Kent Community Health
NHS Foundation Trust

Reducing Health Inequalities and Equity of Access to Services (Public Sector Equality Duty) November 2021

1.0. Introduction

As an NHS Trust, we are subject to the general Public Sector Equality Duty (PSED). The PSED is a duty that requires all public authorities to consider how their policies or decisions affect people who are protected under the Equality Act 2010. Within the Equality Act there is a statutory requirement for the Trust to publish information to demonstrate compliance within the PSED.

The NHS uses several frameworks to support evidencing due regard for the PSED. These include the Workforce Race Equality Standard (WRES); Workforces Disability Equality Standard (WDES) and the refreshed Equality Delivery System (EDS2). These reports provide assurance to the commissioners, partners, public, staff and patients that the Trust has due regard to the needs of those whom the frameworks relate.

This report explains how Kent Community Health NHS Foundation Trust (KCHFT) has regard for the Public Sector Equality Duty and what steps are being taken to ensure the Trust is reducing Health Inequalities and can evidence due regard to the three aims of the General Duty.

2.0. Background

The equality duty consists of a general equality duty, supported by specific duties which are imposed by secondary legislation.

Those subject to the equality duty must, in the exercise of their functions, have due regard to the three aims of the general equality duty:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Specific Duties require public authorities to:

- Publish information to demonstrate compliance with the three aims of the public sector equality duty.
- Publish data on those affected by policies and procedures
- Set equality objectives, at least every four years

Health Inequalities are defined as “avoidable, unfair and systematic differences in health between different groups of people” (Kings Fund 2021). There are many kinds of health inequalities and therefore it is essential to highlight which measure is unequally distributed, and between which people when attempting to address and highlight health inequalities.

Having a good understanding and reliable data on local communities that KCHFT serves is essential to ensuring services are designed to meet local population needs.

3.0. Specific Duties

3.1. Publish information to demonstrate compliance with the three aims of the public sector equality duty

A deep-dive into the process of how equality impact is assessed, managed and mitigated within procedural documents was conducted in early 2021. A new process was developed and agreed to embed equality impact assessment into procedural documents which enables decision makers to identify and record how their work displays ‘due regard’ to the three aims of the general duty.

Equality Impact Assessments (EqIAs) will be undertaken for changes to, or reviews of, new or existing services; policies; strategies; procedures or projects and when procuring and commissioning goods and services.

They will be an integral part of developing all relevant procedural documents and carried out at the earliest opportunity to ensure that sufficient time enables any additional work that may be needed to inform decision making (eg engagement). The previous process did not support consideration of equality related risks at an early stage or throughout the development of reviews of new or existing services; policies; strategies; procedures or projects and when procuring and commissioning goods and services.

By building the EqIA into procedural document templates, decision makers are prompted to consider what information (eg service user data, consultation outcomes, community profiles, objections, complaints etc) is available or needs to be carried out to evidence consideration of the effect on those with characteristics protected under the Equality Act 2010 and Inclusion Health Groups.

One of the Trust SMART Equality Objectives set for 2021-2024 identifies improvements to assessing and mitigating equality impact ensuring an auditable

method evidencing ‘due regard’ to the three aims of the duty, as well as managing equality related risks.

3.2. Publish information on those affected by our policies and service delivery

3.2.1 Kent and Medway Data

Kent population is 1.855m people covering an area of 3,736 km² (Eurostat 2019). The Office of National Statistics, the Department of Work & Pensions, Kent County Council and other organisations provide a rich source of data that supports developing a good profile of the communities accessing KCHFT services. It can also help to identify communities who may not be accessing services; those who may be at risk of severe COVID-19 and wider health concerns.

COVID-19 national data has highlighted the largest recognised disparity found, was by age; people who were 80 or older were seventy times more likely to die than those under 40. The risk of dying was also higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups. The data does not consider comorbidities, which are strongly associated with the risk of death from COVID-19 and are likely to explain some of the differences. (Disparities in the risk and outcomes from COVID-19, PHE, Aug 20).

The largest minority ethnic community in Kent and Medway is Asian/Asian British: Indian or British Indian – 25,268 people, Gravesham and Medway having the largest populations respectively; followed by Black/African/Caribbean/Black British: African – 16,265 people, Medway, Dartford and Swale respectively (ONS, Census 2011).

3.3.2 KCHFT progress

In January 2021 the Equality, Diversity and Inclusion Team commenced a piece of work to identify what information is available to inform progress towards equality and where the gaps are.

A new Business Intelligence data system (Power BI) was introduced using a phased approach across services from November 2020. Patient equality data recorded on the trust’s patient information system from this date to 31st March 2021 was used to benchmark, to improve recording and track equality monitoring progress. This data will be reviewed monthly and reported quarterly as part of the Equality Objectives 2021-2024 plan. Equality monitoring data outputs analysed with service level, local and national data will be used to evidence delivery on the specific duties.

Collecting equality information (ethnicity, disability, sexual orientation, communication needs) at the point of care has been highlighted by NHSEI as a priority action for all NHS organisations. COVID-19 has further highlighted the importance of collecting equality data with ethnicity being prioritised due to the increased risk to some ethnic groups.

Triangulating data outputs with complaints, patient and carer feedback surveys and DNA rates, virtual appointment uptake and digital difficulties, will support the trust in targeting resources to facilitate focus groups, develop action plans and objectives to support restoring and delivering services inclusively, accessibly and fairly.

3.3. Patient Equality Objectives

Equality is at the heart of everything KCHFT does and new Equality Objectives have been developed to focus on two areas over the next three years that will enable the Trust to identify wider areas in healthcare planning and delivery where early targeted intervention may support reducing health inequalities. The two objectives are underpinned by national frameworks, standards and policies and have been developed to demonstrate the Trust's ongoing commitment to provide a fairer, more inclusive organisation for all who use it. The Trust will not only ensure implementation of these objectives but will use the outputs of these objectives to identify, engage and reduce health inequalities across services. These objectives support the Trust in meeting its legal obligations as a public organisation (The Equality Act 2010, Public Sector Equality Duties) and have been aligned to the Trust Quality Strategy and the outcomes and metrics that make up the refreshed Equality Delivery System (EDS2).

With further engagement with Trust staff, patient groups, reviews of data outputs, national survey results and general feedback, meaningful actions will be developed to reduce health inequalities.

The previous Trust equality objectives (2018-2020) were

Objective 1: to work with other NHS organisations, the voluntary sector and local authority to engage with people in order to promote health improvement and reduce health inequalities. This includes working with young people, people who are from Black, Asian and minority ethnic (BAME) communities, disabled people, LGBTQ people and carers

Objective 2: using co-design principles to work with our patients and their families, our staff, other NHS organisations and the voluntary sector in order to improve

The new patient focussed objectives for 2021-2024 which have been approved by the Executive, will continue to build on previous objectives and ensure decision making reflects the needs of the local population through robust Equality Impact Assessments and improvements to data collection and equality monitoring of our patients and their carers. Using data in this way will enable us to better engage protected and health inclusion groups to deliver co-designed services that reflect the needs of local people and communities.

The new objectives for 2021-2024 are:

Objective 1: to increase equality monitoring across all services

EDS2 Goal 1: Better Health Outcomes
EDS2 Goal 2: Improved patient access and experience

Objective 1:	**Increase equality monitoring across all services**
EDS2 Goal 1	Better Health Outcomes
EDS2 Goal 2	Improved patient access and experience
Objective Aim	• To ensure the information we hold on our patients accurately reflect how a patient identifies • Use the data outputs to develop our services according to patient need, directing resources where they are needed most • Develop targeted interventions where health inequalities and barriers are identified
Rationale	Health inequalities can exist in all aspects of healthcare. Over the years research has highlighted many disparities in patient outcomes across several protected groups such as people with learning disabilities, Deaf people or specific ethnic groups. Evidence suggests there are many communities and protected groups at risk of poorer health outcomes and/or experience of healthcare and even death.
Impact	We want to ensure no one is left behind and healthcare is accessible to all. By understanding local communities and cultures we will develop our services to meet the needs of those communities. We will use collated patient data to ensure services and information about services is accessible to all communities.
Aims 2021-2022	We will review service level patient equality information to identify how services identify and record protected characteristics. Services will be supported to ensure patient equality data is accurate and regular progress will be fed back to the services. Services will then consider how access to services reflect their local communities.
Aims 2022-2023	Working with Public Health data, the national 2021 Census and robust patient equality data, we will explore how reflective patient access to services is. Where gaps and barriers are identified, services we will engage with local communities, vulnerable and Inclusion Health Groups to explore Quality Improvement (QI) projects and changes to improve access and experience through a Healthy Communities Steering Group.
Aims 2023-2024 and beyond	By monitoring missed and delayed appointment rates, patient feedback, surveys, complaints and contacts to PALS, we will identify where QI projects and changes have had the greatest impact and share learning outcomes across services to embed those changes.

Objective 2: All relevant procedural documents identify equality related impacts including risks, and how risks will be managed

EDS2 Goal 1: Better Health Outcomes
EDS2 Goal 4: Inclusive Leadership

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EDS2 Goal 1	Better Health Outcomes
EDS2 Goal 4	Inclusive Leadership
Objective Aim	• To have an Equality Impact Assessment (EqIA) that highlights where in a process, due regard to protected characteristics and Inclusion Health Groups has been given, any mitigations made and how equality related risk is being managed. • All relevant KCHFT procedural documents, policies, strategies and business plans will have a completed EqIA • Reduce health inequalities; improve access, health outcomes and patient experience
Rationale	Having due regard for the Public Sector Equality Duty (PSED) is a legal obligation. Proactively working to identify and mitigate health inequalities before a decision is made not only supports the Trust in meeting its legal obligations, it can also prevent unequal distribution of resources, improve access and experience as well as having a positive impact on trust resources.
Impact	We want to ensure health inequalities are identified and mitigated wherever possible, before a decision is made or a policy is approved. Where inequalities are identified and cannot immediately be mitigated, people and local communities can be confident there are effective mechanisms and robust governance procedures in place to manage these risks.
Aims 2021-2022	Conduct a deep dive into the current processes for conducting EqIAs and work with governance groups to identify best practice. Develop and test new process.
Aims 2022-2023	EqIAs will be built into all policy templates. Policy development protocols and guidance will reflect the new process. Support sessions to be made available to policy developers and decision makers responsible for EqIAs.
Aims 2023-2024 and beyond	Assessing impact on equality and managing equality related risk will be an integral part of decision making. Regular support sessions will contribute to continued improvement for policy development and decision making processes.

3.4. Publish information so that it is accessible

All KCHFT publications are made available online and can be requested in alternative and accessible formats. Where information is designed specifically to reach a particular group or community, additional measures are taken to ensure it is delivered in an appropriate format. We have digital inclusion software on our public website which makes our content more accessible with reading and translation support.

3.5. Healthy Communities Project

The Healthy Communities Project Kent (HCPK) seeks to advance equity of access to Trust services and support the Trust's Equality, Diversity and Inclusion agenda. The project will do this by progressing, refining and sustainably embedding the principles of the preceding Healthy Communities Programme Kent within the Trust as a Legacy Project.

The project aims to enable better understanding of health inequalities experienced by migrant communities and ethnic minorities and to develop targeted intervention to reduce health inequalities across Kent. Through cultural safety training for staff, building and nurturing community relationships, and developing a steering group representative of the communities KCHFT serves, the project will enhance knowledge and understanding of diverse communities improving partnership working, access to services, patient experience and care.

The Healthy Communities Programme Kent refers to the previous completed project. The Healthy Communities Project Kent (HCPK) refers to the new legacy project currently being developed and implemented.

3.6. Engagement

Establishing working together groups has been a priority for the Patient & Carer Partnership Team to understand the experiences of our patients and carers using our services during the Pandemic. The following Working Together groups have taken place:

- Adult Epilepsy Nursing Team
- Community Paediatrics Service
- Community Adult Diabetes Nursing Service
- Podiatry/Community Nursing
- Lymphoedema Service
- Pulmonary Rehab Service
- Cardiac Rehab Service
- Speech and Language Therapies

There was a consistent theme present in all of the groups regarding peer support and the value of building relationships, sharing experiences and reducing isolation.

The Patient and Carer Partnership Team will be taking this forward to work with services to establish peer support initiatives.

Relationships are being built with local community leaders such as religious leaders, Healthwatch, Grass-roots organisations and charity groups with the aim of increasing engagement with protected groups in Kent. Representation from these groups will be invited to join the Healthy Communities Steering Group.

4.0. Conclusion

Services at KCHFT have taken many positive steps to ensure they remain as accessible as possible to all people prior to, and throughout the pandemic. Through the use of patient and carer surveys, working together groups and wider engagement, staff have continued to consider the most vulnerable people in society and how best to meet their needs with the resources and knowledge available to them. Feedback from working together groups and community engagement will support restoring services inclusively and accelerating targeted prevention programmes.

Data is available on many protected characteristics and these will be reviewed to support developing action plans to address health inequalities and access to services. The Trust aims to improve the way it identifies, records, utilises and reports on the data it collects at the point of care. Services using digital platforms will utilise community resources to reach people in rural and deprived areas where internet may not be readily available in the home.

The new objectives will continue to build on the previous year's objectives and ensure decision making reflects the needs of the local populations through robust Equality Impact Assessments. Improvements to data collection and equality monitoring of our patients and their carers will enable us to better engage with protected and Health Inclusion Groups to deliver co-designed services that reflect the needs of local people and communities.

5.0. Talk to Us

Talk to us if you have any comments or feedback on this report, or would like to get involved by becoming a public member of the trust, please contact KCHFT's Engagement Team using the contact details below:

Membership: kcht.membership@nhs.net

Equality: If you would like this report in large print, audio, Braille or Easy Read: kchft.equality@nhs.net

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