Equality Delivery System

QUESTIONS AND ANSWERS

Equality in the NHS

Q: Why do we need an EDS for the NHS? What makes it different from countless other equality initiatives?

A: We need the EDS because outcomes for both patients and NHS staff from equality target groups, and their experience of the NHS, can be considerably poorer than those for the general population. The EDS is one of the first products of the Equality and Diversity Council (EDC), and it aims to engage local communities in deciding local health priorities and hold NHS organisations to account for positive outcomes.

Q: Isn't the EDS just another initiative using self-assessment so NHS organisations can claim they are performing adequately?

A: No, the EDS is not just about self-assessment. NHS organisations together with local interests should analyse their performance, agree the grades, set equality objectives and agree priority actions for improvement. The analysis, grades, equality objectives and priority actions also have to be based on good evidence.

Q: It is claimed that by taking part in the EDS, organisations will comply with the requirements of the Equality Act. How important is this point?

A: What the law is trying to achieve is the same as what we're all here for – services which are personal, fair and diverse. The law is there to set a minimum standard around practice but legal compliance alone does not necessarily mean that the NHS is delivering what our patients and public really need. It's important to comply with the law but we need to do better – the NHS needs to be more consistent.

Q: Issuing the EDS at this time is unfortunate. Won't everyone in the NHS be concerned about the White Paper and their jobs?

A: Issuing the EDS right now is the perfect time. We need to make the argument that equality is core business, and ensure that it is central to the way in which the new NHS is developed.

The new structures, including the NHS Commissioning Board, will have explicit duties to promote equality and tackle inequalities in access to healthcare. By developing our ideas for the EDS alongside the White Paper proposals, we can demonstrate that the NHS is about fairness for everyone in our society; and that we are committed to promoting equality *all the time*.

Voluntary vs mandatory EDS

Q: Only committed and converted organisations will participate in a voluntary EDS. What about the rest?

A: The EDS will be issued with the expectation that it is adopted extensively throughout the NHS. Mandation may be required by the NHS Commissioning Board if take-up is poor

and outcomes for patients and staff remain at risk. The EDS offers those organisations that need to "up their equality game", an easy means for doing so that plays directly into the Government's agenda for a patient-led NHS.

Q: What will happen to NHS organisations that do not implement the EDS?

A: The EDS is not a national requirement. NHS organisations will have the freedom to adopt them or not, however those that do not adopt them are likely to struggle meeting the requirements of the Equality Act 2010. It could also result in an inconsistent approach in terms of equality for both patients and staff. For providers, failure to meet the Equality Act requirements could mean that services are no longer commissioned and for commissioners it could mean that funds to commission are withdrawn.

National vs Local

Q: The EDS appears to be a top-down initiative. How so at a time when Ministers are stressing the role that patients and clinicians should play in the running of the NHS?

A: The EDC commissioned the product and it was designed by the NHS with the explicit intention of being locally adapted and implemented. NHS organisations will be accountable to local patients, communities and NHS staff for their work on the EDS. However, the NHS is a national service and equality legislation applies to all bodies, so the EDS does provide some much needed (and asked for) national consistency over the way in which important issues like equality are tackled. The NHS Commissioning Board will have national oversight of the NHS and a clear responsibility for equality performance; the EDS offers it a way of assuring itself that it is asking the right questions.

Q: The EDS appears to be very prescriptive leaving little room for local flexibility?

A: Not true. The EDS promotes local engagement and ownership. For example, NHS organisations, working with local interests, will choose their local priorities within a national framework. The only thing prescriptive about the EDS is its insistence that equality matters.

EDS programme management

Q: Will the EDS simply lead to more bureaucracy and paperwork?

A: A focus on paperwork misses the point. The EDS is about real people doing real things to produce real and lasting positive change for patients, communities and staff. By participating in the EDS, NHS organisations will be able to meet their requirements under the Equality Act. It will also allow them to complete the necessary paperwork in ways that embed equality within the Government's priorities for the NHS and in ways that make sense to patients, communities and staff.

Q: What are the lines of accountability and consequences for poor performance in the EDS?

A: In keeping with the Government's drive for transparency and accountability, organisations' grades against the EDS outcomes will be made widely and publicly available. Local interests will be empowered and supported to take appropriate local action, including referring concerns to health & well-being boards.

Nationally, the NHS Commissioning Board and the Care Quality Commission are asked to take appropriate and firm action when faced with equality failures on the part of NHS organisations. By doing so, the NHS Commissioning Board will be helped to fulfil its explicit duties to promote equality and tackle inequalities in healthcare outcomes.

Q: What support and guidance will the EDC give to the NHS?

A: The EDS proposals will be accompanied by guidance and good practice examples covering: making assessments of performance against the EDS outcomes; the collection, use and sharing of evidence; community engagement; and other matters. The EDC has established an EDS programme office to support the NHS in implementing and delivering the EDS.

Q: The EDS does not apply to independent providers of health care, public health and social care. Aren't these gaps worrying?

A: We are taking a careful phased approach and working, first of all, with those parts of the system over which the Dept of Health has direct influence. For the moment, independent providers of health care can be involved in the EDS through contracts, issued to them by NHS commissioners, which emphasise the value and outcomes of the EDS.

Once the future of public health is determined, we shall ensure that those elements that are managed by the NHS, will come within the EDS. Joint work with social care and other local authority organisations are referred to within the EDS, and the importance of joint strategic needs assessments is stressed. Local authorities can also look to the equality framework of the Local Government Association.

Q: Will the EDS help organisations to fairly assess and prioritise the needs of all equality target groups, as opposed to favouring just a few?

A: NHS organisations and local interests should analyse their performance, agree the grades, set equality objectives and agree priority actions for improvement for each equality target group. These processes should be evidenced-based, inclusive and transparent. While the choice of local priorities must be determined locally to truly reflect local needs, EDS guidance will say that organisations should assure themselves that the needs of all equality target groups have received timely, appropriate and fair consideration.

Q: How does EDS support the Quality, Innovation, Productivity and Prevention (QIPP) agenda?

A: When organisations analyse and grade their performance against each EDS outcome they use four EDS grades (undeveloped, developing, achieving, and excelling). QIPP has been incorporated into these EDS grades. The EDS grades also take into account the NHS Outcomes Framework, and its indicators.

Transition Period

Q: Are there any concerns that the focus on equality will be lost during the transition period?

A: Each region is developing equality objectives and priority actions for improvement to ensure that equality and the EDS is integrated into the new structure.

Engagement

Q: Will LINks and other local interests have the capacity to participate in the EDS?

A: Some NHS organisations currently engage very successfully with local interests but many other organisations struggle. Organisations may have to convince and support patient, community groups and voluntary organisations to work with them on the EDS, especially in those locations where previous engagement has been limited. We will also all have to work hard to ensure that Local Involvement Networks (LINks), and their successors (HealthWatch) or an equivalent local body can play the role envisaged for them in the EDS. However, a patient-led NHS is the number one priority of the Government and, in consequence, NHS organisations will need to respond positively to the challenges of genuine engagement by placing patients and communities at the centre of their business planning and service delivery.

Q: How will effective engagement be carried out locally?

A: Engagement will be carried out using existing good practice both locally and nationally and through peer support. Sharing good practice across regions will also be encouraged. Continuous engagement with local interests and groups will also depend on how each region sets up their governance structure.

Q: How is effective engagement being carried out nationally? Have you engaged with or consulted any national networks or groups?

A: During the engagement events we spoke to a diverse range of organisations across all equality strands including Race for Health, Stonewall, Lesbian Gay Bisexual and Transgender Partnership and the national Black and Minority Ethnic network. With regards to staff-side we are having an active dialogue with the Social Partnership Forum. We will continue our dialogue with all of these groups as we move forward.

Evidence Base

Q: The EDS depends on good evidence. Yet good evidence about patients, communities and staff is in short supply for some equality target groups.

A: True, it is critical for NHS organisations and local interests to base their analysis, grades equality objectives and priority actions on good evidence. It is also true that the evidence base needs to be developed; the EDC will work hard with the NHS Information Centre in this regard. In the meantime, organisations should fully exploit current evidence, including joint strategic needs assessments. They should also make the best use of Public and Patient Experience and Engagement (PPEE) surveys, focus groups and other means of collecting hard and qualitative evidence.

Q: Are there any concerns that poor data and/or poor analyses skills locally will mean the EDS outcomes will not be delivered?

A: When Public Health moves from the NHS to local authority control strong links need to be in place. Communication with Public Health about the process of EDS should already have begun. Depending on the local governance structure representatives from Public Health should also be on the EDS governance group.

Resources

Q: What other resources will the NHS receive to implement the EDS?

A: Resources that organisations spend on meeting their statutory equality duties can be diverted to resourcing the EDS, which encompasses the requirements of the Equality Act.

Outcomes

Q: From a national perspective what does success look like for you?

A: The EDS should help to improve performance of the NHS consistently and the EDS can remove the worry about legal compliance. Just as importantly though, the EDS makes a real contribution to the government's 5 priorities for the NHS:

- The EDS emphasises patient involvement and engagement in design of services;
- It's about improving health outcomes of *all* populations by really understanding difference
- Public health gains should become clearer through effective use of data and looking at different needs
- The EDS provides a real opportunity for joint working with others, local authorities, social care, third sector and charitable groups
- This is about local improvement plans within a national framework, being designed and built by people in the system not by Whitehall.