

# Engagement events

Engagement with:

- EDI leads working in the system through existing networks where they exist, and bespoke meeting as appropriate
- People with lived experience post Long Term Plan publication

## **Key feedback from EDI events**

- Lack of clear leadership in relation to driving and supporting EDI agenda across the system
- Found it difficult to feed experiences and expertise into the national structures. Identifying the right people and getting them to listen was incredibly difficult
- EDI leads are an underused and undervalued resource – they are happy to engage and support work programmes
- EDI networks are highly valued and all involved are committed, but the position of some is quite precarious
- There was a need to ensure engagement with new system architecture and be involved in that process
- There was a requirement to review the effectiveness and content of the accountability framework, currently EDS2

# Inclusion event

The event focused on the following issues:

- Ensuring people with lived experience have a voice and influence throughout the work of Equality and Diversity Council.
- Working to ensure improved experience, access and outcomes for all.
- Helping to identify where the EDC should focus its work activity for 2019/2020 onwards

# **Presentations from**

- **Community Investors Development Agency (CIDA)** - focusing on the experience of accessing of Urgent and Emergency Services
- **Families Friends and Travellers** - Inclusion Health Audit toolkit and the experience of the Gypsy, Roma, Travellers and Showpeople communities using primary care
- **Health and Well-being Alliance**- focusing on women using maternity services
- **Newham** - Community prescriptions for Diabetes and Cardiovascular disease
- **One Voice 4 Travellers** - sharing the experience of the Gypsy, Roma community in West Midlands
- **Patients' Association** - showcasing their complaints review experience and sharing the lived experience of an older lady

The presenters were asked to reflect on the following questions:

- What has worked well for you?
- What hasn't worked so well for you?
- How can things be improved?

# Key messages

- Culture matters and compliance is important
- Theory Vs Practice can be two completely things
- Importance of VCS
- Importance of co-production
- Getting the balance right between National Vs Local
- Accountability (at a system level) and responsibility (at individual level) both matter
- Redress through regulation such as CQC

# Improvements

Things to be improved:

- Access to services – especially from inclusion health groups
- Balanced decision making not made on pre-conceived ideas or beliefs
- Person centred care – especially opportunity relating to areas such as personalised care ie self management/personal budgets
- Complex needs - people telling their story again and again - so improvements in recording and access to data

# Agreed next steps

- Important to link the examples raised during the VCS presentation with the LTP work programmes- these are significant issues that need to be addressed
- Collate and disseminate examples of good practice around the inclusion agenda
- Importance of community engagement and involvement
- Ensure clear link between good patient experience and the experience of staff
- Make diversity and inclusion a priority for every system and leader
- Need to improve - getting incentives right to do this



# Progress since EDC meeting

- Development of Implementation Guidance for HI elements of the LT Plan will include a specific ask for ICS and CCGs to report on progress to reduce HI, which will include inclusion groups so will be a priority for system and system leadership. Implementation Guidance will re-enforce requirement for community engagement and user involvement
- NHS England is also working closely with the voluntary and community sector to better understand the barriers and challenges for inclusion groups when accessing Primary Care services. Three focus groups have been commissioned to explore the concept of a new resource to help improve access to Primary Care. Friends Family Travellers, Groundswell and LASSN will deliver the sessions to engage Gypsy Roma Travellers, Homeless, Asylum Seeker and Refugee communities in identifying ways in which the resource will work to best support and enable inclusion health groups to register and access general practice, as is their right.
- NHS England will also be asking for examples of good practice around the inclusion agenda for wider dissemination
- Link between patient experience and staff experience being made through development of Always Events, Staff Stories and other work programmes, this is being submitted to new Chief People Officer's work programmes
- Development of new system architecture such as Primary Care Networks will include a requirement for them to prioritise HI, and review of CCG funding formulae for HI also been commissioned

# Next steps

- Further engagement with voluntary sector and inclusion groups by EDC as work programmes are reviewed and aligned with post LT Plan activity including engagement with the new Chief Professional Officer (CPO)
- 2-3 visits though-out the year that members can attend in different regions (with nominated EDI leads helping to organise)