

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: Maternity and Neonatal Reconfiguration – Public Consultation

2. Project Lead: Liz Wigley

Contact details: Tel: 0113 84 31634
Email: liz.wigley@nhs.net

3. This project is: **Citywide**

4. Describe your project

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

The provision of high quality maternity and neonatal care in Leeds is imperative to the delivery of the Leeds Health and Wellbeing Strategy and supporting the vision to be “the best place for children and young people to grow up in”.

Leeds has one of the highest birth rates in the country with over 10,000 births per year. We have been working hard over the last 3 years to deliver improvements and change through the Leeds Maternity Strategy, which aims to deliver against the nine key priorities by 2020. We have seen a number of key successes. Over the last 5 years we have carried out extensive engagement work with the public to help develop the Leeds Maternity Strategy and then further engaged on specific work streams. We have an active Maternity Voices Partnership (MVP) group who provide an ongoing focal point for all our engagement.

We recently undertook some surveys and interviews with mums and families across Leeds to look in more detail at outpatient services.

What they have told us has helped to shape three options about where we should deliver hospital-based outpatient appointments (including scans). These are currently held at both Leeds General Infirmary (LGI) and at St James’s University Hospital (SJUH).

The feasibility of any change to Maternity services will be influenced by the new plans to redevelop and build at the Leeds General Infirmary site: at the time of writing this engagement plan, the building plans have not yet been finalised by the architects and any change which may take place will not be in place for the next five years.

b. Outline the aim of the engagement

The proposal is to reconfigure the provision of maternity and neonatal care in Leeds to offer women and families access to high quality safe care that meets their needs. Community-based outpatient appointments will remain unchanged; it is important to emphasise this throughout the consultation period. There are a number of options which we will base our consultation on; these involve the centralisation of inpatient neonatal and maternity services with different options for the location of hospital-based outpatient services.

This public consultation project will specifically seek views on three options relating to where we should deliver hospital-based outpatient appointments (including scans), as follows:-

Option 1: Centralise all maternity and neonatal services, including a new midwifery-led unit, at Leeds General Infirmary, and have all hospital outpatient services at the LGI.

Maternity services in the community will remain the same as they are now.

Option 2: Centralise all maternity and neonatal services, including a new midwifery-led unit at Leeds General Infirmary, but have some hospital outpatient services at St James’s as well as at the LGI site. Maternity services in the community will remain the same as they are

now.

Option 3: Centralise all maternity and neonatal services, including a new midwifery-led unit at Leeds General Infirmary, and move all hospital outpatient services to St James's. Maternity services in the community will remain the same as they are now.

c. Outline the objectives of the engagement

To provide parents in Leeds with a high quality, safe and sustainable maternity service.

- To effectively engage the local population, partners and other stakeholders
- To give the local population, partners and stakeholders the opportunity to consider and comment on the options presented
- To use the comments and feedback from the local population, partners and stakeholders to inform consideration by the commissioners and providers as to how it should provide services to best meet the needs of the population
- To ensure that the consultation is accessible to local people, patients, partners and key stakeholders and that they have the opportunity to participate fully, should they wish to do so.

d. Outline expected outcomes from the engagement

Feedback from the pre-engagement phase and previous extensive engagement, which has been carried out over the last five years, will feed and influence the three potential options within the public consultation, to reconfigure maternity and neonatal services in Leeds.

- 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 2

Level 3

Level 4x

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

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

The Maternity Health Needs Assessment

The Maternity Strategy for Leeds 2015-2020 was developed based on

- 85% of Leeds residents having a child choose to use the LTHT maternity service
- The proportion of people giving birth at St James's and LGI is fairly similar
- There are an increasing number of people from

5. Pre-consultation information (Equality Analysis)

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<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 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.</p>
<p>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:</p>	<p>Eastern European communities using both services</p> <ul style="list-style-type: none"> • According to Leeds Language Link, the most requested alternative languages at St James's during 2012/13 were Polish, Kurdish, Czech, Urdu closely followed by Tigrinya and Arabic • The Lesbian and Bisexual Consultation for NHS Leeds in 2009 highlighted that many lesbian and bisexual co-mothers felt services were not fully meeting their needs and information and support tends to have a bias towards heterosexual couples • Women from south and west Leeds are overwhelmingly more likely to deliver at LGI. People from east and north Leeds are more likely to deliver at St James's • Data shows that people from non-deprived areas are much more likely to deliver at LGI. People from deprived areas are fairly evenly likely to deliver at both hospitals • 15% of people using maternity care at LTHT do not live in Leeds and over 50% of those using neonatal services • The age profile of women giving birth at each hospital site is similar. This is not true for out-patient appointments where more women over 35 used St James's and more women under 35 attended LGI • Around 55% of births at St James's hospital are to women under 30 and around 5.6% are to women under 20. • It has not been possible to gather data on the numbers of disabled women using maternity services • The 2007/09 Maternity Health Needs Assessment for Leeds identified the need for specific maternity care pathways for teenage mothers, people with learning disabilities and disabled women
<p>August 2013 – Views on Maternity and Neonatal Care in Leeds</p>	<p>We explored women's views of services and how they felt about centralising births and neonatal services at the Leeds Children's hospital</p>
<p>November 2014 – Perinatal Mental Health Workshop</p>	<p>Aim of the workshop was to understand the main areas that women and other stakeholders see as being important to them in developing services which address issues relating to perinatal mental health</p>
<p>November 2014 – Personalisation Workshop</p>	<p>We identified what personalisation means to develop recommendations around inclusive, accessible care with consistent and relevant communication with women. Continuity of care was also an important feature in feedback from attenders at the workshop</p>
<p>December 2014 – Service Development Maternity Services</p>	<p>We explored women's thoughts about how maternity services should look and feel and to seek views on experiences of maternity care at both LGI and St James's hospital.</p>
<p>March 2016 – Whose Shoes Workshop</p>	<p>Exploring the experiences of families accessing our services and identifying areas for celebration and areas for improvement</p>
<p>July 2016 – Women with learning difficulties who have experienced</p>	<p>Recognising that women with LD can face significant barriers to accessing NHS services, which can contribute to them being less likely</p>

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 Where did the intelligence come from? This might be 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.
pregnancy in Leeds	to use services, and more likely to access maternity care later in pregnancy
March 2017 – Young Parents Whose Shoes Workshop	Exploring the experiences of parents under the age of 25 and identifying areas for celebration and areas for improvement
March 2018 – Maternity Outpatient Clinics Engagement	Exploring experiences and preferences of a wide range of people around outpatient clinics, ensuring that vulnerable groups were well represented - 933 responses in all. Of these 134 came from people living in LS7, LS8 and LS9 (the postcodes around SJUH). 48.11% of these 134 were from a BAME background – this compares well with the proportion of women receiving outpatient care at SJUH in 2017 who were BME – 41.63%.

If your analysis has highlighted any gaps please outline what action you will take in section 7.
 The results of the engagement work identified that further work needs to be carried out to better understand the experiences of the following groups:-

More women who have used, or who could use, maternity and neonatal services, including:-

- Women with a disability or a learning disability/difficulty
- Women using drugs and/or alcohol, and/or experiencing mental health issues
- Women from Gypsy/Traveller communities
- Women from 'emerging communities' (Polish, Czech)
- Women experiencing (or who have experienced) domestic violence
- People living around St James's Hospital (LS7, LS8, LS9)

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	TBA
Attend PAG or alternative assurance mechanism to share your plan	TBA
Brief scrutiny board (if level 3 or 4)	Been to scrutiny in December 2017
Carry out public consultation	TBA
Complete engagement report	TBA
Feedback to stakeholders and the PAG	TBA
Feedback used to inform final plans	TBA
Formal report back to scrutiny board on final plans to reconfigure services	TBA

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)

Public and patients, with particular emphasis on:

- Women and families who have used, and who will use, maternity and neonatal services
- Family members, partners and carers
- People who have previously taken part in maternity and maternity-related engagement exercises
- People who live near to St James's Hospital
- People who identify with groups belonging to the protected characteristics
- People who sit on patient forums, patient representation groups or similar, e.g. Maternity Voices Partnership

Primary care:

- GP practices – GPs, health and care professionals, non-medical staff and members of patient participation groups
- Pharmacies – staff who give advice/dispense medication to parents and carers

Secondary care:

- Leeds Teaching Hospitals NHS Trust – consultants, midwives, nursing staff, volunteers, non-medical staff and trust members
- Leeds Community Healthcare NHS Trust – consultants, health visitors and foundation trust members
- Leeds and York Partnership NHS Foundation Trust

Voluntary sector groups and providers:

- Healthwatch Leeds
- Forum Central
- Maternity Voices Partnership (hosted by Women’s Health Matters)
- CCG contracted arrangement with Voluntary Action Leeds – Engaging Voices
- Key third sector groups including Women’s Health Matters, Bosom Buddies, Health for All, Hamara Centre, Shantona, Black Health Initiative, Homestart, Leeds Bereavement Forum members, and other members of Doing Good Leeds with an interest in maternity/neonatal services

Other Partners:

- Leeds City Council – chief executive, director of children’s services, children’s centres, Child Friendly Leeds, public health staff etc.
- MPs – Stuart Andrew, Hilary Benn, Richard Burgon, Fabian Hamilton, Andrea Jenkyns, Rachel Reeves, Alec Shelbrooke and Alex Sobel
- Councillors
- Overview and Scrutiny Committee
- Leeds Health and Wellbeing Board
- Leeds Childrens and Families Board
- Local Medical Committee (LMC/Community Pharmacy West Yorkshire)
- All partner organisations with the West Yorkshire and Harrogate local maternity system
- Yorkshire and Humber Neonatal Operational Delivery Network members
- NHS England
- NHS Improvement

Communications and engagement activity

A comprehensive programme of communications and engagement activity is planned for the consultation – This includes:

- Media releases
- Public relations activity e.g. consultation launch
- Briefings with local media outlets e.g. BBC, Yorkshire Post, Yorkshire Evening Post
- Social media activity and paid for advertising – Facebook, YouTube and Twitter
- Videos/Podcasts/Blogs
- Public events / focus groups
- Information on websites
- Syndicated Information for internal newsletters, e-bulletins and paid for media supplements
- Parish Council/community committee newsletters
- Articles and/or advertising in local authority publications
- Paid for advertising in local media outlets
- Posters, leaflets, brochures including distribution/mail drop – includes childrens’ centres and nurseries, and main retail outlets e.g. Mothercare, Baby Direct, Ladybird 4D Baby Scans.
- MP and Councillor briefings

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)

<p>Example: patients using the chronic pain service</p>	<p>Engaging</p>	<p>Asking patients in the waiting room to fill out a survey about their experience. Holding focus groups with chronic pain service users</p>	<p>Voluntary Action Leeds will support CCG staff to carry out surveys in the waiting room. CCG staff will plan and deliver the focus groups</p>
<p>Women/people living near SJUH, especially BAME women and white women of low social economic status - Clinical Senate Review (July 2018) “2.3 We also have particular concerns that these proposals impact most on those mothers who live near to the SJH site. This population has a high level of deprivation with a high number from the low socioeconomic group, BME and travellers who have the highest level of poor health and worse pregnancy outcomes.”</p>	<p>Engagement with people living in LS7, LS8 and LS9, and with so-called hard to reach groups and communities.</p>	<ul style="list-style-type: none"> Engage with these women about services that could possibly be provided in this community e.g. remote sugar monitoring (glucose tolerance testing), outpatient induction, hyperemesis pathway WhatsApp group – hospital staff who live nearby / local schools? Consider incorporating engagement into moving general antenatal outpatient appointments into the community Link in with engagement work about Shakespeare Centre (when is this?) 	<p>The CCG Engagement Team will work with Voluntary Action Leeds Health Ambassadors to develop different approaches to engagement and ensure we create opportunities to discuss and address the challenges of moving this population’s obstetric care further from their community.</p>
<p>Parents and family members who are using / have recently used maternity services in Leeds, including partners and dads. (Only 29 men participated in the Outpatients Survey (Feb- March 2018) out of 933 respondents)</p>	<p>Engaging</p>	<p>Focus groups Paper-based survey Online survey</p> <ul style="list-style-type: none"> Use Pregnancy, Birth and Beyond (PBB) and National Childbirth Trust (NCT) classes to engage with men Gather views of men on home birth 	<p>Maternity Voices Partnership Class facilitators of PBB and/or NCT classes Staff at LTHT CCG staff</p>
<p>Targeted engagement activities with identified communities (as mentioned at section 5):-</p> <p>Women using drugs and/or alcohol</p> <p>Women from gypsy/traveller communities</p> <p>Women from ‘emerging communities’ (Polish, Czech)</p> <p>Women with mental health issues</p> <p>Disabled women</p>	<p>Engaging</p>	<p>Focus groups Paper-based survey Online survey</p> <p>Specific Engaging voices pathways, particularly:-</p> <p>Women with a learning disability/difficulty – Mencap, Paperworks</p> <p>Women using drugs and/ or alcohol – Forward Leeds (specialist midwives)</p> <p>Women from Gypsy/Traveller communities – Leeds GATE (not currently a partner but we have positive relations with them.</p> <p>Women from ‘emerging</p>	<p>VAL Engaging Voices partners and Leeds Health Ambassadors MVP CCG staff</p>

<p>Women with a learning disability/difficulty</p> <p>Women experiencing (or who have experienced) domestic violence</p> <p>Trans/Non-binary people</p> <p>Lesbian and bisexual women</p>		<p>communities' (Polish, Czech) – Migrant access project, Touchstone, PAFRAS - According to Leeds Language Link, the most requested alternative languages at St James's during 2012/13 were Polish, Kurdish, Czech + Urdu.</p> <p>Women experiencing (or who have experienced) domestic violence – Halt, Women's Health Matters</p> <p>Women with mental health issues – Leeds Mind, Touchstone, Women's Health Matters</p> <p>Trans/Non-binary people – Mesmac</p> <p>Lesbian and bisexual women – LCC LBGT+ Hub</p>	
Maternity Voices Partnership Group	Engaging	Broader engagement with local doulas and with local health and women's organisations	MVP
Broader third sector engagement	Engaging	Wider Engaging Voices pathway	VAL
Working community	Engaging	Working voices pathway	VAL
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. 		

Consultation Activity	Overview – formal consultation phase – formal 12 week time frame
Engagement using social media	A programme of social media engagement to include mechanisms such as Facebook, Twitter, You Tube etc.
Flyers distributed inviting people to events	Utilise existing networks, and VAL Health Ambassadors, to distribute – children's centre, hospital clinics, retail outlets, etc.
Formal public consultation events	Agreed number of public events will take place across the consultation period. Flyers and invites sent to a cross-section of relevant stakeholders to encourage attendance at events
Information and consultation narrative documents / questionnaires provided online and in public places	Information and consultation documents will be available online and will also be distributed across a variety of partner organisations and via networks.

Survey – paper and on-line	Promoted at all opportunities
Focus groups – run by Voluntary Action Leeds	Targeted focus groups with stakeholders with an interest in the protected characteristics defined by the Equality Act 2010 In particular targeting those groups which were identified as having low response rates to the pre-engagement outpatients survey (see 7 above)

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?

We will work with VAL to support the Health Ambassadors to provide additional people power in distributing surveys/leaflets, helping with completing surveys and also providing support at drop-in events.

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

We will produce an Easier Read version of the public consultation survey document, and will be able to produce other translations/versions on request.

The CCG and VAL will work with partner organisations to ensure the consultation is as accessible as possible throughout the process.

c. Outline your budget

Resource (admin, design, print, staffing)	Est cost
Design of public consultation survey document	tbc
Translation of survey document into Easier to Read version	tbc
Print of public consultation survey documents (inc Easier to Read)	tbc
TOTAL	

9. What are your consultation/engagement questions?

a. What do you want to find out?

We are asking people to pick their preferred option from 3 possible choices, as follows:-

Option 1: Centralise all maternity and neonatal services, including a new midwifery-led unit, at Leeds General Infirmary, and have all hospital outpatient services at the LGI. Maternity services in the community will remain the same as they are now.

Option 2: Centralise all maternity and neonatal services, including a new midwifery-led unit at Leeds General Infirmary, but have some hospital outpatient services at St James's as well as at the LGI site. Maternity services in the community will remain the same as they are now.

Option 3: Centralise all maternity and neonatal services, including a new midwifery-led unit at Leeds General Infirmary, and move all hospital outpatient services to St James's. Maternity services in the community will remain the same as they are now.

b. What questions will you ask?

Question 1a

The three options are outlined below, along with a brief description of some of the benefits and drawbacks we have already received about each option. Maternity services in the community will continue as usual and our plan is to eventually extend these where appropriate.

Please indicate in the boxes below the options, the order in which you favour these options.

Question 1b

Please tell us the reasons why you chose your first option

Question 2a

Have you had a baby in Leeds?

If Yes, where was your baby born?

a) Leeds General Infirmary b) St James's University Hospital c) Home

Question 2b

Have you ever used, or visited, the existing hospital maternity outpatient services in Leeds?

Question 2c

If Yes, which service did you go to, or visit?

- a) Leeds General Infirmary
- b) St James's University Hospital
- c) Wharfedale Hospital

Question 3

How did you get there? Please tick the relevant box

- a) Drove there in my own car, and parked
- b) Was driven there by a friend or family member, and parked
- c) Was dropped off by a friend or family member
- d) Was dropped off by a taxi
- e) Caught the bus
- f) Arrived by ambulance
- g) Walked
- h) Cycled

Question 4a

Which of the following has the biggest impact on your visits to the hospital maternity outpatients service:

- a) Parking – finding a space b) Parking – the cost
- c) Access – finding your way to your appointments d) Waiting times
- e) Continuity of care – seeing the same person f) Other - please explain

Question 4b

What would make your experience of visiting the hospital maternity outpatients service better?

Question 5

What do you feel should be the most important thing/s we take into consideration when we think about what maternity services in Leeds might look like?

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

We worked together with stakeholders and VAL to develop suitable questions.

We will also take on board feedback from other partners e.g. Clinical Senate and NHS England

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

Based on previous consultation projects of a similar size and scope - 3,000 responses

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

Equality monitoring template will be included in the survey

10. Results**a. Who will collate the results?**

The CCG and VAL engagement teams

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?

Feedback along with other experiences and evidence will influence the design of maternity services in Leeds moving forward, and also influence the way we implement, deliver and feed back on large scale consultations.

11. Feedback and Evaluation**a. How and when will you feedback to participants?**

Copies of the report will be cascaded to the groups who were involved in the pre-engagement, the MVP and will be available on the CCG website.

b. What will you feedback?

What people said and next steps – You said, We did.

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

Ongoing feedback to stakeholders and participants via updates on the CCG website, with formal feedback to the Patient Assurance Group (PAG).

Action Plan Planned Start Date –

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
1.	Recruit patient rep				
2.	Agree level of change (confirm with Comms engagement manager)				
3.	Consider a date to take project to MVP (invite reps from other PAGs if citywide)				
4.	Give VAL / Engaging Voices a heads up				
5.	Meet with patient leaders				
6.	Write communications and equality analysis and engagement plan				
7.	Write patient survey				
8.	Share draft comms/ equality analysis and engagement plan and survey with patient leader/project lead				
9.	Send comms/equality analysis and eng plan to MVP				
MVP supports the engagement plan					
		Approx. timescale (from date of MVP)			
10.	Make final amends to comms , 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 SmartSurvey	Ready to launch			
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	1 day			

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
	survey(patients, public and VCF sector)				
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	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 MVP 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 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.