



Oxfordshire Clinical Commissioning Group
Board

Date of Meeting: 28 Jan 2016	Paper No: 16/11
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Title of Presentation: Annual Equality Publication 2015/16

Is this paper for (delete as appropriate)	Discussion ✓	Decision ✓	Information ✓
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Purpose and Executive Summary (if paper longer than 3 pages): Section 149 of the Equality Act (2010) requires organisations (Commissioners and Providers) to demonstrate compliance with the *Public Sector Equality Duty* (PSED) which places a statutory duty on organisations to address unlawful discrimination, advance equality of opportunity and foster good relations between people when carrying out their activities. Organisations including OCCG are required to:

- Publish information demonstrating compliance by 31 January every year.
- Publish information in a way which makes it easy for people to access it.
- Publish their Equality Objectives at least every four years.

This report is OCCG's Annual Equality Publication which details our equality and diversity work in 2015. The Publication details the process for the development of our OCCG 2016 – 2020 Equality Objectives in collaboration with the Equality Reference Group. Our ongoing work with staff via the Staff Partnership Forum and patients/public via the Equality Reference Group led to the publication of our first Equality Delivery System (EDS2) and the Workforce Race Equality System (WRES) reports. These serve as a crucial baseline for our action plan for next year.

Financial Implications of Paper: None
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Action Required: The Board is requested to approve the Annual Equality Publication.
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NHS Outcomes Framework Domains Supported (please delete tick as appropriate)	
✓	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
✓	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis completed (please delete tick and attach as appropriate)	Yes	No	Not applicable ✓
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Governance Manager	Deputy Clinical Chair and Localities Clinical Director. OCCG Board Lead for Equality and Diversity
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Annual Equality Publication

January 2016



North



North East



Oxford City



South East



South West



West

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Foreword

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

This report shows how we have met our equality duties and objectives and demonstrates progress against our commitment to promoting equality and reducing health inequalities. This report 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.

This year has seen good progress on equality and diversity. We published our first Workforce Race Equality Standard (WRES) report as well as our first Equality Delivery System (EDS2) summary report. The work behind consolidating the data for both reports in the standard NHS England template has been intensive but the findings have been extremely useful in setting a baseline for our work for next year. Another key development has been establishing a new template and approval processes for our Equality Analysis documents which play a key role in embedding equality and diversity in all our systems.

In order to deliver EDS2 we worked with the public and voluntary sector via the Equality Reference Group as well as with staff via the Staff Partnership Forum. Both groups verified our grades against the relevant EDS2 Goals by examining the evidence presented to them. Both WRES and EDS2 have helped us identify various areas of development that will be reflected in our Action Plan. We are delighted that our EDS2 exercise with the Equality Reference Group helped us develop our Equality Objectives for 2016 – 2020. We aim to continue working with this group to develop and monitor our Action Plan.

The feedback from the public and staff who participated in WRES and EDS2 helped us consider in more depth our key constraints and gaps, and ensure they are reflected in actions. We recognise that our major constraint is the paucity of self-reported data. As a result we plan to work with staff and patients (where we can) to promote awareness and improve self-reporting. We will be looking at breaking potential barriers and look into new ways of introducing better systems for reporting.

The work on WRES and EDS2 has also helped us connect with multiple stakeholders including our providers. We intend to continue our conversations with our providers to support them where we can and ensure that we embed equality and diversity in all our commissioning activities, going beyond the NHS Standard Contract.

We recognise that people in our community are the experts of their own conditions, their needs and the needs of the people they care for. We hope that through our regular consultations via the Patient Advisory Groups, *'Talking Health'* and more recently the Equality Reference Group, patients and people with protected characteristics feel empowered and are able to partner us towards improvement of services.



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

1. Compliance with the Public Sector Equality Duty (PSED)

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.”

Section 149 of the Equality Act (2010) requires us to demonstrate compliance with the “Public Sector Equality Duty” which places a statutory duty on OCCG to address unlawful discrimination, advance equality of opportunity and foster good relations between people when carrying out their activities. It covers leadership and governance, decision-making, policy development, budgeting, procurement and employment process.

The “Public Sector Equality Duty” (PSED) has two parts:

1. **The General Duty** to:

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

2. **The Specific Duty** to:

- Publish information to demonstrate compliance with the 3 aims of the Equality Duty by 31st 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.

1.1. **The 9 Protected Characteristics**

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:

- People living in poverty
- People who are geographically isolated
- Carers

1.2. The Equality Delivery System (EDS2)

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

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

As part of fulfilling our statutory duties and advancing equality and diversity within the organisation OCCG has worked towards:

OCCG's compliance with Public Sector Equality Duty (PSED)

Publishing our Equality and Diversity Report annually and submitting to OCCG Board.

Publishing the Equality Delivery System (EDS2) in NHS England template.

Publishing Equality Objectives 2012-2016 by working with the public and voluntary sector via the Equality Reference Group meetings.

Publishing Workforce Race Equality Standards (WRES) in the NHS England template.

Ensuring Equality Analysis is completed for all our projects and policies that are presented to OCCG Board.

Governance Arrangements - Equality and Diversity Representation in OCCG Board.

1.3. Making decisions in OCCG - Equality Analysis

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

Equality Analysis is a key process used by OCCG to evidence 'due regard' or consideration of the 9 protected groups in OCCG's planning and decisions. The process involves engaging with local stakeholders and involving local people in OCCG decision making.

- In 2015 OCCG used an external equality and diversity consultant and staff feedback to develop an Equality Analysis template. We also formalised our process around monitoring and approval of all Equality Analysis documents.
- Members of staff from different OCCG directorates with various roles and responsibilities attended the Equality Analysis training workshop that was delivered by an external equality and diversity consultant.
- Equality and Diversity refresher training for the OCCG Executive team comprising of our Chief Executive Officer and Directors; along with GPs and lay members is planned for February 2016.
- All OCCG Board (Public meeting) Front Sheets have a summary of the outcomes of the Equality Analysis. The OCCG Board (previously known as OCCG Governing Body) comprises of GP representatives, lay members, executive directors and representatives from Oxfordshire County Council (Public Health, Adult Social Care) and external Medical Specialist.
- All Clinical Ratification Group (CRG) meeting Front Sheets have a summary of the outcomes of the Equality Analysis. On behalf of the Board, the CRG assess, develop and approve all clinical guidelines (both treatment and referral), clinical policies, GP proformas, Patient Leaflets and Clinical Pathways.

Example of Equality Analysis conducted in 2015

1. Equality Analysis for Non-Emergency Patient Transport Service



The non-emergency Patient Transport Service is currently used by a wide range of patients, many of whom could travel by bus or car. The patient transport service costs the NHS in Oxfordshire over £3,700,000 a year and in the last financial year OCCG spent approximately £380,000 of this on patients who were able to use 'walk on' transport. These patients are defined as those that travel by car and need no assistance in

getting in and out of a vehicle and who are typically transported by the equivalent of a family car or minibus.

An Equality Analysis was conducted on the proposal to make changes to the eligibility criteria for non-emergency patient transport services in Oxfordshire. These changes will ensure that the eligibility criteria can be more evenly applied, to reduce the variances and a more robust assessment process to ensure that those patients most in need of transport are provided this service.

Link to the full Equality Analysis report:

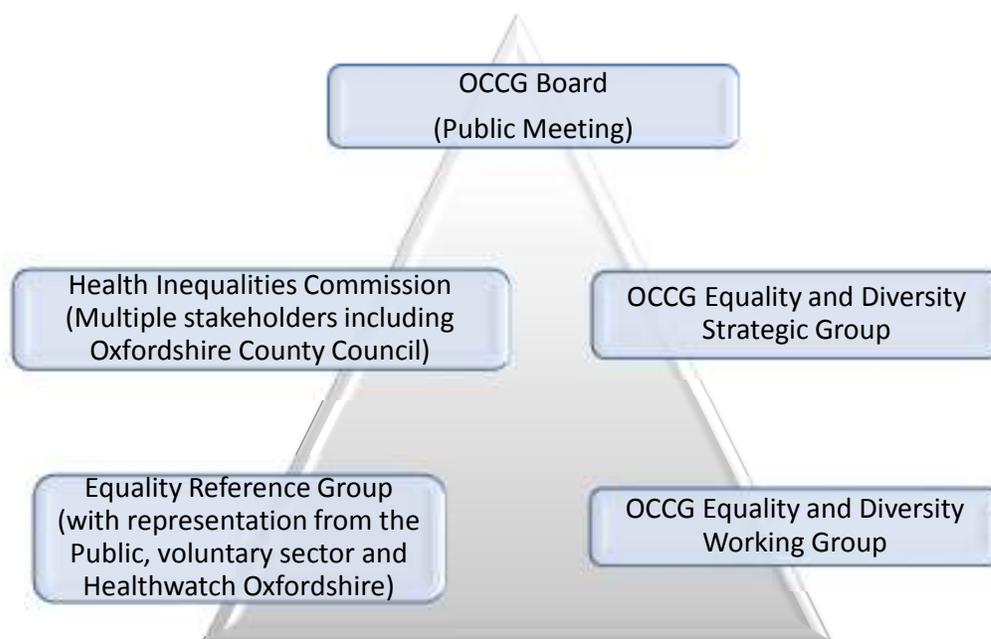
<http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2014/12/PTS-Equality-Analysis.pdf>

Non-Emergency Patient Transport Services:

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

1.4. Equality and Diversity work assurance – our Governance

Our governance structures are intended to assure the OCCG Board that all decisions we take have 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.



1. Front sheets of all papers to **OCCG Board** require a completed 'Equality Analysis' report and an outcome summary where appropriate. This has been embedded in all templates for Board papers. Any issues in the Equality Analysis summary are scrutinised by members of the Board.

All Board Papers can be found on our OCCG website:

<http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings/>

2. The **Equality and Diversity Strategic Group** develops and implements OCCG's strategy for equality and diversity, as well as oversees our compliance against statutory duties and regulations.

Two members of the Equality and Diversity Strategic Group present equality and diversity related updates as well as our Annual Publication to the OCCG Board. The Strategic Group also approve OCCG Equality and Diversity Objectives and the Action Plan that sets out our plans for further development and improvement in a number of key areas.

In 2015 the Strategic Group approved and oversaw the timely submission of our first Workforce Race Equality Report (WRES) to NHS England as well as the implementation of the Equality Delivery System (EDS2).

3. The **Equality and Diversity Working Group** reports to the Equality and Diversity Strategic Group. The Working Group implements actions and objectives as agreed in the Strategic Group.

The Working Group has representation from all OCCG directorates and ensures that equality and diversity are 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 have a designated Equality and Access team who ensure that OCCG provide training and support to staff members for conducting equality analysis on all project plans, policies and business proposals. The team supports commissioners to engage with seldom heard/diverse groups.

2. The **Equality Reference Group** works with patients, voluntary sector and stakeholders like Healthwatch Oxfordshire to address any equality and diversity issues in relation to patients and services.

In 2015 OCCG worked closely with this group who helped us verify our EDS2 grades against Goals 1 and 2 which were related to patients and services. This process led to the development of our OCCG Equality Objectives for 2016-2020 in partnership with the Equality Reference Group.

OCCG will continue to work with the Equality Reference Group to develop our Action Plan as a result of the EDS2 exercise from this year.

3. **The Health Inequalities Commission** was set up in November 2015, with ongoing support from the Health Inequalities Commission Support Group. A series of 'evidence briefings' are being planned, for the voluntary and community sector to present their evidence on health inequalities. The Commission comprises of multiple stakeholders including local Councillors and the voluntary sector, to address the issues around health inequalities specifically. In its 5 year strategy, OCCG has committed to working with statutory and voluntary sector partners to tackle health inequalities in Oxfordshire.

It is also a requirement of the Health and Social Care Act 2012, that CCGs must, in the exercise of their functions, have regard to the need to: (a) reduce inequalities between patients with respect to their ability to access health services, and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

This commission was set up in July 2015 and has now appointed an independent chair to take forward the work around inequalities of access and outcome in Oxfordshire. The Commission is tasked to report on research findings in relation to addressing health inequalities which will be presented to the Health and Wellbeing Board and Oxfordshire partners (statutory, voluntary and community organisations).

1.5. OCCG Equality Objectives 2016 - 2020

Our work around EDS2 and WRES in 2015/2016 has led to the development of OCCG's Equality Objectives for 2016-2020.

Working with the Equality Reference Group

OCCG worked with the Equality Reference Group to verify our EDS2 grades for Goals 1 and 2 that relate to patients and health outcomes. Over the course of the meetings OCCG along with members of the Equality Reference Group identified key actions and barriers to the achievement of the two Goals and related outcomes listed in EDS2.

Actions were developed to ensure progress on both Goals and related outcomes for the next 4 years. This process led to the development of our OCCG Equality Objectives for 2016 – 2020 in collaboration with the Equality Reference Group.

The following Objectives were then taken to the OCCG Equality and Diversity Working Group and Strategic Group for approval.

OCCG's Equality Objectives for 2016 - 2020:

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.

1.6. NHS Standard Contract 2015 - 16

OCCG use the NHS Standard Contract which contains the following service conditions:
<https://www.england.nhs.uk/nhs-standard-contract/15-16/>

Service Condition 13: Equity of Access, Equality and Non-Discrimination:

13.1 The Parties must not discriminate between or against Service Users, Carers or Legal Guardians on the grounds of age, disability, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, gender

reassignment, or any other non-medical characteristics, except as permitted by the Law (All providers).

13.2 The Provider must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak, read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result (All providers).

13.3 In performing its obligations under this Contract the Provider must comply with the obligations contained in section 149 of the Equality Act 2010 and section 6 of the Human Rights Act 1998. If the Provider is not a public authority for the purposes of those sections it must comply with them as if it were (All providers).

13.4 In consultation with the Co-ordinating Commissioner, and on reasonable request, the Provider must provide a plan or plans setting out how it will comply with its obligations under SC13.3. If the Provider has already produced such a plan in order to comply with the Law, the Provider may submit that plan to the Co-ordinating Commissioner in order to comply with this SC13.4 (All providers).

13.5 The Provider must:

13.5.1 Implement EDS2 (NHS Trusts/ Foundation Trusts only).

13.5.2 Implement the National Workforce Race Equality Standard and submit an annual report to the Co-ordinating Commissioner on its progress in implementing that standard (All but not small providers).

For the purposes of the contract, a 'small provider' is defined as a provider 'whose aggregate annual income for the relevant Contract Year in respect of services provided to any NHS commissioners commissioned under any contract based on the NHS Standard Contract is not expected to exceed £200,000'.

We believe that our compliance with the PSED is very much dependent on how we commission services; and how our providers comply with their equality duty. It is also important that any sub-contractors are compliant with the equality duties.

For example Outcomes Based Contracting for Mental Health has a main contract with Oxford Health NHS Foundation Trust, on behalf of the Oxford Mental Health Partnership which includes voluntary organisations like Oxfordshire Mind, Response, Restore, Connection Floating Support and Elmore.

Examples of our key provider's compliance with the NHS Standard Contract:

Oxford University Hospitals NHS Foundation Trust (OUHFT)

- Publish WRES in NHS England template.
- Adopt and implement EDS2 and publish in NHS England template.
- Publish Equality Objectives.
- Publish Annual Equality Information.

Oxford Health NHS Foundation Trust (OHFT)

- Publish WRES in NHS England template.
- Adopt and implement EDS2 and publish in NHS England template.
- Publish Equality Objectives.
- Publish Annual Equality Information.

JSNA and OCCG Commissioning Activity

The Joint Strategic Needs Assessment (JSNA)¹ contains information about people in Oxfordshire, which helps us understand their health and wellbeing needs. OCCG and Oxfordshire County Council use the JSNA to work together to understand the future health, care and wellbeing needs of their community.



OCCG commissioning activity in the financial years 2014/15 and 2015/16 reflected the priorities set out in the JSNA, patient experience and GP feedback and evidence provided to OCCG by the NHS England.

The focus on equalities section of our JSNA gives headline figures for each of the 9 protected characteristic groups. The 2011 Census highlighted the increasing diversity of Oxfordshire's population. Equality Analysis for new policies, projects and proposed service changes help to ensure that the diverse needs of these individuals and communities are considered and met.

http://insight.oxfordshire.gov.uk/cms/system/files/documents/RINews_Nov14_FINAL.pdf

2. Our Population in Oxfordshire²

¹ JSNA Annual Report 2014 [http://insight.oxfordshire.gov.uk/cms/system/files/documents/Final%20JSNA%20-%20Corrected%20\(Nov%202014\)%20to%20upload.pdf](http://insight.oxfordshire.gov.uk/cms/system/files/documents/Final%20JSNA%20-%20Corrected%20(Nov%202014)%20to%20upload.pdf)

² Joint Strategic Needs Assessment Annual Report 2014

OCCG commissions health services for the Oxfordshire community which comprises of the below 5 council areas. The table below summarises District and County-level population figures for Oxfordshire³:

	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%

Age and life expectancy

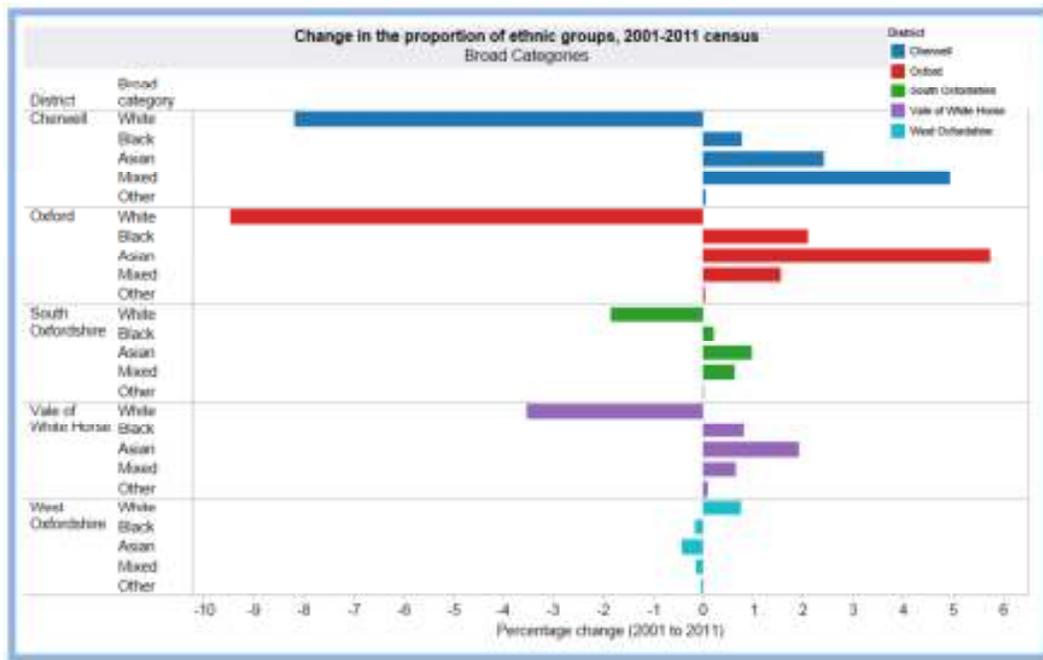


Oxfordshire’s population has aged since the 2001 Census, due to older age groups experiencing greater growth than younger groups. The 65-and-over population grew by 18% from 2001 to 2011, while the number of people aged 85 and over increased by 30%.

In Oxfordshire life expectancy for a person born in 2013 was above the national average at 80.3 for males and 84.1 for females

Ethnicity

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



Religion

³ Office For National Statistics, 2011 Census (July 2012)



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%.

Sexual orientation

The proportion of people identifying as gay, lesbian, bisexual, or other was 1.6% in the South East, against a figure for England of 1.9%.

Disability

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



There are around 11,000 adults with a **learning disability** living in Oxfordshire today. The Big Plan: Oxfordshire's Learning Disability Strategy 2015 - 2018, sets out Oxfordshire County Council and Oxfordshire Clinical Commissioning Group's vision for all adults with learning disabilities in Oxfordshire.

Mental Health⁴

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.

Carers



The 2011 Census suggests that 9.4% of the Oxfordshire population provide some level of informal care to a relative or friend. This equates to approximately 60,000 people, of whom 72% provided between 1 and 19 hours of care per week, 10% provided between 20 and 49 hours, and 18% provided more than 50 hours.

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.

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 Director of Public Health for Oxfordshire Annual Report May 2013
https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/publichealth/PH_AR_2013-14.pdf

3. OCCG Workforce profile

3.1. Workforce Race Equality Standard (WRES) Report

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

Following the introduction of WRES in 2015 OCCG submitted its first WRES return to NHS England in July 2015 (using the data from 2014/15).



The WRES report sets out the OCCG performance information against 9 mandatory WRES metrics. The metrics cover the workforce profile and board composition, by ethnicity. OCCG is now working towards collecting data that will make it possible to fully compare all 9 metrics in 2016.

OCCG is a relatively small employer where 23 out of 109 members of staff in the 2014 survey had 'not stated' their ethnic origin. Therefore the figures may not be completely representative of the workforce. We recognise that staff have the right not to disclose these details, but OCCG will strive to increase self-reporting of all protected characteristics.

In terms of recruitment it is important to note that OCCG have a Recruitment and Selection policy and use NHS jobs for applications. Applications are shortlisted anonymously, thus removing any potential for discrimination at shortlisting stage, and shortlisting is completed against competencies/experience in person specification.

OCCG is currently undertaking further steps to address this imbalance by reviewing where we advertise jobs, reviewing job specifications and looking at access to non-mandatory training for Black Minority Ethnic (BME) staff. We will seek to benchmark against other organisations to assess progress/relative position.

OCCG plans to review our job descriptions and person specifications to ensure they are non-discriminatory. OCCG has already introduced a values based appraisal and is working towards introducing values based recruitment which will look into recruiting people with the right skills, competencies and organisational values.

In the current WRES report we have highlighted areas where we will consider how to collect further data to comply with all the metrics by July 2016. Specifically metrics 5 - 8 which are derived from the National Staff Survey (which OCCG currently do not participate in) can be built into local staff surveys.

Link to full OCCG WRES report for 2014/15: <http://www.oxfordshireccg.nhs.uk/about-us/equality-diversity-human-rights/nhs-workforce-race-equality-standard-wres/>

3.2. OCCG Staff Mandatory training

With regards to statutory and mandatory training, OCCG has now put systems in place to ensure that this data is recorded in an acceptable format so that it can be monitored properly. The table below sets out the core statutory and mandatory training requirements for all staff.

OCCG Statutory and Mandatory training for All staff	Frequency
Fire Safety	Every 2 years
Moving and Handling	Every 2 years
Information Governance	Annually
Health, Safety and Welfare	3 yearly
Equality, Diversity and Human Rights	3 yearly
Safeguarding Children, Level 1	3 yearly
Safeguarding Adults, Part A	3 yearly
Conflict Resolution	3 yearly

This online training course is provided through *Skills for Health* and the Sector Skills Council for the whole UK health sector, licensed by Government.

The course is tailor made for healthcare staff and is aimed to improve 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.

3.3. Equality Analysis training for Staff

A day's training on Equality Analysis was provided by an external consultant to members of staff from all OCCG directorates and with diverse roles and responsibilities.

The one-day session explored the legislative framework placing a statutory duty to positively promote equality. The requirements of each of the Public Sector Equality Duties (PSED) were explained along with:

- The link between the statutory duties and the requirement to perform Equality Analysis.
- The requirements of the statutory duties and the link to overall CCG organisational strategy.
- Common failings and items often exposed during audits.
- The link between the statutory duties with internal and external matters. For example, employment, provision of care, commissioning, outsourcing and contracting.

The key focus was on exploring and understanding how Equality Analysis will help OCCG to:

- Improve service delivery outcomes.
- Enhance policy developments.
- Facilitate the delivery of Equality and Diversity Objectives.
- Identify hidden and indirect disadvantage in OCCG activities.

The practical part of the training engaged staff to examine six example scenarios based on other NHS activities and use their Equality Analysis understanding to perform an initial screening to identify potential impacts (adverse, positive and neutral).

This was followed by an exercise on conducting an Equality Analysis on a policy provided by the consultant and an electronic quiz to test staff understanding and clarity on Equality Analysis from the session.

Staff felt positive and empowered after the sessions and OCCG used their staff and the consultant's feedback to update our current OCCG Equality Analysis template making it more user friendly and attaching guidance notes for staff to refer back to.

4. Public and Patient Engagement



It is a challenge to ensure we engage with diverse groups and all 9 protected characteristics within our community and population. OCCG endeavours to engage with diverse populations and ensure their comments and feedback are used positively.

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

- Online/Form based consultations:
 - Patient surveys and opinions
 - Comment on an NHS service through NHS choices
 - Friends and Family Test
- Through our patient services and OCCG Equality and Access team
- Meetings
 - OCCG Board meetings
 - Equality Reference Group meetings
 - Patient Advisory Groups (PAG)
 - Patient and Public Group (PPG) Forum in Localities
 - Patient/carer representation in Commissioning Board meetings
- Via reporting
 - Patient stories in Board meetings
 - Equality Analysis in Board papers
 - Equality Analysis reports.
 - 6 monthly engagement reports from NHS South Central and West Commissioning Support Unit (SCWCSU)
 - Consultation feedback reports on OCCG website
 - Papers to the PPG Locality chair
- Policies
 - Oxfordshire Patient Choice Equity and Fair Access policy
- In partnership with other organisations
 - With Oxfordshire County Council (OCC) in 'The Big Plan'
 - Carers Strategy with OCC and Carers organisations
 - Systems Leadership

Online Consultations

- OCCG in partnership with NHS South Central and West Commissioning Support Unit (SCWCSU) promotes equality and diversity information and liaison with members of the public via **Talking Health – our online consultation tool**. <http://www.oxfordshireccg.nhs.uk/get-involved/talking-health/>



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

Reporting at OCCG's Board meeting

- The Board meets every two months - Patients and the public are invited to submit a question beforehand to oxon.gpc@nhs.net and/or attend.
- The Quality and Performance Report is also submitted to each Board meeting. <http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/07/Paper-15.66-Quality-and-Performance-Report1.pdf>
- Friends & Family Test is reported to the Board via the Quality and Performance Report. <http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings/>

Public consultation and multi-stakeholder engagements

- **Big Plan Engagement** - In the plan, drafted by Oxfordshire County Council and Oxfordshire Clinical Commissioning Group, we set out proposals for how services for adults with learning disabilities could be provided in Oxfordshire. <https://consult.oxfordshireccg.nhs.uk/consult.ti/TheBigPlan/consultationHome>
- Better access to GP services helped by a successful funding award from the **Prime Minister's Challenge Fund**. <http://www.oxfordshireccg.nhs.uk/news-and-media/newsletter/occg-connect-may-2015/funding-to-help-improve-gps-services-in-oxfordshire/>
- **The Oxfordshire Mental Health Partnership** - This brings together six mental health organisations from the NHS and charity sector in the county who have signed up to work more closely together, to make it easier for people with mental health problems to get the best possible support when they need it.
- **Community Integrated Locality Teams** - one county model, delivered from locality bases to manage patients efficiently, by neighbourhood teams, supporting between 4 and 6 GP practices.
- **Systems Leadership** - this programme brings together local and national government, the NHS, social care, public health, the voluntary sector, user-led groups, the private sector and leadership specialists. Everyone involved in the

programme has one shared purpose: to improve services by removing barriers between sectors and organisations.

- **Townlands Hospital consultation** - The consultation topic included Young people, Families, Older people, Carers, Mental health, Physical disabilities, Learning disabilities, Autism / Aspergers, Cancer, Cardiac, Stroke, Pharmacy, GP services, Public health issues e.g. smoking, weight management, Women's health issues. <https://consult.oxfordshireccg.nhs.uk/consult.ti/Townlands/consultationHome>

Patient representation in Project Boards:

- **Patient representatives for planned care sit on Project Boards** - Patient Reference Groups for Musculoskeletal services, Ophthalmology (Service re-design Equality Analysis also discussed by the Equality Reference Group), Bladder & Bowel.
- **Dementia Engagement** - Carer representative sits on the Dementia Board. Patient Empowerment Forum led by Guideposts Trust assist with developing and re-designing services. Patients with dementia participated in a Locality meeting.
- **Better Mental Health in Oxfordshire** - Looking to develop a self- led Service user Group.

Meetings with Public and Patients:

- **Patient /Public Locality Forums** - Each of the six Localities across Oxfordshire has a Patient/Public Forum to involve patients and the public in decision making. Each GP practice has a patient group and sends a representative to the Forum along with the Practice Manager where possible and other organisations representing members of the Public also attend. OCCG has plans to make stronger links between the Equality Reference Group and the Locality Forums. <http://www.oxfordshireccg.nhs.uk/get-involved/patient-participation-groups/>
- **Patient Advisory Groups (PAGs)** - Patient Advisory groups advise on specific health specialities. Efforts are made to include people from equality groups e.g. planned care service re-designs assisted by Equality and Access team. <https://consult.oxfordshireccg.nhs.uk/consult.ti/PAGs/consultationHome>

Policies

- **Oxfordshire Patient Choice Equity and Fair Access policy.** <http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/05/Paper-15.54-Patient-Choice-Equity-Fair-Access-Policy.pdf>

5. Equality Delivery System (EDS2)



5.1. Goal 1: Better Health Outcomes (Outcomes 1.1- 1.5)

Goal 1 and Goal 2 were discussed and graded at the Equality Reference Group with patients, Healthwatch Oxfordshire and voluntary sector. The group evaluated the scores on the basis of the evidence presented by OCCG against each of the 5 outcomes of Goal 1.

Key evidence for Goal 1 that was evaluated in the forum included:

- OCCG 5 Year Strategic Plan and Strategy.
- OCCG uses the NHS Standard Contracts for all our clinical services contracts which eliminate discrimination, harassment and victimisation and ensure all providers implement EDS2 and WRES.
<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/04/NHS-Standard-Contract-2015-16-Technical-Guidance.pdf>
- Policies and statements such as the OCCG Lavender Statements, Safeguarding Policy and Whistleblowing Policy.
- Stakeholder engagement evidence e.g. Interpreting Services, Learning Disability Strategy.
- OCCG Clinical Assurance Framework Report submitted to the Quality Committee, one of the sub-committees to our OCCG Board.
- Serious Incidents Requiring Investigation (SIRI's): When a serious incident occurs with one of our providers, they are required to report it to us. OCCG then ensure an investigation is undertaken by the provider that meets national and contractual timescales. The investigation is reviewed by OCCG to ensure all lessons are learned and a plan is put in place to prevent reoccurrence. Information on how these incidents are disclosed and managed is available in OCCGs Governance Statement.
- Datix: OCCG uses an effective web-based infrastructure to manage clinical incidents and risks across the organisation. Datix acts as a central repository for storing incidents and information relating to the NHS 111 service in the county.

Constraints for Goal 1:

Although OCCG produced considerable documentation highlighting some good practice around consultation, engagement and outreach; the evidence did not specifically cover the 9 protected characteristic groups.

Another difficulty with grading both Goals 1 and Goal 2 was that some outcomes were for provider organisations and were beyond the direct remit of a commissioning organisation.

Overall Action for Goal 1:

- Improving the quality and monitoring of the Equality Analysis. OCCG have recently trained staff on Equality Analysis.
- Work with the Equality Reference Group towards developing our Action Plan.
- Ensuring data sharing protocol is instigated between various organisations by designing a mechanism to capture evidence on engagements.

Overall for Goal 1, all outcomes are listed as Developing. OCCG will use the current baseline to improve next year.

Goal	No	Outcomes for Goal 1	OCCG Grade
Goal 1: Better Health Outcomes	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities.	<input type="radio"/> Undeveloped <input checked="" type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways.	<input type="radio"/> Undeveloped <input checked="" type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.	<input type="radio"/> Undeveloped <input checked="" type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.	<input type="radio"/> Undeveloped <input checked="" type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling
	1.5	Screening, vaccination and other health promotion services reach and benefit all local Communities.	<input type="radio"/> Undeveloped <input checked="" type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling

5.2. Goal 2: Improved Patient Access and Experience (Outcomes 2.1 – 2.4)

Goal 2 was discussed and graded at the Equality Reference Group with patients, Healthwatch Oxfordshire and voluntary sector. The members of the group evaluated the scores on the basis of the evidence produced against each of the 4 outcomes in Goal 2.

Key evidence for Goal 2 that were evaluated in the Equality Reference Group included:

- Patient Stories are read at the beginning of each OCCG Board meeting.
- Patient Experience Reports are presented to the OCCG Board. Link to Board papers: <http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings/>
- Interpreter services re-commissioned and 'Your Health Your NHS' leaflets translated into 10 languages.
- Setting up the Oxfordshire Health Inequalities Commission with multiple stakeholders and an independent chair. The findings of this Commission will be presented to the Health and Wellbeing Board and Oxfordshire partners (statutory, voluntary and community organisations).
- Guidance and Ethical Framework for Individual Funding Requests (IFRs).
- Oxfordshire Patient Choice Equity and Fair Access Policy.
- Terms of Reference for Equality Reference Group and Patient Advisory Groups.
- The Friends and Family Test.
<http://www.nhs.uk/NHSEngland/AboutNHSservices/Pages/nhs-friends-and-family-test.aspx>
- Monitoring performance of our provider organisations through Quality Reports presented to the Quality Committee and OCCG Board.
- Examples of commissioning and service resign with patient participation.
- Working in partnership with Oxfordshire Children's Safeguarding Board.

Constraints for Goal 2:

There is limited local data on some protected groups. National data sets are often not disaggregated. The major constraint is that few people who access services complete equality data monitoring forms. Also the Equality data monitoring forms used are variable and do not cover all protected characteristics.

Overall Actions for Goal 2:

- Ensure a consistent approach to equality monitoring data is used for patient services, complaints and feedback; and that this is used as part of the analysis of results.
- Gain better insight and understanding of the nature of complaints and Serious Incidents Requiring Investigation (SIRI's) and quality concerns by protected groups. Conduct a data analysis from an equality perspective to pick up trends if any.
- Improve engagement and involvement of diverse communities. Continue to widen the membership and capacity of the Equality Reference Group and ensure that it is linked to other mainstream engagements, especially in localities.
- Improve understanding of barriers to accessing services for the diverse protected groups and vulnerable/socially excluded groups.
- Improve access to services for equality target groups by ensuring that appropriate questions are embedded within the commissioning/procurement cycle at all stages.
- Ensure the Mental Capacity Act (MCA) 2005 is given a high profile and priority within OCCG especially as part of tendering and contract award. Also that

ongoing compliance is monitored in detail through performance review and quality monitoring processes.

Overall for Goal 2 two outcomes are Achieving and two are Developing; mainly due to lack of evidence on the quality of engagement with patient groups; as well as the breadth of understanding of representation.

Goal	No	Outcomes for Goal 2	Grade
Goal 2: Improved patient access and experience	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.	<input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care.	<input type="radio"/> Undeveloped <input checked="" type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling
	2.3	People report positive experiences of the NHS.	<input type="radio"/> Undeveloped <input checked="" type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling
	2.4	People's complaints about services are handled respectfully and efficiently.	<input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling

5.3. Goal 3: Representative and Supported Workforce (Outcomes 3.1 – 3.6)

Goal 3 and Goal 4 were discussed and graded at our Staff Partnership Forum. This was graded on the basis of evidences submitted against each of the 6 outcomes in Goal 3.

The Staff Partnership Forum aims to provide regular discussions between OCCG Senior Management and staff on issues of mutual interest or concern; and supports policy development, and improvements for staff working conditions.

Key evidence for Goal 3 that were evaluated in the Staff Partnership Forum included:

- Staff Survey results and OCCG WRES report.
- OCCG Policies including:
 - Harassment and Bullying Policy
 - Whistleblowing Policy
 - Career Break Policy
 - Training and Development Policy
 - Leave Policies (Maternity, Paternity, Adoption, Shared parental)
 - Recruitment and Selection Policy and processes.
- NHS Employment, Agenda for Change terms and conditions.
- 2015-16 Mandatory Skills Training Framework.
- Development of Values Based Appraisal with staff at the Oxfordshire CCG Organisational Development Steering Group – This Group is involved with implementing and reviewing projects that support OCCG in the achievement of its strategy.

Constraints for Goal 3:

After having undergone a data cleanse exercise this year to encourage staff towards self-reporting, we recognise that our key constraint is incomplete data as many staff choose not to disclose/complete against all protected characteristics.

Overall Actions for Goal 3:

- Improving completeness of data reporting by staff. OCCG is currently working with staff members towards improving awareness of the rationale of collecting this information and explaining how the data is used.
- Review the effectiveness, satisfaction with, and impact of policies.
- Evaluating staff needs and barriers to accessing training, promoting relevant training opportunities to all members of staff and monitoring uptake of training.
- Systemising the OCCG induction process to ensure that staff receive appropriate introduction and the NHS values and expectations around equality and diversity are fully understood.
- Improving response rate and type of data collection in staff survey.

Overall outcomes are listed as Developing or Achieving; except for Outcome 3.2 that relates to equal pay audits which is undeveloped. OCCG uses Agenda for Change which is a nationally set pay scale. OCCG believe that there is low risk of inequality at present and an equal pay audit would take considerable OCCG resources.

Goal	No	Outcomes for Goal 3	Grade
Goal 3: A representative and supported workforce	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.	<input type="radio"/> Undeveloped <input checked="" type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling
	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.	<input checked="" type="radio"/> Undeveloped <input type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling
	3.3	Training and development opportunities are taken up and positively evaluated by all staff.	<input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source.	<input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.	<input type="radio"/> Undeveloped <input checked="" type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling
	3.6	Staff report positive experiences of their membership of the workforce.	<input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling

5.4. Goal 4: Inclusive Leadership (Outcomes 4.1 – 4.3)

Goal 4 was evaluated and graded at the Staff Partnership Forum for all the 3 outcomes.

Oxfordshire CCG has good evidence to demonstrate that we are achieving outcome 4.1 in Goal 4, that is Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation.

Key evidence for Goal 4 that were evaluated in the Staff Partnership Forum included:

- Two of our board members namely the Deputy Clinical Chair and the Director of Governance are both members of the Board as well as members of the Equality and Diversity Strategic Group.
- The portfolio of our Director of Governance includes Human Resources.
- All papers submitted to our OCCG Board have a mandatory cover sheet that includes a summary of the Equality Analysis for all papers.

Constraints for Goal 4:

Our key gap has been collecting information on certain protected characteristics. A strategy needs to be developed at a senior/board level which looks into addressing barriers and develop better communication mechanisms to encourage patients/members of staff to report on all protected characteristics.

OCCG have held a data cleanse exercise to help people update their information; however we recognise that better communication is needed around self-reporting culture to cover all characteristics.

Overall Actions for Goal 4:

- Further Equality Analysis training and quality assurance of Equality Analysis.
- Improve representation from all protected characteristics during consultations and public forums. OCCG will be looking at ways in which to broaden and be more inclusive of protected groups in its area so that their voice is heard.
- Equality and Diversity online training – improving and maintaining training compliance at the right level.
- Improving self-reporting so that members of staff feel confident in sharing cultural concerns or any related issues with line managers. Also that all managers know how to better support their staff to work in culturally competent ways within a work environment free from discrimination.

For Goal 4, OCCG are either Achieving or Developing. Like other Goals the policies and structures are in place and the forward action is to monitor them.

One of our key actions is around quality assurance of the Equality Analysis conducted for projects and policies.

Goal	No	Outcomes for Goal 4	Grade
Goal 4: Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.	<input type="radio"/> Undeveloped <input type="radio"/> Developing <input checked="" type="radio"/> Achieving <input type="radio"/> Excelling
	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.	<input type="radio"/> Undeveloped <input checked="" type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.	<input type="radio"/> Undeveloped <input checked="" type="radio"/> Developing <input type="radio"/> Achieving <input type="radio"/> Excelling

6. Conclusion

2015 was an important year for equality and diversity during which OCCG published both EDS2 and WRES reports for the first time. Both reports required a lot of work on data collection and consolidation, evidence evaluation and a series of public engagements. This year's work has led to the development of a detailed action plan and our OCCG Equality Objectives for 2016-2020. It has also provided us with a baseline to work against for next year.

OCCG will continue to work in partnership with staff and the public to ensure that we truly embed equality and diversity in all our activities. We have already started to work with our providers to ensure that they deliver as per the NHS Standard Contract and will continue to monitor and support them on EDS2 and WRES. As an organisation, we are going to engage more with people who represent the 9 protected characteristics and other vulnerable people via the Equality Reference Group and other OCCG patient groups. Another key area of work is to ensure that we collate feedback from all public consultations in a manner that can be evaluated for outcome. We will be working more closely within our OCCG directorates to quality assure ourselves of the Equality Analysis that is conducted for all business plans, commissioning, service redesign and policies.

OCCG recognises that there are some areas of developmental need especially in relation to data collection and self-reporting. The EDS2 evidence presented for next year will be planned so that OCCG is able to record its achievements and evidence in a manner so as to meet the expectations of the Equality Reference Group and the Staff Partnership Forum within the NHS England standard template.

Overall, OCCG is encouraged by the positive outcome from our first EDS2 grading by the Staff Partnership Forum and the Equality Reference Group. We are committed to continuous development against all four EDS2 Goals.

OCCG thank all our patient and public partners for their time, input and expertise in supporting our equality and diversity objectives.

