

Equality and Diversity Council Meeting Paper

6th May 2014

Data Measurement Subgroup

Purpose and context

One of the agreed priorities of the EDC is to focus upon ensuring the availability of and access to the data and tools required to measure our progress in advancing equality and tackling health inequalities. In taking forward this priority, a data measurement subgroup was established with members drawn from key partner organisations.

The EDC Subgroup on Data Measurement has 3 output-orientated objectives that relate to: (i) development of agreed definition covering protected characteristics and dimensions of health inequalities for datasets and indicators; (ii) identification of gaps and issues in current data sources and collections – and proactive steps to address; (iii) implementation of a strategic approach to consistent recording and use of this data in major levers (e.g. F&F test, NHS Patient Survey, NHS Staff Survey).

Action taken to date

An initial scoping exercise has been undertaken to 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.

A Sexual Orientation Monitoring (SOM) task and finish group has been established, composed of representation from key organisations from health and care and beyond.

A proposal for the disaggregation of the NHS Outcomes Framework by equality and health inequalities groups has been drafted.

A draft Equality Monitoring Guide exists – that outlines, for monitoring purposes, the questions and response codes for the nine protected characteristics.

Current position

Key members of the data sub group agreed to meet to develop a draft workplan and forward agenda. It is proposed to split the work on generating disaggregated intelligence into access, experience and health outcomes.

It is proposed that specific task and finish groups are established drawing membership from across the system as follows:

I. Disaggregation Groups (separate groups on access, experience and outcomes)

To co-produce:

- Identification of the key challenges (within access, experience or outcomes) for each protected characteristic and health inequalities group
- Evidence base for prioritisation of issues e.g.: literature reviews of “grey” and VCS literature, consulting stakeholders, etc. leading to that prioritisation
- Scoping of current information, intelligence and initiatives already in hand (e.g. NHS OF equality analysis and disaggregation plan); identification of gaps from priorities leading to
- Action plan to address priority actions – with timescales
- Definition of “what good looks like” at each stage of progress of action plan

II. “Enabling” Task and Finish Groups

There are immediate and pressing issues about lack of available data on a number of health inequalities dimensions and protected characteristics. To support the work on access, outcomes and experience, specific work on data collection (including information standards) and sexual orientation monitoring is proposed:

- a) Data collection. This group would focus upon data standards, rollout into information systems, supporting capability building of staff and culture-shift to enable collection, production of guidance regarding use of data (comparator data, methodologies, case studies of service change, etc.) This would include consideration of whether incremental vs. mandated rollout, cross-governmental work on data standards, and production of submissions to the Standardisation Committee for Care Information (SCCI).
- b) Equality and Health Inequalities Strands. This group will provide a ‘task and finish’ function to agree and roll-out the questions/response codes for monitoring equality and health inequalities characteristics. Schedule for this is as follows:
 - Sexual Orientation
 - Gender reassignment / Sex
 - Age / Ethnicity / Religion or belief
 - Disability
 - Marriage or civil partnership / Pregnancy and maternity
 - Health inequalities markers

Key risks

- Lack of capacity and buy-in from cross-organisations to be members and drive work.
- A risk of not improving system-wide understanding of how people’s differences can affect their access to services, experiences, health outcomes; and to meet legal duties with regard to equality and health inequalities.

Next steps

1. To establish the ‘Enabling Task & Finish Groups’ from April 2014 onwards.
2. To invite additional key persons/organisations to sit on the EDC Data Measurement Subgroup.

Recommendation and action requested

For the EDC to note and provide high level buy-in and support to the work outlined as above.

Bill McCarthy

On behalf of the Data Measurement Subgroup of the EDC

23 April 2014