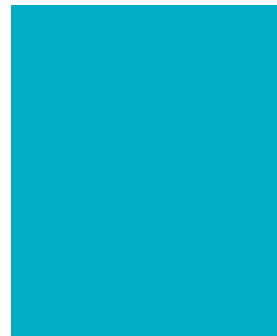
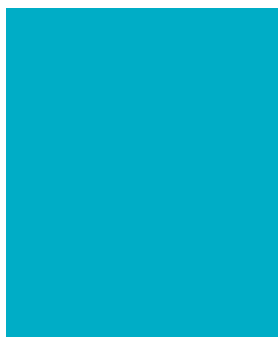


National tool for local adaptation: Equality Delivery System for the NHS - *EDS2*



**Equality & Health
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EDS: Where have we come from?

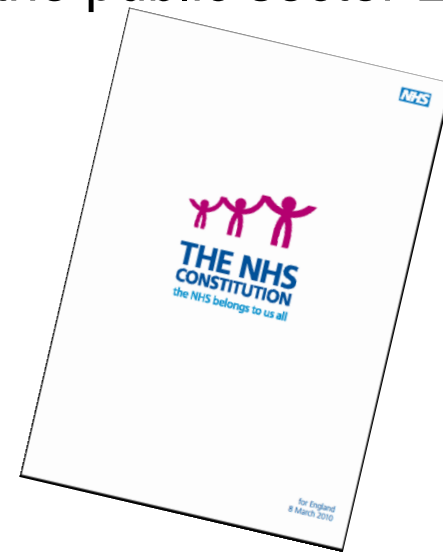
The original EDS was made available to the NHS in July 2011 on a voluntary basis

It was co-produced by DH, the EDC and the NHS

Its aim was to help the NHS review and improve its equality performance and to help the NHS deliver on the public sector Equality Duty

It was aligned to major NHS levers including:

- the NHS Outcomes Framework
- the NHS Constitution
- CQC's Essential Standards



Since implementation

- From July 2011, the EDS was implemented by most NHS organisations
- It was also made part of the CCG authorisation process
- In 2012, Shared Intelligence evaluated EDS implementation
- In 2013, NHS England consulted the NHS on the EDS
- NHS England made EDS implementation one of its Equality Objectives and strategic priorities

Results of the evaluation and engagement

Positives:

- The EDS kept equality on the map at a time of great change
- It promoted engagement with a range of local stakeholders
- It worked well when it was adapted for local circumstances
- It led to some positive outcomes for some organisations

Challenges:

- Local implementation could require time and resources
- Some EDS outcomes were difficult to grasp
- The grading process was perceived as complicated
- Acquiring evidence to support the grading was difficult

A refreshed EDS – *EDS2* – the changes

As a result of the evaluation and consultation, the EDS has been refreshed:

- The guidance for *EDS2* is briefer and is published in one document
- There is more advice on how *EDS2* applies to commissioners and providers
- Two original EDS outcomes are dropped; 2 new *EDS2* outcomes are introduced
- All *EDS2* outcomes are worded more clearly
- The grading process has one factor – ‘how well do protected groups fare?’
- Local adaption is actively encouraged
- There is more advice on the sources of evidence for grading

What the original EDS and *EDS2* have in common

But there is much in common between the original EDS and *EDS2*:

- 16 of the 18 *EDS2* outcomes have equivalent original EDS outcomes
- The outcomes remain aligned to major NHS and related health levers
- Four grades remain: undeveloped, developing, achieving, excelling
- Implementation is driven by engagement not self-assessment
- Use of qualitative and quantitative evidence and insight is also key
- *EDS2* should be applied as part of mainstream business
- It can be extended to other disadvantaged groups
- It can help the NHS to deliver on the Public Sector Equality Duty

Equality Delivery System for the NHS

Continuous improvement in equality performance and tackling health inequalities

18 outcomes grouped into 4 goals

- Better health outcomes for all
- Improved patient access and experience
- Representative and supportive workforce
- Inclusive leadership



Those covered by EDS2: Protected characteristics

- People whose characteristics are protected by the Equality Act 2010
- Heterogeneity of protected characteristics and outcomes – e.g. Age, Disability, Race
- Organisations to select which aspect of a characteristic they are to focus upon (smart objectives)
- Informed by local evidence and engagement with stakeholders
- Sensible and meaningful approach with attention towards significant progress and/or most serious inequalities
- Refer to legislation re: full understanding of protected characteristics

Those covered by EDS2: Other groups

- Merging of the Equality and Health Inequalities agendas
- Health and Social Care Act 2012 and associated duties
- Learning we can take from The Marmot Review “Fairer Society Healthier Lives” 2010
- *Proportionate universalism* concept and application to equality
- Other disadvantaged groups - “Inclusion Health” groups
- Overlap with protected characteristics
- Human Rights Act and the FREDA principles – EDS2 doc p.12

EDS2 and alignment with policy levers

- Importance of system alignment – embedding the minimum number of levers that cover the majority of NHS business for commissioners and providers
- EDS2 18 outcomes relate to issues that matter to people who use, and work in, the NHS. Flexibility for local adaptation re: wording
- Among other things they support the themes of, and help deliver on, the NHS Outcomes Framework, and the NHS Constitution
 - **CCG Assurance Framework**
 - **CQC's inspection regime**
 - **TDA's Planning Guidance for NHS Boards**
 - **Public Sector Equality Duty**

CCG Assurance Framework

- CCG authorisation 2012/13
- Focus on equality and reducing health inequalities within the CCG Assurance Framework 2014/15
- Statutory responsibilities on CCGs and NHS England to reduce inequalities (Health & Social Care Act 2012) and promote equality (Equality Act 2010)
- CCGs will need to demonstrate across all assurance domains a focus on EDS outcomes
- Better patient access to services and better patient experience and outcomes

CQC's inspection regime

- Initial design of EDS and alignment of EDS outcomes with CQC's Essential Standards
- Embedding EDS2 within CQC's new inspection regime
- EDS2 outcomes are matched to CQC's five key questions (safe, effective, caring, responsive, well-led)
- CQC inspection teams will look at Trust's EDS information at inspection planning stage to look at possible equality areas to look at on inspection and as evidence for organisational oversight on equality
- EDS2 featured in the 3 CQC inspection handbooks

Example: how EDS aligns with CQC key question

- **CQC key question:** Caring
- **Caring line of enquiry No 2:** Are patients and their families or those close to them ‘partners’ in their care?
- **EDS2 Goal:** Improved patient access and experience
- **EDS2 Outcome:** 2.2 People are informed and supported to be involved in decisions about them

- **CQC said:** *“EDS2 can give us intelligence on how people with protected characteristics under the Equality Act are involved in their care, or identify gaps”*

TDA's planning guidance for NHS Boards

- The NHS Trust Development Authority – responsible for providing leadership and support to non-FT NHS providers (over 90)
- *Securing Sustainability: Planning Guidance for NHS Trust Boards 2014/15 to 2016/19*
- *Context: By recognising that every patient has different needs and circumstances, we can best meet those needs and improve outcomes by delivering a personal form of care, using and supporting the diverse talents and experiences of our workforce*
- **All organisations should be using the Equality Delivery System (EDS2) toolkit to provide assurance that the organisation is working effectively in this context**

Public Sector Equality Duty

EDS2 and the three arms of the PSED:

- A focus on outcomes/action that help to reduce discrimination, harassment and victimisation
- A focus across 9 protected characteristics that provides equality of opportunity between groups re: benefits and outcomes for all over time
- Sustained and meaningful engagement that helps to provide an agreed way forward and to foster good relations between groups

Public Sector Equality Duty

EDS2 and the two specific duties:

- The evidence behind the EDS2 grading, once published, can help organisations meet the specific duty of publishing equality information by 31 January, annually
- The 4-6 EDS2 outcomes selected for organisations to focus upon, can be transformed into SMART equality objectives for the 4-year period and published

Friends and Family Test

- An important feedback tool supporting the principle that people who use NHS services should have the opportunity to provide feedback on their experience
- Responses to the FFT is a good source when looking at an organisation's evidence on performance
- Breakdown of FFT responses by protected characteristics?
- Age, Sex, Race and Disability in the first instance
- FFT guidance recommends the tool as a evidence source for EDS2 and highlights breakdown by all 9 protected characteristics

Take up of the EDS/EDS2

Survey of all NHS organisations carried out during July 2014 indicated that in England:

- 99% of all CCGs were using the EDS/EDS2
- 93% of all NHS providers were using the EDS/EDS2

Uptake figure for NHS providers was verified by examining the websites of all NHS provider organisations during September 2014.

System alignment and successful implementation of EDS key factors for high uptake rates across the country.

Insight into those not using the EDS/EDS2

- Observation that the majority, not all, of those NHS providers not using the EDS/EDS2 were responding poorly to the legal duties on equality.
- A number were still basing their strategic approach to equality upon dated equality legislation (Race Relations Amendment Act, 2000; Disability Discrimination Act 2005) with no reference to the Equality Act 2010.
- The equality objectives were, in general, poorly crafted and not SMART.
- Minority of those not using the EDS/EDS2 did appear to have a good grip on equality matters, but these were exceptions to the general rule.

EDS2 implementation

- Confirm governance and leadership
- Identify local stakeholders (including CVS, LAs etc.)
- Assemble evidence (type of evidence)
- Role of local authority
- Analyse performance
- Agree grades (with local interests)
- Prepare and agree equality objectives and immediate plans
- Integrate into mainstream business

Engagement

- Without engagement with local stakeholders EDS2 will not work
- Who are local stakeholders: patients, carers, public, CVS, NHS staff and representatives of staff-side organisations
- Involvement with regard to planning, management and delivery needs to be meaningful and sustained
- For staff, engagement means helping to plan, develop and manage working environments / activities that improve working lives
- For patients and communities, engagement is about agreeing what the priorities are concerning experience, access and outcomes

EDS2 Exercise 1

- Your challenges in implementing the EDS/EDS2
- The positives of implementing EDS/EDS2
- Feedback

Good implementation

- Engaging Board and obtaining its support
- Mainstreaming EDS Goals across the organisation
- Collaborative engagement / sustained engagement
- Role of the CVS / patient and staff groups / Healthwatch
- Validation of EDS grading and process by 'lay externals'

Good outcomes

- Improvements in access to health care services for hard-of-hearing people (County Durham and Darlington NHS FT)
- Ensuring services are designed, commissioned and procured whilst taking account the needs of seldom heard groups (North East Commissioning Support)
- Improved access to cancer screening for the Learning Disabled community (Derbyshire Healthcare NHS FT)
- Improving access to services for visually impaired patients (Blackpool CCG)
- Improving access to health care services for homeless people and the Roma community (Derby Hospitals)

Good outcomes cont.

- Setting up of a 'Local Public Equality Delivery Partnership' improving maternity services through patient engagement (East Lancashire CCG)
- Development of a 'Flexible Working Policy' (Derbyshire Healthcare NHS FT)
- Reduction in BME disciplinary action by 50% (Southern Healthcare)
- Recruitment of people with Learning Disabilities within the NHS workforce (South Devon Healthcare NHS FT)
- Establishment of a 'Staff & Community Gender Identity Network' (Newcastle Upon Tyne NHS FT)

EDS2 Exercise 2

- What are your examples of good outcomes from using the EDS or EDS2?
- Case study templates
- Feedback

Next steps...

NHS England will:

- Collate and share good practice via the national EDS Dashboard and offer on-going support
- Roll-out the EDS2 Easy Read
- Implement EDS2 itself as an organisation
- Support other national organisations to do the same (HEE already implementing the EDS2)
- Recommended EDS2 theme for 2015/16: *'workforce equality'*
- Keep the EDS under review to ensure it is a force for good

Finally...outcomes not processes

- High quality care for **all**, now and for future generations
- Values and principles of the NHS Constitution : *'making sure everyone counts'*
- 'Flexing' our services and arrangements to meet needs

