NHS
Oxfordshire
Clinical Commissioning Group

Annual Equality Publication

January 2019


North


North East


Oxford City


South East


South West


West

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Introduction

Oxfordshire Clinical Commissioning Group (OCCG) is pleased to present the Annual Equality Publication for 2019.

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 2018 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. Unconscious Bias training was also provided for staff and for the Locality Forum Chairs and members of the Equality Reference Group. We also commissioned training on Gender Identity for staff in GP Practices.

The Equality Reference Group (ERG) consists of patient and public members who challenge us on E&D issues and help to develop and then monitor progress on the annual Equality & Diversity Action Plan. Members also score us on the Equality Delivery System (EDS2) for goals one and two. For 2018 we still have one goal which is scored at 'developing', while all other goals are scored as 'achieving'. In 2019 we will continue to work with our ERG members and gather evidence to work towards 'achieving' for the outstanding goal.

2018 also saw the start of joint working with our health provider organisations in the quest to implement and share good practice for the Accessible Information Standard (AIS). We identified some areas of progress as well as some barriers and issues, so we will continue this work throughout the next year.

Internally, we will continue to strive to collate relevant profiling data from staff to comply with the Workforce Race Equality Standard (WRES), which is a national requirement. Additionally, in order to understand and assess if there is a pattern to patient complaints, we are working with the Quality Team to encourage patients to provide us with details on their characteristics.

We hope that through our work and our outreach by means of various fora, consultations and communication via the 'Talking Health' link, that people from the protected characteristic groups, or those who are impacted by health inequalities, feel that they have the opportunity to raise issues with us and that we will address them.

Annual Equality Report 2019

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 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

- 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

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 and 2017 were used as a baseline with work undertaken in 2018 presented as additional evidence to demonstrate any increase in grades. The main focus of additional evidence and information was for Goal 1.4, where we were rated as 'Developing' in 2016 and 2017. Despite a lot of work being undertaken in this area, the Equality Reference Group felt that this goal should remain as developing for 2018.

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

Goals 3 and 4 were discussed and graded at the Equality & Diversity (E&D) Working Group. 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 2017 were used as a baseline with additional evidence presented to demonstrate where further work had been undertaken:

- Taking forward actions from the results of the 2018 Staff Survey
- Further Equality Analysis training of new staff
- In line with the new NHS pay scales, ensuring that all staff undertake an annual appraisal in order to progress to the next increment.

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

1.23 Summary of EDS2 Grades

Goal 1: Better Health Outcomes		
	2017	**2018**
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	Achieving	Achieving
Goal 2: Improved patient access and experience		
	2017	**2018**
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		
	2017	**2018**
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		
	2017	**2018**
4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond	Achieving	Achieving

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

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 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'. Copies of 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.

A newly commissioned training session on Unconscious Bias was arranged and, as well as OCCG staff participating, it was open to our patient and public Equality Reference Group (ERG) members and Locality Forum Chairs. Unconscious biases are learned stereotypes that are automatic and unintentional and occur when people favour others who look like them or share their values. Both sets of training help to embed Equality and Diversity across the organisation.

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 and a further session is planned for 2019. 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 Strategic Leadership

The Equality & Diversity Strategic Group oversees our compliance against statutory duties and regulations and presents E&D updates and our Annual Publication to the OCCG Board. The Strategic Group also approves OCCGs E&D objectives and the annual Action Plan, which sets out actions for further development and improvement in a number of key areas.

1.6 Delivery of E&D Objectives

The E&D Working Group reports to the E&D Strategic Group. The Working Group implements actions which have been developed in partnership with the Equality Reference Group, which are then agreed by the Strategic Group.

The Working Group has representation from across the OCCG directorates and ensures that E&D 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 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 and prevention 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.

1.7 Equality & Diversity Action Plan

Each year the Equality Reference Group helps to develop the E&D Action Plan, which as well as comprising the EDS Goals, is based on the Equality Objectives above. The Action Plan for 2018 included actions on patient complaints; E&D compliance with the NHS Standard Contract and continued the comprehensive overview of the recommissioned Learning Disability service. This will continue as an action in 2019, alongside a focus on 'Age' as a further protected characteristic group.

1.8 Equality & Diversity (E&D) Training

Members of the Equality Reference Group (ERG) questioned whether staff in GP Practices undertake Equality & Diversity (E&D) training, so a survey was conducted with all the Practices. From 70 Practices, 30 responded (approx 43%) and of those, 90% do provide E&D training for their staff. Alongside the survey, some Practices requested training on equality for transgender patients. As a result, Gender Identity training was commissioned and six training sessions have taken place across the county, with 78 Practice staff participating, both medical and non-medical. A member of the Equality Reference Group, who is from the transgender community, co-trained and contributed a valuable perspective.

1.9 Accessible Information Standard (AIS)

AIS is a framework for people who have information or communication needs relating to a disability, impairment or sensory loss. This constitutes wider communication such as invitations to hospital appointments and also for communication needs during face to face appointments. The AIS became a legal requirement from 1st August 2016 and applies to all NHS and adult social care organisations. In order to ascertain progress in implementing AIS, OCCG facilitated a county wide workshop with all health provider organisations. Although

some progress has been made, there are significant issues around recording and flagging patients' needs. OCCG will continue to work with the providers to achieve the best outcome for patients.

1.10 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. This will be reported on in early 2019.

1.11 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.

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 and also scores us on achievement of the EDS2 goals.

The group is co-chaired by a patient representative who supports the meetings by aiding the agenda setting and forward work plan and also encourages and facilitates member participation. The group is currently seeking new members to ensure wider representation from the nine protected characteristic groups.

During 2018, members requested information on different topics. One was parity of esteem, which is defined as valuing mental health equally with physical health. A session was arranged with a presentation from OCCG's Senior Commissioning Manager for Mental Health to explain how funding is allocated to mental health services and which services are currently commissioned.

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 'ill- health prevention' agenda. OCCG and Public Health staff also collaborate to address health inequalities through health and wellbeing partnerships in Oxford City and the Brighter Futures in Banbury regeneration programme.

The Director of Public Health Annual Report 2017/18 can be found here

2.3 Health Inequalities Commission
The Health Inequalities Commission Implementation Group, Chaired by OCCG's Clinical Chair, ensures that actions adressing the recommendations continue to be taken forward. As part of this, a Benefits Advice workshop was held with partners from the county Citizen's Advice offices and District and City Council representatives. Some key outcomes were to map current service provision and highlight any gaps; identify a pathway for people entering and exiting the benefits system and highlight the need for commissioners to work together to maximise available funds. This work is still being taken forward.

A further recommendation from the report was to set up an Innovation Fund which voluntary and community sector groups can bid into for projects to address health inequalities. The Growth Board recommended that each of the district councils contributed to the fund and OCCG matched the funding. The fund has now been successfully launched in partnership with Oxfordshire Community Foundation, which, through its philanthropic root, can augment any funds. The first round of applications took place in October and three bids were accepted. These were for Aspire Oxfordshire for a Gym Bus to take sport and physical activity to disadvantaged women; Ark-T for creative programmes to enable people to learn how to raise their self-esteem and running after school clubs for teenage girls to develop art and design skills, which could lead to employment; Home Start Oxford for training, matching and supporting volunteers who befriend and offer practical support to families with under 5 year old children who may be vulnerable. Funding is for one year and the project outcomes will be reported to the Health Inequalities Commission Implementation Group.

3. Our Population in Oxfordshire
OCCG commissions health services for the Oxfordshire population which comprises the 5 council areas outlined below. The table summarises District and County-level population figures for Oxfordshire. Further details can be found here

	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%

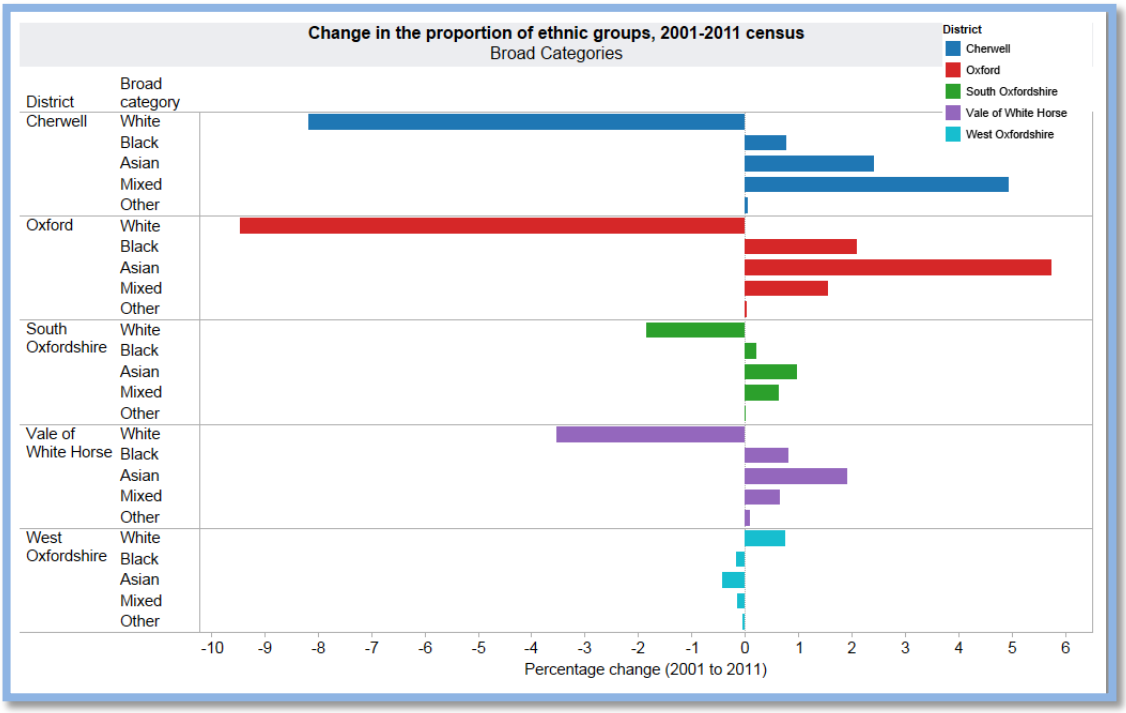
3.1 Age and life expectancy
Between mid- 2000 and mid-2015 the number of people aged 85 and over increased from 11,200 to 16,500, an increase of 47%.
Between 2015 and 2030, the number of people aged 85 and over is expected to increase by 92% in Oxfordshire overall and more than double in South Oxfordshire 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.

3.2 Ethnicity

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



3.3 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%.

3.4 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.

3.5 Pregnancy and Maternity

In the 2016 calendar year there were 7,757 live births to mothers living in Oxfordshire, which is a decrease from 2015 (7,893). In 2016, Oxfordshire had a higher proportion of births to older mothers than the national average, with 62% of births to mothers aged 30 and over. The proportion of births to mothers aged 30+ in England was 54%.

71% of births to residents of Oxfordshire in 2016 were to mothers born within the UK, the same as the national average. In Oxford city, this proportion was 49%, with 20% of births from mothers born in Europe (EU and non EU) and 18% to mothers born in the Middle East and Asia. Further details can be found here.

3.6 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%).

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 December 2018 701 people were accessing the specialist learning disability health service

3.7 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.

3.8 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.

3.9 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.

3.10 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).

4. OCCG Workforce Profile

4.1 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.

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 the Consult OD portal 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. 79% of staff have completed up to date training. For the remainder of staff, their training has lapsed and the Governance team is working with them to ensure their training is refreshed as soon as possible.

4.2 Staff Survey

The 2018 Staff Survey report highlights that 47% of OCCG staff completed the survey. This compares to 45.6% in 2017 and 56% in 2016. OCCG's Staff Partnership Forum has developed an action plan to address the themes identified within the report.
The report highlights the top five positive responses in green and the top five negative responses in red. These results exclude any free text responses and also questions relating to the Workforce Race Equality Standard (WRES).

Survey questions which are aimed at addressing the needs of staff from the nine protected characteristic 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. 56% of those who responded to the question agreed that the CCG does provide opportunities. A further question asks if staff have personally experienced discrimination either from patients, members of the public or fellow colleagues. Only 5 staff disclosed discrimination- two on grounds of gender, one on age and two preferred not to state. Despite relatively low numbers, OCCG still takes such statements seriously and through ongoing work with staff through the Staff Partnership Forum, will seek opportunities to address these issues.

5 Patient and Public Engagement

There are a number of approaches for reaching and engaging a wide range of patients and public in the work of OCCG. At Board level there is a lay member for Patient and Public Involvement (PPI) and as a voting member on the OOCG Board, their role is to ensure that public engagement and involvement are given due priority.

5.1 Talking Health

Talking Health is an online public engagement system on the OCCG website with more than 3,000 members who have registered to be informed and involved in OCCG's engagement activities. The content is constantly updated and the membership refreshed so that it continues to represent a wide range of interests and viewpoints. Members receive a regular engagement newsletter and surveys. Wider communication about engagement events and opportunities is hosted here.

5.2 Patient Participation Groups (PPGs)

Every GP practice is required to have a PPG. These are the foundation for the involvement of patients in primary care. More information about the role of PPGs is available here.

Six Locality Forums bring together representatives from PPGs across all GP practices in a locality and in some areas include members of the public from the wider community. The Chairs or representatives of these forums meet regularly with Board members and staff from OCCG.

Collectively, members of Talking Health, PPGs, Locality Forums and Equality Reference Group (ERG) members make up our 'informed audiences', and are our first point of contact before we engage more widely with people living in Oxfordshire.
OCCG endeavours to engage with diverse populations and ensure their comments and feedback are used positively.

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 2017/18, 85 refugees (20 families) have been welcomed into Oxfordshire. Some refugees have arrived who are from Sudan and Iraq as part of the Vulnerable Children's Resettlement Scheme. Support provided though the programme helps families settle and integrate into life in the UK. In Oxfordshire the resettlement process is led by District Councils, which 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 arrival. Some refugees have complex health needs related to previous experiences of conflict or persecution; difficult living conditions as refugees and pre-existing medical conditions, with poor access to medical care. Some refugees have serious medical conditions and are able to receive good medical care in the UK. Medical care is very limited in conflict situations and refugee camps.

Positive feedback has highlighted that refugees are extremely grateful for the medical care they receive. However, there continue to be language barriers to accessing services, and in some cases the provision of interpreter services has been poor. Letters are written only in English, which is problematic for Arabic speakers, especially as the script is different. These issues are being addressed in partnership with GP Practices, Oxford University Hospitals Trust and Connection Support, the organisation which supports the refugee resettlement.

6.2 Unaccompanied Asylum Seeking Children

OCCG supports a programme of work for unaccompanied asylum seeker children. These children are primarily supported by the Oxford University Hospitals NHS Trust (OUHT) Phoenix Team, where each individual child has a comprehensive health assessment and subsequent health action plan. The team oversees the coordination of assessments and quality, as well as ensuring prompt access to health services where needed. In addition, a new post has been created to provide additional mental health support- Child & Adolescent Mental Health Service (CAMHS) in the Young People's Housing Pathway- where some of the older Unaccompanied Asylum Seekers are often housed. The OCCG and CAMHS are working in partnership with Oxfordshire County Council and housing providers to ensure timely access to mental health support for this vulnerable group of children.

6.3 Learning Disabilities and Autism

People with learning disabilities and autism continue to experience health inequalities and are a priority for Oxfordshire CCG. 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 2018/19 the CCG supported the delivery of the following activities:

1. Demonstration of engagement activity with people with learning disabilities and their family carers, including people with additional protected characteristics: Ethnicity, Gender, Sexuality, Age, Religion and belief.

Oxfordshire Family Support Network (OxFSN), with support from OCCG and other partners, held a countywide event on 8 November at the Kassam stadium called “Better Together”. The aim of the event was to bring a representative group of people with lived experience (service users and family carers) together with commissioners and providers from health and social care. People with lived experience had previously been asked for their priorities, which were discussed at the event.

Education emerged as a key area for future focus. The outcome of the event will inform future learning disability work in Oxfordshire following the end of the Transforming Care Programme in March 2019.

2. Co-produced and endorsed transformation delivery plan

The original Transforming Care Programme (TCP) plan was co-produced. The future plan for Learning Disability (LD) work, post Transforming Care, will be similarly produced. The Better Together event was a major step forward in this work.

3. Co-production satisfaction surveys of people with learning disabilities and their family carers

This work is being led by Oxford Health Foundation Trust (specialist LD health provider) and Oxford University Hospitals NHS Trust and includes Oxfordshire County Council. It involves:

- A single county-wide quick turnaround feedback system for people with learning disability and their families similar to the NHS Friends and family Test;
- An annual primary, secondary, mental health and social care survey for people with learning disability and their families. This will be in easy read;
- Ongoing county wide engagement with people with learning disability and their families.

Work is ongoing and the surveys are due to launch in 2019/ 20

6.4 Looked After Children Services

The annual report on the health of Oxfordshire’s Looked After Children (LAC) provides a detailed review of the statutory health services provided to Oxfordshire’s Looked After Children from April 2017 to March 2018.

The aim is to provide assurance that the services commissioned are safe, effective, caring, responsive and well-led in identifying and meeting the health needs of the Looked After Children and are compliant with National Guidance.

6.5 Latent Tuberculosis Infection Project (LTBI)

The Latent Tuberculosis Infection project aims to identify areas of high risk individuals and establish appropriate methods to increase screening uptake. In Oxford City, with most of TB cases in Oxfordshire, the majority of cases are in people born outside the UK in high incidence countries. From 2012-2014 inclusive, 70 percent (75 cases) of TB cases in Oxford

City were in people born in countries with an incidence of TB ≥150 per 100,000 (generally South East Asia, in particular Timor-Leste/East Timor, Pakistan and India). Therefore, the project is aiming to establish links with the local East Timorese, Pakistani and Indian communities via local community leaders, as a way of gaining trust, raising awareness and increasing testing uptake and ultimately treatment of those identified with latent TB within these communities. Through engagement with local East Timorese/Pakistani/Indian communities, the project is working to identify community leaders; make contact with existing groups; and build knowledge of community needs and barriers to engagement with these under-served groups. A successful outcome of the project envisions increased testing, treatments and ultimately reduced risk to the general public and at risk communities, whilst building social capacity within these communities through the development of a network of TB champions who are willing to support and educate others with regard to LTBI and active TB.

7. Cogges Surgery

The CCG received notice in July 2018 that Cogges partners no longer wished to provide services at Cogges surgery. Following this, the main aim was to ensure the sustainable provision of a quality primary care service to the patients registered with the Practice. Throughout this process, OCCG worked with a stakeholder reference group which included some of the surgery's patients and Patient Participation Group (PPG) representatives. The CCG listened to their concerns and the reference group helped ensure appropriate communication to patients. Whilst researching a potential provider, Cogges partners requested that they cancelled their notice of termination of contract and following due process the surgery is now continuing to provide a primary care service, following an appropriate assessment by OCCG.

8. 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.