



Public Health  
England

Protecting and improving the nation's health

# **PHE equality objectives for 2017-2020**

# 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-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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# Equality objectives for 2017-2020

1.1 This report provides an overview of PHE's intention to adopt an updated set of equality objectives, in line with a statutory requirements to refresh objectives at least once every four years. It further explains the approach we took in developing a new set of equality objectives and summarises the process for external and internal engagement.

## The public sector equality duty (Equality Act 2010)

1.2 The equality duty is a general 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

1.3 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

1.4 The general 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

- 1.5 The Equality Act 2010 does not prescribe the number of objectives that an organisation should set. It is clear though, that objectives should be outcome focused and achievable, and that they should convey a commitment to all aims of the general equality duty.
- 1.6 In addition, we have specific legal duties on health inequalities for the Secretary of State for Health which PHE must meet on his behalf in line with the Health and Social Care Act 2012. The duty requires 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.
- 1.7 The two legal duties are different but have synergies. 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 reduce health inequalities suffered by people who share a relevant protected characteristic. Public Health England has developed a separate Framework for Action on Health Inequalities, which aims to ensure that PHE supports the health system to reduce health inequalities and fulfils its legal duties related to health inequalities.

### Our approach to governance on equality and equity

- 1.8 PHE was established in 2013 and first set of seven equality objectives were set then. Our approach to governance on equality and diversity ensures that we have measures in place at all levels of the organisation to consider equality for our workforce and in our service provision. The Health Equity Board provides senior leadership governance for PHE's fulfilment of the equality duty and our legal duties on health inequalities from the Health and Social Care Act 2012. Please see **Appendix 1** for the membership of the Board.

### The process for developing new equality objectives

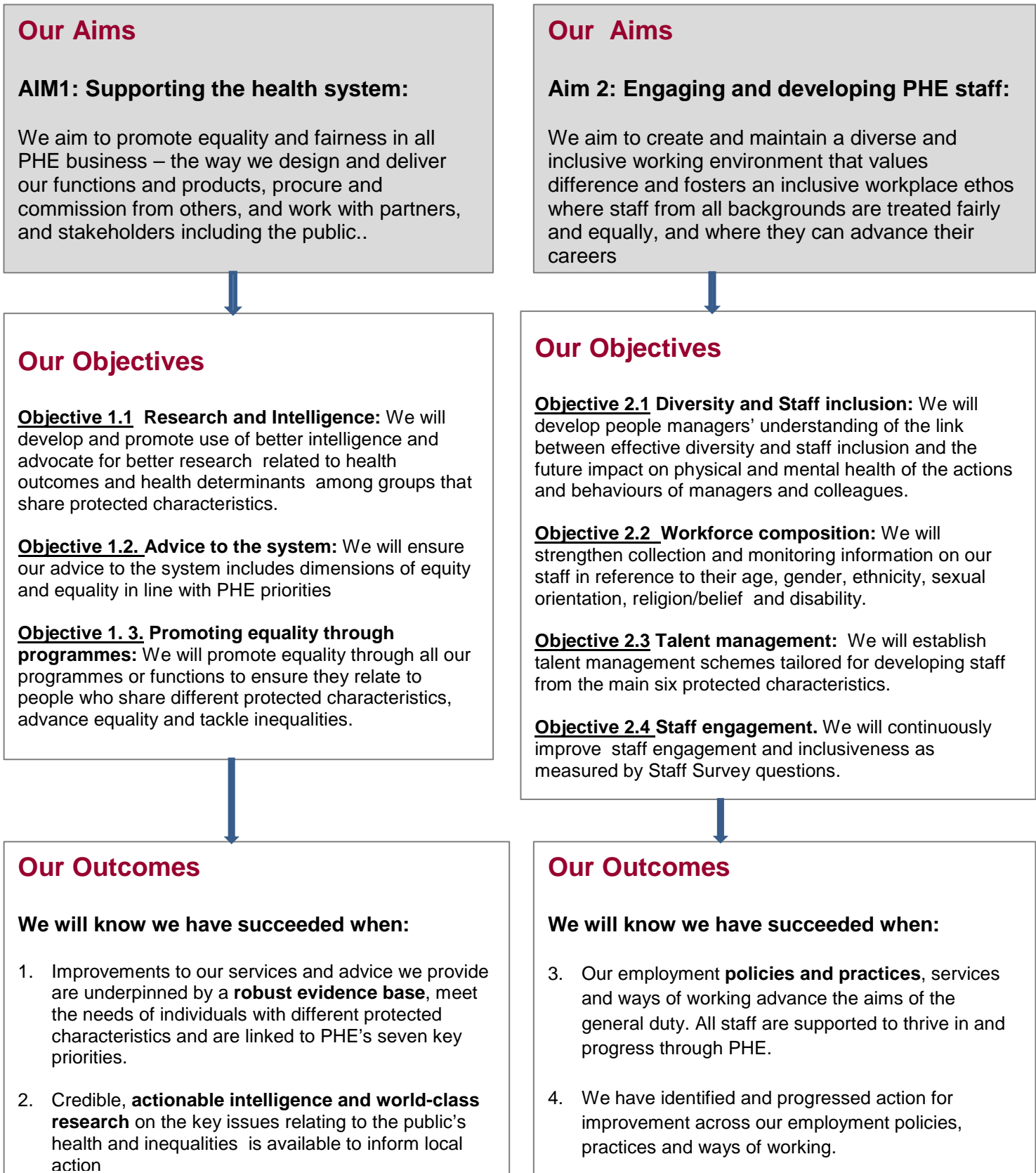
- 1.9 In PHE we aim to maximise opportunities to become more ambitious in our approach to creating a more diverse, and diversity aware workforce, and promote equality and fairness in the way we design or deliver services. We make steady progress year on year to increase, expand and embed equality, diversity and inclusion activities into all aspects of our business through a number of national programmes and services.

- 1.10 **Development phase 1.** The Health Equity Unit worked with HR/Organisational development colleagues to produce a draft of equality objectives. The process for developing equality objectives was comprised of two phases. The initial draft of the new objectives was informed by comments and initial reactions from the members of the Strategic Partners Programme, Equality and Diversity Working Group. The draft was further developed in partnership with senior management internally. We have also considered the Equality and Human Rights Commission's guidance which advocates engagement as good practice, in that it supports our evidence-base for decision making.
- 1.11 **Development phase 2.** The second phase included engagement with external stakeholders and PHE staff. Engagement with external stakeholders and PHE workforce took place during summer months over a period of five weeks. Health Equity Unit has undertaken a targeted engagement with equality-focused third sector organisations and external stakeholders, whilst the Head of Diversity and Staff Inclusion led on engagement with PHE staff through the existing Diverse and Talented Workforce Programme Board.
- 1.12 As part of engagement with external stakeholders and system partners, we sought views from a) Strategic Partners Equality Sub-group, b) Public Health System Group (PHSG) and b) People's Panel through its Equality Forum. The Strategic Partners programme is a mechanism to engage the voluntary sector and there are currently 22 strategic partners funded through the programme. The Public Health System Group (PHSG) is a senior discussion group for the public health system and includes representatives from a range of organisations including NHS England, the Department of Health, the Faculty of Public Health, the Association of Directors of Public Health, and SOLACE.
- 1.13 Engagement with PHE workforce was carried out through the existing Diverse and Talented Workforce Programme Board where the members were asked to comment on workforce related objectives. Membership of the board includes representation from all PHE diversity staff networks and all of the executive diversity champions who are all members of the PHE Senior Leadership Team (SLT).
- 1.14 The views and feedback from engagement with PHE workforce and the external engagement has been taken into account to inform the development of the final set of objectives and convey ambition whilst remaining achievable and measurable. The new equality objectives have been approved by the Health Equity Board and received final endorsement by the Management Committee.

## Equality objectives 2017-2020

- 1.15 The new objectives for 2017-2020 clearly distinguish between those related to staff and to the wider system during the four 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 and kept under continuous review.
- 1.16 As equality is at the heart of all our work, our new equality objectives also relate to our priorities and effective delivery of key-programmes of work. Our staff are of a paramount importance to our success and we want to provide them with the right opportunities to flourish. The diagram in **Table 1** clearly outlines the vision for system and workforce related objectives, the key-objectives and the improvements we aim for. Each of these objectives will be supported with early stage deliverables shown presented in **Table 2**. Further development will be informed by PHE's priority areas and will become integral to the business planning phase in the months leading up to the new financial year.
- 1.17 We intend to review progress against our objectives on a regular basis, revising them where necessary or updating actions required for effective implementation. We would aim to update and engage senior management and seek their support with the delivery of these revised objectives. The progress on the new set of objectives will be reported annually through the PHE Equality Duty report available on our website from 2018.

**Table 1 PHE equality objectives 2017–2020 (draft)**



**Table 2 Deliverables to support the delivery of equality objectives.**

Early deliverables are divided in two sections A. Supporting the system and B Engaging and developing PHE staff

### A. Supporting the system

PHE has a vital role to play, locally and nationally, in supporting the system through advocating for better research and intelligence, strengthening our advice to the system and promoting equality through a number of national programmes. The table below shows early stage deliverables for the first couple of years. We will aim to revise and develop these further where necessary.

<b>Objectives A. Supporting the system</b>	<b>Early deliverables (2017-2018)</b>
<p><b>Objective 1. 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.</b></p>	<p>Deliverables:</p> <ul style="list-style-type: none"> <li>• 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 <b>(SRO: Justine Fitzpatrick)</b></li> <li>• 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 <b>(SRO: Justine Fitzpatrick)</b></li> <li>• Work with health and related research funders to specify that their funded research should consider its impact on those with protected characteristics eg when trialling new interventions <b>(SRO: Bernie Hannigan)</b>.</li> <li>• Ensure PHE Knowledge Management (KM) Platform includes sections providing knowledge specifically on the reduction of inequalities and impact on specific protected groups <b>(SRO: Ann Brice)</b>.</li> </ul>
<p><b>Objective 2. Advice to the system.</b> PHE will ensure its advice to the system includes</p>	<p>Deliverables:</p> <ul style="list-style-type: none"> <li>• Work with PHE programme board leads to ensure considerations of the equality</li> </ul>



<p>dimensions of equity and equality in line with PHE priorities.</p>	<p>duty is a core part of each of PHE's priority programmes: <b>Programme SROs</b></p> <ul style="list-style-type: none"> <li>• Promote <b>All Our Health</b> 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 it <b>(SRO: Jamie Waterall)</b></li> <li>• 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. <b>(SRO: Gregor Henderson)</b>.</li> </ul>
<p><b>Objective 3. Promoting equality through programmes.</b> A number of PHE programmes or functions relate to people who share different protected characteristics, advance equality and tackle inequalities. A number of PHE programme areas have been selected</p>	<p><b>Improve access to HIV testing in populations most at risk to reduce the proportion of individuals living with an undiagnosed HIV</b>                  Deliverables:</p> <ul style="list-style-type: none"> <li>• Deliver social marketing campaigns, in partnership with Terrence Higgins Trust to encourage routine and regular HIV testing in most at risk populations (ie men who have sex with men and black African communities) across the life course, with improvements in key metrics in marketing surveys of key populations. <b>(SRO: Anthony Nardone/SRHH Team)</b>.</li> <li>• Publish report on the demographics and uptake of HIV self-sampling obtained via the PHE commissioned national service <b>(SRO: Anthony Nardone/SRHH Team)</b>.</li> </ul> <p><b>Championing better health outcomes for people with learning disabilities</b>                  Deliverables:</p> <ul style="list-style-type: none"> <li>• Routinely produce and evaluate information on aspects of health and care for people with learning disabilities in forms appropriate for health and social care professionals, family carers and people with learning disabilities. This will provided in booklets, web pages, webinars, face to face events and videos <b>(SRO: Donna Glover)</b>.</li> <li>• Continue to collect and report place-based data and information relating to health and the wider determinants of health of people with a learning disability to support local planning. This is currently done in our learning disability health profiles, local partnership self-assessment exercises for learning disability and autism services, and our annual reviews of local authority Joint Strategic Needs Assessments (JSNAs). <b>(SRO: Donna Glover)</b>.</li> </ul>

	<ul style="list-style-type: none"><li>• Continue to work to improve the availability and reporting of data relating to the health and healthcare of people with a learning disability. We have developed a national system for reporting about primary care of people with learning disability and are seeking to extend this to provide systematic national data about the use and outcomes of secondary healthcare and about mortality. Outputs will include a health and healthcare atlas for people with learning disabilities. <b>(SRO: Donna Glover).</b></li></ul> <p><b>Reduce the rates of smoking among pregnant women at time of delivery</b> Deliverables:</p> <ul style="list-style-type: none"><li>• Analyse and report quarterly SATOD (Smoking at Time of Delivery) data and the new Maternal and Children’s data set, providing further and more robust information on smoking in pregnancy and impacts on maternal and child health. <b>(SRO: Rosanna O’Connor).</b></li></ul> <p><b>Reduce inequalities in oral health and oral health services by 2018</b> Deliverables:</p> <ul style="list-style-type: none"><li>• Publish analysis of the current oral health and oral health service inequalities in England, including protected characteristics, social and geographical considerations <b>(SRO: Sandra White)</b></li><li>• Create a baseline for evaluation of recommended interventions for improvements, and provide a baseline for Equality Impact Assessment (EIA) for the DH reformed primary care dental contract. <b>(SRO: Sandra White)</b></li></ul>
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## B. Engaging and developing PHE staff

The deliverables to support achievement of four objectives are listed below:

Objectives B. Engaging and developing PHE staff	Early deliverables 2017-2020
<b>Objective 1. Diversity and staff inclusion and health and wellbeing outcomes</b>	<ul style="list-style-type: none"> <li>Develop all our 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 <b>(SRO: Tony Vickers-Byrne)</b>.</li> </ul>
<b>Objective 2. Workforce composition</b>	<ul style="list-style-type: none"> <li>We will aim to hold 100% of data on our staff in reference to their age, gender, ethnicity, sexual orientation, religion/belief and disability, so that our newly created diversity dashboard is able to provide accurate and meaningful data to all directorate SMTs, to use as evidence supporting the action they have taken to address their respective objectives in tackling workforce inequality within their teams. <b>(SRO: Lauren Finnegan)</b></li> </ul>
<b>Objective 3. Talent management</b>	<ul style="list-style-type: none"> <li>Establish talent management schemes tailored for developing staff from the main six protected characteristics, with an objective of taking at least 60 staff through the full programmes <b>(SRO: Lauren Finnegan)</b></li> </ul>
<b>Objective 4. Staff engagement</b>	<ul style="list-style-type: none"> <li>Improve staff engagement and inclusiveness as measured by Staff Survey questions: B26-B29 'Fairly treated at work', 'Treated with respect by the people I work with', 'Feel valued for the work I do', 'PHE respects individual differences'. <b>(SRO: Marcus Safadi)</b></li> <li>Decrease the proportion of staff survey respondents who report a) bullying and harassment; or b) discrimination in the past 12 months in response to the staff survey questions. <b>(SRO: Marcus Safadi)</b></li> </ul>

## Appendix 1 PHE Health Equity Board Members

<b>Name</b>	<b>Job Title/Role</b>	<b>Organisation</b>
Kevin Fenton	National Director, Health and Wellbeing (Chair)	PHE
Ann Marie Connolly	Deputy Director, Health Equity and Mental Health	PHE
Gregor Henderson	National Lead, Wellbeing and Mental Health	PHE
Ruth Hussey	Advisor to the Board	Independent Consultant
Peter Kelly	Centre Director, North East	PHE
Paul Lincoln	Advisor to the Board,	UK Health Forum
Adrian Masters	National Director of Strategy	PHE
Tony Vickers-Byrne	Director of Human Resources	PHE
Mala Rao	Advisor to the Board,	Imperial College
Aliko Ahmed,	Centre Director, East of England	PHE
Jabeer Butt	Advisor to the Board, Deputy Chief Executive	Race Equality Foundation
Paul Cosford	Director of Health Protection	PHE
Dominic Harrison	Advisor to the Board, Director of Public Health	Blackburn with Darwen
Paul Johnstone	Regional Director, North of England,	PHE
Iain Mallett	Head of Public Involvement	PHE
John Newton	Chief Knowledge Officer	PHE
Ruth Passman	Head of Equality and Health Inequalities	NHS England
Jeremy Taylor	Advisor to the Board	National Voices
Jonathan Tritter	Equality and Diversity Advisor, Chair of PHE Equality Forum	PHE Equality Forum
Margaret Whitehead	Advisor to the Board	University of Liverpool

**Secretariat**

<b>Name</b>	<b>Job Title/Role</b>	<b>Organisation</b>
Donna Carr,	Head of Health Equity Unit, Health Equity and Mental Health Division,	PHE
Chloe Johnson	Public Health Manager, Health Equity and Mental Health Division	PHE
Lina Toleikyte	Public Health Manager, Health Equity and Mental Health Division	PHE
Claire Laurent	Public Health Manager, Health Equity and Mental Health Division	PHE