

Norfolk and Waveney Integrated Care Board

2023-2024 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)

Name of Organisation	Norfolk and Waveney Integrated Care Board (N&W ICB)	Organisation Board Sponsor/Lead		
		Mark Burgis, Executive Director of Patients & Communities		
Name of Integrated Care System	Norfolk and Waveney			

EDS Lead	Shelley Ames, Head of Health Inequalities and VCSE Partnering Tracy Williams, Clinical Lead 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)	Dec 2024 and Jan 2025		Individual organisation	N&W ICB
			Partnership* (two or more organisations)	Specsavers Scrivens Norfolk Deaf Association Audiological Science
			Integrated Care System-wide*	-

Date completed	Feb 2025	Month and year published	Mar 2025
Date authorised	Feb 2025	Revision date	Feb 2025

Completed actions from previous year	
Action/activity	Related equality objectives
ICB Health Inequalities Board maturity assessment undertaken, and an improvement plan has been put in place.	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.
New documentation launched for Equality Health Impact assessments and a combined EHIA and QIA process introduced in autumn 2024. Oversight for the process is through Quality and Safety Committee with quarterly reporting to the Patient and Communities Committee. The first public report to Board is scheduled for September 2025.	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.
The outcome of the organisation change programme was finalised in July 2024 and the ICB was pleased to host an all-staff event on 12 November 2024 with the focus firmly on reset, rebuild and looking forward. At the event there was a focus on the values that shape the ICB's culture and the role of all ICB employees in upholding these. With this in mind an	To foster good relations To promote equal opportunity To eliminate unlawful discrimination

<p>ICB Cultural Assessment was launched in December 2024, in addition to the NHS National Staff Survey.</p> <p>The ICB Cultural Assessment and NHS National Staff Survey will also feed into the launch of 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. The Management Programme will have three themes 'Managing Self', 'Managing Teams' and 'Managing in the ICB'. The programme will be underpinned by the ICB's organisation values of respectful, inclusive and innovative.</p> <p>The Programme hopes to launch in the early Spring 2025.</p>	
<p>Our staff groups, networks and champions continue to provide an excellent foundation to implement, educate and communicate many initiatives.</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.</p> <p>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 will be a dedicated EDI module in the Management Programme to increase and further promote a greater awareness and understanding of EDI. Development of the module will be undertaken in partnership with the EDI Staff Group.</p>	<p>To foster good relations To promote equal opportunity To eliminate unlawful discrimination</p>

<p>We have revised our Freedom to Speak up policy in line with the national policy issued from NHS England and the National Guardians office. A module for line managers that mirrors the document "Freedom to Speak Up: A guide for leaders in the NHS and organisations delivering NHS services is being developed. It provides comprehensive guidance for fostering a culture where speaking up is encouraged and valued. It emphasises the importance of leadership in setting the tone for an open and inclusive environment.</p> <p>The module will cover the valuing speaking up, role-modelling positive behaviours, ensuring workers know how to speak up safely, and using feedback for continuous improvement.</p> <p>We intend to increase our Freedom to Speak Up Guardians and Champions to support this and will be recruiting for these roles in February 2025. The guide provides helpful guidance outlining the roles and responsibilities of Freedom to Speak Up guardians</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. The values are embedded in everything we do, including our policies our job descriptions, our recruitment process and interview documentation to name but a few.</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

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)
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>1. Maternity</p> <p>Collaboration with partner organisations to develop a range of translatable resources for service users including a multilingual padlet and webinars.</p> <p>Scoping underway to map current translation tools and services, perinatal pathway mapping and researching community experience/ requirements to inform prioritisation of work to support non-English speaking families/ communities.</p> <p>Collaboration with the Healthy Child Programme to bring access to healthy start vouchers online.</p> <p>Completion of a heat mapping exercise to inform key priorities within maternity and neonatal services.</p> <p>Community Hubs in place at James Paget University Hospital (JPUH) and Queen</p>	2 Achieving	Local Maternity and Neonatal System

		<p>Elizabeth Hospital (QEH). Midwifery led continuity of carer is in place in the areas of highest deprivation (QEH and JPUH). Plans are in place to launch at the NNUH.</p> <p>Project manager in place to take forward implementation of Norfolk and Norwich University Hospital (NNUH) community hub.</p> <p>Family Hubs implemented across Norfolk and LMNS working in partnership.</p> <p>Core20 groups identified and work underway to collaborate with VCSE sector. For example, the implementation of a maternity social prescribing pilot supporting service users from our most deprived (Core20) localities from early pregnancy. The project, working in collaboration with Family Hubs in Norfolk and PCNs and Citizens Advice in Waveney, aims to raise awareness of the free services and support available to families during pregnancy and after their baby is born. The project was prompted by a deep dive into pre-term births, stillbirths and neonatal deaths which showed that, while clinical care was good, the poorest outcomes were centred in the areas of highest need. Social prescribing was previously only available to people via GP referral, meaning</p>		
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		<p>there was a gap in provision for families throughout pregnancy. Social prescribing aims to complement medical care with holistic support within the community to meet families' practical, social and emotional needs affecting their health and wellbeing. In its initial few months of implementation, uptake of service users requesting onward support has surpassed initial estimates with a referral rate of over 20%, confirming that there is a need for this service.</p> <p>2.Diabetes</p> <p>Core Diabetes Primary Care and Prevention: All 105 GP practices within Norfolk & Waveney Integrated Care System (NW ICS) provide routine diabetes care, including annual reviews and interventions aligned with NICE care processes.</p> <p>These reviews improve patients' quality of life, functioning, and life expectancy.</p> <p>Most diabetes care is delivered in primary care settings, with specialist services available for complex cases.</p>		<p>Chris Bean Clinical Transformation Programme</p>
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		<p>Type 2 Diabetes and the Young (T2DaY): Focused on early-onset Type 2 Diabetes (EOT2D) for individuals under 40 years of age. Reviews address classification, glycaemic optimisation, contraception, cardiovascular risk, and psychological/social needs.</p> <p>All NWICS GP practices are signed up to provide these reviews.</p> <p>Enhanced Primary Care (Pilot Programs): Multidisciplinary care enhances diabetes management for complex cases between primary and secondary care.</p> <p>Three pilot sites are currently active in West Norwich, Swaffham and Downham, and Great Yarmouth, offering services like injectable therapy initiation and upskilling for primary care staff.</p> <p>Structured Patient Education: Available for Type 1 and Type 2 diabetes across six providers in different localities.</p> <p>Digital education programs are also offered (Healthy Living for Type 2 and My Type 1 Diabetes).</p>		
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		<p>Specialist Community Services: Provided for complex Type 2 Diabetes cases via multidisciplinary teams across three providers. Historical commissioning differences lead to variations, e.g. Central Norfolk uses facilitator staff rather than specialist nurses.</p> <p>Existing referral pathway (for over 18s) from primary care to Active NoW for exercise referral and access to wider community provision to support on-going management of long-term conditions such as diabetes.</p> <p>Specialist Community Diabetic Footcare: Aims to prevent complications like neuropathy, gangrene, and amputations.</p> <p>Services vary by locality, with some areas lacking outreach for housebound or care home patients. Case for change in development to address the inequity of care as a part of the new model of care for diabetes.</p> <p>Specialist Hospital Diabetes Services: Address advanced care needs, e.g., insulin pump therapies and management of complex conditions.</p>		
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		<p>Significant variations in services include lack of inpatient footcare at JPUH and no perioperative diabetes pathway at QEH and NNUH.</p> <p>Diabetes Prevention and Remission: Programs like NDPP (NHS Diabetes Prevention Programme) and T2DR (Type 2 Diabetes and the Young) support lifestyle changes to prevent or manage Type 2 Diabetes. NDPP has a Population Health Management Protect NoW project recruiting patients from GP practices with a high prevalence of Non-Diabetic Hyperglycaemia (NDH), the practices are often located in the core20 areas and have historically had low referral rates from primary care. Delivered through Xyla and Oviva, with demographic data monitoring service uptake.</p> <p>Children & Young People (CYP): Referrals to the three acute pathways are received via traditional NHS routes, such as GP, ED admissions and from other Consultants. All 3 acute Trusts have a specialist paediatric diabetes team to support CYP, up to their 19th birthday. These multidisciplinary teams typically include consultants, specialist diabetes nurses, dietitians, and psychologists who work collaboratively to offer comprehensive care.</p>		<p>Beccy Godfrey CYP Commissioning and Transformation</p>
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		<p>All 3 Acute Trusts have a well-defined transition pathway, with regular transition clinics to host MDT discussions.</p> <p>Community-based support is also available through organisations like Diabetes Norfolk, a registered charity focused on improving care for individuals with diabetes in the region. They fund projects aimed at enhancing diabetes services and provide resources for patients and families.</p> <p>The ICB is committed to addressing health inequalities for CYP in the most deprived quintiles and ethnic minority groups who often face barriers to accessing optimal diabetes care. We plan to develop strategies to ensure that services and interventions are tailored to meet the specific needs of these groups. This includes considering and addressing potential barriers that CYP from deprived and underserved backgrounds may face in accessing diabetes technology.</p> <p>3. Audiology</p> <p>A community Age-Related Hearing Loss (ARHL) service has been commissioned for patients registered with a GP in the central</p>		<p>Bertone Santos Socorro Community Commissioning</p>
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		<p>Norfolk area. Patients in the east and west of the county can access ARHL services from their local acute hospitals. Community services are delivered by multiple providers including:</p> <ul style="list-style-type: none"> • Norfolk Deaf Association (Trading as Hear for Norfolk) • Scrivens • Specsavers • Audiological Science • The Outside Clinic <p>The pathway is commissioned in line with NICE Guidance for patients aged 50 and over with suspected hearing loss and it provides the ability for patients to self-refer, ensuring easy levels of access.</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>1. Maternity In support of more personalised care, the Local Maternity and Neonatal System (LMNS) launched a new Personalised Care and Support Plan (PCSP) across the system in 2024. Every woman and birthing person will receive a PCSP at their first midwife appointment to support them to explore, understand and record their individual choices for pregnancy, birth and the first few weeks of parenthood, ensuring informed decision-making around perinatal care.</p>	<p>2 Achieving</p>	<p>Local Maternity and Neonatal System</p>

		<p>Paper and fully accessible and translatable digital copies as well as an Easy Read version have been produced to support inclusivity and equity. This resource was developed in collaboration with our Maternity and Neonatal Voices Partnership leads to ensure service user voice was at the heart of this project. The PCSP is also available on Just One Norfolk to allow for translation and spoken word.</p> <p>Collaboration with Norfolk Libraries to offer digital gifting scheme to support equality of access.</p> <p>Phase one of the LMNS dashboard is in place.</p> <p>Local heat mapping and health needs assessment has been completed in collaboration with Public Health. Asset mapping exercise has been completed as part of the needs assessment.</p> <p>Design and successful roll out of a perinatal pelvic health service across Norfolk & Waveney.</p> <p>Design and successful roll out of a smoking cessation service within maternity services.</p>		
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		<p>Alcohol in pregnancy page launched on JON website (translatable) providing accurate information to service users.</p> <p>Inclusion health Local Learning Events developed to support clinical colleagues' knowledge, awareness and confidence to improve service user care, outcomes and experience. Sessions to-date have focussed on inclusion health groups such as asylum seekers and refugees, LGBTQ+, neurodiversity, bereavement and social prescribing. The series has been very well attended and has strengthened our links with VCSE organisations within the community, leading to increased collaborative working to support inclusion health groups. Attendees fed back that they felt better informed and more confident in their ability to tailor support to members of inclusion health groups. Local learning events are evolving into a trial of podcasts to allow most staff to access these as and when needed.</p> <p>Published NHS Workforce Race Equality Standard data (at Norfolk & Waveney level to protect anonymity).</p> <p>LMNS invited to join ICS health inequalities oversight group (HIOG), the group brings together system partners to co-ordinate and</p>		
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		<p>take system- wide action to reduce health and care inequalities across Norfolk and Waveney.</p> <p>A pre-term births deep dive has been completed and Pre-Term Births midwife and project manager has been successfully recruited to, the post will ensure learning is taken forward from the deep dive conducted.</p> <p>IBCLC (International Board Certified Lactation Consultant) places secured for 25 members of staff working in infant feeding roles.</p> <p>Roll out of GP breastfeeding friendly scheme aligned with Start for Life infant feeding friendly initiative to improve support for sustained breastfeeding, if patients choose to do so.</p> <p>The SmartStart maternity tobacco dependency service has been implemented in all three Trusts. So far this year, as the service embeds, the SATOD (Smoking Status at Time of Delivery) rate has reduced from 11.2% to 8.8%. We predict this downward trend will continue as SmartStart supports more pregnant smokers to set quit dates and become smokefree when they give birth.</p>		
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		<p>LMNS breastfeeding strategy has been co-produced, with input from Maternity and Neonatal Voices Partnerships and colleagues from acute and community infant feeding leads and public health.</p> <p>Development of collaborative network of VCSE and health and social care in support of vulnerable communities is underway.</p> <p>Implementation of maternity social prescribing pilot in Norfolk in collaboration with Family Hubs to support Core20PLUS communities in pregnancy.</p> <p>Lead Transformation midwife has commenced a 3 year fully funded PhD in health inequalities in underserved communities which will enable system learning and inform service delivery planning.</p> <p>2. Diabetes</p> <p>Type 1 Diabetes and Disordered Eating (T1DE):</p> <p>Type 1 Diabetes-Related Disordered Eating (T1DE), sometimes called Diabulimia, is a condition where people with Type 1 diabetes deliberately restrict their insulin to lose weight. This can lead to serious short- and</p>		<p>Chris Bean, Clinical Transformation Programme</p>
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		<p>long-term health complications and increases the risk of death by three times.</p> <p>To address this, NHS England provided funding for a pilot service in Norfolk and Waveney, which launched in November 2023. The service, run by Norfolk and Norwich University Hospital (NNUH), is available to all patients across Norfolk and Waveney ICS and has secured funding until March 2026.</p> <p>This specialist service brings together local clinical experts to improve care for adults with T1DE, ensuring they receive joined-up, coordinated support. The team includes:</p> <ul style="list-style-type: none"> • A T1DE psychologist • Psychiatrists from Norfolk and Suffolk Foundation Trust (NSFT), specialising in eating disorders • Diabetes specialist nurses • Dietitians • Consultant clinicians from NNUH <p>Together, they provide personalised, comprehensive care designed to improve confidence and diabetes management for adults with T1DE. This integrated approach has been proven to lead to better health outcomes.</p>		
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		<p>Transitioning Young Adults (TYA): Improves continuity of care for individuals aged 19–25 transitioning to adult diabetes services. Tackles health inequities among young people in deprived communities who have poorer outcomes and less access to diabetes technology.</p> <p>Type 2 Diabetes and the Young (T2DaY) Project: Addresses the needs of individuals with early-onset Type 2 Diabetes, including their psychological and social support needs.</p> <p>NHS Diabetes Prevention Programme (NDPP) and Type 2 Diabetes Path to Remission (T2DR): Initiatives provide support for non-diabetic hyperglycaemia (NDH) and Type 2 remission, focusing on reducing health inequalities. A case for change is in development to ensure that service redesign aligns with quality impact assessments (QIA) and equality and health inequality assessments (EHIA).</p> <p>Early Onset Type 2 Diabetes (EOT2D) & the Protect NoW Project</p>		
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		<p>Early onset Type 2 diabetes (EOT2D): Occurs before age 40 and is more common in ethnic minorities and socioeconomically deprived areas. In Norfolk and Waveney, around 2,000 people have EOT2D. It tends to be more aggressive, with higher rates of obesity, depression, diabetes-related distress, and early complications. Most patients are managed solely in GP practices.</p> <p>To improve care, NHS England funded additional GP reviews (T2DaY reviews), with funding secured until March 2026. All 105 GP practices in Norfolk and Waveney are offering these reviews, but low patient engagement has been a challenge.</p> <p>To address this, the Protect NoW team will run patient engagement webinars, directly inviting individuals to informative sessions with clinicians and encouraging them to attend their GP reviews.</p> <p>The T2DaY review includes:</p> <ul style="list-style-type: none"> • Diabetes classification • Contraception & pregnancy planning • Glucose, cardiovascular risk, and weight management • Psychological wellbeing & social needs 		
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		<p>Diabetes Prevention & the Protect NoW Project: Type 2 diabetes is largely preventable through lifestyle changes. In Norfolk and Waveney, around 105,000 people have Non-Diabetic Hyperglycaemia (NDH) (pre-diabetes), putting them at high risk. The NHS Diabetes Prevention Programme (NDPP) provides support to help patients with NDH or a history of Gestational Diabetes (GDM) make healthy lifestyle changes.</p> <p>While all 105 GP practices can refer patients, many in high-need areas (higher deprivation/NDH prevalence) are not actively doing so. To improve uptake, the Protect NoW team will contact eligible patients directly, offering them the opportunity to join the programme.</p> <p>New Diabetes Care Model for Norfolk & Waveney: A new diabetes care model has been developed to address inequities in services and health outcomes across Norfolk & Waveney. Historically, fragmented commissioning and rising demand, especially for Type 2 diabetes, have worsened disparities in care.</p>		
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		<p>The new model aims to:</p> <ul style="list-style-type: none"> • Detect complications early and intervene to prevent progression • Provide specialist support to improve quality of life and life expectancy <p>Full implementation depends on ICB approval, with a five-year rollout planned if approved.</p> <p>Diabetes Technologies Implementation in Norfolk & Waveney: In December 2023, NICE published Technology Appraisal (TA943) for Hybrid Closed Loop (HCL) systems in Type 1 diabetes management, followed by NHSE's 5-year implementation strategy in January 2024. Both emphasise prioritising those with the greatest need, including:</p> <ul style="list-style-type: none"> • Children & young people • Pregnant individuals or those planning pregnancy • Adults using insulin pumps who want to transition to HCL <p>Norfolk & Waveney ICB, in collaboration with ICS Acute Trusts, established a Diabetes Technologies Working Group to oversee implementation. This includes ICS-wide</p>		
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		<p>implementation plans for priority groups and ongoing monitoring to address gaps, particularly in deprived and BAME communities, where diabetes-related health outcomes are poorer.</p> <p>Children & Young People (CYP): Norfolk and Waveney are actively working to enhance the proportion CYP with type 2 diabetes who receive NICE care processes.</p> <p>Key initiatives include:</p> <p><u>Implementation of Continuous Glucose Monitoring (CGM):</u> The Norfolk and Waveney Integrated Care Board (ICB) has developed an implementation plan to provide CGM systems to all CYP with 1 diabetes. While this plan primarily targets type 1 diabetes, the infrastructure and experience gained may benefit those with type 2 diabetes in the future.</p> <p><u>Adherence to NICE Guidelines:</u> Healthcare providers across N&W follow NICE guidelines for diagnosing and managing type 1 and type 2 diabetes in CYP. These guidelines recommend regular monitoring of blood glucose levels, HbA1c measurements, blood pressure checks, and assessments of</p>		<p>Beccy Godfrey CYP Commissioning and Transformation</p>
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		<p>growth and puberty to ensure comprehensive care.</p> <p><u>Educational Programs:</u> The Norfolk and Waveney Integrated Care System offers educational programs, such as "Diabetes NoW – Learning," to support individuals in managing their diabetes. These programs aim to empower patients and their families with knowledge and skills to effectively manage the condition.</p> <p>Norfolk & Waveney ICB plan to collaborate with system partners to develop approaches that support access to regular, holistic diabetes reviews for CYP with type 2 diabetes, particularly in underserved areas.</p> <p>3. Audiology</p> <p>As stated in NHS England’s publication, ‘What works: Hearing Loss and Healthy Ageing’, hearing is essential for healthy ageing, enabling us to communicate with friends and family, participate in society and retain our independence, health and wellbeing, quality of life, and remain in employment if we wish. Yet the major cause of hearing loss is age-related and as the ageing population grows, the impact of</p>		<p>Bertone Santos Socorro, Community Commissioning</p>
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		<p>hearing loss for the individual and society grows.</p> <p>The Community Age Related Hearing Loss (ARHL) service has been commissioned for members of our population who may benefit from accessing this service, using hearing aids to improve hearing following a hearing loss diagnosis, including:</p> <ul style="list-style-type: none"> • Reduced cognitive decline; studies have shown that hearing aids can slow cognitive decline in older adults, particularly those at high risk of dementia. • Decreased Risk of Dementia; treating hearing loss with hearing aids may help lower the risk of developing dementia. • Reduced Social Isolation; hearing aids improve communication abilities, making it easier for individuals to engage in conversations and social activities. This can significantly reduce feelings of isolation and loneliness. • Improved Mental Health; by enhancing the ability to hear and communicate, hearing aids can also improve overall mental health, reducing symptoms of 		
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		<p>depression and anxiety that are often associated with hearing loss.</p> <ul style="list-style-type: none"> Improved quality of life; treating hearing loss allows people to participate more fully in social and recreational activities and improve communication with loved ones. <p>Commissioning a community-based service for ARHL has also increased accessibility, allowing people to access care closer to home. By having a self-referral pathway, this further improves access to services as people do not need a GP appointment to seek advice, help and support.</p>		
	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>1. Maternity</p> <p>Development of data dashboard in progress which overlays clinical outcomes with health, social and ethnicity data. This has enabled a recent deep dive into still births of Black and Asian women and further work underway to improve barriers to access to care.</p> <p>Maternal Medicines Centre launched at NNUH, as part of the Eastern Region's maternal medicine service.</p> <p>All GPs receiving Trust notifications of patients diagnosed with or history of</p>	<p>2 Achieving</p>	<p>Local Maternity and Neonatal System</p>

		<p>gestational diabetes as part of diabetes prevention programme.</p> <p>NICE CG110 antenatal care for pregnant and birthing people with complex social factors implemented via Peri natal Mental Health project.</p> <p>Specialist Lotus team set up to support implementation of maternal mental health (MMH) service with a focus to improving access for women from ethnic minorities and areas of deprivation.</p> <p>Personalised Care Support Plan implementation across all Trusts, supporting informed patient choice, decision-making and more personalised care.</p> <p>Maternity Neonatal Voices Partnerships supported to co-produce plans to reflect engagement with ethnic minority and other health inclusion/ Core20 groups.</p> <p>Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth weight and sudden unexpected death in infancy. National data shows a link between these complications and deprivation. The</p>		
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		<p>SmartStart maternity tobacco dependency service has been implemented in all three Trusts. So far this year, as the service embeds, the SATOD rate has reduced from 11.2% to 8.8%. We predict this downward trend will continue as SmartStart supports more pregnant smokers to set quit dates and become smokefree when they give birth.</p> <p>2. Diabetes</p> <p>Diabetes care and support are routinely monitored to guide future commissioning. Key monitoring mechanisms include:</p> <ul style="list-style-type: none"> • Governance – CVDR Programme Board, Diabetes Expert Reference Group, Diabetes Technologies Working Group • Pathway Transformation – Development of the new diabetes care model • Audits – National Diabetes Audit, Footcare Audit, and Inpatient Safety Audit • Secondary Prevention – Service data from T2DR, NDPP, and Structured Education • Service Performance – Oversight by the Commissioning & Performance Team • Collaboration – Acute Hospital Collaboratives & Specialty Clinical Network for Diabetes 		<p>Chris Bean, Clinical Transformation Programme</p>
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		<ul style="list-style-type: none"> External Reviews – Insights from Getting It Right First Time (GIRFT) recommendations <p>These measures ensure continuous improvement and equitable diabetes care across Norfolk & Waveney.</p> <p>Children & Young People (CYP) Healthcare providers adhere to comprehensive safeguarding policies and procedures to ensure the safety and well-being of CYP.</p> <p>The Norfolk and Waveney ICB collaborates with the Norfolk Safeguarding Children Partnership to promote effective cooperation. They provide resources, develop template policies, and offer guidance to health partners to meet their safeguarding obligations.</p> <p>For CYP with complex diabetes, the NSCP has specific protocols to manage concerns. These protocols emphasise early identification of risks and a coordinated multi-agency response to ensure timely assessment and intervention.</p> <p>National audits, including the National Paediatric Diabetes Audit (NPDA) track</p>		<p>Beccy Godfrey CYP Commissioning and Transformation</p>
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		<p>service quality and identify areas for improvement.</p> <p>Norfolk & Waveney ICB plans to consider the impact of social determinants of health, such as housing and food insecurity, on diabetes management in disadvantaged families.</p> <p>3. Audiology</p> <p>Our commissioning approach ensures that contracts with community providers include safeguarding measures to ensure providers have appropriate policies and safeguarding leads in place.</p> <p>In addition, providers report directly to the ICB with quality metrics on any incidents, patient experience feedback and complaints. We act promptly on these metrics to ensure we address potential patient harm, learn from past experiences and sharing best practice.</p> <p>Any serious incidents are escalated to the ICB Quality and Safety Committee.</p>		<p>Bertone Santos Socorro, Community Commissioning</p>
	<p>1D: Patients (service users) report positive experiences of the service</p>	<p>1. Maternity</p> <p>Bespoke staff training is delivered to support cultural competence, including sessions on Eastern European service users and migrant</p>	<p>2 Achieving</p>	<p>Local Maternity and Neonatal System</p>

		<p>workers/ asylum seekers. An ongoing programme of inclusion health local learning events has been developed as a result.</p> <p>Vision, values and aims aligned to ICS health inequalities oversight group to reduce health and care inequalities across Norfolk and Waveney.</p> <p>Health needs analysis complete and work is underway to enhance health inequalities data.</p> <p>Service user voice is embedded in our work via our Maternity and Neonatal Voices Partnerships within each of our three Trusts. Recent examples of service user involvement include initiatives to support bereaved families, families with neonatal babies and improving the antenatal care provision across the system.</p> <p>Ethnicity data is included on Datix and incident reports.</p> <p>Appointment of clinical fellow to Maternity Fellowship to support equity and equality work.</p> <p>WRES data analysed and presented in the Equity and Equality health needs</p>		
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		<p>assessment. Scoping is underway and findings will influence plans to reduce inequalities.</p> <p>2. Diabetes The Transitioning Young Adults (TYA) and Type 1 Diabetes and Disordered Eating (T1DE) pilots are collating patient experience data and information. This is being nationally evaluated and will inform future commissioning.</p> <p>The NHS Diabetes Prevention Programme (NDPP) and the Type 2 Diabetes Path to Remission (T2DR) programme, whilst nationally commissioned, have oversight at a local level, NWICB receive regular reports and case studies from providers and continue to monitor delivery of high-quality care.</p> <p>The ICB has a mechanism in place to gather direct feedback and experiences from underserved communities to inform service design and future thinking for diabetes.</p> <p>Children & Young People Paediatric diabetes services gather patient feedback through various mechanisms to</p>		<p>Beccy Godfrey CYP Commissioning and Transformation</p>
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		<p>assess and improve the quality of care provided to CYP, such as: patient surveys to gather insights into their experiences with the paediatric diabetes services. Patient Participation Groups (PPGs) are also facilitated so that CYP and their families can engage with healthcare providers to discuss services and provide feedback. The National Diabetes Paediatric Audit (NPDA) also includes patient survey results through its Parent and Patient Reported Experience Measures (PREM) report.</p> <p>3. Audiology</p> <p>Our commissioning approach requires our providers to undertake surveys on patient experience and outcomes, as well as ensuring a complaints policy is in place. Providers submit regular reports providing the ICB assurance, which include a Patients' Satisfaction Report, including separate questionnaire outcomes for hearing assessments and fitting, and another for aftercare. These reports highlight the quality of service, patient satisfaction and areas for improvement.</p> <p>Providers also submit analysis of Friends and Family Tests (FFT) received from patients</p>		<p>Bertone Santos Socorro, Community Commissioning</p>
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		<p>following their experience of receiving this service.</p> <p>Patient feedback is resoundingly positive, with people responding with “strong agreement” or “agreement” to all questions. Supporting narrative from patients was also very positive, explaining how they felt at ease and reassured by the audiologists.</p> <p>In terms of areas for improvement, many comments have been received to state that no changes are necessary with only one stating they needed further specialist support which was being facilitated by the provider.</p> <p>Whilst our providers have not received many suggestions on how the service may be improved, based their own observations and ambition to ensure that they continue to offer a high quality, professional and accessible service, actions going forward are as follows:</p> <ul style="list-style-type: none"> • Maintain High Standards: Continue to uphold the high standards of service quality, professionalism, and patient care that have been praised by patients. • Enhance Patient Education: Continue to focus on patient education 		
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		<p>regarding hearing aids and hearing loss, as this has been highly appreciated by patients.</p> <ul style="list-style-type: none"> • Enhance the Booking Process: Implementing an online booking system to make it easier for patients to schedule, reschedule, or cancel appointments. • Monitor and Respond to Feedback: Continue to regularly collect and analyse patient feedback to identify areas for continuous improvement and ensure that patient needs and concerns are addressed promptly. • Actively work towards increasing accessibility for people to access ARHL services in rural areas within the next 6 months. 		
Domain 1: Commissioned or provided services overall rating			8	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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 provides 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 2024.</p> <p>The ICB (along with the Norfolk and Waveney ICS) is working towards being accredited as a Menopause Friendly Employer. ICB Menopause Awareness Week in October 2024, co-ordinated by NHSFT was attended by 1000 staff across the ICB and ICS. There will continue to be quarterly online menopause support groups for ICB staff.</p>	2 Achieving	HR / OD

		<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 Programme which will be rolled out in 2025.</p> <p>The ICB will continue 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 also be appointing a number of - additional 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</p>		
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		<p>Development, Mindfulness, Staff Rewards, Discounts and Benefits. Together with signposting to the #We care Together website. We also have a Learning Hub and a Career Resource Portal which provides resources and leadership and management support. We support staff with information on apprenticeships, Schwartz rounds and a talent collaborative network and resource hub.</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. We are refreshing our terms of reference following the restructure to both identify the aims and objectives of the group but also to ensure there is representation from across the whole of the organisation</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>The ICB has launched the opportunity for staff to buy a further 1 week of leave each year which we hope will enhance employee satisfaction and well-being.</p> <p>The ICB will also launch Wagestream in 2025, via an online portal they can access. It provides flexibility giving staff the opportunity to choose when to get paid using a percentage of the money they have already earned (hours worked). This benefit will reduce financial stress between pay checks hopefully leading to improved mental health with reduced financial pressure leading to a more focused and engaged workforce.</p> <p>The Staff Opinion Survey (2023) noted that 60% of staff who answered the survey (67% response rate) said “My organisation takes positive action on health and well-being” (this was down by 5% on 2022).</p> <p>Implemented by staff volunteers a ‘take what you need’ resource has been implemented in the County Hall office for staff members who need emergency access to sanitary products.</p>		
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	<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. Business in the Community Race at Work Charter.</p> <p>This will link to the NHS Anti-Racism Strategy. 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 2025/2026.</p> <p>This review will also support and underpin the ICB values of at all times being respectful, inclusive and embracing new ways of working by being innovative and continually improving. Together with the NHS People Promise and the ICB's Eight Ambitions of the Joint Forward Plan.</p> <p>The ICB is also taking steps to build a stronger and more supportive culture. We are launching a series of workshops in February 2025 to explore how we can build a restorative and just culture where everyone feels valued. Strengthen teamwork with tools for resilience and mindset practice and create a workplace focused on collaboration, learning and growth.</p> <p>The ICB's Management Programme includes an EDI module which will focus on antiracism,</p>	<p>1 Developing</p>	<p>HR / OD</p>
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		<p>abuse, harassment and bullying, to raise awareness and education. This will be rolled out throughout 2025.</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 2025. 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> <p>The ICB also works closely with the Freedom to Speak Up Guardian to collaboratively address issues and improve experience. We will be further supporting our Guardians in 2025 and will be hoping to increase the number of Guardians and Champions</p>		
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		<p>available and we hope will represent the diversity of the staff.</p> <p>The ICB will also be promoting 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 2023 detailed headline results which were published in March 2024. The response rate was 67% with 489 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 include flexible working opportunities and bullying/harassment at work by patients/service users. A significant improvement in managers encouraging staff,</p>		
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		<p>involving them in decisions, supporting with wellbeing, and valuing work. Unfortunately, areas showing a decline since our 2022 survey (in line with a national deterioration in these areas) include teams not working together to achieve objectives, feeling unwell as a result of work-related stress and staff reporting feeling worn out.</p> <p>Key responses noted (national comparator) 91% (91%) 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. 93% (90%) 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. 86% (88%) 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. 43% (43%) confirmed they did report the last time they experience harassment, bullying or abuse at work.</p> <p>We are pleased to note: 59% ((55)% are confident the ICB would address their concerns.</p>		
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		<p>71% (67%) thinks the ICB respects individual differences (e.g. cultures, working styles, background, ideas)</p> <p>76% (74%) of people in the ICB are understanding and kind to one another.</p> <p>77% (77%) reported the people I work with are polite and treat each other with respect.</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 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 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</p>	<p>2 Achieving</p>	<p>HR / OD</p>

		Freedom to Speak Up Guardian and Champion.		
	2D: Staff recommend the organisation as a place to work and receive treatment	<p>The 2023 Staff Opinion Survey noted 49% 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 45%. It is important to note we have just completed a lengthy and large-scale change programme, and we acknowledge this has been an extremely unsettling and worrying time for staff.</p> <p>The ICB hopes to have a second annual 'All Staff Event' to build team cohesion and collaboration and boost morale and engagement, facilitate communication and enhance our organisation culture and encourage innovation. We previously highlighted staff successes and achievement which was warmly received and therefore we will repeat this</p> <p>The ICB is reviewing and updating their Recruitment and Selection Policy with a further focus on neurodiversity. The ICB is also encouraging all recruiting managers to attend further training on Recruitment and Selection</p>	2 Achieving	HR / OD

		<p>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 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> <p>There continues to be regular opportunities for People Managers to attend Performance Appraisal Training.</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</p>		
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		<p>quarterly to review applications to ensure fairness, equity and inclusion.</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 asking for feedback. From this the EDI Staff Group have refreshed their terms of reference and have identified 3 areas for the EDI Staff Group to focus on raising awareness of Hidden Disabilities, Neurodiversity and Age.</p> <p>The ED Staff Group is also planning to scope and support the establishment of Staff Networks in 2025, to expand opportunities for ICB colleagues to discuss their experiences, offering a safe space, and help shape organisational culture.</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</p>		
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		<p>staff to engage with ICB Staff Networks and Groups.</p> <p>The ICB is supporting 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> <p>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)).</p>		
Domain 2: Workforce health and well-being overall rating			7	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
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>As part of the EDI improvement plan the higher impact objective 1 -measurable objectives on EDI for Chairs, Chief Executives and Board members. Smart objectives have been developed and appraisals have been carried between January to March 2024. These objectives and plans 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>All Executive Directors have access to Executive Coaching with an External Coach.</p> <p>All Board Member and Executive Directors are attending an EDI Board Development session hosted by Roger Kline (external advisor to the NHS Improvement working group on EDI on the new national HR</p>	1 Developing	HR / OD

		<p>strategy and who has authored several reports on race equality) in April 2025.</p> <p>We are currently reviewing the SRO for EDI and we hope to confirm a Board Member responsible for EDI and supporting our EDI Staff Network Group in early 2025.</p> <p>The two ICB Non Executive Directors are also attending the Health Inequalities Programme in 2025.</p> <p>The Executive Nursing Director is our Senior Reporting Officer and Principal Freedom to Speak Up Guardian.</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>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 website.</p> <p>The EDI Board champion role is being reviewed as part of the organisational change. Although the development of the EDI improvement plan now sits with the HR and Organisational Development teams,</p>	<p>1 Developing</p>	<p>HR / OD / Health Inequalities</p>

		<p>and they will work closely with the EDI staff group and EDI leads across the ICS.</p> <p>There is a section on EIA at the end of every Board paper that presenters ensure is completed.</p> <p>Work on addressing Health Inequalities has been delegated to the Patients and Communities Committee.</p> <p>The Equality agenda is overseen by the People and Culture Committee as part of the broader People agenda.</p> <p>The ICB's Equality Impact Assessment process has been reviewed and there is now a combined QIA and EHIA process and panel.</p> <p>The panel are currently prioritising existing and new projects on a weekly basis. Part of this is to test the process and forms being completed. The panel is also taking the opportunity to test the process and identify any training needs that might be highlighted to enable further training and education of staff to support understanding of the Quality Impact Assessment and Equality Health Impact Assessment processes.</p>		
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		<p>The ICS Health Inequalities Strategic Framework for Action was published in May 2024 following a 9 month collaborative engagement process across the ICS.</p> <p>Following the ICS restructure, the ICB Health Inequalities & VCSE Partnering team was established in July 2024. Part of the team's remit is supporting System Leadership in the implementation of the Health Inequalities Strategic Framework for Action; this includes governance structures, and work programmes.</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-</p>		
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		<p>Assessments are also encouraged to develop their own Improvement Plan which will feed into the wider system plan.</p> <p>The ICB, being fully signed up to the commitments, is committed to completing the self-assessment and developing and implementing their own Health Inequalities Improvement Plan (approval March 2025 with ongoing implementation from then). The Health Inequalities & VCSE Partnering Team has been engaging with the wider ICB to support the completion of their self-assessment, including leading a Health Inequalities session at the All Staff Away Day, as well as subsequent Joint Senior Leaders workshops. The feedback from these sessions has been collected and is feeding into the self-assessment submission, as well as the Improvement Plan. The key areas of focus for the Improvement Plan will include: <i>processes and resources, workforce and OD, Leadership and Governance and Data, intelligence and voice</i>. The delivery of the plan will be overseen by senior leaders, forming part of an MDT.</p>		
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		<p>One of the Health Inequalities Commitments asks organisations to allocate a Health Inequalities Lead as well as develop a network of Advocates.</p> <p>The ICB Health Inequalities & VCSE Partnering Team are currently engaging with ICB staff to co-design the ICB Advocate network; this will include co-designing roles and responsibilities, training and support offers as well as creating spaces for ICB staff to share best practice and develop their common understanding of health inequalities. This will feed into the wider Health Inequalities advocate programme across the ICS.</p> <p>To support the wider health inequalities agenda and the development and implementation of the Advocates network and Improvement Plan, the ICB Health Inequalities & VCSE Partnering Team are hosting fortnightly drop in sessions on Tuesdays to create an opportunity for engagement. ICB Colleagues can drop in to discuss:</p> <ul style="list-style-type: none"> • Connecting with the VCSE sector • Advice and guidance around Core20 populations 		
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		<ul style="list-style-type: none"> • Community Voices insights and guidance • Providing feedback on training and support needs • Accessing our Clinical Lead for Health Inequalities and Inclusion Health <p>This is also an opportunity to do some engagement around the HI advocate network.</p> <p>Aligned to the development of the Advocates Networks, the Health Inequalities & VCSE Partnering Team are co-ordinating local activity in relation to the national NHS England Core20Plus Ambassador Programme. Norfolk and Waveney currently have approx. 40 people in cohort 3 across the ICS who are engaging with the national programme, 11 of which are ICB members of staff. Each member of the cohort is delivering a project in the inequality space. Projects cover all aspects of our day-to-day work, from data quality to service quality improvement and increasing awareness of service provision. Some more patient facing projects include increasing digital access for patients living</p>		
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		<p>in rural communities, identifying and recording reasonable adjustments for all patients on General Practice Learning Disability and Serious Mental Illness registers, increasing engagement and co-production with children and young people facing inequalities, and increasing access to healthcare services for the deaf community. The projects are currently in development and work is also going on in the background to align as many of the projects as possible.</p> <p>This programme cohort will also be feeding into the HI advocate programme and network with the ambition of bringing together all champion and advocates roles supporting Health Inequalities to share best practice and opportunities, as well as supporting the implementation of the Health Inequalities Strategic Framework for Action.</p>		
	<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</p>	<p>2 Achieving</p>	<p>HR / OD</p>

		<p>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>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>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>		
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		Leadership and management support programmes will be delivered throughout 2025 for all People Managers.		
Domain 3: Inclusive leadership overall rating			4	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): <i>Peter Passingham (Unison Rep) for Domain 2</i>	Independent Evaluator(s)/Peer Reviewer(s): <i>tbc Evelyn Kelly, Chair of Equality, Diversity & Inclusion Group (ICB) and will submit for further discussion and review at the EDI staff Group meeting on 26 February 2025.</i>

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, Executive Director of Patients & Communities	26 th Feb 2025

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>Diabetes - Addressing gaps in service provision and expanding to underserved populations.</p>	<p>Due to historical commissioning arrangements, there are differences in care provided across the ICS e.g., footcare (community and in-patient), diabetes technologies and services for transitioning young adults and those with disordered eating.</p> <ul style="list-style-type: none"> - Implement new model of diabetes care across the ICS - Implement diabetes technologies in line with NHS England strategy (aligns with the CYP clinical area of core20) - Utilise learning from evaluation of pilot initiatives to inform future commissioning 	<p>Progress report- Mar 2026</p>
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1B: Individual patients (service users) health needs are met	Maternity - Enhance personalised care and inclusivity for women accessing maternity services	Implement and monitor the rollout of the new Personalised Care and Support Plan (PCSP), ensuring accessibility through paper, digital, and Easy Read versions, and expanding awareness via Just One Norfolk. This aligns to the core20 plus 5 maternity domain (clinical area).	Feb 2026
	Strengthen support for vulnerable communities	Expand maternity social prescribing in collaboration with Family Hubs and develop a collaborative VCSE and health network to improve care for underserved and inclusion health and plus groups.	Feb 2026
	Collaborate with system partners to develop approaches that support access to regular, holistic diabetes reviews for CYP with type 2 diabetes, particularly in underserved areas.	Propose multidisciplinary team (MDT) clinics, where diabetes specialists, dietitians, mental health professionals, and social care workers provide coordinated care to all.	March 2026
		Explore the option of mobile clinics in community centres, schools, and faith-based settings to reach underserved areas. Encourage services to be co-designed with input from CYP and	

			<p>their families to make care more accessible and engaging.</p> <p>Explore the option of telehealth consultations and remote monitoring tools for blood glucose management.</p> <p>Signpost CYP to apps and online support groups tailored for young people with type 2 diabetes so access can be made remotely.</p>	
1C: When patients (service users) use the service, they are free from harm		Audiology- Improve Patient education	<p>Improve patient understanding of hearing aids and hearing loss through educational sessions and updated resources.</p>	Feb 2026
		<p>Consider the impact of social determinants of health, such as housing and food insecurity, on diabetes management in disadvantaged families.</p>	<p>Explore the option of training care coordinators within primary care networks (PCNs) to identify and support families facing housing, financial, or food insecurity.</p> <p>Train clinicians to have sensitive conversations about housing, food access, and financial difficulties.</p> <p>Evaluate current questionnaires / tools used to assess social risks to ensure they are simple and effective.</p>	March 2026

	1D: Patients (service users) report positive experiences of the service	Maternity- Use WRES data and health needs assessment findings to drive targeted plans reducing maternity inequalities.	Utilise WRES data analysis and Equity & Equality Health Needs Assessment findings to inform targeted plans for reducing inequalities.	Feb 2026
		Audiology- Ensure high quality of care	Ensure continued delivery of high quality professional and accessible care through patient satisfaction surveys, regular reviews and actions taken as a result of the patient feedback.	Feb 2026

Domain	Outcome	Objective		Action	Completion date
<p style="text-align: center;">Domain 2: Workforce health and well-being</p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions</p>	<p>Effective communication of health and wellbeing offers to staff</p>	<p>Our staff groups, networks and champions continue to provide an excellent foundation to implement, educate and communicate many initiatives.</p>	<p>Ongoing</p>	<p>2025</p>
		<p>Eliminate unlawful discrimination</p>	<p>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.</p>		<p>2025</p>
		<p>Accreditation as a Menopause Friendly Employer.</p>			
		<p>Launch of Wagestream</p>			

	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	2025
			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.		2025/2026
			To launch a series of workshops in February 2025 to explore how we can build a restorative and just culture where everyone feels valued. Strengthen teamwork with tools for resilience and mindset practice and create a workplace focused on collaboration, learning and growth.		2025
			To present the ICB's Management Programme, EDI module focusing on antiracism, abuse,		2025/2026

			<p>harassment and bullying to raise awareness and education.</p> <p>To sign up to the Sexual Safety Charter.</p> <p>To recruit further FTSU Guardians and Champions.</p> <p>To continue to promote Freedom to Speak Up and Micro-aggression Porrtal to support those employees who would like to speak up.</p> <p>To continue to review the results of the staff opinion survey 2023 and compare against the 2024 results and implement focus groups to continuously improve the ICB's working environment.</p>	Ongoing	2025
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	<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>Eliminate unlawful discrimination Promote equal opportunity</p>	<p>Continue to support the Employee Assistance Programme 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</p>
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Achieve and promote best practice in equality, diversity and inclusion .</p>	<p>To host a second annual 'All Staff Event' to build team cohesion and collaboration.</p> <p>Reviewing and update Recruitment and Selection Policy with a further focus on neurodiversity.</p> <p>Encouraging all recruiting managers to attend 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>To provide Appraisal Training for People Managers.</p>	<p>Ongoing</p>	<p>2025</p>
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			<p>To continue to support Apprenticeships to develop talent.</p> <p>To continue to support Staff Network Groups.</p> <p>To support the EDI Staff Group to focus on raising awareness of Hidden Disabilities, Neurodiversity and Age.</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>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.</p>	Ongoing	2025
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			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)).	Ongoing	2025
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Domain	Outcome	Objective	Action	Completion date	
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 EMT 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> <p>Appoint an SRO for EDI.</p>	Ongoing	2025
	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

	<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>2025</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	2025
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