



STPs and equality – progress and EDC support

NHS EDC January 2017 – Lucy Wilkinson (CQC)
and Ray Warburton (Lewisham CCG)

Why should STPs consider equality?



The purpose of Sustainability and Transformation Plans (STPs) is :

“to help ensure that health and social care services in England are built around the needs of local populations”.

- It is difficult to see how this can be achieved without considering the different needs *within* a local population
 - Not only health needs but needs relating to equality characteristics – in terms of access, experience and outcomes
 - For example – poorer experiences and outcomes for people with a learning disability or people in some BME communities
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What are the challenges for STPs?



- **Legal** – STPs not subject to public sector equality / health inequalities duties (E/HIA duties) in own right but partner bodies could be challenged re “due regard” in implementing STP decisions
 - **Process** – Different partners may have different E/HI impact analysis processes (an argument for an STP joint approach)
 - **Speed of STP decision making** – can only analyse E/HI impact of decisions once they are made, so harder to assess decisions made at speed
 - **Evidence**– collating existing evidence from variety of sources and good quality engagement with equality groups who may be affected by STP plans
 - **What to assess** – E/HI impact analysis should not be a ‘one-off’ process – e.g. not just on STP priorities but on delivery plans
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How could STPs integrate equality into decision making?



Systematic and logical E/HI impact analyses for implementation plans

Draw on :

- **Local expertise** – Voluntary and community sector, Equality and diversity leads in partner organisations, patient and public involvement leads, Foundation Trust members
 - **Existing data and analysis** e.g.– Equality Delivery System (EDS2), Joint Strategic Needs Assessments (JSNAs) , Workforce Race Equality Standard (WRES), Right Care data
 - **National support** – e.g. Five year forward view engagement guidance, NHS England new E/HI Analysis tools
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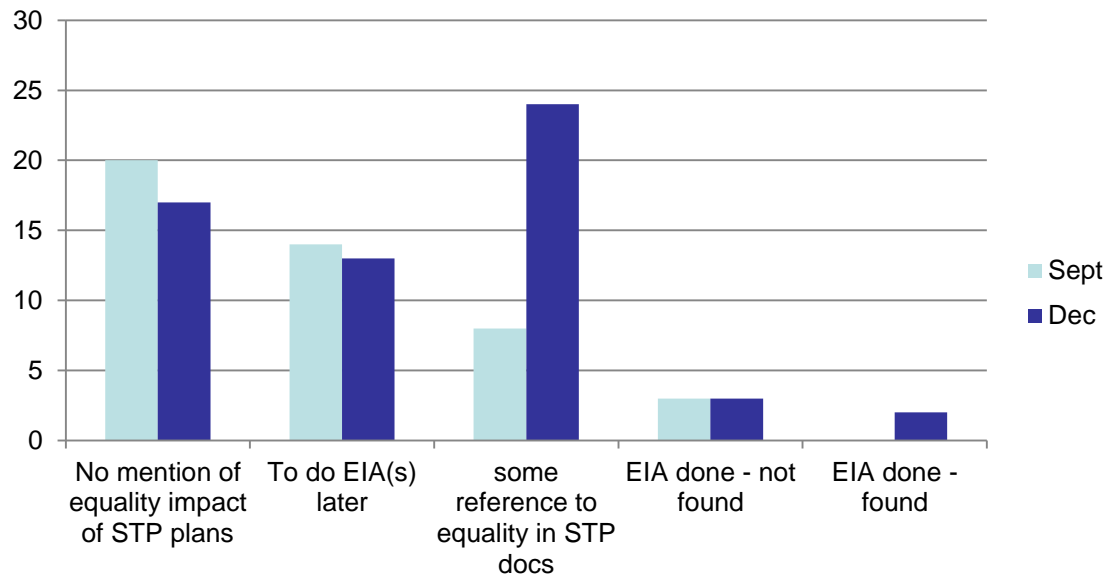
6 key questions for an STP analysis



1. For each priority or workstream, what do we know already about the **access, experience and outcomes** for people with each of the “protected characteristics” covered by the Equality Act?
2. What do we know about the **potential impact of STP plans on workforce equality** in the local health and social care economy?
3. What does this mean for **targeted engagement**? – to fill gaps in our knowledge or because a group will be particularly affected by STP plans so need to be involved on an ongoing basis?
4. What does this evidence and engagement tell us about **how we can maximise opportunities to advance equality and minimise risks to equality in our plans**?
5. What **concrete changes** need to be made to implementation plans?
6. What do we need to do in the future to **monitor and evaluate** the impact of our plans on equality?

What have STPs done so far?

- From Google web search end of September and end of December 2016 using “[STP name] equal” and for Dec search – additionally searching “equal” within in published STP plans
- All STPs made some mention of health inequalities as this relates to Five Year Forward View “health and wellbeing gap” but mentions of equality issues in plans much more variable:



What have STPs done so far?



- Unsurprisingly, more found in Dec than Sept because STP plans published
 - Often the phrase “health inequalities” used but little information about specific inequalities STP were aiming to address. From context, most common were geographical differences in life expectancy/ long term conditions or sometimes determinants of poor health (either behaviour factors e.g. smoking, or wider e.g. housing quality)
 - Meeting physical healthcare needs of people with mental health issues/ parity of esteem and health outcomes for people with a learning disability also relatively frequent issues (both feature in Five Year Forward View priorities)
 - Could only find evidence that 5 STP areas had done Equality Impact Analysis and of these only 2 were published. Similarly, Health Inequalities Impact Analysis. 13 have committed to doing future EIAs
 - Note – figures maybe be unduly pessimistic as work may be underway but unpublished or not found in simple search.
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What have STPs done so far?



However, there appears to be emerging good practice in some areas - even in these areas approach to equality is not *necessarily* systematic :

- **West, North and East Cumbria** – EIA of major service configuration in Success regime
 - **Hampshire and Isle of Wight** – STP plan includes strategic approach to when EIAs will be carried out and use of EDS2/ equality in CQC inspections
 - **Cambridgeshire and Peterborough** – reducing health inequalities built into design principles and in weighted evaluation criteria for reconfiguration options
 - **South Yorks and Bassetlaw/ Northamptonshire** – strong focus on health inequalities throughout plan/some focus on equality groups
 - **Dorset**: “needs based approach”, “population segmentation” and good engagement with equality groups
 - **Lincolnshire** – using WRES data as an indicator and completing EIAs in relation to travel times for different service configuration options
 - Focus on some less common specific equality issues in some STPs – e.g. domestic violence in **Suffolk and North East Essex** STP
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The most comprehensive EIA found for an STP plan – with a link from landing page of STP website

STP team leads on the **overview equality screening** of the STP programme and providing oversight for the NEL-wide initiatives. **Each initiative has an identified lead** who will:

- Ensure that direct **engagement** with the communities most affected by the proposals
- Be responsible for ensuring that the **equality screening** is carried out
- Consider any **HR implications** for staff arising from the STP proposals
- Ensure that any **identified actions** resulting from the equality analysis are implemented

Equality screenings of borough and local level initiatives are being led by the relevant local programme leads.

The NEL STP EIA includes:

- An **equality screening of the projects included in the STP** by each protected characteristic and socio-economic status
- An **governance assessment of all the initiatives** included in the NEL STP that determines at which level equality screening should be undertaken i.e. NEL STP level, Local Area Level, CCG/borough level or London-wide level and their progress to date and the potential timescales.

South East London STP – building on existing area approaches to equality



South East London STP approach to equality **builds on** work in “Our Healthier South East London” – strong **engagement** and work with the Consultation Institute (a not for profit best practice organisation) and also builds on each **partners' general approach to equality**

- **Equality Impact Assessments** for area plans in 2014 and 2015 leading to recommendations which were followed through
- An **equality steering group** that meets regularly to consider potential equality impacts as plans develop
- A **3 stage equality analysis** for consolidating elective orthopaedic care – led to an ongoing “Planned care reference group” of representatives of groups disproportionately affected who then **influenced options appraisals**.
- **Plans for 30 focus groups** including groups for all protected characteristics for future STP plans – using above model to then **continue engagement with groups most affected by the plans**

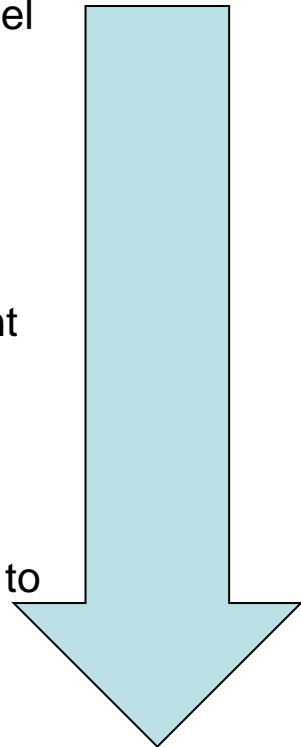
With thanks to Ray Warburton, Lewisham CCG member for this information

Greater Manchester (GM) transformation



Used “Healthier Together” project (reconfiguration of general surgery in GM) as test of equality approach – now rolling out approach to other GM transformation projects

- **Community organisation undertook EIA** (including socio-economic and travel impacts) – informed by a series of engagement meetings with equality groups
- EIA independently assured by **Equality Advisory Group (EAG)** – providers, commissioners, voluntary and community groups, local authorities
- EIA equal status to other factors in **option appraisal**
- EAG prioritised the most important **mitigating actions**
- Disabled people’s rights organisation carried out **access appraisal** for different options
- Mitigating actions and access requirements became **conditions for implementing change** (e.g. advertising NHS travel vouchers, good signage, face to face communication skills)
- **Benchmarking** providers enabled best practice relating to mitigating actions to be identified and shared by the EAG
- **Area action plans** drawn up to ensure equality consistently addressed by preferred providers – bringing all up to the highest standard



With thanks to Rebecca Patel, GM Transformation Unit who contacted us as a result of the EDC blog Queries to: rebeccapatel@nhs.net

How could EDC support STPs in this?



Following last EDC meeting - **Blog published** covering equality in STP work:

<https://www.england.nhs.uk/2016/12/lucy-wilkinson/>

Blog Focus on

- *Why* a focus on equality is important in STP work
- *How* STPs can consider equality in their work including key questions to ask and resources available (see earlier slides)

Next Priorities for EDC?

- **Engaging the STPs where equality is not seen as a priority**
 - **Sharing good practice and learning nationally to encourage best practice across all STPs**
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How could EDC support STPs in this?



Idea	Speed	Resource	Reach to unengaged STPs	Good practice sharing
EDC write to STP chairs with blog key messages and support sources	Quick	Low	High	Low
Publish good practice examples	Medium/ Slow	High (need to commission out?)	Low	High
Ask 5YFV team/ national STP working group to build equality into STP governance / challenge	Medium/ Slow	Low to Medium	High	Some potential?
Event/ conference	Slow	High (organisation and £)	Low	High
EDC members to volunteer to be “critical friend” for EIAs	Medium	High	Medium	Low

Your thoughts and ideas on next steps for EDC

1. Do you agree that the 2 EDC priorities should be:
 - Engaging the STPs where equality is not seen as a priority and recognizing and celebrating STPs which have a strong equality focus.
 - Sharing good practice and learning nationally to encourage best practice across all STPs
2. Which of the ideas on the previous slide – or other ideas – should be the next priority for action?
3. Do we need an EDC group to take this forward?