Summary of DH reporting on implementation of the DH-EHRC Framework for Action and Action Plan on Performance of the Public Sector Equality Duty

The Agreement

The Department of Health (DH) and the Equality and Human Rights Commission (EHRC) have adopted a voluntary agreement and framework for action. It was established for the purpose of demonstrating how DH is meeting the three public sector equality duties (for the period up to 5 April 2011) and the new integrated public sector Equality Duty. The agreement and accompanying action runs from October 2010 to March 2012, and is intended to draw on evidence that the health and social care system have initiatives in place that can be expected to lead to improved equality outcomes within their local populations.

The Department is required to provide quarterly progress reports to the EHRC. To date, three quarterly reports have been submitted, with the next report due on 6 October 2011. This document provides a summary of the three reports. Executive summaries of the individual reports will also be published on the DH website.

Leadership on Equality

The new direction for health and social care set out by the Secretary of State requires some fundamental changes to functions right across the health and care system, the Department and its arm's length bodies. The Department has made clear that equality remains an integral and vital part of this transition. The NHS White Paper, *Equity & Excellence, Liberating the NHS* (July 2010), the Public Health White Paper, *Health Lives, Healthy People*, (November 2010) and the Health the Social Care Bill (January 2011) all make clear this ongoing commitment to equality, including an explicit duty on the new NHS Commissioning Board to promote equality. The Secretary of State has also directed that the NHS Commissioning Board and Clinical Commissioning Groups, are listed for the purposes of the new public sector Equality Duty.

Since the framework was agreed in October 2010 the Director General lead for the relationship with the EHRC has moved from Una O'Brien, who is now the Department's Permanent Secretary, to David Behan, Director General for Social Care, Local Government and Care Partnerships and member of the Departmental Board. David Behan Chairs the DH Equality and Human Rights Assurance Group (EHRAG), which is the forum for high level governance of equality and rights in DH and the wider system. EHRAG includes three other Directors General and reports to the DH Executive Board.

The Equality and Diversity Council provides leadership to the NHS and the wider healthcare system on equality. Overall, it aims to champion and facilitate improved equality outcomes in the NHS. The EDC is chaired by Sir

David Nicholson, and among its membership are Director Generals and other senior leaders from the Department of Health, with NHS Chief Executives or Executive Directors from each of the 10 current strategic health authorities.

Following the signing of this agreement, both the Secretary of State for Health. Andrew Lansley CBE and the Minister of State for Care Services, Paul Burstow MP, have met with EHRC Chair Trevor Phillips and reaffirmed the Department's commitment to advancing equality and reducing inequalities, as reflected in the NHS White Paper, the Public Health White Paper, the Vision for Adult Social Care and the Health and Social Care Bill.

This Ministerial commitment, is spearheading a robust leadership response to ensuring equality through Transition by the Permanent Secretary and EHRAG within the Department, and the Equality and Diversity Council for the NHS.

The DH quarterly reports to the EHRC have set out how the Department has developed strengthened leadership and accountability on equality, within the Department and across the health and social care system, with clear commitment at the highest levels. Recent examples of this commitment have included:

- **Departmental Board:** The Board met on 28 June, Chaired by the Secretary of State for Health and the full Ministerial team. At the request of the Permanent Secretary, the meeting included a specific item on how equality is being embedded within transition. The discussion was led by David Behan, who also updated the Board on progress with the DH-EHRC agreement.

- **NHS Commissioning Board:** On 8 July, Sir David Nicholson, NHS Chief Executive and Chief Executive Designate of the new NHS Commissioning Board set out his thinking about the role of the new Board and the working of the wider commissioning system in *Developing the NHS Commissioning Board*. It makes clear that the functions of the Board include promoting equality and reducing health inequalities, and that equality and reduction of inequalities are core processes, essential to the upholding of the Board's values. Further detail is available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128118

- **Equality and Diversity Council:** The EDC met on on 5 May drawing together the Chair of the Care Quality Commission, NHS Chief Executives and senior managers to work through the equality accountabilities within the new system. Sir David Nicholson convened a meeting of the ED on 20 July to discuss Developing the NHS Commissioning Board and to approve the roll out of the NHS Equality Delivery System, which has now been made available to the NHS via website of NHS East Midlands.

Summary Reports

Summary Reports are attached as follows:

Annex A First quarterly report, submitted in January 2011

Annex B Second quarterly report, submitted in April 2011

Annex C Third quarterly report, submitted in July 2011

ANNEX A

1ST Quarter report

Leadership on Equality

The new direction for health and social care set out by the Secretary of State requires some fundamental changes to functions right across the health and care system, the Department and its arm's length bodies. The Department has made clear that equality remains an integral and vital part of this transition. The NHS White Paper, *Equity & Excellence, Liberating the NHS* (July 2010), the Public Health White Paper, *Health Lives, Healthy People*, (November 2010) and the Health the Social Care Bill (January 2011) all make clear this ongoing commitment to equality, including an explicit duty on the new NHS Commissioning Board to promote equality. The Secretary of State has also directed that the NHS Commissioning Board and the GP Consortia, are listed for the purposes of the new public sector Equality Duty.

Since the framework was agreed in October 2010 the Director General lead for the relationship with the EHRC has moved from Una O'Brien, who is now the Department's Permanent Secretary, to David Behan, Director General for Social Care, Local Government and Care Partnerships and member of the Departmental Board.

Data

Specific equality data across the (Equality Act 2010) protected characteristics is still being reviewed; the expansion of the characteristics is allowing policy teams to identify gaps in their evidence. The work conducted as part of the White Paper/Bill assessment reported under overarching objective 2, sets out data gaps that correspond with evidence emerging from other policy areas. These are gender reassignment, religion or belief, sexual orientation and, marriage and civil partnerships.

We are organising an awareness raising session for DH analysts on the Equality Act 2010 and the Equality Duty to be led by the lead statistician for equality together with an and an equality and inclusion team policy adviser. This will form a key part of the DH preparation for the new Equality Duty and publication of equality data.

The stated government position, articulated through the public data principles introduced in July 2010, has already resulted in more information with relevance to equality being publicly available (www.data.gov.uk). As part of the DH forward equality agenda there has been a greater focus on encouraging use of available data and transparency in equality impact assessment to support the wider drive for transparency in policy development.

Each policy team conducts their own equality impact assessments utilising data and information available through the DH Health Equality Research Base

(HERB) repository and that which is publicly available. Where equality impact assessments and policy development is reviewed as part of the Gateway process, use of evidence is a criteria; however this covers both quantitative and qualitative evidence. We can provide a general assessment of use of equality information, based on the existing duties, separately for expansion in April 2011.

The changed focus of the Equality Duty specific duties consultation, meant a reconsideration of DH's transition to new arrangements and it is more appropriate and a better use of resources to engage DH analysts and external stakeholders with an interest in equality in the direction setting.. As a result, the baseline will be determined after the DH Analysts awareness raising session on the Equality Act 2010 and the Equality Duty.

Detailed reporting on the equality impact assessment of:

i) Equity and Excellence: Liberating the NHS
ii) Commissioning for patients
iii) Increasing Democratic Legitimacy in Health
iv) Transparency in outcomes – a framework for the NHS
v) Public Health White Paper

i. Equity and Excellence: Liberating the NHS and supporting papers

The equality impact assessment on the NHS White Paper and Health Bill was commissioned by the (then) Director General of Policy and Strategy as a key part of the package of work.

The White Paper proposals were interlinked and mutually reinforcing. Those requiring legislation, and are reflected in the provisions of the Bill. Others, notably giving patients greater say, choice and control, the information revolution, and the NHS outcomes framework, have close ties to the policies that require legislation but do not themselves require provisions in the Bill.

The assessments were informed by the consultations on specific policies[i] and the White Paper and by the Government's response to the consultation, *Liberating the NHS: Legislative framework and next steps*[ii]. The work also linked to the separate consultations on *Greater choice and control*[iii] and *An Information Revolution*[iv]. The equality impact assessments were produced with the (regulatory) impact assessments and in the write up have been structured as a single document with annexes. A coordinating and overarching assessment was also produced.

<u>Example of concerns presented by stakeholders with an interest in equality</u>

Responses to the consultation also raised concerns in relation to particular communities or protected characteristics, including:

- Those without fixed addresses, such as Roma, gypsies and travellers, asylum seekers and refugees, have difficulty in accessing services and their needs were often different and unknown, so were not provided for.
- Some people with learning disabilities, older people and people whose first language was not English could not always access and/or use computer-based information and would therefore find it hard to participate in choice and decision-making. The South Ribble Older Peoples' Forum, for example, were concerned that an "*emphasis on on-line services will mean that many vulnerable older people are disadvantaged as they frequently do not have access to these services*".
- LGB and trans people and those of different religious faiths and cultures would have additional needs to be taken into account in determining what are good healthcare outcomes and when interpreting PROMs data. One individual stated, "*one person's definition of good is different to another's. Some people particularly the elderly or vulnerable groups or their carers may be reluctant to be critical of services that they will have to access in the future*".

On 15 December 2010, the Command Paper, *'Liberating the NHS: legislative framework and next steps'* was published (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122661). *Liberating the NHS: Legislative framework and next steps* considers the responses received in detail, and these responses informed the individual equality impact assessments. The framework set out the response to the consultation and outlined where the approach was modified in the light of the consultation responses.

For the first time the Secretary of State for Health will be under specific duties to promote improvement in quality and outcomes, and ***reduce inequality in healthcare provision***, and will set out objectives for the NHS Commissioning Board in these areas including specific levels of improvement.

Public Health elements of the Health and Social Care Bill

- Publish a full equality impact assessment on the Public Health Service after the close of the consultation on the Public Health Service White paper;
- Continue to engage with a diverse range of stakeholders and equality representative groups between the publication of the Public Health White Paper for consultation and the publication of the final policy and equality impact assessment. It will use any evidence gathered to inform ongoing policy development;
- Encourage Directors of Public Health to take into account the recommendations outlined in the Race for Health and Shared Intelligence on JSNA practice in relation to race equality; and

- Ensure that the Public Health Service Outcomes Framework properly highlights inequalities;
- Directors of Public Health will have responsibility for publishing an annual report detailing the work undertaken. This will allow local people to hold local authorities to account. In addition local authorities will need to undertake appropriate Joint Strategic Needs Assessment (JSNA). They will have access to evidence of the extent to which equality issues are considered in JSNA such as the Race for Health / Shared Intelligence report - Culturally responsive JSNAs: a review of race equality and JSNA practice;
- Department of Health will review the proposed public health outcomes framework indicator set to determine ability to disaggregate indicators by equality characteristics; and
- The evidence pack that supported the Public Health White Paper and equality impact assessment will be made widely available so local authorities are able to use the evidence as well as local intelligence to understand equality issues in their areas, and to identify was of addressing potential impacts.

Learning Points

On 13 December 2010, the equality and inclusion team held a learning points session on the process for conducting the equality impact assessment of the White Paper/Health Bill. This built on the peer review sessions held with the co-ordinators of the programme of assessments and DH legal advisers and an earlier evidence review and support session held with policy leads and analysts during November 2010.

The summarised key points for DH were:

- Cross-cutting programmes of equality analysis need clear lines of accountability and responsibility for co-ordination, support and sign off;
- An overarching plan should be developed and roles and responsibilities set out in the 'ground rules' that are communicated to all collaborators;
- A single named overall coordinator should be used, this can be drawn from the responsible policy team (or one of them), the analytical team, equality and inclusion team or be externally directed. Terms of reference on the co-ordinating role should be developed to help manage the capacity of the coordinator and 'mission creep';
- Policy leads and those overseeing policy areas need to be the named leads for the assessment, to ensure they receive all communication on the assessment process and to ensure analysis is constantly informing policy development;
- All collaborators to assessments of cross-cutting programmes would benefit from an early training session this would include the policy team, policy support and analytical team;
- Early engagement of legal advisers would be beneficial and should form part of the policy assurance process;

- Support surgery sessions and peer review sessions should include a representative from the legal team;
- Regular updates throughout the assessment process of expected milestones/stages in the assessment and current key findings is beneficial to those developing the policy and those coordinating local assessments; and
- Learning points sessions could be expanded beyond the equality and inclusion team to include the co-ordinators and legal advisers.

Building on the learning

The overall organisation of the assessment process and co-ordination has provided a template for future cross-cutting assessments. Elements have strengthened the existing approach, for example supply of key equality evidence supporting the reform agenda is now regularly provided to policy teams along with a link to the Department's equality evidence repository.

The equality and inclusion team are developing a template and terms of reference for cross-cutting programmes to include commissioning of assessments, coordination of the programme and policy and legal assurance.

The approach used in conducting the equality impact assessment of the White Paper/Health Bill is being tested through its use as an example of an overarching and co-ordinating approach for key policies and programmes. A version of the approach is now being used on the *Enabling Excellence: Autonomy and Accountability for Health and Social Care Staff*; *meeting the agenda for reducing bureaucracy and the regulatory burden*. A version is also being used as part of the mental health programme activity.

Work has commenced on a 'model' system, informed by the White Paper/Bill work as well as the work on the workforce command paper. This will be developed to take account of the new Equality Duty and with flexibility to respond to the DH Transition (restructuring).

Tools and guidance for equality impact

The equality impact assessment tool and guidance was retired during December as part of the DH transition to the Equality Act 2010 Equality Duty.

As briefly reported above, work commenced on an interim template to strengthen the DH approach on the existing Equality Duties and to support a gradual move to the more outcome focused, analysis of the impact on equalities, required by the new Equality Duty. The template took account of the proposals in the consultation on the specific duties. An assessment of the impact on equalities template was developed and piloted during autumn 2010. An interim template, available on the DH intranet, Delphi, now takes account of the coalition Government's desire for explicit focus on analysing and as part of this transition to the Equality Duty in April 2011, is headed 'analysis of the impact on equalities'. The equality analysis template will be refined further and tested for launch before 1 April 2011.

The interim template is currently publicly available at [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123180] and is appended for ease of reference. This has been tested with some policy areas to ensure the approach afforded improved clarity and flexibility and feedback is already being received from NHS users.

Further work on the template and new guidance will commence during January 2011 to take account of the expected Government Equalities Office and Equality and Human Rights Commission guides.

To ensure DH maintains parity with the general aim of the revised specific duties, it is expected arrangements will be developed that allow for a gradual reduction in the level of 'prescription' in the DH template and guidance for analysing the impact on equalities. DH would expect to engage stakeholders with an interest in equalities, including EHRC and GEO on this.

Gateway process

All DH equality impact assessments accompanying policies, programmes and practices are subject to central DH equality policy assurance which forms part of the DH Gateway process (for publication to the NHS or Adult Social Care).

Explaining equality as part of the DH Gateway process
Equality and Inclusion Team form part of the DH Gateway process. The DH Gateway process is set out in the NHS Operating Framework 2010/11 states "*…all national communications will be subject to a Gateway process, so that they are consistent with both the messages in the NHS Operating Framework and wider statutory responsibilities. All communications requiring the attention of NHS management will include a Gateway reference*".

The standard criteria used by the DH Gateway team includes equality. This helps ensure the Department's equality requirements are reflected in the draft documents, and this in turn enables the Ministerial team to make fully informed decisions on content. Gateway require modifications if draft documents do not reflect the corporate principles, such as equality. This has been agreed by Ministers.

Policy teams need to provide evidence of equality and inclusion team approval for DH Gateway clearance. Equality forming part of the DH Gateway helps ensure DH commitments to equality, diversity and human rights are promulgated through the health and social care system. Proposals for public consultation are required to be accompanied by an associated equality impact assessment that can form part of the consultation.

Improving the quality of equality impact assessments
The equality and inclusion team within DH provide proactive coaching support to teams and on a one to one basis to corporate, policy and programme activity across all DH Directorates and some arms length bodies. Every DH

policy document (this includes all programmes, internal practices, tender and consultation documents) and accompanying equality impact assessment are reviewed and assured using a set of standards that were developed during Quarter 1, 2010-11. The standards were introduced 1 June 2010 to add both rigour and consistency to the equality and inclusion team policy assurance review process.

The Equality Standards are available to all DH staff through the DH intranet, Delphi. Currently based on the existing race, disability and gender equality duties, work is underway to revise these to reflect the requirements of the new Equality Duty.

Departmental performance measures
Equality is a key indicator within the DH corporate performance scorecard with equality impact assessment the measure used for reporting. The performance measures now in place have acted as key drivers of improvement in the quality of equality impact assessments. On a monthly or quarterly basis (depending on degree of maturity of Directorate system), equality and inclusion team provide informal feedback to a number of Directorate business teams. Formal feedback is provided to all Directors General, at least quarterly, via Governance Branch as part of the overall DH performance system.

Directorate performance is an aggregate of individual team performance over the past quarter, as reviewed against the equality impact assessment standards. Prior to their introduction, quality of assessments were based only on timeliness as a proxy for quality. This approach provides an audit trail of overall Directorate performance. The arrangements now in place also allow teams requiring greater improvement to be more easily identified and additional, more focused and relevant development support to be offered.

Internal assurance
As part of the overall internal assurance process, the equality and inclusion team hold regular peer review sessions to test and refine the approach. The equality and inclusion team have at least quarterly time outs which allow for system review, develop and an opportunity to share and consider qualitative evidence on ‘what works’, areas for improvement and organisational development in Directorates. In addition, inter-departmental engagement and review of other organisation equality impact assessments allows for informal benchmarking of organisational will and capability on equality impact assessment.

On a day to day basis, where a second opinion is required, this is circulated to the head of equality and inclusion and other policy advisers (and where appropriate, the division statistician), for summary review and comment. Where there is a need for escalation, the first line of escalation is the head of equality and inclusion – this helps ensure consistency of approach.

Overall system of assurance

Equality is embedded within the DH corporate assurance standards, each criterion forming a proxy indicator of progress. The corporate assurance standards align with policy, programme and DH practices. Directors General provide a statement on internal control that sets out their progress.

DH workforce progress is reported through an internal staff reporting system and the staff survey as well as ad hoc qualitative research. External benchmarking is also used to determine progress using accredited programmes such as Investors in People and the Stonewall WEI. Policy and programme progress is performance managed through Directorate scorecards using equality impact assessment ratings as a proxy measure.

Overall, the Equality and Human Rights Assurance Group (EHRAG) remains the forum for high level governance of equality and rights in DH and the wider system, lead by four Directors General. We have proposed that for 2011/2012 EHRAG focuses on :

- Setting and assuring strategic direction regarding equalities across DH including transition and reducing the deficit fairly;
- Ensuring that DH contributes to the wider government equalities agenda, supporting MS(CS) in his role on the Inter-ministerial group;

EHRAG will reinforce the policy assurance mechanisms within DH and strengthen the performance management of equality, through Directors General, during transition.

DH policy on inequalities set out in Public Health White Paper

Tackling health inequalities and advancing equality formed part of the narrative of rights and responsibilities within the Public Health White Paper.

The Public Health Outcomes Framework will provide the mechanism for transparency and accountability across the public health system at the national and local level for health improvement and protection and inequality reduction. It will provide the mechanism to incentivise local health improvement and inequality reduction against specific public health outcomes through the 'health premium'. So that we drive equality in public health outcomes, it is vital that we are able to disaggregate public health data by key equality characteristics and neighbourhoods where possible.

For a subset of those indicators, which we will agree with our public health and local government partners, we would attached a 'health premium' which aims to incentivise councils to make progress on health improvement priorities and reduce health inequalities.

The NHS Outcomes Framework

The first year of the NHS Outcomes Framework will produce a baseline for us to work from. In the second year, The Secretary of State for Health and the NHS Commissioning Board will use a set of principles to underpin the

negotiations about what the levels and pace of delivery should be. When negotiating levels of ambition consideration should be given, where possible, to the variation and inequalities in health outcome indicators and take into account equalities characteristics, disadvantage and where people live. The framework will help the NHS Commissioning Board to play its part in promoting equality in line with the Equality Act 2010.

In selecting outcomes and determining how they should be measured, active consideration has been given to how they can be analysed by equalities and inequalities dimensions to support NHS action on reducing health inequalities. In addition to the legally protected characteristics (age, ethnicity, religion or belief, gender, disability and sexual orientation), particular consideration has been given to socio-economic groups and area deprivation as these are drivers of poor health outcomes.

The Department of Health recognises that current data collections are limited to the extent to which this is possible. Over time, we work to improve data collections so that more indicators can be disaggregated by equalities characteristics.

As we refine the framework and improve coverage of these groups we will be able to measure progress in improving their health outcomes.

Staff training

The face-to-face equality training offer is being developed to take account of the Equality Act 2010 and its Equality Duty. A pilot programme on 'embedding equality and rights' is being developed as part of the DH response to new Equality Duty. A hybrid programme was launched during September 2010, this forms part of a modular approach to training under development.

<u>September 2010 programme; Offender Health</u>
Multi-disciplinary team of **nine participants** from Deputy Director to Policy Manager level. Participants came from different parts of the Offender Health system including the Sub Programme Boards Secretariat, Police, Probation and Prisons (NOMS), Programme Office, Commissioning, Impact Assessments/Diversion, IT and Communications.

<u>September and October 2010 programme; Induction for Food Standards Agency</u>
Food Standards Policy Division transfer from the Food Standards Agency to DH. Participants on the induction programme ranged from Director to Admin Assistant level. Approximately **58 participants** split over two sessions – short presentation (with additional reading material) and activity with signposting, quiz and overview on Equality Act 2010, the existing duties and the proposed new Equality Duty.

ANNEX B

Summary of 2nd Quarterly report

Reporting on the Health and Social Care Bill/NHS Reform

1. In the first report, we provided a detailed report on the equality impact assessment of the Health and Social Care Bill. This included an overview of a number of areas where engagement on the Health and Social Care Bill equality impact assessment led to improvements and changes to the policy direction.

2. Delivery of the actions developed through the equality impact assessment of the Health and Social Care Bill will be through development of the emerging policy. This is the responsibility of different teams, albeit with some central direction. However, all new bodies proposed as part of the reform agenda have been or will be explicitly listed in Schedule 19. For others – for example Special Health Authorities - the body corporate has been identified and confirmed as a public authority. To address concerns raised on the composition and ability of local HealthWatch to serve diverse populations, policy teams are actively pursuing explicit listing for (local) HealthWatch as an autonomous authority for the purposes of the Equality Act 2010 Equality Duty. All new, or emerging semi-autonomous organisations, such as PCT Clusters, will be explicitly required to comply with the Equality Act 2010 Equality Duty. This is demonstrated by the recent PCT Cluster Implementation Guidance, which specifically includes the requirement to comply with the Equality Act 2010 and its Duty within the legal requirements of the new arrangements. This guidance drew from the equality impact assessment of the GP Consortia and Commissioning elements of the Health and Social Care Bill.

Transition Programme

3. The NHS White Paper has set in train a programme of reform involving significant changes to the NHS, the Department and its Arms Length Bodies. The Transition Programme has to steer all these parts of the system through this change, in a way that retains both the values and principles of equality and rights with outcomes that are demonstrably fair to all. This requires a robust understanding and ability to meet diverse needs of both people and organisations, creating a system that is personal in response and fair in how it treats its workforce and users. DH recognises the need to ensure that every part of this Transition is implemented fairly and that the policy, processes and outcomes remain transparent.

4. The overarching Transition Programme has established an equality assurance workstream that cuts across all other Transition Programme workstreams to embed good equality practice, and supports each of them to identify relevant equality impacts and mitigation actions.

5. The minimum output requirement will be:

    - An equality analysis for each workstream, which shows how equality evidence and related mitigation actions have been incorporated into the production of all workstream outputs; and

    - Workstreams demonstrating how they have arranged for future equality monitoring and assurance in each of the new organisations.

Mental Health

6. A new Mental Health Strategy for England *No health without mental health* was launched on 2 February. The strategy covers all ages and takes a life-course approach. It covers public health, the NHS, social care and other sectors.

7. The strategy was accompanied by a comprehensive equality analysis, which itself is supported by a substantial body of evidence. Chapter 6 of the strategy looks at each of the protected characteristics of the Equality Act 2010, identifying the particular mental health issues. The equality analysis examines the projected strategy outcomes against each of the protected characteristics. The analysis action plan sets out a number of objectives and indicators against which progress can be measured.

8. It is right that we take a broader view of the issues and solutions to tackling race equality beyond the delivery of mental health services themselves (although we recognise the need to continue to ensure that mental health services are equitable). To do this we are:

    - Establishing a Ministerial advisory group on equality which will meet June 2011. This group will have cross-representation on the Mental Health Strategy Advisory Group.
    - Continuing to monitor and improve data collection in critical areas, as set out in the equality analysis action plan;

    - Working to embed the equality analysis evidence base and Delivering Race Equality (DRE) good practice in the developing infrastructure: eg NHS Commissioning Board; public health services etc.

    - Working with policy leads and practitioners in the areas of public health, children and young people, and criminal justice to develop and revise the equality analysis action plan to incorporate these broader areas. This revised action plan will be discussed at the first Ministerial equality advisory group in June with a view to publishing an updated plan in Autumn 2011.

9. The five-year Delivering Race Equality programme ended in January 2010. Its final report was published in December 2010. The Mental Health Strategy recognises the foundations laid by the DRE programme and clearly states that achieving race equality remains a priority.

10. However, the recent publication of the final Count Me In CQC census figures for 2010 indicate that there is little change from previous years in the critical areas of race inequality on mental health wards.

11. In the final Count Me In census report the CQC state that "*There is a need to move on from counting patients to understanding more about the factors that lead to hospital admission, such as ethnic differences in the rates of mental illness, the socio-economic and other disadvantages faced by some BME communities, and the ways in which patients enter the care environment – for instance, patients from some ethnic groups are much more likely to be referred from the criminal justice system than other groups."* This analysis will inform our future work on mental health, including the work during this transitional year referred to at paragraph 22 below.

12. An evidence base of issues and what works has been established through equality impact assessment and through the work of the National Mental Health Development Unit (NMHDU). This evidence includes information from DH commissioned activity, such as the collaboration with the Men's Health Forum on '*Untold problems* (2010) *– a review of the essential issues in the mental health of men and boys*' and the '*National perinatal mental health project report*' (2010), that provided a review of current provision in relation to the perinatal mental health of black and minority ethnic women.

13. Work to support preparation for the Equality Act 2010 ban on age discrimination in health and social care from 2012, is currently underway, in mental health services overseen by an Age Equality Steering Group.

14. Following publication of the Mental Health Strategy, focus has shifted to putting in place arrangements, during this transitional year, to ensure that DH and other key national and local organisations can continue to benefit from and build on this learning and move forward to build on progress. In particular, there is work underway with relevant experts and representatives to ensure the NHS Commissioning Board is clearly mandated to fulfil its responsibilities under the Equality Act 2010 (and international anti-discrimination and human rights directives) and understand the issues as they relate to mental health.

15. Since publication of the Strategy the DH Mental Health policy team has met with a number of BME voluntary sector organisations, including the Afiya Trust, Race Equality Foundation, Black Health Agency and Council for Ethnic Minority Voluntary Organisations to discuss the issues for BME groups.

16. Development of the Suicide Prevention Strategy is building on learning from development of the Mental Health Strategy with early engagement from a range of stakeholders and in particular, stakeholders representing a range of risk areas alongside stakeholders with a specific interest in equality.

Public Health

17. As the Government's response to Professor Sir Michael Marmot's report into health inequalities the Public Health White Paper, *Healthy Lives, Healthy People: Our Strategy for Public Health in England* (HLHP), sets out Government's plans for recasting the way we seek to improve and protect the public's health, and to reduce health inequalities.

- How equality data is informing policy

18. We have spent the last three months in formal consultation on proposals for funding commissioning and outcomes for public health, and four months in consultation on the White Paper itself. More importantly, the White Paper has been developed on a base of evidence – the state of the health of population – and on evidence of inequalities in health.

19. The equality impact assessment published alongside the White Paper included details on the anticipated impact of key themes of policy on equalities, based on data, information (included well documented epidemiological information that fed into the public health evidence section) and feedback from stakeholders.

20. A final equality analysis/impact assessment will be published alongside a Public Health Command Paper in the summer. by the equalities feedback from other general responders.

21. During the consultation period, specific and dedicated consultation events focused on equalities were a key element of our engagement plans. The equality impact assessment will set out in detail the range of stakeholders we have worked with, but in summary we met with and had direct discussions with organisations including : The Afiya Trust; ROTA; The Zaccherus Trust; Age UK; Brook; Catch 22; Men's Health Forum; Mencap; National Domestic Violence Coordinators Network; and The Academy (of Royal Colleges) Health Inequalities Network

22. All these organisations have contributed to the consultation process. We are developing plans to involve these organisations in the ongoing development of plans – especially in the development of the public health outcomes framework.

23. The Command Paper will set out more detail on how the actions identified within the equality impact assessment will be taken forward. Transition plans for public health, being developed by DH will need to include details on how equality action will be taken forward through implementation. These plans are still at a very early stage, and although this is explicitly within the scoping, more information on this will follow in the next report.

DH Capability

24. The Department's arrangements for embedding good equality practice within the governance structures of DH include:

- Equality and Human Rights Assurance Group (EHRAG) Director General level governance of equality and rights in DH and reports to the DH Executive Board.
- A business planning requirement on Directors General to provide (peer reviewed) assurance that they have considered the impact of their planned activities on equality.
- A specific indicator in the DH performance scorecard relating to the completion rate for, and quality of, equality analysis, with results reviewed with Directors General on a quarterly basis.
- A requirement for Directors to assure themselves they are satisfied and sign off all equality analyses within their policy areas as an integral part of the Gateway assessment.

Equality Analysis

25. There were 110 equality analysis were completed during the 2010/11 reporting year. In Quarter 1 there were 20 analyses completed with 25% of these assessed as overall red. Steady progress and management intervention resulting in a reduction to approximately 2% red ratings in quarter 4. Use of evidence is the overriding factor driving poor traffic light ratings. Performance in 2010/11 is detailed below; red ratings are in () brackets alongside the total number of products through Gateway in each quarter, by Directorate:

2010/2011	**Q1**	**Q2**	**Q3**	**Q4**
NHS Medical	2	5	19	3
Chief Nursing Officer	3(2)	2	6(1)	2
Health Improvement and Protection	4	2	5	3
Informatics	0	0	1	0
NHS Finance and Operations (incl. C&SM)	4	6	4	2
Social Care, Local Government and Care Partnerships	1	2(1)	10(1)	3
Workforce	4(2)	1(1)	4	2
Policy, Finance and Operations	2(1)	4(2)	3	3
Communications	0	1(1)	0	0
Research & Development	0	0	0	1(1)

NHS Performance

26. Useful evidence on overall NHS equality performance will emerge from the Equality and Delivery System (EDS). This evidence will be available at both local and national levels and will be shared on an electronic hub for the NHS that is being developed with the NHS by the Equality and Diversity Council (EDC).

27. At the heart of the Equality Delivery System are 18 outcomes, grouped into four broad objectives. These outcomes cover the issues that matter most for patients, communities, NHS staff and NHS leaders, and have been confirmed during extensive engagement with the NHS and other interests since May 2010.

28. Working with local interests, organisations will assess and grade their performance against these 18 outcomes and agree priority actions. The results of these assessments, and the related grades, will be a rich source of evidence, across all the protected groups, on NHS equality performance. The grades are aligned with the grades of the Equality Framework for Local Government, so both local and national comparisons across health and social care will be possible. An evaluation will be commissioned on the implementation of the EDS and this evaluation will provide deeper insights into the results emerging from implementation, highlighting where progress is and can be made, as well as identifying blocks to progress.

29. There is already a great deal of support within the NHS and beyond for the EDS. It is based on the views and wishes of over 1,000 people using or working in the NHS. Since May 2010 over 40 listening events have been held. Officials from the Government Equalities Office and the EHRC have also welcomed the Equality Delivery System.

National Institute for Clinical Excellence

30. NICE produces several types of guidance, including Quality Standards. For the purposes of the equality duty, NICE treats each item of guidance as an individual policy. The aim of the impact assessment in each case is to ensure that, where they can, NICE's recommendations support the efforts of local and national commissioners and professionals to eliminate discrimination and advance equality of opportunity. This integrates evidence related to all the protected characteristics, including inputs from relevant patient and 'equality groups'.

31. NICE's principal function is to provide guidance to commissioners and professionals in the NHS, local government and other sectors. Through the equality impact assessment process NICE aims to support those sectors fulfil their equality duty.

Patient Reported Outcome Measures

32. All National PROMs data is published by the NHS Information Centre on a monthly basis. PROMs data can be disaggregated by age, sex, ethnicity and disability. However, at end March 2011 no PROMs measures have been published formally disaggregated by equality characteristics.

33. DH has commissioned analysis from the London School of Hygiene and Tropical Medicine to explore the equalities impacts of PROMs. This work will report during 2011/12. Specifically, the analysis will look at:

    - Whether there is a systematic bias in the reporting of outcomes (PROMs) data by different population sub-groups including disabled patient groups, patients who require assistance to complete the PROMs questionnaires, or patients who complete minority language versions of the PROMs questionnaires. Consideration will be given to the characteristics of the responding patient population as well as the reference population characteristics;

    - Whether there is a systematic bias in the reported outcomes (PROMs) by different patient sub-groups (as for the preceding bullet); and

    - Whether there is a systematic bias in the baseline PROMs scores by different patient sub-groups (as for preceding bullets).

Stakeholder Involvement

34. We are engaging stakeholders earlier in policy development and as a result, there are greater opportunities for their views to form part of, or test policy analysis. DH policy development is now routinely influenced by stakeholders, particularly the DH Strategic Partners, who are the key stakeholders with an interest in equality

35. There has been a concerted effort to engage with characteristic specific activity that has led to more direct involvement and engagement of both national and local equality stakeholders, with DH Strategic Partners leading and facilitating local engagement.

36. Between October 2010 and January 2011, The Race Equality Foundation undertook a series of Informed Conversations on NHS and Social Care reform. These took place in Liverpool, Exeter, Leeds, Sunderland, Leicester, Croydon and Birmingham. At each seminar participants heard about the broader changes to health and adult social care with DH also presenting on a key policy within the changing system including the new Mental Health Strategy; the public health white paper; the information revolution; and adult social care.

37. DH has also supported the development of strategic capacity in equality organisations by awarding a development grant to the National LGBT Partnership, a group of 12 LGBT health and social care providers. The grant enabled the lead partners to establish a national stakeholder group which currently totals almost 170 organisations as well as additional individual members. The Partnership has so far provided advice and information to a range of DH consultations and engagement events, including development of the mental health and suicide prevention strategies and work on the NHS Equality Delivery System.

38. Early engagement on the Suicide Strategy was a direct result of the development of an equality analysis to inform the direction of, and to act as an integral part of the Strategy. A range of stakeholders with an interest in equality contributed to the Strategy direction. These included:

    - Afiya Trust; British Society for Mental Health and Deafness (BSMHD); Children, Young People and Maternity; Department for Education; Gender Identity Research & Education Society (GIRES); Health Inequalities and Local Improvement; Irish Traveller Movement; Local Government Association (LGA); Local Government Improvement & Development (LGID); MindOut; National Mental Health Development Unit (NMHDU); National Offender Management Service (NOMS) Equalities Group; National Suicide Prevention Advisory Board; NHS Spiritual Care; PACE; St Mungos; Stonewall; Southall Black Sisters; The Lesbian and Gay Foundation, Manchester; with DH Mental Health Division; DH Equality and Inclusion Team

ANNEX C

3rd Quarter report

This Report

1. This report is the third of the quarterly written reports submitted to the EHRC. The EHRC and DH have maintained a constructive dialogue throughout the reporting period and the EHRC has provided useful feedback on the previous reports. In response to this, the Department has decided to focus the third report on five priority areas:

    - Reporting on the Health and Social Care Bill/NHS Reform,
    - Data and establishing baselines,
    - Evidence of impact and outcomes in the wider health and social care sector,
    - Evidence of embedding improved performance on equality, and
    - Reporting on specific policy areas (Mental Heath and Public Health/Health Inequalities).

Health and Social Care Bill/NHS Reform

Overview of key developments on the Bill

2. The Bill was introduced in the House of Commons on 19 January 2011. Equality impact assessments for the measures in the Bill were published on the same day.

3. While there has been wide support for the principles of our proposals, there have been concerns about the details: both about specific policies and about our plan for implementing the changes. That is why, after the Bill finished its Committee stage in the House of Commons, we announced a listening exercise: to pause, listen, reflect on and improve our proposals.

4. The listening exercise was led by the NHS Future Forum, a group of 45 leading professionals from across health and social care, chaired by Professor Steve Field.

5. The Forum's report was published on 13 June, and we announced our initial response on 14 June. A more detailed Government response was published on 20 June.

6. Some provisions in the Bill have now been recommitted to Commons Committee (expected to run to 14 July). The Department of Health plans to publish updated impact assessments and equality analyses when the Bill reaches the House of Lords.

How equality was considered during the Listening Exercise

7. Ensuring that equality was properly considered was a priority for the Listening Exercise. The NHS Future Forum membership included equality representatives such as Ratna Dutt of the Race Equality Foundation and Sally Brearly. The Listening Exercise also incldued five specific equality events:

- 5th May: NHS Equality and Diversity Council – NHS Equality Leaders
- 24th May: Race Equality Foundation Equality Event (Liverpool) – Patients, Service Users.
- 25th May: BME Event organised by the Afiya Trust.
- 26th May: Race Equality Foundation Equality Event (Croydon) - Patients, Service Users.
- 27th May: Equality Listening Event – DH Equality Stakeholders.

8. The key themes at these events tended to mirror those raised in the original assessment of equality for the White Paper. For example, the equality agenda should not be forgotten during the NHS reforms and that the reforms could represent an opportunity to further equality. The reforms could allow for the increased involvement in delivery of services by community groups and that greater diversity of providers could better meet the needs of diverse communities. The events also raised specific issues relating to the protected characteristics, and related issues such as the potential benefits of specialist commissioning of gender identity services for Trans patients.

How equality analysis influenced design of policies reflected in the Bill

9. A theme in the White Paper Equity and Excellence: Liberating the NHS was the need to develop a system that puts patients first. This was reflected in a number of measures in the Bill as originally introduced. It is also reflected in steps we propose to take in the light of the Future Forum's recommendations. In particular, to strengthen public accountability and patient involvement, we plan to:

    - strengthen the accountability of new organisations, including clinical commissioning groups;
    - ensure more joined-up local services by strengthening requirements for close working between health and wellbeing boards and clinical commissioning groups;
    - strengthen the duties of organisations across the system with regard to patient, carer and public involvement;
    - strengthen the definition of involvement to reflect better the principle of "no decision about me without me"; and
    - ensure that commissioning groups receive a quality premium only when they can demonstrate good performance in terms of quality of patient care and reduced inequalities in healthcare outcomes.

10. Further details are set out in chapter 4 of the Government response to the Future Forum report.

Transition Programme Update

11. **Initialisation:** Each Transition work area has begun the process of equality assurance, under which it is carrying out an evidence-based assessment of relevant equality issues, showing how it has paid due regard to addressing these issues in policy development, and producing a publishable equality analysis.

12. As reported previously, the Transition programme has set up a dedicated equalities assurance workstream to manage the above process. This has now identified baselines and is working across individual Transition workstreams. A series of workshops have been run with individual workstreams to inform them about their equality assurance responsibilities under the new legislation and to support them to identify the relevant equality issues and how to undertake work to take due regard of these.

13. **Timetable:** Each Transition work area has its own timetable, which governs the delivery of its final equality assurance outputs. However, all work areas have been asked to produce a draft equality analysis by September.

14. **Governance:** The Transition equalities assurance workstream is overseen by the Equality and Human Rights Assurance Group (EHRAG), which reports to the DH Executive Board. Its work is aligned with that of the Equality Diversity Council (EDC), which oversees NHS equality assurance via the Equality Delivery System (EDS).

How arrangements will be adapted to provide ongoing assurance

15. **Scope** The scope of Transition equality assurance covers work within DH to build the new architecture of health and social care. It will continue until the establishment of the new organisations.

16. **During Transition**, the equality assurance process will ensure that all policy development relating to setting up the new organisation is carried out in an equalities-compliant way i.e. with regard to appointments and other processes.

17. **Going forward,** work is underway to ensure that the new organisations are equipped with capability for ongoing equality assurance via governance and reporting structures that are capable of supporting future equalities monitoring, both externally in terms of service delivery and internally, within the new organisation.

Data and establishing baselines

18. The EHRC NHS Policy Paper (July 2011) includes a recommendation to strengthen the national evidence base across the protected characteristics. As mentioned in the last report, Annex A of *The NHS Outcomes Framework 2011/12* includes the breakdown of the indicators that can be disaggregated by equality characteristics is included in. The breakdown shows that data collection for some characteristics is more complete than for others. The next report will provide an update on discussions with the NHS Information Centre for Health and Social Care to investigate the feasibility of providing disaggregated data across the equality characteristics.

Patient Reported Outcome Measures

19. A formal change control request was submitted to the NHS Information Centre (NHS IC) in June. The change control request was for a scoping exercise to be carried out to establish the feasibility and cost of modifying the routine publication of PROMs data by the NHS IC to include disaggregations by age, sex, ethnicity and disability. Key metrics to be disaggregated are the pre-operative health status, post-operative health status and changes in health status. Metrics would be presented at the national level.

20. The NHS Information Centre have responded with a proposal to present the first disaggregation in November as the first "topic of interest" report following a revamp of the data presentation. This would create a baseline to be followed by quarterly breakdowns of the data on an ongoing basis. DH has now agreed costings with the NHS IC.

21. As discussed in the previous report, analysis has been commissioned by the Department of Health from the London School of Hygiene and Tropical Medicine (LSHTP) to explore the equalities impacts of PROMs. This work will report during 2011/12. Specifically, the analysis will look at:
    - whether there is a systematic bias in the reporting of outcomes (PROMs) data by different population sub-groups including patient groups with disabilities, who require assistance to complete the PROMs questionnaires, or who complete minority language versions of the PROMs questionnaires. Consideration will be given to the characteristics of the responding patient population as well as the reference population characteristics,
    - whether there is a systematic bias in the reported outcomes (PROMs) by different patient sub-groups
    - whether there is a systematic bias in the baseline PROMs scores by different patient sub-groups (as for preceding bullets).

22. Further discussions have taken place since the last report with the LSHTM who have indicated that the first reports will be available later in July.

Information Availability / Governance

23. The EHRC agreement sets out a requirement for DH to seek to make information and data relating to protected groups increasingly available in a format that supports NHS staff, other organisations and the public in making decisions and understanding performance.

24. The EDC has developed work that responds and delivers easier ways in which people can navigate and use existing data and information on equality, increasing the availability of information and data about protected groups. It has also sought to deliver a system of governance that will act as a prompt for organisations to be improving their own data collections.

The Equality Delivery System (Roll Out July 2011, Launch Oct 2011)

25. The Equality Delivery System has been developed through substantial consultation to act as the means through which the NHS Commissioning Board assesses equality performance within the NHS. It builds on the diagnostic work provided by heat maps that allowed the understanding of issues of concern.

26. The EDS provides a common way through which organisations, staff and the public can collaboratively scrutinise performance and place pressure within the service to improve the data, information and evidence on which decisions can be made. The EDS team are currently working with CQC to produce a shared note of how the EDS will be used as part of CQC inspections and authorisation process.

EDC Hub (Beta Site Live July 2011, Externally Live October 2011)

27. The EDC Hub provides a single point access to users for news, information and sharing for the E+D community. It links to other web based resources and include zones for information and best practice, learning, performance, news and sharing. The beta version of the site will be shared with the EDC during July with a publicly available version being online for October 2011. It is intended that the site is then developed to be part of NHS Commissioning Board communications. This EDC Hub will safeguard the best practice and high quality work that has been produced by organisation that will cease during transition and is being led by NHS East Midlands.

The Information Portal (Revision Oct 2011)

28. The Information Portal has been developed to provide a web-based tool that will support users, particularly commissioners, by signposting data sources for equality. The first version of this was developed by the NHS Information Centre for January 2010, the delivery of a refined version has been agreed with the NHS Information Centre and is due to deliver in October 2011.

NHS Choices Life Check Tool (Launched July 2011, Revision TBC)

29. The NHS Choices Life Check Tool will support navigation of NHS Choices by the general public. It will ask users on entering the site to provide personal information, including on things such as age, gender, disabilities, etc. which will then be utilised to guide the user towards information of particular relevance to them. The first version of Life Check is now live including questions about gender and age. We are working with NHS Choices to develop this further for other protected characterististics.

Information Development (Scoping Stage)

30. Tim Straughan, Chief Executive, NHS Information Centre has recently become a member of the EDC. He has committed to review the work of the NHS IC looking to see how Equality data can be improved and also champion improvements more widely as part of the council. Scoping work is being developed to improve the availability of differentiated data and support new organisations developed as part of the Health Bill.

Information Utilisation

31. The EHRC agreement sets out a requirement for DH to seek to improve the way in which data, evidence and insight about protected groups is used within the NHS to support decision making.

32. The EDC has commissioned a number of projects that will focus on making information and data better utilised as part of planning, delivery and making decisions.

33. The EDS provides organisations with a means through which they can stress test their performance and set improvement objectives based upon this. It provides a framework of evidence based outcomes that align closely with the NHS Outcomes Framework, the NHS Constitution's rights and pledges, the QIPP challenge, CQC's Essential Standards and the Equality Act 2010. EDS provides the basis for transparency, evidence and local engagement to be central to NHS delivery in a way that is consistent to the Equality Act.

34. EDS will publish user guidance and good practice in July 2011 and formally launch in October 2011 with local baseline performance published in April 2012. The future NHS will utilise the EDS and the evidence base it is built upon as the way in which is provides consistent national leadership around equality.

Managing Transition – Preparing for New Duties

35. The EHRC agreement sets out a requirement of DH to focus on supporting the NHS and public, particularly during transition, to

understand the new equality duties and how these apply to health and their daily work.

36. The EDC has commissioned a number of projects that will support the NHS in preparing within the new architecture for the equality duties. These include the above projects but in addition the following work has been commissioned to act as sources of guidance and support for NHS staff and the public.

37. The Equality Delivery System is planned to become part of the new NHS architecture, ensuring that equality is a core part of the way in which the NHS Commissioning Board assesses performance. The EDS has been designed to align with the Equality Act duties such that by delivering on the Equality Delivery System's outcome and objectives organisations will be able to demonstrate improvements that support compliance and drive equality performance to go beyond the duties.

e-Learning Package for Public Sector Duties (Published July 2011)

38. NHS Skills for Health have produced e-learning for NHS Staff based on the new duties published in June 2011.. A follow up piece of work that will focus on developing this material for particular staff groups and providing support for the age equality duty is likely to be commissioned to deliver in April 2012.

DH performance on equality

39. The DH Gateway will continue to incorporate equality as a core requirement, where due regard to the equality duty must be evidenced via equality analysis or other structured approach and policies. Our approach is in line with the general duty and the draft specific duties regulations that have been laid before Parliament, and is guided by the Brown Principles and recent case law. This approach ensures that equality is fully embedded with all key policies, strategies and frameworks and is an integral part of NHS modernisation.

Training and Development

40. The Department continues to provide 'Embedding Equality' training as part of the main DH policy skills training offer for 2011/12. However, following the changes to the public sector Equality Duty we are adopting a lighter touch and more outcome focused approach. The priority has been to work with key teams leading on the transition programme, as reported earlier in this report. We also ran a dedicated training session on the Equality Act 2010 and the Equality Duty for our network of equality champions, using a 'training the trainer' format that enabled them to run awareness raising sessions with their own teams.

41. To complement this, the current intranet equality resources have been updated as follows:

- new Guide for managers on the Equality Duty
- new Guidance on Equality Analysis
- updated guidance on Equality and Efficiency
- updated information in the Health Equality Resource Base (HERB).

42. As set out in the Transition Programme update earlier in this report, workshops are also being run with individual transition workstreams on equality assurance and paying due regard to the equality duty.

Implementing the mental health strategy

43. The mental health strategy covers all ages and takes a life-course approach. It covers public health, the NHS, social care and other sectors. And so it is right that we also take a broader view and approach to the issues and solutions to tackle equality, particularly race equality. This broader approach needs to go beyond the delivery of mental health services themselves (although we recognise the need to continue to ensure that mental health services are equitable). We recognise that some fundamental inequalities arise from, and are interconnected with, the complex issues of poverty, societal inequality and racism. Tackling these complex issues requires sophisticated and strategic responses across Government and by communities.

44. We have established a Ministerial working group on equality in mental health, chaired by Health Minister Paul Burstow, which first met on 14th June 2011. The group includes input from representative bodies covering the range of Equality Act protected characteristics, and the EHRC.

45. An equality workstream programme is being developed with the Minister's and working group's leadership and support. The programme's high level objectives are:
    - Ensure leadership on mental health equality – particularly through the Ministerial Advisory Group on Equality and the NHS Commissioning Board.

    - Ensure that information systems and research programme are set up to identify and track progress in reducing inequality.

    - Promote early intervention so that there is less reliance on the use of the Mental Health Act.

    - Mental health strategy policy development identifies and addresses the needs of equality groups and monitors the effectiveness of approaches in tackling inequality.

46. Equality working group members are encouraged to lead and collaborate on research and programmes which will deliver improvements in mental health equality.

47. DH is in discussion with the NHS Confederation to produce advice for commissioners and providers on delivering race equality in mental health services. autumn 2011.

48. The Afiya Trust and Centre for Social Justice leading research work looking at the support provided for children from BME communities and the links between poverty, family breakdown and mental health, respectively.

Public Health Policy/Policy on Heath Inequalities

Context

49. It may be worthwhile setting out the broad context of health inequalities policy, and its interrelationship with our work on equality.

50. The reduction of health inequalities is a core objective for the Department of Health, and so the pursuit of greater equalities - in the broadest sense - is already at the heart of our work. However, there is an important difference between the way we use the terms “equality” and “inequalities”.

51. Equality concerns equal respect, dignity and “treatment” of every individual, and reflected in the six protected equality characteristics in the Equality Act 2010: age, disability, gender, sexual orientation, race and religion.

52. Inequalities have a social meaning and are population-based. As the Marmot review says, health inequalities result from social inequalities, and require action across all the social determinants of health. They are not limited to those with the equality characteristics in the Equality Act but emphasise, for example, socio-economic disadvantage and/or area as a major driver in relation to inequalities of access to, and outcomes of, health, wellbeing and other services. As equitable access to health must be assessed in relation to need, equal access to health care for all groups is not the prime objective here.

53. Some questions arising below from the priorities for the Third Report appear to suggest that we deliver outward-facing policy. However, this is generally not the case as our work programme is concerned more with influencing, recognising localities as the chief agency for reducing health inequalities, and further developing a “social determinants of health” approach in policy development across Government and beyond, drawing on the analysis set out in the Marmot Review of Inequalities.

54. The previous administration’s system of national Public Service Agreement targets (including a target to reduce inequalities in health outcomes, as measured by life expectancy at birth and infant mortality), has been abolished. Action is shifting to the local level, to GPs and to

patients themselves - in a patient-centred system, focused on outcomes.

55. The Government's commitment to reducing health inequalities is underpinned by the Health and Social Care Bill that proposes, for the first time ever, a duty on the Secretary of State for Health to have regard to inequalities relating to the health service, including both NHS and public health; and for the NHS Commissioning Board and Clinical Commissioning Groups to have regard to inequalities in access to, and outcomes of, healthcare. These proposed duties are subject to Parliamentary approval.

Specific priority areas

How the equality analysis is integrated into policy development/review

56. We consistently use evidence to inform our knowledge base about health inequalities and the social determinants of health and to ensure that it is reflected in policy development. We have taken steps to better integrate the work of our Equality and Inclusion Team and Health Inequalities Unit, which work together to influence colleagues across the Department of Health and more widely across Government to mainstream action on both issues across a wide range of policy areas.

How the appropriate people (including senior decision makers) are involved in the assessment

57. This is accomplished through:
    - Close engagement of senior officials (for example, our Director who reports to the Director General on progress)
    - The use of vehicles such as DH Executive Board 'Hot Topics' bulletin, to keep the DH Permanent Secretary and Board members informed
    - Regular submissions to Ministers
    - Working with ministers and senior officials of other government departments through relevant boards and working groups, engaging with officials' groups supporting other ministerial-led committees
    - Engagement with key partners who feed into policy development, e.g. analysts, outside academic expertise, local authorities, the Third Sector etc.

Details of stakeholder involvement and consultation

58. Stakeholder organisations, both domestic and international, that we work with include:
    - The National Stakeholder Forum - senior leaders and experts from the healthcare, social care and public health systems (including our Strategic Partners). Led by the Secretary of State for Health and supported by the Ministerial team and the Department's senior

leadership, the Forum provides feedback and early advice on emerging policy in health and care outcomes for England.

- The Cabinet Public Health Sub-Committee and other ministerial committees (e.g. social justice committee) and groups (e.g. social moblity group) to align responses on health inequalities and the social determinants of health .
- The recently created Future Forum, which has strongly endorsed the social determinants of health approach as the lynch pin for development policy for the NHS and public health.
- WHO; WHO Europe; WHO European Office for Investment for Health and Development, the European Commission; the European Parliament's Committee on Environment, Public Health and Food Safety (ENVI).
- In addition, the policy teams with whom we work closely have a range of mechanisms designed specifically to involve stakeholders in their work on their particular policy areas.

Details of how data and evidence have been used

- The Marmot Health Inequalities Review was commissioned by – and reported to - DH. The data and evidence from the review were warmly received and have been widely accepted, and are now influential in encouraging a social determinants approach in the NHS and across Government.
- Data and evidence – including from (but not only from) the Marmot review – have supported other independent reviews on child poverty (led by Frank Field) and social mobility (by Graham Allen).
- The evidence on the social determinants of health and health inequalities has influenced cross government reports and emerging strategies on early years and early intervention, child poverty, education, employment and work issues, rural and community issues. It has also influenced the NHS White Paper and shaped the *Healthy Lives, Healthy People* White Paper which accepted the Marmot recommendations as its premise and which is built around a social determinants approach to the life course.

Details of how policy design has changed as a result

59. Following the Marmot review on health inequalities, we have worked to embed the review's life course approach in both our own, and in others', work. For example, in the Public Health White Paper; through the Inclusion Health programme, which will focus on improving access and outcomes for vulnerable groups; with the Department for Communities and Local Government to strengthen the health inequalities focus of their work; and developing areas of read across to Mental Health and Long Term Conditions policy.

Details of how the implementation planning has changed as a result

60. Our work programme recognises that localities are the chief deliverers of reductions in health inequalities, and as such is increasingly concerned with influencing rather than pure implementation. Nonetheless we have successfully contributed to ensuring that the new system will be responsive in terms of its responsibilities on equalities and Health Inequalities, for example by designing the new Outcomes Frameworks to indicators that will be disaggregable by equality characteristics and deprivation. Furthermore we are encouraging local deliverers to be robust in terms of Equality Impact Assessments to ensure that inequalities are tackled and resources targeted efficiently.

Details of how the quality assurance system has operated

61. As explained above, the role of the team in quality assuring external policy implementation is limited. However, we have played an active role in quality assuring development of policy by Department of Health and other Government Department colleagues in terms of testing for robustness of equality considerations, providing a challenging function and working with colleagues to ensure that equalities and inequalities are mainstreamed within their strategies (an example here would be our close work with colleagues in the Public Health Development Unit on their recent post-consultation Public Health Document). In addition we are working with other Government departments to set up an officials' group which will shadow the Ministerial Public Health Sub-Committee, part of whose remit will be to monitor cross-Government progress in these respects.

Details of review planning

62. We will continue to work closely with analytical colleagues to ensure that we receive quality - and proportionate - information about differential health outcomes, not least in respect of the new health inequalities duties on the Secretary of State for Health, the NHS Commissioning Board and Clinical Commissioning Groups proposed in the Health and Social Care Bill.

Action plans of the assessment

63. As mentioned above, our current work plan includes a proposal to establish a High Level Officials Board to shadow the Public Health Sub-Committee, which is chaired by the Secretary of State for Health. The Board would help to secure senior buy-in to the health inequalities agenda, and drive the mainstreaming of the "social determinants of health" approach (based on the analysis set out in the Marmot Review of Inequalities) across Government.

[i] Individual consultations: 'Transparency in Outcomes – a framework for the NHS'; 'Local democratic legitimacy in health'; 'Commissioning for patients'; and 'Regulating healthcare providers'. http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/index.htm

[ii] http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH_122624

[iii] '*Liberating the NHS: Greater choice and control: A consultation on proposals*', see http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_119651

[iv] '*An information revolution: A consultation on proposals*', see http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_120080