NHS
Equality and
Diversity Council

Co-Chair's recommendations regarding the form, function and impact of the NHS Equality and Diversity Council (EDC): feedback summary from the EDC members.

Recommendations from the Co-Chair's Advisory Group regarding the form, function and impact of the NHS EDC were discussed during the 18th October 2016 meeting of the Council. EDC members formed five discussion groups and each group discussed each of the four key recommendations.

The table below presents the proposed recommendations and the summarised responses from the discussion groups. The full notes of the discussions, by group, can be found in Annex A.

Proposed recommendation	Summarised response from the EDC
1. It is recommended that EDC has a primary focus on equality and diversity across both patient centred care and workforce issues. Equality and diversity alone is a large agenda; it would be ambitious of the EDC to broaden its scope to health inequalities and realistically do justice to both.	• EDC should focus primarily upon equality and diversity. The area of health inequalities should be looked at when there is pertinent overlap between the two. • Focus should be on "person-centred care" not "patient centred care". Overall conclusion: Agree with the proposed recommendation, and using the "person-centred care" terminology.
2. The EDC should develop a system-wide blueprint, based upon the core values and principles of the NHS Constitution (as was the case with the original guiding overview for the EDC), across its remit and clearly describe our current key issues that should be nationally driven.	• EDC should be a system-wide blueprint for the NHS that is underpinned by the NHS Constitution. • Focus of the EDC should always be on its work programme. Overall conclusion: Agree with the proposed recommendation, and the EDC should always focus upon, and be held to account against, its agreed work programme.
3. Core EDC membership should be reduced to 15-18 members representing national systems or structures. Operational Council membership should be assigned to operational subgroups that will deliver upon the strategic direction.	• Reduce EDC membership. • Representation should be from: Employers; Employees and patients/community. • There should be operational subgroups below the core Council – reporting to the Council. • EDC needs funding. Overall conclusion:

	Agree with the recommendation. Focus will need to be applied to (re) structuring the core EDC membership and the membership of its subgroups.
4. In line with other national bodies, the EDC should produce an annual report summarising what it has achieved. This would help communicate the Council's work out to the system, reinforce to the EDC its own purpose and added value and help the momentum of the Council and its work.	Overall conclusion: Agree with the recommendation – EDC should produce an annual report and have an annual event.

Annex A: Full notes of the discussions on the EDC form, function and impact recommendations.

1. It is recommended that EDC has a primary focus on equality and diversity across both patient centred care and workforce issues. Equality and diversity alone is a large agenda; it would be ambitious of the EDC to broaden its scope to health inequalities and realistically do justice to both.

Discussion and Feedback

Group 1
Equality, access, experience and outcomes, linked to inequalities. Comfortable - issue of access remains wide, access to outcomes.

Group 2
Start with equality race and inclusion, with a strong public documentation of progress being made, and it matters to show ongoing achievements.
Patient care is the ultimate response to the workforce.

Group 3
Agree, the Council can influence the policy maker - DH

Group 5
The above lines in the narrative should read 'person centred care' not patient centred.
Focus on where people access services to improve the outcomes of the interaction.

2. The EDC should develop a system-wide blueprint, based upon the core values and principles of the NHS Constitution (as was the case with the original guiding overview for the EDC), across its remit and clearly describe our current key issues that should be nationally driven.

Discussion

Group 1
Stick to our work plan; and gaps analysis at the right time.

Group 2
Yes we have the one pager currently based on the work plan

Group 3
Disagree? Going back to the work plan

Group 5
Ensure proof of our work to see care provision in 2030. The work plan needs to reflect this.
Agree the NHS constitution is a helpful blueprint guide, can't be a straight jacket

3. Core EDC membership should be reduced to 15-18 members representing national systems or structures. Operational Council membership should be assigned to operational subgroups that will deliver upon the strategic direction.

Discussion

Group 1
Strongly opposed to removing lived experience; who goes, work plan (start with delivery that more representation of patient representatives, broader than Manchester. Voice of service users and carers, diversity of voices and staff side to challenge the hierarchy and ivory tower thinking.

Group 2
Individuals accountable :
System leadership required
Who are the doers?
Good leadership
Amend meeting with all reps

Group 3
Main EDC should be :
3-4 employers
3-4 employees/staffside
3-4 users
Sub groups underneath where the broader membership can deliver on operational work of the EDC

Group 5
No money
Needs to be a decision making to work and need wider participation
How to evolve, it needs defining and funding.

4. In line with other national bodies, the EDC should produce an annual report summarising what it has achieved. This would help communicate the Council's work out to the system, reinforce to the EDC its own purpose and added value and help the momentum of the Council and its work.

Discussion

Group 1
EDC Annual report – yes please

Group 2
Raise awareness of what we have done, have engagement and deliver on the results.

Group 3
It confirms back into the system to report back in its mandate

All the people in the system need to see it is working for the equality and diversity agenda.

Group 5
Yes, this needs to be clear with aspirational and focus on what has been achieved and what wasn't and why?

Any further comments and feedback

Discussion

Group 1
Question: what is owned by the EDC and what is owned by NHS England?
Structures should not be the focus, what is near visible leadership and purpose?
Are the sub groups delivering/ need to align with the work plan.

Key Summary Feedback from each group – 1-5

Group 1

1. Ensure we cover the themes of 'representing and representation' and 'system alignment' and how we help the system to move on the agenda.

In the terminology of equality and diversity, equality includes equality of access and also includes access to social care.

2. This should be a system wide blue print, which should be looked at when EC reviews the work plan in 2017.

3. Wide membership, which includes people with lived experience is good

4. All agreed an annual report of the work of the EDC was a good idea.

Group 2

1. The documentation on 'race' is a good way of demonstrating impact and EDC can share this with other areas and have an impact and achieve accountability.

2. Smaller structure, help enhance impact and how it would work, balance, not a conclusion on this

3. Power races by WRES and Lived experience members.

Current EDC structure is enabling and does get things done, put in structure and processes. High level groupings, two meetings with smaller meetings and all work to the EDC Work Plan.

Group 3

1. Council influences the Equality and diversity agenda, but also the health inequalities agenda via DH.
2. Are we going back to the work plan and losing the focus?
3. Agreed body of 40 people, difficult to make decisions, but have suggested the following for consideration: 12 -15 people
    a. 3-4 employers
    b. 3-4 staff side reps
    c. 3-4 patient groups

    Too many people in the room, not able to get the movement on agendas and this does not help get decisions made.
    Underneath this strategic structure, there should be a range of sub groups, where there is a mandate of the sub groups to get the work completed and respond to the agenda.
    There is a risk of being exclusive and not having adequate engagement in our decision making.
    EDC needs to be careful that the number of group does not work but also how this process is managed.
4. Annual report was a good idea, confirms back into one system. All want the EDC to succeed and hear the voices which get lost and should be heard more often.

Group 4

1. Agree with the recommendation, but where do you draw the line? Fragmentation of the system and NHS family of organisations, which work around the equality and diversity agenda on their own. Need to work in a more organised way, all have the same objectives.
2. Size – concern by limiting the structure and system, you lose systems, expertise and senior people start to send deputies and voices never heard. Its about getting the right people in the room. For example – WRES did not just happen, it came from various voices. Some things do work and we need to acknowledge this. Need to bring together the fragmented system and need to work together and work in a more meaningful way, as a catalyst for change.
3. EDC has a national focus and body and has a strategic overview of equality and diversity and inclusion. We need to talk on how to position equality and diversity agenda - race, disability, what is the position and how adopt.

Group 5

1. Is it personal centred care not patient centred care, so this focus needs to be changed? If we add health inequalities, it does not do the agenda justice, creates tension. National Health Inequalities and correlate regionally and local priorities. We need to do something but we cannot do it all. Where is the

funding coming from for all this work is the elephant in the room as it is very aspirational?

2. What should the system look like by 2020 - 2030? Let's be ambitious but what are the key priorities to be included in a transparent work plan, which can be reviewed, benchmarked and, what does it tells us about progress?
3. Money, concern about the decision – doers and the decisions? Is the role of the Council instigator? Decision maker? Doer? Design? This needs to be reviewed by the Council?
4. Need adequate voices and need to be diverse. Patient voices are good but how ensure geographical representation and other voices. Can the council broaden this voice out to ensure wider participation?
5. Annual report is a good idea, how will this be funded? Will be able to highlight deliver of the work plan, what has been achieved and how delivered. It would be good to see how other organisations deliver on the EDC agenda. For example: Brexit and we need to be honest about what has been done and where we are and how we involve in the future state of the nation. Brexit 2020 – where this takes us in the future for service users and carers from the diverse communities.