Equality Analysis, Communications and Engagement Plan

Template 2018 06 V1.2 DRAFT

NHS Leeds Clinical Commissioning Group

For guidance around filling in this form please see Appendix A. Please be mindful of the Gunning Principles when filling in this form, see Appendix B.

1. Project Title: An engagement on the provision of a primary care mental health service for adults in Leeds

2. Date: **Fri 21 June 2018**

3. Project Lead: **Jess Evans** **Contact details:** **jess.evans@nhs.net**

4. Engagement Lead: **Chris Bridle** **Contact details:** **chris.bridle@nhs.net**

5. Communications Lead: **Carolyn Walker** **Contact details:** **carolyn.walker@nhs.net**

6. Describe your project

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

There are different ways for people in Leeds to access NHS mental health services:

- CAHMS services for children and young people
- Primary care services through a GP practice, such as IAPT (Improving Access to Psychological Therapies) for people with mild to moderate mental health problems
- Secondary care mental health services, such as the Community Mental Health Team, for adults with moderate to severe mental health problems.

This project looks at **primary care services for adults with mild to moderate mental health problems**. Currently there are three different primary care mental health services:

Improving Access to Psychological Therapies (IAPT) is a means of enabling people with common mental health problems, such as depression and anxiety disorders, to access evidence based psychological therapies. In other words it is about providing people with accessible and appropriate psychological support to help address and overcome mental illness.

A person accessing IAPT will be assessed and provided with a level of support appropriate to their needs. This may be in a group, online, or 1:1 face to face. The type of support given is dependent on the person's needs at the time of assessment, and a range of different therapies are available.

In Leeds, the IAPT service is provided by Leeds Community Healthcare NHS Trust, Community Links, Northpoint Wellbeing and Touchstone. The whole service is known as the Leeds IAPT Partnership. You can find out more about IAPT partnership by accessing this

link: https://www.england.nhs.uk/mental-health/adults/iapt/

There is also a **Primary Care Mental Health Liaison Service** for people whose needs cannot be met by the IAPT service. This is only provided at some GP practice in Leeds and is delivered by NHS Leeds and York Partnership Foundation Trust and Northpoint Wellbeing.

There is also some support available to women in the perinatal period from conception to one year birth. This service is provided by the Women's Counselling and Therapy Service and Homestart.

In this document we will call these three services 'primary care mental health services'

In April 2018 the three local Clinical Commissioning Groups (Leeds West, Leeds North and Leeds South and East) merged into NHS Leeds CCG. As one CCG we intend to commission a single Primary Care Mental Health service for Leeds from 1st October 2019. We think this will make services easier to understand and access.

We want to know what people in Leeds think about primary care mental health services in Leeds. We will use the feedback we receive to inform and shape a new single service which meets the needs and preferences of local people.

b. Outline the aim of the engagement (not the project)

'To understand the needs and preferences of patients, carers, staff and the wider public with regard to current and future primary care mental health services in Leeds.'

c. Outline the objectives of the engagement (how will your achieve the aim?)

- To recruit two patient volunteers to support the procurement
- To identify and engage with people who use Primary Care Mental Health services in Leeds, including patients, carers, staff and the wider public.
- Identify and engage with 'seldom-heard' groups as detailed in the EIA
- Develop a set of questions to understand the needs and preferences of service users, potential service users, staff, and wider stakeholders, including carers.
- Understand and analyse people's experiences, and views on existing and future Primary Care Mental Health services in Leeds.
- Use a survey to encourage people to share their experience and views of primary care mental health services.
- Hold focus groups with seldom heard groups to identify any gaps in service provision and potential positive or negative impacts in relation to characteristics/groups protected by the Equality Act 2010.
- Write a report which outlines the findings of the engagement.

d. Outline expected outcomes from the engagement

- Two patient volunteers to support the re-procurement process
- An accessible stakeholder survey and set of questions
- Held a series of focus groups with seldom-heard groups
- A report which outlines and analyses the findings of the engagement
- A series of recommendations for the Primary Care Mental Health re-procurement

e. How will patient involvement to influence the outcome?

Feedback from the engagement will be used to shape the service specification for the Primary Care Mental Health service. Patient volunteers recruited to the steering group will

shape engagement-specific parts of the service specification and tender. Patient volunteers will evaluate engagement specific part of the bids and will be involved in the ongoing monitoring and evaluation of the service.

f. Who will provide patient assurance for your plan?

- Healthwatch Leeds
- Primary Care Liaison Patient Group, coordinated by LIP
- VAL

g. 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 improved by access to quality services
- People will be involved in decisions made about them
- People will live in healthy and sustainable communities

h. What is the level of service change? (see appendix B – Stages of involvement)

		Level 3 ☐	

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

7. Pre-consultation information (Equality Analysis)
How well do people from protected groups (Appendix B) 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. (ask for support from the eMBED equality team, the commissioner and public health)

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive** (describe)	**Negative** (describe)	**Neutral** (describe)	**Comments**
Age (under 25/ over 65)	Leeds MHNA 2017 and Adult Psychiatric Morbidity Survey 2014	Yes		Yes		National population prevalence modelling indicates that rates of CMHD are higher in young people and in older people than working age groups. Despite targeted provision, rates of access to IAPT for younger groups and older groups in Leeds do not reflect estimated prevalence.
Gender (male/female/intersex/ other)	Leeds MHNA 2017 and Adult Psychiatric Morbidity Survey 2014	Yes		Yes		Women have x 2 higher estimated rates of CMHD than men. In Leeds, 19% of women have a recorded CMHD in Primary Care, compared to 11% of men

Disability (sensory/ mental health/ long term illness/ addiction)	Leeds MHNA 2017 and Adult Psychiatric Morbidity Survey 2014	Yes		Yes		People with sensory impairments are at increased risk of CMHD and experience barriers in accessing mental health support. Nationally, 30% of people with a LTC are estimated as having a CMHD. However, in Leeds 37% of people with a LTC have a diagnosed CMHD that is recorded in Primary Care.
Gender Reassignment	Leeds MHNA 2017 and LGBT Leeds mapping project	Yes		Yes		The trans population is at increased risk of experiencing poor mental health.
Marriage/ civil partnership		No				
Pregnancy/ maternity (breastfeeding/ adoption/ single or teenage parents	Leeds PNMH needs assessment 2018	Yes		Yes		Women in the perinatal period experience similar risk (20%) of CMHD as women in general - however, they may experience barriers to accessing mental health support associated with having young children and self-stigma. Young Parents in particular are more than twice as likely to experience mental health problems in the perinatal period as the population of childbearing women overall.
Race (non-English speakers/ refugees/ asylum seekers/ travellers)	Leeds MHNA 2017 and Adult Psychiatric Morbidity Survey 2014	Yes		Yes		There is significant evidence that people from BME groups experience both poorer mental health and increased barriers to accessing care. Within Leeds, BME groups are under-represented in primary care records as having a CMHD and are less likely than White British groups to finish a course of IAPT treatment. Black women are at particular increased risk of CMHD, as are ASR and Gypsy and Traveller groups.

Religion/ Belief (or non)	Academic Research	Yes		Yes		There is evidence that some people within Muslim communities experience higher levels of depression which are more chronic in nature than in the general population (Spronston and Nazroo 2002). Muslim clients are also more likely to use religious coping techniques than individuals from most other religious groups in the UK (Loewenthal, Cinnirella et al. 2001)
Sexual orientation (lesbian, gay/ bisexual)	Leeds MHNA 2017 and LGBT Leeds mapping project	Yes		Yes		National work highlights that LGB groups are at increased risk of experiencing CMHD. This has been found to be the case in Leeds through the local LGBT mapping project

If your analysis has highlighted any gaps please outline what action you will take in section 8

To note:
In Leeds, nearly 200,000 people live in the most deprived 10% of neighbourhoods (when ranked nationally). These people have 2-3 times the risk of a CMHD compared to the general population. Specific associations/causes include – poor housing/homelessness/debts/unemployment.

8. 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)

Recruit patient volunteer/s	w/c 11 June
Initial draft of equality analysis, communications & engagement plan	Wed 13 June
Draft survey and questions	Wed 13 June
Proforma and draft plan/survey to VAL (if involved)	Thursday 14 June
Complete all documents	Thursday 28 June
Add to website (consider video)	Friday 29 June
Plan for survey distribution (see appendix C)	Friday 29 June
Attend group to share your plan with patients (patient assurance)	w/c 25 June 2018
Briefing scrutiny board (if level 3 or 4)	21 June (initial meeting)
Design and print survey	Following patient assurance – w/c 25 June 2018
Carry out engagement (include number of weeks)	29 June – 29 Sept 2018 (12 weeks)
Mid-term engagement update	29 Aug 2018
Complete engagement report and add to website	12Oct 2018
Date to be included in 'Statement of involvement'	May/June 2019
Update website with 'you said, we did'	Oct/Nov and ongoing

9. Engaging with your stakeholders

(consider using a mapping tool to identify stakeholders – Appendix C)

a. Who is the change going to affect and how? (Taking into consideration the information/data research and equality analysis in section 7)

- People aged 17 upwards with mild to moderate mental health conditions :
- with sensory impairments
- with LTC
- who have had gender re-assignment
- who are women in the perinatal period
- Who are oung parents
- In BME groups (in particular Black women and people from the Gypsy &Traveller community)
- from the Muslim Community
- from the LGBT community

Group (Which group of people? Providers, patients, public, carers, staff etc)	**Inform/ engage** (Are you engaging or informing?)	**Method** How will you engage with them? (Surveys, focus groups etc)	**Mechanism** How will you share/distribute the engagement (e-bulletins, patient networks, press release)	**By who** Who will carry out this work? (Commissioners, engagement team, communications team, third sector, Engaging Voices)
Wider public	Engage	Hard copy and online survey Option to attend 1 of 3 engagement events (20 places allocated at each)	Patient/public networks CCG website Social media Press release Public events	CCG Engagement team Commissioners CVFS partners Provider partners VAL 'Working Voices'
Patients who have used/are using IAPT services ro Primary Care Mental Health Services	Engage	Hard copy and online survey Option to attend 1 of 3 engagement events (20 places allocated at each)	Sitting in clinics Patient/public networks VCFS services for people with mild to moderate mental mental health needs	CCG engagement team Commissioners Providers of IAPT services
Communities identified through equality analysis	Engage	Hard copy and online survey Focus groups	Shared with relevant VCFS organisations Focus groups with following groups, mile to moderate mental health conditions and: • sensory impairments • LTC • gender re-assignment • pregnant • Young parents • BME groups (in particular Black women and people from the Gypsy &Traveller community) • Muslim Community • LGBT community • carers	VAL 'Engaging Voices
Staff	Engage	Online survey	CCG bulletins Partner contacts and networks Forum Central	CCG Communications team Partner organisations
Wider stakeholders	Inform/Engage	Online survey	CCG stakeholder list	CCG communications team
The above will be supported by:		• 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		• The bulk of the above activity will be done by email and on social media • Documentation in alternative formats will be available on request.		

communities.	

10. 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?)

VAL will use a social asset approach to engage with people who require information in an alternative format. The survey will be available in alternative formats on request.

c. Outline your budget

Resource (admin, design, print, staffing)	**Est cost**
Design and print of 3000 surveys	£1500
TOTAL	£1500

11. What are your consultation/engagement questions?

a. What do you want to find out?

We want to understand:

- Peoples experience of using Primary Care Mental Health services
- Peoples experience of providing and referring into Primary Care Mental Health services
- Peoples views on future Primary Care Mental Health services

b. What questions will you ask?

See additional sheet

c. How will you test the questions to ensure they are suitable? (use patient reader group, PAG, HealthWatch Leeds)

We will test our questions with Voluntary Action Leeds, Healthwatch Leeds and patient involved in the Primary Care Liaison Patient Group, coordinated by LIP.

d. How many people do you need to speak to? (should be proportionate and relate to level of involvement)

We are aiming to speak with 1000 people in this engagement

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

We will hold focus groups with seldom heard groups, that are accessible in the appropriate format, and record equality monitoring to understand how representative our feedback is. We will monitor responses during the engagement and increase activity with specific groups as required.

12. Results

a. Who will collate the results?

VAL will record their focus groups activity and input surveys they receive. The CCG will input surveys they receive.

b. Who will analyse and theme the results?

The CCG will analyse and theme the responses. A short mid-term report will be produced at the half way stage.

c. Who will write the report?

The CCG engagement lead will write the report.

13. Feedback and Evaluation

a. How and when will you feedback to participants?

We will share a copy of the engagement report with people who have requested it. We will share a copy of the annual engagement review with people who have requested it. We will update the website with 'you said, we did's' from the engagement

b. What will you feedback?

In the engagement report we will feedback the following information:

- How we identified who we need to engage with (equality analysis)
- Who we worked with to engage with people
- What methods and mechanisms we used to engage with people
- Who we spoke to
- What people told us
- Themes from the engagement
- Recommendations from the engagement

In the statement of involvement we will feedback how we have responded to people's feedback

c. Will there be ongoing feedback or a follow-up event? (consider involvement in Engagement cycle)

We will feedback as outlined above. Our patient representatives on the steering group will provide assurance that we have used the engagement feedback to develop the service. We will also involve our patient representatives in the engagement and procurement process. They will support the development of engagement-specific elements of the service specification, tender document and will evaluate these elements of the each bid.

Action Plan Dates

	Action	Approx. Timescale (from start of project)	Lead	Deadline	Comments/ progress
1.	Recruit patient rep	1 week	CB	18/06/2018	
2.	Agree level of change (confirm with Communication/ engagement manager)	1 week	CW	25/05/2018	
3.	Consider a date to take project to PAG (invite reps from other PAGs if citywide)	1 week	CB	29/06/2018	
4.	Give Leeds Involving People and Engaging Voices a heads up	1 week	CB		
5.	Meet with patient leaders	2 weeks			
6.	Write Equality Analysis and Engagement Plan	2 weeks	CB	13/06/2018	
7.	Write patient survey	2 weeks	CB	13/06/2018	
8.	Share draft equality analysis and engagement plan and survey with patient leader/project lead	2-3 weeks	CB	13/06/2018	Shared with JE 12/06/2018. To be shared with patient lead when recruited.
9.	Send equality analysis and engagement plan to the PAG	Depends on PAG date	CB	14/06/2018	To VAL, LIP and Health watch as no PAG currently
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	CB	18/06/2018	
11.	Design and print survey	3 weeks	CB	29/06/2018	
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	CB	18/06/2018	
15.	Add engagement onto website	1 week	CB	29/06/2018	
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	CB	29/06/2018	
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			
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	CB	12/10/2018	
28.	Share equality impact and engagement report with patient leader and project team	2-4 weeks	CB	12/10/2018	
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 – Q&A for commissioners

Why do we need to write an Equality Analysis, Communications and Engagement Plan?
Engaging with patients and the public is a **statutory duty**. To help us get it right first time we have developed this planning template. The plan will clearly outline what the communications and engagement team will do to support the project.

Do I need to complete a separate Equality Impact Assessment (EIA)?
No. 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 (EIA) process. The plan also includes any communications activity associated with the project.

Who should fill in this plan?
This plan should be filled in by the commissioner, engagement lead and communications lead. It is a joint plan for the project.

Where does the plan go?
This plan will be used by the team to get patient assurance for our engagement activity. Patient assurance will usually come from our patient assurance group (PAG). 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. Their role is to help you to develop a robust plan and should be seen as a 'critical friend'. Sometimes it might be better to get patient assurance from a patient group overseeing the project or from a patient organisation such as Healthwatch Leeds.

Because the plan will be reviewed by patients it is really important that we use plain English, avoid jargon and explain any terms or acronyms that we use.

When does the plan need to be finished?
The plan should be shared with patients at the earliest opportunity. We will need a completed plan **two weeks before we attend a group for patient assurance** so that members can read through. This will help them understand your plan and save you time when you present it.

What will we be asked when we present our plan to patients?
When you present your plan to patients 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 group 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.

Appendix B – Gunning Principles

Before 1985 there was little consideration given to consultations until a landmark case in that year (R v London Borough of Brent ex parte Gunning). This case sparked the need for change in the process of consultations when Stephen Sedley QC proposed a set of principles that were then adopted by the presiding judge. These principles, known as Gunning or Sedley, were later confirmed by the Court of Appeal in 2001 (Coughlan case) and are now applicable to all public consultations that take place in the UK.

1. When proposals are still at a formative stage
Public bodies need to have an open mind during a consultation and not already made the decision, but have some ideas about the proposals.

2. Sufficient reasons for proposals to permit 'intelligent consideration'
People involved in the consultation need to have enough information to make an intelligent choice and input in the process. Equality Assessments should take place at the beginning of the consultation and published alongside the document.

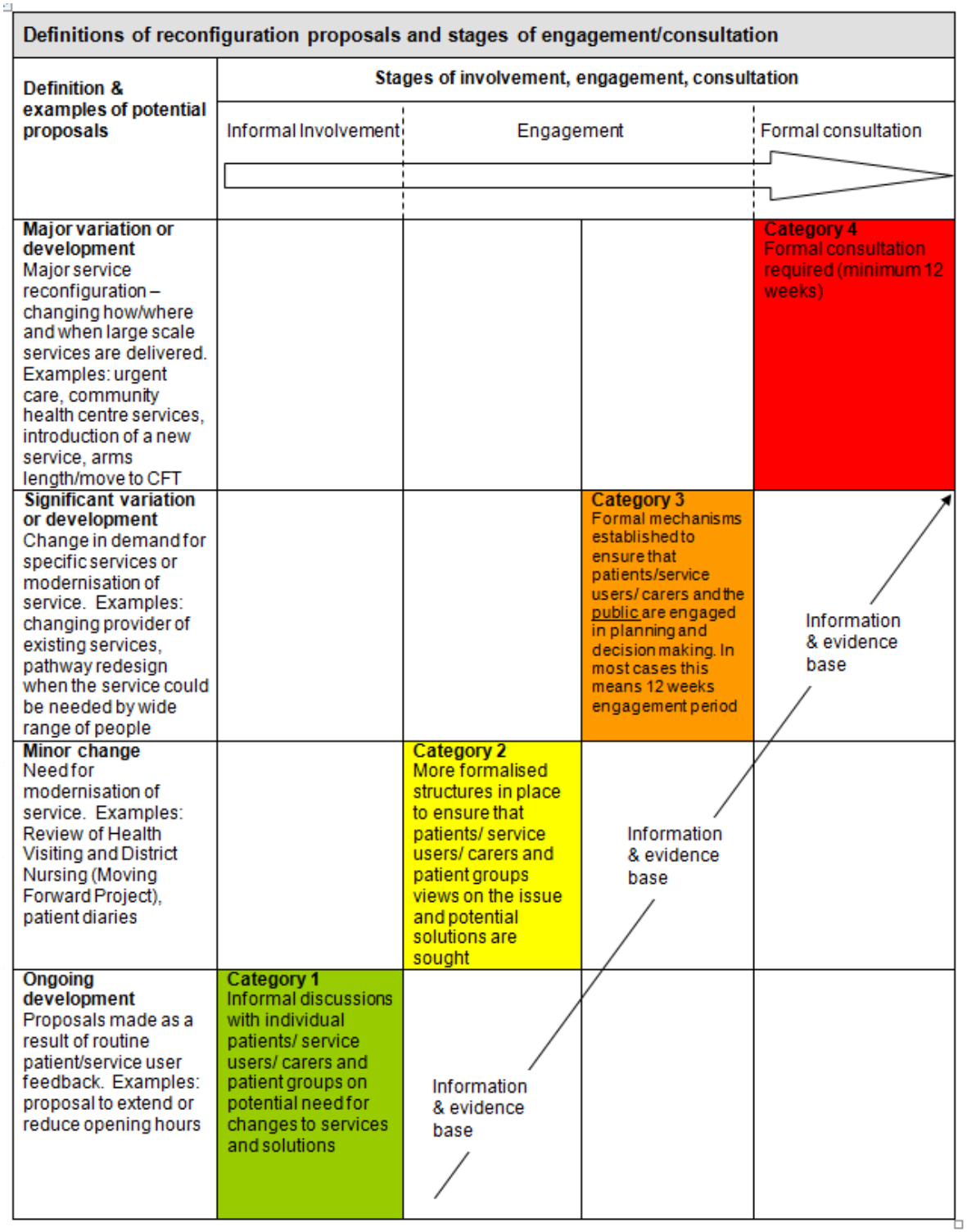
3. Adequate time for consideration and response
Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?

4. Must be conscientiously taken into account
Think about how to prove decision-makers have taken consultation responses into account.

The risk of not following these principles could result in a Judicial Review. A number of public bodies across the UK have been taken to Judicial Review and deemed to have acted unlawfully in their Public Sector Equality Duty – usually linked to the four Gunning Principles.

https://www.gov.uk/government/publications/consultation-principles-guidance

Appendix C – Stages of engagement



Appendix D – Survey distribution plan

Adam

Appendix E – Protected characteristics *(Equality and Human Rights Commission 2016)*

1. **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).

2. **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.

3. **Gender (Sex)**
   A man or a woman.

4. **Gender reassignment**
   The process of transitioning from one gender to another.

5. **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.

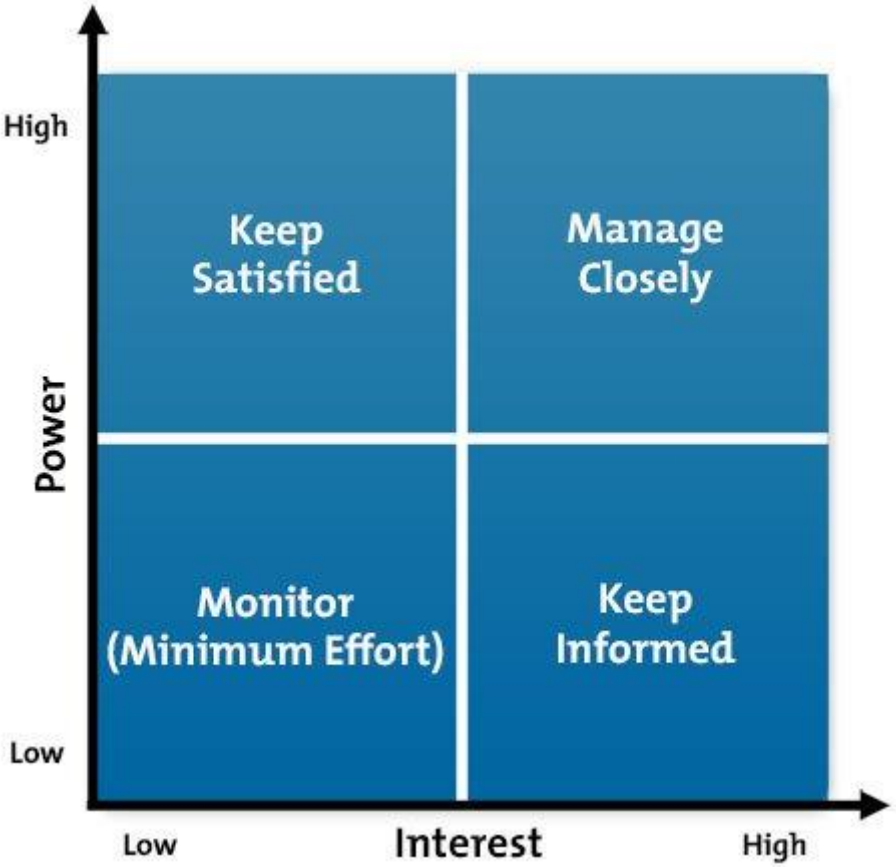
6. **Pregnancy and maternity**
   Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

7. **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.

8. **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.

9. **Sexual orientation**
   Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Appendix F – Stakeholder mapping tool



- **High power, highly interested people (Manage Closely)**: you must fully engage these people, and make the greatest efforts to satisfy them.
- **High power, less interested people (Keep Satisfied)**: put enough work in with these people to keep them satisfied, but not so much that they become bored with your message.
- **Low power, highly interested people (Keep Informed)**: adequately inform these people, and talk to them to ensure that no major issues are arising. People in this category can often be very helpful with the detail of your project.
- **Low power, less interested people (Monitor)**: again, monitor these people, but don't bore them with excessive communication.

Appendix G – Mind Map

The Mind Map

NHS
Leeds West
Clinical Commissioning Group