



Public Health
England

Protecting and improving the nation's health

Equality in Public Health England

How we met the Public Sector
Equality Duty in 2019

Withdrawn October 2023

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Abbie Colwell - Abbie.Colwell@phe.gov.uk

For queries relating to this document, please contact: Lina.Toleikyte@phe.gov.uk,
Abbie.Colwell@phe.gov.uk or Health Equity Unit health.equity@phe.gov.uk

OGL

© Crown copyright 2020

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published February 2019

PHE publications

gateway number: GW-1111

PHE supports the UN

Sustainable Development Goals



SUSTAINABLE DEVELOPMENT GOALS

Contents

Introduction	4
Actions to fulfil our equality objectives 2017 to 2020	8
Aim 1: Supporting the health system	8
Aim 2: Engaging and developing PHE staff	22
Next steps	33
Annex 1: Our equality objectives 2017 to 2020	34

Withdrawn October 2023

Introduction

Public Health England (PHE) exists to protect and improve the nation's health and reduce health inequalities. To deliver a broad range of products and services, PHE employs over 5,000 staff working from 50 locations. It works with local authorities, the NHS and others to help people live longer, healthier and happier lives and reduce health inequalities.

The Equality Duty

The Equality Duty is a general duty set out in the Equality Act 2010, which applies to 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 3 aims. It requires public bodies such as PHE to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010.
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
3. 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

The general Equality Duty is supported by 2 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 4 years

PHE's objectives for 2017 to 2020 clearly distinguish between those related to staff and to the wider health system during the 4-year period. They focus on ensuring that equality considerations are built into any processes, practices and ways of working and that they are implemented as fairly and transparently as possible.

PHE intends to review its objectives on a regular basis, revising them where necessary or updating actions required for effective implementation. As the end of 2020 approaches, PHE will continue to monitor and review priorities and will update objectives where appropriate to ensure they remain relevant and fit for purpose.

Our equality objectives for 2017 to 2020 are presented below.

PHE Equality Duty objectives, published in February 2017

Aim 1: Supporting the health system

We aim to promote equality and fairness in all PHE business – the way we design and deliver our functions and products, procure and commission from others, and work with partners, and stakeholders including the public.

Objective 1.1 Research and Intelligence

We will develop and promote use of better intelligence and advocate for better research related to health outcomes and health determinants among groups that share protected characteristics.

Objective 1.2. Advice to the health system

We will ensure our advice to the system includes dimensions of equity and equality in line with PHE priorities.

Objective 1.3. Promoting equality through programmes

We will promote equality through all our programmes or functions to ensure they relate to people who share different protected characteristics, advance equality and tackle inequalities.

Aim 2: Engaging and developing PHE staff

We aim to create and maintain a diverse and inclusive working environment that values difference and fosters an inclusive workplace ethos where staff from all backgrounds are treated fairly and equally, and where they can advance their careers.

Objective 2.1: Diversity and staff inclusion

We will develop people managers' understanding of the link between effective diversity and staff inclusion and the future impact on physical and mental health of the actions and behaviours of managers and colleagues.

Objective 2.2: Workforce composition

We will strengthen collection and monitoring information on our staff in reference to their age, gender, ethnicity, sexual orientation, religion/belief and disability.

Objective 2.3: Talent management

We will establish talent management schemes tailored for developing staff from the main 6 protected characteristics.

Objective 2.4 Staff engagement

We will continuously improve staff engagement and inclusiveness as measured by Staff Survey questions.

The Health Inequalities Duty (Health and Social Care Act 2012)

The Health and Social Care Act 2012 introduced specific legal duties on health inequalities for the Secretary of State for Health and Social Care, which PHE must meet on his or her behalf. The duty requires PHE to have due regard to the need to reduce inequalities between the people of England with respect to the benefits that they can obtain from the health service. It applies to all PHE public health functions, not just healthcare focused work.

The two legal duties are different but related. For example, guidance on the Equality Act 2010 explains that having due regard to the need to advance equality of opportunity involves considering whether there is a need to tackle inequalities suffered by people who share a relevant protected characteristic.

Our approach to governance on equality and inequalities

PHE's approach to governance on equality and diversity ensures that it has measures in place at all levels of the organisation to consider equality for its workforce and in its service provision. PHE's Management Committee provides senior leadership governance for PHE's fulfilment of the Equality Duty and its legal duties on health inequalities from the Health and Social Care Act 2012. Designated staff and Senior Responsible Officers (SROs) provide annual updates to inform the development of the report.

Contents of this report

This report describes the progress PHE has made since the publication of [How We Met the Equality Duty in 2018](#), highlighting key achievements and activity towards fulfilling its equality objectives. It also provides an outline for focused actions related to the equality objectives in 2020.

This report consists of 2 main sections:

1. Actions to Fulfil our Equality Objectives
 - 1.1 Supporting the Health System
 - 1.2 Engaging and Developing PHE Staff
2. Next Steps

Actions to fulfil our equality objectives 2017 to 2020

Aim 1: Supporting the health system

Background

PHE aims to maximise opportunities to become more ambitious in its approach to creating a more diverse, and diversity-aware workforce, and promote equality and fairness in the way it designs or delivers products and services. In 2017, PHE published a new set of equality objectives for 2017 to 2020, in line with statutory requirements to refresh objectives at least once every 4 years.

Equality is at the heart of all of PHE's work, but to provide focus, its equality objectives relate to its priorities and the delivery of key programmes of work.

This section of the report provides a summary illustrating how PHE met the 'health system related' equality objectives in 2019.

Objective 1.1 Research and Intelligence

'We will develop and promote use of better intelligence and advocate for better research related to health outcomes and health determinants among groups that share protected characteristics.'

PHE provides the public health system with strong leadership, supporting those responsible for delivery with the high quality evidence, data and tools to make a real difference to the health of communities.

In 2019, PHE undertook a range of activity and published evidence and intelligence relating to groups that share protected characteristics. Progress against this objective is shared below.

Deliverable 1

'Produce an annual report outlining, as far as possible, health outcomes and health determinants among groups with protected characteristics, and more detailed periodic reports in relation to specific groups where possible'.

PHE's Health Profile for England 2019 [data update](#) and [summary blog](#) provides a comprehensive picture of the health of the population today and into the future. It includes a chapter on health inequalities, the health of children, and the wider determinants of health. Many outcomes are reported by level of deprivation or other indicators of socioeconomic status, and by protected characteristics where possible, such as age and gender.

Deliverable 2

'Monitor data and intelligence gaps related to the health of groups that share protected characteristics, taking action to support development of new data or intelligence, or to improve access to existing data'.

During 2019, PHE supplied data to the government's Race Disparity Audit, providing key indicators presented in the Ethnicity Facts and Figures website.

PHE is currently developing indicators of women's health and risk factors in early pregnancy, including smoking, obesity, alcohol use, folic acid supplementation and early access to maternity care. The intention is that supporting data such as that about age and ethnicity will be available as part of this, allowing inequalities to be explored. These are planned to be added to the PHE Fingertips tool in 2020, with some included in the [Public Health Outcomes Framework \(PHOF\)](#).

PHE has recently updated the [report which analyses pregnancy booking appointments data](#) from the Maternity Services Dataset and a comparison of first and subsequent pregnancies. It provides information on the health behaviours, risk factors and inequalities relating to women before and during early pregnancy, including data about age and ethnicity. The [tool which shows the data on health behaviours and risk factors at provider level](#) aimed at commissioners and providers in local maternity systems has also been updated with more recent data.

Last year, PHE carried out some initial work to look at inequalities in early childhood development, looking at the domains of early development by sex and by deprivation of residence. The [PHE Strategy 2020-2025](#) includes indicator development which will enable PHE to routinely monitor these inequalities. Work is ongoing to improve data quality to reach a point where indicators can be developed.

Speech, language and communication needs can be connected to disability and are more common among boys. Two new indicators have been added to the PHOF, which look at the development of these skills, as well as [narrative reports](#) for upper tier local authorities to use to inform planning. The work complements that of the Department for Education (DfE) to improve social mobility through education, with the ambition to close

the 'word gap' focused on the development of important early language and literacy skills for pupils who are disadvantaged or not achieving their full potential.

New digital standards for child health are being developed as part of a programme of work by NHS England and NHS Digital to improve children's health through better information sharing, and PHE has an advisory role. PHE has taken the opportunity to include more background information on protected characteristics and vulnerable groups.

PHE currently provides inequality breakdowns at national level for the following older-people-related indicators in the **Public Health Outcomes Framework**:

- life expectancy at 65 (gender)
- inequality in life expectancy at 65 (gender)
- cancer screening coverage – bowel cancer (area deprivation)
- abdominal aortic aneurysm (AAA) screening coverage (area deprivation)
- emergency hospital admissions due to falls in people aged 65 and over (gender, area deprivation)
- flu vaccination coverage (aged 65+) (area deprivation)
- pneumococcal polysaccharide vaccine (PPV) coverage (area deprivation)
- shingles vaccination coverage (70 years old) (area deprivation)
- preventable sight loss – age related macular degeneration (area deprivation)
- hip fractures in older people (gender, area deprivation)
- excess winter deaths in older people (gender, area deprivation)
- estimated dementia diagnosis rate in older people (area deprivation)

Many other indicators in the Public Health Outcomes Framework are provided with breakdowns by dimensions of inequality, and these are signposted from the [tool's home page](#) (under Recent Updates).

PHE also launched a new tool in June 2019 – the **Productive Healthy Ageing Profile** – to focus on topics and indicators relevant to healthy ageing. Examples of inequality breakdowns provided at national level for older people related indicators include:

- health related quality of life for older people (gender, ethnicity, religion/belief, sexual orientation, area deprivation)
- disability-free life expectancy at 65 (gender, area deprivation)
- admissions for alcohol-related conditions in older age groups (gender, area deprivation)
- social isolation in older carers and social care users (age, area deprivation)
- deaths in older people due to various causes (age, gender, area deprivation)

The aim is to increase the number of indicators presented for older age groups and availability of inequality breakdowns. A document on the home page summarises the inequality breakdowns and there is also an inequalities 'Further Resources' section.

In 2019, PHE began an evaluation process of the **Guide to healthy living: mosques** which it produced in 2017 in collaboration with Birmingham City Council and KIKIT – Pathways to Recovery. The guide aimed to provide mosque leaders and communities with public health evidence and recommendations, demonstrating how these recommendations link into Islamic teachings, with case study examples from local mosques. The guide includes a self-assessment checklist for mosques to reflect on current initiatives, identify gaps, recognise achievement and develop plans for future projects. PHE is currently evaluating the usage and impact of the guide, with a view to share learning to potentially develop a national guide and maybe utilise a similar methodology with other faith groups. The aim is to complete this evaluation by June 2020.

In May 2019, PHE updated its **Health Equity Dashboard** - an interactive tool developed to present evidence for the key indicators being used by PHE to monitor progress in reducing inequalities. The dashboard monitors outcomes by deprivation and selected protected characteristics, such as smoking prevalence by sexual orientation, childhood excess weight by ethnic group, and employment rates for people with a long-term health conditions.

Deliverable 3

‘Ensure PHE Knowledge Management (KM) Platform includes sections providing knowledge specifically on the reduction of inequalities and impact on specific protected groups’.

The PHE Knowledge and Library Service team have continued to develop resources to help users identify the best available evidence relating to health inequalities.

An online resource, ‘**Finding the evidence: health inequalities, equality and diversity**’ is updated annually to help public health professionals search for the best available evidence on inequalities, equality and diversity. This includes details of UK and international information sources, research support and learning resources as well as guidance on searching the literature to identify current and relevant evidence on reducing inequalities and assessing impact on specific protected groups.

Evidence briefings are produced as a summary of the best available evidence that has been identified and selected from research using systematic and transparent search methods. These are produced in order to answer a specific question, many of which either directly or indirectly address protected characteristics. This includes, for example, questions on potential variation of smoking and alcohol use in pregnancy by age, stigmatisation faced by women in accessing healthcare, and whether social marketing is effective for improving sexual health outcomes for Black, Asian and Minority Ethnic (BAME) groups, young people, and men who have sex with men (MSM).

Deliverable 4

'Work with health and related research funders to specify that their funded research should consider its impact on those with protected characteristics, for example, when trialing new interventions'.

This objective is part of PHE's core functions aimed at ensuring that its research and development activities and those of its partners help reduce health inequalities by meeting the needs of the most disadvantaged in society, and that all research considers impact on those with protected characteristics, for example, when developing and evaluating new interventions.

PHE has continued to work with research funders to ensure that the commissioned research focuses on reducing inequalities, most recently on the challenges for health protection research as part of the commissioning of the new NIHR Health Protection Research Units.

PHE has undertaken an assessment of the research needs arising from the new PHE Strategic Plan which defines priorities for the next five years to protect and improve the nation's health and reduce health inequalities. This assessment has identified research needs to help with the reduction of inequalities and PHE is now working with academia and research funders to help ensure that those needs are met.

Further activity on Objective 1.1. Research and intelligence

NHS Health Check Data Extraction 2017

On 17 October 2019, PHE and NHS Digital jointly published a **new interactive data dashboard** on NHS Health Check primary care data. This provides data on the age, sex and ethnicity of people who were recorded as being invited for, and who attended or did not attend a check, between April 2012 and March 2018. 90% of GP practices in England participated in the data extraction and 10 million patient records were captured.

Amongst the protected characteristics, the dataset includes data on gender, ethnicity, age, some disability/ long term conditions (deafness, blindness, learning disability, serious mental illness), in addition to some socio-economic information (carer status, index of multiple deprivation).

PHE will publish national findings on how effective the programme is at reaching those different groups. Where possible (for example, no risk of disclosure), PHE will

also present data at local level. The next metric to be published will be attendance by level of deprivation.

The richness of this data is significant and will help to improve understanding of the programme's impact and also inform what action is needed to improve service delivery and outcomes.

Objective 1.2. Advice to the system

'We will ensure our advice to the system includes dimensions of equity and equality in line with PHE priorities'.

PHE works to embed consideration of equality and diversity throughout its advice to the public health system. It does this through its national programmes in line with PHE priorities and in collaboration with PHE Centres. Progress against this objective is outlined below.

Deliverable 1

'Promote All Our Health guidance and evidence to enable health care professionals to make improvements against wider factors that affect health and wellbeing especially among groups that share protected characteristics and people who do not share them'.

All Our Health (AOH) is a call to action to all health and care professionals in England to embed and extend prevention, health protection and promotion of wellbeing and resilience into their practice. It is designed to help individuals make the best choices for their own and their family's health and wellbeing, creating a social movement for health and helping reduce the inequity gap. It is an online framework of evidence, produced by PHE, which brings together priority topics to help address the major factors causing premature death, ill health and health inequalities.

This programme is specifically aimed at ensuring PHE's system partners lead the way on expanding the knowledge and intelligence evidence base with all members of society, but specifically the disadvantaged in society and those people with protected characteristics, such as those with a disability, older people, the young etc. In 2019, the All Our Health resources had over 220,000 unique views.

There are a number of key achievements of All Our Health in 2019.

Firstly, PHE has worked in partnership with Health Education England to develop interactive e-learning sessions to further engage health and care professionals with the All Our Health content, with 17 sessions covering a wide variety of public health topics,

which are now published. All of the All Our Health topics contribute towards tackling health inequalities and give guidance on actions that health and care professionals can take to prevent ill health and promote wellbeing across the life course. There are also specific focuses on issues such as homelessness, sexual health and the misuse of illicit drugs and medicines.

PHE has also formed relationships with academic institutions and healthcare providers to embed All Our Health within the curricula for health and care professionals and the current workforce. It has developed relationships with system leaders such as the Council of Deans and Skills for Care to further embed these resources within the wider workforce.

Finally, PHE has promoted the All Our Health framework through articles, journals, blogs, lecturing, professional event attendance and planning for an All Our Health WeLearn, using social media led learning to increase engagement with professionals.

Deliverable 2

‘Strengthen capacity in the system by continuing to make evidence and learning on community centred-approaches more accessible as part of efforts to mainstream and translation of evidence into action’.

In 2019, PHE’s work on connected and empowered communities was consolidated into a Healthy Communities programme in the new Priorities and Programmes Division. This built on the 4 delivery strands of system leadership, evidence and knowledge translation, implementation support and capacity building. The focus was on whole-system approaches to community-centred public health, as the next stage of delivery to reduce widening and persistent health inequalities.

Community-centred approaches are a vital strategy to close the gap in health inequalities as they engage those experiencing social exclusion and directly address the causes of health inequalities – marginalisation, powerlessness, isolation, stress, resilience.

A research study was conducted on whole system approaches to community-centred public health, which explored the principles, practice and steps to achieving whole system approaches. Published evidence and learning from current practice was drawn together, and early findings were reviewed with stakeholders. Evidence sources included:

- interviews with public health leaders from twelve local areas already doing whole system work with communities
- desk-based review of other whole system frameworks from the UK and international evidence, including from a whole system systematic review

- online survey of 342 members of the PHE People's Panel, to get the views of citizens about what is needed to support healthy communities
- roundtable with 23 representatives from local and national bodies, to test out early findings and how they fitted within the current context

The findings are summarised in a new framework of the key elements, core values and principles that are needed to make a shift to whole system approaches to community-centred public health. Products to disseminate the findings include a slide deck, briefing paper and set of practice examples, which will be published next year. They will be used to support the system to adopt whole system approaches to community-centred public health as part of efforts to reduce health inequalities. The findings have also been incorporated into the Place-Based Approaches to Reducing Health Inequalities framework.

The work also continues to collate practice examples of community-centred approaches which have benefitted different population groups represented by the protected characteristics. This includes physical activity projects with girls and young women, health and wellbeing groups for BAME women, and social prescribing programmes to aid those with disabilities and long term conditions. These and other examples can be viewed [here](#).

Further activity for Objective 1.2 Advice to the system

PHE worked to further embed equality objectives throughout Criminal Justice programmes of work, ensuring that the population who are in contact with the Criminal Justice System experience are not disadvantaged. The below example focuses specifically on the protected characteristic of age by considering children and young people.

Collaborative approaches to preventing offending and reoffending in children and young people (CAPRICORN)

In August 2019, PHE produced a new evidence-based resource, the **CAPRICORN framework**, for local health and justice system leaders to support collaborative working for children and young people with complex needs.

Many justice-involved children and young people have high levels of adverse childhood experiences (ACEs), poorer health, multiple complex health and social care needs, and experience challenges in accessing health, education and social services. Almost all of the causes of childhood offending lie outside of the direct influence of the youth justice system so it is crucial that health, education, social care, law

enforcement and other services form a collaborative approach to address the health and social determinants of offending and reoffending behaviour in children.

This resource has been developed with stakeholders and is aimed at Police and Crime Commissioners, police services, local authorities, community safety partnerships, youth offending teams, NHS England Health and Justice commissioners, Clinical Commissioning Groups, and a wide range of statutory and voluntary sector partners and stakeholders working with or for justice-involved young people.

The framework has been developed for strategic action on primary (or upstream) factors and secondary (or downstream) factors to prevent offending or reoffending behaviour, including serious violence. Action is required at individual and family level as well as at community level.

The CAPRICORN framework will support health and justice system leaders in bringing together the best range of local actors to co-develop a place-based, needs-led strategy informed by the evidence and exemplars of good practice from around England.

Safeguarding in general dental practice: a toolkit for dental teams – East Midlands Centre

This work highlights the need for dental teams to take additional measures to meet the needs of people in the most vulnerable situations (including children) and protect their rights in relation to how dental services can intervene and therefore work to reduce health inequalities. Compliance with the Human Rights Act, the Equality Act and the Mental Capacity Act are all fundamental to these aims.

The document takes account of any potential threats to the general duty for all those with protected characteristics and seeks to continually advance equality. It provides strong messages about the need to link empowerment to safeguarding, listening to those at risk and supporting their choices about managing their safety. Safeguarding principles are applied throughout the document, helping dental teams to connect safeguarding with good practice that promotes human rights and advances equality.

The toolkit clarifies the roles and responsibilities of general dental practice teams and provides resources for positive action to be taken in order to meet the needs of people with protected characteristics.

Objective 1.3. Promoting equality through programmes

'We will promote equality through all our programmes or functions to ensure they relate to people who share different protected characteristics, advance equality and tackle inequalities'.

In 2019, PHE continued to strengthen focus on embedding and promoting equality in its programmes and functions. Updates against selected programme areas have been set out below.

Deliverable 1

'Improve access to HIV testing in populations most at risk to reduce the proportion of individuals living with undiagnosed HIV'.

PHE commissions HIV Prevention England (HPE), a consortium led by Terrence Higgins Trust. This is a nationally co-ordinated programme of HIV prevention work with UK-based black African people and gay, bisexual and other men who have sex with men (MSM) – the populations most at risk of HIV. It brings together campaigns, online services, local work, sector development and policy work. It works closely with black African, gay, and faith communities, NHS clinics, and local authorities to:

- increase HIV testing to reduce undiagnosed and late diagnoses – including providing community-based HIV testing through PHE's voluntary sector Local Activation Partners
- promote condom use as a safer sex strategy
- promote other evidence-based safer-sex and biomedical HIV prevention interventions (such as PrEP)
- raise awareness of the role of sexually transmitted infections (STIs) in the context of HIV acquisition and transmission
- reduce levels of HIV-related stigma within affected communities and more widely

The HIV Self Sampling service is delivered through a framework commissioned by PHE. Local authorities can choose to sign up to the framework to commission online HIV self-sampling services for their residents. The Self Sampling Service is integral to HPE – during National HIV Testing week (NHTW), PHE funds the HIV self-sampling service to ensure it is open to all residents in England for the national campaign period. Since 2016, NHTW successfully reached target audiences including being linked to the delivery of over 80,000 self-sampling kits and an external independent evaluation reported very high levels of both reach and cut through. NHTW 2019 began in November and an external evaluation will be undertaken by Kantar, and is due to be published in 2020/2021.

Between when the HIV Self Sampling Service was established in November 2015 and the end of October 2019, nearly 94,000 tests have been conducted, of which 862 were reactive. The service is particularly used by those at increased risk of acquiring HIV such as gay, bisexual and other men who have sex with men and black African men and women. Online self-sampling provides a low barrier and cost effective service, and is an alternative to face to face services. Of the people using the service, around 30% report this as their first ever HIV test and a further 30% hadn't tested in the last year. The most recent annual report from the service can be found [here](#).

Deliverable 2

'Championing better health outcomes for people with learning disabilities'

PHE produces high quality data and evidence about the health and care of people with learning disabilities, and bring this to the attention of stakeholders in other organisations who can make changes for the better, such as the NHS and local government. In 2019, PHE's ambition has been to continue to do this but also to make sure the health of people with learning disabilities is being incorporated effectively into all work programmes across PHE. This ambition has been supported by the PHE advisory board, who invited members of the PHE advisory group of people with learning disabilities, and their families and carers, to attend an advisory board meeting to tell members about the health inequalities they experience.

PHE has continued to produce information in a variety of formats, including:

- updates to its learning disability profiles which include a range of data about the health and care of people with learning disabilities in England, along with updates to related summaries of all known data
- a series of webinars on a range of topics relating to health and care of people with learning disabilities
- easy-read information about the importance of flu vaccinations for people with learning disabilities
- reasonable adjustment guides on the topic of oral care and preventing falls for people with learning disabilities
- a report describing a study undertaken to see if the prescribing of psychotropic medication to people with learning disabilities, autism or both is reducing
- the results of the fifth national autism self-assessment exercise, which gathered and analysed information from local areas about how well they are meeting the need of autistic people
- systematic reviews of evidence and secondary analysis of survey data

Deliverable 3

'Reduce the rates of smoking among pregnant women at time of delivery'.

In 2019, PHE led the Improving Prevention & Population Health work stream working across the Maternity Transformation Programme to embed actions to increase the number of smokefree pregnancies.

The NHS Long Term Plan also includes action to improve stop smoking support for pregnant women and their partners. PHE and NHS England are working collaboratively to identify early implementer sites to test a new pathway for stop smoking support in maternity care, developing guidance and a financial planning model to assist with the role out of this programme over the coming years.

PHE continues to work with partners to develop training for healthcare professionals working with pregnant women. This year PHE launched new training material on e-learning for healthcare with two short films, a suite of education resources, and a number of associated blogs. PHE also worked closely with the Smoking in Pregnancy Challenge Group to publish new materials to support Health Visitors, briefings for Local Maternity Systems and an evidence summary on financial incentives. In collaboration with NHS E/I and HEE, PHE has provided training directly to over 500 midwifery staff, on providing Very Brief Advice, full stop smoking interventions, and train the trainer courses. PHE is participating in the NICE review of tobacco control guidance, which includes updating recommendations for reducing smoking in pregnancy.

Further activity this year includes production of a new Return on Investment tool, developing a new interactive "Townscape" as part of the PHE All Our Health resources, and continued work with NHS E/I on implementation of the Saving babies lives care bundle and Maternity Neo Natal Safety Collaborative, which both include an element on smokefree pregnancy.

Deliverable 4

'Reducing inequalities in oral health: evidence into action'.

PHE is currently producing a report outlining inequalities in oral health in adults and children and in availability, access, and outcomes of oral healthcare service in England. The report explores inequalities by socio-economic position, protected characteristics, and other vulnerable groups. The report will inform equality impact assessments and provide a baseline against which the impact of oral healthcare reform may be measured.

The report is planned to be published in 2020 and will inform the work of PHE's Adult Oral Health Oversight Group which leads PHE's work with key stakeholders to reduce inequalities in oral health of adults.

Further activity for Objective 1.3. Promoting equality through programmes

Health and Wellbeing Alliance

The Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance (HW Alliance) is a partnership between the VCSE sector and the health and care system to improve the health and wellbeing for all communities. The HW Alliance, jointly managed by the Department of Health and Social Care, Public Health England and NHS England and NHS Improvement, is made up of 20 VCSE members that represent communities who share protected characteristics or that experience health inequalities. Through their networks HW Alliance members can link with communities and the wider VCSE sector across England.

HW Alliance members have helped shape two major recent publications on health inequalities: the place-based approaches for reducing health inequalities, developed with the Association of Directors of Public Health and Local Government Association, to support systemic planning and co-ordination of action on health inequalities; and the menu of evidence-based interventions and approaches for addressing and reducing health inequalities, led by NHS England and NHS Improvement with the support of PHE, local authorities and the VCSE sector, to provide specific interventions that local NHS bodies can invest in to support their plans for reducing health inequalities, as part of their commitments in the NHS Long Term Plan.

HW Alliance members have also been working with PHE subject leads to co-produce solutions to promote equality and reduce health inequalities through a range of projects, including: providing input from LGBTQ and BAME communities into suicide prevention for local authorities and CCGs; informing the Government's work to reduce racial inequalities in mental illness; and developing targeted approaches to smoking cessation and weight management for people with severe mental illness or learning difficulties.

Health Equity Assessment Tool

The Health Equity Assessment Tool (HEAT) consists of a series of questions, which are designed to help staff systematically assess equalities and health inequalities related to their work programme and identify action that they can take to help reduce inequalities.

Due to increased demand for embedding consideration of inequalities in work programmes, PHE began a work programme in 2019 to review and refresh the HEAT tool. PHE worked with HEAT users and other stakeholders to update and streamline the existing HEAT tool, ensuring that the questions are relevant and enable the system to take more systematic action on health inequalities.

PHE developed and ran HEAT training for Screening and Immunisation (S&I) teams across the North of England. These sessions aimed to improve knowledge, understanding and benefits of the HEAT tool to enable the S&I teams to support the use HEAT with providers across the North of England.

The refreshed tool will be available in the new financial year and will support colleagues within PHE and the wider system to drive action on health inequalities and equality.

Investigating the effect of financial incentivisation on NHS Health Check take up

As part of the national NHS Health Checks programme, PHE conducted a study to understand what effect weighted remuneration of providers has on the take up of NHS Health Checks by patients at high risk of Cardiovascular Disease. Population sub groups at high risk of CVD, including men, deprived groups, some black and ethnic minority groups and people with mental illness.

The aim of the initiative was to investigate the impact on take up of weighting provider financial remuneration to encourage high CVD groups to have an NHS Health Check. The work helped inform PHEs advice and guidance to commissioners and providers of the NHS Health Check programme, and support the objective of promoting equality.

A report detailing the findings and a top tips document were produced and published on the NHS Health Check website.

Screening guides

This year, PHE has worked with professionals and users by experience to develop and publish new easy guides to **bowel cancer screening** and **cervical screening**. These easy guides are specifically to meet the needs of people with learning disabilities and/or low literacy levels so they can have equal access to the screening programmes they are eligible for.

PHE has also published new national **guidance to improve access to screening for people with severe mental illness** and has updated its national **screening resource for trans or non-binary people** which continues to help **improve awareness** and ensure equality of access to screening for trans and non-binary individuals.

All the PHE guidance and resources to help reduce inequalities in population screening can now be found in a **new document collection on GOV.UK**.

PHE is also currently working to produce a new 'Make screening accessible' e-resource for local screening services, which it aims to make available next year. This will provide guidance on improving access to screening services for people with protected characteristics and others, including consideration of current barriers to access and reasonable adjustments that could be made for these groups.

Homeless Health – West Midlands Centre

The Homelessness Reduction Act and Rough Sleeping Strategy aim to prevent homelessness and include priorities to address health inequalities in this population and improve access to appropriate support and services. The West Midlands PHE Centre has worked with local authorities and Combined Authority Mayor's Taskforce on Homelessness to co-produce a public health approach to prevention and recovery that focuses on tackling inequalities including those based on age, gender, and disability.

The following was included:

- working with local authorities to identify and share solution-focused approaches and good practice
- supporting CCG work on homeless mental health, and a focus group with Youth Voice in order to consider age-related inequalities in production of a health needs assessment

Aim 2: Engaging and developing PHE staff

Diversity and Staff Inclusion

Diversity and Staff Inclusion is embedded into PHE organisational policies, practices and work areas across the organisation including HR Corporate Services, learning and development, recruitment and pay and pensions. A number of initiatives have been developed to drive and further enhance diversity and inclusion in PHE.

Leadership and governance

PHE directors are accountable to Duncan Selbie, CEO, for the subsequent actions taken by their senior management teams in tackling any identified inequalities.

PHE has Inclusion champions who provide leadership on specific protected characteristics. Over the course of the year, the Inclusion champions act to provide senior accountability for delivery of an action plan on inclusion and are instrumental in supporting diversity and inclusion activities.

Staff diversity networks

PHE is proud to have increased its staff inclusion activity. Its staff inclusion networks have played an active part in creating and developing its culture and have facilitated collective learning and development opportunities, holding events attracting high profile internal and external speakers, in addition to engaging positively with their members across PHE. Staff networks have developed their own business plans that connect to PHE's over-arching work on Inclusion. The business plans are overseen and supported by Inclusion champions.

Diversity data

Diversity declaration rates are steadily improving although around a third of staff choose not to disclose their religion and /or belief, disability and sexual orientation. Improving organisational diversity declarations remains a key focus for PHE and initiatives have been launched to encourage participation.

Diversity dashboard

PHE launched its diversity dashboards in early 2017. The dashboards illustrate the workforce composition of each PHE directorate, disaggregated by grade, gender, ethnicity and age. An overall PHE dashboard presents an entire workforce profile, highlighting protected characteristics including disability, faith and sexual orientation. Dashboards are updated and published at key points during the year and are shared with key stakeholders to initiate challenging conversations, which seek to identify useful next steps to address observable imbalances.

PHE has developed diversity dashboards to make them more accessible for colleagues with visual impairments. Improvements to the dashboard include:

- the use of plain text tables alongside infographic charts
- changes to the colour scheme of the to improve accessibility

Awards and benchmarking

PHE has been recognised nationally for its flexible working, achieving Top 10 Employer status for Working Families in 2019.

PHE retained Disability Confident Leader status in 2019 with support from the Disability Staff Network.

PHE was also awarded a place in the Top 100 Employers Index by Race for Opportunity.

PHE is a participating member of NHS England's Workforce Race Equality Standard (WRES), sharing organisational best practice and contributing towards the WRES data indicators, which are designed to highlight and tackle areas of inequality.

Talent management

PHE has continued to support staff to achieve their potential through targeted mentoring and coaching schemes. PHE has developed mentoring circles and will be monitoring uptake.

Pathways to Work projects

PHE is committed to tackling health inequalities in England. Employment is beneficial to health and PHE recognises that some underserved communities face greater barriers to the labour market.

In 2016, PHE initiated a Project SEARCH transition to work programme at its Colindale site. The programme supports young adults, aged between 16 and 25, with learning disabilities and autistic spectrum conditions to gain work-related skills as part of their last year of education. PHE has offered placement opportunities to provide valuable work experience across three rotational work placements, covering roles ranging from site operations and customer service to laboratory work and media production. Four of the students have been appointed to posts within PHE. The fourth cohort of students commenced in autumn 2019.

PHE also works with MOSAIC Clubhouse, a Brixton-based provider supporting unemployed clients with mental health issues through Transitional Employment Placements (TEP). This positive action employment scheme has provided the hosting teams with additional capacity, as well as providing lived experiences and staff development for a community that is affected by health inequity.

PHE's involvement in the industry-led Movement to Work Scheme continues as does its work with Ambitious About Autism.

Recruitment

While BAME staff are well represented overall across PHE, they are significantly under-represented at senior grades. PHE is committed to addressing workforce inequality across PHE to create the opportunity for meritocratic appointment to all grades, without barriers to entry. In the next year, a focus will also be placed on improving disability-related outcomes, building on the work PHE undertook to secure Disability Confident Leader status.

Training

PHE has developed recruitment and selection workshops to increase fairness and equality of recruitment. The workshops include unconscious bias training and guidance around job descriptions and panels. The training covers inclusive practice, helping managers to identify and avoid unconscious bias through levelling the playing field for all candidates.

PHE also organises regular corporate induction sessions for all new starters, with over 550 staff attending this year. These events are designed to ensure staff joining PHE gain a clear understanding of PHE's approach. The induction events include bespoke diversity and inclusion and staff health and wellbeing information. New staff members are introduced to key diversity and inclusion concepts and best practices in addition to internal diverse networking communities.

Policy and procedures

In November 2018, PHE relaunched its Workplace Adjustment Passport together with 31 guides aimed at helping managers and staff identify reasonable adjustments for psychological and physical health conditions. The passport captures an accurate record of an individual's workplace adjustment that could be carried forward with the staff member if they moved to another team or another Civil Service department. PHE continues to promote the passport within the organisation, such as through its work to support International Day for Persons With Disabilities.

PHE staff characteristics

This section presents data on protected characteristics among PHE staff. Figures are based on a headcount total of 5,497 members of staff as of 25 November 2019. Statistics are drawn from the PHE Human Resources and Payroll system (also called electronic staff record (ESR)). The next table presents information on the proportion of staff on whom details of a particular protected characteristic are currently held.

Table 1: Proportion of PHE staff by protected characteristics

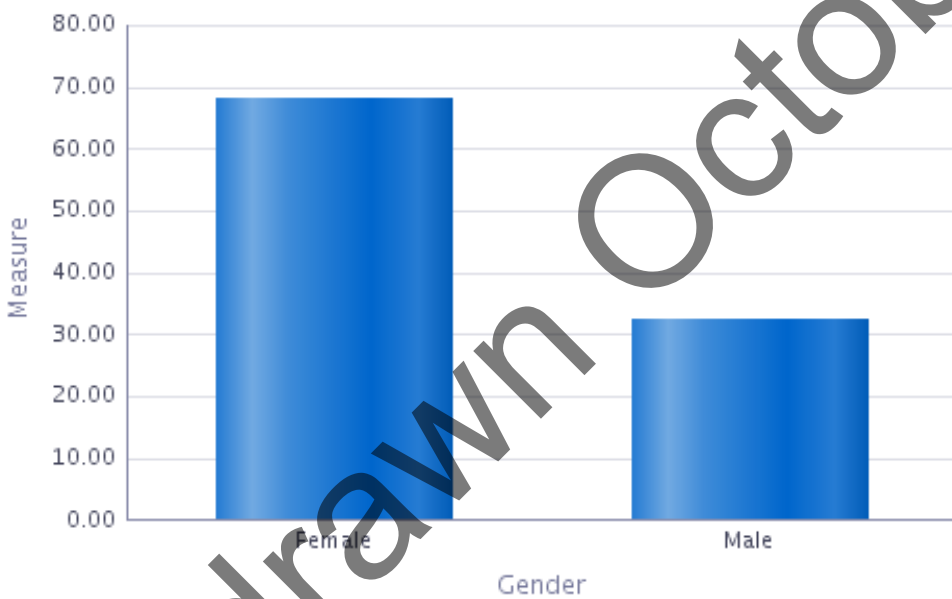
Percentage	November 2015	November 2016	November 2017	November 2018	November 2019
Gender	100	100	100	100	100
Age	100	100	100	100	100
Ethnicity	97	96	96	97	97
Disability	53	57	62	64	68

Religion and Belief	61	65	69	72	75
Sexual Orientation	62	66	70	73	75
Total	5,324	5,308	5,355	5,428	5,497

Gender

Women make up nearly 70% of the workforce in PHE. This is broadly reflective of the gender make-up of the wider healthcare system (Figure 2).

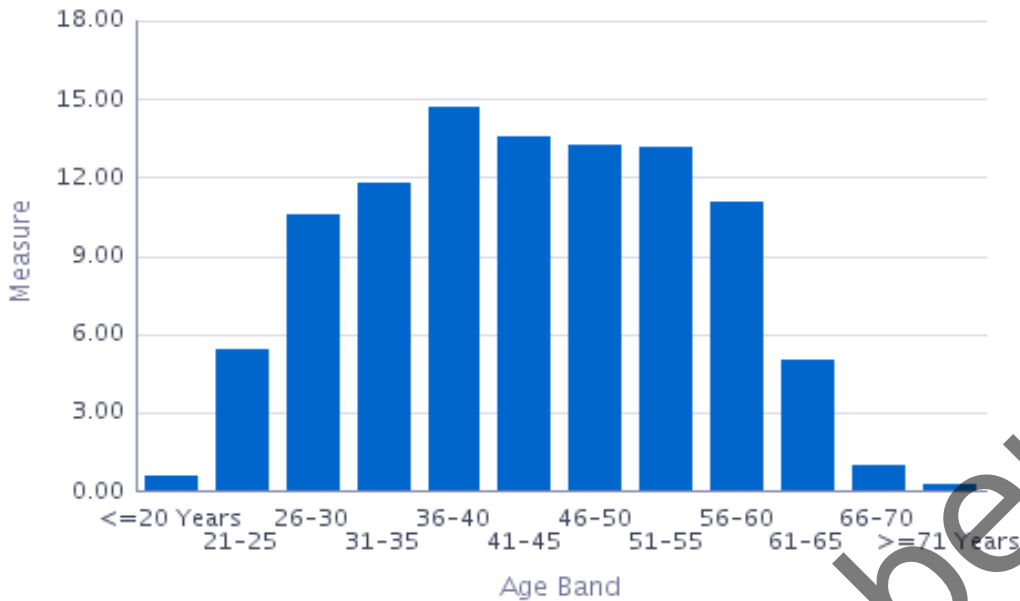
Figure 2. Gender profile of PHE staff, November 2019



Age

About half of PHE staff are aged 30 to 49 years, which is typical of the wider healthcare workforce. A quarter of PHE staff (24%) are aged 50 to 59 and 6% are aged over 60 years. There are few younger staff aged under 30 (16%) in the PHE workforce. These patterns will have implications for staff succession and retirement planning (Figure 3).

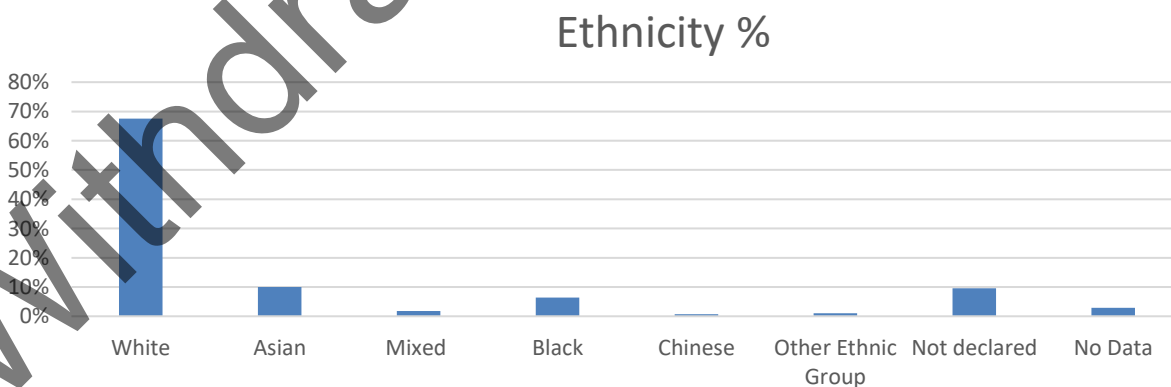
Figure 3: Age profile of PHE staff, November 2019



Ethnicity

Figure 4 shows that 68% of PHE staff describe themselves as white. The next largest ethnic group is Asian/Asian British (10%), followed by Black/Black British (6%). There are very small proportions of staff who report mixed ethnicities, from Chinese or other ethnic minority backgrounds. These patterns are likely to vary across regions reflecting local population profiles by ethnic group, from which the PHE workforce is drawn. Around 10% of staff members have chosen not to disclose their ethnic group.

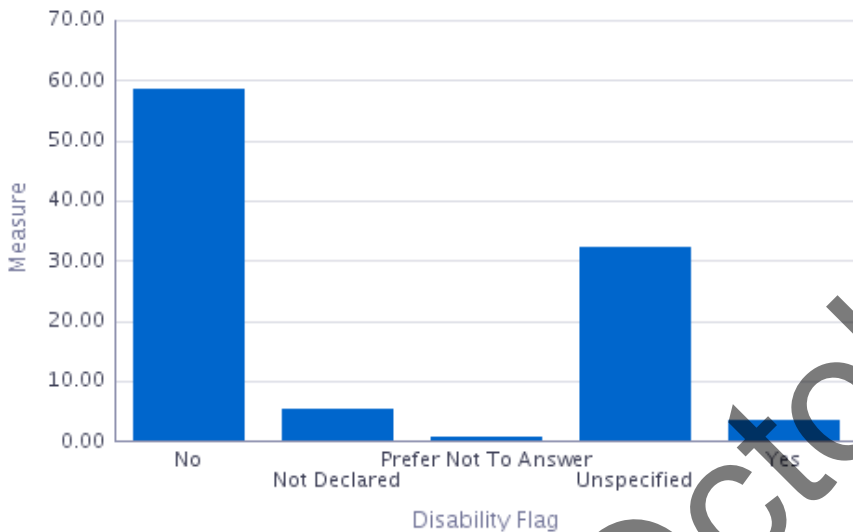
Figure 4: Distribution of PHE staff by ethnic group, November 2019



Disabilities

Records indicate around 4% of all PHE staff have made a positive disability declaration. However, data on whether staff are disabled or not is currently held for 67% of staff and there is a focus for improving disability related information in the coming year.

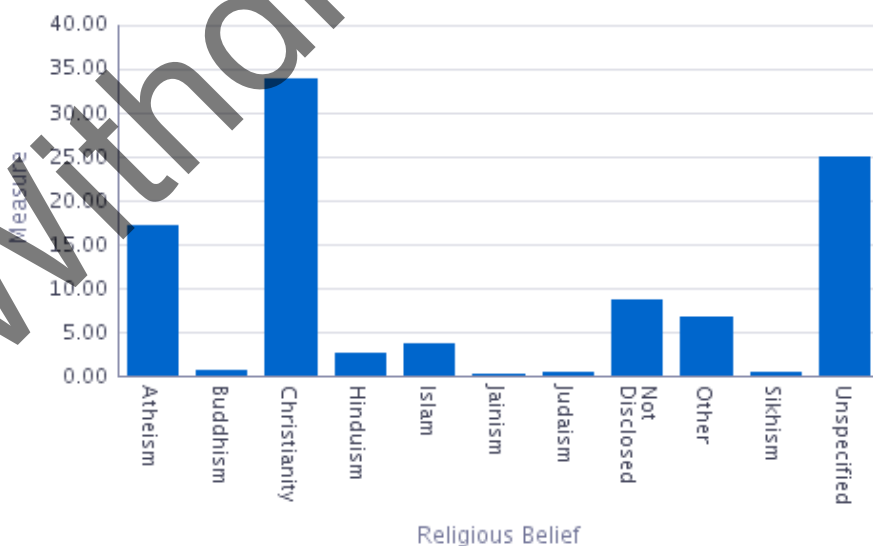
Figure 5: PHE staff by disability status, November 2019



Religion and belief

Data on the religion and belief held by staff is shown in Figure 6. Christianity is the most commonly reported religion among PHE staff (34%); the next largest group is those who report being atheists (17%). There are similar proportions of staff who report that they are Hindu (3%) or Muslim (4%). All other religions are reported by less than 1% of staff, while 9% have chosen not to disclose any religion or belief (not declared or 'prefer not to say').

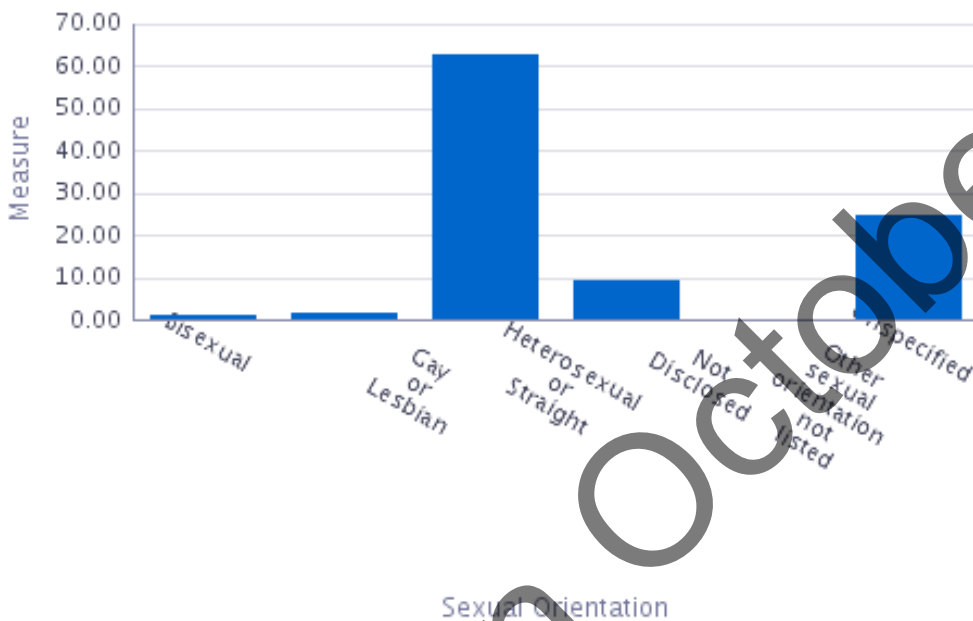
Figure 6: Religion and belief profile reported by PHE staff, November 2019



Sexual orientation

Information about the sexual orientation of PHE staff is available for 75% of the workforce, with 9% of people included in this figure as not wishing to declare their sexual orientation. A majority of staff declare themselves to be heterosexual (63%) with just over 3% of staff reporting being lesbian, gay, bisexual or transsexual.

Figure 7: Sexual orientation reported by PHE staff, November 2019



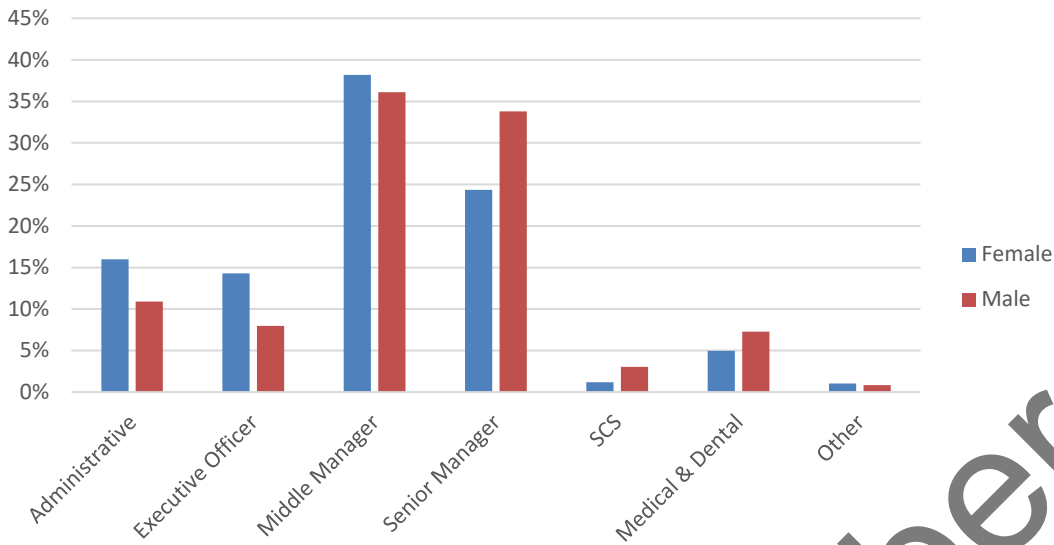
Workforce composition by grade

This section of the report provides information about workforce composition of each PHE directorate by grade and then gender, age and ethnicity, as at 25 November 2019.

Gender analysis

There are nearly twice as many women (68%) as men (32%) working within PHE. Figure 8 shows that the gender distribution across the administrative, executive officer and middle manager grade is in proportion to the overall gender PHE workforce composition. There is a lower percentage of female staff at senior manager grade, which does not reflect the overall gender PHE workforce composition. Proportionately males are overrepresented at the Senior Civil Service (SCS) grade despite being fewer in terms of numerical headcounts.

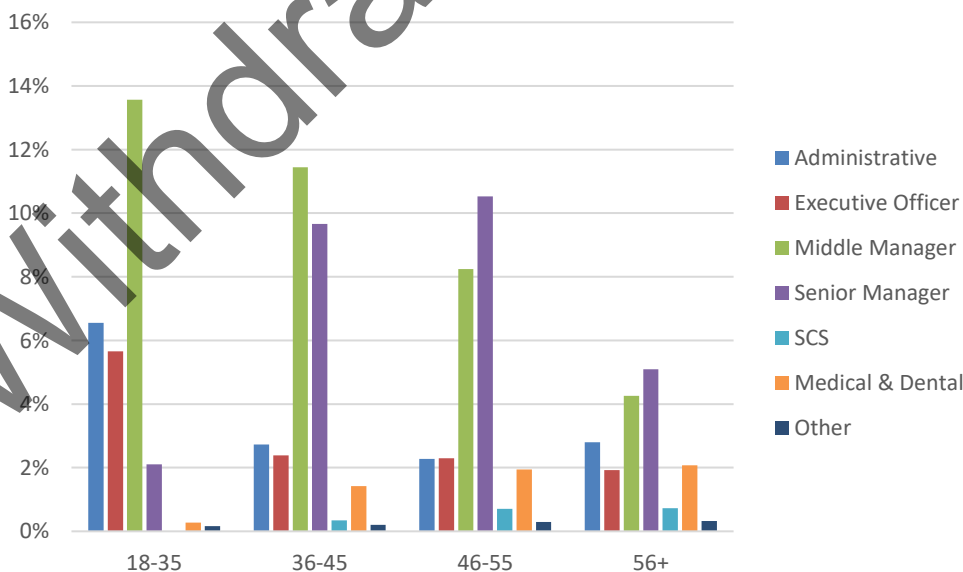
Figure 8: Workforce gender profile by grade



Age analysis

Figure 9 illustrates that all age groups are represented at all grades at PHE, with the exception of SCS which shows lower membership from younger staff members. Staff aged 46 years and over are mainly represented at middle manager and senior manager grades. Close to 30% of the workforce is represented by staff under 35 in PHE. The largest proportion of staff in middle management roles are under 35 (14%). Within senior manager grades there is a low representation of staff under 35 (2%). The age distribution across the grades may have implications for staff succession and retirement planning.

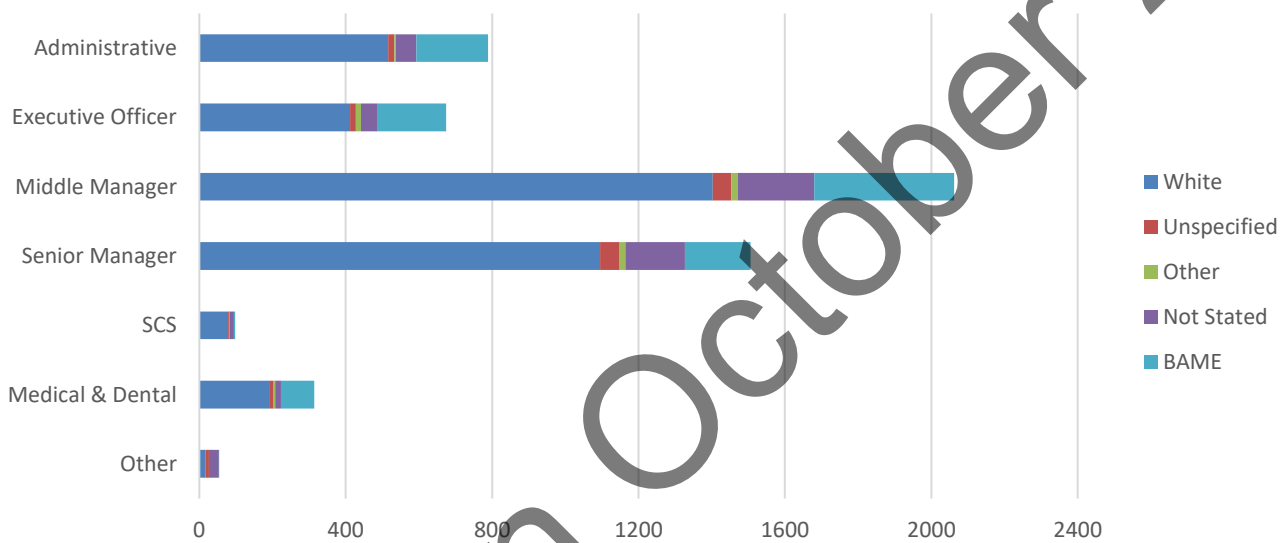
Figure 9: Workforce age profile by grade



Ethnicity analysis

In PHE, 68% of the workforce is White, 19% BAME. Around 10% of people prefer not to disclose their ethnicity. The ethnicity information is not available for 3% of PHE staff. Figure 10 illustrates that BAME staff are represented at all grades within PHE. The biggest proportion of BAME staff is represented within the middle management grade (7%). There is a lower representation of BAME staff in senior manager grade (3%) and less than 1% of BAME staff are represented within the SCS grade.

Figure 10: Ethnicity workforce profile by grade



Gender pay gap

The Department of Health and Social Care Pay Gap report published in December 2018 identified a mean gender pay gap of 14.7% in PHE.

It does not mean that all men are paid 14.7% more than women for doing the same work, but rather the difference in average pay between men and women. It reflects the complex make-up of PHE, where women account for two-thirds of the workforce but there are also many more women than men working at lower paid grades. Additionally, there are a significant number of senior and specialist staff on pre PHE legacy terms and length of service will influence some salaries.

PHE has undertaken an analysis of the gender pay gap and has looked at several factors that might have an influence such as grade, geographical location and terms and conditions. It has developed a strategy in response that puts in place targeted interventions to reduce the gender pay gap, demonstrated in its 6-point plan.

1. Improved data and analytics – helping PHE understand the data in more depth and the options for interventions, measuring how the gap is comprised and what is happening locally.
2. Modelling and forecasting – working through assumptions and forecast when reductions in the gender pay gap can be expected.
3. Recruitment – understanding PHE’s attractiveness as an employer and ensuring it recruits the best talent, especially at senior levels where the gap is at its widest.
4. Talent and progression – providing opportunities for women to realise their potential, promoting mentoring circles and talent schemes, and monitoring uptake of these schemes.
5. Culture – delivering a consistent approach across the organisation through induction, learning and development and providing guidance on the constitution of recruitment panels.
6. Communications – keeping you up-to-date on progress with PHE’s work on the gender pay gap as it develops.

Next steps

Over the past year, PHE has undertaken a range of work to promote diversity and inclusion among its staff, and to increase its effectiveness in supporting the wider system to address issues of equality.

In 2020, PHE will build on this work and also focus on the following activity:

Actions to support the system

1. Continue to have due regard to system-wide action on the Equality Duty throughout its work, with centres, local authorities, and the wider system.
2. Review the PHE equality objectives for 2017 to 2020, ensuring they remain relevant, fit for purpose, and in-line with developing PHE priorities.
3. Work with SROs to develop strategic actions across PHE's work to improving the health of those with protected characteristics.
4. Publish the updated PHE Health Equity Assessment Tool (HEAT) to assist teams and external bodies to embed action on equality and health inequalities in their work.

Actions to support workforce equality

Over the next year, PHE will focus on the following activity.

1. Continuous benchmarking for achieving best practice, working with colleagues in the Cabinet Office, the Department of Health and Social Care and Medicines and Healthcare Products Regulatory Agency to understand what can be achieved together.
2. Develop and deliver a series of roadshows across the organisation to encourage participation and produce an Inclusion Annual Report to showcase what PHE has achieved.
3. Continue to increase ethnicity, disability and LGBT data declarations made through the ESR system.
4. Continue to provide work experience opportunities for individuals from under-represented groups and/or disadvantaged backgrounds.
5. Continue to implement PHE's plans for taking action on the gender pay gap.
6. Continue to update and monitor the diversity dashboard .
7. Evolve the staff mentoring and staff diversity networks for identified groups.

Annex 1: Our equality objectives 2017 to 2020

Our Aims

Aim 1: Supporting the health system

We aim to promote equality and fairness in all PHE business – the way we design and deliver our functions and products, procure and commission from others, and work with partners, and stakeholders including the public.



Our objectives

Objective 1.1 Research and Intelligence: We will develop and promote use of better intelligence and advocate for better research related to health outcomes and health determinants among groups that share protected characteristics.

Objective 1.2 Advice to the system: We will ensure our advice to the system includes dimensions of equity and equality in line with PHE priorities

Objective 1.3 Promoting equality through programmes: We will promote equality through all our programmes or functions to ensure they relate to people who share different protected characteristics, advance equality and tackle inequalities.



Our outcomes

We will know we have succeeded when:

1. Improvements to our services and advice we provide are underpinned by a robust evidence base, meet the needs of individuals with different protected characteristics and are linked to PHE's 7 main priorities.
2. Credible, actionable intelligence and world-class research on the key issues relating to the public's health and inequalities is available to inform local action.

Our Aims

Aim 2: Engaging and developing PHE staff

We aim to create and maintain a diverse and inclusive working environment that values difference and fosters an inclusive workplace ethos where staff from all backgrounds are treated fairly and equally, and where they can advance their careers.



Our objectives

Objective 2.1 Diversity and Staff inclusion: We will develop people managers' understanding of the link between effective diversity and staff inclusion and the future impact on physical and mental health of the actions and behaviours of managers and colleagues.

Objective 2.2 Workforce composition: We will strengthen collection and monitoring information on our staff in reference to their age, gender, ethnicity, sexual orientation, religion/belief and disability.

Objective 2.3 Talent management: We will establish talent management schemes tailored for developing staff from the main six protected characteristics.

Objective 2.4 Staff engagement. We will continuously improve staff engagement and inclusiveness as measured by Staff Survey questions.



Our outcomes

We will know we have succeeded when:

3. Our employment policies and practices, services and ways of working advance the aims of the general duty. All staff are supported to thrive in and progress through PHE.
4. We have identified and progressed action for improvement across our employment policies, practices and ways of working.

The SROs for each deliverable are as follows:

Objective 1.1: Research and intelligence

Data – Justine Fitzpatrick

Research – Isabel Oliver and Anne Brice (previously Bernie Hannigan)

Objective 1.2. Advice to the system

All Our Health – Jamie Waterall

Community-centred approaches - Gregor Henderson

Objective 1. 3. Promoting equality through programmes

Sexual Health – Adam Winter

Learning disabilities – Donna Glover

Smoking at time of delivery – Rosanna O'Connor

Oral Health – Sandra White

Withdrawn October 2023