

Equally Outstanding:

How can a focus on equality and human rights improve the quality of care in times of financial constraint?



For NHS Equality and Diversity Council: October 2017

Our purpose



The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.



Equally Outstanding



A good practice resource developed with partners and with outstanding providers

Aligns with our purpose of encouraging care services to improve

Not linear: Interactive web-based resource with embedded links and reflective practice questions – still a “beta version” in testing



Equally outstanding

Equality and human rights – good practice resource

How can a focus on equality and human rights improve the quality of care in times of financial constraint?



www.cqc.org.uk/equallyoutstanding

Why focus on equality and human rights?



Key message 1:

Equality and human rights is a solution to providing good care – not a problem in providing care.

Why focus on equality and human rights?

Ethical case

- ✓ Leads to outcomes people want
- ✓ Person-centred care is a human rights and equality based approach
- ✓ Attention also needed at a service-level to promote equality & rights

Business case

- ✓ Workforce equality is linked to good care and saves money
- ✓ Diverse workforce adds value
- ✓ Link between equality & human rights performance & overall care quality
- ✓ Improves staff morale, increases efficiency, wins contracts

Economic case

- ✓ Saves money for the health and social care system
- ✓ Equality and human rights for people who use services – and for staff – saves money for the wider economy

Legal case

- Helps providers meet requirements of:
- Equality Act 2010
 - Human Rights Act
 - CQC regulations
 - Mental Health Act and Mental Capacity Act

A flavour of some of the evidence



Ethical case

- ✓ **People** speaking about outcomes they want and how these relate to equality and human rights– from CQC, Healthwatch, Social Care Institute for Excellence and National LGB&T Partnership
- ✓ **Policy:** NHS Constitution and Adult Social Care “Quality Matters”
- ✓ **Projects:** work to improve equality at a service level

Business case

- ✓ Relationship between NHS Trusts having better CQC ratings and lower levels of staff discrimination, bullying and harassment
- ✓ Equality-related causes of staff turnover and absenteeism – and average costs of these
- ✓ Relationship between acute NHS Trusts having better CQC ratings and higher positive responses to human rights-related inpatient survey questions

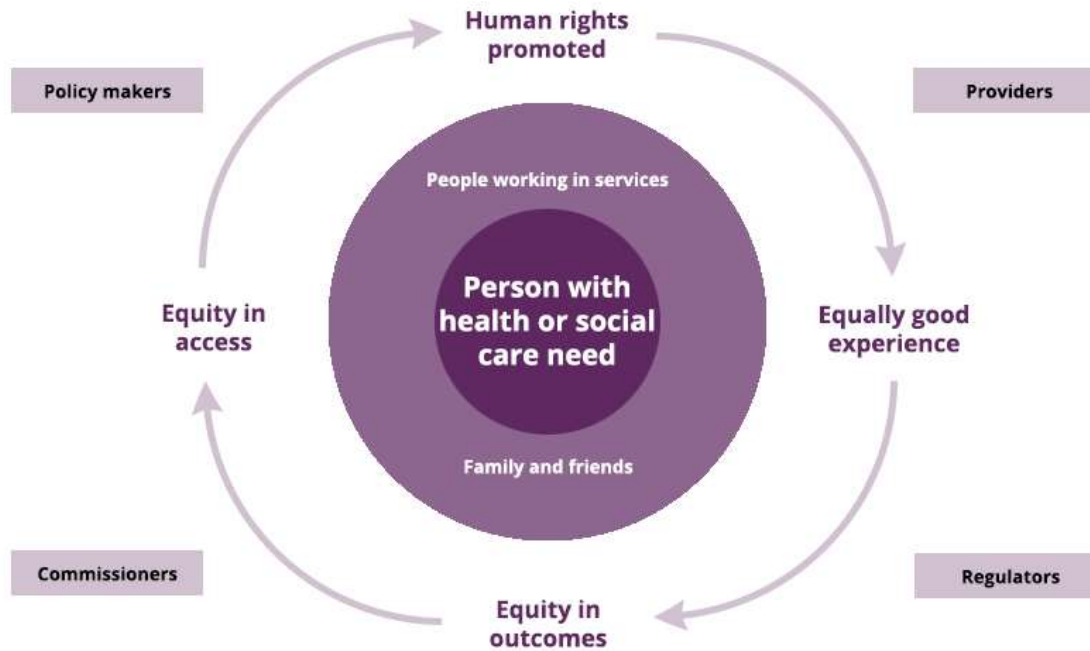
Economic case

- ✓ In 2010, geographical health inequalities cost NHS £5.5bn a year and the wider economy £33bn – not counting other inequalities
- ✓ Failure to provide British Sign Language Interpreters for Deaf people costs NHS £30m a year
- ✓ £24bn benefit to UK economy if Black and minority ethnic people fully represented in labour market – health and social care as major employer

Person centred model, equality and human rights

A person-centred view

A focus on equity of access, promoting human rights, equally good experience of care and equity in outcomes will create good quality care for all.



Wider factors leading to health inequalities and inequality in life chances

How can providers focus on equality and human rights?

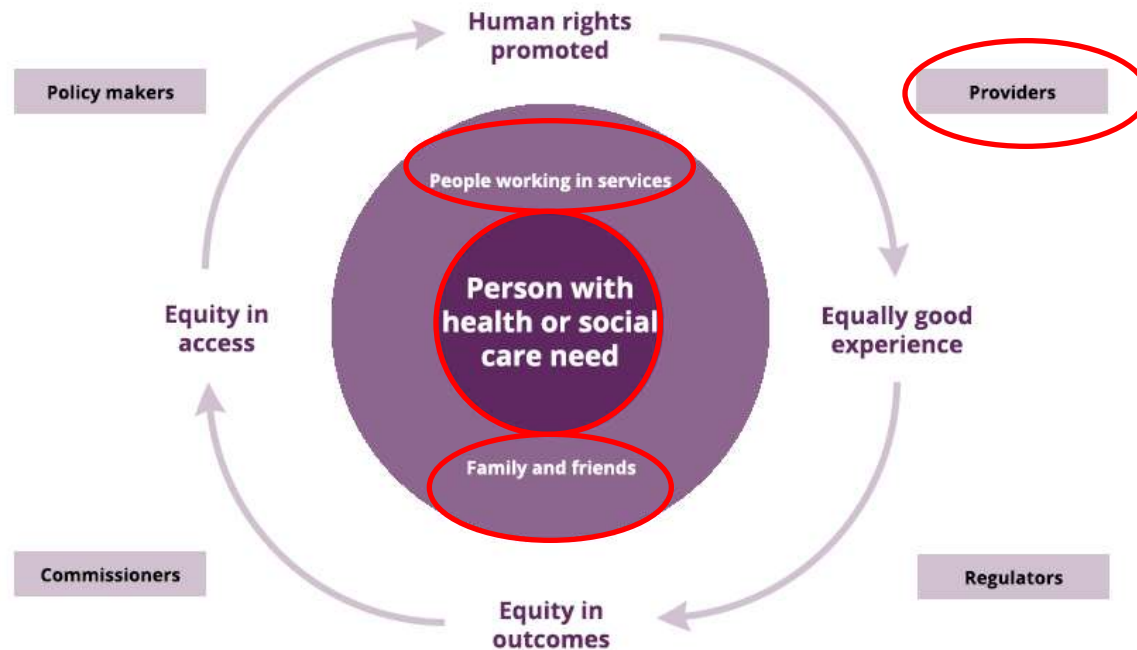


Key message 2:

Many providers could learn from the best providers in using equality and human rights to improve the quality of care.

A person-centred view

A focus on equity of access, promoting human rights, equally good experience of care and equity in outcomes will create good quality care for all.



Wider factors leading to health inequalities and inequality in life chances

Outstanding providers using equality and human rights



Shadon House



Dimensions Kent



Castlebar Care Centre



East London NHS Trust



The Christie NHS Trust



The Docs GP practice



Herstmonceaux integrative care centre



Very different services with a number of common features – particularly about organisational culture – that other services could learn from. Looking at the common “success factors” in the best providers none of these took a large amount of resources.

Common success factors



1. Committed leadership

Key role of leaders who are enthusiastic and committed to equality and human rights

2. Principles into action

Equality & human rights as a thread from organisational values, through leadership behaviours and actions to frontline staff and their work

3. Culture of staff equality

Broad work to develop an open and inclusive culture and work to tackle specific workforce inequalities

4. Apply equality & human rights thinking to quality improvement

Start with the improvement issue - make space to innovate & think about equality and human rights as a solution

Common success factors



5. Staff as improvement partners

In planning & delivering change to improve care quality through equality & human rights

6. People who use services at centre

Listening carefully – including to their “life outside services” and to future aspirations

7. Use external help

Reach out to others – and be prepared to have a mirror shone on their work

8. Courage

Honesty, positive risk-taking, tackling difficult problems

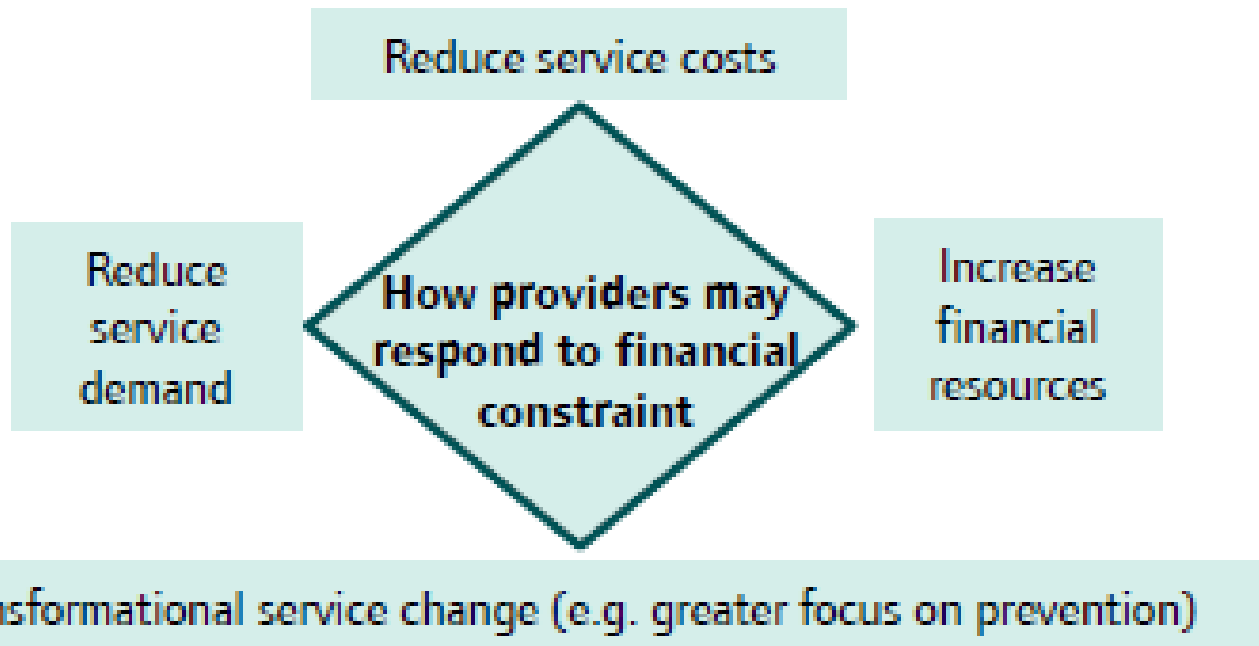
9. Continuous learning and curiosity

Start somewhere, learn from mistakes, always look for the next thing to work on

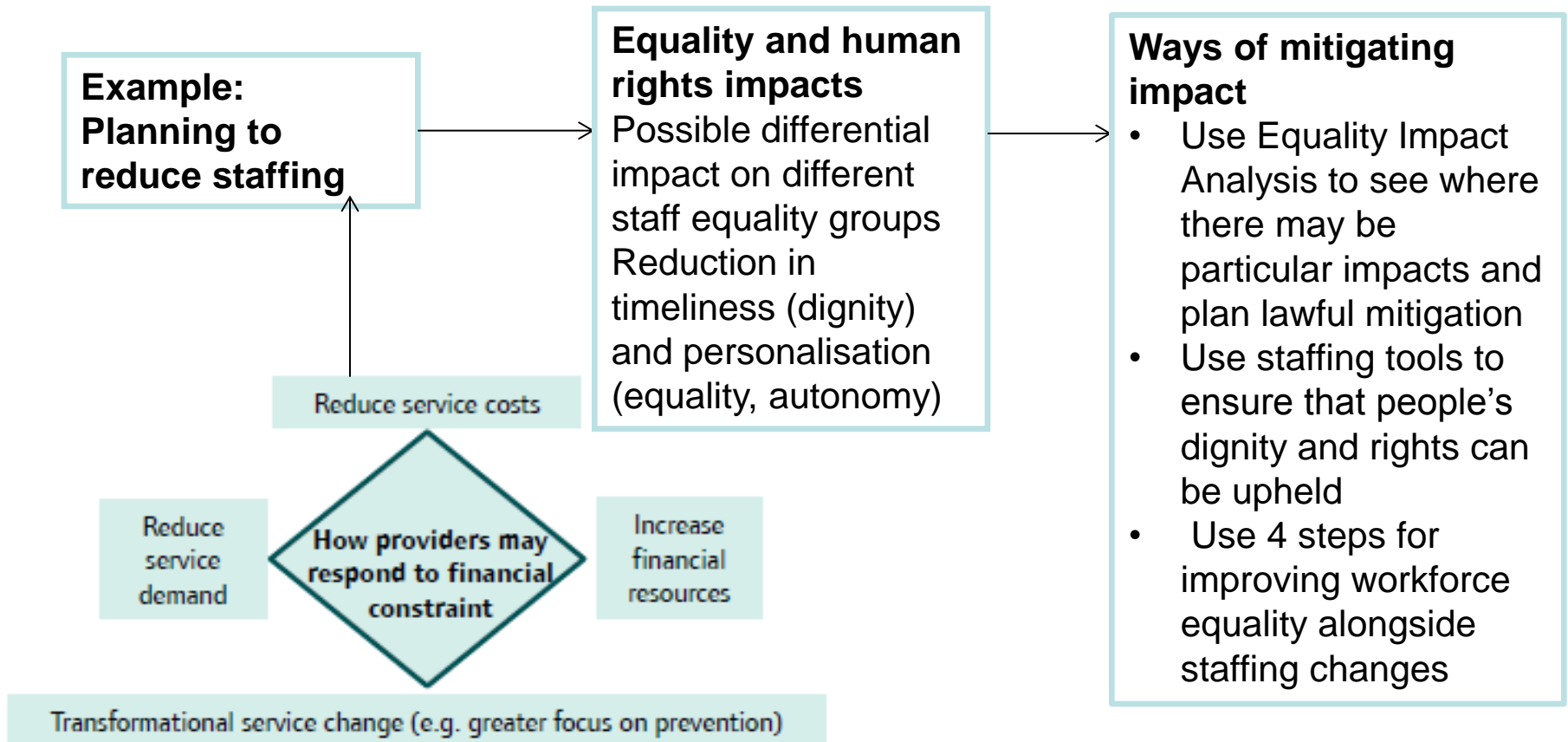
Key message 3:

Providers may still face challenges in times of constraint: but the impact of these changes on people who use services or staff can be minimised by mitigating any negative impacts on equality and human rights

Choices in balancing budgets



Example of how focus on equality and human rights can help



There are a range of other examples in the resource

Four steps to improving staff equality

4. Review your progress...and keep going

Continuous improvement and evaluating interventions

3. Apply effective interventions

Learn from elsewhere

2. Understand root causes

This stage often missed

1. Understand where you are now

Data and staff views both important

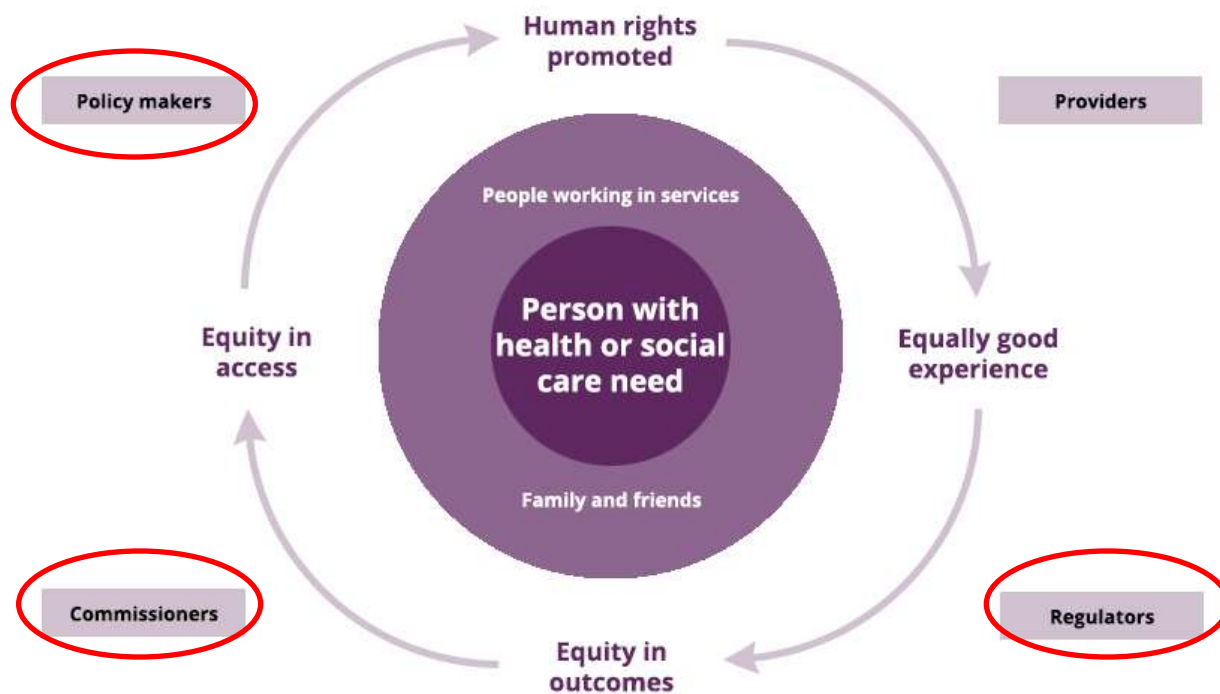


Key message 4:

Providers cannot do this work alone.

A person-centred view

A focus on equity of access, promoting human rights, equally good experience of care and equity in outcomes will create good quality care for all.



Wider factors leading to health inequalities and inequality in life chances

Key roles of others in supporting providers

Commissioners

- ✓ Putting equality and human rights requirements into contracts
- ✓ Contract monitoring (including existing requirements e.g. Accessible information Standard EDS2, WRES)
- ✓ Recognising equality and human rights implications of commissioning decisions by listening to people who use services and providers
- ✓ Commissioning to meet the needs of particular equality groups

Regulators

- ✓ Equality and human rights in regulatory frameworks and methods
- ✓ Building staff confidence around equality and human rights
- ✓ Tackling “unintended consequences” of regulation – e.g. risk aversion which might impact on right to autonomy, choice and control
- ✓ Sharing good practice discovered through regulatory activity

Policy makers

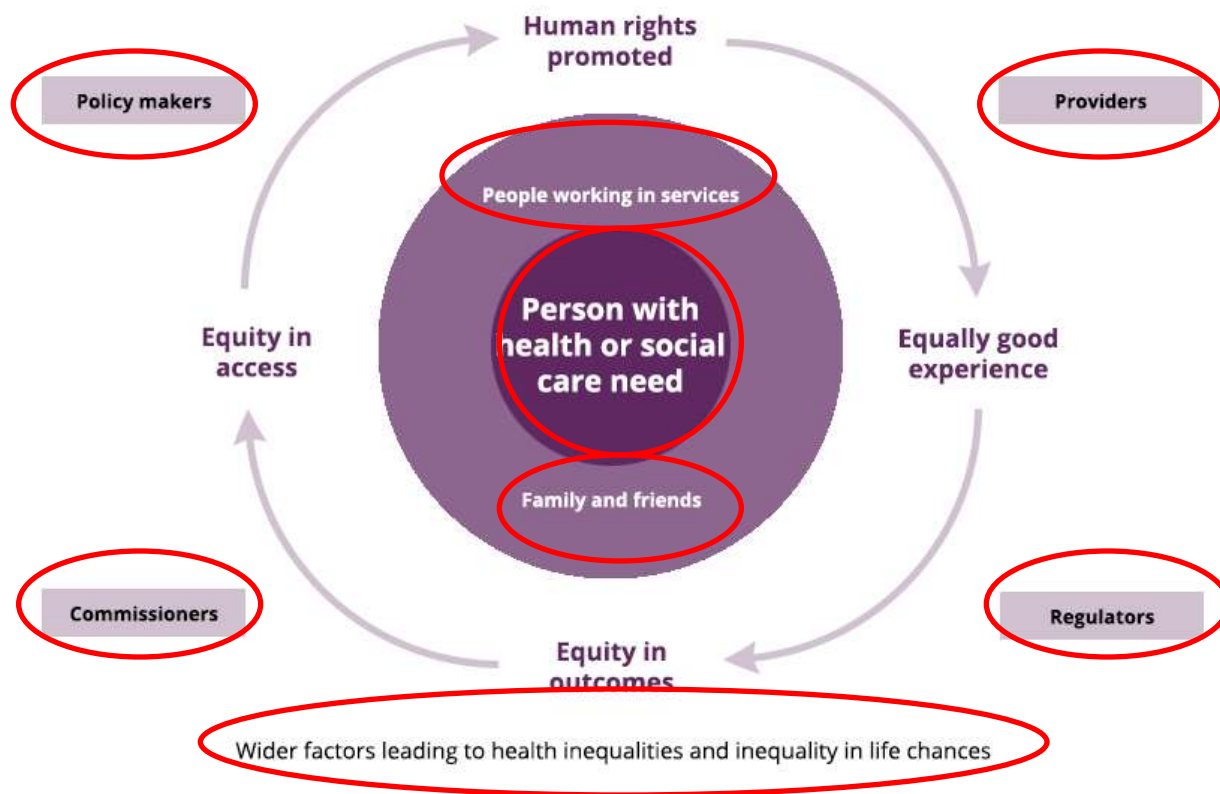
- ✓ Ensuring equality and human rights are embedded into policy
- ✓ Equality and human rights in system co-ordination – eg Equality and Diversity Council

Key message 5:

**Empowering people and
communities is essential to
advance equality and human rights**

A person-centred view

A focus on equity of access, promoting human rights, equally good experience of care and equity in outcomes will create good quality care for all.



Empowering people and communities (with thanks to Race Equality Foundation for work on this section)



- ✓ Broader services – often community-led – are often more accessible, culturally appropriate and strengthen the rights of individuals and communities
- ✓ Involve people using services (now or in the past) in service design, delivery, advocacy and representative roles
- ✓ Transfer best practice from community-led services to mainstream provision – this is not happening enough
- ✓ Recognise difference about what works with whom – the solutions are not the same for all equality groups
- ✓ Inequalities of access are fundamental and need system-wide action (e.g. access to interpreters)
- ✓ STPs have an important role to play in advancing equality of access and outcomes in local areas – some best practice developing

Recap of key messages



1. Equality and human rights is a **solution** to providing good care – not a problem in providing care. There are ethical, business, economic and legal “cases” for a focus on equality and human rights.
2. Providers could **learn from the best** in using equality and human rights to improve the quality of care. They have common features.
3. Providers may still face **challenges** in times of constraint: but impact on people using services and staff can be **minimised** by mitigating any negative impacts on equality and human rights.
4. Providers cannot do this work alone.
5. **Empowering people and communities** is essential to advance equality and human rights.

1. How can EDC/ EDC members **support providers** to follow the examples of the best in relation to equality and human rights?
2. How can EDC/ EDC members **influence the wider system** so the system **supports providers** to work in this way...
3. and so the system **empowers communities** in order to advance equality and human rights?

Thank you



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