

Norfolk and Waveney Integrated Care Board

2024-2025 Equality Delivery System2 Summary Report

Equality Delivery System for the NHS

The EDS Reporting Template

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

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| Name of Organisation | Norfolk and Waveney Integrated Care Board (N&W ICB) | Organisation Board Sponsor/Lead | | |
| | | Mark Burgis, Designate Executive Director of Primary Care and Neighbourhood Health (Norfolk and Waveney) | | |
| Name of Integrated Care System | Norfolk and Waveney | | | |

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| EDS Lead | Shelley Ames, Head of Health Inequalities and VCSE Partnering Tracy Williams, Clinical Steward for Health Inequalities and Inclusion Health Fran Weston, Head of People Dawn Turner, HR and OD Business Partner | At what level has this been completed? | | |
| | | | | *List organisations |
| EDS engagement date(s) | August 2025-January 2026 | Individual organisation | Norfolk and Waveney ICB | |
| | | Partnership* (two or more organisations) | | |
| | | Integrated Care System-wide* | - | |

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| Date completed | February 2026 | Month and year published | March 2026 |
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| Date authorised | February 2026 | Revision date | March 2026 |
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| Completed actions from previous year | |
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| Action/activity | Related equality objectives |
| <p>NHS Norfolk and Waveney ICB continues to operate within a period of significant organisational and system-wide change driven by national policy direction.</p> <p>Since the previous EDS2 submission, the ICB has experienced further uncertainty and transformation following the national announcement in March 2025 of a requirement for Integrated Care Boards to deliver up to 50% reductions in running costs, alongside proposals to merge ICBs. Within this context, Norfolk and Waveney is progressing work towards a proposed merger with acknowledged implications for future leadership, capacity and ways of working.</p> <p>At the time of preparing this submission, the ICB is mid-organisational restructure. As in previous years, this has had an impact on the pace and delivery of some EDS2-related actions. The extended period of organisational change has also affected the ability to fully embed learning and system-wide improvement activity at pace.</p> <p>An established informal network of patient experience and engagement leads across NHS trusts and partner organisations within the ICS continues to meet regularly, with dedicated focus on EDS2. For this year's Domain 1 submission, the system agreed to focus on three priority themes based on the volume, risk and consistency of patient feedback: Translation & Interpretation Services, Children and Young People's Mental Health Services, and Frailty Services. These areas reflect both access and safety</p> | |

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| <p>concerns for underserved and vulnerable populations and align with wider system priorities on health inequalities.</p> | |
| <p>ICB Health Inequalities Board maturity assessment undertaken utilising the NHS Providers health inequalities maturity assessment tool, and an organisational improvement plan has been put in place to tackle structural inequalities. This improvement plan covers 4 areas:</p> <ul style="list-style-type: none"> - Workforce and organisational development - Processes and resources - Data, intelligence and voice - Leadership and governance <p>Good progress has been made with the implementation of this plan, with strong alignment with emerging Population Health Commissioning Strategies and Plans for the new Norfolk & Suffolk ICB.</p> <p>The ICB is committed to undertaking the new NHS Confed Board Assurance Framework in 2026 and refreshing the organisational improvement plan in line with recent policy changes and the functions of the new ICB.</p> | <p>Board members (Band 9 and VSM) and line managers consistently demonstrate their understanding of and commitment to equality and health inequalities by participating in mandatory training, embedding inclusive practices within their decision-making processes, and regularly monitoring and reporting progress against organisational equality and health inequalities objectives.</p> |
| <p>The ICB continues to provide systems-leadership to the health inequalities agenda, through the provision of a dedicated health inequalities function.</p> <p>Working closely with local government public health function the ICB takes an integral role in the implementation of the ICS Health Inequalities Strategic Framework for Action, which is overseen by the Integrated Care Partnership.</p> | <p>Board members (Band 9 and VSM) and line managers consistently demonstrate their understanding of and commitment to equality and health inequalities by participating in mandatory training, embedding inclusive practices within their decision-making processes, and regularly monitoring and reporting progress against organisational equality and health inequalities objectives.</p> |

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| <p>The ICS Health Inequalities Steering Group is co-chaired by the ICB’s SRO for Health Inequalities and the Norfolk Director of Public Health and has overseen the implementation of ‘year 2 actions’ for the Norfolk and Waveney system, including:</p> <ul style="list-style-type: none"> • The development and launch of a Norfolk and Waveney Health Inequalities Advocate Network - a community of practice of over 50+ Advocates from NHS, local government and VCSE organisations, including clinical leadership. This group is chaired by the ICBs Clinical Steward for Health Inequalities. • The development and launch of a ‘Health Inequalities Resource Hub’ which is a repository of information for the Norfolk and Waveney workforce and includes essential explainers, training resources, news and a ‘commissioners toolkit’ to support consideration for health inequalities in strategic commissioning. • The development of a consistent health inequalities training framework for frontline health and social care workforces, to be launched in 2026. | |
| <p>The combined Equality and Health Inequality Impact Assessment (EHIA) and a combined EHIA and Quality Impact Assessment (QIA) process introduced in autumn 2024 has now been firmly embedded into the organisation. The process includes a panel which is chaired by the Director of Nursing and Clinical Steward for Health Inequalities, and oversight for the process is through Quality and Safety Committee with regular reports to public board.</p> <p>The Health Inequalities team in the ICB has supported staff to improve their confidence and capability in completing EHIAs, with the team pre-screening every assessment before it goes to panel and supporting completion where appropriate.</p> | <p>To embed equality and health inequalities considerations into governance processes by ensuring that all Board and Committee papers (including minutes) consistently identify related impacts and risks, outline mitigation and management strategies, and demonstrate alignment with organisational equality and health inequalities objectives.</p> |

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| <p>A new 'Voices in Focus' training programme has been piloted, offering commissioning colleagues to join webinars that have been coproduced with the VCSE sector, offering the opportunity to hear from people with lived experience and ask questions. These have resulted in increased confidence and knowledge.</p> | |
| <p>On 1st April 2025 in his letter 'Working together in 2025/26 to lay the foundations for reform' NHS England Chief Executive Sir James Mackey, set that over the next 12 months NHS England will be embarking on a transformative journey to lay the foundations for significant reform. Specifically, the period shall focus on:</p> <ol style="list-style-type: none"> 1. Strategic Leadership and Integrated Care: Emphasising collaboration among leaders and the pivotal role of Integrated Care Boards (ICBs) in strategic commissioning. 2. Financial Stability and Efficiency: Addressing a headline deficit of £311 million and implementing measures to reverse corporate cost growth in NHS providers by 50%. 3. Operational Excellence: Enhancing recovery through the NHS Standard Contract and streamlining central operations to improve efficiency and accountability. 4. Quality and Transparency: Promoting a rules-based operating model that incentivises good financial and operational performance, with a renewed focus on quality and transparency. <p>The letter set out that ICBs must undergo significant changes to enhance their effectiveness and impact, whilst reducing costs by 50%. Key changes include:</p> <ul style="list-style-type: none"> • Strengthened Strategic Role: ICBs will take on a more prominent role in strategic commissioning, ensuring that resources are allocated efficiently to meet local health needs. | <p>To foster good relations To promote equal opportunity To eliminate unlawful discrimination</p> |

- Enhanced Collaboration: ICBs will foster greater collaboration among healthcare providers, local authorities, and community organisations to deliver integrated care.
- Improved Accountability: new measures will be introduced to hold ICBs accountable for their performance, with a focus on transparency and outcomes.
- Capacity Building: investments will be made to build the capacity of ICBs, equipping them with the necessary tools and expertise to drive improvements in care delivery.
- The reforms and changes planned for 2025/26 by NHS England aim to deliver several positive outcomes for patients, including:
- Improved Access to Care: patients will benefit from more efficient and integrated care pathways, reducing wait times and improving access to necessary services.
- Enhanced Quality of Care: with a focus on quality and transparency, patients can expect higher standards of care and better health outcomes.
- Personalised Care: Integrated Care Boards (ICBs) will ensure that care is tailored to meet the specific needs of local populations, leading to more personalised and effective treatments.
- Better Coordination: enhanced collaboration among healthcare providers will lead to more coordinated and seamless care experiences for patients.
- Increased Accountability: patients will benefit from a healthcare system that is more accountable and transparent, ensuring that their needs and concerns are addressed promptly and effectively.

These outcomes aim to create a patient-centred healthcare system that is responsive, efficient and of high quality.

Therefore NHS England's mandate was to reduce management costs and improve ICB effectiveness is the primary driver for change. On 9 September

2025 a ministerial statement announced the formation of Norfolk and Suffolk ICB and align with the Model ICB blueprint and national expectations for ICB structures and, redesign with guiding principles:

- Maintain Core Functions
- Protect Finance & Contracting Capacity
- Invest in Strategy & Analytics
- Develop Neighbourhood Health Commissioning

The organisation was also required to reduce running costs, equating to 57% savings

In August 2025 a single VSM team was announced with a 60% reduction at the VSM level.

On 19 November 2025 the organisation went into formal consultation to proposing staff reductions and to ensure the new ICB aligned to the core purpose of being a strategic commissioner and meet its strategic objectives and to fulfil its statutory and other duties.

The consultation ended on 19 January 2026 and the final structure will be announced in 13 February 2026.

During the consultation employees were engaged and gave comprehensive feedback on the consultation.

The ICB's Management Programme to support NHS England's national priority to create a clear view on the expectations of line managers in relation to people management launched in February 2025. The Management Programme had three themes 'Managing Self', 'Managing Teams' and 'Managing in the ICB'. The programme was underpinned by the ICB's organisation values of respectful, inclusive and innovative.

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| <p>The Programme is continuing to run throughout the change programme and 5 cohorts of employees have attended the programme.</p> | |
| <p>Our staff groups, networks and champions continue to provide an excellent foundation to implement, educate and communicate many initiatives. There has also been a proposal for the establishment of further staff network groups and cross working with SNEE ICB.</p> <p>The EDI Staff Group launched a survey designed to seek feedback on the work of the EDI Staff Network Group and this has enabled areas of focus for 2025. Particularly around education, cultural awareness and celebrations. Our EDI Staff Group will help in promoting health initiatives to support those staff with long term conditions and provide education to support our managers.</p> | <p>To foster good relations To promote equal opportunity To eliminate unlawful discrimination</p> |
| <p>Focus remains on our EDI and Health Inequalities Improvement Plans and HR/EDI are working in greater collaboration to align our EDI and Health Inequalities workstreams. There was a dedicated EDI and Neurodiversity module in the Management Programme to increase and further promote a greater awareness and understanding of EDI.</p> | <p>To foster good relations To promote equal opportunity To eliminate unlawful discrimination</p> |

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| <p>We continued to promote Freedom to Speak Up at staff briefings.</p> <p>We also increased the Freedom to Speak Up Team and now have two Guardians and a team of Champions. The team have been trained and regularly meet to share learning and ensure continuous improvement. They will continue to promote Freedom to Speak Up during the re-organisational change.</p> <p>Work has also begun to align and formulate the Freedom to Speak Up Team and processes for Norfolk and Suffolk.</p> | <p>To foster good relations To promote equal opportunity To eliminate unlawful discrimination</p> |
| <p>Our regular staff briefings continue to provide an excellent communication method to reach our staff to provide education and continue to demonstrate the ICB's values of, at all times being respectful, inclusive and embracing new ways of working by being innovative and continually improving.</p> <p>There is an Organisational Change Update weekly email (this information is also on our intranet). The Update outlines the progress of the organisation change and timelines and also signposts staff to recently published frequently asked questions, and support for staff, events such as support through change, upcoming job fairs, Trade Unions contacts and links to websites and job vacancies from our partners.</p> | <p>To foster good relations To promote equal opportunity To eliminate unlawful discrimination</p> |

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure, and can assist you and those you are engaging with to ensure rating is done correctly

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

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| Undeveloped activity – organisations score out of 0 for each outcome | Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped |
| Developing activity – organisations score out of 1 for each outcome | Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing |
| Achieving activity – organisations score out of 2 for each outcome | Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving |
| Excelling activity – organisations score out of 3 for each outcome | Those who score 33 , adding all outcome scores in all domains, are rated Excelling |

Domain 1: Commissioned or provided services

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
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| <i>Domain 1: Commissioned or provided services</i> | 1A: Patients (service users) have required levels of access to the service | <p>1. Translation services</p> <p>Patient feedback indicates that Deaf service users continue to experience significant barriers in accessing health services due to limitations in translation and interpretation provision, particularly British Sign Language (BSL).</p> <p>Many Deaf patients are unable to use telephone-based or digital booking systems and face challenges with written English, reducing their independence in accessing care.</p> <p>Interpreter availability remains inconsistent, with reports of cancelled appointments, inflexible scheduling, and unclear responsibility for booking interpreters across services.</p> <p>Less is known and understood about access to spoken translation and interpretation services. There is some, limited, patient experience data and feedback has been received about the accessibility of feedback and complaints languages for those that require translation and interpretation.</p> <p>Community Voices, the ICBs ongoing programme to engage with seldom-heard communities via trusted communicators in the</p> | 1 Developing | |

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| | | <p>VCSE sector, highlights language barriers as a recurring theme across health services.</p> <p>Deaf patients often rely on family members, friends, or voluntary sector organisations such as Deaf Connexions to support access to appointments, particularly within primary care. Significant feedback has been received from translators, family members and service users highlighting issues with this approach.</p> <p>Emergency access via BSL 111 and 999 is valued, but feedback highlights that this support is limited to initial contact and does not extend to interpreter provision during face-to-face care.</p> <p>The ICB commissions spoken and non-spoken language services for primary care, but knowledge and uptake of these services is varied, with some unwarranted variation in uptake of these services evident in monitoring of existing provision.</p> <p>Evidence from Healthwatch Norfolk (2022) shows that Deaf people and people with hearing loss face significant barriers when accessing GP and community health services in Norfolk and Waveney. Many patients cannot use telephone booking systems and struggle where services rely heavily on phone or digital access.</p> <p>Patients report not always being told how to request a BSL interpreter, inconsistent interpreter availability, and difficulties in waiting rooms where their name may be called out but not seen.</p> <p>The report also highlights that some patients rely on family members or friends to help them book or attend appointments</p> | | |
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| | | <p>because communication support is not reliably in place. This reduces independence and creates inequitable access to services.</p> <p>2. Children and Young People’s Mental Health</p> <p>Patient Experience data highlights ongoing challenges in accessing Children and Young People’s Mental Health (CYPMH) services, particularly neurodevelopmental pathways such as ADHD and Autism Spectrum Disorder (ASD).</p> <p>Families report long waiting times, unclear referral routes, and difficulties navigating the Right to Choose (RTC) pathway, including limited information on approved providers.</p> <p>Access to CAMHS, crisis support, and Education, Health and Care Plan (EHCP) processes is described as fragmented, with families frequently contacting the Patient Experience Team for guidance due to a lack of clear and accessible information.</p> <p>3. Frailty services</p> <p>Feedback relating to frailty highlights access challenges for older and vulnerable adults, particularly in relation to community-based support and social prescribing.</p> <p>Frail individuals often rely on neighbours or family members to seek help on their behalf, indicating limited independent access to services.</p> | | |
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| | | <p>Digital exclusion is a recurring theme, with Community Voices data identifying barriers to internet access and digital confidence, particularly among older adults in West Norfolk and Great Yarmouth and Waveney.</p> <p>These challenges affect access to appointments, information, and ongoing support.</p> <p>Evidence from Age UK shows that many older people living with frailty struggle to access timely care, particularly urgent and community-based services.</p> <p>Long waits to contact GP practices, complex telephone systems, and limited out-of-hours community support mean that older people often delay seeking help or default to emergency services.</p> <p>These access barriers are made worse by mobility issues, hearing loss, cognitive impairment and digital exclusion, resulting in avoidable hospital attendances and admissions.</p> | | |
| | <p>1B: Individual patients (service users) health needs are met</p> | <p>1. Translation services</p> <p>Feedback demonstrates that health needs are not consistently met when interpretation support is unavailable or unreliable.</p> <p>Deaf service users report difficulties understanding diagnoses, treatment plans, prescriptions, and medication instructions.</p> | <p>2 Achieving</p> | |

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| | | <p>Communication preferences are not always recorded in referrals, resulting in repeated access barriers and poor continuity of care.</p> <p>In inpatient and outpatient settings, reliance on relatives for interpretation compromises person-centred care and informed decision-making.</p> <p>Clinical letters and test results are frequently inaccessible due to complex language or being communicated to family members rather than directly to patients.</p> <p>Healthwatch Norfolk found that when communication needs are not properly met, this directly affects whether patients understand and benefit from their care.</p> <p>Deaf patients reported not always fully understanding diagnoses, treatment plans, or medication instructions, and sometimes feeling unable to ask questions or clarify information during consultations.</p> <p>The report also notes that communication preferences are not always recorded or consistently acted upon, meaning barriers can be repeated at future appointments. When professional interpreters are not reliably provided, patients may bring relatives to interpret, which can limit open discussion and reduce the quality of person-centred care.</p> <p>2. Children and Young People’s Mental Health</p> | | |
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| | | <p>Feedback indicates that CYP health needs are not consistently met following diagnosis.</p> <p>Families report gaps in medication access where shared care agreements are declined or where RTC providers are removed from assured lists, resulting in disrupted care and increased financial burden.</p> <p>Concerns were also raised regarding continuity of support following discharge from CAMHS, with families feeling unsupported in managing ongoing or escalating mental health needs at home.</p> <p>3. Frailty services</p> <p>Evidence suggests that frail individuals' health needs are not always met in a timely or proactive manner.</p> <p>Delays in accessing medication, particularly during out-of-hours periods and bank holidays, highlight gaps in service coordination and responsiveness.</p> <p>Limited proactive outreach and unclear pathways contribute to unmet health and wellbeing needs for frail adults experiencing isolation or declining independence.</p> <p>The Age UK report shows that frail older people often have complex physical, mental and social needs that are not consistently met due to fragmented care.</p> | | |
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| | | <p>Participants described assessments focusing on single conditions rather than the whole person, with limited coordination between hospital, primary care, community health and social care.</p> <p>Inadequate discharge planning and lack of follow-up support meant that many people returned home without the help they needed, contributing to deterioration and readmission.</p> | | |
| | <p>1C: When patients (service users) use the service, they are free from harm</p> | <p>1. Translation services</p> <p>Communication barriers present clear patient safety risks. Missed or cancelled interpreters can prevent patients from giving informed consent or fully understanding care plans.</p> <p>Reliance on family members during sensitive consultations raises safeguarding and confidentiality concerns</p> <p>Video interpreting services are reported as ineffective in some cases due to small screens, connectivity issues, or regional BSL dialect differences.</p> <p>In emergency and urgent care settings, lack of timely interpreter support significantly increases the risk of misdiagnosis, inappropriate treatment, and avoidable harm.</p> <p>Healthwatch Norfolk evidence highlights that communication barriers can create patient safety risks. Patients described missing important information in waiting areas, struggling to understand medical advice, and feeling unsure whether they had fully understood their treatment. In some cases, lack of</p> | <p>1 Developing</p> | |

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| | | <p>communication support affected confidence in giving informed consent.</p> <p>The report also identifies risks linked to the use of informal interpreters, such as family members, including confidentiality concerns and the potential for misunderstanding clinical information.</p> <p>Where interpreter needs are not clearly recorded or planned for, appointments may proceed without appropriate support, increasing the risk of avoidable harm.</p> <p>2. Children and Young People’s Mental Health</p> <p>Safety concerns arise where access to timely mental health support is delayed or unavailable.</p> <p>Families described situations involving escalating distress and aggressive behaviour without access to appropriate crisis intervention or clear re-entry pathways into services.</p> <p>These gaps present safeguarding risks, particularly for CYP with complex needs, increasing the potential for harm to both CYP and family members.</p> <p>3. Frailty services</p> <p>Patient experience feedback indicates increased risk of harm where care is delayed or fragmented.</p> | | |
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| | | <p>Difficulties accessing urgent medication and support during out-of-hours periods increase the risk of deterioration and avoidable harm for frail individuals.</p> <p>Reliance on informal networks to resolve urgent issues reflects vulnerabilities in safeguarding and continuity of care.</p> <p>Evidence from Age UK highlights clear safety risks for frail older people when services are under pressure or poorly coordinated.</p> <p>Long ambulance waits, extended stays in emergency departments, missed medication, dehydration and lack of mobility support increase the risk of physical decline, falls and loss of independence.</p> <p>Poorly planned discharge, including missing medication, equipment or care support, further increases the risk of avoidable harm and rapid readmission.</p> | | |
| | <p>1D: Patients (service users) report positive experiences of the service</p> | <p>1. Translation services</p> <p>Overall patient experience feedback for non-spoken translation services is predominantly negative. We have little feedback relating to spoken languages, which could be due to accessibility of feedback processes. When proactively engaging with communities that require translation service via Community Voices there are some</p> <p>Deaf patients frequently describe anxiety before appointments due to uncertainty about interpreter provision, frustration with</p> | <p>1 Developing</p> | |

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| | | <p>cancellations and rigid booking policies, and loss of dignity when relying on relatives for communication.</p> <p>Complaints processes are perceived as inaccessible and difficult to navigate.</p> <p>Positive feedback is limited, though some patients acknowledge BSL 111 and 999 as a helpful initial point of access to urgent care.</p> <p>Healthwatch Norfolk found that many Deaf patients experience anxiety and frustration when attending GP appointments due to uncertainty about whether communication support will be available.</p> <p>Patients described stress before appointments, frustration when interpreters were unavailable, and loss of dignity when relying on family members to communicate.</p> <p>Although individual staff were often described positively, inconsistent communication support reduced overall trust and confidence in services. Where professional interpreters were provided reliably, patients reported improved confidence and a more positive experience, highlighting the importance of consistent, visible and accessible translation and interpretation services.</p> <p>2. Children and Young People’s Mental Health</p> | | |
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| | | <p>Overall experience feedback reflects frustration, anxiety, and emotional strain for families.</p> <p>Parents frequently report feeling unsupported by fragmented pathways, inconsistent communication, and prolonged waiting times.</p> <p>While families often value the care provided by individual clinicians, the wider system experience is perceived as difficult to navigate, negatively impacting satisfaction and trust in CYPMH services.</p> <p>3. Frailty services</p> <p>Reported experiences are mixed but often characterised by anxiety and frustration.</p> <p>Families and neighbours frequently describe the need to intervene to secure care, which can be stressful and unsustainable.</p> <p>Positive experiences tend to be associated with individual acts of support rather than consistent system-wide provision, highlighting opportunities to improve coordination, accessibility, and patient experience for frail adults and their carers.</p> <p>Older people’s experiences of urgent and emergency care were often described as stressful and distressing, with poor communication, long waits and lack of reassurance affecting dignity and confidence. Frail patients reported feeling rushed,</p> | | |
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| | | <p>unheard or unclear about what was happening, particularly at discharge.</p> <p>Positive experiences were linked to compassionate staff, clear explanations and good coordination with community and voluntary sector services, highlighting the importance of person-centred care and continuity for frailty services.</p> | | |
| Domain 1: Commissioned or provided services overall rating | | | 4 | |

Domain 2: Workforce health and well-being

| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
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| Domain 2: Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | <p>The ICB continues to provide a variety of resources for our employees to manage long term health conditions, including one to one support, our 'your health and wellbeing' intranet page. With access to the Digital Weight Management Programme, the Employee Assistance Programme and further resources to support Domestic Violence and Abuse, Macmillan Support, Menopause resources, Veteran Mental Services, TRiM and Office Health.</p> <p>The ICB has 7 dedicated Health and Wellbeing Champions focusing on Mental Health, Men's Health, Financial Health, Women's Health and Physical Health and Social Health.</p> <p>Staff have been actively signposted to the staff vaccinations for autumn and winter 2025.</p> <p>Menopause awareness and equity was a high priority within 2025. A new menopause policy was created with input from the staff EDI and SIG group, menopause was highlighted in multiple All Staff Briefings and a Menopause Awareness Week in November showcased a Menopause Champion training, Menopause</p> | 2 Achieving | HR / OD |

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| | | <p>and Breast Cancer awareness session and the creation of a Staff and line manager toolkit for Menopause, which was featured on the new Menopause intranet page.</p> <p>Staff lived experiences were gathered and a Menopause Champion community was established. Menopause accreditation with external company Henpicked was paused due to their policy regarding proposed merger of the two organisations. Once Norfolk and Suffolk have been officially established, the aim is to submit an accreditation under the new organisation's name, using the completed Norfolk and Waveney ICB submission that was completed last October as a baseline.</p> <p>In October 2025 we had a Menopause Awareness week (13th – 22nd) with events, sharing of resources including an understanding menopause – a session for men.</p> <p>The ICB utilises Health and Wellbeing Passports as part of health and wellbeing conversations together with a Wellness Assessment and Action Plan. Further training and education to raise awareness with People Managers will be available in the supporting attendance, health and wellbeing and flexible working module of the Management</p> | | |
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| | | <p>Programme which will be rolled out in 2025/2026.</p> <p>An EDI module was included in the Management Programme and this was further developed into subsection to allow further focus and time on the subject of Neurodiversity.</p> <p>The ICB will continue to focus and commit to the Norfolk and Waveney ICS Health and Wellbeing Plan to providing healthy work environments, with relevant and timely wellbeing support to enable our workforce to be well at work, feel valued, have a sense of belonging which includes promoting and maintaining good physical and psychological wellbeing and supporting those who need additional help.</p> <p>We will continue to offer Welfare Officers to provide support to those staff involved in investigation and disciplinary procedures.</p> <p>The ICB's Teams channels continue to provide and signpost staff to health and wellbeing information with dedicated channels on Equality, Diversity and Inclusion, Finance Matters, Menopause, HR, Learning and Development, Mindfulness, Staff Rewards,</p> | | |
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| | | <p>Discounts and Benefits. Together with signposting to the #We care Together website. We also have a Learning and Development page on the intranet which signposts staff to Learning and Development Opportunities Guide, a leadership and management hub, a talent collaborative network and resource hub.</p> <p>We support staff with information on apprenticeships, currently paused due to transition and proposed merger. Together with NWICS Schwartz rounds.</p> <p>Our Staff Involvement Group meets monthly and was established to ensure the ICB had the opportunity to engage and listen to the views of staff and help to inform both organisational decision making and organisational planning.</p> <p>The ICB also has weekly Staff Briefings where staff are regularly signposted to health and wellbeing initiatives.</p> <p>EDI Staff Group is promoting a calendar of health and religious events with updated resources and links on national awareness days. This calendar is available on the EDI Intranet site and is regularly promoted on the ICB's EDI intranet channel.</p> | | |
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| | | <p>Staff are now able to buy a further 1 week of leave each year which we hope will enhance employee satisfaction and well-being.</p> <p>The ICB paused the launch of Wagestream in 2025.</p> <p>The Staff Opinion Survey (2024) noted that 49.4% of staff who answered the survey (68% response rate) said “My organisation takes positive action on health and well-being” (this was down by 10% in 2023). This will remain our focus as we move into the Norfolk and Suffolk ICB</p> <p>SNEE</p> <p>Our staff Health and Well-being intranet page is well developed with health and wellbeing resources and information available for staff and managers such as:</p> <ul style="list-style-type: none"> o Contact details for the new Health and well-being Ambassadors appointed throughout the organisation to provide the relevant health and well-being support. o Contact details for the Mental Health First Aiders o Free regular mindfulness sessions o Cost of Living Support o Domestic Violence Awareness | | |
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| | | <ul style="list-style-type: none"> o Online fitness classes and videos and tips for staying active o Regular ICS Health and Wellbeing Newsletter publication contact details o CiC Employee Assistance Programme o And various Campaigns including Every Mind Matters, Mental Health at Work Toolkit, Campaign to End Loneliness – resources, and Your Back Campaign. <p>Policies have been developed and implemented:</p> <ul style="list-style-type: none"> • Dignity at Work • Domestic Violence <p>We encourage managers and staff to talk about adjustments to policies and working practices and promote the ‘health passport’ that allows individuals to easily record information about the individual barriers they face, and any workplace adjustments they may already have in place.</p> <p>The passport helps to ensure there is a clear record and can be used with new line managers to explain what is needed in the workplace to help them carry out their role.</p> <p>Health and Well-being Ambassadors to promote health and wellbeing events such as National No Smoking Day, Stress Awareness</p> | | |
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| | | <p>Month, National Walking Month, Mental Health Awareness Week, Cycle to Work Day, Breast Cancer Awareness Month and World Menopause Day and many others.</p> <p>Training and awareness sessions provided for staff on health and well-being topics such as Menopause, Mental health, Suicide prevention and many more.</p> <ul style="list-style-type: none"> • Maternity and Paternity Buddy Scheme. • Flu Jab and COVID vaccination Campaign • Your Back Matters Campaign <p>The ICB uses the annual and quarterly Staff Surveys outcome to implement various health and wellbeing campaigns and provide relevant training and awareness sessions for all staff.</p> <p>Our annual appraisal paperwork includes questions relating wellbeing and identity.</p> <p>Our 2024 staff survey results tell us that our staff feel fit and healthy at work, the ICB scores above average at 6.80 (out of ten), with the average being 6.4. The highest score by ICBs recorded in the survey was 6.80 (out of ten).</p> | | |
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| | | <p>During the ICB change process SNEE has invested in change management support and provided several 'managing change' events to support staff through this.</p> | | |
| | <p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p> | <p>The ICB is committed to reviewing its anti-racism initiatives (strategy) as part of its EDI Strategy and Plans, EDI Policy and Dignity at Work Policy. The Business in the Community Race at Work Charter was paused and will be a focus for the new Norfolk and Suffolk ICB. This will link to the NHS Anti-Racism Strategy.</p> <p>The ICB's Health Inequalities and EDI improvement Plan together with are WRES & WDES action plan will highlight areas of concern that we will continue to address throughout 2026/2027 and as we come together with Suffolk ICB.</p> <p>This review will also support and underpin the new Norfolk and Suffolk ICB values and the NHS People Promise.</p> <p>Unfortunately the launch of the restorative and just culture workshops will be reviewed following the re-organisation in 2026/2027.</p> <p>The ICB's Management Programme includes an EDI module which does focus on</p> | <p>1 Developing</p> | <p>HR / OD</p> |

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| | | <p>antiracism, abuse, harassment and bullying, to raise awareness and education. This was rolled out in 2025 and 2026. The feedback has been very good.</p> <p>EDI staff Network Group have suggested this module is available for all staff to have training on and this is currently being reviewed.</p> <p>The ICB has committed to taking and enforcing a zero-tolerance approach to unwanted, inappropriate and / or harmful sexual behaviours within the workplace and will sign up to the Sexual Safety Charter in 2026. Intersectionality and vulnerable groups are being actively considered within development of local messaging, to reflect the national training content.</p> <p>The ICB has created a system wide micro aggression portal to allow all staff the opportunity to informally and anonymously log incidences of bullying and harassment. Whilst we are pleased to report a relatively low number of incidences (four), one is too many. This tool is also on the ICB staff intranet and will be a tool for colleagues in the ICB to continue to log incidences.</p> | | |
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| | | <p>The ICB also works closely with the Freedom to Speak Up Guardian to collaboratively address issues and improve experience.</p> <p>The ICB promoted the NIDAS stalking and harassment Campaign 2025 via our Staff Briefing and via our Teams channel. The aims of this campaign are:</p> <ul style="list-style-type: none"> • To raise awareness of what stalking is and harassment is, and the differences between the two • To encourage victims to recognise behaviours linked to stalking and harassment • To encourage those who are experiencing stalking and harassment to seek support. <p>The Staff Opinion Survey 2024 detailed headline results. The response rate was 68% with 439 responses and benchmarked against 41 other ICBs.</p> <p>The ICB is above our comparator average for all 7 People Promise themes and staff engagement and morale. Areas showing most improvement show initiative, makes suggestions and involvement in decision making.</p> | | |
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| | | <p>Unfortunately, areas showing a decline since our 2023 survey (in line with a national deterioration in these areas) include immediate manager support, and working together to achieve objectives.</p> <p>Key responses noted (national comparator) 92.7% (92.9%) gave a response of no, when asked if they had personally experienced harassment, bullying or abuse at work from patients / services users, their relatives or other members of the public in the last 12 months.</p> <p>90.8% (91.3%) gave a response of no, when asked how many times have you personally experienced harassment, bullying or abuse at work from managers in the last 12 months.</p> <p>88.3% (89%) gave a response of no, when asked how many times have you personally experienced harassment, bullying or abuse at work other colleagues in the last 12 months.</p> <p>37.1% (35.9%) confirmed they did report the last time they experience harassment, bullying or abuse at work.</p> <p>We are pleased to note: 54.2% (53.8)% are confident the ICB would address their concerns. 69.5% (70.3%) thinks the ICB respects individual differences (e.g. cultures, working styles, background, ideas)</p> | | |
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| | | <p>76.8% (76.7%) of people in the ICB are understanding and kind to one another. 77.5% (77.4%) reported the people I work with are polite and treat each other with respect.</p> <p>SNEE</p> <p>Our staff networks are long standing and regularly attended and well supported. There are three Staff Networks in the ICB:</p> <ul style="list-style-type: none"> • Race, Equality and Cultural Heritage (REACH) Staff Network (previously known as BAME Staff Network) – Launched March 2021 • LGBTQ+ Staff Network – Launched March 2022 • Disability Staff Network – Launched March 2022 <p>In 2025 we added two new networks:</p> <ul style="list-style-type: none"> • Carers Network • Neurodiversity Network <p>Both provide vital spaces for lived experience engagement and policy influence</p> <p>Each network has an executive sponsor that attends each meeting. The ICB supports each network by an agreement that each chair/co-chair will be assigned ring-fenced hours (0.5 days) each week to undertake chair duties to each network group and perform associated work. This was agreed in response to some network chairs are experiencing high degrees</p> | | |
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| | | <p>of support and encouragement to fulfil their responsibilities with due attention and care whilst others less so. Two network co-chairs have recently resigned.</p> <p>The aim of the each network is to provide staff a safe and secure platform to share experiences, and ensure that equality, diversity and inclusion is promoted and embedded in every strand of the organisation.</p> <p>The ICB HR Team revised the key HR policies such as Sickness and Absence Management, Grievance, and Dignity at work from an ED&I lens. All policies and project have a Equality Impact Assessment</p> <p>Training sessions provided for staff and managers on topics including Dignity at Work, Having Difficult Conversations, Microaggression and Unconscious Bias.</p> <p>A system-wide Community of Practice was created to:</p> <ul style="list-style-type: none"> • Share best practice • Discuss challenges • Align approaches • Strengthen peer support <p>This forum meets regularly and supports system-wide cultural improvement.</p> | | |
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| | | <p>As part of WRES/WDES actioning planning each the ICB launched an initiative of Directorate-Led Good Practice</p> <ul style="list-style-type: none"> • Active elimination of bullying and discrimination • Involving staff with lived experience in Directorate meetings • Promoting cultural and values-based calendar events • Inclusion & Diversity Ambassadors providing updates across forums • Budget allocation for EDI programmes • Embedding EDI goals in objectives and appraisals <p>These demonstrate a sustained shift towards embedding inclusion across all levels.</p> | | |
| | <p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p> | <p>As noted in section 2A staff have access to the Employee Assistance Programme (via VIVUP) providing qualified counsellors and support specialist 24/7 and 365 days a year to discuss any emotional, personal and work-related issues. In addition we have trained workplace Mental Health First Aiders and Champions.</p> <p>We have also provided staff with a restructure support pack to support them whilst going through a further period of change. The pack included training, development and wellbeing</p> | <p>2 Achieving</p> | <p>HR / OD</p> |

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| | | <p>workshops and links to useful resources on the intranet:</p> <ul style="list-style-type: none"> Intranet support & resource hubs Employee Assistant Programmes Career Development Personal and professional development Managing Organisational Change (policy & process) Coaching (Emotional coaching) NHSE Workshops NHS Elect Outplacement support webinars Financial Future & Planning for Retirement webinars Wellbeing Resources Staff Support Networks Volunteering Back to the Floor Programme Coffee connections <p>We continue to signpost all staff through the regular staff briefings to any support available, our intranet provides details of support and guidance, and our Teams Channels promote and remind staff of support available, should they need this.</p> <p>We are able to refer staff to Occupational Health (via NNUH OPAS portal) who offer additional support. We have a recognition agreement in place with our Trade Unions and</p> | | |
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| | | <p>signpost staff to Trade Unions Representatives who are independent of an employee's team.</p> <p>Staff may also log micro-aggressions anonymously and safely and speak to the Freedom to Speak Up Guardian and Champion.</p> <p>SNEE The ICB's staff networks are active, accessible and led by staff.</p> <p>All ICB Staff have access to the CiC Employee Assistance Programme. CiC provides a free, confidential care service that is available 24 hours a day, seven days a week. Staff can access a dedicated advice line, counselling, legal and tax information, advice on finance and debt management, and lots more.</p> <p>HR Team members and HR Policies for support and guidance.</p> <p>SNEE ICB has commissioned an independent Freedom to Speak Up Guardian Service. This service was relaunched in 2025. Our FTSUG a is promoted via our internet, posters and banners at physical office locations. Follow-up of cases raised, along with actions taken need to be established.</p> <p>.</p> | | |
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| | | <p>Trade Union, Health and Wellbeing Ambassadors and Mental Health First Aiders available to provide the necessary support.</p> <p>Health and wellbeing resources available via various channels and circulated to staff via comms and published on the intranet site.</p> <p>In November 2024 we promoted Freedom to Speak up month we a series of interactive sessions, videos from senior staff on the importance of speaking up.</p> <p>Our 2024 NHS Staff Survey results show that people consider SNEE ICB to have highest rating of compassionate culture across all ICBs, this demonstrates a high importance on diversity and equality and inclusion. All factors in the staff survey under the 'compassionate and inclusive element, the ICB scored above average and achieved results in the upper quartile.</p> | | |
| | <p>2D: Staff recommend the organisation as a place to work and receive treatment</p> | <p>The 2024 Staff Opinion Survey noted 50.7% said they would recommend my organisation as a place to work, although this percentage has significantly fallen from 67% in 2022. Whilst unfortunately we have seen a downwards trend, we are still above the national comparator of 50%. It is important to note we have just completed a lengthy and large-scale change programme 2024, and in</p> | <p>2 Achieving</p> | <p>HR / OD</p> |

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| | | <p>2025 have now announced a further change programme and staff reduction. We acknowledge this has been an extremely unsettling and worrying time for staff.</p> <p>The ICB has reviewed and updated the Recruitment and Selection Policy with a further focus on neurodiversity. The ICB has delivered further training on Recruitment and Selection as part of the Management Foundation Programme.</p> <p>We will 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.</p> <p>The ICB is focused on improving staff retention and has the following areas of focus:</p> <ul style="list-style-type: none"> • Recruitment and Onboarding • Talent Management and Staff Development • Health & Wellbeing • Employee Experience • Flexible Working <p>Regular one to one review meetings and appraisals continue to provide staff with the opportunity to receive support, both personally and professionally.</p> | | |
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| | | <p>There continues to be regular opportunities for People Managers to attend Performance Appraisal Training.</p> <p>As part of our ongoing commitment to Equality, Diversity and Inclusion (EDI). The EDI Staff Network Group sponsored and has promoted including an EDI objective in your annual appraisal. To support this, a range of example EDI topics were suggested and were intended as prompts to help staff identify an area they would like to focus on:</p> <ol style="list-style-type: none"> 1. Explore and reflect on my own unconscious biases 2. Develop my knowledge and confidence around being an effective ally 3. Develop my knowledge and confidence around making reasonable adjustments 4. Develop my knowledge and confidence around anti-racism 5. Develop my knowledge and confidence around LGBTQIA+ inclusion 6. Celebrate a special event or day with my team 7. Try some volunteering in my local community 8. Learn more about the NHS Workforce Equality Standards (WRES or WDES) | | |
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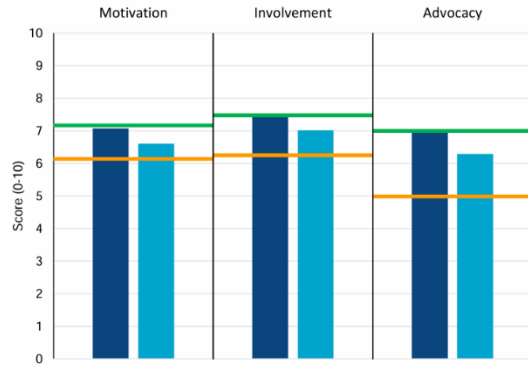
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| | | <p>9. Get involved with an EDI Staff Network or encourage my team to get involved with an EDI Staff Network</p> <p>10. Read and reflect on NHS Employers guidance on an EDI topic and think about how to apply it to the way I support my team</p> <p>The ICB support Apprenticeships to develop talent within the organisation and support organisational growth. The ICB has a dedicated Apprenticeship panel which meets quarterly to review applications to ensure fairness, equity and inclusion. At the moment the Apprenticeship scheme is paused although this will be reviewed when Norfolk and Suffolk ICB is formed.</p> <p>We continue to recognise the importance of our staff groups particularly the Staff Involvement Group to ensure we listen to their views which in turn help the ICB to improve our working environments.</p> <p>Also, our EDI staff group to ensure we support and empower all staff to achieve their potential through creating positive change.</p> <p>The EDI Staff Group have recently issued a survey in 2025. From this the EDI Staff Group have refreshed their terms of reference and identified 3 areas for the EDI Staff Group to</p> | | |
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| | | <p>focus on raising awareness of Hidden Disabilities, Neurodiversity and Age.</p> <p>The EDI Staff Group have updated their EDI intranet page and are building on a 'community' library section and sharing staff lived experiences.</p> <p>Continue to promote the celebration and awareness calendar with great feedback. Liaising with SNEE ICB to identify to joint opportunities with staff network group and shared events.</p> <p>To continue to provide feedback to Executive Management Team.</p> <p>We continue to be supportive of those staff with protected characteristics and we need to ensure that we allow protected time for our staff to engage with ICB Staff Networks and Groups.</p> <p>The ICB is continuing to support an Inclusive Talent Culture using Scope for Growth and using the 'Growth Arc – depth, breadth and stretch' to support employees to reflect and discuss opportunities for personal development.</p> | | |
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| | | <p>The ICB's intention was to sign up to the Disability Confident Scheme and will continue to support the NHS Two Ticks (disability status at the shortlisting stage (NHSE). This will be continue to be the focus when Norfolk and Suffolk ICB's come together.</p> <p>SNEE</p> <p>The ICB regularly engages staff opinion and conducts staff surveys to collate data on staff experience. This information helps the ICB to make the necessary improvement where required.</p> <p>The ICB is actively working on improving staff experience and retention by exploring new strategies for staff to access more benefits within the organisation.</p> <p>Our staff survey results in 2024 report show that for engagement scored the highest score for all ICBs across the metrics of motivation, involvement and advocacy.</p> | | |
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Theme: Staff engagement



| | Motivation | Involvement | Advocacy |
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| Your org | 7.07 | 7.41 | 7.00 |
| Best result | 7.17 | 7.47 | 7.00 |
| Average result | 6.60 | 7.02 | 6.29 |
| Worst result | 6.14 | 6.25 | 4.99 |
| Responses | 327 | 327 | 327 |

SNEE maintains a level 2 Disability Confident Employer Score and will be looking to continue that with the upcoming merger with Norfolk and Waveney ICB

Domain 2: Workforce health and well-being overall rating

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Domain 3: Inclusive leadership


| Domain | Outcome | Evidence | Rating | Owner (Dept/Lead) |
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| Domain 3: Inclusive leadership | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | <p>In July 2025 a single Executive Director team for the proposed Norfolk and Suffolk ICB was created. The new ICB Executive Director structure comprises of seven directorates and was effective from 1 October 2025.</p> <p>Each Executive Director was subject to a selection process and appraisals will take place during 2026 and smart objectives and plans will be developed and also reference the NHS Leadership and competency framework.</p> <p>All Board Members and those with line management responsibilities are required to undertake EDI Mandatory Training every 3 years to the NHS standard.</p> <p>Two NWICB Non Executive Directors attended a Health Inequalities Programme in 2025.</p> | 1 Developing | HR / OD |

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| | | <p>All Executive Directors have access to Executive Coaching with an External Coach.</p> <p>The Executive Director People, Governance and Corporate Services (VSM) will be responsible for EDI and supporting our EDI Staff Network Group and Principal Freedom to Speak Up Guardian.</p> <p>The Executive Directors for Primary Care and Neighbourhood Health will be the SRO's for health inequalities.</p> <p>Our Executive Medical Director is the ICB's Caldicott Guardian.</p> <p>Our Executive Director of Finance is the SRO for Risk and Compliance.</p> <p>In 2025 clinical steward was appointed for Health Inequalities and Inclusion Health to provide leadership for healthcare inequalities.</p> <p>SNEE</p> | | |
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| | | <p>Both equality and health inequalities are discussed in board and committee meetings on a regular basis.</p> <p>Our staff networks are long standing and regularly attended and well supported.</p> <p>There are three Staff Networks in the ICB:</p> <ul style="list-style-type: none"> • Race, Equality and Cultural Heritage (REACH) Staff Network (previously known as BAME Staff Network) – Launched March 2021 • LGBTQ+ Staff Network – Launched March 2022 • Disability Staff Network – Launched March 2022 <p>Each network has an executive sponsor that attends each meeting. The ICB supports each network by an agreement that each chair/co-chair will be assigned ring-fenced hours (0.5 days) each week to undertake chair duties to each network group and perform associated work. This was agreed in response to some network chairs are experiencing high degrees of support and encouragement to fulfil their responsibilities with due attention and care whilst others less so. Two network co-chairs have recently resigned.</p> | | |
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| | | <p>This demonstrates that board members and senior leaders are actively willing to engage with staff about equality, diversity and/or inclusion.</p> <p>The ICB has a clearly defined set of EDI roles and responsibilities, within the ICB structure</p> <p>The EDI steering group provides guidance and support to each employee network group. Actions that the group has overseen include:</p> <ul style="list-style-type: none"> • Inclusive recruitment-Mark Gladwell to continue work he has started on it • Promotion of positive organisational culture and how to encourage staff to challenge inappropriate behaviour • Awareness days /calendar for 2024 - Network Leads to share their awareness days • REACH network to hand over Anti Bullying awareness to HR • Anti-racism programme-Flyer to be sent to Executives • To work on a set of guidelines for managers of staff who have transitioned or who identify as nonbinary | | |
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| | | <ul style="list-style-type: none"> • Look into providing certificates for staff who attend Lunch and Learn sessions • Clarity on scope of work for Network leads, their actual remit and what is expected of them <p>Internally the ICB has commissioned different pieces of work including inclusive recruitment programme, development coach for international nurses, and cultural minded leadership webinar series feature subject matter experts from different professions.</p> <p>Elsewhere, informal ‘lunch and learn’ events have taken place covering topics:</p> <ul style="list-style-type: none"> • Microaggressions • Islamophobia Awareness Month • Pride: Outreach Youth Lunch and Learn • Windrush Day • Carers Week Lunch <p>These sessions are designed to support learning in a informal and comfortable environment, where ideas and views can be shared in confidence. These are well attended across the ICB; in February 2024, 40 people attended the microaggressions session.</p> | | |
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| | | <p>Moving forward, in the ICB commissioning training on Neurodiversity in the workplace.</p>  | | |
| | <p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p> | <p>All public Board papers are on the Improving Lives website.</p> <p>The EDI Board champion role is being reviewed as part of the organisational change.</p> <p>There is a section on EHIA at the end of every Board paper that presenters ensure is completed.</p> <p>Governance for equality and health inequalities is under review in line with organisational change programme, but there is an ongoing commitment to retaining dedicated health inequalities oversight</p> <p>The ICBs combined Equality Health Impact assessments and quality impact assessments has an overarching policy and process. The established panel has reviewed and approved 172 impact assessments over the course of the year</p> | <p>1 Developing</p> | <p>HR / OD / Health Inequalities</p> |

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| | | <p>The template and guidance for staff and supporting PMO process has been revised following a staff survey and reflective feedback. Supporting training for staff has included 'Voices in Focus' sessions.</p> <p>The ICS Health Inequalities 10 year Strategic Framework for Action is being implemented with 4 established whole-system leadership groups reporting to an ICS strategic steering group made up of the Chairs /Vice Chairs. The strategic steering group reports directly to the Norfolk and Waveney Integrated Care Partnership as a sub-committee.</p> <p>Healthcare Inequalities is one of the leadership groups reporting to the ICBs PHM/HI Board and the ICS Strategic Steering Group. Year 2 actions have been established and coordinated by the ICBs HI and VCSE partnering team alongside an integrated post with Norfolk County Council Public Health.</p> <p>The ICB Health Inequalities and VCSE Partnering team has supported the system leadership in implementing the year 2</p> | | |
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| | | <p>actions and reporting to the strategic steering group and ICP as the formal governance.</p> <p>The Healthcare Inequalities Oversight Group leadership group (HIOG) has established programmes of work including core20plus programme, NHS Anchors Programme and Access Support and Health Literacy Programme.</p> <p>As part of the Strategic Framework for Action, a series of <i>Health Inequalities Commitments</i> were launched at the 2024 ICS Conference. These Commitments included an ask of the system to complete a <i>Self-Assessment</i> to support system baselining of health inequalities activity. The intention is to utilise the outputs of these assessments to develop an <i>ICS Improvement Plan</i> and accompanying resources.</p> <p>As well as a system Improvement Plan, organisations completing the Self-Assessment are also encouraged to develop their own Improvement Plan which will feed into the wider system plan.</p> | | |
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| | | <p>The ICB, being fully signed up to the commitments, completed the self-assessment and developing and has been implementing their own Health Inequalities Improvement Plan. The key area of focus for the Improvement Plan include: <i>processes and resources, workforce and OD, Leadership and Governance and Data, intelligence and voice</i>. The delivery of the plan is overseen by senior leaders with responsibilities for implementation distributed across the organisation</p> <p>ear 2 commitment to establish a Health Inequality Advocacy Network and develop a resource hub have bee completed. The advocacy network was re branded to 'N&W Health Inequalities Advocates Network'</p> <ul style="list-style-type: none"> •Invited primary care health inequalities champions to join the existing 3 cohorts of core 20 plus ambassadors to include •Programme planning •Learning elements: <ul style="list-style-type: none"> •Intelligence dashboard tutorials •Health Inequalities Toolkit tutorial •Projects showcasing •Encouraging increased attendance from local government and VCSEs | | |
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| | | <ul style="list-style-type: none"> •Developed an Advocates role profile- to communicate to others what it is. and Increase the profile with system leaders. <p>The health inequalities resource hub is live and and is hosted on Knowledge NoW</p> <ul style="list-style-type: none"> •Includes Essential Explainers, Recent HI News and Webinars and training •Commissioners toolkit to support strategic commissioning ambitions •https://nwknowledgenow.nhs.uk/content-category/healthcare-professionals/health-inequalities-resources-hub  <ul style="list-style-type: none"> •The NHS Anchors leadership group is established and supported by the ICB Health inequalities team and Health Inequalities clinical steward it comprises of Trusts, Foundation Trusts and community providers includes a , mix of operational and strategic leadership. •Currently Chair – Deputy CEO & Chief Patient Experience Officer, NSFT. •Intersects with Access, Support and Health Literacy Group, Health & Work Strategy Group, Patient Experience Network and ICS leadership groups. | | |
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| | | <ul style="list-style-type: none"> •First steps were to undertake NHS Providers Health Inequalities Board Maturity Assessments to understand baseline. •Action plan developed – four key areas of joint activity identified: •Using data to tackle HI/improving data quality •Workforce and training •Accessible information and health literacy •Shared resourcing •Discussions with Suffolk providers about expanding membership – ESNEFT joining. <p>SNEE</p> <p>Actions taken this year:</p> <p>Within SNEE ICB both equality and health inequalities are discussed board and committee meetings.</p> <p>Actions associated with equality and health inequalities are recorded and reported on in various forms, such as workforce data, health inequalities and to discuss other inequality concerns within the SNEE system.</p> <p>Equality and health inequalities impact assessments are completed for projects</p> | | |
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| | | <p>and policies and are signed off at senior level in conjunction with the Trade Unions support.</p> <p>Work needs to be undertaken to strengthen the role our equality leads and ensure that all impact assessments developed are signed of by our Equality, Diversity and Inclusion Lead to assure that sufficient information is provided for them to be able to show Due Regard, as required by the Equality Act.</p> <p>Decision makers at all levels of the ICB need to be trained on their responsibilities to show Due Regard.</p> <p>Under the Equality Act 2010, employers have a legal responsibility to make reasonable adjustments for disabled staff. The ICB has launched its own internal guidance on reasonable adjustments; and putting legal requirements aside, providing simple adjustments to a staff members work environment can have a positive impact on the wellbeing, experience and performance of colleagues.</p> | | |
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| | | <p>In conjunction with the Ability Network, SNEE ICB is introducing the use of the Health Passport.</p> <p>The NHS Health Passport allows individuals to easily record information about the individual barriers they face, and any workplace adjustments they may already have in place.</p> <p>The passport helps to ensure there is a clear record and can be used with new line managers to explain what is needed in the workplace to help them carry out their role.</p> <p>Colleagues, particularly those with disabilities, are encouraged to meet with their line managers and use this passport to discuss any adjustments that need to be considered.</p> <p>Line Managers are asked to use this resource if they are aware that a colleague needs further support with reasonable adjustments considered.</p> | | |
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| | <p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p> | <p>The ICB applies the current Fit and Proper Person Regulations to all Board Members and all Executive Directors. A documented full Fit and Proper Test is completed annually and where there are new appointments or when an individual changes role.</p> <p>There is a governance system in place to manage performance and operational delivery against the NW ICB's Joint Forward Plan and Clinical Strategy which focuses on delivering high quality patient services and being a well led and good employer.</p> <p>Compassionate and inclusive leadership is a priority within the ICS Quality Strategy.</p> <p>There are dashboard reports in place to measure key metrics relating to Population Health Management and patient outcomes are presented to Board regularly.</p> <p>Appraisal processes are in place and appraisal refresher training sessions will continue to be offered to all managers.</p> | <p>2 Achieving</p> | <p>HR / OD</p> |
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| | | <p>All Directors and People Managers have access to Electronic Staff Record (ESR) performance dashboards to review and monitor progress against performance (appraisals, attendance and mandatory training).</p> <p>Leadership and management support</p> | | |
| Third-party involvement in Domain rating and review | | | | |
| <p>Trade Union Rep(s): <i>Peter Passingham (Unison Rep) for Domain 2 & 3</i></p> | | <p>Independent Evaluator(s)/Peer Reviewer(s): <i>Maia Brett Kelly, Chair of Equality, Diversity & Inclusion Group (NWICB) and will submit for further discussion and review at the EDI staff Group meeting on dd/mm/2026.</i></p> | | |

EDS Organisation Rating (overall rating): 19

Organisation name(s): Norfolk and Waveney ICB

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**

| EDS Action Plan | |
|--|---------------------------|
| EDS Lead | Year(s) active |
| Shelley Ames, Head of Health Inequalities and VCSE Partnering | 2025-2026 |
| EDS Sponsor | Authorisation date |
| Mark Burgis, Designate Executive Director of Primary Care and Neighbourhood Health (Norfolk and Waveney) | February 2026 |

| Domain | Outcome | Objective | Action | Completion date |
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| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Domain 1: Commissioned or provided services</p> | <p>1A: Patients (service users) have required levels of access to the service</p> | <p>To improve equitable access to commissioned services for those with translation and interpretation needs, children and young people with mental health needs, and frail adults, reducing reliance on informal support and addressing digital exclusion.</p> | <p>Create a Community Languages and Translation Services working group within the ICB to align commissioned services to the NHSE improvement framework, support commissioning and monitor impact and quality of service provision.</p> <p>Procure and commission community language services for primary care based on the feedback and needs of service users.</p> <p>Develop and publish clear access standards for interpretation and communication support across all commissioned services, including consistent responsibility for booking BSL interpreters.</p> <p>Produce and disseminate accessible pathway information for CYPMH services (including ADHD/ASD and Right to Choose) in plain English and alternative formats, co-produced with families.</p> <p>Strengthen access to non-digital routes for frailty services (telephone, in-person, community referral routes) and work with PCNs and VCSE</p> | |
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| | | | partners to support navigation for digitally excluded patients. | |
| | 1B: Individual patients (service users) health needs are met | To ensure patients' clinical and wellbeing needs are met consistently by improving communication, continuity of care, and proactive support for vulnerable groups. | <p>Require commissioned services to record and act on communication preferences (e.g. BSL, Easy Read) at referral and ensure this follows the patient across pathways.</p> <p>Work with providers and primary care to address post-diagnosis gaps in CYPMH support, including shared care arrangements and clear escalation routes following discharge from CAMHS.</p> <p>Improve proactive identification and support for frail patients through clearer medication access pathways, including during out-of-hours and bank holidays, aligned with PCN and community services.</p> | |

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| | <p>1C: When patients (service users) use the service, they are free from harm</p> | <p>To reduce avoidable patient safety risks arising from communication failures, delayed access to mental health crisis support, and fragmented care for frail adults.</p> | <p>Introduce system-wide patient safety guidance on the risks of inadequate interpretation, including clear expectations that family members should not be used in place of professional interpreters except in emergencies.</p> <p>Review and strengthen crisis access and re-entry pathways for CYP mental health services, ensuring families understand how to seek urgent support and escalation.</p> <p>Work with providers to improve coordination of urgent care and medication access for frail adults, with particular focus on safeguarding and continuity across settings.</p> | |
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| | <p>1D: Patients (service users) report positive experiences of the service</p> | <p>To improve patient experience, dignity, and confidence in services by reducing anxiety, improving communication, and ensuring feedback leads to visible change.</p> | <p>Future development of Patient Experience network as key group for sharing best practice around patient experience and collaborative working.</p> <p>Improve the accessibility of patient feedback and complaints processes, including alternative formats and support for Deaf patients, families, and carers.</p> <p>Use targeted patient experience insight from the three priority areas to develop and share “you said, we did” feedback loops at system level.</p> | |
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| Domain | Outcome | Objective | Action | Completion date | |
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| Domain 2: Workforce health and well-being | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | Effective communication of health and wellbeing offers to staff | Our staff groups, networks and champions continue to provide an excellent foundation to implement, educate and communicate many initiatives. Our EDI Staff Group will also be sponsoring and promoting health initiatives to support those staff with long term conditions and provide education to support our managers via national calendar. Accreditation as a Menopause Friendly Employer. | Ongoing | 2026 |
| | | Eliminate unlawful discrimination | | | 2026 |
| | | | | | 2026 |

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| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | To Foster good relations | To review the ICB's antiracism strategy as part of its EDI Strategy and Plans, EDI Policy and Dignity at Work Policy. | Ongoing | 2026 |
| | | The ICB's Health Inequalities and EDI improvement Plan together with WRES & WDES action plan will highlight areas of concern that we will continue to address. | Ongoing | 2026/2027 |
| | | To present the ICB's Management Programme, EDI module focusing on antiracism, abuse, harassment and bullying to raise awareness and education. | Ongoing | 2025/2026 |
| | | To sign up to the Sexual Safety Charter. | Ongoing | 2025/2026 |
| | | To recruit further FTSU Guardians and Champions. | Completed | 2025 |
| | | To continue to promote Freedom to Speak Up and | | |

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| | | | <p>Micro-aggression Porrtal to support those employees who would like to speak up.</p> <p>Ongoing</p> <p>2025/2026</p> | |
| | | | <p>To continue to review the results of the staff opinion survey 2024 and compare against the 2023 results and implement focus groups to continuously improve the ICB's working environment.</p> <p>Ongoing</p> <p>2025/2026</p> | |
| | 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | <p>Eliminate unlawful discrimination</p> <p>Promote equal opportunity</p> | <p>Continue to support the Employee Assistance Programme</p> <p>Continue to support and promote Freedom to Speak up.</p> <p>To ensure that the ICB continues to listen and engage with staff through Staff Network Groups, Staff Briefings to continuously improve and learn.</p> <p>Continue to strive towards providing psychologically safe environments.</p> | <p>Ongoing</p> <p>2025/2026</p> |

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| 2D: Staff recommend the organisation as a place to work and receive treatment | Achieve and promote best practice in equality, diversity and inclusion | Reviewing and update Recruitment and Selection Policy with a further focus on neurodiversity. | Completed | 2025 |
| | | Encouraging all recruiting managers to attend further training on Recruitment and Selection as part of the Management Foundation Programme. | Completed/ongoing | 2025/2026 |
| | | We will continue to focus on improving the monitoring and quality of exit interviews and how this feedback can improve working conditions and this will help to inform future ICB EDI plans. | Ongoing | 2025/2026 |
| | | To provide Appraisal Training for People Managers. | Completed (Ongoing) | 2025/2026 |
| | | To continue to support Apprenticeships to develop talent. | Paused | |
| | | To continue to support Staff Network Groups. | Ongoing | 2025/2026 |

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| | | | To support the EDI Staff Group to focus on raising awareness of Hidden Disabilities, Neurodiversity and Age. | Ongoing | 2025/2026 |
| | | | We continue to be supportive of those staff with protected characteristics and we need to ensure that we allow protected time for our staff to engage with ICB Staff Networks and Groups. | Ongoing | 2025/2026 |
| | | | We continue to support an Inclusive Talent Culture using Scope for Growth and using the 'Growth Arc – depth, breadth and stretch' to support employees to reflect and discuss opportunities for personal development. | Ongoing | 2025/2026 |
| | | | The ICB will sign up to the Disability Confident Scheme and will continue to support the NHS Two Ticks | Ongoing | 2026 |

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| | | | (disability status at the shortlisting stage (NHSE)). | | |
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| Domain | Outcome | Objective | Action | Completion date | |
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| Domain 3: Inclusive leadership | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | Identify and continue to address inequality as an employer | <p>All Executive Board Members to support the implementation the Health Inequalities & EDI improvement action plan and EDI High Impact Objectives and actions.</p> <p>Continuing to improve the working environment for all staff – giving them a sense of belonging, value opportunities to feel psychologically safe and to thrive.</p> | Ongoing | 2026 |
| | 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | Identify and continue to address inequality as an employer | <p>All Public Board Papers are the website.</p> <p>A review of the EIA process to ensure process is effectively followed for all future projects and programmes of work.</p> | Ongoing | 2025 |

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| | <p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p> | <p>Identify and continue to address inequality as an employer</p> | <p>A documented full Fit and Proper Test is completed annually and where there are new appointments or when an individual changes role.</p> <p>There is a governance system in place to manage performance and operational delivery against the ICB's Joint Forward Plan and Clinical Strategy which focuses on delivering high quality patient services and being a well led and good employer.</p> <p>There are dashboard reporting in place to measure key metrics relating to Population Health Management and patient outcomes are presented to Board regularly.</p> | <p>Ongoing</p> | <p>2026</p> |
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| | | | <p>Mentoring and coaching support is available and in place for Board members.</p> <p>All Directors and People Managers have access to performance dashboards to review and monitor progress against performance (appraisals, attendance and mandatory training).</p> <p>Leadership and management support programmes will be delivered for all People Managers.</p> | Ongoing | 2026 |
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Patient Equality Team
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