

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: Continuing HealthCare Patient Experience Project

2. Project Lead: Sue Kendal

Contact details: sue.kendal@nhs.net

3. This project is: **Citywide**

4. Describe your project

a. NHS continuing healthcare is an individual package of care that is arranged and funded solely by the NHS. NHS funded nursing care is an NHS contribution towards the cost of an individual's registered nursing care. To find out whether you are entitled to either of the above, you should be assessed to see if your care needs fulfil the eligibility criteria for NHS continuing healthcare. If you are not eligible for NHS continuing healthcare, the process should provide sufficient information to gauge your need for nursing care in residential accommodation. The first phase of the engagement project is to find out people's experience of their initial assessment. There is no change planned to the service.

b. The aim of the engagement is to ensure that the assessment process (not the decision) is meeting the needs of the individuals.

c. The objective of the engagement is to ask the patients what they thought of the assessment process. We need to ensure that we are clear that there are parts of the assessment process which we cannot change, such as the form that is used and the Decision Support Tool, because these have to be used for everyone. What people can influence is the actual experience of the assessment process. We are aiming to talk to people before they are informed of the decision. If this is not possible we will make a note of this so this information can be analysed as this could skew people's feedback.

d. The expected outcomes of the engagement is to ensure that the assessment process is as patient centred as possible.

e. Feedback from the survey will influence the outcome.

- How does the project support the Leeds Health and Wellbeing Board outcomes? (delete as appropriate)
- People will be involved in decisions made about them

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

Level 1

Level 2

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 <u>relevant</u> intelligence from existing local, regional or national research, data, deliberative events or engagements.	
Source Where did the intelligence come from? This might be 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 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
n/a	n/a
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	30 March 2017
Attend PAG to share your plan	13 April 2017
Brief scrutiny board (if level 3 or 4)	
Carry out engagement	3 April 2017
Complete engagement report	15 May 2017
Commencement of service	
Feedback to stakeholders and the PAG	To be decided

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
Patients/carers who are wanting to access the Continuing Care Service	Engaging	Survey but giving people the option of telephone interview or one to one interviews at a venue of their choice	LIP will undertake the engagement as an independent body

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 		

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? LIP to source

b. Do you need to make any of your resources accessible (ie for people with learning disabilities or sight impairments) LIP to source

c. Outline your budget – retainer with LIP n/a

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

9. What are your consultation/engagement questions?

a. What do you want to find out?
 We are evaluating the client experience of the Continuing Healthcare Assessment Process. We want to find out their thoughts on the assessment process. We will be focusing on those clients who are being assessed for the first time.

b. What questions will you ask?

- Did you receive information before the assessment and how would you rate it?
- Would you have found information before the assessment helpful?
- Was the time of the assessment convenient?
- Did the nurse arrive on time?
- Was the nurse polite and pleasant?
- Were you able to understand the process?
- Were your needs identified within the assessment?
- Was everyone involved in the assessment who you felt should have been?
- Did the nurse explain next steps in the assessment process?
- Could anything have been improved?
- What worked well?
- What would be the preferred methods of any future on-going engagement?
- Further comments

c. How will you test the questions to ensure they are suitable?
 LIP will evaluate the questions and they have been checked by the CHC manager

d. How many people do you need to speak to?
 Aiming to speak to 50.

e. How will you demonstrate that you have consulted with a representative sample?
Equality monitoring form will be part of the survey so we can evaluate who we have spoken to and if there are any gaps

10. Results

a. Who will collate the results?
LIP

b. Who will analyse and theme the results?
LIP

c. Who will write the report?
LIP

d. How will you use the feedback – what will you do differently?
Feedback and recommendations will be fed into the CHC team who will be asked to provide a “you said we did” statement following the engagement

11. Feedback and Evaluation

a. How and when will you feedback to participants?
LIP will provide people with a copy of the report if they provide them with their contact details. You said we did report will be posted on our website

b. What will you feedback?
Results of the engagement and the you said we did

c. Will there be ongoing feedback or a follow-up event?
Decision will be made following the engagement

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.