

Equality Analysis and Engagement Plan

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: Social Prescribing- developing a single model for the city

2. Project Lead: Sue Wilkinson

Contact details: sue.wilkinson5@nhs.net;
0113 843 5479

3. This project is: Citywide

4. Describe your project

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

Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector, patients can also self-refer.

<https://www.kingsfund.org.uk/publications/social-prescribing>

Typically, a link worker from the social prescribing service will work with the person to co-produce solutions about what is important to them that best promote desired outcomes and this will often include an onward referral to services such as befriending, healthy lifestyle classes, debt management support - but a wide variety of activities can be included.

Social Prescribing is identified as one of the 10 High Impact Actions within the GP Five Year Forward View (GPFV 2016) <https://www.england.nhs.uk/expo/2016/11/14/releasing-time-for-care-10-high-impact-actions-for-general-practice-dr-robert-varnam/>; and the approach supports the principles set out in the NHS Five Year Forward View (2014). Social Prescribing plays a key role in the Leeds Health and Wellbeing Strategy and the Leeds Health and Care Plan, and is at the heart of the Local Care Partnerships that are being developed locally.

Nationally there is a growing body of evidence that supports Social Prescribing as a key part of local community services. A National Social Prescribing Network has been set up to share knowledge and best practice, and to support social prescribing at local and national levels. The network has developed a Social Prescribing Guideline (2017): Making Sense of Social Prescribing <http://westminsterresearch.wmin.ac.uk/19629> and reviewed evidence for the economic impact of social prescribing <file:///C:/Users/bridlec01/Downloads/review-of-evidence-assessing-impact-of-social-prescribing-1.pdf>

Social Prescribing services are currently delivered by 3 lead voluntary sector providers in the city, and 6 GP practices. The 3 schemes were procured by NHS Leeds South and East CCG, NHS Leeds North CCG and NHS Leeds West CCG and are currently contracted until August 2019, receiving over 4000 referrals each year. The schemes are; Connect Well <https://www.commlinks.co.uk/services/leeds/connect-well/> (CW), Connect for Health <https://www.connectforhealthleeds.org.uk/> (CFH) and the Patient Empowerment Project <https://barca-leeds.org/health-and-wellbeing/west-leeds-pep-patient-empowerment-project> (PEP).

With the move to one NHS Leeds CCG's Partnership from April 2018 we intend to re-procure a single citywide Social Prescribing Service for the city from September 2019 onwards; taking the learning from existing schemes to develop a city-wide social prescribing service – through which people are supported to access non-medical services in the community.

The current schemes have evaluated well with significant increases in mental wellbeing and self-reported wellbeing, health related quality of life, management of long term conditions and

patient experience. The service is also highly regarded by staff who refer into the service.

Engagement events formed a key part of the development of the current Social Prescribing services, and service user experience has been a key part of the evaluations of Connect Well, Connect for Health and PEP.

b. Outline the aim of the engagement

To provide commissioners with an understanding of patient and staff experience of using social prescribing services in Leeds, and the views of the public and wider stakeholders, so that they can re-procure a service which meet the needs and preferences of local people.

c. Outline the objectives of the engagement

- Involve the social prescribing patient champions in the development, implementation and evaluation of the engagement
- Understand and analyse the people’s experience of social prescribing in Leeds using existing patient and staff feedback
- Develop a set of questions to understand the needs and preferences of service users, potential service users, staff, and wider stakeholders
- Use a survey to encourage people to share their experience of using the service
- Hold focus groups with seldom heard groups to identify any gaps in service provision and potential positive or negative impacts in relation to characteristics/groups protected by the Equality Act 2010
- Write a report which outlines the findings of the engagement

d. Outline expected outcomes from the engagement

- An accessible patient survey and set of questions
- An accessible survey for public and wider stakeholder views
- Held a series of focus groups with seldom-heard groups
- A report which outlines and analyses the findings of the engagement
- A series of recommendations for re-procurement

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

The engagement feedback will be incorporated into the service model to ensure that the service created meets the needs and preferences of service users. The social prescribing patient champions will oversee the engagement, support the development of the specification, be involved in the procurement and future steering group.

• How does the project support the Leeds Health and Wellbeing Board outcomes? (delete as appropriate)

- People will live longer and have healthier lives
- People will live full, active and independent lives
- People’s quality of life will be improves by access to quality services
- People will be involved in decisions made about them
- People will live in healthy and sustainable communities

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

Level 2

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

5. 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.

<p>Source</p> <p>Where did the intelligence come from? This might be the JSNA, provider data, Health Needs Assessments, complaints or previous engagement exercises etc</p>	<p>Analysis</p> <p>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.</p>
<p><i>Community Health Champions Engagement November 2013 PPE Engagement Report</i></p>	<p>This report outlined the findings of engagement with local stakeholders in the development of the NHS Leeds West CCG Community Health Champions project (social prescribing). Recommendations included ensuring that the voluntary sector play a central role in engaging vulnerable groups</p>
<p><i>The Social and Economic Impact of the Rotherham Social Prescribing Pilot - Main Evaluation by the Centre for Regional Economic and Social Research; Sheffield Hallam University, Sept 2014</i></p>	<p><u>Reduced social isolation and loneliness</u> 'A further benefit of accessing Social Prescribing services, and linked to beneficiaries' well-being, was a reduction in social isolation and loneliness. Service providers highlighted the importance of linking people with limited mobility and social contact with the wider community. This was also highlighted in the interviews with beneficiaries.</p> <p>Service user comment from the Leeds schemes: <i>"I go out the house more now. You feel like a prisoner when you don't do anything. Whereas now I've got the care, and my family I like a game of bingo so my daughter will say you go to bingo and I'll sit in with dad tonight. You know, so I'm getting some kind of life back."</i></p>
<p><i>Leeds in Mind 2017; Mental Health Needs Assessment. Sarah Erskine Health Improvement Principal Victoria Eaton Chief Officer/Consultant in Public Health</i></p>	<p>There are an estimated 106,000 people who, every year in Leeds experience a Common Mental Health Disorder (CMHD) such as anxiety and depression. This estimate is not adjusted for socioeconomic status and it may be that the 'true' number is much higher.</p>
<p><i>Kings Fund – What is Social Prescribing , Feb 2017</i></p>	<p>There is emerging evidence that social prescribing can lead to a range of positive health and well-being outcomes. Studies have pointed to improvements in areas such as quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety. For example, a study into a social prescribing project in Bristol found improvements in anxiety levels and in feelings about general health and quality of life. In general, social prescribing schemes appear to result in high levels of satisfaction from participants, primary care professionals and commissioners</p>
<p><i>Black & Minority Ethnic Communities in Leeds by Electoral Ward – source: Office of National Statistics/ Leeds JSNA 2015</i></p>	<p>Leeds is a diverse city with increasing numbers of people identifying with minority ethnic groups. In 2011 the city's BME population totalled 141,771 (18.9% of the resident population)</p> <p>Local evaluations and evaluation of the Rotherham social prescribing service indicate lower levels of take up from BME communities. (Rotherham, Leeds scheme evaluations).</p>
<p><i>Leeds and Rotherham scheme evaluations</i></p>	<p>Locally, evaluation highlights</p> <ul style="list-style-type: none"> • some gender inequalities, that more women than men use the service currently

5. 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	Analysis
Where did the intelligence come from? This might be the JSNA, provider data, Health Needs Assessments, complaints or previous engagement exercises etc	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.
	<ul style="list-style-type: none"> more referrals from working age adults, older people less likely to use the service Although Connect for Health (Leeds) accepts referrals from young people 14+ there have been only a small number of referrals.
<i>Social Prescribing: Less Rhetoric and More Reality. A Systematic Review of the Evidence; Liz Bickerdike, Alison Booth, Paul M Wilson, Kate Farley, Kath Wright</i>	Three before and after studies and five descriptive reports reported on patient experience. Studies used semi-structured interviews or survey questionnaires specifically designed for the project evaluation to assess participant experience. In six of the studies, participants reported overall satisfaction with social prescribing programmes. General improvements in feelings of loneliness and social isolation, and improved mental and physical health were also observed.
<p>If your analysis has highlighted any gaps please outline what action you will take in section 7. The current services are not routinely collecting equality monitoring information and there is no information on people with the following protected characteristics:</p> <ul style="list-style-type: none"> Pregnancy and maternity Religion or belief Marriage and civil partnership LGBTQ 	

6. 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	7 th March 2018
Attend PAG to share your plan	21st March 2018
Brief scrutiny board (if level 3 or 4)	n/a
Carry out engagement	8/5/2018 to 15/06/ 2018
Complete engagement report	End June 2018
Feedback results to patient, public and stakeholders	August 2018
Commencement of service	1 st September 2019
Feedback to stakeholders and the PAG	On completion of engagement report In 2018-19 Statement of Involvement

7. 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)

We are planning to re-procure a single city-wide social prescribing service in Leeds. The change will affect existing staff and organisations delivering the service. Potentially the

change could affect current service users, future service users and other stakeholders (including referrers and receiving organisations). The impact on people using the service is expected to be minimal and possibly enhanced. However the potential loss of three area services could lead to a loss of local knowledge and experience. The change provides an opportunity to identify current gaps in the service with regards to access and put in place a service specification which addresses these gaps.

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)
Service users of the social prescribing projects in Leeds	Engaging	Surveys	Surveys to be shared with existing and previous service users by current social prescribing services in Leeds
People with protected characteristics	Engaging	Surveys and focus groups	VAL to organise, run and analyse focus groups with the following groups: <ul style="list-style-type: none"> • People from BME communities • Men's groups • Mental Health groups • LGBTQ groups • Young people's groups • Older peoples groups • Religious groups • Pregnancy/maternity groups
Staff working in the existing social prescribing schemes	Engaging	Surveys	Surveys to be shared by commissioners with staff working on the social prescribing.
Referrers, such as primary care staff	Engaging	Surveys	Surveys to be shared by engagement team with those referring into the scheme
Non – referrers	Engaging	Surveys	Surveys to be shared by commissioners with specific GP practices that do not refer into the scheme.
Third sector organisations	Engaging	Surveys	Surveys to be shared by VAL with organisations accepting referrals from the social prescribing schemes
Wider public (potential service users)	Engaging	Surveys 3x public events in community hubs	Surveys shared with internal and external public/patient networks and in GP practices. VAL planned events in hubs e.g Armley one stop/ Reginald centre/ Beeston
Wider stakeholders (LA, Adults & Health, Local care Partnerships, Healthwatch)	Informing/Engaging	Survey, Email/letter	We will inform wider stakeholders about our re-procurement plans and associated engagement
The above will be supported by:	<ul style="list-style-type: none"> • 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 		

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)
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.	<ul style="list-style-type: none"> 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. 		

8. 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?

VAL will support this work through the engagement contract. It is classed as a silver project.

b. Do you need to make any of your resources accessible (i.e. for people with learning disabilities; sight impairments; or alternative languages?)

Surveys will be available in alternative formats on request.

VAL will use an asset-based approach to engage people in appropriate formats/languages.

c. Outline your budget

Resource(admin, design, print, staffing)	Est cost
Survey design and print	£500
VAL staffing	Included in contract
TOTAL	£500

9. What are your consultation/engagement questions?

a. What do you want to find out?

We want to understand the experience, needs and preferences of service users, potential service users and staff involved in the Leeds social prescribing schemes, and the views of wider stakeholders

b. What questions will you ask?

See attached draft questions

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

Questions will be tested by the Social Prescribing Patient Champions

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

We would like to get feedback from a mixture of people. Aiming for 300 responses.

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

10. Results

a. Who will collate the results?

VAL and the engagement team will collate the results

b. Who will analyse and theme the results?

CCG engagement team

c. Who will write the report?

CCG engagement team

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

The findings of the engagement will be shared with the social prescribing patient champions and used to influence the model of social prescribing developed. We will use feedback to develop the engagement and equality sections of the contract and will involve patient champions in the procurement process. Feedback will also be used to shape future evaluation of the scheme.

11. Feedback and Evaluation

a. How and when will you feedback to participants?

We will share the engagement report with people who participated in the engagement and shared their contact details. The engagement report will also be shared with partners and wider stakeholders and added to our website.

b. What will you feedback?

The engagement report will outline and theme the findings, and provide clear recommendations to the commissioning team. The annual Statement of Involvement will identify how we have used patient feedback to shape the scheme.

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

The social prescribing patient champions will continue to monitor the project from an engagement perspective and ensure that patient experience is being used to shape the service. The annual Statement of Involvement will identify how we have used patient feedback to shape the scheme.

Action Plan Dates

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
1.	Recruit patient rep	1 week			
2.	Agree level of change (confirm with Communication/ engagement manager)	1 week			
3.	Consider a date to take project to PAG (invite reps from other PAGs if citywide)	1 week			
4.	Give Leeds Involving People and Engaging Voices a heads up	1 week			
5.	Meet with patient leaders	2 weeks			
6.	Write Equality Analysis and Engagement Plan	2 weeks			
7.	Write patient survey	2 weeks			
8.	Share draft equality analysis and engagement plan and survey with patient leader/project lead	2-3 weeks			
9.	Send equality analysis and engagement plan to the PAG	Depends on PAG date			
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			
11.	Design and print survey	3 weeks			
12.	Write engagement covering letter	1 week			
13.	Add survey to snap survey	1 week			
14.	Consider creating a video to introduce the project and add to website	3 weeks			
15.	Add engagement onto website	1 week			
16.	Press release	1 week			
17.	Social media plan	1 week			
Start engagement					
		Approx. timescales (from start of engagement)			
18.	Email out link PDF of survey and link to online survey(patients, public and VCF sector)	1 day			
19.	Mail-out covering letter and paper surveys	2 days			
20.	Drop off paper surveys to health centres and GP surgeries	1 week			

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
21.	Share paper copies of survey with Engaging voices/LIP	1 week			
22.	Organise and run drop-ins at clinics	2-12 weeks			
23.	Organise and run focus groups	2-12 weeks			
24.	Add to staff e-bulletins and share content with partners identified in the plan	1-12 weeks			
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

Definitions of reconfiguration proposals and stages of engagement/consultation			
Definition & examples of potential proposals	Stages of involvement, engagement, consultation		
	Informal Involvement	Engagement	Formal consultation
Major variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT			Category 4 Formal consultation required (minimum 12 weeks)
Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people		Category 3 Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making. In most cases this means 12 weeks engagement period	Information & evidence base
Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries	Category 2 More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought	Information & evidence base	
Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	Category 1 Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions	Information & evidence base	

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.