Equality Analysis and Engagement Plan

NHS
Leeds Clinical Commissioning Groups Partnership

A template for staff 2017 08 V1.0 FINAL

Engaging with patients and the public is a **statutory duty**. To help you get it right first time we have developed this planning template. This will help you plan your engagement and present your plan at the Patient Assurance Group (PAG). Our engagement team can help you fill it in. **Your plan should be shared with the PAG at the earliest opportunity.**

Evidencing that we have considered the impact our activities will/may have on patients and the public; and identifying changes we can make to reduce/remove any negative impacts is a **statutory duty.** The equality analysis in this plan forms the initial stage of the equality impact assessment process. Our Equality Lead can provide advice and support in relation to this.

The PAG is a group of patients who meet regularly to assure the board that we are engaging in the right ways and with the right people. It is made up of members of the public who are asked to represent the wider public at the meeting. They can help you to develop a robust equality analysis and engagement plan and should be seen as a 'critical friend'.

There are three reasons you might come to the PAG:
1. To give advance notice of a **significant** service change (a level 3 or 4 change)
2. To present the equality analysis and engagement plan
3. To provide a update on an engagement project that has previously been taken to PAG

We will need your completed equality analysis and engagement plan **two weeks before you attend the PAG** so that members can read through. This will help them understand your plan and save you time when you present. Our aim is to keep questions to you relevant so please avoid jargon in the plan and explain any terms or acronyms that you use.

When you present your equality analysis and engagement plan at the PAG you will have a few minutes to outline your proposal. If you have been working with a patient on the project you might like to invite them to the PAG to support your presentation. You should be prepared to talk about:

1. **The extent to which the engagement reflects the size and topic of the change.**(the level of change)
2. **Who the change affects and how you know this in particular in relation to protected, seldom heard or vulnerable groups.** (existing intelligence)
3. **Which protected groups, seldom heard or vulnerable groups this proposal will/may affect or where you have identified gaps in intelligence and how you will engage with them** (existing intelligence and partnerships)
4. **How you will find out what people think about the change.** (methodology)
5. **How you will work with the voluntary sector when you engage.** (partnerships)
6. **How you have developed your engagement questions**(outcomes and testing)
7. **The timescale for your project**
8. **How you will involve patients throughout the commissioning cycle**

Please have the answers to all these questions when you attend the PAG so that we can manage the meeting with the appropriate questions and answers.

If you have any questions please speak to the engagement team.

1. Project Title: Homebirth maternity

2. Project Lead: Liz Wigley
3. Engagement Lead: Helen Butters

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Email: liz.wigley@nhs.net

4. This project is: citywide

5. Describe your project

Describe the project (what are you changing and why?)

The Maternity Strategy for Leeds 2015-2020 was developed based on extensive consultation with women and families in Leeds, using a detailed health needs assessment and the latest and best evidence of what works well in maternity services, taking into consideration national and local drivers. The strategy outlines 9 priorities which aim to improve maternity services by providing safe, high quality maternity care, meeting the needs of all families in the city:

1. Personalised Care – All women will receive care that is personal to their needs, where professionals work with them to plan and deliver care throughout pregnancy, birth and after the baby is born.
2. Integrated Care – We will ensure that every woman feels that each stage of her care is coordinated, consistent and delivered in an integrated way.
3. Access – Services will be easy to access to help women have their first midwife appointment early in pregnancy and to continue to receive all the care and support that they need throughout their pregnancy.
4. Emotional Health – We will support the emotional and mental wellbeing of women who are pregnant and ensure that those who experience any emotional problems during and after their pregnancy are well supported and offered the best care.
5. Preparation for Parenthood – We will support all parents to have a healthy pregnancy and to feel well prepared and confident for the birth and subsequent care of their baby.
6. Choice – Women and their partners will have all the information that they need to make informed choices about their pregnancy and care.
7. Targeted Support – We will ensure that those families, who need it, receive targeted support during their pregnancy and after the baby is born.
8. Quality & Safety – We will strive to ensure that all women receive high quality, safe and responsive maternity care throughout their pregnancy, birth and post-natal care.
9. Staffing – We will work in partnership to provide well-prepared, trained and confident staff in all our services to meet the needs of women and families.

As part of the targeted support project, work has already been completed to improve services for women and partners using maternity services who have learning difficulties, perinatal mental health, and young parents. This piece of work will focus on homebirths.

a. Outline the aim of the engagement

This engagement will build on national research to investigate local preferences around birthplace, perceptions of risk and understanding of existing evidence behind clinical outcomes associated with choice of birthplace. It will understand existing opinions held by both women, families, wider public and relevant professionals, and use this insight to create

tools which can be used in the future to better inform people in Leeds about the benefits of homebirths.

b. Outline expected outcomes from the engagement

To provide women and families with clear and simple information about homebirth in order for them to make an informed decision about where they choose to give birth and to increase the number of parents who want to give birth at home.

c. How will you use patient involvement to influence the outcome?

Engagement from service users and staff to be incorporated into future work of commissioners in this area to ensure that information created meets the needs of women and their families.

- How does the project support the Leeds Health and Wellbeing Board outcomes? (delete as appropriate)
- People's quality of life will be improves by access to quality services
- People will be involved in decisions made about them

d. What is the level of service change? (see appendix A)

Level 1 ☐	Level 2xx ☐	Level 3 ☐	Level 4 ☐

If your project is classed as a 'significant variation' (level 3) or 'major change' (level 4) you should use the following DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes)
'Planning and delivering service changes for patients' DH 2013

6. Pre-consultation information (Equality Analysis)

What do you already know about peoples' access, experience, health inequalities and health outcomes? Use **relevant** intelligence from existing local, regional or national research, data, deliberative events or engagements.

Source Where did the intelligence come from? This might the JSNA, provider data, Health Needs Assessments, complaints or previous engagement exercises etc	**Analysis** What did the intelligence tell you about the **people with protected characteristics (age, disability, gender (sex), gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation**)and other vulnerable/seldom heard communities(**see appendix B**) Please note you must evidence that you have considered all protected characteristics.
Previous engagement and workshops carried out when creating the maternity strategy	See information outlined in section 5
Sarah Bennett Lead Midwife will carry out some research on the current characteristics of women who choose home birth	

If your analysis has highlighted any gaps please outline what action you will take in section 7.

7. What timescales are you working to?

Please share your equality analysis and engagement plan with the PAG at the earliest opportunity and allow time make any necessary changes to your engagement.
(include planning implementation, evaluation and feedback)

Complete equality analysis and engagement plan	November 2017
Attend PAG to share your plan	November 2017
Brief scrutiny board (if level 3 or 4)	n/a

Carry out engagement	Jan 2018 – March 2018
Complete engagement report	April 2018
Commencement of service	To be decided
Feedback to stakeholders and the PAG	June 2018

8. Engaging with your stakeholders
(consider using a mapping tool to identify stakeholders)

a. Who is the change going to affect and how? (Taking into consideration the information/data research and equality analysis in section 5)

To engage with the following…			
Group (Which group of people? Providers, patients, public, carers etc)	**Inform/engage** (Are you engaging or informing?)	**How** (How will you engage with them? – Surveys, focus groups etc. This will need to be different for different groups)	**By who** (Who will carry out this work? Commissioners, engagement team, third sector, Engaging Voices)
Pregnant people, partners and families	Engaging	Questionnaires, focus groups and interviews	Voluntary Action Leeds using the agreed mechanisms of the engaging voices project and working voices
GP's Midwives and Health Visitors	Engaging	Surveys/Questionnaires slightly changed to seek professionals views	CCG staff will cascade questionnaire using various internal communication mechanism and networks
The above will be supported by:	• Continuous promotion on CCG's social media channels linking in and encouraging all identified groups/third sector partners to share using their own social media • Writing and sharing a standard article for inclusion in any internal bulletins, magazines or websites of all the above identified groups/third sector partners		
Underpinning principles to ensure that our engagement activities are accessible to all our diverse communities.	• All the above will have access to material and suggested text developed by CCG communications and engagement team • The bulk of the above activity will be done by email and on social media • Documentation in alternative formats will be available on request.		

9. What resources do you need for the engagement?
Consider if you need additional staffing, administration, design work or printing

a. What additional staffing do you need?
Not relevant – patient engagement contract covers staffing

b. Do you need to make any of your resources accessible (i.e. for people with learning disabilities; sight impairments; or alternative languages?)
Not relevant - patient engagement contract covers resources

c. Outline your budget

Resource(admin, design, print, staffing)	**Est cost**
TOTAL	

10. What are your consultation/engagement questions?

a. What do you want to find out?

To understand from professionals and the wider public what their birth place preference would be and what would influence their birth place preference. We know from research that the decision on where to give birth is usually made before becoming pregnant – it would be interesting to add a question at the end of the conversation about this – what influences women before they become pregnant and whether this decision is influenced during pregnancy……

b. What questions will you ask?

Their understanding of risks around the birth place – we also want to test some information on the public to see if this would change their preference of birth place. First phase will be asking people what influences where they would like to give birth and following this information we can then go out with more specific options.

c. How will you test the questions to ensure they are suitable?

We will work very closely with the Leeds Maternity Voices Partnership, LTHT as well as the Homebirth group

d. How many people do you need to speak to?

A good sample which would be at least 300 people

e. How will you demonstrate that you have consulted with a representative sample?

Equality Monitoring Form will be completed for each survey/focus group applicant

11. Results

a. Who will collate the results?

Voluntary Action Leeds (VAL)

b. Who will analyse and theme the results?

VAL

c. Who will write the report?

VAL who will incorporate the feedback we receive from staff into the final report

d. How will you use the feedback – what will you do differently?

Feedback will influence the offer

12. Feedback and Evaluation

a. How and when will you feedback to participants?

The engagement report will be uploaded to our website as well as a shortened version including “you said we did”. VAL will cascade the “you said we did” document using a variety of mechanisms to people who were involved.

b. What will you feedback?

Results of the engagement and next steps

c. Will there be ongoing feedback or a follow-up event?

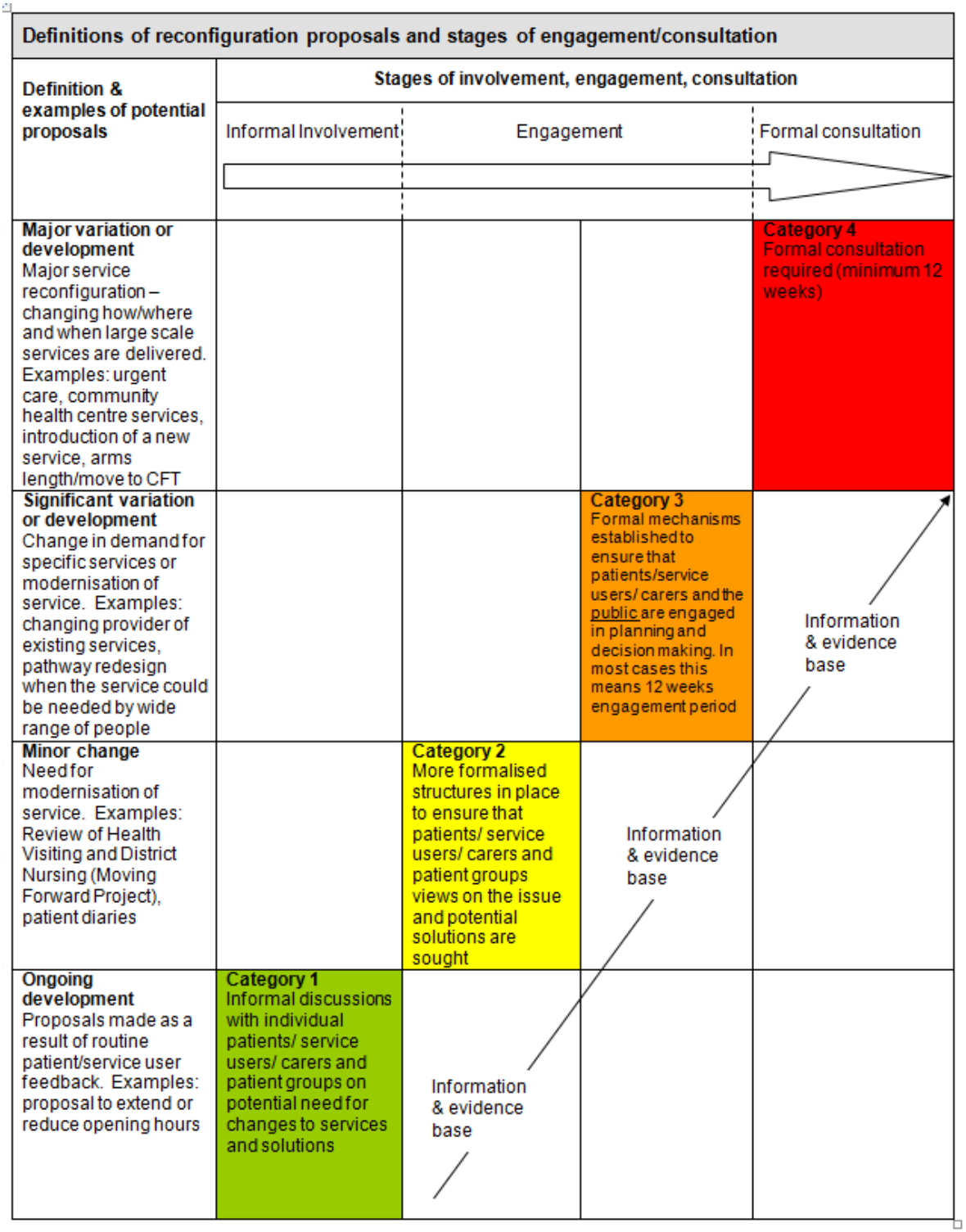
Not sure at this stage

Action Plan Dates

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
1.	Recruit patient rep	1 week	HB	Jan 2018	
2.	Agree level of change (confirm with Communication/ engagement manager)	1 week	HB	Nov 2017	
3.	Consider a date to take project to PAG (invite reps from other PAGs if citywide)	1 week	LW	23 Nov 2017	
4.	Give Leeds Involving People and Engaging Voices a heads up	1 week	HB	Dec 2017	
5.	Meet with patient leaders	2 weeks	HB	Jan 2018	
6.	Write Equality Analysis and Engagement Plan	2 weeks	HB	November 2017	
7.	Write patient survey	2 weeks	HB/LW/patient	Jan 2018	
8.	Share draft equality analysis and engagement plan and survey with patient leader/project lead	2-3 weeks	HB	Jan 2018	
9.	Send equality analysis and engagement plan to the PAG	Depends on PAG date	HB	November 2017	
PAG supports the equality analysis and engagement plan					
		Approx. timescale(from date of PAG)			
10.	Make final amends to equality analysis and engagement plan	1 week	HB	Dec 2017	
11.	Design and print survey	3 weeks	HB	Jan 2018	
12.	Write engagement covering letter	1 week	HB	Jan 2018	
13.	Add survey to snap survey	1 week	VAL	Jan 2018	
14.	Consider creating a video to introduce the project and add to website	3 weeks			
15.	Add engagement onto website	1 week	HB	Jan 2018	
16.	Press release	1 week			
17.	Social media plan	1 week			
Start engagement					
		Approx. timescales (from start of engagement)			

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
18.	Email out link PDF of survey and link to online survey(patients, public and VCF sector)	1 day	HB	Jan 2018	
19.	Mail-out covering letter and paper surveys	2 days	VAL	Jan 2018	
20.	Drop off paper surveys to health centres and GP surgeries	1 week			
21.	Share paper copies of survey with Engaging voices/LIP	1 week	n/a		
22.	Organise and run drop-ins at clinics	2-12 weeks	n/a		
23.	Organise and run focus groups	2-12 weeks	VAL	Jan – March 2018	
24.	Add to staff e-bulletins and share content with partners identified in the plan	1-12 weeks	HB	Jan 2018	
Engagement ends					
		Approx. timescales (from end of engagement)			
25.	Time for final surveys to be recorded	1 week			
26.	Add relevant patients to community network	2-4 weeks			
27.	Write equality impact and engagement report	2–4 weeks			
28.	Share equality impact and engagement report with patient leader and project team	2-4 weeks			
29.	Share equality impact and engagement report with PAG/s by email	2-4 weeks			
30.	Send equality impact and engagement report to stakeholders	3-5 weeks			
31.	Share findings with patient experience team	3-5 weeks			
32.	Write follow-up report and send to patients	6 months			

Appendix A – Stages of engagement



Appendix B – Protected characteristics *(Equality and Human Rights Commission 2016)*

Age
Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

Disability
A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender (Sex)
A man or a woman.

Gender reassignment
The process of transitioning from one gender to another.

Marriage and civil partnership
Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1]
Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
[1] Section 1, Marriage (Same Sex Couples) Act 2013, Marriage and Civil Partnership (Scotland) Act 2014.

Pregnancy and maternity
Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Race
Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion or belief
Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sexual orientation
Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.