

HSJ - Achieving Equality in NHS Service Delivery

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A business critical briefing from HSJ's Achieving Equality in NHS Service Delivery conference

Key themes

- How the new equality legislation will impact the NHS and how to prepare for it
- How to collaboratively work with partner organisations to improve health outcomes in communities with inequality
- How to engage your workforce in order to drive the equality agenda

Action points

- Build a powerful business case for the benefits of equality legislation to avoid it becoming a tick-box exercise.
- Take personal accountability for ensuring success in your own organisation.
- Engage with other partners to share best practice and create momentum within your local community.

Speakers

- Liz Sayce, CEO, Royal Association for Disability Rights (RADAR)
- Nick Gradwell, policy manager (health), Equality and Human Rights Commission
- Steve Barnett, chief executive, NHS Confederation
- Brian Colman, head of equality, diversity and human rights, NHS Westminster
- Ceri Harris, diversity and equality manager, Velindre NHS Trust
- Donna Carr, top talent programme, National Breaking Through Programme
- Professor Gurch Randhawa, chairman, NHS Luton
- Staynton Brown, assistant director of equality and human rights, Lambeth PCT
- Balwinder Kaur, equality and human rights manager, Stoke on Trent PCT
- Hazel Sawyers, director, HPS Consultancy
- Jane Carey-Harris, associate director of strategy, Wandsworth PCT

Opening remarks from the chair, Liz Sayce, CEO, Royal Association for Disability Rights

- Key focus of recent legislation should avoid a box-ticking exercise and should reach out across all equality strands.
- It should be used to drive better commissioning, leading to better service delivery and improved employment opportunities for people from diverse backgrounds.
- In these financially challenged times we need to ask whether the processes actually lead to change.
- The Equalities Bill has been well-received by RADAR; we thrive at work by being open and the NHS has a huge part to play to achieving equality.

Equalities as a route to excellence, Nick Gradwell, policy manager (health), Equality and Human Rights Commission

- The EHRC is committed to equality leading to excellence in the NHS and driving change via the personalisation agenda.

- The key to good commissioning involves putting more effort upfront by identifying your community; this is vital and in danger of being overlooked as there is no reference to equality and human rights in world class commissioning guidelines.
- Human rights apply to all; they should protect people who stand to lose their freedoms and they should also travel with people throughout their lives.
- EHRC will deploy a carrot and stick approach to how they wield their powers in the NHS but will champion organisations that demonstrate good practice.

Preparing for the Equalities Act 2010 - understanding the implications for your organisation, Steve Barnett, chief executive, NHS Confederation

- As the largest employer in Europe, it is vital that the NHS understands how the legislative changes can tackle inequalities. The Equalities Bill should enable all legislation to be put in one place which should make it easier to provide services to achieve fairness of delivery.
- The act represents tools and drivers invaluable in directing public services to tackle discrimination and deliver fairer outcomes for all. However, it must be seen as a positive business case.
- Top tips include developing an outcome/solutions focus and build it into the business planning cycle, work with local people to consider the main needs to justify decisions, and identify opportunities to provide employment benefits to local communities,

Building the foundations - developing an effective single equality scheme, Brian Colman, head of equality, diversity and human rights, NHS Westminster

- There are strong links between inequality and poor health and, therefore, a strong business case exists to support marginalised groups with “protected characteristics”.
- A high quality commissioner should understand their population and the variations in health experiences between different groups as this affects how and which services are commissioned. A high quality provider should seek to understand their users so that services can be delivered in the right way.
- Equality impact assessments should be a part of the routine management task and every decision made should ensure fairness and prevent making inequalities worse. Equality priorities are reflected in strategic and operational plans.
- In NHS Westminster they have devised a screening tool that supports all decision-making to reduce identified risks. In order to ensure effectiveness they have robust data collection and analysis, contract/performance management, and community engagement/user involvement.

Putting the theory into practice - implementing a single equality scheme (case study 1), Ceri Harris, diversity and equality manager, Velindre NHS Trust

- Their trust faced many barriers to engagement including geography, awareness, competition with other public bodies, apathy and limited resources. By thinking outside the box, Ceri decided it was easier to go to the public and embarked on a tour of Wales staying in a tent!
- Information was shared, the public knowledge increased, and they increased public involvement via the equalities forum.
- To set up a single equalities scheme you must firstly re-examine your patient pathways, remain pragmatic, and be outcome focused. You must look at partnership working, share findings with other bodies, create ownership, and build into all areas of business planning and service reviews. Eventually you can mainstream equality into the organisation’s culture and demonstrate evidence-based positive change.

Putting the theory into practice - implementing a single equality scheme (case study 2), Donna Carr, top talent programme, National Breaking Through Programme

- NHS Lewisham has major strategic challenges due to a high level of deprivation and health inequality. The equality agenda was seen as a legal must-do with little understanding of how this relates to the day-to-day work of staff.
- The concept of “Health Inequality → Equality → Quality” was established by getting support from Department of Health’s learning sites initiative, creating a corporate equality group chaired by the chief executive, and jointly consulting patients and the public with strategic partners culminating in a summary of the single equality scheme being sent to all households.
- They have established a BME staff forum, secured DH pacesetter funding, successfully incorporated equality health priorities into business planning, and their equality impact assessment toolkit is considered a national exemplar.
- Many lessons were learned: the leadership must be committed to act, you must make a strong business case (not just a moral and legal one), you must take the single equality scheme beyond compliance and embed it into business planning, and performance manage the scheme while regularly communicating the aims to stakeholders.

Effective collaboration with partner organisations to reduce inequality, Professor Gurch Randhawa, chairman, NHS Luton

- As commissioners, you must be willing to take your public with you and then your staff; this involves developing a partnership-wide strategy to address inequality, identify where inequality actually exists within the community, use the existing relationships that partnership organisations have with community groups, and establish a collaborative approach to working with primary carers.
- You must be the patient’s champion and offer more choice, enhance their experience, act as a guardian of value for money, and stimulate competition.
- In Luton they focused on the most deprived areas in order to transform primary care via increased community cohesion. Local patients contributed to the design of a polyclinic and, despite high community tensions, they succeeded via the board creatively challenging conventional thinking and inserting certain mandatory criteria such as the need to offer a range of practitioners catering for different languages.
- They subsequently lobbied the health secretary, which led to two further Darzi practices being established in partnership with local faith leaders and local councillors. Improving primary care requires meaningful public engagement and realising the benefits of community cohesion - skills that are often talked about in the NHS but not often acted on.

Transforming the way you use patient data to combat inequality in your community, Staynton Brown, assistant director of equality and human rights, Lambeth PCT

- On starting his role with Lambeth PCT, Staynton first got the trust to agree that they weren’t compliant with equality legislation despite technically meeting the minimum standards by evaluating how world class commissioning competency five tied into the agenda and setting them the challenge to achieve an “excellent” rating.
- They undertook a full evaluation of current levers, including acute/provider contracting arrangements, which led to improving their IT systems (establishing the Datanet system) and undertaking a full health needs assessment in conjunction with the equality impact assessments. This enabled them to clearly communicate commissioning priorities to providers.

- Datanet has been successfully deployed to contribute to reducing health inequalities and engage clinicians by linking patient profiles (including language preference) to clinical data for better health outcomes in population sub-groups.
- We must redouble our efforts to ensure the the squeeze on public finances do not go on to create compounded inequality.

Communicating the importance of equality to your workforce, Balwinder Kaur, equality and human rights manager, Stoke on Trent PCT

- The Nursing and Midwifery Council demands that nurses are held to account for cultural diversity. However, it's important not to treat people equally, but to actively recognise the differences in people.
- A three step process of awareness, skills and knowledge can be used to commission, plan and deliver services and improve communication.
- Stoke on Trent PCT have had great success by undertaking equality impact assessments on each function of the organisation, providing briefings to senior management, allocated ownership of action plans to individual directors, and feeding key actions into their single equality scheme.
- Stage one involved community engagement and embedding a partnership approach with these groups. Stage two involved workshops delivered by community members to staff at all levels. Stage three saw diversity celebrated, staff encouraged, the profile of the trust improved and communication on how the equality agenda would be implemented to deliver patient-safe, patient-focused, and quality care for all.

Embedding equality into your organisation, Hazel Sawyers, director, HPS Consultancy

- What does training add to the bottom line of an organisation? 1) Reaction: what was the experience? 2) Learning: has knowledge increased? 3) Behaviour: has it been implemented on the job? 4) Results?
- The function of leaders is to produce more leaders, not more followers; therefore, it's important to adopt the 'MePLC' concept and take personal accountability for driving the equality agenda.
- Be FOCUSED: fearless, optimistic, creative, unique, story-teller in order to improve equality.

Maximising the effectiveness of equality impact assessment as a tool to manage performance, Jane Carey-Harris, associate director of strategy, Wandsworth PCT

- Equality impact assessments are integral to all policies, strategies, decisions and plans and identification of likely discrimination can enable adaptation of services.
- Selling the benefits to organisations requires leadership from the directors and reinvigorating workshops to embed concepts of equality and diversity to everyone's advantage.
- A powerful case study of where equality impact assessments have led to cost reductions is with DNA policy. By identifying vulnerable groups (i.e. people with learning difficulties or where English is not their first language) they were able to review the policy to ensure that the service users could understand and read it. This resulted in much more efficient use of clinical resources.

Key questions and answers

Q Are we sharing and celebrating examples of equality best practice?

- No. Those who actually access services are, on the whole, quite satisfied but we're not proactively using it well.

Q What are Monitor going to do to compel boards to address equality?

- They should demonstrate that the new act is here to help you and they can support you by showing how to use it, not use it as a stick to hit you with. It's about demonstrating that you're having a go as inaction will be challenged.

Q There is a lot of discussion about partnership working but is it true that most organisations are still working in silos?

- There are some measures that can engineer a joined-up approach and the CQC makes sense as inspection should travel with the patient. If you can measure, you can manage.