

Public Sector Equality Duty (PSED) Report 2024 - 2025

NHS South East London ICB Annual Equality Report



	Page
Foreword	3
Our legal and mandatory duties for Equality, Diversity and Inclusion	4
• Introduction to Equality, Health & Social Care Legislation	5
• Equality, Diversity and Inclusion Governance	6
• How does SEL ICB monitor Equality, Diversity and Inclusion?	7
• Accessible Information Standard Compliance	8
South East London Service Users	9
Working with People & Communities	10
Patient Experience: Feedback & Insights	11
Prevention and Inequalities	12
SEL ICB Mental Health Services	13 – 14
SEL Integrated Care System (ICS): Population Health Management (PHM)	15
PHM Prevention, Wellbeing and Equity	16
What have we done for our focus areas?	17
SEL ICS: Socio-Economic Deprivation	18
Our Vision, Aims and Priorities for Socio-Economic Deprivation (2025/26)	19
Equality Objectives 2025 - 29	20
• Equality Objectives (2025 – 29)	21 - 23
• Progress for 2020 - 25	24 – 26
Case Studies	27
• South East London Wide	28 – 34
• Bexley	35 – 37
• Bromley	38 – 40

	Page
Case Studies	
• Greenwich	41 – 43
• Lambeth	44 – 46
• Lewisham	47 – 50
• Southwark	51 – 55
Workforce Initiatives	56
• Freedom to Speak Up Guardians	57
• Staff Networks	58
• Review of Equalities in Recruitment & Selection	59
SEL ICB Workforce Data	60
• Equalities Data – Ethnicity	61
• Equalities Data – Sexual Orientation	62
• Equalities Data – Disability	63
• Equalities Data – Sex	64
• Equalities Data – Religion & Belief	65
• Equalities Data – Age	66
Workforce Equality Standards	67 – 69
Gender Pay Gap	70
Equality Delivery System 2022	71
EDI Strategy (2025 – 2028)	72
Anti-Racism Strategy	73
High Impact Actions (NHS England)	74
Next Steps and Final Comments	75 – 76
Contact Us	77

I am pleased to introduce the 2025 South East London Integrated Care Board (SEL ICB) Public Sector Equality Duty (PSED) report. At SEL ICB, we are dedicated to achieving positive outcomes for all, both in the services we plan and oversee, and by working collaboratively with other Trusts. In serving the diverse communities of our six Boroughs – Bexley, Bromley, Greenwich, Lambeth, Lewisham, and Southwark, we recognise that tackling health inequalities requires embedding Equality, Diversity, and Inclusion (EDI) into every aspect of our work and decision-making. Each patient and carer’s experience of care and outcomes can vary depending on factors such as ethnic heritage, where they live, and other wider determinants of health or protected characteristic(s), and now more than ever we are committed to understanding and addressing these disparities.

The Darzi Review, published in September 2024, reinforced the need for a more equitable and inclusive NHS, and reiterated the important role that we, the ICBs, need to play in driving innovation and ensuring services are tailored to the ever-evolving needs of our communities. This aligns closely with the four pillars of SEL ICB:

- ✓ Improving health outcomes in South East London.
- ✓ Tackling inequalities in outcomes, access, and experiences.
- ✓ Enhancing productivity and value for money in the use of health and care resources
- ✓ Supporting broader social and economic development in the region

Our workforce is at the heart of everything we do, and fostering an inclusive, diverse, and equitable working environment is essential to delivering high-quality services. We recognise that a workforce that reflects the communities we serve is better equipped to understand and address the needs of our diverse population. Through our commitment to EDI, we strive to create a workplace where all staff feel valued, supported, and empowered to thrive. By embedding EDI into our policies, practices, and leadership, we are not only fulfilling our Public Sector Equality Duty but also ensuring that our staff can reach their full potential, enabling us to provide the best possible care for all.

This year’s report highlights the progress SEL ICB has made over the past year in supporting our stakeholders and enhancing service delivery. Key developments include the soft launch of our revamped Equality Impact Assessment (EIA) process, which will be fully implemented in 2025/26 to better support staff and patients while ensuring the needs and voices of all protected groups are considered. Alongside this, we continue to work on our Equality Standards – our Workforce Disability Equality Standard, Workforce Race Equality Standard, and the first year of our Workforce Sexual Orientation Equality Standard which, while not mandatory for ICBs, provides us with another mechanism through which we can monitor the diversity of our workplace.

We look forward to sharing this important work and making further strides toward a more inclusive and equitable workplace.

Equality, Diversity and Inclusion is everyone’s responsibility



Our legal and mandatory duties for Equality, Diversity and Inclusion



Equality Act 2010

The Equality Act 2010 was introduced on 01 October 2010. The Act outlines nine '**Protected Characteristics**', protecting the rights of individuals and supporting equality of opportunity for all. It also 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 characteristic and those who do not.
- ✓ SEL ICB publishes equality objectives at least once a year, demonstrating it has consciously considered the above three aims as part of its decision-making processes.
- ✓ SEL ICB publishes staff protected characteristic data, which is included in this report.

Health and Social Care Act 2012

Under this Act, ICBs have a duty to:

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

How does SEL ICB show 'due regard'?

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

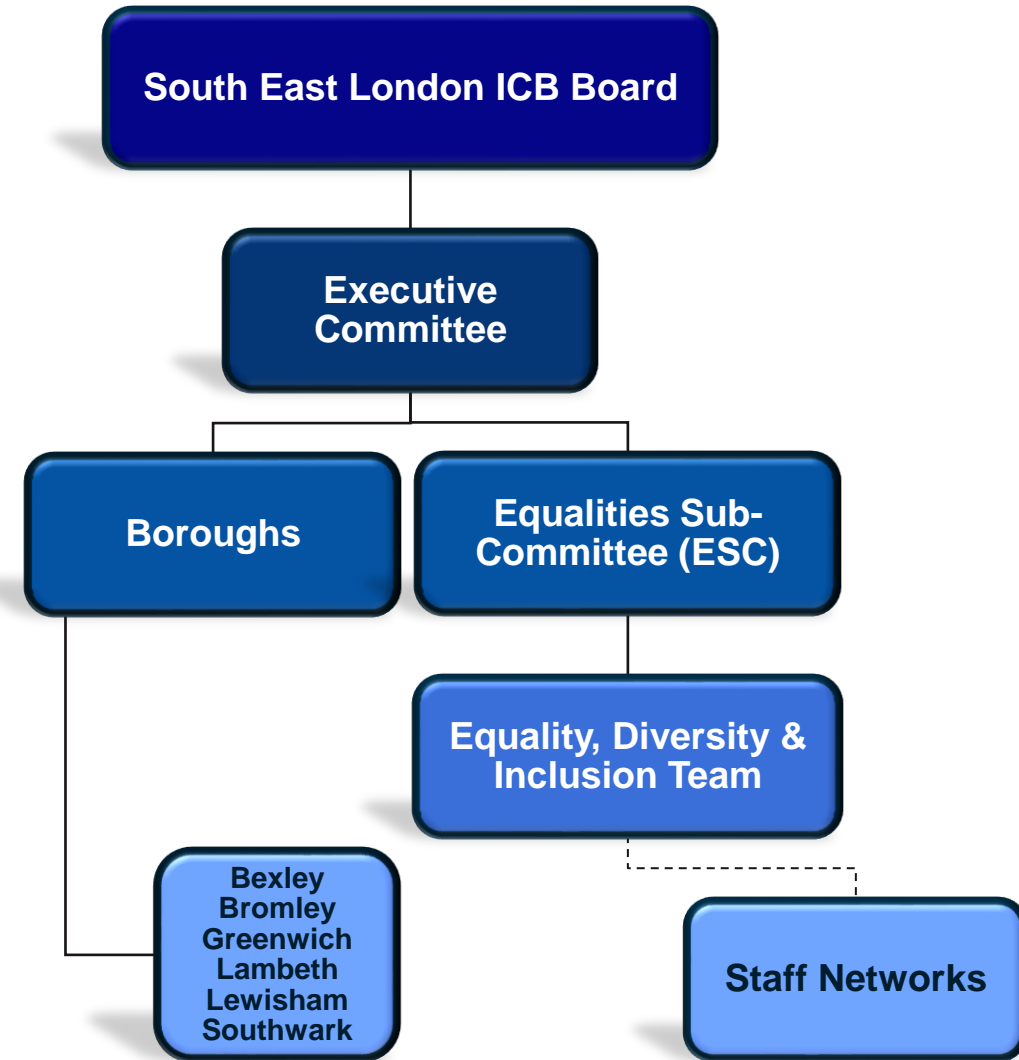
- ✓ Produces this PSED report annually by 31 March;
- ✓ Undertakes Equality Impact Analyses (EIAs);
- ✓ Engages with local communities who share protected characteristics and embed their voice in service delivery

Mandatory Standards

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

- ✓ Workforce Race Equality Standard (WRES);
- ✓ Workforce Disability Equality Standard (WDES);
- ✓ Workforce Sexual Orientation Equality Standard (WSOES);
- ✓ Equality Delivery System 2022;
- ✓ Gender Pay Gap annually;
- ✓ Ethnicity Pay Gap annually (starting 2025/26);
- ✓ Disability Pay Gap annually (starting 2025/26).

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



Equalities Sub-Committee

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

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

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

Equalities Delivery Plan (EDP):

The EDP allows the Equality, Diversity and Inclusion Team to monitor all Equality, Diversity and Inclusion actions. The progress is reported at the Equalities Sub-Committee – while this was planned to be refreshed in 24/25, as a result of the Management Cost Reduction (MCR) scheme impacting workloads and team capacities, this has been pushed back to 25/26. The EDP aligns with requirements covering the:

- a) Workplace Equality Standards (Race, Disability, Sexual Orientation)
- b) Pay Gap Reporting (Gender and, from 25/26, Ethnicity and Disability)
- c) Equality Delivery System 2022
- d) 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:

- We have identified remaining accessibility issues in the code of our website, which our developers are currently addressing. We aim to achieve full WCAG compliance by February 2025 (with the exception of some hosted documents).
- For hosted documents, we continue to create sections of the website to convert pdf content to on-page content. See, for example, [Well at Work - South East London ICS](#). This work is on-going, and we will continue to work with teams to produce web-based content rather than pdfs where practicable, and accessible pdfs in other cases.



South East London Population



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

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

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

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

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

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

- **Working with trusted voice community organisations** – we have held face-to-face sessions jointly with the Indoamerican Refugee and Migrant Organisation (IMRO) and the Latin American Women’s Rights Service (LAWRS) to support the Latin American community in accessing NHS services, addressing concerns, and improving confidence. The [Local Maternity and Neonatal System \(LMNS\) is continuing to work with the voluntary sector organisations](#) and the women and birthing people that they worked with in 2023 by running a series of solution focused workshops with Citizens UK.
- **Outreach** – Continued building relationships with people and communities by meeting them in their own space. We revisited groups from last year to share feedback on the [overprescribing project](#). As part of the [engagement on NHS 111](#), we visited Black Inspire, Men in Sheds, the Orpington Health and Wellbeing Café, Bengali Women’s Group, the Learning Disabilities and Autism Forum, IMPO and LAWRS to build on the insight we gained through a survey carried out earlier in the year.
- **Engaging in women’s and girls’ health** – We gathered insights from women and girls via surveys, focus groups, workshops, and outreach to colleges, festivals, and community groups. These insights are shaping the women and girls’ health hubs model.
- **South East London People’s Panel** – We are expanding our People’s Panel by recruiting from Black African, Black Caribbean, South Asian, LGBTQ+ communities, and younger people via outreach events and street recruitment to better reflect our local population.
- **Insight** – We partnered with Mabadiliko CIC to analyse insights from 2020–2023, focusing on Black African, Black Caribbean, South Asian, and economically disadvantaged communities. It is published at [What we've heard from local people and communities - South East London ICS](#) to inform wider programmes of work and has been presented and discussed at the Equalities Sub Committee and the Themes and Concerns group.
- **Widening participation and increasing equity in South East London’s health and care workforce** – the Voluntary, Community and Social Enterprise Sector (VCSE) Alliance, funded by Health Education England and the Anchor Alliance, collaborated with seven by-and-for organisations to address barriers for underrepresented communities. A November workshop explored implementing the recommendations.



You can read updates on engagement and next steps in our projects on [let’s talk health and care in South East London](#) and in the [Get Involved newsletter](#).



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

The ICB stores gathered information in a format that allows for further analysis, ensuring community feedback is a valuable data source. Equality and diversity monitoring helps identify whether certain groups face disproportionate impacts. While the ICB recognises the need to collect demographic data on formal complaints, current limitations prevent identifying potential inequalities in access to the complaints process. A recent Healthwatch report, *A Pain to Complain*, recommends that NHS England require broader data collection on complaints to identify inequalities and trends. The ICB will monitor these recommendations and support any necessary improvements.

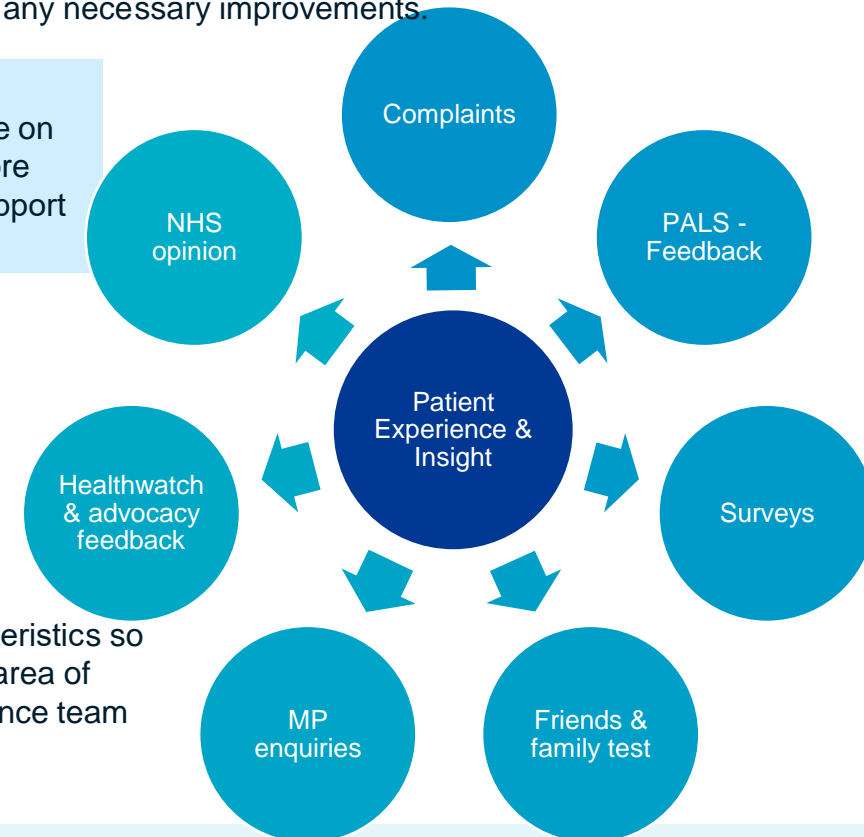
PATIENT EXPERIENCE, FEEDBACK & INSIGHTS - January 2024 – December 2024

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

Between 1 January 2024 and 31 December 2024 the organisation received **3,965** patient insights; this intelligence has been captured through **formal complaints** and **MP enquiries**. Feedback was also captured via **PALS/general enquiries**.

From the **720** complaints received by SEL ICB the majority 50% (**358**) relates to **primary care services** (e.g. GP, Dental, Pharmacy). Complaints regarding **commissioned services** (e.g. acute providers, 111 services) account for **40% (289)** of complaints. The remaining complaints (**10% - 73**) are attributed to services directly provided by the **ICB** (mainly continuing healthcare and commissioning decisions).

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



- Health inequalities are systematic, unfair, and avoidable differences in health across demographics.
- Reducing health inequalities ensures equal access to services, support, and information from a healthy life, regardless of background or location.
- The ICB is committed to reducing inequalities (underpinning our [Joint Forward Plan](#) and the [Integrated Care Partnership Strategy](#)) focusing on:
 - ✓ Ensuring timely, appropriate care in optimal settings.
 - ✓ Improving prevention of avoidable ill health.
- Over the last three years, the ICB has allocated £16 million for prevention and inequality-targeted initiatives.

Key Achievements in 2024/25

➤ Deepening our Collective Understanding of our Population & Supporting Access

- ✓ In 2023/24, we developed a local Core20PLUS5 dashboard for adults to reduce variation in service provision for Core20 and health inclusion groups. In 2024/25, we're finalising a similar dashboard for CYP and enhancing an Insights Platform to incorporate local community feedback into service delivery and improvement. Recognising that health services can be hard to navigate, we've partnered with the Lewisham Refugee and Migrant Network to create an advocacy guide and are piloting an easy-read leaflet service in Core20 communities to improve access to care and support. If successful, we aim to expand this initiative across South East London.

➤ Vital 5

- ✓ The ICB continues to invest in detecting and preventing the [Vital 5 risk factors](#) impacting health outcomes. In 2024/25, this includes funding for smoking cessation, obesity services, tailored healthy weight offers, and outreach pilots. Building on work by the [King's Health Partners Institute for Women and Child Health](#), we are developing Vital 5 measures for Babies, Children, and Young People, a key focus for 2025/26.

➤ Multimorbidity Points

- ✓ In 2024/25, we worked with 7 neighbourhoods across South East London to test new approaches for patients with multiple long-term conditions and healthcare inequalities. Integrated multi-disciplinary teams have been formed to support patients with diabetes, cardiovascular disease, and chronic kidney disease, focusing on personalised care plans, improving overall health, and increasing access to preventative healthcare. This includes using point-of-care testing in homes and communities to identify at-risk patients who may not frequently attend healthcare settings.

➤ Cancer Detection and Early Screening

- ✓ In 2024/25, we focused on improving access to national screening programmes and rolled out targeted lung health checks in Southwark and Greenwich. The SEL Cancer Alliance partnered with MMC for a campaign to improve breast and prostate cancer outcomes in Black communities, encouraging Black women and men to attend screenings and talk to GPs. The campaign won the 2024 HSJ Award for Communications Initiative of the Year.

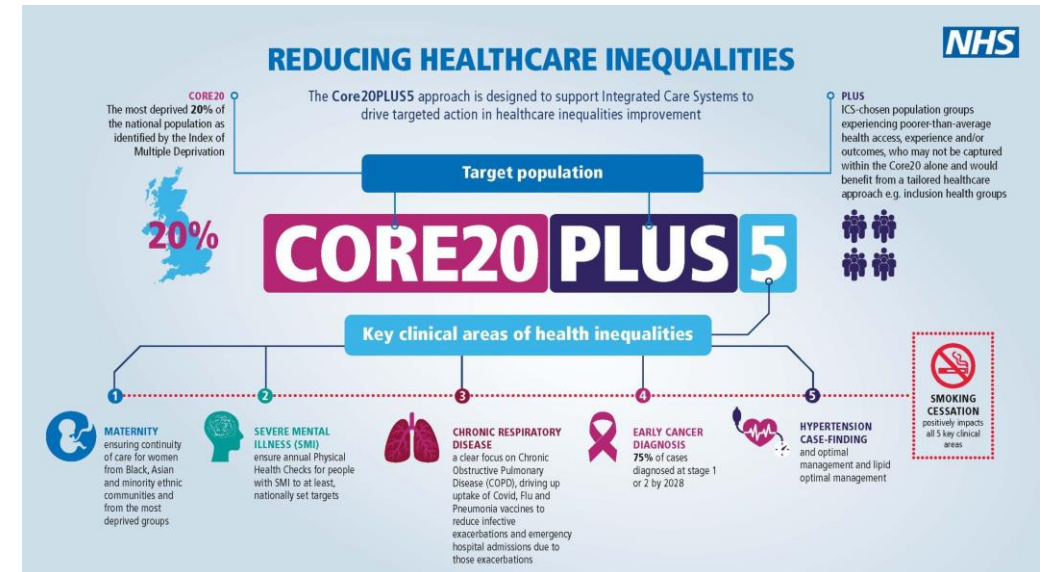
- Mental health is a priority for the London ICS and is reflected in strategic plans, including the Integrated Care Partnership’s priorities and ICB’s Joint Forward Plan.
- SEL faces high but variable mental health needs, with challenges in meeting demand across adults and children, including disproportionate detentions of Black residents under the Mental Health Act.
- There is a focus on enhancing early intervention, prevention, and community services to reduce crises and detentions, while sustaining secondary and tertiary services for those in need.
- Building trust with communities is key, supported by initiatives like South London Listens and other engagement efforts.
- **In 2024/25, the ICB continued to invest in mental health through the Mental Health Investment Standard and Service Development Funds, expanding services and improving access.**

Key Priority Areas in 2024/25

Improving Access to Children and Young People’s Mental Health Service

In July 2024, the ICB refreshed the system wide. [Children and Young People’s Mental Health and Emotional Wellbeing Plan](#). Key priorities centre around an ongoing focus to reduce waiting times for community child and adolescent mental health services (CAMHS), expansion of mental health support teams in schools and partnership with the voluntary and community sector to support early intervention and prevention. In line with this plan, in 2024/25, the ICB has:

- ✓ Launched an 18-month pilot with a voluntary sector partner to provide youth worker support in two emergency departments for young people presenting with self-harm.
- ✓ Partnered with Black Thrive to expand co-production with Black and Mixed Heritage children and young people, involving grassroots providers and schools to develop tailored mental health services. [More information can be read on the Core20PLUS5 NHS England Community Connectors web page.](#)



Securing the Benefits from the Adult Community Mental Health Transformation Programme

- After a three-year transformation, the 2024/25 focus is on assessing the impact of neighbourhood-based teams and sustaining benefits for communities, especially those with severe mental illness. Key achievements include:
 - ✓ 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 within community mental health services for personality disorder and for adult eating disorders.
- Community mental health services remain a priority, focusing on assertive and intensive outreach.
- In 2024/25, SLaM received national funding to pilot a 24/7 community care model for adults in Lewisham, with learnings to inform future developments.



Ensuring Timely Access to High Quality Crisis and Inpatient Care

In 2024/25, the ICB has:

- Expanded NHS mental health inpatient bed capacity for timely admissions, including from emergency departments.
- Partnered with mental health trusts to develop an [Inpatient Quality Transformation Plan](#), focusing on access, flow, and improving care pathways for females and mind-body approaches in year 1.

Ensuring Patients Receive Care in the Least Restrictive Settings Possible

- The ICB, in partnership with NHS Provider Trusts, ensures services are person-centred, human rights-based, and focused on reducing restrictive practices through system-wide quality management.
- Both NHS Mental Health Provider Trusts have quality improvement programmes to reduce restrictive practices, engaging in pan-London and national communities to share and expand best practices, with a focus on team culture, organisational development, and 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.



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.

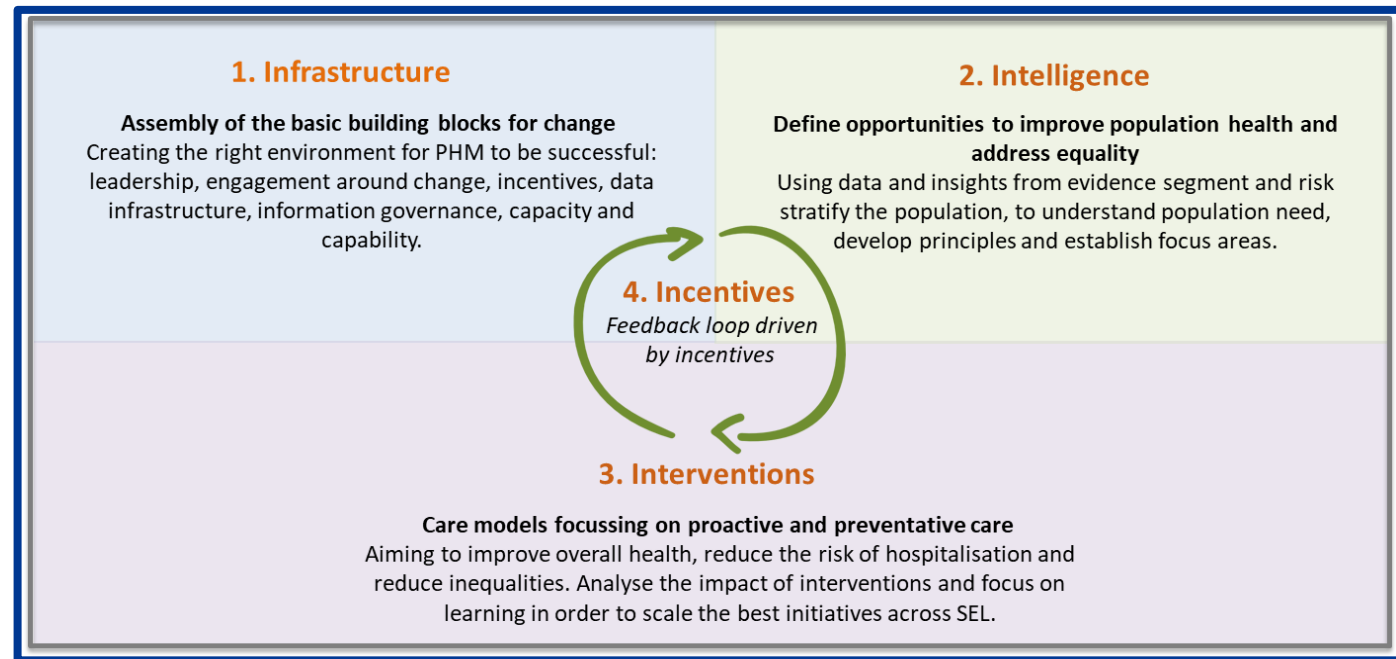
SEL ICS has an ambition to develop and embed population health management using NHSE's 4 I model (as shown below):

Our Vision:

Our vision is to build our population health management capacity and capability as an ICS across all partners, programmes and places to enable care to be tailored for individuals with early support and prevention, resulting in improved outcomes and a reduction in health inequalities for our population.

Our **key priorities** over the next **12 months** will be to:

- ✓ Build a common definition, principles and methodology and shared understanding of PHM across the ICB and broader system, with agreed approaches where required (recognising the plethora of resources available).
- ✓ Establish a baseline for PHM capacity and capability across the system through a mapping exercise, from which a gap analysis can be completed versus best practice.
- ✓ Support the delivery of Integrated Neighbourhood Teams ([see the Lewisham case study for more information](#)) using a data-driven PHM approach to pro-actively manage individuals and focus on prevention



Develop and embed system expectations for prevention - focused on early detection and intervention of key population risk factors for adults and children and young people

Embed Core20Plus5 framework for adults and children and young people across Local Care Partnerships and SEL clinical care pathways, with stronger system oversight and reporting

Establish **longer-term partnership with voluntary sector** to better meet the needs of our diverse communities and **build trust and confidence** in preventative services and support

Underpinned by targeted **population health management** approaches and robust approach to **monitoring, evaluation, and learning**

The Prevention, Wellbeing and Equity Board will strategically drive system-level work in 3 focused areas. These are:

1

System focus on **driving improvements in the uptake of vaccinations, immunisations and screening across the life course**, working with voluntary and community sector partners to build trust with our communities.

2

Continuing to develop and implement interventions for **the Vital 5 for adults and children and young people**, with a holistic approach to care through primary and secondary prevention; taking into account the wider determinants of health.

3

Reducing inequity in access, experience and outcomes for women and girls by through the establishment of **Women and Girl's Health Hubs**

What have we done for our focus areas?

In 24/25 we have implemented a range of **'Vital 5'** primary and secondary prevention interventions:

- ✓ **Alcohol:** Developed a SEL-wide alcohol licensing policy
- ✓ **Healthy Weight:** Culturally-tailored weight management services supporting 580 residents
- ✓ **Hypertension:** Pilot of structured education programme to 91 residents
- ✓ **Mental Health:** 240 workforce receiving mental health training and pilot to embed evidence-based screening for depression and anxiety across 8 Primary Care Networks
- ✓ **Tobacco Dependency:** expansion of smoking services with *3,600 residents across SEL* residents benefiting
- ✓ **Pan Vital 5:** Vital 5 checks delivered to over 45,500 residents, pilot to integrate Vital 5 into pre-operative elective surgery pathways, launch of Vital 5 clinical effectiveness guide for primary care with training provided to 73 staff members.



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

- ✓ Completed **public health needs assessment** on Long-Acting Reversible Contraception (LARC), menopause, preconception, and heavy menstrual bleeding.
- ✓ Established a **Women's and Girls' Health Network** with strong multi-sector representation.
- ✓ Delivered the **'Let's Talk about Women's Health'** campaign, gathering 1,400 resident insights.
- ✓ **Pilot in Greenwich & Bexley:** focused on reducing unplanned pregnancies, LARC post-delivery, and digital health resources.
- ✓ **Pilot in Lambeth:** introduced virtual triage, community hubs, and outreach with local organisations.

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

- ✓ Developed and launched the SEL ICB Vaccination and Immunisation Strategy aligned to NHS England's wider strategy.
- ✓ Key vaccination inequality initiatives in the past year focused on two priority groups:
 1. **Under-65s at risk/immunosuppressed** - collaboration with SEL borough leads and clinics achieved 22% uptake (vs. 20.9% national average);
 2. **Pregnant People** - implementing vaccination status checks and information provision during pregnancy consultations, with expansion planned for 25/26.



One of the key purposes of an ICS is to support wider social and economic development, acknowledging the close relationship between health and factors such as economic, environmental, and social conditions - often called the “wider determinants of health.”

By addressing these factors, ICSs and ICBs aim to improve both health outcomes and the overall quality of life within communities. This approach involves looking upstream to tackle the root causes of ill-health, embedding this work into primary prevention strategies and efforts to reduce health inequalities. Achieving this requires collaboration across traditional sector boundaries and a long-term perspective to deliver meaningful and sustainable change.

South London Listens

be
well

427 champions trained

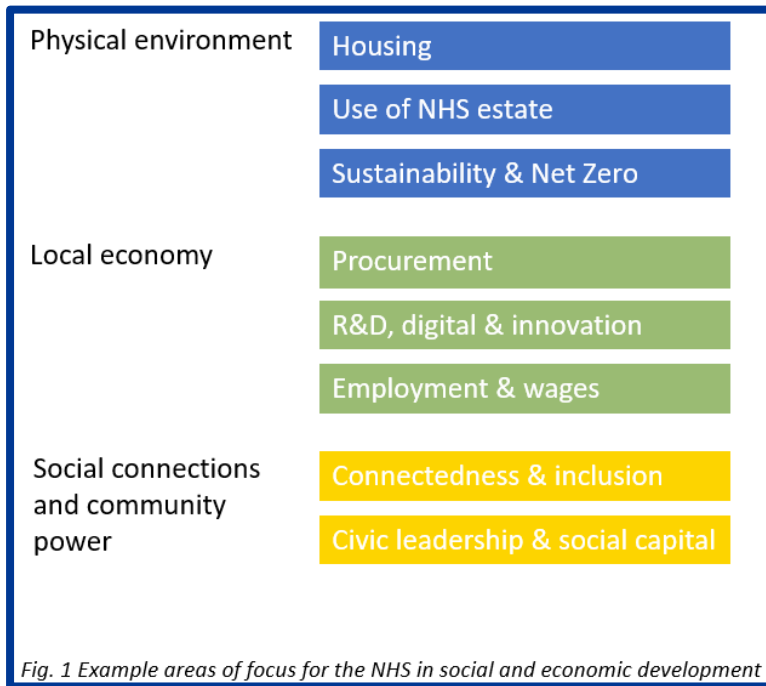
79 Be Well Orgs launched

3105 people engaged monthly via Be Well activities

Key functions:

- 1 Build relationships and provide a place for community members to talk to one another – developing activities and practices that seek to increase social connection, reduce social isolation, and improve wellbeing.
- 2 Offer practical support and signposting to members.
- 3 Take action with the wider community to act on structural and systemic inequalities and injustices that impact their mental health.

Recognition that the path to recovery isn't just in institutions – it lies in communities with a focus on prevention and easier access to mental health services where needed.



Our work to date has focused on building the infrastructure and partnerships required to deliver on our ambitions, including our Be Well Hubs, the development of the [SEL VCSE Charter and SEL VCSE Alliance](#), and piloting solutions to act together on structural and systemic inequalities and injustices that impact mental health and wellbeing.

Through South London Listens we have worked with Citizens UK to identify key priorities, or pledges, for action. We produce yearly impact reports for our South London Listens work ([see the South London Listens website for more information](#)) which go into more detail of what we have achieved with communities.

Vision: Resilient, thriving communities in South East London

Aim: Improve the health and wellbeing of communities through addressing social and economic factors and broadening our support offer to communities and looking beyond medical and clinical factors that impact health. We will strengthen how we work and partner with local people and communities, particularly those who are under-served, to identify and address issues that they tell us are important and impacting their health and wellbeing.

Priorities

Further develop and deliver our SEL Anchor pledges which include: 1) Health and housing; 2) Work and wages; 3) Community access to NHS estate.

Roll out and embedding of pilot activity developed with communities through South London Listens within the NHS, including Child and Adolescent Mental Health Services waiting list engagement project with communities, launch of full-time Community Embedded Worker role in Lewisham, and Safe Surgeries initiative.

Strengthening and expanding our Be Well sites to support SEL's work to develop a neighbourhood health service.

Developing an evaluation framework to understand and evidence the impact our work to address socioeconomic factors has on people's health.

Underpinned by delivery of the following cross-cutting work(streams)

Development of a SEL Community Engagement Model which establishes how we can work differently with communities and community and independent partners in SEL.

Implementation of our SEL Voluntary, Community and Social Enterprise (VCSE) Charter.

Developing ways to build trust with communities and understanding how we measure trust, working with the SEL Trust and Health Creation Partnership and through our Impact on Urban Health ICS Trust Partnership to do so.

Building on work already done across the system, working with partners to identify the data and insights we need to direct our resource and measure outcomes and impact.

Equality Objectives 2025 - 2029



Equality Objectives (2025-2029)

Equality objectives are specific, measurable goals that public sector organisations, including the NHS, set to promote equality and comply with the Public Sector Equality Duty (PSED) under the Equality Act 2010. These objectives aim to reduce inequalities in access, experience, and outcomes for patients and staff, particularly those from protected characteristic groups. SEL ICB has refreshed their Equality Objectives for 2025 to 2029, as outlined below.

SEL ICB Strategic Commitments	Equality Delivery System Domain / Outcome	Equality Strategy Theme	Deliverable – 2025/26	Executive lead	Lead	Timescale
Addressing health inequalities	Domain 1: Commissioned or provided services (1A)	Service planning and engagement	1. Community dental services to continue to collect demographic data by protected characteristic, particularly, ethnicity; religion; and sex/gender. If possible this should include collection of demographic data for incidents and complaints.	Executive Director of Planning	Community Dental Services (KCH and BHC) and Regional Lead for Secondary, Community & Specialist Dentistry	February 2026
Addressing health inequalities	Domain 1: Commissioned or provided services (1A)	Service planning and engagement	2. Community dental services to broaden the range of measures regularly reported on to better understand access including waiting times.	Executive Director of Planning	Community Dental Services (KCH and BHC) and Regional Lead for Secondary, Community & Specialist Dentistry	February 2026
Addressing health inequalities	Domain 1: Commissioned or provided services (1D)	Service planning and engagement	3. Community dental services to continue to embed service user, patient and care-giver involvement in care formulation and service development, including development of case studies to provide evidence on this engagement.	Executive Director of Planning	Community Dental Services (KCH and BHC) and Regional Lead for Secondary, Community & Specialist Dentistry	February 2026

SEL ICB Strategic Commitments	Equality Delivery System Domain / Outcome	Equality Strategy Theme	Deliverable – 2025/26	Executive lead	Lead	Timescale
Addressing health inequalities	Domain 1: Commissioned or provided services (1A)	Service planning and engagement	1. Integrated Therapies service to continue to collect demographic data by protected characteristic, particularly, ethnicity; religion; and sex/gender.	Place Executive Lead – Lewisham (interim)	Head of Greenwich Integrated therapies service / Integrated Commissioning	November 2025
Addressing health inequalities	Domain 1: Commissioned or provided services (1B)	Service planning and engagement	2. Integrated Therapies service to improve communication between the service, schools and parent/carer with a focus on those with English as a second language and those with a disability, impairment and/or sensory loss.	Place Executive Lead – Lewisham (interim)	Head of Greenwich Integrated therapies service / Integrated Commissioning	September 2025
Grow workforce capacity, skills, and improve staff wellbeing	Domain 2: Workforce health and wellbeing (2A)	Building staff support, health and wellbeing	1. Implement a line manager training programme (which includes conflict management, EDI, health and wellbeing conversations) and ensure completion for 80% of SEL ICB line managers.	Chief of Staff	Assistant Director of OD	March 2026
Grow workforce capacity, skills, and improve staff wellbeing	Domain 2: Workforce health and wellbeing (2B/2C)	Tackling bullying and harassment	2. Strengthen the ICBs approach to zero tolerance to bullying, harassment and physical violence through communications and training measured by a reduction in the 2025 NHS Staff Survey.	Chief of Staff	Assistant Director of OD	March 2026

SEL ICB Strategic Commitments	Equality Delivery System Domain / Outcome	Equality Strategy Theme	Deliverable – 2025/26	Executive lead	Lead	Timescale
Grow workforce capacity, skills, and improve staff wellbeing	Domain 3: Inclusive leadership (3A)	Active leadership commitment	1. All ICB board members will have (at least) one specific and measurable EDI objective to which they will be individually and collectively accountable.	Chief of Staff	Assistant Director of EDI	September 2025
Grow workforce capacity, skills, and improve staff wellbeing	Domain 3: Inclusive leadership (3A)	Active leadership commitment	2. Increasing EDI awareness for Board members and senior leaders through events and activities measured by year-on-year improvement in the NHS Staff Survey and EDS22 ‘Inclusive Leadership’ Survey.	Chief of Staff	Assistant Director of EDI	March 2026
Grow workforce capacity, skills, and improve staff wellbeing	Domain 3: Inclusive leadership (3B/3C)	Active leadership commitment	3. Ensure Board and Committee coversheets are fully completed under ‘Equality impacts’, to ensure EDI considerations have been taken into account in ICB planning, development and decision-making, measured annually through EDS22 audit.	Chief of Staff	Assistant Director of EDI	December 2025

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

The SEL ICB Equality Impact Assessment process has been fully re-designed and a new process and toolkit launched. This has led to an increase in uptake in EIAs in 24/25, 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

EIAs have been carried out to fully assess impacts and inform decision making in each example.

The focus in 2025/26 will be to roll out staff training and further embed the process in the governance of major committees.



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

The ICB continues to make progress against its robust equality delivery plan.

A number of staff network groups are 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. HR policies have been updated to include information about the ICB's 'Just Culture' approach to resolving issues, this develops a safe and fair environment for colleagues and promotes a no-blame culture.

The dedicated Equalities in Recruitment Working Group will take forward specific initiatives, looking at debiasing recruitment and helping to promote a just culture in all recruitment activities. All recruitment panels are diverse in terms of gender and ethnicity. 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 People and Culture Oversight Group.

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 Senior Responsible Officer for Equalities, 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 Healthwatch. 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 has a comprehensive Equality Delivery Plan to ensure progress with this programme. This includes insight and actions from the following: a) Workforce Equality Standards for Race, Disability and for the first time, Sexual Orientation, b) Gender Pay Gap, c) Equality Delivery System 2022, and d) Anti-racism strategy.

A second audit was carried out by the Equality and Human Rights Commission (EHRC) in November 2024, which looked at the ICBs compliance with the Public Sector Equality Duty (PSED) from both a patient and staff perspective. The EHRC is due to share its findings shortly. The ICB was selected to further deep dive on our work tackling racial inequalities in maternity and neonatal services and racial disproportionality of detentions under the Mental Health Act.

The Equality Delivery System (EDS) 22 is a quality improvement framework from NHS England which is endorsed by SEL ICB's leadership team. In 2024/25, 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 2025/26.

The ICB developed an Anti-racism strategy. and a review was carried out to assess progress in 2024/25. The ARS will be replaced by a forthcoming EDI Strategy, which will include all outstanding actions. The ICB also participated in a pilot programme called the 'Race Equality Maturity Index' developed by the Race Equality Foundation on behalf of the London Anti-Racism Collaborative for Health (LARCH).

The 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. The ICB has introduced a staff mediation service which is available to all staff.

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](#) with the publication of more projects. We have augmented our engagement with outreach to diverse communities across south east London particularly for the women's and girls' health project and around NHS 111. We continue to develop the South East London People's Panel with a focused recruitment drive to encourage participation of people from Black African, Black Caribbean, South Asian and other minority ethnic communities, people from LGBTQ+ communities and younger people. We carried out focus groups with members of the panel living in Core 20 neighbourhoods to inform the development of the [Guide to Healthcare](#) which is being piloted in Lewisham. We also worked with Mabadiliko CIC to collate insight gained by them across a number of different programmes in one place to enable the sharing of insight more easily across programmes. This insight, gained predominantly from Black African, Black Caribbean, South Asian communities, is published at [What we've heard from local people and communities - South East London ICS](#).



Case Studies

Initiatives taking place withing South East London



South East London-wide



An Equality Impact Assessment (EIA) is used to 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.

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

- Compliance with the Public Sector Equality Duty (PSED)
- Support service improvement;
- Enhance value for money;
- Inform business plans;

- Encourage engagement with people and communities, and staff;
- Increase social inclusion;
- Develop better understanding of the needs and considerations of staff, people and communities;
- Increase user/public/staff trust.

What is SEL ICB doing?
Towards the end of 2024/25, SEL ICB introduced a new EIA process with an updated Screening Tool, Full EIA forms, and a comprehensive toolkit to guide colleagues in completing and EIA. A dedicated EIA page on the EDI Team SharePoint provides key questions categorised by Protected Characteristic and health inequalities.
Colleagues complete the Screening Form, assess the need for a full EIA using the risk matrix, and submit it to the EDI team for review. Approved EIAs are recorded and presented to the Equalities Sub-Committee for final sign-off.

Next steps:

- Develop the training including webinars and essential training on workforce.
- Attending staff briefings across SEL ICB and our Boroughs to present the new toolkit and process.
- Continue to update the resources on our intranet site.
- Establish ongoing communication channels for continuous support.



Mabadiliko is a Black-led organisation that has been working to understand views of Black African, Black Caribbean, South Asian communities and people from socio-economically deprived neighbourhoods. SEL ICB collaborated with [Mabadiliko CIC](#) to consolidate community insights into a comprehensive report, focusing on the health experiences of Black African, Black Caribbean, South Asian, and economically disadvantaged communities across South East London. This cross-thematic analysis spans seven health programmes conducted between 2020 and 2023.

Key Areas Covered

- ✓ **Obesity:** Cultural factors and barriers to maintaining a healthy weight.
- ✓ **Mental Health:** Access to services and cultural attitudes.
- ✓ **Diabetes:** Awareness, management, and community-specific challenges.
- ✓ **Heart Valve Disease:** Knowledge and treatment acceptability.
- ✓ **Hypertension:** Prevention strategies and blood pressure management.
- ✓ **The Vital 5 Check:** Acceptability and effectiveness of the health check initiative.

Core Themes Identified:

- 1. Racism in Healthcare:** Mistrust grew over generations due to awareness of health-related racial discrimination and the negative impact of racial oppression and socio-economic deprivation on health outcomes.
- 2. Health System's Service Offering:** Healthcare inaccessibility for marginalised groups, with patients struggling to secure appointments and receive necessary care.
- 3. Digitalisation of Healthcare:** Although community members view the digitalisation of healthcare as positive and inevitable, they are concerned about the potential for digital exclusion.
- 4. Data Sharing:** While the community accepts data sharing, they do have concerns about data being mismanaged, leaked and/or used against them.

Key Recommendations & Next Steps:

- ❑ Develop an anti-racism strategy to address racism at all levels of healthcare.
- ❑ Improve healthcare access and reduce waiting times, with more appointment options.
- ❑ Tailor digital healthcare to meet the needs of the elderly and disadvantaged groups to prevent exacerbating health inequalities.
- ❑ Ensure clear, transparent information on data collection, usage, and protection processes.



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[Read the full report on the SEL ICB website.](#)

24/25 Community Pilot for Sickle Cell Care

South East London

Building on the recommendations from the [Sickle Cell Society's No One's Listening Report](#), in 2024/25 we have developed a community pilot which seeks to rebuild trust and engagement with people living with sickle cell offering specialist, holistic care in the community. Through this work we have (i) levelled up nursing capacity in the specialist community teams, providing an equitable service for both children and adults across all six boroughs; (ii) provided access to a community-based multi-disciplinary team at three different locations, including dietetic, physiotherapist, and pharmacist support, working alongside community-based psychologists, nurses and haematology teams; (iii) increased access to welfare and benefits advice for patients, families and carers living with sickle cell through community providers and specialist advice through Southwark Law Centre; (iv) introduced a peer support programme with Sickle Cell Society for children and young people, aged 10-24, living with sickle cell, with 80 mentees in south east London having been referred onto the programme; and (iv) delivered an education programme to continue to enhance information available for patients, schools, and workplaces



KEY ACHIEVEMENTS

Despite ongoing efforts, data and feedback continue to reveal persistent inequities in outcomes and experiences for Black, Asian, and other Global Majority birthing people, as well as those living in deprivation and those with other protected characteristics. As part of the **LMNS five-year Equality and Equity Action Plan**, SEL LMNS has conducted a community engagement project in collaboration with several community organisations.

Phase 1 of this project focused on listening to the challenges faced by underrepresented and marginalised birthing people in accessing maternity and neonatal care. The partner organisations approached engagement creatively through methods such as theatre, peer research, and open-dialogue workshops.

Each organisation submitted a report detailing their findings and recommendations, which culminated in a showcase event.

Further details can be accessed on the ICB Let's Talk Health and Care South East London [Learning from the voices of women and birthing people to improve antenatal and maternity health - show case event | Working with local organisations to improve antenatal and maternity health | Let's Talk Health and Care South East London](#).

The insights gained through Phase 1 have enabled the LMNS to build meaningful collaborations with birthing people.

These insights have laid the foundation for Phase 2, which involves delivering solution-focused workshops to inform the LMNS action plan.

The first workshop, based on the most significant theme from the community engagement, addressed 'information and access to information'. Key stakeholders participated in this workshop to co-develop practical solutions, which will now be actioned through the LMNS inequalities workstream





South East London ICS supports around 9,000 people with a Learning Disability and 21,000 Autistic people. Life expectancy for those with a Learning Disability is lower than the general population, with 49% of deaths from avoidable causes compared to 22%. Additionally, 20-30% of Autistic people have a Learning Disability, while 70% have a mental health condition, and 40% experience two or more.

Vision and Aims

For people with a learning disability and Autistic people to achieve equality of life chances, live as independently as possible and to have the right support from mainstream health and care services.

Leading to:

- a reduction in mental health inpatient admissions, for children, young people and adults.
- improved physical health and mental health outcomes people with a learning disability and autistic people of all ages.
- better understanding of the health and care needs of people with a learning disability and autistic people.
- improved community offers for Autistic children, young people and adults.

Specific engagement with diverse communities

- SELECT Keyworking service has recruited a Co-Production Officer, to enable co-production of service expansion.
- LDA User Forum consulted on Dynamic Support Register and Autism community offer development.
- People with lived experience of Learning disability and/or Autism are part of recruitment panel for all SELECT Keyworking posts.
- Black, Asian Minority Ethnic community representative on the LeDeR Focussed Review Panel (ICB employee) and LeDeR Strategic Group (person with lived experience of Learning Disability and/or Autism).

Key interventions

- ✓ LeDeR (Learning from Lives and Deaths of People with a Learning Disability and Autistic people) – review the care and support provided to a person prior to their death, identifying themes for learning across SEL ICS. These themes have been shared via our LeDeR Strategic group, Learning from Death Group and Quality and Safety Committee, to ensure broad understanding of the issues facing this cohort of people in SEL.
- ✓ Inpatient Case Managers, supported the discharge of 57 adults and 25 children and young people from inpatient mental health wards. There has been a 28% reduction in admissions of all age groups in 2024, compared to 2023.
- ✓ Implementation of Dynamic Support Registers (DSR) across all six boroughs and digitisation of these in progress to improve accessibility.
- ✓ Annual Health Checks for people with a Learning Disability aged 14 and above have achieved above the National Target at 88%
- ✓ Diagnostic assessment waits for Autism have reduced in some boroughs for both adults and children and young people and plans are in development to reduce waits in all boroughs to reduce variation.
- ✓ Launch of Oliver McGowan Mandatory Training across the ICB and wider ICS, which enabling our NHS workforce to have an improved understanding of the health inequalities faced by people with a Learning Disability and Autistic people. And ensure that they provide better levels of care and undertake reasonable adjustments accordingly.
- ✓ SELECT Keyworkers have supported 93 children and young people during in the preceding 12 months, advocating for them and their families with a range of issues, and enabling children and young people to:
 - explore their interests.
 - access community-based activities.
 - avoid admission to a mental health ward or placement breakdown.



In an evolving digital world, it is essential measures are put in place address the growing need for digital inclusion within the NHS. This is not just about technology; it's about ensuring that every patient has equitable access to the care and services they need.

Digital inclusion is the method for overcoming exclusion by addressing the barriers to access and skills for using technology. **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. As more services are delivered online through websites, apps, email and SMS, and online becomes the preferred means of contact, digitally excluded people are in danger of being left behind.

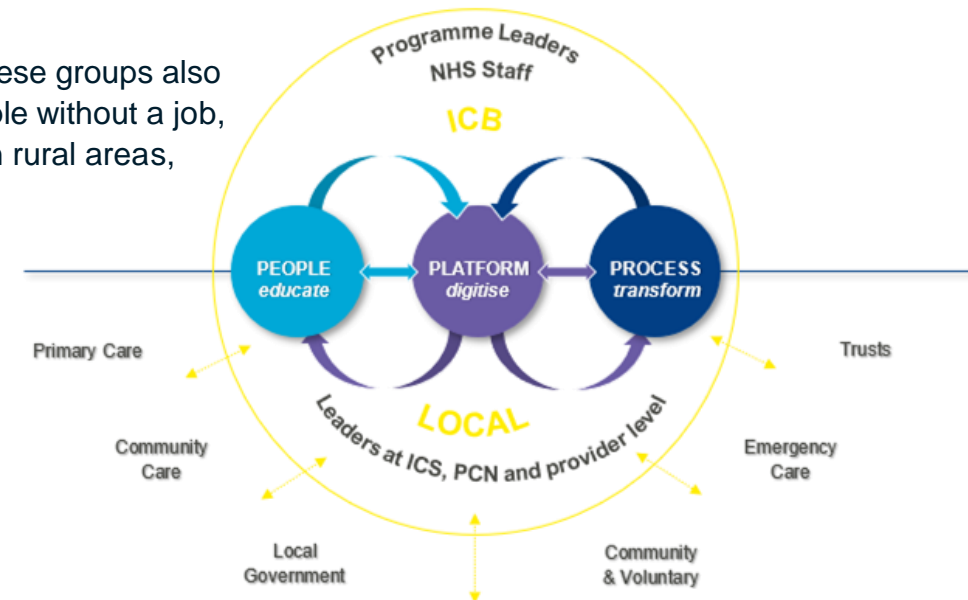
Why are we prioritising digital inclusion

Everyone can be at risk however some groups of our society face a higher risk of being digitally excluded; these groups also generally face a higher risk of health inequalities, which includes older people, people on lower income, people without a job, people in social housing, people with disabilities, people with fewer educational qualifications, people living in rural areas, homeless people and people whose first language is not English.

How are we approaching tackling digital inclusion

Three strategic themes are proposed which are intrinsically linked and will be underpinned by uniting efforts and maximising the potential of existing workforce skills, to strive to build a digitally inclusive society where everyone can thrive and contribute to the digital economy.

- **People** - education to the workforce and the population of southeast London
- **Platform** - user centric digital solutions through the digitisation of systems
- **Process** - skills to successfully transform services and provide equality



Digital inclusion is a whole-of-society issue, [the framework for NHS action on digital inclusion](#) highlights the importance of collaboration at different levels and across sectors.

The collective challenge is how to ensure that ongoing digital transformation of the NHS is inclusive, effective and helps to reduce health inequalities.

Next Steps

- ✓ Integrate digital inclusion into EDI for better access and outcomes.
- ✓ Ensure equal tech access and skills for all, regardless of background.
- ✓ Promote inclusive digital practices for improved patient and ICS outcomes.
- ✓ Collaborate with SEL ICS to embed digital inclusion in healthcare

Bexley



- Bexley Barbershop Project was initiated by the **Bexley Suicide Prevention Partnership** due to concerns about rising suicides rates amongst men.
- The project develops opportunities to promote conversations around mental health and tackle inequalities linked to mental health and suicide.
- With men more likely to talk to their barber than their GP about mental health issues, the project wanted to use barbers' unique position to be able to help men battle anxiety and depression.
- The project trained 8 barbers in the pilot to be able to spot signs of depression, listen, and signposting to a range of services run by the charity sector and NHS.

A 6cm roundel (right) was placed at eye level on barbershop mirrors; it informed men that their barber was able to talk about wellbeing.

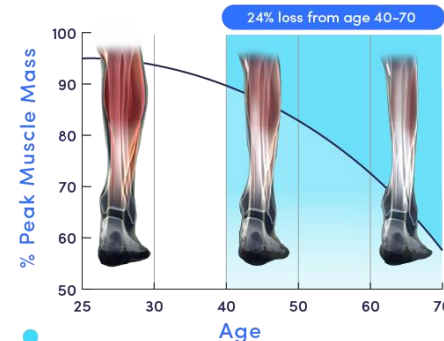


The Project:

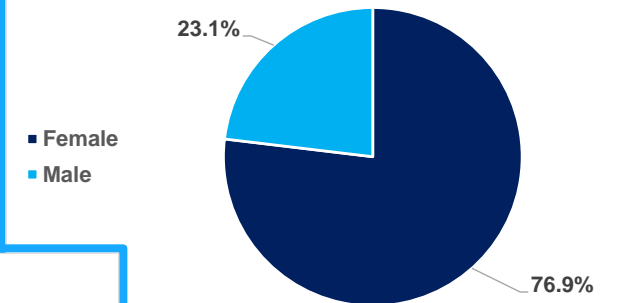
- **Ageing Well Functional Fitness MOT** project delivered by Age UK provided a network of trained local people to identify those at risk of frailty and falls – motivating them to take manageable steps to prevent a decline in function and prevent falls.
- The network includes healthcare staff, public health or system professionals, local community and voluntary groups. The project has been funded by the Frognaal Local Care Network (LCN) for 2 years.

Project Success so far...

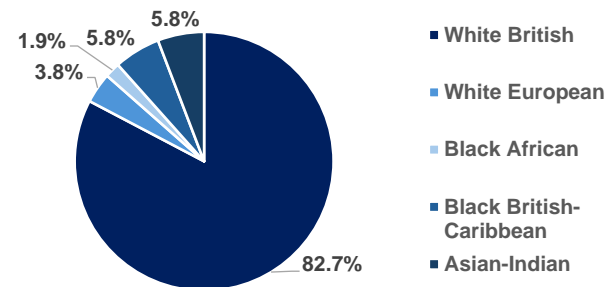
- ✓ **53 people** assessed to date with **28** on the waiting list for the first assessment.
- ✓ **4** smaller events held within community groups and sheltered accommodation.
- ✓ Voluntary and health sector promotion, visiting community centres and coffee mornings with **10** community groups reached.



Assessments to date (Gender Breakdown)



Assessments to date (Ethnicity Breakdown)

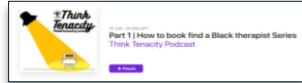


Bromley



The **Bromley Equality Grants Programme** was established to help address **mental health inequalities** in Bromley by providing grants to support **disadvantaged and marginalised groups** with their mental health. Applications were open to community and voluntary organisations that: **Improved the accessibility and inclusivity of support, offered innovative approaches and addressed mental health inequalities.**

Unity Church – ‘Time for Me’ was a course of six relaxation & art workshops provided in an area of high social need and deprivation in the **Ramsden Estate** near Orpington. Grant amount allocated was **£7,550**. Project ran from Nov 2023-Nov 2024 delivering **30 sessions** and supporting **21 individuals** across the sessions. The groups became a place of **encouragement and support** which helped people **manage their anxiety**.



Think Tenacity Academy – Podcasts, free black therapist therapy taster sessions, website with resources for black Bromley residents. Grant amount allocated was **£9,999**. Project ran from Nov 2023-Nov 2024, **4 podcasts** are now available on the **Think Tenacity website** and **Apple Podcasts**

HomeStart Bromley – This project seeks to address the mental health of **fathers** who have a **history of domestic abuse and family conflict**. The programme addresses their **often-unmet mental health needs**, many of whom are reporting anxiety, depression, PTSD, and isolation. Fathers are offered a **9-week group programme** of **mindfulness** practice to support resilience, problem-solving and emotional regulation. Grant amount allocated was **£6,020**.



Kent Association for the Blind – providing a **specialist counselling** service to **blind and sight impaired** adults living in **Bromley**, delivered by counsellors trained to understand the impact of sight impairment. Grant amount allocated was **£5,971**. The project has been running since March 2024 and is funded for 1 year. The target number of **beneficiaries is 30** with a total of **206 sessions** to be delivered. To date, **90% of attendees strongly agree or agree** that they feel better able to cope and **100% of attendees strongly agree or agree** that the counselling has had a **positive impact on day-to-day life and wellbeing**.



ClearCommunityWeb – Funded a series of **16 workshops** to help older people and vulnerable adults with technology and digital skills. Grant amount allocated was **£4,460**. The project ran from Nov 2023-Nov 2024 with workshops held in **Orpington and Penge** focusing on using the **NHS App** and managing hospital appointments as well as WhatsApp settings for **personal security and privacy**. Workshops have been well attended, with usually **10-12 participants** in each one.



Bromley & Croydon women's aid – sought funding to offer **women in Bromley** who have experienced/are experiencing **domestic abuse** and have **complex mental health** needs to attend **12 sessions** of trauma-informed and person-centred **counselling**. Grant amount allocated was **£6,000**, the project has been running since March 2024 and is due to finish in Dec 2024.



Next Steps:

- On completion of the programme, all grantees to submit an end of project monitoring report.
- Reports to include evaluation and outcome data including demographic data where possible.
- Collate individual reports to produce a summary report of the programme and review of impact on marginalised communities in the borough Bromley.
- Document learnings for future equality programmes.

Tackling Digital Inclusion in Bromley

During Summer 2024, Bromley Primary Care Networks (PCNs) developed localised digital inclusion initiatives targeted towards patients with lower utilisation of digital tools to access primary care, such as the NHS App and online consultations.

Key Interventions delivered by PCNs

- ✓ Workshops and drop-in sessions
- ✓ Training practice teams
- ✓ Simple resources
- ✓ Telephone help desk
- ✓ Collaboration



Challenges Encountered

- **Language barriers:** Some patients would have benefited from resources translated in other languages; this is not yet available for the NHS App.
- **Staff confidence:** Some front desk staff felt less confident supporting patients with digital tools, highlighting a need for ongoing training.
- **Printed resources:** Greater demand than expected for printed materials and handouts for patients who preferred paper materials over digital ones.
- **Helpdesk delays:** Patients and staff reported long wait times when contacting the NHS App helpdesk, dissuading some at the sign up stage.
- **Engaging all groups:** Community spaces and resources are critical to better engage certain groups, such as patients who were socially isolated or lacked access to digital devices or internet connectivity.

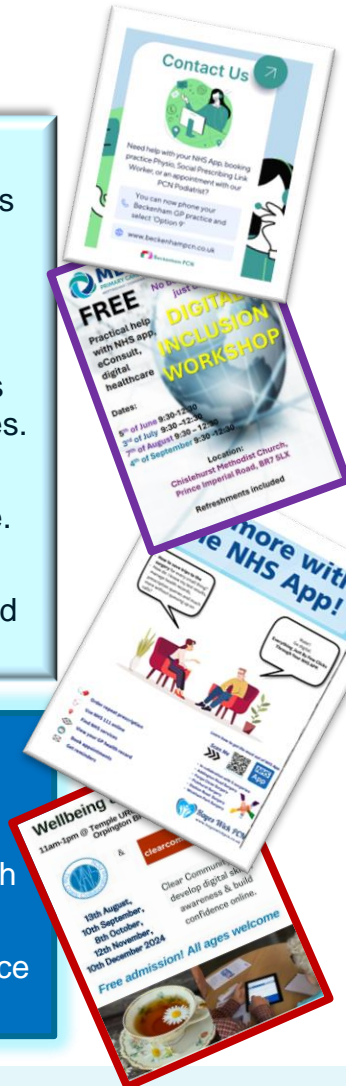
Outcomes

- **Increased uptake:** NHS App average uptake in Bromley rose from 64% in April 2024 to 67% by October 2024, a 3% increase.
- **Higher utilisation:** Patient logins to the NHS App surged, from 210,262 in April to 319,612 in October — an increase of nearly 110k.
- **Improved confidence:** Patients reported feeling more comfortable using digital tools after the workshops or individualised support.
- **Reducing Health Inequalities:** Targeted interventions can help under-represented groups access GP services digitally, helping to improve equity in healthcare access.



Next Steps:

- ✓ **Collaborations with Bromley libraries:** as part of the National Health Literacy Partnership to develop a joint approach for PCNs to partner with libraries to support with this initiative.
- ✓ **Enhancing practice websites:** Updating Bromley practice websites with NHS App info, "how-to" videos, and FAQs.



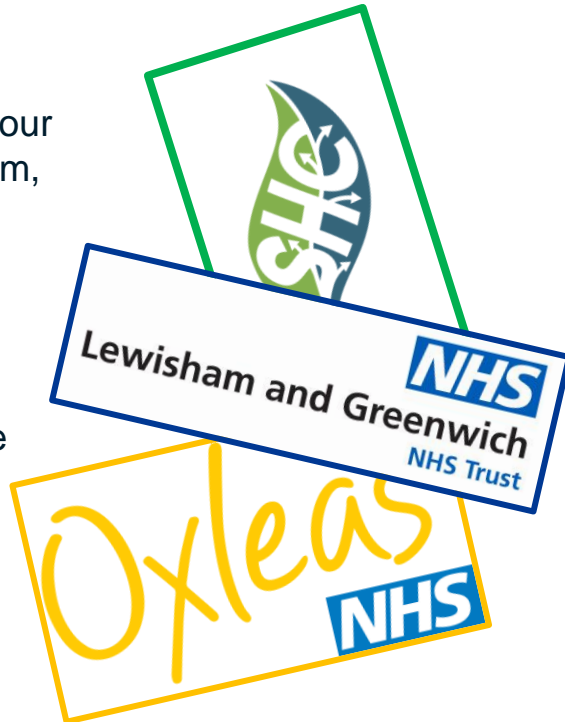
Greenwich



This marks the **third year** of our exciting and impactful program, which continues to forge meaningful connections between clinicians and vital community organisations.

Through this initiative, we are **linking healthcare professionals with non-selective, non-fee-paying secondary schools and colleges for mentoring and health promotion.**

We also **link clinicians with homeless shelters, foodbanks, and carer centres.** This year, we have successfully **placed 21 clinicians across 8 secondary schools** in Greenwich—a **significant increase** from last year's efforts.



A Healthcare Career Fair at Shooters Hill College attracted **180 Year 10 and 11 students**, showcasing career opportunities with 10 clinical and care professionals. Key support from **Oxleas, Lewisham & Greenwich Trust, Hospice, and local GPs** has been vital to the program's success.

Over the past year, we've organised **three career fairs at local schools**, offering students broad exposure to a range of healthcare occupations. For many, this was an eye-opening experience that expanded their horizons on potential career paths in health and social care, as well as practical advice on how to pursue these opportunities.

Additionally, we've provided valuable **interview preparation** for Year 13 students applying for healthcare-related careers, with over **120 students from 25 schools attending.**



With **overwhelmingly positive feedback**, the initiative fosters meaningful connections between healthcare professionals and the community, **inspiring young people and expanding their awareness of healthcare career paths.**

Next Steps:

Recruiting and placing more health ambassadors into our community



Building our links with local organisations

Greenwich Rough Sleepers Initiative

Recent government data highlights a concerning rise in the number of people sleeping rough, both in Greenwich and across London. In response to this growing crisis, the Population Health Team has been working closely with Public Health, Primary Care Teams, and Medicine Optimisation to create a more holistic, coordinated approach to support this vulnerable group.

Through our collaborative efforts, we have successfully engaged five GPs from our Health Ambassador Programme, who are volunteering their expertise with two key local organisations supporting rough sleepers: the [Greenwich homeless project](#) and the [Woolwich Service Users Project](#).

These clinicians are playing a vital role by providing not only direct health advice and signposting, but also offering strategic guidance within both organisations, helping to shape and strengthen their service delivery.

Next Steps:

Proposal made to the ICB for funding for a GP fellow to provide oversight for this emerging workstream

Finalising the Needs Assessment



Working alongside the Medicine Optimisation team, we are arranging for these GPs to prescribe for minor and acute ailments through the Pharmacy First scheme, ensuring that rough sleepers receive timely and appropriate care.

Additionally, we have **partnered with Oxleas** to integrate mental health support into the services provided by these organisations, ensuring that the full spectrum of health and wellbeing needs is addressed. To ensure our efforts are effective and responsive, we have also connected with King's College London to conduct a thorough evaluation and needs assessment, providing valuable insights to inform future service improvements.

Lambeth



The **Inspire Black Communities Health and Wellbeing Day** took place on 6 July 2024 as part of the **London Inspire Programme**, addressing health inequalities in Black communities. Organised in collaboration with **Caribbean and African Health Network** and **Lambeth Together**, it was funded by South East London Health Inequalities Funding. The event featured **23 stalls** on key health issues (e.g., mental health, cancer, diabetes, kidney and cardiovascular health, sickle cell) and offered a free culturally appropriate lunch alongside **14 fun activities** for all ages.

The event was advertised through word of mouth, email, social media, posters, and leaflets, which attracted a varied audience, including many newcomers and individuals from different London boroughs. On the day:

- **486 people attended**
- A wide range of demographics, with a strong representation of **women, Black Caribbean and African communities, and people living in Lambeth.**
- Most attendees belonged to **older age groups**, with **34%** of attendees aged between **55 and 64**
- The **majority** of attendees were from the **Black community** - **41%** of attendees were from Black Caribbean backgrounds and **22%** were from Black African backgrounds.

Approximately **36%** (86 persons) of those who visited the stalls were **referred to another service.**

- **17 people** were referred to their **GP**
- Around **1/3** of people who got a blood pressure check were recommended to visit their GP
- **38%** of those who were tested for kidney health were noted as ‘abnormal’
- **56%** of those who visited the breast cancer stall got referred to their GP or screening services

Successes of the event

- ✓ Enabled attendees to access quality health services and information, improving health outcomes and supporting local health awareness and health literacy
- ✓ Gathered a diverse group of people while primarily targeting Black Caribbean and African communities, thus helping to reduce the health gap between Black and White Londoners.
- ✓ Generated high overall satisfaction through the provision of diverse, high-quality services/activities.
- ✓ Informed attendees about Lambeth’s health services and boosted engagement with Integrated Care Systems.
- ✓ Built on a model of co-production and co-design.
- ✓ Utilised assets within the community to achieve its aim of including Black Clinicians and other Black-led and Black serving organisations across London, fostering cross-sectorial collaborations.
- ✓ Facilitated community engagement and the implementation of local events.



Background

The project delivered targeted non-clinical cost and energy-saving interventions to low-income and more **socio-economically deprived** residents with health conditions (initially sickle cell) worsened by cold. The project was led by the **Cost-of-Living team** and several **key stakeholders were** engaged with while developing this project.

There were 30 eligible residents (**those with sickle cell disease and on a low-income**) who were contacted by a Financial Link Worker to take part in the scheme. The residents and Financial Link Workers worked together to design and plan interventions led by the needs of the resident.

Objectives:

- ✓ **Improve the health and wellbeing** of residents with sickle cell, preventing their health condition from worsening over winter due to having cold homes.
- ✓ **Reduce** hospital admissions and/or acute episodes.
- ✓ **Build an evidence-base for non-clinical interventions** that could support this cohort and inform better-targeted future support for residents with other health conditions reflecting future funding constraints.

Outcomes and Outputs:

- ✓ **All 30** residents received support to maximise their incomes
- ✓ **13 residents** were supported to **make savings of over £2,000 per year** through energy efficiency measures
- ✓ **8 residents** were **supported into employment**
- ✓ **1 resident** was identified as being in an overcrowded household and **supported to move to more suitable accommodation**
- ✓ **90% of participants** felt their home was **warmer** as a result
- ✓ **70% of participants** felt the service had a **positive impact** on their health and wellbeing

Ongoing work in this area:

- Expanding the number of residents with sickle cell disease supported
- Working in partnership with **Energy Systems Catapult, National Energy Foundation and Scottish Power** to deliver advice and retrofit works to the homes of disabled residents
- The learning from the pilot has informed an extended programme of support to residents with other health conditions worsened by the cold
- Continuing to provide resident-led initiatives to ensure a holistic approach to support

The team is also contacting residents a year on from the project to understand the long-term outcomes from the support provided and offer further assistance.



Lewisham



In an innovative project, South London Listens co-designed and piloted a one day a week clinical role based at Lewisham Refugee and Migrant Network – delivering a grassroots response to meet the significant mental health needs of migrants and refugee communities. The Community Embedded Worker role has been running through 2024/25. Our goal was to build trusted and equitable relationships between the NHS, communities and VCSEs. The evaluation framework designed, defined key indicators of success, which included: **1)** More people from BME, refugee and migrant backgrounds get the right help **2)** Learning taken from the programme to address barriers to services, **3)** Strong, trusted and equitable relationships are built and **4)** VCO staff and volunteers have a better understanding of mental health and services to sign-post.

The role scope was set by engagement with communities, and CEWs have tailored their approach to meet the needs of organisations and communities:

- Targeted 1-2-1 support and assessments for clients supported by the Immigration Service Navigators and mental health and wellbeing teams
- Made assessments and referrals into mental health services and community services and multiple follow-up sessions
- Providing family-focused support
- Working with clients to strengthen coping skills and strategies
- Preparing clients for referral to IAPT to improve acceptance
- Writing GP letters
- Provided Training and support for LRMN colleagues on:
 - MH diagnosis
 - Support needs
 - Sign-posting and how to refer into MH services
 - General advice and support to wellbeing and resettlement team
- Working with mental health services to address barriers and improve acceptance rates

- Improving access to care: Through 2024, the CEW has supported **21** clients to access mental health services – who had previously **not** accessed help. **5** additional clients were supported to receive community support.
- The CEW has provided ongoing support to **9** clients at **LRMN** – working with care teams and SLaM services. The CEW has developed work with community and NHS partners to provide group support – working with the LRMN women’s group to develop Creative Wellbeing Workshops, and with the SLaM Recovery College to launch a wellbeing group for refugees and migrants (launched in May 2023).
- Working with NHS services to create new and tailored pathways to care. For example, the CEW worked with the local NHS Talking Therapy service to develop a new pathway for clients to access therapies and relevant mental health services for the first time.
- Building community and organisational trust and capacity: CEWs have become fully embedded into the organisation’s teams and culture and have supported staff through group and individual sessions. Staff at Lewisham Refugee and Migrant Network were interviewed and have said they have a better understanding of available NHS services.



Next steps:

The Community Embedded Worker has been agreed as a full-time role in Lewisham – recruitment took place in Dec 24 and the role will begin in March 25. South London and the Maudsley NHS Trust have committed to working to expand this model across its services based on the learning from the evaluated full-time role

Supporting Fathers and Male Carers in Lewisham

The Lewisham Children & Young People (CYP) Joint Commissioning Team is building our support offer for fathers and male carers in the Early Years, focusing on the critical period from conception to age 2.

In line with the Early Years priority of the Integrated Care Strategy, our aim is to **ensure children get a good start in life** by supporting new and expectant fathers and male carers to:

- Stay resilient and emotionally well
- Improve parenting skills and confidence, and empower fathers to support the wellbeing of their baby and wider family
- Have more opportunities for peer support, with fathers able to connect and build an ongoing support network
- Be actively engaged in the pregnancy and immediate postnatal period

This integrated programme of work aligns with Lewisham’s priority objective to **provide families with integrated, high quality, whole-family support services**.

The CYP Commissioning Team are working across Maternity and Early Years services to ensure that they **are inclusive and welcoming to fathers and male caregivers**, through empowering fathers to speak up about their experience of perinatal care, and through changing working practices and attitudes.

Being Dad, a peer-led programme by South East London Mind, supports fathers' mental wellbeing and resilience. Co-designed with local dads, it's delivered by those with lived experience of perinatal mental health issues.

Between April 2023 and July 2024, 100 male carers participated, 34% showing clinical mental health symptoms. The programme improved wellbeing: 83% felt better equipped to cope, 90% gained parenting confidence, and 94% learnt lasting coping skills

The **Start for Life Fathers Programme** delivered by Future Men, supports fathers and male carers, focusing on marginalised groups.

Since April 2023, 87 received one-to-one support (87% showing improved outcomes), 36 joined Family Hub Stay and Play sessions, and 105 were reached through community outreach.

302

fathers and male carers supported from between April 2023 and September 2024 across dedicated programmes

A network of support from conception to age 2

Future Dads, an antenatal course at Lewisham Hospital, equips expectant fathers with knowledge and skills to engage in pregnancy and support their partners.

Since April 2023, 115 attended, with 71% reporting improved knowledge and confidence.

Future Men Future Men support Family Hubs and early years services with training and consultations on father-inclusive practice, delivering 175 consultations and training 113 practitioners to date.

This includes training sessions as well as one-to-one consultations for practitioners.

Low Complexity/Risk
Integrated Community hubs

Who?

Primarily “well” residents in each neighbourhood, at risk of Long-Term Conditions or from Core20PLUS groups more likely to face health inequalities.

How do we support them?

A community-led approach involving VCSE organisations, community champions, and health & wellbeing coaches. Residents are connected to community and self-management resources to promote healthy, independent living. An integrated community hub operates from the Waldron, Goldsmith, and Lewisham Shopping Centre. A new Black-led outreach Hypertension service is launching to bring support directly to the community.

Medium Complexity/Risk
MDT & group sessions

Who?

People in Core20PLUS with or at risk of 3+ Long-Term Conditions (LTCs) or depression, who haven't seen their GP but recently attended A&E. Includes bespoke support for patients with SMI or LD, starting with CVD.

How do we support them?

Integrated Neighbourhood Teams (INTs) in Lewisham casefind and manage cohorts, providing MDT lifestyle, medicinal, and proactive preventative support to address needs before they escalate.

Most Complex

Who?

People with 3+ Long-Term Conditions, severe frailty if >65 or <65 with polypharmacy, in Core20PLUS, and at high risk of admission (0.5% of the population).

How do we support them?

MDMs (Multi-Disciplinary Meetings): Primary care and health professionals collaborate at practice level to support patients with acute, complex needs.

Southwark



Grants of **£10,000** or **£5,000** have been awarded to **30 Voluntary, Community, and Social Enterprise (VCSE) groups in specific Southwark wards**, focusing on disability and/or mental health.

The programme’s **goal** is to ‘**fund differently**,’ offering small organisations without the capacity for traditional grant applications **the opportunity to access funding** aimed at **reducing health inequalities** at the neighbourhood level.



The impact of the project has been seen via case studies collected, with service users reporting **improved physical and mental health**, a **decrease in social isolation**, and an **increase in food security and financial stability**.



The funding has supported initiatives like **creative mental health activities, sports for people with disabilities, and programmes for young adults**.

80% of participants progressed to work, training, or education.

Reflection sessions with VCSE groups are also part of the process, promoting ongoing learning and co-development of the funding approach.



By supporting grassroots organisations embedded in local communities, the programme delivers **targeted assistance** to the **most vulnerable groups**. It has reached diverse communities, including the **Latin American community, refugees and asylum seekers**, and residents of the **Old Kent Road and Peckham** areas.



Partnership Southwark members have supported the findings of Healthwatch Southwark’s [Latin American Access Report](#) (which received a [1-year update in October 2024](#)) and agreed an action plan including the following:

Communications

Providers have highlighted new and existing mechanisms to **facilitate language barriers** – including technology such as **Language Robots, tanays**, the new **Electronic Patient Records System (EPIC)** and the South East London-wide **DA Languages interpretation service** commissioned by SEL ICB.

Providers explained how patients can request and access to these adaptations. As the interpretation services provider is due to be **re-tendered**, Healthwatch Southwark have circulated opportunities for **Latin American residents to get involved in the consultation process** to ensure that future services meet their needs. Providers have detailed new activities they will implement to incorporate patient voice into their strategies and service delivery.

Providers have also explained that whilst they have moved towards a **‘Digital First’** approach to communications, patients can request letters and telephone calls through the means detailed above.



Diversity and Inclusion

Providers have detailed how EPIC has enabled them to **capture more detailed Equality, Diversity and Inclusion data**, which will help them to **better understand patient demographics** and **adapt services** accordingly.

As this system is newly implemented, providers have explained they are still testing its full capabilities and usage for expanded demographics data. Providers have also **provided or pledged to provide information about the uptake of EDI training amongst staff**, as well as how the impact of this training will be monitored. This will be **monitored in our 12-month reviews**.

Appointments and Charges

Primary care providers have acknowledged the **challenges patients experience when booking GP appointments** and have highlighted means of **improving the process**. They have also highlighted **alternative means for patients to access their information**, if their local GP has applied a fee for certain documents not covered by the national contract.

Secondary care providers have highlighted the role of EPIC in **streamlining the referrals process**, as well as increased availability of **translated materials to support Spanish and Portuguese-speaking patients through referrals**.



Bridge@Southwark is a novel primary care 'hub' clinic for *Trans, Non-Binary and Intersex* (TNBI) in Southwark, London, providing both GAC and routine primary care in a trans-inclusive environment. There are only **9 NHS Gender Identity Clinics** (GICs) that provide this in the UK. Demand has increased significantly and **waiting times can exceed 7 years for first appointments**. As a result, many TNBIs seek care from the **private sector** or **self-medicate** using hormones obtained via the internet, friends, or unregulated marketplaces. Transgender, non-binary and intersex (TNBI) people may identify as a gender different to the sex that they were assigned at birth. This often leads to feelings of intense distress, known as **gender dysphoria**. Many TNBIs seek gender affirming care (GAC) to alleviate their dysphoria, especially gender-affirming hormone therapy (GAHT).

Methodology

This study was conducted as a retrospective cross-sectional analysis of patients accessing care via Bridge@Southwark.

- ✓ Data comprising socio-demographic characteristics and health-status were obtained with consent from a patient reported survey and medical records.
- ✓ Data was collected between Dec. 2022 – June 2024 and analysed using descriptive statistics.
- ✓ A trend analysis was conducted to explore whether experiences of TNBI discrimination in primary care has changed over time in SEL.

Socio-Demographics

- ❖ A diverse cohort in terms of gender identity (aged between 17 – 76), with comorbidity. GPs are well-placed to address the broader needs of this cohort, in addition to GAC.
- ❖ Even distribution of **Assigned Male At Birth (AMAB)** and **Assigned Female At Birth (AFAB)** patients accessing the Bridge Clinic challenges assumptions that there are disproportionately low numbers of AFAB patients seeking GAC.
- ❖ Suggestion that conforming to harmful narratives centred on the perceived danger and exclusion of trans women can further disadvantage trans men and non-binary folk.

'Unmet Health Needs of Trans, Non-Binary and Intersex (TNBI) People Accessing Bridge@Southwark: A Novel Primary Care Clinic'

Diversity & Inclusion

- ❖ Disproportionate service access by White British patients when compared to local Southwark demographics.
- ❖ Further assessment of barriers to access is warranted to support future service equity amongst all ethnic groups within the Borough



Referrals

- Referrals received from 15 of 17 GP (88%) practices in South Southwark, demonstrating perceived acceptability and value from local GP colleagues.
- >40% of patients moved GP to access the Bridge reflecting a significant out of area demand or possible dearth of similar services.

Physical Health & Complexity

- Many patients identified as disabled and reported multimorbidity.
- Smoking prevalence was disproportionately high for this cohort.
- Over half of patients had not received a HIV test in the last 12 months and a significant proportion were overdue for cervical screening.

Experience of Discrimination

- Disproportionate numbers of TNBI people have experienced abuse and violence.
- This has increased over time, potentially reflecting an increasingly transphobic political and cultural environment.
- Many have experienced discrimination in health care settings and chose not to access care due to this.
- Trans-inclusive services can play an important role by facilitating access to this vulnerable group.
- The number of people who have experienced discrimination from their GP local has decreased over time – which may relate to presence of Bridge and educational events delivered across SEL since 2022.

A High Demand for Gender Affirming Care

- 100% of patients accessed Bridge to access GAC.
- Very few patients had previously accessed GAC through NHS GICs, and most sought care from private providers or self-medicated.
- The most common place to seek GAC was GP.
- Between 2022-24 there has been a reduction in the use of private clinics – may reflect presence of Bridge and also the increasing trend of GPs refusing to take on shared care prescribing.
- The harmful practice of self-medication was high and seemed to be increasingly commonplace over time.

Key Outcomes

- There is a high unmet need for GAC amongst TNBIs who have co-existing health needs unrelated to their gender and are less likely to access mainstream services.
- By addressing these needs within primary care, we have an opportunity to significantly improve their health.
- A large proportion of patients engage in unsupervised self-medication, hence there is a significant potential for harm-reduction through formalisation of GAC in primary care.
- Future work should seek to address and assess barrier to access for black patients and other Global Majority groups.

Workforce Initiatives

Support in place for ICB staff



Freedom to Speak Up Guardians

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



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

- The ICB remains committed to supporting a culture of learning, openness and transparency across the whole organisation. The ICB want to ensure that their staff feel empowered to speak up if they have any concerns about patient care in South East London.
- The ICB has a diverse group of FTSU champions, who represent staff in the boroughs and are supported in these roles by a number of colleagues including:
 - The ICB's FTSU Guardian, who is registered with the National Guardians Office
 - The ICB's Chief of Staff who is FTSU executive lead
 - One of the ICB Non-Executive Members

Contact details for colleagues who can help with FTSU queries are included on the staff intranet.

- The ICB's FTSU Guardian and Champions act as an independent and impartial outlet for ICB staff to raise issues or concerns confidentially. The themes gathered from the issues raised with the team will help the ICB make improvements for patients and staff.
- Colleagues are encouraged to use the FTSU service to discuss:
 - When things go wrong, so we can make sure that lessons are learnt, and things are improved
 - If we think something might go wrong, so that potential harm can be prevented
 - Even when things are good, but could be even better, to identify opportunities for improvement

NHS South East London ICB has four active staff networks (below). Staff networks provide a supportive and welcoming space for colleagues, and offer expertise on matters related to equality, diversity, and inclusion. The NHS People Plan asks organisations – including boards and senior leaders – to ensure this expertise informs senior-level decision-making for workforce development, improving employee experience and retention, and to influence national policy and patient care positively.

Some of the achievements of the ICB’s staff networks include:

- ❖ The **LGBTQ+ staff network** has been looking at the LGBTQ+ Health and Inclusion Framework, which is a practical framework enabling health and care leaders to create inclusive environments for LGBTQ+ staff and service users. The LGBTQ+ staff network are currently working on launching the LGBTQ+ Health and Inclusion Framework survey to bring a greater understanding of the framework and what it entails.
- ❖ The **Women, Parent, and Carers’ staff network** has been focusing on areas identified from the ICB’s corporate objectives. Including the uptake of cancer screening and raising awareness of cervical, breast and prostate screening, along with cardio risk factors such as hypertension. Covering current issues within schools, such as Martha’s rule, device safety and possible amendments to the carers leave policy. There has also been a continued focus on the menopause policy and training to support its implementation.
- ❖ The **Embracing Race and Diversity staff network** delivered a book film and music club and covered an array of black history month events in ICB’s equalities forum. Embracing race and diversity staff network members have also looked at feedback and discussions on the Workforce Race Equality Standard and staff survey findings. Along with space to discuss issues surrounding race and discrimination.
- ❖ The **Age and Ability Staff Network** has been working closely with the EDI Team on the Workforce Disability Equality Standard. Additionally, following the release of workplace adjustments guidance, the Co-Chairs have been working closely with the HR Team to develop a workplace adjustments policy, ensuring all colleagues receive their adjustments promptly. The network has also participated in the Equalities Forum, where Thelma Stober, a 7/7 bombing survivor, shared her experience, and the EDI Mandate Team Lead discussed the importance of mandatory reporting.

The ICB holds a staff network chair meetings which enable the network chairs and co-chairs to discuss upcoming plans for the individual networks as well as projects they can work on collectively taking an intersectional approach to achieve greater equality in the ICB.



In quarter four of 2024/25 the ICB will focus on:

- ✓ Ensuring each staff network has an **executive sponsor** to support its work and help to raise the overall profile of the groups.
- ✓ The **staff survey results relating to each staff network** i.e. relatable protected characteristics
- ✓ Developing **workplans for 2025/26**



The Equalities in Recruitment Working Group was 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

Most of the work this year has been led by the Management Cost Reduction (MCR) process. The ICB put in place a number of resources to support the programme, which included dedicated webpages on the intranet which included resources such as:

- Recruitment guidance amended to reflect
- TRAC guidance for 'at risk' staff
- Short application guidance for those staff attending ring fenced interviews, along with example competency grades by Band
- A list of vacant and new posts were listed each week
- In addition, the OD function put on a number of programmes to support health and wellbeing during the MCR programme along with Outplacement support for those individuals who were placed 'at risk' during the programme.
- The Workplace adjustments guidance for managers and staff was also advertised widely to support existing employees.

As part of the ICB's support for ring fence interview, a cohort of staff were trained as inclusion advisors. These individuals sat on ring fence panels and were able to challenge decisions

The redeployment module on our e-recruitment platform was used to support individuals 'at risk' to find suitable alternative employment. They were able to be notified of roles from across the NHS and not just those available internally or within the local ICS.

The ICB continues 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

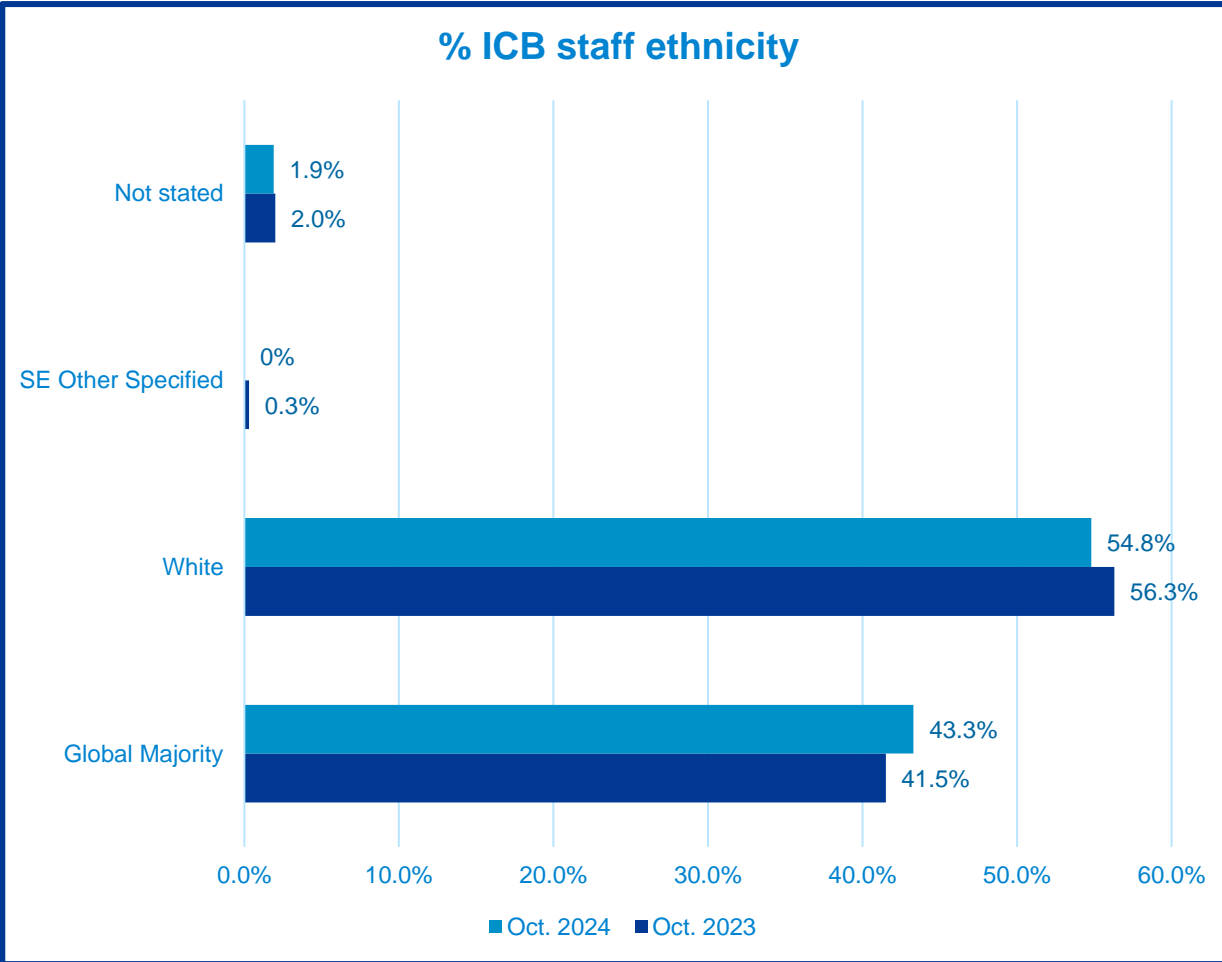
The group has been stood down until the new Associate Director of HR, OD and Recruitment is in post. This will include reviewing membership and the terms of reference for the group to ensure it takes forward the priorities of the ICB post MCR

SEL ICB Workforce Data

Equalities Standards and Equality, Diversity, and Inclusion Data



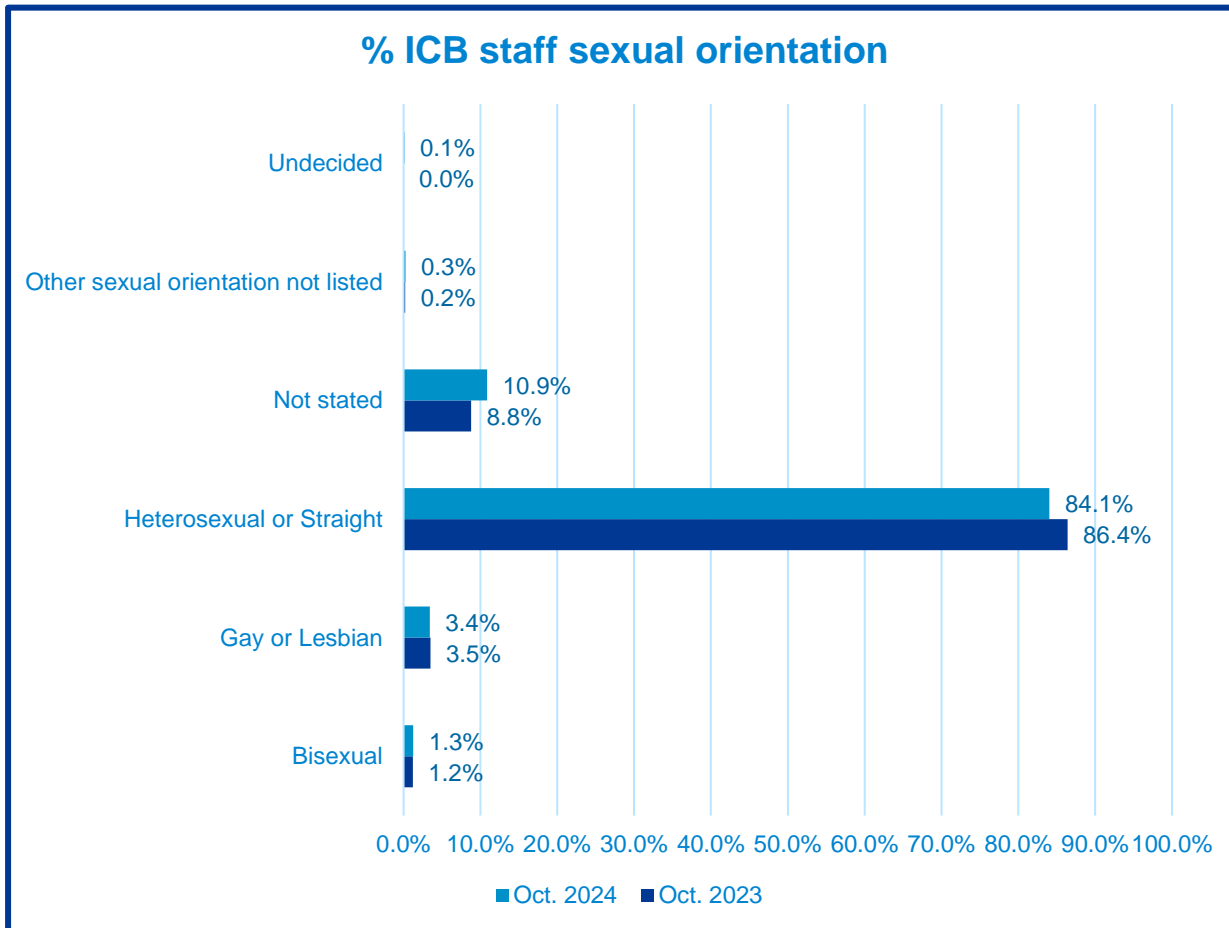
The below graph and table provides the ethnicity breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2023 and October 2024.



- In October 2023, the workforce comprised of **56.3%** White staff members and in October 2024 there were **54.8%** White staff member. This is a decrease of **1.5%** from 2023.
- Those from a Global Majority background made up **41.5%** of the workforce in October 2023, compared to **43.3%** of the workforce in October 2024. This figure has increased slightly by **1.8%**.
- The number of people who did not wish to disclose their ethnicity has essentially stayed the same at **1.9%**.
- South East London’s community is made up of **60.2%** White and **39.8%** Global Majority. When comparing to the community we serve, the ICB is overrepresented by **3.5%** (October 2024) for Global Majority and underrepresented for White colleagues by **5.9%**.

	Oct. 2023	Oct. 2024
Global Majority	41.5%	43.3%
White	56.3%	54.8%
SE Other Specified	0.3%	0%
Not stated	2.0%	1.9%

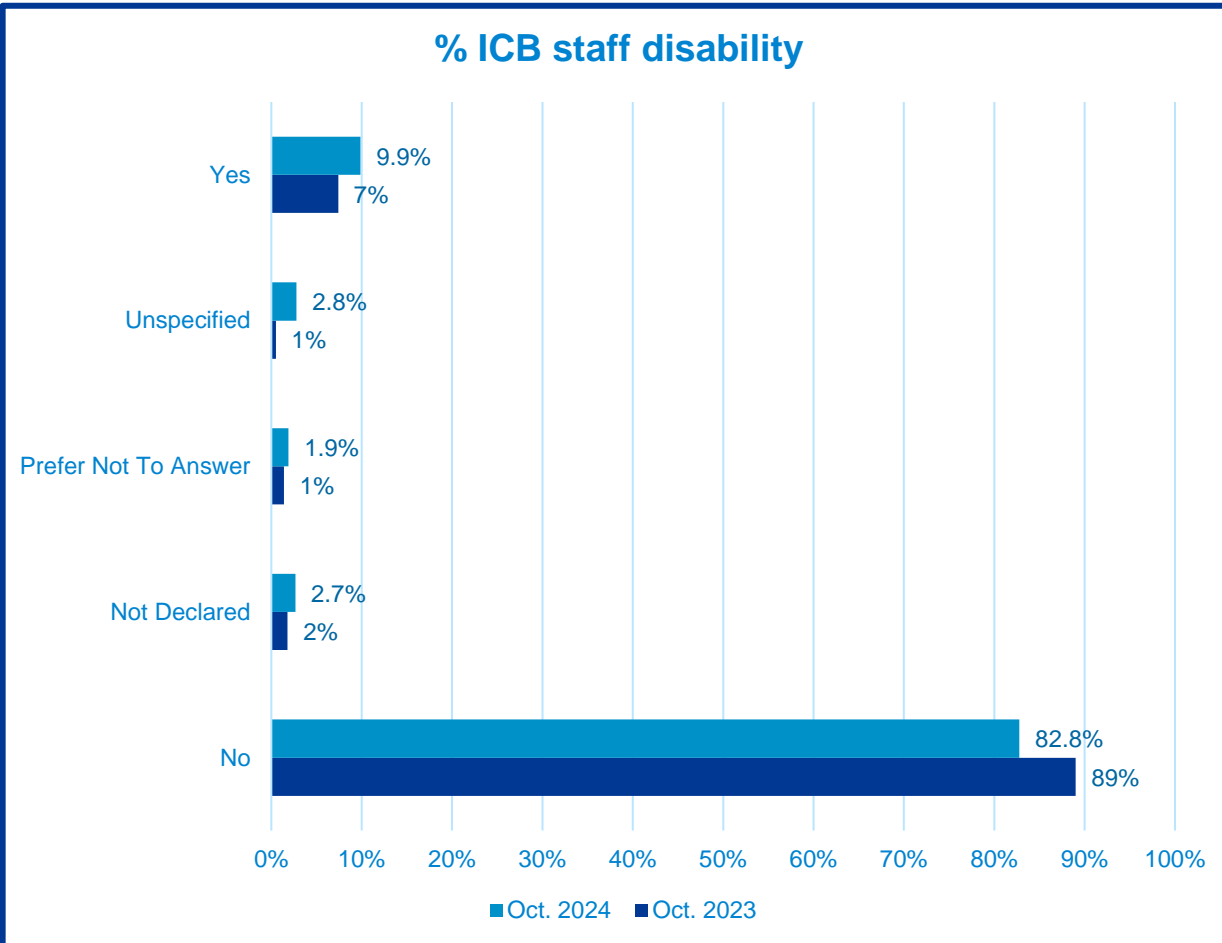
The below graph and table provides the sexual orientation breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2023 and October 2024.



- In October 2023 **1.2%** of the workforce stated that they were Bisexual and in October 2024 this increased to **1.3% (+0.1%)**. We are still underrepresented to the South East London Community (**1.8%**).
- In October 2023 **3.5%** of the workforce stated that they were Gay or Lesbian compared to **3.4%** in October 2024 (-0.1%). We are overrepresented by **0.3%** 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 decreased from **86.4%** in October 2023 to **84.1%** in October 2023 (**-2.3%**). We are underrepresented by **1.9%** compared to the community we serve (**86%**).
- There is a relatively high number of the workforce that have not disclosed their sexual orientation, **8.8%** (October 2023) and **10.9%** (October 2024). We can see that this has increased by **2.1%**.

	Oct. 2023	Oct. 2024
Bisexual	1.2%	1.3%
Gay or Lesbian	3.5%	3.4%
Heterosexual or Straight	86.4%	84.1%
Not stated	8.8%	10.9%
Other sexual orientation not listed	0.2%	0.3%
Undecided	0.0%	0.1%

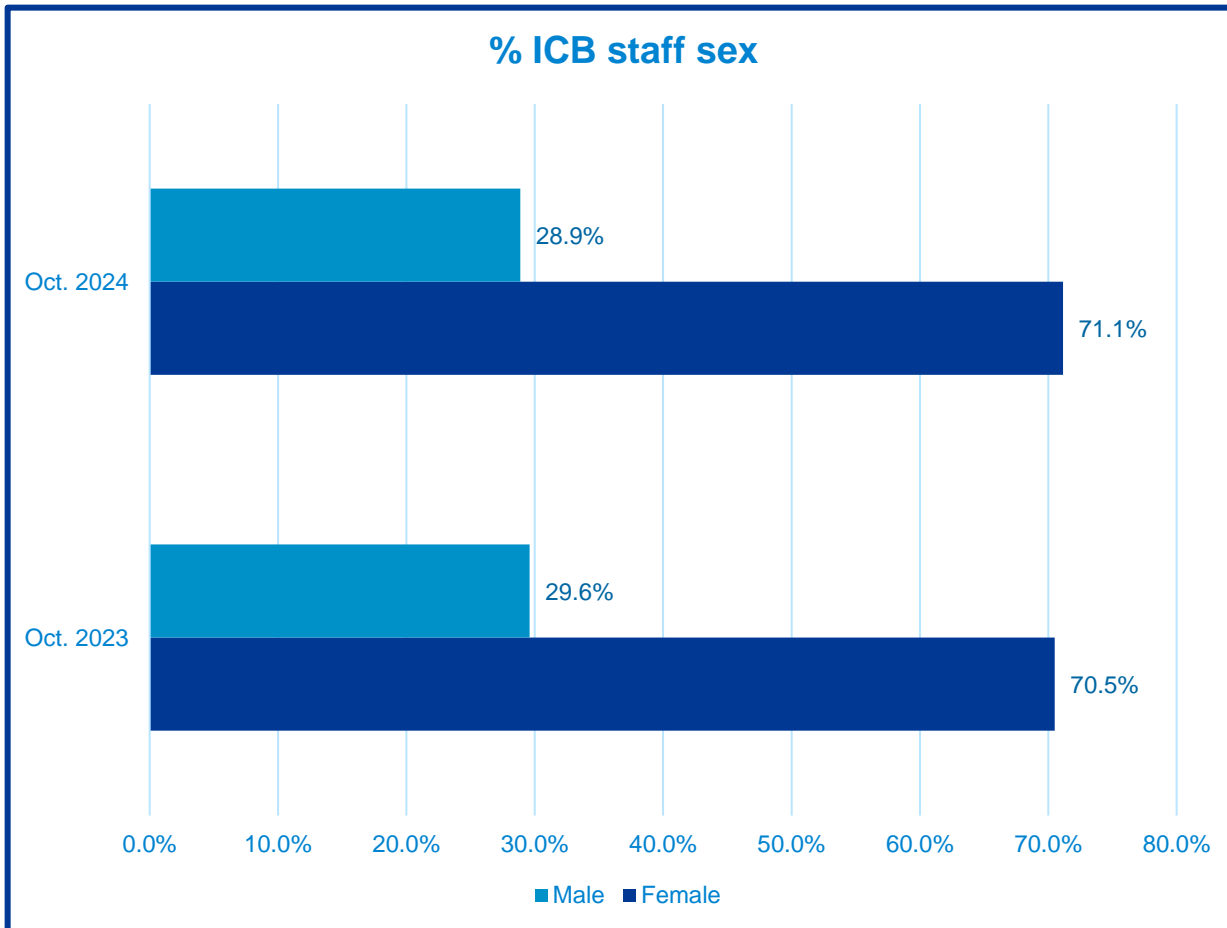
The below graph and table provides the sexual orientation breakdown of South East London Integrated Care Board (SEL ICB) workforce. This is a comparison of data between October 2023 and October 2024.



- In October 2023 **89%** of the workforce stated that they do not have a disability compared to **82.8%** in October 2024. This is a significant decrease of **6.2%**.
- Those who stated that they have a disability has increased from **7.4%** in October 2023 to **9.9%** in October 2024. This an increase of **2.5%**.
- We can see an increase in those who did not want to disclose by **0.9%** with **2.7%** in October 2024 compared to **1.8%** in October 2023.
- An increase can also be in seen in those who have not specified from **0.5%** in October 2023 compared to **2.8%** in October 2023.
- **14%** of the South East London Community have stated that they have a disability. The ICB is underrepresented by **6.6%**.

	Oct. 2023	Oct. 2024
No	89%	82.8%
Not Declared	1.8%	2.7%
Prefer Not To Answer	1.4%	1.9%
Unspecified	0.5%	2.8%
Yes	7.4%	9.9%

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 2023 and October 2024.

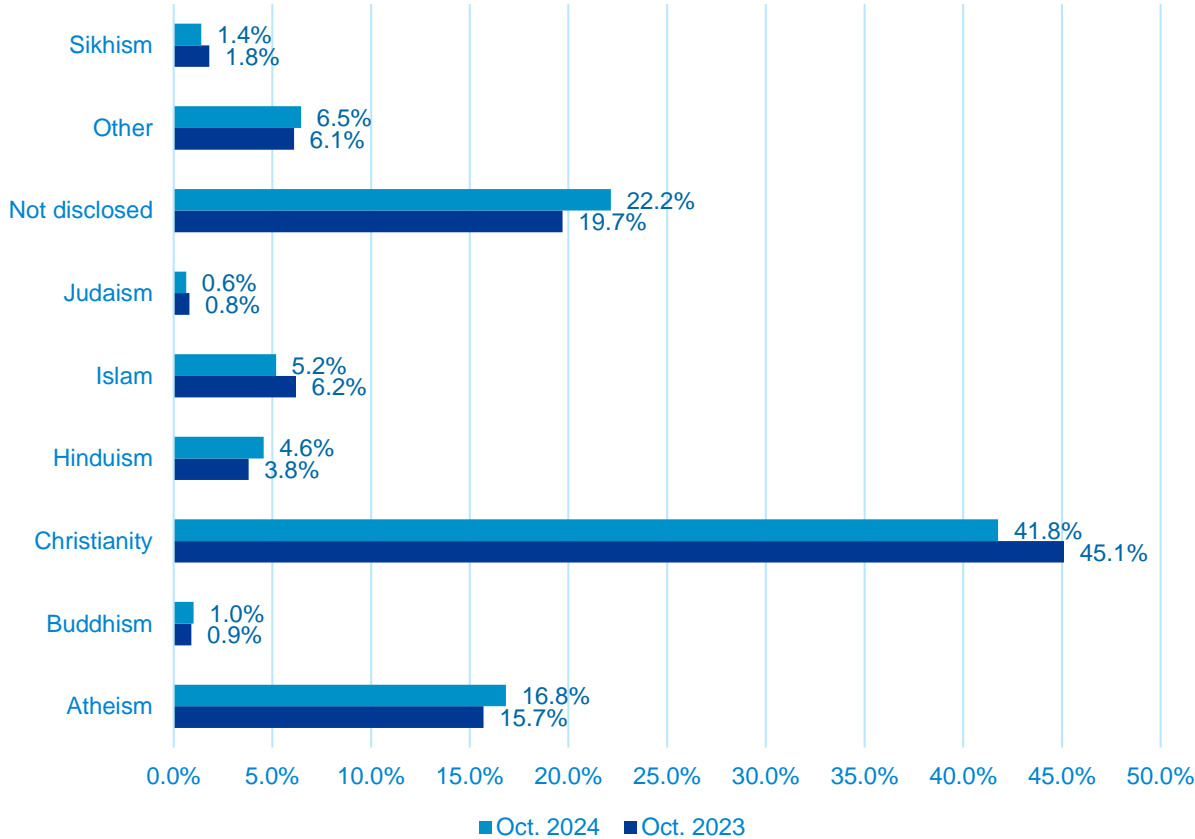


- In October 2023 **70.5%** of the workforce was Female and in October 2024, we can an increase of **0.6%** (**71.1%**)
- The workforce in October 2023 was **29.6%** Male and in October 2024 **28.9%**. This is a decrease of **0.7%**.
- London’s population has an equal split of male and female. This means that SEL ICB’s female workforce is overrepresented while our male workforce is underrepresented.
- NHS data shows that the national NHS workforce is **64.6%** female and **35.4%** male, which means our female and male workforce are both overrepresented by comparison.
- It should be noted the system used to collate data only uses female, male and unknown. No staff at SEL ICB have declared their gender as unknown.

	Oct. 2023	Oct. 2024
Female	70.5%	71.1%
Male	29.6%	28.9%

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

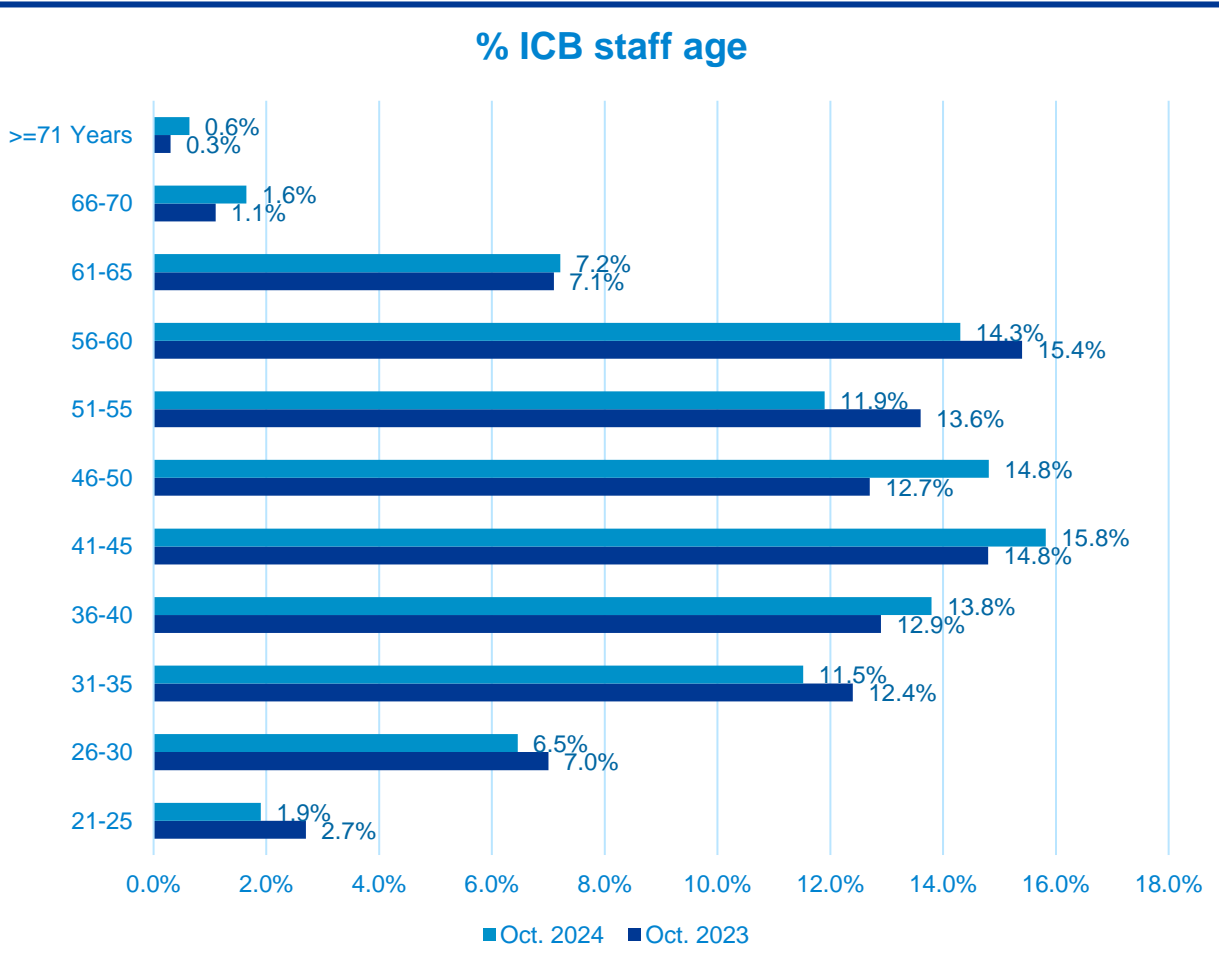
% ICB staff religion & belief



- In October 2023, the ICBs top three highest categories were Christianity (**45.1%**), not wishing to disclose (**19.7%**) and Atheism (**15.7%**).
- As of October 2024, the top three highest categories were Christianity (**41.8%**), Not disclosed (**22.2%**) and Atheism (**16.8%**).
- The data shows increases in disclosure in the following religion/belief: Atheism (**1.1%**), Hinduism (**0.8%**), Other (**0.4%**), Buddhism (**0.1%**).
- The data shows decreases in disclosure in the following religion/belief: Christianity (**3.3%**), Islam (**1%**), Sikhism (**0.4%**), Judaism (**0.2%**).

	Oct. 2023	Oct. 2024
Atheism	15.7%	16.8%
Buddhism	0.9%	1.0%
Christianity	45.1%	41.8%
Hinduism	3.8%	4.6%
Islam	6.2%	5.2%
Judaism	0.8%	0.6%
Not disclosed	19.7%	22.2%
Other	6.1%	6.5%
Sikhism	1.8%	1.4%

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



- In October 2023 the largest age range was 56-60 (**15.4%**), however in October 2024 this decreased to **14.3%**, which is a difference of **1.1%**. This is the second biggest difference within the data from all ages.
- Our smallest number of workforce comes from the age range of over 71 years, in October 2023 this was **0.3%** and in October 2024 this increased to **0.6%**.
- The largest increase can be seen in the age range of 46-50. In October 2023 this was **12.7%** and in October 2024 this increased to **14.8%**, an increase of **2.1%**.
- SEL ICB is overrepresented in their workforce in the following age ranges 31-65 compared community we serve.
- SEL ICB is underrepresented in their workforce in the following ages, 21-30 and 66 and over.

	Oct. 2023	Oct. 2024
21-25	2.7%	1.9%
26-30	7.0%	6.5%
31-35	12.4%	11.5%
36-40	12.9%	13.8%
41-45	14.8%	15.8%
46-50	12.7%	14.8%
51-55	13.6%	11.9%
56-60	15.4%	14.3%
61-65	7.1%	7.2%
66-70	1.1%	1.6%
>=71 Years	0.3%	0.6%

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

Summary of findings:

Indicator 1: **42.5%** of the workforce are from a Global Majority background and **55.8%** are from a White background.

Indicator 2: **White** applicants are **4 times more likely** to be appointed after shortlisting compared to Global Majority applicants.

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 SEL ICB.

Indicator 5: Global Majority staff (**9.2%**) are more likely to experience harassment, bullying or abuse from patients compared to White staff (**4.9%**). The Global Majority percentage is also **higher than the national average**.

Indicator 6: Global Majority staff (**23.5%**) experience more harassment, bullying or abuse from staff compared with White staff (**19%**). Both percentages for SEL ICB are **higher than the national average**.

Indicator 7: **42.9%** of Global Majority staff and **54.3%** of White staff believe the organisation provides equal opportunities for progression or promotion. The % for White staff is **below the national average**

Indicator 8: Global Majority staff (**18%**) are more likely to experience discrimination at work from managers/team leaders and other colleagues compared to White staff (**9%**). Both have seen **increase from the previous year** and are higher than the national average.

Indicator 9: The difference between White Board members and White staff (workforce) is **7.8%**. The difference between Global Majority Board members and Global Majority staff (workforce) is (minus) - **15.3%**.

Actions:

A comprehensive action plan has been developed in collaboration with the relevant action leads (OD, HR and Recruitment), aligning with their current workstreams. For this year's WRES, we have ensured that the actions are appropriate and mindful of team capacity, particularly as teams are now smaller due to our recent restructure. All action leads acknowledge that their teams are responsible for these actions.



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

Summary of findings

- Metric 1:** The workforce consists of **9.7%** disabled staff and **86.8%** non-disabled staff.
- Metric 2:** Non-disabled applicants are **0.82** times more likely to be appointed following shortlisting compared to disabled applicants.
- Metric 3:** **No disabled staff** have entered the formal capability process over the last 12 months.
- Metric 4a:** Disabled staff are **2.7%** less likely to experience harassment, bullying or abuse from patients, relatives or the public compared to non-disabled staff.
- Metric 4b:** Disabled staff experienced significantly higher levels of harassment, bullying, or abuse from managers (**25.3%**) compared to non-disabled staff (**9.7%**).
- Metric 4c:** Disabled staff experience significantly higher levels of harassment, bullying, or abuse from other colleagues (**23.5%**) compared to non-disabled staff (**12.2%**).
- Metric 4d:** A significantly lower percentage of disabled staff (**31.4%**) reported harassment, bullying, or abuse compared to non-disabled staff (**38.5%**).
- Metric 5:** A lower percentage of disabled staff (**42.9%**) believe that the organisation provides equal opportunities for career progression or promotion compared to non-disabled staff (**54.4%**).
- Metric 6:** More disabled staff (**30.2%**) felt pressured to come to work despite feeling unwell compared to non-disabled staff (**14%**).
- Metric 7:** Disabled staff (**33%**) felt least valued compared to non-disabled staff (**50.6%**).
- Metric 8:** Only **56.5%** of disabled staff have advised that reasonable adjustments were made to help them carry out their role.
- Metric 9:** Disabled staff have a lower engagement score (**6**) compared to non-disabled staff (**6.8**).
- Metric 10:** The difference between disabled Board members and disabled staff (workforce) is **(minus) -1%**.

Actions:

A comprehensive action plan has been developed in collaboration with the relevant action leads (OD, HR and Recruitment), aligning with their current workstreams. For this year's WDES, we have ensured that the actions are appropriate and mindful of team capacity, particularly as teams are now smaller due to our recent restructure. All action leads acknowledge that their teams are responsible for these actions.



The **Workforce Sexual Orientation Equality Standard (WSOES)** is a framework to improve workplace equality for LGBTQ+ staff in the NHS. Using **eight** metrics, the framework is used to identify and address disparities in recruitment, progression, and staff experiences. This year (2024/25) marks the first time SEL ICB will be implementing WSOES. It forms part of our broader commitment to the LGBTQIA+ community, linking closely with our LGBTQIA+ Health Inclusion Framework for the 25/26 Financial Year, ensuring that all staff feel respected and valued, regardless of their sexual orientation.

Summary of findings:

- Metric 1:** 5.4% of SEL ICB's workforce identify as LGBTQIA+, slightly below the 5.5% representation in the South East London population.
- Metric 2:** The data is showing us that heterosexual/straight applicants are **1.4 times** more likely to be appointed following shortlisting compared to LGBTQIA+ applicants.
- Metric 3:** **No LGBTQIA+ staff** have gone through the disciplinary process in the last 2 years.
- Metric 4:** Information on non-mandatory training being undertaken by staff is currently not collected.
- Metric 5:** 35.7% of Gay or Lesbian staff and 27.3% Bisexual staff believe that the organisation is providing equal opportunities for progression and promotion compared 52.6% of heterosexual/straight staff. 42.4% of staff chose to prefer not to say.
- Metric 6:** Gay or Lesbian staff are 15.5% likely to experience bullying from managers compared to heterosexual/straight staff. Staff who are bisexual reported a lower number of 9.1%. 15.6% of staff chose to prefer not to say.
- Metric 7:** Gay or lesbian staff experienced more discrimination at work from colleagues by 15% compared to heterosexual/straight staff (0% bisexual staff). 29% of staff chose to prefer not to say.
- Metric 8:** The difference between LGBTQIA+ Board members and LGBTQIA+ staff (workforce) is **(minus) -5%**. The difference between heterosexual Board members and heterosexual staff (workforce) is **(minus) -23%**.

Actions:

A comprehensive action plan has been developed in collaboration with the relevant action leads (OD, HR and Recruitment), aligning with their current workstreams. For this year's WDES, we have ensured that the actions are appropriate and mindful of team capacity, particularly as teams are now smaller due to our recent restructure. All action leads acknowledge that their teams are responsible for these actions.



The gender pay gap is the difference in average earnings between men and women, typically expressed as a percentage of men's earnings. It reflects various factors, including differences in job roles, working hours, career progression, and discrimination. There are two main types: 1) Mean gender pay gap – the average difference in pay across all employees and 2) Median gender pay gap – the difference between the middle-earning man and the middle-earning woman. All UK organisations with more than 250 employees are required to publish details of their gender pay gap as part of the Equality Act 2010 Act. As of 31 March 2024, SEL ICB employed **629** people, **69%** (434) **women** and **31%** (195) **men**.

Summary of findings

- As of 31 March 2024, SEL ICB employed **629** people, **69%** (**434**) women and **31%** (**195**) men.
- The data shows little change in male and female representation in the upper and lower pay quartiles compared to the previous year (2023). In the upper middle pay quartile, the proportion of women has risen significantly to **73.9%**, while the proportion of men has dropped to **26.1%**. In contrast, the lower middle pay quartile saw a decrease in women's representation to **69.4%**, with men's representation increasing to **30.6%**.
- SEL ICB's mean gender pay gap for hourly pay is **5%**, a significant drop from **12.7%** on 31 March 2023. On average, for every £1 earned by a woman, a man earns £1.05.
- The median gender pay gap for hourly pay is **4.4%**, an increase of **1.97%** since 31 March 2023. This reflects the percentage difference between the mid-point hourly pay for men and women. On average, median calculation is identical to the mean calculation; showing that for every £1 earned by a woman, a man earns £1.05.
- It is important to note that the **data includes Clinical Leads**, some of whom work one day a week within the ICB. This **may distort the data** and contribute to narrowing the gender pay gap, as there are **64 female Clinical Leads** compared to **35 male Clinical Leads**.
- **20.7%** of female applicants were appointed compared to **7.9%** of male applicants. The data is showing us that Male applicants are **1.2 times** more likely to be appointed following shortlisting compared to females.

Actions:

A comprehensive action plan has been developed in collaboration with the relevant action leads (OD, HR and Recruitment), aligning with their current workstreams. For this year's WDES, we have ensured that the actions are appropriate and mindful of team capacity, particularly as teams are now smaller due to our recent restructure. All action leads acknowledge that their teams are responsible for these actions.



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 continued for the second year.
- Engagement events held for Domains 1, 2 and 3
- Information repository gathered to inform evidence-based plans
- SEL ICB total score: **21 / 33 – Achieving Activity.**
- Mechanisms established and planning started for 2025/26 assessment

Outcome focus:

Domain 1: Children’s Integrated Therapies – Oxleas NHS Foundation Trust at access, experience and outcomes of care.

Score: **9/12**

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: **5 / 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 .

SEL ICB is developing a new Equality, Diversity and Inclusion Strategy 2025-2028 building on all previous work which has been undertaken. The strategy will outline the current position and set out year on year aspirations for how we plan to embed EDI across the organisation to meet our core purpose as an ICB.

Unification

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

Intersectional focus

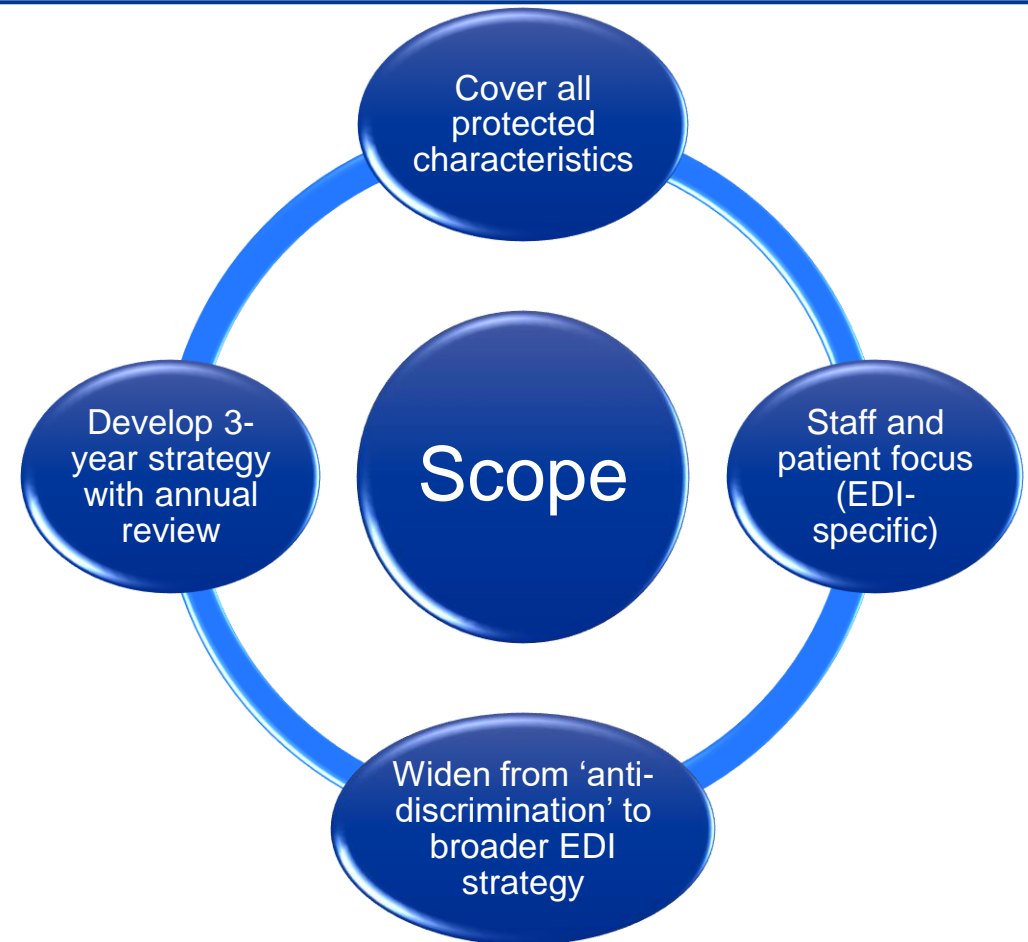
- Strengthen ICB's approach on intersectionality and foster joint initiatives

Targeted interventions

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

Strategic anchor

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



Anti-Racism Strategy

The SEL ICB Staff Anti-racism strategy was developed in 2022 and published in summer 2023. The strategy had been implemented for two years and with the inception of a new equality, diversity and inclusion strategy, it was time to review how well the strategy had been implemented, assess the current position and determine actions to take forward.

A review was also requested following the UK summer riots led by the far right, and opportunities to continue listening to and supporting staff during periods of social unrest

Following the review, the actions opposite have been agreed for inclusion in the ICBs forthcoming EDI strategy.



Anti-racism commitment	Employee lifecycle
Equality Analysis undertaken on all documents and projects	Multiple dimensions
Promote ways to explore intersectionality	Multiple dimensions
ICB champions and prioritises EDI and ensures progress with anti-racism	Multiple dimensions
Procure specialist expertise to support effective anti-racism culture change	Multiple dimensions
Recruiting managers develop fair and inclusive recruitment practises	Attract & Recruit
Ensure EDI and anti-racism is a core competence in all future and upcoming leaders	Progression & performance
Undertake ethnicity pay gap and develop improvement plan for pay parity	Progression & performance
Improve uptake of EDI objectives in staff appraisals	Retain

In addition:

- The SEL ICB Staff Anti-racism strategy has been highlighted as a case study in Sir Michael Marmot’s [Structural Racism, Ethnicity and Health Inequalities in London](#) report published in October 2024 by the Institute of Health Equity.
- The ICB was approached by the Race Equality Foundation to participate in a pilot programme called the ‘Race Equality Maturity Index’ (REMI) framework as part of work being carried out by the London Anti-racism Collaboration for Health (LARCH).

High Impact Actions (NHS England)

1 Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable

2 Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

3 Develop and implement an improvement plan to eliminate pay gaps.

4 Develop and implement an improvement plan to address health inequalities within the workforce.

5 Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff (not relevant to ICBs)

6 Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Published in **June 2023**, the [EDI improvement plan](#) sets out **six targeted actions (*opposite*)** by NHS England to address **direct** and **indirect prejudice** and **discrimination**, that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

This plan aims to improve the outcomes, experience and culture for those with protected characteristics under the Equality Act 2010 (although it is not limited to these groups) and links to the [NHS People Plan](#).

The EDI improvement plan was developed through engagement with staff networks and senior leaders, including the Health and Care Women Leaders Network, the Race and Health Observatory, NHS Employers and NHS Confederation, reflecting the intersectional nature of this plan.

SEL ICB is currently implementing the six high impact actions and is making good progress in all areas. The ICB will continue to monitor the actions through the Equalities Delivery Plan – our internal mechanism to ensure delivery of all our EDI commitments.

Next steps and final comments



In 2025/26, SEL ICB plans to progress its key Equality, Diversity and Inclusion activities by:

- Launching a new Equality, Diversity and Inclusion strategy, which covers all protected characteristics and includes an effective, streamlined action plan for SEL ICB.
- Continuing work with SEL people and communities to understand their experiences and views to shape the planning of health services.
- Rolling out our new Equality Impact Assessment toolkit across various functions in our organisation via training, advice and support and ensuring it is embedded in the governance process of major committees.
- Working in collaboration with system partners to undertake the 2025/26 Equality Delivery System 2022 across South East London.
- Following previous EDS22 findings, focus on developing EDI training opportunities for all staff with a focus on inclusive leadership practises.
- Developing our staff networks to support and empower their members and take action to improve workplace equality.
- Continuing our work in raising awareness of the lived experiences of different protected characteristics.



SEL ICB has made significant progress in its third year operating as an Integrated Care Board (ICB) 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 2025/26. 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

