Equality, Diversity and Human Rights  
– a vision and objectives for Oxfordshire Clinical Commissioning Group (OCCG)

Engagement Report

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1. Introduction

This document is a report following a period of public engagement with stakeholders across Oxfordshire on the objectives and vision for Oxfordshire Clinical Commissioning Group (OCCG) on equality, diversity and human rights.

2. Executive summary

2.1 Purpose of the public engagement

Oxfordshire Clinical Commissioning Group (OCCG) carried out a period of engagement from 4th December to the 15th March 2013 on the objectives and vision for Oxfordshire Clinical Commissioning Group (OCCG) on equality, diversity and human rights.

The Primary Care Trust came to an end on 31 March 2013. Moving forwards, OCCG is now continuing to use the Equality Delivery System (EDS) to draw up its Equality, Diversity and Human Rights objectives and vision. OCCG carried out this engagement with stakeholders across Oxfordshire to ensure that the objectives initially identified by the Primary Care Trust following a consultation in January 2012 are the right ones to be carried forward by the new Clinical Commissioning Group from April 2013.

2.2 Process & Methodology

A number of engagement methods were used to support this period of engagement.

- Online engagement methods on the OCCG Talking Health website were used, including an online survey on the equality and diversity objectives and mission
- Direct feedback via email, phone, or freepost
- A workshop hosted by My Life, My Choice was held for people with learning disabilities to discuss equality, diversity and human rights and how this relates to health services in Oxfordshire
- Face-to-face discussions on equality and diversity issues e.g. at the Public Involvement Network (PIN) core group meetings and on a one-to-one basis with specific individuals
2.3 Key Findings

Overall a good range of responses were received to the engagement activity, particularly considering that this topic was consulted on only one year ago and that the purpose of this engagement activity was to simply check that those results received a year ago are still appropriate for the new Oxfordshire Clinical Commissioning Group as we move forwards.

Overall the survey responses were positive and supportive of the proposed vision and objectives for Equality, Diversity and Human Rights. The key themes that emerged from the engagement activity were:

- **Simplify the language used in the objectives and vision**
  There were lots of comments and suggestion from respondents to the survey about how the vision and objectives could be re-phrased to make them clearer and easier to understand. E.g. The terms Equality Delivery System, protected characteristics and other acronyms all required further explanation.

- **Confusion related to the protected characteristics**
  There was confusion about the terminology ‘protected characteristics’ and why this includes the names of certain groups of people and not others. E.g. why is maternity included but not a specific reference to physical or learning disabilities or mental health.

- **Improve communication with/for patients and suggestions on how to do this**
  The issues raised included greater consideration of communication needs and communication aids and the impact this can have e.g. for the sensory impaired, for people with learning disabilities and those with Motor Neurone Disease (MND). Suggestions covered communication in leaflets; face-to-face communication with GPs and patients and specific communication aids/equipment.

- **Include reference to specific groups in the equality and diversity objectives**
  Additional objectives that were suggested by respondents focused on adding reference to additional groups – particularly those that are either very dependent on health services and support, or who rarely access health services E.g. Dementia, learning disabilities, mental health, the homeless and traveller communities

- **The importance of Carers**
  The need for NHS staff and OCCG to fully understand the role the Carer plays in supporting a person, to involve the Carer more and the need for more support for young Carers.

- **The importance of equality and consistency in services and care for Older People**
  This included equality of voice for older people and for consistent, good quality care for older people across health services with equal and fair treatment available for all.
• **The importance of ensuring that new services e.g. NHS 111 are tailored to support a diverse range of needs**

This issue was raised by those with mental health needs as well as people with learning disabilities. It was also raised by members of the Public Involvement Network (PIN) that had some early experiences of this service.

• **The need to focus on the health needs of rural as well as urban locations**

It was highlighted that the needs of patients in rural areas are often different and that patients would benefit from services located closer to home where this is possible.

Other themes that emerged included:

• The importance of more services to support Black and Minority Ethnic (BME) communities, particularly as this population is increasing in Oxfordshire
• The need for greater engagement and involvement of young people
• The need to focus on the individual and the individual’s needs to ensure equality
• The importance of equality and diversity training for staff

### 2.4 Next Steps

This report and its findings will be used to make any necessary adjustments to the equality, diversity and human rights objectives and vision to be carried forward by OCCG.

In particular the results and themes that have emerged will be used to shape the equality and diversity action plan for OCCG that will be created to implement the objectives. The points raised by respondents will also be used as a basis to simplify/amend the language used and to add any additional objectives where needed.

The results of this engagement activity will also be shared with all of those people that participated and will be published on the Talking Health section of OCCG’s website at [https://consult.oxfordshireccg.nhs.uk/](https://consult.oxfordshireccg.nhs.uk/)
3. Background

3.1 What is the Equality Delivery System (EDS)?
The Equality Delivery System (EDS) has been designed by the Department of Health to help all staff and NHS organisations understand how equality, diversity and human rights can drive improvements and strengthen the accountability of services to patients and the public. The EDS includes the nine protected characteristics covered by the Equality Act 2010, which are –

• Age
• Disability
• Gender re-assignment
• Marriage and civil partnership
• Pregnancy and maternity
• Race including nationality and ethnicity
• Religion or belief
• Sex
• Sexual orientation

The Primary Care Trust came to an end on 31 March 2013. Oxfordshire Clinical Commissioning Group (OCCG) is now using the Equality Delivery System to draw up its Equality objectives and vision for the years ahead, building on the work already done by the Primary Care Trust on equality and diversity over the past 2 years.

3.2 Committed to equality and diversity – OCCG’s proposed vision
OCCG is committed to meeting its duties under the Equality Act (2010) by having due regard in all they do to help eliminate unlawful discrimination; advance equality of opportunity and to foster good relations across all protected groups. Our proposed vision is:

"To achieve equality of access, experience and outcomes in healthcare for all groups in Oxfordshire"

3.3 OCCG’s equality objectives
OCCG has committed to using the Equality Delivery System (EDS) already in place in Oxfordshire to review their performance in relation to equality, diversity and human rights and to identify appropriate objectives and an action plan to implement these objectives.

The following interim Equality Objectives for 2012-2013 were originally drawn up by the Primary Care Trust using the EDS process and have been endorsed by the OCCG:

• To improve the capture and analysis of population, workforce and patient information broken down by protected characteristic as required by the Equality Act
• To improve access to specific information and communication requirements; to ensure patients are kept fully informed and asked about their communication needs, so that reasonable needs can be met
• To improve access to services by involving and listening to patients from all protected characteristics; targeting those people whose voices may not usually be heard by NHS organisations
• To ensure considerations of Equality, Diversity and Human Rights are included in mainstream processes through the use of Equality Analysis
• To ensure OCCG takes the Equality, Diversity and Human Rights agenda forward using the EDS system

This engagement activity asked stakeholders to review these objectives and assess whether they were still relevant for OCCG.

3.4 How will the findings from the consultation be used?
The findings from this consultation will be used to:

• review the Equality Delivery System that OCCG will take forward from April 2013, following the closure of the Primary Care Trust
• identify anything that is missing from the Equality Delivery System or any current objectives that need to change
• establish a group of people that are interested in participating in a core reference group for Equality and Diversity
• establish an action plan to support the implementation of the equality vision and objectives

4. Engaging stakeholders

4.1 Key stakeholders identified
The target stakeholders for the engagement activity relating to OCCG’s equality, diversity and human rights objectives and vision are:

• All patients and members of the public with an interest in equality, diversity and human rights issues
• Patient Participation Groups (PPGs)
• Clinicians and staff of OCCG and partner organisations
• All stakeholders that participated in the previous consultation on equality held by Oxfordshire Primary Care Trust from November 2011 to January 2012
• The Public Involvement Network (PIN) that supports the Health & Wellbeing Board
• Any voluntary organisation with an interest in equality and diversity issues
4.2 The Engagement Process

A number of different communication and engagement methods were used in order to ensure that we were able to reach and receive views and feedback from a wide variety of stakeholders.

Talking Health engagement website
An online consultation site was created on OCCG’s website to support the engagement activity along with an online survey on the equality, diversity and human rights vision and objectives.

Printed Copies
Printed copies of the equality survey and supporting information were made available at all face-to-face events attended by staff.

E.g. The Local Involvement Network (LINKs) Mental Health Hearsay Event (attended by over 60 people) and the Outcome Based Commissioning stakeholder event (attended by over 100 people).

Other websites
When communicating the equality, diversity and human rights engagement activity with the key stakeholders listed above, encouragement was also given to share this information on their own websites so that the information could reach a wider audience.

E.g. The Bury Knowle Patient Participation Group website and Oxfordshire Community and Voluntary Association (OCVA)

Newsletters
The consultation was communicated widely to all internal and external stakeholders using a variety of electronic newsletters e.g. using OCCG’s Talking Health email newsletter to reach over 1800 external stakeholders and the internal intranet, reaching all staff of the OCCG/Primary Care Trust during this transition period.
Email
Personal invitations to participate were emailed directly to over 900 individuals and organisations that have expressed an interest in responding to surveys or participating in OCCG engagement activity.

Meetings across various organisations
Stakeholders were invited to request a visit from OCCG/the Primary Care Trust if they wanted to discuss their views about equality in healthcare in person.

Partners
Partners such as Oxfordshire County Council, Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust were requested to cascade the engagement details to as many stakeholders and staff as possible that might be interested in sharing their views on equality.

Social Media
Invitations to participate in the equality, diversity and human rights engagement activity were issued via the Twitter and Facebook pages of the OCCG/Primary Care Trust, reaching over 1200 people on Facebook and 3,600 on Twitter. These messages reminded people how to give their views and signposted to the online survey and event details. These Tweets/Facebook posts were made at weekly intervals throughout the duration of the engagement activity.

Easy Read
An Easy Read version of the equality and diversity survey was created and made available both in hard copy and online for those people that preferred a simpler version of the survey. See https://consult.oxfordshireccg.nhs.uk/consult.ti/equalitydeliverysystem/view?objectId=8976709
5. Survey

5.1 Survey contents
A survey was designed to gather feedback on the equality vision and objectives for OCCG and to gather any suggestions about changes to the objectives or additional, new objectives that need to be included going forwards.

The survey was made available both online and in hard copy on request. A copy of this survey can be seen in Appendix 2.

5.2 Number of responses
Overall, 78 people registered interest in the engagement for Equality, Diversity and Human Rights. Of these, 60 people responded to the online survey on the Talking Health engagement system.

5.3 Location of respondents
Responses to the survey are shown on the map below. The larger the red dot, illustrates the greater the number of responses received from that location. Responses were received from across both and rural locations in Oxfordshire, with the greatest number of responses from within the Oxford ring-road.
6. Response to the survey

**Question 1: Our Equality and Diversity vision is:**
"To achieve equality of access, experience and outcomes in healthcare for all groups in Oxfordshire"

Do you agree with this vision?

The majority of respondents agreed with the above vision for equality and diversity (over 90%). No respondents disagreed with the vision, however 3 people indicated that they were not sure/did not know.

**Please give any reasons for your answer below:** ______________

When respondents were asked to give any reason why they either agreed or disagreed with the proposed vision, the explanations and comments given included:

- **Comments re-enforcing the vision:**
  
  "It is fair and equitable to do so!"
  
  "All people should have same level of care and access to information"
  
  "Equality is an expectation for all public services and so I would not expect anything less"

- **Comments specifically related to older people**
  
  "Age or impairment shouldn’t be a bar to good health treatment and people should know that they’re going to be treated fairly whoever they are."
  
  "It is important to ensure older lesbian, gay or transexual people feel safe when accessing health care - especially in relation to end of life issues."
  
  "Older people are not receiving equal care in some cases and are discriminated against in some cases"
• Comments about the phrase ‘all groups’
  “...it creates suspicion as to what exactly is meant by “all groups”.
  “It is individuals not groups for whom the system has to deliver equality.”

• Other general suggestions
  “It is a good statement, however equality of outcomes may be a laudable aim but surely depends on the patient’s condition. May be it would be better to qualify it as “the best outcome”

• The few people that responded as ‘not sure/don’t know’ to the proposed vision statement felt it was too broad and therefore potentially did not hold enough meaning.
  “Too broad, potentially unachievable, idealistic but unrealistic target “
  “It seems like a meaningless phrase.”

Question 2: OCCG’s Equality & Diversity Objectives
To what extent do you agree or disagree with the following equality and diversity objectives?
Please note: The nine protected characteristics covered by the Equality Act 2010 are -

• Age
• Disability
• Gender re-assignment
• Marriage and civil partnership
• Pregnancy and maternity
• Race including nationality and ethnicity
• Religion or belief
• Sex
• Sexual orientation
Most respondents agreed or strongly agreed with the equality and diversity objectives proposed by OCCG. The objective that respondents strongly agreed with the most and felt to be the most important was objective 3 - To improve access to services by involving and listening to patients from all protected characteristics; targeting those people whose voices may not usually be heard by NHS organisations.

The second most popular objective was objective 2 regarding improving access to specific information and communication requirements; to ensure patients are kept fully informed and asked about their communication needs, so that reasonable needs can be met.

Communications was also a theme raised in when respondents were asked to add any additional comments. (see next question)

The objective that respondents agreed with the least (although they still agreed with this objective) was objective 5 - To ensure OCCG takes the Equality, Diversity and Human Rights agenda forward using the Equality Delivery System (EDS).
Rights agenda forward using the Equality Delivery System (EDS). At events and in email correspondence with stakeholders, it was raised that the Equality Delivery System did not really mean anything to the general public and therefore whilst they agreed with taking forward the Equality, Diversity and Human Rights agenda, they could not really comment on the EDS.

If you have any changes that you think need to be made to the above objectives, please let us know below:_________________________

A number of suggestions and comments on the five equality and diversity objectives were received and can be grouped under the following themes:

- **The need to include learning disabilities**
  
  “An additional category should be people with learning disabilities”
  
  “People with some disabilities and the uneducated will need special means to ensure they know: What is available? also: What their particular needs are?”

- **Simplify the language used in the objectives and vision**
  
  “What is the Equality Delivery System? it is better not to use this sort of jargon”
  
  “I have no idea what Equality Analysis is, and if I knew what it was I might disagree with it.”
  
  “I think some of the language used may be hard to understand by some people esp. some elderly people.”
  
  “This document is far too wordy.”

- **Comments and confusion related to the protected characteristics**
  
  “I do not understand ‘patients from all protected characteristics’. What does it mean?”
  
  “I am unclear how disability is being defined in this context and am not convinced of the need for pregnancy and maternity to be categorised as a protected characteristic “
• The need to improve communication

“Need access to information and professional services that is not solely reliant on PC access”

“I am aware of your easy-read format and consider that the proposal above is just too un-readable and will turn people away. There is a balance to be achieved between the two extremes.”

Question 3: Additional objectives?

Are there any equality and diversity objectives that you feel are missing from the above list?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>25% (15)</td>
</tr>
<tr>
<td>Not sure/ Don’t know</td>
<td></td>
<td>41% (24)</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>34% (20)</td>
</tr>
</tbody>
</table>

A quarter of respondents (15) felt there were equality and diversity objectives missing from five objectives proposed by OCCG. The suggestions made included:

• The need to specifically include Dementia in the objectives due to the increase in people affected by Dementia in Oxfordshire.

• Include an objective related to learning disabilities and the need to improve access and communications regarding health services for those with learning disabilities

• To include objectives related to people suffering homelessness as figures for homelessness in Oxfordshire are rising.

• Ensure mental health is clearly defined and included in the objectives.

• An issue was raised that regardless of the equality and diversity objectives identified, it is important that priority is given to where need is greatest.

• Communication was highlighted as an issue that needed to be included across all equality and diversity objectives.

• More emphasis is needed on real engagement to support equality in healthcare. Co-production was particularly favoured.
- **Other issues** included that the NHS should be available to those that pay for it, that any more objectives would be excessive, and the need to be focused on the individual.

  “Given the stigma associated with mental illness I would like to see this clearly defined within the protected characteristics.”

  “Somewhere there needs to be an objective that indicates that irrespective of the equality and diversity issues priority should go where the need is greatest.”

  “Just using plainer language”

  “Don't add any more - there are more than enough for them to be effective.”

**Question 4: Actions and achievements to date - additional actions?**

An interim Equality and Diversity action plan is currently in place for OCCG to achieve their equality and diversity objectives. [To view this action plan and key achievements so far, click here.](#) If there are any additional actions to support the equality and diversity objectives that you think need to be implemented, please let us know.

17 respondents added comments on the interim action plan currently in place for OCCG. These included

- **Comments related to equality and diversity training**

  “I would hope that the drive to provide E & D training involves a LGBT component.”

  “The Plan will need to be implemented by fully trained staff committed to Equality and Diversity.”

- **Additional groups/protecting characteristics to consider that are least likely to access services**

  “To positively target those groups of the community least likely to access services and whose life expectancy is greatly diminished - such as Roma and Traveller communities.”

  “The protected characteristics are limited in that they do not incorporate people experiencing homelessness.”
• **Suggestions on ways to improve communication**

  “I would suggest that a dialogue with the Oxford ACE (Aids to Communication in Education) Centre could be useful in identifying less common communication needs”

  “I have no suggestions to make for the action plan and achievements, but feel that there are a number of acronyms that I am not familiar with, such as JSNA and BME, for example. I feel these need to be spelt out.”

• **The need to extend engagement with young people**

  “It would be good to see engagement with OYE (Oxfordshire Young Enablers) the C&YP Disabled Forum which works with disabled yp up to 25 and also with Oxfordshire’s Children in Care Council.”

• **Other comments included more consideration to rural locations and to base the plans more on outcomes**

  “Your success stories seem to be centred around the city. What about actions centred in rural areas outside the city and market towns?”

  “The action plan is not framed around outcomes but simply records activities.”

**Additional Questions: About You**

As this survey was about gathering views on Equality, Diversity and Human Rights in relation to local health services, it was important for OCCG to understand the range of diversity of people, demographics and backgrounds that were responding to this survey.

**Gender**

There was a fairly equal split in gender of those responding. 53% of respondents were women and 45% of respondents were men. This is quite unusual in consultation and engagement activity where the majority of participants tend to be women.

Only 1 person indicated that their gender is not the same as the one they were given at birth.
Sexual Orientation
The majority of respondents (78%) indicated that they are Heterosexual/straight. 7% indicated they are bisexual and 3% of respondents are gay/lesbian.

Religion or Belief
Responses to the survey were received from people with a variety of different religious beliefs. The most common response was from people that are Christian (43%), 37% of people indicated that they have no religion or belief.

Other religions of respondents included Muslim (2%) and Jewish (2%). 10% of respondents did not want to say what religion or belief they held.
Disabilities

Nearly three quarters of respondents (73%) indicated that they do not have a disability whilst nearly one quarter (23%) said that they did.

Of those that said they had some sort of disability, the most common response was that they lived with a long-term condition (9 people). Other common disabilities indicated by respondents were mental health needs (6 people), mobility issues (5 people) or a physical impairment (4 people).
7. Issues raised through the Public Involvement Network

The Public Involvement Network (PIN) is an engagement mechanism that supports Oxfordshire’s Health and Wellbeing Board to ensure that representative opinions and experiences of Oxfordshire people underpin the strategy and commissioning carried out by the Health and Wellbeing Board.

At each PIN core group meeting, ‘bubbling issues’ that people are hearing about in their local communities are raised to be taken forward as appropriate. Since the formation of the PIN in October 2012 a number of issues related to equality in healthcare have been raised and these are included below for consideration in relation to the equality objectives and vision for OCCG.

The key issues from the PIN in relation to equality, diversity and human rights are:

- **Black, Minority and Ethnic (BME) groups are still being neglected** with regards to health and wellbeing. There is an increase in BME groups living in Oxfordshire and this needs to be reflected in local healthcare services.
- **There needs to be more equality of voice for the aged** – particularly for people with disabilities or who are frail/isolated as they find it harder to express their views.
- **There is a lack of understanding of the issues that young Carers face** (those young people still in school). More support is needed.
- **OCCG need to increase the engagement of sensory impaired people** with regards to local health services.
- **More equal access to advocacy support** for everyone that needs it – e.g. mental health, disabilities, elderly
- **Improve equality of access and reduce the need to travel** so far by having services available locally wherever possible i.e. bring care closer to home
8. My Life, My Choice event

An engagement event was hosted by My Life, My Choice on the 24th January to discuss the views of those with learning disabilities on equality in local healthcare. Approximately 40 people attended this event and included a mix of those with learning disabilities, Carers, GPs and staff from a variety of healthcare Trusts in Oxfordshire.

A full report on this event can be seen in Appendix 4.

The format of the event involved a number of presentations by ‘My Life, My Choice’ champions, where they shared their own views on different aspects of equality and healthcare. This was followed by a workshop session where attendees discussed ideas around an equality issue of their choice.

The key themes that emerged at this event were:

- **Health Checks** – The importance of a health check for people with learning disabilities and that sufficient time is given by GPs for this
- **NHS 111** – The importance of training NHS 111 staff in dealing with calls from people with learning disabilities
- **Stigma and raising awareness of learning disabilities** – The need to raise awareness in the wider NHS and general public about learning disabilities so that people are more respectful and engage better
- **Communication needs for learning disabilities** – The need to raise awareness across the NHS of how to communicate effectively with people with learning disabilities, from face-to-face communication, to producing leaflets and forms using Easy Read formats.
- **The importance of Carers** – The need for NHS staff to fully understand the role the Carer plays in supporting a person with learning disabilities as well as the problems caused if they are excluded e.g. not including Carers on patient transport.
9. Other feedback

A number of responses were also received in writing to the talking.health@oxfordshirepct.nhs.uk email address. These responses were summarised below:

- **The need for less jargon and a clearer vision and objectives**
  
  "To achieve equality of access, experience and outcomes" is very much NHS "corporate speak" and somewhat confusing. A vision statement should be clear and written in everyday English.

- **The need to improve access and experience of services**
  
  "It is also worth noting that you can only influence the health outcomes through improving the access and experience."

- **The need for greater consideration of communication needs and the difference this can make**
  
  "For people living with Motor Neurone Disease (MND) access to specialised communication aids can be the difference between being able to communicate, albeit with difficulty, and being completely, utterly 'imprisoned' in every possible sense"

  "I would say that access to mobility aids is as critical as access to communication aids: should this be listed along with communication aids in the strategy?"

- **The importance of Carers**
  
  "There should not be unnecessary change of carers"

  "People with MND need access to appropriately-trained, experienced & supported carers"
10. **Recommendations**

Analysis of the findings from all engagement methods – both online and hard copy/face-to-face - resulted in the following themes emerging regarding the equality and diversity objectives and vision for OCCG:

- Simplify the language used in the objectives and vision
- Confusion related to the protected characteristics
- Improve communication with patients and suggestions on how to do this
- Additional objectives to be added to include reference to specific groups
- The importance of Carers
- The importance of equality and consistency in services and care for Older People
- The importance of ensuring that new services e.g. NHS 111 are tailored to support a diverse range of needs
- The need to focus on the health needs of rural as well as urban locations
- The need for more services to support Black and Minority Ethnic (BME) communities, particularly as this population is increasing in Oxfordshire
- The need for greater engagement and involvement of young people
- The need to focus on the individual and the individual’s needs to ensure equality
- The importance of equality and diversity training for staff

11. **Next Steps**

The results and themes that have emerged will be used to shape the equality and diversity action plan for OCCG that will be created to implement the objectives. The specific points raised by respondents will also be used as a basis to simplify/amend the language used and to add any additional objectives where needed.

The results of this engagement activity will also be shared with all of those people that participated and will be published on the Talking Health section of OCCG’s website at [https://consult.oxfordshireccg.nhs.uk/](https://consult.oxfordshireccg.nhs.uk/)
Appendix 1 – About the Oxfordshire Clinical Commissioning Group (OCCG)

In July 2010 the Government published a White Paper, Equity and Excellence: Liberating the NHS, setting out its long term vision for the NHS. In order to shift decision-making as close as possible to patients, power and responsibility for commissioning health services (the planning, designing and paying for NHS services), which is currently the responsibility of Primary Care Trusts (PCTs) will become the job of local groups of GPs, supported by other clinicians and health professionals. The Health and Social Care Act 2012 is the resulting legislation from the White Paper.

The key changes included in the Act are:
- Primary Care Trusts (PCT) and Strategic Health Authorities will be abolished.
- Clinicians will have responsibility and budgets for commissioning. They will work together in Clinical Commissioning Groups.
- Greater emphasis on outcomes for patients, rather than simply meeting targets.
- Putting patients at the heart of the NHS.
- More independence for healthcare providers and reduced bureaucracy.
- Public Health functions currently sitting with PCTs will move to and be led by the Local Authorities.

In the autumn of 2010 GPs from the 83 practices in Oxfordshire agreed to form a single county-wide clinician led commissioning organisation called the Oxfordshire Clinical Commissioning Group (OCCG). The OCCG has six localities, serving a population of approximately 675,000:
- North
- North East
- Oxford City
- South East
- South West
- West

The localities are increasingly taking on responsibility for commissioning local health services for the public and for the Quality, Innovation, Productivity and Prevention programme (see page 5 for more information). All of the GP practices in the county are part of the OCCG structure – through the locality structure. Each area of work under QIPP (planned care, urgent care, long term conditions, medicines management and complex care) has a GP lead who works very closely with managers implementing the programmes of work and advocating the work to their clinical colleagues. There are also GP leads taking a lead role for special projects such as the implementation of NHS 111 and the Appropriate Care for Everyone programme which is tackling delayed transfers of care in the county.

The OCCG Transition Board, which has representation from all localities within OCCG, was responsible for developing a work programme for transition during 2011/12.
A new OCCG Shadow Governing Body, which replaced the OCCG Transition Board as of April 2012, is responsible for developing a work programme through the transition period. The OCCG Shadow Governing Body is a subcommittee of the NHS Buckinghamshire and Oxfordshire Cluster Board.

This Governing Body for OCCG has now become live since the launch of OCCG in April 2013.
Appendix 2 – Survey
Below is a copy of the survey used to support the engagement activity:

SURVEY: Equality & diversity - the objectives for OCCG

Oxfordshire Clinical Commissioning Group (OCCG) has committed to using the Equality Delivery System (EDS) already in place in Oxfordshire to review their equality performance and to identify a vision and objectives for the equality of local healthcare.

The short survey below is designed to give us feedback on the vision and objectives for equality and diversity that will be carried forward by OCCG. This survey should take no more than 5 minutes to complete.

If you have any additional feedback that you would like to give OCCG around equality and diversity, or if your organisation has an event that you would like us to visit to discuss this, please contact talking.health@oxfordshirepct.nhs.uk

Our equality and diversity aim is:
"To achieve equality of access, experience and outcomes in healthcare for all groups in Oxfordshire"

Do you agree with this aim?

☐ Yes
☐ Not sure/ Don't know
☐ No

Please give any reasons for your answer below:
**OCCG’s Equality & Diversity Objectives**

Please note: The nine protected characteristics covered by the Equality Act 2010 are –

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnicity
- Religion or belief
- Sex
- Sexual orientation

### To what extent do you agree or disagree with the following equality and diversity objectives?

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 1 - To improve the capture and analysis of population, workforce and patient information broken down by protected characteristic as required by the Equality Act</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Objective 2 - To improve access to specific information and communication requirements; to ensure patients are kept fully informed and asked about their communication needs, so that reasonable needs can be met</td>
<td>☐</td>
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</tr>
<tr>
<td>Objective 3 - To improve access to services by involving and listening to patients from all protected characteristics; targeting those people whose voices may not usually be heard by NHS organisations</td>
<td>☐</td>
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<tr>
<td>Objective 4 - To ensure considerations of Equality, Diversity and Human Rights are included in mainstream processes through the use of Equality Analysis</td>
<td>☐</td>
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<tr>
<td>Objective 5 - To ensure OCCG takes the Equality, Diversity and Human Rights agenda forward using the EDS system</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If you have any changes that you think need to be made to the above objectives, please let us know below:
Are there any equality and diversity objectives that you feel are missing from the above list?

☐ Yes  
☐ Not sure/ Don't know  
☐ No  

If yes, please give further details of any objectives that are missing below:

Key achievements to date
An interim Equality and Diversity action plan is currently in place for OCCG to achieve their equality and diversity vision and objectives, please visit http://bit.ly/equality-diversity-oxon. If there are any additional actions to support the equality and diversity vision and objectives that you think need to be implemented, please let us know below:

About you
The next questions in this survey relate to your identity. We are asking these questions so that we can be sure that health services in Oxfordshire meet the various needs of all those people with characteristics protected under the Equality Act (2010).

Your age:

☐ Under 16  ☐ 45-54  
☐ 16-24  ☐ 55-64  
☐ 25-34  ☐ 65 and over  
☐ 35-44  ☐ Prefer not to say  

Gender

☐ Male  
☐ Female  
☐ Prefer not to say  

Is this the same gender that you were given at birth?

☐ Yes  
☐ No  
☐ Prefer not to say  

Are you currently pregnant or on maternity leave?

☐ Yes ☐ Not applicable  
☐ No ☐ Prefer not to say
What is your sexual orientation?

☐ Heterosexual/straight (attracted to the opposite sex)
☐ Gay/lesbian (attracted to the same sex)
☐ Bisexual (attracted to both sexes)
☐ Asexual (lacking interest in or desire for sex)
☐ Prefer not to say

Ethnicity

☐ White
☐ Mixed
☐ Asian or Asian British
☐ Black or Black British
☐ Other (please state)_____________________________________

What is your religion or belief?

☐ Christian
☐ Sikh
☐ Muslim
☐ Buddhist
☐ Hindu
☐ Jewish
☐ Prefer not to say
☐ No religion/belief
☐ Other (please state)_____________________________________

Do you consider yourself to have a disability?

☐ Yes
☐ No
☐ Prefer not to say

If yes, please tick any of the following that you feel apply to you:

☐ Mobility issues
☐ Hearing impairment
☐ Visual impairment
☐ Physical impairment
☐ Learning difficulties
☐ Mental health needs
☐ Living with a long-term condition
☐ Other (please state)__________________________________________________________________
Please indicate which area of Oxfordshire you live in by entering your postcode in the box below:

Postcode:

(This will help to show us where we are receiving responses from across Oxfordshire and to identify any areas where we are not hearing from people)

If you would like to receive a copy of the consultation results, once the consultation has closed in April 2013, please provide your name and contact details below:

Name:
Email:
Address (if hard copy of the consultation report is preferred):

Thank you for taking the time to complete this survey
If you have any further questions, please contact talking.health@oxfordshirepct.nhs.uk


Please return the completed questionnaire, by the consultation deadline of 15 March 2013 to:

Communications & Engagement,
FREEPOST RRRKBZBTASXU
NHS Oxfordshire, Jubilee House, 5510 John Smith Drive
Oxford Business Park South,
OXFORD OX4 2LH
Appendix 3 – Glossary of terms

Carer
A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner or friend who has autism, is ill, frail, disabled or has mental health or substance misuse problems.

Clinical Commissioning Groups (CCGs)
These are groups of clinical professionals including GPs that will be responsible for commissioning local health services from April 2013. This means that they will be assessing local needs and buying health services to meet those needs, working in partnership with local communities and local authorities. Membership of the CCG will include GPs, at least one registered nurse and a doctor who is a secondary care specialist. CCGs will have geographical boundaries.

Commissioners
A commissioner of health or social care is a person who works in partnership with local people and organisations to identify the needs of local people and ensures that services are in place which meet those needs within available resources.

Commissioning
Is the process by which health or social care services identify the needs of their population and make decisions to secure care to meet those needs within available resources.

Equality Delivery System
The Equality Delivery System (EDS) is something that has been designed by the Department of Health to help all staff and NHS organisations understand how equality, diversity and human rights can drive improvements and strengthen the accountability of services to patients and the public.

GP
General Practitioner: A doctor whose practice is not limited to a specific medical speciality but instead covers a variety of medical conditions in patients of all ages.

Governance
Is a framework within which health and social care organisations and individual workers are accountable for continuously improving the quality of their services. Good governance supports maintaining and improving service provision and practice to the highest possible standards.

Health and Wellbeing Board (HWBB)
The Health and Wellbeing Board is a partnership between local government, the NHS and the people of Oxfordshire. The board has been set up to ensure that these organisations work together to improve everyone’s health and wellbeing, especially those who have health problems or are in difficult circumstances.
Patient Participation Groups (PPGs)

Patient Participation Groups (PPGs) are engagement/discussion groups that involve a partnership between patients and their GP surgery. They enable patients to discuss and highlight concerns and needs of patients at that surgery.

Protected Characteristics

The Equality Delivery System (EDS) includes nine protected characteristics or groups of people that are covered by the Equality Act 2010, which are –

- Age
- Disability
- Gender re-assignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race including nationality and ethnicity
- Religion or belief
- Sex
- Sexual orientation

Providers

Organisations whose business it is to supply health or social care services to help people meet their needs. These organisations may be funded by health or social care commissioners through contracts, or an individual may purchase services directly from a provider.

Public Involvement Network (PIN)

The Public Involvement Network is a method/route for engaging the public of Oxfordshire and voluntary and statutory partners in the work and priorities of the Health and Wellbeing Board and Partnership Boards.

Stakeholders

A person or group with a direct interest, involvement, or investment in something. Stakeholders are individuals or organisations that have a direct interest in a service being provided.

Talking Health

Oxfordshire Clinical Commissioning Group’s (OCCG’s) consultation and engagement area on their public website. See https://consult.oxfordshireccg.nhs.uk/
Appendix 4 – Equalities report from My Life, My Choice event, 24\textsuperscript{th} January 2013

My Life My Choice & NHS in Oxfordshire

Listening

West Oxford Community Centre, Oxford.
24\textsuperscript{th} January 2013
10.30 - 13.00
What was this meeting about?

Local Oxfordshire self-advocacy charity, My Life My Choice wanted to talk with health professionals.

Local Oxfordshire health professionals wanted to hear what people with learning disabilities had to say.

Everybody met with the aim of trying to improve the health care for people with learning disabilities in Oxfordshire.
Who was there?

My Life My Choice Health Champions:

Paul Scarrott, Jackie Scarrott, Gareth Price, Andrew Shirfield, Dawn Wiltshire, Tracey Taylor, Nigel Taylor, Andy Law, Graham Shellard, Anup Upadhyaya, Kevin Antsy, David Boyce, Emma Freeman, Pam Bebbington, Andy Farr, Mark Barney

NHS Staff:

Oxford University Hospitals: Caroline Heason, Stephanie Ross, Diane Collery, Vicki Parsons and Jan Cottle
Oxford Health: John Campbell and Nick Birtley
Southern Health: Jason Warner; Marie Steele de Lozada
Clinical Commissioning Group: Dr Peter Von Eichstorff
PCT: Helen Ward, and Ben Lloyd Shogbesan.

Apologies: Justine King; Mary Hardwick; Andrew Carter, Neal Kinsella, Michael Edwards, Michael O’Dell, and Sue Wilkes.
What the Champions had to say about Annual Health Checks

The Champions explained that 46% of people with a learning disability had a health check in Oxfordshire in 2011/12.

Some people confused a normal visit to the GP with health check. Doctors should say when they are doing an annual health check.

An ordinary appointment is not long enough to do a proper health check.

People can feel they are being dismissed before a proper check has been done.

People understand doctors have a lot of pressure.

Dr Peter Von Eichstorff said he will investigate what is happening in Oxfordshire.
What the Champions had to say about many other things

Awareness of the needs of people with a learning disability needs to increase across the NHS.

People need to know how to have respect for people with a learning disability. “We are not getting treated the way we should be treated”.

The 111 service is difficult to use for people with a hearing problem and difficult to understand for people with a learning disability.

111 service staff need training so they can better help people with a learning disability.
People with a learning disability feel that they are not listened to.

NHS staff need to better understand the importance of the support person (next of kin or carer) who might work with a patient.

Carers are not allowed on hospital transport which creates a problem. Also, people can wait a long time for hospital transport.

It is sometimes difficult for people with a learning disability to wait – NHS needs to understand this.

It is difficult for some people to make very early appointments.

We need more medical information in easy read.
What the NHS staff had to say

Please alert us about your needs.

With your permission we would like to mark your notes with a yellow sticker to say you have a learning disability.

Contact Stephanie Ross, the Liaison Nurse, when you know you are coming to hospital.

Hospital passports need to be used. We can write down your needs, things you like, and things you don’t like.
We are **working hard with G.Ps** to make sure people get the **health checks**.

We are trying to produce more pictures and **easy read information**. Please help us by asking for easy read.

Please **tell us what you think** about the NHS.

We are producing a **DVD with My Life My Choice** to help raise awareness and to train our staff about your needs.

The NHS is **checking** all this happens.
Some more information

You can get small adjustments to your hearing aids on Monday – Friday (09.00 -13.00) at the Audiology Clinic, at the John Radcliffe Hospital.

The NHS is training staff on the out-of-hours service so they better understand the needs of people with learning disability.

The NHS will investigate to see if we need to improve the hospital transport.

The NHS will keep working with GPs to so that people’s appointment times better suit their needs.
Thank you to all of those who took part.

This event would not have taken place without the support and enthusiasm of Jan Cottle (Oxford University Hospitals NHS Trust), Nick Birtley (Oxford Health) and Mary Hardwick (NHS Oxfordshire)