

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: What matters for people living with frailty and older people at end of life in Leeds (Commissioning for Population Outcomes)

2. Project Lead: Martin Earnshaw

Contact details: martin.earnshaw@nhs.net; 07702117626

3. This project is: Citywide

4. Describe your project

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

Frailty is a term used by professionals to describe the loss of body resilience, which means that in case of a physical or mental illness, an accident or other stressful event, people living with frailty will not bounce back quickly. Frailty is related to the ageing process, however, not all older people are frail, and not all individuals living with frailty are older. More about Frailty can be found here:

<https://www.england.nhs.uk/ourwork/ltc-op-eolc/older-people/frailty/>

It is estimated that in England there are 1.8 million people aged over 60 and 0.8 million people aged over 80 living with frailty. In Leeds it is estimated that 32,000 people are living with frailty, out of which 90% are over 60, and 62% are females. Approximately 2000 people receive end of life care.

Leeds has an ambition to be the Best City in the UK for Health and Wellbeing. Part of that vision is that people will live healthier, happier and more active lives and that people will be in control and supported by care which is based on peoples' strengths and delivered within their communities. Providers and commissioners in Leeds are working together to provide this vision for people living with frailty and those at the end of life. More information about this can be found in Health and Wellbeing strategy here: <https://www.leeds.gov.uk/docs/Health%20and%20Wellbeing%202016-2021.pdf>

In November 2017 a stakeholder event took place to look at developing the outcomes framework for people living with frailty and those who receive end of life care. The event was attended by patients, carers, commissioners, third sector, local authority, primary care, community care, mental health, acute trust and the ambulance provider, who by working together identified five desirable outcomes for people living with frailty and older people at end of life in Leeds, which are:

1. Living, aging and dying well defined by '**what really matters**' to local people
2. Reducing disruption to people's lives as a result of avoidable harm and numerous contact with hospital services
3. Identifying all people in this population group and assessing their needs
4. Caring well, defined by '**what really matters**' when caring
5. Professionals working well together across the system around the needs of people

This engagement focuses on the first and fourth outcome from the above and aims to define 'what outcomes really matter' to people living with frailty, those at end of life, and their carers. The engagement activities will help produce a list of themed areas that define 'what matters', such as remaining independent, being in control, being active and socially connected. The feedback will be used to identify an existing PROM (person-reported outcome measurement) tool or to develop a bespoke tool to measure the outcomes of care. The tool will help commissioners understand if interventions are helping people to live, age and die well or care well.

b. Outline the aim of the engagement

To provide commissioners with an understanding of **what outcomes matter** to people living with frailty, those at end of life and their carers.

c. Outline the objectives of the engagement

- Develop a focus group approach to help understand
 - What the term 'frailty' means to people

- what outcomes matter to people in regards to their health and wellbeing
- Develop case studies to support facilitated group work sessions
- Develop facilitator notes to support focus groups
- Ask groups working with people with frailty to run focus groups with their service users:
 - third sector organisations that already work or have worked with people with frailty
 - relevant groups such as Older People’s Forum, Age UK etc
- Hold focus groups with seldom heard groups to identify any gaps or needs in relation to characteristics/groups protected by the Equality Act 2010
- Identified people who would like to stay involved in the project and help develop the tool and any public information
- Write a report which outlines the findings of the engagement (including outlining what we already know about people’s experience from national/local data)
- Make a series of recommendations outlining what matters to people

d. Outline expected outcomes from the engagement

- We will have a better understanding of what is the best term to use to describe frailty from a patient and carer perspective
- Relevant voluntary organisations will have held focus groups with both patients and carers
- VAL will have held a series of focus groups with seldom-heard groups
- We will have a group of people who want to stay involved in the project and help develop the tool
- We will have written a report which outlines and analyses the findings of the engagement and make recommendations for the development of the tool by the end of May 2018

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

The engagement feedback will be used to develop a person-reported outcome measurement (PROM survey) that will be used to understand the impact of care received by people living with frailty and those receiving end of life care.

● 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)

How well do people from protected groups fare in relation to the general population?

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.

Group	Source Where did the intelligence come from? (JSNA, provider data, HNA, previous engagement etc)	Impact (yes/no)	Positive (describe)	Negative (describe)	Neutral (describe)	Comments
Age (under 25/ over 65)	https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity	yes		yes		Older people are more likely to be frail
Gender (male/female/intersex/ other)		No				
Disability (sensory/ mental health/ long term illness/ addiction)	http://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics https://www.actiononhearingloss.org.uk/about-us/our-research-and-evidence/facts-and-figures/	yes		yes		Frail people are more likely to be disabled – so information for patients needs to be accessible and available in appropriate formats
Gender Reassignment		no				
Marriage/ civil partnership		no				
Pregnancy/ maternity (breastfeeding/ adoption/ single or teenage parents)		no				
Race (non-English speakers/ refugees/ asylum seekers/ travellers)	https://digital.nhs.uk/catalogue/PUB01209	yes		yes		BME people are more likely to become frail and less likely to use health and social care services (particularly South Asian people) some long term conditions that lead to frailty are more prevalent in BME people.
Religion/ Belief (or non)		No				
Sexual orientation (lesbian, gay/ bisexual)		No				

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:

- Poorer people are more likely to become frail people living in more deprived areas live fewer years in good health than people living in less deprived areas
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/englandandwales2014to2016>
- Education level was significantly associated with frailty; frailty was higher in persons of all age

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Gender (male/female/intersex/ other)		No				
Disability (sensory/ mental health/ long term illness/ addiction)	http://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics https://www.actiononhearingloss.org.uk/about-us/our-research-and-evidence/facts-and-figures/	yes		yes		Frail people are more likely to be disabled – so information for patients needs to be accessible and available in appropriate formats
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groups with secondary and primary or less education as compared to persons with tertiary education <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0187946>

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	14 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	April 2018 to May 2018
Complete engagement report	June 2018
Commencement of service	N/A
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)

People living with frailty who are receiving care/accessing services
Carers of people living with frailty
Older people at end of life
Organisations that are delivering services to people living with frailty / older people at end of life

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)
People living with frailty (those accessing services and housebound)	Engaging	Focus groups/individual conversations	Organisations currently working with people who are 'frail'
People with protected characteristics	Engaging	Focus groups	VAL to organise, run and analyse focus groups with the following groups: <ul style="list-style-type: none"> • People from BME communities x1 • Mental Health groups x1 • LGBTQ groups x1 • Older peoples groups x2 • Religious groups x1 • Care homes x2
Carers for people living with frailty	Engaging	Focus groups	VAL
Older people at end of life	Engaging	Focus groups/ face to face interviews	Focus groups to be organised at hospices or accessible locations and delivered by third sector organisation already working with specific group.
The above will be	<ul style="list-style-type: none"> • Continuous promotion on CCG's social media channels linking in and encouraging all 		

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supported by:	identified groups/third sector partners to share using their own social media <ul style="list-style-type: none"> • 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?

VAL will support this work through the engagement contract. It is classed as a silver project. Third sector organisations will help facilitate some focus groups and conduct some interviews. Additional resource will be required to compensate third sector organisation for facilitation costs incurred (such as travel, room hire and refreshments)

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

Focus groups will be delivered by the engagement team, as well as voluntary sector organisation working with the specific group of people, who have the knowledge and the resources to adapt any questions or exercises to the needs of the audience.

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
VAL staffing	Included in the contract
Facilitators from voluntary sector organisations	Approx. £100 p/organisation to cover staffing, room hire and refreshments
TOTAL	£1000

9. What are your consultation/engagement questions?

a. What do you want to find out?

- People's understanding of the term 'frailty'
- What outcomes matter to people

b. What questions will you ask?

Focus group plan to be developed at engagement event with patients and third sector on Thursday 22 March 2018

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

The focus groups will be co-produced with patients and the third sector

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

Aiming for 200 responses, split evenly between carers and people living with frailty/at end-of-life

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

Equality Monitoring Form will be completed for each 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?

We will use the feedback to decide on which PROMs tool we use to measure outcomes. If no existing PROMS tool is suitable we will develop a bespoke tool.

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 tool.

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

We will recruit patient representatives to a steering group which will support the roll out and evaluation of the tool.

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.