

# Equality Analysis and Engagement Plan

## A template for staff v1.2

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 an 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: Collaborative Care and Support Planning Engagement Plan

2. Project Lead: **Ann Marie Johnson**

Contact details:

**Annmarie.johnson3@nhs.net**

3. This project is: **Leeds South and East CCG**

## 4. Describe your project

### a. Describe the project

The Collaborative Care and Support Planning approach describes self-care and self-management, as a 'coaching approach' to an annual review for patients with Long Term Conditions. The principles of Collaborative Care and Support Planning are:

- Patients attend for part one of the annual review- information gathering for example, bloods are taken, weight and blood pressure is measured.
- Patients are then sent the results of all their tests and measures to consider and make any comments or notes, before being invited to the second part of the annual review around two weeks later. This gap enables the patient to have time to think about their results and what they would like to discuss at their appointment.
- The patients are encouraged to bring and discuss their results letter and identify what is important to them in relation to their health and well-being and to discuss how they can be supported in the forthcoming year. The aim is to identify a personal plan (a care plan) to support them to achieve their goals over the coming months or year.

The problem that has been identified is that the patients attending the Collaborative Care and Support Plan approach, attend for the first appointment for their information to be collected however the patients either:

- Do not attend for the second appointment; a meeting with the clinician
- Decline to complete the results letter with any thoughts or comments
- Decline to admit they have received the results letter
- Decline to take an active part in their Annual Review

Engagement will aim to understand the reasons why people do not attend for part two of the Annual Review and why some patients decline to take an active part in the discussion or decline to consider the information written in the plan. The engagement plan outcome will ideally recommend actions to encourage active participation in the Collaborative Care and Support Plan approach.

The objectives of the engagement will be to identify via individual General Practices the individuals who have declined to attend the review and offer them the opportunity to take part in a focus group, the facilitator will ask open questions to identify any opportunities to change the service delivery (or to support the individual), to meet the needs of the individuals who have previously not engaged with the service.

The data presented indicates that those from the most affluent areas have the highest DNA rate, those from the most deprived areas appear to have the lowest DNA rates, there is a recognition that this may be due to different practice protocols in delivering the service. Also a coding issue within practice may distort the data. There may be a variance in how patients manage their own long term conditions.

**b. Outline expected outcomes from the engagement**  
 An expected outcome would be to understand why the patients do not attend their review appointments and an opportunity to understand how practices can increase the numbers of patients taking an active role in the care planning appointment, based on patient feedback and supporting implementation of those changes in practice.

**c. How will you use patient involvement to influence the outcome?**  
 The patient involvement will identify suggestions and recommendations that may have enabled the individual to;

- 1) attend the appointment
- 2) complete the documentation prior to the review
- 3) take an active part in their review

- The project support the Leeds Health and Wellbeing Board outcomes:
- People will live longer and have healthier lives
- People will live full, active and independent lives
- People's quality of life will be improved by access to quality services
- People will be involved in decisions made about them
- People will live in healthy and sustainable communities

**d. What is the level of service change?**

<b>Level 1</b> <input checked="" type="checkbox"/>	<b>Level 2</b> <input type="checkbox"/>	<b>Level 3</b> <input type="checkbox"/>	<b>Level 4</b> <input type="checkbox"/>
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<b>5. Pre-consultation information (Equality Analysis)</b>	
What do you already know about peoples' access, experience, health inequalities and health outcomes? Use <b>relevant</b> intelligence from existing local, regional or national research, data, deliberative events or engagements.	
<b>Source</b>	<b>Analysis</b>
<p>The data source of the group who did not attend their annual review has been captured from the clinical system database. The data is non identifiable patient data; however the data has been segmented into age, sex, ethnicity, and deprivation and Long Term Medical Conditions.</p> <p>The cohort search was over 18 years with a Collaborative Care and Support Planning annual review code. There were 15,500 patients who attended their review and 2300, (14.8%) who did not attend. To be eligible for a Collaborative Care and Support Planning annual review the patient will have a long term medical condition recorded on the clinical system.</p>	<p>Focus group attendees will be identified through the Collaborative Care and Support Planning annual review scheme. However, as there will be mixed representation in this large group – the aim will be to ensure a mixed group of patients, taking into account, age, ethnicity, and gender in the first instance. With such a relatively small sample, it will be difficult to ensure representation from all nine protected characteristics. However, it appears from the data the people who are least likely to attend are the white, female under 65 years of age.</p> <p>We will also be aiming to complement the information gleaned from the focus groups with data around attendance and non-attendance at reviews, taking into account postcode area, age, gender, ethnicity, deprivation and any other information the practices are able to provide in line with the nine protected characteristics.</p>
<p>Patients in Control: Why people with Long term Conditions must be empowered Catherine McDonald (2014)</p>	<p>Findings from the survey highlighted that more should be done to recognise the large amount of self-management that is done by people with a Long Term Condition and their carer's, and to better support and equip them to do so; so people stay healthier longer. The survey authors believe more should be done to enable people with Long Term Conditions and carers to work in partnership with the Healthcare Providers to agree upon the services that best fit their</p>

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<p><b>NHS Mandate 2016/17</b></p>	<p>needs rather than being passive recipients.</p> <p>The NHS Mandate requires the NHS to become dramatically better at involving patients and carers and empowering them to manage and make decisions about their own care and treatment.</p>

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	May 2017
Attend PAG to share your plan	8 <sup>th</sup> June 2017
Brief scrutiny board (if level 3 or 4)	N/A
Carry out engagement	June 30 <sup>th</sup> -Mid August 2017
Complete engagement report	Beginning September 2017
Commencement of service changes	January 2018
Feedback to stakeholders and the PAG	Online from January 2018

## 7. Engaging with your stakeholders

### a. Who is the change going to affect and how?

The data highlights the population who have been least likely to attend their review are the White Female under 65 years, therefore the engagement will aim to understand what are the barriers to attending a review and how can the service support the stakeholders to attend and maximise the opportunities to self-manage and improve their health. Research suggests it takes 2-3 cycles of the delivery of a care planning approach for patients to engage with the process, also that patients with low activation scores are least likely to self-manage their long term condition. Leeds South and East practices

have been delivering a Collaborative Care and Support Planning approach for 3 years. It is vital that we take this valuable opportunity to engage with key stakeholders to shape the service for the future.

<b>To engage with the following...</b>			
<b>Group</b> (Which group of people? Providers, patients, public, carers etc)	<b>Inform/engage</b> (Are you engaging or informing?)	<b>How</b> (How will you engage with them? – Surveys, focus groups etc. This will need to be different for different groups)	<b>By who</b> (Who will carry out this work? Commissioners, engagement team, third sector, Engaging Voices)
Patients with Long Term Conditions invited for an annual review of the medical condition	Engaging	Asking patients in the waiting room to fill out a survey about their experience. Holding focus groups for patients with Long Term Conditions	Leeds involving people (LIP) will support CCG staff to carry out surveys in the waiting room. LIP together with CCG staff will plan and deliver the focus groups
Different demographic groups as determined by the nine protected characteristics	Engaging	Focus groups and one to one interviews	Voluntary Action Leeds
To target practices with the highest DNA rates.	Engaging	As above	As above for LIP and VAL
<b>The above will be supported by:</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Writing and sharing a standard article for inclusion in any internal bulletins, magazines or websites of all the above identified groups/third sector partners</li> <li>• All the above will have support from the communications and engagement team</li> </ul>		

<b>8. What resources do you need for the engagement?</b>
Consider if you need additional staffing, administration, design work or printing
<b>a. What additional staffing do you need?</b> No additional staff members are required, support from practices and the CCG Engagement Team has been offered, LIP are a commissioned service for the CCG.
<b>b. Do you need to make any of your resources accessible (i.e. for people with learning disabilities; sight impairments; or alternative languages?)</b> The resources will consider the needs of the population; therefore resources will be required in alternative languages or in an easy read format.
<b>c. Outline your budget</b>

No additional budget requirements will be required	
Resource(admin, design, print, staffing)	Est cost
N/A	N/A
TOTAL	N/A

## 9. What are your consultation/engagement questions?

- a. What do you want to find out?**  
 To understand why patients do not attend the annual review appointments.  
 What would help patients engage with the process; completion of documentation and to verbally engage with the clinician to support self-management and self-care
- b. What questions will you ask?**  
 Tell me about how you look after your health at the moment  
 What support would you require to help you over the next six months/year?  
 How would you like your practice to deliver this?  
 Have you received an invitation for your annual review of your long term condition, within the last six months. (Yes/No), if 'yes' what was the reason for non-attendance (multi choice answers).  
 - Too far to travel  
 - public transport not reliable  
 - difficult to make an appointment  
 - Working during surgery hours  
 - Childcare arrangements  
 - Access to practice is not easy  
 - Other (free text)
- What measures could be put in place to support your attendance for review and follow-up meetings.
- c. How will you test the questions to ensure they are suitable?**  
 We will send out the questions to the PRG groups for consideration and comments. We will send the questions to LIP and VAL for comments.
- d. How many people do you need to speak to?**  
 The total number in one year who did not attend was 2300, ideally 20% would be a reasonable number initially, evaluate the responses and assess the monitoring forms for the relevant cohort.
- e. How will you demonstrate that you have consulted with a representative sample?**  
 We will demonstrate we have consulted with a representative sample by analysis of the returned data and comparing with practice data. Review the monitoring forms to ensure a representative sample

## 10. Results

- a. Who will collate the results?**  
 LIP through CCG contract

**b.** Who will analyse and theme the results?  
LIP through CCG contract

Who will write the report?  
LIP through CCG contract

**c.** How will you use the feedback – what will you do differently?  
Feedback the report findings to the practices delivering the service. Use the feedback at the City wide trainers and facilitators meeting to influence any potential staff training requirements. The results will influence the delivery of the current model.

## 11. Feedback and Evaluation

**a.** How and when will you feedback to participants?  
A copy of the final report will be available for all participants via the CCG website

**b.** What will you feedback?  
Report findings and recommendations and subsequent actions (you said, we did)

**c.** Will there be ongoing feedback or a follow-up event?  
Feedback or follow up event based on the report findings and recommendations

## 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			
<b>PAG supports the equality analysis and engagement plan</b>					
		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			
<b>Start engagement</b>					
		Approx. timescales (from start of engagement)			

	<b>Action</b>	<b>Approx. Timescale (from start of project)</b>	<b>Lead</b>	<b>Deadline</b>	<b>Comments/ progress</b>
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			
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			
<b>Engagement ends</b>					
		<b>Approx. timescales (from end of engagement)</b>			
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
<b>Major variation or development</b> 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			<b>Category 4</b> Formal consultation required (minimum 12 weeks)
<b>Significant variation or development</b> 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		<b>Category 3</b> 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
<b>Minor change</b> Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries	<b>Category 2</b> 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	
<b>Ongoing development</b> Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	<b>Category 1</b> 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.