

NHS Lothian Equality and Rights Outcomes and Mainstreaming Report 2017

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

What is this report about?

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.

This report is a summary of progress in work on NHS Lothian's [Equality and Rights Outcomes Report](#), which was published in 2013. This report also sets out what we have learned about Mainstreaming Equalities and Human Rights – that is, what we now understand about how to make this part of how everybody works every day. [The public sector equality duty](#) sets out the minimum standard we need to reach. As part of meeting that duty we have to publish reports like these every four years. Our [progress report](#) came out in 2015.

Our Staff

NHS Lothian's Equalities and human rights duties extend to staff. This report includes information on employees, including where we stand on equal pay and on our recruitment, promotion and development of staff.

So, what's in the report?

Over the four years since 2013, we have improved how we tackle discrimination and disadvantage in Lothian. In the main report, you will find details of changes and improvements to our services, with case studies telling stories in more depth. There are also hyperlinks so you can look at the detailed evidence if you want to.

However, we also know that specific groups of people experience inequalities. While these can be long-standing and deep-rooted, they are not inevitable. They can be avoided or their impact reduced (see [here](#) for example). We are required to take actions that prevent individuals and communities experiencing the effects of inequality on health and wellbeing. We are also required to reduce the health and social consequences of inequalities. An important part of this is 'mainstreaming'. This means using all our resources and providing every service in ways that enable everyone to use them and which respect people's rights, particularly people with greater and more complex health needs,. If we recognise reducing inequalities in health outcomes as our core purpose, take a rights-based approach in our decision making and in how we design our services, we will have greater success in reducing the size of these inequalities, and the proportion of people affected by them. We will also be more likely to prevent new inequalities from arising. So we have tried to think carefully about what is most likely to work well as we try to make equality and human rights part of everyday practice.

What has gone well

We have made good progress in a lot of separate areas of work.

- There are new or better services for many groups of people with protected characteristics. There are also lots of examples where we have made the “ordinary” services better at responding appropriately to people with particular needs.
- We have some great examples of collaborations with partner organisations to do things better with and for local people.
- Perhaps most importantly, we are getting better at working with people and communities to decide together what we should do and how best to do it. There is some evidence that is becoming part of “how we do things around here”.

What is still challenging us

There is always room for improvement – and that is what motivates many of our staff to do better every day in their work.

In particular, we know we need to do better in:

- hearing and responding to patient feedback and complaints,
- understanding who is working for us and who is using our services,
- designing our services with equality and human rights in mind
- providing Interpreting and Translation Services,
- collaborating with our key partners
- bringing together our work around a central intention to reduce inequalities by planning and using resources with that specific intent.

What we have learned

Here is what we have learned so far:

Two good starting points

In our work with children and young people, when we ask them what they think, they tell us that the most important thing we can do for them is to “make sure we feel like we matter”. That seems a very good starting point for all of our work, be it with patients, the public, each other as staff, or with local communities.

At the same time, we have to make sure that we design our services so that those people who have traditionally been underserved, find NHS Lothian welcoming and that they are confident that we will work with them to understand what will work best for them.

Two important stages

- 1) **Awareness**; we have to understand what the world feels like from the point of view of the people we are working for. It is always important to have good conversations with each person we are working with. There are common features about what works well for groups of people too – and we need to keep our knowledge and understanding of this up to date. As staff, all of us need a basic level of knowledge about all the different groups, how to meet people's needs and ensure that their rights are respected. Some of us in particular jobs need a much deeper understanding of the particular groups we work with.
- 2) **Action**; once we understand something of what the world feels like for a person or a group of people, we should decide if we need to take particular actions in response. We use a process called Integrated Impact Assessment to help to think this through and agree actions whenever we change how we use our funding, plan a new policy or service.

How change happens

The information in the full report shows three different ways in which we have made progress with the outcomes we agreed back in 2013.

- 1) Planned work – we agreed the outcomes in 2013, decided what to do about them, and did it. Sometimes the actions we took have been very effective. In other cases, they have not. Where we asked people to do things that they had not developed themselves, or which they did not see as important or relevant, they have not always done them.
- 2) Reactive work – new information told us that there was a new need – and we decided how to respond to that.
- 3) Emergent work – new opportunities to work with different partners presented themselves, so we took them. Some very good work has come about in this way, which we could not have known about in 2013.

We think that we need to learn from this experience. It is not always possible to plan everything out in advance – some important changes will emerge as time goes by. We should expect this and learn from it.

Also, approaches that rely on experts to tell everyone else what to do, and how, have often failed. We want to develop a new approach to our equalities and rights work that links to people's own motivations, the reasons they do the work they do.

Resources

Prioritising the use of our diminishing resources is always a challenge. We have not always made reducing inequalities and respecting people's rights our top priority.

We have not been able to keep all of the equality lead posts we used to have.

So we need to invest in and support the staff, volunteers and advocates who are already doing this work with patients, communities and staff across Lothian. We will develop a network of people across our organisation and with partners which supports "champions" and gets others to join in too, so that we get to the point where everyone is working to a new standard, and working out how we can continue to get better at this.

Other important initiatives

Our Chief Executive has started work internally to improve Staff Experience and Engagement. We will make sure that work is founded on people's rights and principles of equity.

Finally, our Quality Strategy says that our aim is to improve the health of the people of Lothian. We need to put equality and human rights at the heart of that work so that we can learn from the diverse knowledge and skills of the people who live, work and play in our area about how to improve their health and experience of healthcare.

What are we going to do now?

We are not going to rush to produce a new set of Equalities Outcomes.

We will develop an improvement plan to address the points we have learned about from this report over the next 12 months.

At the same time, we will support a network of people from across Lothian who want to work to reduce inequality, promote rights, and commit to work and learn together. .

We will support and facilitate that network to devise a new strategy, responding to all of our statutory requirements, but also choosing our own priorities for concerted action.

We will devise a new set of outcomes that the network will commit to improve from June 2018 onwards.