



**Staffordshire and
Stoke-on-Trent**
Integrated Care Board

Equality, Diversity and Inclusion (EDI) Policy

Control Record

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1. Introduction

1.1. This policy applies to the NHS Staffordshire and Stoke-on-Trent 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.

This will be achieved through the completion of a range of equality tools primarily the; The Equality Delivery System, NHS Staff Survey, Gender Pay Gap, Workforce Race Equality Standard, Race Equality Code, Workforce Disability Equality Standard, Workforce Diversity Profile Report. These mechanisms produce actions which form the ICB's annual action plan which is reviewed and monitored by the ICB's Staff Engagement Group and General Purpose and Resource Group. Data is collocated from a range of sources for example Staff Electronic Records, HR Recruitment data and previous published and update reports will allow the ICB to measure progress against previous years or benchmarked targets. The ICB's Staff Networks, Staff Engagement Group and General Purpose Group.

Equality Health Inequality Impact Assessment process ensures that the services, policies, and day to day functions demonstrate due regard to the Equality Acts, Public Sector Equality Duty and other duties contained in the Act.

The ICB is also working in partnership with NHS provider partners in delivering the Staffordshire and Stoke-on-Trent Workforce Race Equality Strategy (which applies to all protected groups). Resulting actions and activity, performance and progress is reviewed and monitored by the Midlands NHS England EDI Subgroup.

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 2022). Whilst these duties are linked, it is important to appreciate that they are distinct duties and recognise the difference in requirements.

Integrated Care Boards Legal duties in respect of both Acts are available [here](#). The link provides details of the:

- Statutory obligation on ICBs under the Equality Act 2010 – the Public Sector Equality Duty
- Statutory obligations on ICBs under the NHS Act 2006 (as amended by the Health and Care Act 2022)

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:

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 is about recognising and respecting the differences between people and groups of people and placing a positive value on those differences.

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	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

	<p>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> <p>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.</p>
Chief Executive	<p>The Chief Executive has responsibility for ensuring that the necessary resources are available to progress the EDI agenda within the organisation.</p>
The General Purpose Group	<p>People Functions (ex-CCG ‘CEEE Committee’ re. People & Equalities):</p> <ul style="list-style-type: none"> • Equality Diversity and Inclusion: <p>To ensure the ICB as an employer demonstrates due regard to legislation inc. The 2010 Equality Acts Public Sector Equality Duty, including implementation and oversight / monitoring of strategy, training, systems and delivery of ICB Frameworks or associated action plans.</p> <p>The General Purpose Group (GPG) is responsible for reviewing and monitoring the ICB’s equality performance in relation to its role as both employer and commissioner of health services. Further compliance monitoring will be through the Executive Team meeting</p>
People and Communities Assembly	<p>The People and Communities Assembly aims to bring together a wide range of people who can help us really listen to the people of Staffordshire and Stoke-on-Trent.</p> <p>The Assembly will include representatives from organisations such as Healthwatch and the voluntary, community and social enterprise sector but also members of the public who can show us how to get into grass roots communities</p> <p>The role of public members will be to:</p> <ul style="list-style-type: none"> • Identify groups or channels that could be used to get the views of the public • Advise us on how to adapt our approach for a particular group • Alert us to groups or communities that we might not be reaching through existing channels • Share information about best practice or things to avoid

<p>Staff Engagement Group</p>	<p>The Staff Engagement 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 staff feel able to challenge discrimination and unacceptable behaviour <p>The Staff Engagement 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, diversity and inclusion performance in relation to the workforce.</p>
<p>EDI Staff Network Groups, Ambassadors and Champions</p>	<p>The ICB Staff Networks, Ambassadors and Champions will assist in the shaping and delivery of ICB/ICS EDI strategy and policy, working to improve staff experience on specific issues relating to each network as well as the wider EDI agenda.</p>
<p>Line Managers</p>	<p>All line managers have responsibility for:</p> <ul style="list-style-type: none"> • Ensuring that in implementing the ICB’s policies, procedures and day to day functions, due regard is given to eliminating all forms of illegal discrimination, advancement of equality of opportunity and fostering good relations and that they are applied consistently.
<p>Individuals</p>	<p>All individuals have responsibility for treating everyone with dignity and respect and must not discriminate or encourage others to discriminate. Some ICB Staff have volunteered for individual roles in the organisation designed to ensure that staff have a voice and are heard, and that the workplace is a safe and fair place to work. Roles include:</p> <p>Freedom to Stand up Guardian Equality Ambassadors</p>

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 will be achieved by a range of Business Intelligence and other data collection and analysis processes and mechanisms. Where inequalities or future health and wellbeing needs of Staffordshire and Stoke-on-Trent's population are identified, the ICB will work with Local Authority Public Health, the Voluntary and Community Sector, other public authorities and private sector organisations to ensure that all protected characteristic and other disadvantaged groups are considered in the ICB's commissioning intentions and in carrying out its day to day functions.

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. The assessments have been developed to also give consideration to the wider determinants of Health Inequalities. These assessments will be treated as 'live' documents and be revisited at key stages of the projects 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 ethnic diverse 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 for example Interview panels will be encouraged where possible to invite a staff member from one of the Equality groups. The ICB 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 NHS Workforce Race Equality Standard (WRES), the Race Equality Code Accountability Framework, and will work to the requirements of the NHS Workforce Disability Equality Standard (WDES).

As mentioned earlier the ICB are also working in partnership with NHS provider partners in delivering the Staffordshire and Stoke-on-Trent Workforce Race Equality Strategy (which applies to all protected groups). Resulting actions and activity, performance and progress is reviewed and monitored by the Midlands NHS England EDI Subgroup.

6.12 Cultural competence – All ICB staff are responsible for treating everyone with

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.

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 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 As outlined in 6.9 of this policy, ICB are also required to comply with the same equality statutory and mandated equality requirements. These mechanisms have been developed to assist organisations in meeting and evidencing their Equality Acts, Public Sector Equality Duty.

7.2. The NHS Equality Delivery System (EDS) is a key tool in assessing the organisations overall equality performance. The EDS is framed around eleven outcomes, grouped under three overarching domains, and it is against these outcomes that organisational performance is required to be assessed and action determined, where required.

Domain	Outcome
Domain 1 Commissioned or provided services	1A: Patients (service users) have required levels of access to the service. 1B: Individual patients (service user's) health needs are met 1C: When patients (service users) use the service, they are free from harm 1D: Patients (service users) report positive experiences of the service
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to promote healthy lifestyles and manage their long term conditions. 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source. 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source. 2D: Staff recommend the organisation as a place to work
Domain 3:	3A: Board members and senior leaders (Band 9 and VSM) routinely demonstrate their commitment to equality.

Inclusive Leadership	<p>3B: Board/Committee papers (including minutes) identify equality related impacts and risks and how they will be mitigated and managed</p> <p>3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>
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More information on the Equality Delivery System can be found [here](#)

7.3. The outcome of the EDS assessment process will inform the development of an Annual equality action plan for the ICB, which will be monitored by the General Purpose and Response Committee? in relation to the ICB's role as a commissioner of health services and as an employer.

8. Our Equality Objectives

8.1 In developing equality objectives for years 2022 to 2025, the previous CCGs considered the transition to an Integrated Care Board within the upcoming new Integrated Care Systems (ICS) which are the new partnerships between local NHS, local public bodies, and voluntary organisations to meet health and care needs across Staffordshire and Stoke-on-Trent, to coordinate services and to plan in a way that improves our populations health and reduces inequalities between different groups.

To support these aims the CCGs proposed to adopt the EDS framework as it had been designed to align to the new way of working; encourages the collection and use of better evidence and insight across the range of people with protected characteristics described in the Equality Act 2010 and helps NHS organisations meet the public sector equality duty (PSED) and set equality objectives.

The proposal to adopt the EDS framework, domains and outcomes as their equality objectives was sent out to internal stakeholders for discussion and after making slight adjustments based on feedback, this approach was approved and ratified by the previous six Staffordshire and Stoke on Trent CCGs

8.2. 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.

8.3. When identifying the equality objectives, we will ensure that they are: specific; measurable; outcome-focused; and ambitious, yet realistically achievable.

8.4. 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);

8.5 The equality objectives are approved by the ICB and monitored and the General Purpose and Response Committee who will feedback into the ICB.

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 Individual staff in line with the ICB's mandatory and statutory requirements, policies, and procedures and/or where business intelligence and data identifies a training need or intervention.

10.2. Relevant individuals will also be trained on the ICB's Equality Impact Assessment requirements and the associated procedural guidance.

Appendix A: Summary of the Primary 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 mid40s'). 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.

	<p>For the purposes of the Act, these words have the following meanings:</p> <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>
Gender Re-assignment	<p>Gender identity (trans, nonbinary) 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 reassignment.</p>
Marriage or civil partnership	<p>The Equality Act says you must not be discriminated against in employment because you are married or in a civil partnership. 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>
Pregnancy or maternity	<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>
Race	<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. A racial group can be made up of two or more</p>

	distinct racial groups, for example black Britons, British Asians, British Sikhs, British Jews, Romany Gypsies or Irish Travellers.
Religion or belief	<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>
Sex	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.
Sexual orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. 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.

Part 2. Equality Act 2010 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.

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. 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>For more information on the ICB’s published EDI information please click here</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 policymaking, service delivery and employment, including resource allocation. Ideally, the</p>

	<p>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 being paid at a reduced rate or nil as a result of them being on leave). • 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>

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.