clinical Commissioning Group (SEL CCG) was disestablished and transitioned to the new statutory body, NHS SEL ICB.** The information on this page is based on the last report as a CCG. SEL ICB will be producing their new report in 2023 for the financial year 2022-2023.

In September 2021, SEL CCG published its second WRES report for the financial year April 2020-March 2021, covering all six boroughs. This has allowed the ICB to share learnings across boroughs, as well as throw collective weight behind addressing some of the embedded equalities issues this data identifies. The WRES Action Plan has been developed using data and staff lived experience to understand key themes and priority areas for action, with the majority of proposed actions based on staff feedback.

### Key findings for SEL CCG:

- BME colleagues constitute 33% of the population covered by SEL CCG. Overall staff representation is 36%, up from 33% and Board level staff representation is 44%, up from 37%
- BME constitute 42% of new recruits, compared to 33% of the population covered by SEL CCG. The relative likelihood indicator points to White applicants being 2.1 times more likely to be appointed when shortlisted than BME colleagues. A significant driver for this ratio is the low representation (31%) of White applicants.
- BME colleagues report much higher levels of experiencing of bullying, harassment and discrimination.
- There is also the perception that the CCG does not provide equal opportunities for career progression and promotion

### Successful Outcomes:

- 200 staff attended unconscious bias training delivered by an external provider
- An external diversity recruitment consultant was utilised on a pilot basis
- A reverse mentoring programme has been set up
- A mentoring programme to support staff progression has been set up
- A recruitment audit has been carried out and recommendations will be considered by the Equalities Committee
- Further training is planned for the next financial year.

### Next steps:

With the disestablishment of SEL CCG on 30 June 2022, no further actions are proposed. As a new legal entity, SEL ICB will produce its first report in 2023 with a snapshot date of 2022-2023. Learning from this report will inform future actions to address any disparities.



**NO TO RACISM**

## Overview

As an organisation, the ICB are committed to championing disability equality and improving the experience and everyday lives of the ICB staff with disabilities or those seeking employment in the NHS. To help the ICB achieve this ambition, the ICB has adopted the Workforce Disability Equality Standard (WDES), which is a set of ten specific measures (metrics) enabling NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. **On 1 July 2022, NHS South East London Clinical Commissioning Group (SEL CCG) transitioned to the new statutory body, NHS SEL ICB. At the same time, the organisation saw the transfer of 108 staff from London Shared Services. These organisational changes mean that the ICB workforce data has significantly changed in this period.**

### Main themes:

- Disabled people make up **14%** of the London population, and the ICB staff representation does not align with that statistic, which means the ICB are underrepresented overall.
- There were improvements in the percentage of staff experiencing harassment, bullying and abuse from colleagues. **(16.7%)**.
- There was an increase in harassment, bullying and abuse from the public **(9.3%)** and managers **(19.8%)**.
- **76.1%** of disabled staff feel that adequate workplace adjustments have been made.
- **41.1%** of disabled colleagues feel valued compared to 56.3% of non-disabled staff.
- **23.1%** of disabled colleagues felt pressurised to attend work when unwell compared to 7.6% non-disabled staff.

### Successful outcomes - 2021/22:

1. Use of a disabilities job board (Evenbreak).
2. Improving reasonable adjustments process in recruitment
3. Subscribing to the Sunflower scheme, which provides training and awareness on disabilities with an emphasis on hidden disabilities.
4. Implementation of 'Big Conversation' engagement to ensure that staff have a safe space to discuss issues.

### Next steps for 2023/24:

To address these findings, the ICB developed a comprehensive and detailed action plan comprising 44 actions. Some of the key actions include:

- Progress to Level 2 of the Disability Confident Employer scheme.
- Develop, approve and implement an ICB guidance document and policy on workplace adjustments (including access to specialist equipment) available for a range of specific disability types.
- Develop and implement focused management training/awareness sessions on workplace adjustments, understanding of the "Access to Work" support scheme and understanding of disability types and conditions, particularly hidden disabilities.
- Implementation of an internal mediation service to resolve issues earlier and informally.



To view the full SEL ICB WDES report and action plan for 2022-23 please click [here](#).

## Overview

All organisations within the United Kingdom with more than 250 employees are required to publish details of their gender pay gap as part of the Equality Act 2010 Act. Due to the disestablishment of SEL CCG in June 2022, SEL ICB prepared a legacy report. This Gender Pay Gap report is a snapshot from 31 March 2022. As a new legal entity, the SEL ICB will be producing its first Gender Pay Gap Report on 30 March 2024 with a snapshot date of 31 March 2023.

As of 31 March 2021, SEL CCG employed 638 people, 69% women and 31% men. This is approximately the same split as in the 2022 report of 72% women and 28% men

## Key findings for SEL CCG:

- A mean gender pay gap of 11% (a decrease of 5% from 16% on 31 March 2021).
- Due to increased female appointments in the upper pay quartile, the mean gender pay gap continued to exist because of a lower proportion of men in the three lowest quartiles, therefore producing a higher average hourly pay amount for men.
- A median gender pay gap of 16% (an increase of 4% from 12% on 31 March 2021).
- The increase in the median pay gap is a result of the lower proportion of men in the lowest pay bands relative to their share of the population
- A mean relative pay calculation shows that for every £1 a female is paid, a male is paid £1.11. The median relative pay figures shows that for every £1 a female is paid, a male is paid £1.16.

### Successful outcomes in 2021/2022

1. Through recruitment, increased the number of females in the upper pay quartile.
2. Strengthened the staff networks
3. Mandated gender and ethnically diverse recruitment panels and unconscious bias training was made mandatory for all panel members.
4. Established an Equalities in Recruitment Working Group to review the organisation's recruitment process.

### The actions – next steps for 2023/24

With the disestablishment of SEL CCG on 30 June 2022, no further actions are proposed in this report. As a new legal entity, SEL ICB will produce its first Gender Pay Gap Report on 30 March 2024 with a snapshot date of 31 March 2023. Learning from this report will inform future actions to close any Gender Pay Gap.



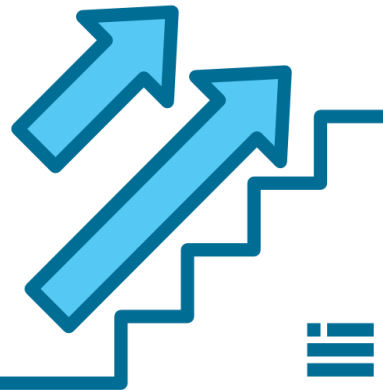
To view SEL CCG's Gender Pay Gap legacy report click [here](#).



# Next steps and final comments

In 2023/24, SEL ICB plans to progress its key equality, diversity and inclusion activities by:

- Continuing work with SEL people and communities to understand their experiences and views to shape the planning of health services.
- Further development of existing Equality Analysis guidance, alignment with Quality Impact Assessments and rolling out of staff training to improve planning and delivery of health services.
- Implementing EDS 2022 in collaboration with the Integrated Care Partnership to strengthen EDI links to system partners.
- The ICB workforce demographic has seen an improved position related to some under-represented areas, though a continued focus will be given particularly in relation to ethnicity and disability as part of the WRES and WDES. Related to this, increasing disclosure of protected characteristic data will also be a priority.
- Equalities in recruitment workstream will focus on de-biasing recruitment processes, alongside looking at developing a workplace adjustments policy.
- Reviewing HR policies and procedures in line with Just Culture principles.
- Supporting the launch of a new in-house mediation service.



SEL ICB continued to make improvements during a year of transition and plans to build on existing successes to further embed equalities in 2023/24. The ICB's ambition is to ensure that when any person needs care and services, they are accessible, high quality and meets their needs and that all ICB staff can fulfil their potential in an inclusive, compassionate and supportive organisation.

In order to achieve these goals and use the ICB resources efficiently the ICB is working closely with partners and local authorities with increased opportunities for collaboration identified in 2023/24. Working in partnership across SEL will also ensure there is consistency in how the ICS approaches equality, diversity and inclusion in the planning and delivery of health care services for everyone.

# Contact us

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

**Equality, Diversity and Inclusion**

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