



Equality Objectives Action Plan

September 2012- December 2013

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*Better Health,
Better Care and
Better Value for All*

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Overview

The principles of equality, diversity and human rights remain fundamental to the Department's vision and values. We can only achieve our aims for a personal, patient centred health and social care system if we build an explicit commitment to equality and human rights into everything we do. In addition, the Health and Social Care Act has introduced the first ever statutory duties relating to addressing inequalities in health, and DH has a key role to play in supporting the Secretary of State in his new responsibility to have regard to the need reduce health inequalities relating to the health service for the people of England. These important, related responsibilities will apply, particularly in relation to the following DH roles:

As a Department of State and the system leader of the reformed health and social care system: the new direction for health and social care set requires some fundamental changes to functions right across the health and care system, the Department and its arm's length bodies. Equality remains an integral and vital part of this transition.

As a policy maker: the Department is committed to ensuring that equality and human rights is at the heart of policy, based on the best available evidence and understanding of the people we serve.

As an employer: the Department has an ongoing commitment to promoting and achieving equality and diversity in the workplace. We aim to attract, retain and develop people who are the best in their field, with the right skills and competencies from a diverse range of backgrounds.

The new DH structure places people at the centre of what the Department's work and covers five life-stages spanning the work of five Directorates. Our Equality Objectives reflect this approach, support the DH values and confirm our commitments on age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion, sex and sexual orientation.

These objectives will contribute to the six priorities of the DH Business Plan 2012-13, and have been developed in line with the NHS' Equality Delivery System (EDS) goals of:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

The Department's Strategy on Equality

As a leader of the reformed health and social care system the Department is working to ensure that its work on equality is embedded into its day-to-day activity. These equality objectives contribute to the six priorities of the DH Business Plan; accountability for the delivery of each

one of the objectives lies with the Director General-level Equality and Human Rights Assurance Group. Each of the five Director Generals of the Department of Health has chosen to lead the delivery of a number of the Equality Objectives and the actions set out below. It is critical to our success that work to advance equality and eliminate discrimination is central to our work to ensure equitable policy-making and improved health outcomes. Equality and diversity must not be seen as an “add-on”, but is integral to our day-to-day leadership of the health and social care system.

Better Health

Equality Objective: To reduce health inequalities and advance equality in the early years of life as part of our drive to improve outcomes in infant, maternal and child health.

Actions

Low Birth Weight (LBW – births less than 2,500 grams)

a. Support work to reduce the gap in low birth weight babies at term (37 weeks+), and the gap in all LBW babies between the most advantaged socioeconomic groups and least advantaged socioeconomic groups.

Infant Mortality (deaths of live infants to 1 year)

b. Improve the life chances, health and well-being of the health and well-being of both mothers and babies by reducing the gap in infant mortality.

Under-18 conceptions

c. Support cross-government work (with the Department for Education) to reduce the rate of under-18 conceptions.

This leads to short-term and long-term health benefits, including reducing the incidence of postnatal depression and poor mental health, and the rates of infant mortality, low birth weight and A&E accident admissions. These children have a much higher risk of being both into poverty than their peers.

d. Programme Objectives/Delivery

The actions are supported by programmes designed to improve the health of infants and young children, with a particular focus on disadvantage, including the application of “proportionate universalism” in the Marmot review (i.e. that action must be on a scale and intensity that is proportionate to the level of disadvantage). For example:

- Doubling the Family Nurse Partnership programme – which provides support for first-time young mothers, normally under age 20;
- Expanding the universal health visitor service by an additional 4,200 health visitors by 2015. This should enable local early years services to address need and areas of disadvantage more effectively, taking account of health inequalities and equalities considerations. This approach will be assisted by a greater focus on disadvantage in the Sure Start Children’s Centres (DfE lead).

Success Measures

These objectives reflect the indicators in the Public Health Outcomes Framework (PHOF), including early years indicators with health inequalities and equalities dimensions:

- a. Reducing the gap in low birth weight babies at term (37 weeks+) and the gap in all LBW babies between the most advantaged socioeconomic groups and least advantaged socioeconomic groups

Addresses issues around premature mortality, avoidable ill-health and inequalities in health, particularly in relation to child poverty. The unpublished data reflects age, ethnicity, gender, socio-economic and area difference

[DH Business Plan 2011-15](#)

[Public Health Outcomes Framework 2013-16](#)

[Office for National Statistics](#)

[Opening Doors, Breaking Barriers: A Strategy for Social Mobility](#)

- b. Reducing the gap in infant mortality

Gap can be set in line with the available data i.e. by ethnicity, age, gender, socioeconomic or area differences

[Public Health Outcomes Framework 2013-16](#)

[NHS Outcomes Framework 2012-13](#)

- c. Reducing the rate of under-18 conceptions

Conception data is collected by age, gender and area

[Public Health Outcomes Framework 2013-16](#)

- d. Programme objectives/delivery

Related programmes across the social determinants of health will contribute to this objective's delivery. For example, the child poverty strategy (also included in the PHOF) and housing and early year's education (eg the recent provision of early year's education for the most disadvantaged two year old children), as well as DH programmes on breastfeeding and smoking in pregnancy.

Led by Director General Social Care, Local Government and Care Partnerships

Equality Objective: To ensure the Public Health Outcomes Framework published in January 2012 provides the transparent means that local communities, commissioners and Government can use to understand how well public health outcomes are achieved for all people by their equality characteristics, and how health inequalities have been reduced.

Actions:

- e. Lead the development of the Public Health Outcomes Framework (PHOF), including publishing baselines for public health indicators (December 2012).

f. Public Health England (PHE) will deliver a range of evidence and intelligence products and services that focus on the health needs and outcomes of diversity groups.

This will be public information made up largely of previously published material, but collated and analysed to fully understand health impacts. It will be for local councils to demonstrate

what and how commissioning decisions have been made in order to drive the improvements in outcomes.

Success Measures:

The Public Health outcomes Framework is not a performance management framework with a target driven regime. Instead, it reflects a comprehensive range of those evidence based actions that can be taken to improve public health for all. 66 Indicators in the Framework provide the measures that will provide an overview of how likely we are to increase healthy life expectancy and reduce health inequalities.

e) Modelling options for presenting equalities dis-aggregations and seek input and collaboration with experts on the selection of best options (December 2012).

f) Products and services will include publication of national and local progress against the indicators in the Public Health Outcomes Framework including dis-aggregation by protected characteristics, where possible, and by promoting data quality improvement. Public health data and information will be available to any organisations or individuals who may wish to hold local authorities (at upper tier levels) to account. Baseline data for public health indicators will be published in a series of tranches between Autumn 2012 and Spring 2013. Following this, we expect annual publication of performance data at national and local level during the Autumn of each year, enabling local authorities, the NHS and wider public services to base their business plans on the most up-to-date information.

Led by Director General Public Health

Better Care

Equality Objective: To place equality at the heart of work to improve quality in health and social care with a focus on improving health outcomes

DH will set out its governance arrangements to ensure that equality is embedded into the new system by December 2012. In addition DH will:

Ensure that mental health strategy and policy development identifies and addresses the needs of equality groups, focusing on people with protected characteristics where the evidence shows greatest need.

Actions:

Equitable access to Independent Mental Health Advocacy (IMHA) provision

a. Work with partners to develop indicators for commissioners on improving IMHA provision to people in protected characteristic groups.

Improvements in Access to Psychological Therapy (IAPT) services

b. Introduce routine data collection and monitoring across the range of protected characteristic groups for IAPT services. [This will enable commissioners and providers to meet Equality Act duties.]

c. Support the British Psychological Society (BPS) to establish a work programme to enable equitable access for older people to IAPT services.

[Note - responsibility for actions b. and c. will transfer to the NHS Commissioning Board and may then be subject to change]

Equitable access to adult mental health and CAMHS services

d. Develop the Mental Health Minimum Dataset (MHMDS) to collect information on all protected characteristic groups.

e. Develop the CAMHS dataset to include equality data.

Success Measures:

a. Development of indicators 2013.

b. Routine data is currently available for gender and age in IAPT services.

- Reports on race, religion, sexual orientation and disability to be available from November 2011 (service use April – September 2012) this will be analysed for data quality/completeness.

- March 2013 qualitative analysis will be available.
 - Aspirations beyond 2013 are to include data collection on transgender, pregnancy/maternity and marriage/civil partnership.
- c. As part of work programme:
- September 2012: Publish a “working with older people” module for existing IAPT services. Specialist older people module for supervision training.
 - March 2013: Quality standards and commissioning guidance for commissioning services for older people. Revised outcome measures for older people.
- d. Subject to consultation and ISB Board approval, the Mental Health Minimum dataset will collect information on all Equality Act protected characteristic groups.
- ISB Board considers March 2013
 - If approved, collection notice issued April 2013
 - If approved, collection starts October 2013
- e. CAMHS data collection starts April 2013. Reports available October 2013.

Provide greater choice and control for people with learning disabilities and people with autism and their families and carers, as part of our drive to improve outcomes for people with learning disabilities and autism.

Actions

h. DH will work with key national partners to agree the actions that need to be taken to deliver the right models of care for people with learning disabilities and autism. This will include working with partners to agree what information and data needs to be collected to measure progress.

Success Measures

h. The NHS Outcomes Framework will include an indicator to capture excess mortality in people with learning disabilities.

Subject to consultation and Information Services Board approval, the Mental Health Minimum Dataset will collect information on people with learning disabilities.

ASCOF and PHOF provides two indicators focusing on the proportion of adults with learning disabilities who live in their home and the proportion who are paid employment.

[Public Health Outcomes Framework 2013-16](#)
[Adult Social Care Outcomes Framework 2012-13](#)

Work with stakeholders to promote good practice in dignity in care for all people, particularly older through people through the health and social care system

Actions

DH will work with stakeholders to promote good practice in dignity in care for all people, including:

- i. Establishing and supporting an independent Nursing & Care Quality Forum (N&CQF)
- j. Supporting health and well-being boards to better understand, identify and consider the issue of loneliness in older age within their Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).
- k. Establish dignity as a key priority for the NHS.
- l. Obtain a year on year national view of Local Authority performance on the Adult Social Care Outcomes Framework in respect of people having a positive experience of care and support, to inform future policy development and implementation.

Success Measures

- i. The N&CQF will be supported by DH in a work programme to carry out their aim to improve the quality of nursing care across all care settings
- j. DH will publish a reducing loneliness and isolation toolkit for health and wellbeing boards as part of the Campaign to End Loneliness (By end 2013).
- k. The NHS Operating Framework for 2012-13 establishes the issue of high quality, dignified and compassionate care as one of four key priorities for the NHS.
Data for all the indicators in the NHS Outcomes Framework will be published on the NHS Information Centre's indicator portal.
[NHS Information Centre Indicator Portal](#)
- l. Social Care service users should experience effective, safe and appropriate care, treatment and support that meets their physical, mental and nutritional needs and protects their rights. Indicators in the ASCOF will allow assessment of whether people who receive social care support experience effective, safe and appropriate care.
[Adult Social Care Outcomes Framework 2012-13](#)

Led by Director General Social Care, Local Government and Care Partnerships

Better Value

Equality Objective: To ensure, as a system leader allocating and distributing funding, that the drive to increase value, efficiency and productivity across the health and care system considers the needs of all people with protected characteristics.

Actions

a. Public Health

The Advisory Committee for Resource Allocation (ACRA) is developing a formula for the preferred relative distribution of public health resources between local authorities that takes account, for the first time, of within area health inequalities. ACRA's final recommendations will build on a major engagement process that tested views of interim proposals. While the interim proposals did not explicitly take account of differences in the relative populations of people with protected characteristics, they would be captured implicitly where they tend to have poorer health status this may be reflected in the health outcome indicator used. ACRA also believes that in the medium-term the preferred relative distribution of public health resources should be driven more explicitly by the underlying drivers of need rather than a health outcome measure. Subject to the available evidence, this could include direct reference to the needs of populations with protected characteristics.

There will be:

- A formula in the short term that aims to identify the need for public health resources.
- A consideration by ACRA of further developments in the medium term

b. Social care

ASCOF will be used to monitor outcomes by protected characteristics where data is available. Equalities issues will be considered in the development and implementation of new policies, drawing on the available evidence including ASCOF, and evidenced through Equality Analyses where appropriate (Ongoing through to 2013/2014).

Equalities issues will be considered in the development of a new funding formulae for adult social care.

c. NHS

CCG allocations are a matter for the NHS Commissioning Board. The draft mandate published on 4 July 2012 sets out the Board's statutory duty to have regard to the need to reduce health inequalities and advance equality and how this should be reflected in all the Board's duties, including its approach to allocating resources to CCGs.

The Government expects the principle of ensuring equal access for equal need to be at the heart of the Board's approach to allocating budgets.

Success Measures

a. The public health formula for 2013-14 will be finalised by December 2012. This will draw on available evidence for differences in need for public health services. The final allocation of resources to local authorities will be supported by an Equality Analysis.

b. Equalities will be taken into account in the continuing development of the public health funding formula.

c. Equalities issues considered as new policies developed (ongoing as part of demonstration of due regard to Public Sector Equality Duty) across the system (Ongoing).

Led by Director General NHS Strategy and Finance

Equality Objective: To establish and support Public Health England to be a respected professionally-led expert body, providing:

- **information on the best evidenced and best value for money public health interventions;**
- **and leading the way on expanding the evidence and research-base that will support achieving equitable outcomes in health**

Actions

a. Public Health England's work will be led by health intelligence. The application of knowledge and research will be a critical tool in transforming the approach to improving health and reducing inequalities across the entire health, social care and public health system.

b. Public Health England will work closely with its partners, data producers and suppliers to ensure that the voice of protected populations are listened to, inform its work and develops a national view of priorities.

c. Public Health England will ensure that its advice (including to local authorities, clinical commissioning groups and the NHS Commissioning Board) includes dimensions of equity and equality.

Success Measures

a. Public Health England will deliver a new internationally recognised evidence and intelligence service. Measures of performance will be published across the transition period to ensure a safe transition, and on establishment to monitor improvements.

b. Public Health England will ensure that information gaps on the health needs and outcomes of diversity groups are addressed - through improved data collection and data linkage to maximise the utility of existing collections.

c. Public Health England tools and resources will also help commissioners best target interventions, understand and forecast the health status of their populations across protected characteristics, and achieve value for money.

Led by Director General Public Health

Successful Change

Equality objective: To assess the equality data that should be collected and maintained at a national level to inform the Department's priorities, including initial dis-aggregation of such data where appropriate and to provide leadership on using relevant data in decision-making.

Actions

- a. Develop an approach to the availability of equality data to inform DH decision making in its role as the new health and social care system leader. This approach will explain how equality is embedded into the delivery of the Health and Social Care Information Strategy. In particular, linking in to the Strategy's work to set data commissioning priorities.
- b. Produce 'Project Scoping Plan' which outlines our approach.

Success Measures

- a. Confirmation of
 - how equality data should be collected and maintained at a national level to inform the Department's priorities, including initial dis-aggregation of such data where appropriate and to provide leadership on using relevant data in decision-making;
 - how equality data will be collected and maintained in the new health and social care system's organisations.

With a comprehensive mapping of:

- the equality data currently available across the three Outcomes Frameworks;
 - the availability of NHS, ONS, Information Centre and other data (quantitative and qualitative) by all protected characteristics.
- b. Development of a clear plan of action to fill the gaps in data across health and social care.

Led by Director General NHS Strategy and Finance

Equality Objective: To quality assure the overall development of the health and social care system so that equality and diversity is prioritised in the design of the new system. Ensure advancing equality and reducing health inequalities is embedded into the structures and delivery frameworks governing key relationships between the new NHS, public health and social care organisations being established

Actions

- a. Embed equality into each of the individual transition programmes.

b. For our People Transition provide a baseline for HR data related to four of the protected characteristics.

c. Establish a reporting system for monitoring the impact of transition, between 'sender' and 'receiver' organisations, on staff with protected characteristics.

d. Embed advancing equality and reducing inequalities into 'the Mandate' and related government mechanisms between the Department of Health and the NHS Commissioning Board.

Success Measures

a. The IPO through its meetings will assure that equalities activities/responsibilities are included in all programme - scope and plans

b. A 'People Tracker' has been developed by the People Transition Programme and this has established a baseline Equality profile related to 4 of the protected characteristics as at 1 April 2012. This includes staff employed by DH, SHAs, PCTs, HPA, NTA, NPSA and CfH.

c. The People Tracker provides a reporting system for monitoring the Equality profile of the workforce as we move through transition. Reports will be provided on a quarterly basis and compared against the baseline position at 1 April 2012.

d. Publish draft and final Equality Analyses (by September 2012)

Led by Director General Group Operations & Director General NHS Strategy and Finance

Our Partners

Equality objective: To support and assure the Department in building and developing relationships with stakeholders including those that represent groups with protected characteristics as appropriate, to improve policy design and delivery

Actions

- a. Ensure that equality stakeholders have representation at the regular National Stakeholder Forum which convenes top stakeholders across health and social care to consider key issues
- b. Identify equality stakeholders as part of the revamped DH stakeholder map
- c. Incorporate equality prompts and signposts into the refresh of stakeholder engagement guidance

Success Measures

- a. DH Secretariat for three National Stakeholder Forum meetings per annum.
- b. Delivery of revamped stakeholder map, incorporating equality stakeholders and signposting to sources of information on the DH website (December 2012).
- c. Publication of refreshed guidance, incorporating equality prompts and signposts into the refresh of stakeholder engagement guidance (December 2012).

Led by Director General External Relations

Equality objective: To maintain and develop a specialist advice function in DH that will contribute to cross-government opportunities to advance Equality and promote Human Rights

Actions

The DH Equality and Inclusion Team will:

- d. Establish a 'policy partner' system mirroring the new structure of DH to support policy leads to embed equality.
- e. Lead and coordinate DH contribution to cross-government activity on equality and human rights.
- f. Support DH engagement with equality stakeholders.

Success Measures

d. New policy partner system in place (March 2013).

e. Review and re-publish internal DH guidance on Equality Act 2010 and PSED guidance – subject to PSED review (March 2013).

f. Engagement with equality stakeholders in shaping DH equality agenda, including partnership working with EHRC and DH Third Sector Strategic Partners (Ongoing).

f. Specific engagement with LGB&T stakeholders to support delivery on cross-Government LGB&T action plans (to Dec 2012).

Led by Director General Social Care, Local Government and Care Partnerships

Us

Equality Objective: To ensure that the Department has a motivated and engaged workforce that represents the community that it serves, at all levels in the organisation – through the provision of relevant policies and guidance, learning and development, and targeted initiatives.

Actions

- a. Equality analyses completed for all stages of transition in which DH is the 'sending' or 'receiving' organisation – covering all protected characteristics as appropriate. Produce overarching equality analyses report for internal and external publication.
- b. Continue to meet external standards of success, as defined by authoritative sources (within central government and across sectors).
- c. Embed accountability at senior management level.

Success Measures

- a. Publish Equality Analysis for each stage of transition internally – within one month of approval from relevant senior level governance committee. A report will include broader recommendations which help to shape/enhance the DH diversity strategy and the culture of the new organisation. An interim report will be available (Dec 2012) and the final report will be published (June 2012).
- b. Continue to meet Cabinet Office targets for the representation of women, disabled and BME staff in the Senior Civil Service. Also, maintain our presence in Stonewall Workplace Equality index 2013 – 'Top 100 Employers'.
- c. Develop diversity strategy and action plan - with relevant quantitative and qualitative success measures - to support launch of new cross-government Civil Service strategy in September 2012 and the DH diversity strategy for the new Department (March 2013).
- c. Refresh the general guidance for the senior civil service on setting diversity objectives - drawing on evidence relating to current gaps e.g. EHRC report, workforce profiles, People Survey data (December 2012).
- c. Provide directorate specific data and issues to determine base-line/current position for each directorate - to promote the development of relevant, meaningful and measurable objectives (March 2013).

Led by Director General Group Operations