

System Alignment Sub-Group of the Equality and Diversity Council (EDC)

Paper for the 4th February 2014 meeting of the EDC

Purpose

'System alignment' and in particular, examining the embedding of equality and tackling health inequalities within NHS and related systems, policies and procedures, as well as examining incentives, is a priority of the Council.

An EDC sub-group on 'system alignment' was established to take this priority forward. The sub-group comprised: Richard Barker (NHS England), Ray Warburton (Lewisham CCG), Alyson Morley (Local Government Association), Tony Vickers-Byrne (Public Health England), Ruth Passman and Habib Naqvi (NHS England), with support from the 'core' EDC secretariat.

This paper provides an overview and recommendations from the System Alignment Sub-Group of the EDC, on how this priority should be taken forward.

Background

In 2010 the members of the original EDC worked in a number of sub-groups in order to take its work forward. One sub-group concentrated on system alignment. Based on the EDC's endorsement of the sub-group's recommendations, the following was achieved:

- The NHS Operating Framework reminded NHS organisations of the public sector Equality Duty (PSED).
- The technical documentation of World Class Commissioning emphasised the need for PCTs to identify and meet the needs of diverse communities.
- The Statement of Internal Control sought assurance that NHS organisations had carried out equality impact assessments.
- The toolkit for Quality Accounts reminded NHS providers to meet the needs of diverse communities.
- The inclusion in guidance notes for inspectors, the Care Quality Commission asked them to look for the use of the EDS as evidence of NHS providers' commitment to equality.

While these above developments were welcomed and raised the profile of equality within the NHS, there was little in them that required NHS organisations to actually change their processes, practices and reporting. Rather, the developments simply encouraged and reminded organisation to promote equality.

In 2011, the profile of equality in the NHS received a boost from:

- Under the auspices of the original EDC, the launch of the original EDS and its take-up by the majority of NHS organisations, and support from a range of organisations and bodies including the CQC, Monitor and the FT Network. In its guidance to inspectors, the Care Quality Commission asked them to look for use of the original EDS by NHS providers.
- The inclusion within the accreditation process for CCGs of requirements for CCGs to commit to promoting equality and the use of tools like the EDS.

Current position

Now that the NHS reforms have been implemented, some of the original levers have been replaced, and the references to equality have been lost. New levers, by and large, make little or no reference to equality. For example, despite what was required for CCG accreditation, the current CCG Assurance Framework does not ask CCGs to commit to promoting equality and to using the EDS. Health inequalities also featured in the accreditation process for CCGs; health inequalities can feature more strongly in the Assurance Framework.

As a result, CCGs and NHS providers are not directly required by DH or NHS England to promote equality at the start of each planning period, and are not required to report on progress for their diverse communities during, and at the end of, each period. As before, it is left to individual champions in NHS organisations to remind their organisations to take heed of equality and health inequalities, and to be interested in how their performance supports different communities. As champions come and go, with many burning out, NHS equality performance remains patchy with little that is learnt, consistent or long-standing.

NHS England's strategic approach to equality and health inequalities

The nine objectives for tackling health inequalities and promoting equality that NHS England has currently set itself, will be met if the major levers of the NHS are adjusted to require – not encourage or support – NHS organisations to address inequalities and equality in their commissioning and delivery intentions at the start of the year, and in their reporting during and at the end of the year. In doing so, the focus will switch from individual champions to Boards and management teams.

Recommendations

For these reasons, the System Alignment Sub-Group of the EDC recommends a more direct approach that lays explicit requirements on NHS organisations to promote equality and tackle health inequalities, as they make, monitor and report on their plans. In particular, references to tackling health inequalities and promoting equality should be made explicit within the headlines of key system levers. They should not be tucked away in annexes, toolkits and the like; and they should not be absent.

A scoping exercise was undertaken by the sub-group to consider the extent to which equality and health inequalities currently feature in the key system levers. Below is a summary of this exercise:

- ***NHS England's Everyone Counts***. Clear requirements should be included in this document's headlines. For example, the promotion of equality and tackling health inequalities can be made explicit within 'The Offer'.
- ***CCG Assurance Framework***. Equality and health inequalities featured prominently in the CCG Accreditation Framework, but are absent in the CCG Assurance Framework. As a result good progress achieved during the accreditation process may be lost, and Governing Board commitment dissipated.
- Reporting against the ***NHS Outcomes Framework*** and the ***NHS Constitution*** commitments. This "lever" is critical. We need to require that reporting on the domains of the NHS Outcomes Framework (Annex A of '*Everyone Counts*') and the NHS Constitution commitments (Annex B of '*Everyone Counts*') takes

account of groups and communities who are protected by the Equality Act or are otherwise disadvantaged. How organisations respond to this requirement will depend on the make-up of their local populations, local evidence and insight, and local concerns. When reporting their data, they should make dis-aggregations wherever there is a local need to do so in order to highlight variances between groups and communities, and so that programmes based on proportionate universalism can be progressed.

- **TDA's Planning Guidance.** The TDA should make references to promoting equality by using *EDS2*, explicit in the main planning guidance – and not just in the technical guide.
- The **NHS Standard Contract.** Many NHS equality managers see the inclusion of explicit requirements to tackle inequalities and promote equality within the standard contract as the one change that will have the most impact.
- **Quality Accounts.** In this regard, NHS providers should be required to demonstrate how their service access and delivery benefit all the communities they serve with reference to the PSED and the health inequalities duties. Also to take into account the comments of local Healthwatches on their Quality Accounts, in good time before they are published. If this change is implemented, local Healthwatches will be put on the same footing as CCGs. Local Healthwatches might also be asked to focus some of their effort on equality / health inequalities.
- **Care Quality Commission regulations,** essential standards and key inspection questions. 'Signposting documents" for inspection of GP services, and community health services have recently been published. There is a good opportunity here to look at these services from the perspectives of different equality and other disadvantaged groups. At the same time, further discussions with CQC could identify how to make equality and inequalities a more central part of inspection processes of all services.
- **Corporate Governance Statements.** NHS Boards should be asked to make auditable statements of how they have taken account of inequalities and equality in the year, including their use of equality impact analyses. In responding, NHS Boards and Governing Bodies can refer to the evidence they have assembled as they applied *EDS2*.
- The publications of the **NHS Staff Council.** The references to equality with regard to workforce planning and development can be considerably strengthened. Moreover, the work of the NHS Staff Council needs to be better aligned with the work of NHS England, the TDA and DH.

Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

JSNAs are tools to which CCGs contribute. Getting the JSNAs to be more equality-focused will depend, to a significant extent, upon getting equality mainstreamed within the system levers of the NHS. If, for example, CCGs are required to report on the Outcomes Framework and upon the NHS Constitution commitments by equality groups, they will be more keen for JSNAs – that breakdown data by equality and disadvantaged groups – to help them.

Commissioning intentions should feed from and support local JHWSs. The guidance on the production of JHWSs could be strengthened with regard to equality and health inequalities.

Support and incentives

The System Alignment Sub-Group of the EDC also highlights the importance of the provision of resources, incentives, support and capacity-building to help NHS organisations to respond to equality and health inequalities mandated responses, once they are hardwired and embedded within the major system levers – as recommended above. In addition, this will also include data analyses and the monitoring of local and national changes in outcomes for patients and service users.

The possibility of running an exploratory workshop/meeting on ‘system alignment support and incentives’ at the forthcoming Health and Care Expo in Manchester (3 and 4 March), was raised by the sub-group. The scope for such a workshop/meeting has been submitted to the Expo planning team.

Values and beliefs

The EDC should focus on not only the content of system levers and consequent behaviours, but also upon the change in values and beliefs in the NHS that will be necessary for practical changes in behaviour to take root over time. The values of the NHS Constitution are exactly the values that should underpin the changes in beliefs that will be required.

System alignment sub-group of the EDC
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