Public Health England

Protecting and improving the nation's health

Equality in Public Health England

How we met the Public Sector Equality Duty in 2020

Contents

Equality in Public Health England 1
How we met the Public Sector Equality Duty in 2020 1
Contents 2
Introduction 3
The Equality Duty 3
The Health Inequalities Duty (Health and Social Care Act 2012) 5
Actions to fulfil our equality objectives 2017 to 2020 8
Aim 1: Supporting the health system 8
Aim 2: Engaging and developing PHE staff 25
Next steps 44
Actions to support the system 44
Actions to support workforce equality 44
Annex 1: Our equality objectives 2017 to 2020 46
1. Supporting the health system 46
2. Engaging and developing PHE staff 46
Senior responsible officers 47

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:

- 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

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's 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 or 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.

PHE's 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. The 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.

COVID-19 and the impact on equalities and health inequalities

It would be impossible to produce this report without talking about the COVID-19 pandemic and its impact across the UK and around the world. Coronavirus (COVID-19) has highlighted the huge economic, structural, societal and personal costs which ill-health can bring, particularly to the most vulnerable.

Clear evidence has been published by PHE that shows COVID-19 does not affect all population groups equally. The analysis has shown that older age, ethnicity, male sex, deprivation and geographical area, for example, are associated with the risk of acquiring the infection, experiencing more severe symptoms and higher rates of death. It has also been concluded that COVID-19 did not create these inequalities but instead exposed and exacerbated longstanding inequalities that have disproportionately impacted particular groups of society for decades. PHE's mission is to protect and improve the nation's health and wellbeing, and reduce health inequalities. The organisation therefore has a national lead role in the response to health emergencies and some of our action in relation to COVID-19, and equalities is described in this report.

Review of equality objectives

PHE has previously reviewed its objectives on a regular basis, revising them where necessary or updating actions required for effective implementation. The objectives were due to be reviewed during 2020 but PHE did not have capacity to complete this due to the pandemic. In August 2020, the Secretary of State announced the disbanding of PHE as part of the Government's plans to transform public health. This will therefore be the final annual report that Public Health England publishes on actions to meet the PSED.

Contents of this report

This report describes the progress PHE has made since the publication of How We Met the Equality Duty in 2019, highlighting key achievements and activity towards fulfilling its equality objectives.

This report consists of the following sections:

1. Actions to fulfil our equality objectives

Aim 1: Supporting the health system

- 1.1 Research and Intelligence
- 1.2 Advice to the health system
- 1.3 Promoting equality through programme

In this section, actions to meet each deliverable are summarised. Practice examples (in red boxes) provide more detail of a selection of projects, highlighting work with specific protected characteristics.

Aim 2: Engaging and Developing PHE Staff

- 2.1 Diversity and staff inclusion
- 2.2 Workforce composition
- 2.3 Talent management
- 2.4 Staff engagement

2. Next Steps

Actions to fulfil our equality objectives 2017 to 2020

Aim 1: Supporting the health system

This section of the report focuses on what PHE has done to support 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 2020.

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 expert guidance, supporting those responsible for commissioning and delivering public services with high quality evidence, analyses and data tools to make evidence informed decisions that will help protect and improve the health of communities.

In 2020, PHE undertook a range of activity and published evidence and intelligence relating to groups that share protected characteristics. Progress against this objective is set out 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 2020 was postponed due to work on the COVID-19 pandemic response. Instead PHE has focused efforts on providing information and intelligence on the

impact of the COVID-19 pandemic on inequalities in England. Data tools and reports have been produced which are:

- a report on Disparities in the risks and outcomes from COVID-19 produced in June 2020 – this is a descriptive review of surveillance data on disparities in the risk and outcomes from COVID-19; the review looked at
  - age and sex
  - where people live
  - deprivation
  - ethnicity
  - people's occupation
  - care home residence
- COVID-19: understanding the impact on BAME communities – a summary of stakeholder insights into factors affecting the impact of coronavirus (COVID-19) on black, Asian and minority ethnic (BAME) communities
- Analysis of the relationship between pre-existing health conditions, ethnicity and COVID-19 – this analysis was commissioned by the Race Disparity Unit following the publication of the report on 'Disparities in the risks and outcomes from COVID-19' – the report provided further evidence of the role of pre-existing health conditions in ethnic inequalities in diagnosis, deaths and survival from COVID-19
- Deaths of people identified as having learning disabilities with COVID-19 in England in the spring of 2020 – this review analyses the available data on the deaths from COVID-19 of people identified as having learning disabilities
- weekly excess mortality in England reports – these reports present excess deaths by age, sex, region, local authority, deprivation and ethnicity
- national flu and COVID-19 surveillance reports – these reports summarise the surveillance of influenza, COVID-19 and other seasonal respiratory illnesses and include data broken down by age, sex, region, ethnicity and deprivation
- the Wider Impacts of COVID-19 on Health tool – this data tool and the short statistical summary provide a wide range of metrics to assess the wider impacts of COVID-19 on health; for example, it includes information on the impact on behaviours such as smoking, drinking, gambling and physical activity by a range of factors such as age, sex, ethnicity and disability

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 2020, in response to the COVID-19 pandemic, PHE developed a new method of estimating the ethnicity of COVID-19 cases and deaths from all causes by linking the data to records for hospital admissions. Ethnicity is poorly recorded in many datasets so this method of

linking data helps to fill the gaps in any single dataset. The possibilities of linkage to obtain data on other protected characteristics is now also being explored.

As well as producing new reports and analyses in response to the pandemic, PHE continued to update routine publications on inequalities in health during 2020. These include:

- the supply of data to the government's Race Disparity Audit, providing key indicators presented on the Ethnicity Facts and Figures website
- an update to the Segment Tool which provides information on the causes of death and age groups that are driving inequalities in life expectancy at local area level – targeting the causes of death and age groups which contribute most to the life expectancy gap should have the biggest impact on reducing inequalities
- an update to the Health Inequalities Dashboard which is an interactive tool developed to present evidence for the key indicators being used by PHE to monitor progress in reducing inequalities – the dashboard monitors key determinants of health 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 long-term health conditions
- publication of new indicators for smoking, obesity, alcohol and drug misuse in early pregnancy, early access to maternity services and folic acid supplement use based on data from the Maternity Services Dataset version 1.5 which have been added to the child and maternity health profiles – data is presented at a national level, with most indicators also available at regional level and for upper tier local authorities, clinical commissioning groups and local maternity systems
- providing many indicators in the Public Health Outcomes Framework with breakdowns by dimensions of inequality, and signposting these from the tool's home page (under Recent Updates) – in addition, other profiles such as the Child Health Profiles and the Productive Healthy Ageing profiles are regularly updated

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 (KLS) 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 regularly 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.

PHE KLS has undertaken research to identify search filters, such as those created by National Institute for Health and Care Excellence (NICE), that can be used to ensure literature search results include studies relevant to ethnic minorities.

The KLS Coronavirus online resources guides have included information for the public about COVID-19 in a range of different languages. In response to the issue of misinformation about vaccines, KLS added a new section to the website, which provides links to vaccine information in other languages, and for particular ethnic 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 trialling new interventions."

This objective is part of PHE's core functions aimed at ensuring that its research and related 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 the impact on those with protected characteristics, for example, when developing and evaluating new interventions.

PHE advises research funders and academics on the development of public health research priorities, including the need to understand how programmes and interventions would most effectively mitigate health inequalities. These priorities are then built into the work programmes of organisations such as the National Institute for Health Research (NIHR) Health Protection Research Units (HPRUs). Further, support on patient and public involvement and engagement (PPIE) in research in PHE and across the HPRUs is being provided with the added expectation of increased individual and community diversity among PPIE representatives.

Further activity on Objective 1.1. Research and intelligence

Practice example 1 – COVID-19: Impact on sexually transmitted infections (STIs), HIV and viral hepatitis

HIV, hepatitis and many STIs predominantly affect socially disadvantaged and marginalised groups such as gay, bisexual, other men who have sex with men, people experiencing homelessness and certain Black and Asian ethnic minority groups. It is therefore important to evaluate the impact of COVID-19, including associated changes to accessing services and testing, on health inequalities.

PHE undertook a surveillance report to assess the impact of the COVID-19 pandemic on trends in sexually transmitted infections, HIV and viral hepatitis service provision and epidemiology in England.

The analysis showed that between March and May 2020, there was a reduction in patients accessing sexual health services and specialised HIV services. Following the easing of national lockdown restrictions in June 2020, PHE observed a resurgence in HIV, STIs and hepatitis testing and diagnosis, alongside an increase in hepatitis C (HCV) treatment initiations. However, the number of consultations, vaccinations, tests, diagnoses and treatment were observed to be lower in the summer of 2020 compared to the same months in 2019, despite innovative service delivery such as online or tele-consultations and the expanding of community outreach testing.

These findings indicate that the COVID-19 pandemic has led to a re-prioritisation and disruption in prevention, testing, diagnosis and care for STIs, HIV and viral hepatitis in England. Reduced demand for services during this time might also be due to compliance with social distancing measures and changes in risk perception and behaviour.

Practice example 2 – Perceptions of COVID-19 among ethnic minority populations in England

A research project is underway to explore diverse ethnic minority group's views on the COVID-19 pandemic, and to determine whether further interventions or adaptations are required.

Objectives:

Explore diverse minority ethnic groups' knowledge, attitudes and behaviours in relation to COVID-19 in order to:

a) Understand their current behaviours in this context that is advice seeking, prevention, physical distancing and so on.

b) Understand barriers and facilitators to appropriate preventative behaviours.

c) Make recommendations for further intervention developments in this context.

Expected outcomes:

1. An understanding of the current attitudes and behaviours of diverse minority ethnic groups towards COVID-19, including their barriers and facilitators to appropriate behaviours.

2. Intervention recommendations on the topic of COVID-19 for diverse minority ethnic groups in the UK.

Methodology:

A combination of focus groups and 1:1 interviews, all conducted remotely (skype, telephone). Study participants selected to ensure a mix of ethnicity, religion, age and gender. Discussions asked participants to reflect on their thoughts and behaviours towards COVID-19 including any preventative and self-care behaviours. An inductive thematic analysis was used to establish key themes. The results are being written up for publication.

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."

PHE's All Our Health (AOH) programme 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 day to day practice. This online educational framework of evidence, produced by PHE, brings together priority topics to help address the major factors causing premature death, ill health and health inequalities.

This programme is specifically aimed at activating the health and care workforce to expand evidence based practice across individuals, communities and population, but specifically focusing on the disadvantaged in society and those people with protected characteristics, such as those with disability, older people and young people.

In 2020, the All Our Health resources had over 350,000 session launches which equated to nearly 68,000 hours of public health learning. Achievements from the All Our Health programme in 2020 include:

- working in partnership with Health Education England (HEE) to develop 2 additional interactive e-learning sessions to further engage health and care professionals with content covering population screening and speech, language and communication – these topics contribute towards tackling health inequalities because evidence shows that children with poor vocabulary skills at age 5 are more likely to have reading difficulties as an adult, more likely to have mental health problems, and more likely to be unemployed; screening identifies health conditions so that health and care professionals can offer interventions, help to prevent ill health and promote wellbeing across the life course
- development of 3 interactive townscapes providing advice and guidance on childhood obesity, smoking in pregnancy and breastfeeding – these are hosted by HEE on the e-learning for Health platform
- publication of 7 All our Health guidance documents published on GOV.UK including a wide range of topics from falls and fractures to air pollution and childhood obesity with health inequalities aspects included within the resources

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 translate evidence into action."

In 2020, the Healthy Communities programme continued to develop public health practice that addresses the community level determinants of health, engages seldom heard communities and directly addresses the causes of inequalities – marginalisation, powerlessness, isolation, stress, resilience. It focussed on the pandemic response and recovery.

Work focussed on supporting the COVID-19 response to engage and strengthen communities and the role of Voluntary and Community Sector (VCS):

- development and dissemination of an internal briefing paper, external Public Health Matters blog and a journal article to provide evidence and guidance on strengthening communities in the local response
- providing evidence on community-centred approaches for COVID-19: understanding the impact on BAME communities
- development of a checklist used by PHE's nine regional teams to review local recovery plans
- strengthening partnerships around volunteering and inequalities through the Volunteering Health and Care Collaborative, channelling information on volunteer's essential worker status and improving coordination of the volunteer response

- increasing access to research funds through a new NIHR highlight notice on strengthening communities
- advising the Ministry of Housing, Communities and Local Government (MHCLG) on the development and delivery of the national Community Champions programme and coordinating the delivery of an online workspace and webinar series to share practice and learning
- undertaking a rapid evidence review on the role of community champions for MHCLG

Work also focussed on supporting the development of community-centred public health systems as part of recovery and transformation. This was:

- publication of a new framework to support whole system approaches to community-centred public health, including a briefing paper, slide-deck, set of practice examples and an academic paper
- PHE forming a partnership with the charitable trust Power to Change, to test the framework and engage community business in local system change
- a capacity-building programme with the south-east region which engaged 84% of local authorities – a community of practice has been established to support senior managers to develop community-centred systems
- PHE working with voluntary sector umbrella bodies National Council for Voluntary Organisations (NCVO) and National Association for Voluntary and Community Action (NAVCA) to develop the role of the voluntary and community sector (VCS) in leading whole system approaches – several case studies will be published
- internally, PHE developed recommendations to strengthen staff knowledge and links to the VCS

Practice example 3 – Practice examples of community centred approaches for population groups with protected characteristics

The Healthy Communities programme aims to reduce health inequalities through developing public health practice that addresses the community level determinants of health (e.g. sense of belonging, social capital), engages seldom heard communities and directly addresses the causes of inequalities – marginalisation, powerlessness, isolation, stress, resilience. It focussed on the pandemic response and recovery.

The work also continues to collate practice examples of community-centred approaches which have benefitted different population groups represented by the protected characteristics. Those added in 2020 include a community-based project addressing high blood pressure in Black African and Caribbean men and participatory action research with children and young. These and other examples can be viewed at Community-centred and asset-based approaches.

Practice example 4 – Embedding consideration for Health Inequalities in the West Midlands Healthy Weight Programme

PHE West Midlands convene local networks to guide and support local public health systems to improve health outcomes. PHE's Health Equity Assessment Tool (HEAT) is firmly embedded in this approach and is applied as a strategic management tool to embed health inequalities issues and to demonstrate meeting the PSED. Most recently the Tool was used to underpin recovery and re-set priorities COVID-19, and combined with the emerging evidence on the links between excess weight and COVID-19.

As a result, health inequalities and the impact of COVID-19 now feature on the agenda of PHE sponsored workshops on obesity and healthy weight. This has resulted in accelerating joint work on recovery, restoration and adaptation in light of the pandemic. A focus on obesity across the life-course has been strengthened, ensuring attention is paid to vulnerable groups, as announced in the Government's Obesity Strategy launched in July 2020. The recovery work involves a renewed alignment with Integrated Care Systems (ICSs) and Sustainability and Transformation Partnerships (STPs) on tier 2 services, diabetes prevention and social marketing. In particular, additional capacity is being provided through the expansion of weight management support to those currently commissioned by local government from April 2021 and the new NHS digital weight management programme, as part of the NHS Long Term Plan commitments. Overall, this recovery work has resulted in a strengthened joined approach to reducing health inequalities in the prevalence of obesity with a focus on prevention and monitoring the impacts of COVID-19.

Practice example 5 – Healthcare Public Health (HCPH) and the National Falls Prevention Coordination Group resources for older people

The national Healthcare Public Health team chairs and hosts the National Falls Prevention Coordination Group (NFPCG), which represents more than 35 national organisations working to reduce harms resulting from falls, and to prevent falls and related avoidable injuries among older people. The HCPH team have worked in collaboration with their partners to develop and publish several resources, including a blog and a governance framework to be used by local falls services and NHS Ambulance Trusts. The framework promotes a compassionate, person-centred service, underpinned by a collaborative, whole-system approach.

The purpose of the guidance is to outline a national response for supporting people who have experienced a fall, ensuring that they receive appropriate care, treatment and services, while avoiding (when safe to do so) conveyance to hospital emergency departments.

Preventive work has been particularly important during the pandemic, when many community falls services have been paused. Older people have also been spending an increasing amount

of time at home, while preventive, muscle strengthening activities such as group exercise classes have also been halted. To support older people at home, member organisations of the NFPCG have produced and disseminated a number of resources in collaboration with VCSE and academic partners. These have included printed booklets, television campaigns and online movement classes.

The National Falls Prevention Coordination Group (NFPCG) Progress Report 2019/20 to 2020/21:

This is the first National Falls Prevention Coordination Group (NFPCG) progress report. It summarises activity during 2019 to 2020 and 2020 to 2021 and notes areas for future focus. In addition to guidance for older people themselves, the group has produced a number of resources to help support local systems during the COVID-19 pandemic which are detailed in the report.

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 2020, PHE continued to strengthen focus on embedding and promoting equality in its programmes and functions. Updates against selected programme areas are 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 the 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 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. External independent evaluation of the service reports very high levels of both reach and cut through.

'Break the Chain: Time to Test' was a national campaign in early summer 2020 aiming to encourage people to test for HIV and syphilis during lockdown measures implemented in England due to COVID-19. By increasing national access to the HIV and syphilis self-sampling during the campaign, PHE helped alleviate pressure to sexual health services at the peak of the national COVID-19 response. Almost 10,000 self-sampling kits were ordered.

Since the establishment of an HIV Self Sampling Service in November 2015 over 100,000 HIV tests have been conducted. The service is particularly used by those at increased risk of acquiring HIV such as gay, bisexual, MSM and Black African men and women. Online self-sampling offers 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 at National HIV self-sampling service.

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 brings this to the attention of stakeholders in other organisations who can make changes for the better, such as the NHS and local government. In 2020, 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. In particular, the work of the team has been incorporated into the COVID-19 response and has influenced the work of the Adult Social Care Team and the Guidance produced in relation to COVID-19.
PHE has continued to produce information in a variety of formats, including:

- a report on excess mortality in people with learning disabilities during the COVID-19 pandemic
- easy read guidance in relation to COVID-19
- updates to Fingertips Learning Disability Profiles which include a range of data about the health and care of people with learning disabilities in England, and updates to related summaries of all known data;
- summary of the number of people with learning disabilities who live in care homes
- Easy read information about the importance of flu vaccinations for people with learning disabilities

Practice example 6 – Championing better health outcomes for people with learning disabilities

In November 2020, PHE published a review of mortality in people with learning disabilities during the first wave of the COVID-19 pandemic in England. It was the first report to show and quantify the high risk of mortality from COVID-19 in this vulnerable population. The evidence presented in this review combined with that from the published Learning Disabilities Mortality Review (LeDeR) lead to a tranche of actions, led by NHS England (NHSE), to improve the recognition and care for people with COVID-19.

The Deputy Chief Medical Officer commissioned PHE to estimate the numbers of people with Learning Disabilities in the community and to describe the settings in which they are cared for and the associated risks for COVID-19. This was used to inform the Joint Committee on Vaccinations and Immunisations (JCVI) and policy makers on the needs of this vulnerable population. PHE working with DHSC, have undertaken a comprehensive review of COVID-19 outbreaks; positivity in residents and staff; vaccine uptake and deaths during the course of the pandemic in care homes catering exclusively for people with learning disabilities. PHE will continue to follow-up these homes to establish vaccine efficacy.

Deliverable 3
"Reduce the rates of smoking among pregnant women at time of delivery."

PHE led the Improving Prevention and Population Health work stream throughout 2020, working across the Maternity Transformation Programme to embed actions to increase the number of smoke-free pregnancies.

PHE has worked closely with NHS England to support the NHS Long Term Plan commitment to improve stop smoking support for pregnant women. This work focussed primarily in 2020 on three early implementer sites to test a new pathway for stop smoking support in maternity care, ahead of planned national rollout by the financial year 2023 to 2024. Whilst COVID-19 delayed operational local rollout for much of 2020, national work has progressed with the development of treatment models along with associated guidance and resources, agreeing performance metrics, and establishing project governance. The appointment of dedicated regional long term plan support roles within the PHE tobacco control programme also provides significant practical resource support for implementation.

The impact of COVID-19 has also affected the delivery of commitments within the Saving Babies Lives Care Bundle. The pausing of routine carbon monoxide (CO2) monitoring at all booking appointments in March 2020 provided significant challenges. PHE led on work to support the safe reintroduction of CO2 monitoring from November 2020, following extensive discussion with NHSE and other organisations. To support this, PHE launched new training materials on e-learning for healthcare in November, outlining guidance on how to resume CO2

monitoring safely, and providing alternative resources for how to deliver Very Brief Advice on smoking, if CO2 monitoring is not practical locally.

PHE also worked closely with the Smoking in Pregnancy Challenge Group to publish new materials to support Health Visitors and continued providing briefings for Local Maternity Systems. Guidance on how to effectively deliver stop smoking support remotely during the pandemic has also been issued. It is worth noting that the number of pregnant smokers quitting successfully with Stop Smoking Service support has increased by 50% in 2020 to 2021 to date, compared to the previous year, despite these significant challenges. Smoking at Time of Delivery Rates (SATOD) have fallen from 10.4% in 2019 to 20 to 9.8% across the first three quarters of 2020 to 21.

Further activity this year includes the publication of a new interactive smoking Townscape as part of the PHE All Our Health resources. This has a strong focus on reducing maternal smoking. Work has also progressed with a new “Return on Investment” tool for modelling interventions to help pregnant smokers to quit. This is due for consultation in Quarter 1, 2021/22. There has also been an increasing focus this year on working with the Maternity Neo Natal Safety Collaborative, which includes an element on smoke-free pregnancy. Routine quarterly meetings have been set up between PHE, NHSE and the MatNeo collaborative to facilitate this work. PHE has also continued to participate in the NICE review of tobacco control guidance, which includes updating recommendations for reducing smoking in pregnancy, due for consultation in Summer 2021.

Deliverable 4
"Reducing inequalities in oral health: evidence into action."

PHE has published a report on inequalities in oral health in England. It describes inequalities in oral health and access to treatment services in adults and children in England. These include inequalities associated with:

- socio-economic position
- geography
- protected characteristics
- vulnerable (disadvantaged) groups

The purpose of the report is to:

- inform equality impact assessments for prevention and treatment interventions
- identify any research or data gaps relating to inequalities in oral health and services
- inform partners who commission oral health public health or treatment services
- support the PHE Child Oral Health Improvement Programme Board (COHIPB) and Adult Oral Health Oversight Group (AOHOG) with their systemic leadership of improving oral health and reducing inequalities

- explore ways to reduce inequalities in oral health from the literature

Contributions to the report came from several academic institutions (including a large section from University College London) but was mainly written by the PHE dental public health team.

The report has identified a number of research and data gaps particularly concerning those with protected characteristics and those from vulnerable groups. For example, we know very little about the oral health or access to treatment services for various ethnic groups, for lesbian, gay, bisexual and transgender (LGBT), and other protected characteristics and there is a paucity of information on vulnerable (disadvantaged) groups such as homeless, looked after children, and so on.

The report recommends where future research could be focused and how data collection could be improved. It also recommends public health interventions such as targeted supervised toothbrushing and water fluoridation as ways to reduce inequalities.

The publication was delayed due to work on COVID-19 by the team, but sections of the document, even in draft form, have informed the Children Oral Health Improvement Programme Board (COHIPB) and Adult's Oral Health Oversight Group (AOHOG) in terms of priorities for system wide action, and have fed into NHSE and HEE plans.

Work is underway as a companion document on further action taken to reduce inequalities.

Further activity for Objective 1.3. Promoting equality through programmes

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.

In the financial year 2019 to 2020, the PHE national health inequalities team launched a review and refresh of the existing HEAT. This was driven by requests from partners for a practical framework that could be used with a range of stakeholders to identify and support local action. A need was identified to develop a resource that would enable professionals to systematically identify and address inequalities and equity in programmes and services in order to drive change and generate improvements.

The review process aimed to ensure that the revised tool would be succinct, user-friendly, and practical. This was achieved by focusing on simplifying the structure and reducing the complexity of the tool, improving the language use, and including specific prompts to address issues relating to communities and mental health. A comprehensive and inclusive engagement process was devised to ensure the tool was co-designed with key stakeholders and was user driven.

The refreshed tool provides an easy-to-follow template which can be applied flexibly to suit different work programmes and services and can be easily used within existing systems and processes, including business planning, annual service reviews and commissioning cycles.

PHE has also developed the Health Equity Audit Guide for Screening Providers and Commissioners. This guidance is designed to be used in conjunction with the full or simplified HEAT tool but has been tailored to be more specific to issues of relevance to screening services. The tools can be used in a variety of contexts; this includes completing a health equity audit for an individual screening service or to assess and address specific inequalities issues associated with a change in service delivery.

Practice example 7 – West Midlands Ethnic Minorities Work Programme

PHE West Midlands have developed an Ethnic Minorities and Disparities workplan. This ensures that improved health outcomes for ethnic minority communities are a cross cutting consideration across all priorities of health and wellbeing programmes by utilisation of the PHE Health Equity Assessment tool. This work has also been influenced by the PHE reports Disparities in the risk and outcomes of COVID-19 and Beyond the data – Understanding the impact of COVID-19 on BAME communities. Projects to date have included ethnicity and smoking, and ethnicity and alcohol. The workplan focuses on mental health as a high priority area and links with the NHSE Mental Health Equality Strategy.

Plans for analysis are underway and, in the meantime, emerging evidence aligned with supporting engagement, co-production, asset-based approaches has been used to drive the workplan forward. For example, PHE West Midlands worked in partnership with West Midlands Combined Authority to co-produce the Regional Health Impact of COVID-19 Interim Report and Call for Evidence and the Health of the Region Report. These reports focus on the disproportionate impact upon ethnic minority population groups and the underlying causes such as structural racism using existing data and evidence that has been gathered from organisations across West Midlands. The Health of the Region report includes commitments to actions from partners across health ecosystem – including local government, NHSE, universities, VCS – for activities that are targeted on improving health outcomes for ethnic minority communities, alongside recommendations to government. An important aspect to this work is co-ordinating the Health of the Region Roundtable with leaders from VCS, NHS, PHE and Local Authority Public Health teams to take forward the approach to tackling health inequalities facing ethnic minority population groups.

Practice example 8 – Services for Homelessness and Inclusion Health populations in the South West during the COVID-19 pandemic

In collaboration with health and wellbeing boards, healthcare and local authority partners, PHE South West (PHE SW) has an active homelessness work plan that makes links to minimise the impact of COVID-19 on populations within inclusion health populations and those experiencing complex and multiple vulnerabilities. The aim is to deliver system leadership and support aimed at improving health by reducing the risk of outbreaks in vulnerable populations and increasing access to healthcare through a more flexible delivery of care. The recommendations from the SW Homelessness report and the SW Inclusion Health Programme have also heavily informed this work.

PHE SW has worked jointly with NHSE on improving healthcare access for homeless populations using a community of practice approach to personalised care and homelessness. A series of future collaborative learning events scheduled for the forthcoming year seek to enhance flexible and user led approaches to improving care or services, outcomes and access to care.

Attention has been given to adapting the delivery of services in complex settings including emergency accommodation for the homeless, refugee stand up accommodation and Gypsy, Roma and Traveller sites. Additionally, there is a focus on ensuring local COVID-19 testing pathways for complex settings include culturally appropriate materials and that this information is presented graphically and in several languages.

Other areas of focus have been enabling and improving the uptake of the flu vaccine in these local populations and delivering webinars to staff working in complex inclusion health settings on outbreak management and infection prevention and control to meet the needs of local stakeholders.

Practice example 9 – Diverse and more inclusive marketing campaigns: Better Health Every Mind Matters Campaign

The Better Health-Every Mind Matters mental health campaign aims to inform and equip young people and adults to look after their mental wellbeing, via a NHS-endorsed website, digital tools and classroom resources, developed in partnership with clinical and academic experts and end users. The resources also signpost users to sources of support for more acute or emergency needs.

The campaign targets all adults, but with a particular focus on people from lower socio-economic and ethnic minority groups that are at greater risk of mental health problems and are likely to have been more adversely affected by the COVID-19 pandemic. Campaign resources,

all free to use, have been designed and developed with input from these target groups and feature easy to use tips and guidance centred on a ‘Mind Plan’ digital tool, which enables users to create a personalised action plan for looking after their mental health. Schools resources enable teachers to cover a range of student needs, including those of children with SEND.

The Better Health-Every Mind Matters campaign materials also include diverse representation of people across genders, sexualities, ethnicities and abilities. Advertising is run on social media, TV and radio stations which reach those at greatest risk of mental health problems, including those targeted at ethnic minority groups, and PR activity features case studies, personalities and healthcare professionals from diverse backgrounds to ensure resonance. Community and faith organisations are also engaged to help address specific cultural attitudes towards mental health problems.

Quantitative research indicates that the campaign has had a positive impact on behaviour among at risk groups, with those from key ethnic groups more likely to report having taken action to address their mental health issues.

Aim 2: Engaging and developing PHE staff

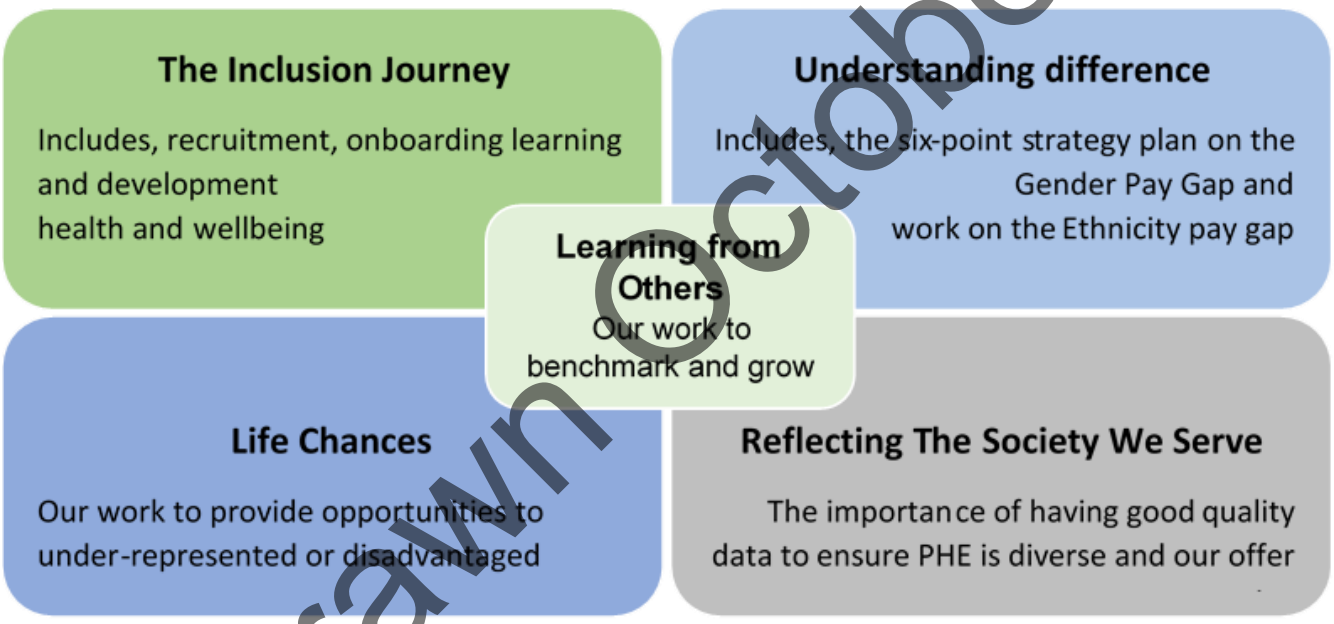
This section of the report focuses on what PHE has done to create a diverse and inclusive workplace.

Our work on inclusion

PHE embeds inclusion into its policies and practices and supports its aspirations through the induction processes; learning and development offer and promotion of activities and events.

The organisation has a five-point plan to help deliver its work on inclusion as shown in the Diagram 1 below.

Diagram 1: PHE Inclusion Five Point Plan



PHE has advanced work across all five strands of the plan during the reporting period. This includes:

1. The Inclusion Journey

This part of the plan is about creating and sustaining an inclusive culture and ensuring all policies, processes and practices are fair, transparent and ensure a level playing field. PHE established a recruitment and attraction working group so that inclusion is embedded across the onboarding process. Job description and advert templates were equality impact assessed to ensure accessibility.

PHE is committed to the continuous improvement of the learning and development offer for staff and understanding where there is a need to make changes. In April 2020, PHE launched the Effective Manager's Programme to support new and emerging line managers. The

development programme incorporated: line manager induction, management fundamentals, group learning sets and line manager development.

As part of the inclusion journey work, PHE is introducing changes to the performance development approach in April 2021, in order to reflect the evidence base and feedback about how to ensure that performance development or appraisals are as effective and meaningful as possible for all. The new approach will be more regular, therefore more easily evidence based, with more coaching support, and includes opportunities for employees to take more of a central and empowered role.

The Learning and Development and Diversity and Inclusion teams have worked together to incorporate inclusive conversations into one to one (121) performance and wellbeing training material.

For the second year running, PHE ran a series of Roadshows. The new Better Together Roadshows showcase PHE's Diversity and Inclusion, Engagement and Wellbeing offers, highlighting the links between inclusion, belonging and well-being, thereby strengthening an inclusive culture message that moves away from a single focus on protected characteristics to a broader understanding that engages all. During the sessions members of staff are encouraged to update their declaration data on the Electronic Staff Record (ESR) system. The Roadshows have gained good traction, provided helpful insights and feedback was positive.

The Inclusion Journey and COVID-19

PHE staff are at the forefront of providing an emergency response to COVID-19. As well as addressing inequalities in the health service such as leading the Disparities in the risk and outcomes of COVID-19 report and the subsequent COVID-19 Understanding the impact on BAME communities report PHE continues to recognise that systematic changes need to be made externally but also internally for true equality to exist. Therefore, as well as progressing our Race Equality Plan, PHE is working closely with the Black, Asian and Minority Ethnic (BAME) Network to review the Avoidable Crises Report by Baroness Doreen Lawrence and to progress recommendations relevant to PHE employees.

Working through the pandemic also puts an additional strain on staff and burnout is a real risk if people do not feel they can ask for adjustments, so PHE worked closely with the well-being team, Carers and Flexible Working Network, jointly promoting the well-being charter, as well as making it clear through communications that an inclusive culture improves well-being.

2. Understanding difference

On the 15 December 2020, the Gender Pay Gap Report for PHE was published. The report found that both the mean (average) and the median (middle) pay gaps had reduced since the previous year (2019). The mean by 1.4% from 15.6% to 14.2% and median by 0.5% from 14%

to 13.5%. The figures show a gradual closing of the gap and indicate that PHE's current approach to address key issues is working.

PHE will continue to take forward the gender pay gap plan which includes:

- improving the recruitment and retention of women in more senior roles
- improving talent and succession planning
- targeted pay initiatives
- increasing the visibility of female senior role models
- encouraging flexible working and job sharing for all

In July 2020, with support from the staff BAME network, PHE's first Race Equality plan was published. The Plan set five key actions to progress race inclusion. The organisation listened to the concerns of staff and in response to the Disparities in the risk and outcomes of COVID-19 and COVID-19 Understanding the impact on BAME communities reports, a series of listening exercises were held. PHE Management Committee developed SMART (Specific, Measurable, Achievable, Realistic, Timely) diversity and inclusion objectives that they cascaded to their senior leadership teams. The objectives will be published in the end of year Diversity and Inclusion annual report. Management Committee and the BAME network meet regularly to track progress against the Plan.

Diversity declaration rates are improving although at the time of writing this report one quarter of PHE staff chose not to declare their sexual orientation or religion and one third whether they have a disability, so there is more to be done. PHE ran a targeted campaign to encourage staff to update their data on the ESR system.

4. Life chances

These schemes take a non-traditional approach to recruitment in order to provide opportunities to disadvantaged groups. PHE remains committed to tackling health inequalities in England and recognises that employment is beneficial for health. The Civil Service Commission champions government employment programmes and through this provision, PHE ran several Life Chance Schemes (Ambitions about Autism, Career Transitions Partnership, Carers UK, Ex-offenders, Mosaic Club House, Movement to Work, Project Search and Barnardo's). Twenty members of staff have been appointed through these schemes and PHE continues to promote them at the Better Together Roadshows.

5. Reflecting the society, we serve

PHE continues work to improve diversity declarations. The Diversity and Inclusion team ran a targeted campaign to encourage staff to update their data on the ESR system.

6. Learning from others

PHE continues to partner with the NHS England Workforce Race Equality Standard (WRES), sharing best practice and contributing towards the WRES data indicators. In 2020 PHE contributed to the Workforce Disability Equality Standard.

Leadership and governance

PHE's Management Committee, chaired by Michael Brodie, Interim Chief Executive Officer, oversees the work on inclusion.

The Management Committee receives regular updates on inclusion and shapes the direction of the work and helps support key messages. This was demonstrated through commitment to developing SMART diversity and inclusion objectives for cascading to senior management teams. The objectives will be published in the end of year diversity and inclusion report.

Monitoring arrangements have been established to track and oversee progress, such as the development of a diversity dashboard that all PHE staff can access. The dashboard provides breakdowns by demographic data and directorate, helping to actions to be better targeted.

PHE has Inclusion Champions who provide leadership to staff networks. The Champions provide senior accountability for delivery of staff network business plans and support inclusion activities.

PHE is reflecting on workplace inequalities and has recognised that as an organisation there is a need to:

- ensure that evidence led interventions are in place;
- adopt a systems approach to design bias out of processes;
- work together better to understand and address the impact of workplace inequalities on health and wellbeing of all staff;
- ensure that all staff positively experience the PHE values[1] as part of the employee life cycle;
- be at the forefront of playing a part in stamping out all kinds of bias or discrimination

The workforce composition by grade section of this report shows that there is more to be done to ensure that the age profile of the organisation fully supports successful succession planning and that women and people from diverse backgrounds are proportionately represented across all grades.

Staff diversity networks

PHE has continued to increase its staff networks. The networks play an active part in creating and developing the culture and provide collective learning and development opportunities. For extra support during the pandemic, PHE invested in a business administrator to work with them

1 There are 4 values in the PHE People Charter, that all staff are expected to follow: Communicate, Achieve together, Respect, Excel (CARE)

and set up monthly listening sessions to support network leads. This structure provides regular opportunities for staff to have direct inputs into current and future inclusion plans.

Each network has their own business plan that connects to the PHE five-point plan on inclusion as well as hosting events for all staff. Table 1, below has accounts of some of the activities carried out by each of the networks in 2020.

Table 1: Activities of PHE staff networks

Network	No. of members	2020 activity (eg. communication / engagement, development, speakers, webinars, training, surveys, events, and so on)
BAME	103	The network supported PHE to produce its first race equality action plan. The concerns raised by BAME staff were heard through several 'Let's Talk About Race' listening exercises. The network met with PHE Management Committee twice. At the first meeting, the committee were encouraged to develop SMART diversity and inclusion objectives for cascading to their senior leads. The network's steering group also signposts network members to helpful resources and continues to work closely with Management Committee to drive the inclusion agenda.
Christian Network	141	The COVID-19 response significantly impacted the 2020 network programme. Jim McManus Director of Public Health (DPH) in Hertfordshire started the year with an excellent talk on Health, Human Flourishing and the Common Good: Public Health in a Theological context. Members gathered for regular monthly prayer meetings and the network hosted a Christmas Reflection in December. PHE promoted events hosted by Christians in Government and engaged with networks in other government departments and the Diversity and Inclusion Forum.
Enable Network	99	Enable is the network for colleagues affected by disabilities, long-term medical conditions, mental ill health, or who are neurodivergent. During 2020 as part of National Inclusion Week, PHE announced the rebranding and name change from PHE Disability Network to the Enable Network. The name change reflects the network's aim of being inclusive of everyone across PHE and aims to create a safe space for colleagues to reach their full potential and connect with others affected without fear of

		discrimination. Enable provides ongoing peer support and advice for staff or carers for people with disabilities at PHE.
Engagement Agent Network	200	The Engagement Agent (EA) network continues to champion the PHE People Charter and represents the staff voice by giving EAs the opportunity to get involved in activity. PHE promotes the importance of staff engagement by sharing learning and best practice. The EA Network holds monthly meetings to discuss and promote various initiatives eg. the annual PHE staff survey, wellbeing surveys. These meetings give EAs the opportunity to feedback their thoughts, opinions and experiences in order to make the organisation a better place to work. Michael Brodie, Interim Chief Executive, attended a meeting to listen to how staff were thinking and feeling around the transition. In addition, throughout COVID-19, the network was maintained to ensure EAs felt supported. Health & wellbeing tips and resources, such as the wellbeing check-in template were shared with colleagues by EAs. The network held guest speaker meetings & focus groups from across the organisation to test how messages would land and to gather feedback from staff. Examples of this include : What does a good transition look like from an engagement aspect? Testing the Transition Narrative; Transition Support Packages; Employee Value Proposition – shaping the PHE / National Institute of Health Protection Offer. The leads communicate with the EAs via regular emails, share a monthly bulletin, share call notes and additional material is also presented to the network.
EU Exit Network	140	The EU Exit Network held bi-monthly meetings, attended monthly cross-government EU staff network meetings, coordinated the cascading of relevant information through PHE communications channels, organised a letter for EU staff travelling abroad over the holidays stating they were employed at PHE for those concerned about issues at border crossings.
Flexible Working and	Circa 100	The network held regular bi-monthly meetings with champions across PHE to share and plan initiatives to shape the organisation's approach to supporting

Carers Network		staff with flexible working and caring responsibilities through best practice delivery. The network has supported the development of PHE policies, guidance and case studies: paternity leave has been increased from 2 to 6 weeks; the Special Leave Policy is being reviewed; Camilla Bellamy, Network Chair, shared her story of living at work, highlighting the challenges of working from home during COVID-19. A virtual tea and coffee afternoon was hosted on 26 November, to acknowledge Carer's Rights Day and the PHE Carers Passport and Toolkit were highlighted. The network has promoted support groups including an Adoptive support group and Staff Wellbeing support group. The network collaborated with the Cross Government Flexible Working Network to raise awareness of job sharing within the organisation. In June the network joined the Working Families' #flextheUK campaign, co-signing an open letter calling for flexible working to be "the rule, not the exception." PHE collaborated with Carers UK to host a webinar on 30 June to facilitate a discussion around challenges of being a carer during the pandemic. PHE accomplished a top 30 place in Working Families Benchmark for Employers this year.
Gender Balance Network	83	The network has hosted Keeping in touch and coffee catch up meetings. It works alongside other networks to share synergies and activities especially re flexible working. The network worked with staff to review the Gender Pay Gap report and supported requests to improve data and disclosure.
LGBT+	72	The network has held monthly meetings of the Steering Group and meetings with wider Network members. These meetings have provided opportunities to discuss current issues, priorities and raise awareness of events and communications. In 2020 information was published through the network and the intranet was updated. The network held the following events: Psychiatric "treatment" of lesbian and bisexual women in England. Domestic abuse in LGBT+ relationships, a different closet. Trans and Intersex Personal Stories.

LGBT+ Allies Network	62	2020 has seen the successful relaunch of the LGBT+ Allies Network, led by Emma Hope, opening the discussion on what it means to be an ally, and the positive actions that can be taken to support LGBT+ colleagues. Two network meetings have been held so far, with more to come in 2021.
Mental Health First Aiders (MHFA) Network	366	The network sent regular (weekly/fortnightly) wellbeing bulletins promoting new campaigns for physical and mental health, webinars, training opportunities and other staff wellbeing updates. Monthly calls were organised with speakers, such as representatives from partners (e.g. Headspace, Employee Assistance Programme) and colleagues from Health Improvement to talk about health topics (eg. alcohol awareness). Network members were encouraged to speak at various Away Days / Directorate meetings to promote mental health awareness and apps. A MHFA intervention log was created for MHFAs to log any mental health calls they receive. Three refresher courses for MHFAs who had done their training three or more years ago were held.
Muslim Network	100+	The chair of the PHE Muslim network spearheaded the Civil Service Muslim network survey and the recommendations are being incorporated into the Network's procedures and guidance. PHE is also honouring the network's recommendations to give more highlight to the Faith and Belief toolkit. It is now mentioned in the Workplace Adjustments Policy. The PHE Muslim network also had communications with members on Ramadan and Eid. The staff experience survey was circulated across network members and Muslim staff across PHE. The findings were presented to the network and shared with PHE's Executive team. PHE staff were involved with wider Civil service staff in a webinar on the Muslim staff experience survey findings and actions.
Social Mobility Network	30	The network held quarterly meetings. It took a targeted approach to delivering its business plan. A 'Fireside chat' Meeting was held with Michael Brodie, the Interim CEO on 23 Nov 2020. The network has close links with the Cross Government Social Mobility Network holding regular virtual drop in calls every Friday. There have been opportunities to join CPD

		'speaker events' with external parties on key Social Mobility areas eg. the impact of regional accents on progression. The Co-Chair of the Network has been elected Chair of North West Cross Government Group (NW Nexus).The network promoted social mobility in the first 'Better Together' Roadshow.
Wellbeing Champions Network	146	The network sent regular (weekly/fortnightly) wellbeing bulletins promoting new campaigns for physical and mental health, webinars, training opportunities and other staff wellbeing updates. Monthly calls were organised with speakers, such as representatives from partners (e.g. Headspace, Employee Assistance Programme) and colleagues from Health Improvement to talk about health topics (eg. alcohol awareness). Network members were encouraged to speak at various Away Days / Directorate meetings to promote health awareness and apps.

Diversity dashboard

The PHE diversity dashboard provides an overview of the composition of each PHE directorate and reports on several demographics, including grade, gender, ethnicity, disability, faith, sexual orientation and age.

The dashboard is updated and published on the intranet at key points during the year and helps to initiate conversations to identify best practice and bridge any gaps.

The dashboard has been designed to help colleagues with visual impairments by using plain text tables alongside infographic charts. PHE will continue to keep the look and feel of the dashboard under review so that all colleagues are able to access its content.

Awards, benchmarking and raising the profile of our work

PHE benchmarks across the equality index and with partners across the healthcare system to ensure high quality.

To date PHE has achieved 8 awards which are:

- Carer Confident
- Disability Confident Leader 2018
- Diversity and Inclusion Award 2019
- Happy working flexible working
- Smarter Working

- Stonewall Diversity Champion
- Supporting Age Positi+ve
- Working Families Employer

For four consecutive years PHE was awarded in the Top 30 list of employers for flexible working and is currently working towards another top 10 award. The years were:

- 2020 August to September PHE Top 30
- 2019 August to September PHE Top 10
- 2018 August to September PHE Top 30
- 2017 August to September PHE Top 30

Stonewall paused the requirement for an annual submission due to the COVID-19 pandemic.

Talent management

PHE is a committed learning organisation, where the learning and development environment helps all members of staff to meet their personal and professional development needs while ensuring alignment with organisational strategy.

PHE has a substantial leadership and management development offer including Civil Service-wide talent schemes, Civil Service Learning, and in-house programmes such as Growing Our Leaders, Effective Manager Programme and also continues to support staff to achieve their full potential through coaching and mentoring.

Pathways to Work projects

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

The Project SEARCH transition to work programme run from PHE's Colindale site was suspended in 2020 due to COVID-19. The programme usually 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 continues to work with MOSAIC Clubhouse, a Brixton-based provider supporting unemployed clients with mental health illnesses through Transitional Employment Placements (TEP). This positive action employment scheme has provided the PHE hosting teams with additional capacity, as well as providing lived experiences and staff development for a community that PHE recognises is also affected by health inequity.

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

Policy and procedures

COVID-19 presented significant challenges for the organisation and staff. In response, the PHE Human Resources policy flexibilities document was developed. The document brought together all the policies and procedures that were already in place to support staff. The aim was to provide additional support, encourage practical and flexible decision making and to help all staff to stay well and working where possible.

Disability

PHE is a disability confident employer and has remained dedicated to ensure this status is retained for a further three years. The scheme supports the organisation to meet the needs of staff living and working with a disability.

PHE's workplace adjustments passport with guides, helps managers and staff identify reasonable adjustments for psychological and physical health conditions. The workplace adjustments passport captures an accurate record of an individual's workplace adjustment that could be carried forward if they moved to another team or government department. PHE continues to promote the passport within the organisation such as through work to support International Day of Persons with Disabilities. This year PHE has increased its services by introducing training and support for staff that are neurodivergent and has raised awareness of this topic through workshops and staff blogs.

Flexible working

PHE is proud to offer all staff a day one right to request to work flexibly. PHE's flexible working strategy enables members of staff to balance their home and working lives. The strategy incorporates a carers charter, carers passport and a flexible working toolkit. Staff can job share, change their hours, work from home and request shared parental leave. The PHE Flexible Working and Carers Network continue to encourage flexible working through work to promote Carers Rights Day.

Maternity and paternity

PHE made changes to the maternity and adoption pay, and paternity pay provision. All staff who qualify (that is employed for a minimum of one year's continuous – full or part time, service in PHE at the time their maternity or adoption leave begins and who started maternity or adoption leave after 17 September 2019) receive occupational maternity pay at 26 weeks full pay plus 13 weeks at either Statutory Maternity Pay or Maternity Allowance depending on eligibility. Paternity provision was increased from 2 weeks to 6 weeks full pay for staff who qualify.

PHE staff characteristics

This section presents data on protected characteristics among PHE staff. Figures are based on a headcount total of 6,044 members of staff as of 30 November 2020. Statistics are drawn from the PHE Human Resources and Payroll system (also called ESR). The next table presents information on the proportion of staff on whom details of a particular protected characteristic are

currently held. These percentages include staff who have responded in the category “prefer not to say”.

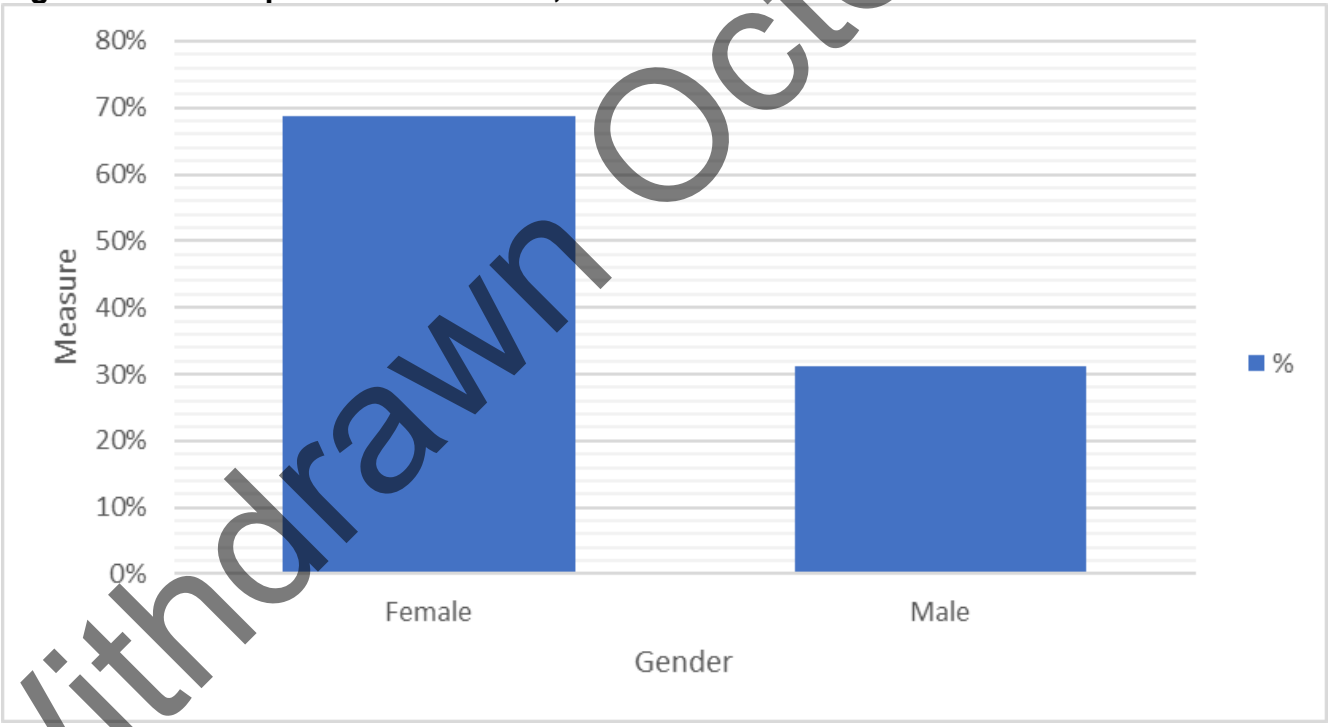
Table 2: Proportion of PHE staff who have made a return for each of the protected characteristics

Percentage	Nov 2015	Nov 2016	Nov 2017	Nov 2018	Nov 2019	Nov 2020
Gender	100	100	100	100	100	100
Age	100	100	100	100	100	100
Ethnicity	97	96	96	97	97	97
Disability	53	57	62	64	68	73
Religion and Belief	61	65	69	72	75	79
Sexual Orientation	62	66	70	73	75	79

Gender

Women make up nearly 69% of the workforce in PHE. This is broadly reflective of the gender make-up of the wider healthcare system (Figure 2).

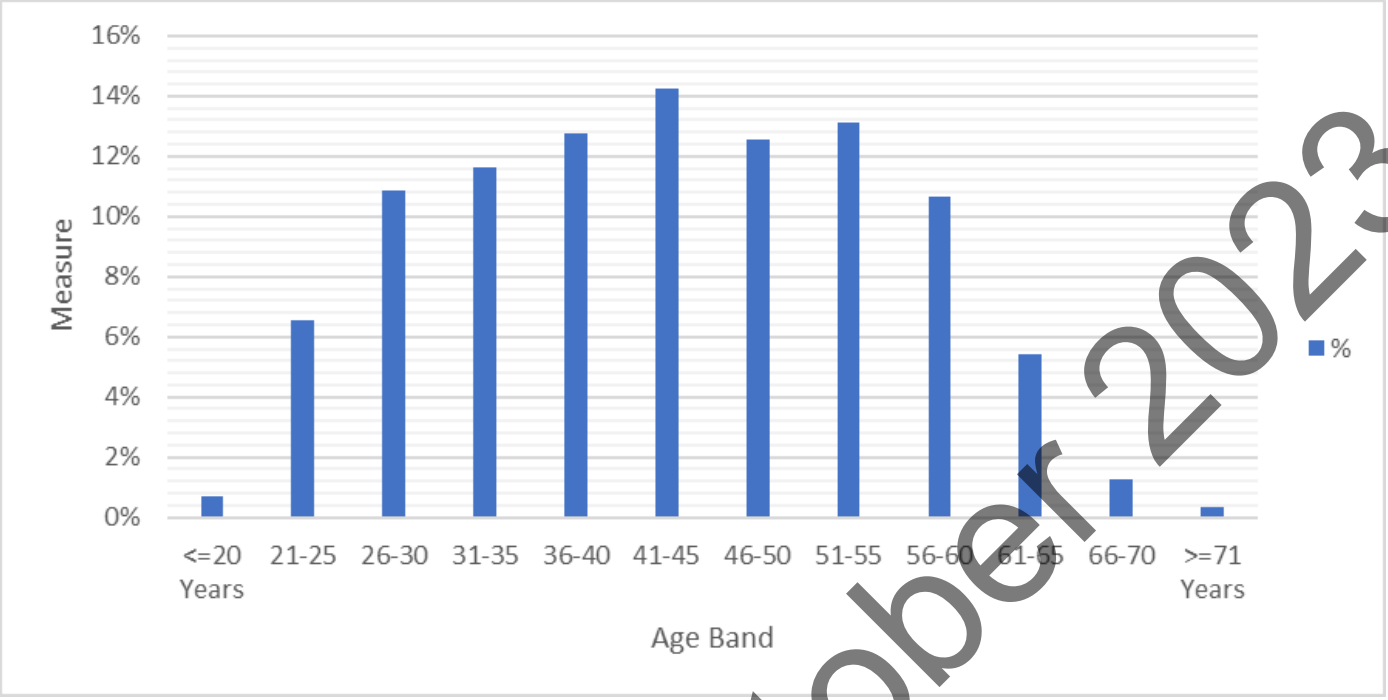
Figure 2. Gender profile of PHE staff, November 2020



Age

About half of PHE staff (52%) 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. 18% of staff are aged under 30 in the PHE workforce. These patterns will have implications for staff succession and retirement planning (Figure 3).

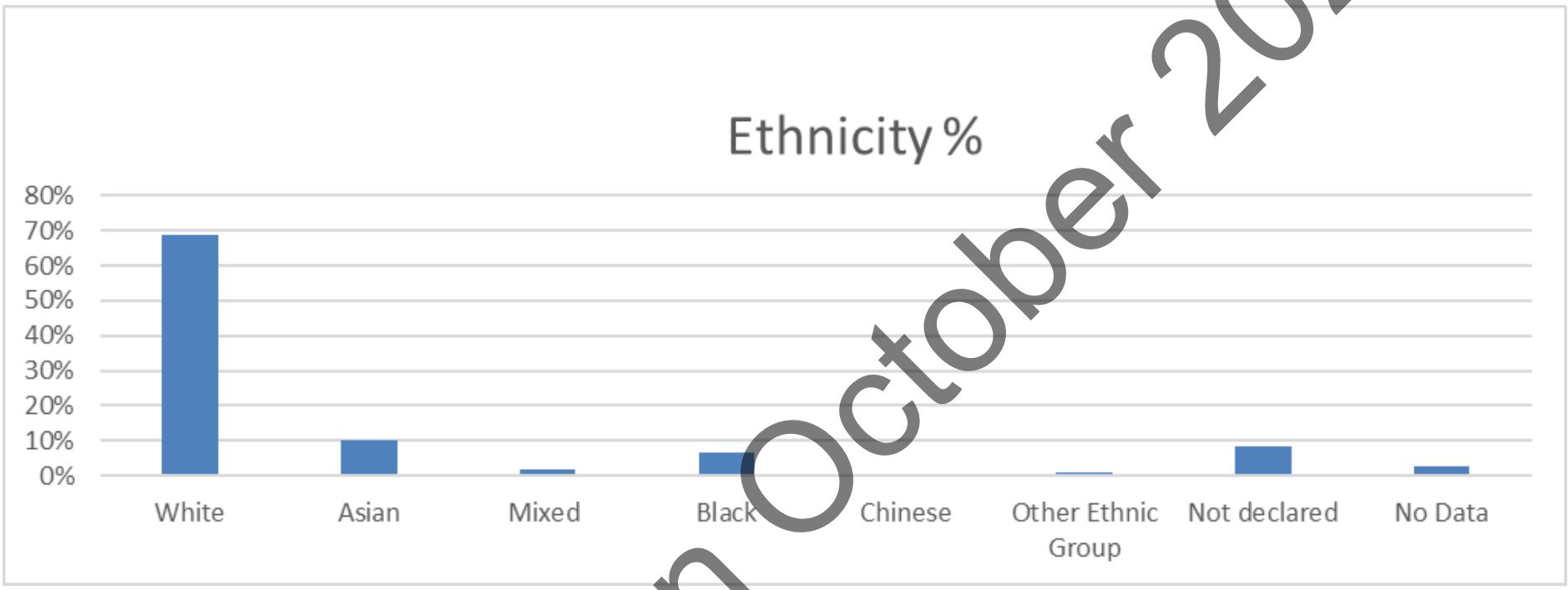
Figure 3: Age profile of PHE staff, November 2020



Ethnicity

Figure 4 shows that 69% of PHE staff describe themselves as white. The next largest ethnic group is Asian or Asian British (10%), followed by Black or Black British (7%). 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 8% of staff members have chosen not to disclose their ethnic group.

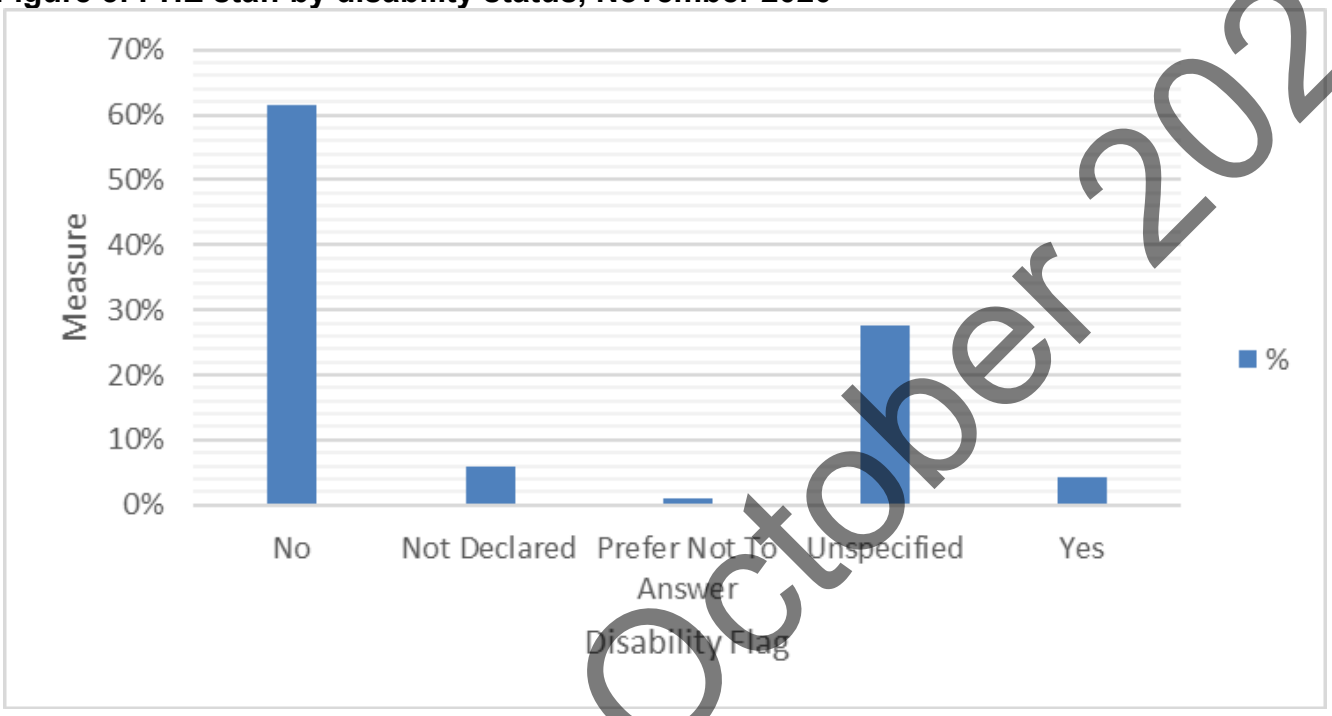
Figure 4: Distribution of PHE staff by ethnic group, November 2020



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 73% of staff and there is a focus for improving disability related information in the coming year.

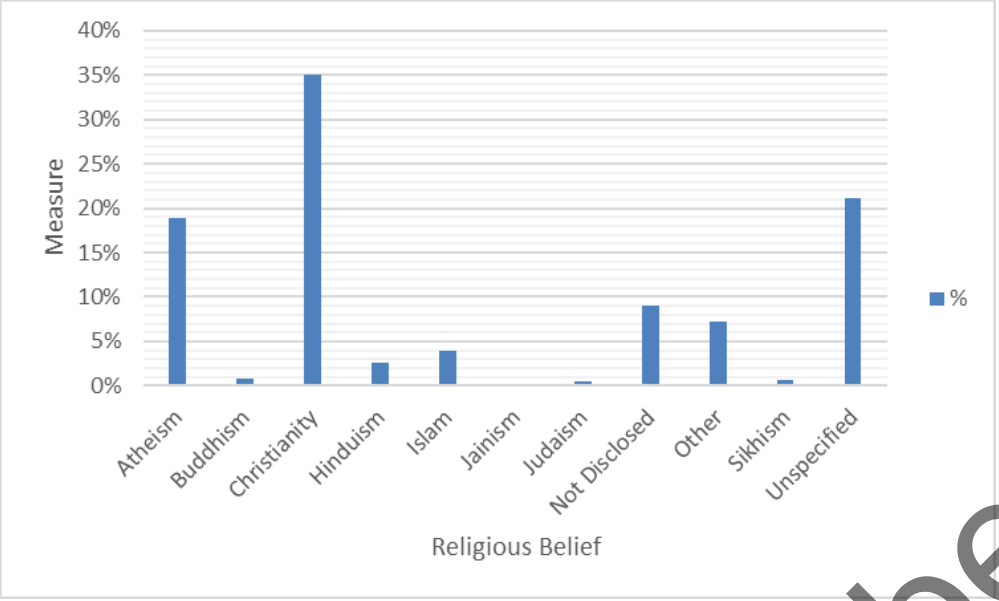
Figure 5: PHE staff by disability status, November 2020



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 (35%). The next largest group is those who report being atheists (19%). 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 (that is not declared or 'prefer not to say').

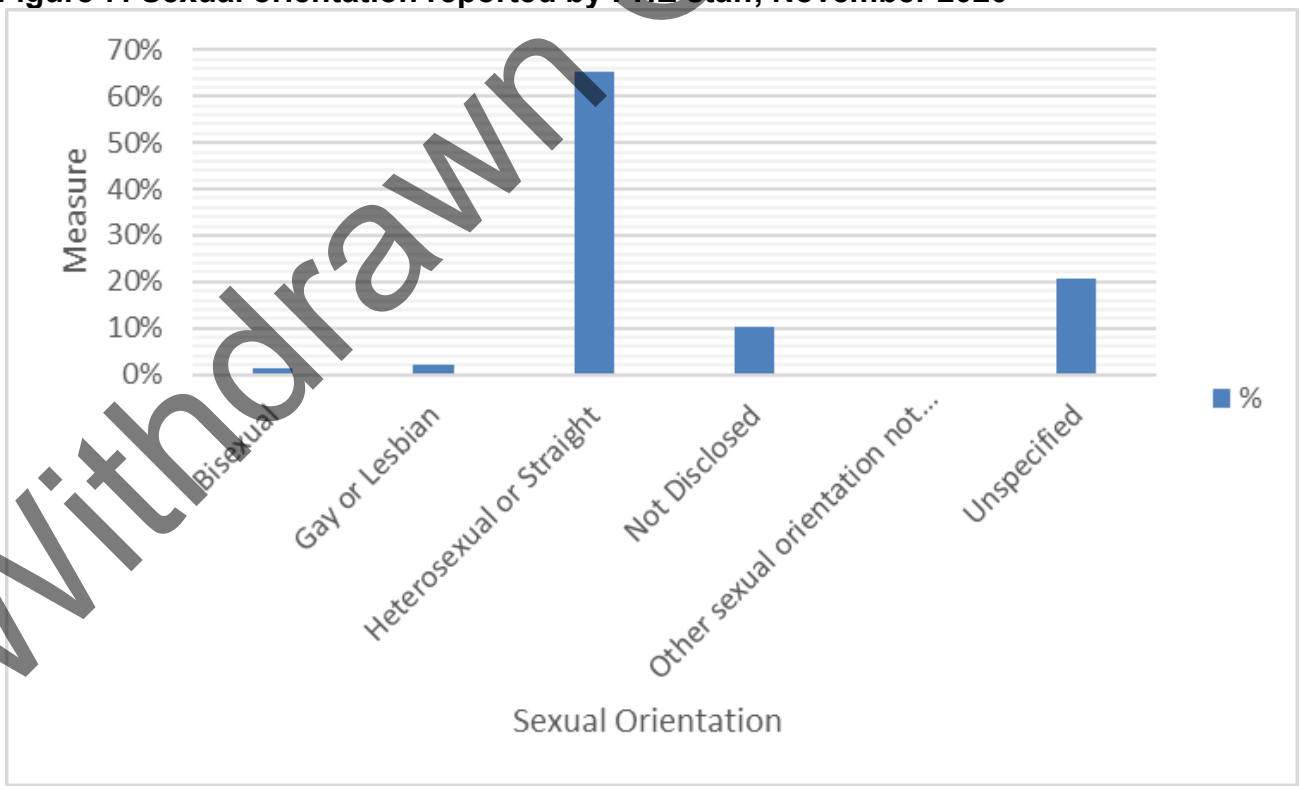
Figure 6: Religion and belief profile reported by PHE staff, November 2020



Sexual orientation

Information about the sexual orientation of PHE staff is available for 79% of the workforce, with 10% of people included in this figure as not wishing to declare their sexual orientation. A majority of staff declare themselves to be heterosexual (65%) with just over 3% of staff reporting being LGBT.

Figure 7: Sexual orientation reported by PHE staff, November 2020



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 30 November 2020.

Gender analysis

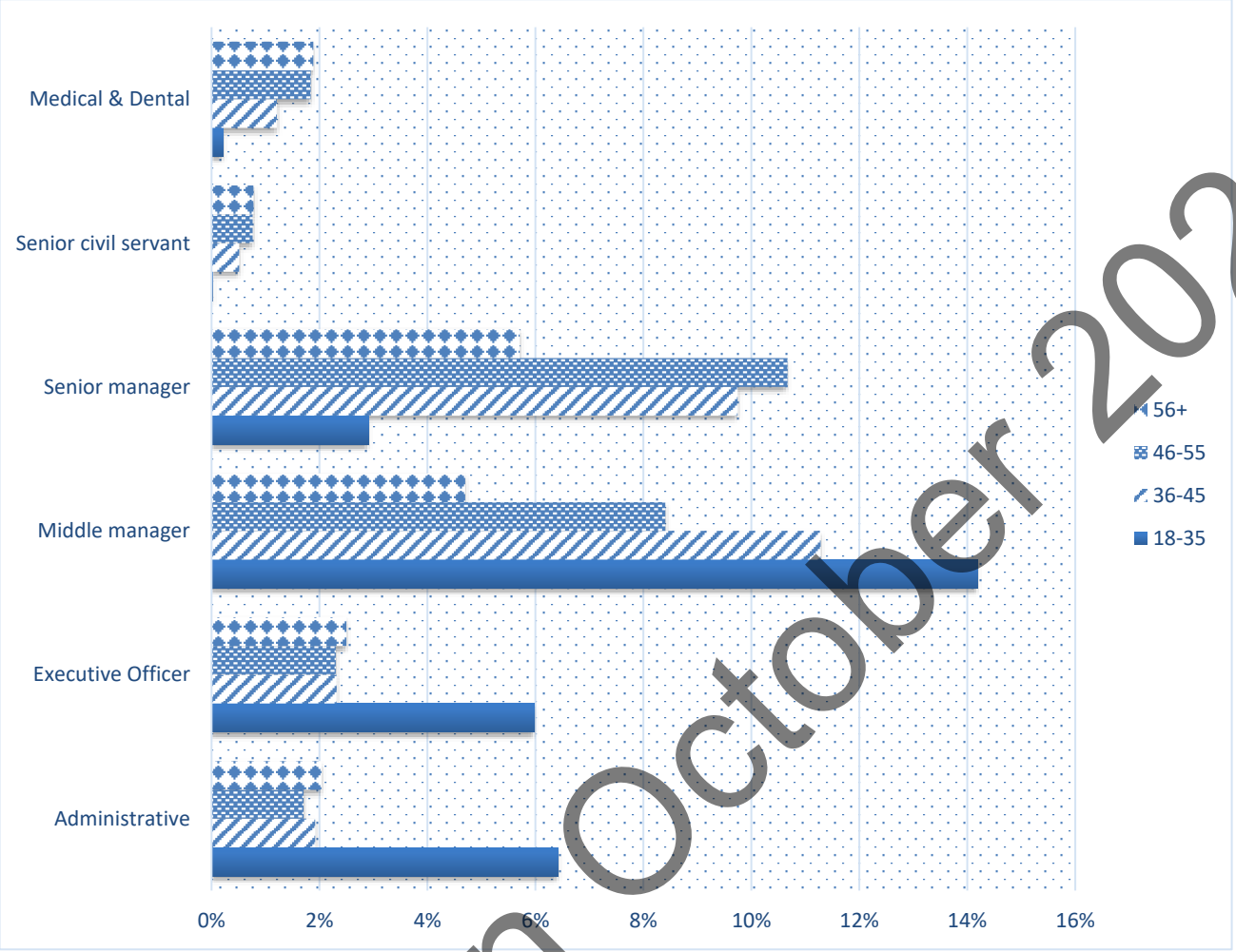
There are nearly twice as many women (69%) as men (31%) working within PHE. Figure 8 shows that the gender distribution across the administrative, executive officer and middle manager grade is in proportion to the overall gender PHE workforce composition. There is a lower percentage of female staff at senior manager grade, which does not reflect the overall gender PHE workforce composition. Proportionately males are overrepresented at the Senior Civil Service (SCS) and equivalent level grades, 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 (3%). The age distribution across the grades may have implications for staff succession and retirement planning.

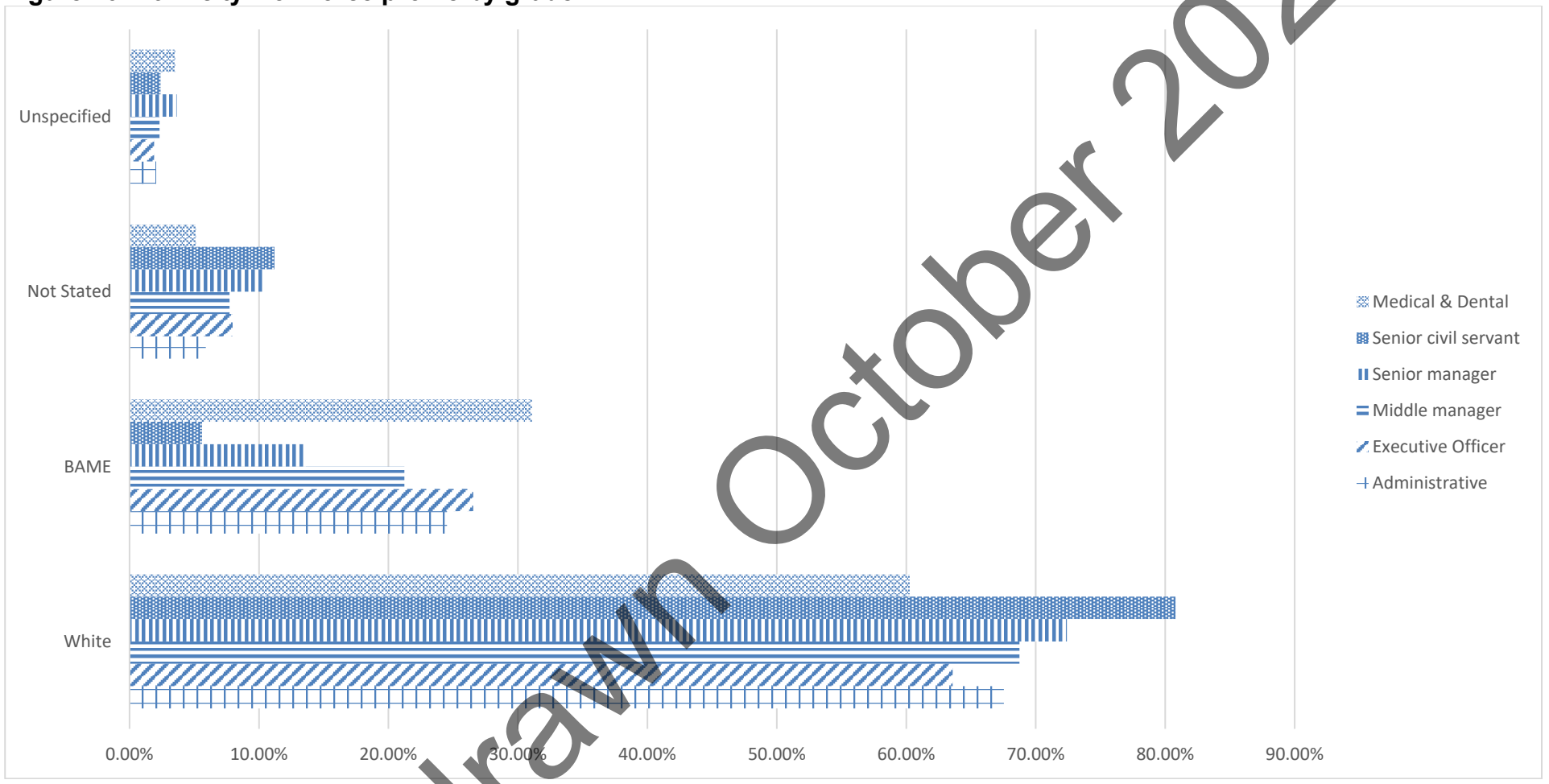
Figure 9: Workforce age profile by grade



Ethnicity analysis

In Public Health England, 69% of the workforce is White, 20% BAME. Around 8% of people prefer not to disclose their ethnicity. PHE does not have ethnicity information for 3% of our staff. Figure 10 shows the ethnicities of staff at each grade as a percentage of all staff at that grade. This means that if there were similar representation at all grades, the bars for BAME staff would all show as approximately 20%. The graph illustrates that although BAME staff are represented at every grade, BAME staff are relatively over represented in the Medical and Dental grade (31.09%) and under represented at SCS and equivalent level grades (5.60%).

Figure 10: Ethnicity workforce profile by grade



Next steps

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

In 2021 PHE has continued to build on this work and for the remainder of the year will also focus on the following activity:

Actions to support the system

Senior Management and Inclusion Champions will continue to support delivery of the objectives during the transition period and to ensure a smooth handover of equality activities to PHE's successor organisations.

PHE will continue to work through our corporate business planning and reporting processes to embed a focus on inequality and diversity, and ensure sustainable and distributed ownership across PHE.

PHE aims to continue to increase our capacity and ability to enable effective delivery at the local level on tackling health inequalities including in plans to recover from the COVID-19 pandemic. This will result in the provision of advice, statistics and evidence to local decision makers about the effective actions they can take to improve the health outcomes of people with protected characteristics, as well as reduce health inequalities.

Actions to support workforce equality

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

Work together with key stakeholders to agree an inclusion map ensuring that equality, diversity and inclusion is at the heart of the creation of the UK Health Security Agency.

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 we can achieve together.

Continue to develop and deliver a series of roadshows across the organisation to encourage participation and produce an Inclusion Annual Report to showcase what we have achieved. Continue to increase ethnicity, disability and LGBT data declarations made through the ESR system.

Pilot development programmes or workshops for minorities.

Continue to provide work experience for all individuals, including those from under represented and disadvantaged groups.

Continue to implement our plans for taking action on the Gender and Race Pay Gap.

Continue to update and monitor the diversity dashboard.

Evolve the staff mentoring circles for identified groups to increase uptake and support progression.

Support the staff diversity networks to grow and expand and to be used effectively as employee resource groups.

Annex 1: Our equality objectives 2017 to 2020

1. Supporting the health system

Our aims

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:

- 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 seven key priorities
- 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

2. Engaging and developing PHE staff

Our aims

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 or 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:

- our employment policies and practices, services and ways of working advance the aims of the general duty, and all staff are supported to thrive in and progress through PHE
- we have identified and progressed action for improvement across our employment policies, practices and ways of working

Senior responsible officers

The senior responsible officers for each deliverable are:

Objective 1.1. Research and intelligence

Data: Justine Fitzpatrick
Research: Ann Brice and Bernie Hannigan

Objective 1.2. Advice to the system

All Our Health: Jamie Waterall
Community-centred approaches: Clare Perkins

Objective 1.3. Promoting equality through programmes

Sexual health: Adam Winter
Learning disabilities: Julia Verne
Smoking at time of delivery: Rosanna O'Connor
Oral health: Sandra White

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
www.facebook.com/PublicHealthEngland

For queries relating to this document, please contact: health.inequalities@phe.gov.uk

Published September 2021
PHE gateway number: GOV-8998

PHE supports the UN Sustainable Development Goals