

Equality and Diversity Council Meeting Paper

19th April 2017

The Equality and Diversity Council - Next Steps on the NHS FYFV

1. Introduction

This paper sets out how we propose to progress the recommendations agreed by EDC in January 2017 to update its form and function.

2. Setting the context

Recommendations from the Co-Chair's Advisory Group regarding the form, function and impact of the NHS EDC were discussed during the July and October 2016 meetings of the Council.

At the October meeting we workshopped the ideas. EDC members formed five discussion groups, and each discussed and documented their deliberations on the five key recommendations. These were written up and presented to the EDC in January 2017. The EDC agreed to implement the recommendations as summarised in the box below.

3. Implementing EDC Recommendations

To ensure that the EDC can deliver on its intent and commitments, within the delivery challenges outlined within the Next Steps on the NHS FYFV, the EDC have agreed recommendations for a refresh of its membership, form and function.

- i) The purpose and work programme of EDC should be explicitly focused on promoting equality and diversity in the NHS across patient care and workforce issues and the focus should not be lost in making continuous improvements in this area. EDC will deal with issues which can help address health inequalities, but this is not its core purpose.
- ii) The EDC is visioned as a forum where key system lead organisations set the direction for continuous improvements in equality and diversity, based upon the core values and principles of the NHS, and with a confirmed strategic overview and assurance role. Accordingly it must clearly set out its purpose and develop a system-wide blueprint which can flex and adapt to the continually changing landscape of the NHS and wider healthcare system.

EDC02 04/17

iii) Current EDC structure and membership need to be revised. Consequently, a core strategic EDC membership of 12-15 representing national organisations or structures will meet quarterly, supported by a small number of operational subgroups, tasked to deliver on the strategic priorities of the EDC.

iv) In line with other national bodies, the EDC should produce an annual report summarising what it has achieved. This would help communicate the Council's work out to the system, reinforce to the EDC its own purpose and added value and help the momentum of the Council and its work.

v) We also agreed that a facilitated EDC workshop is to be held to consider where the EDC has come from, celebrate its achievements to date, and engage upon the draft system-wide blueprint for the EDC.

4. Implementation of the changes

This paper sets out a time-bound implementation plan for the above recommendations.

Following discussion of this paper at EDC on the 19th April 2017, implementation of the agreed actions will commence immediately. We do not envisage a significant delay in the progress of business as usual during the transition and would expect actions to be complete prior to the next scheduled meeting of the EDC.

5. Indicative timeline

A workgroup will be set up to initially review the former workplan, and develop the next two year workplan. This will be actioned through proposed 'Hubs' (previously Sub Groups).

The first meeting will take place within 6 weeks, and at the next EDC we will develop and agree the workplan.

The Equality and Diversity Council - Next Steps on the NHS FYFV

Draft Vision 2020:

6. This draft vision has been prepared for comment, and to provide a provocation for our planned EDC workshop as per the October workshop recommendations. It has been built from learning from the October workshop.
7. The healthcare system will have in place improved relationships with its many diverse patients and communities to advance equality, remove unwarranted variation in healthcare and maximise social value. The health service will be serious about prevention and have more engaged relationships with patients, carers and citizens to promote wellbeing and prevent ill-health, involving them directly in decisions about the future of health and care services. Shifting power to patients and citizens, the NHS will be a more active agent of social change, strengthening communities, empowering patients, which will help to moderate rising demands on the NHS. Services will focus on improvements in access, health outcomes and experiences, for all their communities.
8. NHS boards and leadership will better reflect the diversity of local communities, and staff will have access to supportive and non-discriminatory opportunities. More people with learning disabilities will be employed in the healthcare system.
9. NHS employers will tackle prejudice and challenge stigma in a fast-changing social and political environment.
10. New models of care will deliver accessible, equitable and personalised services around diverse patients' needs to advance healthcare equality. There will be greater parity between physical and mental health.
11. By 2020, rising demands on the NHS will be reduced through a radical upgrade in prevention and public health. A poverty-focussed NHS will do more to mitigate, and minimise the impact of socio-economic disadvantage, in order to meet diverse needs and encourage under-represented patients and carers to participate in evidence based prevention initiatives.
12. By 2020, healthcare services will be equity-focussed, healthcare quality will not significantly vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

Transitioning to the New EDC 2017:

13. The EDC has played a role in supporting the NHS to deliver improved outcomes for patients, with an overarching ambition of ensuring healthcare services and work places are fair, free from discrimination and diverse, with equality of opportunity and experience for all, addressing the requirements of the Equality Act 2010.

14. The Council has been pivotal in the development and implementation of national standards and mandates for equality and patient and public involvement in healthcare in recent years: The Equality Delivery System (and EDS2), the Workforce Race Equality Standard, (WRES) the Learning Disability Employment project, the Accessible Information Standard, (AIS) the Sexual Orientation Monitoring Standard, (SOM) as well as the forthcoming Workforce Disability Equality Standard (WDES) and Community Language Information Standard (CLIS).
15. Whilst a testimony to putting equality at the centre of the NHS roadmap and a recognition of significant outputs from the EDC, these requirements must now also be considered in the round, in the context of combined challenges and financial constraint, and the ambitions of the Next Steps on the FYFV.
16. Whilst whole system equality improvements are needed, incremental delivery with an alignment of standards and requirements may best deliver sustainable equality improvements through aligning monitoring activities, streamlining and reducing burden on the system and 'measuring what matters' to deliver the Next Steps ambitions. This new approach will harnesses existing collected data on service equity and utilises rather than duplicates existing performance and quality reporting systems.
17. As the fifth biggest employer in the world, the NHS has immense economic power as well as a unique reach into the workforce and population. There are key lessons to be learned from other sectors regarding the benefits of workforce diversity in a global employment market.
18. It is proposed therefore, to update the operational structure and delivery model. The New EDC will be charged with extending progress on equality through delivery assurance and performance of current mandates and standards that have been put in place to advance equality and inclusion across healthcare in England.
19. The EDC itself will focus on maximising strategic influence and impact via structures and programmes already in place, with the intention to drive equality into the heart of the FYFV Next Steps. To make this happen, EDC subgroups will be reconstituted as operational delivery hubs. They will each have:
 - a defined reporting process and
 - a clear operating model in place.
20. These operational hubs will be system facing and will help develop the linkages, information and intelligence exchange between NHS organisations, arm's length bodies and the New EDC. They will have clearly developed work plans, milestones, and integrated reporting.

Proposed Terms of Reference:

21. The EDC provides visible and robust leadership on equality issues across the NHS. Its purpose is to help shape the future of the health system and its services from an equality, diversity, inclusion and human rights perspective and to improve the access, experiences, health outcomes and quality of care for all patients, service users, carers and the workforce.
22. The New EDC will drive whole system equality improvement with national strategic oversight of the following:
 - a. Extending progress on equality through delivery assurance and performance of current mandates and standards; working across STPs to advance equality and inclusion across healthcare and its workforce in England.
 - b. Extending progress to ensure we improve the patient and public experience of continually improving healthcare services and improve access to healthcare where significant barriers exist.
 - c. Extending progress on equality to ensure access to, experience of and outcomes from healthcare services will not significantly vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status, membership of inclusion health groups, socio-economic disadvantage or geography.
 - d. Extending leadership, system and culture changes to promote a positive equality culture across the NHS and through STPs, to ensure organisations are encouraged to tackle equality issues and create inclusive workplaces, free from discrimination and supportive of a diverse workforce who has access to equitable and non-discriminatory opportunities.
 - e. Extending progress on equality to ensure NHS boards and leadership will better reflect the diversity of local communities, staff will have access to supportive and non-discriminatory opportunities, and more people with learning disabilities will be employed in the healthcare system.

Proposed Vision Statement

23. The vision of the Council is to promote equality, diversity and inclusion for all patients, service users, carers and the workforce.

Proposed Purpose

24. The Council provides visible leadership on equality issues across the NHS. Its purpose is to help shape the future of the health system from an equality, diversity and inclusion perspective, and to improve the access, experiences,

Providing national leadership to shape and improve healthcare for all

health outcomes and quality of care for all patients, service users, carers and the workforce.

25. The Council will support the NHS to deliver improved outcomes for patients and service users, as well as holding firm on the ambition to ensure healthcare services and workplaces are fair, free from discrimination and diverse.

26. To achieve the above, the Council will provide strategic direction on key elements of the equality, diversity and inclusion agenda. However, the responsibility for the promotion of equality, and for addressing the requirements of the Equality Act 2010 in the NHS, rests with individual NHS organisations.

Proposed Governance

27. Proposal

- The Council is jointly chaired by the Chief Executive of NHS England and an elected member of the Council.
- The Council is a *partnership forum* supported by the national healthcare Arm's Length Bodies.
- The secretariat for the Council is shared across a number of the national healthcare Arm's Length Bodies, led by NHS England.
- The Council works through NHS England and other partner organisations and stakeholders, to facilitate influence and to empower.

Our Role

28. The Council will drive whole system equality improvement with national strategic oversight with regard to key agreed areas.

29. The Council will aim to operationalise the strategic approach by undertaking the following roles:

- **Commission** strategic pieces of work that support NHS organisations in fulfilling their responsibilities on promoting equality, diversity and inclusion.
- **Seek** to raise ambition at every level of the health system by inspiring strong leadership, removing barriers to change, celebrating success, and bringing the NHS Constitution to life.
- **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.
- **Describe** what success looks like, and will advise on evidence-based priorities for promoting equality, diversity and inclusion.
- **Influence** to ensure equality, diversity and inclusion are embedded within key health care policy, strategy, and in the delivery of services.

Providing national leadership to shape and improve healthcare for all

- **Ensure** that as individual organisations, we will continuously improve our own performance on equality, diversity and inclusion, and support the wider health system in this respect.

Role of members

30. The strength of the Council comes from its members, whether through their position or influence within the NHS and key partner organisations, their representation of the workforce and the wider community, or through their delivery of change within the service.
31. Members will work towards supporting the Council to:
- Positively position itself as a body of influence in promoting equality, diversity and inclusion within the NHS and beyond.
 - Champion change to raise ambitions on the equality, diversity and inclusion agendas for all service users, communities and the workforce.
 - Contribute to the delivery of a responsive and equitable health service, built on the values of the NHS Constitution.
 - Represent their organisation and peers on the Council and feeding back the key emerging messages to them as appropriate.
32. All members contribute to the work of the Council by:
- Attending the full Council meetings – showing commitment and leadership by attending, in person, at least three of the four meetings per year, as appropriate.
 - Providing clear strategic direction, challenge and innovation to the work of the Council; providing ongoing insight and a broad range of perspectives.
 - Providing ongoing involvement, support and strategic direction to the work carried out by the Council.
 - Championing the equality, diversity and inclusion agenda; engaging the whole system in delivering positive and sustained change.

Proposed Membership:

33. Proposed membership of the New EDC, and its hubs is for a three year tenure, at which point membership will be subject to review. Co-option for time limited and specific projects on to the EDC or its hubs can be agreed by the co-chairs, with a stipulated timeframe and clear objectives to achieve. Requests for co-option extensions to be considered following review of outcomes against co-option objectives.
34. Representatives from the key national healthcare Arm's Length Bodies will be accompanied by a subject matter expert from their respective organisation, to ensure we can translate ambition into delivery. Council members will represent the following:
- Key national healthcare Arm's Length Bodies

- Staff side organisations
- NHS provider trusts
- Clinical commissioning groups
- Voluntary and community sector
- Patient perspective

Proposed Members

Chair: co-chaired by CEO NHS England, and an elected co-chair with a three year tenure, subject to the above membership review and one further three year tenure.

Senior strategic nominations supported by the senior executive with responsibility for equality, diversity and inclusion from the following organisations:

Department of Health

Public Health England

Care Quality Commission

NHS England

NHS Improvement

Health Education England

NICE

NHS Digital

Healthwatch

NHS Confederation /NHS Employers

Trust Chair and Trust CEO (via NHS Providers)

Nomination from the VCSE Health and Wellbeing Alliance

Staff Side and Unions (via NHS Staff Council)

CCG lay member and clinical rep (via NHS Clinical Commissioners)

Patients Association

Proposed operating Culture

35. Proposed operating culture, frequency and timelines:

Frequency: Quarterly meetings

Structure: Operational hubs will be set up and built around the workplan. Frequency and membership to be developed.

Approvals: Proposals and papers receive sign off via the NHS England secretariat, the national Director with portfolio for Equality and the co-Chairs.

Providing national leadership to shape and improve healthcare for all

End to end papers cycle:

Call for papers one month after New EDC meeting

2 weeks for hub chairs and paper authors to return papers to secretariat

1 week Secretariat check and edit for consistency, agreeing any changes with paper authors

2 week VSM/National Portfolio lead sign off

2 week co-Chair sign off

Papers sent to New EDC members at least 7 – 10 days prior to meeting.