

Data Measurement Sub-Group of the Equality and Diversity Council (EDC)

Paper for the 4th February 2014 meeting of the EDC

Purpose

Ensuring availability and access to the data and tools required to measure progress in promoting equality and tackling health inequalities, is a priority of the EDC.

In taking forward the priority, a data measurement sub-group has been established with members drawn from key partner organisations, overseen by Bill McCarthy, the National Director: Policy, NHS England.

The group held its first meeting on 20th January 2014, coming together to explore the equality and health inequalities data collection, monitoring and dissemination requirements for the NHS system in order to ensure NHS organisations are supported to deliver on the public sector Equality Duty and meet the legal duties around tackling health inequalities.

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

Background

1. In order to eliminate unfair variations in health based on factors such as deprivation, geographic location, gender, sexual orientation, social status and religion and to ensure that the NHS' services achieve the same high levels of access, experience and outcomes for all, including for those currently experiencing poor outcomes, the EDC recognises the need to ensure a strategic approach to the collection and monitoring of data and the production and dissemination of required methodologies and resources. We need to overview the data that we currently monitor and record, define and develop a core set of data for promoting equality and tackling health inequalities, and develop the capability to disaggregate this, including by geography and protected characteristics.

1.1 Research evidence supports our understanding that persistent inequalities are driven as much from inequality of access to assets as it is by exposure to risk. This requires us to broaden the scope of the data, methodologies and resources needed for advancing equality and tackling inequality, ensuring that we are drawing from asset based work, for example utilising co-production principles and recovery approaches.

1.2 Data flows, monitoring and analytical capability needs to be both horizontal and vertical. So that local health economies can monitor their own/ benchmark one another's' progress and so that we also have data flows and monitoring capability between local organisations and central organisations.

1.3 Local and national organisations need data which helps them to understand if access to their services is improving for the protected characteristics and for particular (locally specified) population groups.

1.4 To satisfy the requirements of the 2010 Equality Act and meet the PSED, organisations need to be able to collect and record in accordance with the nine protected characteristics and a system-wide decision on local/national data flows and monitoring requirements is required. Members of the sub group (drawn from HSCIC, DH and NHS England) have been asked to develop a rapid options appraisal on what is policy decision to be made, where have we got to on equality monitoring, what is holding the agenda up, what is the decision for the EDC to make and what are the resource requirements and burden implications in relation to the Concordat.

Next Steps

- Clarify what are the different purposes and of data and the range of users - different purposes and user audiences will require different types of data, analytical tools and presentation
- Map existing sources of data, tools and methodologies relating to Equality and Health Inequalities and who across the system is currently working on equality and health inequalities data in order to need to join up and avoid duplication
- Promote the development of agreed definitions / specifications, identify gaps in existing data sources/collection/ analyses and scope the new datasets/methodologies and indicators required to measure progress and deliver the Council's commitment to promoting equality and reducing health inequalities
- Implement a strategic approach to the consistent recording and use of equality monitoring data within major levers and interventions (such as national patient and staff surveys, Friends and Family Test)
- Establish a sexual orientation task and finish group (as a pilot for the potential establishment of national monitoring for ALL protected characteristics) to examine the proposal for mandatory sexual orientation monitoring, identifying the core challenges and solutions including incentives and levers in commissioning and contracting environment to encourage organisation to do this.
- Establish a work programme and priorities against which it will periodically report back to both the EDC and the Commissioning Assembly Health Inequalities working group.
- Work with NHS England and Health & Social Care Information Centre (HSCIC) colleagues to embed within data standards and further

engage policy colleagues from a range of organisations to get 'buy in' and to consider the broader/resource implications of the data sub group workplan and recommendations.

- Develop an appropriate proposal for the repository and distribution of data, analytical tools, methodologies, and narrative (e.g. benchmarking, atlas) to help transform data to intelligence and support action to promote equality and tackle health inequalities.

Recommendations

The Council are asked to note the next steps underway for the data sub group as outlined above.

The Council are asked to consider the policy options regarding mandatory data collection and monitoring across the protected characteristics, taking into account challenges and opportunities as well as the resource and burden implications and issue a 'statement of principle'.

Data measurement sub-group of the EDC

January 2014