
PURPOSE OF THE PAPER

This paper reports on progress towards mainstreaming equality that each health board is required to produce in line with the Equality Act 2010, (Specific Duties) (Scotland) Regulations 2012.

It sets out the context for equality legislation and NHS Lothian policy, which is consistent for all health boards across NHS Scotland. It cites potential benefits of mainstreaming and recognises what NHS Lothian is doing to integrate equality into its core functions.

LEGISLATIVE CONTEXT

All health boards across NHSScotland are required to comply with the 3 aims of the Public Sector General Duty, Equality Act 2010 and (Specific Duties) (Scotland) Regulations 2012.

The implementation of these legal duties will be monitored by the Equality & Human Rights Commission (EHRC) in Scotland.

Public Sector General Equality Duty

The Equality Act 2010 cites 9 ‘Protected Characteristics.’ These are age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, race and ethnicity, religion and belief and sexual orientation.

The 3 aims of the Act’s Public Sector General Equality Duty are as follows:

1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act

2. Advance equality of opportunity between persons who share a protected characteristic and persons who do not

3. Foster good relations between people who share a protected characteristic and those who do not

Purpose of the Public Sector Duty

The purpose of the public sector duty is to ensure that all public bodies, including health boards, mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key health board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for patients/service users.

Specific Duties

In Scotland, an additional set of specific duties were created by secondary legislation: the Equality Act (2010) (Specific Duties) (Scotland) Regulations 2012, which came into force in May 2012.

The specific duties listed below are intended to support public bodies, including health boards, in their delivery of the general equality duty:

- Report progress on mainstreaming the public sector equality duty (this report)
- Publish equality outcomes and report progress
- Assess and review policies and practices (impact assessment)
- Gather and use employee information
- Publish statements on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

HEALTH CONTEXT

The challenge for NHS Lothian is to translate these legislative requirements into an approach to mainstream equality into health policy and practice, which aims in turn to tackle health inequalities and improve health outcomes.

Actions to deliver on equality and address health inequalities are not mutually exclusive but intrinsically linked i.e. health inequalities reflects the systematic differences in health (health gaps) which are associated with people’s unequal positions in society. Given this, health inequalities relate to and interact with other structures of inequality, for example, socio-economic, gender, ethnicity and disability etc.
Thus, in order to address health inequalities effectively, consideration has to be given to the associated implications for people with equality characteristics (protected characteristics) and the often complex intersections between these.

**OVERARCHING POLICY CONTEXT**

1. **Scottish Government**:  
   We live longer, healthier lives and have tackled significant inequalities in Scottish society

2. **National NHS policy priorities**:  
   Quality Strategy, Equally Well, Staff Governance Standards, CELs, Christie Report, HEAT Targets/SOAs (equality integrated)

3. **NHS Board Corporate Strategies**  
   (equality integrated)

It makes sense to ensure that the equality agenda is aligned explicitly with existing NHS and Scottish Government (SG) policy priorities and is integrated into internal board performance management systems where possible.

Health boards have a role to work in partnership with patients, carers, the public, and community planning partners. Given this, ongoing engagement and collaboration is critical to the delivery of equality mainstreaming.

**Benefits of equality mainstreaming**

- Equality is embedded in the systems, functions and culture of the board
- Policy making is improved by avoiding the development of policies and programmes that inadvertently sustain or compound existing inequalities
- Enhanced performance of core health practice and improved outcomes for patients and service users
- Improved quality of service design and delivery i.e. equitable access and equality informed person-centred care.
- Established transparency in relation to board functions such as procurement and workforce recruitment, development and equal pay.
✓ Workforce is trained, supported and equipped to deliver an equality and person-centred informed health care response.

✓ Capacity maximised through collaborating with partner agencies and Community Planning Partnerships (CPPs).

✓ Maximised participation in decision-making by local people with protected characteristics and those with experience of social inequalities.

✓ Able to demonstrate compliance with equality legislation to the EHRC

✓ Potential for cost efficiencies in the longer term.

What NHS Lothian is continuing to do to mainstream equality?

- Adopting an incremental approach, setting realistic, measurable goals, in recognition that equality mainstreaming is a long term process of change. For example, the equality outcomes action plan 2013-17 includes a wide range of actions to develop the quality of patient and workforce data, and then commits the organisation to using the data to address inequality. Equality impact assessment is now routine in all relevant Board and committee papers, service development and redesign, development of strategies and policies to ensure that the general duties and meeting needs of those with protected characteristics are routinely considered.

- Building on and strengthening the foundation of existing good practice on equalities, established through the previous NHS Lothian Single Equality Scheme. For example, under the Equality Scheme, services improved their collection of ethnicity data. Under the new equality outcomes they will use the data to improve the way they provide health care to people from ethnic minorities. The Minority Ethnic Health Inclusion Service (MEHIS) continues to provide a cultural bridge into services and build the capacity of patients, staff and services to tackle health inequality experienced by minority ethnic people.

- Demonstrating leadership from the level of Chief Executive and other senior managers, providing a mandate to integrate equality into all board functions. For example, NHS Lothian has developed a set of organisational values – Values into Action which promote dignity and fairness and which are being championed by the Chief Executive and senior management and rolled out across the organisation.
• Devising and supporting a clear equality infrastructure to drive change within the board. For example, the ongoing equality training for managers seeks to build capacity within NHS Lothian’s leadership.

• Devolving responsibility and accountability across the organisation for equality and diversity issues. For example, the ongoing quality assurance and monitoring programmes in equality impact assessment which seek to build the capacity of services to carry out their own impact assessments.

• Establishing an equality evidence base drawn from the collection and analysis of routine equality data, relevant research, involvement and feedback from patients, carers and local communities, including those with protected characteristics. For example, NHS Lothian now routinely collects data on age, gender, ethnicity and increasingly religion, and is building capacity to use these data in service improvement through the Additional Needs & Diversity Information Task Force.

• Applying this evidence to inform the development and delivery of equality outcomes for patients and staff. The Additional Needs & Diversity Information Task Force will develop this capacity within services by developing a step-by-step process for use of patient equality data in service improvement.

• Integrating equality into key functions such as finance and procurement and into key health agendas such as the Person-centred Health & Care Programme, Targets and Keep Well etc.

• In line with the specific duties, devising and delivering a set of equality outcomes to benefit patients and staff. The NHS Lothian Equality & Rights Outcomes were developed after 8 months of involvement and consultation, including with staff, community representatives, partner organisations and patients.

• In line with the specific duties, publishing employee/gender pay gap information and providing a statement on equal pay. The NHS Lothian Equal Pay Statement is published separately and actions to address pay inequality are included in the Equality & Rights Outcomes.

• Mainstreaming equality into board policy, departmental work plans, including monitoring, evaluation and audit systems to measure change. For example, indicators relevant to the workforce are presented to the Staff Governance Committee.

• Providing guidance, advice and training to equip staff to understand equality, human rights, health inequalities and relevance to their role – ideally, by
integrating into existing core training. As a result equality has been built into a wide range of mainstream training programmes including Leading Better Care leadership training for nurses and recruitment training for managers. The suite of specific training in equality issues continues to develop with new modules such as Gender Based Violence and Rapid Impact Assessment coming on-stream.

- Contributing to building safer communities through funding community partners in the voluntary sector to meet social capital outcomes and increase community cohesion to improve health and wellbeing. For example, the standard Service Level Agreements which govern many funded community services have been subjected to equality impact assessment and now include stringent measures to collect equality data from service users; this allows NHS Lothian and its partner organisations to identify gaps and ensure services are accessible and inclusive.


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