Equality and diversity

{Smart Guides} to ENGAGEMENT

For better commissioning

Equality and diversity

Part of the **Smart Guides to Engagement** series, this guide helps clinical commissioning groups (CCGs) address issues around achieving equality and diversity. The guide covers actions to create a more inclusive and responsive NHS that better serves its users and fulfils the NHS's promise of quality. Much of this is also applicable to service provider organisations which CCGs commission. The Smart Guides series can be accessed at **www.networks.nhs.uk/nhs-networks/smart-guides**

Equality and quality are linked

Public sector resources are constrained and service changes are imperative to meet pressures and challenges. In that context, NHS organisations may worry that efforts to engage with groups said to be under-accessing services are not an efficient use of resources. That concern is ill-founded and reduces the organisation's ability to make intelligent decisions together with its community.

The arguments for improving standards and organisational performance around equality and diversity are strong, both from a human rights perspective and in terms of improving NHS service quality for everyone.

A quality service is one that recognises the needs and circumstances of each patient, carer, community and staff member and ensures that services are accessible, appropriate and effective for all, and that workplaces are free from discrimination where staff can thrive and deliver.

***An Equality Delivery System for the NHS*, 2012, http://bit.ly/IREpFr**

At its simplest, equality and diversity means appreciating and understanding differences, while enabling individuals to participate fully given their interests and capacities. The point of pursuing equality in healthcare is to reduce the existing inequalities by addressing their causes.

The principles of equality and diversity should be at the heart of NHS policies, practices and procedures and inform everything the NHS does: commissioning, service provision and – crucially – making service changes in a time of financial restraint. Research shows it is important to address barriers to equality and diversity because:

- Some patients and communities feel they are not as well served by the NHS as they should be
- Information that organisations make available to patients and communities is not accessible to everyone
- Access to NHS services or buildings is difficult for some patients and members of the public
- Once people are receiving services, service delivery is not appropriate to people's needs and circumstances
- Some staff experience difficulties in developing their careers in the NHS
- Some staff feel excluded from some occupations or grades
- Bullying or harassment in the workplace has a greater impact upon some types of staff than others
- Staff disciplinary processes focus on particular types of staff.

Source: equality analysis undertaken for Equality Delivery System 2011.

Equality and engagement

Being serious about equality and diversity means being serious about engagement. Local interests (patients, communities and the workforce) should be involved in discussions about equality performance, priorities and objectives in the NHS. Enabling the voices, views and perspectives of people from all backgrounds – patients, public and staff – including those who are socially disadvantaged and from protected groups is not something that can be left to one part of the organisation. It has to permeate through the NHS, from the board to the ward. The gain for the NHS is improving its understanding of how people's differences can affect their experiences of health and care, the quality of care they receive and their health outcomes.

Research suggests that the experience of black and minority ethnic (BME) NHS staff is a good barometer of the climate of respect and care for all within the NHS. Put simply, if BME staff feel engaged, motivated, valued and part of a team with a sense of belonging, patients were more likely to be satisfied with the service they received. Conversely, the greater the proportion of staff from a BME background who reported experiencing discrimination at work in the previous 12 months, the lower the levels of patient satisfaction.

NHS Staff Management and Health Service Quality Results from the NHS Staff Survey and Related Data **West, M et al, 2011 http://bit.ly/1n6jUFa**

Public sector equality duty

A single equality act came into force in 2010, creating a "public sector equality duty" (PSED) which requires equal treatment in access to employment as well as private and public services, regardless of age, disability, gender reassignment, marriage or civil partnership, maternity or pregnancy, race, religion or belief, sex and sexual orientation. These are collectively known as "protected characteristics".

Find out more: ***Equality Act 2010 - Briefing for Employers***
http://bit.ly/LoIOSe

In addition, NHS organisations need to think about equality and diversity in terms of other disadvantaged groups which may typically include but are not restricted to people who:

- Are homeless
- Live in poverty
- Are long-term unemployed
- Work in stigmatised occupations (such as sex workers)
- Misuse drugs including alcohol
- Have limited family or social networks
- Are geographically isolated.

An equality delivery scheme for the NHS

There is an "equality delivery scheme" (EDS) designed just for NHS bodies, which helps them to improve their equality performance on a continuous basis, as well as helping organisations to meet their duties under the PSED to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups.

The EDS is a set of tools to help deliver better outcomes for service users and communities and improve working conditions for staff. CCGs and their providers should use it to review their equality performance and to identify equality objectives and actions. It facilitates reporting at local and national levels and facilitates accountability for complying with the Equality Act 2010.

Experience of using the EDS was independently evaluated with over 200 NHS organisations during 2012. This showed that that the EDS provided NHS organisations with the impetus to prioritise equality issues and improve engagement to address inequalities in a structured way, especially where equality work was least developed previously, as well as helping change attitudes and behaviour of staff to equality issues.

Evaluation of the Equality Delivery System (EDS) for the NHS – Phase One: Final Report. Shared Intelligence (2012)
http://bit.ly/18KEK9p

Compendium of Case Studies **http://bit.ly/1gMYfh8**

Reflecting the evaluation and good practice of EDS implementation by local NHS organisations, a refined EDS toolkit – called EDS2 – was launched in November 2013. CCGs should refer to that for the most up-to-date approach.

EDS2, Making Sure that Everyone Counts **http://bit.ly/1bnjAIi**

What can be achieved by prioritising engagement for equality and diversity?

There is a direct link between good engagement to address existing inequalities and achieving better outcomes for communities. Commissioners and providers both need to understand the needs of their communities in order to achieve healthcare services that are effective, safe and provide good experiences for people using them.

Everyone should be seen as a stakeholder in working towards greater equality: patients, carers, members of local community groups, other members of the public, representatives of local voluntary and community organisations, NHS staff and representatives of staff-side organisations.

Equality and diversity in practice

The London Deanery describes equality as about creating a fairer society, where everyone can participate and has the opportunity to fulfil their potential and sees diversity as about recognising individual as well as group differences, treating people as individuals, and making difference a positive value in the community and in the workforce. The key point is that a commitment to equality includes recognition of diversity.
http://bit.ly/1jxCeoK

Health gains can be achieved through engagement for equality. Here are some local examples drawn from the recent evaluation of the EDS:

Sefton Equality Partnership made a decision to develop a transgender network after reviewing national and local evidence of need and inequality of outcomes for transgender people. Its success is built on strong foundations of a group of local public and voluntary sector partners committed to engaging underrepresented communities.

Doncaster NHS helped bust myths about Gypsy and Traveller communities through multi-agency staff awareness training. This was jointly created and delivered by NHS staff and community members. It was a response from the NHS to promote understanding among staff where evidence suggested it was lacking about this community.

Coventry City Council (CCC) Health Development Service decided to take health screening services to the location which the target group frequents and therefore where people feel comfortable and safe to engage with health professionals. For example, the Coventry team targeted the gay male population by setting up a unit offering health checks in the car park of a local nightclub.

A Newcastle partnership aimed to raise awareness of the risks of fasting during Ramadan for people with diabetes through a prayer calendar. An evaluation was carried out using a short questionnaire distributed through local mosques and by speaking with people from local Pakistani and Indian communities.

The Warwickshire Health Visitor service found that many non-English speaking clients did not access primary and community health services properly because of language barriers and poor understanding of local services. So local health visitors delivered English language lessons to pregnant women and new mothers focusing on primary and secondary care use.

Hallmarks of effective engagement

These examples highlight that effective engagement to address inequalities

- Uses local expertise and a collaborative approach to
  - Identify organisations that have influence and respect within their communities
  - Consult community organisations at the outset to advise around relevance and impact
  - Look for any community organisations that can help engage a particular group
  - Think of community organisations as an audience in their own right
  - Find out how they work with their members and how you might support that work.
- Provides appropriate support, which might encompass
  - Financial or practical assistance for events, perhaps for transport, equipment or communications
  - Building on the strengths and skills in staff
  - Working with people to see how they want to get involved and find out what skills and support they might need
  - Speaking to other groups to see if coordinated activities are feasible to keep costs down and avoid “engagement fatigue”
  - Seeking to give a voice and partnership role to community groups which will help the NHS to improve outcomes.

This approach to engagement is not a quick fix. Neither can the NHS on its own close the inequalities gap because its roots often lie far outside of healthcare in education, housing, employment, leisure and transport deficiencies. This should be a spur to working in health and wellbeing partnerships with local government, third sector bodies and local community networks so that the NHS has the breadth to help address these issues.

Working towards equality and valuing diversity takes time, investment and commitment in order to build trust and capacity. Within NHS commissioner and provider organisations there should be a culture of openness, transparency, honesty and respect. That means recognising barriers and shortcomings and taking practical steps – which are identified in EDS2 – to overcome them. It also means committed leadership which is inclusive and reflective of the communities it serves and the workforce it leads.

Stop talking about 'hard to reach' groups

Groups in the community that you may see as underaccessing services and not engaging may just not know who and where you are and what opportunities exist for engaging with you.
In that light, the NHS is the "hard to reach" group, not them.

Mental health – a long way from equality

It is NHS policy that services for mental health should be on a par with physical health ones, but the evidence is that this is far from being achieved in many places. Inequalities around access to high quality mental health services are clear in the responses to a recent joint survey run by Health Service Journal and King's Health Partners Academic Health Sciences Centre in London.

The good news is that almost 90 percent of respondents strongly agreed that the provision of good mental healthcare was just as important in their local health economy as the provision of good physical healthcare. However, the report also found this ambition was not being met: "When asked if they believed patients in their local area had equal access to mental and physical health services, 73 percent of our 167 respondents – drawn from acute, community, mental health and ambulance providers as well as from primary care, commissioning, local authorities and the third sector – gave the same answer: no."

Long waiting times for help and referrals, lack of clinical equipment to cope with physical health problems in mental health settings and inadequate interventions to address unhealthy behaviours such as high smoking rates among mental health users were all cited as problems working against parity of esteem for services and their users.

These equality shortcomings, the survey found, often came down to inadequate commissioning. This means there are big opportunities for CCGs in particular to improve things not only through investment but also through effective engagement to achieve high quality services and better experiences for people using and providing them.

A Long Way from Equality, Health Service Journal, October 2013 **http://bit.ly/1d2eO5K**

Things CCGs can do now

1. Take stock of local learning from using the EDS, including by previous commissioning bodies, and understand how it is meeting its PSED now

2. Assess local readiness for implementing EDS2, especially the suitability of the CCG's engagement mechanisms and those of key providers and partnerships to address inequalities and promote diversity

3. Stop talking about "hard to reach groups" and plan how to make the commissioning process more transparent and accessible to everyone in the community

4. Understand the local record on mental health equality and identify what creative commissioning could do to address the issues that service users and carers identify

5. Create assurance processes that link equality and diversity with commissioning, including the use of equality impact assessments as part of service change planning

6. Undertake a reputation audit with stakeholders to find out how they think the CCG is addressing equality and diversity and where the gaps are

7. Ensure that board governance requires all policy papers to identify equality-related impacts, including risks and how they are to be managed

Get Smarter – find out more

For further information and queries about the EDS, please contact:
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The Government Equalities Office (GEO) provides guidance on all aspects of the Equality Act: **http://bit.ly/1b0Qnba**

NHS Employers provides practical content on equality, diversity and good practice: **http://bit.ly/1bnPQP3**

Engaging with BME Communities: Insights for Impact, NHS Confederation (2013) – includes case studies from Liverpool, South Devon and Sheffield:
http://bit.ly/1acvjjw

Model policies used by Health and Social Care Information Centre (HSCIC) for equality, diversity, respect and dignity at work and PSED: **http://bit.ly/1d9nt6Y**

London Deanery e-learning modules on equality and diversity:
http://bit.ly/1auYmJP

High Quality Healthcare Commissioning: Why Race Equality Must Be at Its Heart, Race Equality Foundation (2013): **http://bit.ly/1eQh41d**

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