



Equality Impact Assessment

Review of the Mary Seacole Scholarship Awards (MSSA) February 2011

Introduction

This Equality Impact Assessment considers the outcome of the review on the administration of the Mary Seacole Scholarship Awards with due regard to:

- **Eliminating** unlawful/unjustifiable discrimination and harassment;
- **Promoting** equality;
- **Fostering** positive relationships between different groups of people, thereby improve community cohesion;
- **Promoting** positive attitudes towards disabled people, and taking account of someone's disabilities even where that involves treating them more favourably than other people; and
- **Involving** people in decision regarding their health and social care, and their access to services.

The aim is to ensure that the implications for equality for all groups of people have been properly assessed during the evaluation of the Review of the MSSA, taking account of views expressed, and to provide assurance that changes needed to mitigate any potential risk or adverse impact has been identified. Although the current equalities legislation requires the Department to assess the impact on race, disability and gender, we have also considered the impact on age, religion or belief, gender reassignment, and sexual orientation, as well as human rights and socio economic status.

This Equality Impact Assessment follows the Department of Health guidance

Background

The Mary Seacole Scholarship Awards (MSSA) are funded by the Department of Health and NHS Employers and are awarded to Nurses, Midwives and Health Visitors.

The Award known as the Mary Seacole Development Award provides an annual bursary of £25,000 for four persons each receiving £6,250. In 2006, NHS Employers contributed a further £25,000 annually to fund an additional two Awards to develop leaders. These were known as the Mary Seacole Leadership Awards

The Awards are open to all nurses, midwives and health visitors to undertake a project or piece of work that explores and improves the unmet health needs of Black and Minority Ethnic (BME) communities in recognition of the fact that there continue to be inequalities in health care for these communities.

Aims of the MSSA Review

The Chief Nursing Officer commissioned two reviews for the MSSA.

The first stage review was commissioned to provide a robust evaluation of the extent to which the Award is fit for purpose and is achieving the intended goals. These are:

- Developing Senior Nurses, Midwives and Health Visitors as future leaders
- Enhancing leadership skills
- Improving the development of Award Holders measured by the numbers being promoted
- Improving patient experience as a result of projects undertaken
- Establishing the effectiveness of the steering group committee in managing the Awards
- To demonstrate specific policy implementation and to have an influence that leads to the improvement by changing career and life chances for individuals and parts of the BME communities

The second stage review was commissioned to evaluate the governance processes of the Mary Seacole Steering Group. The Steering group consists of a representative each from:

- the Department of Health
- the Royal College of Nursing (RCN)
- the Royal College of Midwives (RM)
- Unite/Community practitioners and Health Visitors Association (CPHVA)
- Unison
- NHS Employers.

The evidence base

Three documents were analysed as evidence for this equality impact assessment.

The first, *The protocol for the development of the MSSA* explains the management arrangements for MSSA. It includes the management of risk but does not specifically consider or address equality or human rights issues.

The second, is the application documentation that potential applicants receive. This is quite detailed and provides information about the Awards as well as giving clear guidance on how the form should be completed and on the structure and content for the proposal that accompanies the completed application form. The application form has an Ethnicity and Diversity page that specifically asks applicants to record their ethnicity, gender, age and disability. There were 23 applications in 2009 and 16 in 2010. Details are given below

Table 1: Ethnicity of applicants

| Ethnicity | 2009 | 2010 |
|-----------------------|-------------|-------------|
| Indian | 0 | 1 |
| Pakistani | 0 | 0 |
| Bangladeshi | 0 | 0 |
| Other Asian | 3 | 1 |
| Caribbean | 4 | 4 |
| African | 7 | 3 |
| Other Black | 0 | 0 |
| Chinese | 0 | 0 |
| Other Ethnicity | 0 | 0 |
| White/Black Caribbean | 0 | 0 |
| White/Black African | 0 | 0 |
| White/Asian | 1 | 0 |
| Any other mixed | 1 | 3 |
| White British | 7 | 4 |
| Irish | 0 | 0 |
| Total | 23 | 16 |

Table 2: Age range of applicants

| Age | 2009 | 2010 |
|------------|-------------|-------------|
| 25 - 30 | 0 | 2 |
| 30 - 35 | 1 | 3 |
| 35 - 40 | 2 | 4 |
| 40 - 45 | 8 | 2 |
| 45 - 50 | 4 | 2 |
| 50 - 55 | 4 | 1 |
| 55 - 60 | 1 | 1 |
| 60 - 65 | 0 | 0 |

| | | |
|--------------|-----------|-----------|
| 65+ | 0 | |
| Unspecified | 3 | 1 |
| Total | 23 | 16 |

Table 3: Gender of applicants

| Gender | 2009 | 2010 |
|---------------|-------------|-------------|
| Female | 21 | 14 |
| Male | 2 | 2 |
| Total | 23 | 16 |

In 2009, two of the applicants declared that they had a disability or impairment. No applicants in 2010 declared a disability. 2010.

The third, is the appeals procedure for the MSSA, which describes the process for making an appeal. It does not address issues of equality and human rights.

How is the policy likely to affect the promotion of equality and elimination of discrimination in the areas set out below?

The Awards are open to all nurses and applicants' age, disability, gender and race are monitored. However, we are unable to determine if the Awards have had a positive impact on equality.

How will the policy meet the needs of different communities and groups?

Provide details of any consultation that has already been undertaken which is relevant to the development of this policy?

Are there any examples of existing good practice in this area, e.g. measures to improve access to the policy among particular groups?

There is an ongoing need to focus on meeting the needs of BME communities.

The White Paper – Equity & Excellence: Librating the NHS DH (2010) sets out proposals to ensure NHS is easy to access, treat people as individuals provide safe, high quality care to all patients. One of its key priorities is “no decision about me, without me.” It stipulates that patients will be put at the heart of everything the NHS does, giving them a real choice about how they are treated. The Mary Seacole Award holders have chosen projects that demonstrate their unique understanding of their patients needs. Their projects given them the freedom to innovate, improve productivity and deliver better outcomes for the patients in BME communities they are providing a service for.

The Department of Health published The Focus for Change, Inside out following the Race Relations Amendment Act 2000 and the Race Equality Duty to actively promote race equality by reducing and eliminating ethnic inequalities in service experience and outcomes. This report highlights that generally people from minority groups experience much worse health than the ethnic majority in England.

The NHS Constitution has established the principles and values of the NHS in England. One of these principles states that The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

We reviewed six projects. Three of these provided services to all service users irrespective of their race, age, sex, sexual orientation, or religion or belief. One focused on children and adolescents where there was a high uptake from BME service users, but it did not exclude non-BME users.

Another project focused on a specific ethnic group of people, the Pakistani community; one other on seldom heard and often excluded group of service users, asylum seekers; another focused on services to women where there was a higher up take of BME service users, but again it did not exclude non-BME service users

Where the MSSA has led to improvements in experience and outcomes for individuals and some BME communities it fits in with the wider social duty stated in the NHS Constitution. However, the MSSA review identified that the measurement of the impact of the projects on health gain was not an initial requirement mentioned in any protocol for the MSSA. It is recommended that steps be taken to measure the impact of the MSSA on health gain in the future.

The MSSA Steering Group could consider a wider range of projects and implement systems that will address equality and human rights issues as set out below:

Age

In terms of age distribution, the MSSA Review found that the projects implemented by Award Holders have impacted on all age groups. Existing evidence suggests:

- that the needs of children and adolescents are taken on board for example by the use of an assessment tool that has increased activities and a better understanding of needs assessment.
- An increased bed capacity project, provided occupancy for some older service users/ patients.

Disability

There is little data available on the number of disabled people who benefited from the implementation of the MSSA projects. However, Award holders with disabilities have been accepted to undertake projects. Also, disabled people are not excluded from becoming members of the Steering Group.

Gender (including transgender)

One project looked specifically at the needs of women with its focus on pregnant women or breastfeeding mothers. The other five projects were not gender specific.

Ethnicity

We do not have information on the ethnicity of service users or patients. However, one project had a specific focus on race. The five others looked at conditions/disorders/diseases that predominately affect BME communities.

To improve data on the uptake and the health gain and experiences of services for different groups and communities data on the identification of ethnicity must be collected. This information will help to improve understanding of the impact of the projects on ethnicity and health improvement.

Religion or belief

There is insufficient data to qualify the likely impact of the projects on services provided to people of different religions or beliefs.

Sexual orientation

There is insufficient data to show the likely impact of the MSSA Review on people of different sexual orientations. This is an area that could be looked at in taking forward this programme locally.

Human Rights

Award holders conducted needs assessments for the projects implemented. They demonstrated at the interview process held for the Awards the capacity and capability to deliver empowered models of service that will have a positive effect on human rights.

It is essential also that the rights of Award Holders, the rights of service users and patients are explicitly addressed throughout the duration of the project and service delivery.

The MSSA Steering Group should apply the Human Rights Based Approach, taking into account the relevant articles to have a positive impact to promoting equality and elimination of discrimination.

Socio-economic status

Enhancing the MSSA could have a greater benefit in the lower socio-economic groups. The projects have different intervention methods with client groups, for example the use of a tool that increases the effectiveness of assessing the needs of children and adolescents with mental health disorders.

Challenges and opportunities

What measures does, or could, the policy include to address existing patterns of discrimination, harassment or inequality?

The MSSA are open to all nurses, midwives and health visitors regardless of their ethnicity or other protected characteristic. The Awards are managed by steering group whose members are drawn from all the relevant unions and professional organisations who work to reduce the risk of discrimination, harassment or inequality. There are also independent members of the Steering group who are able to advise the Award holders and steering group members to ensure equity and equality.

What impact will the policy have on promoting good relations and wider community cohesion?

This would enable the MSSA Award Holders to provide a more inclusive service in areas where there are inequalities in the health needs of their local population.

If the policy is likely to have a negative effect, what are the reasons for this?

No areas has been identified where the MSSA is likely to have a negative effect. The projects undertaken address inequalities in BME communities to improve patient outcomes, which have been identified by the Award holder and their NHS Trust organisations as important areas to address.

What practical changes will help reduce any adverse impact on particular groups?

The majority of Award Holders have focus group discussions and consultation with the local communities on their projects to ensure that they are patient-led and patient-focussed to reduce the potential for adverse impact.

What will be done to improve access to, and take-up of, services or understanding of the policy?

The Mary Seacole Review is published to relevant people to ensure recommendations are taken into consideration for improving their processes. The Award holders are encouraged to publish their projects in nursing journals so they can be widely used in other service areas to improve patient outcomes.

Equality Impact Assessment

On the basis of this assessment, the Review of the MSSA has the clear potential to have a positive effect influencing changes in the administration of the Mary Seacole Scholarship Awards by reducing and removing any barriers and inequalities that may exist for applications and for the service users.

Next steps

Implement the actions and consider data collection where necessary.

Further work and analysis will be required by the MSSA Steering Group Members to consider the need for policies and guidelines to have an equality impact assessment including the strands around workforce (Award Holders) education and training.

Person completing the EqIA

Name: Lynette Phillips for Joan Myers Diversity DH

Date: October 2010 updated February 2011

Name of Director / Director General endorsing EqIA David Foster

Date EqIA endorsed

Action plan grid

| | Actions | Target date | Responsible post holder and Directorate |
|--|---|--|--|
| Involvement and consultation | The MSSA Steering Group discuss with the Department of Health amending criteria to award the MSSA to meet the needs of service users/ patients that fits with the protected characteristics | For next intake of Award Holders May 2011 | MSSA Steering Group |
| Data collection and evidence | Data collection systems to provide evidence of compliance | Ongoing | MSSA Steering Group and Host Organisations |
| Monitoring, evaluating and reviewing and recording results of data collected | Develop template to collect data | December 11 | MSSA Steering Group |

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