

# Annual Equality Publication

## January 2020



North



North East



Oxford City



South East



South West



West

| <b>Table of Contents</b>   | <b>Page</b> |
|--|-------------|
| <b>Introduction</b>  | 1           |
| <b>1 Compliance with the Public Sector Equality Duty</b>             | 2           |
| 1.1 The Nine Protected Characteristics                               | 2           |
| 1.2 The Equality Delivery System (EDS2)                              | 3           |
| 1.21 Equality Delivery System (EDS2) Goals 1&2                       | 3           |
| 1.22 Equality Delivery System (EDS2) Goals 3&4                       | 3           |
| 1.23 Summary of EDS2 Grades  | 4           |
| 1.3 Making decisions in OCCG - Equality Analysis                     | 5           |
| 1.4 Equality and Diversity Work Assurance – Our Governance           | 5           |
| 1.5 Strategic Leadership   | 5           |
| 1.6 Equality & Diversity Working Group                               | 5           |
| 1.61 OCCG Equality Objectives 2016 - 2020                            | 6           |
| 1.7 Equality & Diversity Action Plan                                 | 6           |
| 1.8 Accessible Information Standard (AIS)                            | 6           |
| 1.9 NHS Standard Contract  | 7           |
| <b>2 Partnerships and Addressing Health Inequalities</b>             | 7           |
| 2.1 Equality Reference Group   | 7           |
| 2.2 Joint Working with Public Health                                 | 7           |
| 2.3 Health Inequalities Commission                                   | 7           |
| 2.4 Healthwatch Oxfordshire Wellbeing Network                        | 8           |
| <b>3 JSNA and OCCG Commissioning Activity</b>                        | 9           |
| <b>3.1 Our Population in Oxfordshire</b>                             | 9           |
| 3.2 Age and Life Expectancy  | 10          |
| 3.3 Ethnicity  | 10          |
| 3.4 Religion   | 10          |
| 3.5 Sexual Orientation   | 10          |
| 3.6 Pregnancy and Maternity  | 11          |
| 3.7 Disability   | 11          |
| 3.8 Mental Health  | 11          |
| 3.9 Carers   | 11          |
| 3.10 Deprivation   | 11          |
| 3.11 Housing and Homelessness  | 12          |
| <b>4 OCCG Workforce Profile</b>                                      | 12          |
| 4.1 Workforce Race Equality Standard (WRES) Report                   | 12          |
| 4.2 Staff Survey   | 12          |
| <b>5 Patient and Public Engagement</b>                               | 13          |
| 5.1 Talking Health   | 13          |
| 5.2 Primary Care Networks (PCNs) Patient Participation Groups        | 13          |
| 5.3 Locality Engagement in OX12                                      | 13          |
| <b>6 Addressing Needs of Patients with Protected Characteristics</b> | 14          |

|          |   |           |
|----------|---|-----------|
| 6.1      | Refugee Vulnerable Persons Resettlement Characteristics                                 | 14        |
| 6.2      | Unaccompanied Asylum seeking Children   | 14        |
| 6.3      | Learning Disability and Autism  | 15        |
| 6.4      | Looked After Children Services  | 16        |
| 6.5      | Maternity Services  | 16        |
| <b>7</b> | <b>Access to Primary Care Services</b>  | <b>17</b> |
| 7.1      | Cogges Surgery  | 17        |
| 7.2      | Banbury   | 17        |
| 7.3      | South Oxford Health Centre  | 17        |
| 7.4      | Equality Analysis for the potential relocation of two Bicester GP surgeries to one site | 17        |
| <b>8</b> | <b>Forward Look</b>   | <b>18</b> |

## Introduction

Oxfordshire Clinical Commissioning Group (OCCG) is pleased to present the Annual Equality Publication for 2020.

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 31 January each year.

During 2019 we have built on the excellent work already undertaken. We have continued to ensure that Equality & Diversity (E&D) is embedded throughout the organisation by provision of further face to face Equality Analysis training for staff. Conducting an Equality Analysis is a process to ensure that planned services meet the needs of the nine protected characteristic groups.

Our patient/ public Equality Reference Group (ERG) welcomed two new members this year. The group challenges us on E&D issues and helps to develop and monitor progress on the annual Equality & Diversity Action Plan. Members also score us on achievement of the Equality Delivery System (EDS2) Goals.

Joint working with our health provider organisations to implement and share good practice for the Accessible Information Standard (AIS) is continuing. The group has facilitated training on sensory impairment and OCCG conducted a survey with GP Practices to gather data on how the needs are met for patients with a hearing impairment and how hearing loops are used in Practices. AIS work will continue in 2020.

OCCG is a member of a new network- the Oxfordshire Wellbeing Network, which was set up by Healthwatch Oxfordshire at the request of the Health & Wellbeing Board, to ensure wider engagement from community groups, especially seldom heard groups.

Within OCCG, we will continue to work to collate relevant profiling data from staff to comply with the Workforce Race Equality Standard (WRES), which is a national, annual requirement.

We will endeavour through our work and via outreach by means of various fora, consultations and communication avenues, to ensure that people from the protected characteristic groups and those who are impacted by health inequalities, are able to have a voice and feel that their needs are being addressed.

## Annual Equality Report 2020

### 1. Compliance with the Public Sector Equality Duty

As a Public Authority, as well as general compliance with the Equality Act (2010), 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 to 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 Characteristic Groups

The nine protected characteristic groups as outlined in the Equality Act 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
- Homeless people
- Military Veterans
- 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 report on their EDS2 grades. This can be found [here](#).

The EDS2 Goals and a summary of the grades are listed below.

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

In 2019 the main focus of additional evidence and information was for Goal 1.4: *'When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse'* where we were still rated as 'Developing'. In 2019 the Equality Reference Group members felt that OCCG is making progress and this goal could now be scored as achieving.

#### 1.22 Goal 3: Representative and Supported Workforce and Goal 4: Inclusive Leadership

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



## 1.23 Summary of EDS2 Grades

| <b>Goal 1: Better Health Outcomes</b>   |             |             |
|---|-------------|-------------|
|   | <b>2018</b> | <b>2019</b> |
| 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  | Achieving   |
| 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities  | Achieving   | Achieving   |
|   |             |             |
| <b>Goal 2: Improved patient access and experience</b>   |             |             |
|   | <b>2018</b> | <b>2019</b> |
| 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   |
|   |             |             |
| <b>Goal 3: A representative and supported workforce</b>   |             |             |
|   | <b>2018</b> | <b>2019</b> |
| 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   |
| <b>Goal 4 Inclusive leadership</b>  |             |             |

|   | 2018      | 2019      |
|---|-----------|-----------|
| 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations                              | Achieving | Achieving |
| 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 |

### 1.3 Making decisions in OCCG - Equality Analysis

Under the Equality Act, the NHS and other statutory bodies must show 'due regard' to eliminating discrimination. OCCG applies this 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'. Copies of sample completed Equality Analyses can be found on our website [here](#)

Following on from previous years, a further training session on Equality Analysis was arranged for new OCCG staff members. This ensures that as many staff as possible are upskilled to know how and when to conduct an Equality Analysis.

### 1.4 Equality and Diversity (E&D) 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. The front sheet 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. The Board members have undertaken E&D training, with the majority attending face to face training and others accessing online training.

### 1.5 Strategic Leadership

Equality & Diversity is embedded at a strategic level. A senior staff group meets when required and conducts relevant business remotely, such as approving OCCGs Equality Objectives and presenting the Annual Publication to the Board.

### 1.6 Equality & Diversity Working Group

The E&D Working Group implements actions which have been developed in partnership with the Equality Reference Group. It has representation from across the CCG directorates and ensures that E&D is embedded in all business planning, processes and commissioning activities. Members also review the evidence that is collated for the EDS2 process and provide an initial score prior to the evidence being presented to the Equality Reference Group (for Goals 1 & 2) or the Staff Partnership



Forum (for Goals 3 & 4). 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 which supports commissioners to engage with seldom heard and diverse groups and communities to ensure that they can have their say on strategies and consultations. The team is also able to provide health promotion information for those communities.

### **1.61 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.
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.

We are currently working with the Equality Reference Group and Staff Partnership Forum to develop Equality objectives for 2020 -2024.

### **1.7 Equality & Diversity Action Plan**

Each year the Equality Reference Group helps to develop the E&D Action Plan, which is based on the Equality Objectives. Many of the actions in the current action plan will continue for 2020, including a focus on the Accessible Information Standard, reviewing service provision for people with a learning disability and recent additions on the 'age' protected characteristic, which includes older people and children and young people's services.

### **1.8 Accessible Information Standard (AIS)**

AIS is a framework for people with a learning disability or sensory impairment who have communication needs. This constitutes wider communication such as invitations to health appointments and also for communication needs during face to face consultations. The AIS became a legal requirement from 1st August 2016 and applies to all NHS and adult social care organisations.

Partnership work with our provider organisations to meet the Standard has continued in 2019. As well as maintaining a focus on ensuring compliance with recording and flagging patient records with identified communication needs, sensory impairment

training has also been offered to front line staff in both primary and secondary care. Deaf awareness training and sight impairment training sessions were facilitated to increase staff awareness of issues facing people with sensory impairments. Additionally, OCCG conducted a survey with GP Practices to ascertain how Practices meet the needs of their Deaf and hard of hearing patients. Joint working and identifying further training opportunities will continue in 2020

### **1.9 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 the Workforce Race Equality Standard (WRES), as well as submitting an annual report to the commissioner on progress in implementing the standard.

## **2. Partnership Working and Addressing Health Inequalities**

### **2.1 Equality Reference Group**

The Equality Reference Group (ERG) is our patient and public group, including members from the voluntary sector, which supports OCCG to address E&D issues in relation to patients and services. Members also score us on achievement of the EDS2 goals. For the previous three years, one of the goals remained at 'developing, whilst other goals were scored as 'achieving'. This is Goal 1.4 '*When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse*'. In 2019, ERG members were satisfied that the CCG is making progress and scored Goal 1.4 as 'achieving'.

### **2.2 Joint Working with Public Health**

There is considerable joint working with Public Health in Oxfordshire County Council. Regular monthly meetings with staff members of Public Health and OCCG ensure that there is consistent work on the Prevention Framework. OCCG and Public Health staff also collaborate to address health inequalities through health and wellbeing partnerships in Oxford City, the Brighter Futures in Banbury regeneration programme and the Health Inequalities Commission work.

The previous Director of Public Health Annual Report 2017/18 can be found [here](#). A new Director of Public Health is in post and will be producing his report in early 2020.

### **2.3 Health Inequalities Commission**

The Health Inequalities Commission (HIC) Implementation Group, Chaired by OCCG's Clinical Chair, has collated evidence to ensure that the sixty recommendations outlined in the Health Inequalities Commission report of 2016, have all been taken forward. The focus of the group will now be on embedding health inequalities through a 'health in all policies' approach and ensuring that addressing health inequalities is a key aspect of work streams in the Prevention Framework. This is a strategic vehicle being used across the health and care system which has been approved by the Health & Wellbeing Board, the Health Improvement Board and the Health Overview and Scrutiny Committee, as an illustration of how the Health Inequalities Commission is tackling health inequalities in a strategic way. All sub groups and partner organisations have received presentations showing how

plans need to focus on areas or groups with poor outcomes in order to tackle health inequalities. This work will continue through the named Prevention Champions.

The total amount of £24,000 has now been allocated from the Health Inequalities Commission Innovation Fund to community projects. By partnering with Oxfordshire Community Foundation (OCF), the Innovation Fund was able to be combined with other funds being dispersed by them. The funding was awarded in 3 phases:

- The first phase of funding was combined with the OCF Tampon Tax Fund and contributions were awarded to Aspire Oxfordshire for the Gym Bus; Ark-T for HerSpace workshops and self-care retreats and Home Start Oxford for support to families.
- The second phase of funding was combined with the OCF Loneliness and Isolation Fund. Contributions were awarded to Sound Resource for a singing project in Banbury and Bookfeast for a Tea Books reading project.
- The third phase of funding was combined with the OCF Community Friendship fund. A contribution was awarded to My Life My Choice for a Gig Buddies project.

Further details of each of the projects funded can be found on the OCF website: [here](#)

Visits were made by a HIC Implementation Group representative to establish links with each of the projects funded in phase 1 and 2 and the same will occur for phase three.

Now that all the Innovation Fund has been allocated, OCF will continue to manage the grant on behalf of the Health Inequalities Commission Implementation Group and will be gathering monitoring data to report back to the group a year after each grant award. Discussions are in process with OCF around potential future work.

In March, a Good Practice event was held, with wider stakeholders invited to hear about specific projects that address health inequalities. Organisations were asked to outline the reach and impact of their project and provide three tips for anyone wishing to replicate similar projects. Attendees had the opportunity to have a stand in the market place and to be involved in workshops, which comprised three themes of physical activity; employment and food and food poverty.

There were three key presentations from the Play:Full project in Banbury, focussing on provision of activities and food for families in the school holidays; embedded mental health workers in Oxford City Council's Tenancy Sustainment Team, to support tenants who have mental health issues and men from East Oxford United Football Club presented their men's health project which was facilitated by Healthwatch Oxfordshire and detailed the club members' experiences of barriers to accessing health care. The report and the video, which was funded by NHS England, were launched at the event.

#### **2.4 Healthwatch Oxfordshire Wellbeing Network**

Oxfordshire's Health and Wellbeing Board (H&WB) sets the strategy and vision for the future of integrated health and care services in the county. The H&WB is keen to see wider engagement of community groups - especially those 'seldom heard' groups - across Oxfordshire and asked Healthwatch Oxfordshire to set up the Oxfordshire Wellbeing Network (OWN)

This network will ensure that the H&WB listens to, and involves, organisations and communities not currently represented on the Board. The Oxfordshire Wellbeing Network brings together local organisations – whatever their community of interest. It could be housing, health, faith, residents’ associations, village or parish council, patient participation groups, neighbourhood support, caring, self-help groups and lunch clubs. Healthwatch is working with Health and Wellbeing Board partner organisations to develop the network; the first [network event](#) took place on 18<sup>th</sup> November 2019 on the theme of ‘challenges to staying healthy’.

It is anticipated that OWN will meet two- three times a year with a mix of theme-based events and one focusing on the work of the Health and Wellbeing Board. Members of the Board will attend the OWN events to be informed and influenced by the wider community. Partner organisations and the wider community will also be able to interact virtually with OWN. In addition, with the broad and inclusive membership of OWN, it will be possible for more specific engagement based on geography, topic or demography.

### 3. Joint Strategic Needs Assessment and OCCG Commissioning Activity

The Joint Strategic Needs Assessment (JSNA) contains information about people in Oxfordshire, which helps us to 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.

Information on the population groups in Oxfordshire can be found [here](#).

#### 3.1 Our Population in Oxfordshire

OCCG commissions health services for the Oxfordshire population which comprises the five council areas outlined below. The table summarises District and County-level population figures for Oxfordshire. Further details can be found [here](#)

|                     | 2011<br>population | Census<br>estimate | 2001<br>population | Census<br>estimate | %<br>change<br>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%                      |

### 3.2 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%.

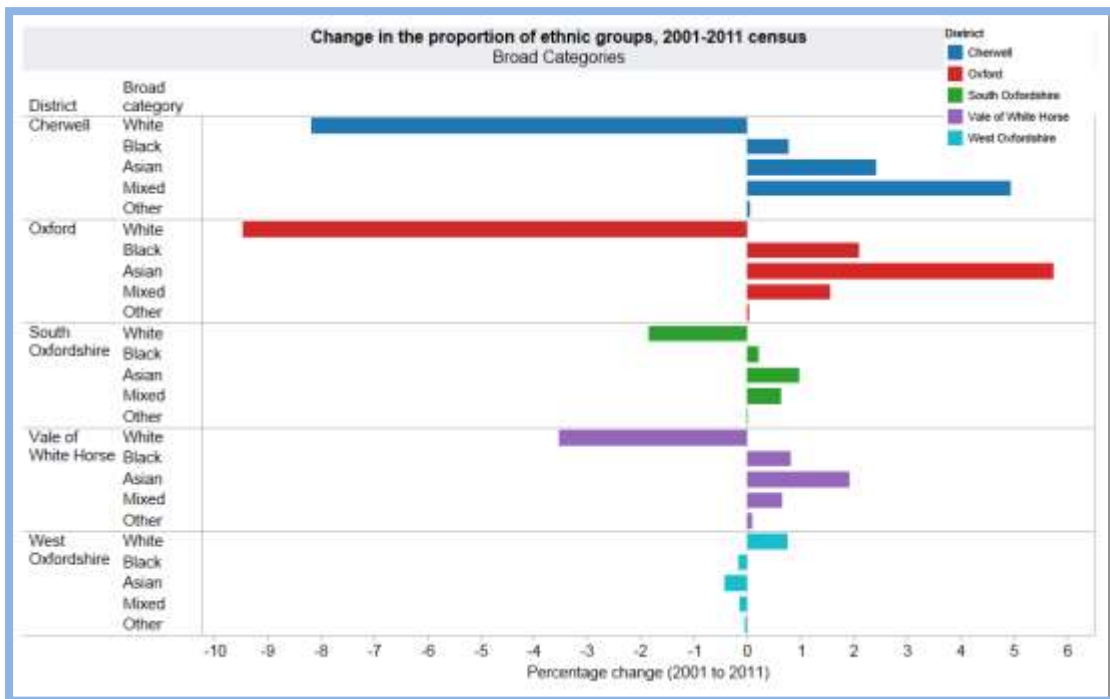
Between 2015 and 2030, the number of people aged 85 and over is expected to increase by 92% in Oxfordshire overall and more than double in South Oxfordshire and Vale of White Horse.

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 2015-17, the gap between male and female life expectancy decreased from 4.2 years to 3 years.

### 3.3 Ethnicity

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



### 3.4 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%.

### 3.5 Sexual orientation

The proportion of people identifying as gay, lesbian, bisexual or other was 2.8% in South East England, against a figure for England of 2%. It is estimated that there were about 11,500 LGBT people living in Oxfordshire in 2017.

### 3.6 Pregnancy and Maternity

There were 7,352 live births in Oxfordshire in 2017.

The trend in fertility in Oxfordshire follows the national trend of an increase between 2000 and 2011, followed by a decrease from 2011 to 2017. Oxfordshire's general fertility rate in 2017 was 57.1, below the England average of 61.2

Further details can be found [here](#)

### 3.7 Disability

The Census 2011 survey is the most in-depth assessment of self-assessed ill health and disability at a local level. The 2011 Census highlights that 84,860 people living in households in Oxfordshire (not including communal establishment residents) said they were limited in their daily activities, representing nearly one in seven people in the county (13.6%). Currently an estimated 129,700 in Oxfordshire are living with a disability. Further details can be found [here](#)



There are around 12,000 adults with a **learning disability** living in Oxfordshire today. The Transforming Care Plan sets out Oxfordshire County Council and OCCGs 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 December 2019, 701 people were accessing the specialist learning disability health service.

### 3.8 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.

### 3.9 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.

In December 2019, there were 18,444 carers registered with GP 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 early on, reducing the risk of their own health deteriorating.

### 3.10 Deprivation

According to the IMD 2019, Oxfordshire is the 10th least deprived of 151 upper-tier local authorities in England. The ranking of Oxfordshire's districts shows that, since

the last release in 2015, Cherwell has become relatively more deprived and Oxford has become relatively less deprived. South Oxfordshire, Vale of White Horse and West Oxfordshire districts have remained similarly ranked. Further details can be found [here](#)

### **3.11 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). In 2016 Oxford City social rents were 17% above national average

## **4. OCCG Workforce Profile**

### **4.1 Workforce Race Equality Standard (WRES) Report**

The WRES has been developed as a tool to measure improvements in the workforce with respect to Black and Minority Ethnic (BME) staff, with many of the methods being transferable to focusing on other groups. It is an NHS initiative that has been conceived by the national NHS Equality & Diversity Council, through collaboration with NHS staff and independent researchers. Implementation is a requirement for all NHS 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.

As part of a suite of statutory and mandatory training, all OCCG employees are required to undertake Equality, Diversity and Human Rights training every three years. The course has been tailor made for healthcare staff and is aimed at improving the ability of staff to empathise with colleagues and patients from diverse backgrounds and contribute to ensuring that access and services are appropriate to individual's needs. 95% of staff have completed up to date training. Where training has lapsed for the remainder of staff, the Governance team is working with them to ensure their training is refreshed as soon as possible.

### **4.2 Staff Survey**

The 2019 Staff Survey was completed by 51.3% of OCCG staff. This compares to 47% in 2018 and 45.6% in 2017. The top positive and negative responses have been reviewed and OCCG's Staff Partnership Forum has developed an action plan to address the themes identified within the report.

Survey questions, which are aimed at addressing the needs of staff from the nine protected characteristics groups, include whether the CCG provides equal opportunities for career progression, regardless of ethnic background, gender, religion, sexual orientation, disability, age, pregnancy and maternity, gender reassignment or marriage and civil partnership. 53.7% of those who responded to the question agreed that the CCG does provide opportunities. This is slightly lower than last year at 56%, so the CCG will be reinforcing the organisation's policy in this area.

A further question asked if staff had personally experienced discrimination either from patients, members of the public or fellow colleagues. Only two members of

staff disclosed discrimination: one on grounds of ethnicity and the other preferred not to say. Despite this being a very low number, OCCG takes such statements seriously and via ongoing work with staff through the Staff Partnership Forum, will seek opportunities to address this issue.

## **5 Patient and Public Engagement**

OCCG uses a number of ways for reaching and engaging with a wide range of patients and public about its activities and initiatives. There is a lay member for Patient and Public Involvement (PPI) on the Board who has full voting rights - their role is to ensure that patient and public involvement is given due priority.

### **5.1 Talking Health**

Talking Health is an online public engagement tool which is available on the OCCG website. It has more than 3,000 registered members which allow them to share their views on the latest engagement activities either led by OCCG or partners. Any member of the public can register on the site to ensure it represents a wide range of interests and viewpoints. Registered members can receive a regular Talking Health online newsletter which highlights the various events and activities taking place at OCCG and among its partners. The Talking Health website can be viewed [here](#).



### **5.2 Primary Care Networks (PCNs) and Patient Participation Groups (PPGs)**

As part of the NHS Long Term Plan, 19 Primary Care Networks (PCNs) have formally been agreed and established across Oxfordshire. Our patient and public involvement will adapt to support delivery of the Long Term Plan and we will focus on becoming more inclusive of our populations and centred on PCNs. A PCN is collaboration between groups of GP Practices and other community-based health and care services, which aim to benefit both patients and surgeries alike. These cover populations of 30-50,000 with groups of GP Practices working together to plan how health and care services will be provided to their patients. The PCNs will work with their Patient Participation Groups (PPGs) and local communities in making plans, identifying priorities and seeking feedback on how services are delivered. The potential for PCNs and their PPGs to work across a wider geography covering more than one PCN community will also be explored. More information on PCNs can be found [here](#).

To achieve this, OCCG has commissioned Healthwatch Oxfordshire to develop and support PPGs working in alliance with their specific PCNs. This will enable representation to be more diverse and reflect more accurately the voice of service users in each area. As PCNs develop, they will communicate with OCCG about their priorities, themes and issues and demonstrate their involvement of PPGs and the wider community.

The Oxfordshire CCG website will be reviewed by the end of March 2020 to ensure that the new arrangements are reflected.

### **5.3 Locality Engagement in OX12**

A new framework for developing health and care plans based on the needs of communities has been agreed at Oxfordshire Health and Wellbeing Board and has been shared with Oxfordshire Health Overview and Scrutiny Committee (HOSC).



The first area to use the framework is Wantage and Grove (covered by the OX12 postcode). A Stakeholder Reference Group was established and together with OCCG they worked on the communications and engagement plan for the project. The first piece of work was evidence gathering to understand how local people are using resources, networks and groups to support their health and wellbeing. A public survey was designed by the stakeholder group. More than 1,300 responses were received, analysed and published on our website:

<https://consult.oxfordshireccg.nhs.uk/consult.ti/OX12survey/consultationHome>

The next stage of the project will offer possible solutions based on the needs of the community.

## **6. Addressing the Needs of Patients with Protected Characteristics**

### **6.1 Refugee Vulnerable Persons Resettlement Scheme**

OCCG and local health services have supported the Syrian Vulnerable Persons Resettlement (VPR) Programme led by the Home Office since 2015. The programme has since developed and now resettles all nationalities of refugees fleeing the conflict in Syria. On 21 April 2016, the Vulnerable Children's Resettlement Scheme (VCRS) was announced. This scheme has been specifically tailored to resettle vulnerable children at risk (and their families) who are refugees in the Middle East and North Africa (MENA) region. The Refugee resettlement scheme also saw a further development with a family arriving as part of the [Community Sponsorship Scheme](#).

During 2019-20 the scheme has been running in Cherwell District Council. Other District Councils have focussed on consolidating support for the families already here. There has been excellent support for refugee families in Cherwell from statutory services and the voluntary sector. Key challenges that have been highlighted are English language learning for adults and opportunities for promoting men's health. In Oxford city, issues with access to language interpreting services within hospital settings has been a concern and work is on-going with Oxford University Hospitals Foundation Trust to improve access to interpreters.

Members of OCCGs Equality & Access team have visited four newly arrived families in Banbury and through an interpreter, provided information about the NHS. This included the importance of registering with a GP Practice and an NHS dentist; out of hours and emergency services; self-care and other services that can provide health advice, such as pharmacies and accessing NHS cancer screening programmes. An event was held in Oxford city for families re-settled in Oxford and a team member provided the same information for those families.

### **6.2 Unaccompanied Asylum Seeking Children**

OCCG supports the health care assessment and intervention requirements for unaccompanied asylum seeker children. These children are primarily supported by Oxford Health Foundation Trust where each individual child has a comprehensive health assessment and subsequent health action plan. The teams oversee the coordination of health related assessments, ensuring prompt access to health services where needed. This includes mental well-being support or mental health care via the Child & Adolescent Mental Health Service (CAMHS), to ensure timely access to mental health support for this vulnerable group of children.

In addition, the health teams work in partnership with Oxfordshire County Council to provide an orientation programme to enable the young people to settle and acclimatise to living in Oxfordshire. Oxfordshire has developed expertise in the care and support of the older adolescent age group and as a result has a facilitated Young People's Housing Pathway- where some of the older Unaccompanied Asylum Seekers are often housed.

### **6.3 Learning Disabilities and Autism**

People with learning disabilities and autism continue to experience health inequalities and are a priority for Oxfordshire CCG. As outlined in the Equality Act 2010, public sector organisations have a legal duty to make reasonable adjustments to ensure that people with a learning disability are able to access services. This may mean adjustments to buildings; support in appointments and clear, simple information. This is also a constituted part of the Accessible Information Standard, which requires health professionals to address the communication needs of people with a learning disability, as well as those with a sensory impairment. OCCG also considers these requirements through conducting an Equality Analysis for any service or function in order to highlight and address any identified negative impacts for this population.

According to research conducted by NHS Digital, on average, females with learning disabilities have around an 18-year shorter life expectancy than the general population, and males have around a 14-year shorter life expectancy than the general population. The CCG is working with partners in health and social care and with people with lived experience of learning disabilities and autism, through the Oxfordshire Transforming Care Partnership Board. In 2019 and into 2020, the CCG has supported and will continue to support delivery of the following activities to address these inequalities:

#### Annual Health Checks

OCCG has analysed GP performance on learning disability annual health checks for people aged 14 and above. The CCG acknowledges that this is an area that requires further effort to improve the number of people with a learning disability being able to access an annual health check. Accessing a health check offers an opportunity to identify further means of supporting people and addressing some of the inequalities. To progress this work, the CCG is now providing a range of support to GP Practices to help them achieve the annual target of 75% of people with a learning disability receiving a health check in 2019/20.

#### Changes to commissioning

A health and social care commissioner has been appointed jointly by the CCG and Oxfordshire County Council. A new joint strategy for adults with care and support needs is being developed which will improve the integration of health and social care services, for the benefit of people receiving services.

#### Inpatient numbers

Oxfordshire is on track to achieve its targets for the number of people with a learning disability and / or autism in specialist mental health hospitals or Assessment and Treatment Units.

### Dental Project

Two focus groups were conducted with adults with a learning disability, together with a dental practitioner, about their experience of attending the dentist, to try and improve their experience. The outcomes were that an Easy Read appointment letter is being developed and trialled and a brief dental passport and a key ring communication tool are being developed about what will happen at the dentist. Assistance for dental services to develop more Easy Read resources is also provided, together with a film made by people with a learning disability to help increase dental staff awareness.

### Cross Service working

My Life My Choice, Oxford Health and the Oxfordshire Family Support Network (OFSN) conducted partnership focus groups. At the OFSN, information was collated about peoples' experiences of giving feedback on services, how they would like to give feedback and how they would like services to communicate what is done in response to feedback. The initial outcome was that people do not want further surveys, but would like to have one contact number to call to provide feedback across the whole health and social care system. Consideration will be made as to how best to gain the views of people who are not able to communicate verbally.

### 'I want Great Care'

This is currently being introduced to the services. It is a system to gather patient feedback which is used by other services in Oxford Health and the Trust is now a pilot site for their accessible version of the questionnaire. This will replace the previous 'Have Your Say' feedback forms and carers surveys and bring the Learning Disability service in line with the rest of Oxford Health.

## **6.4 Looked After Children Services**

The post of Designated Nurse for Looked After Children has been established as part of the safeguarding team at OCCG. OCCG seeks assurance that all commissioned services are safe, effective, caring, responsive and well-led in identifying and meeting the health needs of Looked After Children. There is a review process that requires providers to evidence compliance with National Guidance.

Recently, the focus has been on improving the initial health assessment pathway to ensure that these assessments are completed within statutory timescales. In addition, the escalation policy has been strengthened to ensure that when a child is placed outside of Oxfordshire they receive an equitable service. This has been made possible by the transfer of designated responsibility into the CCG. The Designated Nurse is developing networks and a greater knowledge of the challenges and issues of out of county placements, liaising with those local services to address any gaps in service.

A number of fast track pathways have been set up to ensure early support and treatment for this vulnerable cohort, when required, which includes community dental care and CAMHS. These pathways are monitored in contract review processes.

## **6.5 Maternity services**

A project was put in place to respond to the Secretary of State in relation to decisions about maternity services at the Horton General Hospital. More than

13,500 letters were sent to women who had given birth during the two year temporary closure of the obstetric unit at the Horton General. Social media and the local media helped to raise awareness. More than 1,000 women and 400 partners of women, completed a survey. Three focus groups were organised (two in Banbury and one in Wantage), attended by 20 women and eight individual interviews were conducted with women. These discussions allowed a deeper understanding of what worked well and what could be improved.

The data gathered and the reports produced are available on the CCG website <https://www.oxfordshireccg.nhs.uk/get-involved/horton-maternity-services.htm>

## **7. Access to Primary Care Services**

Members of the Equality Reference Group feedback concerns from other members of the public when there are potential changes in Primary Care services and seek to ensure that there is equity of access to all patients.

### **7.1 Cogges Surgery**

Last year we reported that Cogges partners no longer wished to provide services at Cogges Surgery. However, following cancellation of their notice of termination of their contract, Cogges surgery remain opens and continues to provide primary medical care services to patients and a new partner has joined the surgery.

### **7.2 Banbury**

As part of the long term solution for primary care provision in Banbury, West Bar Surgery and Banbury Health Centre, both run by Principal Medical Ltd, merged to form Banbury Cross Health Centre on 16 September 2019. The separate sites, Bridge Street and South Bar House, will remain open and a new Banbury Cross Health Centre website launched.

### **7.3 South Oxford Health Centre**

OCCG received notice in January 2019 that the Partners at South Oxford Health Centre would be handing back their General Medical Services (GMS) contract. A mini procurement was undertaken and a new provider for South Oxford Health Centre, St Bartholomew's Medical Centre, took over the running of the Practice on 1 August 2019. The South Oxford Health Centre Patient Participation Group was fully engaged throughout the process and provided some useful communication to the patients of South Oxford Health Centre, as well as linking with the CCG on the important components of any new provision.

### **7.4 Equality Analysis for the potential relocation of two Bicester surgeries to one site**

In addition to the current population of approximately 48,000 people, Bicester has an expected population growth of about 21,000 predicted over the next 13 years, with a number of large housing developments being built or proposed over this period and the current health care system is not sustainable for this predicted growth. The consideration for the Equality Analysis is that current capacity is insufficient and changes to the current provision are required in the form of a new building.

The Bicester population is served by three existing GP Practices: Alchester Medical Group, Montgomery House Surgery and Bicester Health Centre. There is no intention to relocate Bicester Health Centre, which has capacity to expand on its current site.

The potential new purpose built building is going to house Alchester Medical Group's three existing surgery sites and Montgomery House Surgery. They will not be merging as a business, but will be working in alliance. The proposed new model of care is being applied across the whole of Bicester and will deliver an extended and improved range of health care services from potentially two health hub campuses. These are currently identified, but not finally decided upon, as Kingsmere and Graven Hill.

## **8. Forward Look**

We will continue to work with the Equality Reference Group on a focused E&D action plan and refreshed Equality Objectives, to maintain progress and work towards continuous improvement.

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

We will enable Oxfordshire's population to be involved in informing service planning and development, ensuring that we promote engagement events more effectively and feedback to attendees following events.

We will work with our providers in 2020 to maximise resources for collating evidence for the EDS2 goals and ensuring a greater reach to patient groups to evaluate and score our achievements.

OCCG would like to thank all our patient and public partners for their time, input and expertise in supporting our work during 2019.