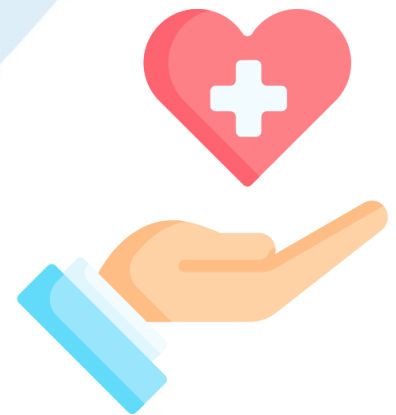


# Public Sector Equality Duty (PSED) Report 2023/24

NHS South East London ICB Annual Equality Report



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It is my honour to introduce the 2024 South East London Integrated Care Board (SEL ICB) Public Sector Equality Duty (PSED) report.

SEL ICB is responsible for the commissioning and oversight of many services and is accountable for NHS spend and performance. Equality, Diversity and Inclusion (EDI) plays a vital role at SEL ICB for both patients and staff. Inclusive environments are conducive to creating psychological safety and benefit both the population we serve and our workforce. For staff, this means they will be more productive and feel more capable of providing safe patient care.

The NHS workforce nationally has never been more diverse than it is now. This diversity is evident within our workforce and the population served by SEL ICB across our six boroughs: Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark. This is why SEL ICB is committed to EDI and creating an inclusive environment for all so that each patient and carer that uses SEL ICS services can expect equity of treatment and outcomes irrespective of their protected characteristic such as ethnic heritage or where they live.

SEL ICB is focused on delivering its four purposes (three of which are linked to equalities) and will use its resources and authority to achieve demonstrable progress on these purposes, collaborating to tackle complex challenges, including:

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.

SEL ICB believes the best way of achieving these objectives is through partnership working and empowering people throughout our system to deliver this positive change.

This year's Public Sector Equality Duty report highlights the amazing work taking place across each borough, demonstrating how the ICB is working effectively to address disparities and support patients. To support our workforce, SEL ICB has staff networks in place, Freedom to Speak Up processes, and are undertaking Workforce Disability Equality Standard and Workforce Race Equality Standard reporting as additional actions that, while not mandatory, feel are equally as important to support the delivery of a truly diverse workplace.

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



**Tosca Fairchild**  
Chief of Staff  
Equalities SRO

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



## Equality Act 2010

The Equality Act 2010 was introduced on 1 October 2010. The Act protects the rights of individuals and equality of opportunity for all. It states that public authorities such as SEL ICB, must comply with the Public Sector Equality Duty. The duty aims to ensure consideration is given to matters such as discrimination / inequality and the needs of disadvantaged people when making decisions.

### Public Sector Equality Duty

The general equality duty requires SEL ICB to consider the need to:

- ✓ Eliminate discrimination, harassment and victimisation and any other conduct prohibited by the Act.
  - ✓ Advance equality of opportunity between people who share protected characteristics and people who do not share it.
  - ✓ 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 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 duty to:

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

### Mandatory standards

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

- ✓ The Workforce Race Equality Standard (WRES).
- ✓ Workforce Disability Equality Standard.
- ✓ Equality Delivery System 2022.
- ✓ Gender Pay Gap annually.

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

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

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



**Integrated Care System (ICS):** Established in 2019, the ICS brings together the full range of organisations responsible for publicly-funded health and care services across our six boroughs.

**SEL ICB:** The Board with ultimate responsibility for all functions of the Integrated Care Board (ICB), which, along with the Integrated Care Partnership ICP, holds the leadership of South East London to account.

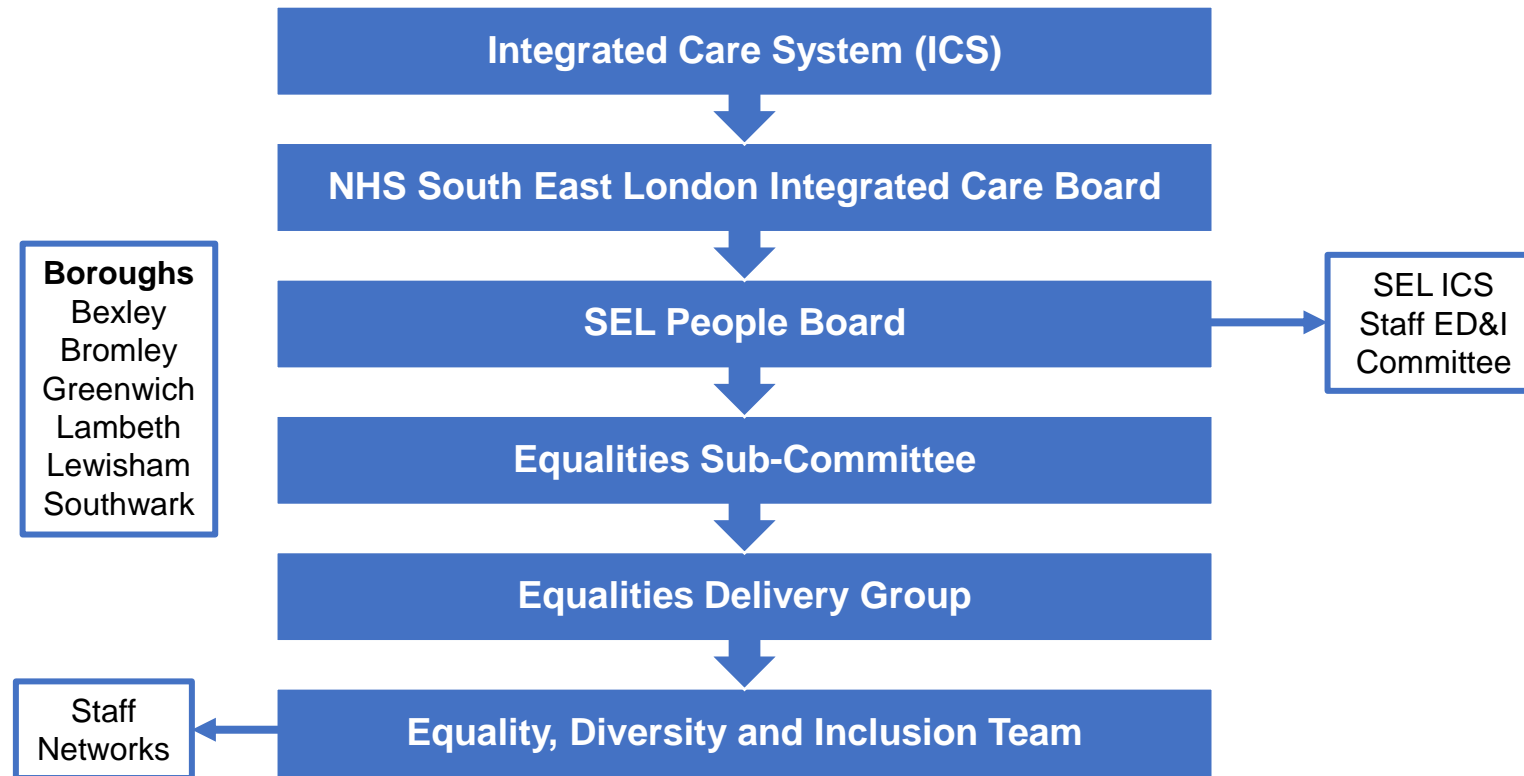
**SEL People Board:** The SEL People Board is responsible for the design, development and delivery of plans related to the health and care workforce in South East London.

**Equalities Sub-Committee:** Supports the SEL ICB to make demonstrable improvements in EDI for the workforce, as well as for people and communities affected by the activities of SEL ICB. Committee members include representatives from each borough.

**Equality Delivery Group (EDG):** Assists with EDI commitments (statutory and mandatory). This group ensures the work being carried out by the EDI team is meeting its deadlines and requirements.

**EDI Team:** Creates equity for all groups and ensures patients and staff have a voice through promotion of good practice, coaching, mandatory and statutory requirements.

**Staff networks:** Allow colleagues to discuss their experiences, offering a safe space, and help us to shape our organisational culture to create a fairer and inclusive work environments for all.



# 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 workplan to ensure all statutory duties and reporting is undertaken and that the ICB is embedding a culture of reducing health inequalities and promoting equality throughout all its functions.

## Equalities Delivery Plan (EDP):

The Equalities Delivery Plan (EDP) allows the Equality, Diversity and Inclusion Team to monitor all Equality, Diversity and Inclusion actions. The progress is reported at the Equalities Sub-Committee and is in the process of being refreshed for 24/25. The EDP aligns with requirements covering the:

- a) Workplace Race Equality Standard
- b) Workplace Disability Equality Standard
- c) Gender Pay Gap
- d) Equality Delivery System 2022
- e) Anti-racism Strategy



## What is it?

The Accessible Information Standard (AIS) aims to ensure that people with a disability or impairment can gain access to information in a way that is suitable for them, along with any communication support they need from health and care services.

Organisations that commission NHS care and/or adult social care, for example ICBs, must also support provider organisations to implement the AIS.

## What does the Standard include?

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

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

## What does the Standard tell organisations to do?

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

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

## Interpreting services

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

## Achievements:

- SEL ICB, in collaboration with its developers, is continuously addressing accessibility issues per [Web Content Accessibility Guidelines \(WCAG\) 2.1](#).
- The [Jobs](#) page is currently non-compliant due to third-party HTML code.
- Older PDFs that are no longer updated won't be recreated for accessibility.
- We're dedicated to training content creators on legal requirements and accessibility.
- Future documents will prioritise PDF-equivalent HTML formats.
- Visit our [accessibility](#) page for more details.





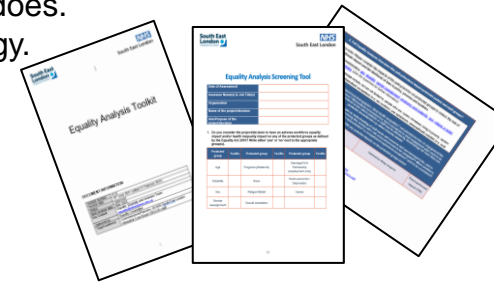
## What is an Equality Analysis (EA)?

Also known as an Equality Impact Assessment (EIA), the EA can be used to systemically analyse a new or changing policy, process, service, strategy etc. It helps to identify what effect or likely effect it could have on protected groups and to ensure appropriate actions are taken to mitigate any negative effects and promote equity. EAs are also a way of facilitating and evidencing compliance with the Public Sector Equality Duty (PSED), which is a statutory requirement.

## What is the purpose of an EA/EIA?

Take account of services provide by the organisation and those affected by what it does.

- Consider other ways of achieving the outcomes of the service, policy or strategy.
- Allow you to have more contact with the diverse groups in our community.
- Change the way you think about your work and the decisions you make.
- Help you to think more about the needs of the community we serve.
- Remove any negative impact there on the protected characteristic.



## When does it need to be carried out?

An EA/EIA should start at the same time as the process of a review of an existing or proposed service, policy or function. Once the service, policy or function requiring an EIA has been approved and implemented, it should be monitored to ensure the intended outcome is being achieved. Any concerns about the way it is working can then be addressed. For existing services, policies or functions, an EIA should be undertaken when formally reviewed. An EIA should be carried out on all policies every three years or when changes are required.

## What is SEL ICB doing?

We currently have a guidance and toolkit in place, which includes a screening form and full EA/EIA form. Colleagues are asked to complete the screening form and following a review the EDI team advise if a full EA is required. Once the EDI team are happy with it, it is then signed off. The EDI team keep a record of the EA/EIAs, and these are taken to the Equalities Sub-Committee for sign off.

## Next steps:

Although there is a current process, it needs updating to ensure we are better able to support our colleagues in thinking about equalities at every step of the process. EA/EIAs are (mostly) completed at the end of a process, which means there is minimal impact the EA can make or advice the Equality, Diversity and Inclusion (EDI) team can provide. The redesign of the process will include an overhaul of the guidance, forms and incorporate training and a dedicated intranet page for staff to access.

### Benefits of EA:

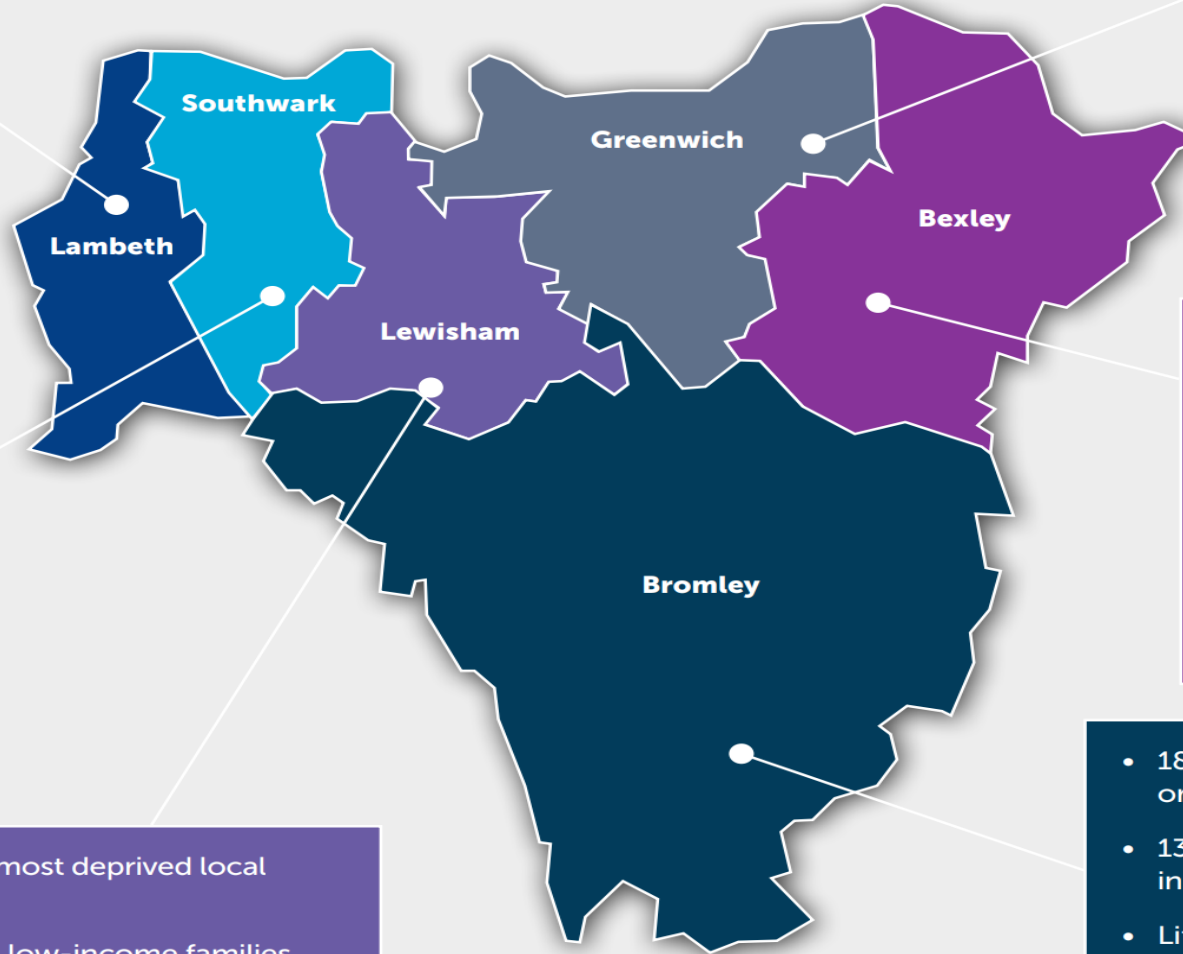
EA/EIAs allow us to align with our values and obligations towards the population and our workforce by supporting us to:

- reflect on how decisions may play out once implemented.
- be positive and proactive by enabling us to go beyond simply meeting legal obligations.
- help organisations avoid discrimination, particularly indirect discrimination.
- mainstream our EDI agenda and emphasise the ICB's commitment to EDI.

- Lambeth is ranked among the 15% most deprived local authority areas in the country.
- Lambeth has the second largest lesbian, gay and bisexual communities in the country.
- 60% of people in Lambeth are from a Black and minority ethnic background.

- Southwark is ranked among the 15% most deprived local authority areas in the country.
- Southwark has the third largest lesbian, gay and bisexual communities in the country.
- 46% of people in Southwark are from a Black and minority ethnic background.

- Lewisham is ranked among the 15% most deprived local authority areas in the country.
- 22.6% of children in Lewisham live in low-income families.
- 47% of people in Lewisham are from a Black and minority ethnic background.



- Greenwich is ranked among the 15% most deprived local authority areas in the country.
- 21.8% of children in Greenwich live in low-income families.
- 38% of people in Greenwich are from a Black and minority ethnic background.

- 16% of people in Bexley are aged 65 or over.
- 16.3% of children living in Bexley live in low-income families.
- Life expectancy is 7.9 years lower for men and 6.7 years lower for women in the most deprived areas of Bexley, compared with the least deprived areas.

- 18% of people in Bromley are aged 65 or over.
- 13.2% of children living in Bromley live in low-income families.
- Life expectancy is 8.1 years lower for men and 6.1 years lower for women in the most deprived areas of Bromley, compared with the least deprived areas.

**Outreach** – we continue to engage with people face-to-face and build up relationships with local communities. We visited several festivals and events over the spring and summer as part of our recruitment of the People’s Panel and spoke to local people about what is important to them. As part of [the overprescribing engagement project](#), we visited several organisations and groups to have conversations with people about taking medicines including Southwark Carers, Southwark Pensioners’ Centre, Bromley Asian Cultural Association, the Ajoda Group, the Lewisham Irish Centre, the Diamond Club, Lambeth Aging Well festival and the Ethnic Mental Health Carers Forum. As part of the ICS strategy development, we also had conversations with the Lewisham Young Adviser’s Network.

**Working with trusted voice community organisations** – as part of our Local Maternity and Neonatal Services [programme we are working with community-based organisations to hear from local people](#) and understand issues and challenges they face and how we can make services accessible for everyone.

[Let’s talk health and care in South East London](#) – we continue to develop our online engagement platform with the publication of projects including NHS 111, the Anchor Alliance listening campaign, getting health information and advice and digital services. We have also developed of a specific [maternity and neo natal hub](#) for engagement.

[South East London’s People Panel](#) – we have developed our People’s Panel with a membership of over 1,000 resident representatives of our population. Our first survey was on what is important to local people and what they need to do to stay healthy and well. This informed the Anchor programme listening exercise on what is stopping you and your community to thrive.

**Insight** - the ICB has developed a [what we have heard from local people and communities web page](#) to share insights across programmes and maximise the value of engagements. We are working with Healthwatch and [Mabadiliko CIC](#) to further develop this page.

[Engagement Assurance Committee \(EAC\)](#) – we continue develop the EAC. Key agenda items have included development of the People’s Panel and insights gained, engagement in the MSK programme, Anchor Alliance, overprescribing, pelvic health programme and a review of the engagement workplan



affordable housing  
save the NHS  
education  
NHS struggling  
employment  
family health & wellbeing  
cost of living  
my health & wellbeing  
access to primary care  
environment  
mental health  
social care for the elderly  
government/ politics  
community safety

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.

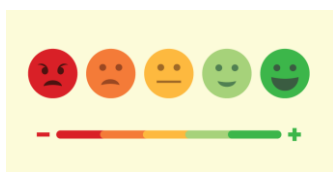
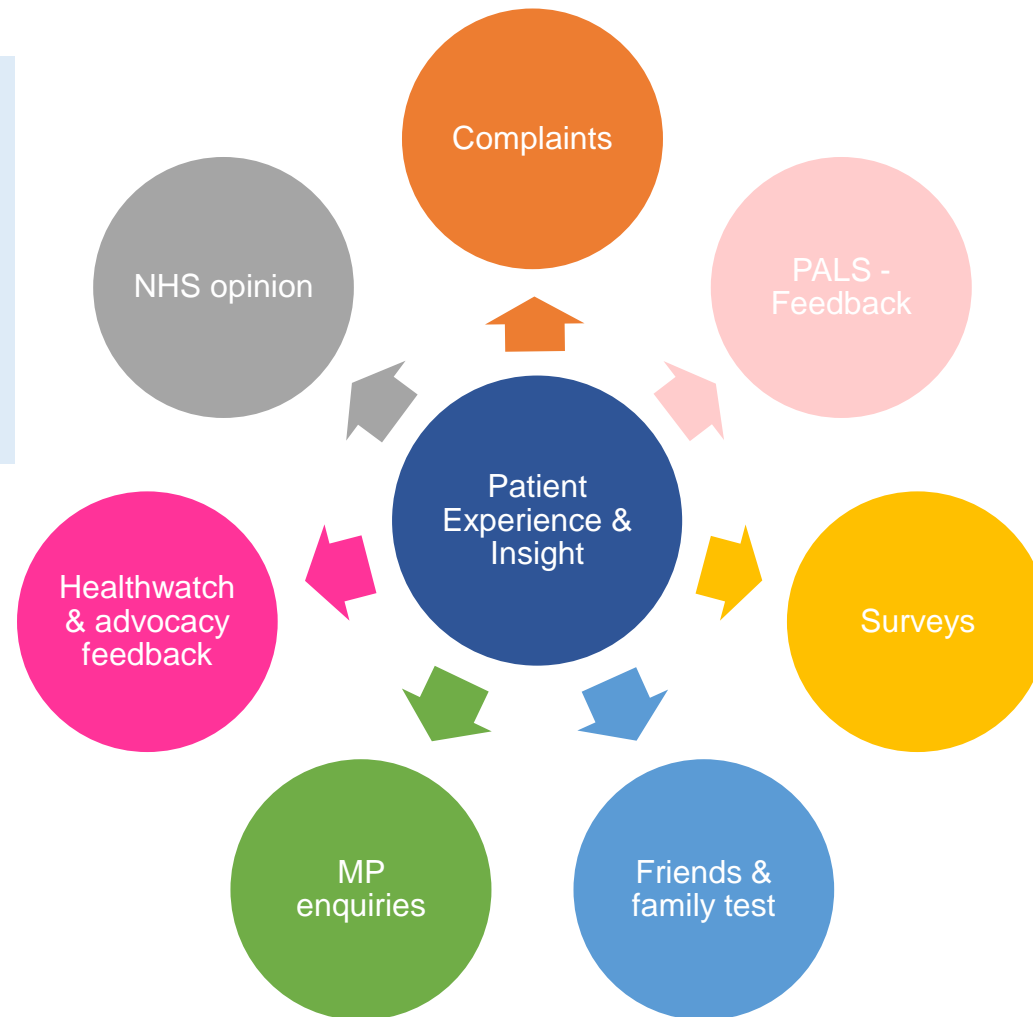
The feedback the ICB gather also helps the ICB to understand the perspectives of people from different backgrounds and protected characteristics, which enables the ICB to look at the experiences of different patient groups.

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.

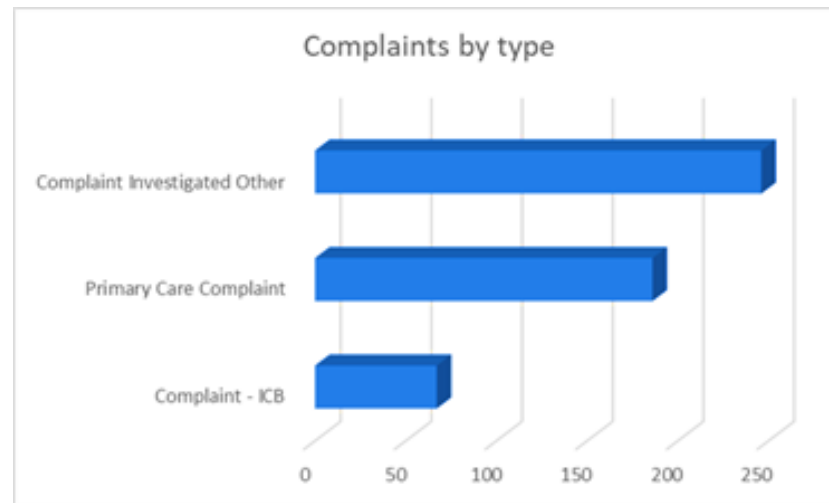
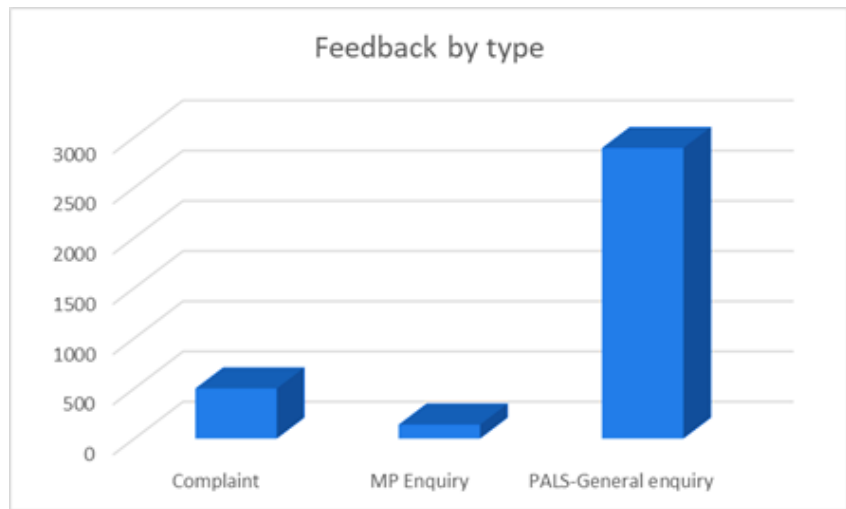


**PATIENT EXPERIENCE, FEEDBACK & INSIGHTS. January 23 – Dec 23.**

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

Between 01 January 23 – 31 December 23 the organisation received **3531** patient insights; this intelligence has been captured through formal complaints and MP enquiries, we also captured feedback via PALS/general enquiries as follows. The Chart below provides an illustrates of feedback by type.

The chart below shows that of the **499** complaints received by SEL ICB the majority (49%) are complaints raised against Acute/mental health providers. Complaints regarding primary care services were delegated to ICBs in July 2023 and account for 37% of the formal complaints received in this reporting period. The remaining complaints (14%) are attributed to services directly provided (mainly continuing healthcare) and commissioning decisions.



In accord with our standard operating procedures, we continually seek to capture information related to protected characteristics so that we have access to more demographic data about people who make formal complaints. However, this remains an area of significant challenge as completion and return of this information is not compulsory or mandated. The patient experience team will continue to explore ways to improve this situation in 2024/25 and plan to discuss this at London wide level to benchmark against other ICB's and identify any ways of improvement in this area.



### Key Achievements/Progress in 2023/24 cont...

#### Elective Care

Working with the Acute Provider Collaborative, ongoing work to address health inequalities through the equalisation of waiting times across Trusts, supported by the development of an elective health inequalities dashboard to better understand patient characteristics of the waiting list to support us in addressing wider inequalities in access, experience and outcome.

#### Cancer Early Detection and Screening

Several programmes are underway to improve access to the national screening programmes (including bowel, breast and cervical screening). The Cancer Alliance has supported the roll out of targeted lung health checks in Southwark and Greenwich to improve lung cancer detection and has been working with Black men and local students to create a series of animations to raise awareness of the prostate cancer.

#### Hypertension

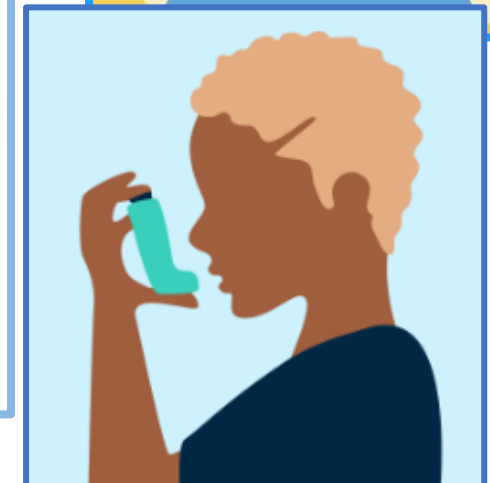
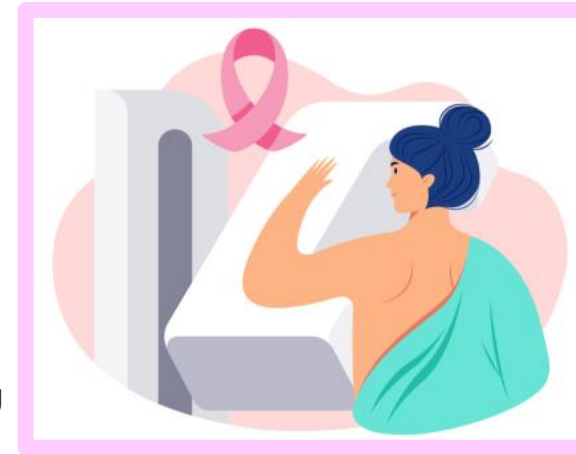
Hypertension detection projects have been implemented in all six boroughs in South East London including the Lambeth County Road Show, Southwark's Health Promotion Van, Bromley's Vital 5 Checks in the Glades and the Royal Borough of Greenwich's Hypertension 100-day challenge.

#### Children and Young People's Mental Health

In 2023/24, SE London was one of the national connector sites and in partnership with Black Thrive and has been working with schools across the six boroughs to co-produce a set of targeted interventions to improve the mental health and emotional wellbeing of children in Key Stage 2.

#### Asthma in Children and Young People (CYP)

In line with the national bundle of care for asthma in CYP, there is a strong clinical network in place for asthma with training and education resources implemented for professionals through the South East London training hub and development of clinical guidelines to support primary care. Digital passport for asthma launched to enable CYP to better self-manage their own care.



- Mental health remains a key priority for the South East London Integrated Care System (ICS) and our residents and is therefore reflected in both Integrated Care Partnership's Integrated Care Strategic priorities and the ICB's Joint Forward Plan.
- Across our ICS we continue to have high mental health needs and meeting the needs for mental health and emotional wellbeing services, across adults and children and young people, continues to be a challenge for the SEL health and care system. We are acutely aware of the high numbers of detentions under the mental health act in our system and the disproportionate detentions for Black people.
- We recognise the importance of investing in early intervention and prevention services to prevent crisis and detentions under the mental health act, however, we also need to ensure our secondary and tertiary mental health services are sustainable to provide timely access to effective care and support for those who need it the most.
- Core to providing early intervention and prevention services in mental is building trust with our communities. The ICB continues to be a key partner in the **South London Listens Programme**, a partnership between the NHS, local authorities, and community organisations.

**During 2023/24 the ICB has continued its commitment to fully invest in mental health services both through the Mental Health Investment Standard and national Service Development Funds.**

As a result of this investment, the ICB has worked with system partners to further develop and expand the ICS' adult community mental health transformation programme, which entered its third programme year in 2023/24. The programme aims to develop and embed local neighbourhood-based integrated teams, which bring together health, care and the voluntary sector to provide a holistic approach to care for people with severe mental illness. The programme has resulted in:

- ✓ Stronger integration of services across different sectors with the emergence of a voluntary and community sector prevention model across the ICS;
- ✓ Piloting of peer support worker and outreach worker roles within community mental health teams, linked to local communities; and
- ✓ A new stepped-care pathway for personality disorder which is in the process of being rolled out across the all boroughs.

We will convene system partners to explore further opportunities to improve the adult mental health acute and crisis care pathway. In 2023/24, an external review was commissioned to better understand the demand and service offer for inpatient services and for patients who present in acute mental health crisis through our emergency departments. The findings are being incorporated into our 2024/25 plans. In addition, the system has:

- ✓ Expanded the number of available Health Based Places of Safety for patients detained under the mental health act to prevent further detainment and potential inpatient admission. Across the ICS, we now have eight Health Based Places of Safety, an expansion of two spaces when compared to 2022/23.
- ✓ Opened a new additional crisis/recovery house for adults specifically for residents in Lambeth, Lewisham and Southwark, a partnership between South London and Maudsley NHS Foundation Trust and the Richmond Fellowship. The recovery house operated jointly by Oxleas NHS Foundation Trust and Hestia continues to be in operation, with extended capacity this year.
- ✓ Expanded provision of 111 services with a dedicated hub for mental health, through a Press 2 function. This service is a joint enterprise under the Sound London Partnership umbrella (the South London Mental Health Provider Collaborative), hosted by South London and Maudsley NHS Foundation Trust.



## Children and Young People's Mental Health

Our [Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan](#) published in May 2023, set out our ambitions for children and young people's mental health services across the ICS for 2023/24.

A key focus was to address the inequalities within our children and young people's mental health services, specifically focusing on children and young people from our Black and Ethnic Minority populations. Under the wider programme auspices of NHS England's national connectors programme, in 2023/24 the ICB commissioned Black Thrive to work with a select number of schools in Key Stage 2 to engage with children, their parents/caregivers and teachers to co-produce solutions and initiatives to improve mental health and emotional wellbeing.

The findings from the engagement are currently in the process of being implemented and the expansion of the connectors programme will be considered as part of planning for 2024/25.

Additional areas of focus have included:

- Reducing waiting times within community children and adolescent mental health services (CAMHS). Although progress has been made in reducing waiting times in community CAMHS, particularly the number of children and young people waiting over 52 weeks for assessment, we are still experiencing long waits for some of our services, and this will continue to be ongoing focus for our system.
- Development of Single Points of Access (SPA) (as per the national iThrive principles) aligned to our borough footprints to streamline access to children and young people's mental health and emotional wellbeing services and ensure children and their families are directed to the most appropriate service as quickly as possible.
- Expansion of mental health support teams in school, in line with the national roll-out programme. All our boroughs now have some level of provision of mental health support teams in schools, although coverage varies across south east London.

## Ensuring patients receive care in the least restrictive settings possible

- Working with the two NHS Provider Trusts, the ICB continues 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.
- Both NHS Mental Health Provider Trusts have local quality improvement programmes in place to reduce the use of restrictive practice and are engaging in pan-London and national communities of practice to learn from best practice examples and share their experience. Pilots of work have started on a small scale and on individual wards, but the Trusts are using spread and scale techniques to expand best practice across the organisations, recognising that the use of restrictive practice is intrinsically linked to team culture/organisational development (OD) as well as staff training.
- The ICB continues to work with the two Trusts to apply PCREF to services and to understand the impact of these actions on different population groups, especially SEL Black residents.



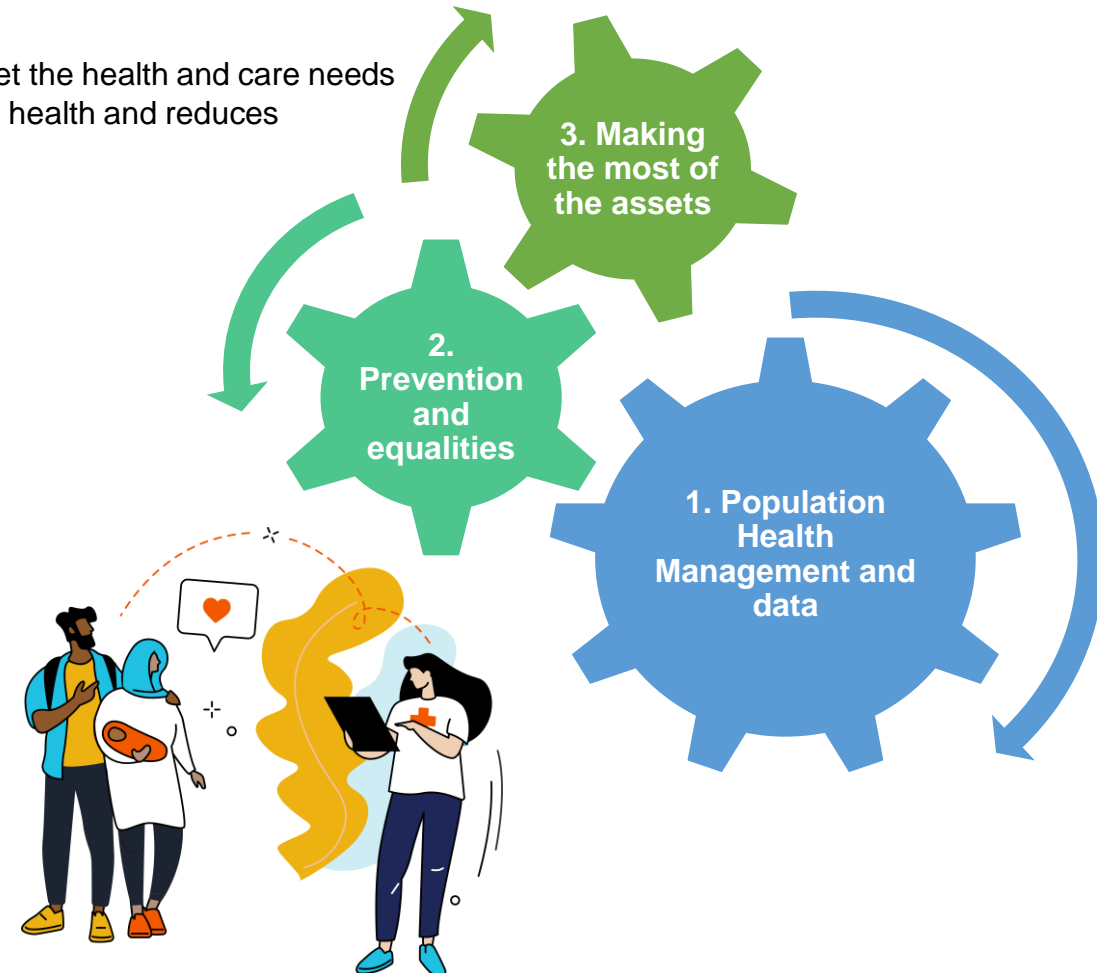
# SEL Integrated Care System (ICS): Population Health & Equality

**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.

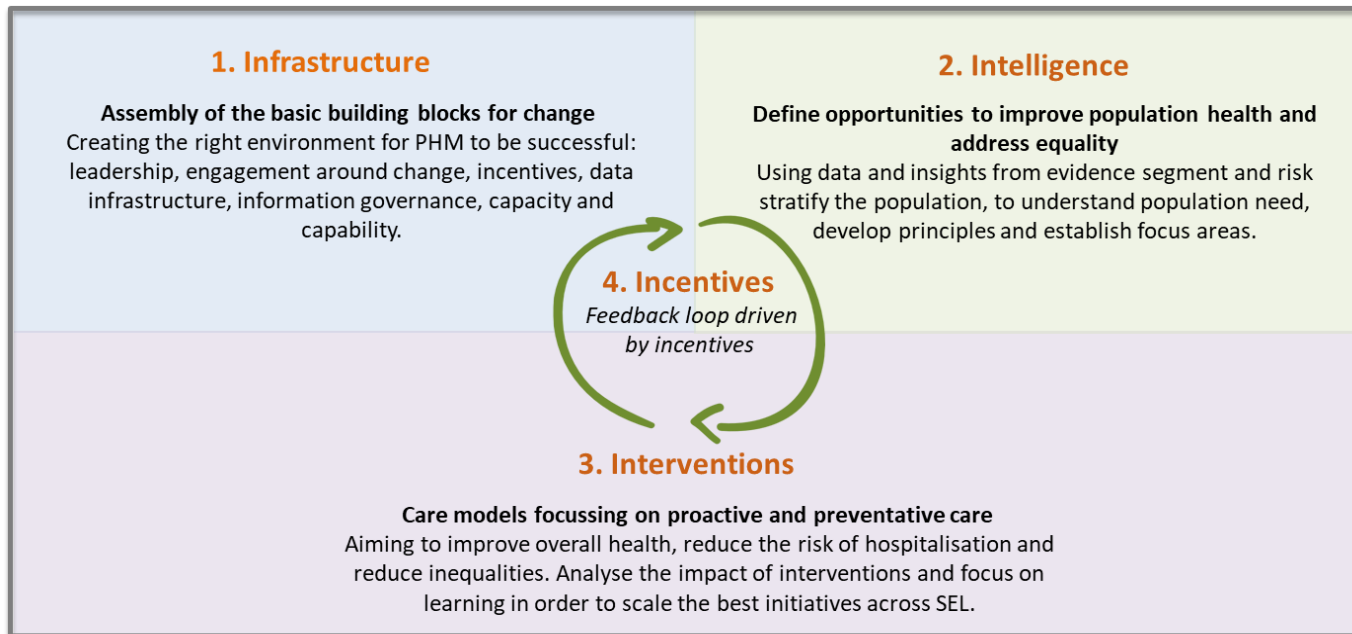
As part of the ICS, a population health and equity programme has been established. This programme has three (inter-related) areas of work:

- 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 to become a learning and resilient health system.
  - Support work around the wider determinants of health.
- 3. Making the most of the ICS assets**
  - Spotlight the many great initiatives that are happening locally.
  - Establish an 'Anchor system', which recognises the ICS assets of population, staff and organisations.
  - Asset-based approach to working with communities.



Population Health Management (PHM) is a way of working to help frontline teams understand current health and care needs and predict what local people will need in the future. This means that the ICS can tailor better care and support for individuals, design more joined-up and sustainable health and care services and make better use of public resources. PHM uses historical and current data to understand what factors are driving poor outcomes in different population groups. Local health and care services can then design new proactive models of care which will improve health and wellbeing today as well as in future years' time.

SEL ICS has an ambition to develop and embed population health management using NHSE's 4 I model (as shown below):



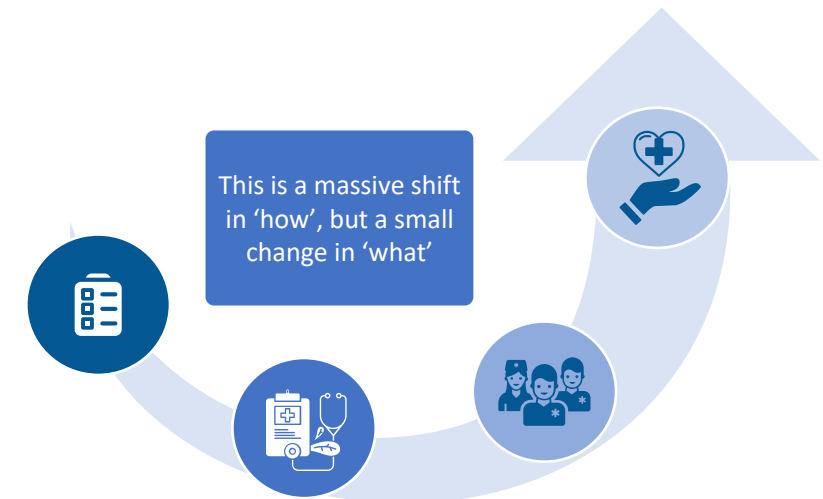
To achieve the ICS PHM ambition, significant change is needed to 'how' the ICS works.

**PHM is about doing things the ICB already know about (routine good practice) but in a fundamentally new way.**

- a. Daily professional and clinical management more systematic and targeted
- b. 'System' management more informed by data (particularly on inequality of access & outcomes)
- c. System planning more coherent, consistent and continuous

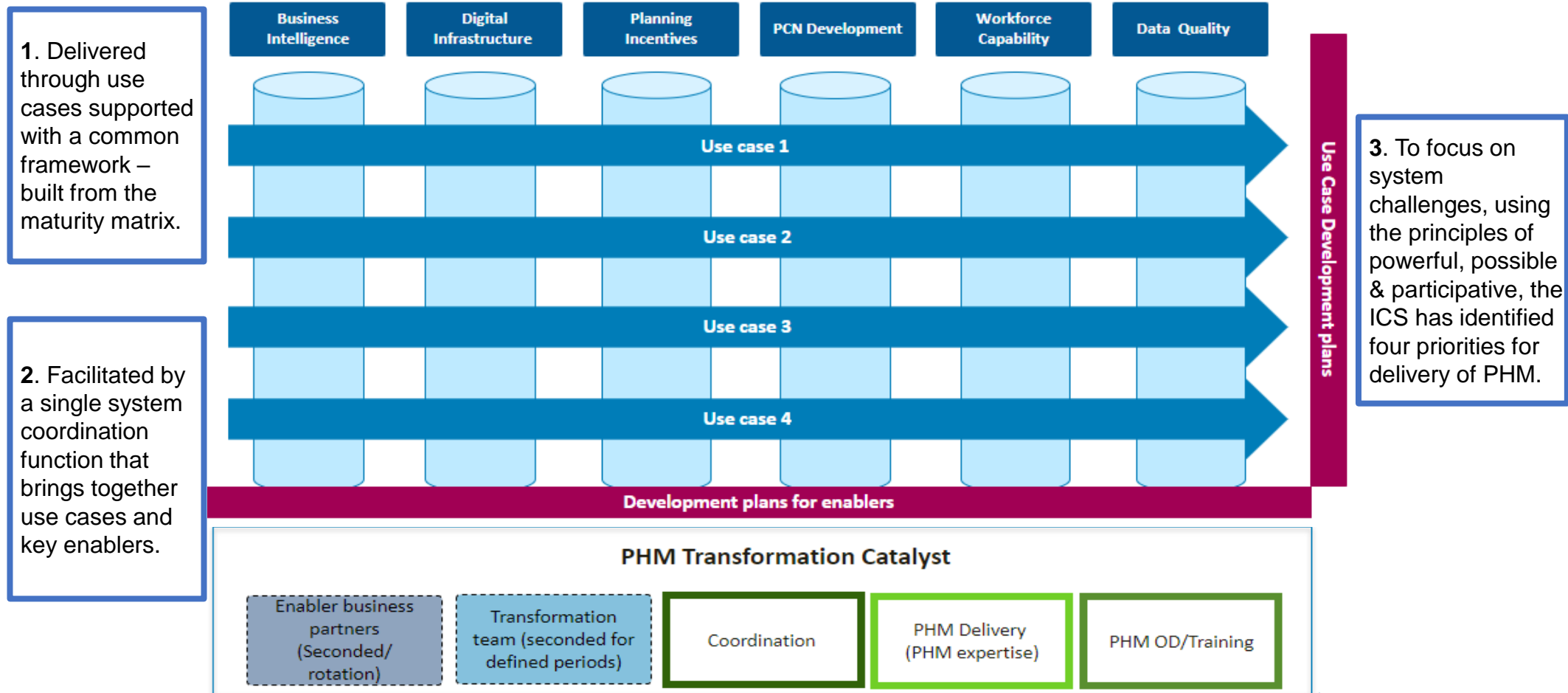
**Developing PHM through a small number of existing programmes will enable this approach and create the capability required.**

**Making the best use of the collective resources (particularly staff) across all ICS organisations to maximise the health and care outcomes of the local population. This means moving towards a one team approach across organisational boundaries.**



# SEL ICS: Population Health Management cont...

Over the past two years, the ICS has built on the Optum/NHS England input and used London Health Data Strategy Pathfinder funding to create a system-wide approach to Population Health Management (PHM). This included an agreement to support '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 (N.B. on hold pending Management Cost Reduction outcomes).



# 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, 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.



The ICB have a **Prevention and Equalities working group**, which is developing initiatives to improve population health and equalities. The ICB have ringfenced 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.

### Vital 5

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

# Making the most of the Assets: Anchor Programme

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 has 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.



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



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

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.

# Equality Objectives 2020-2024

Equality Objective	Link to South East London Strategic and Corporate Objectives	Link to EDS 2022 Goal
<p>1. 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>	<p>6. Take action to address health inequalities</p> <p>8. Improve the quality of care and health and care outcomes for patients and residents</p> <p>16. Improving access to high quality secondary care services when people need them</p>	<p>Domain 1: Commissioned or provided services</p>
<p>2. 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>	<p>12. Grow workforce capacity, skills, and improve staff wellbeing.</p> <p>20. Enhance productivity and value for money to deliver system financial balance.</p>	<p>Domain 2: Workforce health and wellbeing</p>
<p>3. 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>3. Support broader social and economic development, including coordinated cross-system action to deliver the SEL ‘anchor mission’.</p> <p>4. We pursue innovation and improvement with structure and scale across our system.</p> <p>5. We work together to integrate services in care hubs and provide services closer to peoples homes</p>	<p>Domain 3: Inclusive leadership</p>
<p>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.</p>	<p>1. Local people play active roles in both understanding how services are performing and shaping how they are organised and delivered.</p> <p>2. Support greater collaboration between partners across health and care and the integration of care services</p> <p>13. Support the building of resilient communities including enhancing the role played by the VCS</p> <p>17. Ensuring local people play an active role in their own healthcare</p>	<p>Domain 1: Commissioned or provided services</p>



**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 23/24, which highlights the value placed in completing assessments.

Examples of this include:

- Medicines optimisation
- Enhanced Access
- Healthintent
- Communications out of hours On call service
- Adult Audiology

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

Refreshing our Equality Analysis toolkit and rolling out staff training to improve planning and delivery of health services will be our focus for 2024/25.

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

The ICB is in its second year of operation and continues to make progress against its robust equality delivery plan.

Staff network groups continue to be supported by the ICB and meet regularly. They have a voice at the Equalities Sub-Committee and provide useful feedback on the organisation's HR policies as part of their review cycle.

The dedicated Equalities in Recruitment Working Group continues to take forward specific initiatives, looking at debiasing recruitment and helping to promote a just culture in all recruitment activities. The ICB has also become accredited as a Disability Confident Employer, which features on our recruitment advertising and web pages. Our recruitment system TRAC enables us to produce equalities monitoring reports, which are scrutinised at the new People and Culture Oversight Group, which was established in September 2023.

The ICB has a pool of accredited mediators who are able to support with employee relations cases within the workplace, ensuring informal resolution is offered at the earliest opportunity. Training and development opportunities are available to all staff, with robust equalities monitoring in place.

**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 Board members and senior representatives from key directorates including Human Resources, Organisational Development, Equality, Diversity and Inclusion, Engagement, Population Health, Planning, Quality & Nursing, chairs of existing staff networks, and the voluntary sector. Through the Board and this sub-committee, ICB 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 again 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 and published in the annual ICB's report. 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: **a) the Workplace Race Equality Standard, the Workplace Disability Equality Standard and the Gender Pay Gap, b) the Equality objectives identified by the Board, c) the NHS People Plan and People Promise, d) the NHS London Workforce Race Equality Strategy.**

An audit was carried out by the Equality and Human Rights Commission (EHRC) in November 2023, which looked at the ICBs compliance with the Public Sector Equality Duty (PSED) from both a patient and staff perspective. The EHRC shared initial findings which are being considered across the ICB to improve EDI performance around a range of functions. The ICB was selected to showcase good practice around our work engaging with people and communities.

Equality Delivery System (EDS) 22 is a quality improvement framework mandated by NHS England and endorsed by SEL ICB's leadership team. Three key areas were assessed covering: Domain 1 – Commissioned or provided Services; Domain 2 – Staff health and well-being and Domain 3 – Inclusive leadership. The assessment involved significant engagement with partners across south east London including patients, trusts, staff networks, trade unions, Healthwatch, internal teams and senior leaders. Improvement plans will be implemented across the domains in 2024/25.

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. Recently the ICB has introduced a staff mediation service.

The ICB developed an Anti-racism strategy, which will eventually sit within a wider anti-discrimination strategy covering all the protected characteristics. Engagement was undertaken with staff and leaders to develop a strategy which is robust and responsive to extensive feedback received through Equalities Forum, Embracing Race and Diversity staff network, Equalities Sub-Committee and senior leadership meetings.

This was signed off by the Board in 2023/24 and will continue to 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.

We continue to implement the ICS working with people and communities strategic framework, which highlights the need to build relationships and trust with communities, make engagement accessible and exciting, coordinate engagement and go out to communities to bring the conversation closer to people. Over the last year we have continued to develop on our line engagement platform, let's talk health and care in South East London, developed our People's Panel, commissioned engagement work from specialist / community based organisations, and gone out to communities. We have also developed our governance around engagement over the last year and have established our Engagement Assurance Committee with a majority membership of members of the public. We facilitated a theatre performance by Creating Ground about the experiences of migrant women in accessing health and care services ahead of our July Board meeting. This powerful performance was well received and key linkages were made across partner organisations.

# Case Studies

Initiatives taking place within South East London

# South East London Wide



In South East London (SEL), General Practitioner (GP) practice websites have become a primary means of patient interaction and important source of information for patients. Recognising the importance of an accessible and functional online presence, the GMS GP contract mandated practices to maintain up-to-date and informative websites by 2020. With over 18 different website suppliers, a key step in the project was to establish a matrix of requirements that GP practices should meet and put these against maturity levels 1-3. The objective was then to elevate all SEL GP websites to at least maturity level three by the end of 2022/23. Subsequent to this project work locally, the National NHS England Team published the GP practice benchmarking tool which has been amalgamated into the local project and continue the delivery. The national benchmarking tool can be found here: [NHS England » GP website benchmarking and improvement tool](#)

## Purpose:

The intervention sought to significantly improve patient access, experience, and outcomes in SEL. The primary objectives were to align with GMS contract mandates, reduce health inequalities, and optimise the online experience for the diverse SEL population. This is by looking at the terminology that is used for patients so that this is easy to understand and reducing the clicks required by a patient for key points of access through the GP practice website such as appointments and registering with a GP.

## Engagement:

Understanding the multicultural landscape of SEL, the intervention prioritised inclusivity. Key content and functions included:

- **Integrated Online Registration Forms:** Simplifying the registration process for diverse language speakers.
- **Website Translation Services:** Facilitating accessibility for non-English speakers.
- **Device Optimisation:** Ensuring seamless functionality across various devices for tech-diverse communities. This also recognised the significant proportion of patients that now access websites in general through a mobile device rather than a desktop system.



## Key interventions:

**NHSE Benchmarking Tool:** NHSE National Team developed a new GP website benchmarking tool to support practices in improving usability and meeting contractual requirements for websites.

**SEL Digital First Team's Standardisation Guide:** The SEL digital team created a website standardisation guide ensuring alignment with contractual requirements.

The combined information provided by the above outlined the following interventions:

**Online Presence Requirement:** Practices were mandated to maintain websites with updated information, enhancing accessibility for patients.

**Top level areas for patients:** GP Practices have a list of areas that are most important for patients to find easily and must be visible on the homepage such as appointments and patient registration.

**Mobile phone accessibility:** GP Practices have worked with their website providers to ensure that patients have the same accessibility on mobile devices as desktops.

**Options for Patient Contact:** Five options were provided, catering to diverse preferences:

**Option One (GP Online Services):** Informed patients of the availability of online services and activated the GP online function for streamlined updates.

**Option Two (GP Practice Web Form):** Introduced a secure web form on practice websites for patients to update information conveniently for all family members.

**Option Three (Online Consultations):** Encouraged patients to utilise existing online consultation systems for administrative updates.

**Option Four (Via NHS App):** Enabled patients to update contact details using the NHS App, with ongoing functionality enhancements.

**Option Five (Via Existing Patient-Facing Email):** Leveraged secure email services for patients to notify changes, eliminating the need for mandatory proof of address or ID at registration.

## Benefits:

- Improved website accessibility and functionality, making key information easier to find with fewer clicks.
- Reduction in Health Inequalities: Ensured equal access to updated healthcare information across diverse demographics.
- Data/Evidence: Regular reviews of website information, coupled with NHS.UK profile updates, provided concrete evidence of compliance and continuous improvement.

## Patients and communities in SEL can access services through:

- Direct access to their GP practice website.
- Comprehensive practice profiles on the NHS.UK website.
- Utilising suggested options for updating patient contact details, ensuring flexibility and convenience.
- This comprehensive approach not only met contractual obligations but significantly improved patient access, experience, and outcomes. The initiative actively addressed health inequalities, showcasing SEL's commitment to providing equitable healthcare services to its diverse population.
- The integration of the NHSE benchmarking tool and SEL digital team's website standardisation guide further ensured a high standard of usability and compliance with contractual requirements.

# South East London Local Maternity and Neonatal System (SEL LMNS)

National data continues to show that some women and birthing people continue to have poorer maternity outcomes and experience, especially those from a Black, Asian or Ethnic Minority or those living in deprivation. The most recent data highlights that Black women and birthing people are x3 times more likely to die during or after pregnancy, Asian women and birthing people x2 times more likely to die during or after pregnancy and those living in the most deprived areas have a death rate more than twice that of those living in the least deprived areas. SEL LMNS are working to reduce these disproportionate outcomes through several LMNS initiatives, recognizing the need to ensure that we are working to reduce these disproportionate outcomes via an LMNS-wide work programme.

## Initiatives

- LMNS Equality & Equity action plan – public-facing action plan published, complete action plan is being updated for publication in February 2024 and will be driven by the LMNS inequalities workstream.
- Community engagement project – five local organisations have been commissioned to engage with underrepresented women and birthing people about their experience of maternity and neonatal services.
- LMNS choice and personalisation workstream leading on initiatives to support decision making and personalised care.
- A pilot to provide parent education in different languages across the LMNS (commencing Spring 2024).
- Funding support to pilot the ‘Maternity Mates’ programme, an advocacy programme for women and birthing people to support them with their maternity pathway.
- A LMNS-funded pilot of a group for Black and Brown women in Bexley called Momma’s Together supporting them in motherhood, which will also be rolled out in Greenwich.
- An LMNS engagement hub providing updates on work-in-progress but also where we can engage with communities.
- Provision of empowering colourful wallets specifically for Black, Asian and ethnic minority women and birthing people to the maternity units.
- LMNS support for each Trust with their EDS 2022 work plan.

## Next steps

- Publication of the LMNS Equality and Equity action plan.
- Review of community engagement feedback and plan for work in 2024/25.
- Commence parent education in different languages.
- Event to showcase all of the equality work being undertaken across the LMNS.



The NHS Long Term Plan includes a commitment that ‘by 2023/24 children and young people with a learning disability and/or who are autistic with the most complex needs will have a designated keyworker. **SELECT Key Working** in South East London, launched in 2021, was developed as a cross-system function designed to avoid unnecessary and inappropriate admission of children & young people with a diagnosis of Learning Disability and/or Autism to in-patient settings. SELECT Key Working represents the third side of a protective pyramid that connects and consolidates the application of Care Education and Treatment Reviews (CETRs) and Dynamic Support Registers (DSRs) to deliver a robust process to avoid admission to an in-patient setting.

## Purpose and Aims

- SELECT Key Working works with children, young people and families identified as imminent or increased risk of an inpatient admission, who are also on the Dynamic Support Register.
- The Keyworker works across the local system with and for the family and young person, to ensure young people at risk of admission or in hospital, receive appropriate personalised, integrated support including the implementation of Care, Education and Treatment Review (CETR) recommendations, Personal Health Budgets and Person-Centred Planning, as well as navigating a complex health, education and care system.

## Specific engagement with diverse communities

- SELECT Key Working was developed in consultation with families and partners who have experienced crisis or placement breakdown contributing to in-patient admission.
- Key to this process has been the SEL ICB User Forum. This is an independent forum co-ordinated by Three Cs, a local organisation who enable people with learning disabilities, autism and/or mental health challenges and parent/carers to contribute to the community as equal citizens.
- The children and young people that SELECT support, come from varied ethnic community backgrounds reflecting the diversity of our population.





cont...

## Key interventions

- Enabling children and young people to access community-based activities, personal to their individual interests. For example, a mother and her two teenage children, were able to go swimming to spend quality family time together, they hadn't been able to do anything like this since before Lockdown.
- Enabling children and young people to explore their interests and try something new that would help them leave the house.
- Advocate for young people and their families regarding housing needs, Education Health and Care Plan (EHCPs), school attendance, working with professionals, accessing Positive Behaviour Support

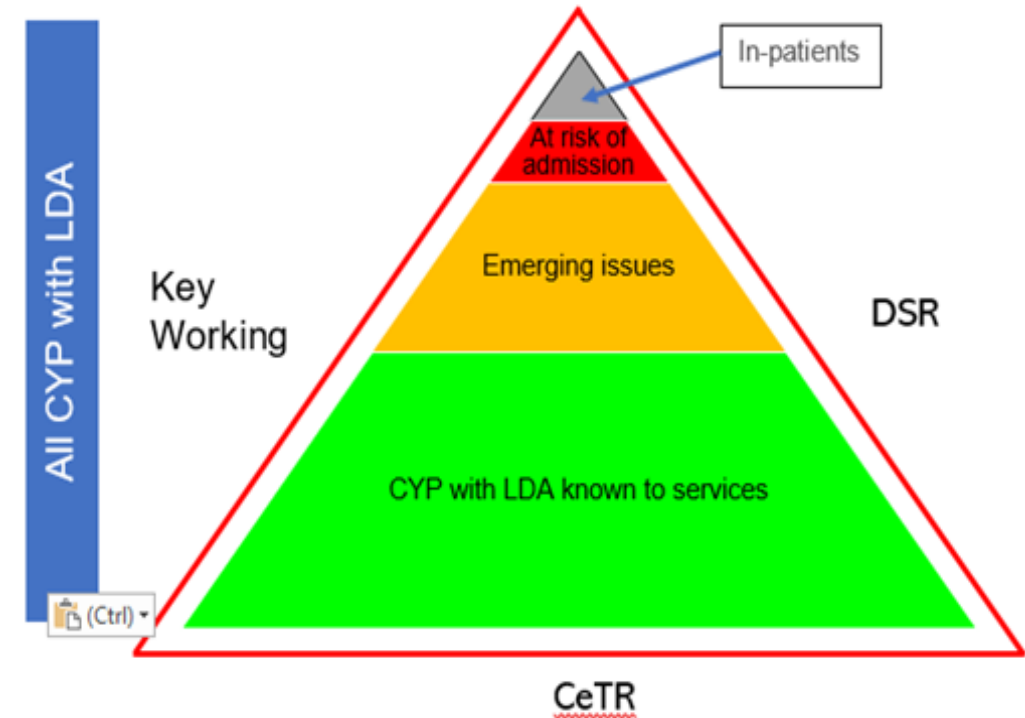
## Outcomes

Since commencing the SELECT Key Working service they have supported:

- 37 children and young people to be stepped down from being at high or increased risk of inpatient admission to a mental health hospital;
- are currently working with 45 children and young people across South East London.

Children and young people have been able to:

- develop personal interests
- develop coping skills
- leave their bedrooms/homes
- return to education
- get support
- make friends
- get respite
- have a voice.



## Access to SELECT

SELECT Key Working is only available to children and young people that have a diagnosis of a Learning Disability and/or Autism, are aged 18 or younger **and** are in a mental health inpatient ward **or** at imminent risk of admission to such a ward, **or** an increased risk of being admitted, **and** have been placed on the borough-based Dynamic Support Register (DSR).

Digital inclusion is defined as increasing digital participation, therefore the barriers to digital inclusion must be recognised and addressed. These barriers include:

- Access - not everyone has the ability to connect to the internet and go online.
- Skills - not everyone has the skills to use the internet and online services.
- Confidence - some people fear online crime, lack trust or don't know where to start online.
- Motivation - not everyone sees why using the internet could be relevant and/or helpful.
- Design - not all digital services and products are accessible and easy to use.
- Awareness - not everyone is aware of digital services and products available to them.
- Staff capability and capacity - not all health and care staff have the skills and knowledge to recommend digital services and products to patients and service users.

Digital exclusion refers to the lack of access, skills and capabilities needed to engage with devices or digital services that help people participate in society. Digital exclusion can be a barrier when digital tools are the preferred or only way of accessing public services.

Failure to address barriers to digital inclusive services means all people are at risk of digital exclusion but there are some groups who face a higher risk of being digitally excluded. These groups also generally face a higher risk of health inequalities, including:

- Older people, especially those over 75 years old.
- People in more socio-economically disadvantaged groups, such as those with lower incomes or those who are unemployed.
- Socially excluded groups, including people experiencing homelessness, people seeking asylum and people in contact with the justice system – also known as inclusion health groups.
- Disabled people and people with life-impacting conditions.
- People living in areas with inadequate broadband and mobile data coverage – more likely in rural and coastal areas.
- People less fluent in understanding the English language.



## WHAT

Working in collaboration with key partners across South East London Integrated Care System (SEL ICS), SEL ICB is conducting a comprehensive study to ascertain the initiatives taking place, from help and support in getting people access, to digital technology, to providing training to help raise confidence in digital healthcare, to understanding how we work with our people to ensure digital solutions meet their needs.

## HOW

The study considers all barriers to digital inclusion. Access & Skills - ability go online, and to use online services, Confidence & Motivation - fear online crime, lack trust, and being relevant and helpful, Design - accessible and easy to use, Awareness - aware of services available, Staff Capability & Capacity – having skills and knowledge to recommend online services and platforms.

The data for the study will be drawn from:

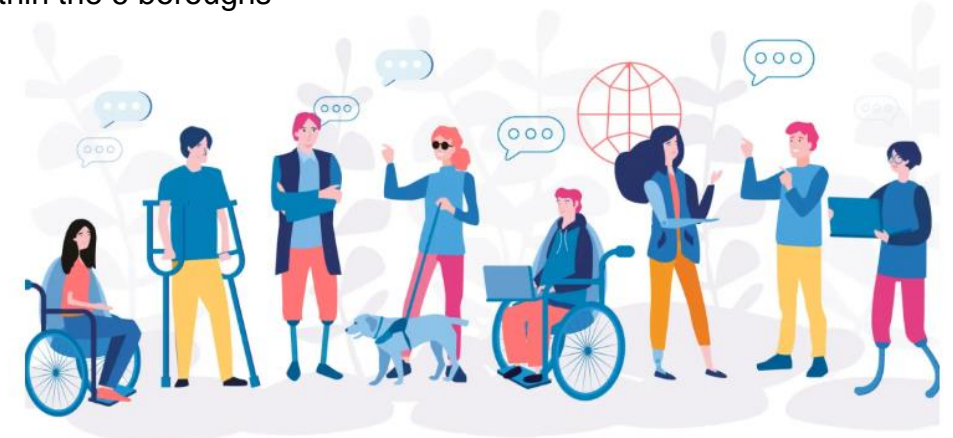
- 1. Borough survey** – to deliver a comprehensive baseline of work being carried out to understand what is working well, what we can do more of and opportunities which can be implemented across SEL ICS.
- 2. Exploratory session** – to ensure the right level of support and understanding of the barriers of digital inclusion are recognised and understanding how and where improvements can be made to deliver an equitable service.
- 3. Focus group** – to bring SEL ICS together and enable constructive and collaborative conversations on digital inclusion to allow the formation of a proposal for a SEL model through engagement and commitments with relevant stakeholders.

## NEXT STEPS

The study will provide an overview of the work being done to tackle digital inclusion across South East London, from patient-facing websites to digital inclusion toolkits, to working cross-functionally with partners from the wider ICS to provide digital training and supplying laptops and phones to those in need. In addition, the study will provide opportunities for improvement and help to plan for the future, supporting both our patients and workforce as we continue the digital journey in healthcare.

## WHY

South East London Integrated Care Board (SEL ICB) is committed to tackling digital inclusion to ensure digital healthcare is equitable and accessible for all people living within the 6 boroughs



# Bexley



## Background

Blackfen Library are focussed on improving support for young people in Bexley to improve their mental health, wellbeing and resilience. We know there is a high prevalence of general and social anxiety. The same themes dominated our survey responses from 164 young people we interviewed in local secondary schools. Our teenage volunteers have also backed up this evidence through the needs they have displayed.

**Purpose:** We have been running our Wellbeing Course, ‘Shine’ for girls aged 11-15 years for over two years. Outcomes include improved wellbeing, increased confidence, skills for navigating challenges, help with access to peer support, improved body image and self-acceptance and the prevention of negative behaviours.

This intervention focuses on mental wellbeing, communication skills, and overall self-confidence. The aim of the course is to have a positive influence on an individual's access to healthcare by integrating mental health and self-esteem components into a low-level healthcare initiative, which in turn provides improved patient engagement with children and young people.

**Outcomes:** In 2023 we undertook two seven-week courses. 22 young people attended. We surveyed at end of each group and found that 100% of our participants indicated an improved sense of wellbeing, self-confidence, sense of purpose and worth, happiness, resilience and felt it had increased their employment opportunities. These outcomes help to reduce inequalities by contributing to the avoidance and/or reduction (hopefully ongoing) of attendance of these young people to their GP or other support services for assistance with mental health, anxiety or issues with stress.

**Key interventions:** Key interventions include practical demonstrations, creative activities, small group discussion, peer-led support, declarations and signposting

**Utilisation:** Young people can self-refer to our programmes or be referred through local schools, therapists, GP's, family or Social Prescribers. We actively contact all local secondary schools and try and visit. We also advertise through our website, social media and local media.

**Project successes:** On our previous course, almost every girl that attended was from a different school in the area. They all became such good friends with one another that they created their own group chat to stay in contact. We had a 'reunion' a month after the course ended, because the girls didn't want it to end.

One girl attended every week of the course, and would never talk in the groups, and constantly looked like she wanted to leave, however week by week she began to open up and by the final week she was sharing answers with the whole group.

One girl attended saying she hated everything about herself. On week 3 when it came to writing down five good things about herself, she really struggled. By the final week, when they had to give feedback, she confidently said to a table facilitator 'I really like that about myself now.'

**Next steps:** The “SHINE” workshop will continue to be delivered for young females. A new course is being developed for young males called “STRENGTH”. This will be delivered as part of a wider project being undertaken by Blackfen Library with Health Inequalities Funding via North Bexley Local Care Network

# Feedback on Blackfen Library “SHINE” Course

## Feedback:

A girl emailed after the course ended saying: 'I looked forward every Monday to come and it was always a cozy and relaxed vibe. I appreciate all the work that you put in to organise it, and how passionate you were when you talked! It really helped my confidence and social skills. :) As I mentioned. please let me know if I can volunteer next time as I would absolutely love to, not only is it fun, but I would love to help with all the amazing stuff that you do!'

'Since attending Shine, she's like a different person, she's chatty and brighter, she's even trying more at school. It's great.'

'The people there were really kind and easy to interact with. She would love to participate again if possible.'

'I have loved that my daughter has even had the chance to go to the group. I can see that there has been an incredibly positive impact on her life, building character and self confidence. She's like a different person.'

'A' enjoyed the course immensely. She enjoyed the opportunity to make friends outside of her comfort zone. She was a bit nervous about some of the activities, but did them anyway which has really helped to boost her confidence.

'My daughters absolutely loved the Shine Course and are missing going on a Monday evening. They really enjoyed all of the activities and are a lot more confident in themselves since attending'

## Supporting our South Asian communities – Tailored Interventions

**Reaching underserved communities:** The Bexley Wellbeing Partnership (BWP) is committed to engaging with underserved communities. Our work includes organising tailored and bespoke health interventions and wellbeing events and using national awareness days to target local communities.

**South Asian Heritage Month:** In August 2023, the Bexley Wellbeing Partnership (BWP) held a *South Asian Health & Wellbeing Fair* for residents to mark the end of South Asian Heritage Month. Stalls showcased support services tailored to resident need. Faith group leaders who are instrumental in helping us to build relationships with South Asian communities were also in attendance.

### Outcomes:

- ✓ Engagement with underserved communities
- ✓ Building partner relationships
- ✓ Showcasing Primary Care roles
- ✓ Strengthening ties with faith leaders
- ✓ High attendance and elected member engagement. Over 100 people attended, including elected members, the Mayor of Greenwich and the Mayor and Mayoress of Bexley, it was the perfect way to mark the end of [#southasianheritagemonth](#)

## Supporting our South Asian Communities – Tailored Interventions

Both cardiovascular disease and diabetes are prevalent in the South Asian populations. The Bexley Wellbeing Partnership is committed to raising awareness of these conditions and working with communities to help them lead healthier lives.

### Blood Pressure Check Pop-up Service

During *National Check Your Numbers Week* in October 2023, the Bexley Wellbeing Partnership held ‘pop-up blood pressure clinics’ for residents and staff. The pop-clinics highlighted the importance of GP health checks and promoted other health services across the borough.

### National Cholesterol Media Coverage

To mark *Cholesterol Awareness Month*, Dr Sid Deshmukh, Chair of the Bexley Wellbeing Partnership, was interviewed on South Asian Radio Station, Awaaz FM. This was an opportunity to reach South Asian audiences who have a high prevalence of cholesterol and advise on ways to tackle it.



# Bromley



## Challenges

Homeless people have some of the poorest health outcomes in the country. While Bromley has lower numbers of homelessness than many other London boroughs, there has been an increase of 60% over the last year. This group face health inequalities and have high and complex needs. Bromley local authority-led needs assessments identified the most vulnerable and the gaps in the care they need. The results of these assessments are informing the 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. Bromley partners are working collaboratively to meet the needs of this group. This includes the One Bromley funding of homeless healthcare clinics all year round.

## A partnership approach

The homeless healthcare clinics provide care for the homeless and rough sleeping population in Bromley. These were established as a winter healthcare clinic initiative by the Bromley GP Alliance. They are now provided all year round through One Bromley funding.

## Next steps

- Broaden the data being collected.
- Build more pathways between services and this client group
- Undertake health audits including:
  - ✓ whether women who attend have had a smear
  - ✓ prescribing
  - ✓ who is referring to the service
  - ✓ who the service is referring to and how long it takes for initial contact with clients.



## In the five months up to September 2023:

- ✓ 59 clients helped.
- ✓ 32% are female, 68% are men.
- ✓ 197 appointments – lasting at least 30 minutes each.
- ✓ 26 clients registered with a GP at 13 different practices.
- ✓ 68 prescriptions



# Orpington Primary Care Network and Crays Primary Care Network Frailty Hub in partnership with Bromley Healthcare

Before officially working as a neighbourhood team with Bromley Healthcare and Crays PCN, Orpington PCN started a collaborative approach to open the Wellbeing Café.

Initiated in July 2022 based on a review of locals who hadn't contacted their GPs in over 2 years, the Frailty Hub has been further developed with a view to improve anticipatory care for people aged 65+ with complex needs and long-term health conditions, including those from marginalized, seldom heard and underserved communities and reduce health inequalities within the local population.

The service is being developed further by understanding local needs and what matters to communities of interest, including addressing potential complexities that certain communities may face and aiding inclusivity by allowing service design leads to hear the voices and perspectives of those who may traditionally be excluded

**All over 65s in the Orpington/Crays population will eventually be invited to the Hub to access support with:**

- Undiagnosed or poorly controlled long-term conditions with a particular focus on hypertension and COPD
- Mental Wellbeing Issues
- Keeping warm, reducing isolation and tackling social issues, including the cost-of-living issues facing our population



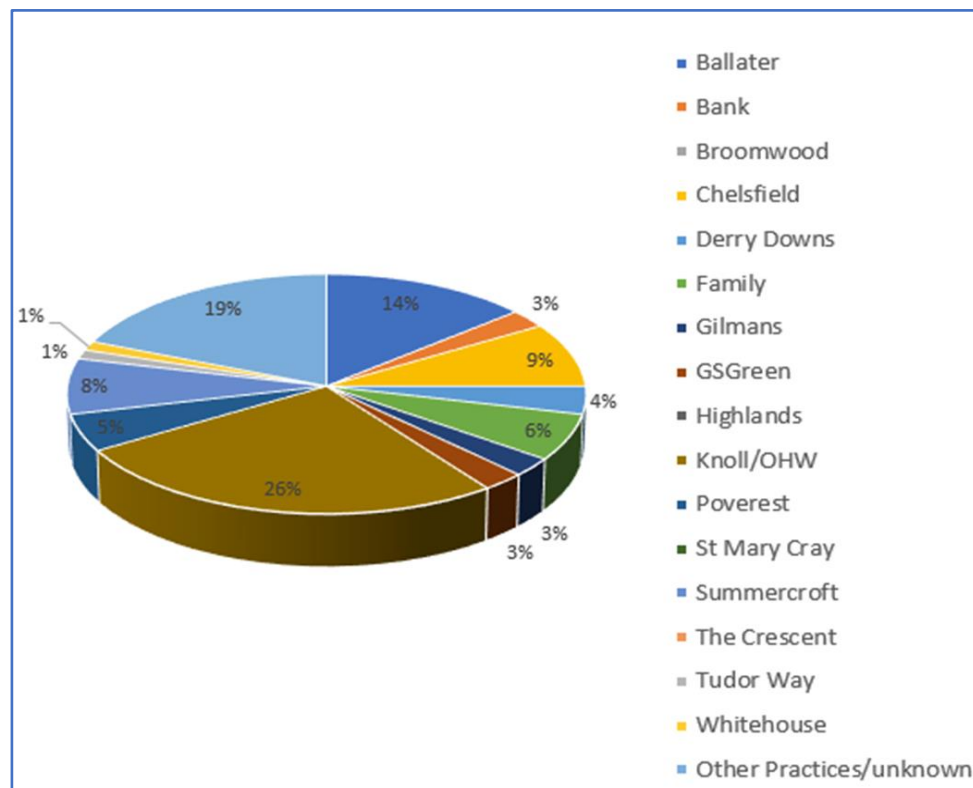
**Bromley Healthcare**  
better together



## Café Attendance data

From 3rd August 2023

- Collecting data every session on attendance and onward referrals as well as activity from the café
- Using a Snomed code to keep an EMIS register of attendees
- The patients attending were noted to be not only from Orpington PCN practices but other PCNs too



## cont...

### What was learnt

- Social element with over 75 attendees at each café
- It has become a happy, comfortable, safe space to engage with healthcare professionals
- Sessions are based on feedback and requests
  - Talk Together Bromley
  - fit-to-move sessions,
  - mindfulness,
  - art classes
- Social prescribers attend and this helps residents understand their role
- Digital inclusion support will be next with training for residents on how to use NHS digital tools such as eConsult
- Guidance and signposting is also given to residents by care co-ordinators as to how to access healthcare, i.e. the role of the ARRS staff

### Next steps:

- Opened a clinic and began appointments in October 2023
- Develop proactive case finding and a dashboard to show pilot outcomes
- Complete co-design with the Band 7 clinical lead involvement
- Upskill ARRS staff

“I came to the OWC and they were doing a talk on blood pressure which come with a chance to have ours taken. I am so happy I had my blood pressure taken. My blood pressure was really high and it was decided to see my GP. I am now on medication which I am still trialling but I am hoping it will help improve my tiredness and ultimately my blood pressure. I am so grateful for the OWC for identifying this for me. It truly is a great space and initiative”  
Pearl



# Greenwich

# Embedding Equality, Diversity and Inclusion in Contracting & Procurements

Bexley and Greenwich are working on embedding Equality, Diversity and Inclusion into their procurement process and contracts through:

- Promoting the use of Equality Impact Assessments. This is one of the mandatory objectives for staff in this team and contributes to annual appraisals.
- Two mandatory questions related to equality in all procurements. Both questions are weighted and contribute to the overall score of bids, determining who the contract is ultimately awarded to.

## Mandatory Procurement Questions

Please describe the policies and procedures you have in place as related to human resources and in line with employment legislation. Your response should include:

- how you comply with equal opportunities legislation, equality duties and associated codes of practice. Your response should include:
  1. A copy of your equality policy and confirm that it complies with the relevant legislation and regulation.
  2. Written confirmation of the following that:
    - a) Your employees are in receipt of any equal opportunities training e.g., relevant induction training
    - b) You understand your equality and diversity obligations. Please give a written commitment on how you intend to fulfil this for the duration of the contract.
- Please describe your organisation's process to identify and address inequality in employment, skills and pay in the contract workforce. Your response should include the support available within the organisation to help people develop new skills relevant to the contract and progress into higher paid work.

## Case study example

- Musculoskeletal (MSK) re-procurement
- MSK community services are being re-procured for a start date of 1st April 2025
- The work to prepare for this has been planned and is now being executed with a major focus on open and honest engagement with people from across the borough – this includes:
  - Those who have experience of the service
  - Those who refer to the service
  - Those who provide the service (physios, podiatrists, admin and other staff)
- This work is being planned around trying to ensure that we reach as diverse an audience as possible, given the population that we serve, and allowing sufficient time to do this (Oct – Nov 2024).
- Following this there will be some “reflecting back” sessions with the same audience to ensure that we have heard things accurately (Dec – Feb)
- We are also looking at how to involve people from the borough in a meaningful way within the ensuing procurement process from March 2024.

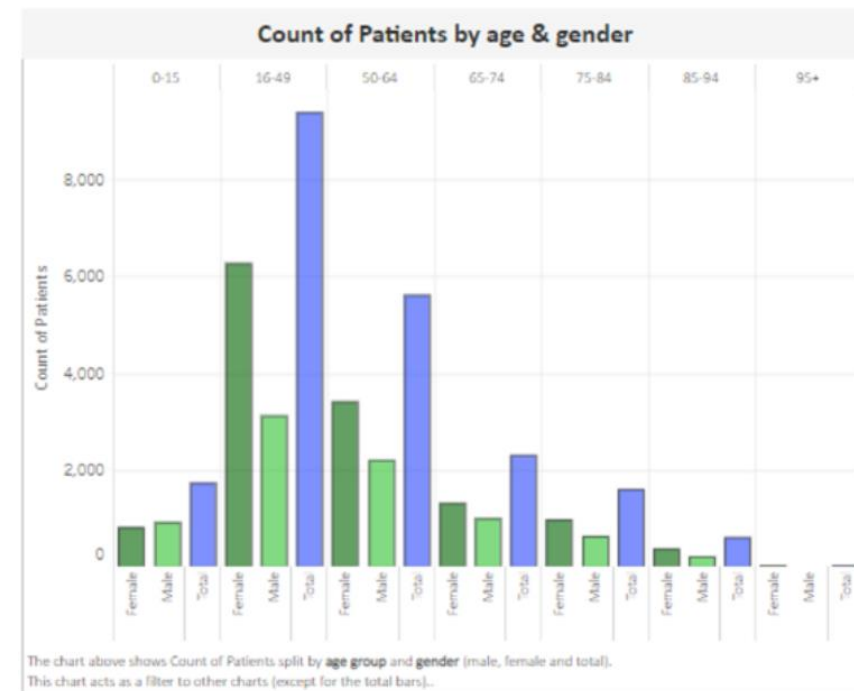
Greenwich is rolling out the use of HealthIntent. This programme involves and affects the populations we serve across Greenwich borough. Data is collected equally for all patients who receive care in Greenwich via the GP clinical system EMIS. EMIS extracts are collected for all the protected characteristics groups. The system contains various registers and dashboards which can be used to identify inequalities in respect of both individuals and populations, so that appropriate action can be planned and executed to reduce / remove them.

For the first phase, data in respect of all people registered at Greenwich practices and / or having attended LGT will be available for analysis

The longer-term plan is to add data from Oxleas Community Health Services and RBG social care data, which will assist in tailoring further what we do to tackle the inequalities that we know exist across the Greenwich system

HealthIntent is a population health management tool which is being introduced within Greenwich primary care. The platform allows users to:

- Identify cohorts of people and track their care across all health and care settings, supporting integration, cost, and quality improvement
- Create a more joined up provider and commissioner approach driven by one version of the truth
- Enable care management and co-ordination reducing inequalities and duplication across the partnership
- See whole populations and cohorts in one place i.e., all diabetics, all asthmatics, all of a PCN's population
- See across someone's entire care record and multiple long-term conditions / care needs
- Plan, baseline and measure improvement in key areas of care
- Spot gaps, high risk areas and opportunities quickly and respond



# Lambeth

## Background

Safe Surgeries is a Doctors of the World UK (DOTWUK) initiative, launched in 2018, to support GP practices to develop inclusive registration policies and build an expert community against health exclusion.

## Purpose and aims

Primary care is available to everyone, but often many people in inclusion health groups, including people without a fixed address, people seeking asylum and refugees, are wrongly refused access to the primary services they are entitled to. NHS England guidance on GP registration is clear: everyone living in England can register and consult with a GP without charge, and there is no regulatory requirement to prove identity or address.

However, an investigation by the Bureau of Investigative Journalism in 2021 found that almost two thirds (63%) of GP practices surveyed across the UK refused to register someone without ID or address documents.

Safe Surgeries recognises the pressure on primary care services and the increasing workloads faced by GP practice staff and aims to provide a simple process that can be implemented in practices to remove barriers to GP registration, which is often the first point of entry to the wider healthcare system.

## Key interventions

With support from ICBs across the country, the Safe Surgeries network continues to grow. The initiative has been endorsed by South East London ICB and promoted across the six boroughs. Sign-up, training and resources are free for GP practice staff.

## Outcomes

Over 140 practices across South East London (and 1,700 practices nationally) have signed up as Safe Surgeries and committed to tackling barriers preventing access to primary care and reducing health inequalities. Safe Surgery practices follow a 5-step process to remove registration barriers. This includes signing a declaration, training, displaying translated posters, updating their website and sharing good practice, both locally and across the national network. Safe Surgeries also supports staff learning and skills building and improves efficiency of registration processes.

## Next steps

We plan to expand the network further, continue our offer of support to frontline staff and encourage all GP practices to sign up as Safe Surgeries and welcome all patients, irrespective of their circumstances.

More information about Safe Surgeries is available at <https://www.doctorsoftheworld.org.uk/safesurgeries/>



# Don't have documents? Don't worry...



We are a Safe Surgery for everyone in our practice area.

We might ask for ID or proof of address. But if you don't have any and you live in our practice area, you can still register with us.

We won't ask for immigration documents.



## Safe Surgery practice case study: Herne Hill Group Practice, Lambeth

At Herne Hill Group Practice we have always been committed to providing high-quality, patient-centred care and promoting a healthier community. We are proud to be a part of Safe Surgeries, helping to make healthcare more accessible and allowing us to reach different patient cohorts.

Our membership is publicised at reception, on our website and in our practice newsletter. We also provide a person-centred approach via our Social Prescribing Link Worker. All our receptionists have attended the Safe Surgeries training webinar, which highlighted the obstacles people may face when accessing healthcare. We welcome all visitors from overseas. With the war in the Ukraine our doors were already open to an influx of new patients, all asylum seekers and refugees in need of healthcare.

We have a development plan in place for identifying and improving the practice access channels for hard-to-reach cohorts such as those with disabilities, the frail or elderly, vulnerable, those with low trust in institutions, low health literacy, those with language barriers, asylum seekers and refugees.



PROUD TO BE A  
**SAFE SURGERY**

The *Tackling Neighbourhood Inequalities* Programme was established in August 2022. Work with Primary Care Network (PCN) Clinical Directors took place to create a network of Health Equality Champions in each PCN in Lambeth (x 9). Connections were made with all 9 x Clinical Leads to develop the role of the Equity Champion and to expand the scope of the Health Inequality Improvement plans in existence. It was agreed that the Equity Champions would be employed by the PCN to work on building and delivering the Champions programme. The Equity Champions would work closely with Public Health, Neighbourhood Wellbeing Delivery Alliance (NWDA) and other providers.

## What's happened so far:

- A Task and Finish Group was set up whilst in the mobilisation stage
- Weekly check-ins are held for Equity Champions
- Active engagement has taken place to connect with stakeholders within the borough engaged in similar work such as Health Champions (Bus) in Public Health
- Links and introductions have been made to facilitate beneficial conversations and progress vital work
- Recruitment has been a challenge, but as of August 2023 all 9 PCNs have an Equity Champion in place
- Capturing activities that have taken place in PCNs – quarterly submissions
- Training and Engagement sessions have been held most months

## Summary of activities in the last quarter:

There has been an ongoing range of events delivered across the PCNs, which includes:

- Regular meetings with the Wellbeing Project Manager
- ShareThePressure regarding Hypertension event
- Continuing PCN Patient Engagement Group (PEG) meetings bi-monthly
- Wellbeing hub learning with local community mental health champions
- Thriving Streatham on the Green Social Prescribing Fair
- Monthly chronic pain peer support sessions for patients from Streatham
- Hosting quarterly Thriving Streatham events open to patients in Streatham
- With Thriving Stockwell - Group consultation with CVD risk in the Horn of Africa
- A face-to-face discussion on diabetes management.
- Planning to deliver more with clinical staff about a group exercise session.
- Engaged and plans to meet with Health and well-being bus champions - Continuation of Women's Health Network (WHN)
- Four Week Health and Nutrition (during August) - Supporting Felix Food programme in partnership with Black Prince Trust
- Collecting and delivering surplus fresh produce to playschemes under PCN name - Monthly physical health check clinics at Mosaic Clubhouse

## Next steps:

- Work closely with Training Hub to support Equity Champion with their training and development needs
- Hold a face-to-face session with the Equity Champions, and Health Champions to showcase PCN activities and programmes with shared learning across Lambeth.
- Continue the great work to improve the healthcare of the Lambeth population and reduce health inequalities.
- An evaluation of the programme for Year 1
- PCN to refresh their Health Inequality Improvement plans
- Improve the quarterly monitoring template to capture PCN activity

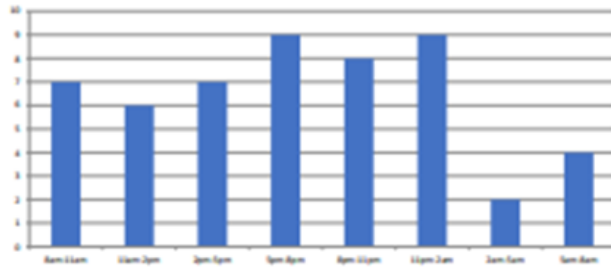


# Lewisham

## Background

A study in a residential dementia care home in 2020 identified high numbers of falls occurring in residents’ bedrooms at night. Assessment and reduction of risk was often difficult since many falls were unwitnessed, and residents were often unable to recall events leading to the fall.

**Times of falls**



50% of falls were between 5pm and 2am

**Location of fall**



67% of falls occurred in the residents bedroom/bathroom

The ‘Just Checking’ project involved the installation of an assistive technology monitoring system which consists of a series of sensors which generate a chart of activity when placed in a person’s bedroom.

## Method

An initial assessment of multifactorial falls was undertaken. This helped to determine if data on nighttime activity would be beneficial. The system was left in place for four weeks while regular analysis of was undertaken.

## Results:

Resident A was a new admission with a recent dementia diagnosis and an injurious fall at home. ‘Just Checking’ was installed to monitor night-time orientation and if he used his walking aid. He was refusing to keep a light on and was resistant to staff entering his room for checks. ‘Just Checking’ data guided intervention which included installation of motion centred lights. The resident started to use his walking aid at night without staff involvement.

Resident B who had moderate to severe dementia, had demonstrated some challenging behaviours at night which increased his falls risk. ‘Just Checking’ data showed that he was restless throughout the night. This lack of quality sleep was identified as a key falls risk factor and due to this he required 1:1 supervision from staff. Further exploration of his life story found that he had been a night worker for many years. Care home staff changed his day/sleep patterns. He experienced no further falls and no longer needed 1:1 care.

## Conclusion:

‘Just Checking’ can provide valuable data to understand falls risks, improve resident safety and reduce falls. Additional positive outcomes include more personalised care and the ability to provide residents with more privacy through discreet monitoring.

The team have identified further residents who may benefit from the installation of ‘Just Checking’. Analysis from these interventions will provide further data of its usefulness in falls prevention in care homes.

## Next steps:

Access Adult Social Care Technology fund to further progress pilot in fall prevention in care homes.

# Up!Up! Living lighter the African and Caribbean way!

## Background

Up!Up! Living Lighter the African and Caribbean Way is a weight management service. The programme is tailored for Lewisham's Black African and Caribbean communities. Incorporated in the service design are key lessons learned from the approach taken with African and Caribbean communities in the Health Eating and Active Lifestyles for Diabetes (HEAL-D) type 2 diabetes self-management programme, insights from the community organisation Food for Purpose, and collaboration with community members and leaders, commissioners, service providers and community organisations. The Up! Up! programme is delivered over 12 weeks and focuses on physical activity, nutrition coaching, and cooking workshops.

## Purpose

Up!Up! was developed to address inequalities in weight management programme attendance and outcomes among black African and Caribbean adults and to support service users needing weight loss support. Up!Up! uses evidence-based weight management guidelines for diet and lifestyle management and is underpinned by robust behaviour change theory. When developed, co-design methods were used to agree the structure, format and methods of delivery and to determine appropriate adaptations to ensure content is culturally sensitive. Up!Up! continues to be developed in partnership with people of African and Caribbean heritage.

## Specific engagement with diverse communities

LBL commissioned insight studies from the Food for Purpose Community Interest Company (CIC) and Mabadiliko CIC looked at barriers and motivators to increase physical activity, healthier nutrition and maintaining a healthy weight within Black African and Caribbean Communities.

## Key interventions

The intervention is delivered in 12 sessions, on a weekly basis. Group-based physical activity classes is delivered by trained exercise instructors using a range of activities that are culturally acceptable (e.g. dance) and at appropriate levels of exercise intensity. A practical 'Cook and Taste' session, delivered by African or Caribbean cooks/chefs. Culturally tailored information booklets using photography of cultural foods to illustrate appropriate portion sizes reinforce educational messages and behavioural goal



# Up!Up! Living lighter the African and Caribbean way!

## Outcomes

Initial outcomes from the first six groups (April-June 2022) are as follows:

- 27% of referrals were from primary care
- 73% self-referrals
- 92% of attendees were female
- 56% were of Black Caribbean ethnicity
- 21% Black African
- 15% Black-British
- 7% mixed race
- Mean weight loss at week 12 was 4.4kg

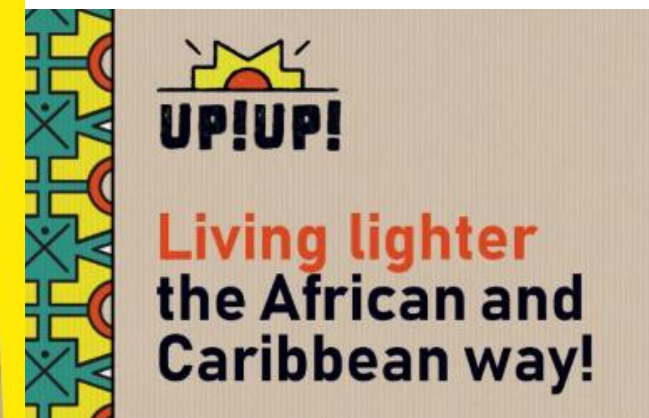
Participant feedback is extremely positive, although following. An evaluation has been commissioned to assess the effectiveness of the programme and will provide greater insight into the extended pilot and evidence for continuation.

## Service access

Lewisham residents can be referred via their GP or they can self-refer

## Next steps:

A six-month extension of Up!Up! is under consideration, which will allow for the evaluation which will inform decisions on continuation, future service provision and any changes to the service specification.



# Older People's Care Home 2023 Pressure Area Management Guideline

The Lewisham ICB Community Pressure Ulcer panel (CPUP) 2020 annual data analysis revealed an inequity in early identification of pressure ulcers in residents with darker skin tones. Resulting in discomfort, reduced mobility, well-being and delayed recovery times. In 2021 the UK Tissue Viability Society became aware of these findings and asked the Chair of the CPUP to join a working group to develop a 'Best Practice' statement to address skin tone bias in wound care – *Assessing signs & symptoms in people with dark skin tones*. The purpose of this project was to incorporate skin tone visual indicators in revised 'Pressure Area Management' guidance 2023 for Lewisham Older People's Care Homes, guiding and increasing care home's staff knowledge and observation skills on early identification of pressure ulcer development for residents with darker skin tones. This intervention aims to improve early detection of pressure ulceration in residents with darker skin tones.

The key interventions were to revise existing 'Pressure Area Management' guidance, alongside inclusion into pressure area management training for Care Home RNs and Carers.

The outcomes of the training has been positively received by both RN's and Carers. Earlier identification of pressure ulcer damage in residents with darker skin tone is being observed via referrals to CPUP, however, substantial evidence needs to be collated from data analysis at end of year 2023.

This project will increase early detection of residents in Care Homes with darker skin tones. **Next steps** - Analyse 2023 pressure ulcer referral data in relation to skin tones, to identify if both guidance and training have been effective.



# Southwark



Trans people face significant health inequalities. National data from the 'Trans Lives Survey 2021' indicates that **57%** of respondents reported avoiding going to the GP when unwell. **98%** of respondents describe care as not completely adequate and **47%** "not at all" adequate. Southwark has the fourth highest trans/non-binary identity levels in London, with the Burgess Park area having more than 1 in 12 identifying as trans/non-binary.

Against this background the Bridge Clinic was established and is delivering a nationally-recognised groundbreaking service. The clinic runs once a month and brings together clinicians with the relevant experience and training not always available at a practice level. The clinic offers both non-trans-specific primary care to reduce inequalities often faced by this population as well as access to NHS gender affirming treatment and care. It is hoped to extend the service to North Southwark soon.

## Engagement with diverse communities

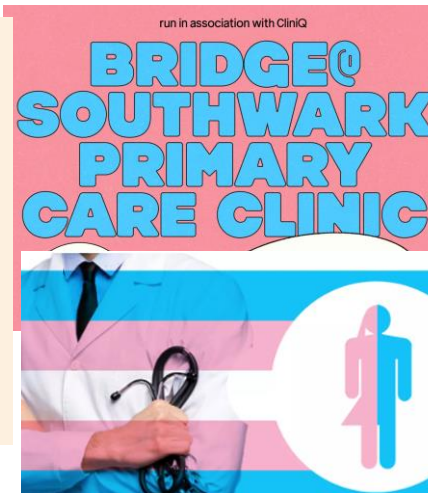
The Bridge Clinic team undertook significant community engagement when developing plans for the clinic, including discussions with trans-led service ClinQ who contributed to service design, and a local basketball team for trans/non-binary/women who contributed views and ideas and designed the clinic flyer. Prior to opening of the Bridge Clinic there were several focus groups and coproduction on the service was undertaken with the local trans and non-binary populations.

Service had two referral pathways from the health inclusion asylum and refugee team, and one referral pathway from the Looked After Children nursing team (over 16), managing to engage with hard-to-reach populations.

The Bridge clinic was set up in December 2022. From December 2022 to August 2023, nine monthly clinics have been held, comprising: 90 GP appointments, 40 new-up appointments, 37 follow up appts, 72 nurse / HCS slots, access to health coaching.

## Outcomes

Average age: 30yr olds with a range from 16-76yrs. **40** new patients seen, **40** physical health checks, **24** hormone prescriptions initiated, **19** GIC referrals, **16** appointments incl. care unrelated to gender care, **6** fertility preservation referrals, **5** smear tests, referral for top surgery, 1/3 of patient care unrelated to gender i.e., asthma review, obesity management, blood pressure management.



## Next steps

Ensure the service is running across all of Southwark and fund for a second year with a view to mainstream the service funding. Review and publish service user feedback and engagement work.

1st Tuesday evening of the month

### BRIDGE@SOUTHWARK PRIMARY CARE CLINIC

FOR THE TRANS, NON-BINARY, INTERSEX COMMUNITY

run in association with ClinQ

Would you like to access Primary Care GP/Nurse/Health Care Assistant appointments in a service tailored to the Trans/Non-Binary/Intersex/Gender non-conforming community?

Bridge@Southwark run a monthly clinic in South Southwark accessible by emailing [bridge@southwark.nhs.uk](mailto:bridge@southwark.nhs.uk)

Are you registered at one of the following South Southwark GP Practices and identify as Trans/Non-Binary/Intersex/Gender non-conforming?

Queens Road Surgery  
Acorn & Clamond House Surgery  
Lime Practice  
Drury Practice  
D&C Chicks Road  
D&C Crystal Palace Road  
Forest Hill Practice  
Sharnhall Lane  
Burgess Park Family Practice  
Camberwell Green Surgery  
St Giles, St Ebbles and Partners  
Tessa Jewell Surgery  
Parade Medical Centre  
Nuffield Surgery  
S&S Medical Centre  
Elli Lodge  
Lambeth Lane Surgery  
The Gardens Surgery

Most of primary care - we offer the same services you can access at your registered GP in an inclusive environment by a friendly team most of whom are part of the LGBTQ+ community

Work with Gender Affirming Treatments

Includes a Gender Identity Clinic

Regular GP Care including:

- Referrals to all services provided by your usual GP
- Contraception
- Health Checks
- Chronic disease checks (eg Asthma, Hypertension/Diabetes)
- Mental health and emotional welfare support
- Talking Therapy/Supporting
- Mental Health Support

Please note - We do not offer an emergency/urgent service. Please contact your usual GP for any urgent care.



**Support for newly arrived communities:** Southwark has a large refugee and asylum-seeking population, both in the community and in home office accommodation. Additionally, many Southwark residents do not have a settled immigration status. To meet the needs of this community all Southwark practices have signed up to 'Safe Surgeries', a commitment to taking steps to tackle the barriers faced by many migrants in accessing healthcare. The borough also has a Health Inclusion service.



**Emotional Emancipation Circles:** Black service users often have higher severity of symptoms on presentation to statutory mental health services. Emotional Emancipation Circles are an upstream intervention that aim to reduce the severity of mental health symptoms through delivering structured sessions of culturally centered peer support and emotional wellness to participant groups co-facilitated by a trained community member and a psychologist.



**Community Mental Health Transformation:** Building trust among the African and Caribbean community is a key driver of mental health transformation. In Southwark, this work is supported by Black Thrive and Lived Experience Workers bringing together communities and service providers to reduce the inequality and injustices experienced by Black people in mental health services.



HEALTHCARE ACCESS

**REACH and Latin American Communities Grant** aims to shift the power dynamics towards communities that experience inequality by giving a joint panel of Southwark's Race, Ethnicity and Cultural Heritage (REACH) Alliance and Latin American Communities community organisations the power to award grants [for projects benefiting their communities. Romina Lopez panel member Health Inequalities Fund \(youtube.com\).](#)

**Tier 2 Weight Management Extension:** To support all Southwark residents to maintain a healthy weight local Tier 2 weight management services have extended their support to residents who do not speak English as a first language, focusing on our local Latin American residents, who are one of the largest minority groups in the borough.



**Supporting Black Maternal Mental Health Week:** As part of the 1001 Days programme, that aims to support families in Southwark through a neighbourhood working approach, Partnership Southwark produced a video celebrating Black Maternal Health Week featuring local leaders talking about their [commitment to good maternal mental health. Black Maternal Mental Health Week UK 2023 \(youtube.com\)](#)



# Workforce initiatives

Support in place for ICB staff

Freedom To Speak Up (FTSU) Guardians are engaged across the NHS. Freedom to Speak Up is for anyone who works in health. This includes any healthcare professionals, non-clinical workers, senior, middle, and junior managers, volunteers, students, locum, bank and agency workers, and former employees.

This role was created as a result of the recommendations published in 2015 by Sir Robert Francis following his review of the Mid Staffordshire Hospital. Please see the full report [here](#).



- The ICB remains committed to supporting a culture of learning, openness and transparency 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.



Making **Freedom to Speak Up** business as usual.

The ICB's Organisational Development (OD) team is delivering a work programme to enhance staff experience and outcomes. The work centres on providing robust and equitable needs-assessed talent development and wellbeing interventions, to continue supporting staff efficiently and effectively factoring in feedback from the NHS Staff Survey 2023 as well as the MCR organisational change programme.

## The workplan includes:

- Launch of the new [People and OD microsite](#) – this space is now more accessible to staff
- Launch of the [all-staff monthly check-in surveys](#) with on-going report summaries and key findings shared
- Launch of our enhanced [health and wellbeing offer](#) – including access to a [stress indicator tool](#) and initiatives to support your [physical](#), [mental](#), and [financial wellbeing](#)
- Our staff-led training needs analysis survey which guided our [extensive talent and development offer](#) – more than 50 courses offered. Other training and development offers including access to webinars, workshops, coaching, mentoring, dedicated line manager and leadership offers.
- Development and launch of our [corporate induction eLearning package](#) via Workforce
- Embedding our values and behaviours – including new ways of working and focusing on the development of “our culture”

- Continuation of [staff network group](#) activities, and the work to expand these groups
- Engagement sessions to support staff and Line Managers through the Management Cost Reduction (MCR) programme
- [HR and OD bitesize learning sessions](#) twice-monthly, focusing on topics of talent development and health and wellbeing. These sessions are peer led and designed to build staff capabilities.
- Continuation of the [NHS Staff Survey](#) voluntary yearly completion.



NHS South East London has four active staff networks, including:

- [Age and Ability](#)
- [Embracing Race and Diversity](#)
- [LGBTQ+](#)
- [Women, Parent, and Carers](#)

Each staff network has a core work plan, including reoccurring topics of the NHS staff survey and the current MCR programme. The networks also look at health inequalities and topics that effect the protected characteristics they represent. Some examples of work includes:

- The LGBTQ+ network recently launched a workplace [guidance for transgender and nonbinary staff members](#).
- The Women, Parent, and Carers network are looking at [knife crime](#) and how to best discuss this with our children and educate to protect. Karen from Safer London delivered an emotional presentation on her own experience of knife crime and what Safer London are doing to help bereaved families and friends.
- Embracing Race and Diversity chair was a speaker at our [October Equalities Forum](#) shining a light on Black History Month, and this year's theme – saluting our sisters.
- The Age and Ability Staff Network launched the [workplace adjustments guidance](#) for staff and hosted an event on 12 December 2023 celebrating International Day of Persons with Disabilities and Disability History Month, in which the Vice Chair of the Age and Ability Staff Network spoke about their disability.

## Staff network chairs

Launch of a staff network chairs oversight group in September 2023, a strategic approach to support staff network chairs in a consistent and joined up way. Aim: to align network objectives to organisational goals, working together with an intersectional approach to achieve equity in SEL ICB. This ongoing initiative will continue to work to aid the continuous development of SEL ICB staff networks, enable collaboration across the four networks, and improve representation of all nine protected characteristics.



# Review of Equalities in Recruitment and Selection

## Scope

The Equalities in Recruitment Working Group 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. 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

SEL ICB were awarded Disability Confident Employer status. This achievement has been reflected in our advertising and our job descriptions. To support the MCR process the Job Description template was updated and standardised. Paragraphs relating to our award of Disability Confident Employer, Living our Values, accessibility/workplace adjustments have been given more prominence. The area relating to General Duties and Responsibilities was also updated and strengthened, with additional paragraphs added on the ICB's commitment to Just Culture, Sustainability in line with NHS Greener Ambitions, alongside an updated Equality and Diversity paragraph. A practical TRAC session was run for managers on the use of the platform and additional sessions will be put in place to support recruitment during the MCR process. Workplace adjustments guidance for managers and staff was developed and implemented to support existing employees and those seeking employment within the ICB.

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

SEL ICB moved to an e-recruitment platform (TRAC) in 2022 and will use its additional reporting capabilities 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 quickly.

## Future actions

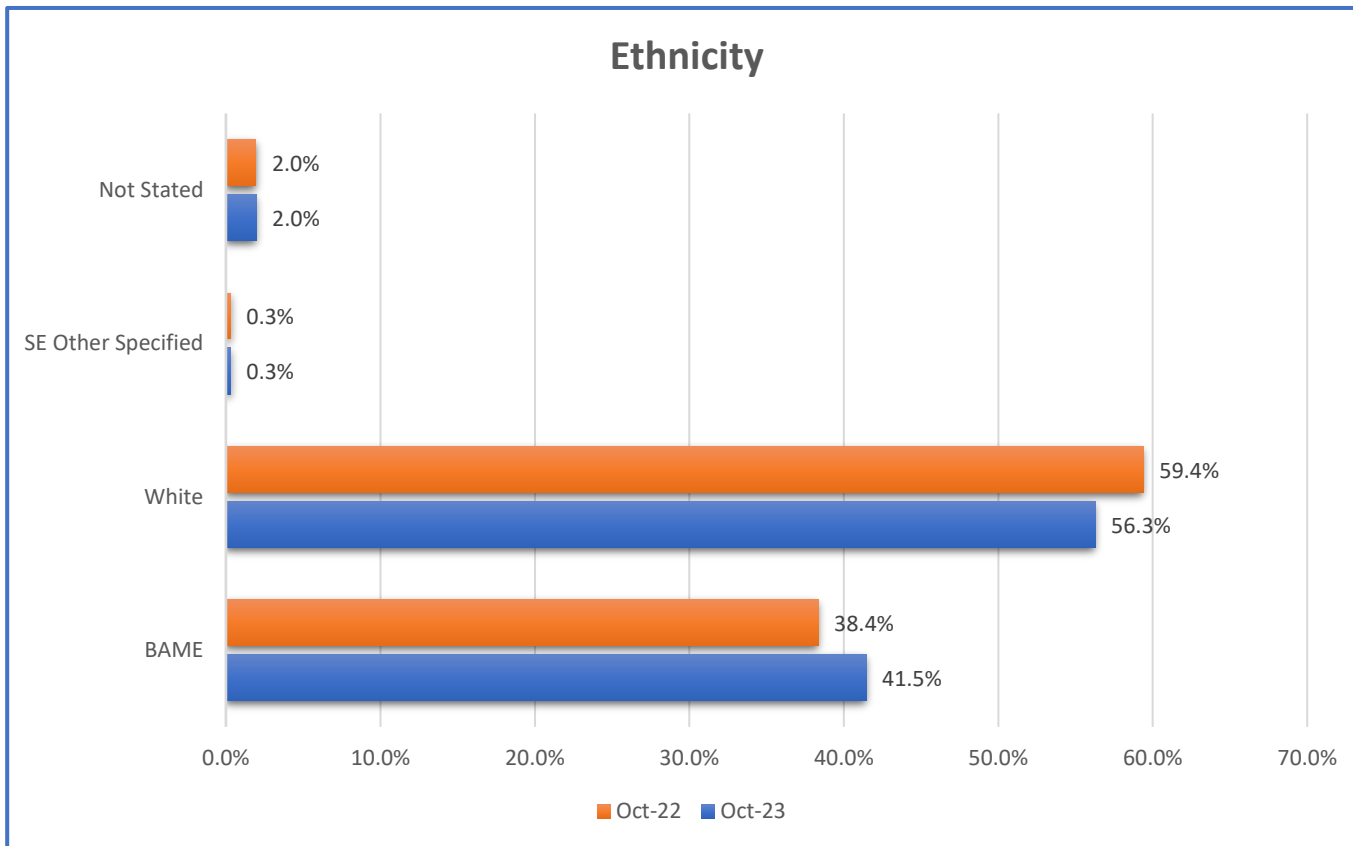
Once MCR process has concluded, work will be undertaken to review the requirements of the ICB and where the focus needs to be in 2024/25 and beyond. We also have the ENACT recruitment training that will be rolled in the new organisation.

# SEL ICB workforce data

Equalities data and Equality, Diversity and Inclusion standards



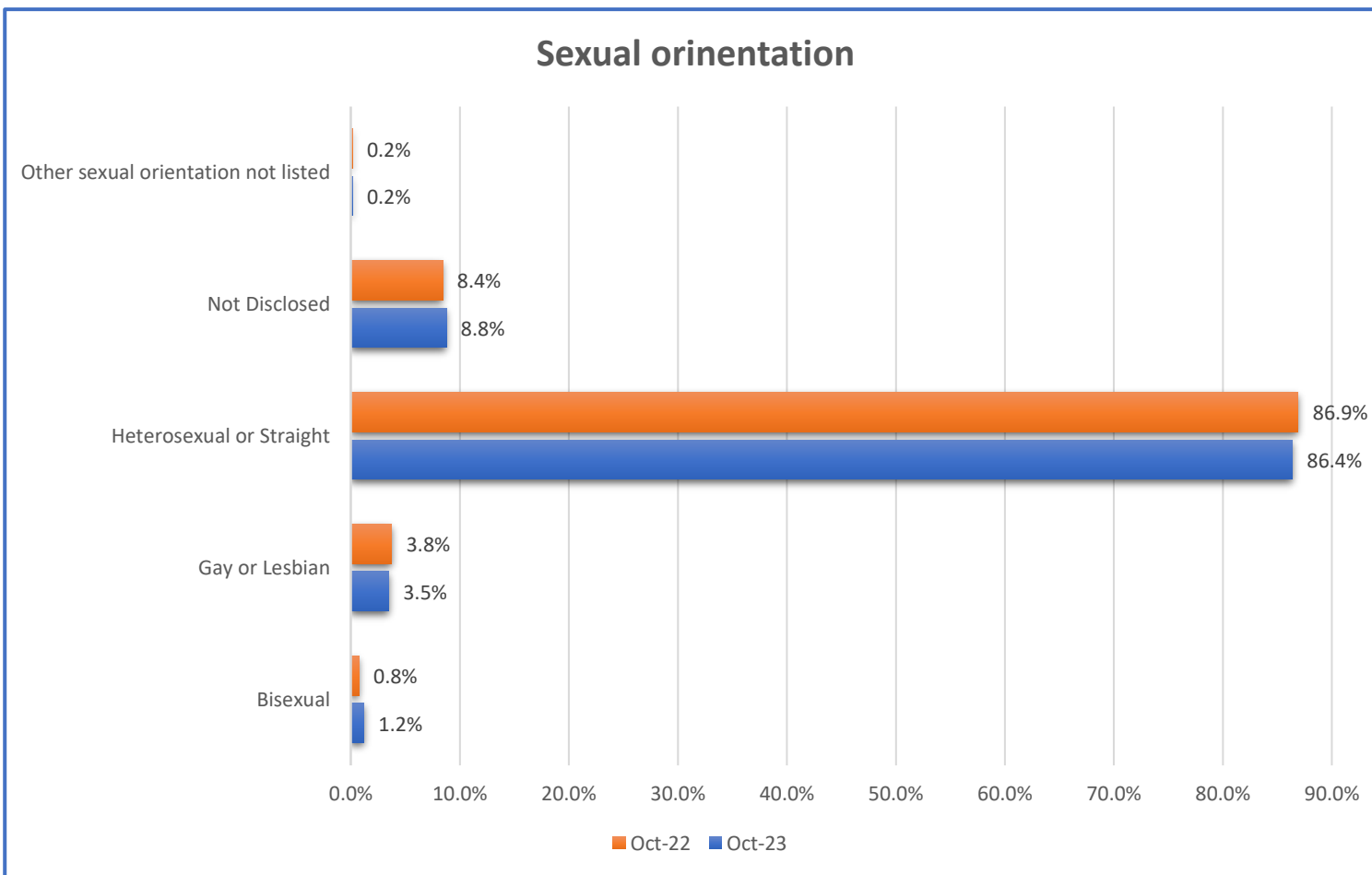
The below graph and table provides the ethnicity breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2022 and October 2023.



- In October 2022, the workforce comprised of 59.4% White staff members and in October 2023 there were 56.3% White staff members, this is a decrease of 3.1% from 2022.
- Those from an ethnic heritage made up 38.4% of the workforce in October 2022 compared to 41.5% of the workforce in October 2023. This figure has increased slightly by 3.1%.
- The number of people who did not wish to disclose has stayed the same at 2%.
- South East London’s community is made up of 60.2% White and 39.8% ethnic heritage. When comparing to the community we serve, the ICB is overrepresented by 1.7% (October 2023) for ethnic heritage and underrepresented for White colleagues by 3.9%.

	Oct-23	Oct-22
BAME	41.5%	38.4%
White	56.3%	59.4%
SE Other Specified	0.3%	0.3%
Not Stated	2%	2%
Total	100%	100%

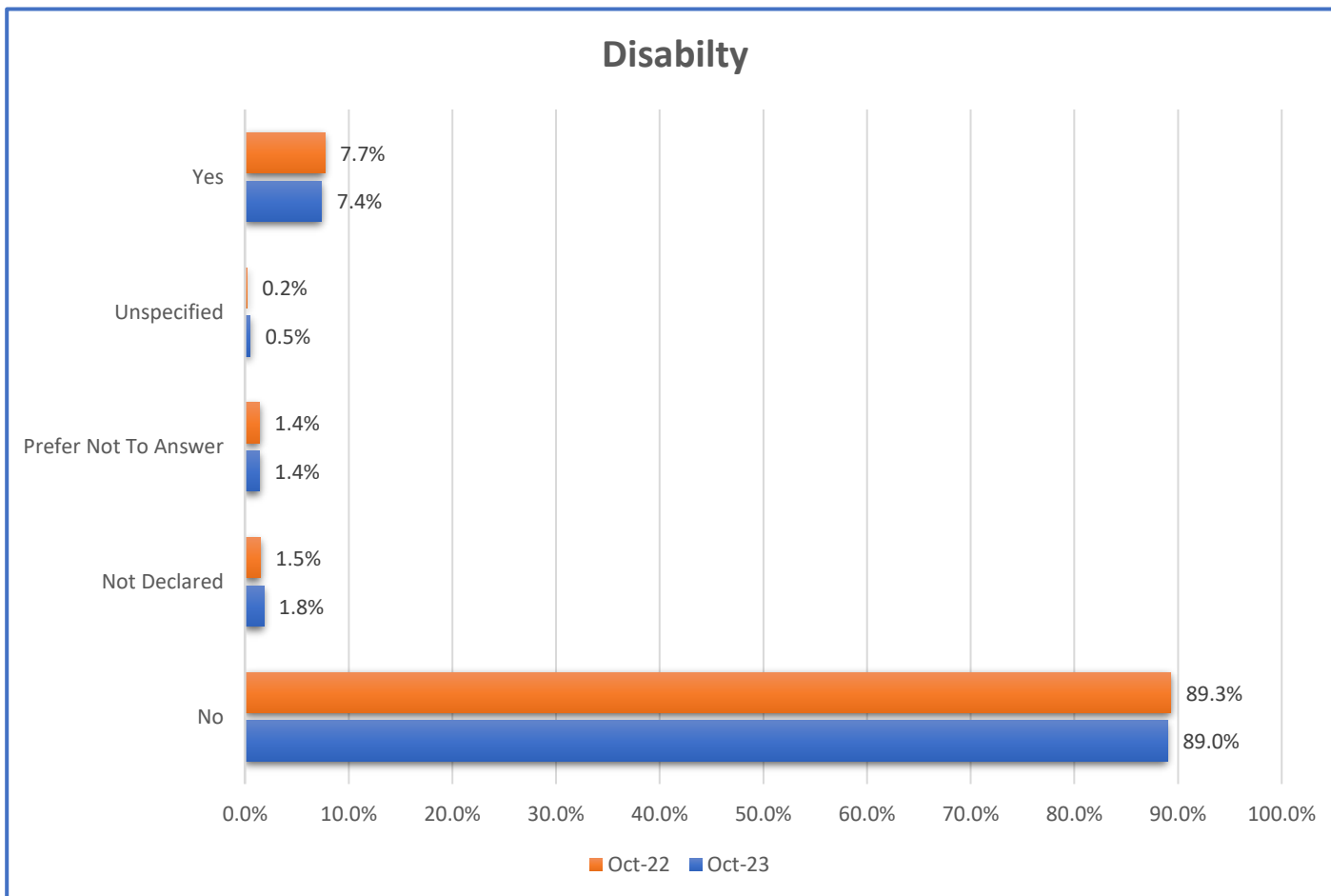
The below graph and table provides the sexual orientation breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2022 and October 2023.



- In October 2022 0.8% of the workforce stated that they were Bisexual and in October 2023 this increased to 1.2% (+0.4%). We are still underrepresented to the South East London Community (1.8%).
- In October 2022 3.8% of the workforce stated that they were Gay or Lesbian compared to 3.5% in October 2023, which is a decrease of 0.3%. We are overrepresented by 0.4% as those who stated they are gay or lesbian in the community is at 3.1%.
- Those who stated they are heterosexual/straight has slightly decrease from 86.9% in October 2022 to 86.4% in October 2023. We are overrepresented by 0.4% compared to the community we serve (86.0%)
- There is a relatively high number of the workforce that have not disclosed their sexual orientation, 8.4% (October 2022) and 8.8% (October 2023). We can see that this has increased by 0.4%.

	Oct-23	Oct-22
Bisexual	1.2%	0.8%
Gay or Lesbian	3.5%	3.8%
Heterosexual or Straight	86.4%	86.9%
Not Disclosed	8.8%	8.4%
Other sexual orientation not listed	0.2%	0.2%

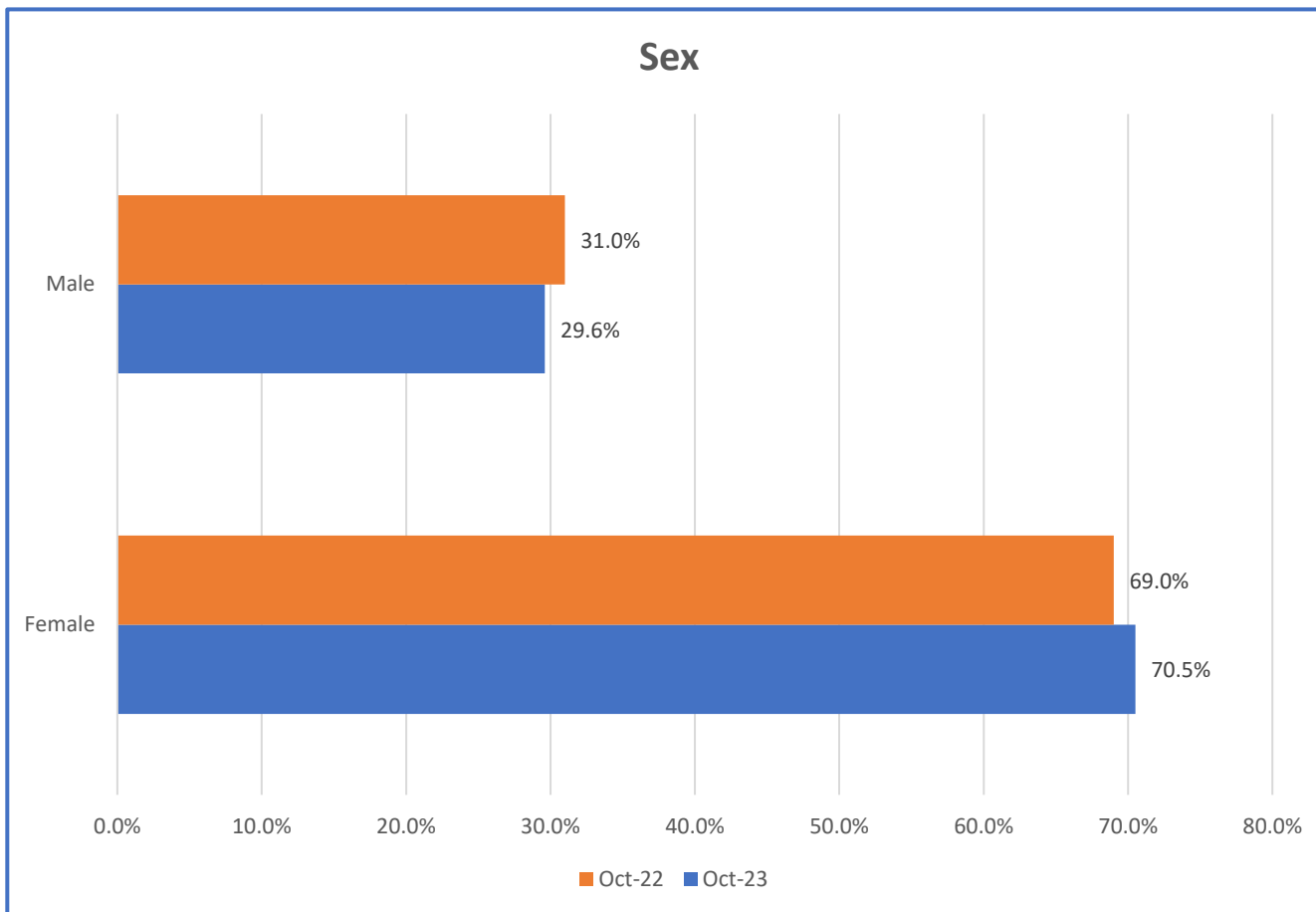
The below graph and table provides the sexual orientation breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2022 and October 2023.



- In October 2022 89.3% of the workforce stated that they do not have a disability compared to 89% in October 2023. This is a decrease of 0.3%.
- Those who stated that they have a disability has also decreased from 7.7% in October 2022 to 7.4% in October 2023. This a decrease of 0.3%.
- We can see an increase in those who did not want to disclose by 0.3% with 1.5% in October 2022 compared to 1.8% in October 2023.
- An increase can also be in seen in those who have not specified from 0.2% in October 2022 compared to 0.5% in October 2023.
- 29.9% of the South East London Community have stated that they have a disability. The ICB is underrepresented by 22.5%.

	Oct-23	Oct-22
No	89.0%	89.3%
Not Declared	1.8%	1.5%
Prefer Not To Answer	1.4%	1.4%
Unspecified	0.5%	0.2%
Yes	7.4%	7.7%

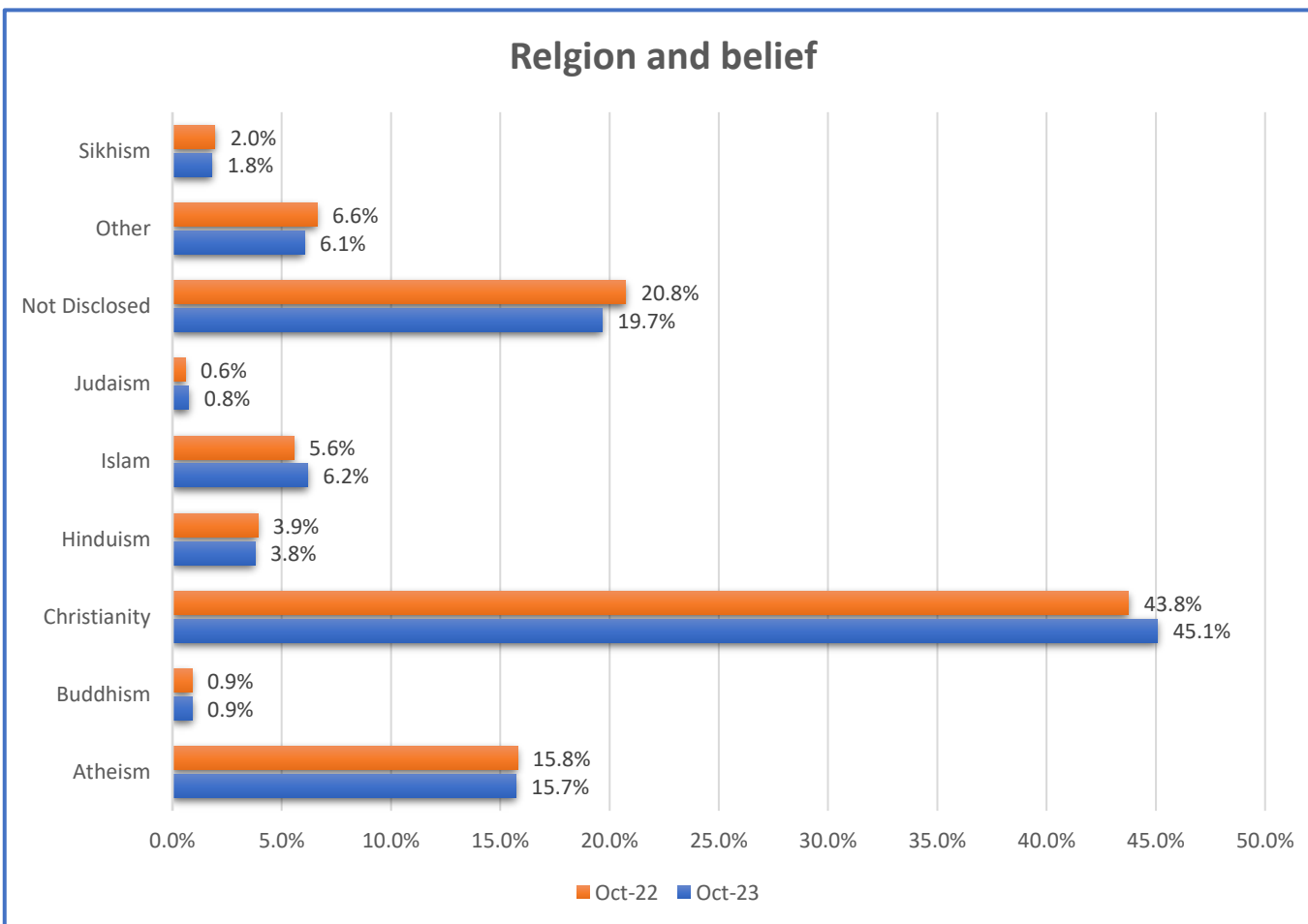
The below graph and table provides the sex (gender) breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2022 and October 2023.



- In October 2022 69% of the workforce was Female and in October 2023, we can an increase of 1.5% (70.5%)
- The workforce in October 2022 was 31% Male and in October 2023 29.6%. This is a decrease of 1.4%.
- London’s population has an equal split of male and female. This means that SEL ICB’s female workforce is overrepresented while our male workforce is underrepresented.
- NHS data shows that the national NHS workforce is 77% female and 23% male, which means our male workforce is overrepresented by comparison.
- However, the composition at Board level 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.

	Oct-23	Oct-22
Female	70.5%	69.0%
Male	29.6%	31.0%

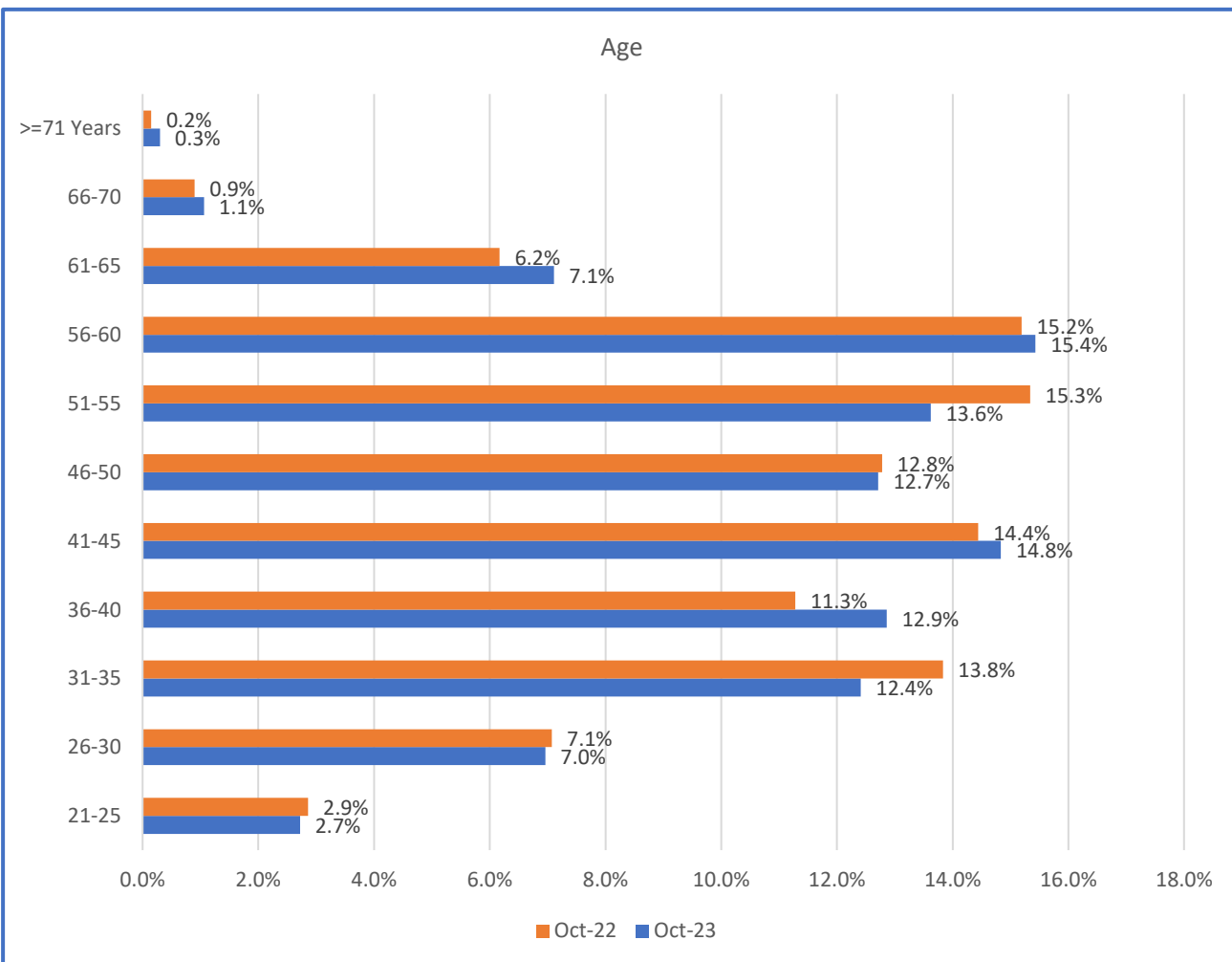
The below graph and table provides the religion and belief breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2022 and October 2023.



- In October 2022, the ICBs top three highest categories were Christianity (43.8%), not wishing to disclose (20.8%) and Atheism (15.8%).
- As of October 2023, the top three highest categories were Christianity (45.1%), Not disclosed (19.7%) and Atheism (15.7%).
- The data shows increases in disclosure in the following religion/belief: Christianity (1.3%), Islam (0.6%), Judaism (0.2%).
- The data shows decreases in disclosure in the following religion/belief: Atheism (0.1%), Hinduism (0.1%), Other (0.5%) and Sikhism (0.5%)

	Oct-23	Oct-22
Atheism	15.7%	15.8%
Buddhism	0.9%	0.9%
Christianity	45.1%	43.8%
Hinduism	3.8%	3.9%
Islam	6.2%	5.6%
Judaism	0.8%	0.6%
Not Disclosed	19.7%	20.8%
Other	6.1%	6.6%
Sikhism	1.8%	2.0%

The below graph and table provides the age breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2022 and October 2023.



- In October 2022 the largest age range was 51-55 (15.3%), however in October 2023 this significantly decrease to 13.6%, which is a difference of 1.7%. This is the biggest difference within the data from all ages.
- Our smallest number of workforce comes from the age range of over 71 years, in October 2022 this was 0.2% and In October 2023 this increase by 0.1% to 0.3%.
- The second largest increase can be seen in the age range of 36-40. In October 2022 this was 11.3% and in October 2023 this increased to 12.9%, an increase of 1.6%.
- SEL ICB is overrepresented in their workforce in the following age arranges 31-65 compared community we serve.
- SEL ICB is underrepresented in their workforce in the following ages, 21-30 and 66 and over.

	Oct-23	Oct-22	
21-25	2.7%	2.9%	under
26-30	7.0%	7.1%	under
31-35	12.4%	13.8%	over
36-40	12.9%	11.3%	over
41-45	14.8%	14.4%	Over
46-50	12.7%	12.8%	over
51-55	13.6%	15.3%	over
56-60	15.4%	15.2%	over
61-65	7.1%	6.2%	over
66-70	1.1%	0.9%	under
>=71 Years	0.3%	0.2%	under

The Workforce Race Equality Standard (WRES) was devised to ensure employees from a 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. As SEL ICB was established on 1 July 2022, this year's report is the first report that has been produced by the ICB. It should be noted that the WRES is not mandated for ICB's yet, however SEL ICB undertake this as good practice.

## Summary of findings:

**Indicator 1:** Overall, 40.7% of the workforce are from a BME background and 56% from a White background. The ICB has an overrepresentation of 0.9% of BME staff.

**Indicator 2:** White applicants are 2.06 times more likely to be appointed from shortlisting.

**Indicator 3:** We are unable to present disciplinary data to maintain confidentiality due to low numbers.

**Indicator 4:** Information on non-mandatory training undertaken by the workforce is not currently collected by the ICB.

**Indicator 5:** White staff (6.5%) are more likely to experience harassment, bullying or abuse from patients compared to BME staff (4.3%). However, SEL ICB is below the national average.

**Indicator 6:** BME staff (24.8%) experience more harassment, bullying or abuse from staff compared with White staff (19.6%). This is above the national average.

**Indicator 7:** 38.4% of BME staff and 58.2% White staff believe the organisation provides equal opportunities for progression or promotion.

**Indicator 8:** BME staff (12.1%) are more likely to experience discrimination at work from managers/team leaders and other colleagues compared to White staff (7.2%). This is below the national average.

**Indicator 9:** The difference between BME board members and SEL ICB workforce is (minus) -22.5% and (plus) 16.7% for White board members and SEL ICB workforce.

## Next Steps:

The WRES Action Plan has been developed using data and staff lived experience to understand key themes and priority areas for action, which include Talent management, Developing robust guidance's and processes, Improving recruitment processes, Debiasing processes across the employee lifecycle, Improving appraisals, Training and development.

All actions are monitored by the Equality, Diversity and Inclusion Team through their Equality Delivery Plan. These actions will be monitored to ensure they are completed in the agreed timelines. Progress of these actions will be reported to the Equalities Sub-Committee via a highlight report.

[SEL ICB WRES report and action plan for 2023-24](#)





# SEL ICB Workforce Disability Equality Standard



## Overview

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

## Main themes

- Although disabled staff are more likely to be appointed, the organisation is not representative of the South East London disabled population (29.9% disability prevalence, Census 2021).
- There is a reduction in disabled staff experiencing harassment, bullying or abuse from managers and the public, but an increase in disabled staff experiences of harassment, bullying or abuse from other colleagues.
- There was a slight improvement in disabled colleagues feeling pressured to attend work when feeling unwell.
- There was a marginal increase from 41.1% to 44.3% of disabled colleagues who feel their work is valued by the ICB.
- Up from 76.1%, 79.2% of disabled staff feel that adequate adjustments have been made.
- A significant decrease in disabled staff who feel the organisation provides equal opportunities

## Successful outcomes - 2023/24

- Completed the self-assessment evidence template for Level 2 Disability Confident Employer scheme.
- Implemented an ICB guidance document and policy on workplace adjustments for a range of specific disability types.
- Established links with South East London Job Centres about available roles.
- Flexible working, particularly in relation to hours and working from home.
- Implemented mediation training and having a pool of mediators to resolve issues earlier and informally.
- Having workplace advisers that specialise in harassment, bullying and abuse and producing guidance on where to go if a situation arises.
- Ensured that staff have a safe space to discuss a range of issues.

## Next steps for 2024/25

The ICB has developed a comprehensive action plan. Key actions include:

- Develop and implement Health Ability passports.
- Develop and implement a talent management programme that identifies progression pathways for all staff and opportunities for coaching/mentoring for staff with a disability.
- Develop and implement focused management training/awareness sessions on EDI, bullying and harassment, meaningful and compassionate conversations career progression.
- Review HR policies to ensure disabled employees are not disadvantaged.
- Hold focus group sessions with managers and staff to better understand the drivers and triggers of perceived presenteeism.

[SEL ICB WDES report and action plan for 2023-24](#)



## Overview

All UK organisations with more than 250 employees are required to publish details of their gender pay gap as part of the Equality Act 2010 Act. As a new legal entity, South East London Integrated Care Board (SEL ICB) is producing its first Gender Pay Gap (GPG) Report on 30 March 2024 with a record (snapshot) date of 31 March 2023. SEL ICB prepared a legacy GPG report on behalf of South East London Clinical Commissioning Group (SEL CCG) on the 30 March 2023 as this was the legal entity in existence at that point in time. As of 31 March 2023, SEL ICB employed 771 people, 69% women and 31% men. This is the same split as in the 2023 report.

## Key findings for SEL ICB

- A mean gender pay gap of 12.65% (up from 11.04% on 31 March 2022) - the % difference between the average hourly salary of men and women.
- A median gender pay gap of 2.43% (down from 15.07% on 31 March 2022) – the % difference between the mid-point hourly salary for men and women.
- For every £1 a female is paid a male is paid £1.13 (mean/average pay). For every £1 a female is paid a male is paid £1.024 (median pay).
- Large drop in median gap is explained by change in number of women in higher bandings and increased number of men in lower bandings but large numbers of women in low bandings explains the reason for the size of the mean pay gap.
- SEL ICB did not have a bonus gender pay gap as it does not pay bonuses to its employees.

### Successful outcomes in 2023/2024

1. Through recruitment, increased the number of females in the upper pay quartiles and reducing the representation of females in the lower pay quartiles
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.

SEL ICB’s Gender Pay Gap legacy report ([link](#))

### Next steps for 2024/25

- Implement actions by March 2024
- Monitor actions on the Equality Delivery Plan to ensure timely completion.
- Provide an update in the 24/25 Gender Pay Gap Report



## Overview:

- Evidence-based quality improvement framework
- EDS22 consists of 3 domains with 11 outcomes:
  - Domain 1 Commissioned or Provided Services
  - Domain 2 Workforce Health and Well-being
  - Domain 3 Inclusive Leadership
- EDS22 implementation is a key requirement for all NHS organisations (NHS Standard Contract)

## Highlights:

- SEL ICS task and finish group established
- Engagement events held for Domains 1, 2 and 3
- Information repository gathered to inform evidence-based plans
- SEL ICB has scored 19 and rated 'developing' for 2023/24
- After action review – 19 March
- Mechanisms established and planning started for 2024/25 assessment

### Outcome focus:

**Domain 1:** Acute providers Maternity services – Kings, GSTT, LGT looking at access, experience and outcomes of care.

Score: 7 / 12

**Domain 2:** Managing health conditions, bullying and harassment, staff recommend ICB as a good place to work.

Score: 8 / 12

**Domain 3:** Leaders commitment to EDI and health inequalities, committee papers identify EDI impacts, levers to manage performance and monitor progress.

Score: 4 / 9

EDS Organisation Rating (overall rating):

19 (Developing)

Organisation name(s):

South East London Integrated Care Board

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped**.

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing**.

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving**.

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling**.

# Next steps and final comments

In 2024/25, 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.
- Refreshing our Equality Analysis toolkit with key leads across our organisation and rolling out staff training to improve planning and delivery of health services.
- Working with system partners to undertake the next Equality Delivery System 2022 in collaboration across south east London.
- Following 2023/24 EDS22 findings, focus on developing inclusive leadership practises.
- Developing an anti-discrimination policy which covers all protected characteristics and a focused, effective action plan for SEL ICB.
- Progressing an inclusive talent management strategy for implementation following the current restructure which takes full account of EDI considerations.
- Reviewing HR policies and procedures in line with Just Culture principles.



SEL ICB has made significant progress in its second year operating as an integrated care board to adopt and implement strategies and policies which strengthen approaches to equality, diversity and inclusion and health inequalities in the ICB prioritising access, experience and outcomes for people and communities and our workforce.

This year, mechanisms have been established to work closely with partners and local authorities, and the ICB will consolidate and further develop new connections and ways of working in 2024/25. Doing so enables the SEL ICB to work in greater alignment with key priorities across our geography and with multiple partners, recognizing commonalities, differences, and nuances to best support and meet the needs of our diverse and complex population 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 Team**

Email: [equality@selondonics.nhs.uk](mailto:equality@selondonics.nhs.uk)