Equality, Engagement and Health Inequalities – where’s the ‘so what’!

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Aim:
To increase understanding and knowledge of the connection between equality, engagement and health inequalities duties within the NHS.

Objectives:
• To raise awareness of the Equality, Engagement and Health Inequalities duties
• To increase awareness and understanding of equality and health inequality data and how this informs an effective Equality Impact Analysis
• To increase understanding of the connections between engagement and equality and how engagement activity can help to fill data gaps
• To apply learning to role
“The NHS provides a comprehensive service, available to all.

It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population”.

What is the main piece of equalities legislation in the UK?
The Equality Act 2010

There are two main aims:

• A “reactive aim” to stop discrimination (unfair treatment) of people with one or more “protected characteristics”

• A “proactive aim” – The Public Sector Equality Duty
Institutional Discrimination

The Public Sector Equality Duty aims to reduce institutional discrimination. This is the definition of institutional racism from the Macpherson Report:

- “The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people”.

Changing the words “colour, culture, ethnic origin” to any of the other protected characteristics or to “socio-economic status” provides a good definition of other forms of institutional discrimination.
The Health and Social Care Act, 2012

Health inequalities

CCGs are also required to have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved.

Which groups of people does this duty relate to?
The Health and Social Care Act, 2012

Engagement

• **Individual participation duty**: Individuals need to be involved in managing their own health and care. Decision making should be shared by the patient and the health professional.

• **Collective participation duty**: Patients, carers and the public need to be involved in the commissioning (planning, buying and monitoring) of health services. This includes involvement in:
  – the planning of commissioning arrangements, which might include consideration of allocation of resources, needs assessment and service specification.
  – proposed changes to services which may impact on patients

How does the CCG support both these duties?
## The ladder of engagement

**Sherry R. Arnstein, ‘A ladder of citizen participation’**

<table>
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<tr>
<th>Devolving</th>
<th>Placing decision making in the hands of the community and individuals</th>
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<tr>
<td>Collaborating</td>
<td>Working in partnership with communities and patients in every aspect of a decision, including the development of alternatives and the identification of a preferred solution</td>
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<td>Involving</td>
<td>Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered e.g. partnership boards, reference groups, patient reps in policy groups</td>
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<td>Consulting</td>
<td>Obtaining community and individual feedback on analysis, alternatives and / or decisions e.g. surveys, door knocking, focus groups</td>
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<tr>
<td>Informing</td>
<td>Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions e.g. websites, newsletters and press releases</td>
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Vulnerability Triangle

- Protected Characteristic Group(s)
- Socio-economic deprivation
- Health Inequality
- Access and Discrimination
What do you know about the Vale of York and health inequalities?

Quiz
Equality Analysis

• What is it?

In pairs discuss:
• When and why might you use it?
• How could it help inform service improvements?

Feedback
Equality Analysis (EA) journey

Look at data
↓
Identify groups
↓
Use analysis to inform engagement activity
↓
Carry out engagement activity and identify any differential experiences for protected groups
↓
Use analysis and engagement finding to identify positive and negative impact - agree appropriate and proportionate to mitigate against any negative impacts.
↓
Ensure that any agreed actions / action plans are monitored as part of the review process and are built into governance and service specifications.
↓
Reduced health inequalities, improved access, patient experience and outcomes for our diverse communities.
Applying learning

Reflect on:
• Something you have learnt today
• Something you can share with colleagues / team
• Something you will do differently

In pairs discuss how equality and engagement is relevant to you and your role
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Please complete evaluation
Thank You
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