

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.**

(June 2018 - Whilst the PAG is currently being reformatted, assurance of the diabetes plan will be delegated to the Diabetes Steering Group).

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: Leeds Diabetes Strategy

2. Project Lead: Katie Smith

Contact details: 07702117659
katie.smith29@nhs.net

3. This project is: citywide

4. Describe your project

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

Diabetes Mellitus is a lifelong condition that causes a person's blood sugar level to become too high.

There are two main types of diabetes:

- type 1 diabetes – where the body's immune system attacks and destroys the cells that produce insulin
- type 2 diabetes – where the body doesn't produce enough insulin, or the body's cells don't react to insulin

Most people would be shocked to know that around 22,000 people with diabetes die early every year. Type 2 diabetes is a leading cause of preventable sight loss in people of working age and is a major contributor to kidney failure, heart attack, and stroke.

There are currently 3.4 million people with Type 2 diabetes in England with around 200,000 new diagnoses every year. While Type 1 diabetes cannot be prevented and is not linked to lifestyle, Type 2 diabetes is largely preventable through lifestyle changes.

One in six of all people in hospital have diabetes – while diabetes is often not the reason for admission, they often need a longer stay in hospital, are more likely to be re admitted and their risk of dying is higher.

As well as the human cost, Type 2 diabetes treatment accounts for just under nine per cent of the annual NHS budget. This is around £8.8 billion a year.

There are currently five million people in England at high risk of developing Type 2 diabetes. If these trends persist, one in three people will be obese by 2034 and one in 10 will develop Type 2 diabetes. Latest figures in Leeds show that there are around 44,000 patients registered in Leeds with diabetes, with a further 34,000 at high risk of developing Type 2 diabetes.

There is strong international evidence which demonstrates how behavioural interventions, which support people to maintain a healthy weight and be more active, can significantly reduce the risk of developing the condition.

In Leeds we are developing a Diabetes Strategy which will outline our plans to tackle diabetes in Leeds. The strategy will reflect national policy and build on existing good practice. The aim of the strategy is to improve outcomes; use our resources better and advance patient experience.

This engagement will support the development of the strategy

b. Outline the aim of the engagement

‘To understand the views and experience of citizens in Leeds about current and future diabetes services’

c. Outline the objectives of the engagement

- To identify and engage with people who use, or are likely to use, diabetes services in Leeds, including children with diabetes and their families/carers.
- Identify and engage with ‘seldom-heard’ groups, including those who are at risk of developing diabetes.
- 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 diabetes services in Leeds.
- Use a survey to encourage people to share their experience of diabetes.
- 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.

a. Outline expected outcomes from the engagement

- 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 Leeds Diabetes Strategy

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

The engagement feedback will be incorporated into the Diabetes Strategy for Leeds to ensure that the strategy meets the needs and preferences of service users and wider stakeholders.

• 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

c. What is the level of service change? (see appendix A)

	Level 2 <input type="checkbox"/>		
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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)	Diabetes UK	Yes		Yes		Your risk increases with age. In relation to Type 2 diabetes, you're more at risk if you're white and over 40 or over 25 if you're African-Caribbean, Black African, or South Asian. Type 1 diabetes is the main form affecting people in childhood, and transition from children's to adult services can be difficult.
Gender (male/female/inters ex/ other)	NHS England Impact Analysis of implementing NHS Diabetes Prevention Programme, 2016 to 2021	Yes			Does affect men and women, but fairly equally	By 2050 obesity will affect 60% of adult men and 50% of adult women.
	Diabetes UK	Yes		Yes		You're more at risk of diabetes if you're a woman who's had polycystic ovaries, gestational diabetes, or a baby weighing over 10 pounds.
Disability (sensory/ mental health/ long term illness/ addiction)	Diabetes UK	Yes		Yes		You're more at risk of diabetes if you've ever had a heart attack or a stroke
	Diabetes UK	Yes		Yes		You're more at risk of diabetes if you have schizophrenia, bipolar illness or depression, or if you are receiving treatment with antipsychotic medication
	Diabetes UK	Yes		Yes		You're more at risk if you've ever had high blood pressure.
	Diabetes UK	Yes		Yes		You're more at risk of Type 2 diabetes if you're overweight, especially if you're large around the middle.
Gender Reassignment		No				
Marriage/ civil partnership		No				
Pregnancy/ maternity (breastfeeding/ adoption/ single or teenage parents)	Diabetes UK	Yes		Yes		You're more at risk of diabetes if you're a woman who's had polycystic ovaries, gestational diabetes, or a baby weighing over 10 pounds.
Race (non-English speakers/ refugees/ asylum seekers/ travellers)	NHS England Impact Analysis of implementing NHS Diabetes Prevention Programme, 2016 to 2021	Yes		Yes		Type 2 diabetes is two to four times more likely in people of South Asian descent and African-Caribbean or Black African descent.
Religion/ Belief (or non)		No				

Sexual orientation (lesbian, gay/ bisexual)		No				
<p>If your analysis has highlighted any gaps please outline what action you will take in section 7.</p> <ul style="list-style-type: none"> You're two to six times more likely to get Type 2 diabetes if you have a parent, brother, sister or child with diabetes. 						

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)	
Initial draft of equality analysis and engagement plan	Wed 23 May 2018
Complete equality analysis and engagement plan	Early June 2018
Attend Diabetes Steering Group to share your plan	Patient assurance required early June – Meeting 13 June
Brief scrutiny board (if level 3 or 4)	N/A
Develop survey	Early June 2018
Design and print survey	Mid June 2018
Carry out engagement	Jun - Sep 2018
Mid-term engagement update	Beginning Aug 2018
Complete engagement report	Mid Sept 2018
Commencement of service	N/A
Feedback to stakeholders and the PAG	End Sept 2018 – presentation to 26th September Diabetes Strategy work shop

7. Engaging with your stakeholders (consider using a mapping tool to identify stakeholders)	
<p>a. Who is the change going to affect and how? (Taking into consideration the information/data research and equality analysis in section 5)</p> <p>The diabetes strategy will impact on all citizens in Leeds. Certain groups will be impacted more by diabetes:</p> <ul style="list-style-type: none"> Some BME groups (African-Caribbean, Black African, or South Asian) Children with diabetes and their families/carers Older people Women who have had a baby People who have had a heart attack or a stroke Some people who have a mental illness (schizophrenia, bipolar illness or depression, or if they are receiving treatment with anti-psychotic medication) People with high blood pressure People who are overweight Carers of people with the above conditions 	

We also know that some seldom heard groups are more likely to experience health inequalities. In addition to the above we will seek the views of:

- People who have had gender reassignment
- People from the LGBT community
- People from deprived backgrounds

To engage with the following...				
Group (Which group of people? Providers, patients, public, carers 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	By who (Who will carry out this work? Commissioners, engagement team, third sector, Engaging Voices)
Wider public/citizens	Engage	Online and hard copy postcard surveys – part of an ongoing wider/broader campaign	Through existing provider/stakeholder/ CCG networks	CCG Comms + Engagement team Health networks
People with diabetes	Engage	Online and hard copy surveys	Via VCFS networks who work with people with diabetes (e.g Diabetes UK). More specific groups. Through engagement in diabetes clinics – working with patients.	VCFS Providers Led by engagement team, staff in provider org.s and commissioners.
Children with diabetes	Engage	Online, hard copy surveys and focus groups	Through existing providers, e.g. Leeds Childrens Diabetes Centre and their networks. Also, potentially utilise DigiBete platform – could a questionnaire be posted on here? Carers Leeds	CCG Engagement team / providers and networks
BME groups (African-Caribbean, Black African, or South Asian)	Engage	Online and hard copy surveys. Focus groups – clarify how many focus groups - VAL	VCFS networks, including Black Health Initiative, Hamara, Bahar AFG, The Syrian Community of Leeds	VAL
Older people	Engage	Online and hard copy surveys. Focus groups	VCFS networks – Richmond Hill Elderly Aid, Middleton Elderly Aid, Older People's Action in the Locality (OPAL), Moor Allerton Elderly Care	VAL
Women who have had a baby	Engage	Online and hard copy surveys. Focus groups	VCFS networks – Women's Health Matters, Shantona Women's Centre, Leeds Jewish Welfare Board (baby group)	VAL / Maternity Voices Partnership

To engage with the following...				
Group (Which group of people? Providers, patients, public, carers 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	By who (Who will carry out this work? Commissioners, engagement team, third sector, Engaging Voices)
People who have had a heart attack or a stroke	Engage	Online and hard copy surveys. Focus groups	VCFS - British Heart Foundation/Stroke Assoc. UK Sitting in clinics – waiting rooms. Networks	CCG Engagement
Some people who have a mental illness (schizophrenia, bipolar illness or depression, or if you are receiving treatment with antipsychotic medication)	Engage	Online and hard copy surveys. Focus groups	VCFS networks – Touchstone, The Market Place, LS14 Trust	VAL
People who are overweight	Engage	Online and hard copy surveys. Focus groups	Clinics, GP practices – surveys / postcards	CCG
People with high blood pressure	Engage	Online and hard copy surveys. Focus groups	Clinics, GP practices – surveys / postcards	CCG
Carers of people with the above conditions	Engage	Online and hard copy surveys. Focus groups	VCFS networks – focus groups. Surveys/postcards	VAL – Carers Leeds, etc.
Staff – need to emphasise role of staff more – professionals, providers, etc.	Engage	Online surveys, focus groups?	Provider networks (primary care/secondary care) Take direction from members of the Steering/stakeholder groups	CCG Steering / stakeholder groups
Wider stakeholders	Informing + engaging	Awareness/education – campaign:- Postcards, links to online information / surveys / websites	Distribute postcards in GP practices and other health settings. Include links to websites.	Initially through CCG comms and engagement, but taken over by existing networks, stakeholders, etc.
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. 	

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?

No additional staffing required. Focus groups and surveys distributed to VCFS under existing VAL contract

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 survey (1500 copies). Cost to be picked up by diabetes team.	£700
TOTAL	£700

9. What are your consultation/engagement questions?

a. What do you want to find out?

- people's understanding of diabetes
- information about the type of diabetes people have
- people's experience of having diabetes
- peoples experience of using existing diabetes services
- what diabetes services people use
- service preferences of the wider public
- equality monitoring information
- if people are interested in supporting the work going forward
- how families experience and understand services

b. What questions will you ask?

1. Names, address, email, tel, GP practice – to be included on a separate page and only completed if people want to be informed of the results of the engagement, or further involved.

Surveys to begin with factual statements about diabetes. E.g:-

Almost 3.7 million people have been diagnosed with diabetes in the UK

12.3 million people are at increased risk of Type 2 diabetes and 4.6 million people are living with diabetes in the UK.*

“Diabetes is the fastest growing health crisis of our time; and the fact that diagnoses have doubled in just twenty years should give all of us serious pause for thought.

Both Type 1 and Type 2 diabetes are serious conditions that can lead to devastating complications such as amputation, blindness, kidney disease, stroke and heart disease if people don't receive a timely diagnosis and begin receiving the right care.”**

We are seeking your help to better understand the views and experience of citizens in Leeds about current and future diabetes services.

We are developing a Diabetes Strategy which will outline our plans to tackle diabetes in Leeds. The aim of the strategy is to improve outcomes; use our resources better and improve patient experience.

Your experiences, and your answers to the questions below, are important in helping us to develop the best possible support and services for the people of Leeds.

(* Diabetes UK website - https://www.diabetes.org.uk/about_us/news/diabetes-prevalence-statistics

** Chris Askew, Chief Executive of Diabetes UK - https://www.diabetes.org.uk/about_us/news/diabetes-prevalence-statistics)

One survey to be provided in a paper and online version, which is for patients, and carers/family members, to complete, and another survey, which will be online only, which is for staff, professionals, providers to complete. Please see attachments for further detail on surveys.

Postcards will be utilised for the broader, and ongoing, reach to wider stakeholders.

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

We will share the draft questions with Diabetes UK and VAL

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

This is a level two engagement but will impact widely across the city. We would like to speak to around 500 people.

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

We know that diabetes is more likely to impact of people with certain characteristics. We aim to demonstrate that we have spoken with specific groups outlined in our equality analysis. We will do this by holding focus groups with specific groups and asking people to fill in equality monitoring forms.

10. Results

a. Who will collate the results?

CCG and VAL

b. Who will analyse and theme the results?

CCG

c. Who will write the report?

CCG

11. Feedback and Evaluation

a. How and when will you feedback to participants?

We will share our engagement report with people involved in the engagement. We will also add the report onto our website and promote it through social media.

b. What will you feedback?

- Introduction
- How we engaged
- Who we spoke to
- What they told us
- Themes
- Recommendations

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

We will outline the 'you said, we did's' in our annual 'Statement of Involvement'. This will be published in May 2019 and will be shared widely through our networks/social media.

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)			

	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			
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			
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.