

**EDS2/3 Interpreting Service Contract**

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**Strategic Patient Engagement, Experience and Equality Committee** **meeting**

**10 December 2019**

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| **Author(s)** | Paula Mackintosh | |
| **Sponsor Director** | Nicki Doherty | |
| **Purpose of Paper:**  To give context and background information in relation to the Equality Delivery System (EDS)2 requirements and explain how this framework could be used in the re-procurement of the interpreting services contract. | | |
| **Key Issues** | |
| This engagement plan is primarily concerned with community engagement which will take place with local organisations within the localities identified in the report. This will create opportunities to listen to the views of local people whilst in an independent safe space.  This report does not relate directly to the primary care element as this is being managed by other teams in the CCG. Geographic areas have been selected on the basis of existing data, and also based on monitoring information that indicated the areas where engagement activities could take place (based on high usage data).  This work has been influenced by previous engagement work delivered by the Communications Engagement and Equalities Team, and includes engagement work with Sheffield’s Chinese Community and the Refugee Council. | | |
| **Is your report for Approval / Consideration / Noting** | | |
| For approval. | | |
| **Recommendations / Action Required by the Strategic Patient Engagement, Experience and Equality Committee** | |
| The Strategic Patient Engagement, Experience and Equality Committee are asked to note the progress and consider the approach that is being suggested. | | |
| **What assurance does this report provide to the SPEEEC in relation to Governing Body Assurance Framework (GBAF) objectives?** | | |
| **Which of the CCG’s Objectives does this paper support?**   1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield   **Description of Assurances for SPEEEC**  To provide an overview of delivery of EDS2 | | |
| **Are there any Resource Implications (including Financial, Staffing etc)?** | | |
| There are no additional resource implications at this time. | | |
| **Have you carried out an Equality Impact Assessment and is it attached?** | | |
| This will be an integral part of our planning | | |
| ***Have you involved patients, carers and the public in the preparation of the report?*** | | |
| The choice of service area for EDS2 i.e. the interpretation and translation contract directly relates to feedback received from service users at the Chinese Community Centre and the Refugee Council. This plan suggests in-depth engagement with patients, carers and the public to understand their experience of receiving this service, through the lens of EDS2. | | |



EDS2 Engagement Plan on the Interpreting Service

**Strategic Patient Engagement, Experience and Equality Committee meeting**

**Tuesday 10 December 2019**

1. **Introduction**

The NHS Equality Delivery System (EDS) was developed by NHS England to help local NHS organisations, in discussion with local partners and the public, to review and improve their performance for people with protected characteristics. By using the EDS2, NHS organisations can deliver on the Public Sector Equality Duty (PSED).

EDS2 focuses on four goals:

1. Better health outcomes.

2. Improved patient access and experience

3. A representative and supported work force

4. Inclusive leadership.

The focus for implementing EDS2 will be on goals 1 and 2. Within these goals there are a series of outcomes or exemplars of good practice such as “individual people’s health needs are assessed and met in appropriate ways”. By listening to local people and gathering data, evidence can be drawn in order to self-assess ourselves, with our partners, on how we are performing against ratings of “undeveloped, developing, achieving, exceling”.

Our plan is that we use the EDS2 framework on one service which is interpretation and translation services in GP services/ primary care to assess how well we are performing, look at best practice and identify areas to improve. This will be put into an EDS2 action plan.

Access and delivery of interpretation and translation services has been highlighted as an issue when CCG has been engaging with communities in the City.

1. **Background**

NHS Sheffield CCG has two existing interpreting contracts. The first contract is a joint contract between Sheffield City Council /Sheffield Teaching Hospital and NHS Sheffield CCG. This contract is for all of the ad hoc bookings for GP practices, optometrist practices, and dental practices. The second contract is solely for the high usage GP practices (6 practices) who have a block booking arrangement and this contract is managed by the CCG.

The contract with Language Line Solutions has been extended until October 2020. The interpreting services we have now works well, but we know that there are areas we can improve and this can be achieved by looking at the current contract and service provisions as an initial first step.

We need to ensure that the service specification appropriately reflects the needs of the population. Within this extension period, the service will be going through a re-procurement process and it will ensure that the service specification and contract appropriately reflects the needs of service users.

1. **Our Plan**

There is one single factor for NHS organisations to focus on within the grading process in EDS2 - “how well do people from protected groups fare compared with people overall”? This will be the lens that we will be using when talking to service users and community organisations when reviewing interpretation and translation services.

The contract for the interpreting service, which is held by Language Line, has been extended until October 2020. As already stated, the service is not being completely redesigned, but by engaging service users we will ensure that the service specification and the commissioned service reflects the needs of the communities.

The engagement aims to identify what is working well within specific communities and where there are inequities and inconsistencies across the services. The need for service improvement within the interpreting service has been evident in feedback from community engagement activities with a range of organisations including Sheffield Chinese Community and Refugee Council. This has been the main driver for prioritising the interpreting service over other services as part of EDS2.

The engagement plan (appendix A) describes how we will undertake extensive patient/carer/voluntary community sector involvement to fully understand what is working well and what isn’t. We’ll use the EDS2 toolkit to self-assess our performance (undeveloped, developing, achieving, excelling) alongside partner organisations.

The outcomes listed below will be used as a guide in relation to engagement activities. The following are the suggested outcomes or exemplars of good practice, adapted from EDS2:

1. Interpreting service is commissioned, procured and designed and delivered to meet the health needs of the local community
2. The interpreting session has contributed to a person’s health needs being assessed and met in appropriate and effective ways
3. The interpreting session enables transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
4. Interpreting sessions successfully flag screening, vaccination and other health promotion services reach and benefitall local communities
5. Following a session with an interpreter, people feel satisfied that they are informed and supported as they wish to be in decisions about their care
6. People, carers and communities can readily access primary care services and should not be denied access on unreasonable ground

It is proposed that the outcomes listed above are used to guide one to one conversations and focus groups etc. It is recommended that engagement should not just focus on challenges, problems and concerns but also on situations where progress is being made and situations where the interpreting service is working well to ensure this good practice is continued in new services.

The data below confirms the practices where there is high usage of Language Line services, and the most prevalent languages spoken by patients needing the help of an interpreter are:

Mulberry Practice (S1): Arabic, Farsi, Kurdish, Albanian, Amaric

Page Hall (S4): Arabic, Swahili, Slovak, Czech, Portuguese

Upwell Street (S4): Arabic, Somali, Slovak, Farsi, Tigrini

Burngreave Medical.Centre (S3).: Arabic, Slovak, Somali, Czech, Hungarian

Firvale Dental Care (S3): Arabic, Farsi, Kurdish, Somali

Darnall Primary Care Centre (S9): Slovak, Arabic, Bengali, Urdu, Farsi

Sloan Medical Centre (S8): Bulgarian, Arabic, Mandarin, Urdu, Swahili

The following engagement plan outlines the organisations we will engage with as local people are connected into within the communities around the GP practice. It is not exhaustive and the expectation is that this list will be added to.

**Appendix A - Public engagement plan**

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| **Community Organisations** | **Practice Area** | **Methodology** | **Application of EDS2 Tool kit** |
| * Shelter * Roundabout | Mulberry Practice (S1) | Face to face conversations/focus groups/guided questions/ with staff and service users, engagement with existing groups that meet locally. | Using all 6 outcomes, or selected outcomes as a guide in conversations to obtain information that tells us what is working well, and specific information on where the service is not meeting the health needs of the practice population in order to apply grading at a later stage |
| * Sheffield Chinese Community Centre * Sheffield Chinese Association | Sloan M.C. | Face to Face conversations/focus groups/guided questions with staff and service users, engaging with pre-existing groups that meet locally | As above |
| * Firvale Comm Hub * PACA * SpringBoard Social Café at PACA * Links to Roma families through DWB Jo Van Levesey * Yemeni Association | Page Hall and Upwell Street Practice (S4) | Face to Face conversations/focus groups/guided questions with staff and service users, engaging with pre-existing groups that meet locally.  Action research and/or targeted questions that improves knowledge of language barriers. This is in response to recent feedback from Page Hall/Pitsmoor resident (from Yemen) that suggests that the culture does not encourage an individual to learn English because everything is provided in community languages – a disincentive for breaking the language barrier. | As above |
| * Furnival Community Projects * YCA * ISRAAC (Somali Community and Cultural Association) * Using existing networks (Terminus Initiative and Darnall Wellbeing for e.g.) to have contact with Kurdish families, as there are no known organisations working solely with members of this community. | Pitsmoor Surgery & Burngreave M.C.  (S3). | Face to face conversations, focus groups, guided questions with staff and service users, attending pre-existing services that meet locally. | As above |
| Members of the Deaf Community | CCG response to Healthwatch report main recommendations | Building on the foundations of work that has already been undertaken since the publication of the report “Not Equal: The Experiences of Deaf People accessing Health and Social Care in Sheffield. | As above |
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**Stakeholder engagement:**

We will be working alongside: Healthwatch Sheffield, Refugee Council, Commissioning Staff, Interpreting Service staff, City of Sanctuary and Equality Hubs, in addition to the VCF organisations included in the Engagement Plan and other NHS organisations in the City.

**Timescale:**

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| **Action** | **When** |
| **Phase 1 Implementation** | |
| Plan at SPEEEC for assurance | Dec 2019 |
| Finalise engagement plan including EDS and contact organisations | Dec 2019 |
| Engage Sheffield Cross Hub Health Working group on action plan | Jan 2020 |
| Feedback evidence gathered from community engagement on interpreting and contracting services to contracting team | Jan 2020 |
| **Phase 2 – Completing EDS2** | |
| Set up task and finish group to assemble evidence for EDS | Jan 2020 |
| Task and finish group to analyse evidence for EDS | Feb 2020 |
| Task and finish group to self-assess against the grades | Feb 2020 |
| **Phase 3 – Delivery and embed** | |
| Develop and deliver comms plan to promote focus of equality in Sheffield CCG | March 2020 |
| Publish grades and action plan | March 2020 |

**Action / Recommendations for the Strategic Patient Engagement, Experience and Equality Committee:**

SPEEEC are asked to consider the EDS2 implementation and engagement plan

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On behalf of: Nicki Doherty

Date: 3 December 2019