

Public Sector Equality Duty (PSED)

Report 2022/2023

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Introduction

As the first Public Sector Equality Duty report of Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB) since it was formally established on July 1st 2022, this report sets out how BOB ICB has and will show due regard to its equality duties with respect to patients/service users and staff.

It highlights arrangements currently being made within the ICB, collaborations underway with partners and key levers being adopted to mainstream equality, diversity and inclusion as an employer, commissioner of services and facilitator of partnerships.

The scope of the report focuses on the ICB as an employer and includes a section on its role in levelling up performance on workforce priorities across the ICS partners, including Trusts and Local authorities. For the work on health inequalities, the report details arrangements made through the standard conditions of contracts with providers and health inequality plans as a commissioner and collaborator of partnerships.

Introduction to Equality, Health and Social Care Legislation

Equality Act 2010: The Equality Act 2010 consolidated and replaced previous discrimination legislation for England, Scotland and Wales. It covers discrimination because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation – known as ‘protected characteristics’. The Act introduced a new Public Sector Equality Duty (PSED) which replaced the previous three equality duties for race, disability and gender and applies to the ‘relevant protected characteristics’ of age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation and, to a limited extent, to marriage and civil partnership. The purpose of the PSED is to actively integrate equality and diversity considerations into everyday business. This report fulfils the second specific requirement.

Public Sector Equality Duty

The general equality duty under the Equality Act 2010 requires BOB ICB to show due regard to three aims:

1. Eliminate discrimination, harassment, and victimisation and other prohibited conduct.
2. Advance equality of opportunity, and
3. Foster good relations between people who share a protected characteristic and those who do not.

To meet the General Duty, the ICB has to fulfil 3 requirements as part of their Specific Duty under the Act:

1. Publish gender pay gap information on their employees by March 30, 2024 and thereafter annually.
2. Publish an annual PSED report.
3. Publish one or more equality objectives, every four years, focussing on priorities related to employment and/or populations. These will be informed by evidence and insight - informed by the EDS 2022 review and emerging ED&I priorities.

The Health and Care Act 2022

formally established Integrated Care Boards (ICBs) as statutory bodies responsible for planning and arranging healthcare provision within a designated area in collaboration with provider Trusts, social and primary care partners, who collectively form the Integrated Care System. They are responsible for the following 4 aims:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS support broader social and economic development.

Showing ‘due regard’

In order to demonstrate ‘due regard’, and to fulfil the ICB’s annual requirements, the ICB will:

- Undertake equality analyses
- Engage with staff and communities sharing a protected characteristic to inform employment and service design and delivery.
- Use benchmarking and performance improvement tools, such as the Workforce Race Equality Standard (WRES), Gender Pay Gap and the Equality Delivery System 2022 to initiate change and improvement for all.

Our Integrated Care System (ICS) sits at the heart of the Thames Valley. It covers the geography across three counties, is coterminous with the local authority boundaries of Buckinghamshire, Oxfordshire, Reading, West Berkshire and Wokingham and has a population of nearly 2 million. Whilst overall our population enjoys good health and a relatively strong socio-economic condition, there are pockets of severe deprivation that the ICS must reach.

Our Population

Population growth: Anticipated to be a 5% growth in the overall population size by 2042, with an additional 89,000 people living in the area, due to significant government investment in business and infrastructure (including transport links).

Ethnicity: People who responded that they were White British make up 73% of residents overall which is similar to the national average. This ranges from 53% in Reading to 85% in West Berkshire. People from many different ethnic groups live in our area including 3.5% of the population who describe themselves as Indian, 3.1% as Pakistani, 1.6% as Black African and 0.8% as Black Caribbean. These relative proportions vary between local authorities and ethnic diversity tends to be higher in our major towns and cities.

Aging population: The number of people aged over 65 is predicted to increase by 37%, an increase of 122,0000 people by 2042.

Long-term conditions: Levels of long-term conditions, such as heart disease or diabetes, are generally lower than the national average, but tend to increase with age, with an estimated 60% of people over 60 having one or more long-term conditions.

Recruitment & retention: Due to the high cost of living and competitive local job markets, nursing staff are likely to have to spend 58% of their monthly salary on housing.

Deprivation: 3% of our population, around 57,000 people, live in an area that is one of the 20% most deprived wards in England, with higher levels of homelessness, people living with long-term conditions, childhood obesity, falls in elderly people, and diabetes and smoking rates amongst people with anxiety and depression.

Integrated Care Partnership (ICP) Priorities

Promoting and protecting health – to support people to stay healthy, protect people from health hazards and prevent ill health

Start well –to help all children achieve the best start in life

Live well – to support people and communities to stay healthy for as long as possible

Age well – to support older people to live healthier, independent lives for longer

Improving the quality of and access to services – to help people access our services at the right place and right time

Our ICP Strategy was published in March 2023. You can read it in full here: <https://www.bucksoxonberksw.icb.nhs.uk/about-us/what-is-the-integrated-care-system>

BOB Integrated Care Board

BOB Integrated Care Board, ICB exists as a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging the provision of health services for Buckinghamshire, Oxfordshire and Berkshire West.

It aims to do this by facilitating partnerships with provider organisations, social, primary care and academic partners.

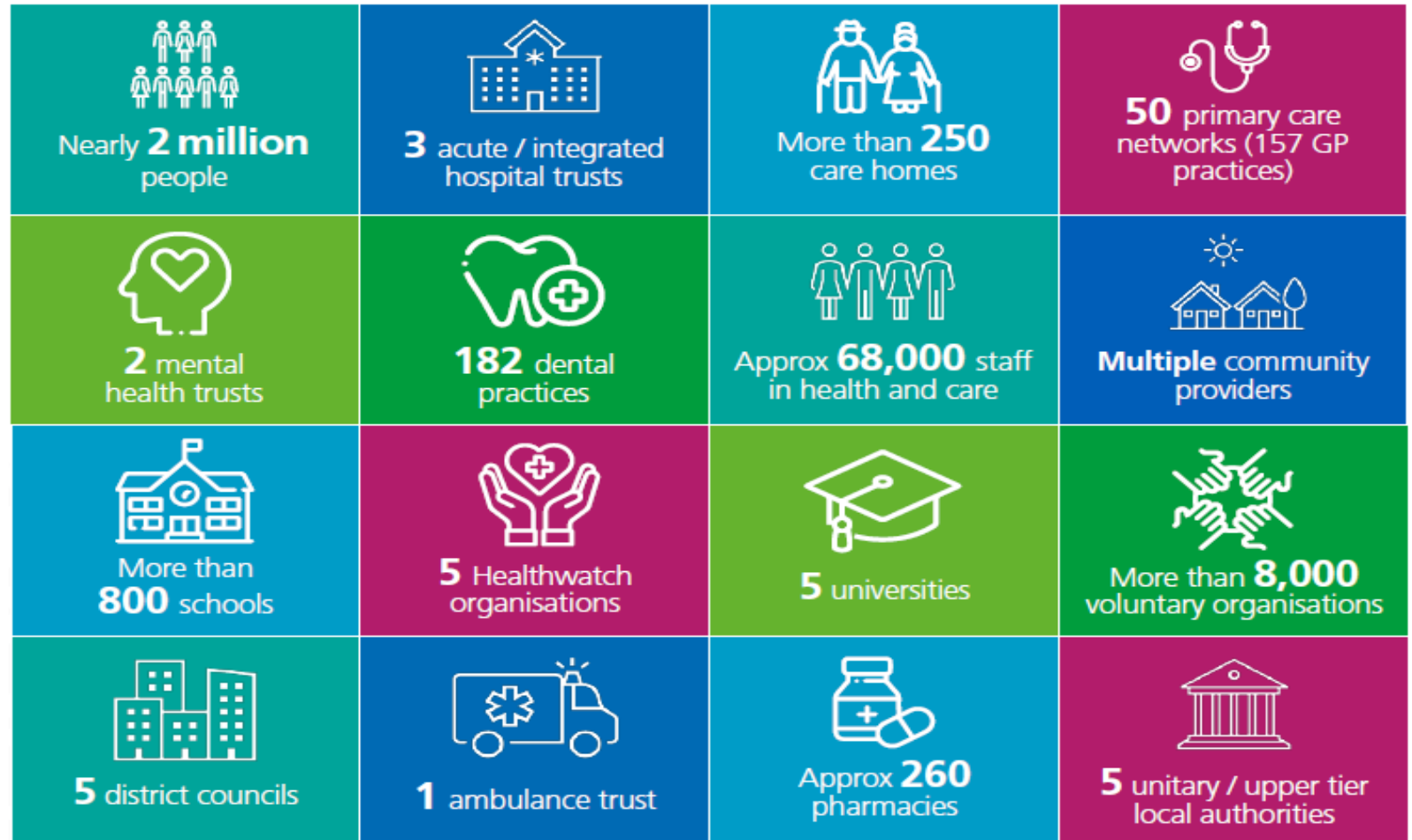
BOB ICB replaced Buckinghamshire, Oxfordshire and Berkshire West Clinical Commissioning Groups (CCGs) on July 1st, 2022, following the passage of the Health and Care Act 2022, taking over their commissioning responsibilities and establishing integrated care partnerships for the ICS.



System Partners Across BOB

Our Partners include:

- Berkshire NHS Trust
- Buckinghamshire Healthcare NHS Trust
- Oxford University Health
- Royal Berkshire NHS Foundation Trust
- South Central Ambulance Services
- Oxford Health Foundation Trust
- Oxford University Hospitals
- Oxfordshire County Council
- Buckinghamshire Council
- Berkshire West County Council
- Reading Borough Council
- Wokingham Borough Council
- Universities and Education facilities
- VCSE Alliance
- Healthwatch



Our Joint Forward Plan

The ICB has a duty to prepare a Joint Forward Plan (JFP) with partner NHS Trusts for 2023/24. This is currently being prepared and will be published by 30 June 2023.

The JFP will act as a delivery plan for the key priorities outlined in the ICP strategy and set out how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet their population’s physical and mental health needs – including its universal commitments for all, the four ICS core purposes and legal requirements under the Health and Care Act.

How Health Inequalities are being addressed through the JFP

Our Joint Forward Plan recognises the importance of prevention and addressing inequalities in BOB. Our five year ambition is to reduce health inequalities for our population ensuring that everyone has equal access to appropriate care and support and we want to keep people healthier for longer through increased primary and secondary prevention activities. We will do this by prioritising the following three areas:

Inequalities

We want everyone to have equal access to appropriate services and support through: tailored support to defined populations or groups, particularly those living in deprived areas, certain ethnic groups, LGBTQ+ communities, people with special educational needs and disabilities, people with long-term mental health problems, carers and groups who often are or feel socially excluded.

Prevention

We will increase primary and secondary prevention work year-on-year, keeping people healthy for as long as possible and delaying a deterioration into poor health.

Immunisation and Vaccination

We will protect our population from vaccine-preventable diseases through the implementation of the national immunisation strategy - maximisation uptake across all vaccination programs and reducing the occurrence of outbreaks while focusing on addressing local vaccine inequalities.

Governance, Oversight and the Equality Delivery System



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

The Integrated Care Board (ICB) is led by the Chair and Chief Executive of the ICB, and supported by six Non-Executive Directors, three Executive Directors and four partner members. The board is responsible for system oversight and assurance around planning and progress against key population health and workforce indicators and building accountability through the ICB.

The Board is supported by the following committees:

- Audit and Risk
- People
- Population Health & Patient Experience
- System Productivity
- System & Place Development

Equality Delivery System (EDS)

The EDS2022 is a performance improvement framework designed to help NHS organisations assess and rate their equality performance against 3 domains through a process of gathering evidence and engagement with staff, service users, partner organisations, board members and voluntary sector groups. Domain 1 of the EDS reviews up to 3 commissioned services, Domain 2 reviews staff health and wellbeing and Domain 3 reviews Inclusive Leadership.

Engagement, transparency and accountability lie at the heart of EDS reviews – and emerging actions are expected to be aligned with related areas of work, such as health inequality plans related to CORE20Plus5, Workforce Race Equality Standard (WRES) and the Gender Pay Gap plans.

EDS reviews help integrate equality, diversity and inclusion into the day-to-day business of the ICB, meet the aims of the PSED and set equality objectives for the organisation.

The ICB is currently gathering evidence to inform its first EDS2022 review.

Through our EDS 2022 review, we will review how equality-related risks are being considered through a selection of board papers. Based on our findings, we will develop guidance to support committees to ensure all key board and committee papers that have an impact on the workforce and population include an equality analysis that identifies key risks and mitigations.

Levelling up performance on workforce issues across the ICS

BOB ICB is responsible for the governance, oversight and assurance of equality, diversity and inclusion across the ICS. It works closely with system partners, including six provider Trusts and five local authorities, Integrated Care Board (ICS), ICS Equality, Diversity and Inclusion (ED&I) leads in the South East and the regional and national teams of NHS England and Improvement to ensure information, resources and good practice are shared and areas for improvement addressed in a collaborative and evidence-based manner. This section provides information on work undertaken to support 'levelling up' of performance across system partners since 2021:

- The ICB has facilitated the BOB ICS Inclusion Group – which includes ED&I Leads and Staff Network representatives from partner organisations. The group has met fortnightly since July 2021 to share information, updates and resources.
- The Inclusion Group helped co-produce the BOB ICS Equality, Diversity and Inclusion (Workforce) Strategy 2021-25 which was adopted by the HR Directors' Forum and System's Senior Leaders' Group in December 2021.
- The strategy was based on ICS equality data from 2020-21, namely the WRES, WDES, Gender Pay Gap and ICS action plans on the Six National Actions on De-biasing Recruitment and accelerating Career Progression.
- The 6 work streams of the strategy have focussed on: inclusive recruitment, equitable talent management, wellbeing at work, safer workplaces for all, voice and engagement and health inequalities in the workplace.
- The ICS has set up a Hub on NHS Futures Platform to share resources with partners – the partnership work is helping BOB ICS deliver against the NHS People Plan and People Promise.

Examples of improvements initiated across system partners include:

- Inclusive recruitment training is now being rolled out or planned across all partner Trusts and Buckinghamshire Council following a training pilot in May 2022. Partners are developing in-house resources to support recruiting managers through use of checklists, videos, research and guidance material. Recruitment and EDI leads have been meeting bimonthly to share progress. Berkshire Healthcare Foundation Trust was cited as a case study in No More Tick Boxes – a practitioner's Guide to Recruitment and talent management.
- ICS partners have trialled a virtual Empowerment Passport for disabled staff to improve disclosure processes, supported by Disability Confidence training.
- The Ethnic Minority Secondment Programme at Royal Berkshire NHS Foundation Trust has been promoted to partners as a toolkit, along with the NHS England Leadership Competency Framework.
- Partners have been reviewing WRES Indicator 3 as a deep diver exercise to minimise variance in performance across the ICS. They have shared information on pre-disciplinary panels, policies and anti-racism standard operating procedures and plan to analyse workforce trends on this indicator.
- Wokingham Council and Oxford Health Foundation Trust have supported the Peer Review of EDS Domain 3 at Oxford University Hospitals.
- Staff Network representatives across the ICS have been participating in group coaching and development sessions as part of a peer support group.

This section sets out the arrangements BOB ICB has put in place as a commissioner of services and facilitator of Integrated Care Partnerships to address health inequalities.

The arrangements help to address the needs of key protected and inclusion groups, including access, experience and outcomes – thereby addressing the three public sector equality duty aims related to eliminating discrimination, advancing equality and promoting good relations.

Our Ambitions

- Reduce premature deaths across the system (for under 75s)
- Halve the life expectancy gap between the most and least deprived communities.
- Increase life expectancy by 10%.

Focused activities over the next 12 months

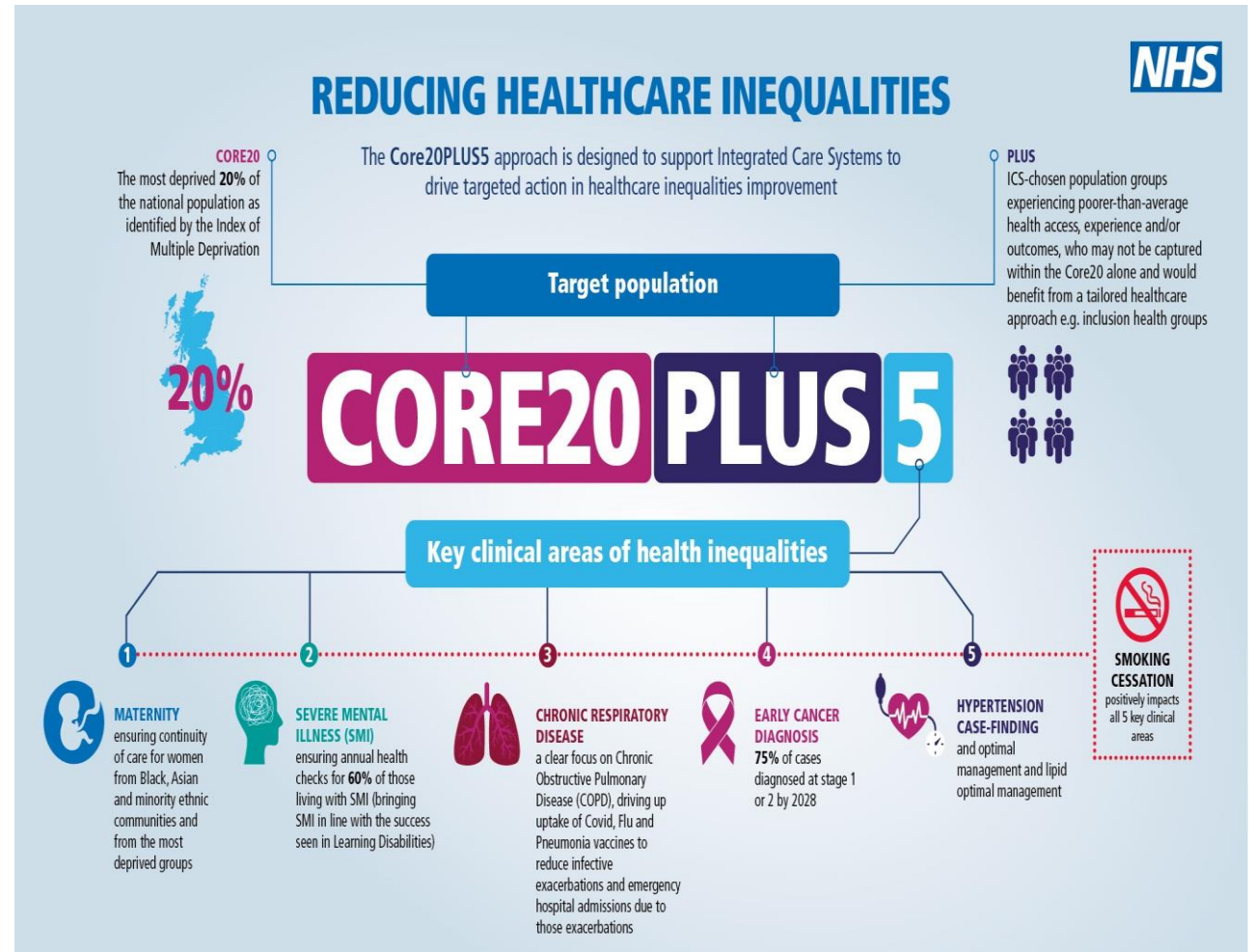
1. **Expansion of lifestyle & primary prevention – prioritising tobacco prevention** and the rollout of tobacco dependency treatment services across inpatient and maternity pathways in line with the agreed BOB Tobacco plan. This includes focussing on prevention pathways for Obesity, and Harmful Drug & Alcohol use.
2. **Restoration and expansion of Prevention, Diagnosis and Treatment of Long-Term Conditions prioritising CVD:** To support this, we have established Cardiac, Respiratory and Diabetes networks with plans to expand the current service model, building on the BP@home approach and are reviewing gaps between pre-pandemic targets with a specific focus on practices in areas of highest deprivation.
3. **Optimising the use of Annual Health Checks (AHCs)** by increasing AHCs for people with Severe Mental Illness (SMI), increasing identification & delivery AHCs for those with a Learning Disability / Autism and targeting general AHCs for those in the 20% most deprived areas. We are implementing a new Physical Health Check programme for SMI as part of the South East regional work. Oversight for this will be through the relevant ICS forum.
4. **Providing equality and equity of access across the full maternity pathway** – starting with increasing Continuity of Care for those women from ethnic minorities and the most deprived communities (by place). This would be delivered through our Local Maternity and Neonatal System (LMNS) Maternity Providers (*see also the section on Equality Delivery System – Domain 1*).
5. **Continue to learn from COVID-19** and seek to improve confidence/take-up of the vaccine in those populations/individuals who have remained reluctant to come forward for preventive vaccinations/immunization. Similarly, we will continue to encourage take-up of cervical screening for 25-49-year-olds from ethnic minority communities and improve vaccination rates in the 0–5 year cohort.

Reducing Healthcare Inequalities through CORE20PLUS5

To develop a targeted approach to addressing health inequalities, the ICB is looking at new ways of working and planning for services, including:

- Using data to identify populations and communities where there are inequalities of access, experience and outcomes or individuals and communities at higher risk of developing a disease.
- Developing detailed and tailored approaches to support people and communities in a way that is culturally relevant and competent.
- As these methods will take time to mature, the ICB will continue to align priorities to the Core20plus5* approach, targeting specific communities and diseases or conditions as priorities for both adults and children. These plans will be reviewed to ensure they are fit for purpose.

* Core20plus5 is a national NHS England approach to inform action to reduce healthcare inequalities at both a national and system level. The approach defines a target population and identifies 5 focus clinical areas requiring accelerated improvement.



BOB ICB Maternity Equity Collaborative

The Maternity Collaborative is a programme funded by the BOB Integrated Care System Local Maternity and Neonatal System (BOB LMNS) with the aim of improving equity for mothers and babies from Black, Asian and Mixed ethnic groups and those living in the most deprived areas.

The aim is to create a safe, supportive space where we can come together to explore maternity inequity and develop strategies to improve the experiences of people using, and working in, maternity and neonatal services through facilitated conversations.

It is led by the LMNS project lead for the ICS and brings together a group of people with lived experience of inequity in maternity and neonatal services from the BOB ICS. It is open to anyone working in Maternity and Neonatal Services in the BOB region, including Maternity Voices Partnerships.

The project has been commended by NHS England as part of the wider equity plan on maternal health. It is currently being evaluated and exploring further development and rollout.

Women and Birthing People Seeking Sanctuary

Royal Berkshire NHS Foundation Trust – working in close partnership with BOB ICB - has led the Women and Birthing People Seeking Sanctuary Maternity Clinic over the past year. The clinic is led by a multi-disciplinary team supported by the Trust's health inequalities board and has been cited as an example of good practice in the national Maternity and Neonatal single delivery plan which was published on March 31st.

The clinic offers enhanced services for maternity service users seeking sanctuary, such as refugees, asylum seekers, trafficked, undocumented migrants and those fleeing Ukraine.

It offers a maternity 'One-stop-shop' style clinic through a midwife referral process in the evenings on a bi-monthly basis. The service is helping to break down barriers for these families to enable them to access care in a timely manner.

Support offered includes transport to attend from across the Berkshire West, access to interpreters for all languages from expected client groups and allowing service users to bring other children and Partners. The clinic offers a family-friendly space with a range of resources and toys for young children.

Service users can see a range of NHS professionals and external agencies in one place including midwives, obstetricians, health visitors, public health practitioners, Reading Refugee Support, Compass Recovery College (mental health support), New Directions Easy English Antenatal Education and Maternity Voices Partnership. The Cowshed provides donations and resources and Volunteers attend to support the families during the evening.

This section provides information on the ICB's workforce – it provides a snapshot as of 1st July 2022, the date ICBs were established and includes the overall workforce profile analysis in terms of protected characteristics and information on starters and leavers.

As of July 1st, 2022, the ICB employed 322 staff.

The data on the protected characteristics of staff has been drawn from the ICB's Employee Staff Records. Employee disclosures on Age and Gender have been found to be complete. For the other protected characteristics, the analysis found: 13.7% did not declare their ethnicity, 29.8% did not declare their disability, 31% did not declare their sexual orientation, 35.4% did not declare their religion or belief and 14.6% did not declare their marital status. The analysis is limited to that extent and does not reflect a full picture of its workforce.

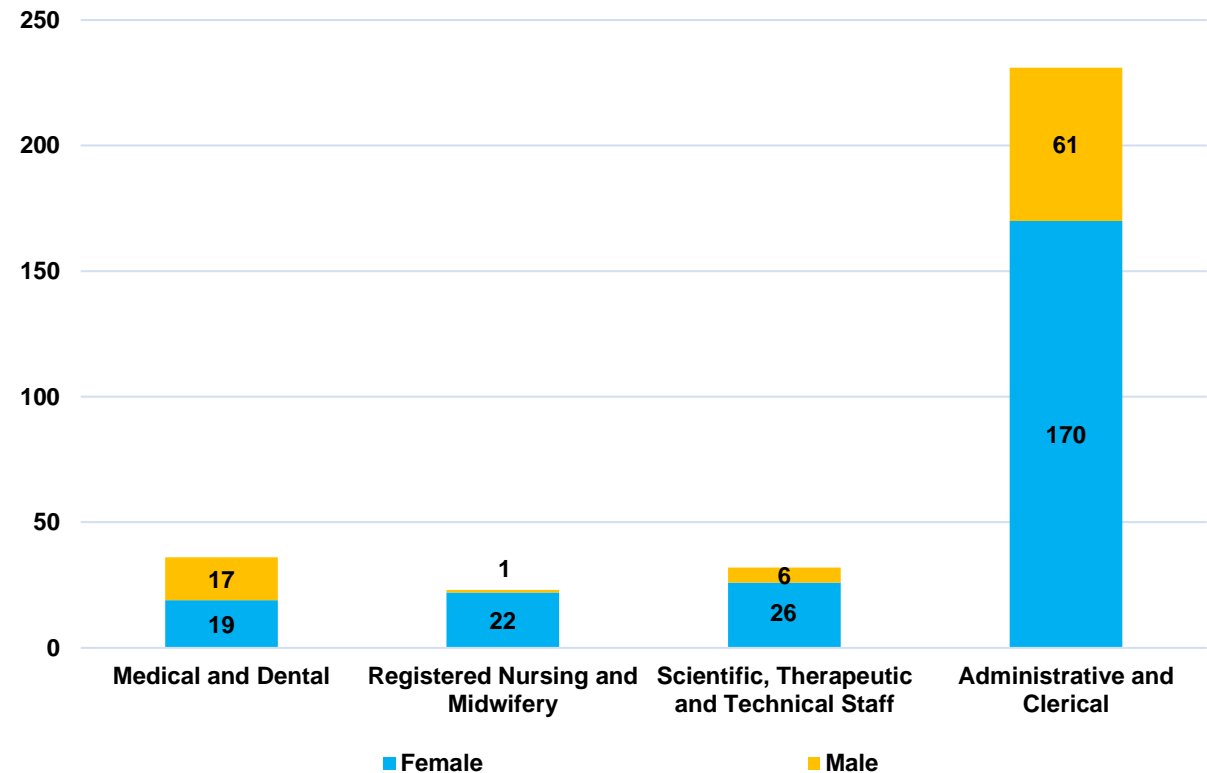
Over the coming months, we will proactively work to encourage staff to feel confident in updating their personal information as part of our efforts toward creating an inclusive organisation and building a more accurate workforce profile. The data will continue to be updated periodically.

Workforce Analysis: Gender

Of the 322 staff, 73.6% were female and 26.4% male.

The majority of female staff (170) were employed in administrative and clerical roles. Within the professional groups, 95% of the Nursing and Midwifery staff were female. This was followed by Scientific, Therapeutic and Technical roles, where 81.3% of staff were female.

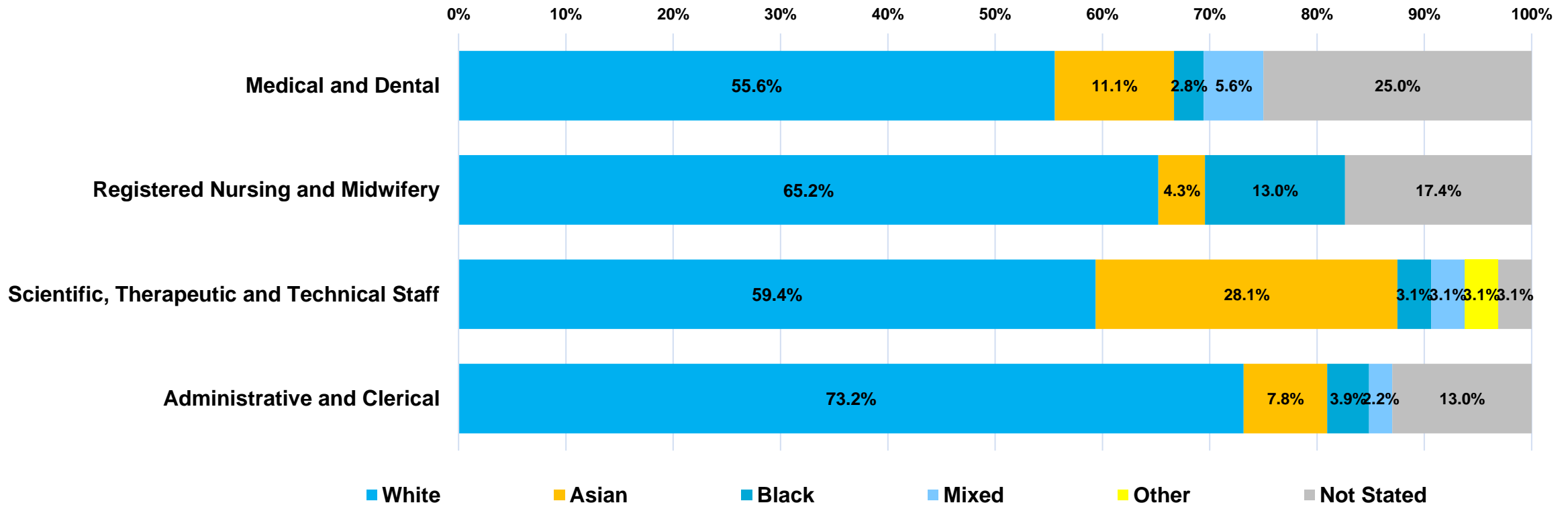
NB: Scientific, Therapeutic and Technical roles include: Medicines Optimisation Pharmacist, Medicines Management Team Manager, Senior Interface Pharmacy Technician and Pharmaceutical Adviser



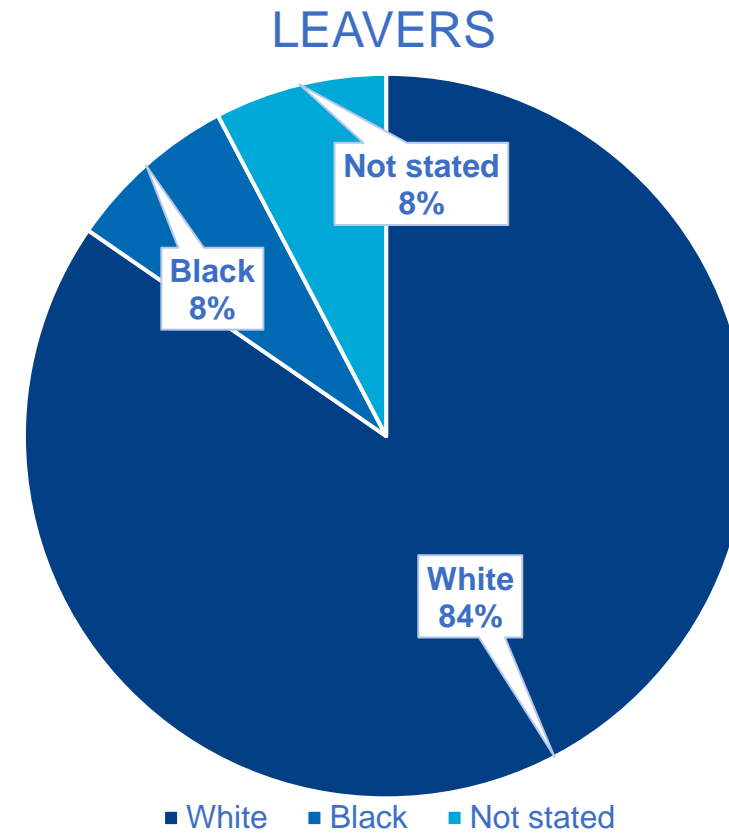
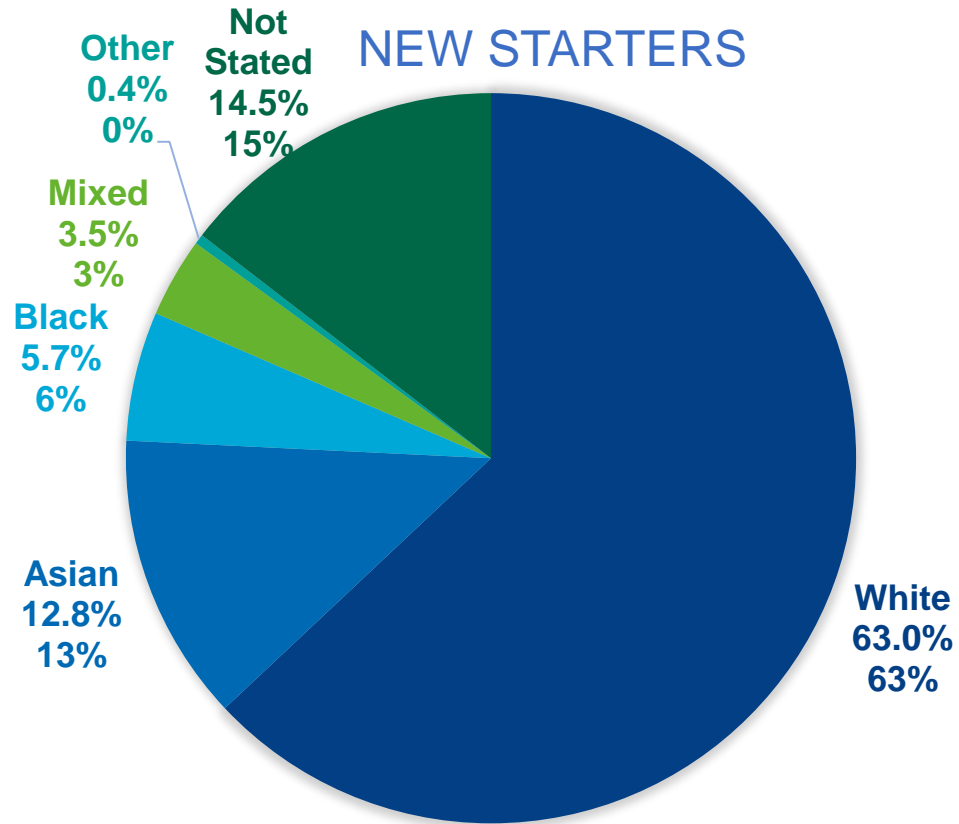
Workforce Analysis: Ethnicity 1/2

69.3% of the ICB's workforce identified as White, 9.9% as Asian, 4.3% as Black, 2.5% as Mixed and 13.7% did not state their ethnicity.

Workforce analysis: Ethnicity and professional group



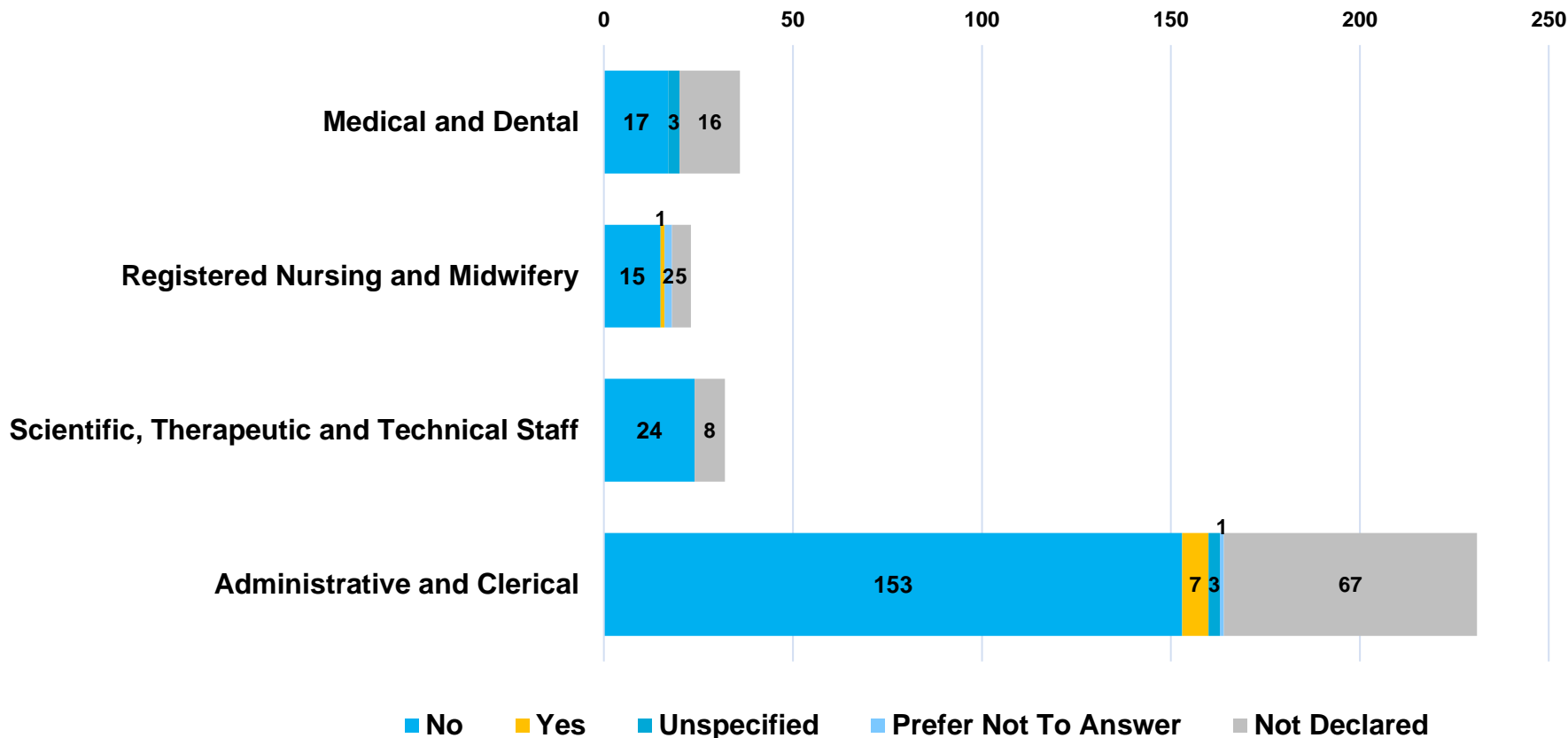
Workforce Analysis: Ethnicity 2/2



Workforce Analysis: Disability

- 2.5% of the ICB's workforce declared they had a disability
- 64.9% stated they did not have a disability
- 29.8% did not declare their disability
- 0.9% preferred not to state if they had a disability

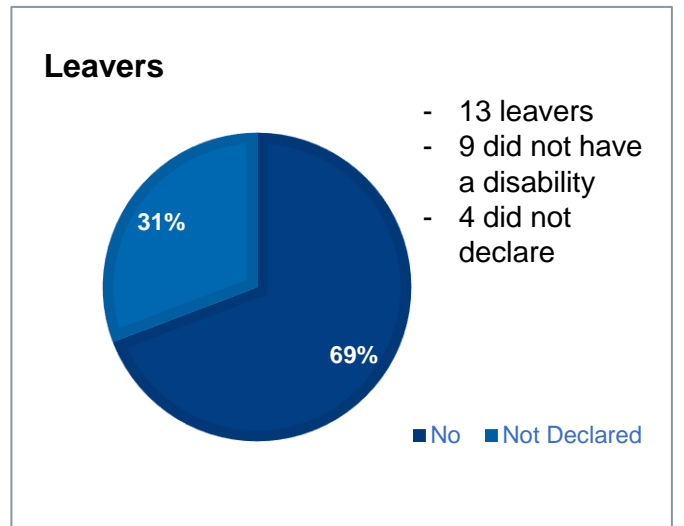
Workforce analysis: Disability and professional group



Retrospective 6 month analysis

New Starters

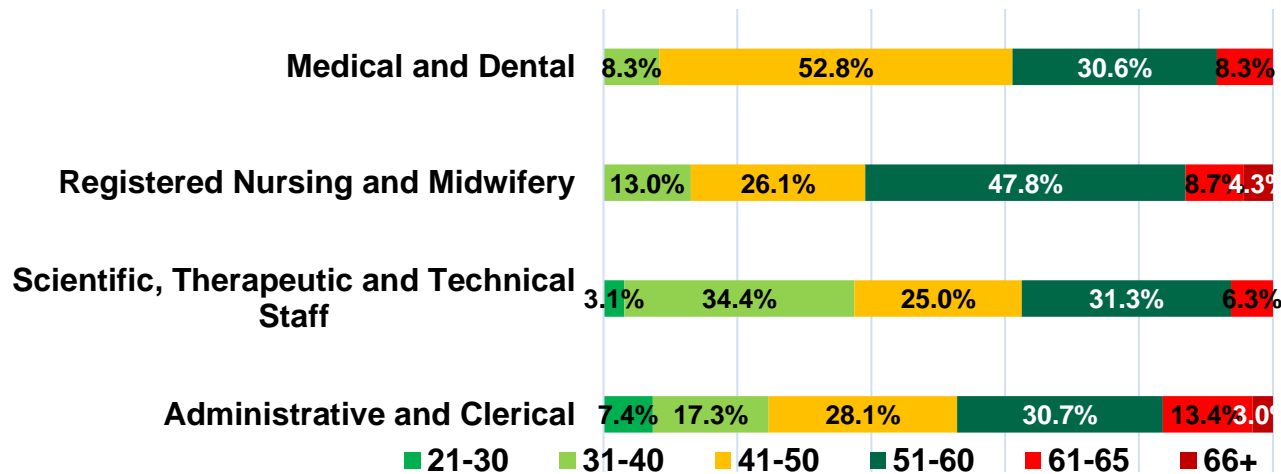
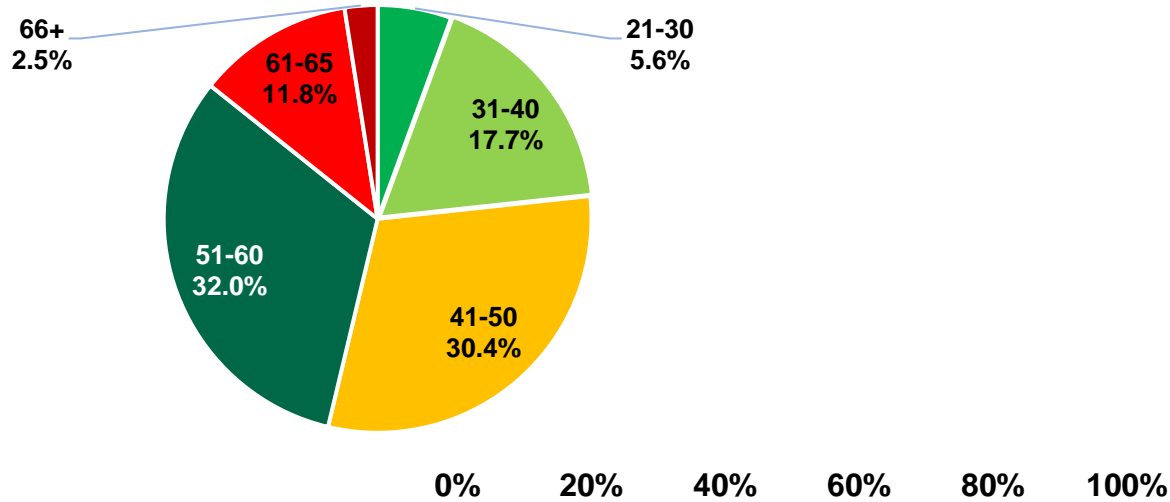
- 227 new starters
- 140 (62%) did not have a disability
- 78 (34%) did not declare
- 3 (>1%) preferred not to answer
- 6 (3%) declared a disability



Workforce Analysis: Age

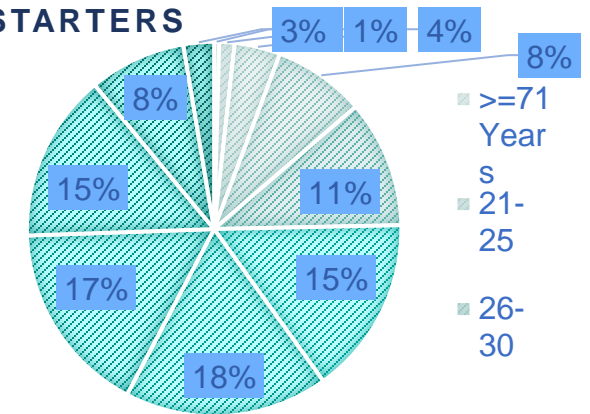
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Integrated Care Board

All Staff

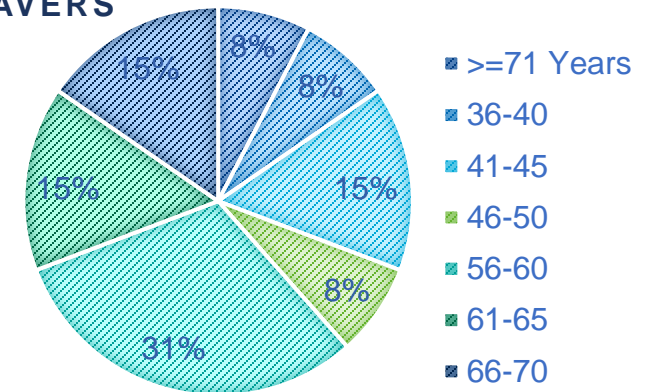


Retrospective 6 month analysis

NEW STARTERS

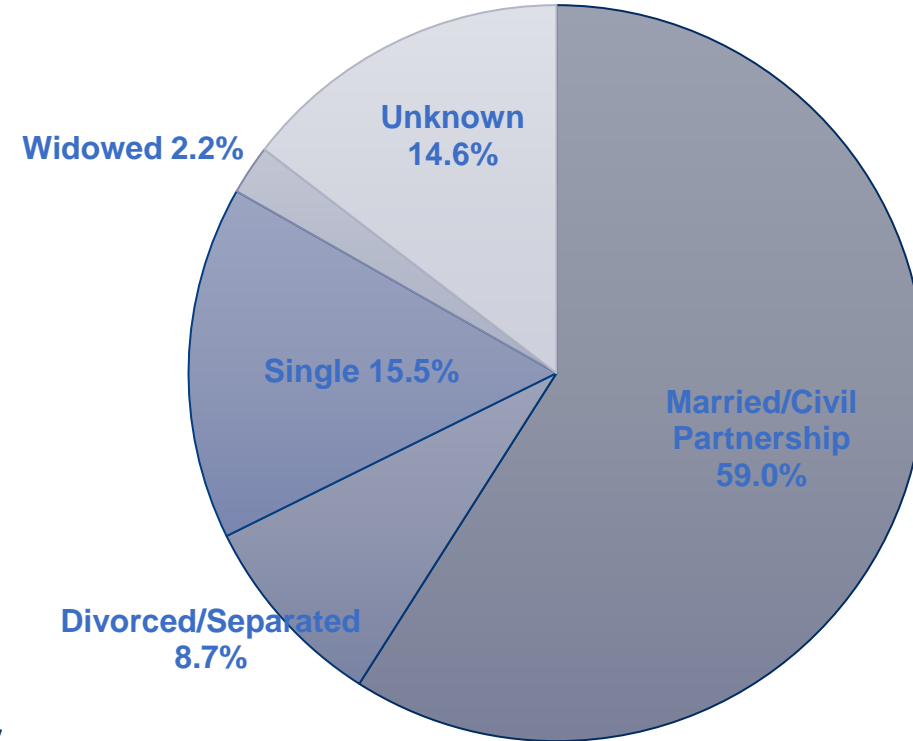
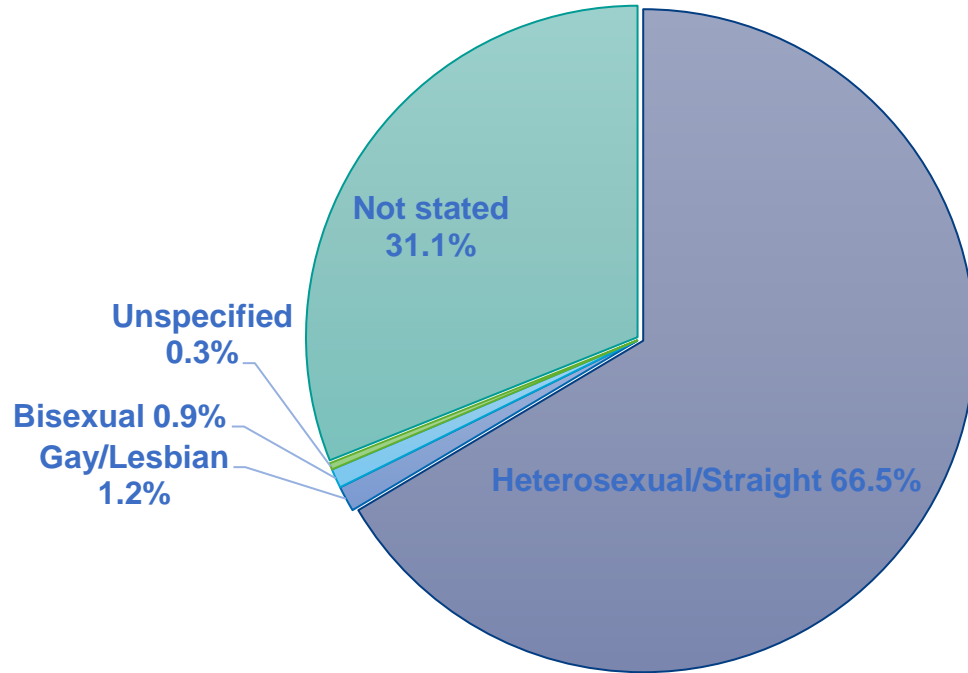


LEAVERS



Workforce Analysis: Sexual Orientation and Marriage and Civil Partnership

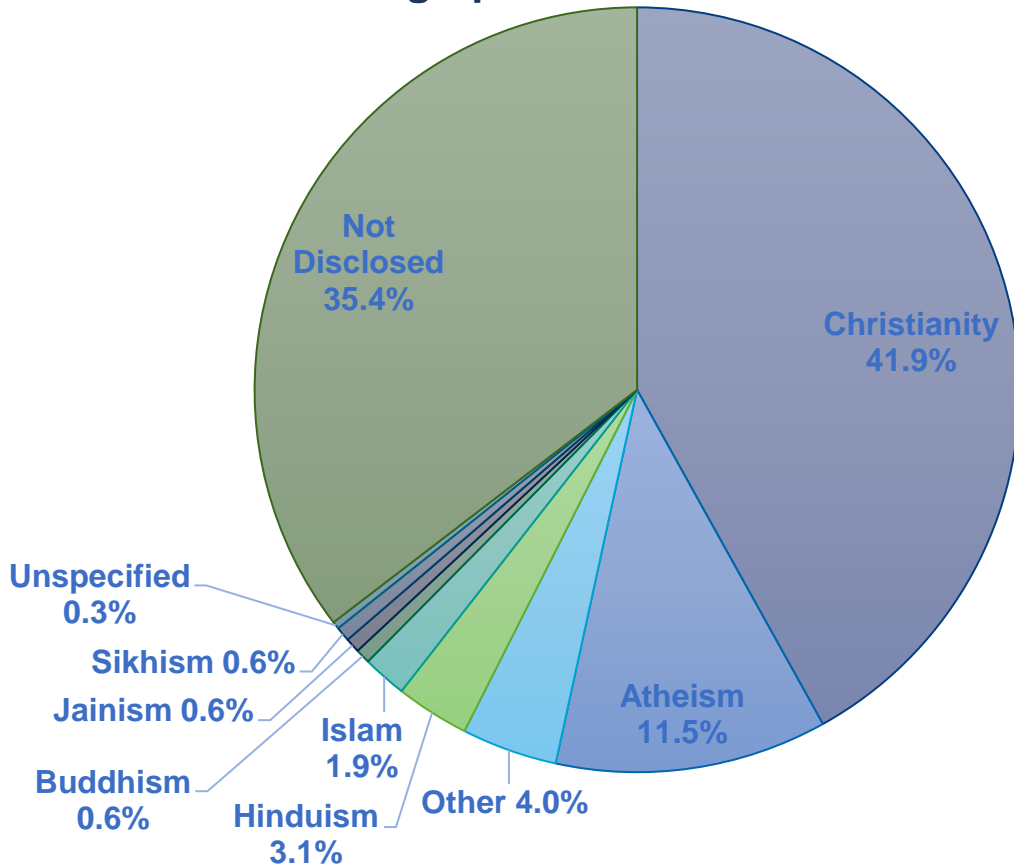
Workforce analysis: Sexual Orientation



This information is not being reported by professional group owing to the very small number of declarations and to protect anonymity.

Workforce Analysis: Religion and Belief

Workforce Demographic



Retrospective 6 month analysis

New Starters

do not wish to disclose my religion/belief 41%

Jainism 0%

Sikhism 1%

Islam 2%

Other 3%

Hinduism 4%

Buddhism 10%

Christianity 38%

Leavers

- 13 leavers with the following declared religion and belief
- Christianity: 6
- Do not wish to disclose: 5
- Other: 2

Implementation of the Equality Delivery System (EDS)

Equalities

- The development of specific and measurable EDI objectives for Chief Executives, chairs and board members in the ICB and across the ICS to which they will be individually and collectively accountable.
- All internal workforce policies are being developed in line with current legislative requirements, including the Equality Act 2010. These policies cover the recruitment, selection and appointment process, as well as all aspects of working for BOB ICB.
- Collaborative / aligned development and education plans focused on equality, diversity and inclusion, compassionate leadership and the importance of kindness, civility and respect.
- Peer-to-peer learning and sharing of good practices on promoting equality, equity, diversity and inclusion.
- Delivering the Workforce Race Equality Standard's (WRES) and the Workforce Disability Equality Standard's (WDES) model employer goals.
- Delivery of fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity in the workforce.
- Focus on our flexible working offer across the system with the aim of increasing the availability of flexible working arrangements.
- Implementation of the Equality Delivery System (EDS) 2022.

Staff Networks

- The BMS Staff Network was rebranded as the Cultural Awareness and Race Equality Network in March 2023.
- A working group set up to develop a Disability Staff Network and discussions are underway on networks for women and LGBTQ+ staff.

Culture and Values

- The ICB is currently developing its values and behaviour framework for which it has engaged with over 200 staff.
- The emerging values will support our plans related to population health and workforce, particularly in relation to developing inclusive and compassionate cultures for patients and staff and developing a positive and respectful workplace for all.
- We are committed to embracing cultural differences and building an inclusive organisational culture together. We have invested in the Cultural Intelligence programme, due to be delivered in 2023 via Culture Intelligence Centre.

Health & Wellbeing

4 pillars underpin the 'Building a better BOB' organisational Transformation programme, Wellbeing, Inclusivity, Development, and Leadership. Under each pillar BOB ICB's aim is to create a culture where people can do their best work, ensuring the values and behaviours are role modelled, as well as built into everything we do at BOB ICB. Pillars were developed with support from staff and intelligence / information collated from staff.

Engagement & Training

- BME Staff Network workplan to raise awareness on the cultural diversity within the ICB. This included information and personal stories on key festivals through All Staff Meetings.
- 6 individuals from ICB attended Inclusive Recruitment training as part of an ICS-wide pilot with HR representative attending a 'Train the Trainer' session. Accompanying toolkit, training module and video launched.

Contact Us



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

If you have any questions about this report or would like it in a different format, please contact us at: Bobicb.enquiries@nhs.net

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