

The Equality Delivery System for the NHS

EDS2

Guide to Engagement with the Local Voluntary Sector

Helping NHS organisations to engage
more effectively with local voluntary
sector as part of strengthened
implementation of EDS2



November 2015

About the Guide



The guide has been commissioned by NHS England and produced by the Race Equality Foundation, in partnership with the National LGBT Partnership, Disability Rights UK and Men's Health Forum. It has been developed in collaboration with service users, voluntary and community organisations, and key stake-holders from Foundation Trusts, Healthwatch England, NHS employers, CCG and CQC.

"EDS2 should be seen as the 'one stop' custodian of all equality, human rights and health inequalities community engagement activities of a NHS organisation, rather than as an 'additional' and 'remote' process"

NHS Southwark Clinical Commissioning Group



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Authors

Samir Jeraj
Saliha Majeed

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Section 1

Introduction

Meaningful engagement is an important part of the work as an NHS organisation. It is not just an added extra, but it should make their job easier, fulfil legal duties (for individual and collective involvement) and empower and help improve the health of our diverse communities.



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Key points

- EDS2 is a tool to help address inequalities in the NHS.
- EDS2 helps NHS organisations to review, grade and improve their performance across all equality groups.
- Engagement is an important part of the work of the NHS and is at the heart of EDS2.
- NHS is based on three core principles, including that it meets the needs of everyone.

The Equality Delivery System (EDS2) is included in the NHS standard contract and the Clinical Commissioning Group (CCG) Assurance Framework. It is designed to help NHS organisations to continuously improve their equality performance and help meet its equality duties under the 2010 Equality Act. All NHS organisations are obliged to use EDS2 as part of their contractual and assurance obligations. The Care Quality Commission (CQC) will also look at a Trust's EDS to look for areas to potentially inspect, and to determine if the Trust is 'well led'. However, if Trusts are engaging communities effectively, then they should already be on the way to implementing EDS2 well.

This guide will explore how the local voluntary and community sector can help NHS organisations to engage communities and, by extension, implement EDS2 better. The voluntary and community sector are often well-placed to help NHS organisations. They have links and expertise with specific communities that health services may have difficulties in engaging with.

What is EDS2 and why is it important?

The Equality Delivery System is a tool developed by the NHS for the NHS, led by the Equality and Diversity Council. EDS2 helps local NHS organisations, in discussion with local partners including local communities, to review and improve their performance for people with characteristics protected by the Equality Act 2010. The protected characteristics include: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. It is important to recognise that more than one of these characteristics can apply to an individual, and to ensure that all sections within a community are engaged in a meaningful way.

EDS2 can also be applied to groups not covered under this Act, for example homeless people, people on low-incomes and geographically-isolated communities. There are 18 EDS2 Outcomes grouped under four Goals, which organisations grade themselves against and then plan to improve over three to five years across services.

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The four Goals are:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

As part of EDS2 use, NHS organisations are expected to involve local stakeholders in planning, developing, commissioning, management and delivery of health services. This is also part of the nine-stage process for implementing EDS2:

1. Governance arrangements and leadership commitment
2. Identify local stakeholders
3. Assemble evidence
4. Agree roles with the local authority
5. Analyse performance
6. Agree grades
7. Prepare equality objectives and more immediate plans
8. Integrate equality work into mainstream business planning
9. Publish grades, equality objectives and plans

The NHS and equality

“Illness is neither an indulgence for which people have to pay, nor an offence for which they should be penalised, but a misfortune, the cost of which should be shared by the community.”

Aneurin Bevan, Minister of Health: 1945-51

The NHS was created out of the ideal that it should be available to all, regardless of wealth. When it was launched on July 5 1948, by the then minister of health, Aneurin Bevan, it was based on three core principles:

- that it meets the needs of everyone
- that it is free at the point of delivery
- that it is based on clinical need, not ability to pay

These three principles have guided the development of the NHS over more than 60 years and remain its core.

In March 2011, the Department of Health published the NHS Constitution. It sets out further guiding principles of the NHS and the rights given to an NHS patient. There are seven key principles to guide the NHS in all it does. These principles are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public.

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The seven key principles of the NHS Constitution are:

- The NHS provides a comprehensive service available to all
- Access to NHS services is based on clinical need, not an individual's ability to pay
- The NHS aspires to the highest standards of excellence and professionalism
- The NHS aspires to put patients at the heart of everything it does
- The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- The NHS is accountable to the public, communities and patients that it serves

The first principle of the Constitution directly relates links to the Equality Delivery System (EDS2). Principle One states that the NHS provides a comprehensive service available to All.

"This principle applies irrespective of gender, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to diagnose, treat and improve both physical and mental health. 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" (NHS, 2015).

Who is meant to be engaged?

A range of organisations and people are meant to be engaged on EDS2. These include patients, carers, local community groups, members of the public, representatives of local voluntary and community organisations, NHS staff and representatives of staff-side organisations. Engagement on EDS2 is something that should build on and be a part of your broader engagement activity, for example through NHS Citizen.

How to use this guide?

We have divided the guide into sections looking at what the voluntary and community sector can bring to EDS2 implementation; what the barriers are to successful engagement, and what some of the solutions to the barriers are. Throughout the guide are case studies and examples of where engagement has worked well, and some tips on how best to go about engaging the voluntary and community sector in a meaningful way. Although the primary audience are local NHS organisations, the guide can be used by the voluntary and community sector to approach their local NHS organisation to be involved in EDS2 implementation.

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The voluntary and community sector

The voluntary and community sector (VCS) is a diverse range of organisations and groups from larger national organisations such as Macmillan Cancer Care, to smaller groups who run a handful of volunteers and community activists. There are different forms and legal entities that comprise the voluntary and community sector: charities, non-profit companies, friendly societies and unincorporated groups.



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Key points

- The voluntary and community sector is made up of around 160,000 organisations of different types and sizes.
- Engaging with the voluntary and community sector can help in improving healthcare services. This is through service-user voice, accessing trusted relationships with communities, and delivering services.
- Examples of poor practice include: engaging with “usual suspects”, short termism, sometimes tokenistic or ineffective engagement.

What does the voluntary and community sector do?

Voluntary and community sector groups and organisations often come into being because people recognise the need to address a problem or improve something in their community. This could be anything from maintaining and promoting cultural activities to providing support to those with complex health and social needs.

One key distinction to make is between voluntary and community sector organisations who may deliver services and represent a collective interest (for example, young people), and service-user led organisations (ULOs).

There are various definitions of User-led Organisations, including a list of criteria from the Department of Health developed with the help of Disability Rights UK. The individual criteria do not all have to be met, but broadly group into key three areas:

- controlled by disabled people and have a minimum membership of 75 per cent of disabled people on their board
- providing services such as peer support and advocacy
- active commitment to the Social Model of Disability.

What do you do with the voluntary and community sector?

“There is a knowledge gap within NHS organisations and the VCS about the purpose, and indeed, how to use EDS2 effectively. Often EDS2 evidence presented can be too ‘top level’ making it ineffectual, or too ‘detailed’ and using ‘clinical’ language making it difficult for the VCS to make sense of it, and be engaged”

NHS Southwark Clinical Commissioning Group

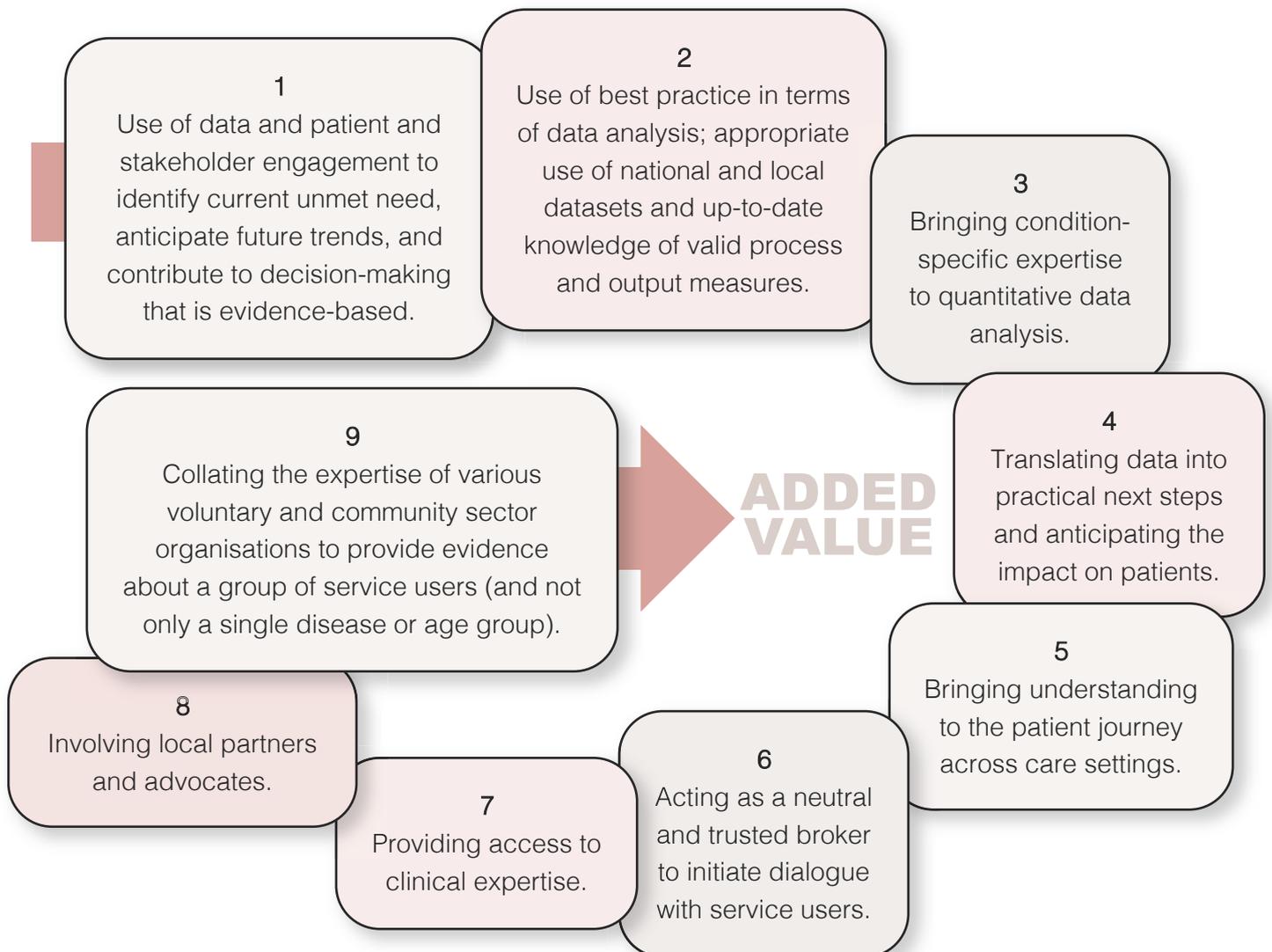
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NHS organisations already do a lot of work and engagement with the voluntary and community sector. Different teams and staff will have relationships with people from local charities, condition-specific groups and service-user organisations. This could be through referrals, patient participation groups, ad hoc conversations and meetings, or more formal local forums. NHS organisations can make the best use of their time and resources by understanding and building on these relationships rather than trying to develop something new specifically for EDS2. NHS organisations should already be collecting and reporting on engagement. The NHS Act 2006 requires NHS organisations to report annually on engagement and consultation activity the impact these have had on services.

What can the voluntary and community sector offer you?

As we have seen, the voluntary and community sector does a wide range of things from peer support through to cultural activities. However, there are specific things that the voluntary and community sector can offer you if engaged in the right way.

Research from the Nuffield Trust found the voluntary and community sector 'adds value' in healthcare through:



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Drawing on workshops with NHS, voluntary and community sector organisations and service users, we have created a list of our own which sets out the benefits of working with the voluntary and community sector.

Service-user voice

The voluntary and community sector often represents and can be the voice of service users, especially in the case of user-led organisations. For example, Lincolnshire Community Health Services highlights the importance of service user voice: An LGBT patient user group was set up in the Trust as part of EDS2 implementation. It has given LGBT service-users a platform and the ability to escalate issues. This allows people's concerns to be addressed and directed to the correct NHS organisation whereby on one occasion, a patient's story is taken to the board and change of practice instigated. In addition to this, staff guidance was developed and a Staff Conference was held through LGBT History month to educate and support LGBT staff members.

Access to sections of the communities the NHS struggles to engage

NHS England guidance on implementing EDS2 says NHS organisations should understand the communities they serve in order to engage them and meet their needs. The voluntary and community sector often represent or have access to smaller, grassroots groups that NHS organisations often find difficult to access or engage. They can pick up on information in those communities, trends, be flexible to changing needs and react in a way that statutory organisations cannot.

TIP

There are various simple and practical things that can be done to encourage participation. This could include, but not be limited to, providing interpreters, covering travel costs, and ensuring that venues are accessible. In planning engagement, it is important to recognise the particular needs of communities, and of the different people within them.

TIP

Make engagement fun and interesting. The North West Ambulance Service have developed a board game with the theme of 'There's more to your ambulance service than you think.' Players move round the board and can be allocated points depending on the feedback, views and experiences they share in relation to the issues on the tiles they land on - or by answering questions from the 'Q' cards and Booster cards. The feedback is collected and collated by the engagement team and used to improve patient experience.

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TIP

One trust identified that it was best to hold grading sessions separately at the group's own venues to ensure voices of all groups were heard, and so they felt they could participate and feel safe in their surroundings. Previously, group grading sessions held on Trust premises had deterred some groups from attending.

TIP

Go to people where they are, don't wait for them to come to you! Engage groups where they are comfortable and happy to talk about positive and negative experiences. For example, one Trust engaged with the Polish community by attending a children's after school event at a local centre. These events were catered for by providing different language resources, British sign language facilities and facilitating access to buildings. Cultural and community events, online, and shops and restaurants can all be places where communities can be engaged.

Case study: South Devon Healthcare NHS Foundation Trust

As a result of using EDS2, the Trust has focused on supporting disadvantaged groups (for example, those that are homeless, those that face social exclusion, people from socio-economically deprived backgrounds) to improve their employability. Their aim was to provide access to work placements/experience to develop people's knowledge, skills and experience.

The Trust started to develop an Employability strategy following a meeting with the Head of Employability for a voluntary and community sector organisation that supports homeless adults, young offenders and ex-offenders. The Employability Strategy not only supports the organisations to meet their corporate social responsibility, but is also helping to reduce health inequalities and unemployment in the local labour market.

The Employability Hub was established in partnership with a voluntary and community sector organisation and subsequently expanded to support a number of other local organisations. Quarterly stakeholder meetings are held to review the strategy and their experiences/ experiences of candidates. Through collaboration, the Trust has been able to engage with a diverse population and better understand their needs. They review traditional recruitment practices and ensure that the organisation is accessible for all (staff and patients).

Help to reduce health inequalities

Communities experiencing the greatest inequalities are often marginalised and underrepresented in health services. Developing a dialogue with voluntary and community sector organisations that

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work closely with them, will allow the NHS to gain a better understanding to their specific needs and address those inequalities. The voluntary and community sector acts as a source of information, for example it can identify issues with how services are working for people, flag up issues at an early stage and monitor unintended consequences.

“The beauty of EDS2 for us is that it allows what works for staff to extend across to patients. In this regard, we know that organisations that have high staff engagement have higher performance levels. It therefore follows for us that organisations that engage better with their communities – through the voluntary and community sector - will probably reduce health inequalities more rapidly.”

NHS Employers

The voluntary and community sector acts as a “critical friend”

The role and importance of scrutiny and having a ‘critical friend’ is recognised across public services. The voluntary and community sector can play this role as an outside organisation with an interest in promoting the health and wellbeing of citizens.

The CCG finds the role of the voluntary and community sector is very important not only to act as a ‘critical friend’ but also to support and challenge the CCG to ensure that commissioned services are equitable, fair and free from unlawful discrimination. The voluntary and community sector also provides the CCG with information about local equality and health inequalities issues and trends that people bring to the door of the various voluntary and community sector organisations.

“The VCS is often at the heart of the local community and better placed to spot trends in health inequalities, particularly the impact of government policies e.g. bedroom tax and benefit caps. The VCS is a crucial partner as the NHS moves towards a new model of integrated personal commissioning and delivering services through Local Care Networks”

NHS Southwark Clinical Commissioning Group

Build trust inside and outside your organisation

Working with voluntary and community sector and promoting your EDS2 achievements can improve relationships with communities outside and inside your organisation. Your staff will include people who have one or more of the protected characteristics in the Equality Act. Working to engage communities will also have a positive impact on engaging staff. For example, following an incident where a member of staff had posted a petition against a traveller site, one Trust decided to constructively engage the Gypsy and Traveller community. The Trust worked with a traveller organisation and, as a result, several members of staff at the Trust revealed that they were from Gypsy and Traveller backgrounds. The work had created an environment in which staff from Gypsy and Traveller backgrounds felt they could openly identify themselves.

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Case study: University Hospital Southampton NHS Foundation Trust

The Trust have engaged with multiple voluntary and community sector organisations to integrate equality in the workplace, which included supporting the setup of staff networks, improving engagement, providing training opportunities and to improve staff and service user experience. They have found the voluntary and community sector has acted as a key link into marginalised communities, whereby the sector has enabled them to improve their engagement with the wider community.

The trust has set up multiple staff networks over the last few years to support different protected characteristics. These networks are an essential source of engagement and evidence for EDS2 implementation and use. The BME network was initially run by volunteer staff members outside the Trust, until the Trust brought it into the organisation in 2011, offering staff protected time to attend meetings and support the network. Since then, the Trust have set up a further four networks to support Disability, LGBT, Religion or belief and parents and carers. Each of the network chairs is represented on the Equality and Diversity Steering Group.

The staff survey results over the last two years indicate black and minority ethnic staff are the most engaged group of staff in the trust. An action plan was developed in partnership with a voluntary and community sector organisation to support the development of the BME Network. The framework provided by Stonewall ensured the Trust scrutinised their policies and procedures to consider the needs of their LGBT staff and patients in all decision making. They engaged with members of the Health and Social Care BME Network to undertake a trust wide review of equality and diversity to inform the current programme of work. The Health and Social Care BME Network also provided training opportunities to staff to empower individuals to address inequalities in a constructive manner.

The Long Term Illness and Disability Network conducted a review of areas within the trust and highlighted a number of difficult to access areas. These were then discussed with management and a goal to resolve these issues has been added to their current work programme. The Faith and Belief network have worked closely with the catering department to ensure there is correct labelling of food to allow those with religious and dietary requirements to make informed choices. The Trust.

Equality and Diversity training is now delivered every three years, rather than only once at induction. Working closely with the different networks, the Trust are developing a new equality and diversity training package to improve understanding of the nationally set equality and diversity learning objectives.

Following discussions with the BME Network they are redesigning their anti-discrimination posters and including staff with different protected characteristics to be more representative of their diverse workforce. They have supported pride events in the community to increase our presence within the LGBT community to increase recruitment.

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The annual staff survey is used to assess impact of different interventions and the results from these are disseminated through the staff intranet, core brief and team briefing meetings. The annual equality conference is also a good platform to disseminate information to staff. The Trust's staff survey results are now amongst the top 5 of all acute Trusts in the country. Feedback from the different networks was used to inform the Trust Equality and Diversity strategy. The network chairs are part of the Equality and Diversity committee and members of the Trust board are committed to mentor different networks. This ensures these networks have a voice at Trust board level.

The voluntary and community sector acts as a provider of services

Often, the specialised approach and focus of the voluntary and community sector means they are better able to provide services that meet specific and complex needs. The voluntary and community sector provides specific services and expertise to a range of public sector organisations, including NHS organisations. The sector does a wide range of things from peer support through to cultural activities, however, they are often crowded out of the market by bigger organisations who are able to undercut them on price but less able to deliver quality specialised services.

Bringing trusted relationships

When engaging and establishing relationships with communities who are currently underrepresented, engaging the voluntary and community sector is a crucial way of building trust. Research conducted by South Staffordshire and Shropshire NHS Foundation Trust found that:

“Participants often referred to the positive nature of mutual support available from the voluntary sector organisations. Citing that trust and relationships built in those groups is evident and helping them.”

Benefits from working across the voluntary and community sector

One of the ways this happens is through joint work on issues that are affecting two or more communities, or where communities overlap. For example, voluntary and community sector organisations can draw on their expertise to develop a more intersectional approach, such as race and disability, age and sexuality, or gender and homelessness. This can be very helpful to local NHS organisations when implementing and using EDS2.

Tip: NHS organisations should consider how they can encourage cooperation and partnership with and between voluntary and community sector organisations in how it structures its engagement. Work by the Kings Fund says that, rather than ‘carving up the market’ for providing services, sound partnerships are based on a recognition of what the needs are and the capabilities of all the partners. That way providers can each bring different elements of expertise and services to benefit everyone.

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What is poor practice?

Recognising what constitutes as “poor practice” will allow organisations to avoid pitfalls, and in turn acknowledge ways to effectively engage the voluntary and community sector in making decisions. Drawing on discussions at workshops with NHS, voluntary and community sector organisations and service users, we have created a list that highlights some examples of poor practice.

Engaging with “usual suspects”

Going about engagement with a poor idea of local communities and without a strategy can mean that organisations limit themselves to people they are already aware of, rather than thinking about who else needs to be engaged.

Short term, unplanned, sometimes tokenistic engagement will not lead to effective, meaningful involvement

For example, this could be the result of where a box has to be ticked and engagement is seen as a way to comply with the rules rather than as something that adds value. When this happens voluntary and community sector organisations feel the engagement they have had with NHS organisations on EDS2 was neither effective nor valued, and that they had primarily been consulted for information.

Ineffective engagement may discourage continued voluntary and community sector engagement/ involvement

Ineffective engagement can have a detrimental impact on reputation integrity of voluntary and community sector that can mean people will not want to engage in future. This can include the failing to feedback to people who have been engaged; failing to recognise and value their work, and failing to act on their contributions to the process.

TIP

Tip: remember NHS organisations are not necessarily engaging service-users by engaging the voluntary and community sector. Service-user organisations are one part of the voluntary and community sector. Similarly, NHS organisations are not necessarily engaging all older people if you just engage with older persons organisations.

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Summary

There are a multitude of ways in which NHS organisations and organisations can effectively incorporate the voluntary and community sector as part of their EDS2 engagement activity. As the voluntary and community sector have established relationships with their communities, NHS organisations can benefit from these contacts and in turn try to accommodate to certain nuances within each community. Equally, it is vital that NHS organisations recognise what constitutes as “poor practice”, so as to avert any possible drawbacks.

Section 3

What works?



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Key points

This section will document a number of ways to ensure engagement, as part of EDS2 use, is effective and addresses the key challenges:

- Community engagement
- Co-production
- Developing a strategic plan to better reflect diversity and different perspectives
- Engagement is an iterative process not one-off events
- Cultivate grassroots groups such as user-led organisations
- Mentor and include the most excluded groups of society, to become advocates
- Overcome capacity issues by providing funding and resources for participation
- Create inclusive spaces where discussions can take place – thinking beyond nine protected characteristics
- The use of existing mediums to convey messages to communities and increase awareness
- Collaborate on the EDS2 process to drive up quality

Community engagement

This should help with a range of projects and work done by NHS organisations. There are many different models and approaches to community engagement, and organisations such as the National Institute for Health and Care Excellence (NICE) have catalogued these approaches. It is important to recognise that the approach to community engagement must reflect local needs, circumstances and the population in order to be successful.

At King's College Hospital Trust, they are coming to the end of a three-year community engagement strategy. This strategy sets out how the Trust will engage with patients, staff and the community in developing services. It covers, individual care and treatment, the design and improvement of service delivery, and the development of strategy and policy - including EDS2.

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Co-production

EDS2 engagement needs to build on current relationships and engagement, throughout the process. The following case studies have been used to illustrate cases of good practice and co-production.

Case study: Oxford University Hospitals NHS Foundation Trust

As part of implementing and using EDS2, the Trust are currently working closely with Oxfordshire voluntary and community sector organisations to help inform the Trust's 'Seldom Heard Groups' Action Plan. The purpose of the action plan is to ensure that they hear from a wide range of people within the county, with a view to ensuring that Trust services' support those who traditionally are less likely to be heard.

The Trust have had conversations and meetings with over 50 voluntary and community sector organisations over the last 3 months to ask views on accessing and using hospital services. A meeting was held with 20 delegates from the voluntary and community sector to discuss initial findings and provide an opportunity for further input. The groups represented will be part of the panel for the patient-focused outcomes of EDS2.

One aspect of this work is a focus on carers. The Trust has co-produced a feedback form for carers so they can give their views on their experience in hospital. A Steering Group was set up involving carers of people with learning disabilities and dementia, and local carer advocacy and support organisations. The organisations are helping to ensure the Trust get feedback from carers by spending time on wards where there are a high percentage of carers, e.g. Stroke and Gerontology wards. Two months into the pilot, they have found that carers are keener to talk to carer support organisations about their experience than fill out feedback forms. As a result of this, the Trust are planning to set up a weekly "surgery" on the wards for carers where carers can get advice, support and information, as well as having an opportunity to discuss any concerns they have.

Case study: Nottinghamshire Healthcare NHS Foundation Trust

In Nottinghamshire, a project on dementia was able to strengthen partnership work with the VCS and deliver on EDS2 outcomes. At the centre of this was a new resource that aims to provide better health outcomes for black and minority ethnic communities and improved patient care.

An interagency project group was formed, involving MHSOP staff and managers, City Social Services, Carers and representatives of the local black and minority ethnic communities to undertake a dementia project. Some of the group representatives enabled access to black and minority ethnic elders living with dementia or memory concerns, to experience and feedback on the transcultural cognitive stimulation therapy modules.

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The voluntary and community sector were integral in developing and progressing this study. This enabled a partnership approach, but also resulted in the production of a product where cultural needs were not only addressed but embedded in ethos. A black and minority ethnic transcultural cognitive stimulation therapy manual evolved and was incorporated into a five day training model that offered a step by step guide to anyone who wished to be trained as a culturally competent group facilitator to work with black and minority ethnic elders with memory loss or dementia in culturally specific or culturally mixed settings.

Develop a strategic plan to better reflect diversity and different perspectives

Guidance from NICE on community engagement recommends that NHS organisations develop statements of partnership working with the voluntary and community sector. It says:

“This will help increase knowledge of – and communication between – the sectors and improve the opportunities for joint working and/or consultation on service provision. A compact drawn up between local government and voluntary and community organisations is an example of how this could be achieved.”

TIP

Map what is currently happening in terms of engagement in local areas. Work with and build on what is there rather than duplicating it.

In Staffordshire, the local Healthwatch has developed a ‘Healthwatch Champions’ scheme. The scheme recruits volunteers in the community and supports them to represent the issues affecting the community. The scheme is also open to organisations, this enables smaller groups to have their voice and concerns heard through the support of Healthwatch.

Engagement is an iterative process

To really build a relationship with the voluntary and community sector requires an ongoing process, which is also ‘iterative’ and builds feedback into future engagement and collaborative work. There are a number of ways to do this, including formal partnerships, regular stakeholder and feedback meetings, and themed events.

Case study: South East Coast Ambulance NHS Foundation Trust

The Trust Board took the decision to fully adopt the EDS2. Two large scale consultation workshops and a series of 10 focus groups with representatives from seldom heard communities was held. Following this, the Trust developed a survey to test out what they had heard and provided the opportunity for a further 600 people to share if they agreed with the initial outcomes. A further workshop was held to agree the process for EDS2 and to draft the Inclusion Strategy. The Trust implemented the Inclusion Strategy and EDS2 cost-effective as part of a reorganisation to meet multiple aims, avoid duplication and create simple, accountable structures to ensure the delivery of Equality Objectives.

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The Trust presented participants with evidence relating to each outcome goal by goal and generated discussions which allowed for further probing. This was followed by anonymous electronic voting. With regard to the Equality Objectives, participants reviewed progress against the actions they had determined for the last year. Where objectives had been met, they revisited evidence from EDS2 to inform suggestions for new Equality Objectives. Once Equality Objectives had been identified (one for each goal of EDS2 and one overarching objective) table discussions took place to identify actions for achievement for the coming year. All suggestions were considered and voting took place to identify those to be taken forward. This EDS2 implementation was co-designed with stakeholders as part of a consultation process which included service users and voluntary and community sector representatives.

In order to ensure assessment and feedback processes were accessible to service users and voluntary and community sector organisations, the Trust ensured all documents were made available in alternative formats and languages on request. Hearing loops were purchased for patients and the use of palantypists at public events and AGM was available.

As a service operating over a large geographical area that has six Healthwatches, Local Authorities and a significant number of other stakeholders to consider, this proved to be a challenge. Another significant challenge was in ensuring the diverse criteria of membership for the IHAG. Following initial recruitment, a small number of gaps against the membership criteria, were identified. These were Gypsies and Travellers, Trans people and people with learning disabilities. To overcome this, the Trust established formal partnerships with three organisations that work closely with these communities and nominated representatives from each organisation to ensure the needs and views of those they support.

Cultivate grassroots groups, such as user-led organisations

Many people find peer support and user-led organisations through word of mouth rather than formal referrals. One of the ways in which NHS organisations can better support user-led organisations is through creating and funding better pathways. It is about building environments that are conducive to peer support. This is part of building up and developing an ongoing relationship with user-led groups who between them may have very different care and support needs.

“Peer support is about giving people the opportunity to have meaningful social interaction. The fact that it is outside the NHS and doctors and clinicians makes it more real.”

Craig Staples, Engaging Communities

Groups of service-users can often get a better sense of what is happening in services because people are speaking to others who have been through similar services or pathways, whereas they do not necessarily want to speak to doctors or NHS staff - especially if they have had a poor experience.

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Case study: Birmingham South Central Clinical Commissioning Group

For this project it was considered crucial that the CCG had made an upfront commitment to pass on a 20% decision-making stake in the procurement exercise of a major 5 year mental health contract to a group of its key beneficiaries, children & young people with mental health problems and carers.

The Win-Win Alliance co-facilitated the group in sharing life stories, mapping out risk and protective factors in feeling good - also taking into account peers as (peer) advocates. This has led to setting out a vision of a landscape of ideal services and support which was put to potential bidders alongside the Invitation to Tender questions. Next, the group would take a specific focus, for example on developing experience and outcome measures which would be written into provider contracts, before assessing bids in writing and at interview. There was also extensive training on the technical and legal aspects of procurement but crucially this did not shift the focus away from people's own holistic lives.

TIP

Engagement is not cost free. Be clear on the purpose and on what can be committed to – make it meaningful and exciting to be part of the initiative. Providing the necessary funding to cover travel and other expenses not only helps get the people you need to meetings and events, it is part of saying you value their contribution.

Mentor and include the most excluded groups

To build on service-user groups and 'experts by experience' programmes, it is important that NHS organisations are able to develop the voices of the most excluded groups in society. One of the ways to do that is through a formal programme of mentoring and training, with the aim of developing advocates able to speak for their communities. This training could be accredited to give them formal recognition.

Case study: Norfolk and Suffolk NHS Foundation Trust

The Trust created a project about enabling and empowering service users to work alongside health professionals to improve services for black and minority ethnic communities. The key features of the process include:

- Analysis of existing data held by provider organisations to identify the needs of black and minority ethnic communities
- Education and Training of health professionals to enhance service delivery
- Empowerment of black and minority ethnic service users

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- The establishment of Reverse Commissioning focus groups involving health professionals and black and minority ethnic services users to effect change
- Using information and learning from above to influence commissioning by working collaboratively with local Clinical Commissioning Groups and black and minority ethnic communities

The Trust held a workshop in September 2014, where voluntary and community sector organisations played a key role in the planning and delivery of the workshop. Different communities attended and were able to provide their feedback and comments about using and accessing services. This led to the reverse commissioning project with key actions and recommendations, which is now part of the EDS2 objectives.

This project focuses on the inequalities issues faced by the black and minority ethnic community. Patients have been offered training around the 4E's model; Empower, Expert, Enable, Enhance patient experience. The equality analysis has been carried out across all services and policies within the organisation. Though outcomes of the project have not yet been devised as the project is at too early a stage to identify outcomes.

In an attempt to ensure that assessment and feedback processes are accessible to all, the Trust is in the process of exploring effective ways to do this. This has included physically meeting and virtual opportunities to engage with feedback processes. The Trust found that by engaging with service users and the voluntary and community sector through workshops that they were able to collect valuable feedback that helped them be better informed in order to implement EDS2 more effectively.

Providing funding and resources for participation

We have seen that the voluntary and community sector is mostly comprised of small and very small organisations. This means that they often face capacity issues. The best way to overcome this is to build the capacity of the local voluntary and community sector, particularly in those communities and areas which are currently underrepresented in your EDS2 process. NHS England has recently produced a 'Bite-Size Guide to Grants for the Voluntary Sector', which sets out some of the ways NHS organisations can support the voluntary and community sector through grants.

Case study: AWAZ Cumbria

In Cumbria, a rural county of England, the NHS University Hospital Trust has a formal agreement with AWAZ Cumbria, a Black and Minority Ethnic (BME) community development organisation, to help the Trust in advancing equality and the implementation of EDS2 and the Workforce Race Equality Standard (WRES) to ensure that the Trust is helped to meet its obligation under Equality Act 2010.

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AWAZ works at strategic level with the Trust through a formal "Advancing Equality Agreement" which aims to help the Trust to:

- Identify equality priorities
- Provide practical advice and guidance
- Act as a 'Critical Friend' and challenge the Trust in its efforts to continually promote and share best practice

Under this agreement as a delivery partner, the organisation's responsibilities are: to act as an infrastructure body, provide strategic advice, guidance and support to the Trust on Race Equality and black and minority ethnic related matters and in working towards complying with Equality and related legislation and improved quality of life and services for black and minority ethnic communities. This includes policy advice, the independent scrutiny of Trust activities in relation to achieving equality objectives and implementation of EDS2 and to facilitate targeted community engagement with under-represented people and communities.

The Trust shared equality analysis of its services and action plans with AWAZ who were responsible for reviewing and providing feedback for improvements in the quality of services and EDS2 and WRES outcomes. Additionally, they have been responsible for providing better understanding of diverse black and minority ethnic groups and their needs. AWAZ did so by delivering equality impact assessment and cultural awareness training for the staff and providing an on-going contract which will ensure continuity in such sessions to make further improvements.

Along with community feedback, the development of an EDS2 implementation was said to influence a following action plan. The Trust invest 30% of the total contract amount in supporting organisation's infrastructure to build its capacity to engage. The remaining 70% of the contract cover the costs for strategic policy advice to inform and influence design, development and review of policies and services.

Create inclusive spaces

It is important to make sure groups are representative of the community in the broadest sense. Inclusive spaces that are well facilitated mean that representatives from different groups can both talk about the issues that affect their specific community, and they can break down the barriers between groups and develop a more intersectional approach to equalities.

"In particular, it would be good to see a wider inclusion health remit. We should all be working together to champion the needs of vulnerable people, not working in our silos. For example, we could have a charter for Inclusion...rather than awards for homelessness or LGBT. Perhaps it would force people to think more widely about Inclusion and representation."

Friends, Families and Travellers

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TIP

Voluntary and community sector groups are key to NHS organisations' communications and engagement work. They meet regularly with the Patient and Public Engagement Forum, specific patient groups and with partner agencies. The voluntary and community sector, the public and other agencies are regularly invited to workshops and open events for their thoughts and feedback and contribution to work including service changes and strategy development.

TIP

NICE recommend community workshops can be used to “identify local community needs and to maintain a high level of local participation.” In order to do this they recommend “events should be co-managed by professionals and members of the community and held at a local venue.”

TIP

Have a local government representative on stakeholder group.

Case study: The Diamond Cluster Partnership (now Patient Voice South)

Equality and diversity leads from across various NHS organisations in the South West (Bristol, North Somerset and South Gloucestershire) came together to develop an Equality Expert Group.

With the support of a local facilitator, the Diamond Cluster worked together to recruit the Equality Expert Group from a range of interested individuals and organisations operating within the third and independent sectors. The Group reflects a diversity of backgrounds, including women and men with different ethnic backgrounds, sexual orientations, physical and sensory impairments, mental health conditions, Trans people, all with an age range of 19 to over-65 years. Following training on EDS2 and the Equality Act, the group carried out performance assessments for EDS2 across all of the member NHS organisations. The NHS organisations found the training sessions and each other's EDS2 performance assessment workshops, improved confidence, deliverability and is driving innovation in how to organise and present EDS2 evidence.

“People felt more empowered to support or advocate on behalf of their communities and disadvantaged groups in general.”

The key learning from the work was:

- Pooling financial resources to recruit a local facilitator who coordinated the recruitment and training phases of the project. “It pays to pool resources and to collaborate in engaging with your local interests: this makes the process of recruiting and training volunteers manageable,

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affordable and it can avoid local competition for the same volunteers, as well as consultation fatigue”

- A collaborative approach enables organisations to learn from, and build on, each other's practice. However, this requires an open and unselfish approach to sharing, with each other, your internal methodologies, your evidence of good and poor performance and the feedback given by your local interests
- Adding basic programme or project management to a collaborative approach makes EDS2 engagement much more deliverable.
- “External” collaboration has to be matched by internal collaboration and time commitment amongst colleagues who hold evidence of organisational performance/gaps and who can organise this evidence and make it presentable to a lay audience.

Build on your existing engagement

NHS organisations already carry out engagement activities. This could be through NHS Citizen, participating in local forums, working with local councils and statutory services, and in the commissioning cycle. Using existing mediums allow organisations to convey messages to communities and increase awareness. It is also important to look at how projects can work to improve and build engagement with communities more generally. This means the structures and knowledge will already be there when engaging as part of using EDS2.

Case study: Cambridge University Hospitals NHS Foundation Trust

The Trust has been implementing EDS since 2012. The E&D lead and service leads engage with a variety of forums staff groups, including the E&D staff group, LGBT and straight alliance and mental health support group and community groups, including Ormiston Trust for Gypsy traveller engagement and religious groups.

A representative from voluntary and community sector, Cambridge Ethnic Community Forum (CECF) each sat on working groups and provided training and cultural awareness training for staff. Voluntary and community sector representatives provided feedback as to how the Trust can support service users and equally gave staff the opportunity for dialogue as to what would help them meet service user needs.

In 2012 and 2013 the Trust took part in the East of England local government funded EACH project (Embedding Ambassadors in Community Health) with CECF. The Trust hosted EACH training workshops addressing the needs of South Asian migrant women. Over 150 staff undertook half day "cultural awareness training" and "Working with interpreters" workshops; and Open dialogue sessions with service users. These workshops included a session with invited local South Asian women to meet the trainees for conversations for improved understanding between staff and service users. It aimed to break down cultural barriers.

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These sessions prompted request for bespoke training for different needs such as that of the Mortuary team, who then requested Muslim awareness training. This highlighted that there was a greater need for staff understanding of patient faith needs. The fear of what to say and of saying the wrong thing was identified as a barrier for staff to meet the needs of culturally and religiously diverse patients. This then prompted the E&D lead to work with the chaplaincy team to run a series of talks, entitled "All you need to know about faith in hospital but were afraid to ask". The trust felt that open dialogue sessions helped mutual understanding of patient and organisation perspectives.

To ensure assessment and feedback processes were accessible to migrant women, the trust incorporated face to face feedback with South Asian women, as it was found that reading and written English is limited for Pakistani and Bangladeshi migrant women. The EACH project prompted further understanding and realisation that a variety of communication needs of service users have to be met. Engagement with the CECF as part of the EACH project prompted understanding amongst staff that similar approaches should be implemented for other community engagement strategies. The Trust found that written survey forms are not sufficient and thus it is vital to engage in face to face feedback.

Collaboration on the EDS2 process to drive up quality

As mentioned earlier, the voluntary and community sector needs to be involved at all stages of implementing EDS2 to make it effective. This principle also applies to the process of grading and to the outcomes and selection of objectives for EDS2 implementation.

Case study: South London and Maudsley NHS Foundation Trust

South London and Maudsley NHS Foundation Trust is using the Equality Delivery System principles of evidence and engagement to monitor delivery of its equality objectives and improve accountability on this to local stakeholders. The three stages of the trust's annual equality performance management cycle are:

1. Holding an annual equality partnership time event:
 - To share evidence on the experience of service users (from service user survey data relevant to the trust's equality objectives on age, disability, ethnicity, gender, religion and belief, sexual orientation and, since 2015, pregnancy and maternity and gender identity).
 - To provide an update on the action undertaken by the trust on equality issues over the previous year.
 - To discuss this with stakeholders and ask them to share their feedback on this and grade our performance using the EDS grades.
2. This evidence informs the trust's internal review of equality in service provision that is submitted to the Trust's Board.
3. This is used to publish the trust's annual equality information.

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Further information on previous year's events can be found on the trust's website at: Equality objectives.

The evidence from this engagement informs wider work in the trust such as equality impact assessments of relevant trust policies. Discussions at last year's event, on considering equality in recovery and support planning, was used to develop a briefing for staff on this.

A key aspect of feedback from stakeholders was the desire to see local-level information for the boroughs served by the trust in addition to the annual trust-wide equality information. To respond to this the trust published local-level ethnicity information reports for the first time in 2015. These present:

- the ethnicity profile of service users in 10 key services that are similar across the four boroughs;
- experience data broken down by ethnicity on 4 questions most relevant to the Trust's equality objectives 2013-16
- Limitations of the data and what it tells the trust
- What the trust is doing about this

Reports are published on the trust website at: Public sector equality duty and shared with key local stakeholders such as commissioners, Healthwatch and local voluntary and community organisations. It is also used by staff as evidence in equality impact assessments, service reviews and staff training.

Another key lesson from the annual equality partnership time event is the need to undertake a range of different methods of engaging with local communities across the year. An example of this is closer working with community members in the Lambeth Black Health and Wellbeing Independent Advisory Group to respond to the recommendations of Lambeth's Black Health and Wellbeing Commission aimed at improving access, experience and outcomes for Black service users, their families and carers. The positive approach from all those involved is helping the trust develop new ways of working in partnership with members of the Black community on a range of shared priorities, including community engagement, violence reduction and care planning.

Summary

In section three we have examined the ways in which NHS organisations can ensure EDS2 engagement is effective and addresses challenges faced by the voluntary and community sector. This section has highlighted that good engagement has a real impact on the performance of the NHS and on reducing inequality and health inequalities. For engagement to be effective, we have seen that it needs to be strategic, part of an ongoing process, it requires investment in the voluntary and community sector, and the voice and experience of service-users is critical.

Conclusion

The NHS from its creation has sought to create a more equal society; indeed, this is enshrined in the NHS Constitution. In Section One we looked at how EDS2 is one of the more recent tools the NHS is using to ensure that groups within society become more equal in their health. We saw how engagement is a vital part of any NHS organisation. There are some challenges, but there are also practical solutions that have been tried and work. Section two took us through what the voluntary and community sector is and how it can be used to help produce engagement that is both sustained and meaningful. We saw how the voluntary and community sector was varied, and the benefits of engagement. Finally, in Section Three, we looked at the practical means to engage the voluntary and community sector in a way that will work. This included the need to be strategic, to invest in their relationships with communities and develop an approach that is grass-roots.

The persistence of health inequalities are a huge cost to the NHS and to society. Working together with communities, and using tools such as EDS2 can help tackle these inequalities and their costs.

Further reading

Scott, Stafford, *A dialogue of equals: The Pacesetters programme Community Engagement Guide*, Department of Health (2009)

Shared Intelligence, *Evaluation of the Equality Delivery System for the NHS* (2012)

Shared Intelligence, *Good engagement practice for the NHS Involving patients, carers, communities and staff to improve health outcomes*, NHS Midlands and East.



Unit 17 & 22, Deane House Studios, 27 Greenwood Place, London NW5 1LB
T: 020 7428 1880 F: 020 7428 0912 www.raceequalityfoundation.org.uk

