Classification: Official

Publication approval reference: PAR1587

NHS England and NHS Improvement: Equality objectives and information as at 31 March 2022

Version 1, 19 May 2022

Contents

Overview

Alongside NHS England and NHS Improvement's statutory responsibility to report annually under equality legislation[1], we recognise that our equality objectives and associated reporting provide an important improvement tool, both providing a strategic focus for change and helping to drive systemic and demonstrable improvement in equality, in the context of the nine protected characteristics set out in the Equality Act 2010.[2]

The purpose of this retrospective review is two-fold. First, this report provides an overview of our performance during 2020/21[3] and 2021/22 on how we have met our seven equality objectives in accordance with both the Public Sector Equality Duty (PSED) and the Specific Equality Duties (SEDs). Second, it supports the development of new equality objectives for 2022/23 and 2023/24.[4]

The COVID-19 pandemic has had a profound effect on the NHS, its staff and the people and communities it serves. In particular, the pandemic has cast a harsh spotlight on the nature and extent of the equality challenges faced by the NHS, including profound health inequalities, that persist in our society. Therefore, this report has a strong COVID-19 focus with a detailed assessment of what has been achieved under the new equality objective approved by the Boards of NHS England and NHS Improvement for 2020/21 and 2021/22.

This report does not address the broader health inequalities issues[5] and the duties placed on NHS England and the wider system as they have a separate statutory framework and scope.[6] While both legislative frameworks impose important but separate obligations, this report is specifically structured to address the statutory reporting framework in relation to the PSED and SEDs.

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[1] The Equality Act 2010's Public Sector Equality Duty (PSED) and the Specific Equality Duties (SEDs)

[2] Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation

[3] Where the recently published SED report for 2020/21 already covers performance against an equality objective during 2020/21, this information is not replicated in Annex 1.

[4] This work is set out in detail in NHS England and NHS Improvement's Equality Objectives for 2022/23 – 2023/24

[5] This means that this report does not address health inequalities that are not directly related to one or more of the 9 protected characteristics in the Equality Act 2010

[6] Primarily set out in The National Health Service Act 2006 as amended.

1. Introduction to the general and specific public sector equality duties

1.1 The public sector equality duty

NHS England and NHS Improvement (made up of Monitor and the NHS Trust Development Authority) are subject to the PSED which is set out in primary legislation as part of the Equality Act 2010.[7] The PSED is made up of a general equality duty and is supported by SEDs, secondary legislation in the form of statutory regulations.

1.2 Understanding the general equality duty

The general equality duty refers to Section 149 of the Equality Act 2010 which states that a public body (such as NHS England and NHS Improvement) must, in the exercise of its functions, have due regard to the need to address these equality aims:

a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act
b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality and Human Rights Commission (EHRC) has responsibility for the promotion and enforcement of the Equality Act 2010 and the Specific Equality Duties. The Equality Act 2010 lists the relevant protected characteristics which the three equality aims apply to as:

- age
- disability
- gender reassignment
- pregnancy and maternity

[7] Equality Act 2010, Section 149(1): https://www.legislation.gov.uk/ukpga/2010/15/section/149

- race (including: colour, nationality, and ethnic or national origins),
- religion or belief
- sex
- sexual orientation

Marriage and civil partnership is also a protected characteristic listed in the Equality Act 2010 and is partially covered by the general equality duty. For this protected characteristic, public bodies are required to give due regard to the first equality aim (elimination of discrimination, harassment, victimisation, and any other conduct prohibited by the Equality Act 2010) but only in relation to work as other functions covered by the Act do not apply.[8]

The general equality duty means that NHS England and NHS Improvement must properly consider all three equality aims in all the activities that it undertakes, including: employing staff, commissioning, procurement, planning services, and fulfilling statutory and legal obligations.

1.3 Understanding the specific equality duties

The Equality Act 2010 provided Ministers with the power to 'impose' duties to enable 'the better performance' of the three equality aims set out in the general duty.[9] The first statutory regulations, or SEDs, were agreed in parliament and published in 2011.[10] The current regulations were published in 2017,[11] and require NHS England and NHS Improvement to:

- publish gender pay gap reporting information annually (regulation 3)
- publish 'information to demonstrate compliance' with the PSED annually (regulation 4)
- ensure that the equality information published annually includes 'information relating to persons who share a relevant protected characteristic' who are a) 'its employees' and b) 'other persons affected by its policies and practices' (regulation 4)
- prepare and publish one or more objectives to be achieved in order to address one or more of the three equality aims set out in the PSED at

[8] EHRC, Technical Guidance on the Public Sector Equality Duty: England (2021): https://www.equalityhumanrights.com/en/publication-download/technical-guidance-public-sector-equality-duty-england
[9] Equality Act 2010, section 153(1): https://www.legislation.gov.uk/ukpga/2010/15/section/153
[10] The Equality Act 2010 (Specific Duties) Regulations 2011: https://www.legislation.gov.uk/uksi/2011/2260/schedule/2/made
[11] The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017: https://www.legislation.gov.uk/uksi/2017/353/contents/made

intervals of not more than four years since the previous objectives were published (regulation 5)

2. Meeting our Public Sector Equality Duty (PSED): our equality objectives

2.1 Our last report

NHS England and NHS Improvement published our last report on compliance with the SEDs in February 2022.[12] That report addressed compliance with the SEDs up to 30 March 2021 and at the same time, we also extended the seven equality objectives until the end of 2021/22.

2.2 This report

This is one of two reports on compliance with the SEDs by NHS England and NHS Improvement. This report complies with the SED to publish equality information annually. In addition, Annex A provides a summary assessment against the seven equality objectives. In light of the COVID-19 pandemic, we added a seventh pandemic focused equality objective for 2020/21. The seven objectives were then extended to cover 2021/22. However, there has been no substantive review of our approach to the development of equality objectives nor of all of our equality objectives since the publication of the six equality objectives in June 2018. The content of this report therefore provides an update on key equality focused programmes during 2021/22 and employment data.

2.3 Our current equality objectives

The equality objectives for NHS England during 2020/21 and 2021/22 addressed our role as an NHS system leader, commissioner and our own role as an employer. The first six equality objectives have been in place since 2016/17 although they, and their associated targets, were reviewed in 2018. For 2019/20, 2020/21 and 2021/22, our seventh equality objective was approved by the Boards of NHS England and NHS Improvement. The seven equality objectives in place as at March 2022 were:

[12] Equality objectives and information as at 30 March 2021, https://www.england.nhs.uk/publication/equality-objectives-and-information-as-at-30-march-2021/

1. To improve the capability of NHS England's commissioners, policy staff and others to understand and address the legal obligations under the PSED and duties to reduce health inequalities set out in the Health and Social Care Act 2012.
2. To improve disabled staff representation, treatment and experience in the NHS and their employment opportunities within the NHS.
3. To improve the experience of LGBT patients and improve LGBT staff representation.
4. To reduce language barriers experienced by individuals and specific groups of people who engage with the NHS, with specific reference to identifying how to address issues in relation to health inequalities and patient safety.
5. To improve the mapping, quality and extent of equality information in order to better facilitate compliance with the PSED in relation to patients, service-users and service delivery.
6. To improve the recruitment, retention, progression, development and experience of the people employed by NHS England to enable the organisation to become an inclusive employer of choice.
7. To ensure that the equality and health inequality impacts of COVID-19 are fully considered and that clear strategies are developed and implemented for the NHS workforce and patients. To ensure that the proposed NHS People Plan and patient focused strategies reflect this and make an effective contribution to advancing equality for all protected characteristics and to reducing associated health inequalities.

2.4 Extending the current equality objectives

This report and the report proposing the new equality objectives for NHS England and NHS Improvement will be considered by the Boards of NHS England and NHS Improvement in May 2022. The Boards will be asked to confirm that the existing seven equality objectives will be extended until the new equality objectives are approved.

3. Meeting our Public Sector Equality Duty (PSED): our equality information

3.1 Advancing equality for patients, the COVID-19 pandemic and addressing health inequalities

Key areas of patient equality focused work undertaken in 2021/22, by reference to protected characteristics, are described in Annex A under equality objectives 1, 3, 4, 5 and 7.

In addition to extending and publishing, extended equality objectives for NHS England and NHS Improvement for 2021/22[13], key work focused on improving the capability of staff (EO1); improving the experience of LGBT staff (EO3); reducing language barriers (EO4); identifying how to improve equality information (EO5); and ensuring that the COVID-19 response effectively considered the PSED, equality considerations and associated health inequalities. We also worked on the publication of the 2020/21 SED report, which was published in February 2022.[14] We also undertook a rapid review, engagement activities and key work to produce our future equality objectives report for 2022/23 and 2023/24 and develop targets for 2022/23.

At the end of March 2021, we published Priorities and Operational Planning Implementation Guidance for 2021/22[15]. This set out five key priority actions for the NHS to tackle health inequalities, and address equality considerations by reference to protected characteristics, which were: Priority 1: Restore NHS services inclusively; Priority 2: Mitigate against digital exclusion; Priority 3: Ensure datasets are complete and timely; Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes; and Priority 5: Strengthen leadership and accountability. This is an area of joint interest that

[13] NHS England's and NHS Improvement's equality objectives for 2020/21 and 2021/22, https://www.england.nhs.uk/about/equality/equality-objectives-for-20-21-and-21-22/

[14] NHS England's and NHS Improvement's equality objectives for 2020/21 and 2021/22, https://www.england.nhs.uk/about/equality/equality-objectives-for-20-21-and-21-22/

[15] https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-implementation-guidance-21-22-priorities-and-operational-planning-guidance.pdf

engaged both the PSED and the health inequalities duties. The priorities were set by the national Healthcare Inequalities Improvement Programme and the programme is overseeing their implementation. Key work undertaken is described in Annex 1, Equality Objective 7.

3.2 National Advisor for LGBT Health

During 2021/22, the National Advisor for LGBT Health and his team continued to work on a number of priorities to reduce health inequalities, to improve the experience of healthcare for LGBT+ people and to address the inequalities of experience of the LGBT+ NHS workforce.

This work focused on three key areas: improving data collection and monitoring, education, training and workforce development and supporting the NHS to deliver LGBT+ inclusive services. In 2021/22, we worked with NHS England's Insight and Feedback team to include, for the first time, an inclusive question on gender identity and trans status in the Cancer Patient Experience Survey. This work has enabled us to better understand the experiences of trans and non-binary people of cancer care and will support improving data collection and monitoring in other settings. We also worked with the Mental Health Team to include a similar question in the Mental Health Services Dataset.

In 2021/22, we expanded the commissioning of 'Phase 2' of the Rainbow Badge project to build on the successful Rainbow Badge initiative by developing a quality assurance framework to support a further 40 NHS trusts in their work to address LGBT+ health inequalities and to ensure an inclusive workplace for their LGBT+ staff. We also worked closely with the Maternity Team to deliver the 'Improving Trans and non-binary people's Experience of Maternity Services' (ITEMS) project which produced a number of recommendations to improve antenatal and postnatal care for trans people and have supported work on developing more inclusive language in maternity services which will be relevant for other clinical and policy areas across NHS England and NHS Improvement.

3.3 Equality and Inclusion Team focused on workforce

With the launch of the People Directorate in April 2020, the Equality and Inclusion team was established, with a mandate to develop a national strategy to make the NHS future-proofed in equality, diversity and inclusion (EDI) where everyone counts, and experiences a sense of belonging – part of our NHS constitutional values. The NHS workforce is not immune to the inequalities that pervade society at

large and the COVID-19 pandemic illustrated groups with some protected characteristics (eg race, disability) within the workforce who were disproportionately affected by a combination of the virus, long term structural inequality, process deficits and the collateral impacts of the emergency and pandemic response.

3.4 Workforce Race Equality Standard

Since 2015, NHS England has set the standards and guidance on the data, analysis and strategic direction for workforce race equality in the NHS. The Workforce Race Equality Standard (WRES) supports all organisations involved in NHS service delivery to identify and evidence progress and close gaps in experience between BME and White staff. WRES reports since 2015 show year-on-year improvements across some WRES indicators. The next stage is developing means and measures on leadership accountability, provider responsibility and strategies to deliver sustainable, evidence-based and future-focused advancement of race equality across all professional groups and hierarchies.

Two published frameworks underpinning this work are: (i) Model Employer to increase BME representation across the NHS workforce pipeline and at leadership levels using evidence-based action plans; and (ii) A Fair Experience for All framework to support NHS organisations in closing the ethnicity gap in the application of disciplinary action between staff groups. Current and future WRES reports and wider work are aligned with the NHS People Plan, the NHS Long Term Plan and the wider priority of reducing avoidable health inequalities using an intersectional lens where data permits.

The forthcoming race equality strategy has been developed to support senior decision-makers to use targeted, measurable actions to improve their WRES indicators, especially in the areas of workforce development, retention, progression and experience. National WRES work will also include further development to compare effective actions and share learning across operations, while engaging and collaborating with wider stakeholders.

3.5 Workforce Disability Equality Standard (WDES)

Similar to the strategic direction provided by the WRES on race equality, the Workforce Disability Equality Standard (WDES) provides a strategic direction for disability equality.

The WDES was launched in 2019 following extensive engagement with Disabled staff, key stakeholders, leaders and national bodies.[16] The WDES is a collection of ten metrics that compare the experiences of Disabled and non-disabled staff. A WDES national data collection takes place annually, with trusts collecting, reporting and publishing their WDES metrics data. A national WDES report was produced with analysis of trends and key findings. The WDES is mandated to NHS trusts and NHS foundation trusts and was extended, on a voluntary basis, to arm's-length bodies (ALBs) in 2020. Like the WRES, the WDES supports trusts and ALBs to identify and close the gaps in experience between disabled and non-disabled staff.

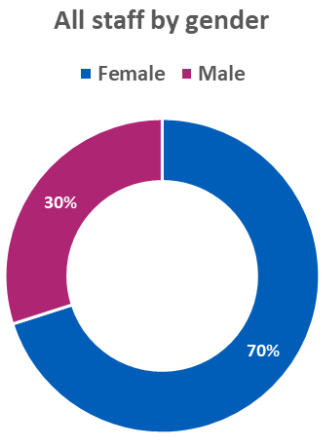
The three years of metrics data that have been collected have informed a national programme of work, including the development of new innovative practice initiatives and resources, along with the establishment of national networks, such as the Disabled NHS Directors Network and the National Ambulance Disability Network. Trusts and ALBs have started to produce annual action plans setting out the key priorities that they will work towards in response to their local metrics data. Building on the work to date, a national plan is being developed to inform the direction of the WDES for the next three years.

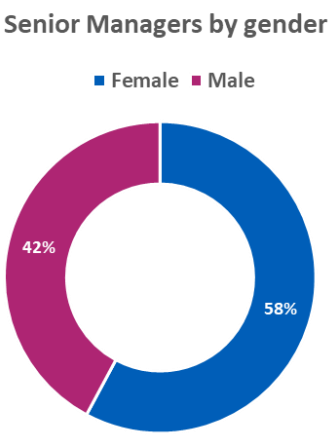
[16] https://www.england.nhs.uk/about/equality/equality-hub/wdes/

4. Meeting our Public Sector Equality Duty (PSED): employment reporting and information for staff who work for NHS England and NHS Improvement

4.1 Gender of staff and senior managers – NHS England

The gender profile of the total ‘on payroll’ workforce increased by 1% from March 2021.There has been a 1% increase in the number of female senior managers to 58%.



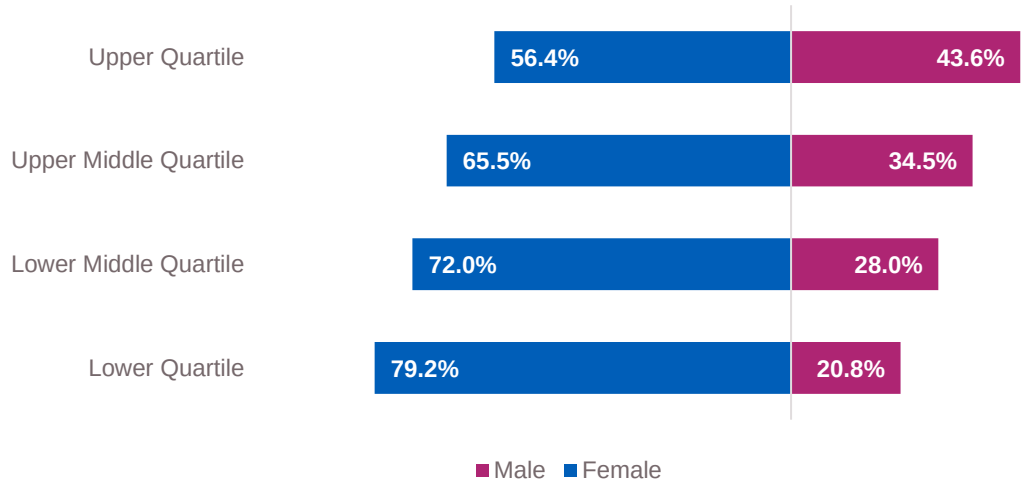


4.2 Gender pay gap – NHS England

Based on the government’s methodology, the mean gender pay gap across NHS England and NHS Improvement is 16.2%, an improvement from 16.7% in the prior year.

Year	Mean gender pay gap
2021	16.2%
2020	16.7%
2019	18.3%
2018	19.5%

The proportion of males and females in each pay quartile is detailed below. Women represent the majority of staff in the upper pay quartile. Pay quartiles by gender in NHS England and NHS Improvement on 31 March 2021

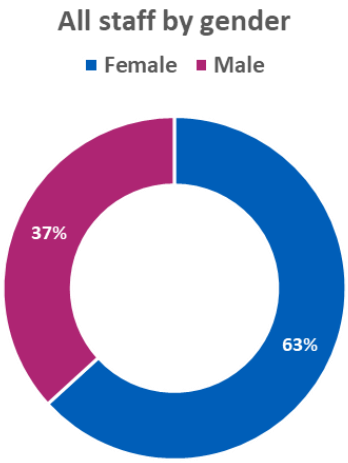


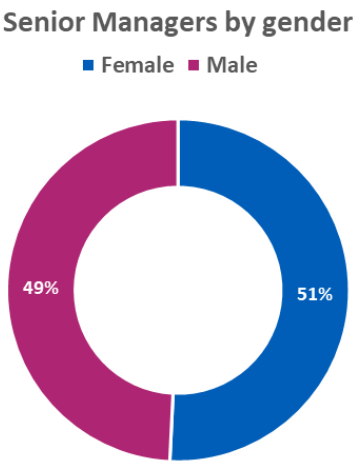
Working in partnership with our recognised trade unions and our Women's Network we continue to progress initiatives which aim to address gender equality in our workforce. Our Gender Pay Action Plan includes specific priorities around recruitment practice, reward and recognition, flexible working, developing talent pipelines and intersectionality. The Gender Pay Gap Report is available on our website.[17]

4.3 Gender of staff and senior managers – Monitor and NHS Trust Development Authority

The gender profile of the total 'on payroll' workforce and Senior Managers is unchanged from 2020/21.

[17] NHS England » Gender pay gap report 2021





4.4 Gender pay gap - Monitor and NHS Trust Development Authority

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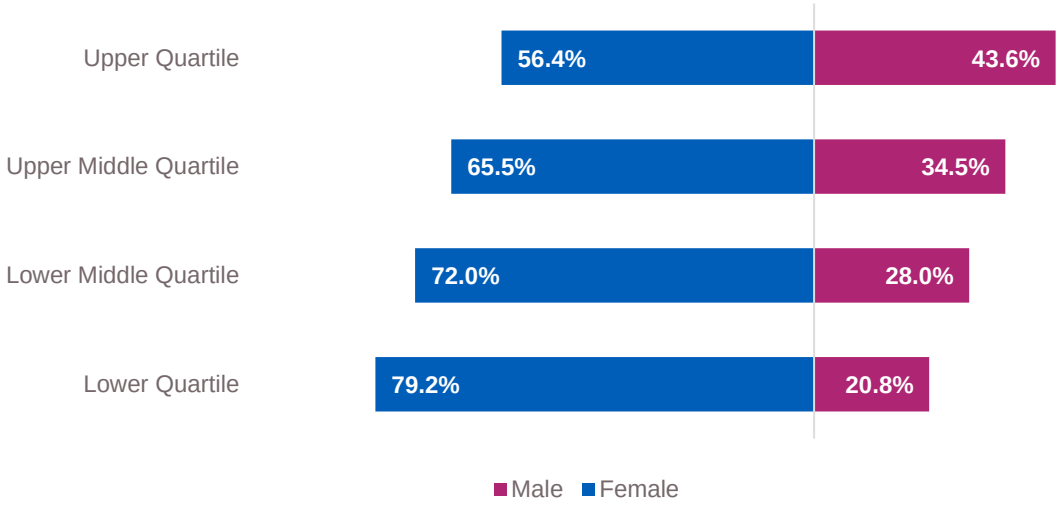
Year	Mean gender pay gap
2021	16.2%
2020	16.7%
2019	18.3%
2018	19.5%

The proportion of males and females in each pay quartile for NHS England and NHS Improvement is detailed below. Women represent the majority of staff in the upper pay quartile.



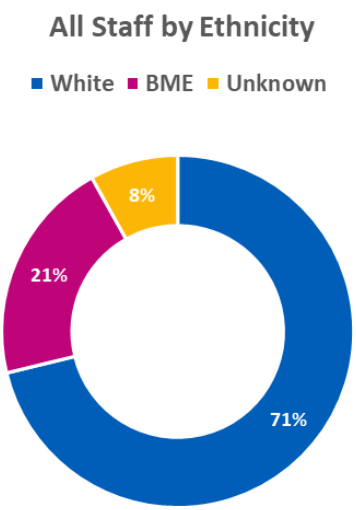
Working in partnership with our recognised trade unions and our Women's Network we continue to progress initiatives which aim to address gender equality in our workforce. Our Gender Pay Action Plan includes specific priorities around recruitment practice, reward and recognition, flexible working, developing talent pipelines and intersectionality. The Gender Pay Gap Report is available on the NHS England website.[18]

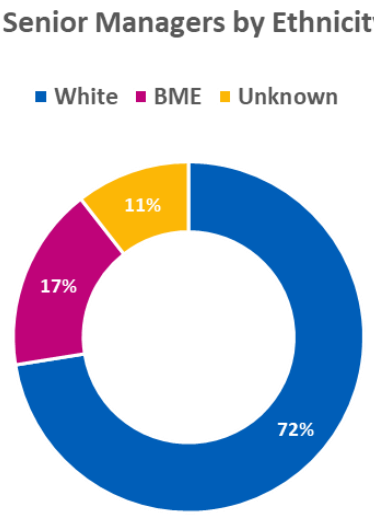
4.5 Ethnicity of staff and senior managers – NHS England

The proportion of people employed by NHS England who consider themselves to be from a BME heritage has increased from 20% (in 2020/21) to 21%. The proportion of senior managers who identify as BME has also gone up from 14% to 17%.

We continue to use the annual publication of the WRES data return as a driver for improvements in the working lives of BME staff. NHS England and NHS Improvement are working to ensure that by 2025 at least 19% of all senior staff are from BME backgrounds.

[18] https://www.england.nhs.uk/publication/gender-pay-gap-report-2020/

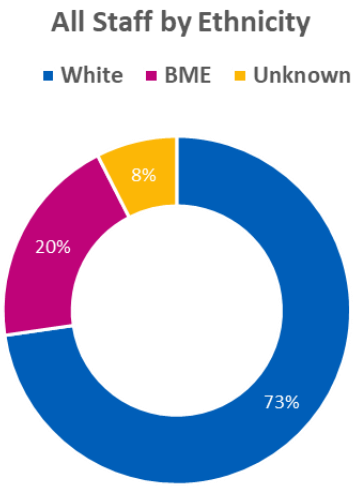


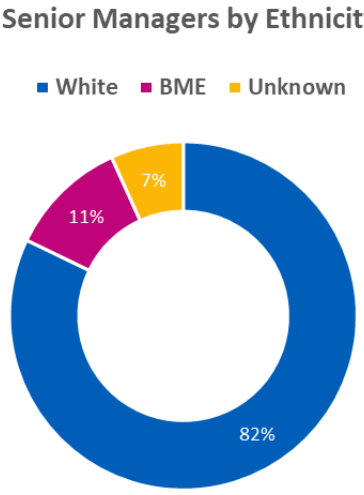


4.6 Ethnicity of staff and senior managers - Monitor and NHS Trust Development Authority

The proportion of people employed by NHS Improvement who consider themselves to be from a BME heritage has increased from 19% (in 2020/21) to 20%. The proportion of senior managers who identify as BME has remained unchanged at 11%.

We continue to use the annual publication of the WRES data return as a driver for improvements in the working lives of BME staff. NHS England and NHS Improvement are working to ensure that within five years at least 19% of all senior staff are from BME backgrounds.

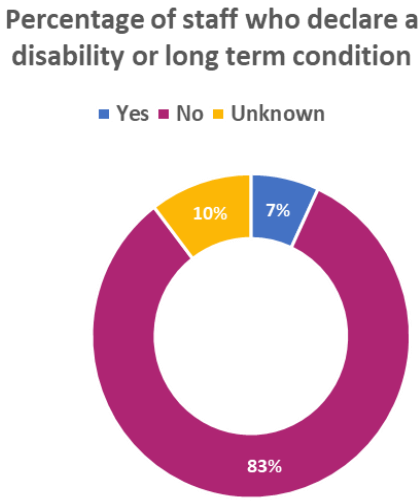


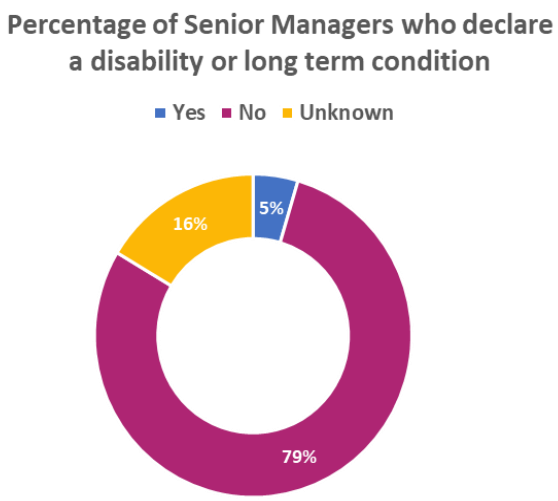


4.7 Declarations of disability of long-term conditions – NHS England

We have continued to work with our Disability and Wellbeing Network (DAWN) to support employees within the workplace and strive to ensure that decisions relating to employment practices are objective, free from bias and based solely on work criteria and individual merit. These principles are reinforced in our joint Recruitment and Selection policy and our Equality, Diversity and Inclusion in the Workplace policy.

The percentage of staff who have declared a disability or long-term condition are given in the charts below.

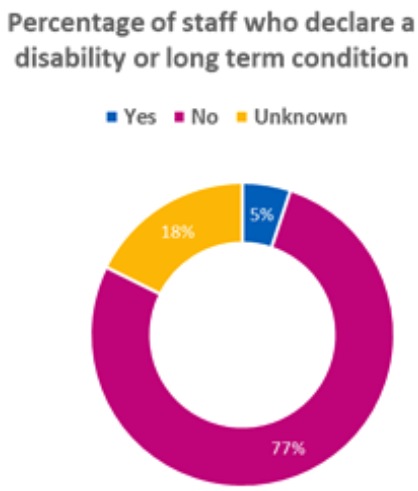


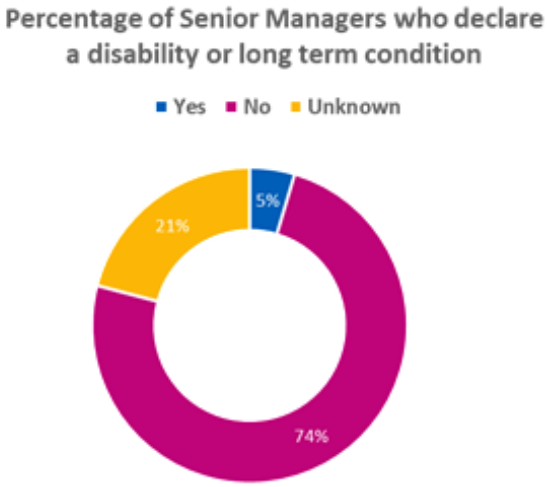


As a Disability Confident Employer, recognised by the Department for Work and Pensions, we continue to work towards fulfilling our commitments to employ more disabled staff, and support disabled staff to work, develop and progress.

4.8 Declarations of disability of long-term conditions – Monitor and NHS Trust Development Authority

We have continued to work with our Disability and Wellbeing Network (DAWN) Network to support employees within the workplace and strive to ensure that decisions relating to employment practices are objective, free from bias and based solely on work criteria and individual merit. These principles are reinforced in our joint Recruitment and Selection policy and our Equality, Diversity and Inclusion in the Workplace policy. The percentage of staff who have declared a disability or long-term condition are given in the charts below.

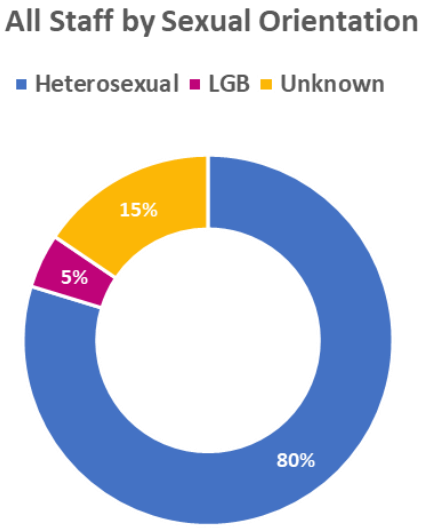


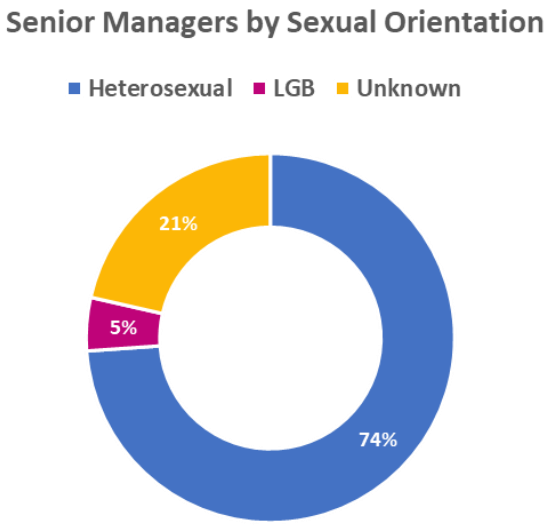


As a Disability Confident Employer, recognised by the Department for Work and Pensions, we continue to work towards fulfilling our commitments to employ more disabled staff, and to support disabled staff to work, develop and progress.

4.9 Sexual orientation of staff and senior managers – NHS England

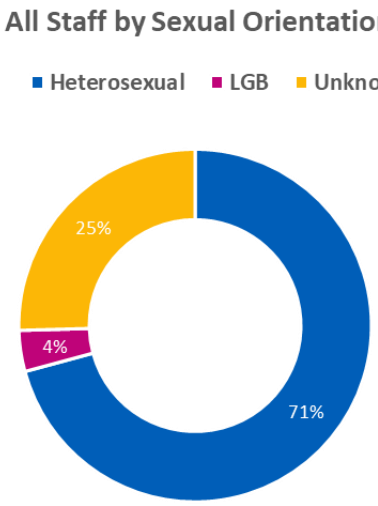
The percentage of staff who disclose their identity as lesbian, gay or bisexual (LGB) is given in the tables below:

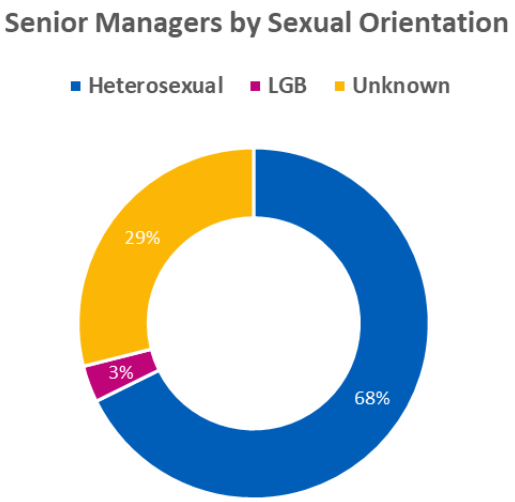




4.10 Sexual orientation of staff and senior managers – Monitor and NHS Trust Development Authority

The percentage of staff who disclose their identity as LGB is given in the charts below:





5. Acronyms used in this report

ALBs	Arm's Length Bodies
BME	Black and Minority Ethnic
BAME	Black, Asian and Minority Ethnic
BSL	British Sign Language
CCG	Clinical Commissioning Groups
DAWN	Disability and Wellbeing Network
DHSC	Department of Health and Social Care
EDI	Equality, Diversity and Inclusion
EHIA	Equality and Health Inequalities Impact Assessment
EHRC	Equality and Human Rights Commission
EO	Equality Objective
ESR	Electronic Staff Record
GEO	Government Equalities Office
GLADD	Gay and Lesbian Association of Doctors and Dentists
HEE	Health Education England
HR	Human Resources
ICS	Integrated Care Systems
LDEP	Learning Disability Employment Programme
LGBT	Lesbian, Gay, Bisexual and Transgender

LGBT+	Lesbian, Gay, Bisexual and Transgender plus[19]
NECS	North of England Commissioning Unit
NHS TDA	NHS Trust Development Authority
OD	Organisation Development
PSED	Public Sector Equality Duty
SED	Specific Equality Duty
SEND	Special Educational Needs and Disability
SOP	Standard Operating Procedure
SRO	Senior Responsible Owner
UISPC	Unified Information Standard for Protected Characteristics
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

[19] LGBT+: LGBT stands for lesbian, gay, bisexual and transgender/transsexual people. However, it is recognised that those four letters do not necessarily include all those whose sexuality is not heterosexual, or whose gender identity is not based on a traditional gender binary, Council of Europe, https://www.coe.int/en/web/gender-matters/lgbt-#:~:text=LGBT%20stands%20for%20lesbian%2C%20gay,on%20a%20traditional%20gender%20binary

Annex A: Progress against equality objectives in 2020/21 and 2021/22

Equality Objective 1: To improve the capability of NHS England's commissioners, policy staff and others to understand and address the legal obligations under the PSED and duties to reduce health inequalities set out in the Health and Social Care Act 2012

This review provides an update on key activities undertaken during 2020/21 and 2021/22 to address Equality Objective 1. Activities included staff training on the PSED, health inequalities and associated duties and raising awareness of the PSED and health inequalities amongst NHS regions.

To support understanding and application of the PSED within NHS England and NHS Improvement, an in-house training package has been developed. Training sessions on the PSED and Equality and Health Inequalities Impact Assessment (EHIA) were delivered in 2021 at a national level across the organisation. Additionally, a webinar is available to all NHS England and NHS Improvement staff, allowing them to learn at their own pace. Teams and divisions within NHS England and NHS Improvement have received bespoke training upon request, with tools and further guidance developed and available to all staff on our intranet. The training has been piloted and the impact of the training measured, so that suggested actions for improvement can be implemented.

Developed by the National Healthcare Inequalities Improvement Programme, the Health Inequalities Improvement Matrix was launched in April 2021 and set out seven areas for consideration as part of policy and programme planning. To date the Healthcare Inequalities Improvement Programme Team has supported 108 national programmes and workstreams to create robust plans in how they will consider equalities and address health inequalities in development and delivery of policy. Part of the training offer is to introduce the matrix in the form of a presentation, which covers the national priorities for health inequalities and sets out the key principles in developing programme plans. The team works with programme

and policy leads in a consultancy function to offer more dedicated support. We use this opportunity to provide the initial overview of the equality and health inequalities duties and set out the importance of completing an equality and health inequality impact assessment to consider the impact on different communities from the nine protected characteristics and wider health groups. Leads are signposted to the Patient Equality Team for the more detailed training.

An example of how this training has changed service delivery has been demonstrated through the Community Diagnostic Hubs programme. The Healthcare Inequalities Team worked alongside programme leads to shape the procurement specification, where providers were required to address how they will meet the diverse needs of the local population including those with a protected characteristic. Two further sections of the specification focused on the health inequalities priorities with an emphasis on local delivery to the same population groups.

Sessions to raise awareness of the PSED have been delivered to senior managers across the NHS. In each directorate an Engagement and Equality Champion has been identified to support the promotion and understanding of requirements under the public sector equality and health inequalities duties. Work will continue with the champions in 2022/23 to develop their role, building their knowledge and skills around the duties associated with patient equalities and health inequalities.

The Healthcare Inequalities Improvement Team has established a monthly Network meeting for clinicians who see the frontline impact of health inequalities on their patients. The aim of the Network is to share learning and evidence-based best practice covering what works to address health inequalities from a clinical perspective. A monthly Health Inequalities Improvement Forum is also hosted by the team, focused on supporting regional and system level Senior Responsible Owners (SROs) for Health Inequalities.

Equality Objective 2: To improve disabled staff representation, treatment and experience in the NHS and their employment opportunities within the NHS

This review provides an update on key activities undertaken during 2021/22 to address Equality Objective 2. It focuses on two national workforce disability equality programmes. The first is the NHS Workforce Disability Equality Standard (WDES), a mandated NHS programme, and the second is the NHS Learning Disability

Employment Programme (LDEP) which is a voluntary programme that NHS organisations, primarily NHS Trusts, can decide whether or not to take up.

The WDES is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of Disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality.[20] The WDES is mandatory for NHS Trusts and since April 2020 for national healthcare bodies, also known as ALBs.

Since 1 April 2020, the WDES completed two national data collections for trusts and it is now embedded in NHS trust reporting procedures. In 2020, the first data collection for ALBs was also undertaken. We introduced a new WDES Data Collection Framework, which improved the ease and reduced the burden for participating organisations. We used the data reports to develop an evidence base, which has informed the direction of our work over the past three years. We supported a growth in Disabled staff networks, with over 90% of trusts now having one. We also supported the establishment of the Disabled NHS Directors Network, the National Ambulance Disability Network and the NHS Stammering Network. We remained committed to supporting the development of innovative practice through the annual WDES Innovation Fund.

We continued to work closely with NHS Employers, which led to the development of new resources and the 2021 NHS Disability Summit. Disability declaration rates recorded in the electronic staff record (ESR) increased year on year from 3.1% in 2019, to 3.5% in 2020. We saw improvements in the WDES metrics, notably in Disabled staff feeling valued and an increase in the percentage of Disabled board members.

The LDEP is central to delivering a specific commitment made in the NHS Long Term Plan to employ more people with a learning disability and/or autism.[21] The commitment in paragraph 6 of the Appendix to the NHS Long Term Plan states that: ‘We will continue to offer more opportunities for people with a learning disability and for people with autism. Supported internship opportunities targeted at

[20] https://www.england.nhs.uk/publication/wdes-2020-data-analysis-report/

[21] NHS Long Term Plan, January 2019, https://www.longtermplan.nhs.uk/online-version/appendix/health-and-employment/

people with a learning disability and/or autism will increase by 2023/24, with at least half converted to paid employment over the first five years of the Long Term Plan. The number of NHS internship and employment programmes/sites delivered through 'Project Search' and 'Project Choice' will increase as will the number of NHS organisations making the Learning Disability Employment Programme pledge."[22]

One of the most effective ways of helping people with a learning disability and/or autism on the journey to employment is through supported internship programmes. These provide a structured transition-to-work programme combining real-life work experience with training in employability and independent living skills for small groups of young people. In 2020/21, NHS England and NHS Improvement and Health Education England (HEE) agreed a new 3-year strategic partnership programme and funded DFN Project SEARCH to deliver up to 42 new supported internship programmes during 2021/22 and 2022/23. Four new programmes were launched in 2021/22 at King's College Hospital NHS Foundation Trust, City Health Care Partnership Trust - Hull, University Hospitals Bristol and Weston NHS Foundation Trust and Leeds Teaching Hospitals NHS Trust.

During 2021/22, NHS England working in partnership with London Councils revived plans to launch a new strategic board to bring together stakeholders from different agencies that support young people with special educational needs and disability (SEND), particularly young people with a learning disability, autism or both. The Board will set the strategic direction of supported employment, from early years to employment opportunities, across London. The ongoing impact of the pandemic has delayed the launch of the Pan London Supported Employment Board, but it is anticipated that the Board will be launched in 2022/23.

Equality Objective 3: To improve the experience of LGBT patients and improve LGBT staff representation

This review provides an update on key activities undertaken during 2020/21 and 2021/22 to address Equality Objective 3. This programme has been led by the NHS LGBT Health Team since April 2020. During this period, the LGBT Health Team has worked across four key areas to progress this objective:

[22] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

1. Data Collection and Monitoring – supporting the system to collect and analyse data on sexual orientation, gender identity and trans status across both patient experience surveys and clinical datasets.
2. Education and training – supporting better training of the NHS workforce on LGBT inclusive care and addressing LGBT health inequalities.
3. Delivering inclusive services – supporting the system to deliver services that are inclusive of LGBT people.
4. Supporting the NHS to be a more inclusive workplace for LGBT staff.

The following section details specific pieces of work and projects undertaken since April 2020 to work towards achieving Equality Objective 3.

To support data collection and monitoring, the LGBT Health Team commissioned the LGBT Foundation to produce guidance on sexual orientation monitoring (and monitoring of gender identity and trans status) called: "If We're Not Counted, We Don't Count". The guide advises on the importance of asking about sexual orientation, how to support staff to ask the questions and give patients the confidence to answer and gives examples of best practice in this area.[23]

The LGBT Health Team also worked with the NHS England Insight and Feedback Team to include, for the first time, questions on gender identity and trans status in the GP Patient Experience Survey. The team also supported the People Directorate to include the same questions in the NHS Staff survey and worked with the Mental Health team to include questions on gender identity and trans status in the Mental Health Services Dataset. A report was commissioned from NHS Digital and NatCen to analyse data from the Health Survey for England in relation to LGB people, published in July 2021.[24]

To support better staff training and inclusive care, the LGBT Health Team commissioned Anglia Ruskin University to undertake a mapping exercise of LGBT+ inclusive education and training across the NHS, including identifying areas of best practice to share learning across the system.

The LGBT Health Team commissioned and supported a range of projects to support the system to address LGBT Health inequalities including: commissioning

[23] https://lgbt.foundation/monitoring
[24] https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-england-additional-analyses/lesbian-gay-and-bisexual-adults

publications on sexual orientation and gender identity and trans status monitoring, LGBT+ personalised care, bisexual health report and ‘Improving Trans and Non-binary people’s experience of maternity services (ITEMS)'.

The LGBT Health Team commissioned ‘Phase 2’ of the Rainbow Badge project. The project was delivered by the LGBT Foundation in partnership with Stonewall, the LGBT Consortium, Switchboard and the Gay and Lesbian Association of Doctors and Dentists (GLADD). The project worked with 50 NHS hospital trusts across the country who are being supported in their work to address LGBT health inequalities and to make their workplaces more inclusive for their LGBT staff. The project involved supporting NHS trusts to improve monitoring and data collection in relation to: sexual orientation and gender identity / trans status, education and training of the workforce, supporting LGBT networks and improving care in a range of clinical areas e.g. mental health, sexual health, fertility, maternity and gynaecology.

Equality Objective 4: To reduce language barriers experienced by individuals and specific groups of people who engage with the NHS, with specific reference to identifying how to address issues in relation to health inequalities and patient safety

This review provides an update on key activities undertaken during 2020/21 and 2021/22 to address Equality Objective 4, which included commissioning a Rapid Review of British Sign Language (BSL) service provision across England. In November 2020, NHS England commissioned the North of England Commissioning Support Unit (NECS) to undertake a Rapid Review of BSL service provision across England. The review was informed by a desktop literature review and undertaken in three stages:

1. engagement with BSL stakeholders
2. development of an options appraisal of where commissioning responsibility rests and how access to BSL interpreting service might best be provided
3. development of recommendations on the appropriate and effective commissioning options to improve access and experience and to ensure value for money.

The Rapid Review led to 17 recommendations and actions required to be undertaken at both national and system levels to address the identified health inequalities experienced by BSL users, to meet our legal responsibilities and to

improve integration of the service. These recommendations broadly fall into three categories:

1. each ICS developing common BSL services for their populations
2. developing an enhanced single national urgent 111 BSL interpreter support service
3. improving quality and education linked to BSL support.

One of the recommendations was to produce a best practice guide to support a co-ordinated ICS approach to providing face-to-face and video-relay BSL provision. A best practice guide has been developed and identifies good practice examples from the NHS, voluntary and community sector providers in a range of settings.

Equality Objective 5: To improve the mapping, quality and extent of equality information in order to better facilitate compliance with the public sector Equality Duty in relation to patients, service-users and service delivery

This review provides an update on key activities undertaken during 2020/21 and 2021/22 to address Equality Objective 5. The focus of the programme was a scoping report to support the development of the Unified Information Standard for Protected Characteristics (UISPC). The need for equality information and equality data are emphasised in chapter 5 of the EHRC's Technical Guidance on the Public Sector Equality Duty.[25] Chapter 5 (5.15-5.30) explains why a public body subject to the PSED requires a sound evidence base to comply with the PSED. The technical guidance, in commenting on evidence gathering in practice, asks bodies subject to the PSED to ask a number of questions including:

1. What information, if any, does it already routinely collect which could help it understand the impact of its functions?
2. Is that information disaggregated by different protected characteristics? If not, can it be?
3. Does that information give it a sufficient understanding of the particular disadvantages, different needs and/or disproportionately low participation experienced by people who share particular protected characteristics?

[25] Technical Guidance on the Public Sector Equality Duty: England, EHRC updated Feb 2021

In 2020/21, NHS England and NHS Improvement completed the three reports that make up the UISPC Scoping Project. Three reports were produced by NHS England and NHS Improvement on behalf of the Department of Health and Social Care (DHSC) – the main UISPC Literature and Evidence Review, the COVID-19 focused Addendum to the main UISPC Literature and Evidence Review, and the UISPC Scoping Report. The UISPC Scoping Project is designed to enable the DHSC and the wider NHS to identify viable options for improving the consistency, detail and quantity of equality data. The UISPC explored and answered the questions posed by the EHRC in its Technical Guidance on the PSED.

The Project considered equality data requirements in relation to patients and employment and workforce matters. This Project: a) provided clear information on whether, and the extent to which, key evidence and literature support the need for equality monitoring in the NHS in light of relevant legislative requirements; and b) identified key matters that need to be considered in relation to developing the infrastructure for equality monitoring in the NHS. The UISPC Scoping Project also examined options for improving compliance with the Public Sector Equality Duty and the health inequalities duties by improving data gathering to inform reductions in unwarranted variations in healthcare associated with protected characteristics to facilitate improvements in healthcare outcomes. The Scoping Reports drew on the evidence base set out in the two UISPC literature and evidence reviews.

The main UISPC Literature and Evidence Review assessed the extent of the evidence and literature that supports the need for equality monitoring in relation to employment and patients in the NHS. This assessment considered each of the nine protected characteristics in the Equality Act 2010 and examined the evidence for equality monitoring in relation to both employment and patients. Given the strategic importance of the NHS Long Term Plan, published in 2019, the main literature and evidence review considered the health areas prioritised in the NHS Long Term Plan. The health areas prioritised in the NHS Long Term Plan are cancer, cardiovascular disease, diabetes, healthy aging, learning disability and autism, maternity, neonatal and childbirth services, mental health, obesity, respiratory disease, self-harm and suicide, smoking and stroke. As these health areas were identified as specific priorities for the NHS, health inequalities or evidence of variation in health outcomes by reference to a given protected characteristic, would suggest a need to monitor that protected characteristic in NHS patient data sets.

Because the NHS Long Term Plan predated the COVID-19 pandemic, a second literature and evidence review was commissioned in 2020. This focused on COVID-19 and explored emerging literature and evidence on key health impacts by reference to the nine protected characteristics in relation to hospitalisations, deaths and lockdown. The UISPC package was provided to the DHSC in March 2021. In December 2021, the DHSC asked NHS England to reconvene the UISPC Steering Group in order to enable NHS system partners to consider: a) the UISPC reports and the recommendations; b) how the UISPC recommendations can be implemented; c) the respective roles of the NHS system partners; d) the need for wider engagement with stakeholders.

Equality Objective 6: To improve the recruitment, retention, progression, development and experience of the people employed by NHS England to enable the organisation to become an inclusive employer of choice

This review provides an update on key activities undertaken during 2020/21 and 2021/22 to address Equality Objective 6. Core activities included: the strengthening of staff networks, a business led approach to ensuring EDI is prioritised, and the development of recruitment practices.

From April 2020, the focus on addressing inequalities came into sharper focus as the impact of COVID-19 on BME populations was disproportionately greater. In addition to the global response to racism and discrimination following the campaigning of the Black Lives Matter movement, addressing inequalities became an even greater priority for our Boards and Leadership Teams. Our organisational response saw our BME colleagues 'voices' being heard and visible in ways much more so than before.

Our CEO expressed a clear commitment to addressing organisational inequalities for all our under-represented groups, and many senior leaders and Executive Directors made regional and directorate level commitments to support equality and inclusive practice. We accelerated efforts in the 19% aspirational target for BME colleagues across our workforce, and we have enabled our Staff Networks to amplify their voices by having regular listening and engagement events with our most senior leaders as well as visible representation at corporate briefings, eg our All Staff Briefings.

The People Plan and People Promise laid out clear ambitions and tangible actions to ensure 'belonging' is built into our business through improvements in our policies, practices and processes. Further commitments were made to support our people by strengthening our Staff Networks as a vehicle to ensure all our colleagues are heard including their lived experiences, to shape and deliver real and tangible change. With respect to Staff Networks tangible examples include:

- the creation of additional Staff Networks (such as the Jewish Staff Network, Men's Forum and Multi-Kulti Esperanto)
- establishing Co-Chairs of Staff Networks
- a Network of Networks forum created to foster joint and intersectional working
- the production of Staff Network led webinars to raise awareness and facilitate discussion including Holocaust Memorial and Multifaith webinars
- identifying Executive Sponsors for Networks (ongoing).
- offering a comprehensive development programme for Co-Chairs to enhance their influence and impact.

We took a business led approach to ensuring EDI was prioritised. The Central Human Resources and Organisational Development (HROD) function re-positioned the priorities of EDI to ensure actions and approaches improved impact. We now have HROD Business Partnering teams in each region and directorate with EDI priorities and local EDI action plans, approved by Executive Directors.

We reviewed our recruitment practices to build inclusion throughout our systems and processes including:

- EDI dashboards for HROD colleagues
- introduced a recruitment checklist for all hiring managers
- equality and diversity representatives trained to support recruitment panels
- mandated an EDI interview question to be included in all interview assessments
- enabled all internal temporary vacancies to be openly advertised, so everyone has visibility of internal opportunities in a fair and transparent manner.

Equality Objective 7: To ensure that the equality and health inequality impacts of COVID-19 are fully considered and that clear strategies are developed and implemented for the NHS workforce and patients. To ensure that the proposed NHS People Plan and patient focused strategies reflect this and make an effective contribution to advancing equality for all protected characteristics and to reducing associated health inequalities

This review provides an update on key activities undertaken during 2020/21 and 2021/22 to address Equality Objective 7. Given the commitment to ensure that workforce and patient strategies contributed to reducing health inequalities and advancing equalities, this assessment covers: a) the strategic response of the Board including the approach to workforce matters; b) the approach to vaccine equalities; and c) planning and implementation guidance.

This assessment of progress over 2020/21 and 2021/22 focuses on the strategic approaches taken by NHS England and NHS Improvement to consider how to make an effective contribution to advancing equality by reference to protected characteristics and reducing associated health inequalities. At a national level, the patient facing work has been supported by a range of directorates and teams. Central co-ordination on equalities and health inequalities has been provided by the Patient Equalities Team and the Healthcare Inequalities Improvement Team. The workforce response has been led by the People Directorate.

The response of the Boards of NHS England and NHS Improvement

The seventh equality objective in relation to COVID-19 was introduced by NHS England and NHS Improvement towards the end of 2019/20.[26] This equality objective recognised the significant and adverse impact of COVID-19 on patients, employees and the need for a strategic response by NHS England and NHS Improvement.

[26] NHS England Annual Report and Accounts 2019/20, published January 2021, https://www.england.nhs.uk/wp-content/uploads/2021/01/nhs-england-annual-report-2019-20-full.pdf [Note: The annual report would normally have been published in July 2020 but it was published in January 2021 because of publication delays as result of the pandemic.]

From the outset of the pandemic, the Boards of NHS England and NHS Improvement considered the implications of the pandemic for equalities and health inequalities, and these considerations continued to inform their work.

In June 2020, the joint Board meeting considered the fact that emerging evidence showed that COVID-19 was having a disproportionate impact on 'black, Asian and minority ethnic (BAME) workforce and the wider community.' It considered a paper that provided an update on our programme to address the impact on our NHS workforce, health inequalities and some of the next steps under consideration given the recent Public Health England reports and recommendations.[27]

At the same joint Board meeting, the Board was asked to consider the ongoing impact of COVID-19 and the work underway to restore critical services; the latest previously published performance data; and the next steps for service recovery. The report considered the impact on cancer treatment, mental health, and on people with a learning disability, autism or both. The paper also referenced the anticipated planning guidance that would specifically seek to address health inequalities.[28] In July 2020, the joint Board meeting considered a paper which set out plans for the next phase of the COVID-19 response; the proposed approach to planning for the ongoing recovery of NHS services in 2020/21; progress on the restoration of urgent and critical services and the constraining factors. Six of the seven priorities focused on equalities and health inequalities:[29]

- Restoring the number of people waiting for cancer diagnosis or treatment to at least pre-pandemic levels and restore cancer screening services.
- Addressing health inequalities that have been exposed by the pandemic.

[27] Paper Title: Progress update on work programme addressing impact of COVID-19 on black, Asian and minority ethnic (BAME) staff and health inequalities, June 2020, https://www.england.nhs.uk/wp-content/uploads/2020/06/item-5-BM2013Pu-bame-and-inequalities.pdf

[28] Paper Title: Ongoing COVID response and NHS recovery, June 2020, https://www.england.nhs.uk/wp-content/uploads/2020/06/item-4-BM2012Pu-ongoing-covid-response-and-recovery.pdf

[29] Next phase of Covid19 response and NHS recovery, July 2020, https://www.england.nhs.uk/wp-content/uploads/2020/07/Agenda-item-4-Next-phase-covid-response-FINAL.pdf

- Recover as much elective activity as possible, including maintaining improvements in reducing the number of face-to-face outpatient appointments.

- Restoring service delivery in primary care and community services, prioritising those with greatest clinical need.

- Continuing to increase investment in mental health services in line with the mental health investment standard.

- Reducing the number of children, young people and adults with a learning disability, autism or both in a specialist inpatient setting.

In November 2020, the joint Board meeting considered a paper from the Chief People Officer and the National Director for Mental Health. This paper updated the Board meeting on:

- the delivery of mental health and wellbeing hubs and an enhanced occupational health and wellbeing offer during the winter, commissioned with input from regional colleagues

- a comprehensive support offer in place for staff, such as violence reduction and support to line managers in preventive action to support staff

- the risks and opportunities for the staff health and wellbeing programme.[30]

In January 2021, the Board meeting considered COVID-19 vaccine deployment.[31] The paper considered a range of equality and health inequalities considerations: it noted that plans for the right mix of vaccination sites have been developed jointly between national, regional and local teams to ensure the mix is right for the population and communities it serves. It also noted that the needs of rural and urban communities are different, and the needs of individual groups and communities needed to be reflected in the local mix of sites. The aim was to ensure that this mix allowed people in different age groups, communities and households to get a vaccine in a way that suits them and their needs.

[30] Staff Health and Wellbeing, November 2020, https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-6-staff-health-and-wellbeing-offer.pdf
[31] COVID-19 vaccine deployment, https://www.england.nhs.uk/wp-content/uploads/2021/01/28-jan-2021-item-4-BM2104Pu-clvod-19-vaccine-deployment.pdf

The paper also explained that the mobile model (where 'roving' vaccination teams bring the vaccine directly to individuals) was being used and that this mobile model supported the vaccination of care home residents and workers. The paper also suggested that this model might be extended to more groups in time such as those experiencing homelessness, those escaping abuse in refuges, or communities with lower vaccination rates.

In relation to take up, a commitment to equalities was a core part of the NHS COVID-19 vaccination programme from day one. In addition, the paper noted that we were considering carefully how to maximise vaccination uptake, particularly for specific communities who have seen disproportionate mortality and morbidity rates during the pandemic.[32]

In March 2021, the Board received an update on progress on the delivery of the NHS COVID-19 vaccine deployment programme and a summary of the proposed approach for the next phases of delivery. The paper identified that addressing health inequalities was a top priority for the vaccination programme. The paper also identified that local engagement and collaboration across the NHS, local authorities and voluntary, community and faith sectors had ensured vaccination services could operate in underserved communities. The joint Board meeting was advised that this approach had given rise to new approaches such as opening vaccination sites in places of worship and working with trusted community voices to increase confidence and improve uptake.[33]

In March 2021, the Board considered support to staff and was updated on investments in new health and wellbeing services to support our staff through the pandemic, including a confidential support service, apps (including one aimed specifically at BME staff), online resources and a specialist bereavement support service. A specific package was developed to support critical care staff. A national staff health and wellbeing support offer had been developed to ensure NHS staff's psychological and physical safety and had been accessed over 780,000 times by NHS staff. NHS England and NHS Improvement had invested £15 million to ensure that NHS staff get rapid access to assessment and evidence-based mental health services and support as required which include critical care nurses, paramedics,

[32] COVID-19 vaccine deployment, January 2021, https://www.england.nhs.uk/wp-content/uploads/2021/01/28-jan-2021-item-4-BM2104Pu-clvod-19-vaccine-deployment.pdf
[33] NHS COVID-19 vaccine deployment, March 2021, https://www.england.nhs.uk/wp-content/uploads/2021/03/agenda-item-3-nhs-covid-19-vaccine-deployment.pdf

therapists, pharmacists and support staff, with conditions such as anxiety or depression. In addition, the 'end to end pathway approach' spanned primary prevention through to specialist mental health treatment for staff who need it, accessed through 40 Mental Health Hubs. [34]

In June 2021, the Board again considered the COVID-19 response and recovery and tackling inequalities in healthcare. In relation to vaccination deployment, the Board identified that equalities and health inequalities were central. The paper also identified how the priority to restore NHS services inclusively would be assisted by use of timely data and breaking down performance reports by patient ethnicity and Indices of Multiple Deprivation (IMD) quintile, focusing on under-utilisation of services waiting lists, immunisation and screening, and late cancer presentations. The paper also recognised the need to work with providers to mitigate against 'digital exclusion' to ensure face-to-face care for patients who cannot use remote services. The paper also identified action being taken to accelerate preventative programmes such as the NHS flu and COVID-19 vaccination programmes, annual health checks for people with severe mental illness (SMI) and learning disabilities, continuity of maternity carers, and targeting long-term condition diagnosis and management. The paper also identified key steps being taken to recover cancer and mental health services.[35]

In June 2021, the joint Board meeting considered and approved a plan in relation to addressing health inequalities and equalities. The paper recognised the stark adverse health inequalities impacts of COVID-19 and proposed a plan for inclusive recovery with addressing health inequalities and equalities at its centre. The paper proposed the launch during 2021-22 of the Core20PLUS5 approach to drive targeted health inequalities improvements in:

- Core 20 – the most deprived 20% of our population
- PLUS – other population groups as identified by local population health data (eg ethnic minority communities)
- 5 – targeting five key clinical areas of health inequalities:1) Early cancer diagnosis (screening & early referral); 2) hypertension case finding; 3)

[34] Paper Title: Covid-19 response overview, March 2021, https://www.england.nhs.uk/wp-content/uploads/2021/03/agenda-item-4-covid-19-response-overview-v2.pdf
[35] Paper Title: Covid-19 Response and Recovery, June 2021, https://www.england.nhs.uk/wp-content/uploads/2021/06/240621-board-meeting-item-4iii-covid-19-response-and-recovery.pdf

chronic respiratory disease (driving COVID-19 and flu vaccination uptake); 4) annual health checks for people with severe mental illness; and 5) continuity of maternity carer plans.[36]

Planning and implementation guidance

NHS England issues guidance to the NHS and system leaders on implementation, operational matters and priorities and resources to explain our expectations and the resources that will be made available to the system to enable these to be addressed. During the pandemic a range of guidance was issued to senior NHS leaders.[37] It drew the attention of NHS leaders to the equalities and health inequalities' impacts of the pandemic; and called for the implementation of strategic responses to tackle these adverse equality and health inequalities impacts.

The guidance was developed in partnership with internal and external parties. Key guidance was issued in July/August 2020[38], March 2021[39], September 2021[40], December 2021/February 2022[41] on NHS wide planning, implementation and operational priorities for 2021/22, 2021/22 and 2022/23. This guidance gave detailed strategic consideration to addressing the adverse equality and health inequalities impacts of the COVID-19 pandemic.

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[36] Tackling Inequalities in NHS care, June 2021, https://www.england.nhs.uk/wp-content/uploads/2021/06/240621-board-meeting-item-9-tackling-inequalities-in-nhs-care.pdf

[37] Guidance issued by NHS England is sent to: Chief executives of all NHS trusts and foundation trusts CCG Accountable Officers; GP practices and Primary Care Networks; Providers of community health services; NHS 111 providers. The guidance is also copied to: NHS Regional Directors; Regional Incident Directors & Heads of EPRR; Chairs of ICSs and STPs; Chairs of NHS trusts, foundation trusts and CCG governing bodies; Local authority chief executives and directors of adult social care; Chairs of Local Resilience Forums

[38] July/August 2020: https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/

[39] March 2021: https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-implementation-guidance-21-22-priorities-and-operational-planning-guidance.pdf https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-implementation-guidance-21-22-priorities-and-operational-planning-guidance.pdf

[40] September 2021: 2021/22 priorities and operational planning guidance: October 2021 – March 2022, https://www.england.nhs.uk/publication/21-22-priorities-and-operational-planning-guidance-oct-21-march-2022/

[41] December 2021/February 2022: https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/

Guidance for 2020/21 – July 2020

NHS England and NHS Improvement published the letter 'Third phase of NHS response to COVID-19'.[42] This letter, published in August 2020, was supported by detailed guidance, 'Implementing phase 3 of the NHS response to the COVID-19 pandemic'.[43] This guidance and letter highlighted that in wave 1 of the pandemic *'COVID-19 had shone a harsh light on some of the health and wider inequalities that persist in our society'*. The guidance also stated that like nearly every health condition, it had become increasingly clear that COVID-19 has had a disproportionate impact on many who already face disadvantage and discrimination. The letter and guidance were issued to all NHS organisations and leaders.

The guidance recognised that the impact of the virus had been particularly detrimental on people living in areas of greatest deprivation, on people from BAME communities, older people, men, those who were obese and who had other long-term health conditions, people with a learning disability and other inclusion health groups[44], those with a severe mental illness and those in certain occupations.[45] It also noted that COVID-19 risked further compounding inequalities which had already been widening. The guidance set out eight urgent actions to address equality and health inequalities.[46] All of the eight urgent actions focused directly or indirectly on reducing inequalities and advancing equality in the fight against COVID-19: 1) protecting the most vulnerable from COVID-19; 2) restoring NHS services inclusively; 3) developing digitally enabled care pathways in ways which increase inclusion; 4) accelerating preventative programmes which proactively

[42] https://www.england.nhs.uk/coronavirus/publication/third-phase-response/

[43] https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/

[44] Inclusion health is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). Public Health England, May 2021, https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health

[45] https://www.england.nhs.uk/about/equality/equality-hub/action-required-to-tackle-health-inequalities-in-latest-phase-of-covid-19-response-and-recovery/

[46] https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/

engage those at risk of poor health outcomes; 5) particularly supporting those who suffer mental ill-health; 6) strengthening leadership and accountability; 7) ensuring datasets are complete and timely; 8) collaborating locally in planning and delivering action.[47]

Guidance for 2021/22 – March 2021

NHS England and NHS Improvement published Planning and Implementation Guidance for 2021/22. This guidance set out five key priority actions for the NHS to tackle health inequalities which were: Priority 1: Restore NHS services inclusively; Priority 2: Mitigate against digital exclusion; Priority 3: Ensure datasets are complete and timely; Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes; and Priority 5: Strengthen leadership and accountability.[48] In September 2021, in addition to recommitting to the five priorities to tackle health inequalities published in March 2021, the NHS was also advised that we needed to redouble our efforts in a number of equality and health inequalities areas in the NHS Long Term Plan including: early cancer diagnosis, hypertension detection, respiratory disease, annual health checks for people with severe mental illness, continuity of maternity carer, and improvements in the care of children and young people. NHS boards were also asked to present performance reports and to include reporting by deprivation and ethnicity.

Guidance for 2022/23 – December 2021 and February 2022

This guidance set overall priorities for 2022/23 which included a focus on both advancing equality and reducing health inequalities. Key priorities include: F) Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform and expand community health services and improve

[47] August 2020: https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/
[48] https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-implementation-guidance-21-22-priorities-and-operational-planning-guidance.pdf

access; and G) Continue to develop our approach to population health management, prevent ill health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.

The guidance made a commitment across all the areas prioritised to maintain 'our focus on preventing ill-health and tackling health inequalities by redoubling our efforts on the five priority areas for tackling health inequalities set out in guidance in March 2021.' The guidance also stated that ICSs 'will take a lead role in tackling health inequalities, building on the Core20PLUS5 approach introduced in 2021/22 to support the reduction of health inequalities experienced by adults, children and young people, at both the national and system level.'[49]

The approach to vaccine equalities

To support the efforts of the NHS COVID-19 vaccination programme, NHS England and NHS Improvement set up the COVID-19 Vaccine Equalities Connect and Exchange Hub for systems to share their experiences and best practice examples[50]. Resources include:

- Case studies about activities to improve vaccine uptake for underserved communities, including those with protected characteristics.
- A behavioural insights database collating reports about attitudes and barriers to the COVID-19 vaccine among health equalities and historically underserved groups.
- Links to published reports and research evidence on the COVID-19 vaccination and health equalities.
- A series of webinars for NHS staff to access.

NHS England also developed the NHS COVID-19 Vaccine Equalities tool, an award-winning data tool which updates daily to provide detailed data on vaccine

[49] December 2021/February 2022: https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/
[50] https://future.nhs.uk/NationalCOVID19VaccineEquality/grouphome

uptake among underserved communities, including those with protected characteristics [51]. The Vaccine Equalities tool provides the following data on vaccine uptake of age and vaccination priority cohorts by ethnicity and IMD (Index of Multiple Deprivation), with functionality to set an uptake target and calculate the gap between actual uptake and target (within the relevant ICS population). It also provides geospatial mapping of percentage vaccine uptake by LSOA (filterable by ethnicity and IMD), with vaccination site location, to enable consideration of whether placing additional vaccination sites would help with uptake.

This data was used to target specific populations and communities at national, regional and local level to focus efforts and work to improve vaccine uptake. The Government published the UK COVID-19 vaccine uptake plan in 2021.[52] A key pillar of this plan was to ensure all systems are working together to address inequalities in uptake and access. Recognising the challenges of reaching certain underserved communities NHS England provided funding to ICSs in October 2020 and February 2021 to support vaccination among underserved communities.

[51] https://www.gov.uk/government/news/analysis-in-government-award-winners-2021

[52] https://www.gov.uk/government/publications/covid-19-vaccination-uptake-plan/uk-covid-19-vaccine-uptake-plan#our-approach

Contact us
enquiries@england.nhs.uk

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

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Publishing approval reference: PAR1587