

West Yorkshire
Health and Care Partnership



NHS West Yorkshire
Integrated Care Board

Equality Diversity and Inclusion Annual Report 2024



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Forward from Ali Bishop, EDI Transformation Lead for West Yorkshire ICB

This report provides an overview of the work undertaken by the West Yorkshire Integrated Care Board [WY ICB] to demonstrate and provide assurance that it has discharged its statutory and legislative responsibilities for equality.

We work in partnership with local people, clinicians, our local authorities, third and voluntary sector, and other health care providers to improve health outcomes, experience and reduce health inequality.

This Public Sector Equality Duty report considers the duties of the WY ICB as an employer and statutory body. It includes detailed information about the five places that make up our partnership. Each place has a Health and Care Partnership, and has developed plans and priorities for their local populations - please follow the links to find out more: [Bradford District and Craven HCP](#), [Calderdale Cares Partnership](#), [Kirklees Health and Care Partnership](#), [Leeds Health and Care Partnership](#) and [Wakefield District Health and Care Partnership](#).

The Equality, Diversity and Inclusion [EDI] team continues to work hard to provide support and expertise across West Yorkshire, ensuring equality becomes embedded within the ICB, and runs through all that we do and the way that we do it.

There have been a huge number of achievements across EDI this year, including the following;

- Innovative and creative new ways of working across West Yorkshire partners to complete the Equality Delivery System [EDS22] reflecting our strong relationships with providers
- Producing a comprehensive Equality Impact Assessment in response to organisational change
- Working with the People Team to analyse workforce data
- Leading Equality Impact Assessment work to respond to Out of Hours Deaths leading to transformational change in other areas
- Considerable progress on Accessibility, i.e. ensured training for WY ICB staff on Accessibility is mandated; carried out audit, delivered training. Guidance on Accessibility adopted across North East and Yorkshire
- Developed Involvement and Inclusion Principles at place with VCSE sector

- Carried out complex staff mediation resulting in a win / win outcome
- Influenced development of WY ICB policies in line with EDI values
- Further expanded our staff networks, opening the door to better sharing of good practice to identify health inequalities and how to tackle them through creative and innovative solutions
- Carrying out Reasonable Adjustment training with patients in Calderdale
- Influencing and shaping other teams and approaches to ensure inclusion and equity is central to decisions
- Developed strong working relationship with West Yorkshire Combined Authority including the Mayoral team and Inclusivity Champion
- Formalising partnership arrangements to address health inequalities across the wider determinants

There has been much achieved and there is still much to do. As we start a new year, we will look to develop a West Yorkshire EDI Strategy to bring together all the work currently taking place across Equality Diversity and Inclusion and give a clear steer to our work going forward.

I look forward to working in partnership with EDI Leads, experts by experience, colleagues, partners and communities in 2024/25, in order to move closer to our overall ambitions to;

- (a) eliminate discrimination, harassment, victimisation
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.



Ali Bishop, EDI Transformation Lead for West Yorkshire ICB.

Forward from Fatima Khan-Shah, Inclusivity Champion

Hello. My name is Fatima and I am proud to be the first ever West Yorkshire Inclusivity Champion: a role shared across the Integrated Care Board and the West Yorkshire Mayoral Combined Authority with a simple aspiration to ensure that lens of Inclusion is considered in every decision we make across health, care and Local Government.

I am proud to live and work in West Yorkshire; a place where we have an aspiration to work in partnership to address inequality, amplify lived experience and co-create solutions together. We believe that Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are. It is therefore with great pride that we present our EDI Annual Report.

We know that people's experience of inequality can have a huge impact in their lives, including their health outcomes. That is why here at the NHS West Yorkshire ICB we are committed to working in partnership across the region to address inequality, ensuring that our impact is felt in the grassroots of West Yorkshire.

The ICB has now been established for over 18 months and has experienced ever increasing challenges. It has become more important than ever to come together as a collective and support each other to deliver the best care possible for our diverse population. Throughout these difficult times, our staff have proven once again to be dedicated to the work, managing daily challenges to best serve the people of West Yorkshire through;

- delivering impactful change, such as the Equality Delivery System,
- influencing policy across the ICB,
- working in partnership with the communications and engagement teams to ensure we engage and involve our diverse communities
- as well working collaboratively with our staff networks.

While it is important that we celebrate our achievements we need to also acknowledge that we have much more to do. This aspiration will be reflected in our forthcoming EDI Strategy which will articulate our priorities and also support our ambition to be an inclusive employer, a leader on this important agenda where everyone understands they have a role to play and to commission services that tackles discrimination and improves outcomes for the communities we serve.

So, Watch this Space!

Fatima Khan-Shah, West Yorkshire Inclusivity Champion

1 Introduction

Publishing equality information and establishing and monitoring equality objectives demonstrates compliance with the Equality Act 2010 and is one of the ways West Yorkshire Integrated Care Board [WYICB] meets the Public Sector Equality Duty.

For more information on the [Equality Act](#) and [Public Sector Equality Duty](#) please follow the embedded links.

Places

Each of the five places has developed a detailed report on their EDI activity, demographics and progress over the year, these reports are to be read in conjunction with this report.

These reports are embedded in this report as the five West Yorkshire Places form the ICB and their delivery ensures we are able to address inequity and health inequalities locally and across West Yorkshire and demonstrate the subsidiarity of Place as a core ICB principle. The Place reports can be found on the [Equality, diversity and inclusion page of the NHS West Yorkshire ICB website](#).

2 Bradford District and Craven

3 Calderdale

4 Kirklees

5 Leeds

6 Wakefield District

7 West Yorkshire Integrated Care Board

West Yorkshire ICB was established on 1 July 2022. When Clinical Commissioning Groups (CCGs) were replaced by the West Yorkshire Integrated Care Board (ICB), the statutory obligations for equality and inclusion transferred from the CCGs to the ICB. It is recognised that each place has a unique identity and that the ICB equality priorities need to reflect the health and care needs of local populations as well as the communities of West Yorkshire.

The [refreshed ICS 5-year strategy](#) describes the West Yorkshire Partnership's ambitions to promote equity and tackle inequalities. This strategy is based on engagement with communities across West Yorkshire, and the [10 big ambitions](#) put tackling inequalities in outcomes, access and experience at its heart. The accompanying [Joint Forward Plan](#) set out the plans to deliver the strategy. A supporting EDI Strategy will be developed later in the year.

Since March 2023 the ICB has been working towards a new operating model in the context of reduced running costs. A programme of work has taken place to review our function structures and ways of working to ensure they are as effective as possible to support our priorities and ambitions. Through this difficult time, the ICB has provided support to all its colleagues, and the EDI Team has supported the process through delivering a comprehensive Equality Impact Assessment.

7.1 NHS EDI Improvement Plan

NHSE introduced a new [EDI Improvement Plan](#) in 2023. This improvement plan sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.

WY ICB is now working through the six High Impact Actions and aligning this work to existing targets and plans. For instance, a considerable amount of work has taken place to ensure that our senior leaders have clear and SMART EDI objectives in their workplans.

7.2 Equality Objectives

West Yorkshire Integrated Care Board is committed to addressing Inequality and improving outcomes for the people of West Yorkshire who use our services and our colleagues. One way we can demonstrate this is by our commitment to the Public Sector Equality Duty.

Current Equality Objectives

There are a number of Equality Objectives we are working towards, as identified through other pieces of work, such as development of our Integrated Care Strategy and the Independent Race Review. These are published on our website.

[West Yorkshire's Integrated Care Strategy](#) identifies 10 Big Ambitions. Many of them have equality, diversity and inclusion at the heart. Under each of these, specific objectives have been identified e.g.;

Ambition 6: We will reduce the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population

e.g. We will work towards offering regular Annual Health Checks to every person with a Learning Disability or Autism diagnosis in West Yorkshire.

Ambition 7: We will address the health inequality gap for children living in households with the lowest incomes

e.g. By 2028 we will reduce the number of children in West Yorkshire presenting with dental cavities through reducing inequalities in dental access for children in West Yorkshire.

Ambition 8: We will have a more diverse leadership

e.g. We will ensure the diversity of the leadership of the West Yorkshire Integrated Care Board is reflective of the local population

In 2020, West Yorkshire Health and Care Partnership identified a number of priority areas through the work of the [Independent Race Review](#).

Recommendations and Actions were identified and progress against these has continued ever since. The work continues to be steered by the [Strategic Race Equality Network](#). Current objectives include:

Recommendation 2

We will work with strategic partners, such as West Yorkshire Combined Authority, to ensure equality of opportunities for ethnic minority groups in all

economic development and recovery plans, including work on apprenticeships, job creation and start up grants.

Recommendation 4

The Partnership will support the co-production of an anti-racism campaign. Recognising and appreciating that people from ethnic minorities are not one homogenous population. Communications messages should be amplified at a local level to consider the impact of racism and digital exclusion.

Equality Objectives 2024

The ICB is currently in the process of identifying further specific and measurable equality objectives as part of the development of a new Equality, Diversity and Inclusion Strategy for West Yorkshire. The equality objectives will also align to, and compliment other statutory requirements that relate to Equality, Diversity and Inclusion. This includes, but is not limited to the NHS Improvement Plan, NHS Equality Delivery System 2022 (EDS22), Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap reporting.

Our equality objectives and strategy will be developed with the involvement of the local voluntary sector, staff and public sector partners and will set out our ICB equality priorities.

Multi-agency steering groups will be established with partners across West Yorkshire Health and Care Partnership and will include representatives from the statutory and voluntary sectors alongside stakeholder groups including staff, staff networks, chaplaincy, Freedom to Speak Up Guardians and trade unions to oversee this work.

Our new equality objectives will be delivered over a four-year period, with progress reported annually. Action plans to support delivery of the objectives will be aligned with the work we are already doing to tackle health inequalities.

Our revised Equality Objectives alongside our EDI Strategy and Workplan will be published online by 30th September 2024.

7.3 NHS Equality Delivery System

The [Equality Delivery System \(EDS\)](#) is a toolkit designed by the Department of Health to help NHS organisations to improve the services they provide for their local communities, consider health inequalities in their local area and provide better working environments that are free of discrimination, as set out in the Equality Act 2010. This work must include involvement and partnership working with local partners and local communities.

Since its launch in 2011 the NHS Equality Delivery System has been used across the WY HCP within the NHS to:

- Assess our performance in addressing our equality, diversity and inclusion (EDI) priorities.
- Provide opportunities for stakeholders to review our performance data.
- Assist with identifying our EDI priorities for the future.

A third version of the EDS, EDS22, was commissioned by NHS England and NHS Improvement in conjunction with the NHS Equality and Diversity Council (EDC) and launched as the [Equality Delivery System 22 framework](#).

West Yorkshire Health and Care Partnership (WY HCP) remain committed to using the EDS framework to support consistent assessment and involvement of all our communities in our EDI work. The WYHCP agreed that organisations will use the EDS2 to assess their performance for 2022 and will transition to EDS22 in 2023.

EDS22 participating organisations have agreed partners will work together to:

- Share and compare data and information.
- Engage and involve stakeholders in EDS22 processes together.
- Peer review our assessment processes and outcomes to promote consistency of approach and score.
- Share and co-create the materials needed to implement the EDS22 to ensure effective use of our resources.

Our EDS22 Report has been published alongside a template that identifies all the evidence gathered, the rating and future objectives.

To see the WY ICB EDS22 Report, visit the [Equality, diversity and inclusion page of the NHS West Yorkshire ICB website](#)

7.4 Equality Impact Assessments

Equality Impact Assessment (EIA) templates were developed for West Yorkshire Integrated Care Board by utilising the best practice of EIA at each CCG. The EIA is designed to inform and ensure a consistent approach to EDI assured commissioning decisions and provides a record of the assessment of impact of proposed changes to service provision, policy change or wider service change and action plans to mitigate any potential negative impacts or maximise positive impacts.

The EIA focuses on equality issues, alongside the business case and or project management documentation for any proposed change, incorporating any wider impacts.

The EIA enables us to make informed decisions in the best interests of the communities in places and West Yorkshires, addressing the needs of those most impacted by discrimination, inequality and health inequalities. They provide evidence of consideration of equality and health inequalities impact in relation to the design, delivery and evaluation of services, in commissioning and procurement. This enables decision makers to be fully informed of potential impact and demonstrates active consideration of impacts on protected and inclusion health groups and health inequalities and influences the decision(s) reached.

EIAs provide the framework for us to systematically collect and analyse the effects of potential change on different groups of people, supported by patient, community and workforce insight. The assessment incorporates actions required to reduce or remove negative impacts and to improve access, experience and outcomes.

The EDI Team support colleagues to complete the EIAs effectively. Some examples include Out of Hours Deaths in the Community and Patient Transport.

We will continue to support staff to use EIAs effectively and ultimately ensure we mitigate against or reduce any negative impact of our activities on population groups.

7.5 Accessibility

The [Accessible Information Standard](#) sets out a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment, or sensory loss. This ensures those who need accessible information and communication get support when accessing NHS or adult social services.

Accessibility is important to the Integrated Care Board. We are working hard to make sure all we do is accessible. We include content in Easy Read and audio formats, translations and provide subtitles and British Sign Language on video formats on our website and when working with the public our staff and partners.

We also have a duty to meet the [Public Sector Bodies Accessibility Regulations 2018](#).

To ensure we meet the accessibility requirement for a public sector website we worked with our Disability and Long-term Conditions Staff Network who have lived experience, to review and improve our website. Our website is formatted to ensure it provides a user friendly and accessible experience.

We provided our staff and partners support and training that's tailored to their needs on accessibility, so they are able to integrate accessibility into the work they do and share.

The ICB has made Providing Accessible Information training mandatory for all staff responsible for providing information.

7.6 Race Equality

Work has continued across the WY ICB and partners to progress race equality following the WY ICS 2020 Independent Review into the impact of COVID-19 [health inequalities and support needed for Black Asian and Minority Ethnic communities and staff] and the following '1 Year on Report'.

The [West Yorkshire Strategic Race Equality Network \(WY SREN\)](#) is made up of race equality leaders and chairs of race equality networks across the Partnership and

provides a forum to influence change and shape Race Equality in West Yorkshire. The network is leading the way on supporting the WY HCP to deliver on one of our 10 Big Ambitions: 'We will have a more diverse leadership that better reflects the broad range of talent helping to ensure that the poor experiences in the workplace that are particularly high for Black, Asian and Minority Ethnic staff will become a thing of the past'.

The Network increases the influence of ethnic minority voices through accessing and influencing leadership meetings and delivering improvements on race equality. They deliver the [Race Equality Fellowship](#), publish podcasts '[Can you hear me?](#)', and [numerous other activities](#) to progress the race equality agenda, including the development of [racial inequality training](#).

The [Root out racism campaign](#) was developed by West Yorkshire Strategic Race Equality Network members working with ICB colleagues and produced in partnership with the West Yorkshire Mayor's Violence Reduction Unit. This anti-racism movement was designed to eliminate discrimination, advance equality of opportunity and foster good relations between communities across West Yorkshire. The campaign was co-created by over 100 ethnic minority colleagues and has won awards, i.e. the HSJ Communications Initiative of the Year.

Phase 1 of the campaign focussed on raising awareness but we are now keen to move to more action. We are currently outlining Phase 2 of Root out Racism, led by the work of Bradford and Craven District who have outlined 3 clear building blocks to ensuring the work is embedded and has clear ambitions;

- Leadership and Accountability
- Operational Excellence
- Communications and Engagement

The WY [SREN](#) has made much progress since the launch of the network in 2018. The network has been instrumental in moving towards a cultural shift required to make improvements for people from ethnic minority backgrounds. Some of our recent achievements include:

- The continuation of the Fellowship programme
- Reciprocal mentoring across WY
- Root out Racism movement Phase 2
- Involvement in recruitment processes
- Shaping strategic decision making through representation in decision making forums
- 'Hello can you hear me' podcast series
- Leadership webinars on a host of race related issues and current context
- Alignment with health and wellbeing offers that are culturally competent

As we enter the next year, the WY SREN will meet to celebrate its achievements and ensure we have a clear steer for work going forward, aligned to the Root out Racism campaign and overall WY EDI Strategy.

7.7 Involvement

[The NHS West Yorkshire Integrated Care Board](#) (ICB) are committed to meaningful involvement of people and communities, on issues that are important to them, in a way that is appropriate and accessible to them. We believe that this approach informs the ambitions of our partnership - to work in an open and transparent way with communities. Working with communities helps us to make sure we are making the right decisions, as they know far better than us what keeps them well and safe. Involvement insight is core to our EIA process and the EDI team work very closely with Involvement and Communications colleagues to ensure community involvement is targeted, accessible and appropriate. [Our previous involvement activity can be found here.](#)

[West Yorkshire Voice](#) has been established to make sure that people, groups, communities, and organisations have a direct say on decisions made about health and care and act as a sounding board for future plans. West Yorkshire Voice is a

network that brings together individuals, groups, local panels, and organisations to make sure the voice of our communities is at the heart of health and care decision making in West Yorkshire. It builds on the good networks already in place across Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District.

West Yorkshire Voice has supported a number of engagement sessions with the ICB on subjects including mental health, supporting vulnerable groups to access primary care and children and young people services. It also includes a readers panel that helps the ICB produce publications that are in plain English and accessible to the public.

In December 2023 the ICB held the Neurodiversity Summit. Its aim was to bring diverse voices together to identify common ground and share the challenges our communities and sectors face in accessing and providing timely and appropriate support for people who are neurodiverse. Neurodiversity impacts life beyond health and care, all the ways society operates, across education, work, criminal justice and more, influence neurodiverse peoples experiences and outcomes and have a role to play in working together, understanding the pressures and reducing barriers for neurodiverse people. At the summit, we started to build a shared vision of the future and identify actions to start realising that vision. Lived experience was central to the summit, West Yorkshire Voice hosted a pre-summit supporting and enabling neurodiverse people and their families to give their views and experiences.

The ICB, as a single commissioning body is working to align the five West Yorkshire places commissioning policies, where necessary, and harmonise commissioning policies. To address any potential impacts, patients and the public have been involved and commented on the proposed changes to policy, the proposals have been subject to equality impact assessment, which has explored the potential differential impacts on different communities and what mitigations may be needed to address.

We use previous involvement intelligence and insight to inform our commissioning and service improvement approach and shape our future activity. This intelligence is core to our EIA, allowing communities to tell us about potential impacts. The analysis of insight helps us focus on underrepresented communities or those most likely to be impacted by a potential change. We use service data to understand who is accessing services and any unexplained gaps, we use patient satisfaction data to appreciate if everyone has the same experience and clinical data to understand outcomes. This approach is routinely implemented, in the last year we have supported the review of the West Yorkshire Urgent Care Contract, non-emergency patient transport, and supporting the implementation of the changes to medical certification of cause of death.

We will continue our ongoing involvement with the [Learning Disability Health and Care Champions](#) to support the work of our programmes, including the Cancer Alliance, diabetes, and personalised care.

7.8 Improving Population Health

The West Yorkshire Health and Care Partnership has a focus on reducing health inequalities for people and communities. An Improving Population Health function supports the delivery of work to reduce health inequalities in West Yorkshire.

The following initiatives have been delivered in 2023/24 to support this reduction:

CORE20Plus5 Approach

West Yorkshire NHS Integrated Care Board's [CORE20Plus5](#) work is resourced in a targeted way in order to reduce inequalities. 80% of the resource was allocated to local places based on the health inequality priorities identified in place. The remaining 20% was allocated for WY work to reduce inequalities. A CORE20Plus5 leadership group provides the oversight and governance for this resource on behalf of the system.

Case Study CORE20Plus5 Allocation Calderdale:

Calderdale ICB and the Calderdale Public Health Team have worked collaboratively to assess proposals and allocate Core20 funding. The initiatives represent our place partnership, and have funded work that would not otherwise have taken place;

1. Targeted self-harm and suicide prevention for those not in contact with formal services and also those who are high intensity users of local services.
2. Equitable recovery of screening and immunisations using pop up models in targeted populations – particularly those in deprived areas, particularly where uptake for breast screening is lower than the Calderdale average
3. Targeting two highly deprived wards; leading community led health and wellbeing recovery initiatives – linked to public health regeneration and the continued development of primary care networks
4. Developing a new traveller site for Gypsy Roma Travellers to improve health and wellbeing for that population, providing proactive outreach and support
5. Additional Cost of Living capacity in voluntary and community sector, co-ordinating responses to support those individuals and families most at risk
6. Working with people with a learning disability to improve access to healthcare through care navigators in hospital, and a ‘living well’ project focused on prevention, access and quality of care, support and advise.
7. Providing additional nutritional support for those with cancer – providing dietary advice and support to patients who need to gain weight to improve their outcomes.
8. Working with asylum seekers, refugees and those who are vulnerable to prevent and reduce the impact of infectious diseases, particularly TB.
9. Improving access to the 8 diabetes care processes for people with a severe mental illness or learning disability for patients with type 2 diabetes

Inclusion Health Unit

Launched in 2023, the WY Inclusion Health Unit, which is collaboratively led by the Improving Population Health Programme, brings together system partners to improve outcomes for people in inclusion health groups.

Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. These health groups are small in number but high in need and experience significant inequalities.

Priority populations and approaches have been identified including a specific focus on migrant health,

This approach aligns with the ICB requirements for the national [framework](#) for action on inclusion health. As part of the framework ICBs are required to have a named lead for inclusion health to ensure ICB strategies and plans tackle inclusion groups health inequalities of access, experience and outcomes.

Recognising that Trauma and Adversity impacts health inequalities in West Yorkshire has made a commitment to be a [Trauma Informed System](#) and “Work together with people with lived experience and colleagues across all sectors and organisations to ensure West Yorkshire is a trauma informed and responsive system by 2030”. Our approach is to reduce trauma, adversity and build resilience for the population across West Yorkshire in particular people who are vulnerable, facing multiple difficulties, complex needs, adversity, and childhood trauma.

In 2023, West Yorkshire Health and Care Partnership became the first [Partnership of Sanctuary](#) in the country. This is for going above and beyond to welcome people seeking sanctuary into West Yorkshire. This award is supported by a delivery plan which includes targeted approaches to reduce inequalities for refugees and asylum seekers, such as the delivery of safer surgeries training, the development of a resource to support new arrivals to navigate the NHS and the delivery of a community connectors programme for perinatal mental health.

The **COVID vaccination** programme in West Yorkshire has focused on understanding and reducing inequality in vaccination uptake. Funding was allocated targeting investment in practices and pharmacies serving communities ranked in the most deprived decile. A West Yorkshire Health Inequalities Vaccination Group

shares good practice and takes action to reduce inequalities, this work informs other ICB health inequality activity and in reach into communities to increase uptake for wider vaccination programmes.

In 2022, 28 fellows completed the inaugural [Health Equity Fellowship](#) initiated by West Yorkshire Health and Care Partnership Board, 52 more fellows were welcomed in 2023. The nine-month programme supports fellows to undertake health equity projects alongside foundations in public health training. In 2023 we expanded the scope of the fellowship, adding Adversity Trauma and Resilience, Suicide Prevention and Climate Change Fellows. In 2024 we will partner with Humber North Yorkshire ICB to further increase the scale of the programme.

Smoking prevalence is a key driver for inequalities in preventable ill health, we are proposing a whole system approach for tobacco control to compliment work that happens in each of our local places. In October 2023 we held a West Yorkshire [Tobacco Control Summit](#). This event brought together national, regional experts with local authority leads and people providing smoking cessation and illicit tobacco services across West Yorkshire and identified areas for collective action. We have also supported the implementation of smoking cessation services in hospital inpatient, maternity and mental health inpatient settings, increasing referrals to smoking cessation services.

The West Yorkshire **Work and Health** Partnership, established in September 2023 brings together Local Authority and Combined Authority leads from skills and public health alongside colleagues from the ICB, DWP and local JCP and the VCSE.

The partnership defines its aims as:

- Defining current challenges facing West Yorkshire on health and work, including key drivers and community insights
- Identifying key areas for intervention
- Mapping existing work to describe learning from best practice
- Setting out our areas for greater collaboration or future investment.

It provides a forum to drive improvements in work and health, identifying opportunities for future provision.

West Yorkshire economic inactivity is 23.3% (vs national average of approx. 21.2%). Long-term sickness accounts for 25% of economic inactivity. Over 20% of neighbourhoods fall within the 10% of most deprived nationally, with deprivation especially acute in Bradford and Leeds, across multiple indices, e.g. Bradford's education, skills and training deprivation reaches almost 35%.

51% of those who are long-term sick are aged between 50-64 years old, with a further 30% in the 35-49 years old category. The disability employment rate gap is 25 percentage points. 92% of those classed as 'long-term sick' identify as disabled under the Equality Act. Disabled people are more likely to experience poor quality work.

Local Authority areas with higher levels of deprivation (e.g. Bradford, Wakefield) also experience lower life expectancy and more incidences of low-quality work.

We also recognise that there are inequalities in our business and employment rates, with business leadership in West Yorkshire dominated by males, with two-thirds of companies having all-male boards. Females are half as likely to be self-employed as males and there is a substantial gender pay gap, particularly among older workers. Insecure work is more prevalent among women, people from ethnic minorities and disabled workers. Younger workers have highest likelihood of being in severely insecure work.

We are therefore working closely with our partner in West Yorkshire Combined Authority and Local Authorities to address these important economic and health related issues.

Fair Work Charter

The West Yorkshire Mayor's Fair Work Charter is an important part of achieving both the West Yorkshire Plan and delivering some of the ambitions of our Integrated Care Partnership Strategy, by ensuring a fair and just economy that works for everyone. It will help to ensure West Yorkshire's workers receive the greatest possible employment security, best working conditions, as well as promoting greater

employee wellbeing, workforce diversity, social mobility, and so accelerate Inclusive Growth.

The vision for the Charter is: “to promote a thriving economy where businesses of all sizes and sectors can meet their ambitions and work together to ensure all the diverse people and communities of West Yorkshire contribute to, and benefit from, economic prosperity”. The overarching principle of the Charter is to encourage employers across all our sectors, places and sizes to commit to going on a journey of improvement over time.

The emphasis is on the journey rather than any given destination and there is a clear acknowledgement that employers are inevitably at different stages and may need different levels of support, including from their peers.

The Charter is focused around five themes which are summarised below:

- **Opportunity** - Employers are working towards an economy where all pathways into employment are inclusive, organisations use the best recruitment practices, and all people have access to flexible working arrangements.
- **Security** - Employers are working towards an economy where all organisations go beyond legal minimums to pay staff at least the real Living Wage and maintain working conditions that provide security and dignity to all workers.
- **Wellbeing** - Employers are working towards an economy where work helps all people to live healthy and happy lives, while contributing to the increased productivity of their employer.
- **Employee Voice** - Employers are working towards an economy where all workers are empowered to contribute towards the success of their employer through positive relationships and effective communication.
- **Fulfilment** - Employers are working towards an economy where work provides all people with the opportunity to learn, develop and meaningfully connect to a purpose that resonates with them.

The development of the charter was also informed by research which used qualitative research to explore how workplace charters could reduce health

inequalities for employees, to overcome some of the potential barriers to this aim. So far, a total of 47 organisations signed up to the Charter as “Early Adopters”.

West Yorkshire Scientific Advisory Group

The West Yorkshire Scientific Advisory Group (WYSAG) was launched by West Yorkshire Mayor Tracy Brabin and West Yorkshire Health and Care Partnership Chief Executive Rob Webster in September 2023.

Its mission is to bring together health, economy, environment, inclusion and equity evidence with community and business insights and experience to inform strategic policy questions and decisions of the Combined Authority and Health and Care Partnership.

Following discussions from the launch flexible working was identified as the initial WYSAG focus topic area and participatory workshops have commenced.

The workshops will bring together insights from different disciplines, stakeholders and research evidence in a structured way to shape understanding of what we already know, what the evidence tells us, what initiatives are already in train, and to identify evidence and knowledge gaps and potential further areas of inquiry by WYSAG that address policy maker needs.

7.9 Workforce

The ICB headcount in December 2023 was 1193, this is a whole time equivalent of 1077.50, almost a third of our staff are part time. The headcount data was taken from the Electronic Staff Record (ESR) and only includes staff on a contract with the ICB. Nine staff have more than one role. Where headcount data is 5 or below this will not be shared, to prevent identification.

The data is impacted by groups that have large percentages of ‘unknowns’, this includes,

- Religion 19.1%
- Sexual orientation 13.2%

- Ethnicity 3.5%
- Disability 9.7%

There are areas where it is clear that ESR does not match to data staff have shared, for example the staff survey 2022 (71% response rate) had 27.1% disabled staff or staff with long term conditions and 38.9% recorded as carers. The ICB will work to raise awareness and encourage staff to update their ESR.

The ICB has been delivering a programme of organisational change to reduce running costs.

Workforce representation

Disability

	Count Dec 23	Dec 2023 %	WY census 2021%
Yes	67	5.6	24.1
No	1010	84.7	75.9
Not Declared	38	3.2	0
Unspecified	78	6.5	0

By pay band

	Yes	No	Not Declared	Unspecified	All Staff
Band 1-4	16.4%	13.7%	7.9%	19.5%	14.0%
Band 5-7	62.7%	47.5%	60.5%	44.2%	48.5%
Band 8a-8b	17.9%	25.1%	15.8%	20.8%	24.1%

	Yes	No	Not Declared	Unspecified	All Staff
Band 8c - VSM	3.0%	13.7%	15.8%	15.6%	13.3%

ESR records would indicate disabled staff are significantly underrepresented compared to the census. There is some progress in reducing the numbers of staff with no disability record on ESR. The 2022 ICB NHS staff survey reported 27.1% of staff responded positively to 'Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?' contrasting to the 5.6% recorded on ESR.

Pay band data shows that disabled staff are underrepresented in the higher pay bands, this may not be a true reflection of pay position as so many staff have no status recorded.

Ethnicity

Ethnicity	Count Dec 2023	Dec 2023 %	WY census 2021%
Asian or Asian British	119	10.0	15.6
Black or Black British	40	3.4	3.1
Mixed or multiple	23	1.9	2
White	960	80.5	77.6
Any other ethnic group	9	0.8	1.3

Ethnicity	Count Dec 2023	Dec 2023 %	WY census 2021%
Unspecified	26	2.2	-
Not stated	16	1.3	-

By pay band

	Asian or Asian British	Black or Black British	Mixed	Not stated	Un- specified	White	All staff
Band 1-4	16.8%	22.5%	13.0%	6.3%	16.0%	13.5%	14.1%
Band 5-7	47.9%	57.5%	47.8%	62.5%	24.0%	48.6%	48.5%
Band 8a-8b	25.2%	15.0%	39.1%	18.8%	32.0%	23.8%	24.2%
Band 8c - VSM	10.1%	5.0%	0.0%	12.5%	28.0%	14.0%	13.3%

There was an increase in the percentage of Asian and Asian British staff from the formation of the ICB to March 2023, but a reduction since and this staff group is not representative compared to the census. There has been an increase in the percentage of Black or Black British staff. There have been reductions in the percentage of staff whose ethnicity is not reported.

Black and Black British staff are underrepresented in the higher pay bands, staff from mixed and multiple ethnic backgrounds are overrepresented at bands 8a-8b but underrepresented in band 8c and above.

Religion and belief

Religious Belief	Count Dec 2023	Dec 2023 %	WY census % 2021
Atheism	212	17.8	38.0
Buddhism	<5	0.3	0.3
Christianity	562	47.1	40.7
Hinduism	10	0.8	0.8
Islam	86	7.2	13
Judaism	<5	0.3	0.3
Other	76	6.4	0.5
Sikhism	12	1.0	0.8
Unspecified	30	2.5	5.5
Not Disclosed	198	16.6	-

	Atheism	Christianity	Hinduism	I do not wish to disclose	Islam	Other	Sikhism
Band 1-4	17.0%	15.5%	30.0%	7.1%	12.8%	10.7%	16.7%
Band 5-7	44.8%	47.2%	50.0%	55.8%	47.7%	54.7%	50.0%
Band 8a-8b	25.9%	23.7%	20.0%	22.3%	25.6%	25.3%	33.3%
Band 8c - VSM	12.3%	13.5%	0.0%	14.7%	14.0%	9.3%	0.0%

Atheists and Muslims were underrepresented compared to the WY census and the percentage of Muslim staff has declined since March 2023. Christians were overrepresented.

Due to the significant numbers of staff who have not provided a religion (19.1%) there will be an impact on the overall percentages, by comparison the census has 5.6% unspecified.

While smaller staff groups, (10 and 12 staff) Hindu and Sikh staff are disproportionately overrepresented in the lower bands.

From the staff survey respondents (71% response rate), 40.2% had no religion, 43.6% were Christian this aligns more closely with the census data. 5.1% were Muslim, 1.4% any other ethnicity and 7.7% preferred not to say.

Age

Age Band	Count Dec 2023	Dec %
<=20 Years	<5	0.2
21-25	16	1.3
26-30	83	7.0
31-35	85	7.1
36-40	161	13.5
41-45	166	13.9
46-50	206	17.3
51-55	207	17.4
56-60	170	14.2
61-65	81	6.8
66-70	14	1.2
<=71 Years	<5	0.2

	21-25	26-30	31-35	36-40	41-45
Band 1-4	37.5%	25.3%	22.4%	11.2%	7.2%
Band 5-7	50.0%	62.7%	57.6%	48.4%	50.0%
Band 8a-8b	6.3%	12.0%	17.6%	30.4%	27.1%
Band 8c -VSM	6.3%	0.0%	2.4%	9.9%	15.1%

	46-50	51-55	56-60	61-65	66-70
Band 1-4	10.2%	8.7%	14.7%	19.8%	57.1%
Band 5-7	46.1%	44.4%	40.6%	54.3%	42.9%
Band 8a-8b	28.6%	24.2%	26.5%	16.0%	0.0%
Band 8c -VSM	15.0%	21.7%	17.6%	9.9%	0.0%

The workforce was not compared to the census as this data was not readily available in a comparable format. The organisation has fewer younger staff, and over 20% are over 56 years old.

Younger and older staff are overrepresented in lower pay bands.

Gender

Gender	Count Dec 2023	Dec 2023 %	WY Census 2021
Women	936	78.5%	51.0
Men	257	21.5%	49.0

	Female	Male	Grand Total
Band 1-4	15.3%	9.3%	14.0%
Band 5-7	49.6%	44.0%	48.4%
Band 8a-8b	23.5%	26.1%	24.1%
Band 8c -VSM	11.5%	19.5%	13.2%

Women are significantly overrepresented in the ICB workforce, this is replicated across the NHS. The ICB headcount has reduced but the percentage of women staff continues to increase.

Men are overrepresented in the top bands and underrepresented in the lower pay bands.

Sexual orientation

Sexual Orientation	Count Dec 2023	Dec 2023 %	WY Census 2021
Bisexual	12	1.0	1.5
Gay or Lesbian	26	2.2	1.6
Heterosexual or Straight	990	83.0	89.4
Undecided	5	0.4	-
Other	<5	0.2	0.4
Unspecified	29	2.4	-
Not Disclosed	129	10.8	7.2

	Bisexual	Gay or Lesbian	Heterosexual or Straight	Not stated	Undecided	Grand Total
Band 1-4	33.3%	7.7%	14.7%	7.0%	0.0%	14.0%
Band 5-7	58.3%	38.5%	47.0%	61.2%	60.0%	48.4%
Band 8a-8b	8.3%	38.5%	24.8%	17.1%	40.0%	24.1%
Band 8c - VSM	0.0%	15.4%	13.2%	14.0%	0.0%	13.2%

There are large numbers of staff that have not provided any data, but the staff are comparatively representative of the census.

Bisexual staff were underrepresented in the higher bands and lesbian and gay staff in the lower bands

Carers

In December 2023 there were 38, 3.2% of staff who had recorded on ESR that they were carers. In comparison the 2022 ICB staff survey recorded 38.9% of staff as carers.

	Yes	No
Band 1-4	24.3%	13.7%
Band 5-7	48.6%	48.4%
Band 8a-8b	24.3%	24.0%
Band 8c -VSM	2.7%	13.6%

Based on ESR data carers are overrepresented at the lowest bands and underrepresented at the highest bands.

Working status

Full or part time	Count Dec 2023	Dec 2023 %
Full	855	71.7
Part time	338	28.3

	Zero hours	Full- Time	Part -Time	Grand Total
Band 1-4	20.0%	13.7%	14.7%	14.0%
Band 5-7	80.0%	46.4%	52.9%	48.4%
Band 8a-8b	0.0%	26.0%	19.5%	24.1%
Band 8c - VSM	0.0%	13.7%	12.3%	13.2%

The majority of ICB staff work full time. Zero-hour staff includes those on bank contracts with the ICB.

Workforce Pay

Pay	Count Dec 2023	Dec 2023 %
Band 2	9	0.8
Band 3	48	4.0
Band 4	110	9.2
Band 5	113	9.5
Band 6	233	19.5
Band 7	231	19.4
Band 8a	188	15.8
Band 8b	99	8.3
Band 8c	53	4.4
Band 8d	48	4.0
Band 9	13	1.1
M & D	7	0.6
Spot salary	-	-
Non-M&D ad hoc	37	3.1
Other	<5	0.3

7.10 How the ICB Supports its Staff

Staff Equality Networks

The ICB is committed to supporting its staff and does so through a variety of means that supplement usual HR and staff well-being provision.

The ICB is a Disability Confident Employer, Level Two and committed to shortlisting suitable applicants who meet the essential criteria for a role.

As a Mindful Employer we are positive towards all employees and job applicants with a mental health condition.

The ICB is a Carer Friendly employer and offer a Carers Passport and is seeking [Carers Accreditation](#) through the Working Carers Staff Network.

The ICB has thriving and ambitious staff networks in place. There are currently a Race Equality Network, Disability and Long-Term Conditions, Working Carers, Women's and LGBTQ+ active networks. Each has an Executive lead sponsor.

Staff Network participation is part of recruitment processes across the organisation.

Race Equality Network

The overall purpose of the group is to support NHS West Yorkshire ICB to maintain a safe and positive working environment for ethnic minority staff and the elimination of racial discrimination for employees and the population.

Disability and Long-Term Conditions Network

The Network empowers disabled staff to use their skills, knowledge, experience, education and influence to support our organisation to get things right for disabled staff and become an employer of choice for disabled people. It provides mutual support and a collective voice for disabled staff.

Lesbian, Gay, Bisexual and Transgender (LGBT+) Network

To create a supportive working environment and policy framework for Lesbian, Gay, Bisexual and Transgender (LGBT+) colleagues while also encouraging all staff within the ICB to understand the needs of LGBT+ people within the community.

The Network empowers LGBT+ staff to influence and support our organisation to get things right for LGBT+ colleagues and become an employer of choice. It will provide mutual support and a collective voice for LGBT+ staff.

The Network will link to other staff equality networks and operate to improve the experiences of all staff, recognising intersectionality.

Working Carers Network

The network exists to provide an opportunity for carers employed in the ICB to support each other and to raise the issues of carers organisationally. Caring can affect us all and responsibilities often cannot be planned – caring can happen over time, but it can also happen overnight. Given the stresses and strains that can result from balancing multiple responsibilities inside and outside the workplace, the ICB and the Carers Network is committed in ensuring that we provide the appropriate support to colleagues and encourages use of the Working Carers Passport.

The aim of the Working Carers Passport is to help employees have the flexibility to balance work and unpaid care, to support their health and wellbeing and ensure, they remain well and at work. It can be used by anyone who has current or predicted caring responsibilities which affect their work. It's a 'live' document to be reviewed periodically.

Women's Network

A new addition to the Staff Networks has been the Women's Network which launched in June 2023. This popular, well attended Network offers strong peer support, helps increase confidence, is a platform for sharing relevant and similar experiences, as well as nurturing future talent. The Network also provides advice to

women in a safe and supportive environment whilst discussing relevant topics, such as career progression, and how to build influence and manage work-life pressures.

Significant work of the Networks

Over the last 10 months the ICB has engaged with the Staff Networks on the delivery of the new ICB Operating Model and cost reduction work. A significant contribution has been the feedback on the Organisational Change EIA and supporting the impact this has on staff.

The People Team developed Recruitment Guidance for managers, which included information on making processes more inclusive. This encouraged colleagues to invite staff network members on interview panels.

The Networks have played a significant role in the review of the staff survey results and helped develop the ICB action plan. They also participate in the new staff induction raising awareness and encouraging staff to join.

Members of the Disability and Long-Term Conditions Network attended the national Disability Summit that supported those working across the health and care sector to lead the change and tackle inequality.

The Networks have also been instrumental in policy development, in particular the review of workforce policies such as the Sickness Management Policy.

Other contributions include:

- Raising awareness of History Months and events e.g. Black History Month, Pride events
- Seeking Executive Director Sponsors involvement and advice
- Key speaker events

Staff Engagement Group

The purpose of the group is to support the ICB to improve the health, wellbeing, and the working lives of all staff. They worked with the Corporate People Team to help shape and develop policies, reviewed and updated the appraisal process.

Mental Health First Aid (MHFA)

The ICB has over 45

colleagues trained in MHFA. Mental Health First Aid (MHFA) is designed to teach people how to spot the signs and symptoms of mental ill health and provide help on a first aid basis, MHFA teaches people how to recognise those crucial warning signs of mental ill health and feel confident to guide someone to appropriate support. By embedding MHFA within our organisation we encourage people to talk more freely about mental health, reduce stigma and create a more positive culture. Our Mental Health First Aiders are a point of contact for staff experiencing mental health issues or emotional distress.

Our team of MHFAs meets on a regular basis to provide mutual support, plan promotional activity, share local resources and refresh their skills and knowledge.

7.11 Partnership between NHS West Yorkshire Integrated Care Board (ICB) and West Yorkshire Combined Authority (WYCA)

The NHS West Yorkshire Integrated Care Board (ICB) and West Yorkshire Combined Authority (WYCA) have developed a Partnership Agreement that sets out our shared commitment to working together on the factors that affect population health: fair economic growth, climate, tackling inequality.

Our shared mission is that by working in partnership, we can develop and deliver better policies, programmes and services that will improve the lives the people of West Yorkshire. Our shared ambition is to be a region that understands and invests in lifetime health, both for our current population and for future generations.

The ICB as the lead organisation for our wider West Yorkshire Health and Care Partnership (Integrated Care System) has a core purpose not only to deliver high

quality health and care services in West Yorkshire, but to also improve the factors that determine the health of the population. The ICB vision is that all partners work together so that people can thrive in a trauma informed, healthy, equitable, safe and sustainable society. The ICB recognises that improving the region's health will require working strategically on developing people's lifetime health with the bodies and sectors that are central to improving social wellbeing, living environments and economic opportunity.

The purpose of the CA is to make West Yorkshire a place with a strong, successful economy where everyone can live a great life. The vision set out in the West Yorkshire Plan is for a brighter West Yorkshire – a place that works for all, an engine room of ideas and creativity where anyone can make a home. Underpinning this is the importance of a healthy population to a strong economy, as well as the centrality of the health and health science sectors to the West Yorkshire economy.

Where our shared priorities overlap is firmly in the space of the social determinants of health, and our joint work will focus on economic opportunity, climate emergency and inclusion.

Inclusivity Champion

We recognise that joint work requires dedicated capacity and we commit to sharing resources that will enable us to carry out our joint work effectively and maximising each partner organisation's existing resources. We have created a small number of joint roles that work across our two partnership organisations to work on our shared priorities, which includes a West Yorkshire Inclusivity Champion – this role provides expert advice on inclusion and addressing regional disparities, including the organisations internal policies, strengthening diversity of process around recruitment and selection and development or collaboration on programmes to increase the diversity of talent working in our partner organisations.

[Equality, Diversity and Inclusion in West Yorkshire Combined Authority](#)

Being a region that can confidently ensure that equality, diversity and inclusion are effectively woven through all our policies and services is a clear shared priority.

Inequalities in health have been shown time and again to not only have a devastating impact on individuals – but to have a generational impact on the economic wellbeing of significant parts of our West Yorkshire communities. Health and care employs one of the most diverse workforces in West Yorkshire, yet its most senior leadership does not yet reflect this diversity.

West Yorkshire's economy benefits hugely from national and international trading relations built by the diverse workforce of West Yorkshire and yet the benefits of our economic strengths are spread far too unequally across our population. As partners organisations, we commit to tackling discrimination and removing structural inequality in our joint work. We commit to working closely together through the work of our shared West Yorkshire Inclusivity Champion, so that we can hear more directly from our diverse communities about their priorities for our region. In doing so, we will aim to maximise the diversity advantage of West Yorkshire and ensure that all parts of West Yorkshire's diverse communities can be part of designing and delivering the healthier, more fair and more inclusive West Yorkshire that we are working for.

8 Providers

As a commissioner we have a duty to ensure that all our providers are meeting their statutory duties in relation to the Equality Act 2010 Public Sector Equality Duty.

We continue to work in partnership with our NHS provider trusts and others in relation to the EDI work across West Yorkshire. As well as regularly monitoring performance, patient experience and service access we work with them to support their progress on their equality objectives, the NHS Equality Delivery System (EDS), the NHS Workforce Race Equality Standard (WRES), the NHS Workforce Disability Standard (WDES), Gender Pay Gap, accessibility and the implementation of the Accessible Information Standard.

A new meeting has been established, bringing together all NHS EDI Leads in West Yorkshire to help work at a system level. In addition, WYCA leads on a new forum bringing together all EDI Leads in Local Authorities. By EDI leads working together

we can reduce duplication, share best practice from different sectors and have a more joined up approach to reducing inequality, challenging discrimination and improving opportunity for all our populations across West Yorkshire.

Below are links to the equality content for our providers.

Bradford Teaching Hospitals NHS Foundation Trust

[Equality and Diversity content](#)

Bradford District Care NHS Foundation Trust

[Equality and Diversity](#)

Calderdale and Huddersfield Foundation Trust

CHFT have published their reports on this page of their [website](#)

Yorkshire Ambulance Service

- [WRES and WDES](#)
- [Gender pay gap](#)

South West Yorkshire Partnership Foundation Trust

- [Strategy](#)
- [Public Sector Equality Duty report](#)
- [Workforce Equality Reports](#)

Locala

To find out more about Locala's Equality and Diversity work visit their [website](#).

Spectrum

To find out more about Spectrums' Equality and Diversity work visit their [website](#)

Mid Yorkshire Hospitals Trust

For equality, diversity and inclusion content please visit their [website](#).

- [Workforce reporting](#)

Leeds Teaching Hospital NHS Trust

www.leedsth.nhs.uk/about-us/equality-and-diversity/

Leeds Community Healthcare NHS Trust

www.leedscommunityhealthcare.nhs.uk/about-us-new/equality-and-diversity/

Leeds and York Partnership NHS Foundation Trust

www.leedsandyorkpft.nhs.uk/about-us/equality-and-diversity/

9 Our ambitions for Equality, Diversity and Inclusion

The West Yorkshire Health and Care Partnership established a significant contribution to the EDI agenda, particularly its leadership on race equality. The ICB is consolidating this work with equality, diversity and inclusion work undertaken in our five places and across West Yorkshire. We will pursue a challenging programme of activity to recognise the role the ICB plays in delivering EDI in West Yorkshire. We will work collaboratively with our partners and places to strengthen and position the EDI agenda with providers, local authorities and the VCSE sector to ensure we are all able and supported to progress.

The new EDI Transformation Lead has further developed our EDI delivery through coordinating activity across the ICB in both place and system leadership.

Through the implementation and delivery of the Equality Delivery System (EDS22) in 2023/24 we have understood more about community priorities and will use this information to support the development of ICB Equality Objectives and EDI Strategy that align to our 10 Big Ambitions and continue to push our progress on reducing

health inequalities and improving the access, experience and outcomes of our communities when using health and care services.

The EDS22 integrates workforce experience and leadership, we will continue to pursue actions to improve the diversity of our staff, particularly those in leadership roles. We will proactively support our staff networks to challenge and support our organisation to do better. We will continue to invest in the development of our current staff and ensure we recruit with a focus on diversity recognising this will make us better at delivering to our diverse communities in West Yorkshire.

Our delivery in our five places is critical to our success as an ICB, and we rely on our HCPs to deliver EDI activity close to their communities and ensure community voices influence all that we do.

We will ensure we embed equality and health inequality impact assessment in our processes to inform our commissioning decisions and decision makers, confident that we are delivering appropriate services that meet the needs of our communities and are influenced by them.

We will continue our work ensuring all our information is accessible, ensuring that our communities and staff can access information, resources and documents in formats that meet their needs. We will train our staff to understand their responsibilities for producing accessible materials. This will include producing materials in Easy Read, BSL, in community languages and other formats needed by our communities.

10 Equality Diversity and Inclusion Strategy

[West Yorkshire's Integrated Care Strategy](#) has an ambition to “ensure that valuing equality, diversity and inclusion is at the heart of all we do”. In addition, a number of our [10 Big Ambitions](#) relate directly to equality, diversity and inclusion e.g. No. 8;

‘We will have a more diverse leadership’

In order to ensure the right focus on this work, West Yorkshire ICB will develop an Equality, Diversity and Inclusion Strategy for the system.

We will co-design this work with our partners and communities. The ICB will link with partner organisations and key connectors to VSCE and communities and colleagues working across a number of areas will all shape the strategy.

The work will align to existing ICB plans and strategies so it is truly embedded across the system, not a stand-alone, see Diagram 1 for how it will fit with other ICB work.



Diagram 1. West Yorkshire's overall work plan

There are already a number of frameworks and plans in place, national and local, with specific Equality, Diversity and Inclusion work objectives, this will drive a significant amount of our strategy. For example, the [NHS EDI Improvement Plan](#).

All our statutory requirements, workforce reporting and experience, our population health insight and inequality data and feedback from our population will shape our plan and we will work with our partners to establish if there are any gaps, before identifying finalising our strategy.

We look forward to working in partnership through 2024/25 with EDI Leads, experts by experience, colleagues, partners and communities, to move closer to our overall Equality, Diversity and Inclusion ambitions and to make West Yorkshire a safer place that people want to live, work in and thrive in.