

## NHS Equality and Diversity Council

### Embedding Levers and Accountability Workstream

#### Notes from the teleconference held on Tuesday 28 August 2018

Present: Dominic Dodd, co-chair (Royal Free London NHS FT)  
Adam Sewell-Jones, co-chair (NHS Improvement)  
Max Edelstyn (Equality and Human Rights Commission)  
Campbell McNeill (NHS England)  
Emma Rigby (Young People's Health Organisation)  
Lucy Wilkinson (Care Quality Commission)  
Donna Glover (Public Health England)  
Claire Laurent (NHS E National Cancer Programme)  
Sue Little, group executive support manager (Royal Free London NHS FT)

Apologies: Sarah Munro (South Yorkshire Partnership NHS FT)  
Jonno McCutcheon and Ruth Davies, NHS E Acute Mental Health team

		<b>Action</b>
1.	<p><b>Welcome and Introductions</b></p> <p>Mr Dodd welcomed everyone to the meeting and brief introductions were made.</p> <p>Mr Dodd noted that inequalities in mental health and cancer were very big topics and reiterated that it was this group's particular focus to try to better align national and local levers in the NHS system to create the conditions for commissioners and providers to make greater progress on reducing inequalities in access and outcomes in these areas.</p> <p>He stated that whilst there was a lot of information on inequalities in access and outcomes in cancer by protected characteristics, there was less in relation to mental health and the fact base is incomplete for both. It was also the case that many people working on trying to improve the position on inequalities in these areas but not always in a coordinated way</p> <p>Mr Dodd highlighted the NHS long term plan where all three of cancer, mental health and inequality were highly important priorities.</p> <p>For all these reasons there was high risk of this effort being duplicative or superficial or both and not adding value.</p> <p>He concluded that it was very important that the EDC agreed the right objectives, scope and focus for this effort and its relationship to the NHS plan and that the paper should address:</p> <ul style="list-style-type: none"><li>• The fact base on access and outcome inequalities in cancer and mental health</li><li>• The landscape in terms of who is working in this area and on what</li><li>• What we consider to be the right change model</li><li>• The focus, scope and deliverables for this group relative to others</li></ul>	

	Mr Sewell-Jones concurred and added that whatever work this group undertook it should not create confusion and must add value.	
2.	<b>Notes of the last meeting held on 25 June 2018</b> The notes of the last meeting held on 25 June 2018 were agreed as a correct record.	
3.	<b>Matters arising</b> Fact based review: inequalities in cancer, access and outcomes – Mr McNeil advised that he had made contact with Raphael from the NHSE analytical team and would forward their details onto Lucy.  Team membership and consultation list – Mr Sewell-Jones confirmed that he had written to Cally Palmer to request a senior representative on this group, Claire Laurent is now attending.	
4.	<b>Developing the EDC paper</b> Ms Wilkinson highlighted the importance of the socio-economic determinants of inequalities by protected characteristic. Ms Laurent advised that she was working with Raphael from NHSE on deprivation and cancer outcomes and would forward this information to Ms Wilkinson.  Ms Wilkinson advised that there was no standard format for EDC papers. She had tried to walk through the task, the work carried out to date, including the change model, context and options. Ms Wilkinson advised that a very good conversation had taken place with the health inequality policy leads at McMillan cancer care.  Ms Wilkinson confirmed the date of the EDC meeting as the 9 October 2018 and with a deadline for papers of 10 September 2018. As she was on leave next week Mr Dodd had kindly agreed to collate the groups' responses to the EDC paper.	CL          DD
5.	<b>Developing the EDC paper</b> <b>Appendix A – summary of key inequalities from working group meeting 1 - Cancer</b>  Mr Sewell-Jones invited Ms Laurent to talk about the national cancer work stream.  Ms Laurent stated that the national cancer programme had a 5 year ambition to deliver 91 recommendations; screening and earlier diagnosis will in particular address health inequalities.  Mr Campbell, who worked for the patient experience team at NHSE, highlighted increasing the representation of BME patients in cancer surveys, the discrepancy between BME and white population experience of care and that online social networks were a good place to share pieces of best practice – there is a Yammer group set up for this. He advised that a health and inequality library on line resource was due to be launched within the next month and that considerable work had already been undertaken at Public Health England and MacMillan, so it was very important not to reinvent the wheel and to use the evidence base on what works.	

	<p>Ms Glover advised that Public Health England had carried out some work and had examples of what was working, however, it was important that local information should be shared which remained an issue. Ms Glover's particular focus is learning disability. There is a particular issue around cancer screening and the basics of screening providers knowing who on GP lists had a learning disability, so that they could make appropriate reasonable adjustments to the screening process, for example sending out letters in easy read format .</p> <p>Ms Wilkinson reported that MacMillan were looking at what contribution health could make to the wider effort in reducing inequalities, for example the role of health in signposting people diagnosed with cancer to advice on welfare benefits, housing etc. There was a convergence of topics between MacMillan work and what this workstream has found to date e.g. access to screening, information and diagnostics with the whole pathway being looked at. There was, however, no standard or shared goal on what good outcomes should look like.</p> <p>Ms Laurent stated that there were many ways to measuring the impact on health inequalities, these might need to vary in different areas etc. Issues are complex and over-simplification might result in unintended consequences, so the goals were difficult to identify and a different approach was needed.</p>	
6.	<p><b>Developing the EDC paper</b>  <b>Appendix A – summary of key inequalities from working group meeting 1 - Mental Health</b></p> <p>Ms Wilkinson advised that NHS England mental health representatives were unable to join the meeting but that they would catch up with her off line. They had seen the EDC paper and confirmed that it was an accurate reflection.</p> <p>Mr Edelstyn reported that Equality &amp; Human Rights would shortly be publishing their latest edition of 'Is England Fairer?' One of the areas of concern was access to and outcomes of mental health care. Work had also been carried out around IAPT (improving access to psychological therapies) and why older people and people from ethnic minorities were less likely to access these services. Work was also being undertaken on the Mental Health Act review which would be very relevant.</p> <p>Ms Rigby stressed that children and young people's mental health needs should be represented, especially looking at inequalities in children and young people's mental health teams and to perhaps use the voluntary sector as a bridge.</p> <p>Ms Wilkinson stated that there was an over-representation of BME people as detained patients, yet they were less likely to access mental health prevention services. Mr Edelstyn reported that this area was being addressed through the Mental Health Act review.</p> <p>Mr Dodd summarised the themes of the discussion:</p> <ul style="list-style-type: none"> <li>- Lots of people were working on this;</li> </ul>	

	<ul style="list-style-type: none"> <li>- Scaled best practices were rare</li> <li>- Work to encourage better access to screening was more advanced than other interventions; areas such as addressing emergency presentation were less developed</li> <li>- Shared goals what a good outcome was were missing; there were generally no agreed metrics</li> </ul> <p>Mr Dodd encouraged everyone to ensure they shared information on who was work on what, via Ms Wilkinson.</p>	
7.	<p><b>Developing the EDC paper</b> <b>Appendix B – Summary map of key levers</b></p> <p>Ms Wilkinson advised that she had spent about day researching this information, so it was not an in-depth analysis. She stated that there were differences between topic coverage between levers. How often the levers were reviewed and what capacity there was to change were noted.</p> <p>Ms Laurent highlighted that QOF (quality and outcome framework) were very difficult to influence.</p> <p>Mr Sewell-Jones added that the data was difficult to capture. Many of these levers were quite data driven and therefore would be challenged if data quality was poor. He said that we might consider influencing rRghtCare data and the Model Hospital. He questioned did the cqc well-led domain allow for some focus on inequality.</p> <p>Ms Wilkinson advised that meeting the needs of local populations was included in CQC frameworks, but not specifically reducing inequalities. CQC sare doing some work around local system reviews for care to older people. There was a need to strengthen the focus on particular protected characteristics within this work – attention to this has started. Also there is early work to look at inequalities in early CQC work on assessing areas, eg STPs.</p>	
8.	<p><b>Developing the EDC paper</b> <b>Section 5 – High level change model and key questions</b></p> <p>Mr Dodd reminded the group that a 4 step model had been adopted; setting the right expectations, effective monitoring, providing tools and support to meet goals, consequences for progress, good and bad.</p> <p>Mr Dodd invited members to comment.</p> <p>Mr Sewell-Jones questioned who should be setting expectations and where the clinical expertise should come from. Ms Laurent felt that this would be addressed locally, eg from 19 cancer Alliances, but with national leadership.</p> <p>Mr Dodd recognised that there was room for improvement regarding the data that was available.</p> <p>Ms Laurent felt that the framework should make clear that consequences meant both rewards and penalties rather than just the latter.</p>	

	<p>Ms Glover advised that NHSE were doing work on learning disabilities and she would link up with Ms Laurent .</p> <p>Ms Wilkinson reported that she had seen the improvement standard for learning disabilities launched by NHSI which was very good.</p> <p>Ms Glover flagged that Trusts now have to report on reducing deaths of people with a learning disability in their annual Quality Accounts.</p> <p>Mr McNeil would link up with Ms Glove regarding the work that NHSE had carried out regarding learning disabilities and cancer.</p>	<p><b>DG</b></p> <p><b>CMcN</b></p>
<p>9.</p>	<p><b>Developing the EDC paper</b> <b>Section 6 – Options</b></p> <p>Mr Dodd outlined the options for developing this work and comments were welcomed.</p> <p>Ms Wilkinson advised that the levers and accountabilities workstream had originated from a discussion about the overall work programme for EDC which to date had focused on staff equality and that there was not an equivalent national programme for patients. The EDC felt it should have more focus on national levers to support reducing health inequality</p> <p>Ms Laurent reported that the National Cancer Programme were undertaking substantial work in this area. She agreed the work on levers could be very useful and to show us where we could make some sort of progress.</p> <p>Mr McNeil highlighted the need for a cross-body approach and an awareness of what each body was doing, including an alignment of the various tools and levers.</p> <p>Mr Dodd concurred that alignment, coherence and rebalancing were the key aspects and had observed that the most powerful levers were the ones which were less focused on inequalities.</p> <p>Ms Wilkinson stated that the setup of a supportive structure should be recommended in order to enable alignment of all organisations.</p> <p>Ms Glover felt that a focus on specific areas would bring people together.</p> <p>Mr McNeil emphasised campaigning on getting better data and raising awareness should be a way forward.</p> <p>Mr Edelstyn stated that ‘Is Britain Fairer?’ would find the lack of data a major barrier and questioned if there was enough information to support the public sector equality duty.</p> <p>Ms Wilkinson added that in some areas the data was not good: learning disability and mortality; in other areas there was a lack of data e.g. much of the data relating to inequalities by sexual orientation.</p>	<p><b>LW</b></p>

	<p>Ms Wilkinson advised that she would change the wording for the options from “Agree that there should” to “The EDC should”</p> <p>A discussion then took place regarding the resources for supporting this piece of work and where that should come from as currently it was being provided on a voluntary basis. Ms Wilkinson advised that this would be raised with the EDC.</p>	<b>LW</b>
10	<p><b>Next Steps</b> The notes of the meeting would be distributed</p> <p>To follow up on the actions, especially for mental health</p> <p>A revised paper to be drafted and circulated, with comments to Mr Dodd by 10 September</p>	<p><b>LW</b></p> <p><b>ALL</b></p> <p><b>LW</b></p>
11	<p><b>Any other business</b> There was none</p>	