



NHS England response to the specific equality duties of the Equality Act 2010

NHS England's equality objectives and equality information
January 2017

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Acronyms used in this report

ADASS	Association of Adult Social Services
BME	Black and Minority Ethnic
CCGs	Clinical Commissioning Groups
CIPOLD	Confidential Inquiry into Premature Deaths of People with Learning Disabilities
CQC	Care Quality Commission
CSV	Community Service Volunteers
DAWN	Disability and Wellbeing Network
DH	Department of Health
DWP	Department for Work and Pensions
EDC	Equality and Diversity Council
EDS	NHS Equality Delivery System
EDS2	NHS Equality Delivery System 2
EMG	Executive Management Group
EHI	Equality and Health Inequalities
EHIU	Equality and Health Inequalities Unit
EHRC	Equality and Human Rights Commission
GICs	Adult Gender Identity Clinics
GP	General Practitioner
HEE	Health Education England
HQIP	Healthcare Quality Improvement Partnership
LGA	Local Government Association
LGB	Lesbian, Gay, Bisexual
LGBT	Lesbian, Gay, Bisexual and Transgender
NAVCA	National Association for Voluntary and Community Action
NHS	National Health Service
ONS	Office for National Statistics
PPI	Patient and public involvement
PSED	Public sector Equality Duty
PSEDs	Public sector Equality Duties
SEDs	Specific equality duties
SMARTER	Specific, measurable, attainable, realistic, time-specific, evaluate, review/revise
SOM	Sexual Orientation Monitoring
TCDB	Transforming Care Delivery Board
VCS	Voluntary and Community Sector
VCSE	Voluntary, Community and Social Enterprise
WESC	Women and Equalities Select Committee
WDES	Workforce Disability Equality Standard
WHO	World Health Organisation
WRES	Workforce Race Equality Standard

1 Introduction and the purpose of this report

1.1 About NHS England

NHS England was established by Parliament under the Health and Social Care Act 2012; NHS England is charged with the stewardship of the NHS. NHS England leads the National Health Service (NHS) in England. We set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care. As an independent organisation, NHS England works at arm's length from Government.

NHS England shares out more than £100 billion in funds and holds organisations to account for spending this money effectively for patients and efficiently for the tax payer. A lot of the work we do involves the commissioning of health care services in England. We commission the contracts for GPs, pharmacists, and dentists and we support local health services that are led by groups of GPs called Clinical Commissioning Groups (CCGs). CCGs plan and pay for local services such as hospitals and ambulance services.

We have devised a strategic vision for the NHS, along with our partners in health, called the Five Year Forward View. And now, with our partners, we are delivering that vision. This vision shows that we are serious about prevention, identifying and delivering improvements in health care, redesigning the NHS so it continues to meet the needs of patients, ensuring the NHS is financially sustainable and engaging the public in this whole process. For more information about us please visit [our website](#).

1.2 Governance

Ultimate responsibility for the affairs of NHS England including compliance with the public sector Equality Duty and our other legal duties rests with NHS England's Board. Our Board consists of a Chair and eight non-executive directors and four voting executive directors. A number of non-voting executive directors regularly attend Board meetings. Board members bring a range of complementary skills and experience in areas such as finance, governance, health policy, health inequalities and equalities. Key areas of the Board's governance responsibilities support effective compliance with the duties to reduce health inequalities and the public sector Equality Duty. NHS England then assigns staff internally to give effect to this agenda and work programme.

1.3 Embracing our equality duties and the structure of this report

As the title of our [2015/16 Annual Report](#) makes clear NHS England is committed to 'high quality care for all, now and for future generations.' We know from evidence that we cannot successfully achieve this vision without advancing equality and reducing health inequalities. Our values-based commitments embrace important legal duties in relation to equality of opportunity and reducing health inequalities that

are provided by the Equality Act 2010 and the Health and Social Care Act 2012; these duties are explained in part two.

Part two of this report explains and comments on the relationship between the NHS Constitution's principles and values, NHS England's ten business priorities and our duties in relation to publishing equality objectives and equality information.¹ We also briefly examine the relationship between the general and specific public sector Equality Duties and our duties in relation to reducing health inequalities provided under the Health and Social Care Act 2012.²

Part three of this report sets out our equality objectives published in April 2014. It also sets out our equality objectives for 2016 to March 2020 and the associated targets including those related to NHS England's own workforce and workforce matters. We have also explained how we have addressed key guidance from the Equality and Human Rights Commission (EHRC) and feedback received from stakeholders. In accordance with the EHRC guidance, we have sought to develop objectives which are specific, measurable and have clear timelines and deliverables. The equality objectives will be presented to the NHS England Board during the first quarter of 2017 and will be reviewed periodically.

1.4 Publishing our equality information and this report

This report assists NHS England to comply with the Specific Equality Duties (SEDs) that support the public sector Equality Duty (PSED). Our approach draws on feedback from those consulted about the development of our equality objectives. It also draws on guidance published by the Equality and Human Rights Commission (EHRC) on developing equality objectives and equality information.

Parts five to eight of this report provide equality information on progress towards the public sector Equality Duty (PSED) under four main headings: i) system leadership, systems, the Equality and Diversity Council, standards and equality information; ii) engagement across the protected characteristics; iii) transforming services and the NHS; and iv) NHS England as an employer. Appendix one provides relevant workforce data for NHS England.

¹ The 10 business priorities were set out in NHS England's business plan for 2016/17. The business plan was published on 31 March 2016.

² Detailed information on compliance with our duties under the Health and Social Care Act 2012 is set out in NHS England's annual reports and associated documents.

2 The general and specific public sector Equality Duties, the health inequalities duties and other key obligations

2.1 The public sector Equality Duty in context

The public sector Equality Duty (PSED) is made up of a general Equality Duty and specific equality duties (SEDs). The general public sector Equality Duty is set out in primary legislation as section 149(1) of the Equality Act 2010. This general duty is supported by secondary legislation in the form of statutory regulations. These statutory regulations are called the specific equality duties (SEDs). The PSED is supported by non-statutory guidance and technical guidance issued by the Equality and Human Rights Commission (EHRC).

The EHRC encourages organisations to consider how the public sector Equality Duty (PSED) informs all of their relevant roles. To assist readers, this part of our report briefly overviews NHS England's general and specific equality duties, the duties in relation to health inequalities, the principles and values enshrined in the NHS Constitution and NHS England's key business priorities. The legal duties, on equalities and health inequalities, are important in their own right but they also are relevant to the achievement of the key principles and the values enshrined in the NHS Constitution and NHS England's key business priorities.

2.2 Understanding the general equality duty

The general public sector Equality Duty, section 149 (1) of the Equality Act 2010, is one of 'due regard' or proper consideration. The general Duty is supported by specific equality duties (SEDs), secondary legislation or statutory rules, designed to facilitate the better performance of the general Duty. In exercising our functions, NHS England is required to 'have due regard to the need to' address three equality aims set out below.

- **Equality aim 1: 'a) eliminate discrimination, harassment, victimisation and any other conduct** that is prohibited by or under this Act'.
- **Equality aim 2: 'b) advance equality of opportunity** between persons who share a relevant protected characteristic and persons who do not share it'.
- **Equality aims 3: 'c) foster good relations** between persons who share a relevant protected characteristic and persons who do not share it.'³

The general Duty means that NHS England has to properly consider all three equality aims in all the activities that it undertakes – for example, employing staff, commissioning and procurement, planning services and fulfilling our statutory and legal obligations. This report explains the key actions that we are taking to address this Duty. The general Duty's three equality aims engage eight of the nine protected

³ Equality Act 2010, section 149 (1)

characteristics set out in the Equality Act 2010. These protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race (i.e. colour, ethnic or national origins and nationality), religion or belief, sex and sexual orientation.

With respect to one of the nine protected characteristics listed in the 2010 Act (marriage and civil partnership), the PSED partially covers this protected characteristic. In this case, public bodies are required to give due regard to the first equality aim, the elimination of discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010; but public bodies are not required to advance equality of opportunity or foster good relations in relation to marriage and civil partnership.⁴

2.3 Understanding the specific equality duties

The specific equality duties (SEDs) for England require NHS England to publish equality objectives at least every four years.⁵ The SEDs also require the annual publication of equality information by 31 January each year. NHS England was first required to publish equality objectives by 6 April 2013 and to publish equality information by 31 January 2014.

The EHRC has published non-statutory and technical guidance to assist public bodies to comply with the general and specific equality duties. In producing this report, consideration has been given to the EHRC's guidance issued since we published our equality objectives in April 2014.⁶ Our equality information, published annually, is intended to inform readers about the progress made towards these equality objectives and more broadly towards the general Duty. Our new equality objectives, which cover 2016 to 2020, are designed to make it clearer what NHS England is seeking to achieve in working towards the equality aims set out in the general Duty.

The Equality Act 2010 provided Ministers with the power to 'impose' specific legal duties by way of statutory regulation to enable 'the better performance' of the three equality aims set out in the general Duty.⁷ Secondary legislation for England, in the form of statutory regulations, was published in 2012 and in 2013.⁸ These statutory regulations require each designated public body in England to:

⁴ The Equality Act 2010, section 149 (7)

⁵ We refer to the specific equality duties (SEDs) for England because there are separate and different SEDs for Scotland and Wales.

⁶ Objectives and the Equality Duty: A guide for public authorities England (and non-devolved public authorities in Scotland and Wales), EHRC, September 2014. Technical Guidance on the Public Sector Equality Duty: England, EHRC, August 2014.

⁷ The Equality Act 2010, section 153.

⁸ The Equality Act (2010) (Specific Duties) Regulations 2011. The National Treatment Agency (Abolition) and the Health and Social Care Act 2012 (Consequential,

- prepare and publish ‘one or more objective that it thinks it should achieve’ in order to address one or more of the three equality aims set out in the PSED;
- publish ‘information to demonstrate compliance’ with the PSED annually by 31st January;
- ensure that the equality information published annually includes ‘information relating to persons who share a relevant protected characteristic’ who are a) ‘its employees’ and b) ‘other persons affected by its policies and practices’.⁹

2.4 The general equality duty and the health inequalities duties

The World Health Organisation (WHO) defines health inequities or health inequalities as ‘avoidable inequalities in health between groups of people within countries and between countries.’ Such inequities arise from inequalities within and between societies.¹⁰ NHS England is subject to legal duties in relation to reducing health inequalities which are set out in the Health and Social Care Act 2012. According to the WHO ‘social and economic conditions and their effects on people’s lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.’ Health inequalities can cut across a range of social and demographic indicators including socio economic status, occupation, geographical location and the protected characteristics set out in the Equality Act 2010.

The Health and Social Care Act 2012 sets out a range of legal obligations including duties that require NHS England, and others, to give regard to the need to reduce inequalities in access to health and health outcomes. The legal duties took effect from 1 April 2013. NHS England is required to assess its own compliance with these duties and the compliance of Clinical Commissioning Groups (CCGs). NHS England is also required to publish an annual report which assesses how effectively both it and CCGs have discharged these duties.¹¹

Transitional and Saving Provisions) Order 2013, schedule 3, article 12, subsection 25, 26, 27.

⁹ The Equality Act (2010) (Specific Duties) Regulations 2011. The National Treatment Agency (Abolition) and the Health and Social Care Act 2012 (Consequential, Transitional and Saving Provisions) Order 2013 amended the timetable for certain NHS bodies, including NHS England, for complying with these specific equality duties.

¹⁰ The World Health Organisation, social determinants of health, key concepts. http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/ accessed 31 January 2017.

¹¹ The Health and Social Care Act 2012 contains a number of important provisions in relation to reducing health inequalities, performance assessment, reviews and annual reporting. Key provisions include sections 13G, 13T, 13U and 14Z16.

2.5 The NHS Constitution's key principles and values

The EHRC advises that public bodies should consider how the equality duties complement and support the achievement of the organisation's core purpose. The NHS Constitution for England, first published in 2012, sets out seven key principles and important values for the NHS. Embracing the public sector Equality Duty and duties to reduce health inequalities are pivotal to the realisation of these principles and values.

1. The NHS provides a comprehensive service available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. The NHS aspires to put patients at the heart of everything it does.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers money and the most effective, fair and sustainable use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

In terms of the values set out in the NHS Constitution, NHS England recognises that equality, diversity and reducing health inequalities are central to meeting pledges made to patients and the public and achieving the values enshrined in the NHS Constitution: i) working together for patients; ii) respect and dignity; iii) commitment to quality of care; iv) compassion; v) improving lives; iv) everyone counts.¹²

2.6 NHS England's ten business priorities for 2016/17

Our business plan for 2016/17 sets out 10 business priorities grouped under three themes – improving health, transforming care and controlling costs – that embody the agenda of the Five Year Forward View and reflect the main themes of the government mandate.¹³ These priorities detail how we will improve health and secure high quality healthcare for the people of England, now and for future generations.

- 1: Improving the quality of care and access to cancer treatment.
- 2: Upgrading the quality of care and access to mental health and dementia services.
- 3: Transforming care for people with learning disabilities.
- 4: Tackling obesity and preventing diabetes.
- 5: Strengthening primary care services.
- 6: Redesigning urgent and emergency care services.

¹² The NHS Constitution for England
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england> accessed 31 January 2017.

¹³ NHS England Business Plan 2016/17
<https://www.england.nhs.uk/publications/business-plan/> accessed 31 January 2017.

- 7: Providing timely access to high-quality elective care.
- 8: Ensuring high quality and affordable specialised care.
- 9: Transforming commissioning.¹⁴
- 10: Personalisation and choice.

The first four priorities seek to address the needs of specified groups of disabled people or those at risk of disability and adverse health outcomes. In the case of dementia, service transformation in this area would specifically benefit older people, again a protected characteristic under the Equality Act 2010.

Priorities 6, 7, 9 and 10 – service redesign, transforming commissioning and personalisation and choice – all have the potential to better address the needs of groups of people who share a protected characteristic, particularly disabled people. This report provides information on proactive steps being taken that support progress in relation to the PSED. However, we do not underestimate the profound challenges that face NHS, NHS England, Social Care and other partner agencies. Whilst we have made positive progress, there is much still to be done.

3 This report and our equality objectives

3.1 About this report

This year, in designing this more comprehensive report, we have given careful consideration to the guidance and advice issued since we last published our equality objectives in April 2014. By bringing together our equality objectives and the publication of our equality information in a single more comprehensive report, we hope to:

- promote a better understanding of our equality objectives and what NHS England is seeking to achieve in pursuance of the PSED;
- encourage feedback about our equality objectives from key stakeholders;
- provide information about key developments and initiatives in relation to the PSED;
- promote greater transparency and greater accountability;
- secure greater understanding across NHS England of developments in relation to the PSED;
- better address the EHRC's advice on the development of SMARTER equality objectives.

¹⁴ 'To deliver the changes necessary for the Five Year Forward View, we need to design new models for delivering patient services, drive greater integration of services at local level through devolving more activity to local commissioners, and enable patients to have more choice and control over the services they need.' Our Business Plan 2016/17, page 34

3.2 NHS England's equality objectives published in 2014

We set out four equality objectives in April 2014 which built on the interim objectives published in April and December 2013. These equality objectives were intended to focus NHS England on outcomes to be achieved through advancing equality, rather than the written documents and processes to evidence legal compliance.

Our equality objectives published in April 2014

1. To 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.
2. During 2014/15, to 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.
3. By March 2015, to develop 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.
4. NHS England is committed to implementing the Equality, Diversity and Inclusion in the Workplace Strategy 2013 to 2015, to ensure an engaged workforce that is more representative at all levels.

3.3 Developing our new equality objectives for 2016 to 2020

The development of our equality objectives has been informed by the equality information contained within this report and consultation and engagement across NHS England about priorities. We consulted and engaged with a range of stakeholders on the development of our new equality objectives. The process involved consultation across NHS England and through NHS England's agreed governance and consultative mechanisms for equalities and health inequalities. Part one of this report provides information about our governance arrangements in relation to equality. Key consultation and engagement activities involved the internal publication of draft revised equality objectives in April 2016 for consultation, a consultation event, webinars and consultation with NHS England's external partners. Our equality objectives have also been considered by the Equality and Health Inequalities Programme Board and will be considered by NHS England's Board. Key events and activities are summarised below.

- NHS England's EDS2 implementation group contributed to the process by identifying a number of potential equality objectives and issues for consideration. [April 2016].
- Seeking feedback from senior managers across NHS England. [April 2016]
- An internal consultation document was published on NHS England's intranet (SharePoint) and feedback was sought from across NHS England. The document

set out four draft equality objectives and associated activities and deliverables for the period April 2016 to March 2020. [April – June 2016]

- Drawing together key feedback. [April – June 2016]
- Holding an internal consultation event on the draft equality objectives and actioning the recommendations re: further engagement and consultation. [April – June 2016]
- Consultation with members of NHS England’s Strategic Partners’ Equality Subgroup. [June 2016]
- Consideration and agreement of equality objectives by the Equality and Health Inequalities Programme Board subject to further feedback. [June 2016]
- Holding webinar discussions with NHS England staff. [June & November 2016]
- Consulting with, and receiving feedback from, the EDC Data Measurement Subgroup about the proposed new equality objective (equality objective 5) on the mapping, quality and extent of equality information. [December 2016]
- Consideration by, and agreement from, the Equality and Health Inequalities Programme Board to further improvement to the equality objectives for 2017 – 2020 and the reporting framework for 2017. [December 2016 and January 2017]

There was a separate internal process of consultation around NHS England’s equality objective as an employer.

4 Our equality objectives for April 2016 to March 2020

The improved and SMARTER equality objectives, developed through this process of reflection and consultation, build on the equality objectives published in April 2014 and key work undertaken in pursuance of those four objectives. We have set six equality objectives for 2016 to 2020 and each is supported and strengthened by three or more associated targets.

The first five equality objectives focus on NHS England’s broader functions including our role as a system leader and do not cover our internal workforce matters.¹⁵ Our internal workforce matters are covered by our sixth equality objective.

Equality objective 1: To improve the capability of NHS England’s commissioners, policy staff and others to understand and address the legal obligations under the Public Sector Equality Duty and duties to reduce health inequalities introduced by the Health and Social Care Act 2012.

Target 1: To deliver an open in-house capability programme to NHS England staff through a mixture of 1 and 2 day sessions (2016/17).

¹⁵ Our role as an NHS system leader is explained in part **five** of this report.

Target 2: To evaluate the open in-house capability programme delivered in 2016/17 and assess how to improve access to the programme, via targeting and delivering customised programmes to improve the achievement of key programme outcomes (2016/17).

Target 3: Subject to the evaluation of the programme, to deliver an open in-house programme, customised in-house programmes and, as appropriate, use other effective delivery models (e.g. WebExes) to develop individual capability (2017/18, 2018/19 & 2019/20).

Target 4: To explore how best to build the capacity of other teams with culture-changing remits and influence over others in relation to the PSED and the duties to reduce health inequalities. This will be done by evaluating where co-production has worked effectively and has enabled teams to better embed this work into their areas (2017/18, 2018/19 & 2019/20)

Equality objective 2: To improve disabled staff representation, treatment and experience in the NHS and their employment opportunities within the NHS.

Target 1: To develop the Workforce Disability Equality Standard (2016/17).

Target 2: To ensure that the Disability Equality Standard is mandated as part of the NHS Standard Contract and that an information and engagement programme supports the process (2016/17 and 2017/18).

Target 3: To monitor the implementation of the Standard and evaluate what meaningful targets can be set. To identify any additional opportunities for embedding the Standard (2017/18, 2018/19 and 2019/20).

Target 4: To facilitate and drive effective ongoing leadership at national, regional and local levels to maintain the programme's implementation and impact (2016/17, 2017/18, 2018/19 and 2019/20).

Equality objective 3: To improve the experience of LGBT patients and improve LGBT staff representation.

Target 1: To further develop the Sexual Orientation Monitoring (SOM) Standard (2016/17).

Target 2: To facilitate the development of the LGBT Action Plan (2016/17).

Target 3: To facilitate the effective implementation of the LGBT Action Plan (2017/18).

Target 4: To develop and deliver an effective engagement programme and secure feedback on the roll-out and take up of the SOM Standard within NHS England and across the NHS (2017/18).

Target 5: To support and facilitate appropriate monitoring of the implementation and take up of the SOM Standard within NHS England and across the NHS (2017/18, 2018/19 & 2019/20).

Target 6: To draw on the lessons learnt from the Workforce Race Equality Standard, the Workforce Disability Equality Standard and the SOM's roll-out, to identify the most effective ways to embed the SOM across the NHS and maintain the necessary momentum and leadership (2017/18).

Equality objective 4: To reduce language barriers experienced by individuals and specific groups of people who engage with the NHS with specific reference to identifying how to address issues in relation to health inequalities and patient safety.

Target 1: Develop a scoping document on developing a Community Languages Information Standard ensuring alignment with NHS England's Interpreting and Translation Principles (2016/17).

Target 2: To consult on a draft community language information standard, moving towards implementation subject to sponsorship and resources (2017/18).

Target 3: To explore associated issues around health literacy among target communities and whether these can be addressed as part of this programme (2017/18).

Target 4: To identify potential good practice examples from NHS providers and voluntary and community sector providers in a range of settings and whether and/or how these examples can be publicised (2017/18).

Target 5: To examine the practical and associated cost implications of introducing the main options identified and secure effective leadership and ownership. This will recognise that a one size fits all approach is unlikely to work, given the number and diversity of community languages spoken in some urban/city areas and the different challenges posed by dispersed populations speaking community languages, for example in some rural areas (2017/18).

Target 6: To work with selected NHS and voluntary and community sector providers to review and develop their practices and explore how to introduce, develop and share good practice and good practice models (2018/19 and 2019/20).

Equality objective 5: To improve the mapping, quality and extent of equality information in order to better facilitate compliance with the public sector Equality Duty in relation to patients, service-users and service delivery.

Target 1: To use the development work examining a Unified Information Standard to identify how best to address definitional issues around monitoring protected characteristics (final quarter 2016/17 to end 2nd quarter 2017/18).

Target 2: To map what equality information is gathered by reference to protected characteristics and identify key gaps in information gathering processes that may be valuable in identifying differences in access to healthcare or health outcomes for different protected characteristics (final quarter 2016/17 to end 2nd quarter 2017/18).

Target 3: To identify how improvements in relation to gathering equality data and the use of said data can be made and assess whether it would be helpful to align this work with improvements to relevant NHS England workforce data (final quarter 2016/17 to 2018/19).

Equality objective 6: To improve the recruitment, retention, progression, development and experience of the people employed by NHS England to enable the organisation to become an inclusive employer of choice.

Target 1: To identify opportunities to promote and encourage employees to voluntarily disclose their self-classification diversity data to ensure NHS England's actions as an employer are evidence led and improvement focussed. To annually publish the NHS England workforce profile and outcomes for the 9 protected characteristics, where data is available, to inform improvement plans (2017-2020).

Target 2: To implement and report progress against the NHS England response, as an employer, to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) (2017-2020).

Target 3: To actively engage with, promote, support and encourage the work of the NHS England staff networks (BME, LGBT+, Disability and Wellbeing (DAWN) and Women's Development Network) and recognised trade unions to ensure the lived experience of NHS England staff, represented by these networks and partners, directly contributes to improvement actions and organisational policy development (2017-2020).

Target 4: To ensure that the experience of NHS England staff, as measured via the NHS England staff survey and other relevant staff feedback mechanisms, is reviewed for variations based upon protected characteristics and for improvement actions to be taken (2017-2020).

Target 5: To review the equality impact of key organisational policies for differential impact in areas such as: recruitment and selection, learning and development, supporting attendance at work, respect at work (anti-bullying and harassment); talent management; appraisal (performance development review) disciplinary, grievance and job evaluation (2017-2019).

Target 6: To seek external review, challenge and accreditation of NHS England's actions as an employer by actively participating with relevant equalities standards and benchmarks (e.g. the Stonewall Workplace Equality Index, the Disability Confident Standard, the Workplace Wellbeing Charter, etc.) (2017- 2020).

5 Our work as a system leader, the Equality and Diversity Council, standards, systems and equality information

5.1 The importance of NHS England's role as a system leader and equalities

NHS England takes its role as an NHS system leader seriously. In 2014, NHS England and other senior leaders from across health and social care formally committed to work together to promote equality. By signing the declaration on '**Advancing Equality and Tackling Health Inequalities across Health and Social Care**', NHS England, and other system partners, committed to taking a range of action. Key actions, in relation to equality, are set out below.¹⁶

- **Support** the Equality and Diversity Council to positively position itself as a body of influence in promoting equality across and beyond the health and care sector.
- **Create** the environment where everyone can contribute to the delivery of a responsive and equitable health and care service, built on the values of the NHS Constitution.
- **Raise** ambition at every level of the health care system by campaigning to inspire strong leadership, removing barriers to change, and celebrating success.
- **Empower** health care providers, commissioners, regulators, the NHS workforce, patients and the public to achieve a health and care system where "everyone counts", by supporting continuously improving performance.

¹⁶ The NHS bodies that signed the declaration are: the Academy of Medical Royal Colleges; the Care Quality Commission; the Department of Health; the Foundation Trust Network; Health Education England; the Health and Social Care Information Centre; the local government Association; Monitor; the National Institute for Health and Care Excellence; NHS Clinical Commissioners; NHS Confederation; NHS Employers; NHS England; NHS Improving Equality; the NHS Leadership Academy; NHS Trust Development Authority; the Nursing and Midwifery Council; Public Health England; The Patients Association. The declaration can be found at <https://www.england.nhs.uk/wp-content/uploads/2014/08/edc2-0514.pdf>

- **Embed** the advancement of equality in the policies of the health and care architecture and in its day to day business; using our influence to help deliver positive change.
- **Impart** and share clear strategic direction, challenge and innovation; providing ongoing insight and a broad range of perspectives.

These commitments support compliance with the PSED and continue to inform NHS England's approach to addressing the PSED; they also inform our broader work in relation to tackling discrimination and advancing equality of opportunity.

5.2 The NHS Equality and Diversity Council (EDC)

The NHS Equality and Diversity Council (EDC) is co-chaired by Joan Saddler and Simon Stevens, the Chief Executive of NHS England. NHS England's Equality and Health Inequalities Unit (EHIU) provides the secretariat and co-ordinates key work initiated by NHS England and the EDC. The Council aims to provide visible leadership on equality issues across and beyond the health sector. Its purpose is to shape the future of health and social care from an equality and human rights perspective and to improve the access, experiences, health outcomes and quality of care for all who use and deliver health and care services. Its diverse membership is made up from across the NHS, social care, partner organisations as well patient, carer, and staff groups. The EDC's current remit is set out below.

- To improve understanding of how people's differences, cultural expectations and social status can affect their experiences, health outcomes and quality of care.
- To commission strategic pieces of work that support NHS England and partner organisations in fulfilling their responsibilities on promoting.
- To seek and raise ambition at every level of the health care system by campaigning to inspire strong leadership, removing barriers to change, celebrating success, bringing the NHS Constitution to life and championing reform.
- To help to empower health care providers, commissioners, regulators, the NHS workforce, patients and the public to achieve an NHS where "everyone counts", by supporting continuously improving performance.
- To describe what success looks like and advise on priorities for promoting equality.
- To use its influence to embed the promotion of equality in the policies of the NHS and its day to day business; identifying relevant system levers to ensure a consistency of approach within policy, strategy, and the delivery of services.
- To ensure that the wider health and care system continuously improves its performance on equality.

Key initiatives have been developed by NHS England working in partnership with the EDC. These initiatives include: the Accessible Information Standard; scoping the

Community Languages Standard; the Equality Delivery System (EDS); the Workforce Race Equality Standard (WRES); the Workforce Disability Equality Standard (WDES); and the Sexual Orientation Monitoring (SOM) Standard. The EHIU facilitates coordination and development in relation to key initiatives. Whilst a number of important initiatives commenced prior to 2016, all of the initiatives referenced in this part of this report developed and progressed in 2016. For more information on the EDC please visit our [webpages](#).

5.3 Our approach to standard development and embedding equality through our contracts and mandates

NHS England recognises that a central way of advancing equality of opportunity is to develop standards to promote understanding, action and internal and external monitoring. In line with our role as a system leader and our commissioning functions, NHS England has carefully considered how to advance equality across the NHS through the development of standards, contracts and mandates. Key standards have been incorporated in the NHS Standard Contract issued annually by NHS England. The NHS Standard Contract is mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. This Standard Contract requires compliance with relevant legal obligations which naturally includes equality requirements. Information standards are used across the health and social care system to help collect and process information. NHS England has also adopted and reports against the standards.

By requiring NHS bodies to adopt and report against equality related standards – including EDS (now EDS2), WDES and WRES – NHS England has addressed key recommendations by the EHRC in relation to ensuring that equalities considerations and requirements are embedded in procurement, commissioning and associated contracts. This part of the report briefly explains each key standard, its current status and key developments during 2016.

5.4 The Accessible Information Standard

The Accessible Information Standard (formally called SCCI1605 Accessible Information) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. All organisations that provide NHS care and / or publicly-funded adult social care must follow the Standard in full from 1st August 2016 onwards. Organisations that commission NHS care and / or adult social care, for example Clinical Commissioning Groups (CCGs), must also support implementation of the Standard by provider organisations.

The Standard sets out what patients, service users, carers and parents with a disability, impairment or sensory loss should be able to expect and organisations are required to:

- ask people if they have any information or communication needs, and find out how to meet their needs;
- record those needs clearly and in a set way;
- highlight or flag the person’s file or notes so it is clear that they have information or communication needs and how to meet those needs;
- share information about people’s information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so;
- take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

To support implementation an extensive resource hub has been developed. This [resource hub](#) provides a wide range of resources including fact sheets, discussion notes, an online discussion forum, checklists, a glossary of information, guidance on formats and communication types. In 2016, NHS England agreed the Standard would be reviewed in 2017 to assess the impact and ensure it remains ‘fit for purpose’.

For more information about the Accessible Information Standard please visit our [webpages](#).

5.5 Scoping the Community Languages Standard

In 2016, NHS England commissioned the Race Equality Foundation to scope the development of a Community Languages Information Standard. The purpose of the work, and the planned Standard, is to reduce language barriers experienced by individuals and specific groups of people when they engage with the NHS. This is particularly important where these language barriers adversely impact on patient safety and/or increase or prevent the reduction of health inequalities.

We worked with NHS commissioners, local health providers, voluntary and community organisations, patients and carers. During 2016, a series of engagement events were undertaken in Bristol, London, Manchester and Newcastle as well as a survey of health commissioners, providers and practitioners. This work builds upon the draft Principles for High Quality Interpreting and Translation Services and the Accessible Information Standard. The planned Standard is intended to encourage effective commissioning in relation to good quality interpreting services across the NHS.

During 2016, a draft Community Languages Information Standard was developed for consultation in accordance with NHS England’s Interpreting and Translation Principles. Key next steps are included in the targets associated with equality objective 4.

For more information on NHS England's work in this area please visit our [webpages](#).

5.6 The Equality and Delivery System Version – EDS and EDS2

The Equality and Delivery System (EDS) is designed to help NHS organisations to improve the services that they provide for their local communities and provide better working environments, free from discrimination, for those who work in the NHS, thereby helping to meet the requirements of the Equality Act 2010. The EDS was developed for the NHS taking inspiration from existing work and good practice, it was launched in July 2011. Following an evaluation, published in November 2012, EDS2 was launched in November 2013. EDS2 is supported by guidance and a range of resources.

Since April 2015, EDS2 has been mandated in the NHS Standard Contract. It has been cited within the CCG Assurance Framework as a key implementation requirement for NHS clinical commissioning groups (CCGs).

For more information on NHS England's work in this area please visit our [webpages](#).

5.7 The NHS Learning Disability Employment Programme

In 2015, NHS England and NHS Employers developed the NHS Learning Disability Employment Programme. This three year programme is designed to support and encourage NHS organisations to develop local and national solutions to remove barriers facing, and increase the employment of, people with learning disabilities in the NHS. The NHS Learning Disability Employment Initiative aims to lay the foundations for sustaining long term improvements in the employment of people with learning disabilities through leadership, partnerships, systems and processes. The longer term aim is to significantly increase the number of people with learning disabilities employed by the NHS.

NHS England's Chief Executive launched a challenge to health care employers to make job opportunities available to people with learning disabilities in June 2015. Also in June 2015, the Chief Nursing Officer for England (Jane Cummings) and the Chief Executive of NHS Employers (Danny Mortimer) jointly wrote to, and called on, a wide range of NHS organisations, their Chief Executives and their HR Directors, to work together to drive change across the NHS workforce. Key elements of the programme include identifying how to remove employment barriers, identifying how to accelerate employment opportunities, facilitating local networks and peer-to-peer learning, developing practical tools and providing advice and guidance.¹⁷ During 2015 and 2016, the Learning Disability Employment Programme Team supported internships and apprenticeships, tested different ways of developing brokerage services principally working in partnership with Mencap and Brook Street.

¹⁷ NHS Learning Disability Employment Programme visit
<https://www.england.nhs.uk/about/equality/equality-hub/ld-emp-prog/>

The team has also worked in partnership with Guys and St Thomas' and Hampshire hospitals to promote engagement and the development of communities of practice. On 31 October 2016, DWP and DH published the '**Work, health and disability green paper: improving lives**' and launched a consultation on transforming employment prospects for disabled people and people with long-term health conditions. The paper references the NHS learning disability employment work as a leading example in the public sector.

For information on NHS England's work in this area please visit our [webpages](#).

5.8 The Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) was introduced in response to data demonstrating systemic patterns of less favourable treatment of Black and Minority Ethnic (BME) staff in the NHS which impacted adversely on staff health, organisational effectiveness and patient care and safety.

The WRES requires organisations employing almost the entire 1.4 million NHS workforce to demonstrate progress against nine workforce race equality indicators. These indicators include BME Board level representation and narrowing the gaps between the experience and treatment of White and BME staff in the NHS. The aim is to ensure employees from BME backgrounds have equal access to career opportunities and receive fair treatment in the workplace. Drawing on international and domestic evidence about interventions, most likely to impact on race inequality in the NHS, the WRES was introduced in April 2015 as a contractual requirement for NHS providers. Compliance with the WRES is inspected by the [CQC](#) as part of the Well Led domain.

The WRES has led to the comprehensive collection, analysis, publication, and resultant action on race equality by NHS Trusts. The second annual report will be published in 2017. Providers are responding to the WRES with varying degrees of commitment and success nevertheless the WRES Team is increasingly clear about what interventions are being successful. Initially an NHS England initiative, the WRES is now being applied by Arm's Length Bodies and CCGs. This means that that the majority of the Boards of NHS organisations will have faced up to the evidence that the WRES metrics have highlighted for their own organisation. In turn, they should have taken action to improve the treatment and opportunities for the BME staff who make up almost one fifth of the NHS workforce.

For information on NHS England's work in this area please visit our [webpages](#).

5.9 The Workforce Disability Equality Standard (WDES)

In 2016, following a series of engagement events across England and feedback via the NHS Standard Contract consultation processes, a decision was taken by NHS

England and the EDC to introduce a stand-alone Workforce Disability Equality Standard in order to improve disabled staff representation, treatment and experience in the NHS and deliver the change with disabled staff. The Workforce Disability Equality Standard (WDES) provides a framework for the collection of the data needed to assess how to advance equality of opportunity for disabled people. The theme of 'disability as an asset' runs throughout this initiative; employing people with lived experience of disability or long-term health conditions enables the NHS to increase the quality of its service and to attract diverse talent. The WDES embraces the concept of 'Disability as an Asset'. Rather than focusing on how disabled people can be 'levelled up' to the capabilities of a 'normally functioning workforce', 'Disability as an Asset' seeks to celebrate diversity and difference, turning perceived 'deficiency' into an asset.

The WDES builds on the Workforce Race Equality Standard (WRES) and research findings including the '[Experience of Disabled Staff in the NHS](#)' carried out by Middlesex and Bedfordshire Universities as well as '[Different Choices, Different Voices](#)' carried out by Disability Rights UK and NHS Employers. This research found that disabled people had poorer experiences of working in the NHS in England than non-disabled colleagues.

In 2016, a WDES steering group and wider network were established to support disabled staff to drive forward change. This year has seen system leaders take a positive step in tackling persistent discrimination for disabled people. The WDES is to be mandated in England from April 2018 with a preparatory year in 2017/18.

For more information on this area of work please visit our [webpages](#).

5.10 The Sexual Orientation Monitoring Standard (SOM)

In 2016, the LGBT Foundation was commissioned by NHS England to create an information standard for sexual orientation monitoring. This standard is designed to enable health and social care organisations to consistently monitor sexual orientation across the healthcare system. This is classed as a 'fundamental standard', meaning that it applies across health and social care. Collecting and analysing data on sexual orientation allows public sector bodies to better understand and respond to Lesbian, Gay and Bi-sexual (LGB) patients' service access, outcomes and experience and provide evidence of their compliance with the PSED. Monitoring sexual orientation will help to ensure that:

- health and social care organisations are able to demonstrate the provision of equitable access for LGB individuals;
- care providers have an improved understanding of the impact of inequalities on health and care outcomes for LGB people in England;
- policy makers, service commissioners and providers can better identify health risks at a population level.

The SOM will also support targeted preventative and early intervention work to address health inequalities for LGB people and may thereby reduce expenditure linked to treatment costs further down the line. The Standard will be implemented from April 2017. Once the Standard has been formally ratified and published, it will be accessible on NHS England's website.

5.11 Equality information published on NHS England's webpages

In addition to publishing this report, NHS England publishes a range of equality information. NHS England's Equality and Health Inequalities Hub is designed to provide support and assistance to the NHS, and beyond, in promoting equality and tackling health inequalities for patients, communities and the NHS workforce. Our hub, and associated webpages, bring together equality and health inequalities resources and provide useful links and information for the sharing of good practice.

In addition to providing links to, and information on, the areas identified in this part of our report, our hub also provides information on relevant legislation, our partners, practice examples, tools, evidence and data and analytical resources. Nevertheless, we are committed to improving the quality and extent of our information in relation to the protected characteristics and this has informed the development of equality objective five and the associated targets. Equality objective five and the associated targets are designed to improve the robustness of the information and data made available to NHS England staff and compliance with the PSED.

For more information on the equality information published on our Equality and Health Inequalities Hub please visit our [webpages](#).

6 Engagement across the protected characteristics

6.1 The Health and Care Strategic Partner Programme

During 2016, NHS England and EHIU continued to work in partnership with the Department of Health, Public Health England and 22 partner organisations, from the Voluntary and Community Sector, in the Health and Care Strategic Partner Programme.¹⁸ The programme increased capacity and capability within the Voluntary and Community Sector (VCS) to engage in improving health and care, public health and reducing health inequalities. It facilitated opportunities for sharing information on policy developments and key programmes thereby enabling VCS organisations to engage in the delivery of health, care and well-being objectives. The programme also enabled VCS organisations to work in equal partnership with the Department of

¹⁸ The programme developed from a partnership of 11 organisations establishing a robust model for working in partnership, to 22 organisations spanning the breadth and depth of the Voluntary and Community Sector. For more information please visit <http://www.nationalvoices.org.uk/pages/strategic-partnerships>

Health (DH), the NHS and Social Care to help shape and deliver policies and programmes, for the benefit of the sector and improved health and well-being outcomes.¹⁹ In terms of equality, the Voluntary Sector Strategic Partners focused on a range of protected characteristics for example age, disability, race and sexual orientation and women.

In 2016, the programme was reviewed in order to improve impact. As a result of the review, a new partnership arrangement called **the 'VCSE Health and Wellbeing Alliance'** will replace the **'Voluntary Sector Strategic Partners'** in 2017. The Alliance will continue to facilitate integrated working between the voluntary and statutory sectors and build on productive and transparent relationships with the Voluntary, Community and Social Enterprise (VCSE) sector; it will also bring the Sector's voice and expertise into national policy making. This initiative will be more closely aligned to the national priorities of the system partners and have a particular focus on promoting equality and reducing health inequalities.

For more information on the Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance please visit these [webpages](#).

6.2 NHS Citizen

Patient voice is key to realising the engagement and involvement agendas central to the PSED. NHS Citizen is a national programme commissioned by NHS England to give citizens a voice and enable them to influence our work. To date, this has involved online and offline conversations and over 4000 have contributed to discussions about the work of NHS England. In February 2016, [full reports](#) of NHS Citizen Assembly and Citizens' Jury, held in 2015, were published.²⁰ The Citizens' Jury was a randomly selected group of 15 jurors who voted for a number of issues, with equalities dimensions, to go forward to the NHS Citizen Assembly.

The NHS Citizen Assembly was a one day event held in East London featuring over 200 participants, at which citizens discussed five topics relating to healthcare in England with representatives from NHS England, including members of the NHS England Board.²¹ The discussions, at the event, were focused on establishing what

¹⁹ The Department of Health Voluntary Sector Strategic Partner Programme please visit <https://www.gov.uk/government/publications/the-department-of-health-voluntary-sector-strategic-partner-programme>

²⁰ The Citizens' Jury was a two day event held in October 2015 at which fifteen randomly selected members of the local population discussed which topics should be taken forward to the NHS Citizen Assembly in November 2015.

²¹ The five issues were: support for people with dementia post-diagnosis; comprehensive psychosocial approaches to mental health; improving health outcomes for looked after children and young people; transparency in Clinical Commissioning Group (CCG) decision making; preventing premature deaths.

citizens considered the current situation to be, what an improved situation might look like and what steps might be taken to improve matters. Following the publication of a learning report in 2016, NHS England decided to look at the next steps for NHS Citizen and consider how we ensure that it is thoroughly embedded in NHS England's decision making processes, and in our wider patient and public participation work. A workshop was held in September 2016 to discuss the future of NHS Citizen. The review session is available online.

For more information on NHS Citizen and the review meeting please see our [webpages](#), [In Touch](#) pages and the event webcast on the [NHS Citizen Youtube channel](#).

6.3 The EDC Inclusion health and lived experience subgroup

The purpose of the EDC Inclusion health and lived experience subgroup is to assist the shaping of the future of the NHS from an equality, health inequalities and human rights perspective. It works to improve equity of access to services and improved outcomes for the most disadvantaged groups, people with Lived Experience of stark inequalities and those with protected characteristics. The subgroup reports to the EDC. Key achievements during 2016 are set out below.

- The delivery of a 'Quick Wins' programme focussing on tackling barriers to primary care.
- Ensuring people with lived experience have a voice throughout the EDC and an influence in all its work, including through the introduction this year of remunerated roles as NHS England Patient and Public Voice partners.
- Work to strengthen workforce and organisational capability for identifying and addressing Equality and Health Inequalities impacts across EDC member organisations.
- The development of leaflets accompanying the refreshed principles for registering patients with GP practices to make it easier for patients from Inclusion Health groups to overcome barriers when accessing the healthcare they are entitled to. The leaflets are now available on NHS Choices.
- Supporting healthcare commissioners through focussed advice on the uplift of NHS England's CCG Engagement guidance.
- Lived Experience presentation with Heads of Digital Inclusion, Equality and Health Inequalities at Expo 2016 on tackling inequalities in access and health outcomes for the most vulnerable. The workshop showcased the effective use of lived experience to improve the planning, commissioning and delivery of integrated healthcare, ensuring that the voice of the most marginalised in society is heard.

For more information on the work of this subgroup please visit [our website](#).

6.4 Other forums, networks and partnership working

Forums, networks and partnerships are important to NHS England. They help us to engage with more patients and the public and to reach specific groups, such as seldom-heard communities. By working in partnership we are able to gather views, connect people and hear different perspectives. NHS England works with the [NHS Youth Forum](#), [CCG Patient and Public Involvement Lay Members' Network](#) and the [Forum for people with a learning disabilities and/or autism](#).

The National Youth Forum: NHS England has a Youth Forum, made up of 25 young people from all over the country, who have a passion for improving health services for young people. The Youth Forum gives a voice to young people to express their thoughts on the health issues that matter most to them. It works directly with NHS England, Public Health England and Department of Health enabling the Forum to have a real impact on the health services that young people use.

The CCG Patient and Public Involvement Lay Members' Network: Patient and public involvement (PPI) lay members from Clinical Commissioning Groups (CCGs) have a network, supported by NHS England, which they use to share learning and public participation good practice from their local areas. The network also connects more widely with NHS Clinical Commissioners to link training, development, peer support and information sharing with other lay member networks of audit and finance. PPI lay members have been invited to join the Steering Group to help shape the combined support to lay members.

Forum for people with a learning disabilities and/or autism: Our forum was set up to improve the health of people with a learning disability and/ or autism, and the quality of health services they receive. It does this by working in partnership with a range of people and organisations. There are regular meetings and workshops so that people with a learning disability can have their say in our work.

Alongside the networks and forums in this section, NHS England also works with other partners on public participation including, Healthwatch and the wider voluntary and community sector. More details about NHS England's partnerships are available on our [website](#).

7 Transforming services and the NHS

7.1 The importance of service transformation

The NHS Five Year Forward View, published on 23 October 2014, set out a new shared vision for the future of the NHS based around new models of care and service transformation. It was developed jointly by NHS England and other partner organisations that deliver and oversee health and care services including Care Quality Commission, Public Health England and NHS Improvement (previously

Monitor and the National Trust Development Authority). The Five Year Forward View emphasised the importance of service transformation between 2015 and 2020 in order to close the widening gaps in the health of the population, quality of care and the funding of services.

In this part of our report, we highlight some of our important equality focused developments and work in relation to service development and transformation. These initiatives and developments further NHS England's broader goals and priorities and contribute to meeting the PSED. A number of other NHS England programmes, areas of work and teams specifically focus on matters related to specific groups of disabled people. The EHIU aims to improve our equalities resource hub to make this information more accessible.

For information from our resource hub, please visit our [webpages](#).

For information on the Five Year Forward View please visit our [webpages](#).

7.2 Cancer – BME communities, poorer experiences and outcomes

A series of reports over recent years have identified that people from a number of BME communities report poorer experiences of care, than white British people, when using cancer services. The 2015 cancer strategy also recognised that there is a lower response rate to the Cancer Patient Experience Survey from BME communities than from white British people. The survey recommended that NHS England act to identify strategies to address this. In the [Cancer Strategy Implementation Plan](#), NHS England committed to undertaking work in 2016/17 to identify approaches to reducing these inequalities through commissioning. The aim of the project is to identify:

- how equality monitoring is undertaken by CCGs for the cancer services they commission;
- the improvements could be made to equality monitoring in cancer services to improve the quality assurance of patients' experiences and outcomes;
- how CCGs can commission for equality of experience in cancer services and how this works in practice.

A face-to-face meeting with 6 CCGs involved was held in November 2016. The discussions focused on the gaps that the CCGs identified with regard to the experience of BME communities in cancer care. The meeting discussed shared goals, learning from past experiences, the wider context and data relating to this work.

For more information about this area of work please visit [our webpages](#).

7.3 Diabetes

One of the protected characteristics under the Equality Act 2010 is disability. Diabetes is one of a number of long term conditions which may be defined as a disability under the Equality Act 2010. Diabetes is also associated with other disabilities and long-term conditions. Type 2 diabetes can cause serious health issues including amputation, blindness and kidney failure. In some cases people with the condition can develop life-threatening complications such as heart disease. It is estimated that diabetes costs the NHS in England 9.8 billion a year. Addressing diabetes is therefore both an equalities issue and a health inequalities issue. Failure to address diabetes will increase the number of people with a range of disabilities; diabetes is also potentially life altering and life threatening. Reducing the impact of diabetes contributes to advancing equality of opportunity by improving the life opportunities of this group.

In December 2016, the NHS announced that 50,000 more people at risk of Type 2 diabetes will be offered tailored support to avoid the potentially life-threatening condition. This forms part of a package of new measures to curb diabetes pledged by the Chief Executive of NHS England, Simon Stevens. This includes funding more specialist nurses, providing diabetic foot care teams and a major evaluation of how digital technology such as apps and wearable technology could provide bespoke and easy-to-access support to many millions more people at risk. By 2020, the programme will support 100,000 people a year across the whole country through tailored, personalised help to reduce their risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and bespoke physical exercise programmes, all of which have been proven to reduce the risk of developing the disease.

The full package of measures announced in December 2016 includes £15m to support further roll out of the Healthier You: NHS Diabetes Prevention Programme – the world’s first nationwide programme to stop people developing Type 2 diabetes.²² It also includes £45 million available for local NHS (Clinical Commissioning Groups) to invest in the treatment and care of people with diabetes including education programmes. In addition, up to 50,000 places will be made available in an expansion of the Healthier You: NHS Diabetes Prevention Programme over the next two years across 13 new areas. There will also be improved care for people with diabetic foot disease by introducing new multi-disciplinary foot care teams where these do not already exist, or expanding existing services. Improved care for people with diabetes in hospital by ensuring access to inpatient diabetes specialist nurse teams when required – introducing such teams where they do not already exist, or expanding existing services.

²² Healthier You: NHS Diabetes Prevention Programme is run collaboratively by NHS England, Public Health England and Diabetes UK, and providers are now in place in 27 parts of England covering around 45 to 50 per cent of the population of England.

For more information about this area of work please visit our [webpages](#).

7.4 Gender identity services

In 2016, the report and recommendations of the Women and Equalities Select Committee (WESC) on Transgender Equality were published. NHS England has used the WESC's recommendations to inform our work in developing new service specifications for gender identity services. We worked with members of the Transgender Network, members of the Clinical Reference Group and its various working groups. We also engaged with a range of partner organisations at our symposiums; this resulted in a joint initiative with Health Education England to progress training and education, for specialist staff and for others more widely across the health service.

The applicability of the 18 week waiting standard has now been established in the transgender pathway. Surgical providers are now required to publish their monthly waiting time data, measuring compliance with the 18 week waiting standard, and Gender Identity Clinics will begin reporting in 2017; though the requirement to meet the 18 week standard applies to them now. NHS England invested an additional £6.5m in gender identity services in 2016/17, and we will continue to hold the providers to account in demonstrating how that money is being used to tackle long waiting lists.

To address equality concerns raised in the WESC report, published in 2016, and explore possible issues of inequity with respect to BAME communities accessing Adult Gender Identity Clinics (GICs), a Task and Finish group commissioned a piece of work. The work makes recommendations on how NHS England can improve access to services for transgender and non-binary BAME people. This work examines three protected characteristics, "race", "religion and belief" and "gender reassignment", demographic distribution and compares ethnicity and religion and belief to the ONS 2011 Census data. The report '**Gender Identity Services: Ethnicity and Religion and Belief**' will be published, and its recommendations considered, in 2017.

A stakeholder testing group, for registered stakeholders to help shape the specifications for the purpose of consultation, was convened on 5 January 2017. In 2017, NHS England will be going out to consultation on new service specifications for both the adult gender identity clinics and the gender surgical services. The Clinical Reference Group has been given the challenge of delivering new specifications that will provide innovation and new models for care, addressing the concerns identified by the Select Committee and Transgender Network. Once the specifications have been agreed, NHS England will begin a process of national procurement to identify providers and agree new contracts for the delivery of services in line with the requirements set out in them.

Making the transfer from children to adult services as smooth as possible will be one of the expectations in the specifications to be issued in the 2017/18. Depending on the outcome of the procurement process, the experience of having both services in a single provider should help us to understand how to do this better, to the benefit of all people seeking support.

For more information on this area of work please visit our [webpages](#).

7.5 Learning disabilities - Transforming care

NHS England has set out a clear programme of work with other national partners, in **'Transforming care for people with learning disabilities – next steps'**. The aim is to improve services for people with learning disabilities and/or autism, who display challenging behaviour, including those with a mental health condition. This work is intended to drive system-wide change and enable more people to live in the community, with the right support, and close to home. Led jointly by NHS England, the Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH), the Transforming Care programme focuses on the five key areas of data, empowering individuals, right care, right place, workforce and regulation.

During 2016, building on the Transforming Care programme's national service model, published in October 2015, NHS England developed three model service specifications to provide additional detail for commissioners about the purpose, functions and intended outcomes for enhanced (intensive) multi-disciplinary health and social care support, specialist community forensic support and acute learning disability inpatient services. Each specification aims to help commissioners review and meet the needs of their local population, giving people the best quality care and quality of life. These model service specifications were published in January 2017. This work is driven forward by the Transforming Care Delivery Board (TCDB). Information on key programmes is provided below.

For more information on our work in this area please visit our [webpages](#).

7.6 Learning disabilities – the learning disabilities mortality review

In June 2015, NHS England, the Healthcare Quality Improvement Partnership (HQIP) and the University of Bristol launched the world's first national programme to 'review – and ultimately reduce – premature deaths of people with learning disabilities.' The three-year project is first comprehensive, national review set up to get to the bottom of why people with learning disabilities typically die much earlier than average, and the aim is to inform a strategy to reduce this inequality.

The 2010-13 Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD), carried out by the University of Bristol, found that nearly a quarter of people with learning disabilities were younger than 50 years when they died, with women dying on average at a younger age than men. Elsewhere, CIPOLD reported that up to a third of the deaths of people with learning disabilities were from causes of death amenable to good quality healthcare (i.e. they could possibly have been addressed by better healthcare provision). The establishment of a national [mortality review programme](#) for people with learning disabilities was one of CIPOLD's 18 key recommendations.

Led by the University of Bristol's Norah Fry Research Centre, the National Learning Disability Mortality Review Programme was commissioned by HQIP on behalf of NHS England, and will seek to improve the quality of health and social care delivery for people with learning disabilities through a retrospective review of their deaths. Case reviews are being undertaken to support health and social care professionals, and others, to identify, and take action on, the avoidable contributory factors leading to premature deaths in this population. This three year programme, was launched in [June 2015](#), is now in its second year.

For more information about this area of work please visit our [webpages](#).

7.7 Maternity Transformation Programme

Pregnancy and maternity is a protected characteristic under the Equality Act 2010. Improvements in pregnancy and maternity services improve equality of opportunity and health outcomes for women and children. On the 21 July 2016, the [Maternity Transformation Programme](#) was officially launched.

The Maternity Transformation Programme Board has been tasked with driving forward the implementation of Better Births, the report of the National Maternity Review, published in February 2016, including work to reduce the rate of stillbirths, neonatal and maternal deaths in England. The formation of the Board marked a clear step forward towards delivering the vision laid out in Better Births, ensuring that key organisations work together to improve maternity services. The Board held its first meeting on 8 June 2016 and is chaired by Sarah-Jane Marsh, Chief Executive of Birmingham Children's Hospital and Birmingham Women's Hospital.

A Maternity Challenge Fund has been established. The vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred on their individual needs and circumstances. Patient feedback plays a key role in understanding the actual experiences of women and their families during maternity, from their perspective, and determining whether and how services need to improve. The Maternity Challenge Fund builds on the success of the Friends

and Family Test and supports NHS England's plans for more effective use of patient insight data.

Trusts were invited to apply for funding up to £50,000 per project from a total pot of £100,000 set up to support further advances in this area, linked to the overarching ambitions of Better Births. The Challenge Fund provides an opportunity to test the feasibility of ideas for adding value from patient feedback in maternity services and to see whether, in practice, they work and could be transferable to other trusts.

For more information about this area of work please visit our [webpages](#).

7.8 Mental health – the 5 year forward view for mental health

The independent Mental Health Taskforce, formed in March 2015, brought together health and care leader, people who use services and experts in the field to create a Five Year Forward View for Mental Health for the NHS in England. Improvements in access to high quality services, choice of interventions, integrated physical and mental health care, prevention initiatives, funding and challenging stigma were people's top priorities as to how the system needs to change by 2020. This feedback directly shaped the Five Year Forward View for Mental Health.

This national strategy, which covers care and support for all ages, was published in February 2016. The strategy signifies the first time there has been a strategic approach to improving mental health outcomes across the health and care system, in partnership with the health arm's length bodies. The strategy was the product of wide ranging engagement with people with personal experience of mental health issues, families, carers and professionals as well as the review of clinical and economic evidence. Over 20,000 people gave their views to the taskforce – an unprecedented level of feedback which clearly demonstrates that people are passionate about improving mental health care and support across the NHS. The findings from that engagement work were included in a report published in September 2015.

The taskforce was chaired by Paul Farmer, Chief Executive of Mind, and the vice chair was Jacqui Dyer who is an expert-by-experience and a carer. It included members from the partner arm's length bodies who hold critical responsibilities related to the planning and delivery of care, as well as representatives from the Voluntary Sector and professional bodies. Members of the taskforce were responsible for making sure that there was cross-system commitment and alignment when developing actions within the national strategy and that continued partnership, working effectively and meaningfully, enables the strategy to be delivered. Paul Farmer and other taskforce members continue to be involved in the oversight of the delivery of the taskforce recommendations through an independent advisory and oversight group.

In July 2016, NHS England published an Implementation Plan to set out the actions required to deliver the Five Year Forward View for Mental Health. This Plan brings together all the health delivery partners to ensure there is cross-system working to meet the recommendations made by the Taskforce.

For more information about this area of work please visit our [webpages](#).

7.9 Realising the value

The Five Year Forward View sets out how the health service needs to change, with an improved relationship between patients and communities. It makes a specific commitment to do more to support people with long-term conditions to help them manage their own health. This will mean that they are more likely to have better clinical outcomes, lower rates of hospitalisation and less need for emergency care.

To support this commitment NHS England set up the Realising the Value Programme to strengthen the case for change; identify evidence-based approaches that engage people in their own health and care; and develop practical tools to support implementation across the NHS and local communities. These approaches include self-management education courses for people with specific conditions, peer-to-peer support and community based activities.

A group led by Nesta and the Health Foundation, in partnership with Voluntary Voices (National Voices, Regional Voices, NAVCA and CSV), and the Behavioural Insights Team, worked together with NHS England, the Coalition for Collaborative Care and other stakeholders on this programme of work.²³ The group also worked with a number of local teams with experience and expertise in implementing these approaches in practice.

The final report on the Realising the Value programme was launched in November 2016. It identifies ten major actions to put people and communities at the heart of health and wellbeing, using the best available tools and evidence.

For more information on this area of work please visit our [webpages](#).

²³ Nesta is an innovation foundation. Nesta's work covers new ideas in education, healthcare, the arts, technology, and economic policy. - See more at: <http://www.nesta.org.uk/about-us#sthash.6ZdHglwV.dpuf><http://www.nesta.org.uk/>

8 NHS England as an employer

8.1 Our people commitments in support of our public sector Equality Duty

We have continued to shape and strengthen our capabilities, processes and infrastructure during the year to ensure that NHS England can recruit, retain, recognise and develop a diverse range of people with the right capabilities and values to deliver our business plan. Progress made in each of our 'People Commitment' areas is detailed below. Workforce data is provided as appendix 1.

8.2 Talent management and development

We have continued to build talent and capability at all levels across the organisation to ensure that our people are able to contribute their maximum potential to delivery of the NHS Five Year Forward View. During the year (2016), we expanded the number of interventions on offer to support talent development - including job shadowing, coaching, mentoring, and stretch assignments - and worked closely with our staff networks to directly communicate assignment/job opportunities. Shaped with the insight that we have obtained from our BME leaders, we built talent plans at regional and directorate level that fully reflect our agreed approaches to improving diversity and enable us to best use our available talent to support, lead and or contribute to the delivery of our priorities and meet our challenges.

In August 2016, we strengthened leadership development and line manager capability with the launch of a new Line Management Development Programme which is underpinned by a set of core standards. The cohorts of the programme have since enabled 111 line managers to maximise both the performance and potential inherent in the teams they lead.

We also supported the Government's target to deliver three million apprenticeships by 2020 through the launch of our new 'Skills 4 Success' programme. Significant work has been undertaken during the last year to enable delivery of our vision from January 2017 to offer a range of high quality apprenticeship qualifications to both existing staff and new recruits to secure a highly skilled, diverse and talented workforce that is fit for the future and meets our existing and future skills gaps.

8.3 Improving our workforce diversity and inclusion

We recognise that people are increasingly keen to work for organisations that give them both the opportunity and freedom to be themselves. Our four inspiring staff diversity networks continue to flourish with over 500 members: the BME network; the Lesbian, Gay, Bisexual, Trans + network; (LGBT+ network) the Disability and Wellbeing network (DAWN); and the Women's Development network. These networks provide opportunity for our people to influence change, gather feedback and present their views on the topics that are most important to them including policy

and staff development, raising awareness and celebrating diversity. In September 2016, network representatives presented at the Health and Care Innovation Expo 2016 to talk about their work.

A Diversity and Inclusion Group, led by a member of the NHS England Board, was established during 2016 to bring key partners and stakeholders, including our trade unions, together to help create a fairer and more inclusive workforce for NHS England.

We achieved an improved ranking in the Stonewall Workplace Equality Index in 2017, moving up 16 places. We are now ranked 152 out of 439 organisations that have entered the index, as a result of improvements made in networking groups, career development, training and community engagement.

In October 2016, we were awarded Disability Confident Employer status by the Department for Work and Pensions (DWP) in recognition of our commitment to recruiting and retaining disabled people and people with health conditions for their skills and talent.

Our Work Experience Policy, which forms part of our commitment to equality, diversity and inclusion in the work place, was launched in September 2016 and provides a range of opportunities to students and those in vulnerable and underrepresented groups. In November 2016, as part of the Mencap's learning disability work experience week, we hosted two work experience candidates with learning disabilities, both of whom spent time with the Chief Executive and his Private Office. We remain committed to encouraging all NHS employing bodies, including NHS England, to create a more inclusive workforce that is fully representative of the patients and communities that the NHS serves.

8.4 Staff Engagement and experience

We externally commissioned a staff survey in May 2016, followed by a full 'census' staff survey in October 2016 to enhance the reporting of employee engagement within NHS England, and strengthen the analysis of results to identify areas of success to be sustained and areas for focussed improvement, nationally and locally. Our overall response rate for the census survey was 71%, a +4% positive improvement in both our response rate since the previous survey. Focussed work has taken place locally to review scores and nationally, targeted programmes have supported the improvement in engagement.

Locally, staff engagement groups have been established across the organisation, working with our leadership teams to address issues raised in the staff survey. A national staff engagement group brings together the learning from these local groups, chaired by a member of the Board. These activities have led to a major improvement

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in our engagement score of +10% within 12 months, leading to a 73% engagement score for NHS England as reported by staff in October 2016.

We have built on the success of our staff recognition scheme 'Everyone Counts Awards', recognising those colleagues who have gone the extra mile and been a true advocate of our values and behaviours with 20 colleagues attending award ceremonies in 2016 during which they were recognised and thanked by the Board for their excellent work and contribution and for being great advocates of our values. Award winners include a colleague nominated for high professional standards at work delivered whilst having a mental health illness and being an advocate for open conversations about mental health at work and supporting others. An award was also made to a colleague nominated for work undertaken to support the Black and Minority Ethnic Network Group, her commitment has ensured the network is now well established and integrated into the work of the organisation. A further recipient was recognised for their excellent leadership whilst supporting a major relocation; ensuring colleagues were included in the development of and move to their new location.

Appendix 1: NHS England – our progress as an employer

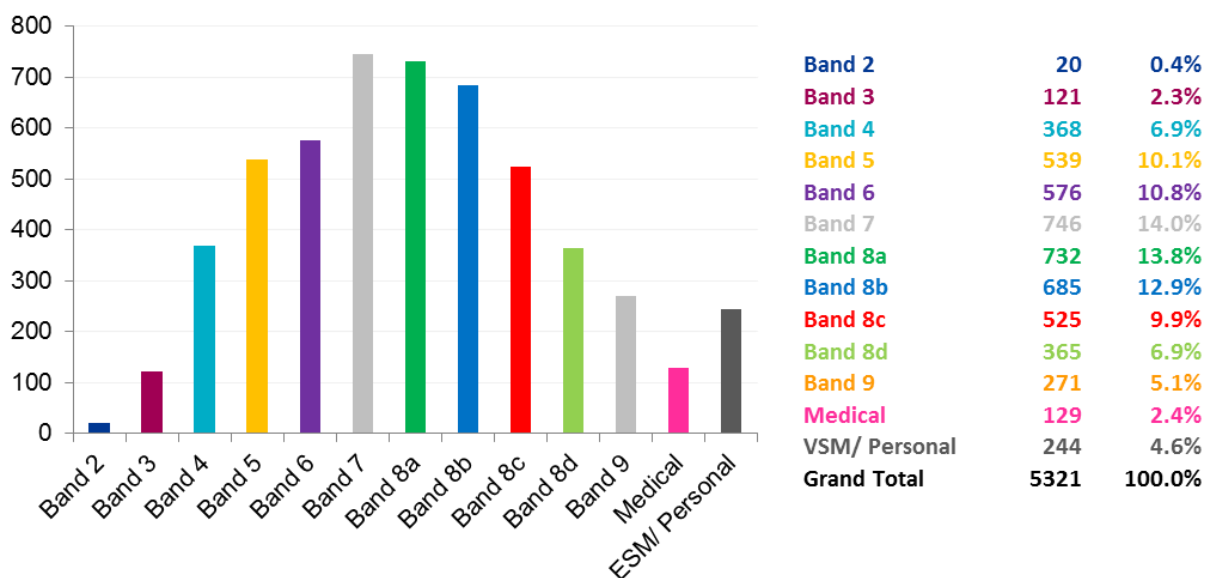
Employment

As at 31 December 2016, NHS England directly employed 4,553 people on recurrent, open-ended contracts of employment, based around the country within seven directorates. In addition, a further 768 people were employed on payroll on fixed term, time-limited, contracts of employment (see table below).

Directorate	Number of people employed
Chair and Chief Executive’s Office	17
Commissioning Strategy	302
Finance	181
Medical	334
Nursing	219
Operations and Information (including Regional Teams)	3,657
Specialised Commissioning	145
Transformation and Corporate Operations	466
Total	5,321

The following tables give a further breakdown of the 5,321 people directly employed by NHS England, as at the end of December 2016.²⁴

All staff by pay band as at December 2016



²⁴ CSU staff are employed via the NHS Business Services Authority and are therefore not included in this analysis. The term ‘senior manager’ denotes all staff remunerated at or above the pro-rate salary of £78,629 per annum. This is consistent with the definition used within Cabinet Office and HM Treasury returns.

As at December 2016, NHS England has seen an increase in headcount of 6% compared to 2015/16, with the biggest increases between Pay Bands 6 to 8c (salary range £26,302-£68,484 per annum).

All staff by gender



	Headcount	Percentage
Female	3680	69%
Male	1641	31%
Total	5321	100%

Senior managers by gender



	Headcount	Percentage
Female	423	52%
Male	392	48%
Total	815	100%

Whilst there has been no change in the senior manager percentages for gender representation, the overall staff gender percentage has shifted by 1%, with more men in post as at 31 December 2016 than the previous financial year (2015/16: 30% All Staff, 48% Senior Managers). The diversity of our Board is covered in our Annual Report and Accounts for NHS England, which are published separately.

All staff by ethnicity



	Headcount	Percentage
White	3910	73%
BME	733	14%
Unknown	678	13%
Total	5321	100%

Senior managers by ethnicity



	Headcount	Percentage
White	587	72%
BME	65	8%
Unknown	163	20%
Total	815	100%

The number of people employed by NHS England that consider themselves to come from a black or minority ethnic (BME) heritage has increased by 3% compared to the previous financial year (2015/16: 11.2% All Staff, 5% Senior Managers). This is a consequence of focussed work to improve diversity and inclusion, in line with the public sector Equality Duty and NHS England's response to the Workforce Race Equality Standard (WRES) for the NHS. NHS England has worked in close partnership with the NHS England BME staff network to achieve these improvements and learn from the 'lived experience' of BME people in our employment across the country and working at various levels of the organisation.

We have also worked closely with our Disability and Wellbeing Network (DAWN) staff network to close the gaps in our workforce diversity data and encourage people to self-classify. By December 2016, 2% more staff had chosen to disclose whether they have a disability or long-term condition this year (2015/16: 14.5% All Staff, 24%

Senior Managers). The percentage of staff disclosing a disability or long term condition has remained constant (2015/16: 5.2% All Staff, 4% Senior Managers).

All staff who consider themselves to have a disability or long term condition



	Headcount	Percentage
No	4387	82%
Yes	290	5%
Unknown	644	12%
Total	5321	100%

Senior managers who consider themselves to have a disability or long term condition



	Headcount	Percentage
No	616	76%
Yes	31	4%
Unknown	168	21%
Total	815	100%

The number of people choosing not to disclose their sexuality has decreased by 3% across the workforce and by 2.5% at senior manager level (2015/16: 24% All Staff, 36.5% Senior Managers).²⁵ 1% more staff now report that they are lesbian, gay or bisexual (2015/16: 1.65% All Staff, 1.9% Senior Managers).

(2015/16: 1.65% All Staff, 1.9% Senior Managers).

All staff by sexual orientation



	Headcount	Percentage
Heterosexual	4040	76%
LGBT	150	3%
Unknown	1131	21%
Total	5321	100%

Senior managers by sexual orientation



	Headcount	Percentage
Heterosexual	516	63%
LGBT	20	2%
Unknown	279	34%
Total	815	100%

²⁵ It is not possible to record whether staff members classify themselves as transgender on the NHS electronic staff record (ESR), this is a national functionality restriction within ESR and not something that NHS England is able to address locally.