

Meeting of BNSSG ICB Board

Date: Thursday 5th March 2026

Time: 12:30 – 15:15

Location: Bristol Citadel Community Church and Family Centre, 6 Ashley Road, St Paul's, Bristol BS6 5NL

Agenda Number:	6.2	
Title:	Update on work regarding Disabled people with a physical or sensory impairment and local Health services	
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: For Information		
Key Points for Discussion:		
To brief the ICB Board on developments related to disabled individuals with physical or sensory impairments and their interactions with local health services.		
Recommendations:	To note the update on Disabled people with a physical or sensory impairment and their interactions with local health services.	

Previously Considered By and feedback:	The Physical or Sensory Impairment working group co-chaired by CEO of BNSSG ICB
Management of Declared Interest:	No conflicts of interest declared
Risk and Assurance:	If systems partners are unable to provide a safe service to patients and clients with Physical and Sensory Impairments then they leave themselves open to the risk of challenge under the Equality Act 2010.
Patient and Public Involvement:	Service users are at centre of the working group. Disabled people with a physical or sensory impairment have engaged with conversations and contributed to the proposed actions.
Financial / Resource Implications:	There are no direct financial implications detailed
Legal, Procurement, Policy and Regulatory Requirements:	System partners have a duty under The Equality Act 2010 to ensure individuals have equal access to private and public sector services regardless of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. The Equality Act protects those receiving care and the workers that provide it from being treated unfairly because of any characteristics that are protected under the legislation.
How does this impact on health inequalities, equality and diversity and population health?	People with a long-term physical or sensory health condition can experience significant health inequality due to systemic barriers. In focusing on improving both the specialist and mainstream health services Disabled people with a physical or sensory impairment experience, it is hoped and intended to reduce health inequalities for this group of people who use our services.
ICS Green Plan and the Carbon Net Zero target?	
Communications and Engagement:	Active involvement of Disabled people with a physical or sensory impairment has been a non-negotiable part of this work. Only if this project was led by people with lived expertise could it reflect the real and serious challenges Disabled people with a physical or sensory impairment experience in Health and care services.
Author(s):	Alun Davies, Chair of the Bristol Disability Equality Commission

	Shane Devlin, Chief Executive
Sponsoring Director:	Shane Devlin

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Report title: Update on work regarding Disabled people with a physical or sensory impairment and local Health services

1. Background

1.1 In October 2023, the ICB Board considered a report exploring the experiences of Disabled people with a physical or sensory impairment of local health services. The work had been undertaken by a group of Disabled people from local Disabled people organisations. The group was co-chaired by the ICB CEO and the chair of the Bristol Disability Equality Commission. The report and recommendations were approved and accepted by the Board.

1.2 A delivery group representing all the key health organisations was established to oversee the implementation of the recommendations. At its first meeting in January 2024, the group agreed to prioritise three of the recommendations for 2024-2025. These priorities are set out below with progress update.

* Accessible Information Standard

All the organisations committed to meet the Accessible Information Standard (AIS). Each organisation undertook a base-line assessment to identify their individual situation. The AIS representatives from each organisation met regularly to share information and experiences and review progress. Work on implementing the AIS has been absorbed into the mainstream work of each organisation.

*** Ensure Disabled people are told well in advance of appointment dates in a format they can access and understand and have a chance to book support at the same time i.e. BSL interpreters to be booked on the same day the appointment is made. Also need to extend appointment times for people with communication needs**

The health organisations held conversations about carrying out a specific piece of work to scope the major IT systems used in BNSSG around appointments to identify any inconsistencies. Following that work, a meeting was to take place to identify key issues and potential solutions. There would also be a meeting of health organisations to explore the provision and process of using BSL interpreters.

*** Work with Disabled people to review wheelchair provision & engage and converse with Disabled people between both health and local authorities to understand the provision of equipment for Disabled people with a physical and / or sensory impairment.**

Various attempts were made to convene a meeting to take this recommendation forward, but the meeting did not take place.

1.3 Work also took place during 2024-2025 on another of the recommendations concerning **Do Not Resuscitate** notes on patient files. This issue is now covered by the Respect agenda. Alun Davies met several times with senior colleagues leading this work and was confident that practice was ethically based and focused on patient control and decision-making.

1.4 Further work on the recommendations from mid-2024 onwards was over-taken by the significant changes in health organisations and priorities brought in by the new Government. The subsequent reduction of the ICB further impacted on the work.

1.5 The ICB CEO and Alun Davies, who is no longer chair of the Commission but a consultant on Disability Equality issues, recently met to agree on how to pick up a Disability Equality focus on the new environment. It was agreed that the senior lead on equalities within the new ICB will undertake a major piece of work as soon as they are in post to work with Equalities communities to identify priorities and actions. Disabled people will be key to this. Alun Davies will act as an advisor to the project.

2. Financial resource implications

There are no direct financial implications detailed

3. Legal and procurement implications

3.1 System partners have a duty under The Equality Act 2010 to ensure individuals have equal access to private and public sector services regardless of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. The Equality Act protects those receiving care and the workers that provide it from being treated unfairly because of any characteristics that are protected under the legislation

4. Risk implications

4.1 If systems partners are unable to provide a safe service to patients and clients with Physical and Sensory Impairments then they leave themselves open to the risk of challenge under the Equality Act 2010. There is also a direct risk to patients and clients if they are unable to access appropriate services.

5. How does this impact on health inequalities, equality and diversity and population health?

5.1 People with a long-term physical or sensory health condition can experience significant health inequality due to systemic barriers. In focusing on improving both the specialist and mainstream health services Disabled people with a physical or sensory impairment experience, it is hoped and intended to reduce health inequalities for this group of people who use our services

5.2 Disabled people with a physical or sensory impairment are one of the 9 protected characteristics under the 2010 Equalities Act. Removing all barriers to full accessibility and inclusion and providing reasonable adjustments where required are vital elements in meeting the Equality and Diversity agendas of all members of the ICB.

6. Public Involvement including any Formal Consultation and Communication matters

6.1 The active involvement of Disabled people with a physical or sensory impairment has been a key and non-negotiable part of this work. Only if this project was led by people with lived expertise could it reflect the real and serious challenges Disabled people with a physical or sensory impairment experience in Health and care services.

7. ICS Green Plan and the Carbon Net Zero target

There are no direct Green Plan and Carbon Net Zero target implications detailed