Meeting of BNSSG ICB Board

Date: Thursday 6th March 2025
Time: 12:15 – 15:30
Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number:	6.5	
Title:	BNSSG ICB Equality Objectives	
Confidential Papers	**Commercially Sensitive**	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Decision		
Key Points for Discussion:		
• The Equality Act 2010 Public Sector Equality Duty requires BNSSG ICB to publish equality objectives that are based on an understanding of equality issues the ICB faces. • The ICB has developed equality objectives in the areas of maternity, ethnicity recording, workforce and cardiovascular disease that need to approved be the BNSSG ICB Board.		
Recommendations:	The BNSSG ICB Board is asked to approve the BNSSG ICB equality objectives.	
Previously Considered By and feedback :	The equality objectives have been considered by the ICB Executive Team and at and ICB Board seminar session. One of the objectives was discussed at the ICB's Strategic Health Inequalities, Prevention and Population Health Committee.	

Management of Declared Interest:	There are no declared interests.
Risk and Assurance:	Risks to delivery of the objectives, and their mitigations, will be identified / become more detailed as delivery plans are developed. Early indications are that there is a risk to the achievement of improving ethnicity recording if data sharing arrangements are not put in place. There is also a risk to having the engagement of communities if they view the cardiovascular disease objective as overly medicalized.
Financial / Resource Implications:	The financial implications will be identified as the plans for delivering the objectives are developed by the relevant ICB teams.
Legal, Policy and Regulatory Requirements:	Agreeing and publishing the Equality Objectives contributes to BNSSG ICB meeting the general and specific duties set out in the Equality Act 2010 Public Sector Equality Duty.
How does this reduce Health Inequalities:	Making progress towards the equality objectives will both increase our understanding of where unfair and avoidable differences exist and help to measure whether interventions designed to reduce the difference are effective. Progress will also have a direct impact on reducing unfair and avoidable differences in the delivery of specific healthcare interventions.
How does this impact on Equality & diversity	The purpose of the Equality Act 2010 Public Sector specific duties is to help public sector organisations improve their performance on the general equality duty (see Background section). Agreeing, publishing and making progress towards the equality objectives contributes to the ICB meeting its legal duties.
Patient and Public Involvement:	There has been no public involvement in the development of the specific equality objectives. However, the areas covered are ones that have been highlighted by the public and staff as areas of equality and equity concern.
Communications and Engagement:	We will publish the objectives on the ICB website. We will also tell relevant stakeholders that we have published the equality objectives and where they can find them.
Author(s):	Adwoa Webber, Head of Quality and Clinical Excellence
Sponsoring Director / Clinical Lead / Lay Member:	Dr Joanne Medhurst, Chief Medical Officer

Agenda item: 6.5

Report title: BNSSG ICB Equality Objectives

1. Background

The Equality Act 2010 Public Sector Equality Duty states,

A public authority must, in the exercise of its functions, have due regard to the need 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;
c) Foster good relations between persons who are a relevant protected characteristic and persons who do not share it

These are the three aims of the general equality duty. The specific duties are that,

Public bodies must publish:

1) Gender pay gap information
2) Equality information – service users and workforce
3) Equality objectives

This paper focuses on the BNSSG ICB Equality Objectives.

2. Equality and Human Rights Commission (EHRC) guidance on equality objectives

The Equality and Human Rights Commission's guidance states that the equality objectives:

- Cover both service users and workforce
- Are specific and that they should clearly relate to a particular protected characteristic and have a clearly stated outcome relating to the general duty
- Could aim to reduce disadvantage experienced by certain groups or improve access to services for others
- Are measurable and that at least some aspect should be directly / indirectly quantifiable. Ideally they should set out how progress will be measured.
- Should flow from equality information

This means that the ICB, as an organisation in its own right, needs to publish and commit to equality objectives which are part of wider system improvements but that demonstrate publicly our commitment to equity.

3. BNSSG ICB Equality Objectives

3.1 The Executive Team agreed that the ICB's equality objectives should focus on:

- Maternity with the Chief Nursing Officer, Rosi Shepherd, leading the development
- Ethnicity data recording with the Chief Transformation and Digital Information Officer, Deborah El-Sayed, leading the development
- Workforce with the Chief People Officer, Jo Hicks, leading the development
- Cardiovascular Disease with the Chief Medical Officer, Dr Joanne Medhurst, leading the development

3.2 In November 2024, the ICB Board members further discussed the requirement for and development of the ICB's equality objectives and each of the executive directors' named above were tasked by the ICB Board to develop equality objectives for the ICB.

3.3 The BNSSG ICB Board are now asked to approve the following equality objectives:

- **Maternity**

To increase the administration of optimally timed antenatal steroids and magnesium sulphate in our population racialised as Black at risk of pre-term birth within BNSSG by March 2026.

- **Ethnicity data recording**

Increase the completeness of ethnicity recording in the patient administration systems of University Hospitals Bristol and Weston NHS Foundation Trust, North Bristol NHS Trust and Avon and Wiltshire Mental Health Partnership NHS Trust to 80% for BNSSG patients by 2027.

- **Workforce**

  - To make recruitment practice more equitable, making year on year improvements in hiring outcomes for those from racialised communities as compared to 2023-24 disparity data.

  - A year on year reduction in the disparity for colleagues from racialised communities and those with disabilities in relation to bullying, harassment and discrimination from managers and colleagues as reported in staff survey data in comparison to 2024 data.

  - To increase the proportion of staff from racialised communities in Band 8a or above to 12% by April 2028.

  - To continue to reduce the gender pay gap year on year, ensuring that the proportion of females within the upper quartile are comparable to overall organisation composition.

This objective is based on various workforce reports on the ICB workforce.

- **Cardiovascular Disease**

As cardiovascular disease (CVD) is one of the largest contributors to health inequalities BNSSG ICB aims to improve the treatment of high blood pressure in our Black African and

Caribbean populations so that 80% reach treatment targets by 2029. We will also reduce the gap between our Black African and Caribbean populations and our white population to within 3 percentage points.

This objective is based on CVD Prevent data, national evidence and local BNSSG system wide data (SWD) that identifies inequalities in hypertension for people who come under the broad ethnic category "Black" and more specifically the Black Caribbean population. Since 2022 the gap between Black African and Caribbean populations and White British populations in BNSSG treated to the appropriate treatment threshold for hypertension has increased.

A more accessible version of the objective will be explored and developed through co-production work in 2025.

4. Financial resource implications

The financial implications will be identified as the plans for delivering the objectives are developed by the relevant ICB teams.

5. Legal implications

Agreeing and publishing the Equality Objectives contributes to BNSSG ICB meeting the general and specific duties set out in the Equality Act 2010 Public Sector Equality Duty.

6. Risk implications

Risks to delivery of the objectives, and their mitigations, will be identified / become more detailed as delivery plans are developed. Risks that have been identified at this stage are:

Ethnicity recording – If the ICB cannot access primary care data nor put a system data sharing infrastructure in place, e.g. Intelligence Centre and / or Federated Data Platform then we will not be able to share the most complete data (primary care data) with other providers. This will mean ethnicity recording overall will not improve.

Cardiovascular disease – If the "Black" community view the objective as an overly medicalised model / view of their lives, then they might not be willing to co-produce the work needed. This will mean that the interventions designed won't meet needs and the objective will not be achieved.

7. How does this reduce health inequalities?

Health inequalities are unfair and avoidable differences in health across the population and between different groups (not limited to 'protected characteristics'). Making progress towards the ethnicity recording equality objective will both increase our understanding of where unfair and avoidable differences exist and help to measure whether interventions designed to reduce the difference are effective. The maternity and cardiovascular equality objectives have been designed to have a direct impact on reducing unfair and avoidable differences in the delivery of healthcare.

8. How does this impact on Equality and Diversity?

The purpose of the Equality Act 2010 Public Sector specific duties is to help public sector organisations improve their performance on the general equality duty (see Background section). Agreeing, publishing and making progress towards the equality objectives contributes to the ICB meeting its legal duties.

9. Consultation and Communication including Public Involvement

The ICB must publish its equality objectives in a manner which is accessible to the public and may publish this information within another published document. We will therefore publish the objectives on the ICB website. We will also tell relevant stakeholders, e.g. the Bristol Race and Health Equity Group, that we have published the equality objectives and where they can find them.

Glossary of terms and abbreviations

Equality Act 2010 Public Sector Equality Duty	The purpose of this duty is to make sure that public authorities and organisations carrying out public functions think about how they can improve society and promote equality in every aspect of their day to day business
Equality and Human Rights Commission	Independent statutory body with responsibility to encourage equality and diversity, eliminate unlawful discrimination and protect and promote the human rights of everyone in Britain. Also enforce equality legislation on protected characteristics. Who we are | EHRC
Antenatal steroids and magnesium sulphate	Giving these to people who are at risk of giving birth very early (pre-term) reduces the risk of their baby having problems with the development of their nervous system. Problems can result in conditions such as cerebral palsy.
Patient Administration System	The system used by healthcare providers to record details of patients, appointments, etc.
Cardiovascular disease (CVD)	A general term for conditions affecting the heart or blood vessels.
High blood pressure / hypertension	Blood pressure is the pressure of blood in the arteries. There needs to be a certain level of pressure in the arteries to move blood around the body. If blood pressure is higher than recommended over time it increases the risks of cardiovascular diseases such as stroke or hearty attack.
CVD Prevent	A national general practice audit that automatically takes routinely held GP data (anonymised). This data is turned into

	a data and improvement tool that provides clear, actionable information for those who are responsible for improving cardiovascular health.
Intelligence Centre	A central data hub that will allow teams to visualise, analyse and export anoymised population data.
Federated Data Platform	This platform securely connects data and breaks down information silos. It provides insights to assist in decision-making, reduce costs and improve patient outcomes.