NHS
Oxfordshire
Clinical Commissioning Group

Annual Equality Publication

January 2018

North

North East

Oxford City

South East

South West

West

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Introduction

We are pleased to present the 2018 Annual Equality Publication for NHS Oxfordshire Clinical Commissioning Group (OCCG).

This report provides an overview of how we have met our equality duties and objectives and demonstrates our commitment to promoting equality and reducing health inequalities. The report also sets out the way in which OCCG fulfils its responsibilities arising from the Equality Act 2010. This Act requires public bodies to publish relevant, proportionate information showing compliance with the Equality Duty on or before 31January each year.

During 2017 we continued to build on the excellent work already undertaken and have made good progress implementing the actions arising from the work in implementing undertaking the Equality Delivery System (EDS2) and Workforce Race Equality Standard (WRES) where we were able to identify key constraints and gaps. We have an engaged Equality Reference Group which monitors the progress we are making against our action plan, which was developed following the 2016 EDS2 scoring exercise and particularly focuses on the areas where we are still 'developing'. We also undertook an additional focus on one protected characteristic group: learning disability.

One of our constraints remains the lack of self-reported data and we continue our efforts with staff and patients, where we can, to promote awareness and improve self-reporting

We hope that through our regular consultations via Talking Health the Equality Reference Group and other fora, patients and people with protected characteristics feel empowered and are able to support us towards improvement of services.

Dr Paul Park
Deputy Clinical Chair and Locality Clinical Director
OCCG Board Lead for Equality & Diversity

Annual Equality Report 2018

1 Compliance with the Public Sector Equality Duty

As a Public Authority, as well as general compliance with the Equality Act, OCCG is required to comply with the Public Sector Equality Duty (PSED). This is made up of the general equality duty and specific duties. Those subject to the general equality duty must give 'due regard' to three aims:

- 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 protected characteristics and those who do not.

The specific duties are intended to help public authorities meet the general equality duty as set out in Section 149 of the Equality Act (2010). The specific duty is to:

- Publish information to demonstrate compliance with the three aims of the Equality Duty by 31 January each year.
- All information must be published in a way which makes it easy for people to access it.
- Organisations will publish Equality Objectives at least every four years – these objectives must further the three aims of the Equality Duty.

In addition The NHS Constitution Principles states that:

"*The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.*

The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights.

At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population."

1.1. The Nine Protected Characteristics

The nine protected characteristics are:

1. Age
2. Sex/ gender
3. Disability
4. Gender reassignment/ gender identity
5. Race
6. Religion or belief
7. Sexual orientation
8. Pregnancy and maternity
9. Marriage and civil partnership

Other vulnerable groups that OCCG considers while making commissioning decisions include:

- People living in poverty
- People who are geographically isolated
- Those with caring responsibilities

1.2 The Equality Delivery System (EDS2)

In addition to the above statutory duties NHS England has developed the Equality Delivery System (EDS2). This is a tool to enable NHS organisations (both commissioners and providers) to deliver their duties and use as a framework to monitor their performance.

In light of the inclusion of EDS2 in the NHS Standard Contract and in the CCG Assurance Framework, all NHS organisations are mandated to use the EDS2 summary report template to produce and publish a summary of their EDS2 implementation.

1.3 Making decisions in OCCG - Equality Analysis

Under the Equality Act 2010, the NHS and other statutory bodies must show 'due regard' to eliminating discrimination. OCCG has applied this 'due regard' principle in the form of an Equality Analysis. This process helps us make fair, robust and transparent decisions based upon a sound understanding of the needs and rights of the population, and to ensure our priorities demonstrate meaningful and sustainable outcomes for 'protected groups'.

Equality Analysis is a key process used by OCCG to evidence 'due regard' of consideration of the nine protected groups in OCCG's planning and decisions. Copies of completed Equality Analysis can be found on our website:
http://www.oxfordshireccg.nhs.uk/about-us/equality-diversity-human-rights/equality-analyses/

1.4 Equality and Diversity Work Assurance – Our Governance

Our governance structures are intended to assure the OCCG Board that all decisions we take have due regard to improving patient outcomes and to the regulations which govern NHS organisations. Our Board is fully aware of its responsibility for recognising any equality and diversity related business risks and ensuring that they are effectively managed. Front sheets of all papers to OCCG Board require a completed 'Equality Analysis' report and an outcome summary where appropriate. This has been embedded in all templates for Board papers. Any issues in the Equality Analysis summary are scrutinised by members of the Board.

In order to ensure a robust Equality Analysis process for new and re-designed services and new policies, an Equality Analysis Champion has now been identified in each directorate

1.5 The Equality and Diversity Strategic Group develops and implements OCCG's strategy for equality and diversity, as well as overseeing our compliance against statutory duties and regulations. Two members of the Equality and Diversity Strategic Group present equality and diversity related updates, as well as our Annual Publication, to the OCCG Board. The Strategic Group also approve OCCG Equality and Diversity Objectives and the Action Plan that sets out our plans for further development and improvement in a number of key areas.

The Equality and Diversity Working Group reports to the Equality and Diversity Strategic Group. The Working Group implements actions and objectives which have

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been developed in partnership with the Equality Reference Group and are then agreed by the Strategic Group.

The Working Group has representation from all OCCG directorates and ensures that equality and diversity is embedded in all business planning, processes and commissioning activities. The Working Group ensures that governance procedures are followed in OCCG so that decisions are equitable and any potential disadvantages are mitigated as part of a defined action plan.

OCCG also has a designated Equality and Access team who ensure that OCCG provides training and support to staff members for conducting equality analysis on all project plans, policies and business proposals. The team supports commissioners to engage with seldom heard/diverse groups.

The Equality Reference Group (ERG) works with patients, voluntary sector and stakeholders, such as Healthwatch Oxfordshire, to address any equality and diversity issues in relation to patients and services.

The group is co-chaired by a patient representative whose remit is to encourage and facilitate member participation. A replacement Co-Chair, is currently being sought and thanks are extended to the previous Co-Chair. The Co-Chair supports the meetings by aiding the agenda setting and forward work plan, as well as assisting with recruitment of new members of the group, ensuring wide representation from the nine protected characteristics.

The group reviewed progress against the Equality and Diversity Action Plan which included scoring on the EDS2 goals and holding OCCG to account for delivery against actions within the plan, as well as providing useful patient feedback. The ERG will work with OCCG to develop an action plan for 2018 / 2019 to move towards a rating of ‘excelling’ in the areas where the rating is currently ‘developing’ or ‘achieving’.

Health Inequalities Commission

Following publication of the Health Inequalities Commission report in December 2016, a multi-agency Implementation Group was set up. This group is tasked with ensuring that the report recommendations are taken forward. A stakeholder workshop was held in April to review some of the actions. A gap analysis of the other recommendations led to development of an action plan. There has been a focus on the recommendation to realise the potential for social prescribing, which has led to the development of plans and partnerships to take this forward. Negotiations for initiating an Innovation Fund, which was one of the recommendations, have been taking place. It is expected that this will be available early in 2018 as a source of funding to support the health inequalities agenda.

1.6 OCCG Equality Objectives 2016 - 2020

Our work around EDS2 and WRES in 2015/2016 led to the development of OCCG’s Equality Objectives for 2016-2020 which are:

1. Inclusive leadership ensures that OCCG demonstrates a commitment to Equality and Diversity at a strategic and operational level.
2. Embed Equality and Diversity in mainstream processes through EDS2 and Equality Analysis.

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3. Improve equity of access, quality of experience and outcomes for our population by embedding Equality and Diversity within our commissioning processes.
4. Improve access, quality of experience and outcomes for our population by involving and listening to patients from all protected characteristic groups and other vulnerable groups whose voices may be ‘seldom heard’.
5. Improve the capture and analysis of population, workforce and patient information broken down by protected characteristic, as required by the Equality Act 2010.
6. Ensure Equality and Diversity is embedded in OCCG’s policies and processes to ensure a representative and supported workforce.

1.7 NHS Standard Contract

OCCG uses the NHS Standard contract for all commissioned clinical services which includes service condition 13 relating to Equity of Access, Equality and Non-Discrimination. Under this clause providers must implement EDS2 and WRES as well as submitting an annual report to the commissioner on progress implementing the standard.

1.8 Accessible Information Standard

From 1 August 2016 all organisations which provide NHS care and publicly funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific approach to identifying, recording and meeting the information and communication support needs of patients, service users and carers with a disability, impairment or sensory loss.
OCCG works with providers to ensure they remain compliant with the Accessible Information Standard, as required by the NHS National Standards Contract for clinical services

https://www.england.nhs.uk/ourwork/accessibleinfo/

1.9 JSNA and OCCG Commissioning Activity

The Joint Strategic Needs Assessment (JSNA) contains information about people in Oxfordshire, which helps us understand their health and wellbeing needs. OCCG and Oxfordshire County Council use the JSNA to work together to understand the future health, care and wellbeing needs of their community.

The focus on the equalities section of the JSNA gives headline figures for each of the nine protected characteristic groups. The 2011 Census highlighted the increasing diversity of Oxfordshire’s population. Conducting an Equality Analysis for new policies, projects and proposed service changes helps to ensure that the diverse needs of these individuals and communities are considered and met.
http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

1.10 Joint Working with Public Health

Public Health is sited in Oxfordshire County Council and there is considerable partnership working with OCCG to ensure that ill-health prevention initiatives are promoted in a co-ordinated manner. Quarterly meetings between senior members of both organisations ensure consistent links with health promoting messages in service planning.

Oxfordshire County Council data analysts supported the development of OCCG's Locality Plans. As part of this, key issues around inequalities and diversity were highlighted. As a result of this exercise, regular meetings now take place between Public Health and OCCG staff to share learning from data sets.

Director of Public Health Annual Report 2016/ 17:
https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/publichealth/2016-17DPHAnnualReportforHOSC.pdf

1.11 OCCG Website

OCCG designed and developed a new public facing website solution this year to improve accessibility, content, design and usability for all visitors to our website. This followed a staff, patient and public survey in 2015 in order to understand user requirements and behaviours on the OCCG website and existing intranet, alongside analysis of usage statistics, as well as desired improvements to the sites.

The new website is designed to have as much information as possible in the public domain to improve access and transparency for patients, clinicians and staff. It also includes a secure 'staff zone' which replaces the need for an intranet and supports the Government initiative of a 'paperless' offices for NHS organisations by 2018.

Accessibility of the site is an important requirement. The new website is designed to meet the NHS Accessible Information Standards, all level AA and most AAA Web Content Accessibility Guidelines (WCAG). This includes features such as the ability to translate page content into another language, or change text colours and sizes at the click of a button.

The site has been well received so far with positive feedback from organisations such as Healthwatch Oxfordshire, members of the Equality and Diversity Reference Group as well as individual patients and clinicians across the county.

2 Our Population in Oxfordshire

OCCG commissions health services for the Oxfordshire community which comprises the 5 council areas outlined below. The table summarises District and County-level population figures for Oxfordshire:

	2011 Census population estimate	2001 Census population estimate	% change 2001-2011
Oxfordshire	653800	607300	8%
Cherwell	141900	132000	8%
Oxford	151900	135500	12%
South Oxfordshire	134300	128300	8%
Vale of White Horse	121000	115800	5%
West Oxfordshire	104800	95700	10%

2.1 Age and life expectancy

Between mid- 2000 and mid-2015 the number of people aged 85 and over increased from 11,200 to 16,500, an increase of 47%.

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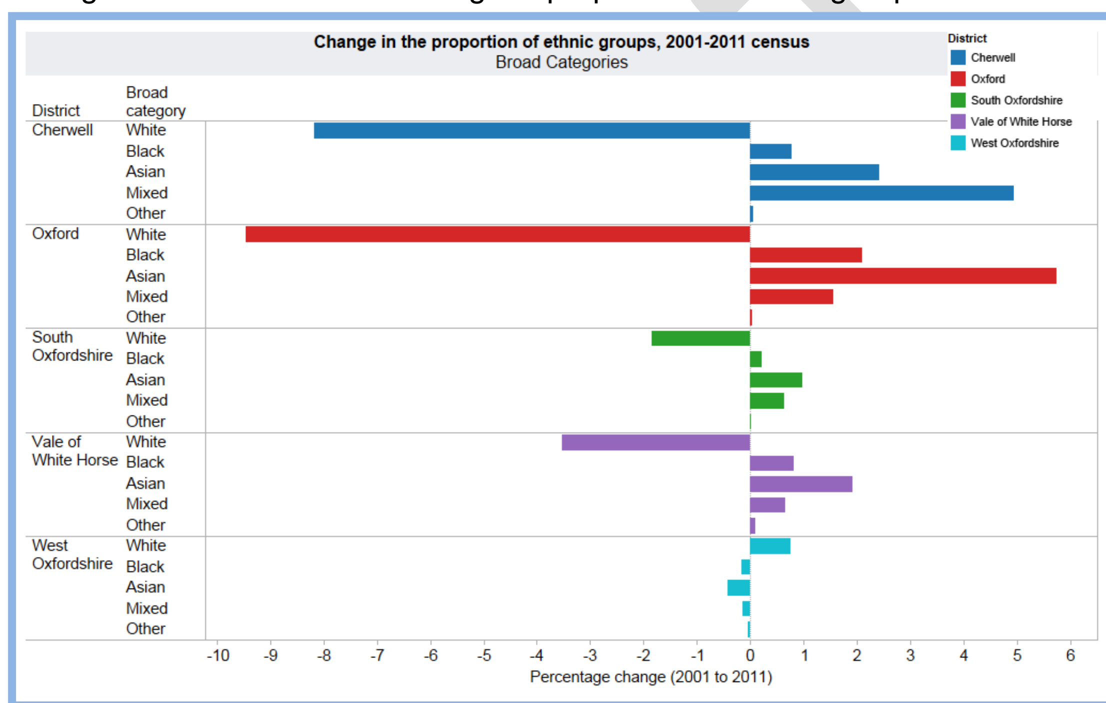
Between 2015 and 2030, the number of people aged 85 and over is expected to increase by 92% in Oxfordshire overall and more than double in South Oxfordshire and Vale of White Horse.

The most recent set of 3 year life expectancy data shows that, between 2012-14 and 2013-15, life expectancy for males and females in Oxfordshire each increased.
Male life expectancy increased from 80.9 to 81.2 (+0.3 years)
Female Life Expectancy increased from 84.0 to 84.3 (+0.3 years)
Between 2001-03 and 2013-15, the gap between male and female life expectancy decreased from 4.1 years to 3.1 years.

2.2 Ethnicity

The figure below shows the change in proportion of ethnic groups in the 5 districts:



2.3 Religion

60% of the Oxfordshire's population are Christian, whilst 28% do not state any religion. Muslims make up 2.4%; Hindus 0.6%; Jewish population is 0.3% and Buddhist 0.5%.

2.4 Sexual orientation

The proportion of people identifying as gay, lesbian, bisexual, or other was 1.6% in South East England, against a figure for England of 1.9%. There is no data available for Oxfordshire.

2.5 Pregnancy and Maternity

There are approximately 7,500 Oxfordshire births per year of which approximately 72% are to UK born mothers and 28% to mothers born outside the UK. The age profile of women giving birth in Oxfordshire continues to shift to an older age profile with over a

third of babies (34.6%) born to women aged 30 – 34. Oxfordshire has a smaller number of births to women under 20 (2.4%) compared to the national average of 3.4% but a higher proportion of babies born to women aged 35 or over of 26.9% compared to the national average of 21.7%. Data source for all info is ONS.

2.6 Disability

90,000 people countywide are limited in their daily activities by a long term health problem or disability. This equates to 14% of the population. A smaller proportion (8%) reported that their activities were 'limited a lot' by their condition. In September 2013, Oxfordshire County Council supported 591 adults (aged 18-64) with a physical disability.

There are around 11,000 adults with a **learning disability** living in Oxfordshire today. The Transforming Care Plan sets out Oxfordshire County Council and Oxfordshire Clinical Commissioning Group's vision for adults with learning disabilities and / or autism in Oxfordshire. Approximately 2,000 people with learning disabilities received support from Oxfordshire County Council social services. In October 2017, 700 people were accessing the specialist learning disability health service

2.7 Mental Health

64,500 people in Oxfordshire suffer from common mental health conditions such as anxiety and depression; 5,000 people in Oxfordshire suffer from severe mental health problems such as schizophrenia and 3,200 people in Oxfordshire suffer from dementia and this figure is expected to rise as the population ages.

2.8 Carers

Our commitment to improving the value of health and social care services for both service users and for carers is reflected in Oxfordshire's Health and Wellbeing Strategy. The Oxfordshire Carers' Strategy (2017-2020) outlines a vision for Oxfordshire to enable carers to have the information, advice and support they need to have to sustain their caring role.

GPs currently have 16,300 carers registered with their practices across Oxfordshire.
The CCG jointly commissions a Carers Support Service with Oxfordshire County Council – Carers Oxfordshire – which is available to adult carers. Within that contract, we continue our investment into Mental Health Carers Services, which gives particular emphasis to the needs of carers of people with mental health conditions. In addition, this year, the CCG is investing resources to increase and encourage the identification of carers via primary care through a new Primary Care Carers Support Service, which will provide additional support to vulnerable carers within Oxfordshire to enable them to get appropriate support for their own health early on, reducing the risk of their own health deteriorating.

2.9 Deprivation

Oxfordshire ranks as the 12th least deprived upper tier local authority in the country. However, 18 Oxfordshire neighbourhoods rank among the 20% most deprived in England. These areas experience significantly poorer outcomes in terms of health, education, income and employment, and include a number of areas of South East Oxford, Abingdon, and Banbury.

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2.10 Housing and Homelessness

The pattern of housing tenure differs in Oxford City compared to other districts, with a much higher proportion of people in local authority social housing (13.4%) and private rented housing (26.1%) than the county average (4.6% and 15.2% respectively).

3 OCCG Workforce Profile

3.1 Workforce Race Equality Standard (WRES) Report

The implementation of the WRES is a requirement on both NHS commissioners and NHS provider organisations.

The WRES report sets out the OCCG performance information against nine mandatory WRES metrics. The metrics cover the workforce profile and board composition, by ethnicity. Link to full OCCG WRES report July 2016 http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/06/2016-OCCG-WRES-Reporting.pdf

As part of the suite of statutory and mandatory training all OCCG employees are required to undertake Equality, Diversity and Human Rights training every three years. This online training course is provided through *Skills for Health* and is tailor made for healthcare staff. It is aimed at improving the ability of all staff to empathise with colleagues and patients from diverse backgrounds and contribute to ensuring that access and services are appropriate to individual's needs. 85% of staff have completed this training and steps are being taken to ensure this increases.

3.2 Staff Survey

The content of the 2017 survey was broadly similar to that of the 2016 survey so that feedback and progress could be monitored over time. The set of core questions was expanded in parts to give staff an opportunity to provide more details on key themes identified in the 2016 survey results including staff opinion on flexible working, communication and engagement around decisions that affect people and their work and bullying and harassment. More free text fields were included to enable people to put their answers into context should they wish to and this commentary is provided throughout

The following design principles were applied;

- All CCG staff (133) were eligible to participate in the survey.
- An online survey platform 'Survey Monkey' was used to make the process as accessible and easy to complete as possible
  Completing the survey was not mandated, but participation was strongly promoted.
- The CCG managed the internal communications for the survey, encouraging staff to participate in the survey, and reminding staff again about the survey whilst it was still running.

- To maximise the chances of the survey being viewed by staff as an objective, open and transparent exercise ConsltHR ran the process on behalf of the CCG where appropriate the rating scale for questions will be based on a 1-5 rating scale mirroring that of the NHS national staff survey to support benchmarking where possible.
- These results will be considered in terms of a combined score of 'strongly agree' and agree (rating 1 and 2), neutral scores (rating 3) and a combined score of

‘strongly agree and ‘disagree’ (rating 4 and 5) as respondents are often reluctant to use extreme ratings 1 and 5.

4 Patient and Public Engagement

It is a challenge to ensure we engage with diverse groups and all nine protected characteristics within our community and population. OCCG endeavours to engage with diverse populations and ensure their comments and feedback are used positively.

We have a range of ways in which we collect public/patient experience including:

- **Online / Form Based Consultations** – in partnership with NHS Central South Commissioning Support Unit using Talking Health our online consultation tool http://www.oxfordshireccg.nhs.uk/get-involved/talking-health.htm

- **Meetings -** our Board and staff encourage public participation through Board meetings as well as via the patient experiences and complaints section on our website. http://www.oxfordshireccg.nhs.uk/get-involved/patient-experience/

- Reporting – via patients stories in Board meetings, Equality Analysis in papers, engagement reports, etc.

- Patient representation on Project Boards

- **Meetings with public and patients** e.g. Locality Fora, Patient Participation groups http://www.oxfordshireccg.nhs.uk/get-involved/ppgs.htm

- **Policies** such as the Oxfordshire Patient Choice Equity and Fair Access Policy http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/05/Paper-15.54-Patient-Choice-Equity-Fair-Access-Policy.pdf

OCCG Equality and Access Team

From 17 July-10 August 2017 the Equality & Access team together with the Localities team from OCCG engaged with service users from Luther Street to conduct a survey to ascertain their satisfaction with the services provided. The survey was undertaken during morning drop-in sessions from 9am - 12 when most people accessed the services.

4.1 Addressing Needs of Patients with Protected Characteristics

4.1.1 Refugee Vulnerable Persons Resettlement Scheme and the Vulnerable Children’s Resettlement Programme

Due to various conflicts and difficult political situations, there are a large number of refugees living in the Middle East and North Africa (MENA) region. Since 2015 OCCG and local health services have supported the Syrian Vulnerable Persons Resettlement

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(VPR) Programme led by the Home Office. The programme has since developed and now resettles all those Refugees fleeing the conflict in Syria, regardless of their nationality. On 21 April 2016, the Vulnerable Children's Resettlement Scheme (VCRS) was announced. This scheme has been specifically tailored to resettle vulnerable and refugee children at risk (and their families). VCRS does not solely target unaccompanied children, but also extends to all 'Children at Risk' as defined by the United Nations High Commission for Refugees (UNHCR). It is open to all 'at risk' refugees and nationalities living in Turkey, Iraq, Lebanon, Jordan, and Egypt. The people coming to the UK under the refugee resettlement schemes are in desperate need of assistance and many have significant health needs, such as mental and physical trauma due to conflict, detention and torture. They may be separated from family members, or have lost family members. Learning a new language and culture, and not knowing how services work can be challenging for the families. There is excellent support provided though the programme to help families settle and integrate into life in the UK. In Oxfordshire the resettlement process is led by District Councils, who coordinate partner organisations from the statutory and voluntary sector. GP practices have been incredibly supportive of the schemes and we have been able to identify a GP practice for families before they arrive to ensure that their health needs are met soon after they arrive.
www.oxford.gov.uk/info/20246/asylum_and_refugees/985/syrian_vulnerable_person_scheme

4.1.2 Unaccompanied Asylum Seeking Children

Unaccompanied minors at present are expected to access existing services when there are identified health issues, with those entering the county being largely supported in the city area. Using learning and knowledge of these systems there has been work in Oxfordshire to ensure joint strategic plans are developed to meet the health and social care needs of this group of young people. Joint commissioning and partnership work has resulted in there currently being no unmet identified health needs for individuals within this pathway.

4.1.3 Learning Disabilities and Autism

Vulnerable Adult Mortality Review Process Document

It is well established that people with learning disabilities have worse health outcomes than the general population. It is of further concern that these poorer health outcomes have been accepted uncritically and not subjected to the type of scrutiny which would lead to both a cultural shift in expectation and to improvement in a clinical practice.

The 'Independent review of deaths of people with a learning disability or mental health problems in contact with Southern Health NHS Foundation Trust April 2001 – March 2015' known as the Mazars report was published in December 2015. The report described the under-reporting and investigation of deaths of people with learning disabilities and recommended a retrospective review of deaths of people with learning disabilities, and the establishment of a system to review learning disability deaths going forward.

In order to address this issue the CCG has undertaken a retrospective review of all deaths of people with learning disabilities from Oxfordshire during the period of the Mazars review not limited to those in contact with Southern Health NHS Foundation Trust. OCCG has also led on the establishment of the Vulnerable Adults Mortality sub group of the Oxfordshire Adult Safeguarding Board. This group will oversee the review of deaths of all adults with learning disabilities in Oxfordshire.

The findings of the investigation, were presented to the Board in June 2017.

Transforming Care for People with Learning Disabilities and / or Autism
The Oxfordshire Transforming Care Programme is delivering the national Building the Right Support plan. This aims to develop and improve community services and reduce the number of people with a learning disability or autism who are in hospital beds as a result of their mental health or behaviours.

The Transforming Care Plan was developed jointly by service users and family carers, commissioners and operational staff. The Transforming Care Partnership Board oversees the delivery of the programme and has equal numbers of experts by experience and representatives of public sector organisations (OCCG, Oxfordshire County Council and Oxford Health NHS Foundation Trust).

Experts by experience are involved in the development and delivery of all the projects related to Transforming Care, most importantly the development of a new urgent care pathway for people with learning disabilities who are in crisis. An example of this work in action is where Oxford Health is looking for potential sites for a learning disability and autism crisis space with family carers. Sites will only be considered if the family carers (who have family members who may need to use the facility) think they are suitable and will meet the needs of their loved ones.

4.1.4 Looked After Children Services Developments
The forward plan outlined for 2017/18 will build on the existing good provision and identifies a set of future priorities which will directly contribute to promoting the health and emotional well-being while addressing health inequalities for Oxfordshire's Looked after Children (LAC).

Oxford Health NHS Foundation Trust (OHFT) is commissioned to provide a specialist health team, known as the Phoenix Team, which includes the health service for Looked after Children. It also provides health input into the multiagency Child Sexual Exploitation (CSE) Kingfisher team, the Youth Justice Service and the Residential Edge of Care (REOC) service.There is a full time Designated Nurse for Looked after Children hosted by OHFT and the team also consists of nurses, an administrative team, and Specialist doctors for LAC who are about to be employed on substantive contracts by the Trust. The Phoenix team liaise with the Local Authority (LA) social workers to manage the statutory health assessments for all of Oxfordshire's LAC and those placed into Oxfordshire by other areas.

They also provide a quality assurance role for all completed health assessments through audit, the provision of training, and the implementation of competency frameworks for any school nurses and health visitors, who complete the statutory LAC health assessments. The team gather feedback from service users, with the service rated positively.

Multi-agency working is integral to the team and there is close co-operation with social care, Oxford University Hospital NHS Foundation Trusts, GP practices, carers and residential providers. The Designated Nurse LAC has commenced a programme of link visits to GP safeguarding leads this year to raise the profile and understanding of the particular needs of Looked after Children, and to answer GP queries.

The Designated Doctor for LAC post is provided by a Consultant Community Paediatrician from Oxford University Hospitals NHS Foundation Trust.

4.1.5 Transformation Programme

In February 2017 the Oxfordshire Transformation Programme commissioned an Integrated Impact Assessment (IIA) report from Mott MacDonald (via a fully competitive tender process run by OCCG) for Phase One (services for which the OCCG has the most pressing concerns about patient safety, workforce and healthcare). A separate IIA report will be prepared to for Phase Two of the programme (proposed options for the reconfiguration).

The aim of the Phase One IIA was to explore the potential positive and negative consequences of the Programme's proposals to transform healthcare in Oxfordshire. A health impact assessment, a travel and access impact assessment, an equality impact assessment (in which the impacts of the proposals on protected characteristic groups and deprived communities are assessed) and a sustainability impact assessment were conducted as part of this IIA.

The IIA considered the impacts on patients that use hospital services within Oxfordshire and in particular identified groups and communities who may be most vulnerable to change. The purpose of the IIA was not to determine the decision; rather it was to assist in decision-making. The IIA presented evidence-base practical recommendations on how best to promote and protect patient well-being; and also reduce health inequalities. The report enables the Programme and the OCCG Board to review proposals and where appropriate revise plans and/or ensure key enhancement and mitigation measures that were identified through this IIA are embedded in decision making at all levels.

Link to the Oxfordshire Transformation Programme
http://www.oxonhealthcaretransformation.nhs.uk/
Link to the Oxfordshire Transformation Programme- Integrated Impact Assessment: Post-Consultation report
http://www.oxfordshireccg.nhs.uk/transformation/documents/phase1/iia-post-consultation-report-02082017.pdf

4.1.6 Closure of Deer Park Surgery

The contract for Deer Park Surgery expired during 2017 and the practice closed on 31 March 2017. An Equality Analysis was undertaken by the CCG and the practice identified any vulnerable patients including those who would potentially benefit from additional support to registering with a different practice. These patients were actively followed up by the practice to ensure that they all had registered with a new practice before closure.

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5 Equality Delivery System (EDS2)

5.1 Goal 1: Better Health Outcomes and Goal 2: Improved Patient Access and Experience

Goals 1 and 2 were discussed and graded at the Equality Reference Group. The group evaluated the scores against each of the five outcomes of Goal 1 and the four outcomes of Goal 2. Results from the EDS2 process during 2016 were used as a baseline with additional evidence presented to demonstrate any increase in grades. The main focus of additional evidence and information was in the areas where we were rated as 'Developing' during 2016 – namely goal 1.4. Despite lots of working being undertaken in this area the Equality Reference Group felt that this goal should remain as developing.

We also undertook an additional focus on one protected characteristic group: learning disabilities.

5.2 Goal 3: Representative and Supported Workforce and Goal 4: Inclusive Leadership

Goals 3 and 4 were discussed and graded at our Staff Partnership Forum. The group evaluated the scores against each of the six outcomes of Goal 3 and the three outcomes of Goal 4. Scores from the EDS2 process during 2016 were used as a baseline with additional evidence presented to demonstrate where further work had been undertaken:

- Results of the 2017 Staff Survey
- Equality Analysis training of key staff groups
- Embedding of values and values based appraisals and the introduction of values based recruitment

Goal 3.2 remained 'Developing' as the CCG is awaiting the publication of the NHS England audit on equal pay.

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5.3 Summary of EDS2 Grades

A summary of all the grades can be found in the table below:

Goal 1: Better Health Outcomes		
	2016	**2017**
1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities	Achieving	Achieving
1.2 Individual people's health needs are assessed and met in appropriate and effective ways	Achieving	Achieving
1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed	Achieving	Achieving
1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse	Developing	Developing
1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	Developing	Achieving
Goal 2: Improved patient access and experience		
	2016	**2017**
2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	Achieving	Achieving
2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving	Achieving
2.3 People report positive experiences of the NHS	Achieving	Achieving
2.4 People's complaints about services are handled respectfully and efficiently	Achieving	Achieving
Goad 3: A representative and supported workforce		
	2016	**2017**
3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels	Achieving	Achieving
3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	Developing	Developing
3.3 Training and development opportunities are taken up and positively evaluated by all staff	Achieving	Achieving
3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	Achieving	Achieving
3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Achieving	Achieving
3.6 Staff report positive experiences of their membership of the workforce	Achieving	Achieving
Goal 4 Inclusive leadership		
	2016	**2017**
4.1 Boards and senior leaders routinely demonstrate their	Achieving	Achieving

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commitment to promoting equality within and beyond their organisations		
4.2 Papers that come before the Board and other major committees identify equality-related impacts including risks, and say how these risks are to be managed	Achieving	Achieving
4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Achieving	Achieving

6 Forward Look

We will continue to work with the Equality Reference Group developing a focused action plan to maintain progress and strive for continuous improvement.

We will continue to work with our staff to ensure we have a representative and supported workforce who report positive experiences of their membership of the workforce.

We will maximise opportunities to enable all the population to engage with consultation on changes to health services ensuring we promote engagement events more effectively and feedback to attendees following events.

We will work with our Providers to ensure Accessible Information Standards are fully implemented.

OCCG would like to thank all our patient and public partners for their time, input and expertise in supporting our work over the last 12 months.

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