

## BOARD MEETING

<b>Title</b>	Public Sector Equality Duty Annual Report		
<b>Paper Date:</b>	7 March 2024	<b>Board Meeting Date:</b>	19 March 2024
<b>Purpose:</b>	Approval	<b>Agenda Item:</b>	12
<b>Author:</b>	Yasmin Mahmood, Senior EDI Programme Lead	<b>Exec Lead/ Senior Responsible Officer:</b>	Caroline Corrigan, Interim Chief People Officer

### Executive Summary

1. Under the Equality Act 2010, BOB ICB is required to publish information demonstrating compliance with the General Equality Duty ('equality information') – as part of an annual Public Sector Equality Duty (PSED) report.
2. The PSED aims to integrate equality considerations in the day-to-day business of public sector organisations, requiring organisations to proactively consider ways to tackle systemic discrimination and disadvantages and promote equality for people sharing particular protected characteristics.
3. Under the Specific Duties, ICBs are expected to publish:
  - Information on staff and service users - analysed by protected characteristics.
  - One or more Equality Objectives
  - Gender Pay Gap Report
4. This information must be published annually on our website by 30 March. This report compiles this information under 4 headings:
  - Section 1 – Legal context, including Draft Equality Objectives based on key work being undertaken (page 15);
  - Section 2 – Health Inequalities – including key projects on Prevention, Population Health, Core20PLUS5, Maternity Equity, Health Inclusion Groups and Asylum Seeking and Migrant population;
  - Section 3 – Workforce Information – including workforce profile by protected characteristics, equality benchmarking using national standards, improving staff experiences – mapping progress using the six national High Impact Actions, staff engagement and BOB ICS Inclusion Group and Partnership Projects;
  - Section 4 – BOB ICS Inclusion Group and Partnership Projects and Programmes.
5. The report focuses primarily on the ICB's role as an employer, against the wider strategic context of its role as a convenor of partnerships. It sets out progress made over the past year internally, using improvement tools such as the Equality Delivery System (EDS) and Workforce Race and Disability Equality Standards and the Gender Pay Gap Disclosure. As part of this exercise, the ICB's performance has been compared with ICS partners and to a limited degree with the ICB sector average (using the staff survey results for March 2023).
6. Actions emerging from the EDS and the ICB's first Gender Pay Gap report will contribute to improving staff experiences internally as the ICB organises itself through the change management programme over the coming months.
7. The report includes information on ICS projects which the ICB staff have benefitted from, as they support the organisational objectives to support collaborative working, reduce health inequalities and improve value for money.

*Note: The report is being reviewed by the Executive Management Committee on 11 March and feedback will be provided to the Board members at the meeting.*

<b>Action Required</b>	
<p>The board are asked to:</p> <ul style="list-style-type: none"> <li>• Approve the Public Sector Equality Duty report for publication.</li> <li>• Discuss and agree the Equality Objectives set out on page 15 – as this is a distinct legal requirement.</li> </ul>	
<b>Conflicts of Interest:</b>	No conflict identified.
<b>Date/Name of Committee/ Meeting, Where Last Reviewed:</b>	11 March 2024 – Executive Management Committee.



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

# Public Sector Equality Duty 2023/24

March 2024



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# Introduction – Legal Context

**Equality Act 2010:** This act consolidated and replaced previous anti-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 the Public Sector Equality Duty, which supports related legislation, namely the Human Rights Act and the Health and Care Act 2022

**Public Sector Equality Duty:** Section 149 of the Equality Act requires all public bodies to show due regard to the three aims of its General Duty to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity, and
- promote good relations between people sharing a protected characteristic and those who do not.

To meet the General Duty, the ICBs has a Specific Duty to publish by March 30 annually:

- Gender Pay Gap information
- Information on its staff and service users/populations, analysed by protected characteristics.
- One or more specific and measurable Equality Objectives, refreshed at agreed intervals.

The General Equality Duty, also known as the Public Sector Equality Duty (PSED), applies to the nine protected characteristics under the Act. Its purpose is to integrate equality considerations into everyday business practices and accelerate progress for all.

**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 (ICS).

They are responsible for the following four 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.

The Act requires ICBs to establish an Integrated Care Partnership (ICP) with local authorities, bringing together representatives from partner organisations from the public and voluntary sector. The ICP will lead the development of the Integrated Care Strategy – which partners will have to show due regard to when making decisions.

**Human Rights Act 1998** sets out the fundamental rights and freedoms that everyone in the UK is entitled to.

The Public Sector Equality Duty uses the same definition of functions of a public nature as the Human Rights Act 1998 and therefore, supports and complements it.

Under this Act, human rights are set out in 13 Articles which give people the right to seek justice in a court of law.

# Scope of Report

This report fulfils the Specific Duties required to show due regard General Equality Duty as it provides information on the following:

- The Joint Forward Plan and Strategic Goals for the ICB in 2024/25.
- Draft Equality Objectives
- Key ICS Partnerships
- Workforce analysis by protected characteristics for the ICB as an employer.
- Findings on the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap benchmarking for the ICB and ICS for 2022/23 .
- Equality Delivery System Action Plans for the ICB workforce
- The ICB's OD programme to improve staff experiences
- Sexual Safety Charter
- BOB ICS Inclusion Group and Partnership projects and programmes
- BOB ICS WRES and WDES results 2023 - Highlights.
- Case Studies



# About BOB ICB

**Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)** exists as a statutory organisation responsible for planning, arranging and meeting the health and care needs of close to two million people living in Buckinghamshire, Oxfordshire and Berkshire West.

BOB ICB replaced Buckinghamshire, Oxfordshire and Berkshire West Clinical Commissioning Groups (CCGs) on 1 July 2022, following the passage of the Health and Care Act 2022. It took over the commissioning responsibilities of the CCGs and established an Integrated Care Partnership (ICP) to bring health and social care partners closer to form an Integrated Care System.

## The four main aims of the ICS are:

- improving outcomes in population health.
- tackling inequalities in health outcomes, experience and patient outcomes
- enhancing productivity and value for money, and
- supporting broader social and economic development.





# BOB ICS – Demographic Profile

The Buckinghamshire Oxfordshire Berkshire West Integrated Care System (BOB ICS) serves a population of nearly 2 million, across the five local authorities of Buckinghamshire, Oxfordshire, Reading, West Berkshire and Wokingham. Located in the heart of the Thames Valley, the ICS serves a disparate geography – from sparsely populated rural areas to the more populous towns and cities of High Wycombe, Oxford and Reading.

**Population growth:** The ICS has a growing and aging population – with population expected to grow by 5% (by approximately 89,000 people) by 2042, accompanied by housing and infrastructure development. The growth masks the changing age profile - with the numbers aged 65 or over expected to rise by 37% (increasing by 122,000) and young people (aged under 18) reduce by 7% (approximately 26,000) over the same 20-year period.

**Ethnicity:** The ethnic profile for the BOB ICS area mirrors the national average – but varies by local authority. People who responded that they were White British make up 73% of residents overall, similar to the national average, but this ranges from 53% in Reading to 85% in West Berkshire. The ethnic diversity of our population tends to be higher in our larger towns and cities, like Reading and Oxford.

**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 condition.

**Deprivation:** BOB ICS ranks 11.23 on the Indices of Multiple Deprivation score – highlighting its relatively low ranking on the deprivation scale. However, it has pockets of deprivation, with 3% of its population (57,000 people) living in 20% of the most deprived areas in England.

**Life expectancy at birth:** For males, this is 79.4 years in most local authorities in BOB, which is higher than the national average, except Reading, where it is comparable with it (79 years). For females, life expectancy at birth is higher than the England average (83.1 years) for most of the local authority areas, except Reading, where it is lower at 82.3 years.

## 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 Integrated Care Strategy was published in March 2023. You can read it in full [here](#):

# BOB ICS Population – Protected Characteristics, Census 2021 1/2

Protected characteristics	Oxfordshire	Buckinghamshire	Berkshire West
Ethnicity	<b>86.9%</b> identified as White 6.4% as Asian/Asian British, 2.1% as Black(British/African/Caribbean) and 1.6% as Other.	<b>79.9%</b> identified as White, <b>3.5%</b> as Mixed, <b>2.6%</b> as Black (British/African/Caribbean), <b>12.4%</b> as Asian/Asian British 1.6% - Other	<b>91.9%</b> identified as White, <b>2.4%</b> as Mixed, <b>1.3%</b> as Black (British/African/Caribbean), <b>3.7%</b> as Asian/Asian British <b>0.7%</b> as Other
Disability (day-today activities limited a lot)	5.1%	5%	5.1%
Religion	47% - Christian 40% - no religion, 3% - Muslim 1% - Hindu 1% - Buddhist 1% - Other, 7% - Not answered	<b>47.2%</b> identified as Christian, <b>34.2%</b> - no religion <b>7%</b> - Muslim <b>2.7%</b> - Hindu <b>1.6%</b> - Sikh <b>0.5%</b> - other religions 6% - Not answered	<b>49%</b> identified as Christian <b>41.1%</b> - no religion <b>1.3%</b> - Muslim <b>1.3%</b> -Hindu <b>0.3%</b> - Buddhist <b>0.2%</b> Sikh <b>0.1%</b> -Jewish, <b>0.4%</b> - follow other religions 6% Not answered
Sexual Orientation	<b>88.4%</b> identified as heterosexual 1.48% - Gay or Lesbian 1.68% - bisexual 0.44% - all other sexual orientations <b>7.9%</b> - undeclared.	<b>90.7%</b> identified as heterosexual, <b>1%</b> - Gay or lesbian, <b>0.9%</b> - bisexual, <b>0.3%</b> - other, <b>7.1%</b> - undeclared.	1.1% gay or lesbian 1% bisexual

# BOB ICS Population – Protected Characteristics, Census 2021 2/2

Protected characteristics	Oxfordshire	Buckinghamshire	Berkshire West
Marriage and Civil Partnerships	47% of Oxfordshire residents were married or in a registered civil partnership. Of those, 0.8% are in same-sex relationships.	31.5% - Not married or in a civil partnership 52.2% - Married or in a civil partnership	Of West Berkshire residents, 51.6% were married or in a registered civil partnership, 51.4% - married and 0.1% were in a registered civil partnership (0.1% opposite sex and 0.1% same sex).
Gender Identity	93% had a gender identity that was the same as their sex registered at birth 0.1% identified as Trans Man, 0.9% as Trans woman 0.10% - Non Binary 0.05% - Other Gender Identity	Data unavailable	0.1% identified as trans women 0.1% as trans men



Source: [Equalities | Oxfordshire Insight](#), Census 2021,

# Governance and Oversight

The Board of the ICB is led by the Chair and Chief Executive of the ICB, supported by five 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
- Place and System Development
- Population Health & Patient Experience
- Remuneration
- System Productivity

The decision-making process is set out within the Governance Handbook, which can be found [here](#)

All decisions related to Equality Diversity and Inclusion are made by the Board, based on recommendations received from the People and Population Health and Patient Experience Committees. The Executive Management Committee receives all reports and progress updates. A forward plan for all statutory reports has also been developed to strengthen and accountability and assurance process and all key reports will be monitored by the Governance team to ensure equality risks are analysed to support board decisions.

# 1 Joint Forward Plan on a Page

The Joint Forward Plan is the NHS delivery vehicle for the BOB Integrated Care Strategy. The summary plan, developed with partners in June 2023 is set out below. This is updated annually with refreshed goals agreed by partners.

<p><b>Our System Vision and Partnerships</b></p> <p><b>01</b></p>	<p>Everyone who lives in our area has the best possible start in life, lives happier, healthier lives for longer, and can access the right support when it is needed</p>									
<p>Place based partnerships, Provider Collaboratives, Clinical Networks, VCSE, Communities</p>										
<p><b>Addressing Our Biggest System Challenges</b></p> <p><b>02</b></p>	<ol style="list-style-type: none"> <li>1. An <b>inequalities</b> challenge</li> <li>2. A <b>model of care</b> challenge</li> <li>3. An <b>experience</b> challenge</li> <li>4. A <b>sustainability</b> challenge</li> </ol>			<p>A reduction in inequalities in outcomes and experience                  People are better supported in their communities to live healthier lives                  Improved accessibility of our services and elimination of long waits                  A sustainable model of delivery across the BOB system</p>						
<p><b>Delivering Our Strategy – Our Service Delivery Plans</b></p> <p><b>03</b></p>	<p><b>Promote and protect health:</b> Keeping people healthy and well</p>	<p><b>Start Well:</b>                  Help all children achieve the best start in life</p>	<p><b>Live Well:</b>                  Support people and communities live healthy and happier lives</p>	<p><b>Age Well:</b>                  Stay healthy, independent lives for longer</p>	<p><b>Quality and access:</b>                  Accessing the right care in the best place</p>					
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<p><b>Supporting and Enabling Delivery</b></p> <p><b>04</b></p>	<p>Workforce, Finance, Digital, Estates, Research &amp; Innovation, Net Zero, Quality, Safeguarding, Infection Prevention and Control, Personalised Care, Continuing Healthcare, Delegated Commissioning</p>									



# 1 Our Inequalities Challenge

**Outcome goal: Reduction in inequality of access, experience and outcomes across our population and communities**

## Where are we now and what action are we already taking?

Across our BOB partnerships, there are already numerous examples of collaborations focused on reducing inequalities in access, experience and outcomes. Reducing these inequalities is a central ambition of our partnership as set out in the BOB Integrated Care Strategy. In 2023/24 we have activity planned that will accelerate and grow our support to people and communities with greatest needs. These activities include:

- **Increased investment for place-based initiatives** – A £4 million new annual investment for 2023/24 & 2024/25 will be directed towards populations who face the largest health inequalities in access, experience, and outcomes. The funding, devolved to Place, will focus on key ill health prevention reflecting local needs and includes:
  - ✓ Reducing premature mortality through **community outreach programmes** in Berkshire West with local, targeted actions including increasing health checks, BP monitoring and promoting ‘active medicine’ .
  - ✓ Supporting Buckinghamshire’s **Opportunity Bucks** programme targeting the 10 most deprived areas in Bucks – actions including health checks for people with severe mental illness, preconception and maternity support for highest risk ethnic communities .
  - ✓ In Oxfordshire supporting specific communities including people who are **homeless**, building partnerships and **increasing community capacity** with VCSE and local partners to deliver local core20plus5 initiatives.
- **Core20Plus5** – An ongoing focus on the priorities identified through our core20plus5 analysis. For example: smoking cessation – Further investment of £835,000 in Tobacco Advisory Services in acute in-patient, maternity and mental health inpatient.

We have places where Population Health Management is working successfully already on a small scale (for example, in the Reading West PCN and Banbury Cross Health Centre). We are improving our understanding and outcomes in relation to people with diabetes in our Nepalese community and our most deprived housebound patients. Further detail on these plans are available in the relevant service delivery plans.

## Service Plans

### Reference:

Tackling inequalities is a theme running through all delivery plans. Most actions included in:

- Inequalities & Prevention
- CYP and Adult Mental Health
- Maternity and Neonatal
- Long Term Conditions
- Personalised care

## Our longer-term transformation approach – Unlocking population health management

We recognise that a more consistent approach to identifying and addressing inequality challenges will be significantly strengthened through the development of a robust approach to **population health management**. Although we have examples across BOB where PHM is used to make decisions, this could be strengthened and spread across the system. We commit to progressing this in 23/24 through the following actions:

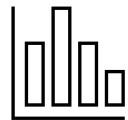
- Create an **integrated data set** across our providers, with data available for analysis to identify opportunities for targeting support to communities and people in BOB.
- Establish the right **analytical capability and decision-making infrastructure** to clearly understand where the areas of greatest inequalities exist and analyse the causes .
- Utilise the Population Health data and analysis to **target activity** in the areas which have the greatest need and where the most impact will be made, with initial rollout in targeted clinical areas.

## 2023/24 Priority Transformation Milestones

<ul style="list-style-type: none"> <li>• Form an ICS Data Leadership and Governance Group with clinician and patient input.</li> <li>• Completed stock-take of data sets, collection and reporting..</li> </ul>	<ul style="list-style-type: none"> <li>• Define and establish Centre of Excellence for Data including learning and community of practise.</li> <li>• ICS Data Charter established..</li> </ul>	<ul style="list-style-type: none"> <li>• Build a team that can work with local teams and produce proof of value analysis.</li> <li>• Agree shared responsibility between ICS and local system functions.</li> </ul>	<ul style="list-style-type: none"> <li>• Finalise development of a common ICS data architecture.</li> <li>• Embed culture of data driven transformation as part of PHM approach.</li> </ul>
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# System Context: Our Key Challenges

As a system we face a number of significant challenges



## Our Financial position

### Position

The BOB NHS budget for 2023/24 was £3.3bn, with a large share (40%) allocated to acute services.

We are forecasting a **significant deficit (£26-40m)** this financial year beyond what we planned for. Any system overspend will have to be repaid in future years, adding to the challenge moving forwards.

### Efficiencies

There are **significant opportunities to make efficiencies** across our estates, back-office functions and clinical pathways if we work more closely together.

### Sustainability

The overall financial position highlights the need for our system to make significant changes if we are to get to a **more sustainable position** and for us to realise the benefits of pooling resource and economies of scale



## Our System Performance

### Acute

Circa 6,000 patients waiting over 52 weeks for treatment, with **considerable variation** in waiting times and access across specialties and the system. Limited use of mutual aid at present.

### Urgent and Emergency Care

Our **urgent care systems are under significant pressure**, with increased attendances and a deterioration in performance against national targets.

### Mental Health

We are often reliant on **adult acute mental health out of area placements** and are seeing **growing waiting lists** for many services (children and adults), with demand outstripping capacity.

### Primary Care

People report a **worsening experience of accessing primary care** and there is a significant mismatch between supply and demand

# BOB System Goals 2024/25 - to be finalised in Quarter 1 of 2024



Improve outcomes for our population health and healthcare

1

Provide more **joined up, proactive and accessible care**, by bringing together teams and resources across organisations into Integrated Neighbourhood Teams

2

Improve the mental wellbeing of **children and young people** by working together to pilot and scale preventative approaches and improvements, including within the neurodiversity pathway



Tackle inequalities in outcomes, experience and access

3

Extend healthy life expectancy by **preventing strokes and heart attacks**, through working together to improve CVD pathways and prevention and targeting action to where it will have most impact

4

Accelerate our provider collaboratives (Acute & Mental Health) to **tackle variation** to drive increased equity of access, outcome and experience



Enhance productivity and value for money

5

Deliver savings through **adopting a system-wide approach to procurement and estates (One Public Estate)** across our places and providers

## Enabled by System Digital & Data Programmes

- **Digitise:** Reaching a core level of digitisation across the system.
- **Connect:** Connecting care settings across organisations and sectors
- **Transform:** Targeting our resource through population health management to better meet the needs of our population



Help the NHS support broader **social and economic development**

6

Develop a more unified approach to **supporting and retaining our people**, reducing temporary staffing, supporting local employment and supporting the health and wellbeing of our people



# Draft Equality Objectives 2024/25

The following Equality Objectives have been identified based on the ICB's Equality Delivery System (EDS) review, ICS WRES and WDES results for 2022/23 and key involvement and engagement programmes underway in the ICS. They will be supported through actions underway in their respective work streams over 2024/25:

## **Public Engagement:**

1. Publish findings of study commissioned to inform the BOB ICS Research Engagement Network and Citizens Panel to ensure there is an inclusive approach to community involvement in healthcare research and planning.

## **Maternity Equity:**

1. Ensure data submitted to Maternity Services Data Set (MSDS) contains valid postcode for mother/birthing parent at booking in 95% of women booked in the month.
2. Ensure data submitted to MSDS/dashboard/score cards includes a valid ethnic category for at least 90% of the women booked in the month.

The dataset will help us monitor take-up of screening and post-natal services, by protected characteristics and area, and address variations in outcomes and experiences more effectively.

## **Workforce (internal) equality objectives for BOB ICB:**

1. Promote NHS Health checks through staff networks, All Staff Forum and internal communications channels to ensure all have access to support to manage health conditions and wellbeing.
2. Implement the Agile, Flexible and Hybrid Working Policy to support flexible working.
3. Ensure ICB Change Programme includes inclusive recruitment and compassionate leadership workshops for managers.
4. Improve intelligence and reporting on Employee Relations to address any disproportionality by protected characteristics.

## **We will work with our partners to agree our ICS equality objectives for 2024/25, related to:**

1. Supporting career progression for ethnic minority staff to address the race disparity ratio identified in 2023/24.
2. Rolling out the Cultural Intelligence Programme to build staff capabilities to work within diverse teams.
3. Implementing the NHS Sexual Safety Charter actions (ICB and provider Trusts) in 2024/25.
4. Commissioning a reasonable adjustments toolkit for all partners.



# ICS Partnerships

BOB ICB supports a range of partnerships to support collaborative working. This section identifies some of the key arrangements, including:

- Place Based Partnerships
- Acute and Mental Health Provider Collaboratives
- Voluntary and Community Sector Alliance
- Workforce Partnerships

For more information on our Place Based, Acute and Provider Collaboratives see the [Joint Forward Plan](#)



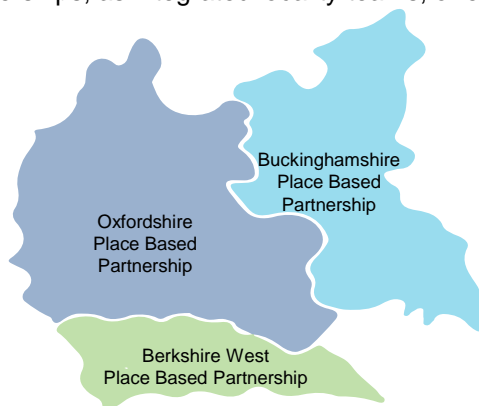
# 1 Our Place Based Partnerships

Our model for system working has thriving places at its heart. Across our ICS we want to empower, support and challenge our places to deliver for the people they serve. Decisions about the delivery of services are normally best taken close to the people who use those services. If we are to succeed in supporting people to live healthier and more independent lives, we need a nuanced understanding of the issues facing different people and communities. This Joint Forward Plan will be delivered in partnership with leaders and staff working closely with our populations at every level across the system, through our Place Based Partnerships, as integrated locality teams, or extending beyond our ICS borders when that is what is needed.

## Our Place Based Partnerships (PBPs)

Within BOB we have three strong and distinct Places – Buckinghamshire, Oxfordshire, and Berkshire West – that are broadly co-terminus with local authorities and the catchment for district general hospital services.

Each place is establishing a place-based partnership (PBP) which will be leading delivery at a local level, driving transformation and integration, and ensuring the plan delivers improvements in outcomes and experiences for the people living in each place.



## The role of PBPs in delivering local priorities

Our PBPs and their wider local arrangements can bring together system partners to deliver the outcomes that really matter to each “Place”, in support of the Joint Local Health & Wellbeing Strategies (JLHWSs).

Each place will design its own partnership, which may include local government, primary care and VCSE organisations. In BOB, we see the role of our PBPs as critical to shaping how services are delivered locally, and a maturing partnership approach across BOB will be important in how we best shape services that meet the needs of local populations. We already have a strong history of working at place-level across the BOB system and will build on this existing strength through our new formal partnerships to ensure local priorities are delivered. We also see our PBPs as vital in driving the integration of services “on the ground”, which make a genuine difference to quality and accessibility for local people.

PBPs will focus on the following populations:

- **Children and young people** including improving school readiness, child and adolescent mental health (CAMHS), special educational needs and disability (SEND).
- **Adult mental health** and learning disability (LD) and neurodiversity (ND).

- **People with urgent care needs** including children, adults and older adults with multiple illnesses and frailty.
- **Health inequalities and prevention** including healthy lifestyles, wider determinants of health and our role as anchor institutes.

## The principle of subsidiarity

We are committed to the principle of subsidiarity which means decision-making and delivery will still be taken as close to local communities as possible. System leaders that are working closest to their local populations are best placed to make decisions and lead activity. Therefore, our partners are central to delivery in BOB and have the accountability and support within a clear governance framework. Where significant benefits can be realised through system co-ordination, we will work at a larger scale across the system to deliver activity.

## Developing our PBPs

To support the development of strong places and based on learning and experiences from other Place-Based Partnerships, we will be reviewing progress against a few common characteristics we want our places to have. These will be used to help set an initial baseline and to support ongoing continuous improvement as Partnerships.

A priority for 2023/24 is to further develop our ways of working to define how accountability and responsibly is shared between the ICB and our PBPs, supporting the principle of subsidiarity. Over the next five years we anticipate the level of delegated responsibility and budgets to our PCPs will grow as our partnership approach matures.

## Health and Wellbeing Boards

Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. In BOB, we have five Health and Wellbeing Boards (HWBs) closely aligned with our Place Based Partnerships.

Each of our Health and Wellbeing Boards has developed a Joint Local Health and Wellbeing Strategy – with Wokingham, Reading and West Berkshire co-producing a single strategy covering “Berkshire West”.

# 18 Our Provider Collaboratives

Along with Place Based Partnerships, our emerging Provider Collaboratives will be central to delivery of the BOB ICS vision, recovering core services and productivity, and meeting operational planning requirements each year. These collaboratives are early in their development, and we expect their roles to grow and evolve over the period of this plan.

## BOB Acute Provider Collaborative

The Acute Provider Collaborative is a developing partnership between our three acute/integrated trusts: Buckinghamshire Healthcare NHS Trust, Oxford University Hospitals NHS Foundation Trust and Royal Berkshire NHS Foundation Trust.

The Collaborative is built on a set of principles that have been agreed in a Memorandum of Understanding between the three organisations.

Our Acute Provider Collaborative is committed to:

- Working openly and transparently, sharing knowledge and intelligence to inform aligned solutions where appropriate and possible to do so.
- Being informed by the health needs of the population of BOB ICS, work together where there is opportunity to reduce health inequalities and improve equity of access.
- Supporting the exploration and identification of mitigations to service or performance challenges, where working together will improve delivery outcomes.
- Reducing costs by doing things once across the three Parties where possible.
- Encouraging improved recruitment and retention within the system through the exploration, alignment and adoption of innovative staffing models.

In 2023/24, the Acute Provider Collaborative aimed to deliver on the following priorities, aligned with the strategic themes and enablers of our Joint Forward Plan Base.

- Quality and access – Deliver the **Elective Care Recovery Programme** for 2023/24 and meet the target of **eliminating 65 week waits**, on the way to eliminating 52 week waits, and embedding the diagnostics strategy.
- Digital and data – Support **digitisation and alignment** between the three acute providers and the **procurement of an EPR system for Buckinghamshire Healthcare NHS Trust**.
- Finance – Work with the ICB to **identify and deliver efficiency opportunities for 2023/24**.

## BOB Mental Health Provider Collaborative

The mental health provider collaborative is between Oxford Health NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust. Our aim is to improve the mental health of our population by leading a transformation approach of mental health services at scale, linking with and supporting the work of our Place-Based Partnerships. Our first areas of focus for transformation will be:

- CAMHS – where we can build on the collective work done to date to tackle system wide challenges.
- Addressing health inequalities, in line with the [Advancing Mental Health Equalities Strategy](#). This includes improving the use of data and insights to strengthen our equalities strategy at scale and a focus on workforce transformation.
- Embedding a culture of quality improvement. We will use the Provider Collaborative to learn from each other and scale best-practice across both of our trusts, engaging with the ICB to embed learnings from quality improvement work at system level.
- Engagement work with our clinicians, people with lived experience of mental health services and wider stakeholders will help us identify further priorities for our collaborative.

It is recognised that as individual organisations we may not be able to achieve our ambitions and the scale of transformation we require. Our BOB mental health provider collaborative will therefore enable us to systematise joint working for the benefit of our population.

Our collaborative has recently been **selected** as one of the national “Provider Collaborative Innovators” in recognition of the importance of developing our joint ways of working. Through this scheme, we will work closely with NHS England who will provide support to accelerate the benefits in the quality and efficiency of patient care across our populations.

## Developing our Provider Collaboratives

Throughout 2023/24 we strengthened our approach to joint system working through the Provider Collaboratives, including the establishment of proportionate governance and agreement of our strategic priorities for the next five years.

**The VCSE Health Alliance brings together the Voluntary Community and Social Enterprise sector organisations across BOB** to ensure they play an equal role in the planning and design of health services.. The Alliance represents and fosters collaboration between the VCSE Sector and healthcare. It has aimed to ensure services are accessible and inclusive and health inequalities are minimised through partnership working.

## **Key achievements of the alliance over the past year include:**

- Agreeing four shared values and eight partnership actions between the VCSE sector and the NHS in BOB ICS.
- Supporting allocation of £4m of Health Inequalities funding in Oxfordshire and Berkshire West.
- Securing the addition of Dying Well as one the Integrated Care priorities for BOB ICS.
- Helping to draft the Ageing Well Integrated Care priority.
- Ensuring VCSE representation into eight formal or semi-formal BOB ICS committees or groups.
- Raising awareness of the Alliance and its role in championing and supporting the sector.

## **The Alliance represents:**

- 7,500 registered organisations
- 44,500 employees
- 162,300 volunteers
- Valued at £2.2 billion

More information is available [here](#).



# Public Engagement 1/2

As the ICB implements its **Working with People and Communities Strategy**, we aim to create an ICB built on effective engagement and partnerships to successfully serve people across BOB. It is recognised there continues to be much to do to develop our work with communities and people within BOB. Below outlines some examples of work to develop inclusivity through public engagement.

## **Working with our local communities and Community Connectors Programme:**

There is a wide network of GP patient participation groups across BOB. Locally based groups work with their practice and with the ICB through a variety of practice-based meetings and wider place meetings. These meetings are regularly attended by ICB colleagues to share news and updates on developments within their area, receive feedback and discuss ways of widening their engagement within their communities.

The **ICB is Wave 4 CORE20PLUS Connectors site** and are working with the five Healthwatch organisations, our delivery partners, to develop a network of Community Connectors. The Connectors work with parents and carers of children in more deprived areas to capture their experiences of oral health and we will use these insights to drive improvements. Through the Connectors programme, we have been successful in bidding for support from the Health Creation Alliance to conduct an appreciative inquiry workshop with a focus on turning insights into action. The workshop is being planned for February 2024 and will drive the development of an ICB wide action plan.

There are also three **Community Participation Action Research** projects ongoing across BOB on the Cost-of-Living Crisis exploring the inequalities faced by marginalised communities. Our community researchers are halfway through their training and in the data collection phase of their work. We expect that each organisation will analyse their data around January when they start to refine their research:

1. **Caribbean Community Lunch Club** – 3 community researchers are using interviews and focus groups to investigate issues around the cost-of-living crisis and mental health of the Black community in Aylesbury.
2. **St Vincent & the Grenadines 2nd Generation**, High Wycombe - 3 community researchers are using a survey and interviews to explore links between the cost of living and health inequalities among African, Caribbean, and Indian communities with an additional focus on maternal health.
3. Healthwatch Oxfordshire working with researchers from **Oxford Community Action** - 2 community researchers are exploring the reasons why people attend their foodbank service and whether it suits their needs. They plan to use the learning to improve their service as well as taking it to organisations which supply the foodbank. They are using a questionnaire and planning to develop a video.



# Public Engagement 2/2

## Developing a Research Engagement Network

Across BOB we (the ICB, the BOB VCSE Alliance, Health Innovation Thames Valley and Oxford and local research organisations – the NIHR Applied Research Collaboration Oxford and Thames Valley and the Clinical Research Network Thames Valley and South Midlands) have been given money to develop a network to support better ways of working with local communities.

The idea of the network is to help make sure that the views of all communities are included in health and care research and healthcare planning. Working with research organisations and the voluntary sector, the ICB wants to make sure research and planning becomes more equitable. Great work is already happening but may not always be shared with everyone who could act on it. The ICB also know that the views of all communities are not included, and that, at times, communities can feel overburdened by requests, particularly if they do not receive feedback.

The Research Engagement Network project wants to understand better what is happening already so that it can improve things for everybody. A mapping exercise has been undertaken to understand what research and engagement is happening across BOB with local communities via a survey being shared across the NHS, local authorities, research networks and the voluntary and community sector. Feedback will be analysed and a report produced with the aim of developing an action plan to develop a network as outlined above and develop an action plan to ensure wider participation of communities in research and engagement.

## Future work

- To progress the development of a citizen's panel to ensure we engage with a representative group of residents across BOB.
- To develop an advisory panel which will bring together representatives from across the ICS to help develop and guide our approach to engagement. This group will provide an independent “review, check and challenge” function, and we will seek a representative membership from across our partners. The Research Engagement Network project will help inform the development of this panel.
- To further develop evaluation processes so we can measure our reach and impact of communications and engagement across the system



# 20 Workforce Partnerships

The ICB facilitates the System People Board to plan and work on system workforce priorities. The board includes Chief People Officers and Directors from:

- Primary Care
- Public Health & Community Safety, Oxfordshire County Council
- Buckinghamshire Healthcare Trust
- Oxford Health Foundation Trust
- Royal Berkshire Foundation Trust
- Allied Health Professionals
- People, Berkshire Health Foundation Trust
- Public Health, Buckinghamshire Council
- Public Health Director
- Education and Quality (Workforce)
- South Central Ambulance Service
- Oxfordshire County Council
- Buckinghamshire Council
- Buckinghamshire Council
- BOB VCSE Health Alliance
- Oxford University Hospitals
- Public Health for Reading Borough, West Berkshire & Wokingham Borough Council
- BOB ICB

Partnerships set up to support the BOB System People Board include:

- BOB ICS Inclusion Group
- BOB ICS Apprenticeship Leads Forum
- BOB ICS Workforce analytics forum



# Health Inequalities

This section sets out the programmes and projects to address health inequalities across the three Places – Buckinghamshire Oxfordshire and Berkshire West. It covers information on:

- Governance arrangements around Health Inequalities and Population Health Management
- Progress update on Prevention
- Devolution of Prevention and Health Inequalities Funding
- Community Engagement
- CORE20 Plus 5 Projects
- Support for Inclusion Health Groups
- Support for Asylum Seekers and Vulnerable Migrants



# Progress in 2023/24 Summary

BOB ICB established a new Prevention and Health Inequalities Team in 2023 to embark on a programme of work to prevent ill-health and reduce inequality of access, experience and outcomes across our population and communities. Our five-year ambition is to reduce health inequalities within our population, ensuring that everyone has equal access to the right care and support. We want to keep people healthier for longer through increased primary and secondary prevention activities.

## Highlights of the past year include:

- Setting up inpatient and maternity tobacco dependency treatment services in all our provider Trusts, with 5 out of 8 being fully established.
- New Prevention networks set up across the priority areas of drugs and alcohol, weight management and physical activity.
- New and improved governance arrangements set up to oversee the prevention and health inequalities agenda at a system and place level.
- A continued focus on population health management as an essential approach to tackling health inequalities.
- £4million in Prevention and Health Inequalities Funding utilised by Places for locally-developed schemes to meet local needs, including:
  - Alignment of Buckinghamshire schemes with the pre-existing Opportunity Bucks programme which focuses on the 10 most deprived wards in the area. Projects span the priority areas of Starting Well, Living Well and Ageing Well.
  - A suite of grassroots-led projects in Oxfordshire which enables investment in locally designed solutions to neighbourhood level problems.
  - A large Community Wellness Outreach programme in Berkshire West which will deliver 9,000 health checks to our most vulnerable communities by the end of June 2025.
- Engagement with our most vulnerable communities including 6 focus groups with socially excluded communities.
- A new Asylum Seeker and Vulnerable Migrant Oversight Forum which has already delivered practical support to healthcare professionals working with these communities through a new toolkit.

Next year the team will develop their approach in line with the Inclusion Health framework.

# Governance Arrangements - Health Inequalities

BOB ICB's approach on Health Inequalities in 2023/24 focussed on developing our governance, population health approach, resourced activities and engagement. It has also been informed by national frameworks such as Core20PLUS5 and Inclusion Health.

## Governance

- **The Prevention, Population Health and Reducing Health Inequalities Group** held its inaugural meeting in January 2023. It has provided governance and oversight to the prevention and health inequalities work programme. In addition to scrutinising reports, the group has focussed on smoking, asylum seeker health, screening and immunisations, women's health and the inclusion health framework. To support the work, Prevention networks and Place-based partnerships have maintained oversight over local initiatives and collaborations within Buckinghamshire, Oxfordshire and Berkshire West.
- In **Oxfordshire**, the Prevention and Health Inequalities Forum is co-chaired by the Place Director for Oxfordshire and the Director of Public Health. The group aims to reduce avoidable and unfair differences in health outcome among residents of Oxfordshire. To achieve this, it brings together key leaders from the health system in Oxfordshire to ensure primary, secondary and tertiary prevention initiatives are effective and move forward new initiatives and collaboration where there are gaps. The forum uses the Core20PLUS5 framework to help structure its work and will also focus on issues specific to the Oxfordshire context.
- In **Buckinghamshire**, the Buckinghamshire Executive Partnership (BEP) has identified tackling health inequalities as one of its three key priorities. BEP members have stated their ambition to embed preventative approaches and proactive work to tackle inequalities into all work at every level, developing a more sophisticated understanding of the opportunities to improve access, experience and outcomes for all through outreach, engagement and data. Recent discussions have reflected a desire to review the current governance arrangements for Health Inequalities in Buckinghamshire and widen the BEP Health Inequalities focus. The revised governance will be developed through the partnership during February, ready for implementation in April 2024.
- In **Berkshire West**, University of Reading has been facilitating an inequalities forum prior to the establishment of the ICS Health Inequalities Team. This forum is well attended by partners and NHS organisations; however, it is not focussed on health inequalities alone. It meets quarterly and has covered issues such as, food poverty, which is a major focus for University of Reading researchers, and improved data to support research into inequalities. The next meeting, which will take place in Reading in March, will focus on drafting priorities for the group.

# Governance Arrangements- Population Health Management

**Population health management** is an essential approach to tackling health inequalities – to support professionals to design proactive models of care which meet the needs of their local population and address the wider determinants of health.

**In 2023/24, the ICB set up a Population Health Management Collaboration Group** which brings together colleagues from a variety of disciplines across the organisation and our key local authority partners. Focusing on the four “I”s - Intelligence, Infrastructure, Incentives and Interventions, this forum has been helped to keep abreast of developments with our analytics platform and share best practice relating to effective targeted interventions.

In our three Places, we have also supported the development and refresh of Joint Strategic Needs Assessments, particularly relating to socially excluded Inclusion Health groups. This work will be ongoing as we continue to utilise and triangulate data to better understand the needs of the population.

We continue to advocate for a population health management approach across all services as a key mechanism to tackle health inequalities.



# Progress highlights on Prevention 1/2

The BOB Joint Forward Plan ambitions around prevention focus on four key areas: smoking, weight management, alcohol and drugs and physical activity. This is in keeping with its commitment to enhance primary and secondary prevention work to keep people healthy for as long as possible. Progress highlights over the past year and future plans in these areas are outlined below.

Smoking	Drugs and Alcohol
<p><b>To reduce smoking and increase access to tobacco dependency services</b>, the Prevention and Health Inequalities team successfully:</p> <ul style="list-style-type: none"> <li>established a monthly Tobacco Dependency Multi-Agency Steering Group, including the ICB, NHS England, providers and local authorities, to refresh tobacco control alliance action plans and progress stop smoking initiatives.</li> <li>started tobacco dependency treatment services in all our acute and mental health inpatient settings and within maternity services with full coverage for all patients in contact with these services. Anyone admitted to hospital overnight, or receiving care from a midwife will get specialised support from a tobacco dependency advisor to stop smoking while in hospital and beyond. In 2023/24 five out of the eight services will be fully established.</li> <li>signed the NHS Smoke Free Pledge on 26 February 2024 which strengthened our commitment to help smokers quit and provide smokefree environments – which will support No Smoking Day campaign in March 2024.</li> </ul> <p>In 2024/25, key plans include:</p> <ul style="list-style-type: none"> <li>Supporting staff to talk to patients about their smoking and increasing referrals to local stop smoking services by health professionals.</li> <li>Building closer ties with community pharmacies to support patients being discharged from hospital and promote healthy behaviours closer to where they live and work.</li> </ul>	<p><b>To reduce harmful drinking, drug behaviours and drug use</b> (and increase referrals to Drug &amp; Alcohol services), the team has:</p> <ul style="list-style-type: none"> <li>Developed a new system-wide network with Public Health partners with a focus on Drug &amp; Alcohol as commissioners or Public Health practitioners. The network is in its infancy running monthly, with initial focus to share good practice, provide peer support and identify opportunities to collaborate. Initial topics discussed include the importance of referrals from Primary Care, sharing of dual diagnosis good practice and the impact of opioid prescriptions. As the network evolves, an action plan will be developed to reduce the proportion of harmful alcohol consumption.</li> <li>On-going work also includes mapping the current status on Alcohol Care Teams and Local Drug Information System (LDIS) across the system.</li> </ul> <p>Plans for 2024/25 include:</p> <ul style="list-style-type: none"> <li>Increasing the number of people receiving support to tackle their alcohol &amp; drug misuse. With more people identified and supported in higher risk groups such as, people living in more deprived areas, people with mental health conditions, Armed Forces veterans, offenders, homeless and</li> <li>reducing the impact on others, for example, children and young people.</li> </ul>

# Progress highlights on Prevention 2/2

Physical activity	Weight Management
<p><b>To address the risks of 50% of children not meeting the recommended levels of physical activity within BOB ICS, the following areas of work are being progressed:</b></p> <ul style="list-style-type: none"><li>• Working closely with Local Authorities and the voluntary and community sector to increase access to activities and foster healthy environments – through developing local networks.</li><li>• Sustaining existing partnerships in Buckinghamshire and Oxfordshire that are supporting residents to be physically active and focussing on work underway in Berkshire West to re-launch a network alongside Get Berkshire Active.</li><li>• We have also undertaken a specific piece of work in Reading to support the leisure provider GLL to unblock barriers to increased referrals by primary care on behalf of children and young people.</li><li>• We have helped expand the service offer to Core20PLUS5 groups and inclusion health groups including refugees, children with Type 2 diabetes and poor mental health and wellbeing.</li></ul> <p>Next year we will conduct further work to develop our work programme, aligning to our Joint Forward Plan and local Health and Wellbeing Strategies</p>	<p>Progress in 2023/24 include:</p> <ul style="list-style-type: none"><li>• Successfully establishing an ICB Weight Management Steering Group which improved collaboration inside the ICB of colleagues supporting different elements of the weight management pathway.</li><li>• Setting up a Partners Group, comprising representatives from Local Authorities who commission Tier 2 lifestyle management services and promote a whole system approach to a healthy weight across the life course. The group aims to clarify the relationship between services offering the different tiers of weight management support so that people receive support earlier before risky and costly surgical interventions might be needed.</li><li>• Release of two NICE technology appraisals to offer patient Semaglutide and Liraglutide for weight loss, and further drugs likely to be approved soon, has required the group to work on an options appraisal to propose a pathway for weight loss medication across BOB as a priority.</li></ul>



# Devolution of Prevention and Health Inequalities Fund 1/5

In 2023/24 the ICB devolved £4m to Places to develop local initiatives to tackle health inequalities in targeted local populations. Projects in the three places are set out below:

**Buckinghamshire:** A variety of projects spanning the priority areas of Starting Well, Living Well and Ageing Well have been funded in Buckinghamshire. These focus on the Core20Plus5 clinical areas and target Opportunity Bucks areas, which include the 10 most deprived wards in Buckinghamshire. These are part of Buckinghamshire Council's flagship programme with the same name and include:

- **Maternity: Pre-Conception** - A research-informed community engagement project targeted towards Opportunity Bucks wards, younger people and ethnic minority groups who experience higher maternal risk factors. The project aims to improve pre-conception health and service awareness/access for women of childbearing age. It is led by Buckinghamshire Council until March 2025.
- **Healthy Lifestyles: Pre-habilitation** pilot utilising proactive PHM to identify high risk patients who would benefit from early intervention during surgical waiting times focused on two Primary Care Networks (PCNs). Support delivered through dedicated Health Coaches to improve surgical outcomes, prepare for appointments, and understand waiting times and expectations. Pilot Lead is also overseeing the acute and maternity inpatient smoking provision and provides management time to the Stop Before the Op scheme; both supporting cardiovascular disease (CVD) prevention. As of January, 1,318 members of Buckinghamshire Health Trust staff have completed 'Very Brief Advice' for smoking cessation training. Pilot led by Buckinghamshire Healthcare Trust.
- **Severe Mental Illness (SMI):** A nurse-led outreach model to deliver SMI physical health checks in the community to those that have not had one in the last 1-5+ years. Working alongside the 5 PCNs covering the Opportunity Bucks areas and informed by a PHM audit of the cohort, this project prioritises those with 3+ years since their last check. Research to understand who and why people are not attending health checks is also taking place to inform systemwide outreach. Training on awareness of SMI to all sectors in Buckinghamshire is being rolled out in February and March. This is being led by Oxford Health NHS Foundation Trust (OHFT) and will run until March 2025.

# Devolution of Prevention and Health Inequalities Fund 2/5

## Buckinghamshire continued:

- **Mental Health:** £120,000 grants programme was delivered to support 11 voluntary sector organisations and activities to support communities that through intersectionality suffer poorer health outcome and poor access to mental health services including: Support and advocacy groups for Asian women, Gypsy, Roma and Traveller group, Muslim communities, SMI carers and Lesbian Gay Bisexual Transexual+ SMI Safe Spaces. Co-produced training is being offered to mental health teams within OHFT to improve access to and outcomes for Gypsy, Roma and Traveller people who have mental health needs. This is being co-ordinated by Oxford Health NHS Foundation Trust.



# Devolution of Prevention and Health Inequalities Fund 3/5

**Oxfordshire place-based funding** has been committed with a key focus on our Core20Plus5 Clinical areas to support the streamlining of current projects and projects focussing on populations experiencing greatest health inequalities in access, experience, and outcomes. These include:

- **Out of Hospital Care Team;** Establishment of a multi-agency team providing step-up care and support for homeless residents in Oxfordshire. With the aim to prevent discharges to street and associated readmissions, avoid hospital attendance and admissions and support an improvement in an individual's health and wellbeing; and prevent rough sleeping and homelessness.
- **Oxfordshire Community and Voluntary Action (OCVA):** We have supported OCVA who have initiated a 'Well Together Programme', working with anchor agencies in the 10 most deprived wards to coordinate grassroots VCSE groups to develop initiatives that address the Core20Plus5 principles and priorities.
- **Active Oxfordshire:** In partnership with Oxfordshire County Council, we have been able to support the 'Move Together' and 'Move Medicine Programme'. The programmes provide a supportive pathway for people across Oxfordshire to become more active. It is co-ordinated by Active Oxfordshire in partnership with Oxfordshire's District Councils. Key achievements includes:
  - A total of 2,156 referrals received during 2023.
  - 54% participants reported improved health after 3 months.
  - A 28% reduction in 111/ Out of Hours demand and 12% reduction in falls.
  - 36% fewer GP appointments in the 4 weeks prior to their 3-month review following being part of Move Together, compared to in the 4 weeks before their initial assessment, representing a saving of 4 GP appointments per participant per annum.

Quote from resident; *"I have cancer and am experiencing more symptoms of this over time, but MoveTogether is helping me to get out, be more active and help with a sense of purpose. I started Yoga Therapy online (last week) and am really pleased about this. I attend two weekly group walks and attended walk leader training, and this has helped with a sense of purpose."*

# Devolution of Prevention and Health Inequalities Fund 4/5

## Oxfordshire:

**Early Lives, Equal Start:** We have been able to contribute to the project of Early Lives, Early Start, delivering a maternity advocacy service via the Local Maternity Network in Oxfordshire for vulnerable families in deprived areas with the aim to:

- Improve the access, experience and outcomes for women and birthing people in Oxford, using Asset Based Community Development approach.
- Coproduce targeted and effective community based antenatal education and support for minorities communities in the OX4 PCN.
- Coordinate place- based social prescribing with an anti-poverty, legal literacy lens.
- The Project has supported 47 women, including women facing language barriers, homelessness, extreme poverty, domestic abuse and immigration challenges (see Case Study)

**Community Health and Wellbeing Workers:** Funding of Community Health and Wellbeing Workers, with the overall aim of improving the health and wellbeing of identified deprived communities through an integrated approach - augmenting the impact of council-based community health development officers and social prescribers within GP practices. The project will take place over a two-year period, setting up teams and links with general practices in two PCNs in Oxford City (OX3+ and SEOX).

**Asylum Seeker Care Co-ordinator:** To support the Asylum-seeking population within BOB, the ICB has undertaken a study to identify their support needs. The study highlighted that clinical time is being spent on non-clinical activities and support. To address this the team has been able to commit to supporting a Fixed Term Asylum Seeker Care Co-ordinator post. The role will provide dedicated support for Asylum Seekers and Refugees. The aim of the project includes:

- Reduced pressure on clinical teams, ensuring this population group is seen by the most appropriate health care professional, reducing inefficiencies.
- Improving clinical outcomes for this group, with a focus on Children and Young People and pregnant women through a sustainable service.

# Devolution of Prevention and Health Inequalities funding 5/5

## **Berkshire West**

- The Community Wellness Outreach Service will deliver the NHS Health Check pathway in Berkshire West. This is a nationally mandated secondary prevention programme, to priority population groups in the community setting.
- The service will adopt a PHM approach, and data and intelligence from BOB ICS, will ensure provision to populations disproportionately affected by inequalities in access, experience and health outcomes.
- The programme will also recruit a Public Health Analyst in each borough to support this programme amongst other priorities within the Core20Plus population. Approximately 9,000 residents are projected to benefit from a health check by the end of the programme.
- The Programme will last for 18 months, running till June 2025.



# Community Engagement Activities in 2023/24

Buckinghamshire	Oxfordshire	Berkshire West
<p><b>Black History Month (October 2023)</b> – Event organised by the Local Maternity Neonatal System (LMNS) team to have a ‘safe space’ discussion around health issues disproportionately affecting Black women. The team attended to raise awareness of the Prevention and Health Inequalities team and meet local partners and communities.</p> <p><b>Attendance at the launch of Buckinghamshire Community Wellbeing Hub</b>, a joint project between Buckinghamshire Health and Social Care Academy (BHSCA) and Buckinghamshire New University (BNU) (December 2023) in High Wycombe to promote the Primary Care Strategy and raise awareness of team.</p> <p><b>Participation in a Community Action Day (December 2023)</b> in Chesham organised by Buckinghamshire Council, to raise awareness of the Health Inequalities team and connect with partners supporting Opportunity Bucks communities.</p> <p><b>Focus group with One Recovery Bucks (January 2024)</b> to gain insights from those with lived experience of drug and alcohol dependency.</p> <p>Attended and networked with partners at the <b>Wellbeing Wednesday (February 2024)</b> to support the new Be Healthy Bucks smoking cessation session in Buckinghamshire Community Wellbeing Hub in Aylesbury.</p>	<p><b>Facilitation of two focus groups</b> with representatives from our Inclusion Health groups including: Asylum Seekers and Refugees, Drug and Alcohol and Homeless populations, to gather insight to inform our draft primary care strategy, listening to lived experiences and barriers experienced when accessing health services within Oxfordshire.</p> <p><b>Partnership working with NTAf, a consultancy commissioned by NHS England</b> to organise a Make Every Contact Count (MECC) Health Day in Oxford on 8 March 2024. The aim is to provide health awareness to underrepresented groups, with a key focus on the Black African community. The event took place in Blackbird Leys, which in the top 20% of most deprived areas in the Country, where 19% have a limited long-term illness.</p> <p><b>Representing ICB at Black History Month as part of Oxford City Council Community Champions event within Oxford.</b> Working in partnership with Oxfordshire Community Champions and residents, to improve diverse communities' experiences with services provided by GP practises.</p> <p><b>Representing ICB at key grassroots community gatherings</b> to listen to experiences and barriers to health services, and promoting awareness for NHS online weight management programme</p>	<p><b>Asylum Seekers Event days in Reading</b> – promoting and attending with the Primary Care team to network with colleagues, provide information to stakeholders present and hear about health issues and barriers experienced by service users.</p> <p><b>Participation in the Equality Delivery System (EDS) engagement event</b> with the maternity commissioners and their service user group.</p> <p><b>Promoting the Access &amp; Inequalities Covid Vaccination Funding.</b></p> <p><b>Participating in Protected Learning Time with GP Practices in Berkshire West</b> to talk about the Community Wellness project, Inclusion Health Groups and Vulnerable Migrants.</p> <p><b>Organised two focus groups (for Homeless/ Drug Abuse organisations and Ukrainian refugees)</b> to support and inform the Primary Care Strategy engagement.</p>

# Core20PLUS5 Programme 1/2

Core20PLUS5 is a national approach to inform actions to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. In BOB ICB we continue to align our priorities to the Core20PLUS5 approach.

## Action on the Core20PLUS5 Clinical Priorities include:

**Maternity** – A continuity of care team has launched in the Northfield Brook area of Oxford, the only Index of Multiple Deprivation (IMD) 1 area in Oxfordshire. 11.92% of ethnic minority women and birthing people are offered continuity of care in Berkshire West. ED&I and transformation midwives are now in post at Royal Berkshire NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust and Oxford University Hospitals.

**Severe Mental Illness** - Three pilots to drive up performance of health checks have started focussing on interventions with harder to reach groups; one focused on primary care and one focused on community hubs (including the VSCE sector). There has also been investment in Buckinghamshire to increase provision through a nurse-led pilot.

**Chronic respiratory disease** – a project was launched aligned to the winter vaccination programme which aimed to improve COVID, Flu and pneumococcal vaccine uptake in high-risk individuals. The project involved contacting people directly and offering pop-up clinics to support access and its impact will be evaluated

**Early cancer diagnosis** – we have worked with Thames Valley Cancer Alliance to launch an awareness campaign. Work has also started on the Targeted Lung Health Checks with the specific aim to target those areas/groups identified by CORE20+5 criteria. This is a united aim across BOB and will also collaborate with smoking cessation work.

**Hypertension case-finding and optimal management and lipid optimal management** – There has been a huge focus on hypertension management in primary care to achieve 77% target by end of March 2024. CVD Clinical Champions are in place across BOB, supporting priority focus on hypertension and Lipid optimisation. In Berkshire West there has been investment in a community outreach model to deliver health checks to communities in greatest need. In Buckinghamshire, a Locally Commissioned Service is delivering ECG provision across the county with weekly clinics to cover all areas of deprivation.

# Core20PLUS5 Programme 2/2

Other projects under the Core20PLUS approach have included:

## **Core20PLUS Ambassadors**

- We have brought together a network of eight local nominees to the Core20PLUS5 Ambassadors programme, as well as the Health Finance Managers Association (HFMA) Finance Fellows. Ambassadors are people working within the NHS who are committed to narrowing healthcare inequalities and ensuring equitable access, excellent experience, and optimal outcomes for all. The network will continue to mature and identify development opportunities which can be enabled by the Prevention and Health Inequalities Team and local partners.

## **Core20PLUS Connectors (see also section on Research Engagement Network)**

- BOB ICB was successful in its bid to form part of the Core20PLUS Connectors programme, which has developed and mobilised the model of Core20PLUS Connectors locally through partnerships with the five local Healthwatch organisations. The Healthwatch organisations have recruited, trained and mobilised 14 Connectors who worked with parents and children in more deprived areas and are supporting system-level action to drive improvements around oral health. Reports for each Place will be provided at the end of April 2024, with a system-wide report due to be presented to the Prevention, Population Health and Reducing Health Inequalities Group in July 2024.

## **Resourced activities to address inequalities PCNs:**

As part of our JFP commitment to develop a systemwide prioritised, resourced, coordinated and focused approach to health inequalities, the ICB provided the 10 PCNs with the highest levels of deprivation funding to take forward small projects in their areas to address Core20Plus5 aligned Health Inequalities projects following a population health methodology. This work is supported by Health Innovation Oxford who are coordinating learning and evaluation over 2024-25.

Projects focus on small specific populations and include work to improve diabetes understanding in local Nepalese community, improving cancer screening for those with a mental illness, increasing childhood immunisation rates and support for people with asthma living in housing that exacerbates their condition. The evaluation of these project is ongoing, and reports will be available in May 2024.

# 3 Support for Inclusion Health Groups

**Inclusion Health** groups include communities who are socially excluded, experience multiple overlapping risk factors for poor health and are often not accounted for in electronic records. This includes people who are homeless, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, those with drug and alcohol dependence and victims of modern slavery.

People in inclusion health groups often face barriers to accessing primary and preventative care, relying on emergency services to manage acute health needs. This can both further exacerbate health inequalities, but also puts pressure on emergency services, with subsequent financial cost.

In BOB we have started to understand better the needs of these groups, identify good practice across the system and seek to build on this by coordinating and sharing information, skills and understanding.

in Oxfordshire, the Prevention and Health Inequalities Forum have established an Inclusion Health Task and Finish Group that is mapping commissioned services and partnerships supporting inclusion groups, allowing for greater awareness and opportunities to identify gaps and key areas of focus.

## Consultations on the Primary Care Strategy

In Buckinghamshire discussions are taking place to have a focused Joint Strategic Needs Assessment (JSNA) chapter on inclusion health groups, as well as to facilitate coordination of inclusion health group work. A particular focus has been the Gypsy, Roma and Traveller communities. To improve their access primary care, the BOB Primary Care team has been working closely with the Margaret Clitherow Trust to:

- develop guidance for practice staff and protected learning sessions for 29 primary care staff with the Personalised Care team in February 2024 to understand barriers faced by this community.
- gather insights from 60 individuals (from nine families) across the three Counties/ Places between January and February 2024 to inform the BOB Primary Care Strategy and commissioning of services overall.
- Focus groups have also taken place in Berkshire West and Buckinghamshire with people with lived experience of drug and alcohol dependency as part of the strategy consultations.

# Support for Asylum Seekers and Vulnerable Migrants

- The Asylum Seeker & Vulnerable Migrant Group brings together partners from across BOB and seeks to better support the needs of those who are accommodated across BOB. The number of vulnerable migrants in BOB have increased over the last 16 months, with asylum seekers being placed in temporary accommodation.
- Current safe and legal routes managed within BOB support include support for families from Afghanistan, Ukraine and Hong Kong. This has required coordination with Primary Care services, such as General Practice and Dentists, Mental Health Services, Women's Health Services as well as with Local Authority Partners to support the wider social and housing needs.
- We have produced a Toolkit for Health Care Professionals to make them aware of the needs and challenges for these people and help link them to the wide range of support they may wish to access. We coordinate with local general practices to ensure that asylum seekers and vulnerable migrants are getting access to services and have also provided dental outreach services.



# Primary Care strategy – engagement

BOB ICB have worked with system partners to develop a strategy and implementation plan for the future of primary care across BOB. we consulted on a draft Primary Care Strategy through a series of engagement events across the three Places (see also Health Inequalities section). The strategy aims to address the local challenges facing primary care and improve the integration between all primary care services and forge better partnership working with community services. The engagement process, which launched in November 2023, closed end of February.

## Process & Engagement Activity:

The engagement process for the strategy launched in November 2023, with a survey ahead of the draft Primary Care Strategy launch, on the ICB engagement site [‘Your Voice in Buckinghamshire, Oxfordshire and Berkshire West’](#), inviting people to share their experiences of Primary Care, in particular, access to services and continuity of care. A new survey was launched on 9 January 2024, inviting public views on the draft Primary Care Strategy, for which nearly 160 responses were received in February. People have also been offered the option to comment an ‘ideas board’ for people under the question: ‘What do you think the NHS should consider as we plan this new approach to primary care services?’, email BOB, or write to the BOB Communications and Engagement team. The full draft strategy has been made available on the site along with a an easy-read version and a summary.

A series of virtual public events were held through January and February 2024, in the form of focus groups aimed at hard-to-reach communities and presentations/discussions with public participation groups such as Patient Participation Groups. The draft strategy was also be presented to the ICP, BOB Joint Health Overview and Scrutiny Committee, Governors and Trust Boards. The sessions are designed to share information about the strategy and for participants to give feedback and ask questions

## Patient group meetings held in 2023/24:

- West Berkshire Patient Panel – 18 January
- Wokingham Patient Panel – 25 January
- Buckinghamshire Healthwatch – 30 January
- South Reading & North West Reading patient groups – 6 February,
- BOB ICB wide webinar – 21 February

Focus groups were also held with 14 community groups through February, including:

- Three maternity/Parents Groups
- Oxfordshire Community Champions
- Oxfordshire Asylum welcome
- Age Well Service/Carers in Oxfordshire
- Ukrainian refugees
- One Recovery Bucks
- Homeless Berkshire West
- Age Well Services / Carers – Buckinghamshire
- Young People
- Gypsy Roma Traveller’s professionals and advocates
- Chiltern Neuro Centre and advocacy groups for people with learning disabilities

# Maternity Equity

The BOB ICS Maternity and Transformation Team are undertaking a range of work to promote equity of outcomes and experiences for women and birthing parents in partnership with Acute providers. The BOB Local Maternity and Neonatal System (LMNS) Equity and Equality Action Plan has a number of actions - key highlights for 2023-25 are given below:

Priority areas	Progress in 2023/24
<p><b>Restore services inclusively:</b> Continue to implement the COVID-19 actions:</p> <ul style="list-style-type: none"><li>- Increase support for at-risk pregnant women and birthing people</li><li>- Reach out and reassure pregnant BAME women and birthing people with tailored communications.</li><li>- Ensure hospitals discuss vitamins, supplements and nutrition in pregnancy with all women and birthing people.</li></ul>	<p>Maternity vaccine champions programme improving access to COVID, flu and pertussis. Healthy Start vitamins procurement for distribution to seeking sanctuary populations.</p> <p>Development of postnatal videos translated into 6 different languages.</p> <p>EDI Midwives employed in all acute Trusts.</p> <p>Equality Delivery System (EDS) at RBFT stakeholder event successful and action plan produced-for Maternity (access/experience/outcomes for antenatal screening and postnatal care). - See also Equality Delivery System Section</p> <p>Developing translation cards.</p>
<p><b>Digital Inclusion:</b> Ensure personalised care and support plans (PCSPs) are available in a range of languages and formats, including hard copy PCSPs for those experiencing digital exclusion.</p>	<p>LMNS Personalised Support Care Plans co-produced in hard copy and being distributed.</p> <p>Feedback from service users at 3 touchpoints and now translated to 17 different languages in electronic format.</p>
<p><b>Ensure datasets are complete and timely:</b> on maternity information systems continuously improve the data quality of ethnic coding and the mother's and parents' postcode.</p>	<p>Work in the LMNS to align provider dashboards to avoid variance in metrics data and include wider equity metrics such as breastfeeding. Maternity project undertaken to explore social determinants of health data capture in routine care.</p>
<p><b>Accelerate preventative programmes that engage those at greatest risk of poor health outcomes:</b> Intervention 1: implement maternal medicine networks to help achieve equity.</p> <p>Intervention 2: implement a smoke-free pregnancy pathway for mothers and their partners</p> <p>Intervention 3:ork with system partners and the VCSE sector to address the social determinants of health.</p> <p>Intervention 4:: roll out multidisciplinary training about cultural competence in maternity and neonatal services</p>	<p>Maternal Medicines Network (MMN) has produced an ongoing patient survey in a range of different languages to support the service user led improvement.</p> <p>Tobacco dependency in house services continue across all 3 provider trusts and working towards full establishment.</p> <p>Asset Based Community Development programme Early Lives Equal Start (ELES) has been running successfully for one year and have engaged women and birthing people. NIHR evaluation underway and shared learning event on 8 March. Royal visit February 2024.</p> <p>Black History Month events in each area with Maternity and Neonatal Voices Partnerships (MNVPs) and wider community assets (including Caribbean Lunch Club). MNVPs new 'engagement and equity leads' and neonatal representatives.</p> <p>Seeking sanctuary services continue.</p> <p>Delivered inclusive language workshops in perinatal services and have further funding from national LGBT team to deliver further classes. Cultural competency training evaluated.</p>

# Equality Delivery System

- The Equality Delivery System (EDS) is a performance improvement framework developed by NHS England to support healthcare organisations meet their Public Sector Equality Duty.
- Implementing it involves reviewing 11 outcomes grouped under three domains: Commissioned/provided services, workforce health and wellbeing and inclusive leadership with the support of independent stakeholders.. Under this framework, stakeholder for each domain score the organisation as being either Excelling, Achieving, Developing or Undeveloped.
- EDS reviews are meant to take place annually to promote continuous improvement around ED&I and a culture of transparency and accountability.
- The ICB completed its first Equality Delivery System (EDS) review between September 2023 and January 2024.
- For Domain 1 – Commissioned services: The ICB reviewed Ante Natal screening and Post Natal Care in partnership with Royal Berkshire NHS Foundation Trust.
- Domain 2 – Workforce Health and Wellbeing: was reviewed with the support of staff network and trade union representatives.
- Domain 3 – Inclusive Leadership: was reviewed in partnership with staff network and trade union representatives and South Central Ambulance NHS Trust
- The ICB scored 'Developing' overall.
- A summary of the review is included on the following page.

# EDS Review 2023/24 - summary

Domain 1: Commissioned Service	Domain 2: Workforce Health and Wellbeing	Domain 3: Inclusive Leadership
<p><b>Service pathways reviewed: Maternity – Ante Natal Screening and Post-Natal Care</b></p> <p><b>Partner:</b> Royal Berkshire NHS Foundation Trust (RBFT)</p> <p>Evidence used: Take up of services, promotional information, service user feedback.</p> <p><b>Stakeholder Panel:</b> RBFT maternity and neonatal staff (managers, healthcare assistants and consultants), representatives from Healthwatch, Maternity Voices Partnership, BOB ICB (from the Health Inequalities, Maternity Equity and Workforce ED&amp;I teams)</p> <p><b>Two stakeholder engagement events</b> were held on 13 September and 6 December to agree scores and action plans.</p> <p><b>Score:</b> Developing</p>	<p><b>Stakeholder panel:</b> 15 staff, including representatives from three staff networks (CARE, Diverse Ability and LGBT+ networks), safeguarding, HR and OD teams and trade unions.</p> <p><b>Evidence used:</b> NHS Staff survey results for 2022/23, policies and projects delivered.</p> <p><b>Engagement event:</b> held virtually through a briefing session on 4 December and a survey to score domain. The action plan will be discussed and agreed as part of ICB change process.</p> <p><b>Score:</b> Developing</p>	<p><b>Stakeholder panel:</b> Trade union and staff network representatives. External peer review with South central Ambulance Trust.</p> <p><b>Evidence:</b> Plans related to equality objectives set by Board and VSMS to be finalised by March 2024, a selection of 15 board papers and committee forward plans on ED&amp;I and Health Inequalities.</p> <p><b>Engagement:</b> Undertaken virtually and by email</p> <p><b>Score:</b> Developing</p>

For the full EDS Report and Action Plan, see website [LINK](#)



# EDS summary actions for Maternity pathways for 2024/25

Ante Natal Screening	Post Natal Care
<ul style="list-style-type: none"><li>• Easy Read leaflets 'How to book your pregnancy'- including visuals and who professionals are and what their roles and responsibilities entail – for example, Midwives’.</li><li>• Review location and times of clinics- alongside 'How to get here' guides.</li><li>• Posters in pharmacies, supermarkets on 'Book before 10 weeks’.</li><li>• Cultural competency training for healthcare staff</li><li>• Leaflet/information to explain importance of screening tests and time limits</li><li>• Improve links with service users from different protected characteristics or representatives.</li><li>• Improve links with service users from different protected characteristics/or representatives.</li><li>• Early signposting to screening services and promote information on importance of screening tests and time limits.</li></ul>	<ul style="list-style-type: none"><li>• To provide information at discharge in visual/ easy read formats with ‘safety netting’ contact numbers, in addition to access to interpreters as necessary.</li><li>• Provide family/partners good quality information to empower them if concerned about birthing parent/baby, including mental health.</li><li>• To offer of a ‘Buddy system’ – community champion/Link Worker/befriender role at discharge for birthing parents.</li><li>• To provide MNVP befrienders on wards and consider other volunteer services that birthing parents can have access to.</li><li>• Specialist support for still births and raising awareness of talking therapies, parental groups.</li><li>• Signpost-online services e.g. education and council (address stigma associated with Children’s services)</li><li>• More face-to-face postnatal care and care for supporting baby.</li></ul>



# Workforce Information

This section provides information on the ICB's workforce as of 31 March 2023, drawing data from the Employee Staff Records (ESR) and NHS Staff Survey Results for 2022/23. It includes information and trends on the following:

- Workforce profile analysed by protected characteristics to the extent possible.
- Starters and Leavers, analysed by protected characteristics.
- Gender Pay Gap disclosure results.
- Equality Delivery Service (EDS) reviews for Domain 2 and 3
- Analysis on race and disability equality using the Workforce Race Equality Standard (WRES) and Workforce Disability Equality standard (WDES) frameworks.
- Comparisons with the ICS healthcare providers.
- Staff experiences, as reported through the NHS Staff Survey – in particular relating to Equality Diversity and Inclusion.
- Progress against the National NHS Equality Diversity and Improvement Plan Six High Impact Actions
- Staff Engagement
- ICS Inclusion Partnerships and BOB ICS WRES and WDES results - Highlights



# Workforce analysis by protected characteristics

At 31 March 2023 BOB ICB employed 366, a 13.6% increase since the last Public Sector Equality Duty (PSED) report published 1 July 2022. The dataset for this report includes all assignments, including permanent, bank, honorary and non-executive directors.

The workforce analysis by protected characteristics highlights that disclosures on gender and age were complete, whereas gaps remain for other protected characteristics.

Since the last PSED report, we have promoted the need to update personal information through All Staff Briefings, the monthly newsletter and staff network meetings. This will continue in 2024/25 to encourage staff to feel confident about their identities and help the ICB develop an intersectional understanding of its workforce.

Year	Total workforce	% Undisclosed protected characteristics					Overall average
		Ethnicity	Disability	Religion or belief	Sexual Orientation	Marital Status	
1 July 2022	322	13.7%	29.8%	35.4%	31%	14.6%	24.9%
31 March 2023	366	12.84%	23.8%	31.15%	27%	7.45%	20.4%

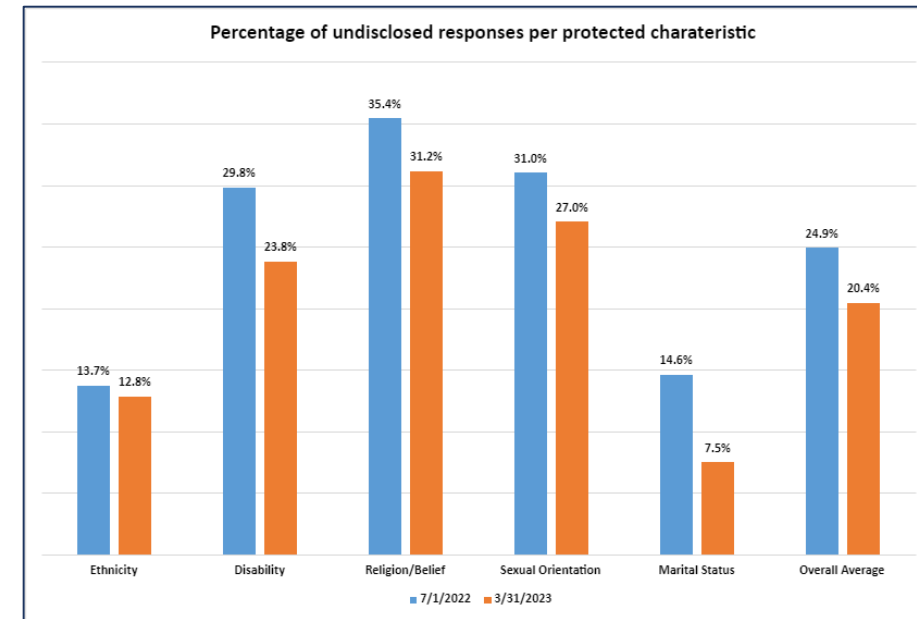


Table 1: Workforce Profile: Analysis on undisclosed data by protected characteristics

Disclosure rates have improved since July 2022, with the percentage of undisclosed data reducing by 4.5%.



# Workforce profile: Gender

Of the total workforce of 366, 74% were female and 26% male.

The majority of female staff were in administration and clerical roles (200), followed by Nursing and Midwifery (27) and Scientific and Technical roles (22).

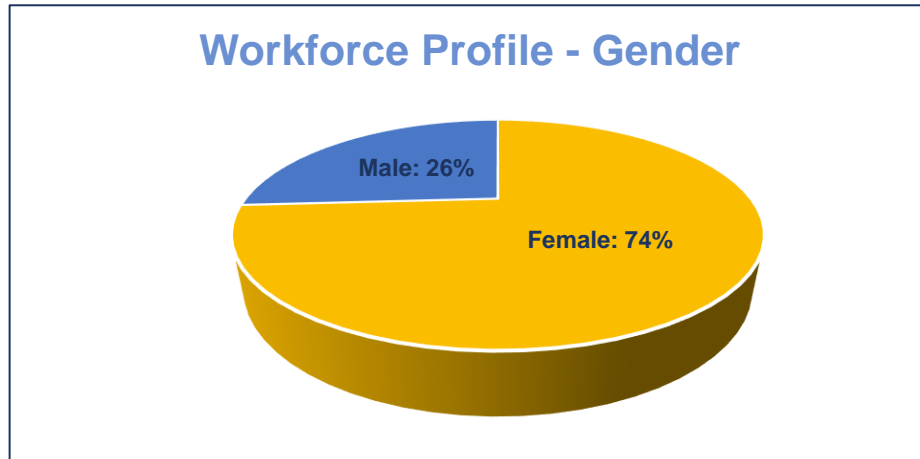


Chart 1: Workforce Analysis: Gender

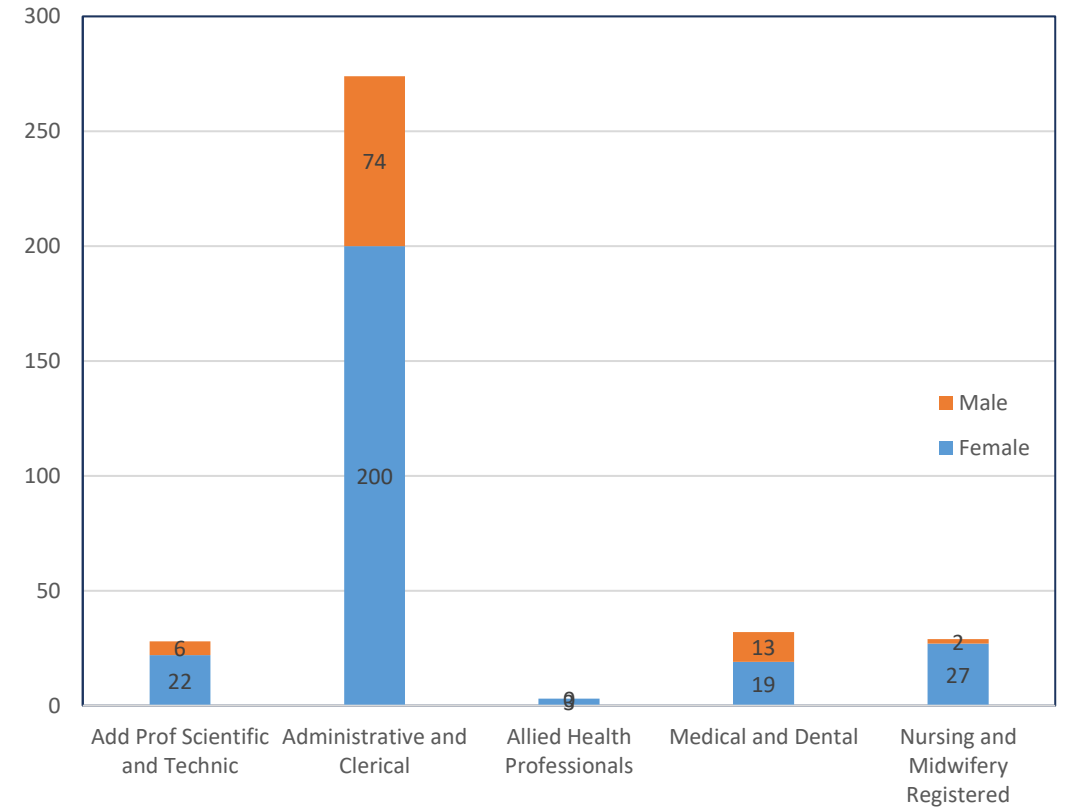


Chart 2: Workforce analysis by gender and professional group



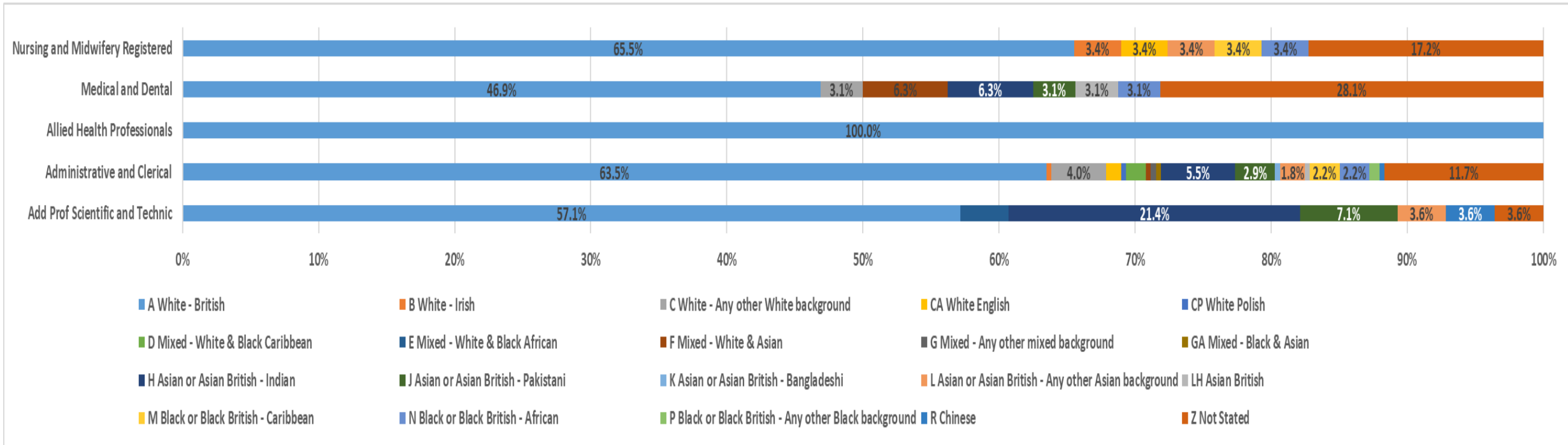


# Workforce profile: Ethnicity 1/2

In terms of ethnicity, 67.48% of the workforce identified as White, 2.72% identified as Mixed, 12.02% as Asian, 4.65% as Black, 0.55% as Chinese and 12.48% did not state their ethnicity. The proportion who did not declare as white was 19.8%, which is in line with the NHS average of 19%. The proportion of BME staff drops from Band 7 and above, as seen in the Workforce Race Equality data on Slide 55.

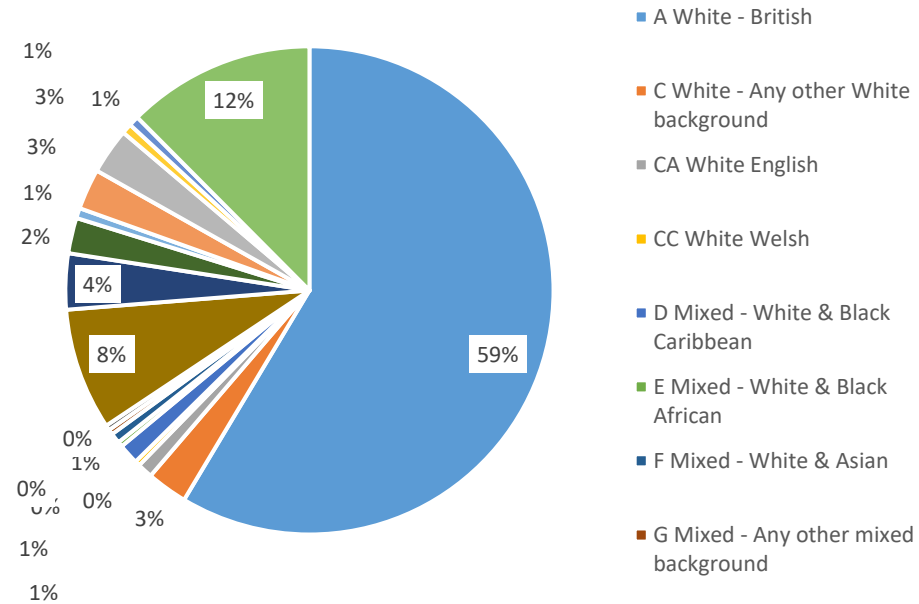
The proportion of ethnic minority representation was highest in Professional and scientific roles (35.7%). Medical and dental professions had the highest proportion of undeclared ethnicity (28.1%).

Majority of starters and leavers were White British (59% and 65% respectively), followed by those who did not state their ethnicity (12% and 11% respectively – see charts overleaf).

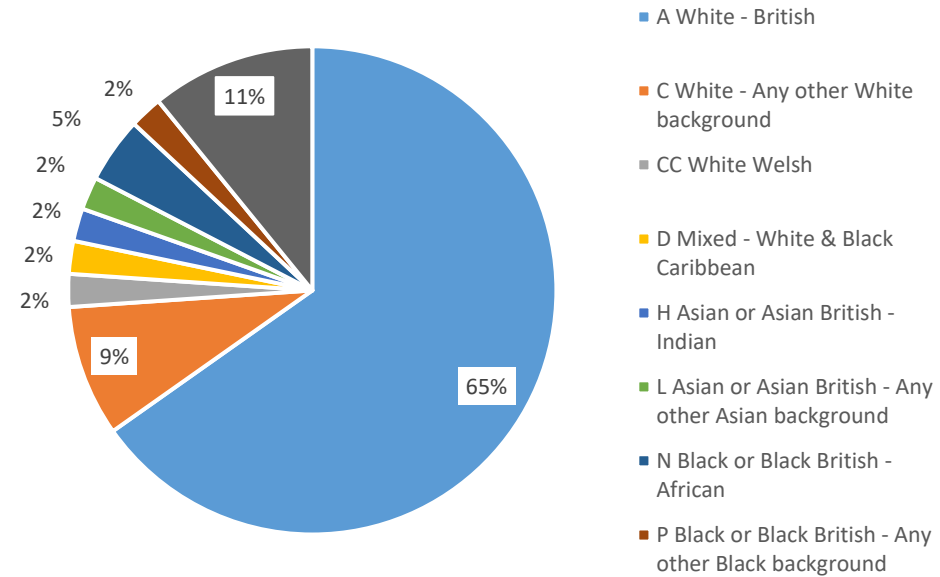


# Workforce profile: Ethnicity 2/2

Ethnicity - Starters

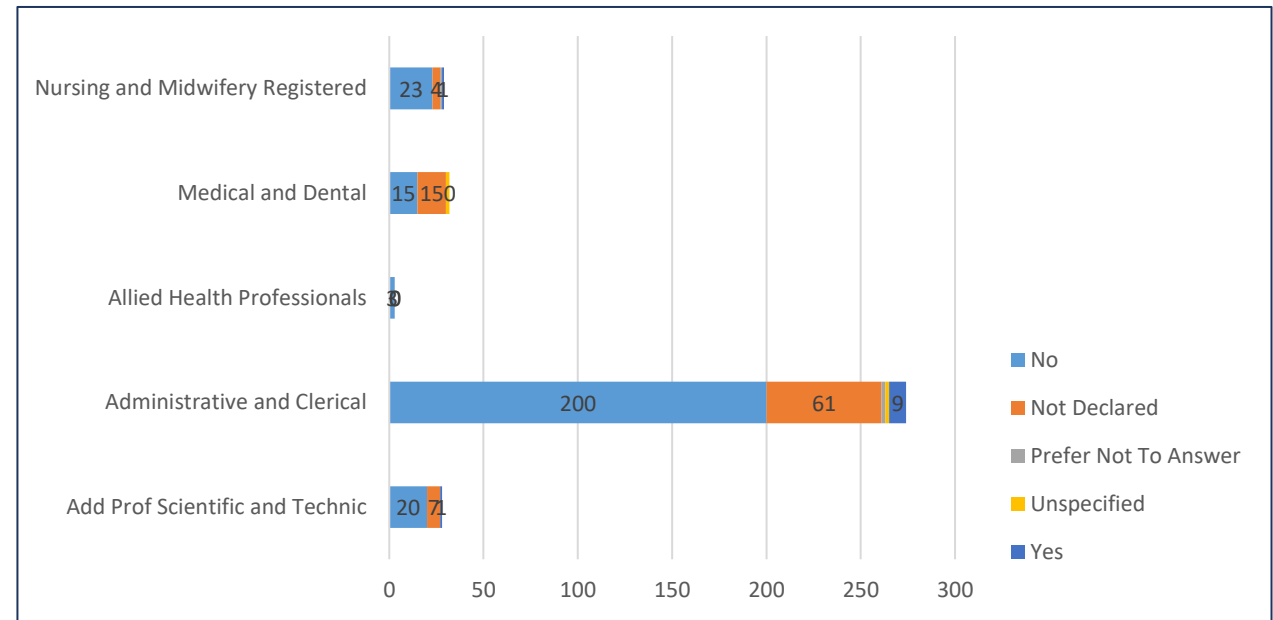


Ethnicity - Leavers

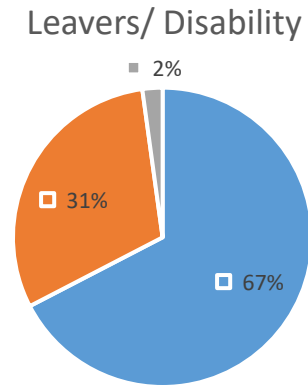
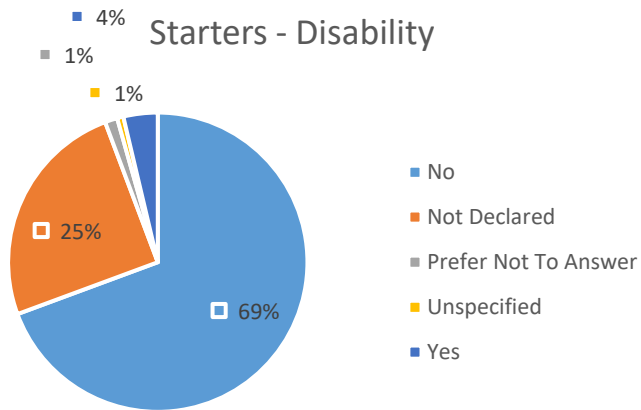


# Workforce profile: Disability

- 71% (261) said they did not have a disability
  - 3% (11) declared a disability
  - 24% (87) did not declare
  - 1% (3) Preferred not to say
  - 1% (4) Did not specify
- 4% of starters declared their disability, compared with 2% of leavers.

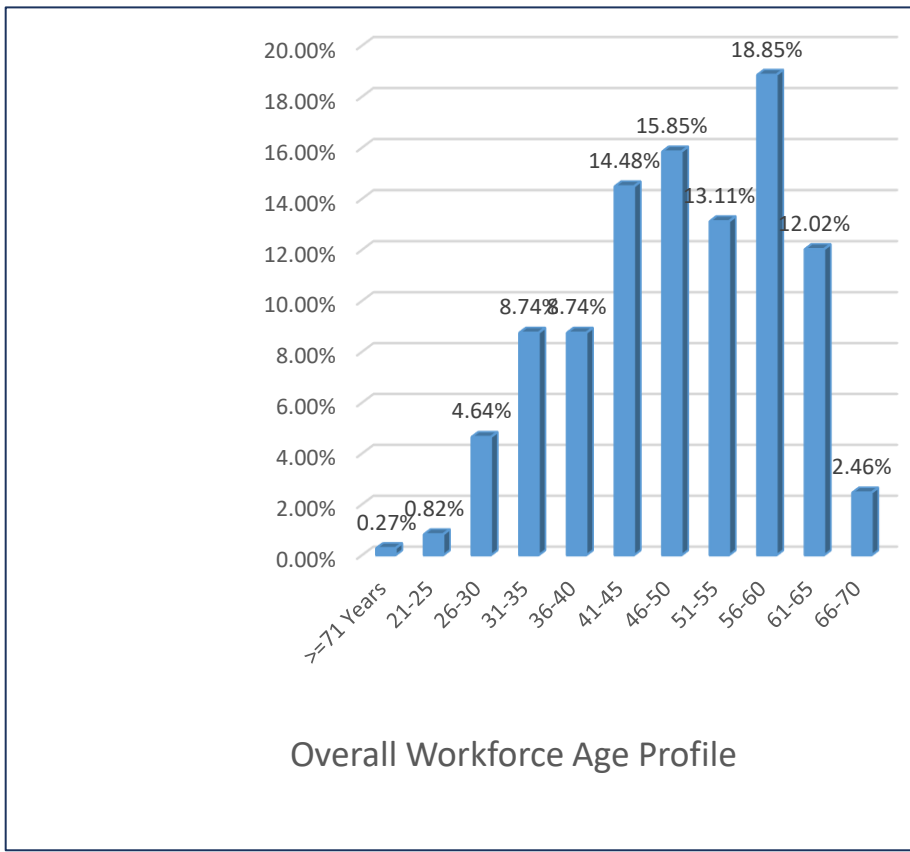
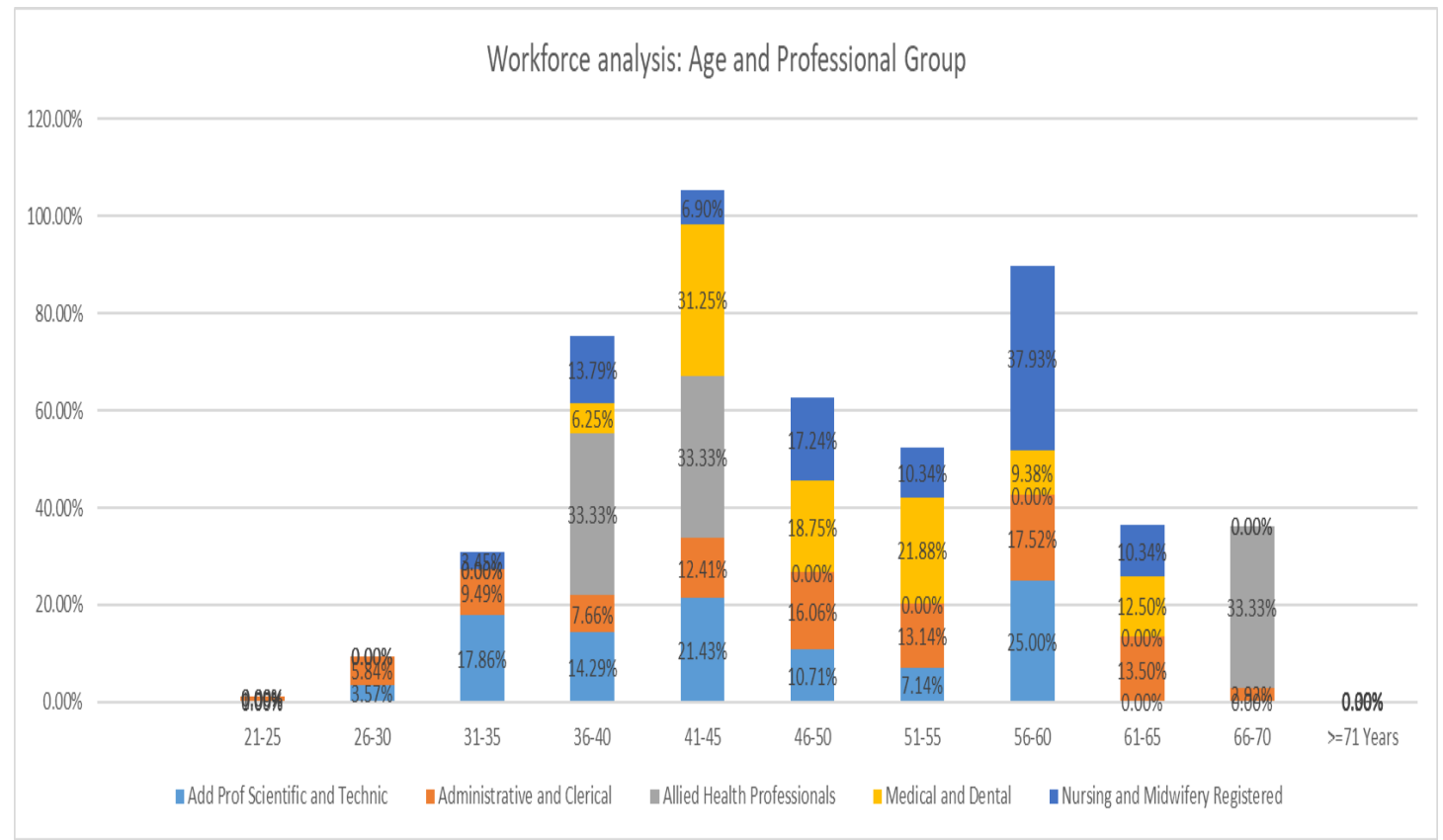


Workforce analysis: Disability and professional group



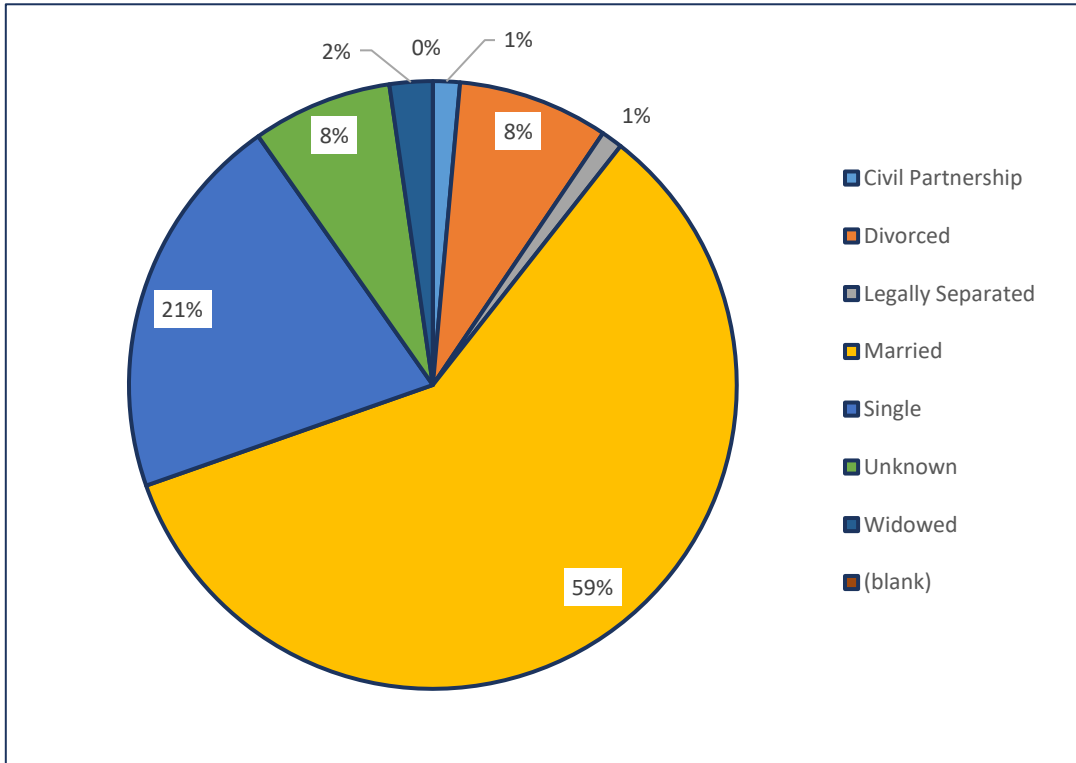
# Workforce profile: Age

- Largest group (18.8%) of the workforce are in the 56-60 age cohort, followed by the 46-50 age band (15.8%).
- The medical and dental group and allied health professional groups had no staff below the age of 36.
- The administration and clerical group and Nursing and Midwifery professional groups were the most age diverse – with representation in all age bands.

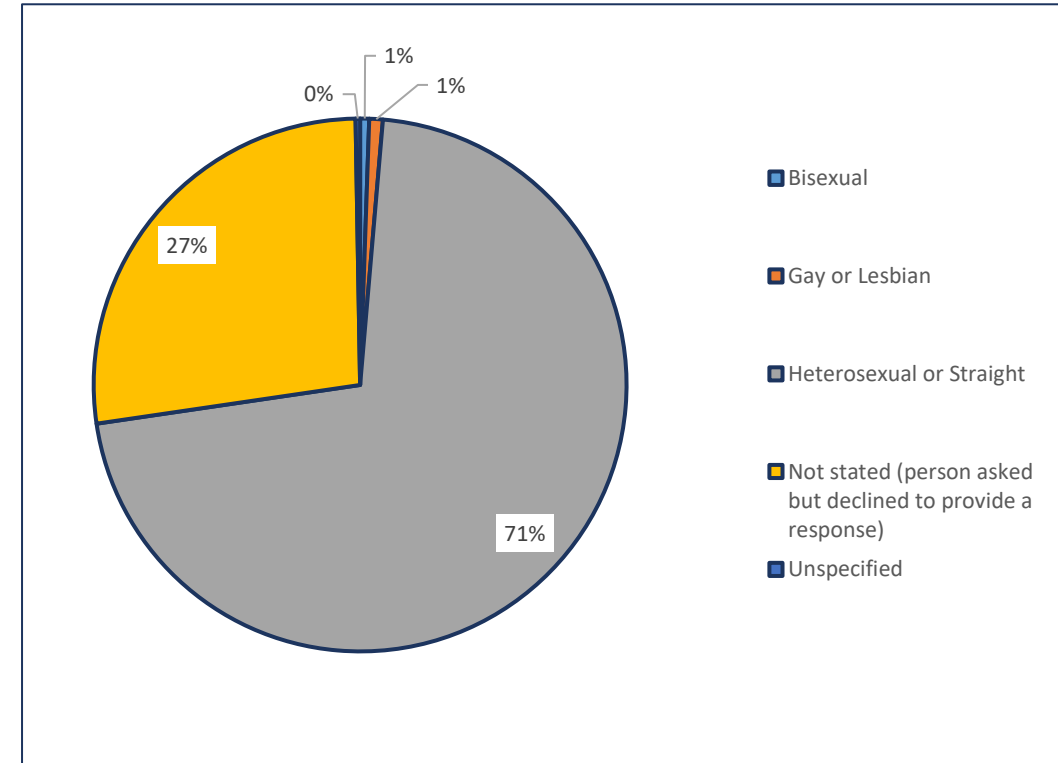


# Workforce profile: Sexual orientation and marital status

- 71.31% of the workforce identified as heterosexual, while 27% did not state their sexual orientation and 1% identified as gay or lesbian
- 59.03% said they were married, followed by 21% who said they were single and 1.43% were in a civil partnership.



Workforce analysis: Marriage and Civil partnership

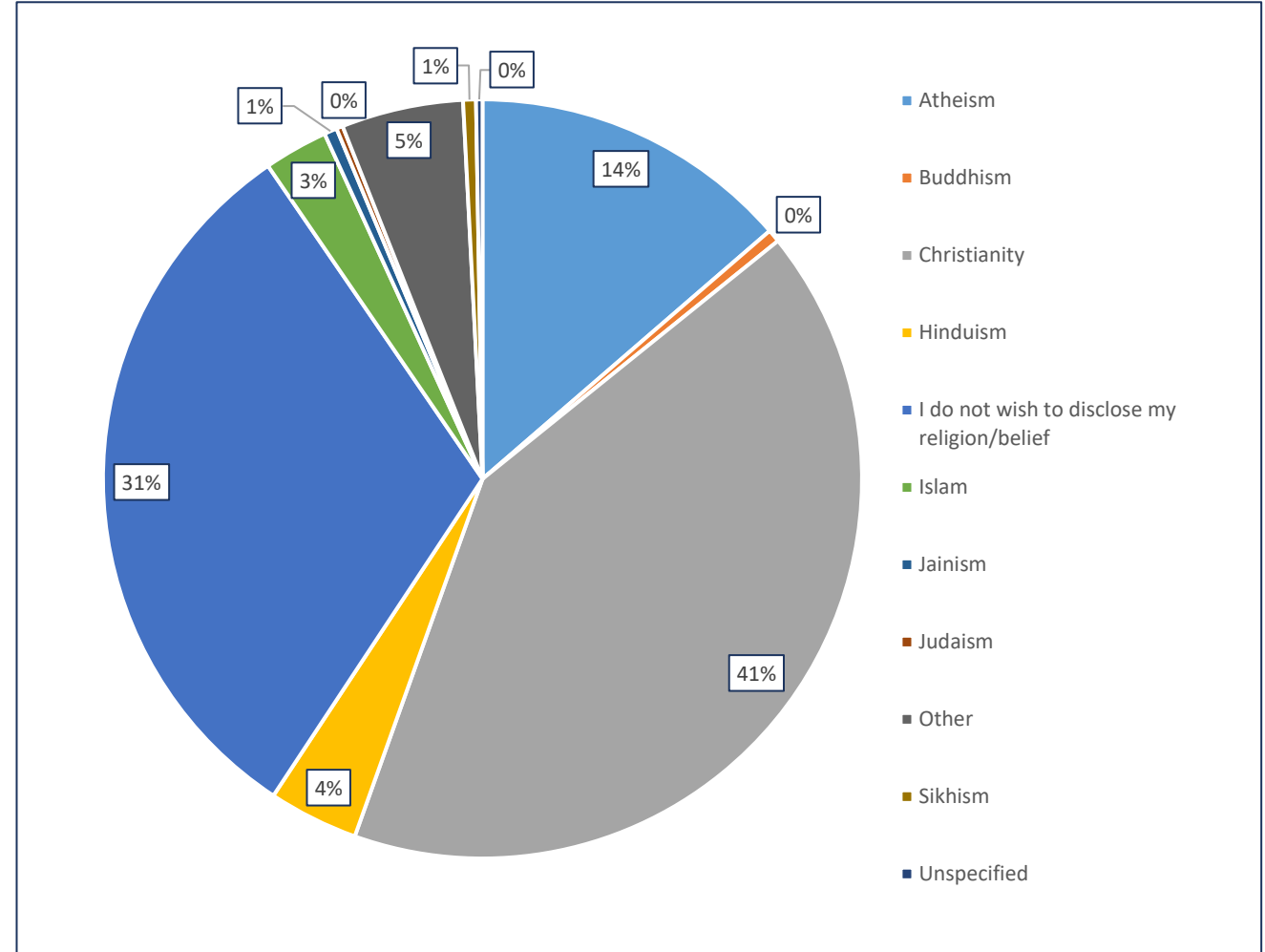


Workforce analysis: Sexual orientation



# Workforce profile: Religion

Religion/Belief	% Religious Belief
Atheism	13.66%
Buddhism	0.55%
Christianity	41.26%
Hinduism	3.83%
I do not wish to disclose my religion/belief	31.15%
Islam	2.73%
Jainism	0.55%
Judaism	0.27%
Other	5.19%
Sikhism	0.55%
Unspecified	0.27%
Grand Total	100.00%



Workforce Analysis: Religion

# Workforce Equality Benchmarking Reports

This section includes information on our workforce benchmarking results, including:

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap (GP)
- Equality Delivery System (EDS – Domains 2 and 3 – focusing on workforce health and wellbeing and Inclusive Leadership)

It compares the ICB's equality performance against those of Trusts within the ICS, with regional and national averages where data was available. The comparisons are more for reference and may not be an accurate assessment, as the ICB is at early stage on its equality improvement process.

In 2024/25 we hope to benchmark the ICB's results with comparator ICBs.



# Key trends for BOB ICB

- Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) benchmarking for 2022/23 has been undertaken voluntarily.
- 19% of staff identified as Black, Asian or of a minority ethnic group, which is the national average for NHS organisations, but lower than the ICS average of 29%. The average population identifying as ethnic minority in the BOB ICS geography was approximately 14%.
- **WRES** – White staff 1.3 more likely to be appointed and overall have better experiences compared with BME staff, based on the staff survey results for 2022/23. Experiences of BME staff around bullying and harassment from public and colleagues and discrimination was significantly higher than white staff (by approximately 10% for each of the 3 indicators).
- **WDES** – Staff without disabilities were 2.5 times more likely to be appointed compared with disabled staff. Disability declaration for the ICB was 2.5%, which is lower than the ICS and national declaration rate of 4.4% and 4.9%. Proportion of undeclared disability status was highest for Medical and Dental staff.
- Twice as many disabled staff (14%) experienced bullying and harassment from the public compared with non-disabled staff (7%)
- Gender Pay Gap – the ICB’s median pay gap of 13.6% was higher than the national average of 7.7%. The ICB’s female representation at Quartile 4 (highest pay quarter) was 57.3%, third lowest in the ICS, after SCAS (48.8%) and Berkshire Healthcare (17.95%).





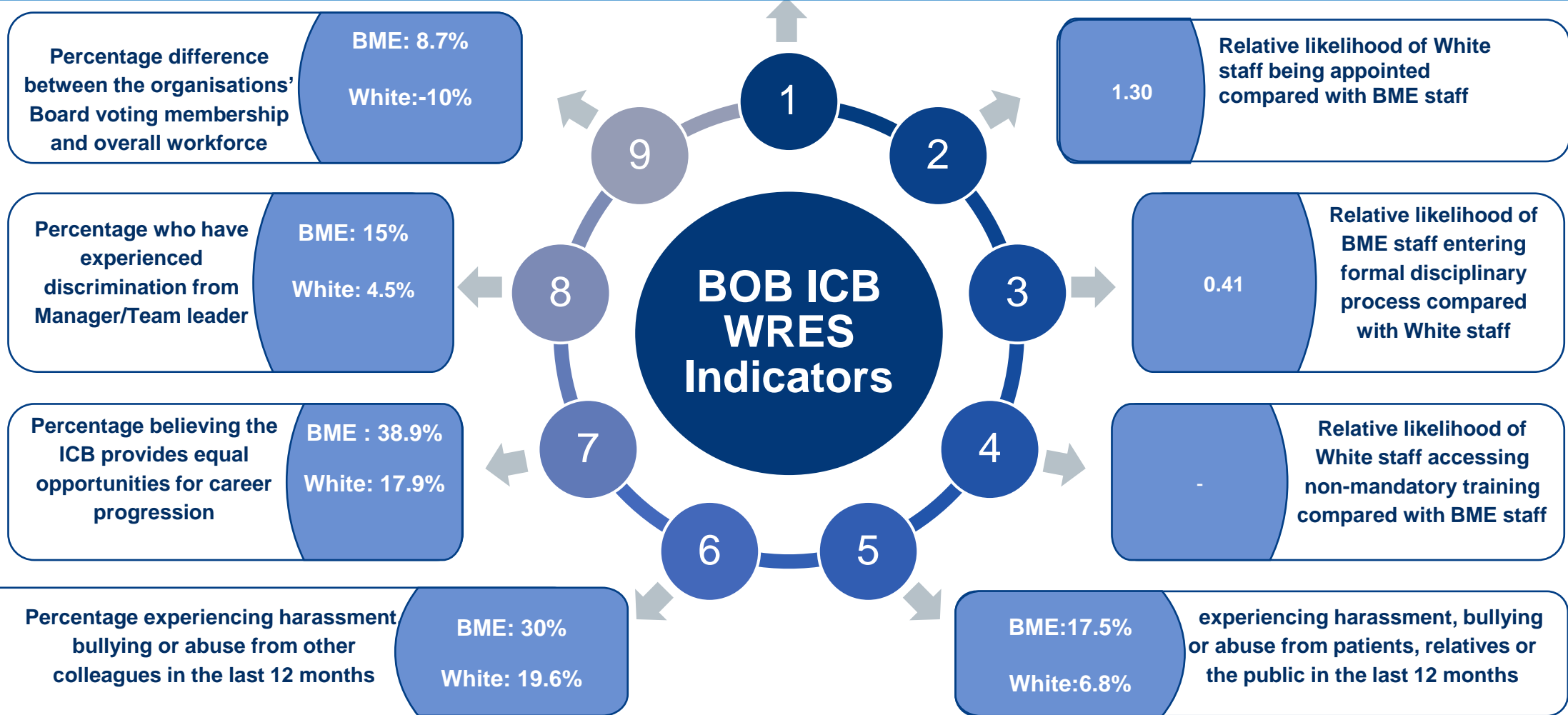
**Total Workforce = 362**

**White = 243 ; BME = 72 , Not stated = 47**

**(Source: ESR March 2023)**

AFC Bands/VSM	BME	White	Not Stated
1-4	7	14	4
5-7	20	68	15
8a-9	13	27	3
VSM	7	15	9

Board Rep	BME	White	Not Stated
Executive	11.1%	66.7%	22%
Non Exec	60%	40%	Nil
Voting	50%	37.5%	12.5%



# WRES - Comparisons with ICS, region and national

Indicator Description	BOB ICB	BOB ICS	Regional	National
1. BME staff representation in workforce overall	19.9%	29.4%	26.4%	26.4%
2. Relative Likelihood of White Staff being appointed compared to BME	1.30	1.28	1.63	1.59
3. Relative likelihood of BME staff entering formal disciplinary procedure compared to White	0.41	1.29	1.04	1.03
4. Relative likelihood of White staff accessing non-mandatory training	-	0.79	1.03	1.12
5. %experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	BME/White: 17.5%/6.8%	BME/White: 28.5%/24.9%	BME/White: 31.2%/27.2%	BME/White: 30.4%/26.8%
6. %experiencing harassment, bullying or abuse from staff in the last 12 months	BME/White: 30%/19.6%	BME/White: 24.6%/19.6%	BME/White: 25.7%/21.1%	BME/White: 27.7%/22%
7. % believing the ICB provides equal opportunities for career progression	BME/White: 49.9%/62.4%	BME/White: 49.8%/60.2%	BME/White: 46.4%/59.1%	BME/White: 46.4%/59.1%
8. % who have experienced discrimination from Manager/Team leader	BME/White: 15%/4.5%	BME/White: 15.1%/6.2%	BME/White: 15.2%/6.5%	BME/White: 16.6%/6.7%
9. BME representation on the board minus BME representation in the workforce*	Overall % 8.7%	Overall: -1.0% Voting:-1% Executive: -6.9%	Overall: -8.8% Voting:-10.2% Executive: -12.8%	Overall:-10.9% Voting: -11.1% Executive: -15.7%

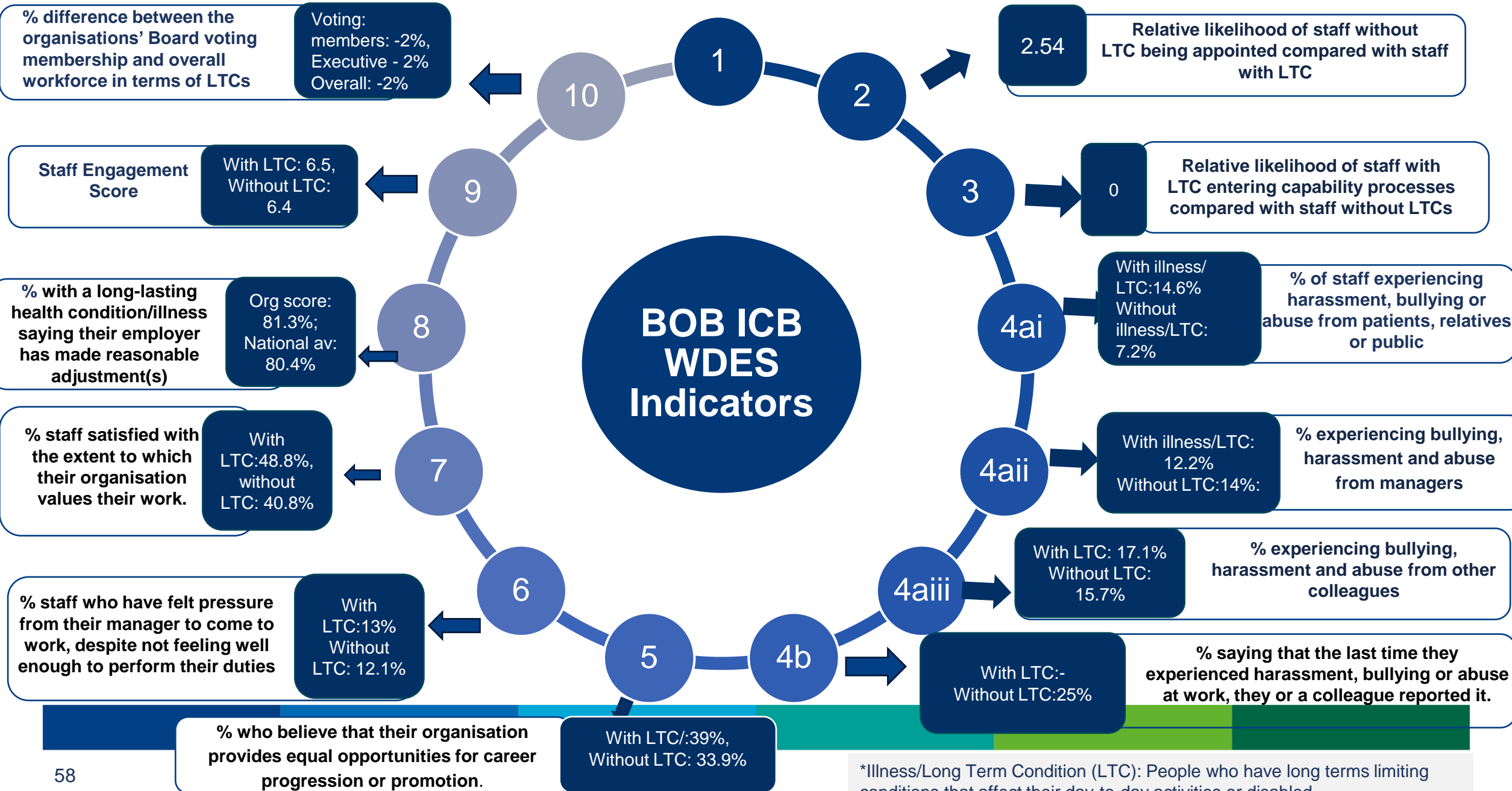
# Workforce Disability Equality Standard – Workforce Representation

	Disabled	Not Disabled	Undeclared
<b>Non Clinical</b>	<b>3%</b>	<b>72.7%</b>	<b>24.3%</b>
<b>Clinical</b>	<b>1.6%</b>	<b>76.6%</b>	<b>21.9%</b>
<b>Medical and Dental</b>	<b>0%</b>	<b>45.16%</b>	<b>54.84%</b>
<b>Total</b>	<b>2.49%</b>	<b>71%</b>	<b>26.5%</b>

Agenda for Change Salary Band	Non Clinical			Clinical		
	Disabled	Not Disabled	Not Declared	Disabled	Non Disabled	Undeclared
Bands 1-4	8%	64%	28%	0%	0	0
Bands 5-7	3.9%	74.8%	21.4%	3.7%	66.7	33.3%
Band 8a-8b	2.6%	76.6%	20.8%	0	81.5%	14.8%
8c-VSM	0	63.8%	36.2%	1.6%	80%	20%



# BOB ICB WDES Indicators



\*Illness/Long Term Condition (LTC): People who have long terms limiting conditions that affect their day-to-day activities or disabled

# BOB ICB WDES – Comparisons with regional and national average

	Indicator Description	BOB ICB	BOB ICS (providers) *	South East	National
1.	% Declaring disability	2.5%	4.4%	5.5%	4.9%
2	Relative likelihood of non-disabled staff being appointed compared with disabled	2.54	0.99	0.85	0.99
3	Relative likelihood of disabled staff entering capability processes compared with non-disabled	0	3.18	1.43	2.17
4a	% of staff experiencing harassment, bullying or abuse from patients, relatives or public	With LTC**:14.6% Without LTC: 7.2%	32.3%	33.6%	33.2%
4b	% experiencing bullying, harassment and abuse from managers	With LTC: 12.2%; Without LTC: 14%:	14.7%	15.9%	16.1%
4c	% experiencing bullying, harassment and abuse from other colleagues	With LTC: 17% Without LTC:15.7%:	22.7%	23.4%	24.8%
4d	% saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	With LTC: Nil Without LTC: 25%	50.1%	50.9%	51.3%
5	% who believe that their organisation provides equal opportunities for career progression or promotion	With LTC: 39% Without LTC: 33.9%	55.3%	54.3%	52.1%

\* disability data only, \*\* LTC – refers to people with long-term disabilities

# BOB ICB WDES – Comparisons with regional and national average

	Indicator Description	BOB ICB	BOB ICS	Regional	National
6	% staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (Presenteeism)	With LTC: 13% Without LTC: 12%	27.6%	26.6%	27.7%
7	% staff satisfied with the extent to which their organisation values their work	With LTC: 48.8% Without LTC: 40.8%	42.6%	37.7%	35.2%
8	% with a long-lasting health condition/illness saying their employer has made reasonable adjustment(s)	With LTC: 81.3% Without LTC: 80.4%	75.5%	75.6%	73.4%
9	Staff engagement score	With LTC: 6.5 Without LTC: 6.4	6.73	6.52	6.42
10	% difference in board representation compared with overall workforce (people with disabilities/LTCs)	Overall: 0% Voting: 0% Executive: 0%	Overall: 6% Voting: 4.4% Executive: 4.5%	Overall: 4.46% Voting: 4.4% Executive: 4.5%	Overall: 5.8% Voting: 5.6% Executive: 5.5%



\*Staff survey metrics for ICS, regional and national given only for disabled staff,

# Gender Pay Gap – BOB ICB: Key findings

**1. Percentage of men and women in each hourly pay quarter or quartile:** The data in Chart 4 suggests that female staff are over-represented in Quartiles 1-3. Female staff have highest representation in Quartile 3 (78.65%). Male staff have the highest representation at Quartile 4 (42.7%) and lowest at Quartile 1 (13.92%). Quartile refers to pay quarter – where 1 is the lowest pay quarter and 4 the highest.

**2. The mean (average) gender pay gap for hourly pay is 24.92%:** This means the average hourly pay for women is 24.92% less than men. When monetised, this means average pay gap is £24.92. For every £1 that the average male earns, the average female colleague earned 75.08p. (See Table 2).

**3. Median Gender Pay Gap for hourly pay is 13.6%:** This means the hourly pay gap at the median or ‘middle’ of the salary bands is 13.6% less for women compared with men. (See Table 2).

**4. Bonus Pay:** No bonus payments were declared through ESR.

Chart 4: % representation of male and female staff by pay quartile

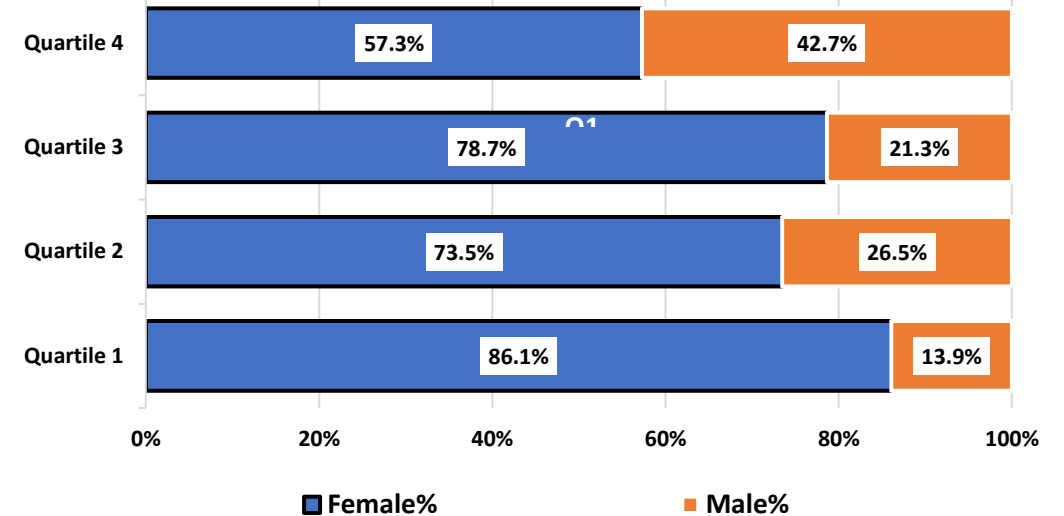


Table 2: Mean and Median Gender Pay Gap

Gender	Avg/Mean Hourly Pay	Median Hourly Pay
Male	£ 39.29	£ 28.72
Female	£ 29.50	£ 24.82
Difference	£ 9.79	£ 3.91
<b>Pay Gap %</b>	<b>24.92%</b>	<b>13.6%</b>

# Gender Pay Gap – comparison with ICS Trusts March 2023

Trusts	Mean Pay Gap %	Median Pay Gap%	Bonus Gap% (Mean)	Bonus Gap % (Median)
BOB ICB	24.92%	13.6%	0	0
Berkshire Healthcare NHS Foundation Trust	16.96%	16.46%	29.58%	0
Buckinghamshire Healthcare	26.9%	15.5%	25.5%	0%
Oxford University Hospitals	28.7%	13.6%	47.2%	4.2%
Oxford Health Foundation Trust	20.3%	8.7%	30.6%	0
Royal Berkshire NHS Foundation Trust	21.19%	10.9%	28.0%	0
South Central Ambulance	5.8%	0.5%	0	0
National Average (ONS)		7.7%		

Information available as at February 2024, highlights that with the exception of South Central Ambulance Trust, the median pay gap for all Trusts and the ICB was higher than the national average of 7.7%.

Berkshire Healthcare NHS Foundation Trust had the highest median Gender Pay Gap in the ICS..



# Female representation by quartile – BOB ICS comparisons

Trusts	Quartile 1	Quartile 2	Quartile 3	Quartile 4
BOB ICB	86.1%	73.5%	78.7%	57.3%
Berkshire Healthcare	25.8%	14.0%	15.8%	18.0%
Buckinghamshire Healthcare	83.0%	82.0%	85.0%	67.0%
Oxford University Hospitals	73.3%	81.6%	77.9%	61.4%
Oxford Health Foundation Trust	84.0%	82.1%	85.2%	72.7%
Royal Berkshire NHS Foundation Trust	76.1%	81.8%	82.2%	66.0%
South Central Ambulance Trust	47.2%	60.5%	57.6%	48.8%



# ICB Staff Survey Results 2022-23 – Key highlights

## Overall experiences related to ED&I:

- 37.5% of staff felt the organisation took positive action on health and wellbeing, which is 30.9% lower than the sector average of 68.4%.
- 71.8% felt their immediate manager took a positive interest in their health and well-being, which is 8.4% lower than the sector average of 80.2%.
- 15.8% of staff experienced bullying and harassment, which from colleagues, which was 5.5% higher than the sector average of 10.3% .
- 31% of staff said they would report bullying and harassment, which is 12.5% lower (worse than) the benchmark score of 43.5%. A higher score for this question is sign of a safe work culture.
- 39.6% said they would recommend the organisation as a place of work, which is 22.5% lower (worse than) the benchmark average of 62.1%.
- 34.5% felt their organisation offered them equal opportunities for career progression regardless of ethnicity, gender, disability, sexual orientation or age - which is 21% worse than the national average (55.9%).

The results highlighted a need to promote health and wellbeing, respect at work, morale and advocacy and equal opportunities to career progression for all.

## WRES results:

- 6.8% of White staff said they experienced bullying and harassment from patients, relatives or the public, compared with 17.5% of all other ethnic groups (or BME groups). Experiences of BME staff was 9.2% higher (worse than) the national average of 8.3% for BME staff and 10.7% worse than White Staff.
- 19.6% of White staff experienced bullying, harassment or abuse from colleagues, compared with 30%.of BME staff, highlighting that the experiences of BME staff were disproportionately worse than White staff (-10%), and the national average for BME staff (20%).
- 38.9% of White staff felt the organisation provided equal opportunities for career progression, compared with 17% of BME staff. The national averages for White and BME staff was 59.3% and 38.3% respectively.
- 4.5% of White staff experienced discrimination from their manager or team leader, compared with 15% of BME. The national average for BME staff was 13.3% and White staff 4.5%.

The results showed experiences of BME staff were disproportionately worse than White staff and the national average on all WRES indicators. On career progression – scores for both groups were worse than the national average.

\*For the purposes of this report, the term BME is used for all ethnic groups that are not White.

## WDES results highlighted:

- 14.6% of staff with a disability\* said they had experienced bullying and harassment from patients or the public, which is 3.9% higher (worse than) the national average of 10.7% and 7.3% higher (worse than) non-disabled staff.
- 12.2% of staff with a disability experienced harassment and bullying from their managers, which is 3% lower (better) than the national average of 15.2%.In comparison, 14% of staff without a disability experienced harassment from their managers, which is 6.4% higher (worse) than the national average of 7.6%.
- 17.1% of staff with a disability said they experienced harassment from colleagues, compared with 15.7% of staff without a disability. The national average for disabled staff is 15.5%.
- 39% of disabled staff said they believed the organisation offered equal opportunities for career progression, compared with 33.9% of non-disabled staff. The scores for both groups are lower (worse than) the national average of 50% and 57.6% respectively).
- 81.3% of disabled staff said their organisation had made reasonable adjustments, comparable with the sector average of 80.4%

\*The term disabled is being used for staff with a Long-Term Condition or illness..

# EDS Review Summary actions for Domain 2 and 3 in 2024-/25

**Overall score: Developing**

Workforce Health and Wellbeing	Inclusive Leadership
<ul style="list-style-type: none"><li>• Raising awareness of mental health and wellbeing support available to staff and scope plan for webinars on managing COPD, diabetes, asthma.</li><li>• Updated guidance on reasonable adjustments (including budgets), with latest information on Access to Work Grants, as part of ICB change process.</li><li>• Scope feasibility of providing Staff MOT/Health Checks.</li><li>• To consider multiple avenues of promotion of flu vouchers along with other benefits through staff handbook, intranet and line managers.</li><li>• Strengthen and promote values and behaviour framework.</li><li>• Continued support for staff networks.</li><li>• ED&amp;I learning and development offer for staff.</li><li>• Scope equitable talent management initiatives for ICB</li><li>• Reinforce positive behaviours through awareness raising.</li><li>• Regular promotion of full range of support services available for staff (Employee Assistance Helpline, Trade Union representatives, Staff Networks and Freedom To Speak Up Guardian).</li><li>• Promote flexible working – update hybrid and flexible working policies</li><li>• Improve staff advocacy through reward and recognition schemes.</li><li>• Implement Gender Pay Gap Action Plan as part of ICB Change process</li></ul>	<ul style="list-style-type: none"><li>• All Board Members (Executives and Non Executives) to set Equality Objectives by March 2024. Senior managers with line management responsibilities to set ED&amp;I objectives through appraisal process.</li><li>• Executive sponsors to attend staff networks and external meetings with local groups to inform Board discussions.</li><li>• Board seminar topics to incorporate EDI and health inequalities.</li><li>• Governance team to ensure all relevant Board and committee papers need to reflect analysis done equality/health inequalities, key findings and proposals to address them.</li><li>• All key committees to have a forward plan identifying timeline for key reports on health inequalities and workforce ED&amp;I reports.</li></ul>

For the full EDS Report, see [LINK](#)

# Gender Pay Gap Report – Summary Actions for ICB

BOB ICB has completed its first Gender Pay Review and is working to implement actions identified as part of it through the ICB Change process. Key actions identified are set out below.

- Benchmarking the ICB's Gender Pay Gap results with other ICBs in the region.
- Promoting the ICB's Flexible, Hybrid and Agile working policy to support work life balance in a manner that minimises pay gaps.
- Inclusive recruitment training for managers to attract a wide talent pool across all bands.
- Mentoring, coaching and leadership development opportunities to improve female representation in leadership roles
- Ensure job evaluations continue to be undertaken to ensure posts are benchmarked fairly.
- Work with providers to implement Mend the Gap Report recommendations
- Implement the Sexual Safety Charter within the ICB.
- Review appraisals process to ensure all staff have career conversations and are supported to develop personal development plans.
- Encourage staff to update their personal information on ESR to support an accurate analysis for Ethnicity and Disability Pay Gap reports for March 31 2024 snapshot.

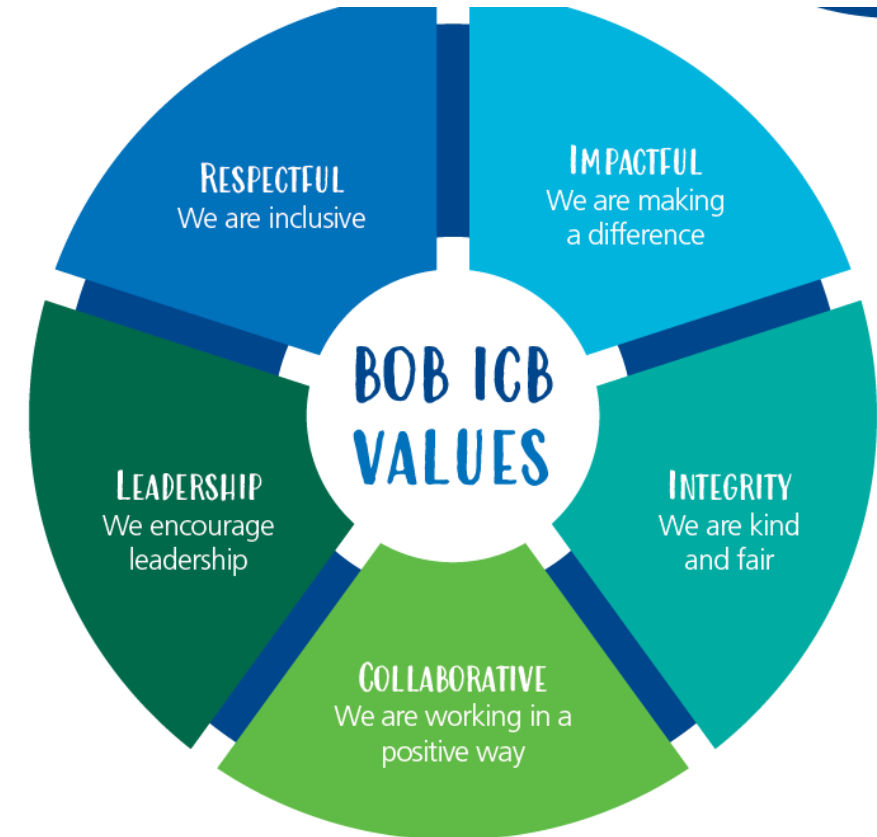
The report and action plan has been considered by the ICB's Executive Management, Remuneration and People Committees. It will be reported through the Government Equalities Office website by March 30 2024 and promoted through the ICB's website.

# Improving Staff Experiences – BOB OD Programme mapped against Six High Equality Impact Actions



# Building a Better BOB Organisational Development Programme

- As part of an Organisational Development programme for the emerging ICB, through 2022/23 all staff had an opportunity to identify its values through a series of online workshops.
- The ICB Values: **RESPECTFUL, IMPACTFUL, INTEGRITY, COLLABORATIVE AND LEADERSHIP** emerged because of this engagement. Behaviours associated with these values were integrated into a new staff appraisal which was launched in 2023.
- As part of appraisals, all staff are expected identify how they are meeting the ICB's Values, including values related to Inclusivity and Respect. The appraisal framework will be refreshed and updated as the ICB matures over the coming months.
- In June 2023, as part of an ICB Staff Away Day to celebrate 1 year of the ICB's existence, over 200 staff participated in a workshop to inform the four Pillars of the OD Change Programme – Wellbeing, Inclusion, Leadership and Development.
- The commitment to the four pillars of the OD programme will continue through 2024/25 as part of the ICB Change Programme to ensure staff feel safe, supported and are able to participate in a fair equitable and inclusive manner.



# Objectives of the four pillars of the ICB OD Programme

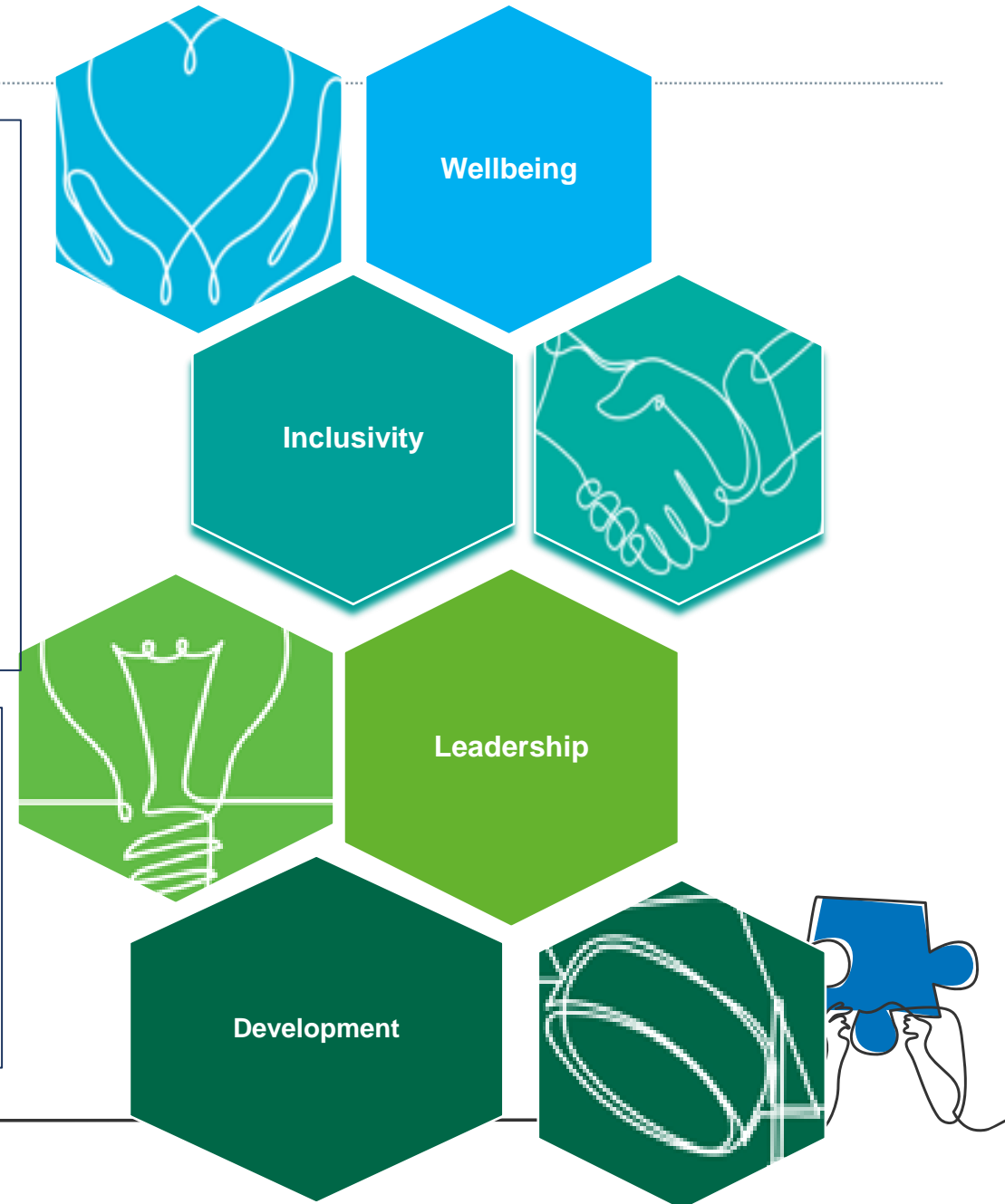
Objectives of the four pillars of OD Programme, which staff have helped to develop over the past year are set out below:

- **Wellbeing:** To provide access to wellbeing support services, networks and representation.
- **Inclusivity:** To enhance organisational culture through staff networks, awareness raising, supported conversations, developing leadership behaviours on inclusion, equality benchmarking and improvement programmes.
- **Leadership:** To develop skills and competencies through leadership development.
- **Development:** Integrating the principle of development with an emphasis on improving communication.

Whilst Inclusivity is a distinct pillar with specific areas of work informed by benchmarking and insight, the principles of ED&I are woven through the other three pillars as well.

The four OD pillars focus on values, behaviours and competencies will support the ICB deliver on their statutory equality duties as an employer and facilitator of partnerships. These have been aligned to the PSED Plan on the next page and progress is being reported using the framework of the Six High Impact Actions of the National Equality Diversity and Improvement Plan.

This is being done separately for the ICB and ICS as their scope is different. It will also help synthesise the multiple frameworks being used to benchmark and monitor progress, with a view to streamlining them over the coming year.



# BOB ICB – PSED Action Plan (internal) mapped with National EDI Plan (High Impact Actions)

## 6 High Impact Actions

**HIA 1 &3 – Equality objectives for Board& VSMs and Eliminating pay disparity – (BOB OD Pillar – Leadership)**



- Internal ED&I Steering group to be set up established and board/VSM objectives
- PSED Reporting timetable– Gender Pay Gap, Equality objectives/EDS and annual report
- Improve workforce ESR data (protected characteristics and non-mandatory training)
- Finalise Equality Policy and common Equality Impact Assessment template
- Finalise Value and Behaviours framework
- Complete EDS Domain 3 baseline and external peer review to cover the above

**HIA 2 & 5- Overhaul recruitment, embed talent management process (for local and international staff) – (BOB OD Pillar – Development)**

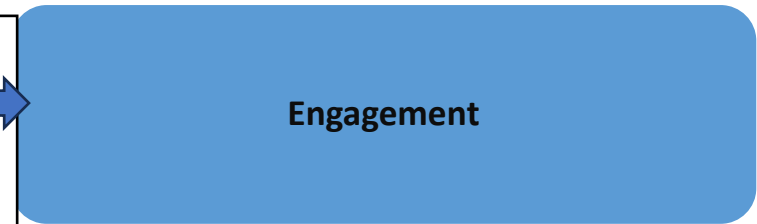


- End-to-End review of ICB internal recruitment and onboarding practices to embed inclusion
- Widen recruitment pool from local communities
- Governance on international Recruitment for ICS – induction, onboarding and development prog

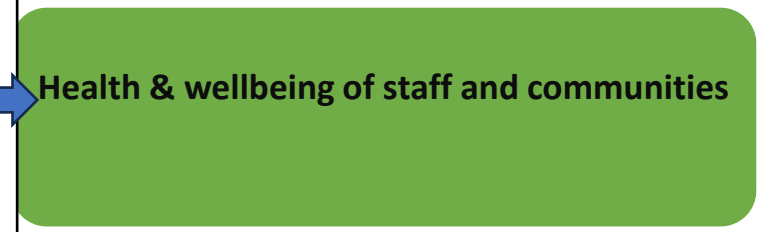


- Learning & Development Plan – to cover compassionate leadership, ED&I and Health Inequality modules
- Review new appraisals process and identify managers’ support needs on PDPs
- Scope targeted initiative to address under-representation in senior roles.

**HIA 4&6 Tackle health inequalities at workplace and Eliminating conditions in which bullying and harassment occurs (BOB OD Pillars on Inclusivity and Wellbeing)**



- Set up and strengthen four staff networks by March 2024 (CARE, Diverse Ability, LGBT+ and Women).
- Scope plans for additional networks on Age, Pregnancy/maternity
- Identify Development/pastoral support for network representatives .
- Awareness raising of diverse cultures, identities, intersectionality and health inequalities through heritage webinars, staff stories and related workshops.



- Inclusive Wellbeing webinars (EDS Domain 2)
- Promote empowerment Passports for disabled staff.
- Build psychological safety – FTSU reporting processes and awareness-raising.
- Support for staff affected by bullying, harassment, domestic abuse or humanitarian crises
- Review practices to support respectful, informal resolution of conflict.
- Providing staff access to health checks and vaccinations.
- Create links with VCSE, education providers to create employment/procurement opportunities. (Anchor role)



# Six High Impact Equality Action 1

	High Impact Action 1	Progress in 2023/24	Plans for 2024/25
1.	<p>Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.</p> <p>(Link with OD Pillar on Leadership)</p>	<p>The Board (Executive and Non-Executive Directors are in the process of finalising their ED&amp;I Objectives. VSMs, senior managers and line managers will also set equality objectives through the appraisal process.</p> <p>All Statutory Equality Reports are approved by the Executive Management Committee (EMC), People Committee and Board for assurance on the ICB's ED&amp;I performance. An ED&amp;I Forward Plan for the committees and Board has been prepared.</p> <p>Launched three staff networks to support ethnic minority, disabled and LGBT+ staff. All three staff networks now have executive sponsors. Sponsors have started attending meetings with staff networks and external partners to understand the experiences of minoritised staff and local communities inform Board discussions.</p> <p>The Chief Executive has promoted compassionate leadership through his blogs and the All Staff Forum, including support for staff affected by war and humanitarian crises, spotlight on staff networks and celebratory history months and attendance at staff network meetings.</p> <p>A Leadership Forum has been established, sponsored by the Place Director for Buckinghamshire. The Forum has been meeting monthly and is supported by a working group, which includes staff network representatives. The Forum organised its first Leadership Network Development Day in February 2024 for all staff in leadership roles (Band 8a and above) – and included workshops on Servant Leadership, Goleman's Model of Emotional Intelligence and developing leadership competencies on ED&amp;I through Lived</p>	<p>Board seminars to incorporate topics on ED&amp;I and health inequalities.</p> <p>ED&amp;I steering group TBC.</p> <p>Appraisal process to be reviewed in Q1 of 2024/25 and additional guidance provided as necessary.</p> <p>Board members to receive updates on staff survey results and how ED&amp;I is being integrated into the ICB change process in Q1 of 2024/25</p> <p>Governance team to ensure all relevant Board and committee papers reflect analysis undertaken on equality/health inequalities, key findings and proposals to address them.</p>

# High Impact Equality Action 2

	High Impact Action 2	Progress in 2023/24	Plans for 2024/25
2	<p>Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.</p> <p>(OD Pillar – Leadership)</p>	<p>The ICB has access to NHS Elect - a non-profit membership organisation that supports NHS organisations to improve their performance. Staff have access to 150 new development opportunities Includes access to over 120 webinars, a range of online courses, over 200 resources, and a number of specialist networks.</p> <p>Approximately 25 webinars have been accessed since it launched in November 2023.</p> <p>ICB has launched a new appraisal process which includes a section on personal development for all staff.</p>	<p>Offer ICB staff spaces on the ICS Cultural Intelligence Programme.</p> <p>360 appraisal to be considered as part of developing talent pipeline.</p> <p>Provide recruitment managers at all levels training on Inclusive Recruitment as part of ICB Change Process.</p> <p>Review and update BOB ICS Inclusive Recruitment Governance framework, update managers' guidance and test new selection methods to debias</p> <p>Review a selection of appraisals to identify whether staff have personal development plans</p> <p>Widen recruitment pool from local communities through apprenticeship and widening participation scheme.</p>



# High Impact Equality Action 3

	High Impact Action 3	Progress in 2023/24	Plans for 2024/25
3	<p>Develop and implement an improvement plan to eliminate pay gaps.</p> <p>OD Pillar – Leadership and Development</p>	<p>ICB has completed its first Gender Pay Gap review and is on track to publish its report by March 30. The report has been reviewed by the Executive Management, Remuneration and People Committees.</p> <p>Staff briefings on the Gender Pay Gap review have been promoted through BOB Buzz, All Staff Forums and Staff Networks.</p> <p>All staff have been encouraged to update their personal information on Disability and Ethnicity to support future Pay Gap reviews on Ethnicity and Disability.</p>	<p>Gender Pay Gap Action Plan to be integrated into ICB Change Programme. Hybrid working Policy currently being developed to support flexible working at ICB. Action Plan includes oversight of implementation of Mend the Gap recommendations at Trust level.</p> <p>Campaign to encourage staff to update personal data on ESR to improve future pay Gap analyses on Ethnicity and Disability.</p>

# High Impact Equality Action 4

	High Impact Action 4	Progress in 2023/24	Plans for 2024/25
4	<p>Develop and implement an improvement plan to address health inequalities within the workforce.</p> <p>OD Pillar – Wellbeing and Inclusivity</p>	<p>Completion of EDS review workforce health and wellbeing in December 2023 to map progress on supporting staff health and wellbeing and achieved Level 1 of DWP Disability Confidence Scheme. Completed WDES benchmarking.</p> <p>VCSE Alliance now part of ICS People Programme Board to strengthen links with the sector.</p> <p>Staff have been offered the following:</p> <ul style="list-style-type: none"> <li>• Access to the CARE, Diverse Ability and LGBT+ Networks.</li> <li>• ICS Heritage Webinar series to gain awareness of diverse cultures across celebratory History Months.</li> <li>• Virtual Empowerment Passports to document reasonable adjustment requirements (to prevent repeat disclosures).</li> <li>• Three Inclusive Wellbeing webinars were held and attended by 170 staff.</li> <li>• REACT Mental Health Training for ICB and primary care</li> <li>• Employee Assistance Helpline with access to a range of support including, telephone and structured counselling, line management support, medical information service and mediation services.</li> <li>• Access to a Freedom to Speak Up Guardian for Primary Care and ICB staff and a new FTSU Policy. There are nominated executive and non-executive leads for the FTSU service.</li> <li>• Access to a range of resources, links and contact details through a Health and Wellbeing Page on the Intranet to manage change and uncertainty. Support on holding wellbeing conversations.</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Health checks for ICB staff (TBC).</li> <li>• Raise awareness of FTSU Guardian role and reporting processes.</li> <li>• Review practices to support respectful, informal resolution of conflict.</li> <li>• Employment opportunities internally with VCSE sector through widening participation scheme.</li> <li>• Continue to develop line manager capabilities.</li> </ul>

# High Impact Equality Action 5

	High Impact Action 5	Progress in 2023/24	Plans for 2024/25
5	<p>Implement a comprehensive induction, onboarding and development programme for internationally-recruited staff.</p> <p>OD Pillar: Development and Leadership</p>	<p>The ICB does not recruit international healthcare staff but has responsibility for oversight over recruitment, onboarding and development of international staff through the BOB LMNS Workforce &amp; Education Partnership Lead and the BOB LMNS Board.</p> <p>All BOB Acute Trusts have Maternity and Transformation leads who share resources and good practice on support for Internationally recruited staff.</p>	<p>Develop intelligence base on support for internationally recruited staff within BOB.</p> <p>Promote Cultural Intelligence Training to managers of internationally-recruited staff.</p>

# High Impact Equality Action 6

	High Impact Action 6	Progress in 2023/24	Plans for 2024/25
6.	<p>Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.</p> <p>OD Pillar: Wellbeing and Inclusivity</p>	<p>EDS review on Domain 2 complete – included a review of staff survey results for 2023 on bullying, harassment and discrimination and action plan now part of ICB OD Plan.</p> <p>To promote respect and belonging, the ICB is:</p> <ul style="list-style-type: none"> <li>• Developing a FTSU service –FTSU Guardians have been recruited to support ICB staff. The Non-executive lead and People Committee are maintaining oversight and assurance over the FTSU process.</li> <li>• Insights from the staff survey and three staff networks are helping to inform its OD programme on Inclusivity and Wellbeing.</li> <li>• The ICB has signed the National Sexual Safety Charter and has officers to maintain oversight on the Sexual Safety and Domestic Abuse across the ICS through the BOB ICS Safer Spaces Forum.</li> <li>• Staff Networks offer confidential space for staff who have been affected by poor behaviour through closed sessions after meetings.</li> <li>• Chairs of all three Staff Networks now represent the networks at the Staff Partnership Forum, and along with trade unions representatives are working to ensure the ICB Change process is taking place in a fair and inclusive manner.</li> <li>• Staff have access to an Employee Assistance programme, which includes a professional mediation service – all details of which are on the intranet.</li> <li>• Discussions with managers on promoting inclusive workplaces through the Leadership Forum</li> </ul>	<p>Develop respect at work through discussion and awareness.</p>

# Sexual Safety Charter

BOB ICB is a signatory to the NHS Sexual Safety in Healthcare Organisational Charter and is playing an active role in supporting its adoption across the ICS. To raise awareness of the charter and ten commitments associated with it, the ICB has taken several steps set out below.

## Key steps taken within the ICB:

- The Head of Adult Safeguarding (Oxfordshire) is leading on the implementation of the charter and has raised awareness of it through the ICB All Staff Forum.
- The presentation included the 10 commitments associated with Zero Tolerance of sexual harassment and abuse, key definitions and good practice examples.
- A toolkit is being developed in partnership with the People Directorate, Trade Unions, staff networks and providers to be made available to ICB staff and ICS partners.
- An intranet page has been created with information and resources that staff can access, including contact details for the Safeguarding team.
- Discussions are being held with the People Directorate on areas such as: including a question on Domestic Abuse in return-to-work forms, membership of the Employers' Initiative on Domestic Abuse and allegations management.
- A webinar is being held on 19 March 2024 to mark International Women's Day with the Assistant Chief Constable of Thames Valley Police, Katy Barrow-Grint, who will share her research on Violence Against Women and Girls.
- The ICB is working closely with NHS England and ICS partners to support the implementation of the Charter (see also Safer Workplaces section under Partnerships).

## Ten commitments of the Sexual Safety Charter:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

# Staff Engagement





# Staff Networks 1/2

In 2023/24, the ICB strengthened its network for ethnic minority staff, the Cultural Awareness and Race Equality (Care) Network and launched two networks: Diverse Ability for staff with disabilities and long-term conditions and a network for Lesbian Gay Bisexual and Transgender Staff.

All three networks are supported by Executive Sponsors, have Terms of Reference and are supported by working groups. The networks are playing an active role in promoting equality diversity and inclusion and advocating for positive change within the workplace and influencing decision making. They have worked hard over the months in championing the voice of their members, gaining allies and raising awareness of the lived experience of members. They have done this by hosting webinars related to identity and heritage and representing members through the ICB Change process. Key highlights are given below and overleaf: All networks now have access to development and stretch opportunities through participation in the OD Programme.

**Cultural Awareness and Race Equality Network:** Launched as the Black and Minority Ethnic Members Network in October 2021, this network rebranded itself as the CARE Network. As of September 2023, it had 74 members, meets bimonthly and is supported by a working group called, CARE Plus, which agrees the agenda and workplan for the network. The network has focussed on creating a safe space and sense of belonging for ethnic minority staff within the organisation. It has raised awareness on the cultural and religious diversity of staff within BOB ICB through presentations by its members on a range of topics, including, festivals and diverse cultures, health and workplace inequalities, current affairs and the ICB change programme. The priority has been on vocalising the lived experiences of members.

Members have contributed with presentations on a range of topics including:

History of the Caribbean Carnival, Chinese New Year, Diwali, Ramadan and Eid both at network meetings and at All Staff Forum meetings.

- Staff stories on their cultural heritage as part of Black History and South Asian History Months.
- Raising awareness of how to prevent Type 2 Diabetes.
- Informing the Maternity Equity Programme
- Championing Inclusive recruitment and embedding ED&I in all areas of work.
- Championing training opportunities for BAME staff, which led to the commissioning of NHS Elect programme.
- Participating in the ICS Heritage Webinars as part of South Asian Heritage and Black History Month.

By promoting the sessions to all staff, the network has helped raise awareness of diverse cultural traditions, intersectionality and promoted a sense of belonging to its staff, while also helping to build cultural understanding and cohesion among allies.

# Staff Networks 2/2

## **Diverse Ability Network:**

This network launched in July 2023 and is sponsored by the Chief Finance Officer. It has actively campaigned for improving the reasonable adjustment process within the ICB. The network is supported by two co-chairs and a communications lead. Its meetings have focussed on a range of physical, mental health and long-term conditions that limit the day-to-day lives of ICB staff through their stories. The network has 24 members.

The network has since developed its work plan and promoted its work as part of Disability History Month through a video at All Staff Forum and participated in the ICS Heritage webinars organised for the month.

Other topics the network has championed: :

- Oliver McGowan Learning Disability and Autism Awareness Training for staff.
- Central budget for reasonable adjustments.
- Disability Confidence training and awareness raising through staff stories,
- Promoting FTSU Guardian/champions and key contacts for networks and reasonable adjustments through new starter packs.

## **Lesbian Gay Bisexual Transgender+ Network:**

Launched in February 2024 as part of LGBT History Month, this network has two co-chairs and is sponsored by the Chief Medical Officer/Deputy Chief Executive and Chief Delivery Officer. The newest network of the ICB, it has 10 members and has led the way in raising awareness of LGBT+ inclusion at the workplace and in the design and delivery of healthcare.

The network led the LGBT History Month webinar with a presentation on Pink News, the largest LGBT+ media platform in the world – and the role it is playing in raising awareness on LGBT+ issues globally, including health inequalities.

It also participated in the LGBT History Month Webinar on Inclusive Rugby on 28 February 2024 with Reading Renegades RFC – a Rugby Club striving to tackle barriers to participation in rugby among the LGBT community in Reading.

# Staff Partnership Forum

- The BOB ICB Staff Partnership Forum (SPF) has been established to provide a regular and formal means of information, consultation and negotiation between managers, staff representatives and elected trade union representatives.
- The inaugural meeting of the forum took place on 23 January 2024.
- The forum will be the primary platform for formal consultation for staff and their representatives and the ICB Change Programme.
- The Chairs of all the three staff networks will represent their members, along with all the recognised Trade Union representatives, at this forum.
- The SPF will also review key policies related to equality, diversity and inclusion, including: the Hybrid Working and Equality policies.
- They will participate to ensure decisions are made in a fair and inclusive manner and will offer independent, impartial advice and challenge to the decision-making process on the change programme. This includes reviewing equality impact assessments on the change process.



# BOB ICS Inclusion Group and Partnership Projects

This section sets out key forums, projects and programmes underway to promote collaborative working around ED&I in BOB ICS.



# BOB ICS Inclusion Group

BOB ICB facilitates the BOB ICS Inclusion Group to promote partnership working among health and social care partners and improve overall performance on Equality Diversity & Inclusion as a system. Since the group was formed in June 2021, it has been meeting fortnightly to share information, policy updates, resources and good practice.

Membership of the group began with ED&I leads and staff network representatives from the six partner Trusts of the ICS. Since 2022, it has included representatives from five local authorities, professional groups such as Maternity and Transformation nurses and midwives and health inequality leads. The Inclusion Group is now an established forum, which feeds into the work of the System People Board as it has evolved. It offers peer support to colleagues, opportunities for joint learning and development between health and care partners and sharing resources, contributing to the ICB's partnership infrastructure and overall improvement in equality performance.

Members of the BOB ICS Inclusion Group helped co-design of the BOB ICS ED&I Strategy 2021-25 which was published in December 2021. The strategy included projects that helped to develop the collaborative working culture of the partnership through 6 workstreams:

- Inclusive Recruitment
- Equitable Talent Management
- Wellbeing at Work
- Safer Workplaces for all
- Voice and Engagement and
- Health Inequalities at the workplace

The baseline for this strategy was drawn from the WRES, WDES and related information such as the Six High Impact Actions on recruitment and talent management from our Trusts. The process has helped interventions to support levelling up of performance – which would support providers within the ICS meet national policy objectives. Outputs and outcomes are identified overleaf.

To facilitate the sharing of resources and information between partners, a shared platform was set up on NHS Futures, called the BOB ICS ED&I Strategy Hub. Through the workspace we have been able to share resources and information relevant to the six workstreams and other information contributed by members.

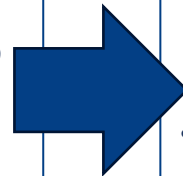
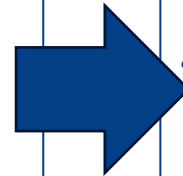
This forum and the ED&I strategy have helped to start developing a community of practice and support tangible outcomes for staff and organisations across the ICS.

The work on the BOB ICS ED&I strategy complements the framework of the National ED&I Improvement Plan and has enabled partner Trusts to demonstrate progress against the Six High Impact Actions of the plan. Progress from our Trusts will be reported every six weeks to the NHS England regional team from April.

# Outputs and outcomes of BOB ICS ED&I strategy in 2023/24

## Key outputs in 2023/24 include:

- **Inclusive recruitment** – The inclusive recruitment toolkit produced in 2022/23 has been adopted at all Trusts who participated in the pilot and customised (and developed further) as necessary. The pilot included an inclusive recruitment training module, train the trainer sessions 6 facilitators, a guidance framework and a 7-minute video for partners. These have been adopted and developed further by partners who took part in the pilot.
- **Equitable Talent Management** – The Ethnic Minority Secondment programme at RBFT and Scope for Growth and Developing You:Developing Me Reciprocal Mentoring programmes at Buckinghamshire Healthcare were shared with partners. To develop managerial competencies, the ICS will be rolling out the Cultural Intelligence programme in 2024/25.
- **Wellbeing at Work: - Commissioning** Kindness at Work Programme to promote Respect at Work.
- **Safer Workplaces for All: Established** Setting up an ICS Multi-Disciplinary forum to address violence and aggression from public.
- **Voice and Engagement:** Lunch and Learn webinar Promoted Staff Network Development Toolkit in partnership with Kent and Medway ICB., the BOB ICS Heritage Webinar series 2023/24 and Inter-Trust Sports Fest led by the Filipino Nurse network.
- **Health Inequalities at the workplace:** Partners had access to 500 licences of Disability Confidence E-Learning Pilot till early 2023 and 300 licences of the Virtual Empowerment Passport. The virtual Empowerment Passports continue to be made available through Buckinghamshire Healthcare NHS Trust.



## Key outcomes for the ICS because of the EDI strategy include the development of three additional forums to strengthen the development of inclusive workplaces. These include::

- **Bimonthly Inclusive Recruitment working group** – with recruitment and ED&I leads. The scope and sustainability of this group will be reviewed as part of the ED&I strategy refresh in 2024/25.
- **Monthly Safer Workplaces** forum with representatives from security, patient safety and ED&I teams. This group has grown in strength and scope over the past 18 months and is emerging a strong community of practice. The forum is playing a key role in supporting the implementation of the sexual safety charter across partners. (see next page).
- **Bimonthly Staff Networks Peer Support group** – this group has held 4 meetings over the past year. Frequency of this network will be reviewed with current and new members..
- **Task and Finish Groups** on reasonable adjustments and management of disciplinaries..
- **EDS Peer reviews between Partners** – as part of the reviewing Domain 3 – Inclusive Leadership. The EDS improvement tool has been implemented at 3 partner Trusts.
- Improved performance on BOB ICS WRES 2023 indicators.

# Partnerships: Safer workplaces

The BOB ICS Safer workplaces working group is a key forum that has emerged from the ED&I strategy. It includes representatives from all BOB ICS NHS Trusts.- who meet monthly to discuss bullying, harassment and abuse experienced, in particular by women, ethnic minority and disabled staff. The forum has a multi-disciplinary membership, including representatives from Security, Patient Safety, Safeguarding, Wellbeing and ED&I teams.

## Since the forum began in June 2022:

- Four of the six partner Trusts have adopted the NHS England Violence Prevention Reduction (VPR) Framework to support a public health approach to violence prevention and reduction. The NHS England VP&R Team has worked closely with the forum to advise and support work in this area and promote learning and networking opportunities nationally. One member from the forum is currently on the Violence Reduction Train the Trainer programme.
- Partner organisations have shared resources and learning from key projects and initiatives related to violence prevention and reduction, including policies, job descriptions, practices related to governance, risks, reporting and training.
- The forum has provided opportunities to share policy updates, such as the letters from the Health and Safety Executive on managing violence and aggression and Muscular Skeletal Disorders among NHS Staff.
- Members have participated in the design of the new National Violence Prevention and Reduction Toolkit. The group have access to a shared platform to share resources on the BOB ICS EDI Hub on the NHS Futures Platform. Since September 2023, the forum has focussed on the implementation of the NHS Sexual Safety Charter.

## Topics discussed at the meetings include:

- Developing the confidence of staff to report incidents through improved reporting channels, team huddles and communications.
- Royal Berkshire Hospitals - Red and Yellow Card Zero Tolerance programme and their Training Needs Analysis on violence reduction.
- South Central Ambulance – Implementation of Operation Cavell with Thames Valley Police and Sexual Safety Campaign.
- Oxford University Hospitals – Introduction of Bodyworn cameras and No Excuses Campaign (shortlisted twice for the national Communicate Award)
- Berkshire Healthcare NHS Foundation Trust – VPR standard and strategy, training on risk management and wellbeing support for staff.
- The forum is working closely with the regional Specialised Commissioning Team NHS England and ICB Safeguarding teams to promote the sexual safety programme.
- In January 2024, the forum received a presentation and learning resources the national Mental Health Sexual Safety Collaborative.
- In March 2024, the group will discuss Allegations management related to sexual misconduct.

# Other partnerships

- **Bi-Monthly staff Networks' Peer support group** – this forum was set up to strengthen the voice and impact of staff networks by bringing together chairs and key representatives of networks from across the ICS. Members who attend these lunchtime meetings have shared Terms of Reference, workplans and opportunities and challenges with sustaining networks. In 2023/24, ICS staff network representatives have helped inform the content of the Heritage Webinar series. Around 15 representatives from BOB ICS Trusts and local authorities participated in the Lunch and Learn session on the Staff Networks Development Toolkit led by Kent and Medway ICB.
- **Bimonthly Inclusive Recruitment Leads forum** – Three meetings were held with recruitment leads in the past year to share information and good practice around inclusive recruitment. This network will be reviewed as part of the strategy refresh.
- **Task and Finish Groups:** Two Task and Finish Groups were held in 2023/24 to discuss management of disciplinaries and reasonable adjustments.
- **The Task and Finish group on disciplinaries** was organised to address variation in performance between ICS partner Trusts. Representatives participated in four meetings to share challenges and opportunities, including those related to informal resolution of conflict. These included: Use of pre-disciplinary panels, debiasing the disciplinary process through use of checklists and anonymised forms and respectful resolution practices. The Restorative Just Culture Programme, which was rolled out among ICS Trusts in 2022/23, has significantly contributed to the improvement in the BOB WRES scores on disciplinaries for March 2022/23.
- **The Task and Finish Group on reasonable adjustments** held one meeting with representatives from the 6 Trusts and Buckinghamshire Council. Information was shared on policies, toolkits and budgets. This area of work will be considered as part of the refresh of the ED&I strategy in 2024/25.
- **Equality Delivery System (EDS) Peer Reviews:** – The Equality Delivery System improvement framework requires organisations to undertake peer reviews when assessing their progress on Inclusive Leadership (Domain 3). In 2023/24, through discussions with Inclusion Group member, peer reviews were organised for BOB ICB, SCAS and OUH.
- BOB ICB and SCAS undertook a peer review on Domain 3 of the EDS as a reciprocal arrangement.
- Oxfordshire County Council, Oxford Health NHS Foundation Trust and Buckinghamshire Healthcare NHS Foundation Trust offered peer feedback to Oxford University Hospitals.



# Partnership Projects in 2023/24 - Highlights

**Inter Trust Sports Fest – September 2023:** Filipino nurse representatives across BOB, took the lead to plan and organise an Inter Trust Sports Fest in September 2023 to develop closer working relations between nursing teams between partners. Supported by BOB ICB, the fest, which was held at Stoke Mandeville Stadium, saw teams participate from Royal Berkshire Hospitals and Buckinghamshire Healthcare. Feedback from the event has been very positive as members felt it helped build trust, stronger ties and celebrate inclusion through sport.

**Participation in the Southeast Global Majority Programme for BME Nurses and Midwives** – including a virtual conference in May, a face-to-face conference in October and a Senior BME Nurses’ Network. Take up from the ICS has been good – and the programme now includes Allied Health professionals.

**Participation in the Southeast Cultural Intelligence Programme** – This is a regional flagship programme, led by the Southeast Leadership Academy in partnership with the Cultural Intelligence Centre.

As part of this, five facilitators from BOB ICS have been trained to deliver programme in BOB in 2024/25 – including one from BOB ICB. A working group has been established to finalise administrative arrangements and test the training material. The ICS will receive 150 licences as part of the funding agreement and a delivery plan is being developed for 2024/25.



# Heritage Webinar Series 1/2

A highlight of the year has been the BOB ICS Heritage Webinar series. Co-designed and delivered in partnership with the BOB ICS Inclusion Group, this series included a range of webinars and discussions to celebrate South Asian Heritage Month, Black History Month, Disability History Month, LGBT+ History Month and International Women's Day. The series focussed on topics of local interest, place-based initiatives and lived experiences.

A key theme through the series was understanding culture and identity through sport and publications— with authors, activists and academics sharing their work. The series was made more special as it showcased talent within BOB ICS, with staff from partner organisations offering to host, moderate and share their personal stories. The series has been recorded and audio files and links to publications shared with all partners as learning resources.

**South Asian Heritage Month:** Two webinars were held in August and September 2023 with reputed authors from the Indian sub-continent who shared with staff how cricket came to be closely associated with identity, pride and belonging among South Asians.

Through book ***You Must Like Cricket: Memoirs of an Indian Cricket Fan***, Indian Author, literary critic and podcaster, **Soumya Bhattacharya**, explained how the sport was part of popular culture on the sub-continent, helping to bridge diplomatic, social and class barriers.

**Professor Prashant Kidambi from University of Leicester, author of *Cricket Country: An Indian Odyssey in the Age of Empire*** explained the socio-cultural history of the sport on the sub-continent through an extraordinary story about the first 'All India' tour of Great Britain and Ireland - which was supported by an unlikely coalition of colonial and local elites.

**Black History Month Webinars:** Three webinars were held to celebrate Black imagination, showcasing the literary heritage and stories of people from the African and Caribbean diaspora. The webinars also gave an opportunity to showcase local talent.

**Andrew Mutandwa, a member of the ED&I team at Oxford Health Foundation Trust, shared his book, *A Temporary Inconvenience***, which documents the lived experiences of people escaping political turmoil and relocating to another country under duress. Through stories and poems, it describes the lasting impact of brutality and despotism.

**Onyekachi Wambu, Editor of Empire Windrush: 75 Years On** – discussed this collection of the best and most significant writing from the 75 years following the arrival of Empire Windrush. Moderated by Karla Innis, Head of Inclusion, OD and Organisational Experience at Berkshire Healthcare NHS Foundation Trust, the discussion generated lively conversations on the journey through the British past, present and future through the prism of Black imagination.

**Shanice Akinyombo, ED&I Midwife at Oxford University Hospitals**, shared a presentation on Hair Heritage, titled: *What is About Hair?* – which highlighted the socio-cultural and historical significance of hair styles among African communities.

# Heritage Webinar Series 2/2

**For Disability History Month** two webinars were held showcasing a leadership development programme aimed at developing disability advocacy at the workplace and a place-based initiative at Buckinghamshire. **In November, Dr Ossie Stuart, presented the Calibre Leadership Development programme for disabled staff** – and the impact it has had for staff in the NHS. **In December, Buckinghamshire Council showcased the work of WheelPower, a national charity promoting wheelchair sport.** Based at Stoke Mandeville Stadium in Buckinghamshire, the charity has helped thousands of physically disabled people lead active lives. Presented by its Chief Executive and Paralympian, Martin McEllhatton, the webinar highlighted the crucial role Stoke Mandeville Stadium has played in the Paralympic Movement.

**As part of celebrating LGBT+ History Month, BOB ICB launched its internal LGBT+ Network in February 2024 – and invited the Chief Operating Officer of Pink News, Dr Anthony James, as guest speaker.** Dr James shared the history of PinkNews, a global leader as an LGBT+ media platform. He discussed the health inequalities experienced by LGBT+ people – highlighting how Primary Care could address barriers experienced by them.

**Also in February BOB ICB hosted a panel discussion with Reading Renegades RFC, a rugby club working to remove barriers to participating in rugby (and sport in general) for LGBT+ people.** The panel, which included Thomas Snipe, Chairperson of the club and ED&I Manager at Oxford University Hospitals, Joel Roach, Treasurer, and Alex Holdsworth the club's Director for Recruitment and Retention, discussed how the club had developed since 2016 and the positive impact it has had on the health and wellbeing on the community. It also highlighted the challenges experienced by Transgender people with recent policy developments which have affected their participation in competitive sport.

**International Women's Day:** to mark this occasion, the ICB will be hosting a webinar with Katy Barrow-Grint, Assistant Chief Constable at Thames Valley Police. She will share her career journey within the police force, focussing on her work to address violence against women and girls.

# BOB ICS WRES – Key Highlights 2023

Priority areas for improvement	Areas of best performance
Indicator 1 – Career progression in non-clinical roles (lower to middle levels)  Indicator 1 - Career progression in clinical roles (middle to upper levels) and lower to upper levels)	Indicator 10 – Board representation (overall, voting members, and executive members)  <b>BOB ICS in the top 10% nationally for this indicator (provider Trusts only)</b>

## BOB ICS WDES – Key Highlights 2024

Priority areas for improvement	Strengths
Indicator 1: Disability Declaration – workforce and boards Indicator 4 = Bullying and harassment (colleagues, public and reporting)	Board Disability Representation (OUH) Presenteeism Workplace Adjustments

The above findings are from the analysis by National WRES and WDES Implementation Teams. A more detailed analysis will be completed for the BOB System People Board.



# BOB ICS WRES Scores 2022-23: regional and national comparisons

WRES Indicator	BOB ICS	South East	National
1. BME representation in workforce	29.4%	26.4%	26.4%
2. Likelihood ratio of appointment from shortlisting (White/BME)	1.28	1.63	1.59
3. Likelihood of entering formal disciplinary proceedings (BME/White)	1.29	1.04	1.03
4. Likelihood of undertaking non-mandatory training (White/BME)	0.79	1.03	1.12
5. Harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME: 28.5%	BME: 31.2%	BME: 30.4%
	White: 24.9%	White: 27.2%	White: 26.8%
6. Harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME: 24.6%	BME: 25.7%	BME: 27.7%
	White: 19.6%	White: 21.1%	White: 22%
7. Perception that organisation provides equal opportunities for career progression	BME: 49.9%	BME: 49.8%	BME: 46.4%
	White: 62.4%	White: 60.2%	White: 59.1%
8. % staff personally experienced discrimination at work from Manager/team leader or other colleague	BME 15.1%	15.2%	16.6%
	White 6.2%	6.5%	6.7%
9 % difference between the organisations' Board membership and its overall workforce	Overall: -1%	-8.8%	-10.9%
	Voting -1%	-10.2%	-11.1%
	Exec: -6.95	-12.8%	-15.7%

Overall BOB ICS has scored higher than the regional and national averages on Indicators 2, 4, 5, 6 and 9.

The ICS is in the top 10% nationally for board representation.

Indicator 3, although lower (worse) than regional and national scores, is an improvement from last year (2022 score: 1.4 times).

Staff survey metrics (indicators 5-8), whilst better than regional and national averages – show poorer outcomes for BME staff compared with White.

# BOB ICS Partners - Progress against Six High Impact Actions

All BOB ICS partners have started monitoring and reporting progress against the Six High Impact Actions of the National ED&I Improvement Plan.

From April six-weekly progress updates will be shared with the NHS England Southeast Team and a reporting cycle agreed with the BOB System People Board.



# Case Studies

This section includes a selection of case studies which provide a closer insight into initiatives and interventions underway at place, organisational and system level to improve outcomes for staff and communities.



# Case Study: Inclusive language in Perinatal Services MDT training

Reproductive healthcare services can be complex to navigate especially for trans and non- binary populations. Services are predominantly heteronormative, and gendered to 'women', such as maternity buildings being known as 'women's centres'.

Evidence demonstrates experiences and outcomes of trans and non-binary birthing people is significantly worse than cisgender populations. Many trans and non- binary birthing people do not access perinatal care and services, when compared to other population groups, thus increasing poorer outcomes overall. Racism and transphobia which contribute to poorer outcomes (LGBT Foundation 2022).

To increase understanding of the experiences of trans and non -binary service users and staff, BOB LMNS commissioned Inclusive Language Training in 2023/24. The benefits of this training were intended to contribute to improving equity for all populations/health inclusion groups though access, experience and outcomes.

In August and September 2023, the BOB LMNS ran a pilot series of 3 hour interactive workshops for our maternity and neonatal workforce and our local Maternity and Neonatal Voices Partnership. The workshops were facilitated by Ash Bainbridge, who has delivered national, regional and local training. The workshops were advertised via Eventbrite with secure sign up.

53 attendees across the LMNS attended the training programme representing a diverse range of disciplines, including midwifery, obstetrics, service user voice, and commissioners.

Feedback from the sessions.

*"Thank you – this was such a brilliant day - I thoroughly enjoyed it and learnt so much at the same time. It has generated so many ideas!"*

*"This training was excellent!"*

*"I found the inclusive language training very interesting and helpful"*

*"A fantastic session, facilitated by an amazing trainer...so needed, feel energised".*

We have secured further funding to deliver training for the maternity and neonatal system workforce via NHSE LGBTQ team and have met with our training provider to explore development and aim for an early summer roll out (2024).



# Maternity Case Study: Early Lives Equal Start

This project launched late 2022, in response to local and national research. In 2021, Omotunde Coker, a community researcher with HealthWatch, collaborated with mothers from Oxford's Black and ethnic minority communities and Oxford Community Action (OCA) to create a film discussing their views on maternity care. Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries 2023 (MBRRACE) continues to show stark inequalities in maternity outcomes especially those women and birthing people from global ethnic majority groups and those living in deprivation.

**Working within the current system:** "The model is predicated on people coming to us, not us to them." Services Based on numbers not need. Significant resource constraints. Barriers to staff engagement and tendency to adopt Silo-ed approaches

## Were there other/better ways of working? What could we learn from elsewhere?

Neighbourhoods can be primary units of change and critical starting points for efforts to improve health inequalities. Early Lives Equal Start is place-based working in action; improving the way organisations work together and with families, to shift attitudes and resources towards preventing problems that can start in early life.

## Why OX4?

- This is one of most deprived areas in Oxfordshire and home to our most ethnically diverse community. Community Midwifery services already located in OX4, Flos at the Park. Flos- a social enterprise at heart of OX4 community life.

## Aim:

- To support mothers and birthing people from the diverse migrant population of OX4, who are at greater risk of adverse outcomes to thrive in pregnancy and early parenthood.

## Specific objectives:

- Better Access, Experience and Outcomes for women and birthing people in OX4
- Co-produced targeted and effective community based antenatal education and support for minoritized communities in OX4
- Coordinated place based social prescribing with an anti-poverty, legal literacy lens

## What do we do?

Place-based co-produced innovation which builds on existing partnerships, relationships & networks.

## Maternity Advocates and Community Organisers (MACOs):

### Maternity Health Justice partnership in action

Referral pathway to MACO team created

Worked with over 100 families (January 2023 to present)

### Antenatal classes

Co-produce community-based antenatal education and culturally-appropriate health literacy information with relevant interpretation

Training in community outreach, peer-to-peer support and advocacy

Advocacy and empowerment (Equal Start Maternity Advocates - ESMAs) – stories for change)

Peer to peer support (Equal Start Community Outreach - ESCOs)

## What has been achieved one year on...

- Improved access & experience for pregnant women in OX4: including obstetric outreach clinic for Timorese women and birthing people
- Social prescribing with an anti-poverty, legal literacy lens MACO casework- over 100 families
- Coproduction of community based antenatal education and support
- New maternity advocates peer support network
- Shared Learning Event in March for International Women's Day 2024
- Case study in NHSE postnatal care guidance (to be published)
- NIHR Theory of change workshop, NIHR logic model

## Ita isin rua liu 24 semana ba leten?

Mai participa ami nian aulas gratuitas ba familia sira husi Timor Leste hodi hatene liu tan saida mak atu espera durante isin rua e parto iha Reino Unido.

Ita bele reserva ona fatin ba semana nebe mak ita hakarak iha fulan Setembro ou Outubro. Aulas ne sei uza lian ingles ho interpretasaun ba lingua return.

Liga ba ita nian parteira ou liga ba ami nian MACO Adella 07763404738 para reserva fatin ba ita.



10:00 - 11:30am  
Iha Loron Kintan  
febra  
Iha Setembro ou  
Outubro.

Fatin:  
Pavilion Building  
Flo's the Place in the Park  
Byerners Lane  
OX4 3JZ

# Oxford University Hospitals - No Excuses Campaign 1/2

In November 2020, there were **80** reported incidents of violence and aggression at Oxford University Hospitals. By November 2021, this had more than doubled to **180**. Staff, so revered during the early days of the COVID-19 pandemic, were now regularly subjected to aggressive and abusive behaviour from patients and public. In tabloid parlance, claps on the doorsteps had turned to slaps in our A&E Departments. This needed to stop.

OUH's Chief Nursing Officer and Executive lead for Health and Safety commissioned a communications campaign with strong, impactful messaging to support the Trust's vision of OneTeamOneOUH and make it clear that there was no excuse for physical or verbal abuse of NHS staff. Following detailed discussions with frontline staff directly impacted by this rise in violent and aggressive behaviour, the communications Team designed the No Excuses Campaign.

The campaign supported a trial of body cameras in the Trust's A&E Department at the John Radcliffe Hospital in Oxford– which had experienced high instances of aggression. The Communications Team worked with in-house designers, Oxford Medical Illustration, to produce hard-hitting, eye-catching materials for social media, digital screens on four hospital sites, and posters displayed across our hospitals.

Phase 1 of the campaign launched in January 2022, starting with internal communications to all OUH staff from our Chief Nursing Officer, followed by a [press release](#) and social media.

Along with a public campaign, the Communications Team developed guidance material for staff on what to do when incidents of aggressive or abusive behaviour occur – including tailored documents for different staff groups such as, community nurses, home-visiting teams, telephone call handlers and Complaints teams.

In 2023, Phase 2 of the No Excuses campaign was launched. Following discussions with the multi-disciplinary Violence and Aggression Reduction Group, it was agreed that the next phase should be more personal. The Communications team interviewed members of staff who had been on the receiving end of abusive and aggressive behaviour – to give the campaign a real and authentic voice, as well as portray the impact of such behaviour. The stories were anonymised and shared – with staff consent – on our social media channels and through a press release.

Phase 3 began in February 2024, focussing on [staff sharing stories of racist and sexual abuse](#).

When launched in January 2022, the campaign received extensive national and local coverage – including the Nursing Standard; Nursing Times; BBC South Today; ITV Meridian; GB News; Banbury Guardian; Heart FM, and That's TV Oxfordshire. The campaign has been shortlisted twice for the National Communicate Award.

# Oxford University Hospitals – No Excuses Campaign 2/2

## Impact of the campaign:

In a post-trial survey, **96%** of staff from the A&E Department at the John Radcliffe Hospital said that they felt the body cameras were positive, needed, and felt well-supported by the No Excuses campaign. Staff feedback at all stages of the campaign has been immensely positive. While reports of abusive behaviour have increased over the past 12 months, this has partly been because of staff feeling empowered to do so.

At the start of the campaign, many staff saw this kind of behaviour as part of the job – throughout the No Excuses campaign, staff have been supported to understand that this is not – and should not – be the case. Through the campaign, the Communication Team were able to help staff feel listened to, supported, and publicly speak out on unacceptable behaviour.

The campaign has received positive feedback from NHS Trusts across BOB ICS and NHS Trusts across the country. The OUH Communications team has been in discussions with several organisations who are keen to adopt the format. Through the campaign, the Trust was able to help staff feel listened to, supported, and able to publicly speak out on unacceptable behaviour.



**NHS**  
Oxford University Hospitals  
NHS Foundation Trust

“  
*Racist abuse can make even the most confident member of staff doubt themselves.*  
”

Nursing colleague

We accept **NO EXCUSES** for abusive or violent behaviour

# References

<https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers>

[https://www.closeyourpaygap.org.uk/pay-gap-guide/#rslider\\_1](https://www.closeyourpaygap.org.uk/pay-gap-guide/#rslider_1)

[https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers/making-your-calculations#:~:text=Take%20the%20mean%20\(average\)%20hourly,Multiply%20the%20result%20by%20100.](https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers/making-your-calculations#:~:text=Take%20the%20mean%20(average)%20hourly,Multiply%20the%20result%20by%20100.)



# 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](mailto:Bobicb.enquiries@nhs.net)

Write to us:

Buckinghamshire, Oxfordshire, Berkshire West ICB  
Sandford Gate  
Sandy Lane West  
Oxford  
OX4 6LB

