

Protecting and improving the nation's health

PHE Board Paper

Title of meeting PHE Board

Date Wednesday 23 March 2016

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Title of paper Equality in PHE: how we met the public sector equality duty in 2015

1. Purpose of the paper

1.1 The attached paper is a copy of PHE's annual statutory report on fulfilment of the equality duty, which has been published and is available online. This covering note sets out how the paper was developed and plans for updating our equality objectives.

2. Recommendation

- 2.1 The Board is asked to:
 - a) **NOTE** the published report
 - b) **COMMENT** on key considerations for consulting on changes to our equality objectives

3. Background

- 3.1 The equality duty, as described in the Equality Act 2010, is a duty on public bodies and others carrying out public functions. It ensures that public bodies such as PHE 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 to have due regard to the need to:
 - a) eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
 - b) advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
 - c) foster good relations between people who share a protected characteristic and people who do not share it.
- 3.2 The equality duty is supported by two specific duties which require us to (i) publish information to show compliance with the duty annually, and (ii) set and publish equality objectives at least every four years. PHE's current equality objectives were published in January 2014. This paper describes our most recent annual report on fulfilment of the equality duty and our plans for updating PHE's equality objectives.
- 3.3 The audience for the equality duty report is the Equality and Human Rights Commission, equality and diversity orientated organisations, members of the public and any other interested party.

4. How we produced the equality duty report

- 4.1 The Health Equity Unit produced the report between October 2015 and January 2016 with contributions from our Equality Working Group which has representation from all PHE Directorates. The report was reviewed and signed off by our Health Equity Board, which welcomed the approach that had been used. PHE's Management Committee provided final clearance of the report.
- 4.2 The report is a retrospective piece in that it captures key pieces of work PHE has done across the organisation to meet the public sector equality duty in 2015. Building on our 2014 report, which was very well received, it covers key activities and publications which have supported fulfilment of our equality objectives and describes equality and diversity information about our 5,600 staff. The report gives an account of our commitment to equality and diversity that is much more comprehensive than analogous publications by related bodies. There is good evidence of progress on equality issues across PHE Directorates for example, evidenced through our new PHE Framework for Action on Health Inequalities, which we shall discuss with the Board another meeting. The report also identifies specific areas for further improvement, for example in relation to the quality of data we hold about staff characteristics.

5 Next steps

- 5.1 PHE has seven equality objectives which we were developed quite early in the organisation's life. As the organisation has evolved, for example in our approach to strategic planning, we plan to consult on an update to our equality objectives to ensure that they continue to be appropriate. We will consult with staff across PHE, (including our equality and diversity champions), stakeholders and partners (including our Strategic Partners), and members of the public. This work will be undertaken by the Health Equity Unit in 2016, with a view to publishing new equality objectives in 2017, depending on the outcomes of the consultation process.
- 5.2 We are in the early stages of planning the consultation strategy, and therefore welcome comments and suggestions from the PHE Board on key considerations for the consultation process.

Bola Akinwale

Health Equity Team March 2016