NHS
Cheshire and Merseyside

Equality, Diversity and Inclusion Annual Report 2025-26

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Accessibility

Accessibility

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The ICB will continue to strengthen its approach to accessible information and reasonable adjustments in line with the NHS Accessible Information Standard. This includes working with partners so that people's information and communication support needs are identified, recorded, flagged, shared, met, and reviewed in practice.

Forward

We are pleased to introduce NHS Cheshire and Merseyside's Equality, Diversity and Inclusion Annual Report for 2025-26.

This report sets out how we have considered equality, diversity and inclusion in our work throughout the year, including how we have planned services, made decisions and involved people and communities in our work.

The past year has been challenging. The NHS has continued to face significant financial pressures, whilst responding to the NHS modernisation agenda and delivering change. These pressures have required difficult choices and a clear focus on how we use our resources fairly and effectively for the people of Cheshire and Merseyside. Equality, diversity, and inclusion are central to how we understand need, address differences in access and experience, support fair decision making and improve outcomes. This report shows that progress has been made in areas including commissioning and service change, making information more accessible, ensuring reasonable adjustments, improving provider assurance and workforce equality reporting.

It also recognises that there is more to do. We need to improve the consistency of our evidence, strengthen how we track actions, and be clearer about the impact of our work.

As the ICB continues to develop its role as a strategic commissioner, our focus in 2026-27 will be on strengthening assurance, refreshing our Equality Objectives and making sure equality is embedded earlier - and more consistently - in governance. On behalf of NHS Cheshire and Merseyside, I would like to thank staff, partners, people and communities - across the system - for their insight, challenge, and support during the year.

Equality, diversity, and inclusion are fundamental to our ambition to improve health and care for the people of Cheshire and Merseyside. This report is an important reflection of that commitment.

Liz Bishop
Chief Executive
NHS Cheshire and Merseyside

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Purpose

The purpose of this report is to explain, in plain language, how NHS Cheshire and Merseyside ICB has sought to meet its equality responsibilities during the year. It brings together evidence from governance, policy, commissioning, service change, workforce, provider assurance, patient experience, and partnership activity.

The report supports the ICB's responsibilities under the Equality Act 2010 and the Public Sector Equality Duty. It explains how equality, diversity, and inclusion have been considered in decision making and delivery, including where equality analysis has informed plans, programmes, and service change. It also provides an account of the steps taken to eliminate discrimination, advance equality of opportunity, and foster good relations for patients, communities, and staff.

This report is not designed as a catalogue of initiatives. Its purpose is to provide a clear assurance narrative. It shows where equality has been built into the ICB's governance and operating arrangements, where equality evidence has influenced decision making, what progress can be demonstrated, and where evidence or delivery remains insufficient. It also supports the ICB's Equality Delivery System assessment and informs the refresh of equality objectives for the coming period. Detailed evidence is provided in Appendix A (EDS assessment and action plan), Appendix B (workforce equality information) and Appendix C (MIAA EDI review summary and management response).

Executive summary and Board assurance overview

The ICB has made progress from 2025 to 2026 in strengthening equality assurance across governance, commissioning, service change, workforce equality, accessible information, and provider oversight. The report demonstrates that equality is increasingly being considered as part of mainstream decision making rather than as a separate compliance activity. This is particularly evident in the developing links between Equality Impact Assessments (EIA), Quality Impact Assessment (QIA), involvement, service change, workforce reform, Accessible Information Standard work and the Equality Delivery System.

The overall assurance position is developing. The ICB can provide evidence of governance routes, EIA and QIA processes, provider EDS submissions, workforce equality reporting, staff survey analysis, accessible information activity, MIAA audit learning, and examples of equality considerations being visible in-service change and Board or committee papers. However, the evidence is not yet consistent enough to demonstrate mature assurance across all areas.

The strongest assurance is around the existence of governance processes, the visibility of equality in some major programmes, the development of workforce equality evidence and the continued strengthening of accessible information and reasonable adjustment work. The weaker assurance is around consistent early use of equality evidence, post implementation monitoring, provider improvement plan tracking, data quality, intersectional analysis, and evidence of measurable impact.

The main conclusion for the Board is that the ICB has a credible equality improvement programme, but it now needs to move from activity and process evidence to clearer evidence of delivery, mitigation, impact, and learning. This will require stronger Executive ownership, more consistent action tracking, clearer alignment with quality and involvement routes, and more systematic use of provider and workforce evidence.

For 2026 to 2027, the priority is to focus on a smaller number of areas where the ICB can have the greatest impact as a strategic commissioner. These include equality assurance in commissioning and service change, accessible information and reasonable adjustments, provider assurance through EDS and quality routes, workforce equality and staff experience, and leadership accountability for equality and health inequalities.

Our Priorities for the Next Year.

Our five priorities for 2026–27

Strengthen equality assurance in commissioning and service change.

Improve accessible information and reasonable adjustment assurance.

Use provider EDS, quality and contract evidence more systematically.

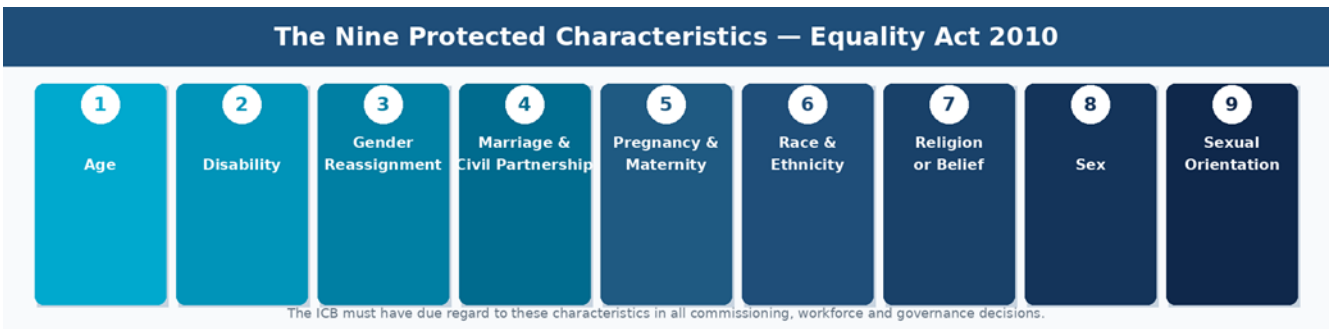
Improve workforce equality and staff experience.

Strengthen Executive and Board accountability for equality and health inequalities.

What does this mean for patients, communities and staff

Equality work matters because people do not experience health services or employment in the same way. Barriers related to disability, ethnicity, age, sex, language, deprivation, digital exclusion and other protected characteristics affect access, experience and outcomes. The ICB's equality work aims to address this for patients and communities — through fairer commissioning, accessible information and better use of evidence — and for staff, through a more inclusive and equitable working environment. For the Board, this report provides assurance on what is in place and is transparent about where more is needed.

Illustration of the Nine Protected Characteristics



Legal Duties and Governance

Legal Duties and Assurance Framework

The ICB has legal duties under the Equality Act 2010, including the Public Sector Equality Duty. When conducting its functions, the ICB must have due regard to the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.

The ICB is required to publish equality information and equality objectives. Public bodies covered by the specific duties in England must publish equality information at least annually and prepare and publish one or more equality objectives at least every four years. Equality objectives should be specific and measurable and should be informed by relevant evidence and analysis.

The ICB also has duties relating to health inequalities. As a commissioner and system leader, it must have regard to the need to reduce inequalities in access to health services and the outcomes achieved by people using those services. These duties sit alongside the Equality Act duties and are particularly important in Cheshire and Merseyside because of the scale of variation in health outcomes, deprivation, access, experience, and wider determinants of health across the system.

Equality assurance is built into the ICB's governance through Equality Impact Assessments, Quality Impact Assessments, the Equality Delivery System, workforce equality reporting, service change processes, involvement activity, provider oversight, and quality assurance routes. These mechanisms help ensure that decision makers have relevant information about how proposals may affect people with protected characteristics and people who may experience health inequalities.

During 2025 to 2026, the ICB continued to support decision makers by bringing equality evidence into commissioning, transformation, service change, and workforce decisions. This helped ensure that decisions were informed by evidence about access, experience, and outcomes for people who may be more likely to experience disadvantages. In 2026 to 2027, the ICB will continue to strengthen how equality evidence is linked with involvement, quality, health inequalities, population health, and commissioning assurance.

Governance, Leadership and Accountability

Equality, diversity, and inclusion are considered through the ICB's governance and accountability arrangements rather than as a separate workstream. The ICB's Constitution, Standing Orders, Scheme of Reservation and Delegation and committee structure provide the framework through which the Board exercises oversight, delegates functions and receives assurance.

Within this framework, equality considerations are intended to inform decisions at the point they are being developed, reviewed, and approved. Equality Impact Assessments support Board and committee decision making by helping decision makers understand potential equality impacts, risks, mitigations, and opportunities. Policy harmonisation, clinical input, communications, engagement, and equality advice also support a more consistent approach across the ICB's commissioning and policy framework.

During the year, the governance approach continued to develop in response to organisational reform, financial challenges, and the need for more consistent assurance. This included the use of overarching Equality Impact Assessments and Quality Impact Assessments for major planning documents, alongside refreshed EIA and QIA policies and processes to support delivery of the ICB's priorities, including financial sustainability programmes.

This is important because it strengthens the expectation that equality is considered as part of mainstream governance, programme oversight, and service change, rather than being treated only as a retrospective check. It also supports a more integrated approach to the Public Sector Equality Duty (PSED), health inequalities, quality, involvement, and patient safety.

The ICB recognises that governance maturity is still developing. The evidence is stronger on the existence of governance processes and oversight than on the consistent demonstration of impact across all areas of commissioning and delivery. Further work is needed to ensure that equality analysis is undertaken early, that action plans are tracked, that mitigations are monitored after decisions, and that learning is fed back into future commissioning and service change.

Strategic EDI leadership during 2025 to 2026 sat within the ICB's central leadership structures, with workforce equality and patient facing equality linked to senior leadership responsibilities. The Chief People Officer provided senior responsibility for workforce EDI and organisational development. Patient facing equality assurance has been linked to senior leadership for commissioning, governance, and strategic delivery.

NHS reform and the ICB's move towards a leaner strategic commissioning role have required changes to Executive structures and to the way patient facing equality assurance is led. During 2025 to 2026, this created a need to strengthen the connection between Equality, Diversity and Inclusion (EDI), commissioning, service change, population health, quality, involvement, and financial recovery, so that equality considerations are built into strategic decisions rather than treated as separate processes.

A key priority for 2026 to 2027 will be to confirm clear Executive ownership for EDI, including patient-facing equality assurance, oversight of equality risks and support for embedding EDI within the ICB's strategic commissioning model. This will be particularly important where decisions may affect access, experience or outcomes for protected characteristic and inclusion health groups.

Equality in Commissioning

Equality in commissioning, strategic planning and decision making

Commissioning is one of the principal ways in which the ICB can influence fair access, patient experience and health outcomes across Cheshire and Merseyside. This remained particularly important during a year shaped by reform, financial pressure and organisational change. The strongest evidence is not a claim that every programme has reached full maturity. Rather, it is that the ICB has continued to strengthen the way equality is built into commissioning, particularly through earlier use of Equality Impact Assessments, closer alignment with Quality Impact Assessment processes and involvement, and more explicit consideration of equality and health inequalities within planning and service redesign.

Periods of financial recovery and service change create a greater risk that equality is considered too late or treated as a documentation exercise. The ICB's improvement priority is therefore to move equality, health inequalities, quality, and involvement evidence upstream, so that it informs options, decision criteria, mitigations, and implementation planning before decisions are finalised.

Service change and assurance in practice

During 2025 to 2026, the ICB continued to develop its service change arrangements, including the refreshed service change panel terms of reference and wider process. The approach is intended to ensure that proposals are considered in a safe, fair, and transparent way, with clear lines of accountability, evidence of rationale, and appropriate approval routes.

Board and committee papers from the year show this approach being applied in practice. Service change panel recommendations have been reported through governance routes across service areas including mental health reinvestment and musculoskeletal specification improvement. In the Shaping Care Together programme, the Joint Committee considered integrated equality and quality impact assessments alongside modelling and consultation evidence, with travel, access and inequality mitigations identified as critical to implementation.

These examples show equality issues being considered as part of live decision making rather than only described in principle. However, the ICB recognises that the next stage of maturity is to evidence more consistently how mitigations are delivered in practice, how impacts are monitored over time, and how learning from service change is fed back into commissioning and assurance.

Individual Funding Requests and case by case equality consideration

The Individual Funding Request (IFR) function is planned to move to a Northwest model from 1 October 2026, hosted by NHS Greater Manchester. Work is underway to develop the new service across Greater Manchester, Cheshire and Merseyside, and Lancashire and South Cumbria, alongside harmonisation of non-medicines clinical policies. The aim is to improve operational efficiency and consistency while supporting equitable provision across the Northwest. During transition, equality assurance will need to ensure that individual circumstances, reasonable adjustments, accessible communication and relevant protected characteristics continue to be considered appropriately in case-by-case decisions.

Access, reasonable adjustments, and the Accessible Information Standard

The Accessible Information Standard (AIS) requires NHS and adult social care services to identify, record, flag, share, meet and review people's information and communication support needs. These requirements are particularly relevant for people with disability, impairment, or sensory loss, but the wider accessibility learning is also relevant to people who experience language barriers, low literacy, digital exclusion, autism, dementia, learning disability, or other barriers to understanding and using information.

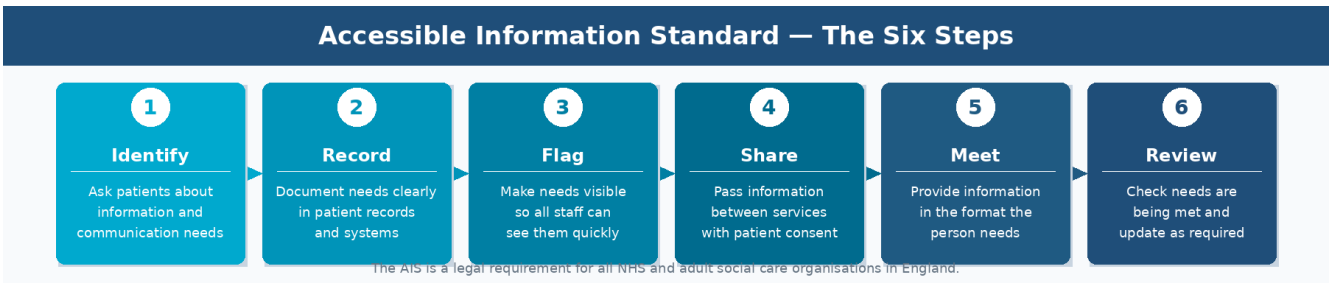


Illustration of the 6 Steps

The Accessible Information Partnership has brought together system partners to improve shared understanding of accessible information, reasonable adjustments, interpretation and translation, and the need to make information easier for people to understand and act on. This has supported a more practical approach to accessibility across commissioning, quality, involvement, complaints, and communications routes.

A key area of work has been the development of the AIS project and Sefton pilot. This has supported a more practical approach to identifying, recording, flagging, sharing, and meeting communication and information needs. The pilot has helped test how primary care, providers, commissioners, Healthwatch, local authority and voluntary sector partners can work together to improve access for people with sensory impairment, learning disability, autism, dementia, language needs, low literacy, or digital exclusion. The Six Steps Campaign and the development of Easy Read information for the ICB are examples of practical action to make rights and access expectations clearer for patients, carers, and staff. The aim is to make accessibility easier to understand and easier to deliver in day-to-day practice.

Workforce Equality, Inclusion, and Organisational Culture

From 2025 to 2026, the ICB continued to strengthen its approach to workforce equality, inclusion, and organisational culture. This work has been supported through The NHS Equality Delivery System (EDS) Domain Two, Workforce Race Equality Standard reporting, Workforce Disability Equality Standard reporting, Gender Pay Gap reporting, staff survey analysis, workforce equality data, staff support offers, staff networks, inclusive recruitment work, policy review and equality analysis of organisational change.

During the year, the ICB also continued to support staff through wellbeing and inclusion routes. These include staff networks, staff support sessions, employee assistance, and wellbeing offers, faith and reflection spaces, resilience and self-care support, and targeted support during organisational change. The ICB has six staff networks, which provide peer support and a route for staff with shared lived experience to influence culture, practice, and policy. A staff network framework and Executive Sponsor framework have been developed to support greater consistency, visibility, and senior ownership.

The ICB has also focused on strengthening inclusive recruitment practices. Inclusive recruitment training has been developed to help managers to understand their legal and policy responsibilities, apply fair and consistent selection processes, reduce bias, make reasonable adjustments for candidates, and make objective, evidence-based recruitment decisions. This is important because recruitment decisions affect workforce diversity, staff confidence, team culture, service quality, and the organisation's legal and reputational risk.

Organisational reform has been a significant workforce equality issue from 2025 to 2026. The operating model and senior leadership restructure were assessed through a workforce EIA. This identified that change may have differential impacts by age, race, disability, sex, working pattern, caring responsibilities, and other personal circumstances. The EIA also recognised the need to monitor outcomes through each stage of implementation, including slotting in, ringfencing, at risk status, suitable alternative employment, redeployment, recruitment, voluntary redundancy, and any compulsory redundancy. This is important because the equality impact of organisational change is not only about who is in scope at the start. It is also about who is affected by final outcomes.

MIAA internal audit work has provided further assurance and challenge. The audit recognised the ICB's established foundations, including strategic commitments, staff networks, EIA guidance, statutory workforce reporting, and Board level accountability. It also identified areas where assurance arrangements should be strengthened. These include reasonable adjustment processes, action plan monitoring, role-based training, EIA completion, and policy governance. The ICB has accepted the recommendations and will use them to support a single EDI Improvement and Assurance Action Plan.

The priority for 2026 to 2027 is to turn workforce evidence into a clearer and more measurable improvement programme. This will include refreshing workforce equality objectives, strengthening EDS Domain Two action planning, improving the use of WRES, WDES, Gender Pay Gap and staff survey evidence, relaunching and supporting staff networks, strengthening role-based equality learning, improving reasonable adjustment processes, and ensuring workforce policies, recruitment, leadership development and staff support arrangements are consistently inclusive.

Equality Delivery System and System Assurance

EDS 2022 is structured around three domains. Domain One focuses on commissioned or provided services. Domain Two focuses on workforce health and wellbeing. Domain Three focuses on inclusive leadership. Outcomes are reviewed, scored, and rated as Underdeveloped, Developing, Achieving or Excelling. These ratings help identify where there is assurance and where further improvement is needed.

Domain One. Commissioned or provided services

For Domain One, the ICB's role is primarily one of commissioning oversight and assurance. NHS provider trusts complete their own Domain One reviews for selected services, using local evidence and engagement. The ICB then uses provider submissions to understand the overall system position and identify common themes across access, individual health needs, safety, and patient experience.

For 2025 to 2026, provider submissions show a broadly positive position. The ICB assessed the Domain One system position as Achieving, with clear development priorities. This provides assurance that equality is being considered across a range of NHS services.

The rating should be read carefully. Provider services selected for EDS review vary by organisation, so the Domain One position is a system assurance indicator rather than a direct like comparison between providers. The submissions also show that evidence, quality, patient involvement, equality data and impact reporting are not yet consistent across all services.

The ICB has used wider evidence alongside provider EDS returns. This includes Equality Impact Assessments, Quality Impact Assessments, service change assurance, patient experience, complaints learning, accessible information work, reasonable adjustments, interpretation and translation, medicines optimisation and major transformation programmes. This is important because EDS scores provide a useful assurance point, but they do not replace the need for ongoing evidence about access, safety, experience, and outcomes.

During 2025 to 2026, the ICB's patient facing equality work showed that access and experience are strongly affected by communication needs, disability access, reasonable adjustments, digital exclusion, language support, transport, geography, poverty, and trust in services. These issues have been reflected in service change, medicines optimisation, accessible information, and patient experience work.

The priority for 2026 to 2027 is to use EDS findings more systematically in provider oversight and improvement. This will include reviewing provider Domain One improvement plans collectively, identifying common themes across access, safety, experience and individual health needs, strengthening links with quality and contract assurance, improving equality data quality, and using EDS evidence to inform refreshed equality objectives.

Domain Two. Workforce health and wellbeing

For 2025 to 2026, the ICB has assessed Domain Two as Developing. This is a balanced judgement. The ICB has established workforce equality infrastructure, including WRES, WDES, Gender Pay Gap reporting, staff survey analysis, staff networks, staff welfare support, learning and development activity, and internal audit scrutiny. However, the evidence also shows that staff experience has declined in some areas and remains uneven for some staff groups. This means the ICB can evidence activity and infrastructure but cannot yet evidence consistent impact.

The 2025 Staff Survey was a key source of evidence. Staff engagement reduced from 6.50 out of 10 in 2024 to 5.69 out of 10 in 2025, and morale reduced from 5.73 out of 10 in 2024 to 5.09 out of 10 in 2025. Both reductions were reported as statistically significant. This evidence indicates that staff wellbeing, morale and confidence need to be a clear improvement priority.

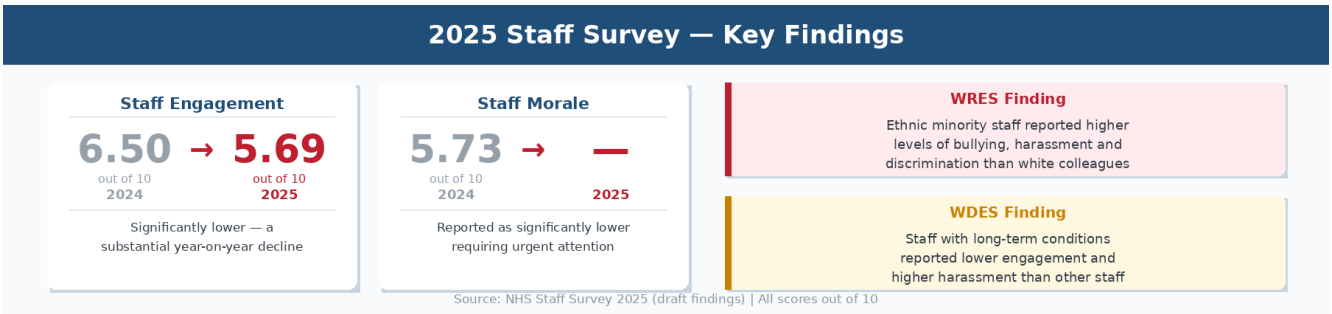


Illustration of staff survey findings and WRES and WDES findings

The equality breakdowns also show continued differential experiences. WRES evidence indicates that staff from all other ethnic groups reported higher levels of harassment, bullying or abuse from staff, and higher discrimination from managers or colleagues, than white staff. WDES evidence indicates that staff with a long-term condition or illness reported higher levels of harassment, bullying or abuse from managers and colleagues, and lower engagement than staff without a long-term condition or illness. This shows that the ICB needs to focus not only on overall staff experience, but on whether experience is equitable for diverse groups.

There is evidence of support in place. Staff can access occupational health, well-being support, staff welfare resources, financial well-being support, Freedom to Speak Up, HR routes, and staff networks. Staff networks provide peer support and a route for staff voice, and an Executive Sponsor framework has been developed to strengthen senior ownership. However, the EDS assessment found that the ICB needs stronger evidence that support routes are timely, trusted, accessible, and followed through.

Independent assurance has also shaped Domain Two judgement. MIAA audit work recognised that the ICB has established EDI arrangements, but identified areas where controls need to be strengthened. These include reasonable adjustment processes, action plan monitoring, role-based training, EIA completion, and policy governance. The findings support the Developing rating because they show that arrangements are in place, but that delivery, tracking and assurance need to be stronger.

The priority for 2026 to 2027 is to turn Domain Two evidence into a focused workforce equality improvement programme. This will include implementing the staff survey response plan, engaging staff networks on equality breakdowns, strengthening reasonable adjustment processes, improving action tracking, using WRES, WDES and Gender Pay Gap evidence more systematically, and ensuring workforce equality actions are aligned to the ICB's people priorities and organisational reform.

Domain Three. Inclusive leadership

During 2025 to 2026, the ICB made progress in bringing equality and health inequalities into Board and committee decision making, particularly through planning, service change, workforce reform, and commissioning assurance. Equality and quality impact assessments were visible in major programmes and the ICB continued to strengthen the expectation that equality evidence should inform decisions before they are finalised.

There is evidence that equality and health inequality considerations are becoming more visible in formal governance. Examples include service change reporting, the use of integrated equality and quality impact assessment in major service change, workforce EIA work linked to the operating model, accessible information work, provider EDS assurance, and workforce equality reporting.

However, the evidence does not yet show a consistent line of sight from equality evidence through to risk assessment, mitigation, decision, implementation and impact. Equality and health inequality risks are not yet captured and escalated early enough.

The ICB assessed Domain Three as Developing. Leadership commitment and governance routes are in place, but consistent documentation, action tracking and impact reporting need to improve before a stronger rating can be justified.

The priority for 2026 to 2027 is to strengthen the line of sight between Board papers, EIA and QIA review, agreed mitigations, action tracking, and impact reporting. This will support better assurance to the Board and help show how equality evidence is shaping decisions in practice.

Based on the outcome scores across all three domains, the overall EDS organisation rating for 2025 to 2026 is Developing. The detailed evidence, rating methodology, engagement record and action plan are provided in Appendix A.

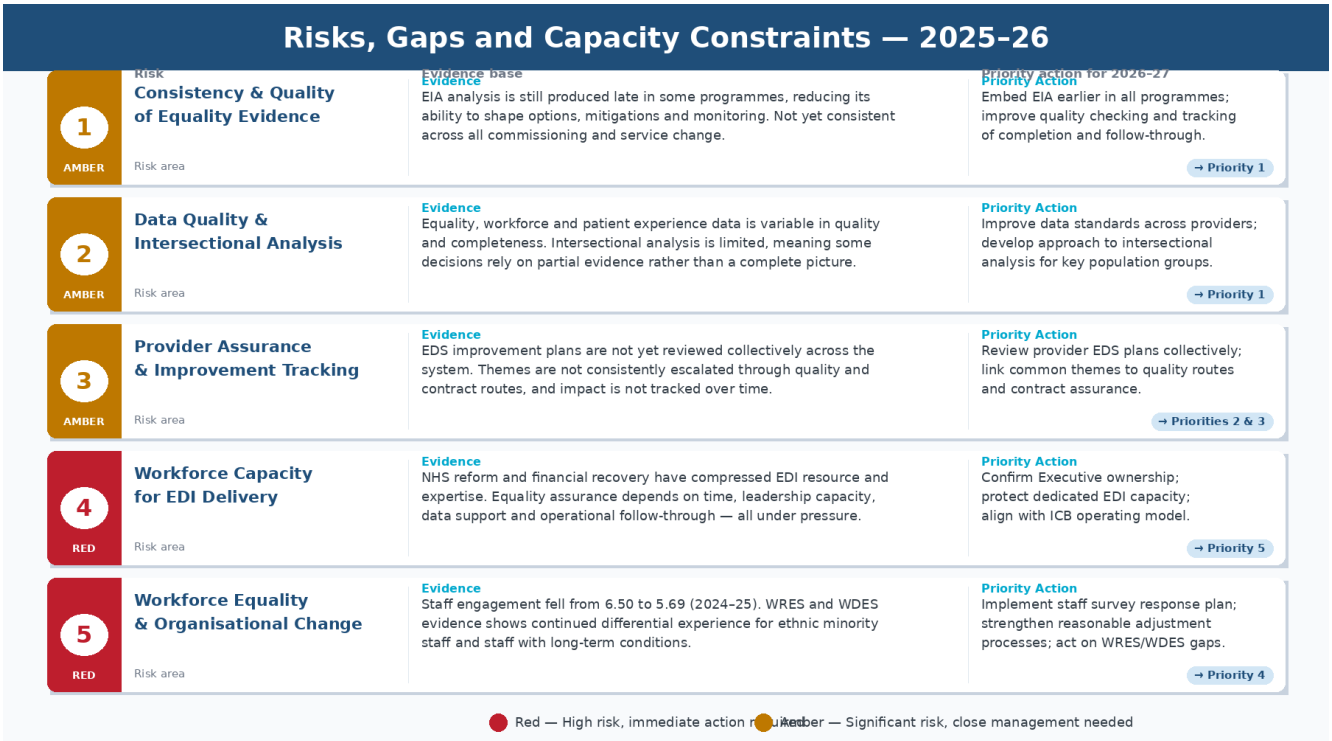
The ICB has made progress from 2025 to 2026, particularly in strengthening the foundations for equality assurance. The report evidences work across governance, commissioning, service change, workforce equality, accessible information, reasonable adjustments, provider EDS submissions, policy harmonisation and internal audit response.

Having processes and evidence in place is necessary but not sufficient. The next step is to demonstrate what changed as a result: whether mitigations were delivered, whether access and experience improved, and whether inequalities were reduced. This shift — from activity to impact — is the central challenge for 2026–27.

Risks, gaps, and capacity constraints

Five key risks affect the pace and depth of EDI delivery. These inform the priority areas for 2026–27.

- Inconsistent timing and quality of equality analysis.
- Incomplete or variable equality and health inequalities data, including limited intersectional analysis.
- Inconsistent provider assurance and evidence of impact.
- Workforce and organisational capacity during reform and financial recovery.
- Workforce inequality and the differential effects of organisational change.



Equality objectives and priorities for the coming period

The ICB has existing equality objectives which have provided the framework for equality work during 2025 to 2026. These objectives have supported work on fair and transparent commissioning, improving access and outcomes for people and communities who experience discrimination or disadvantage, strengthening provider equality assurance, and addressing inequality and discrimination in the workforce.

Progress against the current equality objectives

Fair, transparent and accountable commissioning decisions - Underway. EIA, QIA, service change and planning processes have strengthened, but early use of evidence and post-decision monitoring remain inconsistent.

Improve access and outcomes for people and communities experiencing discrimination or disadvantage - Underway. Accessible information, reasonable adjustments, anti-racism, complaints learning and service change analysis have progressed, but consistent outcome evidence is still developing.

Improve provider equality performance through procurement, monitoring and collaboration - Partially achieved. Provider EDS submissions and quality schedules provide a foundation, but collective review of provider improvement plans and escalation through contract and quality routes need strengthening.

Address inequality and discrimination in the workforce - Further work required**.** WRES, WDES, Gender Pay Gap, Staff Survey and network evidence are available, but staff experience has declined and differential experience remains for some groups.

Overall, the objectives remain relevant and there is evidence of progress, but none should be treated as fully complete because delivery, action tracking and measurable impact are not yet consistent.

From 2025 to 2026, the ICB used the annual report, EDS assessment, workforce equality reporting, MIAA audit findings, Equality Impact Assessments, provider assurance, and patient facing equality work to review whether the current objectives remain fit for purpose. This review shows that the existing objectives remain relevant, but they need to be updated to reflect the ICB's changed operating context.

The refreshed objectives should focus on a small number of priorities where the ICB can have the greatest impact as a strategic commissioner. These are expected to include improving equality assurance in commissioning and service change, strengthening access and reasonable adjustment assurance, using provider EDS and quality evidence more effectively, improving workforce equality and staff experience, and strengthening leadership accountability for equality and health inequalities.

The priority for 2026 to 2027 is to complete the refresh of the equality objectives, confirm Executive ownership, align them with the EDI Improvement and Assurance Action Plan, and embed them within the ICB's governance, commissioning, workforce and provider assurance arrangements. The EDS action plan, MIAA management actions and refreshed Equality Objectives will be brought together through one corporate improvement and assurance plan with named owners, milestones, measures, reporting routes and evidence of impact. Progress will be reported through relevant governance routes and future annual reporting.

Conclusion

Conclusion

This report shows that NHS Cheshire and Merseyside ICB has continued to strengthen the foundations of equality assurance during a challenging year. Equality is increasingly visible in governance, commissioning, service change, accessible information, workforce equality, and provider assurance. The ICB has also been candid about the areas where evidence, delivery and impact assurance need to improve.

The next phase must be focused and measurable. The five priority areas set out in this report — commissioning assurance, accessible information, provider EDS, workforce equality, and leadership accountability — provide the basis for refreshed equality objectives that are specific, owned, and linked to demonstrable impact.

By doing so, the ICB will move from demonstrating that equality work is happening to demonstrating that it Is making a difference — for patients, communities, and staff across Cheshire and Merseyside.

Supporting appendices

The annual report provides the overall narrative and assurance position. The appendices provide the supporting evidence and should be read alongside the relevant sections of the report.

Appendix A - Equality Delivery System 2022 Assessment and Action Plan 2025 to 2026. Provides the detailed evidence, ratings, engagement and improvement actions supporting section 9.

Appendix B - Workforce Equality Information 2025 to 2026. Provides the recorded equality profile of the ICB workforce and supports section 8 and EDS Domain Two.

Appendix C - MIAA EDI Review: Public Summary and Management Response. Summarises the independent review, the ICB's response and the actions being taken to strengthen EDI controls and assurance.

Useful Links

National

10-Year Health Plan for England: fit for the future

Neighbourhood Health Framework

Working in Partnership with People and Communities

Local

Clinical and Strategic Commissioning Plan 2026-31

Population Health Improvement Plan 2026-31

Glossary of Acronyms

The following abbreviations and acronyms are used throughout this report.

AIS	Accessible Information Standard
EDI	Equality, Diversity and Inclusion
EDS	Equality Delivery System (NHS 2022 framework)
EIA	Equality Impact Assessment
ICB	Integrated Care Board
IFR	Individual Funding Request
MIAA	Mersey Internal Audit Agency
PSED	Public Sector Equality Duty
QIA	Quality Impact Assessment
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard