Gateway number: 02206



Sharing the Learning – Implementing the Equality Delivery System for the NHS – EDS/EDS2

NHS England and the Equality and Diversity Council are keen to learn about the outcomes that have been achieved for patients and staff as a result of your organisation's implementation of the Equality Delivery System for the NHS – EDS/EDS2.

We would like to showcase good EDS/EDS2 practice and outcomes on the Equality and Health Inequalities web pages hosted on NHS England's website.

Please return the completed form to edc@nhs.net

Your details	
Organisation: Name and type of organisation	South East Commissioning Support Unit working in partnership with Merton Clinical Commissioning Group
Job title:	Equality and Diversity Manager
Contact details: Name, telephone, email	t: 020 8251 0510 e: w.shahain@nhs.net
What are your organisation's Equality Objectives? If published, please include the web link:	Merton CCG Equality Objectives

Title of Case Study: Equality Delivery System – interpretation to implementation		
 ☑Better health outcomes ☑Improved patient access and experience ☑A representative and supported workforce ☑Inclusive leadership 	 ☑Age ☑Disability ☑Gender reassignment ☑Marriage and civil partnership ☑Pregnancy and maternity ☑Race ☑Religion or belief ☑Sex 	

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Background information about EDS activity in your organisation:

Include a brief summary of how EDS/EDS2 is implemented in your organisation, including positives and challenges, e.g. joint grading with local interests etc.

South East Commissioning Support Unit worked with Merton Clinical Commissioning Group (CCG) to assess their equalities performance through the refreshed EDS2. This has been a dynamic process, influenced by and designed with stakeholders, opening up an on-going dialogue for improvement.

This involved: desktop-based evidence gathering, verifying evidence with key stakeholders, an engagement event with patients and partners to collectively grade the CCG, a focus group with staff, governing body input, a unique peer assessment between two neighbouring CCGs and development of improvement plans for each goal, which are being closely monitored through a high level steering group and provider assurance sought via the contracts monitoring process.

Positives:

- We took a flexible approach to EDS, focusing on a few commissioning priorities to ensure our assessment was deeper, rather than broader.
- Engaging providers early on to ensure they were active partners in the process
- While quantitative data from the staff survey was useful, we felt it would only tell part of the story – a focus group approach was used to supplement and qualify views.
- Linking our findings back to the Equality Act 2010 helped to focus the development of action plans around the core duties.

Challenges:

- Gathering consistent evidence across all commissioning areas.
- Ensuring that engagement was as representative as possible, across conditions as well as protected groups.
- Using the contracts monitoring process to robustly monitor compliance

What are you proud of and how has this benefited patients and/or staff? Include any outcomes for patients, communities or staff.

- Developing an evidence repository to use as a benchmark that can be built on for use by commissioners, providers and service users.
- Meaningful, not tokenistic, engagement with stakeholders who will be invited to form a network for on-going support and scrutiny.
- A robust process that provided findings stakeholders and service users will be able to hold the CCG to account to through future follow up events.

How was this achieved?

Include any challenges or barriers to overcome, any partnership working or creative and innovative approaches.

 Evidence repository - a comprehensive desktop review, coupled with information provided by providers, was collected including referral and treatment rates and patient satisfaction data. This will serve as a future Gateway number: 02206

template for other commissioning areas assessed through EDS.

- Meaningful engagement participants were sought through local Council
 networks, HealthWatch, Voluntary Sector Council, Providers and the CCG
 Patient Reference Group to ensure the widest possible cross-section of views
 were represented. Staff were invited to share their views candidly in a focus
 group. All findings have been reflected in follow up action plans.
- **Robust process** the general commitment of the CCG, and the buy-in of key leaders, enabled the EDS assessment to be implemented effectively. This was facilitated by the CSU in communicating the benefits, project managing the process and seeking out champions such as Governing Body members to maintain interest and engagement during the assessment and in its aftermath.

Top tips:

What learning could other organisations take from your example above?

Our 'Top 5 Tips':

- 1) Don't try to assess everything pick a few key areas from your commissioning priorities to assess Goals 1 and 2.
- 2) Involve your providers early on in the process they will hold key evidence for your assessment, and are more likely to join you on the improvement journey.
- Ask your local HealthWatch to take an active role in promoting and supporting your engagement activities, and if possible, in ongoing review. Same with your staff.
- 4) Peer assessment reviews are an insightful and challenging approach to validating evidence for Goal 4.
- 5) Set up a clear governance process to regularly monitor progress of your action plans.