# *Towards Outstanding Inclusion*

## TRUST DIVERSITY & INCLUSION STRATEGY AND EQUALITY OBJECTIVES 2019-2023

### ACCESSIBILITY STATEMENT

The Trust wants our service users, carers, staff and partner organisations to be able to understand our information in the format that is most accessible to their individual needs.

This includes identifying and reasonably removing 'barriers' for people accessing our information, services, premises, any employment or engagement opportunities and reasonable adjustments as appropriate.

**If you would like this or other document in an alternative format**, please contact us at Diversity@northstaffs.nhs.uk . We can provide formats including (but not limited to):

- Audio format
- Braille
- British Sign Language (BSL) video
- Clear information
- Easy Read
- Foreign language translation
- Large text
- Video format
- Your other preferred format..

## 1.0 INTRODUCTION

The Diversity and Inclusion (D&I) Strategy sets out the priorities and approach the Trust will take over the next 4 years and incorporates our refreshed Equality Objectives (as required under the Public Sector Equality Duty of the Equality Act 2010) for the same period.

Further information on our approach and delivery against this strategy is available on the Trust website D&I pages , including our annual:-

- Diversity and Inclusion Annual Report and Data
- Workforce Race Equality Standard (WRES) Annual Report
- Equality Delivery System (EDS2) Annual Report
- Gender Pay Gap Annual Report

These documents are published and shared with our commissioners in relation to our legal and contractual (NHS Standard Contract) equality duties.

## 1.1 What is Diversity & Inclusion?

### Diversity:

- Diversity is about any dimension that people bring to society and can be used to differentiate groups and people from one another. It is generally associated with differences in characteristics given legal protection under the Equality Act 2010 (known as the 'protected characteristics' - see Figure 1). But it's **more than this**…
- We all bring with us diverse perspectives, personalities, work experiences, lifestyles and cultures. It is widely recognised that organisations are most effective when a diverse range of ages, backgrounds, genders and experiences are represented, and where all people are respected and valued as individuals (Chartered Institute of Personnel & Development (CIPD), 2018; Deloitte, 2012).

### Inclusion:

- Inclusion is when people feel valued, respected, supported and a sense of 'belonging'.
- Inclusion encompasses all the elements of diversity as above but goes wider, focussing on the needs of every individual.
- An inclusive approach focusses attention on putting the right conditions in place for all people to be the best they can be.
- A culture of inclusion is reflected in an organisation's practices and relationships that are in place to support a diverse workforce.

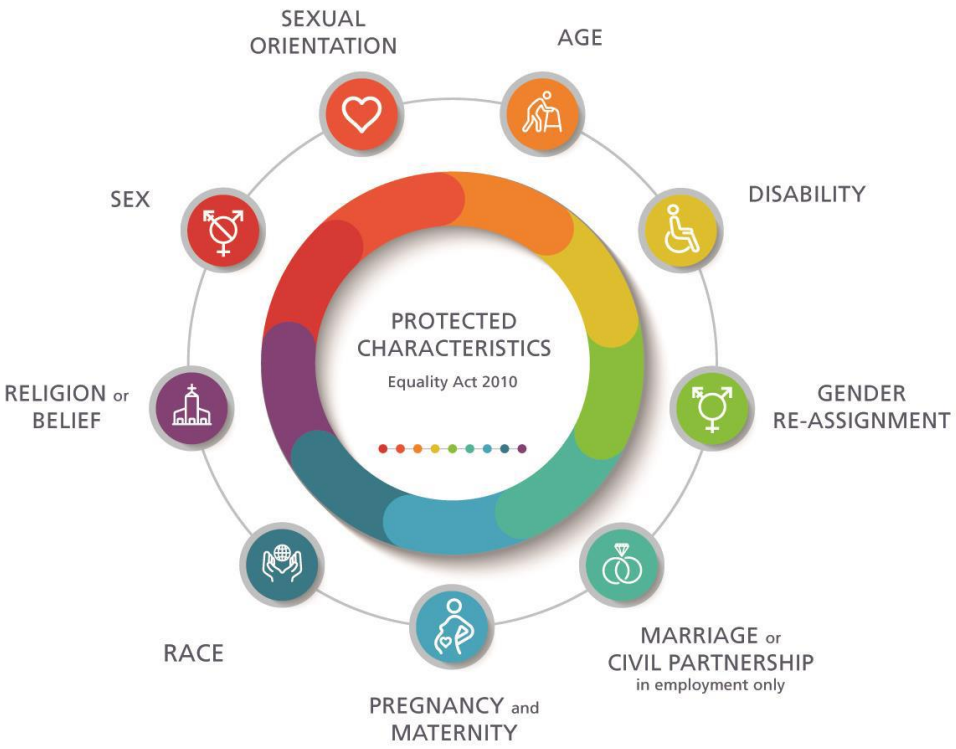



***Figure 1: The 9 'Protected Characteristics' of the Equality Act 2010***

## 1.2 Diversity and Inclusion: Legal and NHS Contractual Requirements

Within our approach to D&I, we will ensure that we meet our legal obligations and contractual NHS requirements. Key to this is complying with the **Equality Act 2010** and its associated **Public Sector Equality Duties**, namely:-

- *To **eliminate unlawful discrimination**, harassment and victimisation and any other conduct prohibited by the Act*
- ***Advance equality** of opportunity between people who share a protected characteristic and those who do not*
- ***Foster good relationships** between people who share a protected characteristic and people who do not share it*

As part of the Equality Act, we are also required to publish details of our progress on Diversity and Inclusion annually and set and share **Equality Objectives** at least every 4 years. Our Equality Objectives for 2018-2022 are included within this strategy.

Key additional legal duties relating to equality, diversity and inclusion include:-

- Gender Pay Gap Reporting
- Accessible Information Standard
- Sexual Orientation Monitoring Information Standard (from 2019)
- Human Rights Act 1998

Key NHS duties relate to:-

- Workforce Race Equality Standard (WRES)
- Equality Delivery System (EDS2)
- Workforce Disability Equality Standard (WDES, from 2019)

## 1.3 The Case for Diversity and Inclusion

There is a well-developed financial business case for focussing on developing diversity and inclusion, as well as the moral and human business case (CIPD, 2018).

NHS Employers (2016) state that:-

- People perform best when they can be themselves.
- Embedding D&I in everything the NHS does will improve conditions for all staff, service users and our local communities.
- Improving diversity has a positive impact on the bottom line (£s).
- A well-managed diversity strategy brings a range of benefits to organisations.
- The cost of not promoting an inclusive, fair and equitable workplace can have significant costs for employers in terms of high turnover, high sickness absence rates and other employee relations costs (including employment tribunal costs).

- These reasons are in addition to the clear moral arguments for inclusion and against discrimination and the impact in human terms and on patient care.

### 1.4 Purpose of this Strategy

This D&I Strategy is intended to support and guide our work to deliver and develop greater equality, diversity and inclusion, as well as our general approach to delivering our clinical and non-clinical services. It also helps us to ensure that we meet external requirements and also that we 'aim high' and deliver our more ambitious plans for moving Towards Outstanding Inclusion that is developing a truly inclusive and person-centred organisation. Specifically, the strategy will:-

- Support the delivery of outstanding services for our service users
- Help us address and reduce health inequalities
- Support development of an inclusive workplace culture
- Support delivery of our
  - ***Safe Personalised Accessible & Person-Centred (SPAR)*** quality priorities, and our
  - ***Compassionate Approachable Responsible & Excellent (CARE)*** Trust Values
  - ***Person Centred-ness***
- Help us deliver against our legal and contractual NHS equality duties

## 2.0 ABOUT OUR SERVICE USER POPULATION: THE PEOPLE OF STOKE-ON-TRENT AND NORTH STAFFORDSHIRE

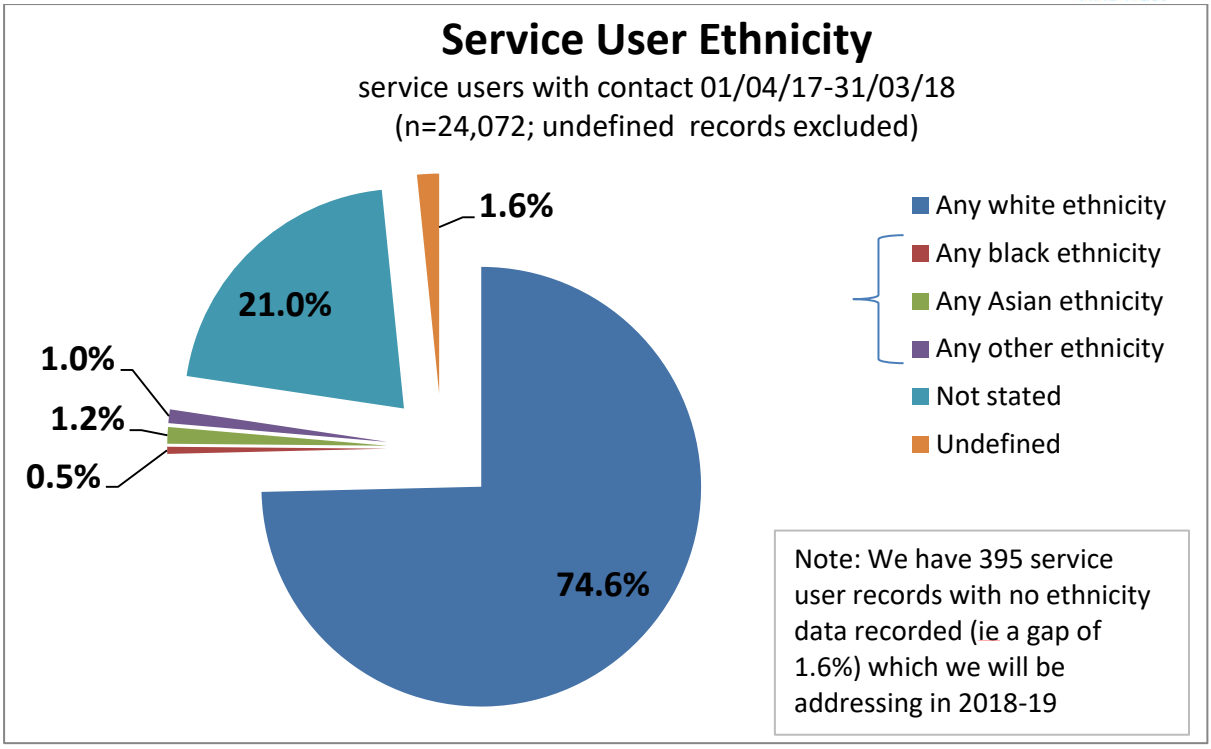
### 2.1 Ethnicity in North Staffordshire

Approximately 14% of the population of Stoke-on-Trent are identified as being black, Asian and Minority Ethnic (BAME), according to the 2011 census (next census due 2021). The rate across all of North Staffordshire (including Stoke) is 7.6% (also 2011 census).

The Trust might reasonably expect that these rates would be reflected in our service user data. However, our Trust data (as at 31st March 2018) suggests that we significantly under-represent for BAME ethnicity within our service user population. Just 3.5% of our patients/service users with ethnicity data recorded were BAME.

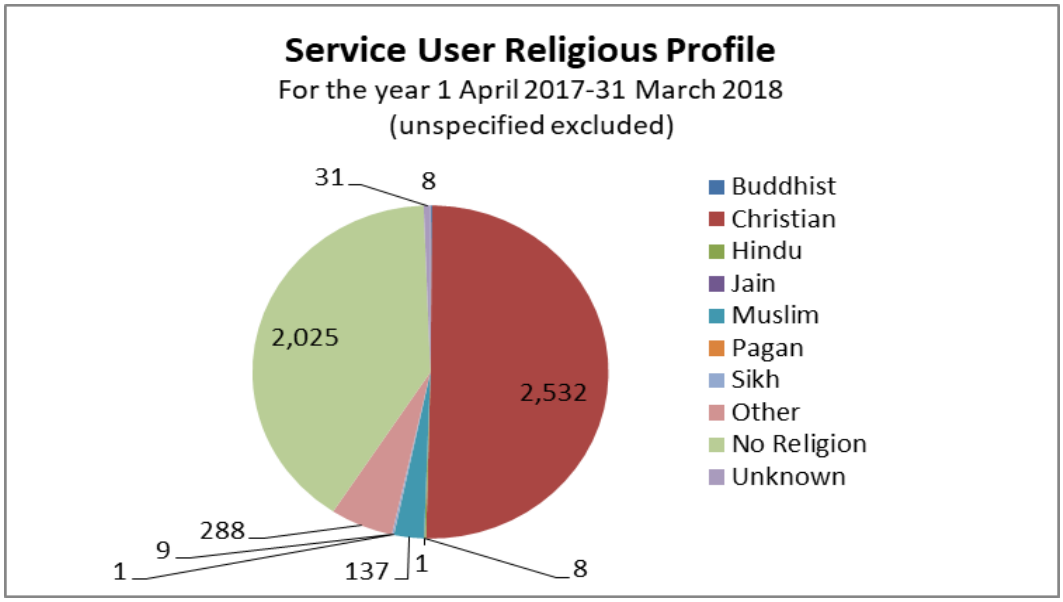
We had a gap of 395 patients/service users (1.6%) who had no ethnicity declared. This gap requires closing so we can understand more accurately our current service user profile and communities where under-representation (or over-representation) is greater and the potential reasons for this.

Key over the next 4 years will be mainstreaming a review by ethnicity and other protected characteristics at the level of every Trust service.




## 2.2 Religion in Stoke-on-Trent and North Staffordshire

There are approximately 35,000 people in Stoke on Trent alone who declared a religion other than Christian in the 2011 census. The biggest religion in Stoke-on-Trent after Christianity is Islam, with approximately 15,000 local residents identifying as being Muslim in the 2011 census. The Hindu population is smaller locally, with approximately 1,500 Hindu residents in Stoke on Trent. The Trust has begun to develop links with the local Central Mosque and the Stoke Liverpool Road Sikh Gurdwara. Our data as at 31 Mach 2018 suggests that 50% of our service users identified Christianity as their religion and just under 3% of our service users identified Islam. Just under 6% identified another religion.



However, we have a very significant gap in our religions data for service users (79% at 31 March 2018, reduced to 49% by December 2018) and it remains a priority to close this gap.

## 2.3 Poverty, Deprivation and the Health of our Local Populations

Socio-economic status (more specifically poverty and deprivation) was considered as a Protected Characteristic in the drafting of the Equality Act 2010, but was not included as one of the 'Protected Characteristics' in the final draft. Poverty and deprivation is an issue that 'cuts across' the 9 'Protected Characteristics' and is more prevalent in many minority groups.

At the Trust, we are aware that poverty is often a risk factor for our service users who may find it difficult to enter and retain employment, with consequent impact on their housing and lifestyle. This is one of the key reasons that our diversity and inclusion work extends beyond the Protected Characteristics within the Act.

The City of Stoke-on-Trent currently suffers worse health outcomes and lower life expectancy than the more rural areas of North Staffordshire and this is driven largely by deprivation factors. Within the city there are health inequalities with the difference in life expectancy being up to 8.1 years for men and 5.2 years for women between the most and least deprived areas. Health priorities in Stoke-on-Trent are smoking, obesity and cancer awareness (Department of Health, 2011 Health Profile, and Stoke-on-Trent). Staffordshire generally has better health indicators than Stoke-on-Trent, although life expectancy is slightly worse than average for women than the national average, but average for men. Local health priorities are reducing inequalities in life expectancy and infant health, increasing healthier choices and supporting the ageing population to live healthy and independent lives. Stoke-on-Trent has recently been recognised to have substantially below average levels of general literacy and health literacy compared to the UK rate (health literacy being found to be 'inadequate' in 49% of people in the City of Stoke on Trent, with significant implications for the current and future health of the local population).

Amongst children the key local health challenge is obesity. Levels of participation in sport and physical activity are expected to be lower in socially excluded groups such as young people exhibiting challenging behaviour, young offenders or those at risk of offending, those misusing drugs or alcohol, young people from ethnic minorities, asylum seeking and travelling communities, looked after children, those not in education employment or training, young parents, those with learning difficulties or disabilities, young carers and those experiencing unstable housing or homelessness. Some of these groups are collectively known as 'seldom heard' groups and this recognises the additional challenges posed to health services in providing Safe, Personalised, Accessible and Recovery Focussed healthcare that meets the needs of people in these groups. Levels of teenage pregnancy, smoking, alcohol consumption, poor diet and lack of exercise are also areas of concern for the health and wellbeing of the future local population, and are also areas in which the Trust can make an impact.

Health inequalities cut across the different populations in Stoke-on-Trent and Staffordshire also, particularly in relation to areas of deprivation. Diabetes, stroke and coronary heart disease rates are reported to be higher in BAME communities.

The NHS Long Term Plan (NHS England, 2019) requires more work to be done on addressing the big 4 health issues linked to poverty and health inequalities, namely smoking, obesity, alcohol and air pollution (see Appendix 1).

## 2.4 Immigration and other disadvantaged communities

Stoke-on-Trent has a significant and growing population of immigration. Since 2002, records show immigration into Stoke-on-Trent from a wide range of foreign countries. Unfortunately, the data does not show whether those who commenced residence in Stoke-on-Trent remained in this area, moved elsewhere in the UK or left the country.

Whilst some of this immigration will be professional staff such as doctors and nurses gaining employment in local health and other professional services, some of this immigration is made up of asylum seekers and people in search of a better life than their home countries can offer at this time.

Whilst services and specialist support is in place for asylum seekers and economic migrants, this is likely to be an under-tapped area in relation to access to mental (and physical) healthcare. A proportion of these individuals will have experienced traumatic conditions and will continue to face challenges in relation to acceptance and gaining access to employment and community life.

To help us develop our understanding and inclusion of this group, our (MPFT) Asylum link nurse works closely with a number of Trust teams and has re-joined our Diversity and Inclusion Group in late 2018.

Other seldom heard groups in need locally include our local population of the travelling community, workers in the sex trade, ex-offending population, looked after children and the homeless community.

The NHS Long Term Plan (NHS England, 2019) identifies a number of marginalized communities that require stronger action to address health inequalities, including the homeless, unemployed, care-leavers, veterans, and those in/leaving the criminal system, see Appendix 1),

## 3.0 HEALTH INEQUALITIES

Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. They go against the principles of social justice because they are avoidable. They do not occur randomly or by chance. They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives. The existence of health inequalities means that the

right of everyone to the highest attainable standard of physical and mental health is not being enjoyed equally across the population. (NHS Scotland, 2018)

Reducing health inequalities means giving everyone the same opportunities to lead a healthy life, no matter where they live or who they are (Public Health England, 2017). Health inequalities are a key stated priority in the NHS Long Year Plan(NHS England, 2019, see Appendix 1).

Health inequalities are often largest where different characteristics are combined, such as LGBT people of colour; people with different languages and cultures as well as BAME ethnicity.

## Mental Health and Health Inequalities

Mental Health is now recognised as a key area of health and wellbeing and, increasingly, as an equal partner with physical health. People who have serious mental health conditions are more likely to also have physical health problems and to experience other forms of disadvantage including poorer wealth, employment and life prospects.

- Of people with severe symptoms of mental health problems, 37.6% also have a long-term physical condition.
- On average, people living with a serious mental health conditions:-
    - die 12-13 years younger than other people
    - are 4 times more likely to die as a result of diabetes (younger people are particularly affected)
    - are 2-3 times more likely to die of heart disease
    - are nearly 4 times as likely to die of respiratory illnesses. They have very high rates of pneumonia and COPD
    - are twice as likely to die of stroke
- Deprivation has been identified as a significant factor in (and consequence of) mental health problems.
    - Currently, in England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas
    - Children and adults living in households in the lowest 20% income bracket in the UK are 2-3 times more likely to develop mental health problems than those in the highest
- BAME individuals are 40% more likely than white Britons to come into contact with mental health services through the criminal justice system rather than through referral from GPs or talking therapies.
- Men of African and Caribbean heritage are up to 6.6 times more likely to be admitted or detained under the Mental Health Act.
- Those identifying as gay, lesbian or bisexual were 2-3 times more likely to report having a psychological or emotional problems compared to their heterosexual counterparts.

## 4.0 CORE D&I STRATEGY

The Trust's approach to Diversity and Inclusion will encompass the protected characteristics as outlined in the Equality Act (as illustrated in Figure 1 earlier), but will extend this to taking a Values-based approach to championing the needs of all individuals, prioritising action according to where need is greatest.

### 4.1 Our Strategic Mission on Diversity & Inclusion

It is the ambition of the Trust to be a truly inclusive organisation in which **all people** are treated with **compassion, dignity and respect** and have **great experiences** – whether this is as patients, service users and/or carers or as workers providing services on behalf of the Trust. We believe that being a diverse and inclusive Trust will enable us to provide **better quality services** and to continually improve how we treat people and how we support **better mental health for all**.

### 4.2 D&I Strategy Aims

Key aims of the Trust's **Diversity and Inclusion Strategy** are:-

- To be **representative of our local communities** in terms of our service users and our staffing (the latter may include positive action to encourage and support individuals from under-represented groups into employment)

- To provide services that **meet the diverse needs of our communities** and individuals within them and to work to understand and address barriers to accessibility and positive personalised experiences – this will include a variety of engagement approaches to gain relevant feedback from a diverse range of service users and other stakeholders

- To address and start to reduce health inequalities for people in our area

### 4.3 Our Strategic Approach to Diversity & Inclusion

#### Principles

- **Continuous Development**
  This strategy is a 'live and evolving' approach and will continue to shape and develop as we gain feedback from our communities.

- **'Inclusion, not exclusivity'**
  The Trust is committed to an inclusion approach which recognises, respects and supports the individual needs of **all our service users and staff**. We do not value or place one element of diversity above any other aspect. One aspect of diversity cannot 'trump' another. We recognise that people do not fit into neat 'boxes' and that increasingly people may have **multiple identities** relating to different aspects of their **whole self** including, but not limited to, cultural, national, religious, gender, sexuality, and disability related issues.

- **'Growing Good Practice'**
  The Trust will take a **positive approach** to developing a **culture of inclusion**, celebrating good practice and championing the needs of the individual and particularly those who most need support. We will develop positive approaches to ensure that we meet and exceed our obligations as a public service under the Equality Act 2010. This will include **always taking action** to address examples of inappropriate, oppressive or hateful behaviour displayed by anyone connected to the Trust – 'no bystanders'

- **Supporting Structure**
  Our new ***Inclusion Council*** will be our key strategic forum for developing and delivering on Inclusion over the next 4 years. The Inclusion Council workplan for the first 6 months is summarised on page 12. Beyond this, the group's role will widen to become the high-level inclusion forum for all matters diversity and inclusion-related.

To support this approach, we will continue to have regular Diversity and Inclusion Group meetings, with representation from across our clinical and non-clinical directorates. The Diversity and Inclusion Group will focus more on practical action and on the development and sharing of good practice across Trust teams.

Additionally, we will develop our approach to Staff Networks by supporting our fledgling BAME Staff Network to develop its reach and effectiveness and by supporting new networks to take shape, including an LGBT Staff Network, Neurodiversity Staff Network and Disability Staff Network. We will seek to work with the latter two of these groups in developing our approach to the new Workforce Disability Equality Standard (WDES).

### 4.4 Getting there: Our D&I Actions

Taking the above into account, our Diversity and Inclusion Strategy will be delivered through an Action Plan which will continue to evolve as we progress our work in this area. Our Diversity and Inclusion work, Action Plan and Progress are published on our Trust Website at:

- Diversity and Inclusion Annual Report 2018
- Diversity and Inclusion Action Plan Progress 2017-18
- Diversity and Inclusion Action Plan 2017-2019.

## 5.0 OUR EQUALITY OBJECTIVES

NHS Trusts were first required to prepare and publish four-yearly objectives in 2010 to meet the general equality duty as outlined in the Equality Act 2010. Progress with our 2014-18 Equality Objectives is outlined in Appendix One.

Our new Equality Objectives for 2018-2022 are as below. These Equality Objectives (reviewed annually) will help to ensure that our planning, policy-making, decisions and activities are compliant with the PSED.

***Objective 1:***

***Developing our Governance for Greater Diversity and Inclusion:***

We will proactively embed diversity and inclusion through all our services (clinical and non-clinical), our governance arrangements, our planning, decision making, and Trust culture. This will include:

- appropriately robust equality impact assessment (EIA) consideration forming part of all reports and proposals considered at Trust committees and discussed as part of decision-making process
- visible leadership on developing inclusion from all Board Members and Trust leaders at every level
- strategic challenge, monitoring, development and direction on Inclusion via the Trust's ***Inclusion Council***, including annual review of Diversity and Inclusion Annual Report and other equality-related reports (reporting into our People and Culture Development Committee or Quality Committees as appropriate and into Trust Board) – see ***Figure 2*** for Inclusion Council framework.
- operational action on inclusion through Trust services led by service leaders, supported through the annual objective setting process and individual PDRs
- sharing and development of inclusion good practice and taking action on inclusion via our Trust Diversity and Inclusion Group
- development of the role of Staff Networks and links from these networks into a named Trust Board member
- improvement of our data collection and use of data in respect of protected characteristics information, from both a service user and workforce perspective

***Objective 2:***

***Delivering on our Equality, Diversity and Inclusion Requirements***

The Trust will ensure that it meets its responsibility under the Equality Act 2010 and 'Brown principles' to demonstrate 'Due regard' to meeting the Public Sector Equality Duty (PSED) and other equality legislation, including the Gender Pay Reporting requirement and other requirements that may emerge (NB Ethnicity Pay Reporting is anticipated to be introduced during the period of these equality objectives).

We will ensure our senior leadership is fully understanding of equality and human rights legal (and NHSE mandated equality standards, see below) responsibilities - in ensuring equitable outcomes and demonstrable evidence showing 'due regard' and how we are meeting the PSED in all senior planning and decision making.

We will ensure that we meaningfully engage and are fully compliant with all NHS contract and NHSE-mandated equality requirements, including implementation of:-

- Accessible Information Standard (AIS)
- Equality Delivery System (EDS2)
- Gender Pay Reporting Requirement
- Sexual Orientation Monitoring (SOM) Information Standard
- Workforce Disability Equality Standard (WDES)
- Workforce Race Equality Standard (WRES), and
- other requirements that may emerge (for example, an Ethnicity Pay Reporting Requirement is anticipated)

***Objective 3:*** ***Delivering on reducing Health Inequalities, including for seldom heard groups***

We will ensure that the Trust identifies and addresses health inequalities across local groups including those protected by the Equality Act; Health and Social Care Act; Homelessness Reduction Act and other relevant legislation; and other vulnerable groups. Vulnerable populations include (but are not limited to);-

- those living in poverty
- the homeless
- the unemployed
- carers
- travelling communities
- asylum seeking and refugee community
- those with disabilities, including severe mental illness, autism or learning disabilities

- those in and emerging from the criminal system
- care leavers
- ex-forces veterans, and
- our LGBT and BAME communities

This will be supported by:

- Each Trust directorate will provide an annual report on progress in addressing health inequalities within their area of responsibility.

- Each Trust directorate will annually provide evidence of progress in embedding fair access to information, services, premises and working practices throughout their area of responsibility

- The above will be included within our Trust Annual Report.

***Objective 4:***

***Delivering on our Annual Inclusion Priorities***

We will agree a priority focus each year to guide our Trust action on inclusion. This will be determined by the Inclusion Council following review of the annual diversity and inclusion report and will ideally be set by July each year to influence and shape inclusion action for the remainder of the year. Taking a priority setting approach will not preclude the Trust from taking action on other aspects of inclusion where action is appropriate and we will always take action where standards are identified to be below an expected or acceptable level.

Action and progress on delivering on our annual inclusion priorities will be via the Inclusion Council and People and Cultural Development Committees, reporting to Trust Board.

We will proactively embed diversity and inclusion through all our services (clinical and non-clinical), our governance arrangements, our planning, decision making, and Trust culture. This will include:

- appropriately robust equality impact assessment (EIA) consideration forming part of all reports and proposals considered at Trust committees and discussed as part of decision-making process

- visible leadership on developing inclusion from all Board Members

- strategic challenge, monitoring, development and direction on Inclusion from the Trust's Inclusion Council, reporting into Trust Board, including annual review of Diversity and Inclusion Annual Report and related reports (WRES, WDES etc)

- operational action on inclusion through Trust services led by service leaders, supported through the annual objective setting process and individual Performance Development Reviews (PDR).

- sharing and development of inclusion good practice and taking action on inclusion via our Trust Diversity and Inclusion Group

## 6.0 CONCLUSION

This paper sets out a strategic approach to further developing and delivering on Diversity and Inclusion over the next 4 years as part of our programme of delivering Towards Outstanding mental health and social care services.

This complements our Trust Values-based approach using our **Proud to CARE** model.

**Report to Trust Board via People & Cultural Development Committee**

**Trust Inclusion Council**
**Led by CEO (Meet monthly)**

**Demonstrate compliance to commissioners and regulators**

**First 6 months (October 2018 – March 2019)**

| | | | | | |
|---|---|---|---|---|---|
| 5 initial Projects (BAME inclusion): | Developing Inclusive HR Processes | Supporting the development of our BAME staff | Reporting, learning & improving from incidents | Creating a culture of inclusion | Communication for Inclusion |
| Each project with:- | BAME Sponsors | Project Leadership | | | Board Champion |

**Beyond first 6 months (April 2019+)**

| | | | | | |
|---|---|---|---|---|---|
| Inclusion Council for all matters D&I focussed | | | | | |
| Developing an Inclusive Services | Developing an Inclusive Workforce | Staff Networks | Community Engagement and Involvement | Supportive Systems | Legal & NHS compliance: Annual reporting, WRES, EDS2, Gender pay, AIS, etc |

***Figure 2: Trust Diversity & Inclusion Strategy Model***

The NHS Long Term Plan (NHS England, 2019) gives further emphasis on the central need for Diversity and Inclusion as a priority area in support of an NHS fit for the future for all our service users and communities.

The key elements of our Trust's approach to Diversity and Inclusion continue to be:-

- A **strategic approach** to developing and embedding a truly inclusive culture throughout the Trust
- A **multi-facetted** and **Values-driven** approach that goes beyond minimum legal requirements and protected characteristics to **positively engage** service users, carers and staff
- A conscious and continuous effort to **positively promote diversity and inclusion**
- Taking **positive action** where required to identify and address imbalances and inequities, wherever these exist
- Utilisation of local and national networks and expertise to develop our understanding and approach and to improve people's experiences.

END

## REFERENCES

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**NHS England (2019).** The NHS Long Term Plan. Retrieved from: https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

**NHS Scotland (2018).** What are Health Inequalities? Retrieved 07/12/18 from: www.healthscotland.scot/health-inequalities/what-are-health-inequalities

**Public Health England (2017).** Understanding health inequalities in England. Blog posted by: Ann Marie Connolly, Allan Baker and Charlotte Fellows on 13 July 2017. Retrieved 07/12/18 from: www.publichealthmatters.blog.gov.uk/2017/07/13/understanding-health-inequalities-in-england/

**APPENDIX ONE** **The NHS Long Term Plan (Jan, 2019)**

The NHS Long Term Plan (Simon Stevens, NHS England 2019) was released in January 2019. This key document for all NHS bodies focusses on how the NHS has to continually move forward so that in 10 years' time we have a service fit for the people and needs of the future.

Twin themes within this document is that services need to focus more attention on the areas that need more attention, ie:-

(1) provision of high quality health services for all, addressing the persistent health inequalities that exist for certain groups, and

(2) on providing exemplary workplace conditions where employees can expect positive experiences, with fair and equitable treatment and progression, and respect.

## Service User, Carer and Population equality considerations

- Special attention is put on the **health and health inequalities for minority groups** (BAME, LGBT, different religious or cultural groups, those with disabilities), alongside named wider, often marginalised social groups (homeless population, the unemployed, offending population, veterans and Armed Forces, care leavers, carers (and particularly carers in vulnerable communities)).

- Mental health, learning disabilities and autism are mentioned as conditions where health inequalities are significant and this gap needs to be significantly reduced.

- Greater emphasis on commissioning, partnering with and championing local charities, social enterprises and community interest companies providing services and support to vulnerable and at-risk groups.

- A new requirement was stated for every local area across England to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years.

- The Plan also sets out for specific action to be taken, for example to:
    - cut smoking in pregnancy, and by people with long term mental health problems;
    - ensure people with learning disability and/or autism get better support;
    - provide outreach services to people experiencing homelessness;
    - help people with severe mental illness find and keep a job; and
    - improve uptake of screening and early cancer diagnosis for people who currently miss out.

- The document expects the NHS to be an 'anchor institution' creating social value in local communities.

**Workforce Equality**

- The importance of the Workforce Race Equality Standard (WRES) was reiterated within this document in relation to valuing the contributions of our BAME staff and ensuring that they receive fair treatment and respect.

- Each NHS organisation was tasked with setting its own target for BAME representation across its leadership team and broader workforce by 2021/22 to help ensure that senior teams and Boards more closely represent the diversity of the local communities they serve.

- The Workforce Disability Equality Standard (WDES) was cited as a means to making the NHS a model employer with regard to the employment and positive experiences of people with disabilities.

- Stronger action on health inequalities in relation to the big 5 health issues of: Smoking, Obesity, Alcohol, Air pollution, Antimicrobial resistance is called for

Extracts from the NHS Long Term Term Plan:-
**Introduction (p7):**

> ***To help tackle health inequalities, NHS England will base its five year funding allocations to local areas on more accurate assessment of health inequalities and unmet need.*** *As a condition of receiving Long Term Plan funding, all major national programmes and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over*

*the next five and ten years. The Plan also sets out specific action, for example to: cut smoking in pregnancy, and by people with long term mental health problems; ensure people with learning disability and/or autism get better support; provide outreach services to people experiencing homelessness; help people with severe mental illness find and keep a job; and improve uptake of screening and early cancer diagnosis for people who currently miss out.*

**.. Section 4** (page 86-7):-

***4.42. Respect, equality and diversity will be central to changing the culture and will be at the heart of the workforce implementation plan.*** *The NHS draws on a remarkably rich diversity of people to provide care to our patients. But we fall short in valuing their contributions and ensuring fair treatment and respect. Through the Workforce Race Equality Standard, we are making progress in addressing these issues from the perspective of BAME staff. However, two years is not long enough to achieve the necessary change and so NHS England will invest an extra £1 million a year to extend its work to 2025. Each NHS organisation will set its own target for BAME representation across its leadership team and broader workforce by 2021/22. This will ensure senior teams and Boards more closely represent the diversity of the local communities they serve. We will also develop a new Workforce Disability Equality Standard with the aim of the NHS becoming a model employer in this regard.*

*4.43. We need to ensure equality for women, who make up three quarters of our workforce. The review of the Gender Pay Gap for doctors will contribute to gender equality in the NHS. However, the issue is broader and more complex and, in addition, concerns about the experiences of LGBT+ staff are highlighted by the staff survey. To strengthen our existing programme to support equality and diversity in the NHS, the new Chief People Officer will consider what more we need to do involving the Social Partnership Forum, NHS Employers, and members of the NHS Equality and Diversity Council.*

**[**NHS England, January 2019]

**APPENDIX TWO**

**PROGRESS WITH OUR EQUALITY OBJECTIVES 2015-18**

| Objective | Progress |
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| **Equality Objective One:**<br><br>***Developing a More Inclusive, Diverse and Representative Organisation***<br><br>***To continuously develop the culture and make-up of the Trust as a diverse and truly inclusive organisation, which is representative of the local community and which strives for greater equality for all whom we serve or employ.*** | We have hugely increased organisation-wide awareness and understanding on Diversity and Inclusion over the past 3 years. The has been supported particularly through:-<br><br>• Continuous development of our D&I mandatory training and more recently the move to e-learning for our D&I mandatory training<br>• Introducing in 2018 the Public Sector Equality Duty (including Equality Impact Assessment) training as mandatory for Trust leaders<br>• Development of our Trust Values and associated Behaviours and our approach to Person Centredness<br>• Establishment and development of relationships with an range of community groups and third sector partner organisations including our local Central Mosque, the Sikh Gurdwara, Sanctus, YMCA, Deaflinks, DEAFvibe, North Staffordshire Afro Caribbean Association (NORSACA), Cobridge Caribbean and Multicultural Association (CCMA), Disability Solutions / Rainbow Health, Trans Staffordshire and more.<br>• Regular Diversity and Inclusion Group meetings<br>• Establishment of a BAME Staff Network and preparatory work to establish LGBT and Neurodiversity Staff Networks<br>• Introduction of our Service User and Carer Council in 2015<br>• Increasing the involvement of service user representatives in selection processes and interviewing for Trust staff to be part of 'how we do things'<br>• Beginning to reduce BAME under-representation in our workforce<br>• Holding our first two Inclusion Conferences 'A Symphony for Hidden Voices' in 2017 and 2018 |

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| **Equality Objective Two**<br><br>***Using Information to Support Positive Action on Inclusion***<br><br>***We will use a range of information sources to develop our understanding of the equality and inclusion issues experienced by patients, service users, carers and staff. We will take appropriate action based on these findings to further develop a culture of inclusion across the organisation.*** | We have made use of feedback from our annual NHS Patient Survey, Patient Friends and Family, Discharge Questionnaire, the annual NHS Staff Survey and our Towards Outstanding Engagement surveys to inform our approach to diversity and inclusion, and particularly with regard to our focus on BAME inclusion.<br><br>We have been working to develop our patient / service user and workforce equality data:-<br>• We have introduced a new electronic patient record (EPR) system which gives us the capacity to improve the data we hold. While some progress has been made, we continue to have significant gaps with regard to religion and LGBT and it will be a priority in 2019 to close these gaps.<br><br>• We have been closing our ethnicity data workforce gap and will be focussing on LGB and disability in 2019.<br><br>Our engagement with a wide range of stakeholders as described above, and in working more closely with our local NHS partner organisations, we have been developing greater understanding around local needs and having a more coordinated approach in responding. |
| **Equality Objective Three:**<br><br>***Co-ordinating Effective Action on Inclusion***<br><br>***To establish an Inclusion Group to address inclusion, equality and diversity related issues from a range of different perspectives in relation to the work of the Trust. This group will review Trust data and feedback relating to inclusion, equality and diversity as well as emerging good practice across the NHS and other sectors.*** | This action was initially deferred, but has been implemented with effect from September 2018.<br><br>Our new Inclusion Council is chaired by our Chief Executive and has membership from BAME staff member representatives from across the organisation, as well as executive leadership and 'subject expert' membership.<br><br>The Trust is committed to delivering genuine and measurable change on race inclusion and experience throughout our workforce, improving the daily lived experience for our Black, Asian and Minority Ethnic (BAME) staff and, by consequence, also for our service users. Our Inclusion Council will initially focus on 5 BAME Workforce Projects, and will plan and deliver this change through developing our systems, processes and people to create a culture of inclusion and continuous improvement. The Inclusion Council will progress, monitor, constructively challenge, support and 'unblock' obstacles to change in the wider organisation. |

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| | The Inclusion Council will operate as a Steering Group to progress the Trust's 5 BAME Inclusion workstreams, specifically:-<br><br>1. Developing Inclusive Recruitment & HR processes<br>2. Supporting the Development of our BAME colleagues<br>3. Reporting, Learning from and Improving from Incidents<br>4. Creating a Culture of Inclusion<br>5. Communicating for Inclusion<br><br>The Inclusion Council will progress, monitor, constructively challenge, support and 'unblock' obstacles in the wider organisation. This first phase will continue for 6 months. Beyond this initial phase, the purpose of the Inclusion Council will be reviewed with a view to becoming the strategic forum for Diversity and Inclusion across all equality groups. |
| **Equality Objective Four:**<br><br>**Meeting our NHS Contract Requirements**<br><br>• Workforce Disability Equality Standard (from 2019)<br>• Workforce Race Equality Standard (WRES)<br>• Equality Delivery System (EDS2)<br>• Accessible Information Standard | We have consistently delivered on our statutory and NHS contractual requirements. We have received positive feedback on our approach from our commissioning lead for equality. We have also received positive feedback specifically on our approach to WRES from an NHS Chair and Workforce Director.<br><br>We have taken Workforce Race Equality to the next level in 2018 with our Inclusion Council projects, as well as by leading the way with a Staffordshire and Stoke-on-Trent STP Stepping Up BAME Leadership Programme, offering leadership development to over 100 BAME staff from across the county.<br><br>We have been developing our approach to delivering the EDS2 and in 2018 focussed our EDS2 efforts of race inclusion as a key priority area for both clinical services (service user perspective) and workforce inclusion. We have also been preparing for the introduction of the Workforce Disability Equality Standard in 2019.<br><br><u>Legal Equality Requirements</u><br>In addition to meeting our responsibilities under the Equality Act 2010 and its Public Sector Equality Duty, we have additionally delivered against the Gender Pay Gap Reporting requirements for the first time in 2018 and have been preparing for the Sexual Orientation Monitoring Information Standard in 2019. We have also been developing our approach to mainstreaming Equality Impact Assessment and raising understanding of this through our leadership team. **<u>END</u>** |