

Equality Outcomes - what are they?

Every four years, NHS Lothian has to publish a set of Equality Outcomes. This paper sets out our Equality Outcomes for 2018 -21.

The **human right to health** means that everyone has the right to the highest attainable standard of physical and mental health, which includes access to all medical services, sanitation, adequate food, decent housing, healthy working conditions, and a clean environment.

We know that people in Lothian – including our NHS patients, their families, the communities they live in, and our own staff – don't always reach the highest attainable standard of health for them as individuals. Instead, too many people suffer the consequences of illness, and some die earlier than they might have.

We also know that some groups of people, who share particular characteristics, don't have the same health as other groups in society. Some groups have less illness, and live longer, than others.

These are examples of inequalities.

Inequalities are not inevitable. They are created by people and societies. They are unjust and unfair, and we can do something about them.

Public authorities, including NHS Lothian, make decisions that affect the lives of people in Lothian. The Lothian NHS Board want a society that is fair and just, in which everyone can participate, flourish and benefit, where we respect and value diversity, and where we work together to build strong local communities. We know that there are stark inequalities in our society and communities in Lothian. This means we must promote equity, foster good relations, address inequalities and ensure that our policies, services and actions are not unjust or discriminatory.

Equality Outcomes are results we want to achieve that will improve people's life chances, and in this paper we commit ourselves to do things that will contribute to these improvements. We will do work that is for the benefit of local people, and work that is for the benefit of our staff, so that we can look after our own people, and therefore offer better services.

During 2017 / 18, we have talked to community groups, third sector organisations, our staff, and other public sector bodies, to hear what they have to say about Equality Outcomes. A clear framework has emerged to help us to tackle inequality and improve people's life chances, across all the work we do. It can influence how we do things, the policies we write and use to guide our staff, and the structures we put in place. All of these will need to happen if we are to make a serious difference to the inequalities in Lothian – and we intend to do that, to the best of our ability.

Working together we can get more done

NHS Lothian on its own can only do so much to reduce inequality and its effects. However, we could do much more, if we could agree with our local public sector partners that we would work together. This was highlighted by The Christie Commission, as follows;

Public service reform



Participation: services must be designed with and for people's and communities' needs, aspirations, capacities and skills, and strive to build their autonomy and resilience

Performance: eradicate duplication and waste and, critically, take demand out of the system over the longer term

Partnership: required to work much more closely in partnership, to integrate service provision thus improve outcomes

Prevention: prioritise prevention, reducing inequalities and promoting equality; both reduce demand in the system and tackle the root causes of problems and negative outcomes

The 'Christie Commission' 2011

So for our 2021 Equality outcomes, we intend to try to agree to work towards the same outcomes as the City of Edinburgh Council, Midlothian Council, East Lothian Council, West Lothian Council, the four Health & Social Care Partnerships, the local colleges, and any of the national bodies like Police Scotland and the Scottish Fire and Rescue Service who we can persuade to join in. We see this as an important part of our contribution to our local community planning partnerships.

We know that many of the factors that lead to inequalities are not about individual's lifestyles or their genetic make-up. These are known as the "social determinants of inequalities", and can be represented like this;



Figure 1: Dahlgren and Whitehead, *Main Determinants of Health*, 1991¹

All of the local bodies, including the third and private sectors, are asked to work together in a Community Planning arrangement, with

- Services planned around community needs and community involvement
- Linking together socio-economic factors to tackle health inequalities
- Improved effectiveness through better targeted services, sharing budgets & resources

¹ Dahlgren, G. and M. Whitehead, *Policies and Strategies to promote Social Equity in Health*. 1991, Stockholm: Institute for Future Studies.

The levers to influence 'living and working conditions' largely lie in community planning. So we are already working with our community planning partners to embed a Health in All Policies approach, like this;



Association of State and Territorial Health Officials, USA, Annual meeting 2016 [slide](#) by Edward Ehlinger

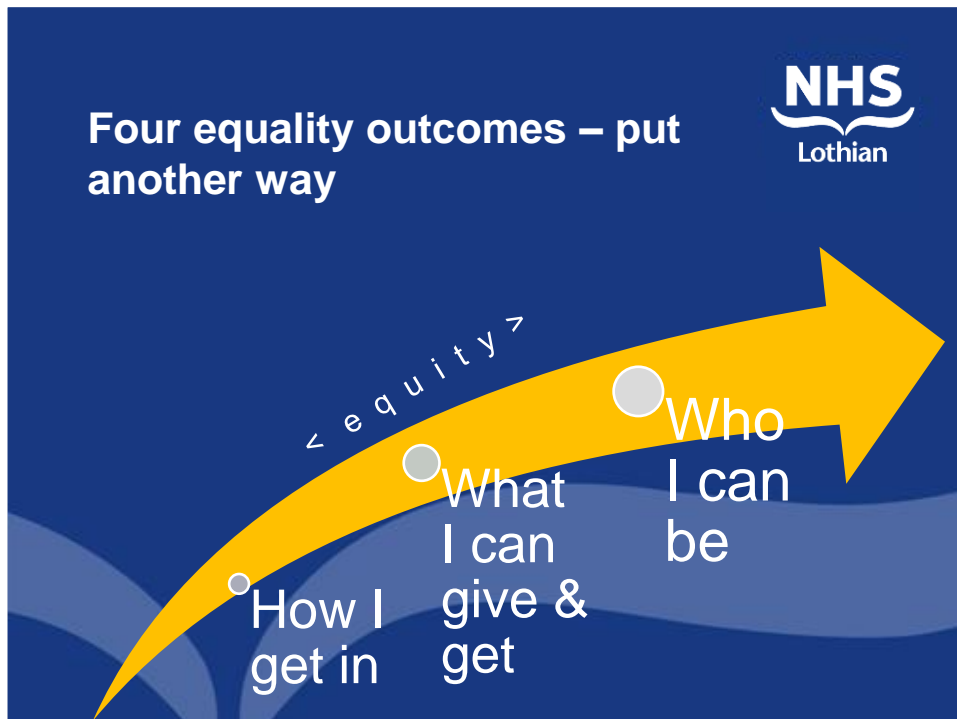
Our Equalities Outcomes approach – in our services

Throughout our engagement processes in preparing this Equality Outcomes document, we have heard people telling us that there are four important Outcomes to focus on. These are

- Better Access
- More Compassion
- More Participation
- Justice

We have said more about each one on the following pages.

We also say what we will do about each Outcome in the next three years, 2018 – 21.



In order for people to experience the NHS – and other public services – in the way this diagram suggests, we need to share ways of working that always seek to welcome people, to work with them for what is important to them, and to support them to become the best version of themselves. That approach underpins all of what we have laid out in this document about improving our services, and improving conditions for staff. Alongside the shared community planning approaches described above, this person-centred approach is one of the ways in which we will work to make services equitable, reduce the impact of inequalities that arise elsewhere and to make exercising rights meaningful and real for patients, families, and for our staff.

Access



(Part of the John's Campaign logo – find out more [here](#))

We will make sure that people know what we offer, and help them to use our services. When people get in touch with us, we will make them feel welcome. We will have a good conversation about what matters to them, and then we will agree whether we can do anything to help – or whether we know anyone else who might be able to help. We will help people to see and build on their their strengths as well as offering support and services.

All of us are individuals, who communicate and interact best in our own unique ways. Some of us use different languages, or technical assistance to communicate. We will try our best to make sure that nobody is disadvantaged when they approach our services, because we can't communicate in a way that works for them. We will work with national services to make sure we record any additional support needs people have, so that we can respond better if more conversations or services are needed.

As the importance of good conversations becomes more clear, [evidence](#) is growing about structural barriers to good two way communication in health care. This is about changing the way services are designed.. So we can take actions to remove barriers, once we identify them.

For example, an important priority for us this year is that we are sure that we can do better in making shared decisions with patients about treatment that we offer. This is part of our work to improve **Health Literacy**. We will implement the actions set out in the second national action plan, [Making it easier](#). This commits NHS Lothian to lead on work to improve the appointment process, including improvements to appointment letters, with learning spread to other sites across Scotland. We will also review our Consent Policy and Procedures to make sure that people understand what treatment they are being offered, what that is likely to achieve, and any side effects it might have.

In order to try new things out quickly, we will try in North East Edinburgh to have particular focus on improving access to our good conversations, and services where

appropriate. This will build on the House of Care work already done with the locality team. We have a detailed **What Matters To You** Plan for this.

Compassion



We will always seek the best for the people we work with – both our patients and their families and communities, and our own staff.

Particularly in this time of austerity, when services struggle to keep up with what people want and need, there will be challenges for staff who may feel they don't have time or space to act compassionately at work. We have a responsibility to make sure the system we are running helps staff to work in a person-centred way, and doesn't undermine this.

For our staff, we have an ambitious plan in place to improve staff engagement and experience. That plan will be published later in 2018. There are particular elements that are directly relevant to improving compassion in the workplace, called

- Our Shared Values
- What Matters to You
- Staff Health and Wellbeing
- Recognising and Celebrating Success
- Staff Communications
- We are all leaders

Additionally, we have a range of plans for improving further our person centred work with people who use our services, and their families and communities.

In schools;

- The role of school nurses in supporting the health, welfare and happiness of children and young people of school age

In our own services;

- The Care Assurance Standards, now in place in 30 different sites across NHS Lothian
- The Excellence in Care Programme seeks to enhance the excellent work already being done by our nurses and Allied Health Professionals
- Quality work, which is about improvement, will now embed a co-design and equalities approach in all programmes by 2023

In primary care

- House of Care work with third sector partners, with locality teams and Long Term Condition services in Edinburgh, in primary care in Edinburgh, East Lothian and Midlothian ,and in secondary care in West Lothian, offering community-based good conversations to people with long term conditions

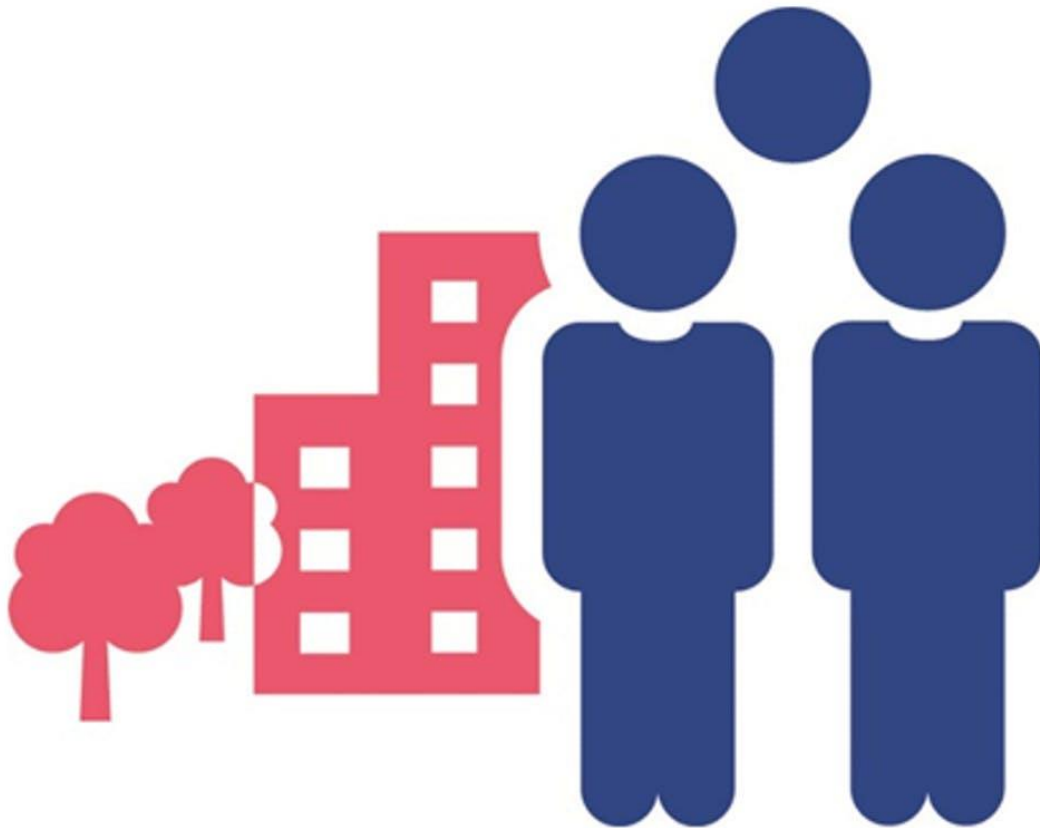
Looking inward and outwards

- Our Interpretation and Translation Service is working hard to ensure that there are no communication barriers for people who need our services

Working with external partners on broader issues

- Public Protection work in Strategic Partnership with Police Scotland, including Prevent, work on Female Genital Mutilation, and modern slavery

Participation



Our Voice is all about engaging the people of Scotland to make health and social care better.

The right to have a say in decisions that affect us – “nothing about me without me” – is a fundamental part of current NHS Scotland Policy and Practice.

It also underpins the Community Empowerment Act, which seeks to give a stronger voice to people and patients.

NHS Lothian has a long history of working with partner organisations, and local communities, to improve our services and our impact. However, in recent times we have seen a reduction in resources dedicated to this work and a reduction in time and energy put into working to hear people’s voices as we develop our strategic plans. This is in direct contrast to the legal and policy context we work in, and well-proven developments elsewhere in Scottish society and further afield. We will address this by bringing a strong focus on participation over the coming weeks, months and years.

Co-design goes beyond engagement and participation, and has been shown to lead to sustainable changes that are better for patients, the system, and the people who work in it. It flourishes in – and feeds - a convivial society, with enabling services. We know that we have a long way to go, but we also know that this can be done, and is being done already, elsewhere².

In order to start to address this, we have recently appointed a Participation Manager for NHS Lothian, and we are developing a first **Participation and Engagement Plan**. We will pay particular attention to getting the right perspectives in the room to inform design/redesign – and to supporting the voices needed to contribute. We know that this is being done very much better elsewhere in the world, and we want to learn how to do that here – in a meaningful and sustainable way.

At an individual level, we are learning to better value and use the various sources of Feedback we get about our services, through our **Patient Experience Plan**. This covers complaints, comments and positive feedback – much of which we get via Care Opinion, an online system for gathering feedback which is run independently of the NHS. We have a Learning Group in place to make sure we are benefitting from the range of feedback and seeking more where appropriate.

At an individual level, participation is also about giving people the opportunity to take an active part in their health – enabling them in other words. Either to change their health-related behaviour, or to take an equal role in health care encounters by giving them confidence, knowledge and understanding. This is also a key part of the house of care – enablement – which facilitates participation.

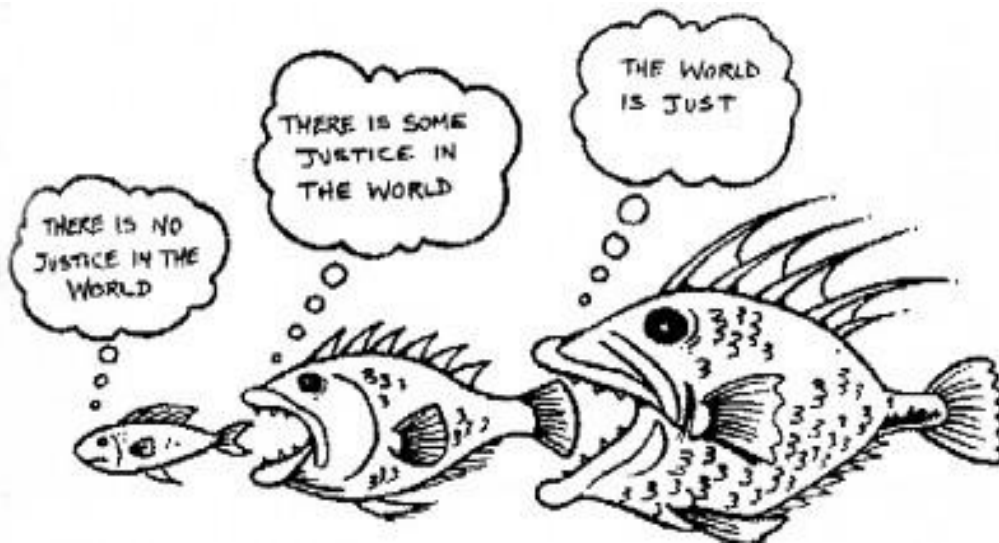
For NHS Lothian staff, we will offer support to groups of staff with protected characteristics to meet together, share their experiences, and (if they wish) make their voice more prominent in the functioning and decision-making of the organisation. The NHS Lothian LGBT+ Staff Network met for the first time in August 2018, and a group of staff with disabilities are working towards establishing a network early in 2019. During 2019, we will work with Black and Ethnic Minority staff to consider whether they would value a Staff Network

More broadly, the Staff Engagement & Experience Plan sets out a range of actions which seek to ensure that we hear feedback from our own staff, and volunteers, in order to learn where we can improve. We will further develop our use of iMatter, and augment this with tools that focus on great work and celebrate it.



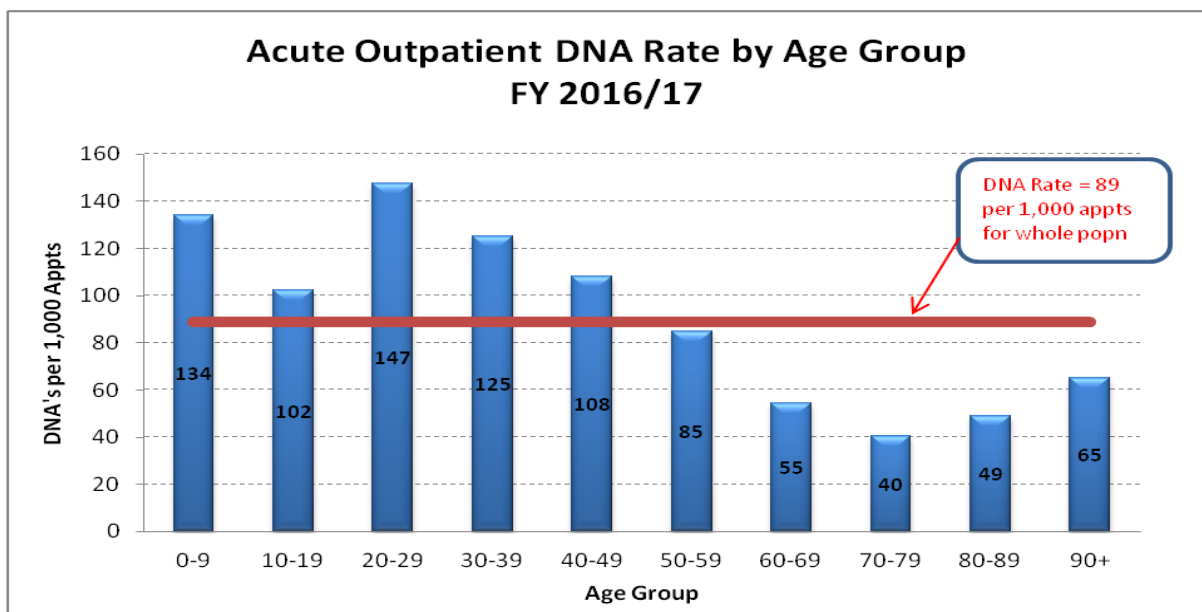
² See for example [Nuka and South Central Foundation, Alaska](#)

Justice



after [Amartya Sen](#)

NHS Lothian has a duty to understand the impact of its policies, procedures and services on different groups within the population – and amongst our own staff. We know we can do more to understand our impact at a population level, by looking at our existing records and considering impact across different groups. Here is an example of a systemic inequality revealed by analysis of all outpatient activity in 2016/17, looking at appointments which patients did not attend (DNA):



These findings have led us to commence a small scale piece of work to identify with patients in their twenties what strategies we might adopt to help them to make and keep appointments with our services. This in turn will allow us to test some improvements, in order to shift this pattern over the coming three years.

At the moment, we don't collect enough information about people who use our services – such as their ethnicity, or what communication support they use. Work

identified under the Access section of this paper will help us to develop our data collection. Only then will we be able to tell if particular groups of people get different outcomes when they use our services.

We have now published our Equal Pay statement and we intend to identify any actions we can take to address issues this highlights for our staff. In the same way, we need more of our staff to tell us about their own individual characteristics so that we can understand if particular groups do better or worse than others in – for example – pay, or career progression. We will change our systems to make this easier for staff to do – and try to encourage them by explaining why it is important.

We said in our 2017/18 Equalities and Rights Improvement Plan that we would work with NHS Health Scotland to test out the concept of Rights-based Budgeting. This has proved difficult to do. We intend to continue to seek opportunities to develop an approach that considers the use of resources in the light of people's human rights.

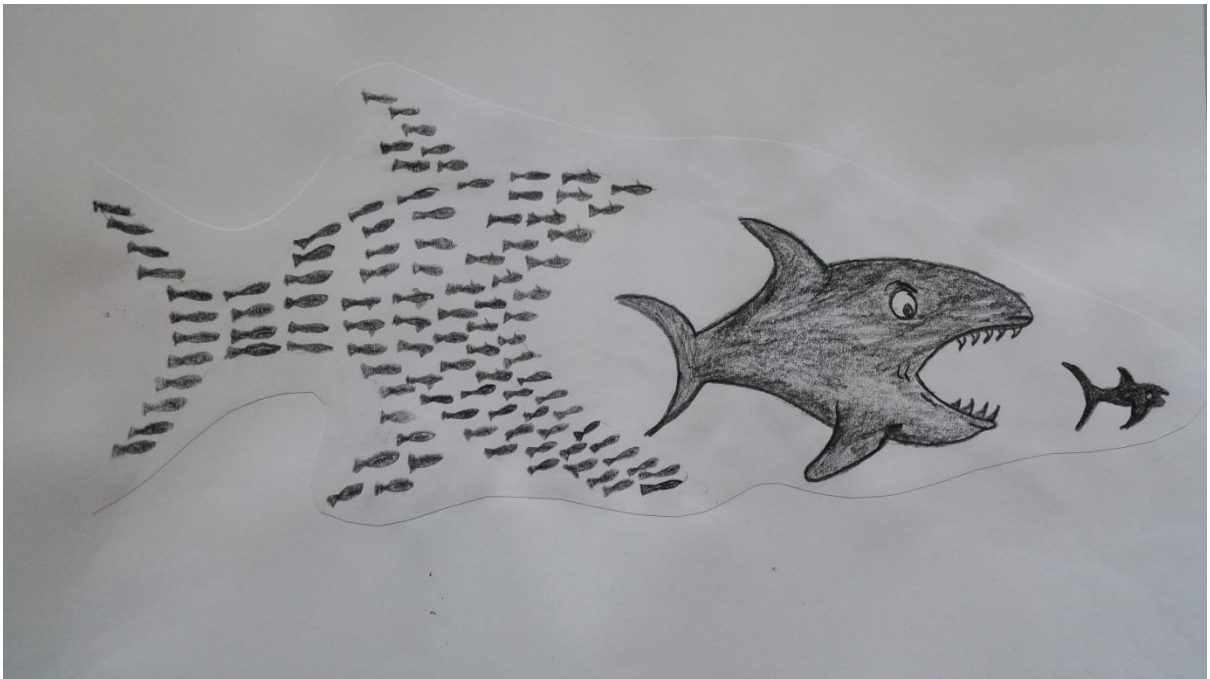
The Big Lottery has funded a **Leading for Better Care – Leading across Diversity** programme in NHS Lothian for the last four years. We will hold an event in November 2018 to describe the programme's success and challenges in ensuring that black and minority ethnic nurses can achieve career progression at the same rate as their white Scottish counterparts, and further actions that we can take within NHS Lothian to identify and address any institutional racism.

Since 1 April 2017, all public authorities must report every three years on the steps they have taken under [Part 3 of the Children and Young People \(Scotland\) Act 2014](#) to implement the United Nations **Convention on the Rights of the Child**. The first reports are due in 2020, and NHS Lothian will meet that deadline.

Impact Assessment is a tool for assessing the potential impact of decisions on groups of people within the population. We have agreed an Integrated Impact Assessment approach with our local authority partners in Edinburgh, Midlothian and East Lothian. This is a straightforward way of thinking through changes we are planning, and how they might impact on different groups in Lothian's population. It is a way of spotting when we might broaden, or reduce, inequalities; and what environmental impacts we might have – all before we make the final decision. With all four Lothian Councils, and Health & Social Care Partnerships, we have a joint Steering Group, which is overseeing an Action Plan to improve the quality and quantity of IIAs carried out. Our IIAs are published on the [NHS Lothian website](#).

Within this context of shared impact assessments, we will also consider with partners how best to incorporate the requirements of the Child Rights and Wellbeing Impact Assessment (CRWIA). The Children and Young People (Scotland) Act 2014 introduced this as a new requirement.

We will also consider how the cumulative impact of strategic decisions could be assessed, as this is a gap in the Health Board's approach at present.



With thanks to Jim at Stepping Out

References

The Human Right to Health is protected in:

- Article 25 of the [Universal Declaration of Human Rights](#)
- Article 12 of the [International Covenant on Economic, Social and Cultural Rights](#)
- Article 24 of the [Convention on the Rights of the Child](#)
- Article 5 of the [Convention on the Elimination of All Forms of Racial Discrimination](#)
- Articles 12 & 14 of the [Convention on the Elimination of All Forms of Discrimination Against Women](#)
- Article 25 of the [Convention on the Rights of Persons with Disabilities](#)

Community Planning is how public bodies work together and with the community in each council area to make life better for people. The [Community Empowerment \(Scotland\) Act 2015](#) changed the rules about community planning to make it work better.

Community planning partners have to make plans for local areas which may need different things. These plans describe the local priorities, what improvements are planned and when these improvements will be made. There are also National Outcomes, aiming to help everyone to have the same chances in life.

The Right to participation in political and public affairs

The United Nations Office of the High Commissioner on Human Rights states that:

Political and public participation rights play a crucial role in the promotion of democratic governance, the rule of law, social inclusion and economic development, as well as in the advancement of all human rights. The right to directly and indirectly participate in political and public life is important in empowering individuals and groups, and is one of the core elements of human rights-based approaches aimed at eliminating marginalization and discrimination. Participation rights are inextricably linked to other human rights such as the rights to peaceful assembly and association, freedom of expression and opinion and the rights to education and to information.

Obstacles to equal political and public participation exist in many contexts. These barriers may include direct and indirect discrimination on grounds such as race, colour, descent, sex, language, religion, political or other opinion, national, ethnic or social origin, property, birth, disability, nationality or other status. Even when there is no formal discrimination in connection with political or public participation, inequalities in access to other human rights may impede the effective exercise of political participation rights.