

Guest editorial

Equality in the health service: 60 years on

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I am pleased to be invited to write this Editorial for *Diversity in Health and Social Care* as we begin celebrations of the 60th anniversary of the founding of the National Health Service.

Coincidentally, it is also the 60th anniversary of the arrival of the SS Empire Windrush. So, what better moment to pay tribute to the many Caribbean and Asian people who travelled to the UK in the 1940s and subsequent decades and helped build the NHS into the world class service that, in so many ways, it has become today.

Today, the NHS is still the biggest single employer of black and minority ethnic (BME) staff in England. BME people make up 14% of the overall NHS workforce. Many hold senior positions, but more needs to be done to ensure that black and minority ethnic professionals secure senior positions in the NHS consistent with their talent. The NHS Institute's Breaking Through programme is leading the way on this issue.

One of the great triumphs of the NHS, largely tax-funded, universal and free at the point of need, is that it is fair and equitable. Indeed, equality was a founding principle of the health service – only by building equality into every aspect of our work will we create a truly person-centred and responsive service. For myself, I have a personal commitment to equality and justice that stems from having spent the majority of my career in the social care sector. I then went into politics in order to work towards a more equal and just society.

And there is still much to be done. Although major improvements in care have been made over the last decade, these improvements have not been universal. Major inequalities exist in life expectancy, infant mortality and cancer mortality and there are still unacceptable variations in the health status within our different communities. Just to give some examples: death rates from coronary heart disease among first generation South Asian migrants are 50% higher than the England and Wales average. Gay and bisexual men are seven times more likely to commit suicide than the rest of the population.

Focusing on health inequalities

So, we have to focus our efforts on improving access to health and social care services for people in disadvantaged and hard to reach groups, as well as those living in deprived areas. The NHS Operating Framework for 2008/9 lists 'keeping adults and children well, improving their health and reducing health inequalities' as one of the priorities for the year. People should expect to receive the best possible care, irrespective of where they live in the country, socio-economic status, race, age, gender, disability, religion or belief or sexual orientation.

Key to achieving this will be delivering on the national objectives to improve people's life expectancy and reduce health inequalities. Primary Care Trusts (PCTs) are therefore expected to tackle the biggest killers – cancer, cardiovascular disease, suicide and smoking – as well as focusing on improving access to maternity services and improving children's physical health and wellbeing.

We also have several programmes that set out to tackle the health inequalities that stem from discrimination and disadvantage.

The Pacesetters programme is a partnership between local communities who experience health inequalities, the NHS and the Department of Health. Six strategic health authorities – East Midlands, London, South East Coast, South West, West Midlands and Yorkshire and Humber – and three trusts within each SHA are developing innovative projects which will deliver clear, measurable benefits for patients and service users, as well as working environments that are fair and free of discrimination. All projects are based on evidence of inequalities arising from discrimination on account of age, disability, ethnicity, gender, religion, sexual orientation or gender identity. There must be patient and public involvement with the design and delivery of these projects and the resulting service improvement methods will be tested and evaluated before being disseminated across the NHS.

The Race for Health programme is designed to support and challenge PCTs to find new and effective ways of improving the health experience and outcomes of people from BME communities. The 19 participating PCTs are committed to driving forward race equality and to sharing openly the learning they gather on the way. Most recently, they have all pledged to achieve 100% compliance with the Race Relations Amendment Act, undertake and publish the results of their race equality impact assessments, demonstrate that race equality is effectively addressed at board level and develop detailed plans for improvement on diabetes, perinatal mortality, coronary heart disease and stroke and mental health.

Delivering Race Equality in Mental Health Care is a five year action plan for achieving equality and tackling discrimination in mental health services in England for all people of BME status. Its vision is that by 2010 there will be a service characterised by a reduction in disproportionate rates of admission for people from BME communities to psychiatric units and a more balanced range of effective therapies developed in consultation with BME communities.

Human rights principles are key

As we move towards services that are patient and service user led, it is vital to remember the principles that underlie these reforms, which can be expressed as

fairness, respect, equality, dignity and autonomy for all. The Human Rights Act supports the incorporation of these principles into our law, in order to embed them into all public services.

We cannot hope to improve people's health and well-being if we are not ensuring that their human rights are respected. Human rights are not just about avoiding getting it wrong, they are an opportunity to make real improvements to people's lives

A new SES for the Department

Within the Department of Health itself, we are determined that equity and equality should be at the heart of everything we do. Legislation sets out our duties where sex, race or disability are concerned, but there are other sensitive aspects which shape people's lives – age, religion and belief, sexual orientation. Matching outcomes in health and social care to strategic policy intention means taking account of all of these aspects of diversity as an integral part of good policy making. And embedding equalities goals in all policy will result in an NHS and social care system, and NHS and social care services, which deliver the best possible outcomes for the entire population. We are committed to producing a new Single Equality Scheme for the Department by the end of February to help ensure that – appropriately in this anniversary year - this ambition becomes a reality.