

2015-16

# Equality Delivery System (EDS2) Grading Report

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If you have any queries or need support to understand this report, require it in another format such as large print, spoken (on cd) or Braille, or require it in a different language, please contact the Equality and Diversity team on:

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## About us

Pennine Care NHS Foundation Trust provides mental health and community services to people living in the boroughs of Bury, Oldham and Rochdale. We also provide mental health services in Stockport and Tameside and Glossop, as well as community services in Trafford.

Our services are located in hospitals and in the community and work closely with local councils, NHS organisations and the community and voluntary sector.

We provide a range of services for people who have serious mental illness such as schizophrenia and bipolar disorder, as well as more common mental health problems including depression, anxiety and dementia.

### **Mental health services include:**

- Working-age adult inpatient and community services including crisis resolution and home treatment, assertive outreach and early intervention older people's inpatient and community services.
- Community-based drug and alcohol services.
- Community-based child and adolescent mental health services (CAMHS).
- Psychiatric Intensive Care Unit (PICU).
- Some low secure care intensive rehabilitation services.

Our community services provide a wide range of treatment and care for the whole community, helping to keep people out of hospital and ensuring that they receive the highest quality care.

### **Community services include:**

- Dentistry
- Health visiting and school nursing
- District nursing
- Sexual health services
- Cancer and end of life care
- Long term conditions management
- Health improvement and wellbeing
- Learning disabilities
- Therapies

# 1. Introduction

## 1.1 Purpose

The Equality Act 2010 gives the NHS opportunities to work towards eliminating discrimination and reducing inequalities in care. The law means that all NHS organisations will be required to make sure health and social care services are fair and meet the needs of everyone, whatever their background or circumstances.

We aim to ensure that our services recognise and deliver culturally sensitive, inclusive, accessible and appropriate services to achieve better health outcomes.

This report describes our approach to implement the Equality Delivery System (EDS2) to assess the Trust's performance against the EDS2 Goal 2 –“Improved patient access and experience”. EDS2 is an assessment tool designed to measure NHS equality performance with an aim to produce better outcomes for people using and working in the NHS and to gather equality evidence that demonstrates compliance with the Public Sector Equality Duty (PSED) of the Equality Act (2010).

The implementation of **EDS2 is mandatory** and supports our strategic objective to promote equality throughout the planning, development and delivery of our services whilst appreciating and respecting the diversity of our local community and staff.

## 1.2 EDS2 Aims

The aim of the EDS2 is to improve services for people who belong to vulnerable and protected groups. The objective is to assess health inequalities and provide better working environments, free of discrimination, for people who use, and work in, the Trust.

## 1.3 Background

Over the past few years, there have been significant changes in health and social care regulations such as CQC registration requirements, Equality Act (2010), NHS constitution and the Human Rights Act. These laws / regulations aim to tackle inequalities and drive improvements in service delivery. In particular, under the Equality Act (2010), the Trust has a legal duty to promote equality and diversity and to ensure that everyone - patients, public and staff - have a voice in how we are performing and where we should improve.

### 1.31 Equality Act (2010)

The law talks about treating everyone in good and fair way. The Equality Act (2010) sets out when it is unlawful to discriminate and harass a person and it gives rights to our service users, carers and employees to raise complaints regarding discrimination. The law protects people from discrimination on the grounds of so called 'protected characteristics' (age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnic origin, religion or belief, sex and sexual orientation).

## 1.32 Public Sector Equality Duty (PSED)

Section 149 of the Equality Act (2010) requires us to demonstrate compliance with the “Public Sector Equality Duty” (PSED) which places a statutory duty on the Trust to address unlawful discrimination. The remit of PSED is very broad and covers decision-making, policy development, budget setting, procurement and employment functions. The PSED has two parts:

### General Duty to:

- Eliminate unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

### Specific Duty to:

- Publish information to demonstrate compliance with the general duty by 31<sup>st</sup> January each year.
  - **Our equality monitoring information mainly covers:**
    - ✓ Service user equality monitoring
    - ✓ Patient Advice and Liaison Service equality monitoring
    - ✓ Incidents equality monitoring
    - ✓ Compliments and complaints equality monitoring
    - ✓ Workforce equality monitoring
    - ✓ Trust membership equality monitoring
    - ✓ Estates equality monitoring
    - ✓ Equality Analysis
  - Prepare and publish Equality Objectives at least every four years.
    - **Our current Equality Objectives are:**
      - ✓ Information and monitoring – effectively monitoring to improve the usefulness of information
      - ✓ Communication – improving communication between the Trust and service users and carers, voluntary and community groups, staff, and primary care
      - ✓ Engagement – improving engagement with a range of stakeholders.
      - ✓ Learning and development – ensuring the Trust meets mandatory requirements and provides training that responds to the needs of staff
      - ✓ Making the organisation more reflective of the communities we serve
      - ✓

## **1.4 Who will monitor our compliance with the Equality Act (2010)**

The Equality and Human Rights Commission is responsible for monitoring and enforcing the PSED of the Equality Act (2010), failure to comply with the PSED may result in enforcement actions. EDS2 is a mandatory requirement of our commissioning contract and we are required to submit the annual return to the commissioners in the beginning of November every year. Care Quality Commission (CQC) will also monitor the equality aspect of our service delivery.

## **2. What is Equality Delivery System (EDS2)**

To support NHS organisation to perform well on equality, NHS England introduced a National Framework called “Equality Delivery System” (EDS2). It is a tool designed to measure NHS equality performance against four goals. The tool sets out four goals around equality, diversity and human rights. Within the four goals, there are 18 standards or outcomes, against which we assess and grade our equality performance. The focus of the EDS2 outcomes is on the things that matter the most for patients, communities and staff.

EDS2 is also applicable to the people from other disadvantaged groups, including people who fall into ‘Inclusion Health’ groups, who experience difficulties in accessing, and benefitting from, the NHS. These other disadvantaged groups typically include but are not restricted to:

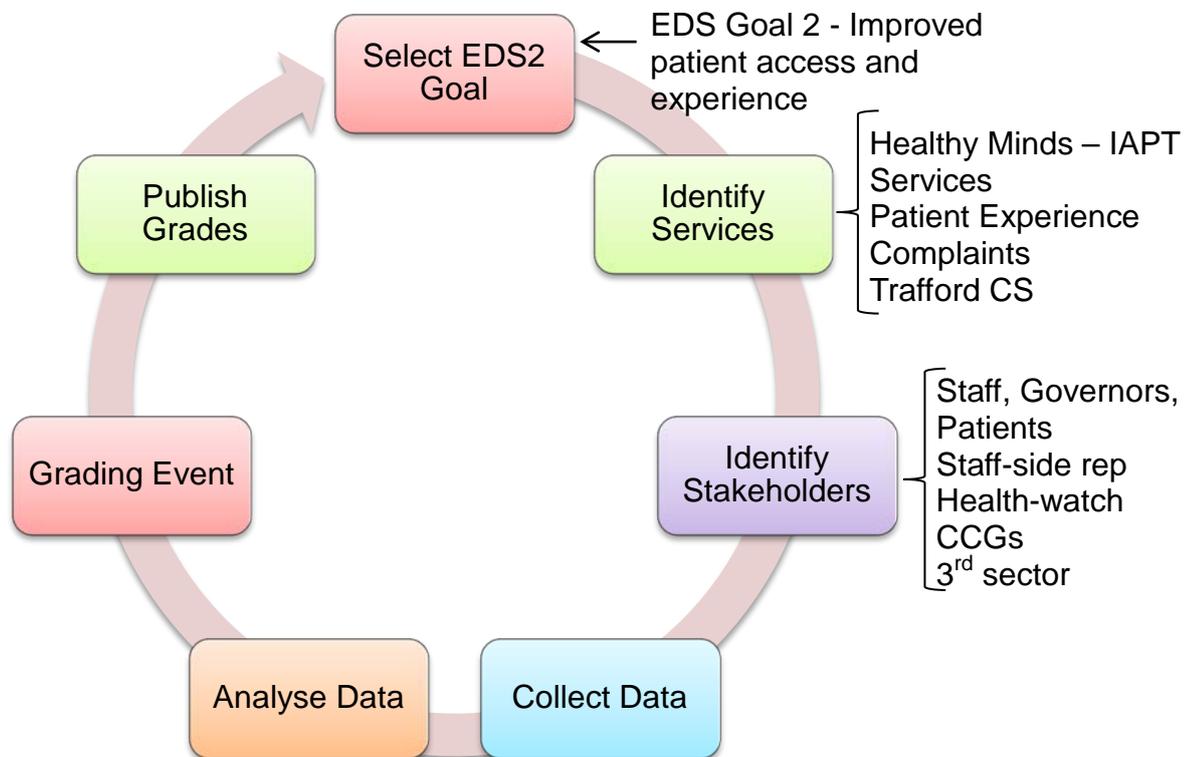
- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as women and men involved in prostitution)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated

### **EDS supports good practice in relation to other health care frameworks such as:**

- Care Quality Commission (CQC) Registration Framework
- NHS Outcomes Framework
- NHS Constitution
- Human Resources Transition Framework (FREDA)

### 3. EDS2 Project Implementation Cycle

The EDS2 has 18 outcomes, nine examine equality in service delivery and nine examine equality in workforce development. The project cycle will be repeated every year to gradually focus all services across all outcomes for all aspects of all protected characteristics. The project has been implemented in 7 stages:



#### 3.1 Select EDS2 Goal

The Equality Delivery System (EDS2) consists of 4 Goals:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

Within the above four Goals, there are 18 outcomes, against which we are required to assess and grade our equality performance (see appendix A for full description on EDS2 outcomes). This year (2015-2016), the Trust has assessed its equality performance against EDS2-Goal 2 “Improved patient access and experience” which included following four outcomes

1. People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
2. People are informed and supported to be as involved as they wish to be in decisions about their care

3. People report positive experiences of the NHS
4. People's complaints about services are handled respectfully and efficiently

### **3.2 Identify Services**

The Trust approach to target the service areas was selective, informed or where there was a local evidence to suggest any equality issues within the protected / vulnerable groups or people who are most at risk (old age). Commissioners' priority areas had also informed the selection of service areas. Following services were participated in 2015-2016:

- Healthy Minds (Psychological Therapy Services)
- Trafford Community Services
- Complaints
- Patient Experience Services

### **3.3 Identify Stakeholders**

The aim of the stakeholders group was to assess our equality evidences and approve the grading (scoring) of the outcomes. The grading event was attended by people from a diverse background and comprised of patients, carers, neighbouring NHS Trusts as critical friends, members of local community groups and voluntary organisations, FT Governors, staff and representatives of staff-side organisations.

### **3.4 Data collection**

A data collection tool was designed in line with the aims and objectives of the EDS2 and mapped against the protected characteristics. The data / evidence against the four-outcomes within the Goal 2 were collected in the form of narrative around service delivery, case studies / patient stories, policies and guidelines against protected characteristics. The case studies enabled the Trust to capture a wide range of information around service delivery processes, systems and procedures. Individual team managers / service managers have facilitated the data collection and case studies writing (see appendix B for data collection tool).

### **3.5 Data Analysis**

The aim of the data analysis was to find out that at what extent the evidence we have collected are meeting the EDS2 outcomes. For each of the EDS2 outcomes within goal 2, we are required to produce evidence demonstrating:

- How easy is it for people to access our services
- How well people are informed and supported in the decisions about their care
- How well we are improving patient experience
- How well people's complaint about services are handled
- Evidence of engagement with the protected groups
- Evidence of action plans for the areas that require improvements

In consultation with the respective service leads, the qualitative data was analysed and aggregated for appropriate scoring based on EDS2 grading system (Purple,

Green, Amber and Red). Where there were performance gaps, it was accepted as part of our equality action plan to address the areas for improvements.

### Grading Key:

<b>We are doing very well</b> People from all protected groups fare as well as people overall	Excelling
<b>We are doing well</b> People from most protected groups fare as well as people overall	Achieving
<b>We are doing OK</b> People from only some protected groups fare as well as people overall	Developing
<b>We are doing badly</b> People from all protected groups fare poorly compared with people overall	Undeveloped

### 3.6 Grading Event – Engagement with the local stakeholders

On the day of the grading event, delegates were provided with a brief to develop an understanding on the EDS2 grading process and how to evaluate evidence. Representatives from the local Healthwatch, Equality Leads from the neighbouring NHS Trusts, Voluntary organisations, Trust's Patient Advice and Liaison Service (PALS), Governors, Service users and staff attended the EDS2 grading event.

Information / evidence were presented on different groups of people, such as disabled people, older people and people from different cultures or religion and how the Trust is improving patient access and experience. Working as a group, delegates were asked to assess:

1. How easy is it for people to access our services
2. How well people are informed and supported in the decisions about their care
3. How well we are improving patient experience
4. How well people's complaints about services are handled

Each table / group had a facilitator, who discussed and wrote down comments from the delegates. The stakeholders reviewed and discussed the evidence provided against each outcome to agree a grade.

### 3.7 Grading Results

The table below provides the EDS2 grading results. The implementation of the EDS2 highlighted good practice however; it also identifies areas for improvement.

#### Grading Result: Healthy Mind Services

Healthy Mind Services	Outcome 2.1	Outcome 2.2
Oldham		
HMR		
Bury		
Tameside		
Stockport		

#### Healthy Mind Services Action plan / areas for improvement:

Services	Areas for improvement / action plans: "Improving Access"
Oldham	<p>To improve access to psychological therapies, we recognised the need to ensure that the service is LGBT friendly and accessible. Staff attended training provided by the LGBT foundation to develop awareness and how to ask about sexuality in a sensitive way. Work is in progress to develop process to implement effective monitoring of patients sexuality.</p> <p>To improve access for patients referred with learning disability, work is in progress to arrange training for clinical staff to make appropriate adjustments in therapy in line with the needs of the service users.</p> <p>The service has identified a need for greater representation in referrals from BME groups and other underrepresented groups. Work is in progress to achieve higher referrals by raising awareness, consultation and organising wellbeing events.</p>
HMR	<p>To improve access to psychological therapies for the older people, we are planning to work more closely with people from the older age group.</p>
Bury	<p>To improve access, we have begun to offer evening sessions throughout Bury. We are aiming to extend this to Saturday mornings but extra funding is required to implement this.</p> <p>Work has started to improve access to people from LGBT group by working closely with the Manchester LGBT services.</p>
Tameside	<p>To improve access for people from LGBT groups, we recognised the need to work more closely with this group / representative organisation and to develop further awareness amongst staff around the therapeutic need of the people from this group.</p>
Stockport	<p>There are segments of communities which are hard to reach; in particular, one of the areas for improvement is working more closely with the BME communities. To improve access to psychological therapies the service needs to do more outreach work and to participate in projects specific to certain communities by partnership working with the voluntary /3rd sector organisations.</p>

## Grading Result: Patient Experience, Complaints and Trafford CS:

Services	Outcome 2.1	Outcome 2.2	Outcome 2.3	Outcome 2.4
Patient Experience	X	X		X
Complaints	X	X	X	
Trafford CS				

## Action plan / areas for improvement - Patient Experience, Complaints and Trafford CS:

Services	Areas for improvement / action plans
Patient Experience	<p>Following the planned launch of the Patient Experience Strategy in October 2015, the Trust has established a patient experience partnership steering group and local Patient Experience Partnership groups in each Divisional Business Unit or Borough. The aim of the groups will be to monitor the implementation of Patient Experience Strategy whilst consulting with partner agencies. There will also be a range of local / condition specific or service specific groups across Mental Health and Community services who will inform the Patient Experience Partnerships. Work is in progress to implement a work plan that will ensure:</p> <ul style="list-style-type: none"> <li>• Service Users and their Carers are involved and engaged in their care</li> <li>• Service Users and their Carers experience is captured, understood and responded to</li> <li>• Service Users and their Carers experience influence the design and delivery of improvement initiatives</li> </ul>
Complaints	<p>We recognised the importance of equality monitoring data to ensure complaints are effectively dealt with and positive outcomes are created in line with the needs of the people from the protected groups. The complaint department continue to work more closely with the Equality and Diversity team to achieve better outcomes for peoples from the protected groups</p>
Trafford Community Services	<p>It has been recognised that Trafford Single Point of Access (a call centre service processing referrals for all adult services in Trafford) is difficult to access for people who are Deaf or hard of hearing. Deaf patients are dependent on family, friends or other professional to call through on their behalf. Work is in progress to implement ways in which people from this disability group can access the SPoA via SMS, email or other written means.</p>

## 4. EDS2 implementation – our achievements and learning

The implementation of the EDS2 further reinforced our commitment to improve patient access and experience by working more closely with the operational services. The implementation and monitoring of the action plans for the areas of improvement will be led by the relevant service leads.

The outcome of the action plans will be analysed against the 3 aims of the Public Sector Equality Duty by the Equality and Diversity team which reports to the relevant governance group to identify any patterns of discrimination, exclusion or under/over representation. This is monitored via quality governance group which reports to the Board.

By implementing the project we have achieved:

- Effective engagement and partnership working with our stakeholders
- Increased awareness around equality and diversity issues within services
- Improved equality data collection

The EDS2 project has also provided us with valuable learning opportunities. We have learned to improve stakeholder engagement, particularly for those stakeholders who are unable to participate in the EDS2 grading.

### EDS2 plan for 2016-2017

The EDS2 project cycle will be repeated next year to select services based on Trust's priority, commissioners' priority areas and where there is local evidence to suggest any equality issues within the protected / vulnerable groups or people who are most at risk.

### Publishing the report and feeding back to stakeholders

The engagement and feedback from the grading event will inform our action plans and where there are performance gaps, we will address the areas for improvements. The final report is to be circulated to all of the stakeholders that we have engaged with. The report is also to be made available on the Trust website.

# Appendices

## Appendix A: Equality Delivery System - Goals and Outcomes

Goal	Outcome
1. Better health outcomes	1.1 Services are commissioned, designed and procured to meet the health needs of local communities
	1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5 Screening, vaccination and screening programmes reach and benefit all local communities and groups
2. Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3 People report positive experiences of the NHS
	2.4 People's complaints about services are handled respectfully and efficiently
3. A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3 Training and development opportunities are taken up and positively evaluated by all staff
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6 Staff report positive experiences of their membership of the workforce
4. Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

## Appendix B: EDS2 Data Collection Tool

### Goal 2 Improved Patient Access and Experience

Outcome 2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds			
Team OR Service Name	How we are doing based on case study /commentary / Narrative (please write an issue / task or a situation and how we dealt with it, mainly case studies E.G journey from point of entry to further referral or exist, pathway support / health and social care integrating - our action OR process to meet the outcome Or areas for improvement with action plans	Grade	Evidence /Location	Action required
		Achieving		
		Excelling		
		Developing		
		Undeveloped		

#### Grading Key:

<p><b>We are doing very well</b> People from all protected groups fare as well as people overall</p>	Excelling
<p><b>We are doing well</b> People from most protected groups fare as well as people overall</p>	Achieving
<p><b>We are doing OK</b> People from only some protected groups fare as well as people overall</p>	Developing
<p><b>We are doing badly</b> People from all protected groups fare poorly compared with people overall</p>	Undeveloped

**Appendix C:  
Healthy Mind Services Evidence Description:**

Services	<p align="center"><b>Outcome 2.1</b></p> <p align="center"><b>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</b></p>
Oldham	<p> To ensuring that the service is LGBT friendly and accessible, staff received training provided by the LGBT foundation in Manchester to raise awareness and how to ask about sexuality in a sensitive way.</p> <p>To improve access for patients referred with a learning disability/literacy issues 2 questions have been introduced at assessment to screen for any literacy issues.</p>
HMR	<p> We deliver cultural sensitive treatment to member of Hard to reach population. Out Treatment plans reflect the HMR diversity. For example since last year, the service has delivered promotional event in cultural and religious locations (Mosques, Jewish communities) by way of organising plays that describes service users journeys into service. 7 out of 10 people at the identified the need that could be met by the HM HMR. Since then the service has been asked by various community organisation to perform plays at the various location. This is one of the effective ways of community engagement to improved access to Psychological therapies. We have improved access by 36% compared to last year.</p> <p> The service has an active BME group to discuss areas for improvement to improve access to IAPT.</p> <p> We have LGBT representative which coordinate with the LGBT foundation to enable the staff to deliver services in line with the needs of this group.</p> <p> We work in collaboration with Rochdale Borough User Forum to promote early access to psychological therapies.</p>
Bury	<p> On attending the service, service users are offered welcome and introductory session to enable them to review variety of interventions available to them. They can bring a friend or relative. In this session which is run by qualified therapists we explain all about our services and groups and classes available to help then with any anxiety and depression. The patient then has the opportunity to book on to a session at a date and time convenient to them.</p> <p>Once they have had their sessions there is an opportunity to 'step up' to</p>

	<p>another treatment if the patient's symptoms have not improved. We measure the patient's recovery with them throughout their treatment. We have found this has enabled us to review the outcome.</p> <p> To improve access, we have begun to offer evening sessions throughout Bury. We are aiming to extend this to Saturday mornings but extra funding is required to implement this.</p> <p> Work has started to improve access to people from LGBT group by working closely with the Manchester LGBT services.</p>
Tameside	<p> As part of this Peri-Natal pathway we offer a range of appointment locations including; children's centre, women's centre, antenatal clinic and home visits if accessing clinic is difficult due to late stage of pregnancy / pregnancy related health issues like SPD/ initial post natal period</p> <p>We also offer telephone appointments if accessing clinic is difficult. I line with DNA policy – before discharging we discuss with health visitor/midwife/patient to check out if DNA is because of due delivery date, mother's hospital admission, baby in SCBU, difficulty accessing clinic as newly delivered. Then considering what extra access needs the parent may have that we can offer support with e.g. location, mode and timing of sessions • Providing a baby friendly environment reassuring mums they can breast feed/ bottle feed/ change baby as needed</p> <ul style="list-style-type: none"> <li>- Encouraging people to consider the location of clinic :</li> <li>- ensuring location offered is pram friendly (for example Haughton mews is not pram friendly )</li> <li>- considering the patients address (e.g. not expecting a newly delivered mum to travel from Glossop to Dukinfield on public transport for 9am)</li> </ul> <p> All clients are given choice as to type of therapy that they want to access. They can choose to access a computerised course for example, or have therapy delivered via the telephone. This may be particularly suitable for those who have Long Term Conditions and are unable to leave the house easily, or those with childcare issues etc.</p> <p> Bespoke 'Healthy Minds' sessions have been delivered in various locations to meet the needs of those who may not routinely access our services or who may be underrepresented within the service - e.g. young people and older people. We have facilitated a number of sessions at Age UK, as well as at local colleges / 6th forms. Courses delivered at local carers centre to ensure those with caring responsibilities can access the service. However, work in progress to focus on expanding this offer to other hard to reach groups, including BME. We provide access to a range of interpreters for those who don't speak English (via Language Line), as well as BSL interpreters for deaf clients</p> <p> Our Long term conditions pathway advocate around disability and access for clients as many of our clients may have mobility needs. We all</p>

	<p>take this into consideration when offering appointments. If in doubt contacting clients first to avoid them not attending or cancelling at short notice due to access and venue fears. We personally have meet them at the entrance if needed to help with doors that are heavy access to lifts etc. speaking with reception staff to be mindful of extra support that may be needed to promote a positive experience / engagement .</p> <p>One area we have all advocated in the face of difficulty with the service criteria is around home visits for those whose physical needs make it difficult to attend clinic. E.g. on oxygen and the tank wouldn't last long enough for the duration of an hour session plus travel.</p> <p> BME work - we have made links with Hyde Community Action and the Bangladeshi Welfare Association. We are working with them to discuss the needs of the community and look at options for closer working</p>
Stockport	<p> There are segments of communities which are hard to reach; in particular, one of the areas for improvement is working more closely with the BME communities. To improve access to psychological therapies the service needs to do more outreach work and to participate in projects specific to certain communities by partnership working with the voluntary /3rd sector organisations.</p> <p> To improve access for the hard to reach group ( people with long term health condition, e.g. physical health disabilities) , the service has a long term condition pathway, with 2 dictated therapist (CBT) to provide support and intervention to people living with health long term health condition as well as anxiety and depression. The outcome of this pathway aimed to improve access and hence quality of life for the group living in isolation.</p> <p> We work with Older Peoples Services, COPD and cardiac care team in the acute hospital to increase access to service for people who otherwise would not easy access to mental health services. This also helps in reducing the acute admissions.</p> <p> We have a younger person pathway, dealing specifically with the needs of the 16 to 18 years old having psychological issues (stress). We meet weekly with CAMHS transitional teams to discuss and prioritise referrals. We work with local sixth forms colleges and deliver individual and group therapy to improve access for younger person.</p> <p>We work closely in partnership with Stockport NHS Foundations Trust to improve perinatal care for people experience mental health issues</p>

## Evidence Description : Healthy Mind Services

Services	<p style="text-align: center;"><b>Outcome 2.2</b></p> <p style="text-align: center;"><b>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</b></p>
Oldham	<p> During assessment all patients are actively involved in decisions regarding their treatment this involvement continues throughout therapy. Friends and family test results and patient experience questionnaires completed at assessment and on completion of therapy. We monitor any themes or issues that emerge in the satisfaction questionnaires / friends and family Test.</p> <p> The service has identified a need for greater representation in referrals from BME groups and other under- represented groups. The service has organised a consultation/wellbeing event aimed at BME groups as a start in addressing the lack of referrals from under-represented groups.</p>
HMR	<p> All our psychological interventions, therapy models we provide is based around collaborative approach between the service users and the therapist. Part of this is the psychological education we provide in the beginning of the intervention so that service user can have good awareness in terms of needs and the possible outcome with the individual responsibility to achieve wellbeing.</p> <p> We measure recovery / post-intervention through various tools, scales. We use GAD7 and PhQ9 and publish our recovery</p>
Bury	<p> We have developed a series of leaflets to support people with Long Term Conditions such as COPD. Many people with these conditions also have depression or other psychological conditions which can be helped by Healthy Minds joint approach with physical carers.</p> <p>Our therapists work successfully with interpreting services to support clients whose first language is not English.</p>
Tameside	<p> All our psychological interventions, therapy models we provide are based around collaborative approach between the service users and the therapist. We actively encourage people to let us know about their experience. Need to ensure these are routinely carried out and booked in regularly throughout the year</p>
Stockport	<p> Service user's first contact with the service is based on patient centred assessment which aims to capture all the needs and preference of service users. Client given choice around what therapy can be offered so it could be telephone based therapy, group work, face to face, online</p>

	therapy CBT).
	We work closely with the service users having complex needs, people having substance misuse issues and offer then weekly 1-2-1 sessions, dropping sessions and psycho education sessions with the community.

### Evidence Description: Patient Experience, Complaints, Trafford CS

Services	
Patient Experience	<p style="background-color: #92d050; padding: 2px;">The National Friends and Family Test was introduced in 2013 to provide a simple mechanism for patients to comment on their care and treatment whilst accessing NHS services. On the 1st January 2015 this was implemented in Pennine Care NHS Foundation Trust when the initiative was expanded to Community and Mental Health Services. In April 2015 this was expanded further to include Dental services which are also provided across the Trusts Footprint.</p> <p>In order to achieve this, postcards were developed in line with national guidance and are available in a number of accessible formats, issued and supported by NHS England. (Different languages, Large Print, Easy read / Accessible, Children's versions).</p> <p>Patient experience data provided to NHS England on monthly basis which is published on the Trusts website as well NHS England's site.</p> <p>FFT reports provided to services on a monthly basis as well as quarterly quality governance reports (QGAG) which are shared internally as well as with external partners.</p> <p style="background-color: #ffcc00; padding: 2px;">A series of engagement events were held with staff, service users, carers, Governors and partners, providing the opportunity to explore how we, as a Trust can further engage with those who use our services. 'The Big Conversation' engagement event for staff has informed the development of patient experience strategy and developed ways and means to gain feedback. All attendees were given the opportunity to make a personal or service pledge about what they will do to develop the Patient Experience agenda in their area of work.</p> <p>'The Big Conversation' for service users and carers offered all attendees the opportunity to inform the strategy, by confirming what is important to them and what quality means on a personal level. The purpose of the strategy is to describe how we will continue to improve services, through the ongoing involvement of Service Users and their carers in the development and delivery of services within Pennine Care Foundation Trust (PCFT).</p> <p>PCFT continues to be committed to developing Patient Experience opportunities that are inclusive, appropriate and positive. The Strategy shares the values and aspirations of the Equality and Diversity work</p>

	<p>stream. The Trust's Equality and Diversity Leads are responsible for advising the Patient Experience Strategy on the demographics which represent our patient and carer population across the Trust's footprint. The local patient experience partnerships will innovate and initiate methods to obtain feedback from the diverse groups of each local population through engagement and, where possible, the local groups will analyse and report on feedback against the protected characteristics as set out in the Equality Act 2010, with the aim of ensuring patients and their carers have a positive patient experience regardless of demographic status.</p> <p>The Strategy aims to influence the overall direction of services by giving a meaningful voice at all levels, to service users and their carers in making improvements to their own care and treatment. Ensuring we capture, understand and respond to service users and their carers, feedback will allow us to learn as a Trust from their experience and help drive forward improvements.</p> <p>The information gathered at the events was used to develop the patient experience strategy which has been welcomed by the Trust Board and will be shared across the organisation within the relevant CBU's and DBU's and commissioners</p> <p> Following the planned launch of the Patient Experience Strategy in October 2015, the Trust has established a patient experience partnership steering group and local Patient Experience Partnership groups in each Divisional Business Unit or Borough. The aim of the groups will be to monitor the implementation of Patient Experience Strategy whilst consulting with partner agencies. There will also be a range of local / condition specific or service specific groups across Mental Health and Community services who will inform the Patient Experience Partnerships. Work is in progress to implement a work plan that will ensure:</p> <ul style="list-style-type: none"> <li>• Service Users and their Carers are involved and engaged in their care</li> <li>• Service Users and their Carers experience is captured, understood and responded to</li> <li>• Service Users and their Carers experience influence the design and delivery of improvement initiatives</li> </ul>
Complaints	<p> We recognised the importance of equality monitoring data to ensure complaints are effectively dealt with and positive outcomes are created in line with the needs of the people from the protected groups. The complaint department continue to work more closely with the Equality and Diversity team to achieve better outcomes for peoples from the protected groups by ensuring that data on protected characteristics are captured and analysed in line with relevant EDS2 Goal.</p>
Trafford Community Services	<p><b>Outcome 2.1 “People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds”</b></p>

 It has been recognised that Trafford Single Point of Access (a call centre service processing referrals for all adult services in Trafford) is difficult to access for people who are Deaf or hard of hearing. Deaf patients are dependent on family, friends or other professional to call through on their behalf. Work is in progress to implement ways in which people from this disability group can access the SPoA via SMS, email or other written means.

**Outcome 2.2 “People are informed and supported to be as involved as they wish to be in decisions about their care”**

 Trafford Division of Pennine Care has undertaken engagement activity with children and young people who have autism / ADHD and behaviour that challenges. This cohort of patients are recognised as having extra difficulty when accessing health services and evidence demonstrates that this can sometimes have a negative effect on health outcomes and successful assessments. To improve parity and equality for this group of young people, Trafford Division interviewed a group of patients and parents to understand the barriers they face when accessing health services, this led to the implementation of 'ten things you need to know about me cards' (CQUIN) and Health Passports that the Children can have with them so professionals can quickly see what reasonable adjustments they can make in order to improve access to services and health outcomes for these children and their families.

**Outcome 2.3 “People report positive experiences”**

 Satisfaction with Community Health Services in Trafford is measured on an annual basis across the whole division, providing detailed feedback which is analysed at a service, location and divisional level. Alongside this detailed annual survey, Trafford division collect and report on patient feedback monthly through the National Friends and Family Test. This feedback is measured by a selection of the 9 protected characteristics and there have been no themes of poor experiences reported which are attributable to a protected characteristic receiving a different experience or level of care from Trafford Community Services.

Patient and Carer satisfaction against this is measured as part of the patient experience CQUIN survey and telephone interviews - feedback demonstrates patients and carers are satisfied with their level of involvement in decisions and the data demonstrates there are no discrepancies in this feedback across the 9 protected characteristics of those people who answered the survey. Services have access to and can offer interpretation so that information and decisions can be communicated effectively for people who don't have English as a language

**Outcome 2.4 “People’s complaints about services are handled**

**respectfully and efficiently”**

Complaints are handled in accordance with the local complaints policy and national NHS Complaints Regulations. At the acknowledgement stage of complaints - complainants are asked to provide anonymous demographic data. This enables the division to evidence that all complainants are treated in line with the individual needs / protected characteristic. We have a strong culture of dealing with complaints and PALS enquiries efficiently and equitably. A review of the annual complaints reports demonstrates that no complaints received have been as a result of patients, their family or carers being treated differently because they have a protected characteristic. In Trafford the PALS and Complaints function is combined and this enables positive outcome of complaints and positive patient experience.