NHS England response to the specific duties of the Equality Act

Equality information relating to public facing functions

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Contact Details for further information	Kate Milton Equality and Health Inequalities Unit, Commissioning Strategy Peninsula House Kingsmill Road PL12 6LE 0113 824 8783 https://www.england.nhs.uk/about/equality/

Document Status

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1 Introduction- purpose of the report

NHS England is committed to 'high quality care for all, now and for future generations.' We know from evidence that we cannot be successful in achieving this vision without advancing equality and tackling health inequalities. Alongside this values-based commitment sit our legal duties to promote equality as required by the Equality Act 2010, and to address health inequalities, as required by the Health and Social Care Act 2012.

The public sector Equality Duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

- Advance equality of opportunity between people who share a protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not.

The purpose of this report is to provide equality information on how NHS England is meeting the requirements of the Specific Duties of the Equality Act in its public facing functions. Since its inception in April 2013, NHS England has undertaken considerable work to meet its moral and legal obligations to promote equality and address health inequalities to improve access to services, patient experience, and health outcomes for the population of England.

NHS England also publishes its workforce data by protected characteristics on an annual basis.

2 What Evidence Tells Us

Available data shows that there are inequalities in access, health outcomes and service experience which have endured over time despite substantial investment in healthcare. Inequalities are in evidence between groups of people with different characteristics and across geographies. For example:

- The GP Patient Survey shows variation by ethnicity in patient confidence and trust in their GP, (white) British 66%, compared with Chinese 44%, Bangladeshi 52% and Pakistani 52%. This variance by ethnicity was replicated in the same survey in terms of overall experience of GP experience. (white) British 45%, compared with Chinese 23% and Bangladeshi 27%.
- Gay and Lesbian people are 1.7 times more likely than heterosexual people to report being a regular smoker. Bisexual people are 1.6 times more likely than heterosexual people to report being a regular smoker.
- Gay and lesbian people are 2.5 times more likely than heterosexual people to report a long-term mental health problem. Bisexual people are 4.0 times more likely than heterosexual people to report a long-term mental health problem.

- Gay and Lesbian people are 1.5 times more likely than heterosexual people to report some level of anxiety or depression. Bisexual people are 1.9 times more likely than heterosexual people to report some level of anxiety or depression.
- Within the children and young people inpatient and day case survey, 45% of parents and carers of children with a physical disability, and 49% of those with children with a mental health condition or learning disability, said that staff were definitely aware of their child's medical history. This compared with 59% of parents and carers whose children did not have these needs.

This information will be used to help inform service planning. We will also use it as an evidence base for setting and equality objective which seeks to improve our engagement with people from different protected groups.

3 Equality and Diversity Council

NHS England is committed to a joined up approach to promoting equality and reducing health inequalities, and co-chairs the Equality and Diversity Council (EDC), The EDC works to bring people and organisations together to realise a vision for a personal, fair and diverse health and care system, where everyone counts and the values of the NHS Constitution are brought to life. The Council's purpose is to shape the future of health and social care from an equality health inequalities and human rights perspective and to improve the access, experiences and health outcomes and quality of care for all who use and deliver health and care services.

During 2015, EDC membership was reviewed and a work plan scoped for 2015-17. As a result additional focus has been brought upon continued improvements in the access, experience and outcomes of people with protected characteristics from Inclusion Health[1] groups.

The EDC has made two significant decisions which have seen equality mandated in the NHS Standard contract for providers. These are to introduce a Workforce Race Equality Standard (WRES), requiring all NHS organisations to demonstrate progress to ensure that employees from BME backgrounds have equal access to career opportunities and receive fair treatment in the workplace, including a specific indicator to address the low levels of NHS BME Board representation, and to make the use of the Equality Delivery System (EDS2) compulsory for all NHS organisations. EDS2 is a facilitative tool which supports NHS organisations to meet the Public Sector Equality Duty (PSED).

The evaluation of the first year of the WRES will inform the development of a wider programme of equality across the protected groups. Research exploring the experiences of disabled staff in the workplace was commissioned by NHS England and published by the Universities of Middlesex and Bedfordshire in January 2016.

[1] Inclusion Health groups are marginalised socially excluded groups who experience poor health outcomes. They include, migrants and asylum seekers, homeless, sex workers, and gypsies and travellers

The EDC has agreed to carry out engagement and a campaign of service action with the wider NHS, to prepare for the introduction of a Workforce Disability Equality Standard (WDES), potentially from April 2017. Engagement has commenced with equality networks and disabled staff leading activity and workshops to promote 'disability as an asset' and discuss the research findings.

The EDC is supported and hosted by the Equality and Health Inequalities Unit.

4 Workforce Race Equality Standard

The WRES requires organisations employing almost all of the 1.4 million NHS workforce to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

Following the inclusion of WRES within the NHS standard contract in April 2015, a substantial amount of work has been undertaken to support local NHS organisations in implementing the WRES, including support in meeting the milestone for NHS provider organisations returning baseline WRES data. As the work progresses, a programme of work is scheduled to help ensure that organisations are fully supported to meet their contractual obligations and show continuous improvements against the WRES metrics.

5 Equality Delivery System

The main purpose of the EDS2 is to help local NHS organisations, in discussion with local partners including local communities, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty (PSED).

NHS England is committed to implementing the Equality Delivery System, both as a system leader, and as an organisation in its own right. The four EDS2 goals are:

- Better health outcomes;
- Improved patient access and experience;
- A representative and supported workforce;
- Inclusive leadership.

6 How have we engaged with people from different protected groups?

One of the EDC's three priorities for 2015-17 is equity of access to services and improved outcomes for protected groups and people with lived experience of stark inequalities. A sub group has been established with an agreed workplan and a diverse membership made up from across the NHS, partner organisations and people with lived experience of protected characteristics, membership of 'Inclusion Health' groups or experience of stark inequalities. The sub group has a stated aim of

supporting the EDC and its members to engage with the lived experience voice, working with people with lived experience to advance equity in access to improve health care experiences and outcomes for the most disadvantaged groups and those with protected characteristics by 2017, supporting healthcare commissioners and the wider system in this respect.

The Equality and Health Inequalities Unit has hosted a number of Values Summits across the country through which local and national system leaders of the NHS and the Equality and Diversity Council engage with communities who are active in the co-development of their local health and care services. The Summits promote values-based ways of working, celebrating shared learning and working in partnership with patients and the public, clinicians, managers and frontline staff to foster a greater understanding of how people's differences, social status and cultural expectations can affect their experience of healthcare. NHS Values summits are not one off events but have led to the establishment of NHS Values legacy groups in different areas to progress a number of topics of concern and help drive changes to NHS services in their areas.

The Greater Manchester NHS Values Group (GMVG) comprises a group of very committed individuals working to transform health and care –people with lived experience, patients and carers, frontline staff and managers, local community and voluntary sector organisations, CCGs, GPs, NHS providers.

Since 2013 GMVG has been working with its NHS and voluntary sector partners in Greater Manchester and the Equality and Health Inequalities Unit, exploring innovative approaches to tackle inequalities in access and health outcomes for the most vulnerable to improve health and care services, becoming the first official partner of Health and Care Devolution in Greater Manchester

During the 2015 Health Expo GMVG, NHS Values Champions and Pathways' Experts by Experience ran an interactive stall with a themed 'Snakes and Ladders' activity which explored how we can include the lived experience of patients at all levels of the design and delivery of healthcare services. Healthcare professionals were encouraged to take part in a game of snakes and ladders, staffed by people with lived experience of homelessness, protected characteristics, the asylum system and inclusion health groups, to break down some of the misconceptions and barriers that exist.

The Greater Manchester Values group held interactive workshops at Expos which:

- Explored how co-production could improve the planning, commissioning and delivery of integrated healthcare and help ensure that the voice of the most marginalised in society is at the fore of Health and Care Devolution in Greater Manchester.
- Illustrated how those with protected characteristics and experience of the most stark inequalities could work with professionals to change the culture of health and care and ensure that people like them could find themselves more easily in local NHS strategies and in commissioning and service integration proposals.

- Explored how to create greater focus on addressing the primary health care needs of socially excluded groups who experience complex problems, and how the Lived experience voice can influence models of leadership, co-production and commissioning, leading to transformational change and enhancing the values of the NHS.
- Presented the aims and achievements of the GMVG and their involvement in shaping the national equalities agenda with the EDC Inclusion Health sub group.
- Created an Expo Lived Experience video interviewing people with protected characteristics and from inclusion health groups about access to healthcare.

Expo 2015 provided a great opportunity to engage with people from across protected groups. NHS England hosted a People's Panel for which recruitment proactively targeted people from protected groups. One workshop was exclusively for people with learning disabilities, and a number targeted people from different age groups. This included:

- Does the NHS Meet the needs of Children and Young People?
- Improving experiences of Children's Health Services, turning policy into practice, ideas to make it happen! and
- Digital Inclusion for older isolated people.

Accessibility audits were undertaken and British Sign Language signers were available for all workshops and presentations.

7 Learning Disabilities

People with learning disabilities have poorer health than their non-disabled peers. Differences in health status are, to an extent, avoidable and result from barriers to accessing timely, appropriate and effective health care. Transforming healthcare services, continuing to improve health outcomes and responding to the health inequalities faced by people with learning disabilities and autism is central to the work of the Transforming Care Programme. This focuses on five key areas: empowering individuals; right care, right place; workforce; regulation; and data.

The NHS Learning Disability Employment Programme is aiming to increase the number of people with learning disabilities employed in the NHS, supporting the NHS in becoming a more progressive employer that has a diverse workforce, representative of patients it serves. A three step pledge was launched on 7th October, to enable organisations to commit to employing people with learning disabilities, demonstrate and monitor progress. As of September 2015, 18 NHS organisations are participating in Project SEARCH and 3 more signed on to start in 2016.

8 Strategic Partner Programme

The Strategic Partner Programme brings together partners from the voluntary and community sector who work to promote equality for different protected groups, and to reduce health inequalities.

Drawing on their networks, the Partners work together on key aspects of health, social care, and public health policy with national organisations – Department of Health, Public Health England and NHS England – on behalf of patients, service users and the wider public. The eelier national organisation engage with partners the more inclusive their policies are likely to be.

The Partners reach a broad range of people and communities and provide extensive depth of reach to particularly vulnerable groups. The Strategic Partner Programme membership is detailed below:

Programme Members

Age UK	FaithAction
National Voices	Men's Health Forum
National LGB&T Partnership	National Children's Bureau
Young People's Health Partnership	Race Equality Foundation
NACRO, Action for Prisoners' Families and Clinks	Women's Health and Equality Consortium
Disability Partnership	Regional Voices
Mental Health Consortia	Carers Trust and Carers UK
National Association of Voluntary and Community Action	National Council for Palliative Care, Help the Hospices and Marie Curie
Volunteering Matters	Voluntary Organisation Disability Group, National Care Forum and Sue Ryder
UK Health Forum	Disability Rights UK, Shaping Our Lives and CHANGE
National Housing Federation	Health, Work and Well Being Group

9 Accessible Information

Accessible Information Standard

NHS England led the development of the Accessible Information Standard (formally known as SCCI1605 Accessible Information), published in July 2015. The work was co-produced throughout, including a lay-dominated Advisory Group, extensive engagement activity with affected individuals and groups, partnerships with the voluntary sector, and a consultation on the draft Standard prior to finalisation. The Standard requires a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs, where those needs relate to a disability or sensory loss. All providers of NHS and / or adult social care must follow the Standard in full by 31 July 2016.

The Standard is in line with NHS England's commitments to increasing personalisation and patient empowerment, reducing health inequalities and enabling people to be equal partners in their own care. It also supports specific commitments to improving the care of people with a learning disability, to amplify their voices and to enable them to take more control of their own lives.

10 Citizen Assembly

NHS Citizen is a national programme to give the public a say on healthcare matters and influence NHS England decision making. It is intended to give:

- Citizens and organisations a direct, transparent route for their voices to reach NHS England decision making processes.
- The NHS England Board and others a new source of evidence and opinion on the NHS.
- The public an open accountability mechanism to feed back on the work of NHS England, and the opportunity to participate in the work of the organisation.

On 25th November 2015, NHS Citizen held a Citizens Assembly to bring together members of the public with the Board of NHS England to discuss five topics relating to healthcare in England. These were:

- Support for people with dementia post diagnosis;
- Comprehensive psychosocial approaches to mental health;
- Preventing premature deaths;
- Improving Health Outcomes for Looked-after Children and Young People; and
- Transparency in Clinical Commissioning Group Decision Making.

Each topic discussion focused on an issue raised by citizens through the NHS Citizen programme. The event, which took place over the course of a day at the Excel Centre in East London, involved over 250 participants, including members of the public, carers, representatives from charities and other stakeholder groups, and NHS England staff.

The Assembly was attended by participants from a diverse range of backgrounds who were all able to bring their unique insight and experience to discussions. Many of these participants had little experience of sharing their views on healthcare or influencing decision-making, and there was good representation from people of different ages, ethnicities and from people with a disability, long-term illness or health condition. This diverse mix was made possible through a targeted recruitment strategy. 100 places were made available on a first come first served basis and the remaining 150 were offered to people from diverse and marginalised groups, the organisations who represent them, and other targeted groups.

11 Gender Identity Services

NHS England has confirmed that people accessing gender identity services have a right under the NHS Constitution to be seen within 18 weeks of referral in line with the access standards that apply to other similar services. There has been close work with the three providers of genital reconstruction surgery to model the capacity requirements to begin to reduce waiting times for surgery to below 18 weeks. In 2015/16 NHS England invested an additional £4.4m in genital reconstruction services. Addressing long waiting times for referrals into gender identity clinics for initial assessment is considered to be priority action and discussions are taking place

with the gender identity clinics about how additional investment could be deployed from 2016/17 with the express aim of reducing waiting times.

In recognition that improving healthcare services for transgender and non-binary people requires a multi-agency approach, in June 2015 a number of statutory organisations and various professional associations attended a symposium hosted by NHS England with the ambition of developing a coordinated plan for tackling problems around access, poor patient experience and discrimination. Another symposium will take place in March 2016 to progress the work undertaken, specifically considering workforce, training and development issues, with involvement from Health Education England and other organisations.

NHS England has continued to engage with people who use transgender services via a Transgender Network and specific events for families who use gender identity development services for children and young people. In December 2015 NHS England was nominated in the LGBT Foundation's "Heroes" award in the Public Sector Partner of the Year category, in recognition of its work in improving services for transgender and non-binary people.

12 Equality Objectives

NHS England set itself four Equality Objectives for the period April 2014 to March 2016. These objectives are specific and measurable and are refreshed at least once every four years. The primary purpose of the objectives is to focus the organisation on the outcomes to be achieved through advancing equality, rather than the written documents and processes to evidence legal compliance. The equality objectives below are due for refresh in March 2016.

Equality Objective	Progress towards it
We will oversee and support the implementation of the Equality Delivery System (EDS2), so that by 31 March 2016 there is a minimum of 95% implementation across all NHS Trusts, NHS Foundation Trusts, and Clinical Commissioning Groups across England	We are on course to achieve the 95% minimum target
During 2014/15, we will help support CCGs to plan and commission for equality by embedding equality at the heart of key system levers identified by the Equality and Diversity Council, including the CCG assurance regime	We achieved this during 2014/15; WRES is included in the 2016/17 CCG Assessment Framework
By March 2015, we will have developed an Accessible Information Standard to help disabled patients, service users and carers to receive accessible information and appropriate communication support when in contact with healthcare services, to be implemented by March 2016	On course with this objective
NHS England is committed to implementing the Equality, Diversity and Inclusion in the Workplace Strategy 2013 to 2015, to ensure an	Completed

Equality Objective	Progress towards it
engaged workforce that is more representative at all levels	

During 2016 we will be engaging across the organisation and using EDS2 and other sources of evidence to set our equality objectives to ensure we continue to work to promote equality and reduce inequalities across the NHS in England.