

Staffordshire and Stoke-on-Trent Integrated Care Board Public Sector Equality Duty (PSED) Equality, Diversity, and Inclusion Annual Report 2024/2025

Patient Equality



Documents or information from the Staffordshire and Stoke-on-Trent ICB website or key publications can be made available in alternative formats (such as audio, Clear Information, Easy Read, British Sign Language, interpreter services, large print, or Braille) on request.

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Introduction

This Staffordshire and Stoke-on-Trent Integrated Care Board's third report will reflect the equality programme of work during this reporting period and how, as an ICB, we have considered and evidenced our Equality Act and Public Sector Equality Duty (PSED) responsibilities.

Addressing inequality and health inequalities continues to be a key focus for the ICB and the wider [Staffordshire and Stoke-on-Trent Integrated Care System](#). The ICB continue to adopt and implemented good Equality, Diversity, and Inclusion (EDI) principles developed from a range of sources.

This year has seen a continued focus on patient equality, from NHS England and the Equality and Human Rights Commission and the ICB's own commitment to the equality diversity and inclusion agenda.

In 2023 the [Equality and Human Rights Commission](#) (EHRC) wrote to all 42 Integrated Care Boards informing them how they would be conducting a monitoring project starting with websites audits, to see how every ICB is meeting its public sector reporting and publishing duties. This is so that they could better understand how ICBs are considering and prioritising the needs of people with different protected characteristics. They will use the findings from this exercise to help target support and to share learning about best practice.

While the feedback provided from the EHRC compliance team acknowledged how our ICB had produced a good range of workforce data and information by protected characteristics and even shared some of this work with other ICB's as best practice. The EHRC did highlight that our level of published service user information with regards access experiences and outcomes would need to be improved and an area for focus.

Population Profiles Staffordshire and Stoke-on-Trent.

The populations of Staffordshire and Stoke-on-Trent (SSoT) are diverse with complex health and care needs, comprising both rural and urban areas, extremes of affluence, deprivation, as well as significant health inequalities. Nineteen percent of the SSoT population are in the two most deprived national deciles (i.e. the most deprived 20%, or the most deprived quintile). The majority (63%) of the most deprived population with SSoT reside in Stoke-on-Trent.

Population Profile

Staffordshire

Population

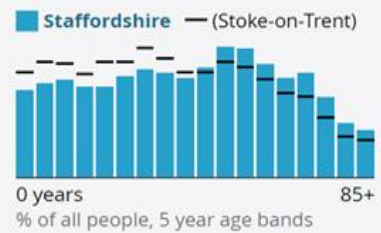
876,100

Stoke-on-Trent

Population

258,400

Age profile



Ethnic group

Staffordshire | Stoke-on-Trent

Asian, Asian British or Asian Welsh
3.3% (9.9%)

Black, Black British, Black Welsh,
Caribbean or African 0.8% (2.7%)

Mixed or Multiple ethnic groups
1.7% (2.3%)

White 93.6% (83.5%)

Other ethnic group 0.5% (1.7%)

% of all people

Religion

Staffordshire | Stoke-on-Trent

No religion 37.2% (37.7%)

Christian 53.9% (45.8%)

Buddhist 0.3% (0.3%)

Hindu 0.4% (0.5%)

Jewish 0.0% (0.0%)

Muslim 1.9% (9.2%)

Sikh 0.5% (0.2%)

Other religion 0.4% (0.4%)

Not answered 5.3% (5.7%)

% of all people

General health

Staffordshire | Stoke-on-Trent

Very good health 45.4% (42.7%)

Good health 35.3% (35.2%)

Fair health 13.8% (14.8%)

Bad health 4.2% (5.6%)

Very bad health 1.2% (1.7%)

% of all people

Disability

Staffordshire | Stoke-on-Trent

Disabled under the Equality Act
18.8% (21.1%)

Not disabled under the Equality Act
81.2% (78.9%)

% of all people

Sex

Staffordshire | Stoke-on-Trent

Female 50.5% (50.3%)

Male 49.5% (49.7%)

% of all people

Sexual Orientation -

Stoke-on-Trent highest LGBT population 3.1%. South Staffordshire highest heterosexual population 92.8%. People who identified as a bisexual person represent 1%.

Source: Staffordshire Live

Source: Office for National Statistics - Census 2021

Equality legislation

Equality Act 2010 and its Public Sector Equality Duty (PSED)

The [Public Sector Equality Duty](#) came in to force in April 2011 (s.149 of the Equality Act 2010) and public authorities like the NHS are now required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010 to:

(a) eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010.

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Act 2010 (Specific Duties) Regulations 2011 require the ICB to:

- Publish information to show compliance with the PSED, at least once a year.
- Produce Equality Objectives at least every four years.
- Publish Gender Pay Gap Information

Human Rights Act 1998

The Human Rights Act 1998 sets out universal standards to make sure that an individual's basic needs as a human being are recognised and met. Public authorities have a mandated duty to ensure they have arrangements in place to comply with the Act.

It is unlawful for a healthcare organisation to act in any way that is incompatible with the Act. In practice, this means we must treat individuals with Fairness, Respect, Equality, Dignity and Autonomy – known as the FREDAs principles.

[Click here to read more about the Human Rights Act \(equalityhumanrights.com\)](https://equalityhumanrights.com).

Associated legislation - Health and Social Care Act 2022

Statutory obligations on ICBs under the NHS Act 2006 (as amended by the Health and Care Act 2022)

Section 14Z35 of the 2006 Act (as added by section 25(2) of the 2022 Act) imposes the general inequality duty on an ICB that it: must, in the exercise of its functions, have regard to the need to:

1. reduce inequalities between persons with respect to their ability to access health services.
2. reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services (including the outcomes described in section 14Z34(3)).

ICB Equality Objectives

In meeting its equality obligations under the Equality Act 2010, the ICB will approve and publish its equality objectives for 2025. The ICB will develop current and future equality objectives and specific actions in line with the new Integrated Care Board (ICB) blueprint.

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

The new Integrated Care Board (ICB) blueprint redefines ICBs as strategic commissioners focused on improving population health, reducing inequalities, and ensuring access to high-quality care. They will be tasked with implementing the 10-Year Health Plan, which emphasises a shift from hospital to community care, treatment to prevention, and analogue to digital systems. This new role includes overseeing cost reductions and enhancing system-wide collaboration

The ICB equality objectives will also align the Integrated Care System's (ICS) Organisational Development (OD) strategy which incorporates EDI as a key strategic and operational function and will help to galvanise system partners in meeting their equality aims and objectives.

This approach by the ICB will provide solutions to address concerns around patient equality and will include:

Enhanced Engagement: Increasing engagement with diverse patient groups to ensure their voices are heard and their needs are met in the planning and delivery of services.

Equality Health Impact Assessments (EHIA): Implementing robust EHIA to identify and mitigate potential inequalities in healthcare access experiences and outcomes.

Targeted Interventions: Developing tailored interventions for vulnerable populations to address specific health disparities.

Workforce Diversity: Promoting diversity within the healthcare workforce to better reflect and understand the communities they serve. There is also much evidence to suggest that diverse workforces/teams are more effective, improve decision making and patient outcomes.

Oversight and Accountability: The ICB Quality and Safety (S&S) Committee will be the dedicated subcommittee who will provide oversight and ensure that patient inequalities/health inequalities are consistently reviewed and monitored. This report was approved by the committee on the 20th of August 2025. All future PSED Patient equality reports will be approved and published at the end of March.

The ICB's Interim Medical Officer has formally agreed to act as the Executive Lead for the ICB's Patient Equality agenda, providing high-level strategic support and oversight. This includes championing the delivery of the ICB's statutory Public Sector Equality Duty (PSED) and Equality Objectives (Patients), ensuring alignment with national policy and local priorities. Their leadership will be instrumental in embedding equity into patient experience, access, and outcomes across the ICB.

ICB PSED Patient Equality Objective 2025-2027

Equality Objective 2 – Patient Equality

Advance reporting and publishing on ICB websites in relation to patients' access, experienced and outcomes by relevant protected characteristics across services where inequalities and health inequalities persist.

Specific Action 1:

Establish stronger governance framework with executive accountability with regards to patient equality incorporating, a named patient equality information lead, individual directorate and enabling function roles and responsibilities, benchmarking, analysis, reporting and publishing data.

Specific Action 2:

Improve our ability to disaggregate service user data by protected characteristics. Consider the introduction of a minimum equality data monitoring standard, by Age, Sex, Ethnicity, Disability and Index of Multiple Deprivation, with a commitment to develop an approach to include all protected characteristics in the future.

Specific Action 3:

Collaborate with and involve local stakeholders, health providers and community organisations to ensure the ICB's published data reflects the access, outcomes and experiences of patients with relevant protected characteristics.

Training and Development to Support Better Patient Outcomes Training, and development.

We have reviewed our mandated training this year and as a result have changed the content to align closer with ICB strategic EDI aims and objectives. The new training will focus on two key areas

Reasonable Adjustments

Equality Impact Assessments

Focusing on reasonable adjustments and equality impact assessments promotes a more comprehensive approach to inclusion. It ensures that our policies and practices are evaluated for their impact on diverse groups, leading to systemic changes that benefit everyone, as an alternative to raising awareness of biases.

Patient Equality - Improving patient access, experience, and health outcomes.

This section of the report provides a range of strategies, processes and procedures, data, information, and activity throughout 2024 with a focus on a range of services and functions or elements of these services and functions that are developed to reduce inequalities or health inequalities.

ICB Comprehensive Strategy and Operational Plan

The Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) has outlined several key achievements health inequalities through a comprehensive strategy and operational plan. Here are some highlights and some key aspects of our approach:

Health Inequalities Strategy: The ICB has focused on reducing health inequalities by implementing targeted interventions and support for vulnerable populations.

Children and Young People: Significant efforts have been made to improve health services for children and young people, ensuring better access to care and support.

Integrated Working: There has been a strong emphasis on integrated working across different health and social care services to provide a more comprehensive approach to patient care.

Targeted Interventions: The ICB has implemented specific programs aimed at vulnerable populations, focusing on areas such as mental health, chronic diseases, and access to primary care.

Data-Driven Approach: We have advanced how we utilise data to identify and monitor health disparities across different demographics, including age, gender, ethnicity, and socioeconomic status. This helps in tailoring interventions to the needs of specific groups.

Community Engagement: The ICB works closely with local communities to understand their unique challenges and co-design solutions. This includes partnerships with local organisations and stakeholders.

Integrated Services: By integrating health and social care services, the ICB aims to provide a more comprehensive approach to patient care, ensuring that all aspects of an individual's health and well-being are addressed.

These efforts are part of a broader commitment to reduce inequalities and health inequalities to ensure that everyone in Staffordshire and Stoke-on-Trent has access to high-quality healthcare. This section of the report looks at a sample of activities and initiatives the ICB have led on, supported, or have worked in collaboration with a range of partners and stakeholders over the reporting period. This work aimed which is aimed at reducing inequalities, improving patient experiences and outcomes, which has captured in the following four headings.

Improving Learning Disability and Autism Provision & Services

[Transforming adult mental health inpatient services in Staffordshire and Stoke-on-Trent 2024-2027](#)

The purpose of this strategy is to develop a coordinated and responsive inpatient mental health service. The EDI-focused summary below highlights the strategy's commitment to creating a more inclusive, equitable, and responsive mental health service for the diverse population of Staffordshire and Stoke-on-Trent.

A brief summary of the strategy:

Challenges: Demand and capacity management, workforce shortages, integration with system partners, and financial sustainability.

Inclusive Service Design: Emphasis on designing services that cater to diverse demographics, including age, ethnicity, gender, and socioeconomic status.

Community Engagement: Ongoing public consultation and co-production activities to ensure services align with community needs.



Population Health

Demographics: Diverse population with significant variations in deprivation, income, unemployment, age, and ethnicity.

Mental Health Inequalities: Higher rates of depression and severe mental illness in Stoke-on-Trent compared to Staffordshire.

Learning and Commitments



- **Data Analysis:** Identified disparities in service access and outcomes based on sex, ethnicity, age, and deprivation.
- **Workforce Feedback:** Emphasis on preventing admissions, promoting independence, and supporting timely discharge.

Strategic Commitments

- **Valuing Lived Experience:** Involving people with lived experience in service design and delivery.
- **Accessibility:** Reducing out-of-area placements and ensuring services are needs-led.
- **Equity:** Addressing health inequalities and ensuring dignity and safety for all.
- **Therapeutic Care:** Providing evidence-based, holistic, and trauma-informed care.
- **Collaboration:** Working with system partners to prevent inappropriate admissions and support timely discharge.

Implementation and Governance

- **Delivery Plan:** Detailed plans for analysis, review, transformation, and consolidation over three years.
- **Investment Plan:** Focus on reducing out-of-area placements, improving discharge planning, and preventing avoidable admissions.
- **Measuring Impact:** Comprehensive framework to assess progress and outcomes.
- **Risk Management:** Identifying and mitigating risks to ensure successful implementation.

Click here to view more information on [Transforming adult mental health inpatient services in Staffordshire and Stoke-on-Trent 2024-2027](#)

The inappropriate detention of people with learning disabilities and autism and disproportionate detention of people from ethnic minorities under the Mental Health Act

In the previous Integrated Care Board's Public Sector Equality Duty Report we explained how the Dynamic Support Register (DSR), launched in August 2022, helped to identify individuals with complex health and care needs who may require extra support to avoid mental health hospital admissions.

Key functions of the DSR include:

- Risk stratification to identify those at risk of hospital admission.
- Collaborative reviews of registered individuals' needs.
- Mobilizing support to prevent hospital admissions, such as Care (Education) and Treatment Reviews (C(E)TRs) and keyworker referrals.

We reported on how

- Staffordshire and Stoke-on-Trent were working on self-referral processes and implementing an ICS C(E)TR panel.
- The key worker service ensures that children and young people with complex needs will have a designated keyworker who remain involved throughout the hospital stay and discharge process.

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- The Learning Disability and Autism Partnership Board (a system-wide partnership which includes people with lived experience). had seen a consistent reduction in discharges over the last five years and as such had moved from one of the worst performing systems to one of the best.

As of 30 November 2023, 200 people were registered on the DSR – 112 children and young people and eighty-eight adults:

- 8.8% identify as being from ethnic minority backgrounds.
- 2.2% have not stated their ethnicity.
- 87.0% identify as White: British
- 2.0% identify as White: Any other White background.

In terms of inpatients there were:

- Twenty-six adults
- Eight children and young people
- Zero percent of inpatients were from ethnic minority backgrounds.

As of January 2025 there has been an increase in the number of people registering on the DSR and a reduction in inpatients. There was a total of 147 people under the age of 18 registered on DSR of which:

- 8.9% identify as being from ethnic minority backgrounds.
- 2.0% have not stated their ethnicity.
- 87.1% identify as White: British
- 2.0% identify as White: Any other White background.

There was a total of 126 people over the age of 18 registered on DSR of which:

- 4.8% identify as being from ethnic minority backgrounds.
- 4.0% have not stated their ethnicity.
- 88.0% identify as White: British
- 3.2% identify as White: Any other White background.

In terms of inpatients:

- Twenty-two adults
- Five children and young people
- Zero percent of inpatients were from ethnic minority backgrounds.

Small Changes Campaign



If everyone made a small change to support people with a learning disability and, or autism, so many more people would have a positive experience and there would be better health outcomes for all

We have collated some of the suggested small changes, or reasonable adjustments, that people have told us could make a real difference. Click here [Small Changes Campaign](#) for more information about this programme

Ethnic Disparities in Maternity Care

Key Messages from the Maternal MBRRACE Report (2024)

1. Maternal Deaths:
 - 275 women died during pregnancy or up to six weeks after pregnancy between 2020-2022.
 - This equates to 13.56 women per 100,000.
2. Increase in Maternal Death Rate:
 - There was a statistically significant increase in the overall maternal death rate in the UK between 2017-19 and 2020-22.
 - This increase remained significant even when excluding deaths due to COVID-19, indicating a concerning trend independent of COVID-19.

Staffordshire and Stoke-on-Trent Maternity and Neonatal System (LMNS) Dashboard

The dashboard captures data from MBRRACE, MSDS, and SUS to monitor progress towards reducing key surveillance findings at a local level. Summary data and tables are below:

1. Ethnic Group Data:
 - African Origin: Surge in *bookings, with fifty-nine out of every 1,000 *bookings made by women of African origin, up from the mid-twenties in early 2023.
 - Pakistani Origin: Low *booking numbers (6 per 1,000) but highest birth numbers (69 per 1,000).
2. Deprivation:
 - Around 40% of *bookings are made by women living in the Indices of Deprivation bottom three deciles, indicating a higher level of pregnancy in areas of deprivation.
3. Language Capture:
 - Efforts are being made to improve language capture at both booking and birth to ensure interpreters can be requested when needed.

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* Bookings data contains variances to the NHSE Maternity Dashboard that are considered too large. Such variances are a result of a national issue with the woman's unique pregnancy ID, which is duplicated through secondary [monthly] submissions of data to NHSE. Work in underway to mitigate this, in the short term (until the work is completed) any reference to bookings is removed from the data tables and where used in the narrative below, must be used as a guide only.

Pre-term Labour - terminations excluded.

A count of babies born less than 28 weeks. Note that this is the lowest boundary in the data.

Ethnic Category Mother Description	2023	2024	2023 - % of total	2024 - % of total
Black	3	7	4.2%	12.3%
Asian	11	4	15.3%	7.0%
White	53	42	73.6%	73.7%
Mixed ethnicity	1	1	1.4%	1.8%
Other ethnic Group	0	3	0.0%	5.3%
N/A Not Known or Not Stated	4	0	5.6%	0.0%
	72	57	100.0%	100.0%

Stillbirths - terminations excluded.

A count of stillbirths - Antepartum and Intrapartum combined.

Ethnic Category Mother Description	2023	2024	2023 - % of total	2024 - % of total
Black	1	3	3.6%	13.0%
Asian	8	4	28.6%	17.4%
White	18	15	64.3%	65.2%
Other ethnic Group	1	1	3.6%	4.3%
	28	23	100.0%	100.0%

Emergency Caesarean Section births.

A count of births

Ethnic Category Mother Description	2023	2024	2023 - % of total	2024 - % of total
Black	91	145	3.5%	5.3%
Asian	318	373	12.1%	13.6%
White	2,039	2,037	77.8%	74.4%
Mixed ethnicity	59	59	2.3%	2.2%
Other ethnic Group	73	63	2.8%	2.3%
N/A Not Known or Not Stated	41	62	1.6%	2.3%
	2,621	2,739	100.0%	100.0%

All births - terminations excluded.

A count of babies born

Ethnic Category Mother Description	2023	2024	2023 - % of total	2024 - % of total
Black	291	430	2.9%	4.4%
Asian	959	1,139	9.6%	11.6%
White	8,177	7,661	81.8%	77.8%
Mixed ethnicity	206	207	2.1%	2.1%
Other ethnic Group	231	216	2.3%	2.2%
N/A Not Known or Not Stated	135	195	1.4%	2.0%
	9,999	9,848	100.0%	100.0%

Language Capture at Birth.

A count of births where language was captured (or not)

Language of Mother	2023	2024	2023 - % of total	2024 - % of total
English	6,664	7,715	66.6%	78.3%
Not Captured	3,304	1,960	33.0%	19.9%
All languages aside from English	31	173	0.3%	1.8%
	9,999	9,848	100.0%	100.0%

An ongoing piece of work within the system is the LMNS Equity and Equality 5-year action plan. This has been refreshed to include national recommendations from MBRRACE and Ockenden Nottingham University Hospitals initial findings. Our two areas of focus for quarter 1 of 25/26 is scoping what interpretation services are available within our system and their effectiveness in meeting the needs of our local women/birthing people and secondly enhancing a personalised care approach for women/birthing people from ethnically diverse communities.

Significant inequalities in maternity outcomes persist in the UK, for Women from Black, Asian and minority ethnic groups experiencing disadvantage. Determinants of health inequalities amongst Black, Asian and minority ethnic women are multifactorial. However, there is evidence that current service provision contributes importantly to adverse outcomes in this group of people. Several barriers can be identified that undermine timely access to high quality care for many Black, Asian and minority ethnic groups, with still birth rates twice those of their white counterparts and a 45% higher neonatal death rate.

Equality Diversity Inclusion (EDI) Midwife

As an LMNS we have commissioned a Diversity, Equality and Inclusion lead midwife who commenced in post in November 2024. This role works alongside culturally diverse and vulnerable groups to dispel perceptions and provide assurance that safe, quality care will be provided in maternity services and ensure any barriers that prohibit women and their families accessing such care are removed. They assess the training needs of staff so that conversations around race and culture are sensitive and meet the needs of the communities we serve.

Enhanced Midwifery Continuity of Carer

In September 2022, in the light of the continued workforce challenges that maternity services face, the target date for services to deliver Continuity of carer (CoC) was removed, and services were instead supported to develop local plans that work for them.

There is no longer a requirement for services to deliver CoC as a default model of care to all women, however in line with the three-year delivery plan for maternity and neonatal services and the national Core20PLUS5 strategy, NHS England have been funding Enhanced CoC teams, that provide additional support for women living in the most deprived areas where staffing models supported this. We continue to support the local provider in having the right building blocks in place to deliver this model of care for our most deprived groups.

BSOTS - (Birmingham Symptom Specific Obstetric Triage System)

We also support providers with BSOTS (Birmingham Symptom Specific Obstetric Triage System) pathway implementation to ensure timely access to care. BSOTS is a maternity triage system, which improves the safety of mothers, babies, and the management of the department. It consists of a prompt and brief assessment (triage) of women when they present with unexpected problems or concerns, and then a standardised way of determining the clinical urgency in which they need to be seen. The shared language between health care professionals supports clear communication. Standardised algorithms are used to define the women's clinical priority. The KPIs are monitored through the perinatal governance framework.

Health Inequalities Report

This report on health inequalities forms part of the ICB's response to NHS England's [Statement on Information on Health Inequalities \(duty under section 13SA of](#)

[the National Health Service Act 2006](#)), and details information that the ICB should collect, analyse and publish as part of addressing health inequalities.

It is intended that information within this report should be used by services and boards to inform service improvement and reductions in healthcare inequalities. This includes, but not limited to, using the information to inform:

- strategy development
- policy options review
- resource allocation
- service design
- commissioning and delivery decisions
- service evaluations

The report covers includes ten domains and – where possible – focuses on variables by: sex/gender, age, deprivation, and ethnicity. The indicators align to the five priority areas for addressing healthcare inequalities set out in the priorities and operational planning guidance and the Core20PLUS5 approach.

To read the report click on the following link [Health Inequalities Report](#)

Equality and Health Inequalities Impact and Risk Assessments (EHIA)

Equality Health Impact Assessments (EHIA) continue to be a well-established and embedded tool in the ICB. The (EHIA) is a tried and tested tool that helps to ensure decisions, practices, and policies within the ICB are fair and do not discriminate against any protected or vulnerable/excluded group.

An (EHIA) is an evidenced based tool and data collection and analysis with regards to patient and staff access experiences and outcomes is vitally important as is engagement. Following an audit of our websites in 2024, the Equality and Human Rights Commission have outlined publishing patient information disaggregated by protected characteristic as a focus for the ICB and will be an equality objective for 2025.

During this reporting period a total of thirty-eight assessments were completed and approved, with seven paused or in the process of being completed. The assessments range from ICB policies, services, and day to day functions.

ICB staff can access one-to-one training and support to complete Equality Health Impact Assessments.

Commissioning and Procurement

Commissioning is an ongoing cycle aimed at ensuring that health and care services are effectively planned, purchased, and monitored to meet the needs of the population. Procurement is focused on the actual purchasing of services and goods, ensuring that the NHS gets the best possible value and quality from its suppliers.

ICBs buy services for their local community from any service provider that meets NHS standards and costs – these could be NHS hospitals, social enterprises, voluntary organisations, or private sector providers. This means better care for patients, designed with knowledge of local services, and commissioned in response to their needs.

As an ICB we commission a wide range of services including mental health services, urgent and emergency care, elective hospital services and community care.

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Equality, Diversity, and Inclusion (EDI) continues to play a significant role in procurement. As part of the procurement process EDI questions are designed to the relevant service and evaluated.

Below is a sample of procured services conducted during 2024/25:

- Staffordshire & Stoke-on-Trent ICB Special Allocation Scheme Services.
- Staffordshire & Stoke-on-Trent ICB Homeless Health Integrated Service.
- Enhanced GP Services for Shaw Healthcare (Barton Cottage).
- Staffordshire & Stoke-on-Trent ICB - Community Gynaecology.
- Staffordshire & Stoke-on-Trent ICB Acute Visiting Services
- Staffordshire and Stoke-on-Trent ICB People's Panel

ICB Corporate Communications and Involvement - Patients

The Staffordshire and Stoke-on-Trent ICB engages with patients, communities, and the public on an ongoing basis. There are occasions when we are required to conduct a formal consultation. This is usually when we are considering a change to existing services, and we want to seek the views and opinions of patients and the public.

The ICB communicates regularly with patients and the public in a variety of ways:

- Surveys (online and printed)
- Social media
- Healthwatch reports
- Patient Participation Groups
- Care Quality Commission (CQC) reviews
- Public events
- Interviews
- Focus groups
- Insight from the Patient Advice and Liaison Service (PALs)
- Data from previous public involvement exercises.

Join Staffordshire and Stoke-on-Trent ICB's People's Panel

The Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) People's Panel is a group of residents who take part in surveys to express their views on health services in Staffordshire and Stoke-on-Trent. These surveys provide insights to the ICB to help shape health services in our community.



The panel is operated by an independent provider which operates the panel on behalf of the ICB. The People's Panel currently has just over 2,000 members, and we work with partners to maintain a panel which is representative of the Staffordshire and Stoke-on-Trent population. If you live in Staffordshire or Stoke-on-Trent, you can join the People's Panel – you will need to respond to surveys based on your own experience rather than those of anyone else. You can join the panel via the ICB website [here](#). Follow [this link](#) to see the benefits of joining the panel and contact information for questions of further information.

Community Health Champions project report - Stoke-on-Trent

Community Health Champions are enthusiastic about people. They share important and easy to understand messages with their friends and family, people they work and volunteer with, and people in their communities.



The project has been able to transition smoothly from its earlier funding supporting recovery from the COVID19 pandemic into new arrangements. Work in the first quarter has focussed on developing a new Theory of Change to align the project's work to the wider Health Inequalities programme. You can read the [full report here](#).

Autism and breast screening



A team from across the Integrated Care System (ICS) has created an innovative, accessible video aimed at supporting people living with a learning disability and/or autism to attend breast cancer screening appointments. Local [Learning from the lives and deaths of people with a learning disability and autistic people](#) (LeDeR) reviews found that cancer was a leading cause of death among this group. The video provides a clear and concise explanation of the breast cancer screening process, why it is important, and what to expect. It was created collaboratively by Staffordshire and Stoke-on-Trent Integrated Care Board, University Hospitals of North Midlands NHS Trust, and North Staffordshire Combined Healthcare NHS Trust – with the input of service users from across the area. [View the autism and breast screening video here](#).

Staffordshire and Stoke-on-Trent ICS Alcohol Strategy

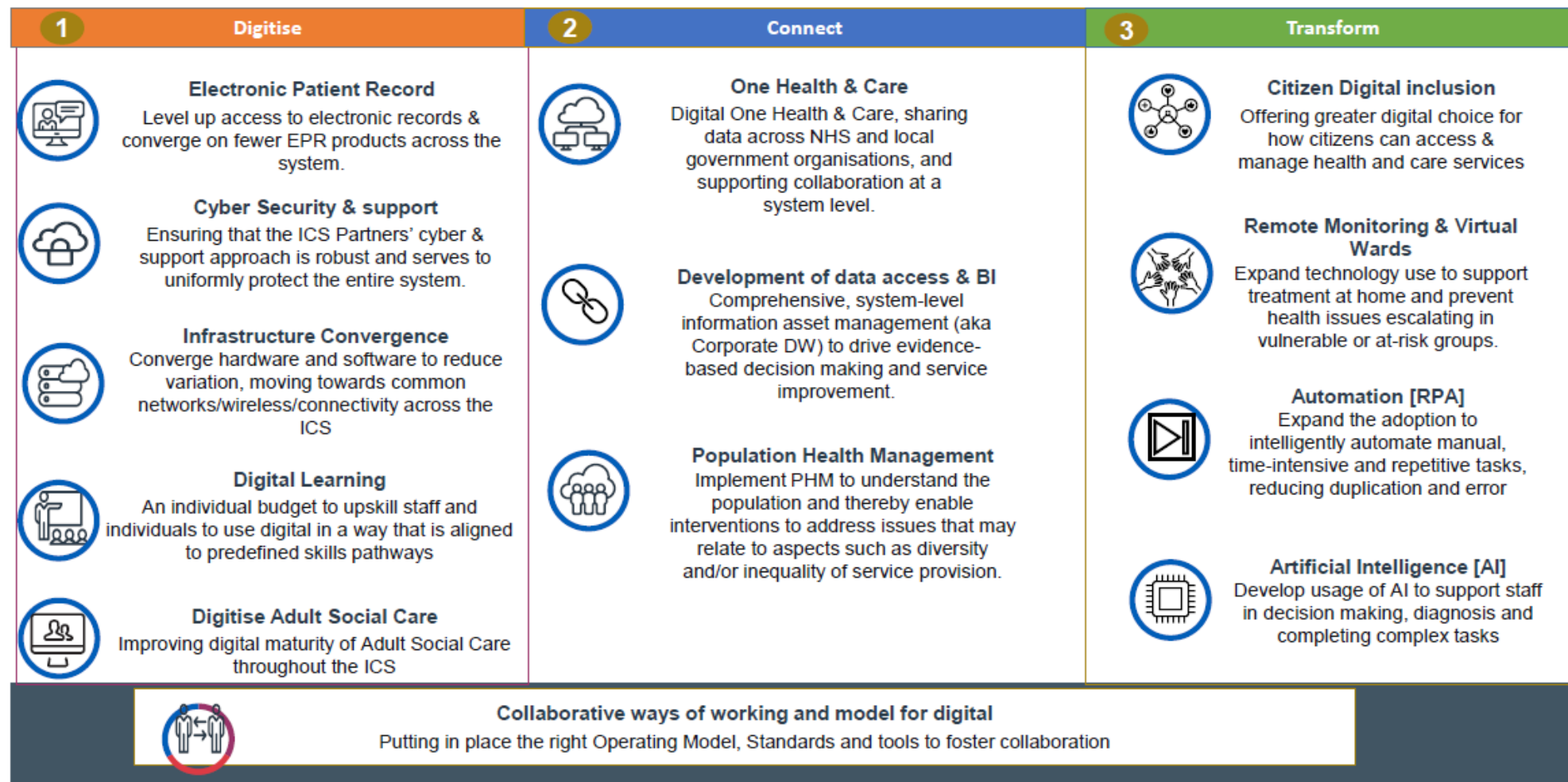
The Staffordshire and Stoke on Trent Integrated Care System (ICS) [Alcohol Needs Assessment](#) has been produced, by an ICS partnership group formed in response to evidence of increasing harm to population health and wellbeing from alcohol.

The Alcohol Needs Assessment provides valuable insight into how alcohol misuse and dependency is impacting the local population's health and wellbeing with evidence gathered from data provided by local and national partners, stakeholder views and research.

The findings and recommendations from the needs assessment has been used to inform the development of the ICS Alcohol Strategy which is due to be published in January 2025 by the Drug and Alcohol Partnership. You can read more about assessment by the clicking the following link [Alcohol Needs Assessment summary](#).

ICB/ICS Digital

Digital Initiatives: Our digital initiatives are aligned with national aims, local need and our collective ICS goals and ambitions



One Health and Care is a confidential digital shared care record, used by different organisations involved in Health and Social care across Staffordshire, Stoke-on-Trent, Shropshire, and the Black County. A list of partner organisations can be seen below. It allows doctors, nurses, and other registered health and social care professionals, directly involved in a patient or client's care to share information online.

What is My Health, My Way?



- Hosted by MPFT using OHC
- Population Health Platform for cohort identification.
- A digital prevention programme for the mildly frail, that provides an online collection of information chosen by NHS professionals, all brought together in one handy place.
- Recap Health hosts My Health, My Way and they invite patients to create an account to enable signposting to the evidence-based resources to improve their health and wellbeing.
- This is a pilot that will be running from May 2024 – Nov 2024.



Take charge
of your health
and well-being

Introducing
'My Health, My Way'
your companion on your
journey to a healthier
and happier you!



One Health & Care (OHC) Outcomes:

- Utilisation: over 2.2 million logins and
- 22,000 distinct users [last 12 months].

Time Savings:

- 450 hours saved per week across A&E departments
- Six hundred minutes saved per month in social care

Efficiency Increase:

- Significant improvements in operational efficiency
- Streamlined processes across health and social care

Future roles for Artificial Intelligence:

- Automate Manual processes
- Decision support
- Patient journey tracking / monitoring
- Enhance Security
- Increased Data interoperability between systems
- Waiting list management
- Data modelling

[Click the link here to watch our video to learn more about One Health and Care](#) or for

NHS Staffordshire and Stoke-on-Trent Integrated Care Board

more information about digital transformation [visit the ICB Digital webpage here.](#)

ICB Patient Equality priorities for 2025/-2026

- Approve and publish ICB equality objectives considering Patient equality against national guidance, directives, and local need.
- Communicate equality objectives across the ICB and directorates so that each directorate and its teams are aware of its Public Sector Equality Duty responsibilities.

This report was produced by the ICB Equality and Inclusion Business Partner, February 2025.