

# Equality Objectives 2019-2021

## Summary for people who use services

Our role is to make sure that health and social care services provide people with safe, effective, compassionate, high-quality care and treat everyone with respect and dignity. This means that focusing on equality is central to our work. Our new equality objectives for 2019-21 aim to make sure that we consider equality in how we regulate health and social care services and for our staff.

Our new equality objectives continue to build on our work on our previous equality objectives.

Find our wider strategy for looking at equality and human rights in the way we regulate services in [our human rights approach to regulation](#).

### **Our five equality objectives for 2019-2021 are:**

#### **1. Confident with difference: person-centred care and equality**

People who use services will receive better quality care if all services are ‘confident with difference’ and so more able to meet their needs. This means that staff providing care and support are confident to ask questions and respond to the needs of people who are different from themselves – for example people of different faiths.

Person-centred care is the cornerstone of good care. Leadership is needed to make person-centred care a reality for people in some equality groups. So, leaders in health and social care services can improve person-centred care through helping their staff become ‘confident with difference’. Just as providers need to support their staff be confident with difference – we need to support our staff too, especially inspectors. This means that our inspectors will be able to engage more with providers on equality issues. We will also encourage providers to be confident with difference to improve the care they deliver.

This objective builds on our work around equality for Lesbian, Gay, Bisexual and Trans people using adult social care and mental health services, and recent work to support CQC staff to think about good quality care for people with different faiths and beliefs. It applies to all the services that we regulate. We will be working with Skills for Care on this objective for work in adult social care services.

## **2. Accessible information and communication**

All publicly-funded health and social care providers must meet the [Accessible Information Standard \(AIS\)](#) by identifying, recording, flagging, sharing and meeting disabled people's communication needs. This aims to improve the lives and life expectancy of disabled people who need information to be communicated in a specific way. Complying with the AIS helps providers to meet the 'reasonable adjustment' requirements in the Equality Act 2010. In 2017, we started looking at the AIS as part of how we regulate health and social care services.

We want services to communicate well with disabled people to make sure that their needs are met and their rights are respected. We will identify where improvement is needed most in delivering the AIS in services. We will also work together with other national bodies to drive improvement in delivering the AIS and to help providers share good practice.

We also need to improve our accessible communication in CQC. We will make sure that our communication with people who use services is more accessible, for example, when people contact us by phone and in developing our digital communications.

## **3. Equality and the well-led provider**

The link between equality for health and care staff and providing good quality care is now well established. During the previous four years we have carried out work to build the Workforce Race Equality Standard (WRES) into how we regulate hospitals. We will continue developing our work on WRES.

Now, we want to develop how we regulate other equality issues in how hospitals are led for both the workforce and for patients. We will look at how we can bring in other nationally recognised equality improvement tools for hospital trusts such as the Equality Delivery System and the forthcoming Workforce Disability Equality Standard (WDES) into our regulation.

We also want to develop our work around the leadership on equality in adult social care and GP practices, for both people working in these services and people using them. We will look at how best to support our staff working in adult social care and primary medical services to consider these tools in monitoring work on equality and the well-led provider.

## **4. Equal access to care and equity in outcomes in local areas**

People using health and social care services often need to use 'pathways of care', using several different health and care services. For example, someone with a mental health condition could be seeing their GP, going to see a mental health specialist as an outpatient, using a community support service and, when they are very unwell, spending time as a hospital inpatient. However, people in some equality groups may have difficulty accessing some services or care pathways, which could lead to poorer health outcomes for them. People will only receive good care if inequalities in access and outcomes are tackled.

We want health and social care leaders to increase their focus on inequalities when they come together to plan how they will develop services in their area. This means that everyone in a local area is more likely to have good access to care and good outcomes from using services. In our new work looking at local systems of health and social care and carrying out some [Local System Reviews](#), we will consider equality issues about access to care and care outcomes.

We also expect health and social care services to cooperate with each other to develop and provide good care for all people in their area. This means working in partnership to meet the needs of the local population, including those in equality groups.

Through our work at a local area level, we will encourage leaders in services to consider the needs of people in equality groups including how they will deliver the NHS Long Term Plan actions on inequality.

We will look at some specific issues of inequality in access and outcomes that are national priorities, for example for people from Black and minority ethnic groups who need to use mental health services.

## **5. Continue to improve equality of opportunity for our staff and those seeking to join CQC**

As the health and social care regulator, we look at how health and social care services meet people's diverse needs and how they pay attention to equality in their workforce. We set and monitor expectations for the sector.

We must get this right for our own workforce, so that we can benefit from a diverse staff and set an example to those we regulate. This will also help us to ensure high-quality care for people in the services that we regulate.

We will help our leaders, managers and teams to create a culture of safe, open dialogue and 'respectful enquiry' where we are all confident with difference. We will make sure that there are equal opportunities for all when we recruit people to work for CQC. We will improve the quality of our data on diversity of CQC's workforce to have a stronger evidence base for change.

### **Involving people who use services**

In our work on these equality objectives, we aim to improve how people who use services can share their experiences with us around equality issues covered here. We will develop new ways to do this and improve how we engage with people who use services and advocacy organisations.