

Equality and Diversity Council Meeting 30 January 2018

Embedding levers and accountability task and finish group: Proposed terms of reference

Background

A task and finish group to focus on bringing an 'equality' focus to the key system levers for improving quality in the NHS – drawing upon the working principles of the national Quality Board. The work of the group will lead to recommendations for change: ensuring national levers for change are aligned to enable reduction in inequalities in access, experience and outcomes for people using services.

This paper presents a draft scope for the aims, scope and purpose of the exercise for the emerging task and finish group to consider. Key stakeholders have been consulted on this paper, including members of the EDC.

Draft scope

1. Focus on Five Year Forward View (5YFV) service improvement priorities are:

- Urgent and emergency care
- Primary care
- Cancer care
- Mental health

For the purpose of this, time-limited, task and finish group – the areas of cancer care and mental health may be the focus.

2. All NHS services, including primary care will be the focus (there is potential scope to look at the NHS funded independent health sector and/or adult social care in relation to the service priorities – but with the risk of the focus being spread too thinly).
3. Initial focus of evidence gathering on all protected characteristics under the Equality Act 2010. Prioritisation of different characteristics for particular 5YFV service improvement areas for further work will be required, once evidence gathering phase completed.
4. System levers for 'quality' covered in the National Quality Board Shared Commitment to Quality will be considered in scope, including: CQC and NHSI frameworks, NICE guidance, Quality Accounts, Quality Premium and CQUIN measures, NHS Payment system (e.g. tariffs), and the GP practice Quality and Outcomes Framework (QOF).
5. Initiatives to support the reduction of inequalities such as NHS RightCare and GIRFT (Getting it right first time) will be included if they go into detailed measures, recommendations or frameworks. Higher level processes for quality improvement, such as Clinical Senates and HEE Quality framework, will be out of scope

6. The scope will also include how allocation of additional funding to CCGs with the greatest health inequalities is being utilised, and whether the funding has made a difference (as discussed at the October EDC meeting). This is an existing lever that can be evaluated.
7. Draft high level work plan:

1	Appoint chair and working group members and secure resources (analytical support)	Jan-Feb 2018
2	Call for evidence on equality gaps/inequalities from EDC membership, compilation of evidence for each 5YFV priority and interim report on findings to EDC	Mar-Apr 2018
3	Analysis of system levers in relation to the equality gaps	May-June 2018
4	Interim report to EDC re “priority gaps” and areas where system levers could be strengthened in relation to these	July 2018
5	Discussions with organisations “owning” system drivers to negotiate potential changes, final report to EDC	Aug-Oct 2018

Considerations

EDC work should complement and not duplicate current work underway; the proposed work plan timeline (above) may need to shift to accommodate this. For example, NHS England is already working with the National Collaborating Centre for Mental Health (NCCMH) to produce supporting guidance/resources for mental health commissioners and providers around addressing inequalities. Similarly, the Equalities Cancer 2020 work programme is underway and there is learning from this programme which will be invaluable in this EDC workstream. Those leading on such workstreams should be considered as part of the membership of this task and finish group.

Next steps

- Agree Chair and secure group membership
- EDC members offer support required for evidence gathering and collation work
- Initial meeting to arrange: call for evidence and collation of evidence