

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: Parenting Support

2. Project Lead: Jayne Bathgate-Roche/Helen Butters

Contact details: Jayne.bathgate-roche@nhs.net 0113 8431634

3. This project is: citywide

4. Describe your project

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

Commissioners have been involving children and young people over the last 2 years on developing the mental health website MindMate. MindMate has been a crucial tool to provide children and young people with the information they need. However, in all areas of our work support for parents is recognised as currently being poor. Often situations escalate and these could have been prevented had parents had the skills/knowledge to support their children. In addition we will also be incorporating engaging parents with autistic children and young people to find out what would be helpful to them when in crisis to explore gaps and make improvements (through enhancing existing resources and an investment in redesign). This was a previous engagement project – Crisis Engagement Young People and there was a gap in engaging with parents with autistic children following the engagement. This piece of engagement originally took place earlier on in the year. However, we felt that more engagement was needed with parents and carers of children and young people who may need access to mental health services so made the decision to engage again during the months of October and November 2018.

b. Outline the aim of the engagement

The aim of the engagement is to find out from parents what information and help they need and how they need it in order to support their family when they experience mental health problems. In addition we want to ensure that the crisis offer for parents of autistic children is fit for purpose.

c. Outline the outcomes of the engagement

To provide parents with a facility which provides them with all the help and information they need to support their family.

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

Engagement from parents will be incorporated into the plans in this area to ensure that information created meets the needs of parents and their families.

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

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 (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.
Example: “Prevalence of mental health disorders in adult minority ethnic populations in England: a systematic review” Institute of Education January 2016	The most recent systematic review of prevalence of mental health disorders in adults’ minority ethnic populations shows that Black or Black British people are more likely than white people to have used services and more than twice as likely to have spent time in hospital as White people. People from other ethnic groups are much more likely to have used services but no more likely to have been in hospital.
Example: National Institute For Clinical Excellence, 2004	Dementia affects 5% of people over the age of 65 and 20% of those over 80. About 700,000 people in the UK have dementia (1.2% of the population) at any one time.
There was a very detailed equality impact assessment completed for the Local Transformation Plan for children and young people’s emotional wellbeing and mental health – please see attached	
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 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	January 2018
Brief scrutiny board (if level 3 or 4)	n/a
Carry out engagement	January –February 2018 and October 2018 – November 2018
Complete second engagement report	December 2018
Commencement of service	
Feedback to stakeholders and the PAG	January 2019

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)
Parents with children between the age of 3-18 – parents with experience of mental health and without	Engaging	Questionnaires, focus groups and interviews	Voluntary Action Leeds using the agreed mechanisms of the engaging voices project and working voices including: From October 2018 the following engagement will take place. <ul style="list-style-type: none"> • engagement will be highlighted in the Engaging Voices, Working Voices and Leeds Health Ambassadors newsletters • included in the News items on Doing Good Leeds • Inclusion in other VAL newsletters, such as Young Lives Leeds, BME hub etc • targeted emails to existing Engaging Voices partners who have access to parents and carers (to date a total of 120 paper surveys to 6 EV partners and others are sharing the online version with their service users) • publicity on Twitter and Facebook - tags to existing EV partners and potential EV partners; shared and tagged with parenting groups, general Leeds information pages, and any other organisations who may have an interest • two engagements arranged in Leeds Central Library which will be facilitated by a VAL staff member and the Leeds Health Ambassadors • one engagement pending confirmation at Dewsbury Road Community Hub, also facilitated by VAL staff and the LHAs • Leeds CAMHS will help to publicise the survey and are happy to take paper copies. There is also a possibility of the LHAs attending the clinic and speaking to parents in the waiting room.
Parents of children with autism	Engaging	Questionnaires, focus group and interviews	Voluntary Action Leeds using the agreed mechanisms of the engaging voices project and working voices
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 		

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)
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?

n/a

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

Part of the engagement contract

c. Outline your budget

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?

Support for parents: what do they need? On-line, telephone, training etc. The support provided can be for any aspect of family life (ie, when things become complicated), including child development, issues with schools, parenting/relationship support, family breakdown, aggression in the home, bullying, risky teenage behaviour and mental health concerns of both parents and their children. Support for parents with autistic children when in crisis – Would like to draw on reflections on people's experiences of being in crisis.

b. What questions will you ask?

The question will be more of a conversation about what support parents need. We do not want to lead people but would rather they come up with their own suggestions – this may lead to solutions we haven't thought of.

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

See above

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

A good sample would be 300

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

b. Who will analyse and theme the results?

VAL

c. Who will write the report?

VAL

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

Feedback we receive will influence the support parents receive

11. Feedback and Evaluation

a. How and when will you feedback to participants?

Engagement report will be posted on the CCGs website and fed back to VAL to cascade to participants

b. What will you feedback?

Engagement report which includes clearly the “you said we did” element

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

No

Action Plan Dates

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
1.	Recruit patient rep	1 week	hb	Jan 18	
2.	Agree level of change (confirm with Communication/ engagement manager)	1 week	hb	Nov 18	
3.	Consider a date to take project to PAG (invite reps from other PAGs if citywide)	1 week	hb	Jan 18	
4.	Give Leeds Involving People and Engaging Voices a heads up	1 week	hb	Dec 18	
5.	Meet with patient leaders	2 weeks			
6.	Write Equality Analysis and Engagement Plan	2 weeks	hb	Nov 18	
7.	Write patient survey	2 weeks	hb	Jan 18	
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	hb	Jan 18	
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		Jan 18	
11.	Design and print survey	3 weeks		Jan 18	
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		Jan 18	
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 18	
19.	Mail-out covering letter and paper surveys	2 days			
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	hb	Jan 18	
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	hb	Feb 18	
26.	Add relevant patients to community network	2-4 weeks			
27.	Write equality impact and engagement report	2-4 weeks	hb	Feb 18	
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	hb	March 18	
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.