

Equality Analysis

**OCCG 5 year plan
April 2014**

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. This template is based on the one used by the Department of Health.

Please complete the template by following the instructions in each box.

Should you have any queries about using this template, please contact one of the following:

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Equality analysis

Title: OCCG Strategy and Plan 2014/15-2018/19

Core components of plan:

In five years' time, the Oxfordshire health and social care system will:

- i. Be financially sustainable
- ii. Be delivering fully integrated care, close to home, for the frail elderly and people with multiple physical and/or mental health needs.
- iii. Have a primary care service that is driving development and delivery of this integrated care, and is itself offering a broader range of services at a different scale.
- iv. Routinely enable people to live well at home and to avoid admission to hospital when this is in their best interests.
- v. Be continuing to provide preventative care and to tackle health inequalities for patients and carers in both its urban and rural communities
- vi. Be providing health and social care that is rated amongst the best in the country for all its citizens in terms of quality, outcomes and local satisfaction with services.
 - a. Over the next two years we will start to deliver this transformation in the patient experience and to achieve financial sustainability through 5 major , detailed, service transformation programmes; development and delivery of a joint Better Care Fund plan with social care; aligned commissioning with NHS England; and a series of important supporting measures:
 - i. 5 Programmes of Transformation:
 - Primary care

- Urgent care
 - Planned care
 - Mental health
 - Medicines Management
- ii. Development and delivery of integration, underpinned by our Better Care Fund Plan
- iii. Supporting measures:
- Improving health and reducing health inequalities
 - Delivering parity of esteem in mental and physical health care
 - Engaging the public and promoting transparency
 - Delivering quality, safety and innovation
 - Organisational development.
- b. In order to deliver the ambitions of this plan we will need to shift activity and resources into different parts of the system. By 2018/19 we will have reduced the amount of time spent avoidably in hospital through the provision of better integrated care in the community by approximately 31%¹
- c. Our strategy and plan have the full support and endorsement of the Health and Wellbeing Board and align fully with the agreed Oxfordshire Health and Wellbeing Strategy.

The specific changes this plan will deliver for patients are:

- d. The specific changes this plan will deliver for patients are:
- i. Improved urgent access to primary care.

¹ National composite measure (EA4) of: unplanned hospitalisation for ACS conditions and u'19s with asthma, diabetes and epilepsy; emergency admissions for acute conditions not normally requiring admission and children with lower respiratory tract infections.

- ii. Rapid access to same day multi-disciplinary assessment services designed to reduce the likelihood of admission.
- iii. Support from locality based, integrated health and social care community teams that:
 - Deliver joined up health and social care to the frail elderly, patients with multi-morbidities (particularly the 2% of the population who make most use of health and social care services), patients with physical and mental health needs (including those with dementia), and patients on the palliative care register.
 - Enable people to return home from hospital in a timely manner and then to regain their independence.
 - Provide same day home based treatment and care services to vulnerable older people, patients with complex co-morbidities and those at end of life, following referral from the rapid access multidisciplinary assessment service.
- iv. Access to a primary care led whole person model of care for patients with several long term conditions (including those with mental health needs), focused on those patients who are the 2% highest users of health and social care.
- v. Reductions in inappropriate use of A&E and emergency admissions
- vi. Streamlined urgent care pathways resulting in fewer emergency admissions for people with conditions that can be treated without being admitted.
- vii. Improved end of life care.
- viii. Streamlined planned care pathways, with more opportunities to access planned care closer to home and fewer outpatient referrals.

- ix. A reduction in the offer of treatment that is known to be of limited clinical value.
- x. Less medicines waste and more cost effective prescribing in all settings.
- xi. Better integration of physical and mental health care across all sectors and in all settings, to ensure better health outcomes for all patients wherever they are receiving treatment.
- xii. Reduction in health inequalities, particularly for those groups identified as priorities in the DPH annual report for Oxfordshire.
- xiii. Care provided by a system that is working really collaboratively in the best interests of the patient.

Who will be affected?

The population of Oxfordshire is 661,000. By its nature the plan has the potential to affect staff, patients, and service users throughout Oxfordshire. In reality some elements of the plan will only affect small pockets of the population at any given time; however the ambition is to reshape healthcare services to better meet the needs of the whole population.

Population groups who should particularly benefit from this plan are:

- The elderly
 - People with more than one long term condition
 - People with mental and physical health needs
 - People needing access to urgent care
 - People needing access to planned care
 - People who need care from health and social services
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Evidence *Public bodies are required to be open about the information on which they base their decisions and the results.*

What evidence have you considered?

Oxfordshire Insight, Focus on Equalities. Oxfordshire County Council. November 2013
(<http://insight.oxfordshire.gov.uk/cms/equalities-briefing-november-2013-0>)

JSNA data. (<http://insight.oxfordshire.gov.uk/cms/equalities>)

Census Data (<http://www.ons.gov.uk/ons/browse-by-theme/index.html>)

Scope Data (<http://www.scope.org.uk/news/disability-2012/disability-facts-and-figures>)

Age UK Data (http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true)

Call to Action Public Consultation
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Disability

In the 2011 Census around 13% of Oxfordshire's resident reported that their day-to-day activities were limited either a little or a lot due to a long-standing health problem or disability. Rates are relatively stable across the county with slightly higher rates in the North and West of the county (just over 14%) and reduced rates in Oxford City (12 %) likely to be skewed by the significant student population.

The strategic plan as a whole should not disadvantage disabled people in any way; however there are two areas which have required particular consideration to ensure this is the case. In the Urgent care work stream the changes to the PTS and the new ambulatory care pathway have been carefully explored with business managers

to ensure that no unintended discrimination occurs as a consequence of new plans.

The proposed pathway for ambulatory care aims to reduce inappropriate use of A&E through creation of a new service. It has yet to be decided exactly what form this service will take and the location of that service. It will however be designed in accordance with equality guidance, and will be wheelchair accessible and adhere to current CCG policies regarding access to hearing loops and appropriate records collection (including the communication requirements of patients). As a commissioning organisation, rather than provider, it is for OCCG to ensure that contracts with providers are written with equity of access as an essential deliverable. The new pathway will be promoted to the local population as part of its development in appropriate and accessible ways.

PTS

Changes to the eligibility criteria for patient transport services will not adversely affect those patients with disabilities. The service will continue to be provided for those using wheelchairs, requiring a stretcher, requiring double handed care, or those who 'couldn't reasonable make the journey' (e.g. Dementia suffers). The service is currently provided by SCAS who use an ambulance car, or a minibus depending on requirements. When this service goes back out for tender the service specification will ensure that the provider must use vehicles that are accessible and that they provide 'door to door' transfer for patients.

Changes to the service will be communicated to the local population in appropriate and accessible ways.

Other developments

Should any elements of this plan result in new infrastructure, it will be built in accordance with equality access law, and will be fully wheelchair accessible, accessible to those with mobility problems, with appropriate access to comfortable waiting facilities and nearby parking spaces where applicable.

Should any elements result in new contracts, providers will be required to adhere to CCG policy regarding access to hearing loops, sign language interpreters, and access to material in multiple formats. Providers are also required to record the communication needs of users with a physical or mental health condition, learning disability or sensory impairment.

Carers of patients with a disability will be fully supported to help the patient move through all services mentioned in the plan.

Learning Disability

All information captured in the disability section above included learning disability. Communication barriers are of particular concern with this group, and efforts to provide information in clear uncomplicated language will be made.

Sex

Women are in the majority in Oxfordshire making up 50.4% of the population and are the heavier users of health care. Efforts have been made (and continue to be made) to encourage men to access healthcare sooner as data suggests that men have worse prognoses for illness to due classically late presentation to a clinician with symptoms.

The changes outlined in the plan do not advantage or disadvantage one sex over another; however access to health care services by some women from black and ethnic minority backgrounds in Oxfordshire is known (subjectively) to be poor at present. As part of the health inequalities work going forwards analysis will be undertaken of the current situation, followed by an engagement exercise to tackle any disparity.

Race

16.4% of Oxfordshire's residents come from non-white British background. The proportion of residents who come from a black or minority ethnic community have doubled since 2001.

Changes in EU membership has led to a significant growth in people from white backgrounds other than British or Irish, with a significant proportion of this group (over half) being born in Poland.

Given the cultural diversity of Oxfordshire, it is especially important to ensure that all groups are accessing the healthcare services they require easily. Interpreting services continue to be available as does the provision of materials in alternative languages.

Race is collected in the standard demographic forms by providers, and they are encouraged to audit uptake of services in order to highlight any area that may require further analysis or engagement.

Any language support an individual requires should be recorded as an alert on a patient profile by providers.

All staff within the CCG and the provider organisations are mandated to undertake equality and diversity training to ensure that all patients are treated with respect, dignity and understanding of difference.

Age

Overall the plan is skewed towards addressing the health needs of the older population and the needs of patients with multiple long term conditions – many of whom are part of the older population as well. This is as a result of a requirement to address pressure on the healthcare system arising from the aging population and the increase in long-term conditions. Interventions such as the improving quality in care homes initiative will understandably only affect the older population.

Oxfordshire's population has experienced an 18% increase in those aged 65 or above since 2001. The over 85 age group has grown by 30%, and this trend is set to continue. The disability-free life expectancy have plateaued at 65.75, meaning that average person will require some assistance in their daily living (informal arrangements or formal care) for 18 years (average life expectancy 82). The plan reflects these changes in demographics.

The plan as a whole, whilst largely addressing the health needs of the older population, does not otherwise advantage or disadvantage people based on their age.

Detailed discussions were had with the commissioning manager for PTS regarding the changes to eligibility criteria for the service. Those who are able to walk unaided will no longer be entitled to PTS for hospital appointments; however the service will still be available for those who 'cannot reasonably make the journey'. Oxfordshire's hospitals and health centres are well served by local buses, however due to the rural nature of the county it is possible that some elderly people will continue to struggle to reach services without support. The PTS Commissioning manager is arranging to meet with stakeholders and charitable organisations to discuss the

changes to the service and to ensure that the criteria have been established appropriately.

Access to services will not be restricted due to age in any of the services, however due to the pre-established Emergency Assessment Unit for Children being in place, it was decided that the ambulatory care pathway would be for those aged 18 years and above.

Difficulties in accessing health care for those of working age, or in full time education will be addressed by the new ambulatory care services operating extended hours and during the weekend.

Age is a mandatory demographic field in patients note, recorded by provider organisations. Age should be audited and analysed in new services and action taken if there is reduced uptake amongst any particular age group.

Gender reassignment (including transgender)

Figures for the number of transgender individuals living in Oxfordshire is unavailable. It is the responsibility of provider organisations to update a change in gender on patients records accordingly.

The plan does not discriminate on the basis of gender, or the status of a person's gender.

Sexual orientation

Reliable figures for the numbers of lesbian, bisexual or gay people in Oxfordshire cannot be obtained. However national data suggest that around 1.9% of the population identify themselves in this group.

OCCG ensures that images used in the published literature do not exclusively contain heterosexual couples. Care is taken to use a diverse range of images. Literature includes reference to gay, lesbian and bisexual people where appropriate.

A patient's sexual orientation will only be discussed when medically appropriate by the clinicians involved in the care of that individual. It is not routine for a person's sexual orientation to be recorded in their medical notes.

All staff at the CCG and in provider organisations are mandated to undertake equality and diversity training, part of this training covers making people feel at ease to discuss their sexuality, and not assuming that people are heterosexual. This training also ensures that staff treat all patients with dignity and respect regardless of their sexual orientation.

Religion or belief

60.2% of Oxfordshire's residents are Christian; 27.9% have no religion; 2.4% are Muslim; 0.6% Hindu; 0.5% Buddhist; and 0.9% follow other religions.

This plan does not discriminate on the basis of a person's religion or belief.

Pregnancy and maternity

Following careful review of the proposed transformation programmes, it is unlikely that the changes to services would have any effect on pregnant or breast feeding mothers.

Carers

In Oxfordshire 9.4% of the population report themselves as providing some unpaid care to a friend or family member. Around 6% provide 1-19hours/wk, 1% provide 20-49 hours/wk, and 2% provide more than 50 hours of unpaid care. The majority of those providing care are themselves over 50 years of age.

The plans do not discriminate against carers, and indeed go some way to support them in their important role – with the Better Care Fund, Long Term Conditions, Dementia and Primary Care programmes all requiring an increase in carer registration and referral to support services.

Engagement and involvement

OCCG held a series of 'Call to Action' events during which feedback was gathered on the proposed strategic objectives. The public were invited to suggest ways in which OCCG could improve the quality and effectiveness of NHS services, whilst addressing the financial challenges currently faced. Summaries of each improvement intervention were shared in these meetings, and feedback and comments were sought on each.

The engagement activity ran from 01.11.2013 to 07.01.2014, in total seven public events were held across the county in;

Wantage

Oxford

Banbury

Bicester

Crowmarsh

Witney

Oxford (Q&A Panel session)

In addition to these public meetings the strategic objectives were also discussed at;

Health and Wellbeing Board

Health Overview and Scrutiny Committee

Better Mental Health Partnership Board

Cherwell District Council Committee Meeting

Community Partnership Network

Six patient locality forums

Feedback was also sought via online surveys.

The plan responds very directly to stakeholder feedback (see section 2.5)

Summary of Analysis

A number of common themes emerged throughout the engagement process.

- There was an expressed need for greater education and promotion of the different types of health service that exist and what they should be used for. Many of the participants said that information on services was not easy to find
- Improvement needed in communication between the NHS and the public using a wider variety of formats and reaching communities through a variety of groups, including the voluntary sector. Also there is a need to reach those who do not regularly use NHS services
- Increase the use of innovation and technology, including social media, mobile technology, electronic patient records and telehealth
- More and better integration between care organisations
- Investment in prevention and public health
- Greater patient and public involvement in service redesign
- Empower patients to take control of their own health
- Support closer to home
- OCCG should be more transparent in their finances and plans
- Reduce waste across the NHS
- Explain where outcomes based commissioning will be used and what this will mean for services and patients. There is currently a great deal of confusion surrounding it

What is the overall impact?

The overall impact of the plan will be to:

- Improve services for older people

- Improve services for people with more than one long term condition
- Improve services for people needing health and social care
- Improve services for people who have a physical and mental health need
- Improve carer provision

There will be no negative impact on any individual from within a protected characteristic group.

Addressing the impact on equalities


The 5 year strategy sets out a comprehensive plan to tackle health inequalities - see plan section 5.1

Action planning for improvement

The public engagement exercises highlighted a requirement for OCCG to improve the way we communicate provision of, access to, and changes to healthcare to the population we serve. As the plan will involve changes to health care it will be vital for OCCG to undertake stakeholder analysis and review and to work closely alongside stakeholders to ensure that any communications produced are appropriate to audience, and easily accessible.

Please give an outline of your next steps based on the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.- see section 5.1 of 5 year plan*
- *Arrangements for continued engagement of stakeholders - see section 5.3 of 5 year plan*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results – this EIA will be published on OCCGs website*

Name of person who carried out this assessment: Minnie Napier-Wright (Strategy and Governance Manager)
Date assessment completed: April 4 th 2014
Name of responsible Director: Gina Shakespeare 
Date assessment was signed: April 9 2014

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Directorate
Involvement and consultation	Stakeholder analysis and review will be undertaken and OCCG will work alongside stakeholders to ensure that any communications produced are appropriate to audience, and easily accessible.		
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			
Transparency (including publication)			
Robust communications			