

Equality Analysis and Engagement Plan

A template for staff v1.1

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 protected or vulnerable groups.** (existing intelligence)
3. **Which protected groups 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: Crisis Engagement Young People

2. Project Lead: Ruth Gordon

Contact details: 0788 560 8524

3. This project is: Citywide

4. Describe your project

a. Describe the project?

An event was held in September 2016 to bring together key players from across the whole system (including emergency services, health and local authority staff) to consider how Leeds responded to the needs of young people who were experiencing a mental health crisis. Following the workshop, it was clear that a piece of work was needed around out of hours crisis care. In view of this commissioners are reviewing the crisis offer (mental health) for young people across the whole system as well as the autistic community. A short piece of engagement work with professionals has already been carried out to examine the specific issue relating to the young people who have autism and consultation with parents was recommended by this group.

An ongoing task and finish group is overseeing the action plan for this work and this group meets monthly. It has agreed that the engagement of young people and families is a key first step in improving the service offer we make to young people experiencing a crisis.

b. Outline the aim of the engagement

To engage with a diverse group of young people and parents. Would like to draw on reflections on people's experience (both young people and parents) of being in crisis to explore gaps and make improvements (through enhancing existing resources and an investment in redesign)

c. Outline the objectives of the engagement

To provide young people with a sustainable offer of crisis care specifically out of hours (current gap)

d. Outline expected outcomes from the engagement

Engagement from service users to be incorporated into the enhanced offer to ensure that it meets the needs of young people and their families.

e. 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

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

Level 1

Level 2x

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

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 reassignment, pregnancy and maternity, race, religion and belief, sex and sexual orientation) and other vulnerable/seldom heard communities (see appendix B) Please note you must evidence that you have considered all protected characteristics.
example:	example
Workshop outputs	Cohorts have been informed by analysis of this

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

6. What timescales are you working to?

Please share your 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 communications and equality analysis and engagement plan	10 May 2017
Attend PAG to share your plan	8 June 2017
Brief scrutiny board (if level 3 or 4)	n/a
Carry out engagement	June – August 2017
Complete engagement report	August 2017
Commencement of service	December 2017
Feedback to stakeholders and the PAG	December 2017

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)

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)
Example: patients using the chronic pain service	Engaging	Asking patients in the waiting room to fill out a survey about their experience. Holding focus groups with chronic pain service users	Leeds involving people (LIP) will support CCG staff to carry out surveys in the waiting room. CCG staff will plan and deliver the focus groups

Parents who have used A&E out of desperation where they are overwhelmed by behaviour of autistic child	engage	Survey, interviews, one to one, focus groups	Leeds Involving people
Young people already known to services who find themselves in crisis- sometimes in a loop eg, young people self-harming presenting to A&E (includes overdosing) 15-24 years. Some are kept in hospital and medically restrained because staff don't know how else to keep them safe.	engage	Survey, interviews, one to one, focus groups	Common Room
Those not known to services unaware how to manage crisis- don't know where to go			
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 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?	
b. Do you need to make any of your resources accessible (ie for people with learning disabilities or sight impairments)	
c. Outline your budget	
Resource (admin, design, print, staffing)	Est cost
TOTAL	

9. What are your consultation/engagement questions?

a. What do you want to find out?

Autistic element –

Understand time of crisis (day/night) – when did it start “bubbling”?

What happened?

What would have saved you to getting to this crisis point in the first place?

What could we commission to stop you from having to go to A&E?

Young people/parents

Understand time of crisis (day/night) – when did it the crisis start “bubbling”? Also at what point they presented to services

What happened?

Were you receiving support at the time? If so what?

What could have been a better crisis response?

What might have helped prevent crisis?

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

Test them with service users

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

Numbers for this project will be small

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

Will use an equality monitoring form

10. Results

a. Who will collate the results?

Leeds Involving People and the Common Room

b. Who will analyse and theme the results?

Leeds Involving People and the Common Room

c. Who will write the report?

Leeds Involving People

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

Feedback will influence the enhanced offer

11. Feedback and Evaluation

a. How and when will you feedback to participants?

They will receive a copy of the engagement report and will receive information on changes

made and how they have influenced those

b. What will you feedback?

The results of the engagement and proposals for future service provision

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

No – once the engagement is complete and users have been consulted upon the service will then be evaluated through usual methods.

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 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 and 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.

Sex

A man or a woman.

Sexual orientation

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