

Equality and Diversity Council Meeting Paper

24 January 2017

Inclusion Health and Lived Experience Subgroup Update

Purpose and context

The subgroup has a vision to tackle health inequalities and advance equality for all. Its purpose is to assist the shaping of the future of the NHS from an equality, health inequalities and human rights perspective, working 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, by 2017. The establishment of the subgroup was proposed as part of the EDC Review in April 2015.

EDC Theme and objective (s) the paper links to

The subgroup has established a work plan as agreed by EDC July 2015 comprising of the three key elements below. The group are now in the process of refining the detailed actions and have commenced delivery.

1. Ensuring people with lived experience have a voice throughout the Equality and Diversity Council and an influence in all its work.
2. Working to improve equity of access to services and improved outcomes for protected groups and people with lived experience of stark inequalities by 2017 (the “Quick Wins” programme).
3. Strengthen workforce and organisational capability for identifying and addressing Equality and Health Inequalities impacts across EDC member organisations.

Key Summary Milestones

Registering with a GP – patient facing leaflet has received Gateway approval and is scheduled to be published on NHS Choices website in mid-January 2017.

Strengthen workforce and organisational capability: EHIA: NHS England has shared their EHIA guidance, screening tools and templates with members of the cross- organisation Equality Act coordination group (members include CQC, DH, PHE, NHS England, NHS Employers, HEE, VCSE organisations). Feedback will be sought at the next meeting of the coordination group and the EDC IH/LE sub group as to how this, and other organisations’ material, can be effectively cascaded to EDC members in order to deliver on EDC objective 5.2: Strengthening workforce and organisational capability to understand, complete and act on equality impact assessments.

Progress Update

Since the last meeting and in addition to the key milestones set out above, the following activities have taken place:

- Work continues with the Race Equality Foundation to scoping of a community language information standard. The sub Group agrees that it was important for all written communications to be clear and to be able to be understood by all people. Consultation workshops have taking place, which sub group members have attended.
- **Primary care contracts and regional assurance for compliance with Equality Act 2010:** Jointly led by the EHIU and the Midlands and East regional assurance group, a cross-regional webinar was held in November 2016 to share governance models, good practice in regional assurance and explore how regions can share their practice and explore opportunities for strengthening compliance and monitoring, going forward, with regard to primary care contracts (e.g. GP practice mergers) and regional assurance for compliance with both Equality and Health Inequality duties.

A meeting was held with representatives of a Homeless Lived Experience Board and their input secured to work with the EHIU and EDC sub group IH/LE members to customise the leaflet for asylum seekers and refugees to address the barriers that homeless people face in registering with a GP. Commitment has been secured from Healthwatch Cambridge for their Gypsy, Traveller, Roma group (comprising Lived Experience members and health professionals working with these communities) to work with the EHIU and EDC sub group IH/LE members to customise the leaflet to address the barriers that gypsy, traveller and Roma communities face in registering with a GP. NHS England EHIU and sub group members have undertaken consultation with homeless people and Roma community members on the draft leaflets designed for homeless people and for gypsy, traveller and Roma community members. Specialist input has been secured from clinicians who work with these populations, academic 'experts in the field' and representative organisations including the Traveller Movement.

Current Position

The Inclusion Health and Lived Experience Subgroup continues to position itself to take advantage of, and influence strategic work streams.

Next steps

- Continue delivery of the Quick Wins work plan
- Discuss how other EDC subgroups can involve people with lived experience in their work, offering appropriate roles and support.
- Continue to work with the Data Measurement subgroup on the baseline position on what data information is collected in key NHS data sets or available vis a vis the protected groups and in key areas of health inequalities as it relates to inclusion health groups, supplementing the data and knowledge gaps to support

Recommendation and action requested

The EDC is asked to note the report.

Co- Chairs: Ruth Passman (NHS England) and Lived Experience member by rotation.

Inclusion Health and Lived Experience Subgroup Members:

Stewart Moors, Lynn Berry, Elham Atashkar, Iman Rafatmah, Ruth Passman (NHS England) Caroline Humphreys (NHS England), Bernd Sass (Disability Rights UK), Stan Burrige (Pathways), Jabeer Butt (Race Equality Foundation and Strategic Partner), Dr. Amir Hannan (Haughton Thornley Medical Centres), Clenton Farquharson (Community Navigator Services and Healthwatch), Dr Alastair Lipp (Deputy Regional Medical Director Midlands and East, NHS England), Gail Elkington (Department of Health).