



Improving lives **together**

Norfolk and Waveney Integrated Care System

Organisational Health Inequalities & Equality Diversity & Inclusion Improvement Plan

Norfolk & Waveney Integrated Care Board
2025-2027

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Introduction

In May 2024, the Norfolk and Waveney Integrated Care System (ICS) published a Health Inequalities Strategic Framework for Action. Overseen by the Integrated Care Partnership, this 10 year framework sets out a vision, principles and a clear ask of ICS partners to take action in their own organisations to address inequalities made through a Health Inequalities Commitment. The Health Inequalities Strategic Framework for Action can be found [here](#).

The NHS has a significant role to play in the tackling health inequalities:

1. Influencing and supporting multi-agency action to address social and wider determinants of health
2. The NHS is a significant economic actor in its own right
3. Tackling inequalities in healthcare provision - *ensuring equitable access, excellent experience and optimal outcomes*

In response to government ambitions to develop a 10 year plan for the NHS, the King's Fund (2024) has made recommendations for how the NHS can tackle health inequalities, which have been considered in the development of this improvement plan. These include:

- Re-orientating to focus on prevention.
- Changing our relationships with people and communities, from 'power over' to 'power with'.
- Tackling racism and discrimination and cultivating a culture of compassion.
- Enabling staff to identify and act on health inequalities.
- Empowering place-based partnerships to take more decisions about how NHS money is spent.
- Actively supporting Voluntary, Community and Social Enterprise (VCSE) organisations through changes in financial planning and commissioning.



This plan predominantly focuses on how we can tackle structural inequalities within our own organisation, by improving staff confidence and our *ways of working*, to ensure we embed tackling inequalities in all that we do.

King's fund research shows that NHS staff are sometimes not aware of how health inequalities affect their work and can impact on individuals or how to identify and act on them.

Mainstreaming work to tackle health inequalities by making it everybody's business rather than limiting it to a small group of specialists is a key part of accelerating progress. All staff have a role to play in tackling health inequalities through the 'three A's'

- Awareness
- Action
- Advocacy

The NHS cannot tackle health inequalities meaningfully without prioritising work to tackle racism and discrimination in all its forms - for our staff and for the communities we serve. There is a significant emphasis on equality, diversity and inclusion in this plan.

Not only should we be engaging communities and different groups that experience discrimination to ensure services are accessible and delivered in a way that's appropriate for all, we also need to ensure that we support our internal workforce in order to reflect the values of our organisation and ensure that we tackle inequalities in **all** that we do.

We recognise the need to develop a culture of compassion in which leaders hold crucial conversations about equality, diversity and inclusion, where they hear and reflect deeply on what staff are telling them and then take the necessary action to help address inequalities and discrimination in the workplace.



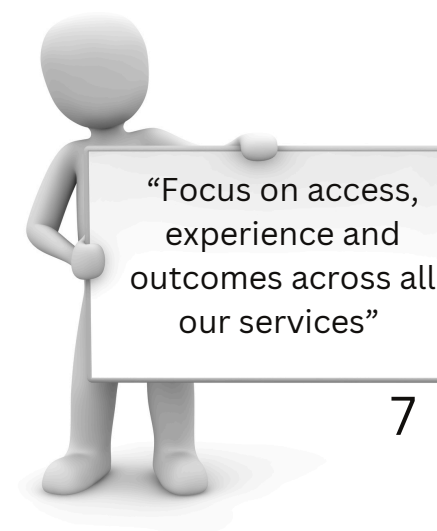
Our NHS Obligations and Legal Duties

The below table provides a summary of the key **national** reporting/legislative requirements of the ICB in relation to health inequalities.

Requirement	Summary
NHSE Statement on Information on Health Inequalities	<p>Alongside our Annual Report due to be published in June annually, the ICB must:</p> <ul style="list-style-type: none"> • Demonstrate an understanding of healthcare needs, including qualitative insights. • Demonstrate an understanding of health access, experience and outcomes. • Publish information on health inequalities focusing on elective recovery, urgent and emergency care (UEC), respiratory, mental health, cancer, cardiovascular disease (CVD), diabetes, smoking, oral health, learning disability and autism (LD&A) and maternity. • Demonstrate use of data (including qualitative) to plan and transform healthcare.
Equality Delivery System (EDS2)	<p>We are expected to publish a report by the end of February every year that covers the following:</p> <ul style="list-style-type: none"> • Commissioned or provided services - demonstration of access and that patients needs are met. • Workforce health and wellbeing - that staff are supported to manage long term conditions, have access to support and advice and that staff recommend the organisation as a place to work. • Inclusive leadership - that leadership within the ICB routinely demonstrate their understanding of, and commitment to, equality and health inequalities and that consideration for inequalities is embedded into reporting, risk, performance and monitoring systems and processes.

Requirement	Summary
Public Sector Equality Duty	<p>We are expected to publish accessible information that shows how we are complying with this duty. This must include data about the protected characteristics of the workforce and others affected by our work, such as those that use our services. We must include evidence that we use qualitative insights.</p> <p>The ICB must publish at least on equality objective every 4 years that is specific and measurable. In accordance with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, we are expected to publish Gender Pay Gap calculations together with an action plan to close any gender pay gaps identified in the workplace experience, and submit and upload the required data return to the gov.uk portal, no later than 30 March each year.</p>
Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)	<p>We are expected to publish two reports on our workforce data – one on race and the second on disability. We must also produce and publish action plans to close any race and disability equality gaps identified in the workplace experience. These reports align with the EDS2 report and Health Inequalities and Equality, Diversity and Improvement Plan and we expect to publish these reports by the end of February every year.</p>
National Quality Board Shared Commitment to Quality	<p>The NQB Shared Commitment set out a single vision of quality, based on the need to provide high-quality, personalised care for all. Refreshed in 2021 it provides an updated definition of quality for those working in health and care systems and partnerships and aligns with the two quality frameworks for Public Health and Adult Social Care, the NHS Patient Safety Strategy and the People Plan. The current Shared Commitment definition of quality includes that care is equitable; that everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities.</p>

Requirement	Summary
Equality and Health Inequalities Impact Assessment	The ICS is committed to its duty to reduce inequalities in access and outcomes and ensuring that a consistent approach is taken to inform commissioning decisions, business cases, financial recovery plans and any other business plans. This includes a robust evaluation for their potential impact on groups with a protected characteristics and Core20plus communities who have poorer health outcomes, and whether and to what extent our equality duties and duties in relation to health inequalities are affected and facilitate legal compliance.



The below table provides a summary of the key **local** reporting/legislative requirements of the ICB that have specific reference to health inequalities. Further information on strategies that include objectives to reduce inequalities can be found in appendix 1.

Strategy	Summary
Norfolk and Waveney Joint Forward Plan	The Joint Forward Plan sets out our ambition to develop (complete) and deliver 2 strategic pieces of work: A Norfolk and Waveney Health Inequalities Strategic Framework and a Population Health Management Strategy. Initial PHM priorities have been identified that align with the Core20plus5 framework, which include; smoking and smoking in pregnancy, serious mental illness health check uptake, cardiovascular disease, diabetes and respiratory, early cancer diagnosis and improving outcomes for children and young people.
Norfolk and Waveney Integrated Care Strategy	The Integrated Care Strategy is a high level framework aimed at improving health and care outcomes and guides the work of the Integrated Care Partnership. It has four key priorities; driving integration, prioritising prevention, addressing inequalities and enabling resilient communities. Its priority actions relating to inequalities include using evidence to address needs, collaborative system working, consulting and engaging with seldom heard communities, ensuring accessibility of services, and building trust with those engaging in our communities.
Norfolk and Waveney ICS Health Inequalities Strategic Framework for Action	Our local Health Inequality Strategic Framework for Action responds to the Joint Forward Plan ambition, and takes the priority actions described in the Integrated Care Strategy a step further, identifying the key populations and key steps we can take to take action together to reduce inequalities. The vision and principles are further described on page 7.

Vision and Principles

Vision

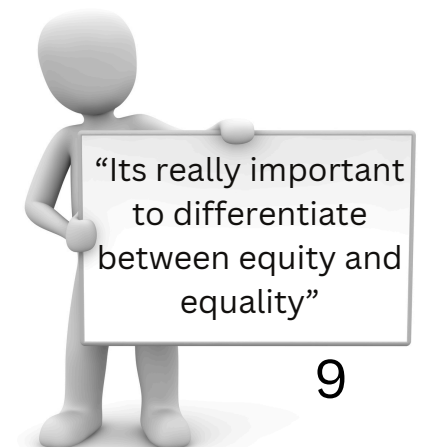
We have aligned our vision with that which is published in the Norfolk and Waveney Integrated Care System Health Inequalities Strategic Framework for Action.

We will come together to tackle unfair and avoidable differences in health outcomes. We will do this by listening to communities, prioritising prevention, and taking action together, making health inequalities everybody's business.

Principles

Our organisational Health Inequalities Improvement Plan is underpinned by the principles of the ICS Health Inequalities Strategic Framework for Action, as outlined below:

- Everyone needs something, some people need more.
- Enabling communities to have a voice is key, and requires creativity and persistence.
- We will work as close to people and communities as possible.
- Our approach must be personalised to ensure the right action at the right time for each individual.
- We will ensure accessible services for those in greatest need.
- We know we can make a difference, and this is a long term commitment.
- Leading for change requires shared responsibility, collaboration and enduring focus.
- We will take an approach that includes consideration for families and all stages of life.
- We will understand who is accessing our services and support, who isn't and why in order to act.
- Recognising the building blocks for good health and wellbeing are not just in health services.
- Building fairer services means supporting change in our organisations.



Healthcare Inequalities Objectives 2025-2027	How will this be measured?
<p>Work with partners to improve health outcomes for Core20Plus communities and those with protected characteristics.</p>	<p>Produce plans that set out:</p> <ul style="list-style-type: none"> • specific health issues to tackle • target population groups • interventions that will be delivered • performance metrics related to delivery of interventions and qualitative and quantitative benefits we can monitor
<p>Work with partners to improve access, experience and trust in healthcare within our Core20plus communities and those with protected characteristics.</p>	<p>Develop a methodology to:</p> <ul style="list-style-type: none"> • Assess current approaches and performance in relation to accessibility, experience and trust • Promote and incorporate best practice approaches in relation to accessibility, experience and trust and improving health literacy • Promote consistent approach to use of qualitative feedback to establish benchmark performance and identify progress towards objective at regular points (e.g. six monthly, TBC)

Organisational Health Inequalities Objectives 2025-2027	How will this be measured?
<p>Improve ICB workforce understanding, confidence and capability in addressing health inequalities.</p>	<p>Measure effectiveness of provision of support, guidance and training to staff:</p> <ul style="list-style-type: none"> • Promote self-assessment to enable bench-marking • Undertake qualitative sampling exercises to monitor progress against benchmark • Promote self-assessment at regular intervals to monitor progress against benchmarking
<p>Work with partners to improve collection and accuracy of data relating to Core20plus communities and those with protected characteristics</p>	<ul style="list-style-type: none"> • Identify current data quality deficits • Produce a plan to: <ul style="list-style-type: none"> ◦ identify priority areas to focus on improvement ◦ set out interventions, including responsibility for delivery, with assigned lead from the ICB to support ◦ Track performance through periodic data quality reports, that use sampling to identify rate of improvement against objectives
<p>Improve our organisational processes and ways of working to support delivery of improved equity</p>	<ul style="list-style-type: none"> • Develop co-produced programme of support that is consistent with good practice in relation to health equity, including continued development of Equality and Health Inequality Impact Assessments • Promote take up of the programme within the ICB • Monitor take up of the programme within the ICB • Obtain qualitative feedback regarding the efficacy of the programme amongst ICB staff

Equality Diversity and Inclusion (EDI) Organisational Objectives 2025-2027	How will this be measured?
To create an environment where staff feel valued, respected and included.	Staff survey.
To improve staff awareness and of EDI and personal accountability in how they behave and support EDI initiatives and the ICB's values.	Staff Survey Specific evaluations/staff feedback Staff EDI Channel activity
To provide equality of opportunity in our employment practices to ensure we are a fair and inclusive employer.	Staff Survey
To provide EDI learning and development opportunities for staff.	Staff Survey E-Learning compliance Attendance and feedback from Management fundamentals programme Staff EDI Channel activity
To empower and support staff networks and employee led groups to implement, educate and communicate EDI initiatives.	Feedback EDI Staff Group EDI Calendar of events
To continue to engage and listen to staff to further strengthen our engagement processes.	Staff Survey

Self-Assessment

Board members and staff from across the ICB have participated in a series of self-assessments and ‘temperature checks’ to inform the development of this report. This has helped us to understand our starting ‘baseline’ position, areas of strength and where we have areas for improvement.

Engagement has included:

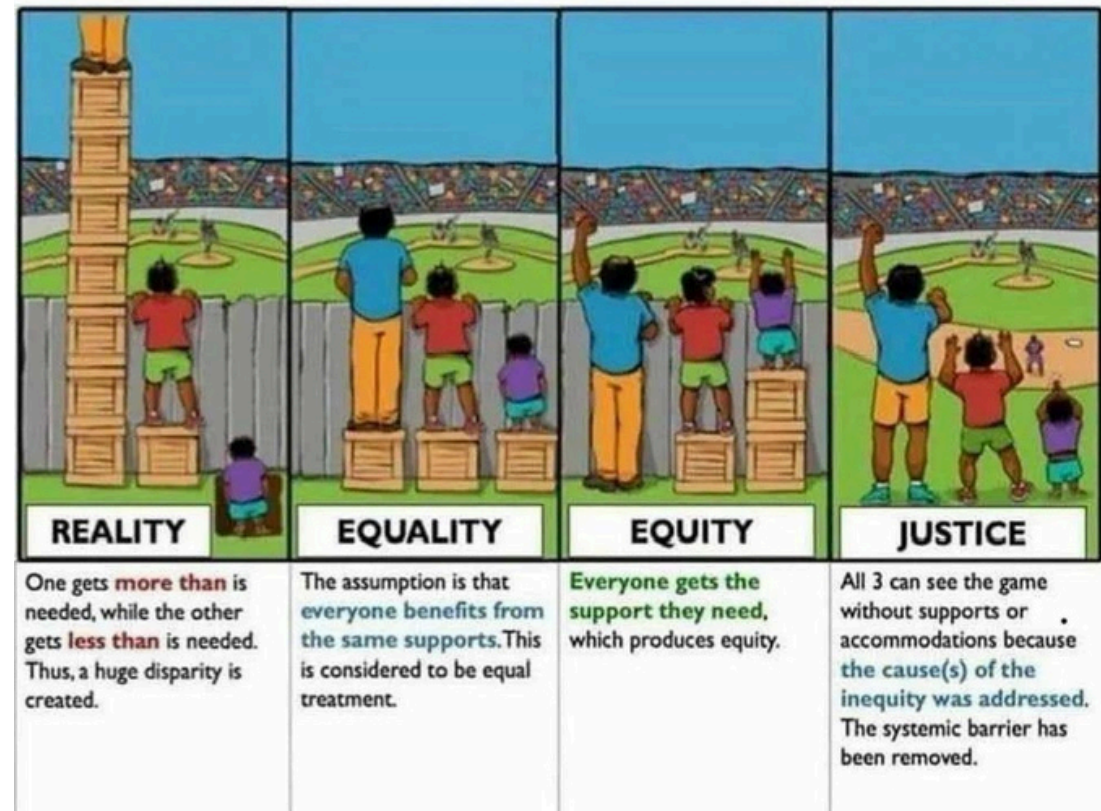
- Board participation in Board Health Inequalities Maturity Assessment developed by NHS Providers
- All staff away day event
- ‘Joint Senior Leaders’ workshops
- Meetings with teams and individual staff
- Engagement via EDI Group

Board Health Inequalities Maturity Assessment

ICB Board members were asked to assess themselves against a maturity matrix developed by NHS Providers. This assessment scored maturity against four domains and provides a ‘rating’ for our current levels, as well as recommendations for improvement that have been reflected in this action plan:

- Building public health capacity and capability (maturing)
- Data, insight, evidence and evaluation (maturing)
- Strategic leadership and accountability (thriving)
- Systems partnerships (maturing)

A copy of the full feedback report can be seen in Appendix 3.



All staff away day and joint senior leader feedback

The all staff away day provided an opportunity to speak to all ICB staff and undertake a temperature check of current confidence levels in addressing health inequalities.

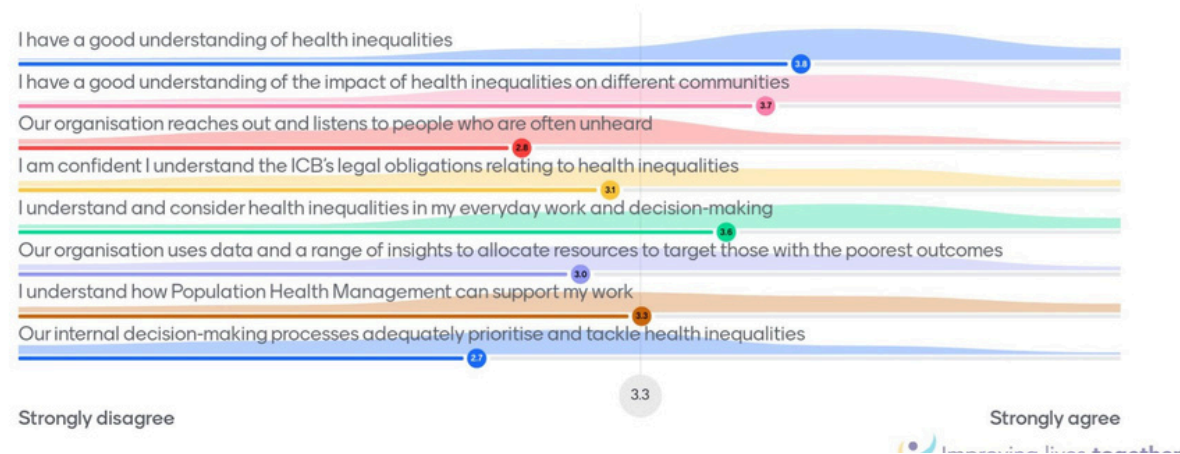
The event demonstrated a reasonable level of understanding of health inequalities, but that we need to think about how our processes, policies and ways of working reflect our ongoing commitment.

When asked about the 'what good looks like' it was clear that understanding levels were mixed in relation to equality and equity, and that despite high levels of confidence, a focus on workforce and organisational development and culture remains important.

Staff were asked to identify the tools that would help them to improve their ability to address health inequalities in their every day work. The following five themes were highlighted:

- Training
- Data access and analysis
- Funding
- Collaboration (internally and externally)
- Support with public engagement

Health Inequalities Temperature check



Action Plan Summary

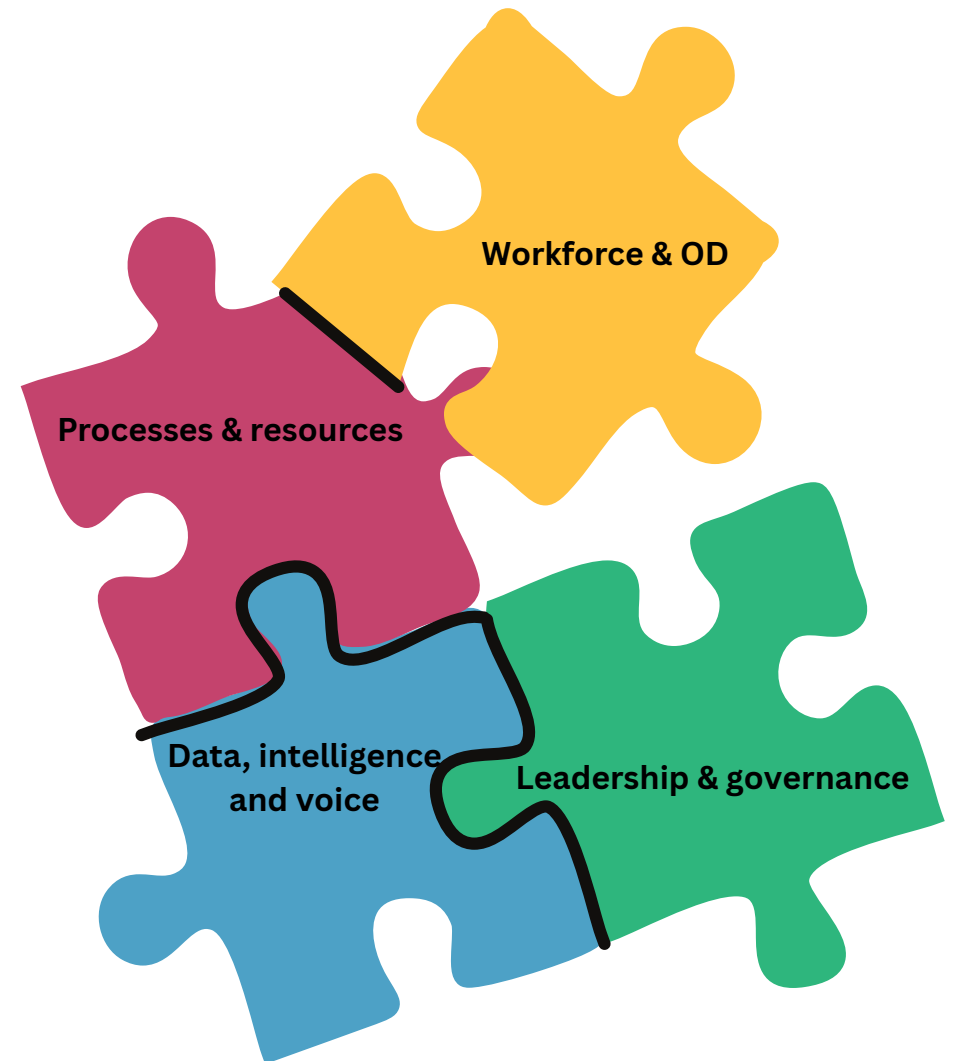
We have agreed four areas of focus for our improvement plan:

- Workforce and organisational development
- Processes and resources
- Data, intelligence and voice
- Leadership and governance

It is proposed that a senior SRO (Director/AD level) is identified for each area of focus to oversee progress and enable reporting to EMT, ICB Board etc.

It is also proposed that an ICB Board member be identified to provide oversight to each of the and areas of focus.

It is proposed that an operational lead is identified for each theme/action. These operational leads will come together in a working group to lead implementation and monitor progress of this action plan.



Domain 1: Workforce and Organisational Development

SRO: TBC

Theme	Actions	Who	By when
Training	<p>Develop suite of training to support staff confidence and understanding, to include;</p> <ul style="list-style-type: none"> • Equity vs Equality • EHIA training, learning resources and feedback from EHIA panel • Confident conversations/Cultural Confidence • Inclusion Health and Intersectionality • Trauma informed practice • Active Bystander • Bitesize learning sessions – impact of inequalities on our Core20 ‘Hear Me, See Me’ series plus groups (in partnership with VCSE sector) • Health inequalities ‘clinics’ and drop in sessions • Population Health Management training sessions • NED health inequalities training (NHS Providers) • Accessible Information Standard • Behavioural insights • Digital inclusion • A clear understanding of what Equality, Diversity and Inclusion is and why it is so important • Understand the policies and processes which support EDI in our ICB • Understanding unconscious bias when making decisions that affect people • Challenging unacceptable behaviour • How to be an advocate for EDI practices and enhancing difference • ‘What Works’ Health inequalities evidence 	<p>HR/OD Workforce Quality HI & VCSE Digital PHM Research & Innovation</p>	<p>Mar 2027</p> <p>16</p>

Theme	Actions	Who	By when
EDI	<p>Identify Executive SRO to support ICB EDI group.</p> <p>Further development of EDI group in response to survey, including development of staff groups and alignment with wider system.</p> <p>Further development of ICS EDI approach and relaunch of Network.</p>	<p>EDI group</p> <p>HR</p>	<p>Mar 2026</p>
Employer Supported Volunteering	<p>Relaunch and promote ESV policy across organisation</p> <p>Work with VCSE Assembly, Empowering Communities Partnership and Vision for Volunteering to develop 'menu' of opportunities for staff to volunteer</p>	<p>HI & VCSE</p> <p>HR</p>	<p>Oct 2025</p>



Theme	Actions	Who	By when
HR	<ul style="list-style-type: none"> • Accreditation as a Menopause Friendly Employer (HR) 2025 • Launch of Wagestream (HR) 2025 • To review the antiracism strategy as part of the EDI Strategy and Plans (HR) 2025 / 2026 • To sign up to the Sexual Safety Charter (HR) 2025 • Encourage all recruiting managers to attend further training on Recruitment and Selection (HR) 2025 • To continue to focus on improving the monitoring and quality of exit interviews and how this feedback and can improve working conditions and this will help to inform future ICB EDI plans (HR) 2025 • To support the EDI Staff Group to focus on raising awareness of Hidden Disabilities, Neurodiversity and Age (HR) 2025 / 2026 • The ICB will sign up to the Disability Confident Scheme and will continue to support the NHS Two Ticks (disability status at the shortlisting stage (NHSE) (HR) 2025 / 2026 • Embed inequalities/EDI training into induction processes • Embed consideration for inequalities and PHM into appraisal processes • Embed EDI staff group members into HR Policy Review Group 	HR Corporate Gov HI & VCSE team	Mar 2026

Domain 2: Processes and Resources

SRO: TBC

Theme	Actions	Who	By when
Commissioning	<p>Reflect consideration for HI (and VCSE partnering) into sustainable commissioning processes</p> <p>Development of commissioning principles and strategy for VCSE commissioning</p>	<p>HI & VCSE team</p> <p>Commissioning & Performance</p> <p>Commissioning teams</p> <p>PMO</p>	<p>Mar 2026</p>
EHIA	<p>Conduct a review/evaluation of year 1 of QIA and EHIA process that's been implemented, including an understanding of impact on decisions made that might have an impact for underserved communities. This is including staffs confidence and competency in completing them QIAs/EHIAs</p> <p>Develop approach to assess aggregated risk, including interdependencies with other stakeholders across the ICS.</p>	<p>Research & evaluation</p> <p>Quality</p> <p>HI & VCSE</p> <p>PMO</p> <p>Corporate Gov</p>	<p>Nov 2025</p>

Theme	Actions	Who	By when
Social value	Development of Social Value Framework embedded into commissioning, contracting and procurement processes.	Procurement Commissioning and performance Commissioning teams Procurement HI & VCSE	Mar 2026
Financial allocation	Review of spend and impact of spend on inequalities Develop a framework for equitable investment in response to ICP endorsed recommendations.	Finance HI & VCSE Commissioning teams	Dec 2025

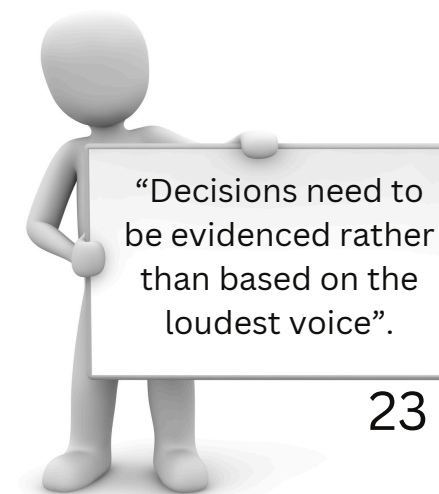
Theme	Actions	Who	By when
Contracts	<p>Identify and embed KPI's and standardised wording in contracts relating to health inequalities.</p> <p>Monitor performance of contracts against HI KPIs.</p>	<p>Commissioning & Performance</p> <p>Contracts and procurement</p> <p>Commissioning teams</p> <p>HI & VCSE</p>	Oct 2025
Communications and engagement	<p>Review of complaints and patient experience feedback processes and development of accessibility plan, including collection of data on current sources of feedback.</p>	<p>Corporate Gov</p> <p>Communications</p> <p>HI & VCSE</p>	

Domain 3: Data, intelligence and voice

SRO: TBC

Theme	Actions	Who	By when
Data	<p>Further development of Health Inequalities Dashboard and NHSE Statement reporting to support decision making</p> <p>Implementation of Data Quality Project to improve ethnicity and Core20plus data quality</p>	<p>BI</p> <p>HI & VCSE</p>	Ongoing
Engagement and Insights	<p>Refresh of People and Communities Strategy in line with ICS guidance (see Appendix 2)</p> <p>Development of Community Voices toolkit to support roll out and integration into decision making</p> <p>Embed a requirement for qualitative insights in planning of services (sustainable commissioning approach)</p>	<p>Comms</p> <p>HI & VCSE</p> <p>Research & Innovation</p>	March 2026
Evidence base	<p>Incorporate health inequalities considerations into evidence and evaluation templates/processes.</p> <p>Development of ICS Resource Hub to share good practice and evidence base resources.</p>	<p>Research & Innovation</p> <p>PHM</p> <p>HI & VCSE</p>	October 2025

Theme	Actions	Who	By when
Impact	<p>Develop annual impact report to respond to NHSE Statement and EDS2 requirements, as well as demonstrate impact of ICS HI Framework.</p> <p>Include data reporting on health inequalities outcomes in Internal Performance Reports for all Boards.</p>	All	<p>Feb 2026</p> <p>Feb 2027</p>
Innovation	<p>Development of co-production framework for innovation, with emphasis on reducing inequalities.</p> <p>Explore opportunities for innovation to support Core20plus5 ambitions.</p>	<p>Research & innovation team</p> <p>HI & VCSE team</p>	Oct 2025



Domain 4: Leadership and governance

SRO:

Theme	Actions	Who	By when
Oversight	<p>Annual TOR review of governance structures.</p> <p>Development of an ICB Improvement Plan Oversight Group (cross-organisational) to drive and monitor implementation</p> <p>Continued development of key work programmes and working groups: Core20plus5, NHS Anchors, Inclusion Health, Improving Access & VCSE Strategy</p> <p>Annual impact report to ICB Board</p>	HI & VCSE	<p>Oct 2025</p> <p>Apr 2025</p> <p>Jan 2026/ Jan 2027</p>
Leadership	<p>Continued investment in and development of Health Inequalities & VCSE team & integrated post/team with NCC Public Health.</p> <p>Continuation of Executive Level Senior Responsible Officer for Healthcare Inequalities.</p> <p>Continuation of clinical leadership via Health Inequalities & Inclusion Health Steward</p> <p>Identification of non-executive Lead for Healthcare Inequalities</p>	Patient & Communities	Ongoing

Theme	Actions	Who	By when
Place	Review of Place opportunities/supporting development of place teams to address HI and utilise PHM, including developing integrated working between HI & VCSE and place teams.	HI & VCSE Place teams	Oct 2025
Reporting & risk	<p>Include equity and health inequalities related impacts and risks in all board and committee papers, alongside actions for how they will be mitigated and managed.</p> <p>Full review of Health Inequalities risks in light of ICS governance structures.</p> <p>Inclusion of HI considerations in all risk analysis.</p>	Corporate governance	Oct 2025
ICB Advocates	<p>Development of ICB Health Inequalities Advocates & ICS Advocate Network to share learning and best practice.</p> <p>Establish an organisational lead point of contact for each 'plus group' to support system partnership working.</p>	HI & VCSE	March 2026

Theme	Actions	Who	By when
NHS Anchors	<p>Undertake the UCL ‘How Strong Is Your Anchor’ self-assessment to further identify areas of strength and improvement for employment, procurement, land and buildings, sustainability and partnership and leadership.</p> <p>Further develop ICS NHS Anchor Leadership Group to consolidate baseline findings and develop system improvement plan.</p>	<p>HI & VCSE</p> <p>HR</p> <p>Procurement</p> <p>Estates</p> <p>Place</p>	Mar 2026

Actions for Leadership

The NHS Health Inequalities Board Maturity Assessment made a number of recommendations for leadership.

The key recommendations relating to leadership are:

1. Chief Executive:

- Ensure staff at all levels of the organisation are aware of the vision and strategy for tackling health inequalities and understand their roles in delivering these.
- Ensure that board members, senior leaders (Band 9 and Very Senior Managers), and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality, diversity and inclusion and health inequalities.
- Include equality and health inequalities related impacts and risks in board and committee papers (including minutes), alongside actions for how they will be mitigated and managed.

2. Executive Lead for Health Inequalities:

- Ensure integrated working with HR and equality, diversity, and inclusion (EDI) executive leads to achieve strategic alignment for workforce EDI and tackling inequality.
- Work collaboratively with senior leaders and health inequality leads in the ICS, other provider organisations/provider collaboratives, and primary care networks (PCNs) to share learning and ensure scalability of health inequalities strategic work across systems.
- Work collaboratively with executive board members leading on the organisation's anchor institutions work, to ensure alignment with the health inequalities agenda.
- Work with system partners to ensure the trust has pathways to engage with communities and local voluntary, community, and social enterprise (VCSE) sector organisations.

3. Non-Executive Directors

- All NEDs should seek opportunities for personal development on health inequalities.

Appendix 1: Wider system strategies

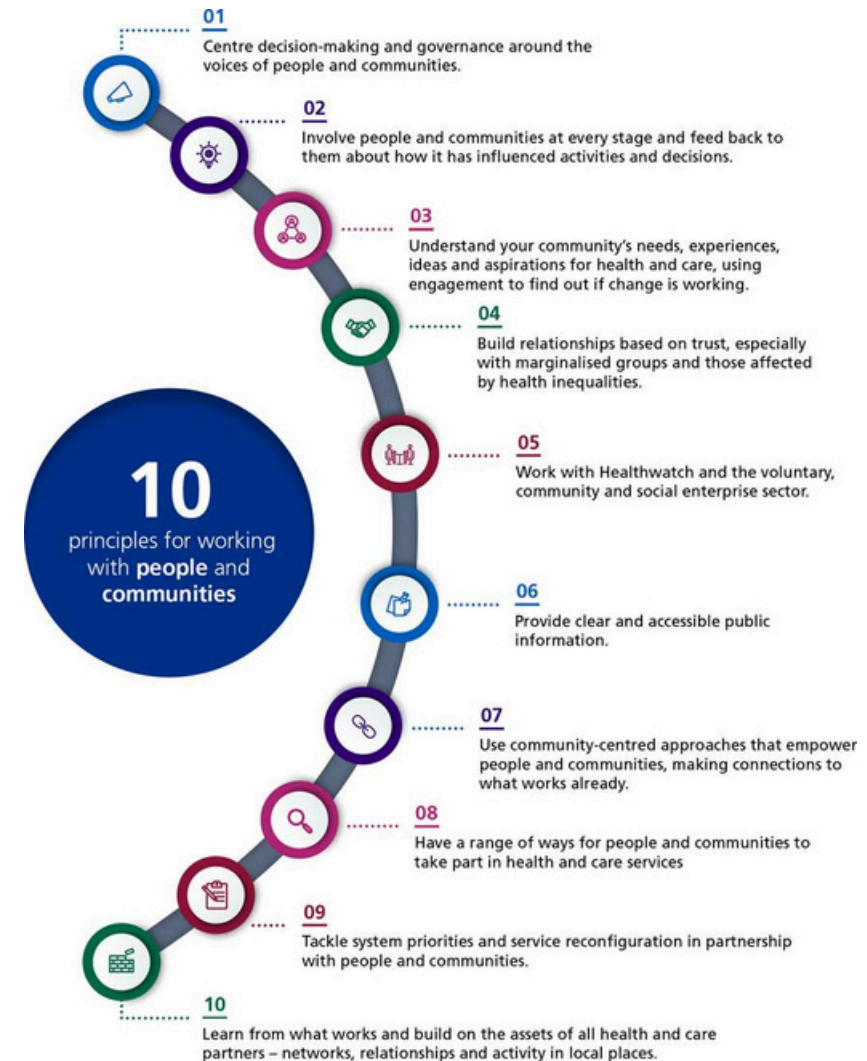
Strategy	Summary
Norfolk and Waveney Quality Strategy	The ICS Quality Strategy outlines our quality priorities and makes a commitment to the people of Norfolk and Waveney, to deliver quality of care, based on what matters most to the people using our services and the insight and expertise of our compassionate, skilful, and innovative workforce. One of the core objectives of the strategy is to use insights around health inequalities and population health to achieve fair outcomes.
Norfolk and Waveney Clinical Strategy	The Clinical Strategy commits to the development of plans and strategies to deliver the Core20plus5 improvement frameworks, whilst ensuring a larger proportion of resources go to communities and patient groups that experience the greatest inequalities. There is a commitment to ensuring services are offered fairly and equitably and that reasonable adjustments are made when required.
Norfolk and Waveney Research and Innovation Strategy	This strategy commits to ensuring research and innovation is accessible to communities, as well as ensuring research and innovation are incorporated into the design and planning of services. This will be crucial when planning services and programmes that address health inequalities.

Appendix 2: People and Communities Approach

The overarching vision for working with people and communities in Norfolk and Waveney is that all ICS partners will consistently collaborate to share insight and learning. This will maximise resources and ensure that the voice of local people, especially from inclusion groups, is shared as widely as possible.

We will work towards the following 10 principles from national ICS guidance when working with people and communities at neighbourhood, place and system level. These will be tested with local people as this approach develops and adapted to reflect local aspirations and our 5-Year Joint Forward Plan as needed.

With the changing internal and external landscape it will be important to further develop and refine this plan in 2025/26.



Appendix 3: ICB Board HI Maturity Assessment Report

Use the following link to regenerate the tool with your answers: <https://health-inequality-tool.net/reload/EUVFYZJQy>

Scoring

Theme	Score	Percentage Complete	Maturity Level
1 - Building public health capacity & capability	5	63%	Maturing
2 - Data, insight, evidence and evaluation	9	64%	Maturing
3 - Strategic leadership & accountability	16	89%	Thriving
4 - System partnerships	7	70%	Maturing

Recommended Objectives

1 - Building public health capacity & capability Maturing

2.3	NEDs: All NEDs to seek opportunities for personal development on health inequalities
3.3	Chief executive: Ensure staff at all levels of the organisation are aware of the vision and strategy for tackling health inequalities and understand their roles in delivering these
3.8	Chief executive: Ensure that board members, senior leaders (Band 9 and Very Senior Managers) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
4.10	Executive lead for health inequalities: Ensure there are systems

	areas, underrepresented ethnic minority groups, those with protected characteristics and/or inclusion health groups)
10.5	Clinical, quality and research: Work with research partners and in partnership with other NHS organisations to ensure participation in relevant research related to health inequalities, to develop an evidence-base on the effectiveness of provider led interventions to tackle inequalities
10.9	Clinical, quality and research: Consider active case finding approaches to reduce health inequalities, such as hypertension case finding and early cancer diagnosis
10.11	Clinical, quality and research: Engage with groups that may not be traditionally involved in research or quality improvement, such as those from deprived areas, underrepresented ethnic minority groups, those with protected characteristics and/or inclusion health groups

3 - Strategic leadership & accountability

Thriving

4.2	Executive lead for health inequalities: Ensure integrated working with HR and equality, diversity and inclusion (EDI) executive leads to achieve strategic alignment for workforce EDI and tackling inequality
6.2	Strategy: Embed an equity lens across all organisational priorities, strategic documents and annual planning processes
7.2	Finance: Work with commissioners and external organisations to identify funding opportunities for health inequalities initiatives

4 - System partnerships

Maturing

4.8	Executive lead for health inequalities: Work collaboratively with
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	in place to support frontline work on health inequalities, such as consolidating learning and sharing of best practice across the organisation and establishing learning networks or communities of interest for health inequalities
5.6	People: Develop opportunities and systems to encourage and enable staff to develop public health expertise across a range of roles
5.7	People: Consider training and development opportunities on inclusion health and trauma informed practice, with priority for staff interested in becoming inclusion health specialists. Training should be refreshed, as relevant
10.6	Clinical, quality and research: Build in-house capacity and capability for health inequalities research work

2 - Data, insight, evidence and evaluation

Maturing

3.10	Chief executive: Include equality and health inequalities related impacts and risks in board and committee papers (including minutes), alongside actions for how they will be mitigated and managed
8.2	Operations/delivery: Ensure a trust wide focus on inclusive recovery and operational improvement through an equity lens
8.3	Operations/delivery: Establish a culture of data reporting among staff on health inequalities outcomes, and on the impact of health inequality initiatives. Consider staff training to enable staff to feel confident in asking questions around ethnicity
9.6	Data, digital and information: Consider how digital technology, such as electronic patient record systems, could be used to support health inequalities decision making
9.9	Data, digital and information: Collect qualitative data through engagement with population groups to incorporate patient's views into health inequalities work (such as those from deprived

	senior leaders and health inequality leads in the ICS, other provider organisations/provider collaboratives and primary care networks (PCNs) to share learning and ensure scalability of health inequalities strategic work across systems
4.11	Executive lead for health inequalities: Work collaboratively with executive board members leading on the organisation's anchor institutions work, to ensure alignment with the health inequalities agenda
4.12	Executive lead for health inequalities: Work with system partners to ensure the trust has pathways to engage with communities and local voluntary, community and social enterprise (VCSE) sector organisations
8.6	Operations/delivery: Enable services to embed co-production principles to inform work on health inequalities. Co-production could include with staff, public and patient reference groups, engagement events, or similar mechanisms

Your Answers

1 - Building public health capacity & capability

1	Has your board received training and/or development on health inequalities?	Partial
2	Does your trust deliver regular training to all staff groups on health inequalities?	Partial
3	Has your trust delivered any quality improvement work or change programmes related to health inequalities?	Partial
4	Does your trust employ public health specialist staff and is the wider workforce encouraged to develop public health expertise?	Yes

2 - Data, insight, evidence and evaluation

1	Is your trust's data on patient ethnicity accurate and comprehensive?	Partial
2	Does your trust board routinely receive performance data broken down by ethnicity and deprivation?	Partial
3	Does your trust use existing population health data (e.g. population demographics and index of multiple deprivation) in your analysis of trust-level data?	Yes
4	Has your trust taken part in any research related to health inequalities?	Partial
5	Has your trust carried out engagement with communities to inform work on health inequalities?	Yes
6	Has your trust reviewed any care pathways to consider the extent to which they enable equitable access, experience, and outcomes?	Partial

7	Has your trust reviewed the accessibility of your services in relation to the digital and health literacy rates of your local population?	Partial
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3 - Strategic leadership & accountability

1	Does your trust have commitments to reducing health inequalities within its strategy documents?	Yes
2	Does your trust have a named board-level Executive Lead for health inequalities?	Yes
3	Does your board have health inequalities objectives set in your annual review process?	Yes
4	Is your Executive lead for health inequalities providing strategic leadership and embedding an equity lens into cross-organisational work?	Partial
5	Is there a clear governance structure for the trust's health inequalities work within your trust, including a group or committee that provides oversight?	Yes
6	Does your trust/board use a health inequalities impact assessment tool in your business case process?	Yes
7	In allocating trust resources, are opportunities identified to invest in services that will prevent and mitigate healthcare inequalities and realise longer term benefits?	Yes
8	Does your trust have a programme of work aimed at reducing health inequalities experienced by staff members?	Partial
9	Does your trust use and implement NHS England's 'Core20PLUS5' framework to guide the organisation's approach to reducing health inequalities?	Yes

4 - System partnerships

1	Is your trust represented on appropriate Integrated Care System group(s) to contribute to population health decision making in your region?	Yes
2	Is your trust contributing to anchor institution working?	Yes
3	Does your trust have programmes in place to improve access to employment to underrepresented groups in your organisation?	No
4	Has your trust engaged in any pathway redesign work with system partners and communities to reduce health inequalities?	Partial
5	Has your trust worked in collaboration with health inequality leads in Integrated Care System(s) and other provider organisations or collaboratives?	Yes