



**Nottingham and
Nottinghamshire**
Integrated Care Board

Equality, Diversity and Inclusion (EDI) Policy

July 2022 – October 2023

CONTROL RECORD			
Reference Number EDI-001	Version 1.2	Status Final	Author Equality and Diversity Team
			Sponsor Director of Nursing
			Team Equality and Diversity Team
Title	Equality, Diversity and Inclusion (EDI) Policy		
Amendments	Review Date amended to October 2023		
Purpose	To set out how the ICB meets its statutory responsibility to comply with the Public Sector Equality Duty of the Equality Act 2010 (and associated Regulations) and how the ICB will work to achieve good equality performance outcomes. It also ensures that EDI considerations routinely underpin the ICB's governance structures and are actively promoted by the ICB's leadership team.		
Superseded Documents	Equality, Diversity and Inclusion (EDI) Policy v1.1		
Audience	All employees of the Nottingham and Nottinghamshire ICB (including all individuals working within the ICB in a temporary capacity, including agency staff, seconded staff, students and trainees, and any self-employed consultants or other individuals working for the ICB under contract for services), individuals appointed to the Integrated Care Board and its Committees and any other individual directly involved with responding to complaints and concerns from patients and members of the public.		
Consulted with	None		
Equality Impact Assessment	Complete – June 2022		
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<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>			

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1. Introduction

- 1.1. This policy applies to the NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.
- 1.2. The ICB is committed to embedding equality, diversity and inclusion (EDI) considerations into all aspects of our work, including policy development, commissioning processes and employment practices.
- 1.3. We aim to:
 - Improve equality of access to health services and health outcomes for the diverse population we serve.
 - Build and maintain a diverse, culturally competent ICB workforce, supported by an inclusive leadership team.
 - Create and maintain an environment where dignity, understanding and mutual respect, free from prejudice and discrimination, is experienced by all and where patients and staff feel able to challenge discrimination and unacceptable behaviour.

2. Purpose

- 2.1. This policy sets out how the ICB meets its statutory responsibility to comply with the Public Sector Equality Duty of the Equality Act 2010 (and associated Regulations) and how the ICB will work to achieve good equality performance outcomes. It also ensures that EDI considerations routinely underpin the ICB's governance structures and are actively promoted by the ICB's leadership team.
- 2.2. A summary of the legislative framework for equality is provided at **Appendix A**.
- 2.3. It should be noted that this policy focuses specifically on the duties set out in the Equality Act and its associated regulatory requirements and not on the statutory health inequality duties placed on the ICB by the NHS Act 2006 (as amended by the Health and Social Care Act 2012). Whilst these duties are linked, it is important to appreciate that they are distinct duties and recognise the difference in requirements.

3. Scope

- 3.1. This policy applies to all employees and appointees of the ICB and any individuals working within the ICB in a temporary capacity (hereafter referred to as 'individuals').

4. Definitions

4.1. The following key definitions apply for the purposes of this policy:

Term	Definition
Equality	Equality is about ensuring everybody has equal access to opportunities in line with their needs and protecting them from being treated differently or discriminated against because of their characteristics.
Diversity	Diversity is about recognising and respecting the differences between people and groups of people, and placing a positive value on those differences.
Inclusion	Inclusion refers to an individual's experience within their workplace and in wider society, and the extent to which they feel valued and included.

4.2. Descriptions of the key terms used in the legislative framework for equality are provided at **Appendix A**, including definitions of the nine characteristics protected by the Equality Act 2010.

5. Roles and Responsibilities

Role	Responsibilities
Integrated Care Board	<p>All ICB members have a collective and individual responsibility for ensuring compliance with the public sector equality duty, which will in turn secure the delivery of successful equality outcomes for the organisation, both as a commissioner and an employer.</p> <p>The ICB is required to provide strategic leadership to the EDI agenda, which is in part achieved through its approval of this policy, and also by:</p> <ul style="list-style-type: none">a) Agreeing the ICB's objectives for improving its equality performance and monitoring their delivery.b) Ensuring that EDI is a core consideration in Board and committee discussions and decisions.c) Leading by example by actively championing the EDI agenda and attending staff forums and meetings of patient and community groups.

Role	Responsibilities
Quality and People Committee	The Quality and People Committee is responsible for monitoring the ICB's equality performance in relation to its role as a commissioner of health services. This includes monitoring the delivery of the ICB's equality improvement plan in relation to Goals 1 and 2 of the NHS Equality Delivery System (see Section 7 of this policy).
Remuneration Committee	<p>The Remuneration Committee is responsible for monitoring the ICB's equality performance in relation to its role as an employer. This includes monitoring the delivery of the ICB's equality improvement plan in relation to Goals 3 and 4 of the NHS Equality Delivery System (see Section 7 of this policy).</p> <p>It is also responsible for overseeing compliance with the gender pay gap requirements set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.</p>
Strategic Planning and Integration Committee	The Strategic Planning and Integration Committee is responsible for making investment, disinvestment and resource allocation decisions. As part of this responsibility, the Committee ensures that appropriate equality impact assessments have been completed and their findings considered. This includes consideration of the collective impact of previous decisions and current and future proposals.
Equality, Diversity and Inclusion Steering Group	<p>The Equality, Diversity and Inclusion Steering Group exists to monitor the organisation's compliance with the Public Sector Equality Duty of the Equality Act 2010 (and associated Regulations), in line with the organisation's aims to:</p> <ul style="list-style-type: none"> • Improve equality of access to health services and health outcomes for its diverse population. • Build and maintain a diverse, culturally competent ICB workforce, supported by an inclusive leadership team. • Create and maintain an environment where dignity, understanding and mutual respect, free from prejudice and discrimination, is experienced by all and where patients and staff feel able to challenge discrimination and unacceptable behaviour.

Role	Responsibilities
	The Steering Group will drive the equality, diversity and inclusion agenda within the ICB and will provide a focal point for the discussion, development and implementation of ways to improve the organisation's equality performance.
Chief Executive	The Chief Executive has responsibility for ensuring that the necessary resources are available to progress the EDI agenda within the organisation.
Director of Nursing	<p>The Director of Nursing, as the ICB's executive lead for the EDI agenda, has responsibility for:</p> <ul style="list-style-type: none"> • Developing and monitoring the implementation of robust working practices that ensure that EDI requirements are an integral part of the commissioning cycle. • Ensuring that EDI considerations are effectively embedded within human resources working practices. • Ensuring that the ICB and staff remain up-to-date with the latest thinking around diversity management and have access to appropriate resources, advice and informal and formal training opportunities.
Line Managers	<p>All line managers have responsibility for:</p> <ul style="list-style-type: none"> • Ensuring that the ICB's recruitment and retention processes relating to the advancement of equality of opportunity are applied consistently to all grades throughout the organisation. • Ensuring that employees have equal access to relevant and appropriate training and development opportunities. • Highlighting any staff training needs arising from the requirements of this policy and associated procedures.
Individuals	All individuals have responsibility for treating everyone with dignity and respect and must not discriminate or encourage others to discriminate.

6. Having Due Regard to Equality

- 6.1 An assessment of the ICB's functions, both as a commissioner of health services and as an employer, has identified the key business activities where due regard to the general public sector equality duty is required.

- 6.2 Focussing on the key business activities set out at paragraphs 6.3 to 6.8 below (as a minimum) helps the ICB to prioritise effort to ensure compliance with the general equality duty.
- 6.3 **Assessing the health needs of our population** – It is essential for the ICB to fully understand the health needs of the population we serve. This is done by producing Joint Strategic Needs Assessments (JSNAs) in conjunction with our Local Authorities. The JSNAs identify where inequalities exist and describes the future health and wellbeing needs of Nottingham and Nottinghamshire’s population.
- The ICB will work with Local Authority Public Health colleagues to ensure that JSNA chapters consider all protected characteristic and other disadvantaged groups to accurately inform equality considerations in the ICB’s commissioning intentions.
- 6.4 **Public engagement and communications** – The ICB is committed to putting the voice of patients and the public at the heart of our commissioning activities. This includes involving people in how decisions are made, how services are designed and how they are reviewed. The ICB is also committed to continuing to improve communications with local people.
- 6.5 The ICB will:
- Engage with people from all protected characteristic groups (and other disadvantaged groups) in our population, particularly those whose voices may not be routinely heard, through a range of different mechanisms to ensure that we have the right information to commission the right health services that can be accessed by the people who need them.
 - Deliver targeted and tailored messaging that reaches the right people more effectively.
- 6.6 **Equality impact assessments** – The completion of equality impact assessments is central to being a transparent and accountable organisation. Equality analyses ensure that we do not disadvantage people from protected characteristic and other disadvantaged groups by the way that we commission and change health services, or through our employment practices. They are also a way of making sure that any negative consequences are minimised or eliminated, and opportunities for promoting equality are maximised.
- 6.7 The ICB will complete equality impact assessments whenever we plan, change or remove a service, policy or function. These are completed through integrated Equality and Quality Impact Assessments (EQIAs) that also incorporate wider quality considerations (patient safety, patient experience and clinical effectiveness). EQIAs will be treated as ‘live’ documents and be revisited at key stages of scheme development and implementation, particularly following the conclusion of any patient and public engagement and consultation activities to inform decision-making.

- 6.8 **Procurement and contract management** – The ICB commissions health services for the local population from a range of NHS, independent and third sector providers and it is important for all associated procurement and contract management arrangements to incorporate appropriate equality considerations.
- 6.9 The ICB will include an assessment of compliance with equality legislation requirements as a routine aspect of all procurement exercises. The ICB will also use the national NHS Standard Contract, which in its full-length version mandates providers of NHS services to implement¹:
- The NHS Equality Delivery System (see Section 7 of this policy).
 - The NHS Accessible Information Standard – an approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.
 - The NHS Workforce Race Equality Standard (WRES) – which requires providers of NHS services to demonstrate progress against nine indicators of workforce equality, including recruitment, training, harassment/bullying and levels of board representation by black and minority ethnic (BME) people.
 - The NHS Workforce Disability Equality Standard (WDES) – a set of ten specific metrics that enable providers of NHS services to compare the workplace and career experiences of disabled and non-disabled staff.
- 6.10 A range of assurances on compliance with the above requirements are incorporated within the ICB's routine quality and performance monitoring processes.
- 6.11 **Recruitment, selection and the working environment** – The ICB is committed to developing a more representative workforce at all levels and to maintaining a working environment that promotes the health and wellbeing of our employees.
- The ICB will operate a fair, inclusive and transparent recruitment and selection process and will maintain relevant workforce accreditations (e.g. Disability Confident Scheme) to help demonstrate that the ICB promotes equality of opportunity. The ICB will maintain a working environment that promotes the health and wellbeing of the whole workforce through a suite of human resources policies, which have been assessed from an equality perspective, and the establishment of staff groups/networks. The ICB will also implement the Workforce Race Equality Standard (WRES) and will work to the requirements of the Workforce Disability Equality Standard (WDES).
- 6.12 **Cultural competence** – All ICB staff are responsible for treating everyone with dignity and respect and must not discriminate or encourage others to discriminate. Consequently, it is a mandatory requirement for new staff to complete equality and

¹ These provisions do not apply to the shorter-form version of the NHS Standard Contract, which is typically used for commissioning lower value services with smaller providers.

diversity and human rights training as part of their induction and every three years subsequently (see Section 10 of this policy).

To enhance the mandatory training requirements, the ICB will provide relevant training and development opportunities to staff with the aim of improving their cultural competence and their understanding of the needs of our diverse population.

7. Assessing our Equality Performance

7.1. The ICB has adopted the NHS Equality Delivery System (EDS) for assessing the organisation's equality performance.

7.2. The EDS is framed around 18 outcomes, grouped under four overarching goals, and it is against these outcomes that organisational performance is required to be assessed and action determined, where required.

Goal	Outcomes
<p>Goal 1: Better health outcomes</p>	<ul style="list-style-type: none"> • Services are commissioned, procured, designed and delivered to meet the health needs of local communities. • Individual people's health needs are assessed and met in appropriate and effective ways. • Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed. • When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse. • Screening, vaccination and other health promotion services reach and benefit all local communities.
<p>Goal 2: Improved patient access and experience</p>	<ul style="list-style-type: none"> • People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds. • People are informed and supported to be as involved as they wish to be in decisions about their care. • People report positive experiences of the NHS. • People's complaints about services are handled respectfully and efficiently.
<p>Goal 3: A represented and supported workforce</p>	<ul style="list-style-type: none"> • Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.

Goal	Outcomes
	<ul style="list-style-type: none"> • The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations. • Training and development opportunities are taken up and positively evaluated by all staff. • When at work, staff are free from abuse, harassment, bullying and violence from any source. • Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives. • Staff report positive experiences of their membership of the workforce.
<p>Goal 4: Inclusive leadership</p>	<ul style="list-style-type: none"> • Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation. • Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed. • Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

7.3. The outcome of the EDS assessment process will inform the development of an equality improvement plan for the ICB, which will be monitored by the Quality and People Committee (in relation to the ICB's role as a commissioner of health services) and the Remuneration Committee (in relation to the ICB's role as an employer).

8. Our Equality Objectives

- 8.1. The ICB will prepare and publish specific and measurable equality objectives at least every four years. This will help us to better perform against the three aims of the general equality duty by focusing attention on the priority equality issues within the organisation to deliver improvements in policies, commissioned services and employment.
- 8.2. When identifying the equality objectives, we will ensure that they are: specific; measurable; outcome-focused; and ambitious, yet realistically achievable.
- 8.3. For each equality objective, we will be explicit about:

- The policy, function or practice that it relates to;
- The people that are affected;
- The outcome that the ICB is seeking to achieve;
- Why the equality objective has been selected;
- How success will be measured (qualitative as well as quantitative evidence can be used to measure progress);

8.4. The equality objectives will be approved and monitored by the ICB Board.

9. Communication, Monitoring and Review

- 9.1. The ICB will establish effective arrangements for communicating the requirements of this policy through the ICB's staff induction and internal communication mechanisms. This will include ensuring accessibility of this policy on the ICB's website and staff intranet.
- 9.2. The implementation of this policy, and the effectiveness of the arrangements detailed within it, will be monitored by the ICB's Board, primarily through the work of its Quality and People Committee and Remuneration Committee.
- 9.3. On an annual basis, following ICB consideration and approval, the ICB will publish relevant and proportionate equality information to demonstrate compliance with the general public sector equality duty. This will include information relating to the delivery of the ICB's equality objectives.
- 9.4. This policy will be reviewed every three years. Amendments and reviews will be undertaken as necessary to ensure best practice is in place and compliance with legislation is maintained.
- 9.5. Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the policy author.

10. Staff Training

- 10.1. Training on equality and diversity and human rights will be completed by all individuals in line with the ICB's mandatory and statutory training and induction matrix.
- 10.2. Relevant individuals will also be trained on the ICB's Equality and Quality Impact Assessment requirements and the associated procedural guidance.

11. Equality and Diversity Statement

- 11.1. NHS Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy

development and implementation as a commissioner and provider of services, as well as an employer.

- 11.2. The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.
- 11.3. We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.
- 11.4. As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 11.5. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy (**Appendix B**).

12. Interaction with other Policies

- 12.1. This policy should be read in conjunction with the following ICB policies and procedures:
 - Relevant HR Policies (e.g. Recruitment and Selection Policy; Acceptable Behaviours Policy; Flexible Working Policy; Learning, Education and Development Policy);
 - EQIA Procedure.

13. References

- 13.1. The following guidance has been used in the development of this policy:
 - The Equality Act 2010;
 - The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017;
 - The Human Rights Act 1998;
 - The Equality and Human Rights Commission: Advice and Guidance for the Public Sector;
 - A refreshed Equality Delivery System for the NHS (November 2013).

Appendix A: Summary of the Legislative Framework for Equality

Part 1: The Equality Act 2010

The Equality Act came into force from October 2010 providing a modern, single legal framework with clear law to better tackle disadvantage and discrimination. Nine characteristics are protected by the Act, as set out in Table 1 below.

The Act makes it unlawful to discriminate, harass or victimise a person or group of people because they have any of the protected characteristics. There is also protection against discrimination where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. The Act also requires that reasonable adjustments be made for disabled people.

- **Discrimination** means:
 - Treating one person worse than another because of a protected characteristic (known as **direct discrimination**); or
 - Putting in place a rule or policy or way of doing things that has a worse impact on someone with a protected characteristic than someone without one, when this cannot be objectively justified (known as **indirect discrimination**).
- **Harassment** includes unwanted conduct related to a protected characteristic which has the purpose or effect of violating someone's dignity or which creates a hostile, degrading, humiliating or offensive environment for someone with a protected characteristic.
- **Victimisation** is treating someone unfavourably because they have taken (or might be taking) action under the Equality Act or supporting somebody who is doing so.

The Act applies to Government departments, service providers, employers, education providers, providers of public functions, associations and membership bodies and transport providers.

Table 1 – The Nine Protected Characteristics

Age	For the purpose of the Act, this refers to a person with a particular age (for example, 32 year olds) or belonging to an age group. Age groups can be quite wide (for example, 'people over 50' or 'under 18s'). They can also be quite specific (for example, 'people in their mid-40s'). Terms such as 'young person' and 'youthful' or 'elderly' and 'pensioner' can also indicate an age group.
Disability	In the Equality Act, a disability means a physical or sensory impairment, a learning disability, or a mental condition that has a substantial and long-term impact on a person's ability to do normal day to day activities. For the purposes of the Act, these words have the following meanings:

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	<ul style="list-style-type: none"> • ‘Substantial’ means more than minor or trivial. • ‘Long-term’ means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions). • ‘Normal day-to-day activities’ include everyday things like eating, washing, walking and going shopping. <p>There are additional provisions relating to people with progressive conditions. People with HIV, cancer or multiple sclerosis are protected by the Act from the point of diagnosis, even if they are currently able to carry out normal day-to-day activities.</p> <p>People are also covered by the Act if they have had a disability in the past. For example, if they have had a mental health condition in the past that lasted for over 12 months, but they have now recovered, they are still protected from discrimination because of that disability.</p>
<p>Gender identity (trans, non-binary)</p>	<p>This is defined for the purpose of the Act as where a person has proposed, started or completed a process to reassign physiological or other attributes of their sex. A transsexual person (some people may prefer the description transgender person or trans male or female) has the protected characteristic of gender re-assignment.</p>
<p>Marriage or civil partnership status</p>	<p>The Equality Act says you must not be discriminated against in employment because you are married or in a civil partnership.</p> <p>Marriage is a union between an opposite-sex or same-sex couple. Same-sex and opposite-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples.</p>
<p>Pregnancy or maternity</p>	<p>Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.</p>

Appendix A: Summary of the Legislative Framework for Equality

<p>Race</p>	<p>In the Equality Act, race can mean a person's colour or their nationality (including their citizenship). It can also mean their ethnic or national origins, which may not be the same as their current nationality. For example, a person may have Chinese national origins and be living in Britain with a British passport.</p> <p>Race also covers ethnic and racial groups. This means a group of people who all share the same protected characteristic of ethnicity or race.</p> <p>A racial group can be made up of two or more distinct racial groups, for example black Britons, British Asians, British Sikhs, British Jews, Romany Gypsies or Irish Travellers.</p>
<p>Religion or belief</p>	<p>Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief.</p> <p>To be covered by the Act, a belief needs to be genuinely held; be a belief and not an opinion or viewpoint; be a belief as to a weighty and substantial aspect of human life and behaviour; attain a certain level of cogency, seriousness, cohesion and importance; and be worthy of respect in a democratic society, compatible with human dignity and not conflict with the fundamental rights of others. The Act cites Humanism and Atheism as examples of philosophical beliefs.</p>
<p>Gender</p>	<p>For the purposes of the Act, sex can mean either male or female, or a group of people like men or boys, or women or girls.</p>
<p>Sexual orientation</p>	<p>Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.</p> <p>For the purposes of the Act, sexual orientation includes how you choose to express your sexual orientation, such as through your appearance or the places you visit.</p>

Appendix A: Summary of the Legislative Framework for Equality

Part 2: The Public Sector Equality Duty

The Public Sector Equality Duty (section 149 of the Equality Act) applies to 'relevant' public authorities, which includes ICBs and it consists of a general equality duty, supported by specific duties that are imposed by secondary legislation (see Part 3 below).

The general equality duty requires public bodies to have **due regard** to the following three aims:

- To **eliminate discrimination**, harassment, victimisation and any other conduct prohibited by the Act.
- To **advance equality of opportunity** between people who share a relevant protected characteristic and those who do not.
- To **foster good relations** between people who share a relevant protected characteristic and those who do not.

The Act explains that having 'due regard' for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people (the Act states that meeting different needs involves taking steps to take account of disabled people's disabilities).
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Act describes 'fostering good relations' as tackling prejudice and promoting understanding between people from different groups.

The broad purpose of the general equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities. If consideration is not given to how a function can affect different groups in different ways, then it is unlikely to have the intended effect. This can contribute to greater inequality and poor outcomes. The general equality duty therefore requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations to be reflected into the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

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Part 3: Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017

These Regulations set out the specific equality duties for relevant public bodies, including ICBs, as described in Table 2 below.

The Regulations supersede the previous Equality Act 2010 (Specific Duties) Regulations 2011 and introduced the requirement for gender pay gap information to be published.

Table 2 – Detailed Requirements of the 2017 Regulations

<p>Publish information demonstrating compliance with the general equality duty</p>	<p>This needed to be done for the first time by 31 January 2012 and at least annually thereafter.</p> <p>This information must include, in particular, information relating to people who share a protected characteristic who are:</p> <ul style="list-style-type: none"> • Its employees, and • People affected by its policies and practices. <p>Publishing relevant and proportionate equality information will make public bodies transparent about their decision-making processes, and accountable to their service users. It will give the public the information they need to hold public bodies to account for their performance on equality.</p>
<p>Prepare and publish one or more equality objectives</p>	<p>This needed to be done for the first time by 6 April 2012 and at least every four years thereafter.</p> <p>Equality objectives help focus attention on the priority equality issues within an organisation, to deliver improvements in policy-making, service delivery and employment, including resource allocation. Ideally, the development of equality objectives should be carried out as part of normal business planning processes.</p> <p>Equality objectives must be specific and measurable, and the progress made towards them is likely to be an important piece of evidence to demonstrate compliance with the general equality duty.</p>
<p>Publish information to demonstrate how large the pay gap is between their male and female employees</p>	<p>This needed to be done (by employers with 250 or more employees) for the first time by 31 March 2018 and at least annually thereafter.</p> <p>The following information is required to be published:</p> <ul style="list-style-type: none"> • The difference between the mean hourly rate of pay of male full-pay employees and that of female full-pay employees (full-pay employees are those who are not

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	<p>being paid at a reduced rate or nil as a result of them being on leave).</p> <ul style="list-style-type: none">• The difference between the median hourly rate of pay of male full-pay employees and that of female full-pay employees.• The difference between the mean bonus pay paid to male employees and that paid to female employees.• The difference between the median bonus pay paid to male employees and that paid to female employees.• The proportions of male and female employees who were paid bonus pay.• The proportions of male and female full-pay employees in the lower, lower middle, upper middle and upper quartile pay bands. <p>Used to its full potential, gender pay gap reporting is a valuable tool for assessing levels of equality in the workplace, female and male participation, and how effectively talent is being maximised.</p> <p>The gender pay gap differs from equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. The gender pay gap shows the differences in the average pay between men and women. If a workplace has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.</p>
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Appendix A: Summary of the Legislative Framework for Equality

Part 4: Other Disadvantaged Groups

In addition to considering the health needs of people on the basis of their protected characteristics, it is also important for the ICB, as a commissioner of health services, to consider the needs of people from other disadvantaged groups who can experience difficulties in accessing and/or benefitting from health services.

Some disadvantaged groups are referred to as 'Inclusion Health' groups. These include:

- Vulnerable migrants (refugees and asylum seekers);
- Homeless people;
- Members of the travelling community (who do not belong to an ethnic group recognised under the Equality Act);
- People in stigmatised occupations (such as sex workers).

Other disadvantaged groups include:

- Carers;
- People who misuse drugs;
- People experiencing economic and social deprivation;
- People who have limited family or social networks;
- People who are geographically isolated.

For some of the above disadvantaged groups there are significant overlaps with people whose characteristics are protected by the Equality Act. These links should be borne in mind when work on either protected or other disadvantaged groups is taken forward.

Appendix B: Equality Impact Assessment

Date of assessment:	June 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age²	None identified	N/A	None	Yes – The ICB acknowledges the needs of the diverse population it serves and is committed to improving equality of access to health services and health outcomes. The commitments in this policy cover all of the protected characteristic groups defined by the Equality Act 2010 and other disadvantaged groups.
Disability³	Yes	Mechanisms are in place via the Communications and Engagement Team to provide this policy in a range of alternative accessible formats.	N/A	
Gender identity (trans, non-binary)⁴	None identified	N/A	None	
Marriage or civil partnership status⁵	None identified	N/A	None	

² A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

³ A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

⁴ The process of transitioning from one gender to another.

⁵ Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

Appendix B: Equality Impact Assessment

Date of assessment:	June 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Pregnancy or maternity⁶	None identified	N/A	None	
Race⁷	None identified	N/A	None	
Religion or belief⁸	None identified	N/A	None	
Gender⁹	None identified	N/A	None	
Sexual orientation¹⁰	None identified	N/A	None	

⁶ Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

⁷ Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

⁸ Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

⁹ A man or a woman.

¹⁰ Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>