Public Health England

Protecting and improving the nation's health

How we met the public sector equality duty in 2014

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Introduction

What is the equality duty?

The equality duty is a duty on public bodies and others that carry out public functions. It ensures that public bodies consider the needs of all individuals in their day to day work in shaping policy, in delivering services, and in relation to their own employees.

The equality duty has three aims. It requires public bodies such as Public Health England (PHE) to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people who share a protected characteristic and people who do not share it
- foster good relations between people who share a protected characteristic and people who do not share it

The protected characteristics covered by the equality duty are:

- age
- disability
- gender reassignment
- marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation

How do we show that we are compliant with the equality duty?

The equality duty is supported by two **specific duties** which require public bodies such as PHE to:

- publish information to show their compliance with the equality duty
- set and publish equality objectives, at least every four years

This equality and diversity report sets out how we have responded to the first of these specific duties in 2014. It contains information about how we have thought about the three aims of the equality duty in conducting our work.

Regarding the second specific duty, in January 2014, we published our equality objectives from April 2013 (see Annex 1).

There are two parts to this report. The first part contains information relating to our staff who share protected characteristics; the second contains information about how we have thought about people who share protected characteristics when carrying out our work.

Our staff

Our equality and diversity data for PHE presented in this section are figures based on a headcount total of 5,692 members of staff as of 30 November 2014, and is drawn from the PHE Human Resources and Payroll system.

Data quality

During the formation of PHE in early 2013, the transition team collected 75% of data relating to staff who were due to transfer to PHE.

There were concerns about data protection and competing priorities during transition. In line with the equality protocol established in March 2012 by the Integrated Programme Office at the Department of Health, it was agreed for consistency that the people tracker would collect data across four of the protected characteristics only. Data was therefore only collected by sender organisations on gender, age, disability and ethnicity.

The information in respect of other protected characteristics, eg religion or beliefs and sexual orientation, is less robust due to the incomplete nature of the information held on PHE employees who transferred over from over 100 previous employers.

During its first year of operation consideration has been given to improving data collection and analysis. Plans are currently being implemented with a view to improving further the quality of our PHE workforce data using Electronic Staff Record (ESR) self-service (see Next Steps).

Table A below presents an analysis of the quality of the data currently held by PHE relating to the protected characteristics. This includes staff who have confirmed that they do not wish to declare information about protected characteristics.

Table A: Quality of data held for PHE staff on protected characteristics

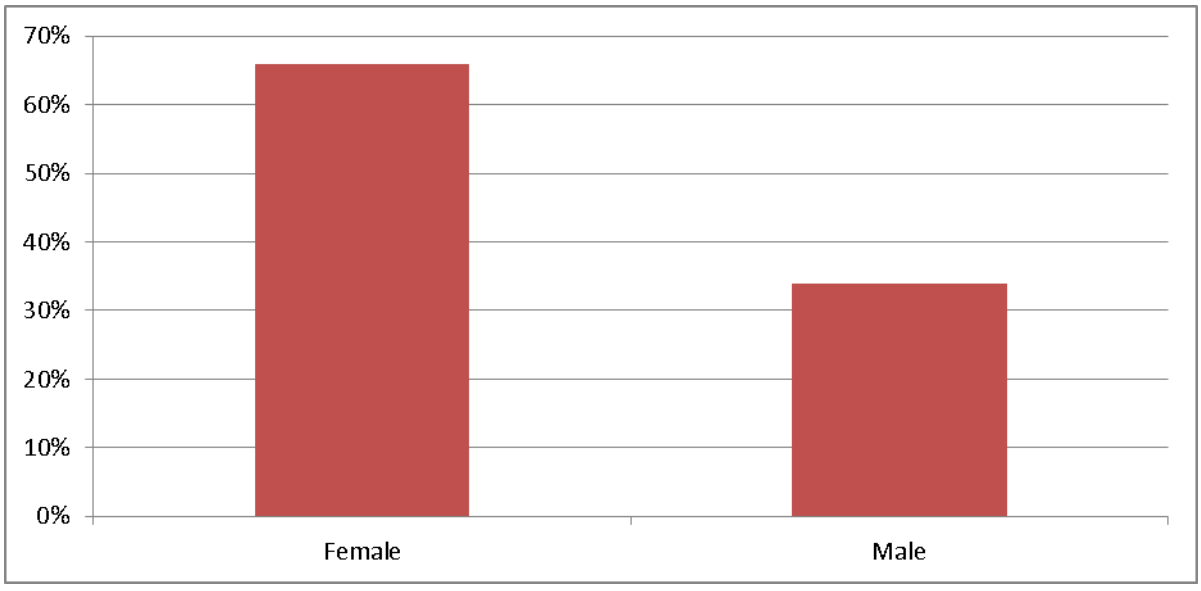
Characteristic	% of staff with data
Gender	100
Age	100
Ethnic origin	97
Disability	49
Faith/belief	58
Sexual orientation	59

Analysis of data on characteristics of PHE staff

Gender

There are nearly twice as many women (66%) as men (34%) in the PHE workforce. This reflects the gender make-up of the wider health care system from which staff have come into PHE (See graph A).

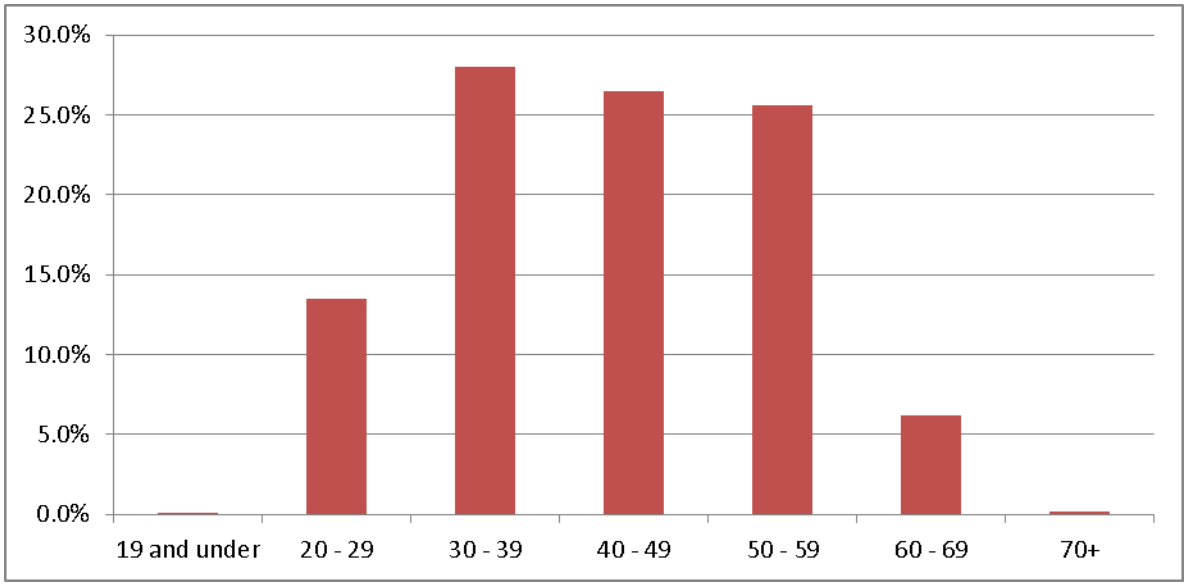
Graph A: Gender profile of PHE workforce



Age

The age profile shows that the majority of the workforce (54%) are aged 30-49, which is typical of the wider health care system. A third of the workforce (32%) are aged 50-69. This may have implications for staff succession and retirement planning. There are relatively few younger staff (13%) aged 19-29 years in the PHE workforce. This should be noted in terms of future workfore and leadership planning (see graph B).

Graph B: Age profile of PHE workforce



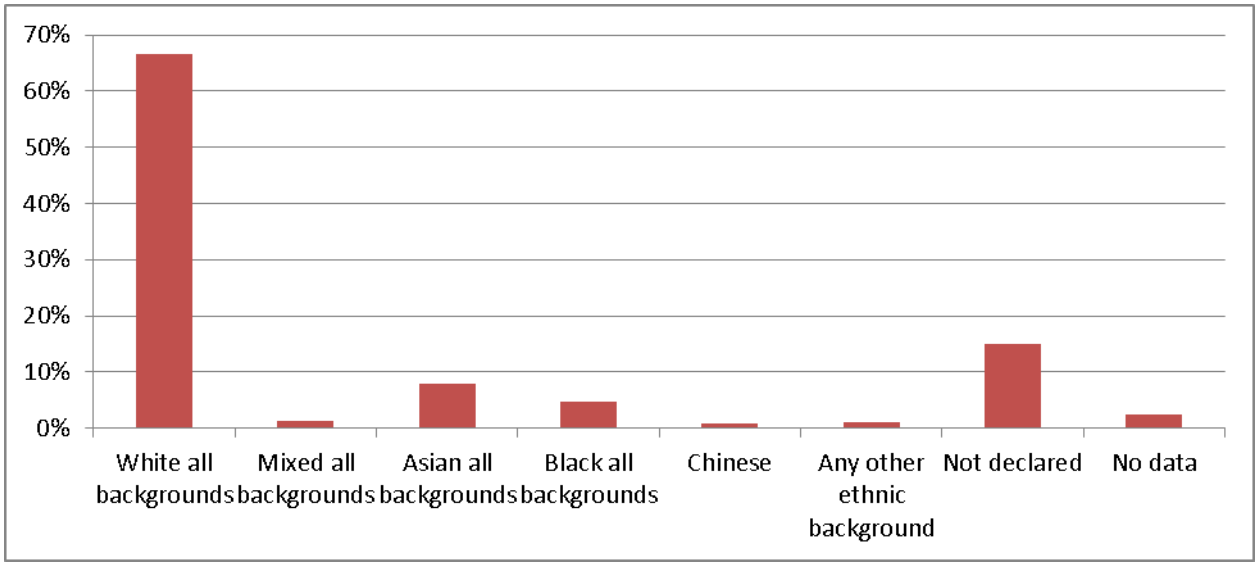
Ethnicity

Sixty-seven percent of staff describe themselves as White[1]. The next largest ethnic group is Asian/Asian British (7%), followed by Black or Black British[2] (5%). There are very small proportions (2%) of mixed background, Chinese and other ethnic groups. Fifteen percent of staff have chosen not to disclose their ethnic group (not declared).

PHE is a national organisation but there are likely to be large regional variations in this category due to local population differences in England. Local data will need to be analysed in order to draw any meaningful conclusions (see graph C).

[1] This includes British, Irish, Greek, Turkish Cypriot and European.
[2] This includes Caribbean, African, Black British.

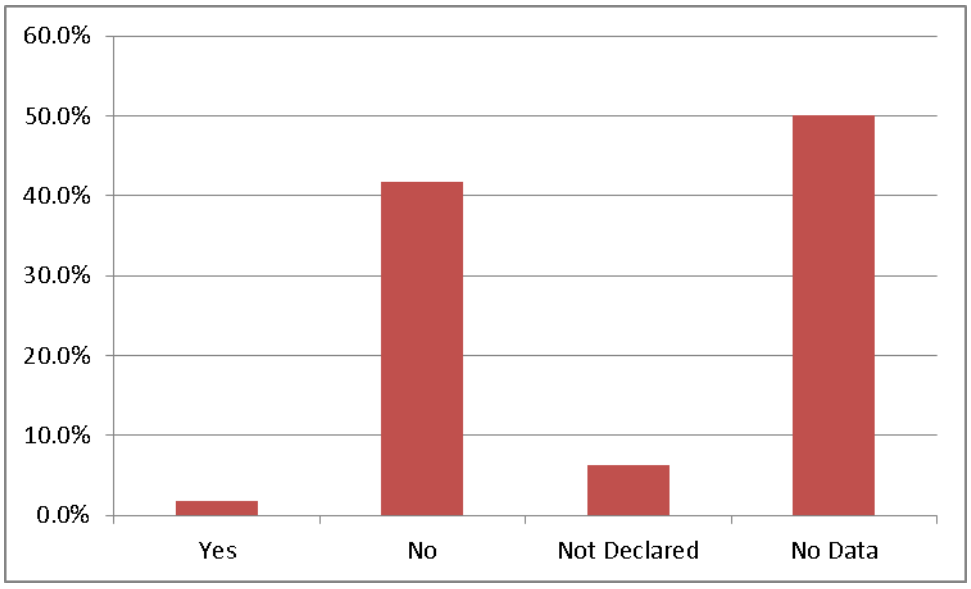
Graph C: Ethnicity profile of PHE workforce



Disability

Less than 2% of staff state that they have a disability. This is low in comparison with the Department of Health, where 7% of staff in 2013 declared themselves as having a disability. It is, however, common for answers to this category to have a low response rate from staff. There is a high proportion of staff (50%) for whom no data is currently held (see graph D).

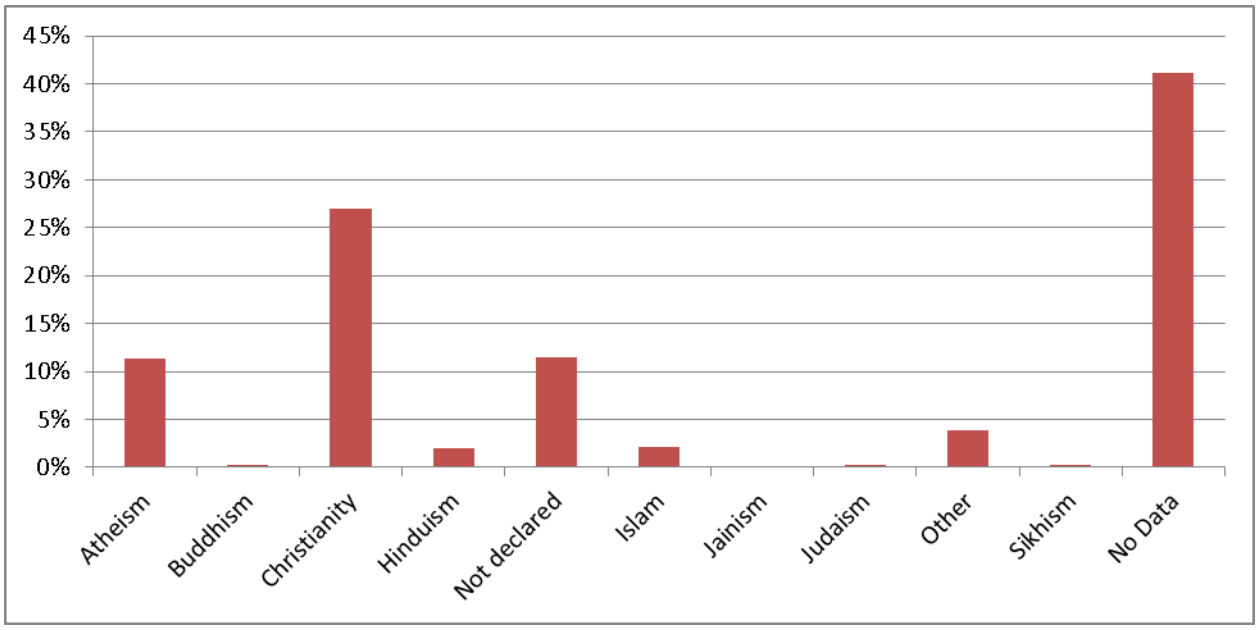
Graph D: Disability profile of PHE workforce



Faith or belief

Data for this characteristic was not captured by the transition team for staff transferring into PHE in 2013. There is a high percentage of staff (41%), therefore, where no data is currently held. Of the data held, 12% of staff have chosen not to disclose (not declared) any religion or belief and a similar percentage have disclosed Atheism. Christianity has been stated as the religion for a large group of staff (27%). All other religions fall into ranges from 0.1% to 4% (see graph E).

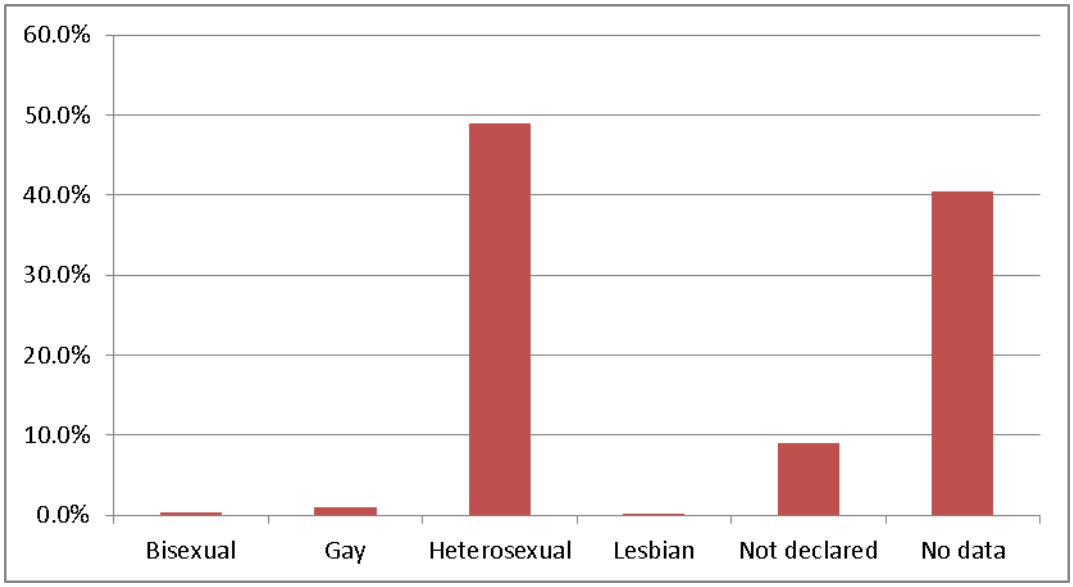
Graph E: Faith and belief profile of PHE



Sexual orientation

Data for this characteristic was not captured by the transition team for staff transferring into PHE in 2013. There is a high percentage of staff (40%), therefore, where no data is currently held. Of the data held, a high proportion of staff declare themselves as heterosexual (49%). Staff in the Lesbian Gay Bisexual and Transgender (LGBT) group range from 0.4% to 2%. A small proportion of staff (9%) have chosen not to disclose (not declared) this characteristic (see graph F).

Graph F: Sexual orientation profile PHE



Progress in 2014

In 2014 the Human Resources team undertook a range of activities, described below, as part of PHE's commitment to creating an equal and diverse workplace:

- successfully completed and started to implement the integrated workforce planning framework in 2014
- established an equality & diversity (E&D) workforce subgroup with National Executive representation in order to provide senior accountability for the delivery of the workforce plan
- recruited a full time E&D workforce lead, and is set to recruit an additional project manager to work to this role in driving forward the PHE equality & diversity action plan that was launched in mid-2014
- established six diversity champions, representing race, gender, sexual orientation, age, disability and faith; all champions are at National Executive level and are working closely with the E&D workforce lead and its respective staff network to assist in taking forward PHE's E&D strategy
- became a member of both Stonewall and Race for Opportunity (RFO) to benefit from the best practice external advice and case studies
- took part in the Stonewall Index, which demonstrates the extent of PHE's ability to tackle discrimination and provide an open and inclusive environment for Lesbian, Gay and Bisexual people in the workplace; we will receive our feedback and ranking within the Index in early 2015
- forged partnerships with key external voluntary and governmental stakeholders for developing job opportunities and apprenticeships for disabled talent, including with MENCAP, Leonard Cheshire and the Movement to Work government programme

Achievements

In December 2014, we established the PHE reasonable adjustment working group, which seeks to establish a single organisation-wide procedure that all disabled employees and their line managers will be able to follow. The group will also address supporting staff communications and related advice and guidance for line managers with 'reasonable' requests for caring and faith related flexibility, which do not relate to disability or a long-term health condition, and are therefore not eligible for Access to Work support. This process has been reviewed and re-launched as part of PHE's strategy to improve declaration of disability, and ensure that those requiring adjustments feel included and empowered (see Graph D above for evidence of low declaration response).

We were delighted to be asked to be involved in the RFO cross-organisational mentoring circles, and by the end of 2014 10 BAME employees and two senior mentors had been selected to take part in the programme. They will join a mentoring circle together with nine other private and public sector firms in order to learn, develop and network with other BAME professionals in an action learning environment. In the first half of 2015, we look forward to reporting on the programme's success and its effect on our corporate objective to progress the careers of BAME employees and ensure that BAME staff are represented at all levels and grades of the organisation

PHE recognises that the key to successful delivery is accountability, and therefore included a line on embedding equality and diversity across all line managers' work in the appraisal supporting notes to ensure that line managers take more accountability for E&D, in 2014, and make plans to include E&D within senior manager objectives in early 2016 following strategic communication and up skilling.

In 2014 we started to deliver an E&D communications strategy, ensuring that staff understand the full extent of our work and embed the related values into their own work. In September 2014, the E&D Action Plan was published on the intranet for all staff to view and comment on. This was followed up with 'Meet the Diversity Champion' pieces, an article on mental health and prevalence of mental illness over the festive period, an interview with the HR Director and E&D Workforce Lead on the intended strategy going forward and full coverage of the mentoring programme to date, all via online internal communications.

In 2014 we undertook an initial data analysis exercise to examine the recruitment of ethnic diversity into PHE. This exercise was extremely helpful in setting an action plan for tackling any potential inequalities within the recruitment process and has resulted in targeted action to address this in 2014 and 2015. This includes:

- facilitation of E&D training for HR advisors (working in recruitment) and HR business partners (working with recruiting managers) in early 2015.

- a review of recruitment advertising and external outreach, with resulting action taking place in 2015 to include direct community grass roots engagement and improvements to external facing website pages.
- following HR advisor training in early 2015, we plan to track the attrition of BAME applications from application to hire and return any shortlists that have unexplained and high BAME attrition.
- scoping a pilot diversity confidence workshop for all PHE London based staff in order to tackle unconscious bias and multi-cultural ignorance. The plan is then to roll this out across the organisation.

Next steps

While much data already exists on the diversity of PHE's workforce, PHE wishes to improve the quality of our data and subsequent reporting, including verifying and reporting more accurately on data for sexual orientation and faith/belief.

In late 2014, we took a strategic decision to delay undertaking the staff information verification exercise as wider organisational pressures, including significant organisational restructuring and our focus on the Ebola response, determined that we would be unable to engage staff fully in collecting more useful data. In early 2015, we plan to use our internal ESR system and strategic staff communication to ask staff to upload their diversity data. We feel that this approach will be more successful than using the over-stretched survey method, and will guarantee staff confidentiality and hopefully increase declaration rates.

Once this exercise is complete in Spring 2015, we plan to generate informative and motivational diversity reports. In December 2014, an ESR Project Manager was recruited to improve the usability of the system. Plans are now in place to generate monthly reports via senior managers showing the ethnic, gender and disability breakdown by pay grade and occupational area. In addition, quarterly reports will be generated providing information on progression and promotion via the same protected characteristics. These reports will be allocated to the respective senior manager so that progress can be tracked within their area. In 2016, following the updating of appraisal objectives, senior managers will be accountable to their respective National Executive directors for diversity data in their function.

Over the course of 2015, we will reflect on both our current diversity workforce information, and the recommendations of both NHS England and the Civil Service, to determine suitable nationwide PHE protected characteristic percentage targets for the entire workforce, and by key grades. Following consultation and training with accountable staff, these targets will be rolled out via a Diversity Score Card which will be used to measure monthly reports against.

How we thought about equality and diversity in delivering our functions

Our priorities for the next 5-10 years

In *From evidence into action*, we published our seven priorities for the next 5 years having looked closely at the evidence to determine where we can most effectively focus our efforts[3]. Our seven priorities are:

- tackling obesity
- reducing smoking
- reducing harmful drinking
- ensuring every child has the best start in life
- reducing dementia risk
- tackling antimicrobial resistance
- reducing tuberculosis (TB)

Our priorities set out our commitment to support our partners with a programme of work across these priority areas that:

- ensures credible, evidence based advice is available on the key issues relating to the public's health
- develops our ability to reach out to the public and support them in making healthier choices
- mobilises support for broader action on improving the public's health

Health inequalities and equality and diversity thinking will underpin our approach to delivering our priorities and we will report on our progress in future reports. Our business plan for 2014/15 describes in more detail how we will deliver this in 2014/15.

Our business plan for 2014/15

Our business plan provides a concise overview of the breadth of our activity and a summary of key deliverables for 2014 to 2015[4]. It draws on directorates' and teams'

[3] See also From evidence into action: opportunities to protect and improve the nation's health. https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health

[4] See also Who we are and what we do: Our business plan 2014/15. May 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319696/Business_plan_11_June_pdf.pdf

local plans and demonstrates how our areas of focus respond to the priorities of local public health systems and of government and to the evidence.

The actions in the business plan for the year ahead were grouped into sections under our four core functions and a section on developing PHE. They are:

- protecting the public's health from infectious diseases and other hazards to health
- improving the public's health and wellbeing and reducing health inequalities
- improving population health through sustainable health and care services
- building the capability and capacity of the public health system

The plan's focus is on a range of shared commitments and key PHE actions. The next section in this equality and diversity report gives key examples on how we have begun to integrate our equality objectives and considered equality and diversity information in delivering the shared commitments and key PHE actions.

As we go forward, we will continue to embed our commitment to equality and diversity within our annual plans and longer term thinking.

How we embedded our equality objectives into the business plan

Our commitment to equality and diversity is expressed via our equality objectives, which were published in January 2014. There are seven objectives covering everything we do – whether this is delivery of services, producing guidance and advice for our partners in the NHS or local government, and as an employer of over 5,000 staff (see Annex 1).

Our main vehicle for monitoring progress in meeting our objectives is via staff awareness (there is a mandatory e-learning course for staff) and through reporting of where we are with the shared commitments and key PHE actions published in the aforementioned business plan for 2014-15. The vast majority (93%) of our shared commitments or key PHE actions have committed to contributing to at least one of our equality objectives. Progress in doing so was assessed in September, and is being monitored through our established quarterly reporting mechanism which informs PHE's performance scorecard, and is presented to the National Executive and joint Accountability and Partnership meetings with our sponsor, the Department of Health. A further assessment on progress will be made at the end of the financial year (end March 2015). We have begun to develop indicators for measuring progress on equality and diversity. The indicators cover staff awareness, integration of equality and diversity thinking into PHE's business and publications, and an annual qualitative assessment of progress made. This work is beginning to take shape although we can do even better, and we will work towards full integration in 2015.

Examples of progress in business plan actions

This section provides examples of progress in relation to our equality objectives that has been achieved though shared commitments and key PHE actions that are set out in the organisation's business plans. .

Shared commitment: work with partners in the NHS and local government to implement sustainable development strategy for health and care

The cross system sustainable development strategy was extensively consulted upon with a wide range of stakeholders from multiple sector organisations. At a national level is a cross system oversight group providing governance for the implementation of the strategy and at local level, multiagency networks are being established. Dimensions of equity, equality and diversity are considered throughout the sustainable development strategy and formal equity impact assessments of the heat wave and cold weather plans have been undertaken.

The sustainable development strategy metrics module seeks to improve our ability to monitor and evaluate progress in sustainable development and health. Older people are recognised to suffer disproportionate mortality impacts from heat waves and cold weather and our surveillance systems report mortality by age group.

Easy read versions of the heat wave and cold weather plans are available and all guidance is available in accessible formats on the internet. The sustainable development strategy seeks to engage our workforce in efforts to improve and protect health, reduce carbon emissions and costs, and reduce health inequalities.

Shared commitment: make significant progress towards reaching a chlamydia detection rate of 2300 per 100,000 by March 2015

This deliverable is improving the quality of reported data (including postcode and ethnic groups) in order to support local authorities to identify those areas and groups with greatest need and to ensure that they could focus additional resources to these areas.

Key PHE action: recruit one million Dementia Friends, in partnership with the Alzheimer's Society by March 2015

We tested our messaging for the campaign with a wide range of audiences including people with dementia, and have held specific events for some BME faith groups that are part of the communities who experience particular disadvantage. Our campaign materials for local authorities acknowledge the need to engage with diverse communities in delivering Dementia Friends.

We have undertaken engagement with a number of faith groups through a series of roundtables as an insight generating exercise option and transcript. The printed material is visually driven and has been written in plain English to aid accessibility for people with low literacy levels.

Shared commitment: work with national partners to improve career development and normalise staff movement across the public health system, addressing issues raised in the recent national surveys carried out by Ipsos MORI, the British Medical Association of Directors of Public Health and the Centre of Workforce Intelligence

We will produce further guidance and advice for local authorities as they review their public health teams and seek to deepen their understanding of the public health workforce in its widest sense. This will reflect the contribution that different professionals across the clinical, scientific, environmental health and academic fields of practice are making to the health and wellbeing of the public. Many councils have been seeking advice on when it might be appropriate to employ a medical consultant and how to deal with recruitment contractual and equal pay issues. The guidance is set in the context of the importance of having a multi-disciplinary public health team. Many professions bring a unique contribution to the specialism of public health alongside a common set of skills and knowledge. Local authority public health teams need to reflect diversity to enable effective delivery of responsibilities.

Shared commitment: with key partners, co-design, develop and pilot an agreed approach to talent management across the public health system by March 2015

Working with local partners we have set up two cohorts of around thirty people to test our strategic approach to talent management in practice. Participants on the talent management pilot cohorts are expected to respect each other and value and learn from their diversities. Enabling this to take place is an explicit requirement of the lead facilitator's role description. Applicants and successful delegates will provide regular feedback on the processes and impact of the approach, as well as on longer term outcomes. These are being monitored by key equality and diversity characteristics so we can actively enable individuals to access, participate and thrive in the opportunities available.

Key PHE action: publish the collaborative tuberculosis strategy by September 2014

*De*velopment of the strategy was a collaborative process which ensured that PHE built and developed relationships with various stakeholders in particular the third sector and local authorities to help improve our rational around tackling TB among hard-to-reach/vulnerable groups.

The planned approaches outlined in the strategy to achieve the shared ambition take into account dimensions of health equality and diversity as well as mental health wellbeing with regards to TB among hard-to-reach/ vulnerable populations eg:

- providing universal access to high quality TB diagnostics
- tackling TB among hard-to-reach/ vulnerable populations
- ensuring undocumented migrants diagnosed with TB are supported to complete TB treatment
- ensuring that people with TB who are homeless are provided with fast-track access to appropriate social care and accommodation for the length of their treatment
- ensuring the identification and management of active TB in prisons and immigration removal centres
- improving inadequate TB social support
- reducing the social stigma associated with TB
- ensuring a multi-disciplinary workforce to deliver TB control underpinning the key concepts of the Equality Act 2010

The strategy sets out the need to strengthen our current surveillance and monitoring systems to improve data collection which would help us to inform our partners/stakeholders of the best evidence-based approaches they could employ to tackle TB among hard-to-reach and vulnerable groups within their local community.

The strategy sets clear indicators for measuring inequalities; ie slope index of inequalities in TB rates (range in TB rates across the whole social gradient from most to least deprived areas) which will seek to improve the availability of the information that we provide to stakeholders on inequalities related to TB.

Key PHE action: publish vision and action plan for improving blood pressure by December 2014

Our Blood Pressure System Leadership Board prioritised those approaches to improve the prevention, detection and control of high blood pressure which had greatest opportunity to address health inequalities. The published plan systematically presents evidence on inequalities as a key part of the data on current performance and future opportunities.

Key PHE action: publish package of evidence around potential actions to reduce sugar consumption in light of the Scientific Advisory Committee on Nutrition report by spring 2015

Prevalence of dental decay and obesity are not equally distributed across age and socio-economic groups. Developing interventions that will act across the population as

a whole but also concentrate their impact on the groups with the highest incidence of health issues such as these will help to reduce inequalities. For example, sugar intakes (linked to dental decay) are highest in children and young people. Young people derive a greater proportion of their sugar intake from soft drinks than older adults. Working with the food industry to encourage reformulation of sugar-sweetened soft drinks would reduce sugar intakes across the population, but would have a greater impact among young people**.** The delivery of all our work on diet, obesity (and dental health) will require close engagement with NGOs, local authorities, community groups and others to ensure consistent core messaging tailored to the needs of different communities, amplified through local delivery. In delivering wider work to promote and maintain weight as part of an overall healthy lifestyle we are working with, among others:

- Sikh and Hindu temples (in collaboration with the British Heart Foundation) to change cooking practises through social cooking
- sporting bodies to encourage healthier eating and physical activity among young people
- social landlords to support healthier eating

Key PHE action: review the emerging evidence on e-cigarettes to provide evidence-based recommendations to support smoking cessation, tobacco control and to inform the government's future thinking by Spring 2015

In conducting our review of the emerging evidence on e-cigarettes with a view to providing evidence based recommendations to support smoking cessation and tobacco control, we will (a) consider seek evidence on this issue regarding the relevant protected characteristics including age, gender, pregnancy, ethnicity and sexual orientation, and (b) where evidence is not available, make recommendations/ take a view on what will need to be done, if anything to obtain this evidence.

Key PHE action: launch the National Mental Health Dementia and Neurology Intelligence Network by June 2014

The aim is to provide an analysis of all key products from the Mental Health, Dementia and Neurology Health Intelligence Network by age geography, sex, ethnicity and the full range of protected characteristics where this data is routinely collected as part of the national data collection requirements (eg Hospital Episode Statistics, Mental Health Minimum Data Set). The network's ability to deliver this is entirely contingent on accessing the relevant Meta data held largely by the Health and Social Care Information Centre on a pseudonymised and recorded level basis.

Key PHE action: through our social marketing plan, deliver a series of national campaigns that increase early diagnosis of cancer and other conditions by March 2015

For the majority of the Bowel Care of Choice (BCOC) campaigns a specialist multicultural marketing agency is commissioned to increase engagement with BME audience, often extending campaign activity into places of worship and community centres.

The Blood in Pee (BIP) campaign has a specific strand focused on C2DE men over 50. Evaluation following the BIP campaign showed an increase in understanding of symptoms of kidney and bladder cancer and the propensity to take action ie see a GP.

October's local prostate cancer campaign is targeted at African and African-Caribbean as they are at much higher risk of developing the disease. According to Prostate Cancer UK, one in four black men in the UK will develop prostate cancer, compared to one in eight of all men, and recent research from Prostate Cancer UK indicated that the majority (90%) are unaware of this. The activity will be highly targeted and largely delivered via street teams who can engage directly with the target audience.

Key PHE action: roll out the Workplace Wellbeing Charter National Standards during 2014-16 and 2015-16 and work to activate and engage employers of all sizes and sectors to support the health and wellbeing of their staff

In June 2014, PHE launched a national set of standard around workplace health – the Workplace Wellbeing Charter – which provides a roadmap for organisations of all sizes and sectors wanting to improve the health and wellbeing of their staff. The standards cover key areas like leadership, absence management, mental health and wellbeing, alcohol and substance misuse, healthy eating, physical activity and smoking cessation. We are now working to promote the uptake of the standards among new and existing providers of workplace wellbeing schemes across the country. By working through a Charter scheme, organisations are supported to retain a diverse and healthy workforce, and to support staff to be at their best more of the time. PHE is also working on a number of rapid evidence briefings on health, work and unemployment – focused initially on gender and age. The dual aim is to protect and improve the health and wellbeing of those in the workplace, and to reduce the ill-health associated with not being in work.

Health Equity Board

In January 2014, we established our high level strategic Health Equity Board to provide leadership to PHE to ensure that our organisation has a robust programme in place to deliver on its remit and duty to reduce health inequalities as well as to ensure that PHE meets its duty under the Equality Act 2010.

For example, the Board will support the organisation in ensuring that PHE meets its public sector equality duty and reports to the National Executive on progress. The Board will also ensure that, through the Equality and Diversity Employment Group PHE, as an employer, promotes equality in its workforce, and promotes good relations between staff, regardless of protected characteristics. Finally, the Board will advise on monitoring and reporting of how well PHE meets the public sector equality duty in relation to its commitments in the organisation's delivery plan and will receive quarterly updates on progress.

The Board membership is drawn from senior leaders across all PHE directorates reflecting the cross-cutting nature of reducing health inequalities and complying with Equality legislation. We also have a number of external advisors to the Board.

The Board met twice in 2014 (May and November). The organisation's approach to reporting and assurance of its statutory duties to reduce health inequalities and promote equality and diversity was discussed at both meetings and an approach agreed. Monitoring progress in the shared commitments and key PHE actions in the organisation's business and corporate delivery plan for 2014-15 is a key means of assuring that PHE is fulfilling the equality duty.

In May and November the Board received updates on PHE's equality and diversity workforce plan from the organisation's Equality and Diversity Employment Group. Important features of this work included the commitment of members of the National Executive to champion one of the protected characteristics in the Equality Act. National Executive members will also be held accountable through the inclusion of an equality and diversity related objective in the appraisal process. Other features of the workforce plan included increased workforce diversity confidence and awareness via unconscious bias training, inclusive manager development programmes and enhanced recruitment of BAME and disabled staff through pro-active targeted advertising and engagement.

The work of the organisation's Equality Forum was also considered by the Board. The Equality Forum included members of the public (represented through group called the People's Panel), community organisations and academics. The Equality Forum is discussed in more detail below.

Strategic issues relating to equality and diversity and health inequalities were considered by the Board. For example, at both meetings in 2014, the Board received updates on Due North, the report of inquiry on health inequalities in the north of England which, for example, touches on relatively large population out of work due to disability in the north of England.

Publication of health outcomes and progress across the Public Health Outcomes Framework

The government's Public Health Outcomes Framework (PHOF) *Healthy lives, healthy people: Improving outcomes and supporting transparency* sets out a vision for public health, desired outcomes and the indicators that will help us to understand how well public health is being improved and protected. The equality analysis published alongside it, *Healthy Lives, Healthy People: Transparency in Outcomes*, outlines how the framework can be used by public health professionals, local authorities, third sector organisations and individuals in the drive for equality. Data for the framework are published by PHE.

The PHOF focuses the whole system on achieving positive health outcomes for the population, including those with protected characteristics, and reducing inequalities in health. Most indicators in the framework have the potential to impact on inequalities.

Our PHOF data tool presents data for indicators at England and upper tier local authority levels. It is updated regularly. Four updates to the indicators in the PHOF were produced in 2014. See www.phoutcomes.info.

Several indicators within the framework focus specifically on protected characteristics and for others we have provided a breakdown of equalities characteristics during 2014. We have also developed some new functionally for the PHOF data tool that presents data by equalities characteristics in order that outcomes can be directly compared. This will be expanded to cover other indicators during 2015.

Further examples of how we embedded equality and diversity into our functions

This section gives a non-exhaustive list of further activities we have undertaking in 2014 to embed E&D thinking into our business. The examples mentioned here sit alongside the aforementioned work towards meeting the shared commitments and key PHE actions specified in our business plan for 2014/15, and as such support us in meeting these objectives and some priority work programmes in 2014, as well as build wider alliances and improve our knowledge of equity and equality and diversity issues.

Health equity assessment tool

A Health Equity Assessment Tool has been developed to support PHE's work promoting equality and diversity and reducing health inequalities as one means of addressing the Health and Social Care Act 2012 legal duties on health inequalities and the requirement of the Equality Act 2010. The tool is designed to enable staff and programme boards to consider health equity and equality in their work, and therefore embed such considerations throughout the organisation's activity.

The tool consists of four questions:

- what health inequalities or discrimination of protected groups exist in relation to your work?
- how might your work affect health inequalities, and have regard to the needs of protected groups?
- how will you monitor and evaluate the effect of your work on health inequalities and protected groups?
- what are next steps?

Equality Forum

The Equality Forum was established to ensure that PHE better supports and considers equality and diversity in the way that it works. The Equality Forum has a diverse membership drawn from People's Panel (compromises 1,400 members of the public who were recruited through a national random sample survey) members who have self-identified as having characteristics protected by the Equality Act 2010 together with a range of user-led and community organisations representing and mediating for people with protected characteristics, those who are at risk of worse health outcomes on the health inequality gradient and/or those often socially excluded and PHE's own staff groups. The Equality Forum works with other PHE engagement agents to support and promote equality, diversity and health equity across PHE corporate and public facing activities. The Forum also provides updates on its activities to the Health Equity Board. In addition to its members taking part in a workshop to provide feedback on PHE's draft equality objectives (January 2014) the Forum has undertaken the following activities:

Additional Equality Forum activities

The Equality Forum hosted two seminars this year to support the development of the areas of PHE's work: exploring 'risky behaviour' in the protected characteristics groups and involving the public in setting local public health priorities. A seminar is planned for the New Year to investigate opportunities to make better use of carers' insight in public

health planning. Other future seminar topics include the role of young people and education in public health.

Members of the Equality Forum have taken part in a number of PHE working groups most significantly in the group which developed the Health and Wellbeing Framework

PHE runs a public involvement programme which includes focus groups to improve and refine the way the organisation produces its health information and advice. Some of these activities are targeted at marginalised communities and people from protected characteristics groups. For example in the last year, focus groups have been run to explore why people from BME communities are less likely to take up offers to receive cancer screening services.

the Equality Forum Steering Group meets on a regular basis to set the direction of the forum's activities and the group met in September to review its terms of reference and reflect on the work of the forum in the last year.

NHS England Equality and Diversity Council

Tony Vickers-Byrne, HR Director, represents PHE on the NHS Equality and Diversity Council. The group meet quarterly and the last meeting of 2014 took place in September.

The vision of the group is to tackle health inequalities and advance equality for all. The Council provides visible leadership on equality and health inequalities issues across the health and social care. Its purpose is to shape the future of health and care from an equality, health inequalities and human rights perspective and to improve the access, experiences, health outcomes and quality of care for all who use and deliver health and care services.

The Council is chaired by the Chief Executive of NHS England, with a diverse membership made up from across the NHS, partner organisations, as well as from patient, carer and staff groups. The Council works through NHS England and other partner organisations and stakeholders to facilitate, influence and to empower. The responsibility for the promotion of equality and for meeting the public sector equality duty in the NHS rests with individual NHS organisations. The legal duties for tackling health inequalities in the NHS rests with the Secretary of State, NHS England and clinical commissioning groups (CCGs).

The Council intends to commission strategic pieces of work that support NHS England and partner organisations in fulfilling their responsibilities on promoting equality and tackling health inequalities:

- to raise ambition at every level of the health care system by campaigning to inspire strong leadership, removing barriers to change, celebrating success, bringing the NHS Constitution to life and championing reform
- to empower health care providers, commissioners, regulators, the NHS workforce, patients and the public to achieve an NHS where “everyone counts”, by supporting continuously improving performance
- to describe what success looks like, and advise on priorities for promoting equality and tackling health inequalities
- to embed the promotion of equality and the tackling of health inequalities in the policies of the NHS and its day to day business

In its role on the council, PHE plans to:

- positively position the Council as a body of influence in promoting equality and tackling health inequalities within the NHS and beyond
- champion change on bringing together the equality and health inequalities agendas, raise ambitions and collaborate with external partners

Dementia

To support PHE’s focus on dementia as one of its seven priorities, PHE has worked in partnership with colleagues from the voluntary and community, statutory and research sectors, alongside people living with dementia to develop a new national focus on inequalities within the dementia population and the dementia carer population, and to develop commitment across sectors to work together on this shared objective.

One of the main issues highlighted was the low level of understanding across professional groups. Attendees were invited to join a task and finish group in May, co-chaired by PHE and the Association of Directors of Adult Social Services to consider how to address this, alongside developing wider recommendations to support national partners to embed this within their wider dementia programmes.

PHE hosted a follow up event “Equality and health inequalities issues in dementia – next steps” in December 2014 at which participants provided insights into the development of the government’s overall vision for dementia to 2020. They consisted what different sectors could offer and what help they need to start embedding improvements across the system.

A full write up of the May event and copies of the presentation are available at: http://dementiapartnerships.com/resource/equality-and-health-inequality-issues-in-dementia/

Everybody Active Every Day

Insufficient physical activity is the fourth greatest cause of poor health in England and directly contributes to 1 to 6 deaths (equal to smoking), yet these figures mask inequalities across almost all protected equality characteristics plus socioeconomic group. Over 2014, PHE worked with more than 1,000 individuals and organisations at national and local level to develop *Everybody Active, Every Day*, a physical activity framework for England which included a specific focus on addressing inequalities.

In addition to embedding inequalities within the development process, a particular work stream explored the specific challenges and solutions for known equality groups through:

- expert reviews – commissioning national experts to review the latest evidence
- expert roundtables – a series of topic-specific expert roundtables were held to reach consensus on issues and opportunities for populations within the protected characteristics

The outcomes of this process were incorporated into the Framework and will be published as specific topic overview documents in 2015.

Mental health

Mental health is a cross-cutting theme that we work to embed throughout all aspects of PHE business. A considerable body of evidence exists on health and social inequalities experienced by disabled people with mental illness. People with mental illness have poorer health and health behaviours, and experiencing poorer social conditions/higher deprivation such as unemployment, poor working conditions, inadequate housing and higher rates of worklessness.

PHE has focused on programmes of work to reduce the inequalities associated with mental illness through action on physical health, access to services, suicide prevention and employment. We have also led work on community centred and asset based approaches to promote equity and equality among the most disadvantaged communities.

Childhood flu vaccine

The roll-out of the childhood flu programme commenced in the winter of 2013/2014 with the ultimate aim of vaccinating all children aged 2-17 years. The purpose of this programme is to control flu in the community by vaccinating the main spreaders of infection – that is school children. By vaccinating this age group, older adults and

young children will be indirectly protected. When the programme is fully rolled-out this will means that vulnerable people who struggle to access routine seasonal vaccination, or those who can't respond as well to vaccination (such as the very young and the very old) are protected by the "herd".

The programme uses a nasal spray vaccine which can be delivered quickly and easily with minimal pain and disruption, so it's therefore very acceptable to small children. The vaccine provides better protection than the injectable form, but does contain gelatine derived from pigs. PHE has been working closely with representatives from the Muslim community, including Islamic scholars from around England, and with the Muslim Council of Britain, to ensure that Muslim parents can make a fully informed choice of whether or not to vaccinate their children.

Sexual orientation task and finish group

Professor John Newton, PHE Chief Knowledge Officer, chairs the cross system sexual orientation monitoring task and finish group. Membership of the group includes our voluntary sector strategic partner on lesbian, gay, bisexual and trans (LGB&T) issues the national LGB&T Partnership and partners from across the health and social care system, including NHS England, Department of Health, the Health and Social Care Information Centre and Health Education England, as well as colleagues from across PHE. The group also has representation from across government, including Government Equalities Office. Professionals and patient representatives are also included. Removing the systemic barriers to greater monitoring of sexual orientation will enable greater use of data to improve services for LGB people and patients. The group sees a clear system-wide need to focus specifically on sexual orientation as one of the least monitored protected characteristics, with the intended aim of a sexual orientation data standard.

Ebola response

In response to the Ebola outbreak in West Africa, PHE established a port screening service in October 2014 at a number of airports including London Heathrow, London Gatwick, Birmingham and Manchester as well as at St Pancras station.

Passenger Screening Training is provided to all staff comprising completion of a health questionnaire, the use of tympanic (in-ear) thermometer, Information Governance and Data Protection. Screening teams include an Operations Manager, a Health Protection Practitioner and Admin support, and each role can be performed by both male and female colleagues. Screening rooms are private and to ensure passenger privacy and female Health Protection Practitioners are available to ensure for example that Muslim women are screened by female workers.

Care is taken to ensure passengers are screened in the most thorough and efficient manner and the Screening Team work in partnership with Border Force and Gatwick Airport Limited to ensure that the passenger's experience is positive and minimum delay is caused.

Access to online translation services is available and passengers requiring translator services are prioritised. Other groups who are prioritised include parents with children, the elderly, unaccompanied minors as well as those passengers booked on connecting flights.

Migrant health

PHE West Midlands with West Midlands Strategic Migration Partnership has re-established the West Midlands network of migrant health leads. Membership is broad covering local government, the NHS, Clinical Commissioning Groups (CCGs), the voluntary sector and academia. The aim is to advocate for migrant health priorities; to provide leadership and coordination in responding to migrant health issues and to facilitate the sharing of best practice and joint solution finding. Specific activity has included work to improve the availability and flow of key datasets working with Commissioning Support Units (CSUs) and the Knowledge and Intelligence team. The team has also supported local migrant health needs assessments in Coventry, Dudley and Worcestershire and convened inter-professional briefing sessions in priority areas as identified by local stakeholders.

Briefings on health inequalities by protected characteristics and socio-economic factors

PHE London began work on a suite of briefings which provide summary descriptions of evidence on health inequalities by protected characteristics and socio-economic factors. The first briefings in development cover inequalities in tobacco use, TB, and target diseases and take up of NHS Health Checks. They are intended to increase awareness of equality and diversity issues on these topics, and inform work across the region, including work by local Public Health teams to fulfil the public sector equality duty.

Other examples of needs assessment and support for commissioning

PHE East Midlands Centre undertook a range of activity around needs assessment and support for commissioning appropriate services for protected groups. The Centre produced a Learning Disability and Cancer Screening Health Needs assessment for NHS Hardwick CCG. On prisoner health, the Centre produced a Health Equity Audit of section 7A Screening Services in Prisons within Derbyshire and Nottinghamshire Area Team, and a report on prisoner health, with implications for their health and social care

commissioning needs. This highlighted the much higher prevalence of mental and physical health problems among prisoners and explored the concept of accelerated ageing (ie that prisoners tend to develop diseases of old age 10-15yrs earlier than the general population). A member of the team has worked on a report on the changes in referral numbers to the Nottingham Gender Clinic. The report, when complete, is intended to inform commissioning. Early indications are that there has been an increase in annual referrals and the mean ages at which people are being referred.

Publications by PHE in 2014

The below gives a select list of PHE publications in 2014 in so far as they specifically address one or more of the protected characteristics, arranged by subject area.

Cancer

National Cancer Intelligence Network: cancer and equality groups: key metrics 2014 report

This useful document from our Knowledge and Intelligence colleagues brings together updated information and intelligence, and highlights where differences by equality groups exist. It also shows what improved data quality will allow us to do in the future to improve our understanding further. For more information, please have a look through http://www.ncin.org.uk/publications/reports/

National Cancer Intelligence Network. Head and neck sarcoma of the bone and soft tissue – incidence, survival and surgical treatment

Sarcomas are a group of rare heterogeneous neoplasms which can arise in the bones or within the soft and connective tissue of the body. Information on head and neck sarcoma incidence, outcomes and treatment is currently very limited and is generally based on small cohorts of patients recorded in hospital treatment databases. The aim of this report is to establish the incidence and survival rates for patients diagnosed with bone and soft tissue sarcomas arising in the head and neck region based on English cancer registration data and, more importantly, to establish where patients with these rare sarcomas were surgically treated in the period 1990-2010. Age and sex is very important in this report. Please have a look at www.ncin.org.uk/view?rid=2756

National Cancer Intelligence Network: gynaecological sarcoma surgical treatment

Gynaecological sarcomas are an exceptionally rare form of cancer which collectively account for 3-4% of all gynaecological cancers. The analyses in this report show the complexity of the surgical management of patients with gynaecological sarcoma. Age

and sex is very important in this report. Please have a look at www.ncin.org.uk/view?rid=2755

National Cancer Intelligence Network: cancer survival in England by stage

This short preliminary report presents a brief summary of the main variation in one-year relative survival of the selected cancer types by stage, sex, age, and socio-economic deprivation. Please look through https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347275/Cancer_survival_in_England_by_stage_report_.pdf

National Cancer Intelligence Network: trends in incidence and outcome for haematological cancers in England: 2001-2010

This report presents national haematological cancer analyses at individual disease group level (age and sex). Please look through www.ncin.org.uk/view?rid=2818

National Cancer Intelligence Network: older people and cancer

The PHE National Cancer Intelligence Network and NHS England Older People and Cancer report brings together information from different sources and studies. It shows a mixed picture. It is important to stress that the needs of all older people are not the same. Type of cancer, socio-economic status, gender and ethnicity all play a role in shaping people's needs and outcomes. For more information, please look through http://www.ncin.org.uk/publications/older_people_and_cancer

Infectious diseases

Enteric Fever (typhoid and paratyphoid) in England, Wales and Northern Ireland: 2012

This report summarises the epidemiology of laboratory-confirmed symptomatic cases of Salmonella Typhi (typhoid) and S. Paratyphi (paratyphoid) reported in England, Wales and Northern Ireland in 2012. This data captures data from age, sex and race. This report can be found on https://www.gov.uk/government/uploads/system/.../Entfever2012.pdf

Chikungunya England, Wales and Northern Ireland: 2013

Chikungunya is a viral disease resembling dengue, transmitted by mosquitoes and endemic in East Africa and parts of Asia. Chikungunya does not occur in the United Kingdom; it is a travel-associated infection. This report analyses how many people are infected. Age and Sex is important in this report. Please look through

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/327825/Chikungunya_2013.pdf

Dengue fever in England, Wales and Northern Ireland: 2013

Dengue fever is a borne tropical caused by the dengue virus. Symptoms include fever, headache, muscle and joint pains, and a characteristic skin rash that is similar to measles. This report analyses how many people are infected. Age and Sex is important in this report. Please look through http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317141433602

Tuberculosis

UK pre-entry tuberculosis screening brief report 2013

This report from HP is the first report on UK pre-entry TB screening. This report provides an overview on the preliminary results and information on the pre-entry screening programme for active pulmonary TB (PTB) in the United Kingdom. This report contains information in relation to the protected characteristics, including TB screening by age, gender, sex and race. This can be found on https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/328468/TB_preentry_screening_brief_report_2013.pdf

TB strain typing and cluster investigation handbook

This handbook provides guidance and support for the use of tuberculosis (TB) strain typing data for investigating TB clusters. TB strain typing results, when combined with epidemiological data, can help to identify TB patients who may be involved in the same chain of recent TB transmission. This handbook covers age, sex and race from the protected characteristics. This can be found on http://webarchive.nationalarchives.gov.uk/20140714084352/http:/www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317140774833

Tuberculosis in the UK: 2014 report

This document is based on surveillance data provided by frontline TB staff from across the UK. This year's report presents detailed data for the 10 year period 2004-2013, providing a valuable picture of the trends in TB epidemiology in the UK over the past decade. Age and sex are couple of the protected characteristics mentioned. Please read https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360335/TB_Annual_report__4_0_300914.pdf

Hepatitis

Hepatitis C genotypes reported to the sentinel surveillance of blood-borne virus testing

Our reports on hepatitis C genotypes analyse infection levels in the UK and give some information related to protected characteristics such as race, age and gender. https://www.gov.uk/government/publications/sentinel-surveillance-of-blood-borne-virus-testing-in-england-2013

Hepatitis B epidemiology in London 2012 data

This report aims to describe the epidemiology of hepatitis B in London, provide information on some of the public health interventions designed to prevent transmission and make recommendations to improve the detection and public health management of new and existing infections. Ethnicity and age are some of the protected characteristics that are mentioned in the report. For more information, have a look through https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/325941/London_hepatitis_B_report_2012_data.pdf

Hepatitis C in the UK 2014 report

This is the Hep C report for 2014, which consists of some data in regards to the protected characteristics. For further information, please have a look at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/337115/HCV_in_the_UK_2014_24_July.pdf

Sexual transmitted infections

Addressing late HIV diagnosis through screening and testing: an evidence summary

This document summarises the rationale and evidence for increasing HIV screening and testing in order to support public health and sexual health professionals. This report covers age, gender and sexual orientation from the protected characteristics. This can be found on http://www.bashh.org/documents/HIV%20Screening%20and%20Testing_Evidence%20Summary_April%202014.pdf

The epidemiology of sexually transmitted infections in London 2012 data

This report aims to describe the epidemiology of sexually transmitted infections (STIs) in London using routinely available data collected by PHE. It bases it finding around some of the protected characteristics, such as age, sex, ethnicity and others. This can be found on
http://webarchive.nationalarchives.gov.uk/20140714084352/http://www.hpa.org.uk/Publications/InfectiousDiseases/HIVAndSTIs/1404epidemiologyofSTIsinLondon2012/

Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV

The guide has been developed to support commissioning bodies to ensure the delivery of high quality SH, RH & HIV services, in line with their responsibilities set out in the Health and Social Care Act 2012. Sexual orientation and pregnancy are some of the protected characteristics that are mentioned in the report. For more information, have a look through
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351123/Making_it_work_FINAL_full_report.pdf

HIV and STIs in men who have sex with men in London: September 2014

The purpose of this report is to pull together intelligence usually presented in different places, to build up a picture of the needs of MSM as they relate to STIs and HIV in London. Please look through
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357451/2014_09_17_STIs_HIV_in_MSM_in_London_v1_0.pdf
“HIV in the United Kingdom: 2014 Report”

This annual report contains HIV figures for the UK, based on the previous year’s data. Many of the protected characteristics are mentioned. Please look through
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377194/2014_PHE_HIV_annual_report_19_11_2014.pdf

Towards achieving the chlamydia detection rate: considerations for commissioning

This document provides guidance for commissioning chlamydia screening on how to improve the detection rate indicator. The aim of the document is to assist commissioners in continuously improving the effectiveness, and hence value for money, of chlamydia screening for young people in their local authority. Age and sex from the protected characteristics are important to this document. Please look through
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373105/NCSP_achieving_DR.pdf

Opportunistic Chlamydia Screening of Young Adults in England: An Evidence Summary

To provide an overview of current, published evidence relating to chlamydia screening among young adults in England to support public health and sexual health professionals, including Directors of Public Health, elected members, commissioners and providers of sexual health and chlamydia screening services. This report covers age, gender and sexual orientation from the protected characteristics. This can be found on:
http://www.chlamydiascreening.nhs.uk/ps/resources/evidence/Opportunistic%20Chlamydia%20Screening_Evidence%20Summary_April%202014.pdf

Vaccines

Changes to the meningococcal C conjugate (MenC) vaccine schedule 2013-2015: for health care professionals

This report explains the changes to the Men C vaccine schedule and why this is happening. Age is a very important factor in this report. For further information, please have a look through.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/336171/MenC_information_for_healthcare_professionals_V7_.pdf

Vaccination against pertussis (Whooping cough) for pregnant women 2014

In 2012, the UK reported the largest increase in pertussis activity in over two decades. At that time, the greatest numbers of cases were in adolescents and young adults but the highest rates of morbidity and mortality occurred in infants too young to be protected through routine vaccination. In England and Wales, a total of 14 infant deaths were reported in 2012.

In response to the national outbreak, the Department of Health introduced a new temporary pertussis vaccination programme to immunise pregnant women from 28 weeks of pregnancy in order to passively protect infants against the disease. For more information, please visit
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338567/PHE_pertussis_in_pregnancy_information_for_HP_2014_doc_V3.pdf

Herpes zoster (shingles) immunisation programme 2013/2014: Report for England

This report presents the evaluation of the first year of the herpes zoster (shingles) vaccination programme in England. Age and sex is an important factor in this report.

Please look through
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383018/ShinglesReport2014.pdf

The children's flu vaccination programme, the nasal flu vaccine Fluenz and porcine gelatine: your questions answered

Media coverage has drawn attention to the use of gelatine in vaccines, following the launch of a number of pilot programmes across England which are offering a flu vaccine to 4 to 10 year-olds, using a safe and effective nasal spray vaccine called Fluenz. PHE has responded answering some questions in regards to the vaccine. Race and religion is a key factor in this document. Please look through:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/386842/2902998_PHE_FluPorcine_QAforParents_FINAL_CT.pdf

Extreme Events

Heatwave plan for England 2014

The Heatwave Plan for England is a plan intended to protect the population from heat-related harm to health. It aims to prepare for, alert people to, and prevent, the major avoidable effects on health during periods of severe heat in England. Please see
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310598/10087-2902315-TSO-Heatwave_Main_Plan_ACCESSIBLE.pdf

Cold weather plan for England 2014

The Cold Weather Plan for England is a framework intended to protect the population from harm to health from cold weather. It aims to prevent the major avoidable effects on health during periods of cold weather in England by alerting people to the negative health effects of cold weather, and enabling them to prepare and respond appropriately.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365756/CWP_2014.pdf

Sustainable, resilient, healthy people & places: a sustainable development strategy for the NHS, public health and social care system

The Sustainable Development Strategy for the Health, Public Health and Social Care System describes the vision for a sustainable health and care system by reducing carbon emissions, protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and environments. Please see
http://www.sduhealth.org.uk/policy-strategy/engagement-resources.aspx

National Poisons Information Service

Report 2013/14

This report provides statistical information on the work of the National Poisons Information Service (NPIS) and shows how different elements of the service work together by giving examples of its activity – in particular on recreational drugs, paracetamol poisoning and poisoning with reed diffusers. Age, sex and pregnancy are some of the protected characteristics mentioned in this report. Please look through http://www.npis.org/NPISAnnualReport2013-14.pdf

Social marketing

Public Health England marketing strategy

The PHE marketing strategy report describes how PHE will use marketing to support the objectives of its business plan and England's public health system. Age, sex and pregnancy are some of the protected characteristics that are mentioned in the report. For more information, have a look through https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326548/PHE_StrategyDoc_2014_10.pdf

Health inequalities

Local action on health inequalities: evidence papers

PHE commissioned the Institute of Health Equity to build on the Marmot Review with a series of papers for local authorities about action on the wider determinants of health – such as early year's experiences and employment. The papers include evidence, practical points and case studies on approaches and actions that can be taken by local authorities on a range of issues to reduce health inequalities. Equality groups feature throughout the series; for example, Evidence Review 5: Increasing employment opportunities and improving workplace health, reports on effective practices to support people with disabilities into work or training. https://www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers

National Conversation on Health Inequalities

The National Conversation on Health Inequalities is a PHE programme about reducing differences in health. The aim is for local authorities to start talking about health

inequalities in their communities. This programme aims to include good representation from local communities including those with protected characteristics. https://www.gov.uk/government/collections/national-conversation-on-health-inequalities

Equality and health inequality issues in dementia : summary of event – 7 May 2014

On 7 May 2014 PHE hosted an event to consider equality and health inequality issues in dementia. Forty attendees participated, including leading figures from the voluntary, community, and statutory sectors, alongside people living with dementia. This document summarises some of the main themes emerging from the discussion, including some of the nine protected characteristics of the Equality Act 2010. Please look through http://dementiapartnerships.com/wp-content/uploads/sites/2/PHE-Dementia-Equity-Event-Summary.pdf

Health profiles

Local health profiles

The profiles draw together information to present a picture of health in each local area in a user-friendly format. They are a valuable tool for local government and health services in helping them to understand their communities' needs, so that they can work to improve people's health and reduce health inequalities. The profiles contain information on health outcomes by equalities characteristics, including an indicator on emergency admissions by ethnic group. The profiles and related interactive information are available online at www.healthprofiles.info

Child health profiles

The profiles draw together information to present a picture of child health and wellbeing in each local area in a user-friendly format. They are a valuable tool for local government and health services in helping them to understand their communities' needs, so that they can work to improve the health and wellbeing of children and young people and reduce health inequalities. Available at http://www.chimat.org.uk/profiles

Local alcohol profiles for England (LAPE): Updated April 2014

Local Alcohol Profiles for England provides data on the prevalence of alcohol-related harm with breakdowns by gender and for under 18s. Using these reports in conjunction with local demographic data, Directors of Public Health are better able to target alcohol interventions to meet need. www.lape.org.uk/

Mental health

National Mental Health Dementia and Neurology Intelligence Network (NMHDNIN)

The National Mental Health Dementia and Neurology Intelligence Network (NMHDNIN) analyses information and data and turns it into timely meaningful health intelligence for commissioners, policy makers, clinicians and health professionals to improve services, outcomes and reduce the negative impact of mental health, dementia and neurology problems. The network was launched in 2014, for further information please see http://www.yhpho.org.uk/mhdnin

Life course (children and young people, adults and older people)

Obesity and disability, children and young people

This paper examines the evidence linking disability and obesity among children and young people. It looks at a range of impairments or health conditions associated with disability and explore the main obesity-related chronic health conditions that can develop during childhood and adolescence. This can be found http://www.noo.org.uk/securefiles/141013_1257//obesity%20and%20disability%20-%20child%20and%20young%20people%2019%2002%2014.pdf

The health and wellbeing of children and young people in London: an evidence based resource

Measuring and reporting the circumstances of children is key to improving their wellbeing. The purpose of this report is to:

- provide a descriptive analysis of the health and wellbeing of children and young people living in London.
- describe the economic case for investment in children and young people living in London.
- support local authorities to identify key priority areas to improve the health and wellbeing of children and young people in order to improve outcomes and reduce health inequalities

Please have a look at:
http://www.lho.org.uk/Download/Public/18448/1/CYP_Final_Report_June2014.pdf#

Health and justice health needs assessment template: adult prisons: Part 2 of the health and justice health needs assessment toolkit for prescribed places of detention

This toolkit provides support for producing a health needs assessment for prescribed places of detention, which includes prisons, young offender institutions, secure training centres, secure children's homes and immigration removal centres. The toolkit reflects the diverse health needs of different populations within prescribed places of detention. Age, gender and pregnancy are some of the protected characteristics that are mentioned in the toolkit. For more information, have a look through https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/331628/Health_Needs_Assessment_Toolkit_for_Prescribed_Places_of_Detention_Part_2.pdf

Learning disability

Making reasonable adjustments to end of life care for people with learning disabilities

This report brings together some of the reasonable adjustments that are being made to make end of life care more accessible to people with learning disabilities. It includes a summary of policy and guidance and research evidence as well as links to resources and examples from practice.
https://www.improvinghealthandlives.org.uk/publications/1234/Making_reasonable_adjustments_to_end_of_life_care_for_people_with_learning_disabilities

Joint strategic needs assessments: how well do they address the needs of people with learning disabilities?

The aim of the present report is to examine the extent to which Joint Strategic Needs Assessment that were current in 2012 addressed the health and wellbeing needs of people with learning disabilities, including children. Please look through https://www.improvinghealthandlives.org.uk/securefiles/141124_1117//IHAL%202013-09%20JSNAsr.pdf

Improving the health and wellbeing of people with learning disabilities: guidance for social care providers and commissioners

Guidance to support implementation of the health charter. Includes case studies and links to resources.
https://www.improvinghealthandlives.org.uk/publications/1223/Improving_the_health_and_wellbeing_of_people_with_learning_disabilities._Guidance_for_social_care_providers_and_commissioners_(to_support_the_implementation_of_the_health_charter)

Health Check

Making reasonable adjustments to primary care services: supporting the implementation of health checks

There is clear evidence that health checks detect unmet health need and lead to actions to address these needs, but half of all people with learning disabilities eligible for a health check are still not getting them. This report, signposts people to a number of resources that can help improve the uptake and quality of health checks: https://www.improvinghealthandlives.org.uk/publications/1224/Making_reasonable_adjustments_to_primary_care_services:_supporting_the_implementation_of_annual_health_checks_for_people_with_learning_disabilities

NHS Health Check competence framework

The NHS Health Check competence framework describes the core competences and technical competences required to carry out an NHS Health Check. One of the core competencies in the framework is Equality. Please read www.healthcheck.nhs.uk/document.php?o=664

NHS Health Check case studies and patient information

Every month PHE in partnership with the NHS publishes a case study that shares the approach and learning from a local area delivering the NHS Health Check programme to a population sub group that is at greater risk of cardiovascular disease. This has included showcasing work to engage men and people from different faith groups. The case studies are available at: http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources_and_training_development_tools/case_studies/

Patient information on the NHS Health Check is available in 17 different languages as well as video, braille and easy to read format: http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/marketing_and_branding/information_leaflets/

Tobacco

CLeaR local tobacco control assessment

The CLeaR assessment supports local public health organisations to review their current tobacco control efforts and develop further actions to reduce smoking rates. The self-assessment tools cover some of the equality groups for example pregnant

women and young people. https://www.gov.uk/government/publications/clear-local-tobacco-control-assessment

Drugs and alcohol

Alcohol, drugs and tobacco joint strategic needs assessment support packs

The packs support planning and commissioning cycles for alcohol and drug treatment and prevention and tobacco control. The packs provide areas with bespoke data and good practice prompts to support local areas assess local need and plan to meet it, including meeting the needs of the groups with Equality Act protected characteristics. https://www.gov.uk/government/news/alcohol-drugs-and-tobacco-joint-strategic-needs-assessment-support-pack

National Intelligence Network: on health harms associated with drugs use

PHE hosts a national intelligence network on the health harms associated with drugs use. The network meets quarterly to explore, share and disseminate intelligence across the field to help identify how practice can be improved in the prevention of drug-related harm. The sessions focus on groups which the evidence shows experience specific harms and require targeted intervention. Among others, the group has looked at the needs of men who have sex with men; women; and those involved with sex work.

Associated with this network, PHE has convened a stakeholder group to develop a briefing for drug treatment services on responding to emerging patterns of drug use by a cohort of gay, bisexual and other men who have sex with men, this will published in January 2015. http://www.nta.nhs.uk/who-healthcare-drd-bbv.aspx

National Drug Treatment Monitoring System

Reports on alcohol and drug treatment in England, both with accompanying suites of data reports for every local authority, providing detailed information on the access to treatment for alcohol and drug dependent adults, broken down by age, gender and ethnicity. Using these reports, in conjunction with the Local Alcohol Profiles for England and local demographic data, Directors of Public Health are able to assess access by protected groups to the treatment they commission. We are launching a national consultation with stakeholders in January 2015 on amending the data set to enhance the collection of data on sexual orientation and other protected characteristics, including disability, gender reassignment and religion or belief, as described in the Equality Act 2010. The aim is to build on what is already collected to better support local area's monitoring of protected characteristics to support improved needs assessments and service delivery. http://www.nta.nhs.uk/statistics.aspx

Food and drink

Sugar reduction responding to the challenge

This document outlines how PHE will prepare evidence and advice for government. This will allow us to meet the Department of Health's request that we provide them draft recommendations in spring 2015 to inform the government's thinking on sugar in the diet. Age is a very important factor in this document. Please read https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324043/Sugar_Reduction_Responding_to_the_Challenge_26_June.pdf

Carbohydrates and health

This draft report from the Scientific Advisory Committee on Nutrition (SACN) sets out a review of evidence on the relationship between dietary carbohydrate and health. The report considers age and gender in providing essential evidence to support, among other things, action following up publication of 'Sugar Reduction: Responding to the Challenge'. The finalised report will be published in Spring 2015. Please see: https://www.gov.uk/government/groups/scientific-advisory-committee-on-nutrition#news

A quick guide to the government's healthy eating recommendations

This document provides a concise summary of government's healthy eating recommendations and the dietary reference values upon which they are based. Age, sex and pregnancy are some of the protected characteristics mentioned in this. Have a look through https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347871/A_quick_guide_to_govt_healthy_eating.pdf

Healthier and more sustainable catering

A suite of publications providing practical advice and supporting tools on how to make catering affordable, healthier and more sustainable including advice on food-related religious and cultural practices. These are available at: https://www.gov.uk/government/publications/healthier-and-more-sustainable-catering-a-toolkit-for-serving-food-to-adults

Physical activity

How to make weight loss services work for men

PHE supported the Men's Health Forum to produce a new evidence-based guide for local authorities, commissioners and weight management providers on how to tailor their weight loss services for men's needs. The guide offers advice for local authority commissioners and weight management providers who are trying to attract men to weight loss programmes to support men to lose weight and ultimately improve their health. The guide can be viewed here:
http://www.menshealthforum.org.uk/sites/default/files/pdf/how_to_weight_final_lr_1.pdf

Everybody Active, Every Day

PHE worked with over 1,000 individuals and organisations at national and local levels to develop *Everybody Active, Every Day'* a physical activity framework for England. In addition to embedding inequalities within the development process, a specific work stream explored the challenges for equality groups.

Everybody active every day: An evidence-based approach to physical activity:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf

What works – the evidence:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366113/Evidence_layout_23_Oct.pdf

Everybody active every day: The case for taking action now – A resource for MPs:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366522/141022_EAED_MP_toolkit.pdf

Sexual orientation

PHE's initial findings on the health and wellbeing of gay, bisexual and other men who have sex with men

This paper sets out PHE initial findings on the health and wellbeing of gay, bisexual and other men who have sex with men (MSM). The action plan sets out a vision for all MSM to enjoy long healthy lives with respectful and fulfilling social and sexual relationships. To guide this work to date, PHE has held two listening events for stakeholders and has established an Advisory Working Group, made up of subject matter experts and academics. The initial findings report is available at:

https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-gay-bisexual-and-other-men-who-have-sex-with-men

The health and wellbeing of black and minority ethnic gay, bisexual and other men who have sex with men: event report

A PHE conference on 2 October 2014 highlighted the fact that black and minority ethnic (BME) gay and bisexual men are likely to experience compound impacts of discrimination on the grounds of their sexual orientation and ethnicity. They may also face barriers in accessing services and support, due to racism or homophobia in the communities they live and work in. The event report is available at: https://www.gov.uk/government/publications/health-and-wellbeing-of-bme-men-who-have-sex-with-men-event-report

Healthcare services

A framework for personalised care and population health for nurses, midwives, health visitors and allied health professionals

This framework has been developed to underpin our national programme to maximise the impact of nurses, midwives, health visitors and allied health professionals on improving health outcomes and reducing inequalities. Age, disability and pregnancy are some of the protected characteristics that are mentioned in the framework. For more information, have a look through https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326984/PHP_Framework_Version_1.pdf

Screening in England 2012–2013

This report shows how screening delivers enormous public health benefits by detecting conditions early and working closely with treatment services to deliver the best possible health outcomes for individuals who test positive. It has many of the protected characteristics mentioned in the document, such as, age, pregnancy and disability. Please look through http://www.screening.nhs.uk/publications

Safe supplies: Reflecting on the Population, annual review from the NHS Blood and Transplant/PHE Epidemiology Unit, 2013

This document presents the 2013 findings from the joint NHS Blood and Transplant/Public Health England epidemiology team. They produced a high quality report with robust data which is envied internationally. This work demonstrates the richness of the evidence that can be presented when Blood Services and Public Health organisations across the UK join forces. The findings provide assurance

regarding the extremely high safety of the UK blood supply for current risks, and provide a solid base on which to build further reviews of donor eligibility to ensure that no donors are unnecessarily declined. Equally reassuring is the great attention paid to horizon scanning for emerging infections. Age and sexual orientation is an important factor in this document. Please look through https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/372598/NHSBT_PHE_Epidemiology_Unit_Annual_Review_2013.pdf

Annex 1: Our 7 equality objectives

Equality objective 1: Public Health England will ensure that the public sector equality duty is embedded and reflected in our corporate priorities and is an integral part of any future priority setting for our organisation.

Equality objective 2: We will build and develop our relationships with stakeholders and the public, including those that represent groups with protected characteristics, to improve our functions and services, and consult with them about our priorities.

Equality objective 3: We will ensure that our advice (including to local authorities, NHS England and government) includes dimensions of health equity and equality and diversity in accordance with the Equality Act 2010.

Equality objective 4: As an expert organisation, we will build on our strengths in knowledge and intelligence, improve the information we hold and collect from our system partners and lead the way on expanding the knowledge and intelligence evidence base on people with protected characteristics.

Equality objective 5: We will improve accessibility and ease of understanding of the information and advice we produce. We will seek to improve the accessibility of the information that we provide to the public and stakeholders.

Equality objective 6: We will improve our internal business processes so that equality and diversity is an integral part of everything we do. Our drive to increase value, efficiency and productivity will always consider the needs of people with protected characteristics, internally in Public Health England and in our externally facing functions.

Equality objective 7: We will ensure we have a motivated and engaged workforce who live our behaviours of respect for each other.