



# **Narrowing the *Gaps***

*Better health outcomes for all*

**Equality and Diversity Strategy**  
*2008-2013*

**Shahnaz Ali**  
Associate Director of Equality,  
Diversity & Human Rights

# Forewords



The role of a strategic health authority is to provide leadership and stewardship of the health system within their region. There are many ways that strategic health authorities go about this task, ranging from setting strategic priorities and vision through to making tough choices in the event of organisational failure or setting up crisis response arrangements when major incidents occur. In none of these cases, however, is success of these interventions of a health system explicitly defined as achieving the right outcome for 'some' of its population or achieving an excellent result for most but not all of its patients or communities. To deliberately aim for such explicit outcomes would be inconceivable. To claim success having delivered such outcomes would be unacceptable. Yet far too often the system tolerates these outcomes and describes success in such a way that it hides and obfuscates the variability of service access experience and clinical outcomes for different people and different groups within our communities.

This strategy is not just about legal compliance with statutory duties, nor, for example, simply improving the representation of minority groups within the NHS workforce. It is about fundamentally redefining the way in which the NHS in the North West defines success. By not being prepared to tolerate or account for NHS performance on our current 'partial' measures we will begin to earn the role as credible leaders of the North West health system thereby representing the interests of all people in the North West. By aiming to achieve better health outcomes for all and reducing the health inequalities experienced by many groups we will expose and then address the major steps towards securing equality and celebrating diversity in our region.

**Mike Farrar**  
**Chief Executive Officer**  
**NHS North West**



As Associate Director for Equality, Diversity and Human Rights at NHS North West, I welcome the opportunity to introduce our equality and diversity strategy *Narrowing the Gaps*. The title reflects the main purpose behind the strategy, which is to improve the health and well-being of all the North West population by addressing any health disparities between different communities in our region. It is about ensuring that everyone, regardless of race, disability, sexual orientation, age, gender, religious belief or caring responsibilities, can be confident that their needs have been considered when accessing healthcare. It is also about equal health outcomes between our region and the rest of the UK.

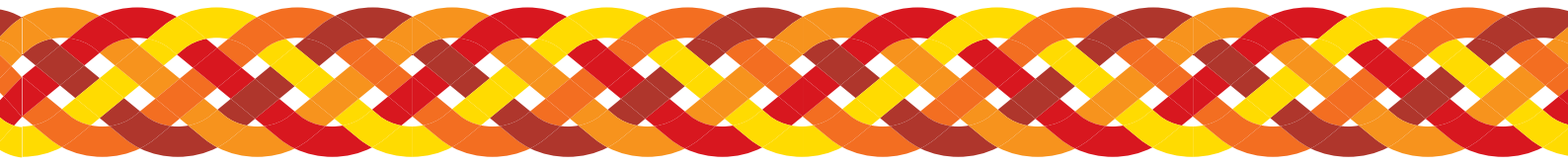
The proposed actions in this strategy have been developed over the last year, after intensive research and consultation across the North West. The *Landscape of the Region* report was the result of a mapping exercise commissioned to determine the levels of equality and diversity practice across NHS organisations in the North West. We also engaged with stakeholders including third sector organisations to determine where the gaps in services exist and where priority actions need to be targeted. Assessments of primary care trusts strategic plans, equality schemes and workforce strategies gave us more information on issues to be addressed. All of these diagnostic activities informed the goals and outcomes of this strategy.

Whilst the strategy provides a context and direction for mainstreaming the equality and diversity agenda, it is flexible enough to allow for local implementation of action plans according to priorities. It also allows us to build on the many good practice initiatives already in existence in the region.

The establishment of a Leadership Forum with diversity champions for each of the equality strands will provide accountability and ensure that the strategy is monitored at the highest level.

I am looking forward to the challenge presented by implementing this strategy across NHS North West, and am confident that this is a positive first step in changing the health outcomes for the whole of the region.

**Shahnaz Ali**  
**Associate Director of Equality, Diversity and Human Rights**  
**NHS North West**



# Contents

|  |           |
|--|-----------|
| <b>1. North West narrowing the gaps through delivering on equality and diversity</b>         | <b>5</b>  |
| 1.1 Equality and diversity strategic summary   | 5         |
| 1.2 Regional challenges – key socio-economic facts   | 6         |
| 1.3 Health status of the NHS North West region: some key facts                               | 7         |
| 1.4 The national and regional policy context   | 8         |
| <b>2. Introducing the NHS North West equality and diversity strategy</b>                     | <b>10</b> |
| 2.1 Strategic aim  | 11        |
| 2.2 Current position   | 11        |
| 2.3 Strategic goals  | 12        |
| 2.4 An interlinking strategic model  | 13        |
| 2.5 Strategic outcomes   | 14        |
| <b>3. The NHS North West equality and diversity strategy</b>                                 | <b>16</b> |
| Goal 1: Increase the diversity, representation and the working lives of our workforce        | 16        |
| Goal 2: Develop data to monitor, information to manage and knowledge to act                  | 19        |
| Goal 3: Develop the right services: targeted, useful and used                                | 22        |
| Goal 4: Move beyond legal compliance to initiating best practice                             | 25        |
| Goal 5: Develop our specialists and leaders  | 28        |
| <b>4. Governance, performance management and promoting the equality and diversity agenda</b> | <b>31</b> |
| <b>References</b>  | <b>33</b> |



# 1. NHS North West narrowing the gaps through delivering on equality and diversity

## 1.1 Equality and diversity strategic summary

*The NHS North West Equality and Diversity Strategy conveys the commitment of the strategic health authority to:*

- ensure legal compliance with the body of equalities and human rights legislation
- enhance the long history of work in equalities across the health organisations in this region
- galvanise activity across the equality and diversity spectrum.

This strategy communicates the intention and determination of NHS North West (NHS NW) to lead by example, and to work with and share the organisational developments and lessons learnt with the rest of the health and public sector in the region.

NHS NW has appointed an Associate Director Equality, Diversity and Human Rights lead and team to provide expertise, leadership, support and programme management. Through this, NHS NW has demonstrated its intention to lead improvements in the equality and diversity agenda and to pull together the myriad of equality and diversity projects and initiatives into an integrated, coherent and beneficial programme of work. The strategy will provide context and direction to shape the programme of work and enable everyone in the region to accelerate and enhance their overarching equality and diversity aims, profile and culture.

This strategy sets out the national policy context to provide background information, while focusing in detail on the region and its health sector stakeholders. It explains why exemplary and innovative equality and diversity practice is important, not least because of its impact upon all sectors of the community and upon many life stages, opportunities and chances.



## Aim of the strategy

### IMPROVE THE HEALTH AND WELL-BEING FOR ALL OF THE NORTH WEST POPULATION

#### *It will do so by focusing work on the following five goals:*

1. increase the diversity, representation and the working lives of our workforce
2. develop data to monitor, information to manage and knowledge to act
3. develop the right services: targeted, useful, usable and used
4. move beyond legal compliance to initiating best practice
5. develop our specialists and leaders.

Many of the activities underpinning the strategy are already underway. However, such a crucial and strategic programme of work needs high level leadership, ownership and champions at all levels. It is agreed that a leadership group, led by chief executives in the region will be set up to champion this strategy and to ensure that it is both aligned to, and provides optimum benefit to underpinning, the strategic direction of NHS NW.

## 1.2 Regional challenges – key socio-economic facts

The NHS is the largest employer, commissioner, procurer and service provider in the North West region. It is therefore a major driver of the regional economy with an annual spend of £11 billion and employs of 222,000 people. As the region's population is rapidly diversifying, there is a risk of a lag in the region's public services' capacity and capability to plan and deliver a culturally competent response to the fast changing demographic needs.

- Just under 40% of the most deprived areas in the country are in the North West. 14 PCTs in the region are in the worst 50 in terms of health inequalities and deprivation<sup>1</sup>.
- 9% (400,000 people) of the working age population in the region are on incapacity benefit, largely for preventable or manageable conditions<sup>2</sup>.
- 16% of people are on benefits<sup>2</sup>.
- There are higher levels of unemployment amongst disabled people and black and minority ethnic people<sup>3</sup>.
- Sickness absence in the region is joint highest nationally for all groups of workers, with public services workers having the highest average number of days lost. The direct cost of absence was £517 per employee nationally<sup>4</sup>.
- 33% of older people in the North West are unemployed compared to 25% those living in the South<sup>5</sup>.



- Although the age profile of the population is relatively similar to the national one with 20% children and young people, 60% in the working age group and 20% in the over 60s, the fast aging of the population and the apparent inability of the area to hold on to new immigration, means there is likely to be strong competition for workers in the next five to ten years<sup>6</sup>.
- Nearly a quarter of children live in poverty<sup>2</sup>.
- 20.6% of the working age population is identified as being disabled<sup>7</sup>.
- The black and minority ethnic population has increased from 5.5% in 2001 to over 7% in 2006. Future ethnicity projections for 2020 suggest a rise to 8.4% and for 2032 a rise to 9.7%<sup>8</sup>.
- It is estimated that 612,000 of the North West population would identify themselves as lesbian, gay, bisexual or transgender<sup>8</sup>.
- We have one of the greatest numbers of dispersed asylum seekers in the UK<sup>9</sup>.
- There is a growing presence of gypsy and traveller families in the North West by an annual increase of 3%<sup>10</sup>.
- Migration flows from overseas are one of the most visible trends impacting on the North West's population, labour pool and cultural mix. The number of foreign nationals registering for National Insurance increased to 51,500 in 2006/07 from 21,900 in 2001/2<sup>8</sup>.

### 1.3 Health status of the North West region: some key facts

The North West lags behind the rest of England in terms of the health of its population.

#### North West compared to other regions and England

##### **Highest rate for<sup>1</sup>:**

- deaths from heart disease and stroke
- long term mental health problems
- alcohol related hospital stays
- hospital admissions for depression, anxiety disorders and schizophrenia
- drug misuse
- self-reported violence
- violent injuries serious enough to require hospital treatment
- claiming incapacity benefits for mental and behavioural disorders.



***Second highest rate for<sup>1</sup>:***

- deaths from cancer and smoking related illnesses
- death rate from suicide and injuries of undetermined intent in males
- reported levels of feeling in poor health.

***And:***

- 23% of adults are binge drinkers<sup>1</sup>
- infant deaths are also significantly higher, as well as obesity in children, poor health in under 15s, child poverty and teenage pregnancy<sup>1</sup>
- the North West has the joint highest rate of sickness and absence nationally<sup>4</sup>
- new migrant groups are emerging and have diverse needs and issues of equality of access and outcome<sup>8</sup>.

## **1.4 The national and regional policy context**

Equality, diversity and human rights have a core impact on the business of the NHS. Evidence from national organisations and field observation, however, indicate that these issues are often seen as subsidiary to operations and strategy, or simply as an unwelcome necessity for legal compliance or 'ticking the policy box'. The Healthcare Commission reinforces this in their recent Race Equality Review<sup>11</sup>. The report highlights that compliance with the Department of Health's core standard that focuses on challenging discrimination, promoting equality and respect for human rights had the second lowest compliance rate in the latest annual health check and that compliance is deteriorating.

The need to manage risk and achieve compliance is certainly real. The three statutory equality duties for public authorities covering race and ethnic background, disability and gender have been in force since 2002, 2006 and 2007 respectively. The Government has now clearly signalled its intention to introduce a Single Equality Bill, with a corresponding Single Equality Duty in the next Parliamentary Session.

NHS NW's primary purpose is to maintain and improve the health of the North West population and ensure the delivery of world class services for those who need care, but it also has responsibilities that spring from its economic role and the ethical requirement for corporate citizenship.

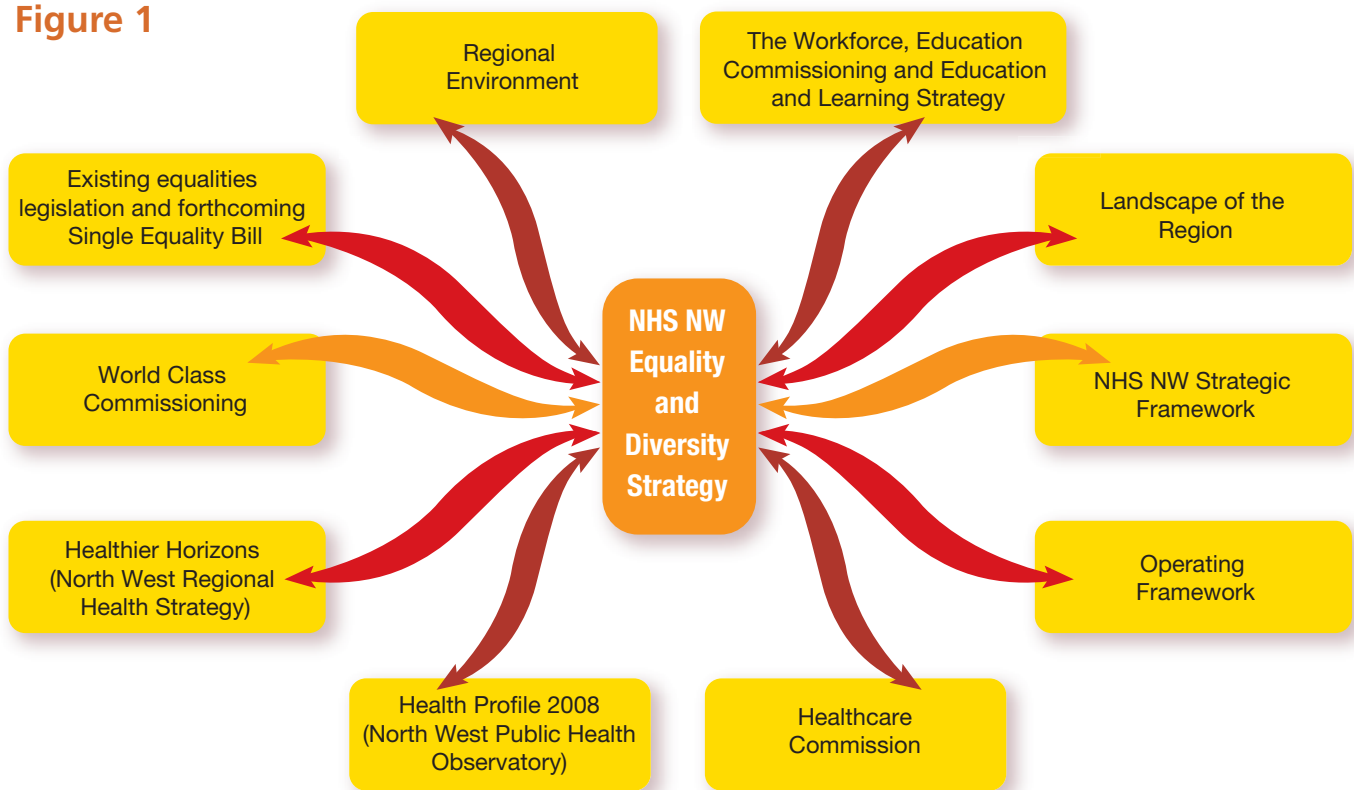


**We will do this by:**

- beginning to shift the focus of our health services to promoting good health
- working to achieve long-term financial stability for hospitals and PCTs in the North West
- continuing to reduce the amount of time that patients have to wait for treatment
- working to ensure that all our hospitals achieve foundation status
- working with our primary care trusts, to make sure that front-line GPs, nurses and other staff have the skills and the support to commission the services that their patients need
- promoting the highest clinical quality and standards
- working to make sure that we have enough doctors, nurses, therapists, scientists, dentists and support staff, with the right skills to provide world class health services
- ensuring that the NHS serves all members of the community and that nobody experiences a reduced standard of healthcare through lack of knowledge or inappropriate behaviours on the part of the NHS staff.

The equalities legislation, NHS NW’s commitment to maintain and improve the health of the North West population together with the national and regional strategic directives highlighted in figure 1 have driven the development of this strategy so that it provides a cohesive picture of activity and aspirations in equality and diversity in the region.

**Figure 1**





## 2. Introducing the NHS North West Equality and Diversity Strategy

Currently, there are pockets of excellent practice in the region, with a plethora of programmes and initiatives aimed at improving and managing equality and diversity. However, there is a need to work more collaboratively and strategically across the region to share best practice and not duplicate what already exists. It is also necessary to clearly acknowledge that managing and investing in the equality and diversity agenda is not just about meeting legal compliance. True delivery of equality and diversity means that the gap in health inequalities is significantly reduced for all of our population groups, improving the overall health and well-being of the population in the region.

It is crucial that equality and diversity moves from a 'tick box' approach that is focused on inputs and process, to an approach that delivers the outcomes we need in terms of the experience of patients, users, carers and staff. As the largest employer, commissioner, procurer and service provider, the NHS has significant economic influence to lead and implement the changes that are required to move from the current position to one of achieving excellence in the region, where success can be measured by improved health outcomes for all in the North West.

The aim, goals and outcomes identified in this strategy have evolved and developed over the last year through various diagnostic activities. The first activity, *Landscape of the Region*<sup>12</sup> was written as a result of a comprehensive equality and diversity mapping exercise. The report highlights gaps across the region and proposes a number of collaborative actions to accelerate progress. Other activities, such as the assessment of primary care trust commissioning strategic plans, equality schemes, workforce strategies and workforce composition data have all identified further gaps in the system. This strategy uses those diagnostics to provide an informed context and direction for NHS organisations to work with, so that the health of all the population is improved and legal requirements are met.

The strategy aim is broken down into five goals, all of which focus on results and impact rather than on process. The goals, rationales and indications of success that underpin the achievement of desired outcomes are set out in section 3.



## 2.1 Strategic aim

|                       |   |
|-----------------------|---|
| <b>STRATEGIC AIM:</b> | <b>IMPROVE THE HEALTH AND WELL-BEING FOR ALL OF THE NORTH WEST POPULATION</b> |
|-----------------------|---|

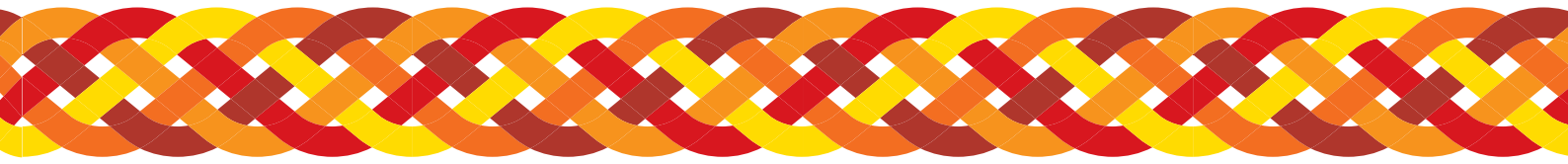
The overall aim of the strategy supports the first of NHS NW's key strategic aims: to ensure people live longer, to reduce the impact of illness on people's quality of life and to reduce the incidence of lifestyle-related illness.

## 2.2 Current position

There is a large gap between our present position and the health outcomes that we seek for all our North West population. Delivering the goals outlined in this strategy would have a very high positive impact on our ability to make real improvements in the healthcare needs of the 20% of our population who currently use 80% of our resources (Pareto principle).

### *A flavour of the some of the challenges the North West faces*

- Gender and Race: life expectancy is significantly lower than the national average for both men and women and even lower for black and minority ethnic people<sup>1</sup>.
- Race: ethnic minority groups have higher rates of diabetes, mental health and other health problems<sup>1</sup>.
- Age: infant deaths are also significantly higher in the region, as well as obesity in children, poor health in under 15s, child poverty and teenage pregnancy<sup>1</sup>.
- Race and disability: a quarter of all Gypsy and Traveller households in the North West have someone with either a disability and/or ill health<sup>13</sup>.
- Sexual Orientation: lesbian, gay and bisexual people have higher rates of smoking as well alcohol and drug addiction and are more likely to suffer mental health problems than predominantly heterosexual men and women<sup>14</sup>.
- Transgender: 34% of people with gender identity issues report having attempted suicide or self harm one or more times when they have not been able to access support and treatment in a timely way<sup>15</sup>.
- Gender: men are much less likely to visit their GP than women yet are twice as likely as women both to develop, and to die from, the 10 most common cancers affecting both sexes<sup>16</sup>.
- Gender: three times more men than women die from suicide<sup>17</sup>.
- Age: depression is the most common mental health problem in later life. Of the third of older people with depression who discuss it with their GP, only half are diagnosed and receive treatment<sup>18</sup>.



- Religion and belief: more people in the North West identified with a religion compared to the rest of England. Religion and belief impacts on a variety of health matters such as blood transfusion, contraception, diet and medications<sup>3</sup>.
- Sexual Orientation: one in five lesbian and bisexual women have deliberately harmed themselves in the last year, compared to 0.4 per cent of the general population. Half of women under the age of 20 have self-harmed compared to one in 15 of teenagers generally<sup>19</sup>.
- Transgender and Age: young trans people report insecure housing, economic hardship, legal problems and difficulty in accessing appropriate healthcare. They have limited family support, high rates of substance abuse and high risk sexual behaviours<sup>20</sup>.

The selection of facts embraces men and women, ethnic minorities, disabled people, the young and the not so young, gay and straight, trans people, those with a religion – in fact the whole population of the North West. Focusing on different equality target groups addresses the diversity within the North West and improves the lives of those with most need, and yet who are often excluded – thereby improving the health of the whole population.

## 2.3 Strategic goals

### 1 Increase the diversity, representation and the working lives of our workforce

Recognising diversity means understanding how people's differences and similarities can be mobilised for the benefit of the individual, the organisation and society as a whole. Different groups of people offer different viewpoints, cultural knowledge and skills that can improve the NHS' ability to deliver services, adding value and sustainable competitive advantage. Workforce and delivery excellence can only be achieved and sustained by ensuring that we recruit and develop the very best people for every job, regardless of their background or superficial differences.

### 2 Develop data to monitor, information to manage and knowledge to act

Readily available, up-to-date, accurate data, regularly analysed and presented, is vital for decision making, support in planning and commissioning dialogues. It improves the focusing of provision, the evaluation of outcomes and supports innovation.

### 3 Develop the right services: targeted, useful, usable and used

Knowing who the population is and understanding the different health needs of groups and localities will improve precision of service delivery, lessen waste and could have a dramatic effect on the success of major health programmes. It will also facilitate the development and evaluation of focused development and pilot initiatives.



#### 4 Move beyond legal compliance to initiating best practice

It is not enough to be legally compliant, although it is essential at all levels in all NHS organisations in the North West. Aiming for development and adoption of best practice will improve both working and service conditions; improving health outcomes whilst lessening wasted resources spent on litigation or high turnover.

#### 5 Develop our specialists and leaders

In order to make best use of diversity as a lever for improvements in service delivery and workforce, and to have skills in managing both the benefits of improvement and the risks of poor practice, we need ready access to equality and diversity expertise at senior levels in the organisation so that these individuals are able to influence change.

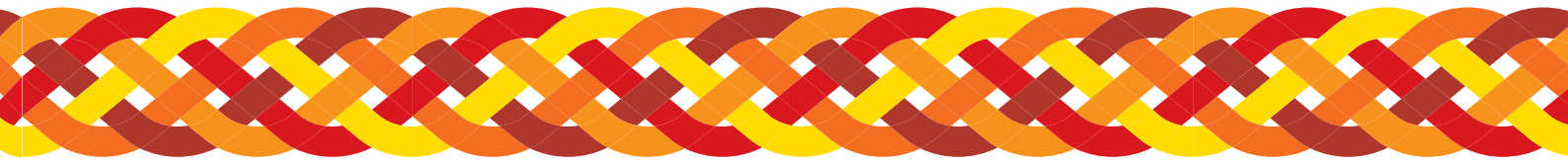
### 2.4 An interlinking strategic model

The strategic goals are mutually reliant on each other. They are designed to support each other and are not to be carried out in isolation.

Developing a diverse and culturally advanced workforce (goal 1) for example, is vital in order for an organisation to fully understand why it is important to seek, and then to carry out, the effective development of better knowledge (goal 2). An organisation cannot succeed in developing targeted services (goal 3) without first developing better knowledge (goal 2). An organisation will only be able to truly move beyond compliance (goal 4) once it fully understands who its population is (goal 2) and then uses that knowledge to target services (goal 3), and make a substantial difference to health outcomes. Developing specialist leaders (goal 5) straddles all the goals; it is essential for an organisation to have specialist knowledge, skills and understanding in order to affect change in all areas of equality and diversity.



Many of the key deliverables and indications of success within each goal overlap and are shown under more than one goal. It is important to see these goals as interlinking and supportive of each other.



## 2.5 Strategic outcomes

*The combination of an evidence-supported strategy, along with collaborative action across all NHS organisations in the region, will lead to the following key outcomes:*

|                                     | Organisation  | Stakeholder  |
|-------------------------------------|---|--|
| <b>Increasing positive outcomes</b> | <ul style="list-style-type: none"> <li>• Better information about the make-up and needs of the communities served</li> <li>• More efficient targeting of health services</li> <li>• Development and delivery of innovative and early health interventions</li> <li>• More locally commissioned and collaboratively planned service delivery</li> <li>• More efficient targeting of capacity building and personal development</li> <li>• More successful ability to attract, develop and retain the best from the local and national workforce pool</li> <li>• More engagement and involvement of patients and service users leading to a continuously improved patient experience and therefore quality</li> </ul> | <ul style="list-style-type: none"> <li>• Service users more aware of healthcare organisations' wish to understand and deliver appropriately and responsively according to need</li> <li>• The human rights of service users are met, such as the right not to be treated in a degrading way, or the right not to be discriminated against</li> <li>• Staff increasingly secure and valued in their role and are contributing to a shared growing cultural competency as well as reduced sickness/absenteeism or lost talent</li> <li>• NHS adding to community cohesion. Communities having more confidence in healthcare provision as healthcare provision meets their individual and collective needs</li> <li>• Other sectors and agencies seeing health as leading the way as the largest employer, commissioner and service provider in the region</li> <li>• Improved patient experience</li> <li>• Improved health outcomes; better health and well-being positively impacts on the region's economy</li> </ul> |



|  | Organisation   | Stakeholder  |
|--|--|--|
| <p><b>Reducing negative outcomes</b></p> | <ul style="list-style-type: none"> <li>• Reduction in patient dissatisfaction by improving the understanding of the needs of the diverse population</li> <li>• Less risk of legal or punitive intervention by a government agency such as the Equality and Human Rights Commission</li> <li>• Reduction in wasted provision through Did Not Attend or 'poor uptake' or 'cancelled due to staff shortage'</li> <li>• Reduction in escalations to legal challenge</li> <li>• Reduction in reputation-damaging challenges by individuals and organisations through the media</li> </ul> | <ul style="list-style-type: none"> <li>• Reduction in morbidity due to earlier intervention</li> <li>• Reduction in stress and consequent improvement in staff sickness and absence and turnover rates</li> <li>• Reduction in over-representation of any group in disciplinaries or complaints</li> </ul> |



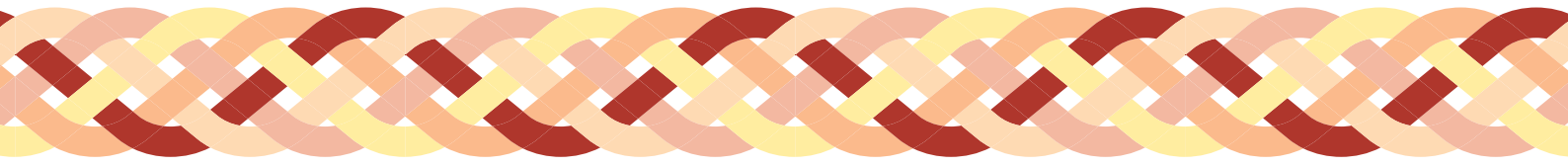
## 3. The NHS North West Equality and Diversity Strategy

|               |  |
|---------------|--|
| <b>GOAL 1</b> | <b>Increase the diversity, representation and the working lives of our workforce</b> |
|---------------|--|

- Managing and maintaining an inclusive, representative, knowledgeable and culturally competent workforce at all levels.
- Managing the wealth of human resource in the North West through sound and progressive Human Resource practice.
- Developing culturally competent policy and management practice to ensure that our workforce is able to perform to the best of their ability in a safe, secure and robustly equitable environment.

### Current position

- The NHS workforce is not representative of our populations at all levels<sup>21</sup>.
- There is no accurate workforce data for some equality target groups e.g. disability or sexual orientation and therefore no accurate workforce composition. Currently no clear targets are set to measure baselines or progress – *what doesn't get measured, doesn't get done*. Without comprehensive, accurate and up-to-date workforce monitoring statistics, trusts cannot ensure that their workforces are representative at all levels and that trusts are not discriminating against their own staff. This is a statutory requirement that NHS organisations are legally obliged to meet.
- There is an over representation of women in the NHS workforce but the pattern tends to reverse as pay bands increase<sup>21</sup>.
- There are a number of equality staff networks in existence, but many are not resourced adequately and there are still gaps around certain equality target groups<sup>1</sup>.
- Numbers of black and minority ethnic staff mirror the population overall, but not across all staff groups or across agenda for change pay bands, particularly at higher levels<sup>21</sup>. The pattern may be repeated within other equality target groups such as disability or sexual orientation but without accurate workforce data, it is hard to evidence.
- 41% of North West doctors and dentists are non-white but considerably less achieve consultant level. Furthermore, black and minority ethnic people are significantly over represented in non-training medical posts<sup>21</sup>.
- NHS boards rarely reflect the diverse make up of their local population.



## **Case study**

### ***Breaking Through***

The North West region is committed to the national Breaking Through programme, designed to help black and minority ethnic staff working within the NHS to develop their careers. It aims to inspire, foster and develop a more representative and inclusive pool of leaders and managers in the NHS. The programme is aimed at staff on agenda for change (AfC) Band 8 and above and this year; the North West has four national breaking through candidates compared to only one last year.

NHS NW also recognised that many of our black and minority ethnic staff are not on AfC Band 8 or above and responded regionally by joint funding a regional Breaking Through programme with the North West Leadership Academy. The regional Breaking Through programme aims to develop black and minority ethnic staff on AfC bands 6 and 7 to enhance the black and minority ethnic talent pool at various levels and has recruited 50 candidates in its first year.

Having a culturally diverse and culturally competent workforce means impact assessment and consultation is more meaningful and conveys the knowledge to act. It means addressing standard diversity strands of gender, transgender, disability, race, age, sexual orientation, religion or belief, as well as other issues that affect people's ability to acquire and maintain employment, such as caring status, class, education, working pattern and language skills. Improved cultural competency means being able to target and reach the right clients, offer appropriate services, and save waste. Continuity of care means fewer mistakes, a more satisfactory healthcare experience for the client as well as the workforce and less financial risk from litigation.

## **Key deliverables**

1. Use the partnerships with education and placement providers to demonstrate year on year improvements in the diversity of the NHS funded healthcare student population.
2. Demonstrate year on year improvements towards developing a diverse workforce that reflects the local population, at all levels, through the setting of stretch targets.
3. Deliver an equality competent and diverse future workforce that can plan and deliver appropriate and accessible services through improved Education Commissioning.
4. Develop equality capability of the existing workforce at all levels, in order to deliver equality competent services to all sections of the population.
5. Actively address residual discriminatory practice in Human Resource procedures such as recruitment, progression, disciplinaries etc. across all staff groups.
6. NHS NW and North West Leadership Academy to provide evidence of commitment to improve diversity of senior leadership population in the North West on a year on year basis.
7. Organisations to provide evidence of a commitment to improve diversity at board level.



## Case study

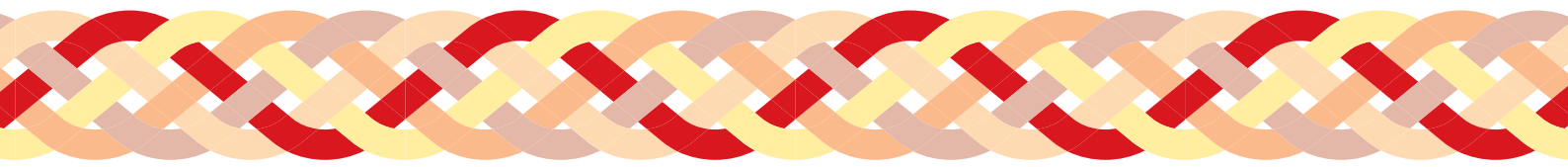
### *Volunteer scheme*

Stockport Foundation Trust has established a volunteer scheme that aims to encourage and support vulnerable or disadvantaged people to either return to work, or to secure their first job. Between August 2007 and September 2008, the trust has arranged 32 placements, including 15 for individuals with a disability.

The individuals concerned have a variety of challenges that make accessing full or part-time paid employment difficult. Barriers include no recent work experience, disabilities and low self esteem. The supportive environment offered by the volunteer scheme has helped the individuals to develop these skills and obtain the confidence to enter the workplace. Over three years, to August 2008, 47 people successfully completed a placement and, of those, 19 have gained employment with the trust and nine elsewhere.

## Indications of success

- Improvement in the diversity profile of all staff, at all levels.
- Improvement in organisational staff survey results.
- Improvements in the development of staff networks and networks seen critical to retaining and managing equality in the workplace as well as a source of knowledge for impact assessment.
- Improvement in the diversity profile of staff involved Human Resource procedures such as disciplinaries, recruitment and retention.
- Improvement in the number of staff trained to, and evidencing achievement of, Knowledge and Skills Framework Core dimension 6: Level 2 for all staff, Level 3 for Band 7 and above and Level 4 for specialists or Executive/Non-Executive leads.
- Improvement in the continuing development of a diverse and culturally competent workforce.
- Commitment to regional and national initiatives e.g. Breaking Through.
- Improvement in the diversity profile of boards so that they represent the local population.



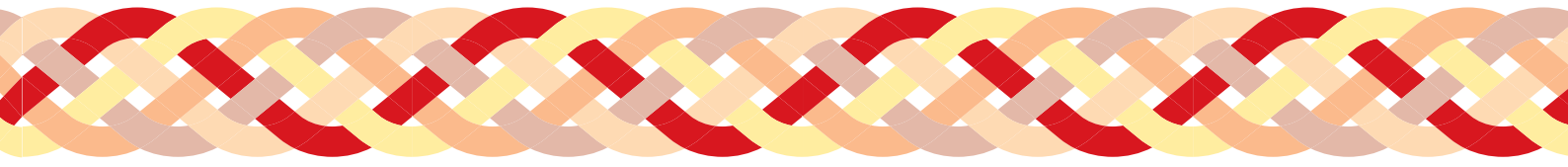
## GOAL 2

### Develop data to monitor, information to manage and knowledge to act

- Ensuring that there is accurate and appropriate data and information for decision making and support at all stages of the health commissioning and delivery process.
- Ensuring the operationalisation of impact and risk assessment, leading to improved understanding of diversity for those commissioning, planning and delivering services, so as to support a growing level of cultural competence across all directorates.

### Current position

- There is little basic, disaggregated population or health data with regards to most equality target groups. Population and health profiles cover mostly deprivation, age, gender and possibly ethnicity, whereas information about disability, religion and sexual orientation is mostly missing, even where this data does exist<sup>22</sup>.
- Where there is intelligence and data in the system, it is not used effectively to inform decision making and develop equality target group-focused initiatives that are evidenced-based and outcome focused. This was clearly evident in the mapping exercise<sup>1</sup> and the assessment of primary care trust commissioning strategic plans<sup>22</sup>.
- If an organisation does not have population and public health data, there will be no baseline figures from which to set specific and measurable health outcomes for equality target groups. The lack of disaggregable data, particularly on health outcomes is therefore a key weakness that the region needs to address. Disaggregated (better and more detailed) data for equality target groups will enable organisations to identify specific and quantifiable outcomes that will lead to real health improvements for all equality target groups.
- The Healthcare Commission's 2009 Race Equality Review<sup>11</sup> also highlighted that one of the greatest challenges for understanding relationships between people from minority groups and the NHS is the absence or incompleteness of data. Without the right data, we cannot know whether differences in access, quality and outcomes and choice are narrowing or getting bigger for the different groups within the population we serve.



## **Case study**

### ***Health Equality Library Portal***

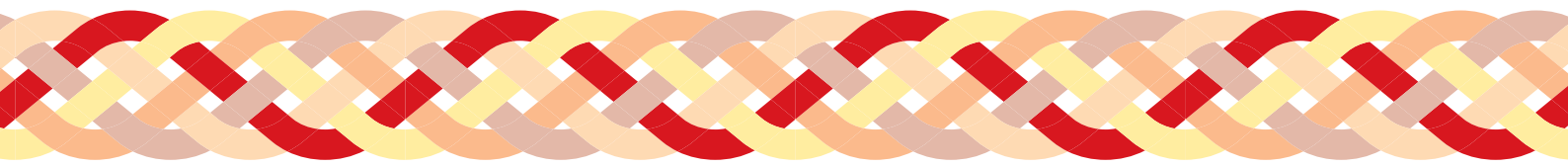
The NHS NW diagnostics used in developing this strategy revealed weaknesses in the availability of a robust evidence-base to support strategic decision making and action planning for areas such as targeted preventative action, or commissioning of specialist services for equality target groups.

As such, the NHS NW equality and diversity team has begun the development the Health Equality Library Portal (HELP) which will be an easily accessible and effectively managed repository of up-to-date equality and diversity information and know-how in order to:

- support the production of effective equality impact assessments of all strategies, policies, plans and activities etc.
- support primary care trusts in achieving World Class Commissioning competencies 5 (manage knowledge and assess needs) and 6 (prioritise investment according to local needs)
- identify knowledge and evidence gaps
- share best practice and policy material and prevent unnecessary duplication of effort
- support equality and diversity leads in their roles.

## **Key deliverables**

1. Develop better (more detailed and disaggregated) population data in partnership with local authorities and the third sector.
2. Improve the collection, quality and disaggregation of population and public health data and demonstrate how this data is informing commissioning of services that meet the needs of the local population.
3. Work towards an understanding of what the information means for both workforce and services, so that development and activity is focused on areas that are urgent and important, rather than where they have always been in the past.
4. Ensure all strategies, plans and activities are subjected to equality impact assessment in accordance with national directives and equalities legislation.



## **Case study**

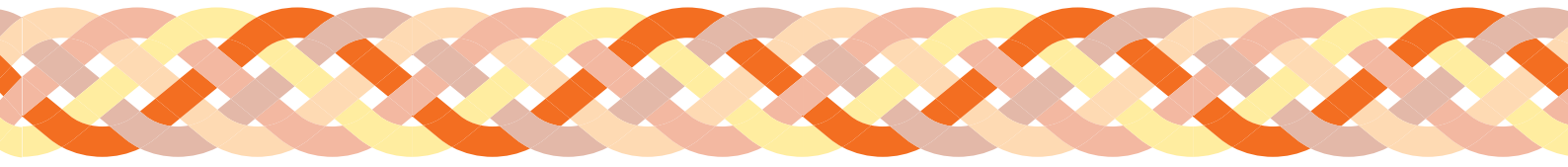
### ***Joint Strategic Needs Assessment North West Regional Review***

The North West Public Health Observatory has been commissioned to carry out a regional joint strategic needs assessment review. Analysis of commissioning strategic plans revealed a lack of population and public health data across equality target groups. As part of the assessment of the joint strategic needs assessment's role in five year commissioning plans, the joint strategic needs assessment review will investigate and find evidence of impact that the joint strategic needs assessment process has/will have on commissioning, with a specific focus on equality target groups.

Furthermore, the review will identify what additional support, equality data and information is required to enable those in the region to work more effectively with existing and new resources for ongoing joint strategic needs assessment work.

## **Indications of success**

- Joint strategic needs assessments that explicitly address equality target group population data and related public health data.
- The availability of high quality, up-to-date information, used effectively to deliver significant improvements in service and workforce experience across all equality strands.
- Equality impact assessments are operationally mainstreamed where Boards only approve plans that have an accompanying equality impact assessment.

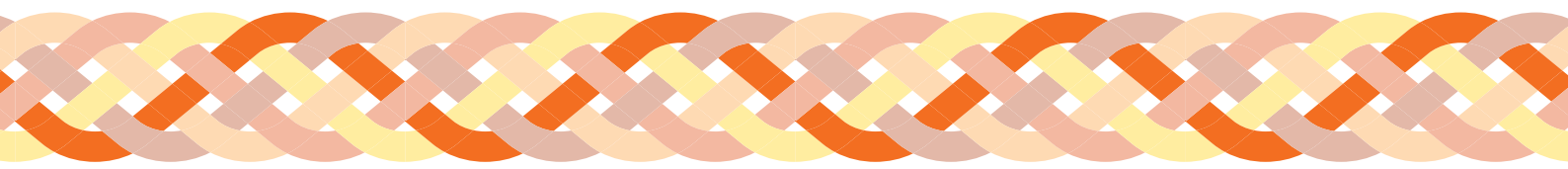


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| <b>GOAL 3</b> | <b>Develop the right services: targeted, useful, usable and used</b> |
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- Supporting the delivery of quality health and health services; identifying health needs more accurately and responding appropriately and creatively through a balance of collaboration and competition amongst the local health economy.
- Improving patient experience through a better understanding of the population, thereby impacting on quality.
- Reducing wasted or inappropriate provision, lowering poor take-up and eventually reducing levels of presenting morbidity particularly in areas such as mental health.

### **Current position**

- The Next Stage Review<sup>23</sup> and the NHS Constitution<sup>24</sup> recognise that NHS services should reflect the needs of their local communities and that patients and the public have a right to expect their local NHS to commission services to meet their needs.
- Most NHS organisations in the region have taken measures to improve service provision with particular focus on key equality strands/groups in the population. There are models of good practice which need to be shared more effectively. However, there are still significant gaps in service provision; hence gaps in terms of health outcomes for particular equality target groups.
- There are differences in access to, and experience of, health services among the different groups in the population.
- The lack of disaggregated data and intelligence has an impact on commissioning and provision of appropriate services<sup>22</sup>.
- Services are not always culturally competent and therefore not accessible to particular vulnerable or marginalised groups.
- Engagement and involvement of local communities is ad hoc and insufficient to really contribute to the decision making process<sup>1</sup>.
- Commissioning from the third sector is undeveloped.
- Contracts inadequately address equality and diversity requirements and are not always explicit in what provider organisations need to deliver on<sup>25</sup>.



## **Case study**

### ***Learning disabilities and obesity***

NHS North Lancashire is funding a pilot scheme – the “Watching Our Weight Club” (the WOW club).

The WOW club was developed on the back of research showing that people with learning disabilities have a high incidence of inactivity and obesity, and that they face more challenges with these issues than the general population. The project involves a group of community health professionals who help people with varying degrees of disability and mobility. Meeting each month for a weigh-in and practical sessions, WOW club members learn the fundamentals of nutrition and exercise.

## **Key deliverables**

1. Target health improvement initiatives to particular groups in the population, underpinned by robust and up-to-date intelligence.
2. Develop relevant capacity, capability and knowledge for commissioners and providers to meet the needs of the diverse populations they serve.
3. Assure that effective engagement and involvement models with equality target groups are in place.
4. Encourage quality health services by ensuring the involvement and engagement all sections of the population, particularly vulnerable or marginalised groups.
5. Improve the efficiency and targeting of health services and thus value for money, by ensuring commissioning meets the health needs of all sections of the population.
6. Enable the development of local third sector provision.
7. Develop robust contracts that make equality and diversity activities and responsibilities explicit.
8. Ensure the Transforming Community Services programme is underpinned by equality and diversity.



## Case study

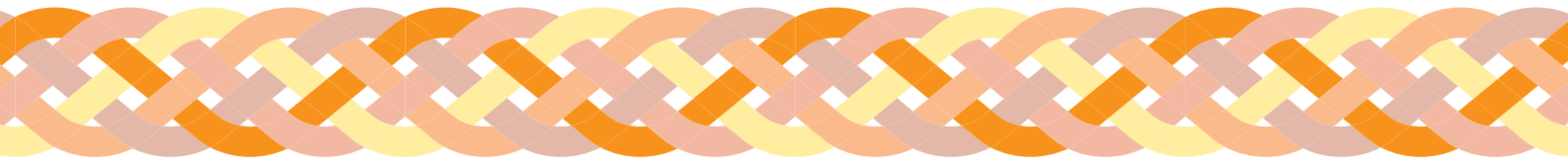
### *Lesbian, Gay, Bisexual and Trans Needs Assessment*

NHS Blackburn with Darwen recognised that the social welfare needs of the lesbian, gay, bisexual and transgender community can sometimes be different from those of the wider community and, as such, commissioned a lesbian, gay, bisexual and transgender needs assessment.

The findings of the needs assessment were recently shared at an event where discussions took place around the strategic development of services and key performance indicators associated with lesbian, gay, bisexual and transgender issues. The findings will now be used to shape services to better address the needs of the lesbian, gay, bisexual and transgender communities within Blackburn and Darwen.

## Indications of success

- Equality and diversity is seen as everybody's business, is reflected in everything the NHS does and is evident in all activities such as strategic and operation plans or workforce strategies.
- Organisations have up-to-date workforce and service baseline data on all diversity strands and are acting on it.
- Commissioners and providers have relevant capacity, capability and knowledge to meet the needs of the diverse populations they serve.
- Service initiatives are being developed that target high impact health issues in the highest-risk groups explicitly and successfully.
- Evidence of the engagement and involvement of equality target group stakeholders in informing the delivery of quality health services.
- Increased diversification of service provision particularly from within the third sector.
- Evidence of improvements in health outcomes for equality target groups.
- Evidence that providers are delivering culturally competent services through robust contracts and performance management arrangements.
- Evidence of improved patient experience.

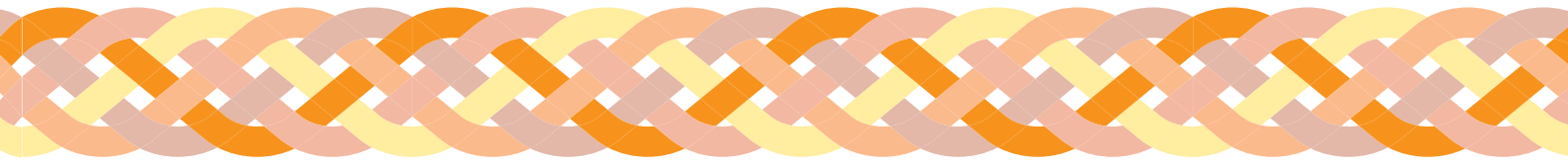


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| <b>GOAL 4</b> | <b>Move beyond legal compliance to initiating best practice</b> |
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- Assuring full legal compliance.
- Using compliance as a powerful stepping stone to provide a platform for eliciting goodwill and good practice across the region.
- Removing risk associated with poor practice to preserve the reputation of the healthcare organisations.
- Preventing the waste of resources on legal fees, fines and time spent on cases and the consequent lowering of morale and organisational reputation.

### **Current position**

- The Equality and Human Rights Commission and the Men's Health Forum found that equality schemes have inadequate or insufficiently granular data, insufficient consultation or involvement; and action plans which fail to seek specific, measurable, achievable and realistic outcomes in a planned timescale<sup>26</sup>.
- Trusts have evolved a variety of equality impact assessment templates and review methodologies. Equality impact assessment processes which sometimes fail to consider all sectors of society (e.g. Asian women, carers or transsexual people), human rights or to identify obvious known risks<sup>1</sup>.
- Few organisations have developed coherent or collaborative strategies for consultation and involvement, whether between trusts or in conjunction with other local public authorities with similar obligations<sup>1</sup>.
- Many organisations are dealing with the issues listed above in isolation. Further collaborative working is required in order to fully accelerate progress<sup>1</sup>.
- Contracts inadequately address equality and diversity requirements and are not explicit about what provider organisations need to deliver.
- The Healthcare Commission has found that compliance rate for Department of Health's core standard (C7e) that focuses on challenging discrimination and promoting equality and respect for human rights has deteriorated over the last few years. It is clearly an area which demands attention (91% in 05/06 fell to 83% in 07/08)<sup>27</sup>.



## **Case study**

### ***Equality schemes***

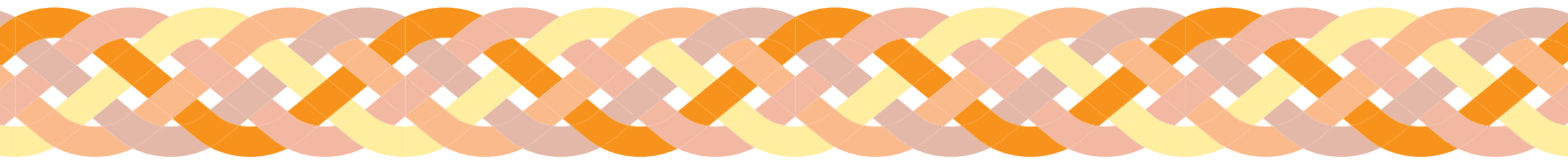
National feedback from the Equality and Human Rights Commission indicates that many public sector equality schemes are non-compliant in that they need to be more evidence based and outcome focused. As a result, NHS NW is currently revisiting its equality scheme and North West NHS organisations have also been asked to revisit their equality scheme/s to highlight risks and target appropriate remedial actions in areas such as:

- inadequate or insufficiently granular data
- insufficient consultation or involvement
- action plans which fail to seek specific, measurable, achievable and realistic outcomes in a planned timescale
- planning which misses out disadvantaged groups, especially in cases where multiple factors are known to combine to create pockets of inequality.

A review of equality schemes at this stage gives North West organisations the opportunity to be better prepared for the new Equality Bill as well as ensuring that equality scheme/s are in line with individual organisation's strategic plans.

## **Key deliverables**

1. Develop consolidated/single equality schemes that are in line with existing and forthcoming legislation which are evidence based and outcome focused and where, commissioner and provider schemes are reflective of each others outcomes.
2. An equality impact assessment framework is collaboratively developed, shared and adopted. The framework promotes evidence-based equality impact assessments carried out with and informed, by the different equality target groups.
3. Integrate, where possible, equality impact assessments with other impact assessments e.g. health impact assessments.
4. Improve collaborative working across organisational boundaries, particularly through equality and diversity networks.
5. Collaboratively develop a clear and consistent framework and guidance for procurement and commissioning to assure all contracts address equality and diversity.
6. Develop capability of procurement, contracting and commissioning personnel in terms of equality and diversity requirements.



## **Case study**

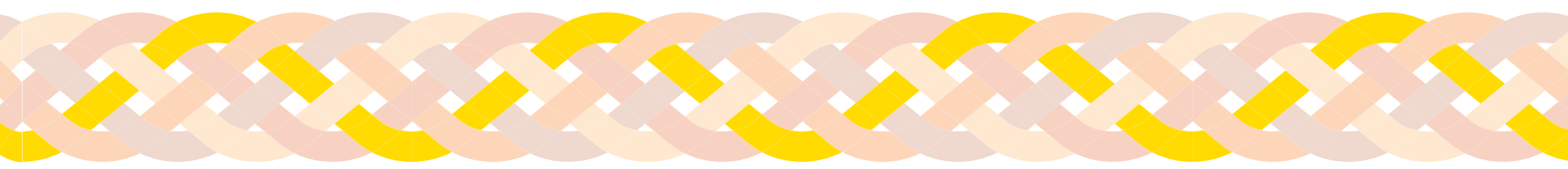
### ***Health Equality Stakeholder Engagement***

NHS NW is committed to meeting its duties under equalities legislation by identifying and eliminating inequality in outcomes for NHS service users and staff resulting from its own plans and activities, as well as identifying opportunities where specific action can be taken to promote equality. As such, a Health Equality Stakeholder Engagement model has been developed. This is a set of service level agreements with third sector minority organisations across equality strands, where the specialist knowledge and expertise of the stakeholder organisation is engaged for advice and support when reviewing the equality impact of NHS NW's strategies, plans and activities.

The NHS NW Health Equality Stakeholder Engagement model provides a way of consulting that goes beyond just asking people what they think, by making active, rather than passive, use of the third sector in a way that builds capacity rather than crippling these often underfunded organisations. The methodology embodied in the model is currently being documented as an example of best practice and will be made available for all the other regions in the NHS and the public and private sector.

## **Indications of success**

- Equality schemes that are outcome focused and evidence based.
- Equality impact assessment framework is used to carry out equality impact assessments, with sufficient capability and capacity for organisations to carry them out effectively.
- Progress is accelerated through collaborative working.
- Issues are identified and addressed proactively through stakeholder dialogue.
- Contracts deliver on equality and diversity requirements.
- Integrated approach to health impact assessments and equality impact assessment, with sufficient capability and capacity for organisations to carry them out effectively.

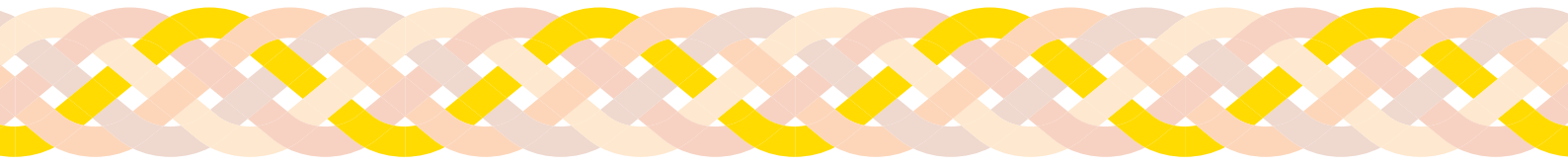


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| <b>GOAL 5</b> | <b>Develop our specialists and leaders</b> |
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Ensure that, through tailor-made development initiatives, equality and diversity experts and leaders not only have the right knowledge set, but are appropriately placed within their organisations to fully enable their input into policy and practice.

### **Current position**

- Equality and diversity expertise is not formally recognised and developed as a valuable strategic skill. Without being equipped the right knowledge, skills and competencies at both equality and diversity lead level and at executive lead level, trusts are putting themselves at significant risk in terms of non-compliance.
- Staff who work in equality and diversity often lack status and certainly are seen as outside the usual career structures<sup>1</sup>.
- Equality and diversity staff are often unable to input and influence at the right level and, when called on to 'put out fires', might not have the credibility or confidence to act<sup>1</sup>.
- There is no clear standard governing the selection of the most appropriate executive director to champion equality and diversity. Executive director leads and boards generally, do not always have the body of knowledge on the equalities agenda in order to sufficiently influence and implement change across their organisation<sup>1</sup>.
- There is no consistency in the grading of equality and diversity leadership or departmental roles<sup>1</sup>.
- There is an inconsistency in approaches towards knowledge and skills development for staff in general regarding equality and diversity. There are also significant weaknesses in performance management for equality and diversity in many trusts<sup>1</sup>.
- There is a lack of consistency about which directorate the overall equality and diversity function 'belongs' in<sup>1</sup>.



## Case study

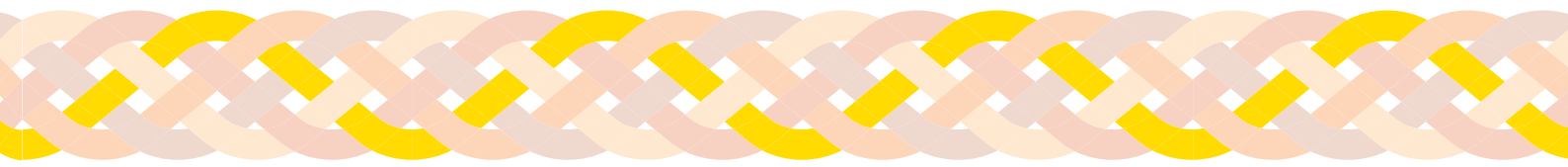
### *Developing equality and diversity career pathways*

NHS NW has begun working with the Department of Health to develop a clear career management structure and consequent professional development pathway for equality and diversity personnel. The core objectives are to:

- identify what world class delivery looks like for equality and diversity professionals operating at different levels within the organisation
- identify the competencies, behaviours and values that underpin success for equality and diversity professionals
- develop clear job profiles for equality and diversity leads/professionals at different levels within the organisation
- identify a range of interventions to develop equality and diversity leads against the identified competencies
- link the outcomes from the above objectives with the Knowledge and Skills Framework so that it can be embedded within the broader NHS people development process.

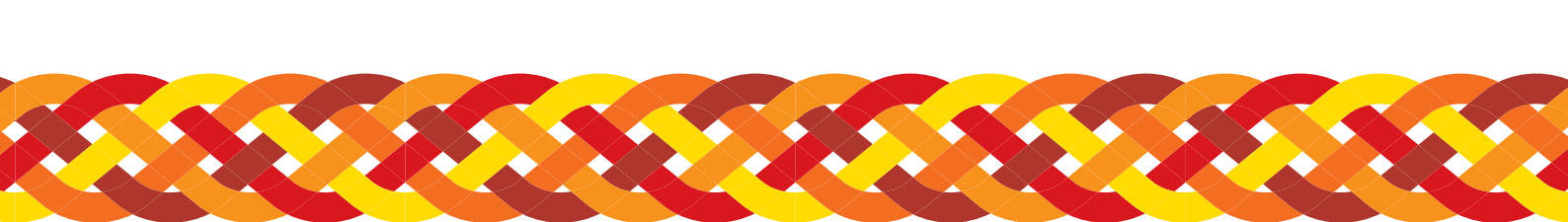
## Key deliverables

1. Organisations ensure that equality and diversity leads as well as executive leads have the right skills, experience and knowledge to take forward the equality and diversity agenda.
2. Development of a clear pathway identifying key deliverables and competences for equality and diversity personnel.
3. A professional development programme that encourages strategic functionality for senior equality and diversity personnel.
4. Organisations demonstrate progress towards progressing equality and diversity specialists into mainstream roles through personal development plans and succession planning.
5. Organisational development programme that pays particular attention to ensuring that Boards, particularly equality and diversity executive leads, have the capability and body of knowledge to champion the agenda.



## **Indications of success**

- Creation of a Community of Practice initially, with NHS NW and equality and diversity leads becoming the 'Centre of Excellence' in a knowledge management model.
- Equality and diversity professionalism attracting a wider range of applicants for posts, and being seen as part of a successful manager's profile and curriculum vitae.
- Equality and diversity addressed/incorporated beneficially within all key strategic documents.
- Improvement of progression for equality and diversity specialists both vertically and horizontally.



## 4. Governance, performance management and promoting the equality and diversity agenda

### **NHS North West delivery of the Equality and Diversity Strategy**

#### ***Internal structures***

NHS NW has an internal equality and diversity steering group that reports directly to the board. The steering group is cross organisational, chaired by an executive director with a non-executive member. Its role is to set the agenda, monitor the Single Equality Scheme, the equality and diversity strategy and to ensure cross organisational input.

Specific equality and diversity activities within the Master Control Plan and Business Plan are performance managed through Corporate Affairs which are then reported to the board.

The NHS NW sees the Single Equality Scheme, Workforce Strategy, World Class Commissioning and the NHS NW Strategic Framework as key deliverables of the equality and diversity strategy.

#### ***External structures***

NHS NW will establish an Equality and Diversity Leadership Forum to champion and take forward the agenda at a strategic level across the North West region. The forum will comprise of chief executives, chairs, executive directors and will report directly to NHS NW Board.

A North West Equality and Diversity Network Forum is already established, which brings together equality and diversity leads from across the region. The successful delivery of this strategy is dependent on networks such as this working collaboratively to accelerate organisational and regional progress, sharing knowledge and best practice and eliminating unnecessary duplication of effort. The NHS NW wants to continue its support and development of these equality and diversity networks as they are critical to championing and monitoring the deliverables of the strategy.



The Equality and Human Rights Commission and the Department of Health are expecting strategic health authorities to assure compliance within the region and the strategy proactively addresses these expectations. Furthermore, NHS NW as a public sector body has a legal duty to promote diversity and good relations between and throughout the communities it serves. Therefore, NHS NW will performance monitor progress against the key deliverables in this strategy, legislative requirements and national programmes e.g. Delivering Race Equality programme. NHS NW performance monitoring will fit in with the audit cycle of the other inspectorate bodies such as the Department of Health's Key Performance Indicators, Quality Care Commission or Audit Commission, so as not to duplicate work.

### ***Promoting Equality and Diversity***

The NHS NW is committed to raising the profile of equality and diversity through an equality and diversity communications strategy. Over the past year the NHS NW has sponsored various events or activities that promote equality and champion equality of opportunity e.g. Manchester's Gay Pride, Disability Awareness Day, Adult Learners' Week, Independent Living Awards.

As part of raising the profile of the equality and diversity agenda, NHS NW will be rewarding those organisations that have moved from compliance to beyond through an annual Equality and Diversity Awards ceremony. The awards will recognise and celebrate contribution and good practice in the region. The development of the awards has stemmed from significant stakeholder interest, as well as being in line with local authorities and the private sector.

In the current Health and Social Care Awards, there is a lack of entries addressing equality and diversity. Therefore, the NHS NW Equality and Diversity 2010 awards will be planned to coincide with the Health and Social Care Awards so that nominations can be entered for both awards where possible.

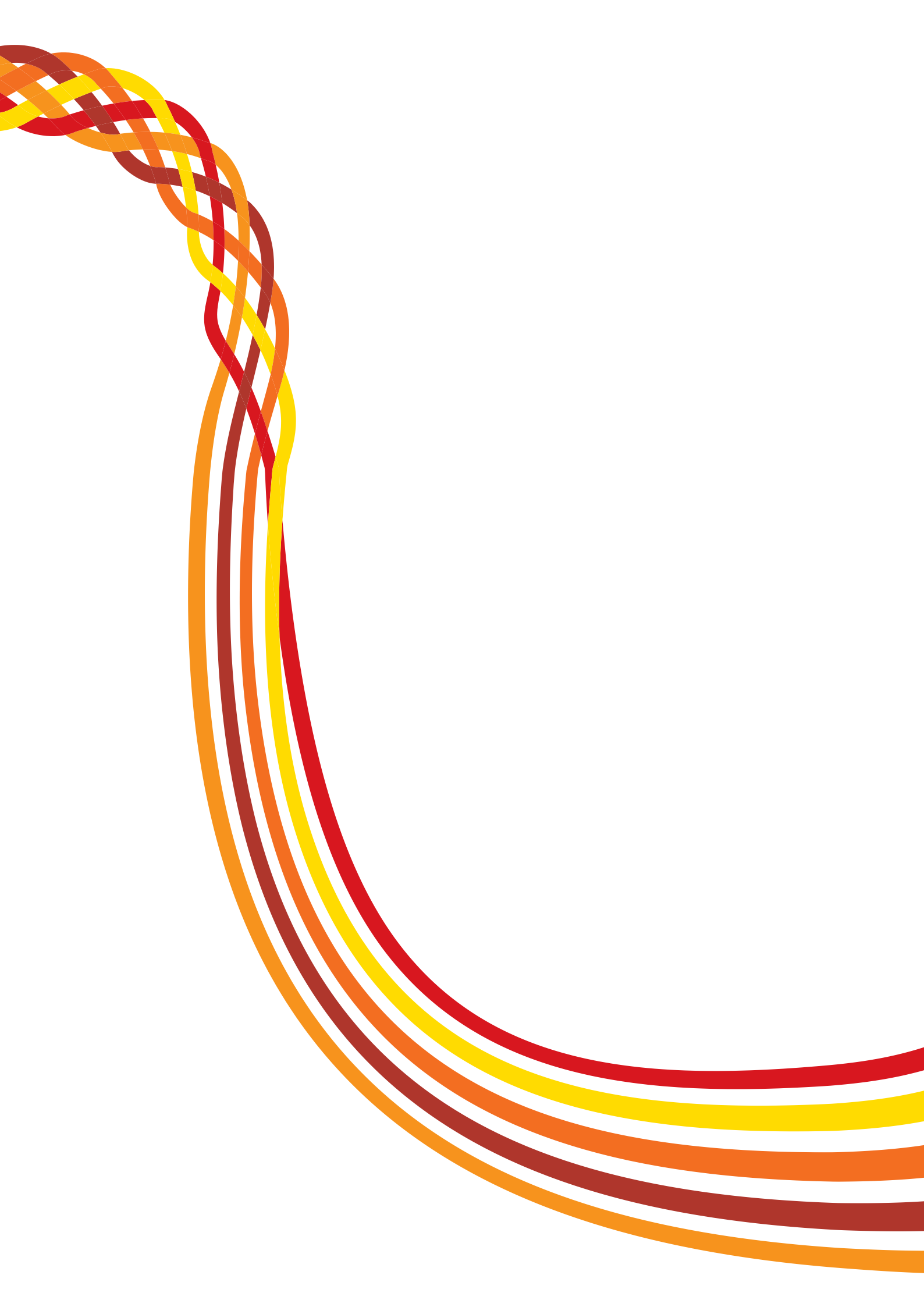


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Shahnaz.Ali@northwest.nhs.uk



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