

Rt Hon Maria Miller MP

Women and Equalities Committee
House of Commons
London
SW1A 0AA

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Commissioning

Skipton House
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Dear Mrs Miller,

Thank you for inviting Dr Michael Brady and me to the Women and Equalities Committee on 3 July to give evidence on behalf of NHS England and NHS Improvement as part of the Committee's inquiry on health and social care and LGBT communities. We said that we would write to the Committee with additional information across several areas.

NHS Equality and Diversity Council

The NHS Equality and Diversity Council (EDC) is co-chaired by Simon Stevens, Chief Executive of NHS England and NHS Improvement, and Joan Sandler, Associate Director of Patients and Communities at NHS Confederation. It meets on a quarterly basis and is next due to meet in October. Michael will be invited to the EDC and will work with member organisations to address LGBT people's health needs.

As the Committee may know, the EDC is an advisory body that provides visible leadership on equality issues across the NHS. Its purpose is to help shape the future of the healthcare system from an equality, diversity and inclusion perspective; focussing upon improving access, experience, and health outcomes for all patients, service users, carers and the NHS workforce. To achieve this, the EDC undertakes a strategic approach and through agreement initiates programmes to support and enhance quality performance across the healthcare system. Whilst the EDC supports the NHS to improve on their equality performance, meeting the requirements of the Public Sector Equality Duty of the Equality Act (2010) is the responsibility of individual NHS organisations.

The membership of the EDC reflects its purpose and vision to provide visible and robust leadership on equality issues across the NHS. Representation on the EDC includes:

- National healthcare organisations;
- NHS provider organisations;
- Commissioning organisations;
- Patient and Service User representatives;



- People with lived experience representatives;
- Staff-side and trade unions;
- Community and voluntary sector.

Work is currently being undertaken to update the EDC webpages which are hosted on NHS England's website; the webpages will be fully updated in the next month or so and will include the EDC Annual Report.

Interim NHS People Plan

As I referenced at the Committee hearing, the Interim NHS People Plan was published on 3 June. The NHS is committed to ensuring equality of opportunity for all of its staff; these are the values that underpin the NHS Constitution and are at the heart of the People Plan.

One of the key pillars of the Interim People Plan is inclusive and compassionate leadership in making the NHS the best place to work. It is key that all staff are listened to, understood and supported.

A huge amount of engagement has been undertaken in the planning stages and much more is planned to help shape the final version of the plan. This includes engaging with staff and communities directly and individually, with the aim of further tapping into the diversity of stakeholders and representatives from different groups and perspectives.

As such, the Best Place to Work sub-group of the People Plan will be operating with key stakeholders, including those from the LGBT community, who will contribute to the work.

Sexual Orientation Monitoring (SOM) Information Standard

As the Committee is already aware, NHS England is piloting implementation of the Information Standard, developed in collaboration with the LGBT Foundation and NHS Digital.

The following five NHS services collect sexual orientation monitoring:

- Improving Access to Psychological Therapies Data Set – Version 1.5 – ISB 1520
- Genitourinary Medicine Clinic Activity Data set (GUMCADv2) Standard Specification – ISB 0139
- Deprivation of Liberty Safeguards (DoLS), under the Mental Capacity Act 2005, Data Collection. DCB 2080
- Mental Health Services Data Set version 3- DCB 0011
- Cancer Outcomes and Services Data set (COSD)- version 8- DCB 1521

The SOM is also already incorporated into existing national surveys, e.g. GP Patient Survey and the Cancer Patient Experience Survey, and within CQC surveys: Adult Inpatient survey, Community Mental Health survey, Urgent and Emergency Care survey and maternity survey.

We are also aware that over 160 general practices in Greater Manchester are collecting SOM, as well as over 135 that are monitoring patients' trans status, as part of the LGBT Foundation's 'Pride in Practice' initiative.

As Michael highlighted at the hearing, he will be reviewing the learning from the SOM pilot sites. His team is about to undertake a survey of NHS Trusts and primary care providers to benchmark the current position regarding implementation of SOM, which will establish next steps and levers for wider roll out. For some data sets, further work may be needed with NHS Digital to support IT systems to implement the information standard. The team is also exploring with NHSX the potential for sexual orientation and inclusive gender identity monitoring to be included in the Local Health and Care Record Exemplar sites, which would be an opportunity to phase-in and scale up SOM as standard across health services. Wider culture and behavioural change will be needed to support healthcare professionals to better understand why and how data on sexual orientation should be collected, as well as awareness raising and information for patients.

Working with the LGBT community

During my evidence I explained how NHS England, as the direct commissioner of specialised services, has the opportunity to lead the way working with the LGBT community to ensure our commissioning decisions treat everyone fairly and lawfully, and in a way that is consistent with their individual wishes, clinical care and treatment needs.

For example, we have developed interim guidance on the management of trans patients in adult secure services and intend to publish the final guidance once we have completed a stakeholder testing exercise.

In Health and Justice, we have also been working with the Youth Custody Service to develop transgender guidance for the CYP Secure Estate, which will be published shortly. The guidance will set out the core principles for caring for and managing children and young people who are gender diverse. We are also working with Liaison and Diversion (L&D) services to support them to collect and monitor data about sexual orientation when people come into the criminal justice system. L&D services aim to improve overall health outcomes for people and to support people in the reduction of re-offending.

We work closely with community groups to ensure that the voices of marginalised groups are heard within our decision making. One of the mechanisms we have to support this is the Health and Wellbeing Alliance.

The Alliance is jointly managed by NHS England, the Department of Health and Social Care, and Public Health England, and is made up of 20 VCSE Members that represent communities who share protected characteristics or that experience health inequalities. Through their networks, members of the Alliance can link with communities and VCSE organisations across England – both to amplify the voices of people with lived experience to inform national policy and to facilitate co-produced solutions. Through the LGB&T Partnership we have reach to local LGBT

organisations. Michael and his team meet regularly with Harri Weeks from the Partnership to ensure that there is robust and ongoing engagement with the LGBT VCSE sector partners.

Through the Alliance the LGB&T Partnership have been present on a number of groups (including the Gender Identity Programme Board) and are amplifying the voices of the LGBT community within a number of different emerging policies and programmes. They have also produced a range of publications, including toolkits to tackle health inequalities for LGBT people and guidance in providing healthcare for the LGBT community across a range of services including dementia, mental health, smoking cessation and alcohol services. These publications are available on the Partnership's website.

I hope that this is helpful.

Yours sincerely,



John Stewart

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NHS England and NHS Improvement**