

NENC ICB Health Equity and Inclusion Strategy 2026–2030

**Better health
and wellbeing for all...**

NENC ICB – Health Equity and Inclusion Strategy 2026–2030

Executive Summary

The NENC Health Equity and Inclusion Strategy 2026–2030 sets out how NENC ICB will use its role as a strategic commissioner and an anchor institution to reduce health inequalities, advance inclusion, champion anti-racism and anti-religious hatred, and create belonging for our all communities and workforce.

The ICB is committed to “better health and wellbeing for all” by embedding health equity throughout the strategic commissioning cycle: understanding inequalities and wider determinants of health, using population health data and lived experience to shape services, and monitoring access, experience and outcomes to identify and act on inequity.

We will use the Core20PLUS model, to strengthen routine monitoring by deprivation, age, gender, ethnicity and inclusion health groups, while improving data quality.

Delivery of this strategy depends on an inclusive, supported and representative workforce, equipped to understand our population’s health needs and to commission equitable, culturally responsive services. Staff networks and staff-side representatives will provide key routes for colleague voice, lived experience, co-production and organisational assurance.

The strategy aligns with national NHS priorities, statutory duties and regulatory expectations, including the NHS 10 Year Health Plan, Model ICB Blueprint, NHS EDI High Impact Actions, NHS Staff Standards, The Mann report, Accessible Information Standard, WRES, WDES, Gender Pay Gap reporting, the Equality Act 2010 and the Health and Care Act 2022.

A four-year implementation plan will support delivery, with measurable objectives, clear ownership, resource requirements and assurance through the HEI Performance Dashboard. Progress will be reviewed bi-annually by the Leadership Committee and reported annually to the ICB Board, demonstrating impact on workforce experience, commissioned services and population health outcomes.

The Strategy puts in place a new Health Equity and Inclusion, Vision, Mission, with supporting values and strategic priorities.

1. Legal Background

1.1 Legislative Requirements

As a strategic commissioning organisation, NENC ICB operates within a robust legal framework governing equity, diversity, inclusion and action to tackle health inequalities. The principal requirements are summarised below and expanded in the annex.

Equality Act 2010 – Public Sector Equality Duty

- Section 149: eliminate discrimination, advance equality of opportunity and foster good relations.
- Section 20: make reasonable adjustments for disabled people.
- Section 158: use positive action to address disadvantage where lawful and proportionate.

Demonstrating Due Regard

- Mandatory Equality and Health Equity Impact Assessments for commissioning, policy and strategic decisions.
- A central EQIA register covering policies, commissioning decisions, pathway changes, service redesign and decommissioning proposals.
- Ensuring no material policy or commissioning decision proceeding to approval unless its EQIA status is formally assessed and reported.
- Formal recording of equality considerations in Board and committee papers.
- Annual internal audit of PSED compliance.
- Annual monitoring of actions arising from impact assessments.
- Publication of outcomes and actions taken in response to identified inequalities.

1.2 Strategic Alignment

This strategy responds to and supports implementation of:

- NENC ICB Five-Year Strategic Commissioning Plan.
- NENC ICB Population Health Improvement Plan and Clinical Conditions Strategic Plan.
- NHS 10 Year Health Plan: hospital to community, analogue to digital, and sickness to prevention.
- Model ICB Blueprint, regional blueprint priorities and NHS England Strategic Commissioning Framework.
- NHS EDI High Impact Actions, WRES and WDES improvement frameworks.
- Accessible Information Standard and enhanced reasonable-adjustment expectations.
- Workforce Pay Gap reporting and linked actions plans.
- National action to tackle antisemitism, racism and Islamophobia in the NHS (Mann report).
- Medium-Term Planning Framework, Core20PLUS5, NHS Staff Standards
- Alignment with CQC workforce equality, diversity and inclusion quality statements.

The result of the above is contained within the new NENC ICB 4-Year HEI Implementation Plan detailed actions and timelines with specific NENC focus.

These requirements are translated into a plan, with detailed actions, milestones and a specific regional focus.

2. Four-Year HEI Vision, Mission and Values

Proposed, subject to Board approval.

Vision

To become the leading ICB strategic commissioner, setting high standards in health equity and inclusion by reducing health inequalities, championing anti-racism and anti-religious hatred, creating belonging for our communities and workforce, whilst exceeding statutory, regulatory and best-practice benchmarks.

Mission

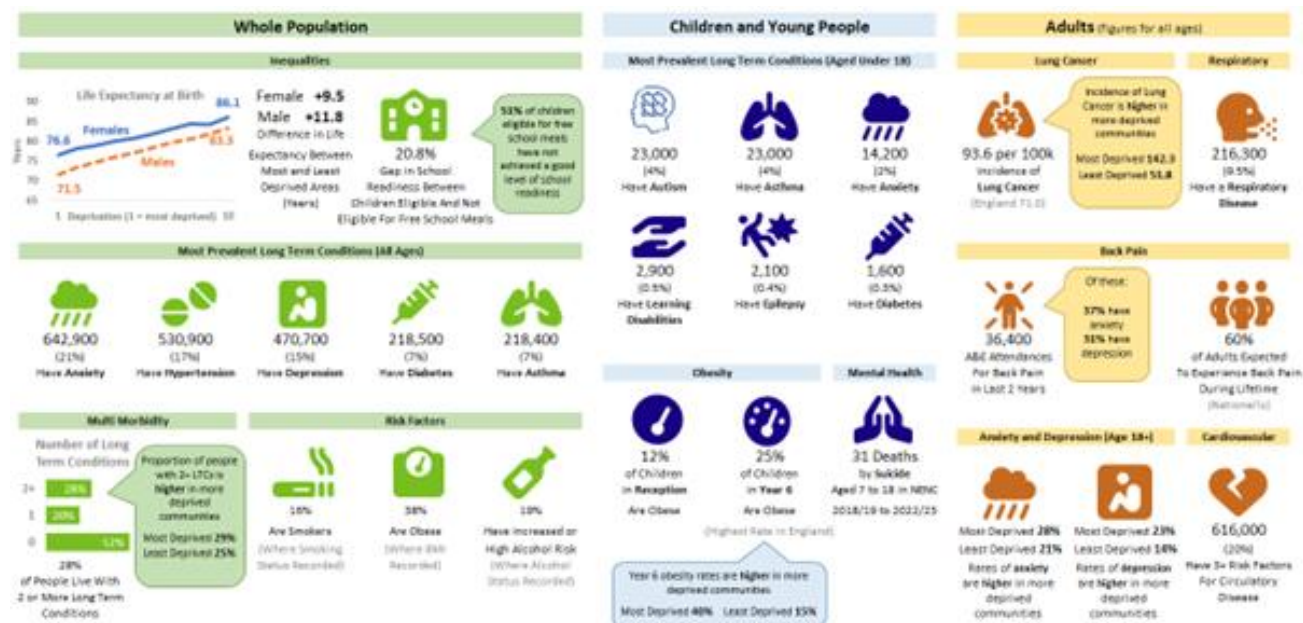
Through strategic commissioning excellence, we will create equitable access for all to high-quality, culturally responsive healthcare that meets our population's diverse needs. We will foster inclusive, anti-racist environments across healthcare services and workplaces, enabling patients, residents and colleagues to thrive, and require commissioned services to demonstrate exemplary HEI practice and measurable improvement.

Five new HEI values

1. Equity: people receive what they need to achieve good access to services, health outcomes and working lives.
2. Inclusion: all voices are consulted, valued and able to shape strategic commissioning.
3. Anti-racist and Anti-religious hatred: racism, religious hatred and discriminatory practice and structures are identified, challenged and dismantled.
4. Transparent: performance and progress are openly reported through dashboards and public reports, including Core20PLUS5 analysis.
5. Excellence: statutory, regulatory and workforce standards are exceeded through evidence-based practice.

3. What Our Data Tells Us

3.1 Population Health



North East and North Cumbria experiences significant and persistent health inequalities.

- A 12-year gap for men and a 10-year gap for women in life expectancy between the most and least affluent areas.
- Higher premature mortality and the lowest healthy life expectancy in England in some communities.
- Persistent inequalities affecting Black, Asian and Minority Ethnic communities.
- Barriers to access for inclusion-health groups, including Gypsy, Roma and Traveller communities, asylum seekers and people experiencing homelessness.
- Digital exclusion affecting older people and economically deprived communities.
- Insufficient reasonable adjustments for neurodivergent people and people with disabilities.
- Gaps in culturally responsive service design for protected-characteristic groups.

3.2 Population Health Inequalities and Joint Forward Plan Ambitions

The evidence on population-health inequalities aligns directly with the NENC ICB Joint Forward Plan. The shared ambitions are:

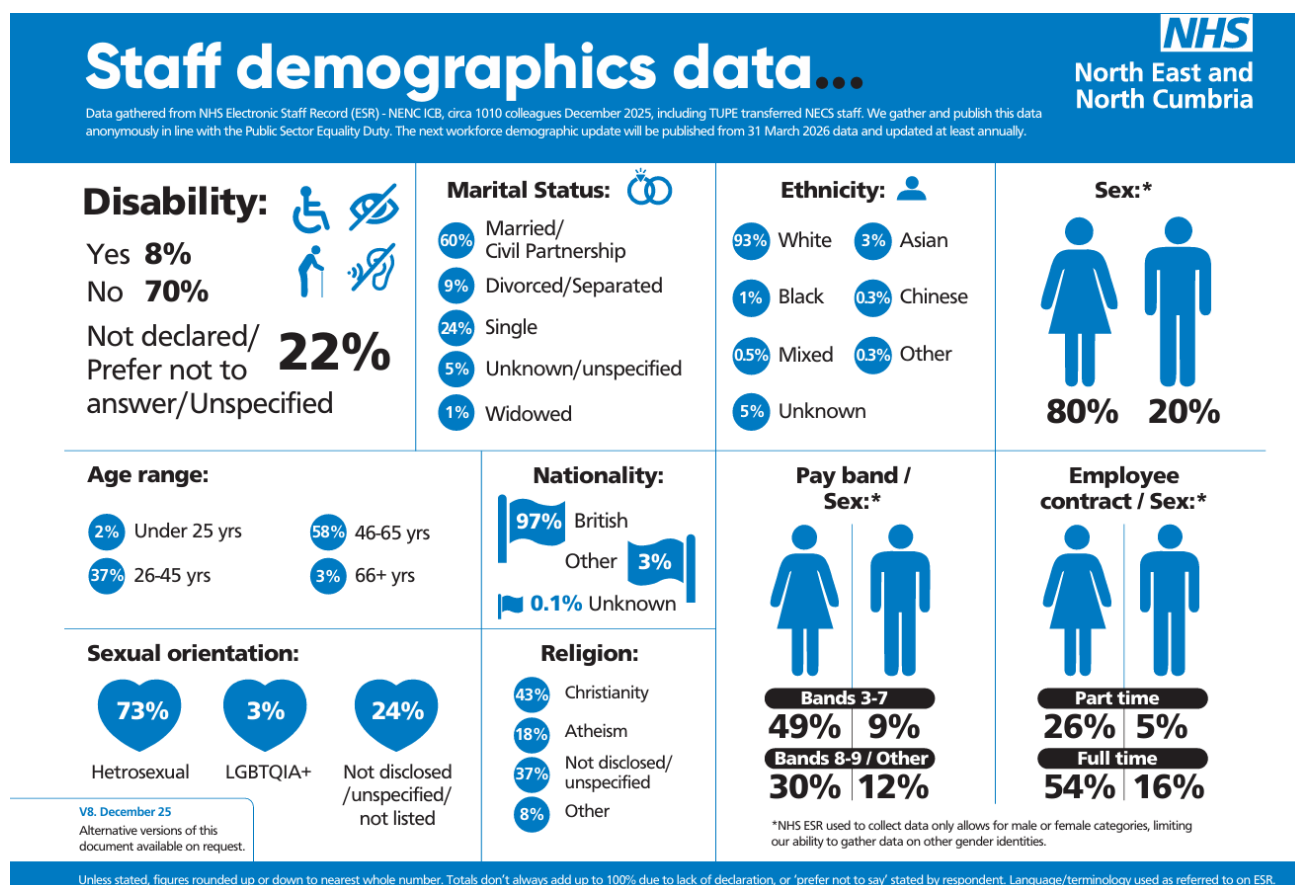
- **Longer and healthier lives:** reduce the gap between the region and the England average in life expectancy and healthy life expectancy at birth by at least 10% by 2030.
- **Fairer outcomes for all:** reduce the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived 20% of neighbourhoods and those in the least deprived 20% by at least 10% by 2030.
- **Better health and care services:** provide consistently high-quality services regardless of where people live or who they are.
- **The best start in life:** increase the proportion of children with good school readiness at reception, particularly children from disadvantaged groups.

The strategy supports Joint Forward Plan ambitions for longer and healthier lives, fairer outcomes, consistently high-quality services and the best start in life for children and young people.

3.2 Commissioned Services Assessment

- Variation in service quality and outcomes by protected characteristics.
- Insufficient culturally responsive provision.
- Limited community asset-based engagement.
- Inadequate reasonable adjustments across care pathways.
- Gaps in accessible communication and Easy Read materials.
- Insufficient integration of HEI requirements into specifications, contracts and monitoring.

3.4 What does our ICB workforce make up look like?



3.5 Workforce Evidence

- Under-representation of People with disabilities and Black, Asian and Minority Ethnic people across bands, senior positions and Board representation.
- Gender, disability and ethnicity pay gaps, particularly at senior levels.
- Lower declaration rates for disability, sexual orientation and religion.
- Gaps in reasonable-adjustment and display-screen-equipment provision.
- Variation in access to continuing professional development by protected characteristics.

4. Strategic Priorities 2026–2030

Proposed, subject to Board approval.

1. **Equity – Excellence in Strategic Commissioning:** commissioned services deliver equitable access, experience and outcomes, with full statutory and regulatory alignment.
2. **Inclusion – Community Co-design and Partnership:** communities are genuine partners in shaping services, with accessibility meeting the Accessible Information Standard.

3. **Anti-racism and Anti-religious hatred – Inclusive Workforce and Commissioning:** a diverse and representative workforce where everyone belongs and can thrive.
4. **Transparent – Data-driven Population Health Management:** robust intelligence supports targeted action, compliance, monitoring and assurance.
5. **Excellence – Organisational and Regulatory Compliance:** best-in-class governance, leadership and evidence-based HEI practice.

Our HEI strategy is structured around five interconnected strategic priorities that integrate our detailed 4-Year HEI Implementation Plan, this will ensure comprehensive workforce EDI compliance, and alignment with the Model ICB Blueprint and other key NHS EDI standards (Mann, staff standards, WRES, WDES).

Underpinning this is a full implementation plan, with linked people resource and budget to deliver within timeframe the four-year time framework, subject to board approval.

A fully resourced plan will set out accountable leads, milestones, measures, reporting routes and budget requirements.

A full breakdown of these priorities, objectives and actions can be found in Annex A

5. Key Performance Indicator Summary (subject to board approval)

Priority Area	Key Performance Indicator	2027 Target	2028 Target	2030 Target
Commissioning Excellence	Health inequalities reduction	TBC	TBC	TBC
Commissioning Excellence	AIS compliance across services	60%	75%	100%
Commissioning Excellence	CQC workforce EDI provider compliance	60%	85%	95%
Inclusive Workforce	ICB Workforce representation (regional census data)	Census +/- 10%	Census +/- 5%	Census +/- 3%
Inclusive Workforce	Pay gap reduction	2% reduction	5% reduction	Gap in line with national average
Anti-Racism	BAME staff harassment rates	5% reduction	10% reduction	Below 10%
Anti-Racism	Anti-racism and antisemitism training completion	100%	Annual refresh	Continuous
Data & Analytics	Staff demographic declarations	75%	85%	90%
Data & Analytics	Real-time equity monitoring	50% services	85% services	95% services
Community Partnership	Co-created decisions	25%	60%	100%
Community Partnership	AIS compliant engagement	80%	95%	100%
Reasonable Adjustments	Adjustment satisfaction rate	75%	85%	90%
Reasonable Adjustments	Request resolution time	6 weeks	5 weeks	4 weeks
WRES Compliance	All 8 indicators meeting target	60%	80%	100%
WDES Compliance	All 10 indicators meeting target	60%	80%	100%

Benchmarking against CQC for comparison	Workforce EDI quality statement	Developing	Good	Outstanding
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Every KPI will include baseline, target, data source, reporting frequency, accountable lead, assurance route, risk rating and mitigation plan.

6. Benefits

- Workforce: improved retention, reduced turnover and sickness absence, stronger staff-survey outcomes and improved representation.
- Population health: improved access, outcomes and patient experience, with reduced inequalities.
- Commissioning: stronger contract compliance, provider assurance and value for money.
- Organisation: improved regulatory compliance and audit outcomes.

7. Governance and Assurance

The ICB Board retains overall accountability for delivery of this strategy.

- The Leadership Committee or Executive Committee will oversee implementation through quarterly HEI performance reporting and exception escalation.
- Workforce equality, WRES, WDES, pay gaps, staff survey, reasonable adjustments and workforce health-inequality measures will be reviewed through the relevant people-governance route.
- The Quality and Safety Committee will oversee impact-assessment compliance for service, pathway, commissioning and policy changes.
- Each priority will have a named Executive Lead, Senior Responsible Owner, delivery owner, reporting route, review frequency, risk rating and evidence source.
- Progress will be reported quarterly through the HEI Performance Dashboard, bi-annually to the Board and annually through a public HEI report.
- Minutes, approved reports and publication records will be retained for assurance and audit.

8. Resources and Capacity

- Establish a ring-fenced budget for the four-year implementation period and produce a detailed resource plan before final approval.
- Build a permanent HEI team, including a Workplace Needs Assessor and administrative and programme support.
- Provide dedicated programme capacity for health inequalities and EDI implementation.
- Restore senior strategic leadership for HEI.
- Create succession planning, career pathways and a talent pipeline.

9. HEI Team creation

- Recruit a permanent Band 5 post to provide administrative and coordination support.
- Recruit permanent programme posts: one focused on health inequalities and one focused on EDI implementation.
- Re-establish a Band 9 post to lead Health Equity and Inclusion, providing strategic oversight.
- Maintain a permanent Workplace Needs Assessor role to coordinate, assess and monitor workplace adjustments.
- Ensure the resource plan identifies recurrent and non-recurrent costs, dependencies, delivery risks and benefits.

Annex A – Priorities, objectives and actions

Priority 1: Equity – Excellence in Strategic Commissioning

Objectives

- Embed EDI, impact assessment and anti-racism principles throughout the commissioning cycle, contract management and assurance.
- Embed Core20PLUS5 in needs assessment, design, delivery and monitoring of access and outcomes.
- Require commissioned services to make reasonable adjustments and comply with the Accessible Information Standard.
- Develop culturally responsive pathways and track quality through dashboards.
- Use value-based commissioning to incentivise health-equity improvements.
- Establish systematic workplace-assessment and adjustment arrangements.
- Assure provider alignment with CQC workforce EDI quality statements.
- Integrate digital inclusion as the shift from analogue to digital accelerates.
- Establish community-led commissioning and co-design in areas of greatest deprivation and inequity.
 - Ensure all commissioned services make reasonable adjustments and comply with the Accessible Information Standard, as part of the service specification, with ongoing monitoring.
 - With providers develop culturally competent and responsive healthcare pathways that address specific community needs, using dashboard to track and assess quality.
 - Create systematic approach to workplace assessments and adjustments in the ICB and share expectations with our providers.
 - Establish engagement with community led commissioning models, in areas of highest deprivation and inequity, with co-creation and design approaches.

Key Actions: 2026-27

- Implement a Health Equity Impact Assessment framework and staff training.
- Review major contracts to include explicit HEI requirements and measurable outcomes.
- Develop payment mechanisms linked to reducing inequalities for implementation in 2028–29.
- Review reporting and commissioning tools against health-inequalities duties and Core20PLUS5.
- Establish anti-racism and anti-religious-hatred standards for commissioned services, particularly maternity and the Patient and Carer Race Equality Framework for mental health.
- Implement Accessible Information Standard compliance across contracted providers and develop an ICB translation and interpreting pathway.
- Ensure annual PSED, EHRC, pay-gap, WDES, WRES and wider NHS standards compliance.
- Develop an HEI Provider Assurance Framework.
 - Consider how to implement of payment mechanisms linked to reducing health inequalities, with delivery in 2028–29.
 - Develop a HEI Provider Assurance Framework in collaboration with ICB colleagues.

Key Actions: 2028–29

- Develop commissioning standards for reasonable adjustments, neurodiversity-friendly services and learning-disability accessibility.

- Establish community-led commissioning pilots in areas of highest deprivation.
- Embed digital inclusion in policy and practice.
- Establish disaggregated protected-characteristic datasets for commissioned services.

Key Actions: 2030

Years 4 (2030-31)

- Achieve full integration of equity considerations throughout the strategic commissioning cycle.
- Implement advanced payment models rewarding population-health outcomes.
- Establish community health-equity funds with the VCSE sector.
- Develop next-generation commissioning approaches from evaluation and learning.
- Achieve exemplary provider alignment with CQC workforce EDI expectations.

Priority 2: Inclusion – Community Co-design and Partnership

Outcome: communities are genuine partners in designing and shaping services and strategies, with comprehensive accessibility meeting the Accessible Information Standard.

Objectives

- Ensure communities are actively engaged and genuine partners in the co-design and development of services and strategies.
- Achieve comprehensive service accessibility that fully meets AIS (Accessible Information Standard) requirements.
- The ICB recognises staff networks as a strategic asset in achieving health equity and inclusion outcomes and will encourage these based on our ICB colleagues' direction.

Actions

- Facilitate regular community engagement sessions to gather feedback and inform service design.
- Establish clear pathways for community representation within strategic planning groups.
- Develop accessible communication materials and digital platforms in line with AIS standards.
- Provide training for staff and partners on inclusive co-production methods and accessibility best practices.
- Monitor and evaluate the impact of co-designed services on community health and satisfaction.
- Support and develop staff networks representing protected characteristics and inclusion groups.
- Ensure all staff networks have an Executive Sponsor.
- Engage communities as active and genuine partners in service and strategy design.
- Achieve comprehensive service accessibility in line with the Accessible Information Standard.
- Recognise staff networks as a strategic asset for health equity, inclusion, lived experience and organisational assurance.
- Hold regular community engagement sessions and create clear routes for representation in strategic planning.
- Develop accessible communications and digital platforms.
- Train staff and partners in inclusive co-production and accessibility.

- Evaluate the impact of co-designed services on health and community experience.
- Support staff networks representing protected characteristics and inclusion groups, each with an Executive Sponsor.
- Implement a Community Accountability Framework.

Priority 3: Anti-racism and Anti-Religious Hatred and an Inclusive Workforce

Objectives

- Implement the recommendations from the Mann report, relevant to ICBs
- Implement all six NHS EDI High Impact Actions and the NHS Staff Standards.
- Create psychologically safe environments free from bullying, harassment, discrimination and victimisation.
- Deliver inclusive leadership education incorporating anti-racism and opposition to religious hatred.
- Build a representative workforce reflecting the communities served.
- Establish a comprehensive reasonable-adjustment framework focused on keeping people well in work and supporting neurodiversity.
- Achieve continuous improvement against WRES and WDES.
- Increase demographic declaration rates and benchmark workforce evidence against CQC expectations.
- Continue the NEY 4+1 anti-racism leadership commitment with dedicated programme resource.
- Analyse recruitment, progression, disciplinary and workforce-experience data to identify disparities and improvement actions.
 - Increase staff demographic declarations with target completion by 20230 across all providers.
 - Benchmark against the equivalent CQC workforce EDI quality statement requirements with exemplary evidence.
 - Continue NEY 4+1 Anti-racism leadership commitment with dedicated resource for the programme.
 - Deep dive into recruitment and HR disciplinary data and identify continuous improvement areas.
 - Deliver in full the implementation of the NHS Staff Standards and use workforce experience data to drive continuous improvement.
 - Create an Anti-Racism Outcomes Framework, with improvement targets overseen by the board – see annex.

Specific areas of action are as follows.

NHS Staff Standard: Line Management

The ICB recognises that effective line management is one of the strongest factor and predictors of workforce wellbeing, engagement, inclusion and retention. We will:

- Align development with the NHS Leadership and Management Framework.
- Provide inclusive leadership and people-management training to all managers.
- Improve consistency and quality of appraisals and development conversations.
- Monitor line-management experience through staff-survey measures.
- Establish peer-support and development arrangements.
- Equip managers to support equality, wellbeing, flexible working and reasonable adjustments.

WDES and Reasonable Adjustments

- Work towards 10% disabled workforce representation by 2028 and greater representation in Board and leadership positions.
- Resolve 90% of adjustment requests within four weeks by 2027.
 - Increase representation of disabled people in Board and leadership positions in line with the regional working-age population.
 - Provide assistive technology, including screen readers, dictation software and ergonomic equipment, as standard adjustments where needed.
 - Ensure learning-disability-friendly communications use Easy Read, pictorial guides and plain language.
 - Use a quarterly dashboard to monitor adjustment requests, implementation times, costs, satisfaction and escalation.
 - Use an annual reasonable-adjustments survey to monitor colleague experience and identify improvement priorities.
- Introduce neurodiversity-friendly recruitment, including accessible formats and advance sharing of questions where appropriate.
- Provide quiet zones, sensory-friendly workspaces and assistive technology.
- Implement a workplace-adjustments passport, mandatory manager training and a dedicated Workplace Needs Assessor.
- Monitor request timelines, costs and satisfaction quarterly, supported by an annual colleague survey.
 - Implement quiet zones and sensory-friendly workspaces within all ICB offices as part of new estates plan.
 - Create a workplace adjustments passport accommodating neurodivergence.
 - Deliver mandatory manager training on disability, neurodiversity awareness, and inclusive practice.
 - Establish dedicated Workplace Needs Assessor role to coordinate, assess, and monitor adjustments.
 - Reasonable Adjustments Assurance Framework – see annex.

WRES and Anti-racism Programme

- Set annual ethnicity representation goals aligned with the regional working-age population and achieve representative Board membership by 2030.
- Reduce harassment, bullying or abuse experienced by Black, Asian and minority ethnic colleagues to below 10% by 2030.
- Increase belief in equal career opportunities to above 85% by 2029.
- Achieve 100% workforce completion of anti-racism and anti-religious-hatred training by March 2027, with refresh arrangements.
- Provide bi-annual Board development and targeted career-development support.
- Establish a race-equality network with protected time and budget.
- Embed anti-racism standards in policies, procedures and commissioned-service specifications.

Detailed Anti-racism Implementation Programme

- 2026: support ICB senior leaders to understand the organisational and population-health benefits of an anti-racist approach.
- 2026–2030: provide a dedicated regional anti-racism leadership role for the NEY 4+1 system.
- 2026–2029: hold bi-annual Board development sessions on anti-racism and opposition to religious hatred, aligned with CQC inclusive-leadership evidence.

- 2026 onwards: support delivery and policy teams to apply an anti-racist approach in ICB plans and policies.
- 2026 onwards: provide targeted career-development support for Black, Asian and minority ethnic colleagues.
- 2026–2027: establish a race-equality network across system providers with protected time and budget.
- 2027–2028: implement anti-racism standards in policies, procedures and commissioned-service specifications.
- 2028–2030: develop culturally responsive leadership-development programmes linked to succession planning.

NHS Staff Standards Implementation

- Establish a formal implementation programme with the People and Organisational Development team.
- Appoint Chief Officer leads for health and wellbeing, violence prevention and reduction, sexual safety and flexible working.
- Complete a baseline assessment against all six NHS Staff Standards.
- Establish annual reporting through the HEI Performance Dashboard and Board Assurance Framework.

Action on workforce Pay Gaps - One single annual Workforce Pay Gap Action Plan Tracker will cover gender, disability and ethnicity. Progress will be reviewed Bi-annually through the relevant governance route and reported in the annual HEI Board Assurance Report. The actions within the plan, many of these actions are contained within this strategy as key actions and will be managed in the usual programmatic way. Publication externally of the annual pay gap report and action plan takes place in line with Gender Pay Gap reporting.

Priority 4: Transparent, Data-driven Population Health Management

Outcome: Robust data and intelligence dashboards that assist commissioners to focus action with full statutory compliance, real-time monitoring, in line with best practice CQC evidence provision. This will require additional workforce resource and capability in the ICB BI team. Delivery will require additional workforce capacity and capability within the ICB business-intelligence function.

- Develop advanced dashboards by the end of 2026 to monitor population-health trends and disparities.
- Ensure statutory compliance in data collection, reporting and use across system partners.
- Establish timely monitoring to support responsive commissioning and targeted intervention.
- Train staff in data literacy, information governance and application of intelligence.
- Demonstrate evidence of effective population-health management annually.
- Develop a Population Health Intelligence Framework with ICB colleagues.
- Ensure 100% of strategic commissioning decisions are supported by health-equity intelligence by March 2028.

Detailed Data and Intelligence Actions

- Develop and launch advanced dashboards with ICB partners by the end of 2026 to monitor population-health trends and identify disparities.
- Require system partners to maintain statutory compliance in the collection, reporting and use of health-equity intelligence.

- Establish real-time or near-real-time processes where feasible to support responsive commissioning and targeted intervention.
- Deliver ongoing workforce training in data literacy, privacy and the effective use of intelligence to improve outcomes.
- Document evidence of effective population-health management annually, benchmarked against CQC and other regulatory requirements.
- Develop the Population Health Intelligence Framework jointly with ICB colleagues and align its outputs to commissioning quality improvement and assurance.

Priority 5: Excellence – Organisational and Regulatory Compliance

Objectives

- Achieve excellence in all statutory and regulatory compliance requirements, in line with benchmarked CQC workforce EDI standards.
- Develop evidence-based HEI interventions and toolkits with external partnership and best practice sharing.
- Establish best in class HEI governance and leadership structure with dedicated team resources.
- Create training and development framework for ICB staff including anti-racism, EQIAs and accessibility.
- Build sustainable organisational capacity for EDI excellence with regional leadership and system influence.
- Benchmark against external frameworks across public and private sector.
- An HEI Board Assurance Framework – see Annex B

Annex B: Assurance Frameworks

Public Sector Equality Duty

- Publish measurable equality objectives aligned to WRES and WDES.
- Complete and publish impact assessments for policies and projects.
- Provide PSED and impact-assessment training.
- Implement an annual review panel including community representatives.
- Publish workforce diversity and pay-gap data, including wider characteristics and intersectionality where data permits.
- Maintain accessible routes for equality-related concerns.
- Integrate compliance into contracts and provider reviews.
- Report performance to the Board bi-annually with action tracking.

Health and Care Act 2022

- Section 14Z35: have due regard to reducing inequalities in access and outcomes.
- Section 14Z34: secure continuous improvement in service quality.
- Section 14Z42: promote integration where it reduces inequalities and improves quality.
- Section 14Z43: apply the triple aim covering health and wellbeing, quality and efficient resource use.
- Section 14Z52: address inequalities through the Joint Forward Plan.
- Section 14Z58: report annually and provide the required information-processing statement.
 - Section 14Z34: Duty to secure continuous improvement in quality of services, including outcomes related to health inequalities.
 - Section 14Z52: Joint forward plan requirements to address inequalities, including specific provisions for children, young people, and victims of abuse.
 - Section s14Z58: Annual report and Statement on processing information on inequalities.

Accessible Information Standard (DAPB1605)

Section 250 Health and Social Care Act 2012: Legal requirement to ensure information is accessible to people with disabilities, impairments, or sensory loss.

Updated AIS Requirements (2025)

Ensure the Updated AIS requirements are embedded throughout in the strategic commissioning cycle:

We will;

- Ensure that ICB Insight tools are developed to monitor access and outcomes inequalities using the NHS Core20Plus framework and that this data informs priority setting, commissioning decisions, and quality monitoring and quality improvement approaches.
- Use our Strategic Commissioner responsibility to ensure provider compliance especially through contracting and performance-management arrangements.
- Mandate a self-assessment process for all providers.
- Provide workforce training and awareness programmes on accessibility requirements.
- Align with the CQC assessment framework and quality statements.
- Embed updated requirements throughout the commissioning cycle.
- Use insight tools to monitor inequalities through Core20PLUS5.
- Assure provider compliance through contracts and performance management.
- Mandate provider self-assessment and workforce training.

- Align assurance with CQC quality statements.

Benchmarking Against the CQC Assessment Framework

The ICB will benchmark its approach against enhanced CQC assessment expectations, including:

- Integration of workforce EDI evidence with other well-led quality statements, including Freedom to Speak Up.
- Evaluation of inclusive-leadership behaviours and capability at all levels.
- Review of anti-discriminatory approaches and their contribution to continuous culture improvement.
- Evidence of effective staff engagement, particularly the voices of colleagues with protected characteristics.
- Up-to-date policies and procedures covering workforce equity, diversity and inclusion.
- Fair recruitment practice, including evidence of diverse shortlists and equitable outcomes.
- Gender, disability and ethnicity pay-gap reporting with monitored improvement actions.
- Equality and diversity learning embedded across the organisation, with completion data and evaluation.
- Staff-survey analysis demonstrating improvement in EDI-related measures.
- Annual WRES and WDES submissions supported by action plans and continuous-improvement cycles.
- Evidence on reasonable-adjustment processes, implementation times and colleague satisfaction.
- Staff-network activity and engagement with protected-characteristic groups.
- Evidence of action to prevent and address bullying, harassment, discrimination and victimisation.
- Board and senior-leadership diversity data, talent management and succession planning.

Provider Assurance Framework

The framework will bring together WRES, WDES, AIS compliance, CQC workforce EDI evidence, patient-experience indicators and health-inequality outcome measures.

- Workforce Race Equality Standard.
- Workforce Disability Equality Standard.
- Accessible Information Standard compliance.
- CQC workforce EDI evidence.
- Patient-experience indicators.
- Health-inequality outcome measures.

Anti-racism Outcomes Framework

Annual Board review will monitor recruitment, promotion and disciplinary disparities; bullying and harassment; staff-survey indicators; and leadership representation.

- Recruitment disparities.
- Promotion disparities.
- Disciplinary disparities.
- Bullying and harassment indicators.
- Staff-survey indicators.
- Leadership representation.

Reasonable Adjustments Assurance Framework

Quarterly reporting will cover requests received, implementation times, satisfaction, escalations, costs and workforce-retention outcomes.

- Requests received.
- Time to implementation.
- Satisfaction rates.
- Escalations.
- Costs.
- Workforce retention outcomes.

Population Health Intelligence Framework

The framework will include protected-characteristic and intersectional analysis, Core20PLUS5, geographic variation, workforce and provider dashboards, contract compliance and predictive population-health modelling.

- Protected characteristic analysis.
- Intersectionality reporting.
- Core20PLUS5 analysis.
- Geographic variation analysis.
- Workforce dashboards.
- Provider assurance dashboards.
- Contract compliance reporting.
- Predictive population health modelling.

Community Accountability Framework

The framework will establish feedback loops, “You Said – We Did” reporting, community-outcome monitoring, VCSE partnership reporting and an annual community impact assessment.

- Feedback loops.
- You Said – We Did report.
- Community outcome monitoring.
- VCSE partnership reporting.
- Annual community impact assessment.

HEI Board Assurance Framework

The Board will receive quarterly performance reports and annual strategy delivery, legal compliance, WRES/WDES, pay-gap, AIS and external-benchmarking assurance. HEI risks will be maintained in the Corporate Risk Register and Board Assurance Framework.

- Quarterly HEI performance reports.
- Annual strategy delivery reports.
- Annual legal-compliance assurance.
- Annual WRES and WDES assurance.
- Annual pay-gap assurance.
- Annual Accessible Information Standard compliance assurance.
- Annual external benchmarking review.