



**Involving people in their own health
and care**

**Equality and health inequalities –
full analysis and associated
resources**

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Directorate

Medical	Operations and Information	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

Publications Gateway Reference: 06666

Document Purpose	Report
Document Name	NHS England Involving people in their own health and care equality and health inequalities - full analysis and associated resources
Author	Person-Centred Care Team
Publication Date	April 2017
Target Audience	NHS England Regional Directors, NHS England Directors of Commissioning Operations, All NHS England Employees
Additional Circulation List	Patient and public representatives, voluntary, community and social enterprise sector organisations, partner organisations
Description	This analysis has been completed in respect of NHS England's Involving people in their own health and care: statutory guidance for clinical commissioning groups and NHS England.
Cross Reference	Involving people in their own health and care: statutory guidance for clinical commissioning groups.
Superseded Docs (if applicable)	N/a
Action Required	Best practice
Timing / Deadlines (if applicable)	N/a
Contact Details for further information	Person-Centred CareTeam NHS England Quarry House LS2 7UE 0113 825 0861 england.nhs.participation@nhs.net

Document Status

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Document Title: Involving people in their own health and care: Equalities and health inequalities full analysis and associated resources

Version number: v1.0

First published: April 2017

To be read in conjunction with the Involving People in their own Health and Care: Statutory Guidance for Clinical Commissioning Groups and NHS England. April 2017.

Prepared by: Person Centred Care Team, Patient and Public Participation and Insight Division, Nursing Directorate, NHS England

Classification: OFFICIAL

PART A: General Information
1. Title of project, programme or work:
Involving people in their own health and care: statutory guidance for CCGs and NHS England
2. What are the intended outcomes?
<p>Through this refreshed guidance NHS England is seeking to strengthen individuals' involvement in their own health and care. This guidance is for CCGs and for NHS England.</p> <p>This guidance is statutory guidance issued to clinical commissioning groups (CCGs) to which they must have regard. NHS England also requires its own staff to have regard to this guidance. It will also help them to meet their statutory duties to promote the involvement of patients under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) whilst also giving due regard to the requirements of the public sector Equality Duty (PSED), requirements around reasonable adjustments and other relevant requirements set out in the Equality Act 2010</p> <p>The vision is for patients and carers to be involved in managing their own health and care. This means feeling supported to manage their health and wellbeing, such as through self management education or peer to peer support, being involved in decisions about their care through shared decision making and personalised care and support planning and having choice and control over the NHS services they receive, such as through a personal health budget. From one-off, elective procedures to ongoing care and support, the NHS will offer patients personalised support to manage their health and wellbeing and as much control over the services they receive, and how they are delivered, as they want.</p> <p>The amount of control an individual wishes or is able to take may vary according to their background and experience as well as their current circumstances.</p>
3. Who will be affected by this project, programme or work?
<p>This work may affect patients, carers, service users, members of the public, our public sector partners, stakeholder bodies, the voluntary and community and social enterprise (VCSE) sector and others with an interest in, and/or who are (or may be) involved in decisions about the health and care of individuals.</p> <p>The primary audiences for the refreshed guidance are Clinical Commissioning Group and NHS England staff (locally, regionally and nationally). It will also be of interest to patients and public, local authorities and providers of health and social care. A range of partner organisations have an interest in the development and ongoing implementation and review of the guidance, including VCSE organisations and networks, patient</p>

groups and local Healthwatch.

4. Which groups protected by the Equality Act 2010 and/ or groups that face health inequalities are very likely to be affected by this work?

The guidance seeks to direct the individual involvement of all groups within their own health and care, with a particular emphasis on enabling approaches which increase involvement from those who are less frequently heard and who experience the greatest inequalities in health outcomes. This includes people from BME communities, people with a lived experience for example, asylum seekers, refugees, homeless people and other groups who face exclusion. This document considers specific barriers and enablers for these groups. However, it is also important to take a holistic approach to planning and delivering approaches to individual involvement that recognises that people can experience multiple disadvantages and barriers which cannot be addressed through taking a ‘tick box’ approach.

PART B: Equalities Groups and Health Inequalities Groups

5. Impact of this work for the equality groups listed below.

Focusing on each equality group listed below (sections 5.1. to 5.9), please answer the following questions:

- a) Does the equality group face discrimination in this work area?
- b) Could the work tackle this discrimination and/or advance equality or good relations?
- c) Could the work assist or undermine compliance with the Public Sector Equality Duty (PSED)?
- d) Does any action need to be taken to address any important adverse impact? If yes, what action should be taken?
- e) If you cannot answer these questions what action will be taken and when?

5.1. Age

- a) Discrimination in relation to age may arise where assumptions are made in relation to someone’s capability to exercise choice and control over their health, care and wellbeing. For example, young people may face discrimination if they are excluded from being involved in their own health, care and wellbeing as a result of assumptions relating to their maturity, knowledge or skills needed be involved. Likewise, older people may face discrimination due to assumptions made around their mental capacity, or as a result of digital exclusion where a key resources are only available online.

Where resources are only available online, and/or accessibility issues have not been considered, older people who are disabled may face additional

disadvantages. Older people are more likely, than the general population, to have one or more disabilities; where this is the case, reasonable adjustments will need to be made where necessary (see the section on disability).

- b) Commissioners are asked to take a very individual approach to involving people in their own care taking into account the circumstances around the person and their family. This should help to identify the best approaches to involving patients as well as the best approaches to help them improve their confidence so they become more confident. Therefore, we expect to see commissioners increase their involvement approaches following the issue of this guidance.
- c) This guidance is intended to embed principles and practices that ensure individual involvement is promoted taking due account of the needs of different age groups; it thereby seeks to advance equality in this regard. This guidance seeks to assist compliance with the Public Sector Equality Duty.
- d) This guidance should mean that everyone, of any age, should have the choice to be involved in decisions regarding their health, care and wellbeing. Where someone lacks the mental capacity to be involved, this choice should be extended to their primary carer. Care should be taken to ensure that individual involvement is promoted for all age groups but not forced upon anyone as a prerequisite for the receipt of care.
- e) N/A

Supporting evidence and resources

Older People

- [Age UK: Engaging with Older People Evidence Review](#)
- [Social Care Institute for Excellence At a glance 61: Coproduction and Participation – Older People with High Support Needs](#)
- [Equality and Human Rights Commission: Services, public functions and associations: Statutory Code of Practice 2011](#)

Children

- [Not Just a Phase \(Royal College of Paediatrics and Child Health\)](#)
- [Involving Children and Young People in producing health information, Patient Information Forum](#)
- [17 Best Practice Case Studies of Children and Young People Engagement](#)
- [Tools and resources form 'Me First' to improve communication between Children and Young People and Health Care Professionals](#)

5.2. Disability

- a) Discrimination may arise where disabled people are prevented or not enabled to be equal partners in the decisions about their health, care and wellbeing. Disabled people may experience a range of barriers which might prevent their involvement. Barriers linked to digital exclusion may include inaccessible websites and electronic publications which may leave disabled people unable to access documents and information relating to their care. Consideration should be given to the need for information in alternative formats such as braille, audio or 'Easy Read'.
- b) This guidance is intended to embed the principles and practices that ensure individual involvement is promoted. This will involve active consideration of the duty to make reasonable adjustments, in respect of disability, to facilitate involvement. The aim is not just to simply focus on the disability or disabilities that people may have. Consideration should be given to how to involve people with long-term conditions; many of whom will be regarded as having a disability under the Equality Act 2010. This guidance encourages commissioners (and indirectly providers) to consider the ability that people have to contribute to their own health, care and wellbeing. This approach will help to reduce inequalities for groups of disabled people.
- c) In line with relevant legislative provisions, under the Equality Act 2010 and the involvement duties introduced by the Health and Social Care Act 2012, this guidance asks commissioners to promote the importance of involving individuals in their own care and to advance equality of opportunity. The guidance will facilitate compliance with Public Sector Equality Duty.
- d) N/A
- e) N/A

Supporting Evidence and resources

- [Making health and social care information accessible: Report of engagement activity November 2013 – February 2014](#) and the [Analytical Report on the engagement activity](#)
- [Involving disabled people: an introduction](#)
- [Equality and Human Rights Commission: Services, public functions and associations: Statutory Code of Practice 2011](#)

Evidence: Learning Disability

- [Mencap Involve Me: How to creatively involve people with profound and multiple learning disability in decision making.](#)

Evidence: Sensory Loss

- Access all Areas? (Action on Hearing Loss, 2013): A report into the experiences of people with hearing loss when accessing healthcare.

Evidence relating specifically to participation in primary care

- Mencap: GP Toolkit
- Sense guide for primary care professionals on identifying and supporting patients with dual sensory loss.

5.3. Gender reassignment

- a) Discrimination faced by Trans and non-binary people may arise when due consideration is not given to any concerns that they may have about disclosing their status, or where assumptions are made about their status.
- b) In line with the requirements of the Data Protection Act 1998, other statutory guidance and best practice, commissioners must ensure that confidentiality is respected and seek to create inclusive and supportive environments. This in turn should help to build trust.
- c) This guidance is intended to embed the principles and practices that ensure individual involvement is promoted, alongside best practice in caring for Trans and non-binary people. This guidance seeks to assist compliance with Public Sector Equality Duty.
- d) N/A
- e) N/A

Supporting Evidence and Resources

- Guidance for GPs: Gender Identity Research and Education Society (GIREs)
- Advice for doctors treating transgender patients
- Gender incongruence in Primary Care
- Equality and Human Rights Commission: Services, public functions and associations: Statutory Code of Practice 2011

5.4. Marriage and civil partnership

- a) We are currently not aware of any evidence to exist that indicates this equality group faces discrimination in this work area.
- b) This guidance is intended to embed the principles and practices that ensure individual involvement is promoted. Implementing this guidance has the

potential to advance equality of opportunity for people who are married or in a civil partnership by recognising the importance of involving partners/carers in accordance with legislation in relation to carers.

c) This guidance seeks to assist compliance with PSED.

d) N/A

e) N/A

E-Learning Resources:

- Equality and Human Rights Commission: Services, public functions and associations: Statutory Code of Practice 2011

5.5. Pregnancy and maternity

a) We are currently not aware of any evidence to exist that indicated this equality group faces discrimination in this work area.

b) N/A

c) N/A

d) N/A

e) N/A

5.6. Race

a) Involving people and their own health, care and wellbeing depends in part on the delivery of appropriate services. In relation to BME people, consideration needs to be given to the provision of culturally sensitive services. This should be part of the assessment of individual's care needs. For example, women or men from some Black and Minority Ethnic or faith groups may be unable to receive services from health professionals of the opposite gender.

The lack availability of translation/interpreting services impacts adversely on how some people can be involved in their own health, care and wellbeing. People for whom English is not a first language and/or people who may not be literate in their first language face particular barriers.

The impact of discrimination/ racism / bad past experiences with the public sector can have an impact on health and well-being of people and may lead some BME people mistrusting public sector providers. This may in turn

adversely impact on their effective involvement in their own health, care and wellbeing.

- b) This guidance is intended to embed the principles and practices that ensure individual involvement is promoted, alongside considerations of cultural needs, language requirements and past experiences.
- c) The guidance seeks to assist compliance with PSED.
- d) N/A
- e) N/A

Supporting Evidence and resources

- Equality and Human Rights Commission: Services, public functions and associations: Statutory Code of Practice 2011

5.7. Religion or belief

- a) As previously indicated under section 5.6 (Race) we are aware that recognising and considering the faiths or beliefs held by individuals will be important to providing culturally sensitive services. This guidance supports, and in part depends, on the adoption of such a culturally sensitive approach in line with the provisions set out in the Equality Act 2010, including and in particular the Public Sector Equality Duty.
- b) See above
- c) See above
- d) See above
- e) N/A

Supporting Evidence and resources

- Equality and Human Rights Commission: Services, public functions and associations: Statutory Code of Practice 2011

5.8. Sex or gender

- a) As previously indicated under sections 5.6 (Race) and 5.7 (Religion or Belief) the interface between race, faith and/or belief and gender, may present challenges and issues that need to be identified and addressed.

- b) By providing a personalised approach to involvement, practitioners are expected to have conversations that treats people as equal partners in their own health, care and wellbeing.
- c) This guidance is intended to embed the principles and practices that ensure individual involvement is promoted, alongside considerations of gender. This guidance seeks to assist compliance with Public Sector Equality Duty.
- d) N/A
- e) N/A

Supporting Evidence and resources

- Equality and Human Rights Commission: Services, public functions and associations: Statutory Code of Practice 2011

5.9. Sexual orientation

- a) We are aware that lesbian, gay and bi-sexual people have identified that services have previous not always met their needs appropriately. Where individuals have experienced homophobia or discrimination the impact may reduce their willingness to engage in matters about their health, care and wellbeing.
- b) To address some of these issues, readers of this guidance should note that NHS England is publishing a Sexual Orientation Monitoring Standard to promote better monitoring and support continuous improvement in this area. This Standard provides the mechanism for recording the sexual orientation of all patients/service users aged 16 years and over across health and local authority social care providers in England.
- c) This guidance is intended to embed the principles and practices that ensure individual involvement is promoted, alongside considerations of the impact of homophobia and past discrimination. The guidance seeks to assist compliance with PSED.
- d) N/A
- e) N/A

Supporting Evidence and resources

- Equality and Human Rights Commission: Services, public functions and associations: Statutory Code of Practice 2011

6. Implications of our work for the Inclusion Health groups listed below.

This guidance is intended to promote the individual involvement of all people, where possible and appropriate, in matters relating to their health, care and wellbeing.

However, we have identified some key issues below, in relation to the groups identified.

6.1. Alcohol and / or drug misusers

Working with individuals who misuse alcohol and/or drugs presents a number of inherent challenges. Attempts to involve individuals in their own health, care and wellbeing, may be undermined, where their mental capacity is affected by their misuse of drugs and/or alcohol.

Another factor maybe where individuals are in a self-destructive spiral, it may be difficult to meaningfully engage with them. These factors may undermine meaningful engagement so it is particularly important that specialised services engaged with these groups are involved in the commissioning process.

6.2. Asylum seekers and /or refugees

Asylum seekers and refugees have been identified as groups that face particularly high levels of health exclusion and health inequalities. The legislative framework in relation to rights to services in increasingly complex.

A central issue maybe lack of access to General Practice and other primary and secondary care services. Careful consideration therefore needs to be given to where and when professionals will engage with these individuals and communities to enable them to be involved in their own health, care and wellbeing.

Given the levels of health inequalities faced by these groups, it is important that all commissioners explore how these needs are being addressed and ensure that these individuals are involved in their own health, care and wellbeing. This guidance aims to support reducing health inequalities for these groups.

6.3. Carers

Carers play a pivotal role in supporting individuals to live in the community, often at the risk of undermining their own health and wellbeing. It is important that appropriate consideration in given to how to involve carers both as individuals who support others and as individuals who may have needs in their own right. This guidance aims to support reducing health inequalities for this group.

6.4. Ex-service personnel / veterans

These individuals are disproportionately represented in the number of homeless people, and may have Addison all mental health needs associated with their previous service. It will be important to ensure that their needs are considered and addressed and that they are able to be involved in their own health, care and wellbeing.

6.5. Those who have experienced Female Genital Mutilation (FGM)

There is an interface between gender, race and certain cultural expectations linked to particular communities and particular countries. In order to involve individuals who have experienced FGM it will be important to have an understanding of the issues at hand. This guidance aims to support reducing health inequalities for this group.

6.6. Gypsies, Roma and Travellers

Gypsies, Roma and Travellers face very high levels of health inequalities, including premature mortality. A central issue maybe lack of access to General Practice and other primary and secondary care services. Careful consideration therefore needs to be given to where and when professionals will engage with these individuals and communities to enable them to be involved in their own health, care and wellbeing. This guidance aims to support reducing health inequalities for this group.

6.7. Homeless people and rough sleepers

Homeless people and rough sleepers may not be registered with a GP and may have difficulties accessing health and care services. Like some other groups, they face a complex range of health inequalities including high premature mortality rates. They may also misuse drugs and/or alcohol, face mental health issues and social exclusion. In terms of effectively involving these groups of people, consideration needs to be given to how they will access care, and how and when they can best be involved in their own health, care and wellbeing. This guidance aims to support reducing health inequalities for this group.

6.8. Those who have experienced human trafficking or modern slavery

Those who have experienced human trafficking or modern slavery may be particularly invisible and desperate legislative provisions designed to protect them, maybe unwilling to present themselves to the authorities. It is likely that these individuals will only be reached through specialised services and formal interventions. Further work will need to be undertaken to assess whether this guidance supports reducing health inequalities for these individuals.

6.9. Those living with mental health issues

Please see the section above on disability.

6.10. Sex workers

One of the central issues with respect to sex workers, is that individuals may be reluctant to identify themselves as sex workers. As a consequence it may be difficult to identify and address issue with them. Again, there may be an interface between some groups of sex workers and those who have been trafficked and who are subject to modern slavery. These groups may be at disproportionate risk of contracting sexually transmitted diseases and may face other health risks associated with sex work. Further work will need to be undertaken to assess whether this guidance supports reducing health inequalities for these individuals.

6.11. Trans people or other members of the non-binary community

Please see section above on gender reassignment.

6.12. The overlapping impact on different groups who face health inequalities

Whilst barriers for the specific groups listed above vary, we expect those involved with decision making for an individual's care, to take a flexible and responsive approach to individuals which recognises the need to enable people from these groups who face particularly high levels of health inequalities, to be involved in their health, care and wellbeing. However we do not underestimate the challenges involved and will want to explore whether additional support or guidance is required. We note that we have identified a range of intersectionality issues and the aim is that the guidance will support improved involvement by these health inequalities groups. However further work will be undertaken to understand, by reference to different inclusion health groups, how people feel about getting involved in their own care and how this guidance facilitates appropriate involvement. This will inform the commissioning of services undertaken by NHS England and CCGs and understand how these groups will be empowered to become involved in their own care, recognising the specific barriers they face.

7. Other groups that face health inequalities that we have identified.

Have you have identified other groups that face inequalities in access to healthcare?

No, but as we research and gather more data, we aim to learn more about which groups are facing health inequalities and if additional group are facing health inequalities in this area.

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Alongside the work to involve individuals in their own health, care and wellbeing, there is a need to continue to improve health literacy in order to reduce health inequalities.

The purpose of this guidance is to ensure that appropriate arrangements are in place to ensure that all people are provided with equality of opportunity to be individually involved in their own health, care and wellbeing.

Further work will be undertaken to assess whether and how this way of working is helping to reduce health inequalities. It will be important to ensure that in implementation of this guidance does not increase the gap between people in living in more deprived areas and those in more affluent areas, including ensuring that it will reduce health inequalities faced by people with protected characteristics.

Does the group experience inequalities in access to healthcare and/or inequalities in health outcomes? N/A

Yes Complete section 8	No Go to section 9	N/A
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8. Other groups that face health inequalities that we have identified.
N/A

PART C: Promoting integrated services and working with partners

9. Opportunities to reduce health inequalities through integrated services.

Does the work offer opportunities to encourage integrated services that could reduce health inequalities? If yes please also answer 10.

Yes
Go to section 10

No
Go to section 11

Yes

10. How can this work increase integrated services and reduce health inequalities?

Through this refreshed statutory guidance we will promote the use of joint approaches to individual involvement, particularly between NHS organisations and local authorities.

All professionals from health and social care will be encouraged to take a holistic approach when assessing a persons needs and determining their level of engagement in their own care. This will be undertaken in a consistent, fair and transparent way.

PART D: Engagement and involvement

11. Engagement and involvement activities already undertaken.

This updated Analysis has drawn extensively from an earlier Analysis developed in early 2016. Key stakeholder engagement activities are listed below.

- Working with the Voluntary Sector Strategic Partners which cover all protected groups and many 'inclusion health' groups to gather evidence and identify issues.
- Drawing on NHS England Youth Forum, Transgender Network, Learning Disability Engagement team and the development of the Accessible Information Standard.
- Including specific questions related to the equalities and inequalities impacts of the guidance in all engagement activity.
- Developing working groups for this guidance. This included members with a specific remit to consider the impact on groups with protected characteristics.

In order to update this Analysis, and expand its remit to cover the statutory guidance for CCGs and NHS England, we have undertaken further stakeholder engagement work. Key activities are again listed below.

- A dedicated workshop to examine the guidance and how to update it with the co-production group. The co-production group is made up of people with lived experience and carers with different protected characteristics.

- Seeking insight from key partners such as the Voluntary Sector Strategic Partners, CCGs, experts by experience and other partners.
- Inclusion of specific questions related to the equalities and inequalities impacts of the new guidance in engagement activities.

A workshop with people with lived experience where both public participation and individual involvement were explored. The views expressed were taken into account in the production of this guidance.

12. Which stakeholders and equalities and health inclusion groups were involved?

Please see section 11 above.

13. Key information from the engagement and involvement activities undertaken.

Were key issues, concerns or questions expressed by stakeholders and if so what were these and how were they addressed? Were stakeholders broadly supportive of this work?

Stakeholders have been supportive of the guidance. We have kept a log of comments and suggestions and we have incorporated many of these within the guidance, making changes throughout and paying special attention to equalities and health inequalities.

One key theme, for example, was to clearly explain the responsibilities of commissioners. We have therefore made appropriate changes to the final guidance to address this feedback.

14. Stakeholders were not broadly supportive but we need to go ahead.

If stakeholders were not broadly supportive of the work but you are recommending progressing with the work anyway, why are you making this recommendation?

N/A

15. Further engagement and involvement activities planned.

Are further engagement and involvement activities planned? If so what is planned, when and why?

The guidance will be reviewed annually to ensure that it is updated where necessary, either within the document itself or with supporting resources.

PART E: Monitoring and Evaluation

16. In relation to equalities and reducing health inequalities, please summarise the most important monitoring and evaluation activities undertaken in relation to this work

The guidance asks clear questions for commissioners to take into account, all of which will help to evaluate activities around equalities and health inequalities. A number of examples are listed below.

- Are commissioners and providers introducing requirements and incentives in relation to patient involvement in contracts? This will allow commissioners to review progress across providers.
- Are commissioners and providers promoting the importance of involving patients? This will encourage providers to engage with a wide range of patients and take into account the needs of different groups, by reference both to protected characteristics and health inequalities.
- Are commissioners and providers making it easier for patients to access information about their health? This will help commissioners to evaluate what steps have been taken to ensure that information is accessible to different groups.
- Are commissioners and providers offering meaningful choice and are they offering a more personalised approach? This will allow commissioners to evaluate progress towards personalised care. Personalised Care should advance equality of opportunity.

There is also an expectation that commissioners will use the data on involving different groups to inform their commissioning plans and Sustainability and Transformation Plans.

17. Please identify the main data sets and sources that you have drawn on in relation to this work. Which key reports or data sets have you drawn on?

This analysis has drawn on a range of literature and research as listed in the relevant sections of this EHIA.

18. Important equalities or health inequalities data gaps or gaps in relation to evaluation.

In relation to this work have you identified any:

- important equalities or health inequalities data gaps or
- gaps in relation to monitoring and evaluation?

Yes

No

19. Planned action to address important equalities or health inequalities data gaps or

gaps in relation to evaluation.

If you have identified important gaps and you have identified action to be taken, what action are you planning to take, when and why?

We have identified gaps in relation to data on health inequalities groups. The guidance includes a recommendation for all commissioners to collect, review and respond to monitoring data collected about who has been involved in their participation activities. This is intended to support a cycle of continuous improvement and the targeting of future engagement activities.

PART F: Summary analysis and recommended action

20. Contributing to the first PSED equality aim.

Can this work contribute to eliminating discrimination, harassment or victimisation?

Yes	No	Do not know
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If yes please explain how, in a few short sentences

This guidance aims to increase levels of individual's involvement in their health, care and wellbeing across the NHS. We have identified specific issues with respect to groups protected by the Equality Act 2010 and will aim to monitor progress.

21. Contributing to the second PSED equality aim.

Can this policy or piece of work contribute to advancing equality of opportunity? Please circle as appropriate.

Yes	No	Do not know
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If yes please explain how, in a few short sentences

This guidance aims to increase levels of individual's involvement in their health, care and wellbeing across the NHS. We have identified specific issues with respect to groups protected by the Equality Act 2010 and will aim to monitor progress.

22. Contributing to the third PSED equality aim.

Can this policy or piece of work contribute to fostering good relations between groups? Please circle as appropriate.

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Yes	No	Do not know
<p>If yes please explain how, in a few short sentences</p> <p>N/A</p>		
<p>23. Contributing to reducing inequalities in access to health services.</p> <p>Can this policy or piece of work contribute to reducing inequalities in access to health services?</p>		
Yes	No	Do not know
<p>If yes which groups should benefit and how and/or might any group lose out?</p> <p>This guidance aims to increase levels of individuals' involvement in their health, care and wellbeing across the NHS. We have identified within this EHIA how this should contribute to reducing health inequalities for key groups. However, our proposed monitoring will need to consider whether the guidance is in fact having the impact intended.</p>		
<p>24. Contributing to reducing inequalities in health outcomes.</p> <p>Can this work contribute to reducing inequalities in health outcomes?</p>		
Yes	No	Do not know
<p>If yes which groups should benefit and how and/or might any group lose out?</p> <p>This guidance aims to increase levels of individuals' involvement in their health, care and wellbeing across the NHS. We have identified within this EHIA how this should contribute to reducing health inequalities for key groups. However, our proposed monitoring will need to consider whether the guidance is in fact having the impact intended.</p>		
<p>25. Contributing to the PSED and reducing health inequalities.</p> <p>How will the policy or piece of work contribute to the achieving the PSED and reducing health inequalities in access and outcomes? Please describe below in a few short sentences.</p> <p>This guidance aims to increase levels of individual's involvement in their health, care and wellbeing across the NHS for all people.</p>		

26. Agreed or recommended actions.

The following bullet points summarise principles identified in the course of developing this analysis which are relevant to CCGs and NHS England.

- It is important that commissioners use a flexible range of methods to involve potentially excluded groups. Failing to include such groups risks reinforcing inequalities in access to services and in health outcomes.
- Planning involvement proactively (including identifying resources and support, and working with partners) helps commissioners to reach groups protected by the Equality Act 2010 and people that experience health inequalities. A planned approach will maximise involvement from different groups and reduce the risk that participation activities will simply engage the same groups and individuals. This should include budgets to support accessible engagement.
- Commissioners should consider how to help providers identify and address the needs of those who experience hidden discrimination, to ensure that they can be involved meaningfully in their own care.
- Commissioners are required to support the Accessible Information Standard. This mandatory standard aims to make sure that disabled people have access to information that they can understand and any communication support they might need. External stakeholders have highlighted the importance of ensuring that opportunities for people to participate in primary care commissioning are accessible to people with communication support needs.
- Commissioners should review the available evidence of experiences of different patient groups. The GP Patient Survey (GPPS), for example, provides rich and accurate national-level data for differences in experience and satisfaction of patients by reference to age, ethnicity, religion, gender, sexuality, long-term condition, etc. This survey therefore can be used to clearly identify where there are inequalities at the national level. This will enable commissioners to identify relevant inequalities at national level and to consider whether these are reflected locally. The GPPS information is also available at CCG level. This can be very useful to compare patient groups and to compare local estimates with national averages.

In relation to its own responsibilities NHS England supports a number of targeted engagement approaches, which seek to reduce barriers to engagement for a number of groups. Examples are provided below.

- Working with CCGs and other local partners such as local Healthwatch who access local networks of potentially excluded and vulnerable groups.
- Using the knowledge of people with lived experience to co-produce guidance and strategies.
- Including specific reference to the need to consider undertaking an Equality and

Health Inequalities Analysis in the Patient and Public Participation Assessment and Planning Form.

Following this assessment, we have identified a number of short and medium term priorities. These priorities are designed to further redress inequalities experienced in engaging with NHS England. Examples are provided below.

- Improving our approach to equal opportunities monitoring, across participation opportunities, particularly participation events and on programme boards and committees.
- Further development of resources which focus specifically on supporting commissioners and policy makers to engage more effectively with people with protected characteristics and from inclusion health groups.
- Continuing to support commissioners to develop productive relationships with the voluntary and community sector, particularly those that advocate for people who may otherwise be unable to engage.
- Managing the Involvement Hub which provides access to resources and support for engagement, including opportunities for training for staff and members of the public and promotion of involvement opportunities.
- Actively exploring opportunities for engaging with inclusion health groups.
- Considering how NHS England can more proactively connect online and offline engagement activities.
- Considering how evidence gaps within this EHIA can be addressed.
- Using a range of communication channels, including In Touch, our newsletter for patients and the public and a range of VCSE networks to promote opportunities for involvement.

Action	Public Sector Equality Duty	Health Inequality	By when	By whom
Further work to be undertaken to understand the role that religious leaders may play as gatekeepers for some communities, as enablers and blockers to facilitating change to support people's involvement in their own health, care and wellbeing.	X		March 2018	Person Centred Care Team, NHS England
Further work to be undertaken to understand, how people from inclusion health groups feel about getting involved in their		X	March 2018	Person Centred Care Team, NHS England

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own care, in order to inform the commissioning of services by NHS England and CCGs. The aim is to better understand how these groups can be empowered to become better involved in their own care, recognising the specific barriers they face.				
Evidence to be identified to assess whether this guidance is contributing to reducing health inequalities and not increasing the gap between people living in more deprived areas and those in more affluent areas. This will include assessing whether health inequalities faced by groups with protected characteristics or health inclusion groups are being reduced.		X	March 2018	Person Centred Care Team, NHS England
PART G: Record keeping				
27.1. Date draft circulated to E&HIU:	06/03/2017			
27.1. Date draft EHIA completed:	20/03/2017			
27.2: Date final EHIA produced:	03/04/2017			
27.3. Date signed off by Director:	04/04/2017			
27.4: Date EHIA published:	06/04/2017			
27.5. Review date:	March 2018			
28. Details of the person completing this EHIA				
Name	Post held	E-mail address		
Ian Benson	Head of Person Centred Care	ianbenson@nhs.net		
29: Name of the responsible Director				
Name	Directorate			
Anu Singh	Nursing - Patient and Public Participation and Insight			