NHS Oxfordshire Strategic Plan 2009-2013

Equality Impact Assessment (EIA) - Evidence Form

Stages 1 and 2: standard and detailed screening

Oxfordshire Primary Care Trust (the PCT) strives to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. This form is designed to help you to consider the needs and assess the positive, adverse or neutral impact of your policy, protocol, proposal or service on all groups within our local communities, and to record the evidence that you have done so. Any proposal or policy submitted to the Board must have undergone EIA.

This form will be used as evidence of the assessment you have undertaken. It will need to be made available to the Board and PCT's Equality and Diversity Steering Group.

Policy/Proposal/Service Title	Oxfordshire PCT Strategy 2009 – 2013 (To be approved 26 March 2009)
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Others involved in assessment	Rachel Martin, Sophy Forman-Lynch
Date EIA commenced	22 January 2009

EIA Completed and Approved

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Date:	24/03/09

ONCE COMPLETED, PLEASE SUBMIT TO EQUALITY AND DIVERSITY LEAD FOR EVIDENCE AND PUBLICATION.

NHS Oxfordshire Strategic Plan 2009-2013

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1. Background and context

1.1 Alternative formats of this document

Alternative formats of this publication can be made available on request. These include other languages, large print, Braille or electronically via CD, email or audio. If you would like information in another format, please ask by calling 0800 052 6088.

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درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Telephone: 0800 052 6088

1.2 EIA context

Equality Impact Assessments are carried out on all strategic plans with a relevance to race, disability, age, gender, faith or sexuality, all service development and redesign proposals and projects identified, as part of the business planning process each year and all proposed, revised or existing policies and protocols.

The context of equality impact assessments, legal duties, Oxfordshire Primary Care Trust's EIA policy and existing EIAs can be viewed on the PCT's website: http://www.oxfordshirepct.nhs.uk/patient-matters/equality-and-diversity/equality-impact-assessment.aspx

1.3 The single equality scheme

Oxfordshire PCT recognises that we need to target other inequalities and not only those related to locality. We need to recognise and value the diversity of our population and our workforce and promote equality of opportunity and outcomes for everyone regardless of their race, disability, gender, age, religion/beliefs and sexual orientation.

In May 2008 the government announced its intention of introducing an Equality Bill which will – inter alia – require all public sector bodies to prepare a Single Equality Scheme (SES) to replace existing policies.

Oxfordshire PCT will publish its scheme in 2009 to explain how we plan to meet the duties placed on us by equality legislation. The scheme will cover all of the six areas of diversity – race, disability, gender, religion or belief, sexual orientation and age. It will build on our existing Disability, Gender and Race Equality Schemes. It will include an outline of how we will use our EIA process to ensure that all our policies and services do not negatively impact on these equality target groups and, where possible, have a positive impact on these groups. It will also look at how the Patient Liaison Service (PALS) and complaints procedure gather and use equality data to inform service improvement.

The PCT is currently carrying out a patient and public engagement plan to seek feedback from groups within the 6 equality strands about the proposed SES. A report detailing the results will be produced in 2009 and this will inform future iterations of the Strategic Plan

1.4 PCT values

In 2007 the PCT adopted a set of core values. These values were revisited by the PCT Board in July 2008 and reviewed in light of the draft NHS Constitution and its proposed national values for the service. As a result some very slight changes were agreed.

The PCT's core organisational values in the Strategic Plan are:

a) **Openness and Transparency** – which means that in all our activities we adhere to the highest standards of honesty and integrity which will stand the test of probity

b) **Innovation** – which means that we actively seek creative excellence, sometimes taking risks to achieve change for the better

c) **Respect and dignity** – which means that we aim to treat patients, carers, our staff and those we work with in other organisations with the compassion, dignity and understanding that we would wish to receive

d) **Quality** – which means that we are always seeking to improve the way we conduct our business, striving for the highest levels of care, safety, efficiency and professionalism

e) **Positive Patient Experience** – which means that we are compassionate, accessible, accountable, courteous and efficient, and that we understand and are driven by the needs of the people we serve.

1.5 Equality and Diversity - meeting the needs of a diverse population

Oxfordshire PCT is an organisation with a clear commitment to providing equal access to the information and services we provide and working to ensure that our services are responsive to the diverse needs of all the people of Oxfordshire.

We recognise that people can experience discrimination, harassment and other barriers to participation and access to services as a result of different aspects of their identity such as race, disability, gender, age, sexuality, religion and belief.

Oxfordshire PCT intends to make sure that equality and diversity values are at the core of everything that we do. For more information, go to: http://www.oxfordshirepct.nhs.uk/patient-matters/equality-and-diversity/

1.6 The strategic plan context

The PCT's Strategic Plan is the overarching strategy document for the PCT. A stage one EIA was produced in January 08 for the 2007-13 version (on the PCT website) which focuses on 3 priority initiatives (Breaking the cycle of deprivation; A better deal for older people; and Diabetes).

That 2007-13 version of the strategic plan has been updated to create the NHS Oxfordshire Strategic Plan 2009-13. The first draft of the 2009-13 plan was the subject of an engagement exercise and this full EIA. The finalised version takes account of internal, stakeholder and public feedback and the outcomes of this EIA. The PCT has not altered the core focus of the document but it has added depth and understanding of different wants and needs. The major changes made are:

PCT example of good practice

Following public views expressed in consultation on the strategy in 2007 people with mental health needs were added as a priority population group and the PCT broadened its focus from prioritising people with diabetes to looking at all people with long term conditions as a priority.

- To make it much clearer why the strategic initiatives we will be delivering are important, and how they link together to enable us to:
  - Transform Health services
  - Improve health
  - Improve quality for specific care groups
- To make it much clearer what benefits the people of Oxfordshire can expect as a result of the PCT delivering this strategy
- To raise the profile of Carers throughout the document
- To bring up to date the financial and activity data that underpins the plan
- To bring up to date the descriptions of the PCT's Organisational Development plans and its approach to system and market management (including delivery of our Transforming Community Services plans)
- Adoption of an additional strategic outcome measure designed to enable us to monitor the quality of services offered to patients and carers, particularly when patients reach the end of their lives
- To delete the Appendix that described each initiative in detail, as this information is now contained in the NHS Oxfordshire Operational Plan 2009-10

The Strategic Plan 2009-13 and Operational Plan 2009-10 are on our website: http://www.oxfordshirepct.nhs.uk/about-us/how-the-pct-works/trust-board/board-papers/2009/march/default.aspx

1.7 How the EIA and strategic plan relate

This EIA considers the PCT Strategic Plan 2009-13 in full – from vision and strategic goals to initiatives and strategic outcomes. It also makes reference to examples of good practice relating to projects within initiatives. It does not consider other enabling strategies adopted by the PCT.

All actions to take forward steps identified as important in this EIA are summarised in **Appendix A**.

The PCT has not undertaken an EIA on the Operational Plan. That document effectively sets out the year 1 intentions contained within the strategy in more detail and to do an EIA on that document would effectively mean undertaking two EIA's on the same material. It is however important that the initiatives and their projects through which the strategy will be delivered are subject to an appropriate level of EIA. The Operational Plan 2009-10 therefore sets out when EIAs will be completed on initiatives and their projects. This series of EIAs will mainly need to address equal access to services, and action plans to monitor and address that. The relevant appendix of the Operational Plan is also attached here as Appendix C.

2. What is the purpose and objectives of the policy, proposal or service?

Describe the aims and objectives of the policy, proposal or service.
Is it a new or redesigned policy or service?

2.1 Vision

The following vision was adopted by the PCT in 2007 and remains the core statement of what the PCT is trying to achieve. It was developed through a consultative process involving patients, the public, staff, clinicians, partners and members of the Board:

Oxfordshire PCT is ambitious about improving the health and wellbeing of local people. The PCT will work with its partners to deliver a transformation in local health services, so that by 2013 the people of Oxfordshire will:

- Be healthier, particularly if they are vulnerable or live in our most deprived communities
- Be working with the PCT to promote physical and mental well being and prevent ill health
- Be actively supported to manage their health and care needs at home, when this is appropriate
- Have access to high quality, personalised, safe and appropriate health services
- Get excellent value from their local health services
- Have a PCT which is a high performing organisation.

2.2 Strategic goals

The following goals were adopted by the PCT in September 2008 for inclusion in the draft Strategic Plan:

A) Ensure that the core services purchased from primary and secondary care providers continually improve to meet changing health needs, giving patients optimum access to satisfactory, timely, high quality care that also offers good value for money.

Oxfordshire PCT must continue to focus on getting the basics right. If we do not manage the provider market in a way that enables us to continue to provide the right core services for our population, at a sufficiently high standard, within a controlled budget, we will not have the capacity to invest in and deliver other aspects of this strategy. This will benefit the whole population and is critical to our ability to target investment at priority groups within the population.

B) Improve health outcomes and promote independence for the following key population groups:

- **older people**
- **those with long term conditions**
- **people with mental health problems**
- **children and families living in areas of deprivation**

The PCT has identified these patient groups as priorities because of the projected increases in the elderly population, the numbers of people with long term conditions such as diabetes and mental health problems, and because of the persistent inequalities that impact on the health and well-being of children and families in Oxfordshire's most deprived areas. These priorities support the recommendations of the Director of Public Health's Annual Reports in 2007 and 2008 and of the county's Joint Strategic Needs Assessment (JSNA).

C) Improve access to health services by increasing the commissioning of integrated whole care pathways that create a proportionate and appropriate shift of activity from hospital into primary and community care settings.

The PCT believes that a fundamental shift in the quality of care for its target groups can be achieved if it can begin to deliver the national and regional ambition of providing seamless, joined up care for patients, with as many elements of a care pathway as possible being provided close to where patients live.

D) Help more local people of all ages to make sustainable healthy lifestyle choices.

Our local demographic forecasting and disease modelling suggests that, in line with regional and national strategy, the local NHS must increase its efforts to reduce demand for health services by working to support people to stay well. In Oxfordshire we particularly need to focus on tackling obesity in adults and children, reducing smoking and managing alcohol misuse.

E) Reduce health inequalities in Oxfordshire by improving health outcomes for people living in wards with the highest mortality rates at a greater rate than for the PCT population as a whole.

Oxfordshire has a comparatively healthy population, but there are distinct geographical communities in Oxford and Banbury where life expectancy and health outcomes are markedly worse than both the local and national averages. The PCT therefore needs to focus investment and energy into these communities in partnership with other public sector bodies and with industries, in order to break the long term cycles of deprivation experienced by these populations.

2.3 Strategic initiatives

In June 2008, the PCT approved the work programme to deliver its vision and goals around a targeted set of 12 substantial initiatives under 3 headings:

- Transforming Health Services
- Improving Health
- Improving quality for care groups

These three programmes are all designed to improve the quality of care provided to patients and to improve health outcomes and each programme is made up of a series of initiatives.

The first programme is concerned with **transforming health services**. Continuous improvement of the services available to local people, whilst maintaining the best possible value for money, provides a critical foundation for everything else we need to do. Initiatives in this programme will deliver:

- Sustainable levels of activity through effective **demand management** in primary and secondary care
- Improvements to **specialist services**
- Improvements to the choice and quality of care offered as people near the **end of life**
- Improvements to **urgent and immediate** care
- Providing **better healthcare in Banbury**.

The second programme is concerned with **improving health.** The aim of this programme is to reduce health inequalities, encourage people to live healthy lives and protect the health of the most vulnerable in our community. Initiatives in this programme will deliver:

- A series of projects designed to contribute to **breaking the cycle of deprivation** affecting children and families in some parts of the county
- Support to people to help them **choose healthy lifestyles**
- Interventions designed to **protect the health** of the most vulnerable in the population

The third programme is focussed on improving the **quality of care** and outcomes for those identified as priority population groups in our strategic plan. Initiatives in this programme will therefore result in:

- Improved services and outcomes for **older people**
- Improved services and outcomes for people with **long term conditions**
- Improved services and outcomes for those needing access to **mental health** services.

Please refer to the **Strategic Plan 2009-13 on the PCT website** for information on how these five-year programmes and initiatives relate to strategic goals and strategic outcomes, and for detail on the benefits each will deliver to the population of Oxfordshire. The Operational Plan 2009-10 describes in more detail the projects through which each initiative will be delivered. Both documents can be found at: http://www.oxfordshirepct.nhs.uk/about-us/how-the-pct-works/trust-board/board-papers/2009/march/

2.4 Partner & stakeholder involvement

Are any other partners/stakeholders involved?

The strategy has been developed in partnership and will be delivered in partnership. Whilst the PCT will lead development of local health services, it cannot bring about any change unless it is working with local people, with the other organisations and individuals who provide healthcare services and with its planning, commissioning and delivery partners in local government.

In September 2008, the PCT Board formally delegated authority to the Executive Board to complete a refresh of the PCT Strategy in order to create a draft fit for consultation with partners and the public and for submission as WCC evidence.

Public engagement campaign: That re-drafted Strategic Plan was the subject of a public and stakeholder engagement campaign in the autumn of 2008. The process, outcomes and key actions arising from this debate have been collated in a report, which can be found on our website: http://www.oxfordshirepct.nhs.uk/news/2008/PCT-strategy.aspx. The main changes made to the strategy as a result have already been listed in 1.6 above. In addition

the PCT has agreed a further series of actions that relate to how we conduct our business rather than what we are planning to do and details of these can be found in Appendix B.

Partner comments: There have also been an extensive series of meetings with commissioning and providing partners about the strategy and all partners were invited to make formal written comment. All the major trusts and several of the local authorities in Oxfordshire engaged in dialogue with the PCT , and their views were also influential in determining the changes made to the consultation draft and set out in 1.6 above.

PCT staff: Staff who lead the development and delivery of the work programme through which the strategy will be delivered have been extensively involved in determining the priorities it proposes and the initiative through which they will be met.

Equality and diversity advisers: Oxfordshire PCT's Equality & Diversity Specialist and the consultant EIA trainer and policy adviser were consulted on the strategy and the content of this EIA document and their views will continue to be taken into account.

3. Who is the policy, proposal or service aimed at?

Who are the intended beneficiaries and why?

3.1 Vision and goals

The strategy sets out how the PCT will meet the needs of the whole population of Oxfordshire for access to good healthcare, whilst also prioritising investment in four population groups:

- the ageing population
- communities which experience very real health inequalities
- the growing numbers of people who suffer from a range of long term conditions, including an increasing population with mental health needs.

The strategy recognises the need to meet the health needs of these vulnerable communities whilst managing the challenges presented by the rising costs and usage of acute services.

The vision sets out the PCT's core purpose: to improve the health and wellbeing of the population of Oxfordshire – 635,000 people.

The vision makes particular reference to people who are vulnerable, live in our most deprived communities or need to manage their health and care needs at home.
These people will cut across all 6 legal equality strands.

The strategic goals seek to reduce health inequalities, improve sustainable healthy lifestyle choices and to target key population groups:

- older people
- those with long term conditions
- people with mental health problems
- children and families living in areas of deprivation

3.2 The strategic initiatives

Initiatives are designed to improve the quality of care provided to ***all patients*** and to improve health outcomes for particular groups as set out below:

Initiative	..will increase benefit to/improve services for:
1. Transforming Health Services	
a. Demand management ai) in secondary care aii) In primary care	Managing demand for secondary care services: ***all people in Oxfordshire***. Enhancing access to primary care: will primarily ***benefit people whose access may be currently limited, such as people living in rural communities who rely on public transport, older people, people with disabilities and (single) parents.***
b. Specialist services	***People with conditions such as cancer, cardiac illness or learning disabilities.***
c. End of life care	***People in the final stages of illness who are dying, their families, partners, next of kin and carers.***
d. Urgent and immediate care	***All people needing urgent and immediate care.*** As demand on secondary care services reduces, ***everyone*** benefits. People who currently use services inappropriately may experience negative impact in the short to medium term.
e. Better healthcare for Banbury	***All people/families living in Banbury and surrounding areas. People in areas which suffer from high levels of health inequality*** will benefit most.
2. Improving Health	
a. Breaking the cycle of deprivation	***All people/families in more deprived communities, particularly those living in: Northfield Brook, Barton and Sandhills; Blackbird Leys Rose Hill and Iffley; Littlemore and Banbury Ruscote.*** ***Whole population*** benefit as it reduces long term demand for secondary care.
b. Choosing healthy lifestyles	***Whole population, but some work will be targeted at people/families living in areas of deprivation, older people, carers, people at risk of mental ill health or of developing long term conditions***.
c. Protecting our health	***Whole population*** through delivery of targeted screening and other programmes designed to protect people's health.
3. Improving quality for care groups	
a. A better deal for older people	***Older people and their carers***.
b. Excellence in long term conditions	***People with a range of chronic long term conditions, their families and carers.***
c. Better mental health	***People who use mental health and forensic services, who are in crisis or leaving inpatient care, their families and carers.***

3.3 The strategic outcome measures

These will be used to measure the successful delivery of the strategic plan:

Strategic Outcome	..will measure the extent of benefit to:

Metric 1: Health Inequalities - measured by tracking changes in the average Index of Multiple Deprivation (IMD) score	***People currently experiencing multiple deprivation*** – improvement to their income, employment, health, education / skills and training, barriers to housing & services, crime & living environment.
Metric 2: Life Expectancy – measured by monitoring life expectancy at time of birth in yrs	***Men and women living in areas which have lower life expectancy than the Oxfordshire average.***
WCC Metric 16: Smoking quitters - measured by rate per 100,000 pop'n aged 16 and over	***People who smoke, their partners and children***, those who live with them or experience passive smoking, particularly ***smokers and those around them who also experience deprivation.***
WCC Metric 29: Self reported experience of patients and users	***Users of all NHS services.***
WCC Metric 31: Mortality from causes considered amenable to healthcare	***People currently experiencing less good health and/or who live in areas of deprivation.***
WCC Metric 35: Delayed transfers of care	***Patients who are currently delayed in hospital. All patients***, but this will particularly benefit the elderly and their carers as they are disproportionately affected by this issue.
WCC Metric 54: The proportion of all deaths that occur at home	***People who are dying and their carers.***
PCT Own 1: Rate of reduction in mortality in areas with the highest rates	***People with least good health and who are at highest risk of death*** in the 20% of wards with highest rates of mortality.
PCT Own 2: Increase in spend outside acute setting	***Patients*** using primary care and community services.
PCT Own 3: Reduction in Emergency bed days	***Patients needing emergency admission, particularly the elderly, children from areas of deprivation and those with long term conditions.***

3.4 Resource management

Delivery will require resources, but there is pressure on budgets in Oxfordshire as there is elsewhere in the NHS. The PCT financial plan is underpinned by four core assumptions:

- The need to recognise and manage the cost of providing core primary and secondary care services in a way that allows for increased and improved access and choice, to protect our ability to invest in other priorities
- The desire to increase the commissioning of integrated whole care pathways that result in an appropriate and proportionate shift of activity primary and community settings closer to home
- The need to make long term commitments to investing in targeted health promotion and prevention work
- The expectation that we will continually seek to provide best value for money

All initiatives should make a contribution to managing demand for secondary care services and so allow investment in services that will directly benefit priority population groups.

4 Does it affect one group less or more favourably than another (see groups below)?

Consider legal duty to eliminate discrimination, ensure equal opportunities and promotion good relations between different groups.

The Strategic Plan sets out a framework which will enable the PCT to prioritise investment in some population groups whilst also ensuring improvements in the quality and accessibility of healthcare for all.

The vision makes particular reference to people who are vulnerable, live in our most deprived communities or need to manage their health and care needs at home. The goals aim to reduce health inequalities, improve sustainable healthy lifestyle choices and to:

- Target key population groups to seek positive health outcomes and impact (see sections 3.1-2 above):
    - older people
    - those with long term conditions
    - people with mental health problems
    - children and families living in areas of deprivation

In addition, some initiatives contain projects which will specifically benefit other groups (see section 4.9 below) such as:

- carers
- military personnel and veterans
- prisoners

The PCT Strategic Plan's Appendix B includes demographic information that relates to 3 of the 6 equality strands - gender, age and ethnicity. It also refers to faith, disability and sexual orientation, as well as other priority groups.

4.1 Gender

The initiatives in the strategic plan will have a positive impact on men, women, boys & girls.

Growth in population will be from both men and women living longer, as men increasingly enjoy better health in the medium to long term.

Oxfordshire PCT is an organisation with a strong commitment to the communities we serve and the staff we employ. We aim to be proactive in implementing the duties set out in the Gender Equality Scheme in all areas of our work. See:
http://www.oxfordshirepct.nhs.uk/patient-matters/equality-and-diversity/documents/OxfordshirePCTGenderEqualityScheme0710.pdf

We place great importance on public involvement and seek to have contained and genuine dialogue with the public & members of our workforce. We believe that in this way we will be able to prioritise issues and deliver improved services of high quality in an appropriate way.

The Gender Scheme will shortly be incorporated into our Single Equality & Human Rights Scheme (covering all equality strands) that will go to the Board in July 2009.

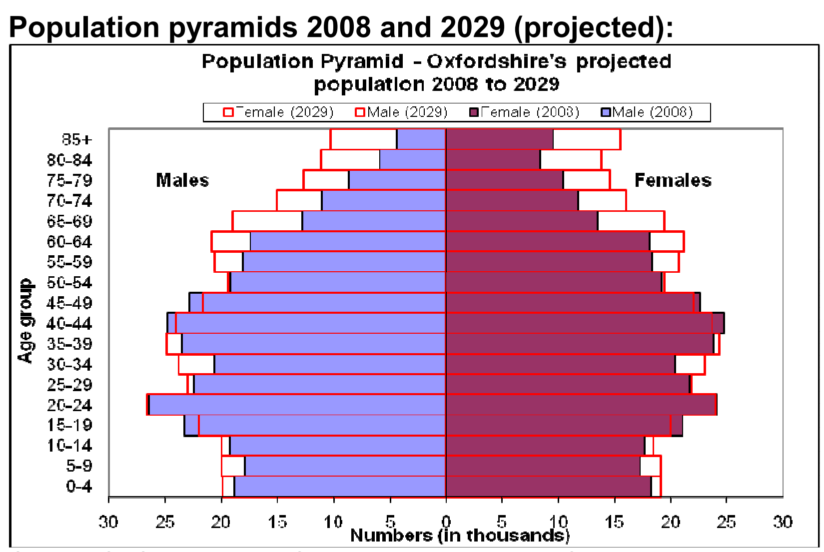
The strategic plan initiatives currently have a positive impact on more women than men as more women live in poverty, are carers or manage their health needs at home. Women also live longer and thus are likely to experience more long term conditions. They are also more likely to experience poverty, and are more often the beneficiaries of specific projects such as breastfeeding support and improvements to maternity care.

4.2 Age

The strategic plan will have a positive impact on different age groups.

The age structure of the population of Oxfordshire is indicated by the overlaid 'population pyramids' below. The solid-shaded areas show an estimate of the number of people in each 5-year age band in 2008, with males on the left, females on the right. The overlaid bars show the ONS estimate for the population of Oxfordshire by age-band in 2029. The current age structure shows markedly high numbers of people in the 20-24 age group and 35-49. The number of people in each age band then declines to relatively small numbers of very elderly. In contrast, the chart for 2029 is much more 'box shaped', with the number of people in older age groups significantly higher than at present.

Population pyramids 2008 and 2029 (projected):



Source: ONS 2004-based Sub-national projections, Oct 2006

4.2.1 Older people

PCT example of good practice

A better deal for older people will result in improvements like:

- **Better co-ordination between health and social care so that older people and their carers get a better quality of service**
- **Better services for people with dementia and their carers**
- **Fewer people having strokes and better care for those that do**

Many of the initiatives target older populations for positive impact.

The population aged 85 and over is forecast to increase from 13,900 to 25,800 between 2008 and 2029, a percentage change of over 85%. The number of people between 65 and 84 is forecast to grow from 82,400 to 121,800 (48 %).

4.2.2 Older people in rural and/or isolated communities

Oxfordshire's elderly population is expected to increase dramatically over the next 20-25 years – predominantly in rural areas. Some preliminary analysis of the impact this population growth might have on demand for healthcare has been undertaken by the PCT to inform this strategy. The demographics of the ageing population are disproportionately significant for Oxfordshire.

4.2.3 Children and young people

Breaking the cycle of deprivation for children, young people and families is one of the PCT's key strategic objectives – it is a major first step towards delivering improved health outcomes by 2013 for those living in Oxfordshire's most deprived communities.

Poverty, teenage pregnancy, smoking, diet and educational attainment will all impact on long term physical and mental health outcomes of children and geographical inequalities still persist in small pockets in Oxfordshire. Measures of child poverty show a total of 19 Super Output Areas (SOAs) in the worst 20% in England and most of these are in Oxford, with 2 in Banbury and one in the Abingdon area.

Current services for children and families are based on a historical pattern of provision and more than 80% of the resources are targeted at the youngest children. We know that many of our worst outcomes are for our adolescents where health outcomes have not improved over the past decade – indeed for these vulnerable adolescents outcomes have deteriorated in comparison to other counties.

If some of these inequalities cannot be addressed, the cycle of deprivation will continue, with the result that the long term call on primary care, mental health, social care, hospital and specialist care resources from this population group will continue to grow and another generation of children and young people will not be given a fair chance to realise their full potential:

PCT example of good practice

The Protecting our Health initiative has a project which monitors obesity in children in schools so that young people at risk can be identified early and support to change lifestyles can be given.

- Young people face an increased risk of suffering from poor mental health when exposed to poverty, family instability, parental mental health problems, parental substance misuse, neglectful or harsh parenting style and poor attachment in infancy.

- Risk factors associated with poor maternal mental health and post natal depression include previous history of mental illness, being an unsupported mother, a teenage mother, on a low income, and suffering from drug and/or alcohol misuse.
- There is a clear association between social inequality and poor oral health with children in deprived areas having higher rates of decayed, missing and filled teeth.
- Risk factors for poor sexual health and teenage pregnancy include lack of knowledge, drug and alcohol misuse, inability to access services, being the daughter of a teenage mother, poor educational attainment, non attendance at school, being a vulnerable young person e.g. homeless, in care or a young offender.
- There is a clear association between social inequality and obesity.

These issues will all be addressed through delivery of the PCT strategy.

4.3 Race

As the strategic plan will have a positive impact across the whole population of Oxfordshire, it will have a proportionate impact on people of different ethnic groups.

Data indicates that just over 10% of Oxfordshire's population is not 'White British'.

As an organisation working to promote good health, the PCT knows that there are inequalities in access to health services related to race; inequalities in health outcomes related to race and that different Black and Minority Ethnic (BME) communities' experience higher prevalence of some conditions and diseases.

The PCT has a Race Equality Scheme which sets out how we are going to address the disparities and inequalities in health access and outcomes. For example, the PCT is committed to the Delivering Race Equality framework for mental health which is designed to redress imbalances in service access, quality and experience for black and minority ethnic (BME) service users. See: http://www.oxfordshirepct.nhs.uk/patient -matters/equality-and-diversity/race-equality- scheme.aspx

The Race Equality Scheme will shortly be incorporated into our Single Equality & Human Rights Scheme (covering all equality strands) that will go to the Board in July 2009.

Some initiatives within the strategy contain projects which are specifically designed to benefit the BME population. Other initiatives contain projects which are targeted at areas of deprivation, and which will therefore benefit those disadvantaged members of the BME community – for example work to improve access to primary care GP and dental services.

PCT example of good practice

The PCT will target investment in improving the uptake of screening programmes. For example, we will work to improve uptake of cervical screening by women from BME groups and aged 25-34 where current coverage is poor.

People who do not speak English as a first language

The PCT provides interpretation services (Face to Face, telephony & Deaf interpreting) for use by all healthcare providers. The PCT currently translates key patient information in a range of languages, currently Bengali, Cantonese, Hindi, Mandarin, Polish, Portuguese, Punjabi and Urdu and will make documents available in different formats on request.

4.4 People in deprived areas and people from different socio/economic groups

Health outcomes in Oxfordshire are generally good, except in deprived areas.

The PCT has agreed locally that the best way to try and start breaking the cycle of deprivation is through partnership work on early intervention, and provision of prevention services to improve the mental and physical health of children and families – this is reflected in the first of our strategic commissioning priorities.

There are also clearly areas where additional investment is needed to address deep rooted symptoms of deprivation – for example in tackling lifestyle issues including poor sexual health, alcohol problems and obesity. The aim is to 'level up' outcomes so that key groups that we know experience worse outcomes than the general population will be targeted with evidence based interventions that will improve outcomes in a way that can be measured year on year.

We know that there is a great deal of overlap between different socio-economics and the 6 equality population strands, for example, census data indicates that more deprived areas in Oxfordshire tend to have higher black and minority ethnic (BME) populations. People with disabilities, the elderly, carers and people living in rural and isolated communities are other examples of people who experience deprivation.

PCT example of good practice

There are a particular set of circumstances in the Banbury area which means that pockets of the population suffer from high levels of health inequality. The PCT is therefore taking a co-ordinated strategic approach to the development of services here. The new GP led health centre is being located here. and will improve access to GP and dental services for this community. The Better Healthcare in Banbury initiative will determine the future pattern of hospital based service provision for this population, and it will be critical in ensuring all 5 of the PCT's goals are delivered in Banbury.

The PCT is also doing projects which will benefit people in deprived areas in other parts of the County. For example Health Trainers have been employed to work directly with people in these areas to help them live healthier lives.

4.5 Faith

As the strategic plan will have a positive impact across the whole population of Oxfordshire, it will have a proportionate impact on people of different faiths.

No information on faith is collected within the NHS. The 2001 Census was the first time Great Britain included a question on religion. The PCT has used information from the National Office of Statistics to understand the different faiths living in Oxfordshire:

- 72% of people are Christian, the main religion in Oxfordshire
- 17.5% of people with no religion formed the second largest group
- 7.4% of people chose not to state their religion as this was a voluntary question
- 2.8% belong to a non-Christian religious denomination

PCT example of good practice

The strategy does not specifically target initiatives at faith groups, but projects have been developed with the differing needs of faith groups in mind. For example, the End of life care initiative will develop a range of services designed to meet the needs of different faith groups.

As part of its Single Equality Scheme development, the PCT is meeting with faith groups to understand their priorities and concerns. This will enable the PCT to ensure a more strategic approach to respecting people's faith in their healthcare in future.

4.6 Disability

Disability: is a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.

The strategic plan will have a positive impact on people with disabilities.

Approximately 190,000 people (28% of the population) live in Oxfordshire with a long term condition which includes a large range of physical and mental health conditions. Information on peoples' physical or mental disability or if they have a learning disability is recorded in patient records. There are also incapacity benefit statistics for adults.

The PCT has a Disability Equality Scheme (DES) to make sure that we are taking the needs of disabled people into account in everything we do, whether that is providing or commissioning services, employing people, developing policies or communicating.

PCT example of good practice

Through this strategy the PCT is targeting increased investment into the learning disability service and into the provision of continuing care for adults and children.

This Scheme is a public document which sets out our vision and intentions around promoting disability equality. See http://www.oxfordshirepct.nhs.uk/patient-matters/equality-and-diversity/disability-equality-scheme.aspx. The Disability Equality Scheme will shortly be incorporated into our Single Equality & Human Rights Scheme (covering all equality strands) that will go to the Board in July 2009.

4.7 Sexuality

As the strategic plan will have a positive impact across the whole population of Oxfordshire, it will have a proportionate impact on people of different sexual orientation.

It is difficult to obtain data about sexual orientation and it is understood that no patient information on sexuality is collected within the NHS, although some NHS Trusts are starting to collect information on staff.

Given sexuality is not included in the Census (nor will be in 2011), the nearest estimate available is from Stonewall who states that "*The Government is using the figure of 5-7% of the population which Stonewall feels is a reasonable estimate. However, there is no hard data on the number of lesbians, gay men and bisexuals in the UK as no national census has never asked people to define their sexuality.*"[1] Based on this, between 38,000 to 45,000 lesbian, gay men and bisexual people live in Oxfordshire.

PCT example of good practice

The strategy will enable us to deliver an improved range of sexual health services for the whole population, and will particularly target improvements for young people.

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[1] **Sexual Orientation and the 2011 Census – background information,** March 2006, http://www.statistics.gov.uk/about/consultations/downloads/2011Census_sexual_orientation_background.pdf

Information on the impact of sexual orientation on access to health services will be further developed through the Single Equality Scheme and may inform future iterations of the Strategic Plan.

4.8 Other groups

As evidenced above the Strategic Plan 2009-13 targets the following groups for positive impact as a priority – as:

- Older people
- People with a range of long term conditions including mental health
- Children and families living in areas of deprivation

As a result of this EIA process and the public engagement undertaken about the strategy in the autumn of 2008 it also now gives a higher profile to the needs of carers. Examples of other groups that will benefit from projects within some initiatives include military personnel and veterans and prisoners.

This section outlines how carers, military personnel and prisoners will benefit favourably from the PCT strategy.

4.8.1 Carers

The strategic plan will have a positive impact on carers.

Across Oxfordshire it is estimated that there are over 50,000 carers looking after relatives, children, partners, friends and neighbours who are ill, frail or disabled or who need support to live in the community. Over 15,000 of these carers are over the age of 60 and numbers are predicted to increase as the population ages.

The PCT is working with partners from the County Council, district councils and voluntary organisations to improve the health and well-being of carers and to support them in their role. The joint priorities are set out in the Oxfordshire Carers' Strategy which will be presented to the PCT Board in March 2009, along with the PCT's own Carers' Action Plan, setting out how we will make our contribution to the partnership initiatives. Internally we will improve clarity on how we commission services for carers across different care groups, including carers of older people, those with mental health problems, people with learning disabilities, Parent Carers and Young Carers.

Our task will include working with Social and Community Services to commission Carers' Breaks which are appropriate to the need of the individual carer. We will also be continuing to increase the number of people whose caring role is known to their GP and can then access regular physical and emotional health checks/ be signposted to other services. We will ensure we continue to hear what carers have to say about their needs and are involved in planning services.

PCT example of good practice

The strategy commits the PCT to engaging much more substantially with carers in the development of all plans and services than it has done in the past. The accompanying Organisational Development Plan recognises that the capacity and capability of the PCT to work well with carers needs to be improved. The PCT will deliver the commitments set out in its Carers Strategy.

To do this, we will continue working with local voluntary sector organisations and partnership groups. The PCT will also play its part in the developing work to support carers in employment, including our own employees who combine their work with a caring role. The PCT will contribute to the delivery of the Local Area Agreement target to increase the number of carers receiving specific information or services.

This is a key area to address in health inequalities and deprivation, particularly given the emerging personalised care agenda.

4.8.2 Military personnel and veterans

The strategic plan will have a positive impact on armed forces personnel, their families as well as reserves and veterans.

There are over 30,000 Armed Forces personnel and families in Oxfordshire. There is no reliable figure for how many veterans / reserves there are in the county.

- Armed Forces personnel and their families live in Oxfordshire at RAF Benson, RAF Brize Norton, Dalton Barracks and Bicester Garrison. Each of the bases and garrisons is set to expand over the next 5 years
- A veteran is anyone who has been in the Armed Forces for at least a day

In July 2008 the Government published “The Nation’s Commitment: Cross Government Support to our Armed Forces, their Families and Veterans / reserves.” This included a set of recommendations for improving access to health services and improving health outcomes for members of the Armed Forces, their families and veterans / reserves. A comprehensive action plan has been drawn up in 2008 to improve health outcomes.

The Armed Forces and veterans plan’s top four objectives are:

1. Improving an understanding of the needs of the different forces’ communities.
2. Improving access to dental services and Primary Care mental health support for the families of forces personnel
3. Enhancing communication between the Armed Force bases and Primary Care teams
4. Understanding how services for veterans can be improved, including the identification of veterans on practice registers and access to patient records from the Armed Forces

Partnership working to support military personnel and veterans

The PCT’s Partnerships and Health Inequalities team will work with partners, including OCC, to improve other outcomes for this vulnerable community.

Other major issues affecting Armed Forces, their families and veterans / reserves in Oxfordshire are being addressed by other civilian agencies, most notably the County Council. This includes access to schools for children of personnel arriving in the area. Other issues will be identified through the needs assessment process, which will be carried out jointly as far as is practicable.

There is further detail in **the Operational Plan 2009-10.**

4.8.3 Prisoners and people confined to closed institutions, community offenders

The strategic plan will have a positive impact on people in prison.

There are nearly 1,500 men and 350 boys in two prisons in Oxfordshire. There is a high proportion of black and minority ethnic people compared with the population in Oxfordshire.

The responsibility for commissioning healthcare in prisons was transferred to the Primary Care Trust (PCT) in April 2005. The objective of this transfer was to ensure that people in prisons have access to the same range and quality of healthcare as they would get if they were in the community - their punishment is loss of freedom not loss of healthcare. Additional funding was made available to the PCT specifically to be used in commissioning healthcare services.

Most prisoners have had little or no regular contact with health services before entering prison, and their lifestyles are more likely to have put them at risk of ill health. Nationally, the evidence of health inequalities amongst prisoners is strong. Prisoners have poorer physical and mental health than the general population, with mental illness, self harm and suicide risk, drug dependency and communicable diseases being the most dominant problems. Additional funding has been made available to enable the PCT to discharge its responsibility.

The prisons in Oxfordshire are:

- ***Bullingdon Community Prison*** (near Bicester) opened in 1992 and operates jointly as a local and category B training prison for 1,114 adult males with an annual turn over of approximately 6,500. The Healthcare Centre provides 24 hour nursing cover with in-patient facility and out patient facilities. The PCT commission services directly from the prison as well as other NHS or non NHS bodies working inside the prison.

- ***Huntercombe Young Offender Institution*** (YOI, (near Henley-On-Thames) opened in 1946 having been used as an internment camp during the last war. It is situated just outside Henley-on-Thames and has a population of 350 boys aged between 15 and 18. Most young people stay between 6-8 weeks, with an annual turnover of approximately 1,200. The population is from all over the United Kingdom, with many prisoners coming from London, approximately half of whom are from ethnic minority groups. All primary care health services are provided in-house, through the healthcare centre. There are no in-patient facilities. Occasionally young people may be transferred to the Royal Berkshire Hospital for acute care or to a specialist forensic mental health centre.

Governance Arrangements: Overall responsibility for healthcare in prisons rests jointly with the PCT Chief Executive and the Governor of each establishment, who discharge this function through the respective Partnership Boards.

The principal aim of the Partnership Boards is to ensure those in custody are provided with access to the same quality and range of healthcare services as the general public receives from the NHS and to ensure that the development of services is needs led and in line with NHS / Prison Health standards and best practice.

PCT example of good practice

The PCT will maintain current prison health services, and will ensure that work defined in the strategy to improve access to services and service quality also benefits prisoners. For example, the stop smoking project in the Choosing healthy lifestyles initiative will target support for men and boys in prison.

5 Have you identified any potential discrimination or adverse impact that cannot be legally justified?

Have you got evidence to support this assessment (statistics, previous consultations, Health needs assessments, surveys etc). Is the evidence valid and how have you weighted it?

There has been no identification of potential discrimination or adverse impact that cannot be legally justified.

As a result of completing this EIA, the strategic plan contains fuller information on population size and the impact of services in relation to:

- Faith
- Disability and
- Sexual orientation

There are also follow up actions to assess and monitor further as set out in **Appendix A**.

Appendix A

Action plan

Action	Intended outcome	Lead directorate	Complete by
Action 1: The PCT will consider the recommendations and outcomes of the consultation on the Single Equality Scheme when conducting EIA's on the initiatives and projects described within the PCT Strategic Plan and Operational Plan	The Single Equality Scheme consultation will garner the views of groups who may be adversely affected by project plans, and these will inform service redesign.	Planning and System Reform	March 2010
Action 2: The PCT will monitor completion of EIAs in line with the milestones set out in Appendix B of the Operational Plan 2009-10 (included as Appendix C to this document)	All initiatives and projects will be EIA assessed. Access to services will be monitored so the PCT understands barriers to improved health outcomes and how they can be removed	Public Health	March 2010
Action 3: the PCT will actively encourage sharing of the findings of EIA's between initiative leads	The PCT will better understand multiple barriers to improved health outcomes and how they can be removed by better internal partnership working	Commissioning and Public Health	March 2010
Action 4: The PCT will monitor its progress in delivering its Strategic and Operational plans against the Strategic Outcome Measures, Vital Signs, Existing National Commitments and Local Delivery Targets described in detail in the Operational Plan 2009-10	The PCT will know the extent to which it is achieving health outcomes and where to take corrective action in year	Finance and Performance	July and Oct 2009 Jan and April 2010
Action 5: the PCT will appoint a Director of Communications and Engagement with responsibility for ensuring that the voice of patients, carers, the public and our partners better informs everything that we do	The PCT will have better information on which to plan, and the most vulnerable groups in the population will be much more effectively involved in informing planning and decision making	Communications and Engagement	Tbc when start date of new post-holder is known

STRATEGIC PLAN 2009-13 APPENDIX C: INSIGHTS FROM PATIENTS, PUBLIC, CLINICIANS AND LOCAL PARTNERS

For the full report, please go to our website: http://www.oxfordshirepct.nhs.uk/news/2008/PCT-strategy.aspx

1. National context

In 2007 the Primary Care Trust undertook a public engagement strategy in relation to its strategic plan. An engagement process was repeated for the refresh in 2008/09.

Since 2007, the demands on Primary Care Trusts (PCTs) to inform and consult have been strengthened by the NHS Act 2006 (section 242 (1B)).

2. Local context

In the 2008/09 refresh, a number of key changes have been made to the PCT strategy: These included:

- Simplifying some of the key communication themes
- Strengthening the focus on specific areas of need
- Sustaining involvement with patients and the public

These changes take into account the engagement work of 2007, further comment from our partner organisations during the summer of 2008 and the information gained from the Joint Strategic Needs Assessment (JSNA).

1.3 Oxfordshire's public engagement process

A number of different approaches were identified through which we gained the views of 239 individuals and groups during the autumn of 2008. There was a series of meetings held in Henley, Witney, Oxford, Wantage and Banbury. Leaflets providing supporting information, a summary document and a questionnaire were made available on-line and distributed direct to over 200 individuals. 25,000 leaflets advertising meetings were distributed to over 450 venues in Oxfordshire and advertisements were placed in publications with wide distribution.

1.4 Key Messages

Respondents at meetings and to the questionnaire were given the opportunity to discuss a wide range of topics – and often this took discussion beyond the content and focus of the strategy. The key themes to emerge were that:

- Most, though not all, thought the re-drafted strategy was better
- Many expressed an interest in understanding some of the key current issues for the PCT and expressed concerns about particular topics, particularly the referral scheme for GPs that is being used to manage the level of referrals to secondary care
- There was a strongly expressed view that the needs of carers had not been sufficiently addressed in the strategy
- It was also felt that the voluntary sector was not sufficiently mentioned to reflect its value to the PCT
- Another key area raised related to deprivation – there was a concern that hidden pockets of deprivation may not be recognised and there was a need for an explanation of what was being described by the index of multiple deprivation

- Other concerns related to local services, boundary issues (specifically the transition between secondary and primary care), breaking the cycle of deprivation, GP led health centres, dentists, geriatric care and weight management (this last was seeking more information)

1.5 Further action

From the comments made at meetings and the responses received, a series of 13 actions have been identified. Of these, only 2 have been best addressed through edits to the strategy. The remainder relate to how we do things, not to what we do, and will be addressed through delivery of an agreed action plan created as a result of the engagement exercise.

Significantly, the identified action for several of the points raised relates to how we communicate with local people from key points of change to just letting them know what is going on.

All actions will be reviewed in early 2010 and the outcomes will be reported to all those who requested information. Responses to specific questions raised at meetings and via the questionnaire have been collated and will be fed back to those who have requested information. We will also publish updates on our website.

This includes, for example, the concern which was raised widely about the GP referral scheme. On the whole, most attendees were satisfied that the action of the PCT is appropriate once they had had an explanation of how this worked but had been made anxious by the adverse publicity. This scheme is explained at Appendix 5 to the full Public Consultation http://www.oxfordshirepct.nhs.uk/news/2008/PCT-strategy.aspx

The following outlines in more detail some of the proposals for the PCT arising from the public comments. The actions referred to are listed overleaf.

Publicity: For those aspects of health where there is still some confusion about information it may be that much of this can be resolved through more extensive local publicity. A good example of where this would be helpful is in connection to the quite wide spread concern about polyclinics, where there is no intention or plan to introduce this kind of service locally. Action 5 refers.

Deal with misconceptions: There are other misconceptions where it has been difficult to overcome the impact of extensive national and negative press which provides often inaccurate but frequently trusted information for example - the new GP referral service. The PCT needs to consider continuous debunking of these issues, as this is the only approach likely to succeed. Publicity about successful outcomes after a contentious issue has been completed/resolved is also suggested.

Strengthening information in the strategy document: There are number of areas where some strengthening of current information in the strategy would deal with concerns raised. This particularly applies to carers.

Review PCT approach: Comments from the voluntary sector in particular about how the PCT commissions from them have indicated a gap between the needs of the sector and the wishes of the PCT. Some review of how we work with the sector would support change in a way that is mutually effective.

The actions to address these issues are set out below:

Action 1: PCT public engagement plans in 2010-11 and beyond will seek to improve access to meetings.

Responsible team: Communications and Public Involvement
Time frame: Continuing

Action 2 (a): An easy read/plain English version of the strategy will be produced once a final version has been agreed.
Responsible team: Planning and Programmes / Communications and Public Involvement
Time frame: July 2009
Action 2 (b): Training and support on using plain English will be investigated with a view to increasing use across the PCT.
Responsible team: Communications and Public Involvement/all directorates
Time Frame: March 2010

Action 3: The PCT will meet with representatives of the Carers Forum and review how the draft Strategic Plan refers to carers and agree how the document can be improved.
Responsible team: Director of Planning and System Reform
Time frame: Action completed

Action 4: The PCT will follow up on the key points made at the Voluntary Sector Forum with regard to commissioning issues (see also 7.4 in the report). It is likely that this will take the form of a workshop to explore what needs to change in order to enable the voluntary sector to bid effectively for PCT contracts. It will be important to ensure the PCT is working to the Compact, using existing partnership structures. The PCT will also need to support the way that PCT staff understand the work of the voluntary sector and voluntary sector contracting issues.
Responsible team: Head of System Management / Health Improvement Principal, Public Health (Partnerships and Inequalities)/Commissioning/all directorates
Time frame: June 09

Action 5: The PCT will ensure that messages about new services and changes and developments to existing services are well-disseminated to a wide audience. The PCT will consider how it can ensure communication of complex problems and proposed solutions at the right time and to the right audiences.
Responsible team: Communications and Public Involvement/ All directorates/ Executive Board
Time frame: Continuing

Action 6: Indices for deprivation to be provided.
Responsible team: Attached to report on Public Engagement on the strategy at Appendix 6
Time frame: Completed

Action 7: The PCT will ensure that where a variety of meetings are taking place across the county about service change or development more local information or examples are provided during the meeting, rather than using generic examples from other areas.
Responsible team: Communications and Public Involvement/all directorates
Time frame: Continuing

Action 8: The PCT will review the care pathways from secondary to primary care to ensure that commissioning of these services takes into account the needs of patients who live on borders and may receive their secondary care within a hospital mainly commissioned by another Primary Care Trust.
NB This has been identified as an issue for patients within the Oxfordshire borders as well via incident reporting.
Responsible Team: Commissioning Directorate
Time Frame: March 2010

Action 9 (a): The Childrens and Young Peoples Plan will be refreshed by the end of 2009. The intention is to address many of the issues affecting Children and Young People in areas of deprivation.
Responsible Team: Head of Joint Commissioning – Children & Young People

Time frame: March 2010

Action 9 (b): Through the maternity care pathway, which the PCT commissions, all expectant mothers will receive information and advice on breastfeeding antenatally. Midwives support new mothers with breast feeding initiation and through the first 2 weeks. Subsequent to that, support is available to sustain breast feeding through their Health Visitor. The PCT regularly monitors the number of women initiating breast-feeding and the number still breast feeding at 6-8 weeks and ensures that support is targeted appropriately.
Responsible Team: Public Health – Choosing Healthy Lifestyles
Time frame: On going

Action 10: A list of the main contacts for PBC is provided at Appendix 7 to the Public Engagement Report and will be published on our website.
Time frame: Completed

Action 11: During 2009/10 additional dental services will be contracted from current providers and new services procured in Oxford and Banbury in line with the Strategic Commissioning Framework for Dental Services (July 2008). Delivery of service to other areas of the county will be reviewed and plans develop for additional services to increase percentage of the population who are able to access NHS dentistry.
Responsible Team: Commissioning - Contracted Primary Care Services
Time frame: To complete December 2009

Appendix C

Equality Impact Assessments on initiatives and projects described in the Strategic Plan

The PCT strategy has been subject to a full EIA and has been amended in accordance with the findings of that exercise. The Operational Plan (09-10 and thereafter) is the delivery tool for the strategic plan, and so will not be assessed as well, as this would effectively repeat the EIA exercise already completed on the strategy. However, the initiatives and projects described in this operational plan do need to be subject to an EIA and initiative leads will be accountable for ensuring this gets done. This appendix shows when EIAs will be completed on initiatives and their projects where possible. Please note that not all projects are included in this section either because they have already undergone an EIA or because the PCT is currently in the process of devising these milestones working with trained EIA advisors.

1. Transforming Health services

1a. Demand management

i) Secondary Care

- **Embed a referral management culture**: EIA scheduled for week commencing 30th March 2009
- **Contract Management:** EIAs scheduled for care pathways and pilots:
    - Ophthalmology care pathway: week commencing 30th March 2009
    - Ophthalmology care pathway pilot: week commencing 26th October 2009
    - Dermatology care pathway: completed in January 2009
    - Tier 2 Dermatology care pathway pilot: week commencing 26th October 2009
    - Gastroenterology care pathway: week commencing 27th July 2009
    - Gastroenterology care pathway pilot: week commencing 22nd February 2010
- **Improve local access to elective services:** the timing of EIA will be determined once practice / consortia start to submit business cases

ii) Primary Care

- **Developing a Primary and Community Services Strategy**: EIA will be completed by week commencing 06th July 2009
- **Pharmaceutical Needs Assessment:** EIA will have been completed by week commencing 29th June 2009

1b. Specialist services

- **Cancer:** EIA scheduled for week commencing 30th March 2009
- **Neurological conditions**: EIA will be completed by week commencing 06th July 2009

1c. End of life care

- **Public awareness and support**: EIA scheduled for week commencing 11th May 2009

1d. Urgent and immediate care

- **Urgent Care model:** EIA completed in February 2009
- **Urgent Care resilience:** EIA will be completed by week commencing 27th April 2009

2. Improving health

2a. Breaking the cycle of deprivation

- **Modernising maternity services:** EIA completed in January 2009
- **Redesigning paediatric services:** EIA completed in January 2009
- **Children's CHC - repatriation of out of county placements:** EIA will be completed by week commencing 31st August 2009

2b. Choosing healthy lifestyles

- **Breastfeeding:** EIA will be completed by week commencing 27th April 2009
- **Cardio vascular project (CVD):** EIA will be completed by week commencing 21st September 2009
- **Health Trainers:** EIA will be completed by week commencing 28th December 2009
- **Weight management (adults):** EIA will be completed by week commencing 28th September 2009
- **Weight management (children):** EIA scheduled for week commencing 06th July 2009
- **Go Active:** scheduled for week commencing 20th July 2009
- **Exercise on referral:** scheduled for week commencing 14th September 2009
- **Alcohol initiatives:** scheduled for week commencing 7th September 2009
- **Smoking cessation services:** EIA will be completed by week commencing 28th September 2009

2c. Protecting our health

- **Increased Chlamydia screening:** No EIA currently planned in 09/10; working to national guidance for how to deliver the service to maximise uptake
- **HPV:** No EIA currently planned in 09/10; working to national guidance for how to deliver the service to maximise uptake
- **Antenatal and Newborn screening:** No EIA currently planned in 09/10; working to national guidance for how to deliver the service to maximise uptake
- **Improve cervical cancer screening turnaround times:** scheduled for week commencing 14th September 2009
- **Breast screening extension:** scheduled for week commencing 14th September 2009
- **Screening other:** Pharmacy campaign material will be subject to stage 1 EIA when developed/commissioned
- **Health Care Acquired Infection (HCAI):** No EIA currently planned in 09/10; working to national guidance for how to deliver the service to maximise uptake
- **TB services:** No EIA currently planned as specifically targeted to a vulnerable population
- **Immunisations (childhood):** No EIA currently planned as uptake is being maximised by following up ALL children who have not been immunised

3. Improving quality for care groups

3a. A better deal for older people

- **Integrated care pathway for stroke tariff**: EIA completed in November 2008
- **Community equipment retail model:** Social services leading on this project
- **A Commissioning Strategy for older people across health and social care**: Oxfordshire County Council leading on this project
- **A Joint Health and Social Care Commissioning Strategy for dementia:** EIA will be completed by week commencing 1st February 2010
- **A service specification for foot care for older people:** EIA milestones not applicable for 2009/10. Project to commence at the end of the financial year
- **A service specification for continence services:** EIA will be completed by week commencing 29th March 2010
- **Review of complex medication in care homes:** : EIA completed in January 2009
- **Strengthening support to carers:** Oxfordshire County Council leading on this project
- **Community-based Gerontology service:** EIA milestones not applicable for 2009/10. Project to commence at the end of the financial year
- **Continuing care:** EIA will be completed by week commencing 27th April 2009
- **Continuing health care efficiencies:** EIA will be completed by week commencing 27th April 2009

3b. Excellence in long term conditions

- **Ongoing Implementation of case management**: EIA will be completed by week commencing 10th August 2009
- **Implementation of Diabetes service model:** : EIA completed in May 2008
- **Implementation of Musculoskeletal Tier 1 service enhancement and Tier 2 service** : EIA completed before January 2009
- **Development of a strategy for long term conditions:** EIA will be completed by week commencing 4th January 2010
- **A model of care for people with vascular conditions:** EIA will be completed by week commencing 29th March 2010

3c. Better Mental Health

- **EIA completed at an initiative level in May 2008**

All completed EIAs can be found on our website:

http://www.oxfordshirepct.nhs.uk/patient-matters/equality-and-diversity/equality-impact-assessment.aspx