Equality Analysis, Communications and Engagement Plan

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: Tier 3 weight management services – your views

2. Date: 15/8/2018

3. Project Lead: Lindsay Springall	**Contact details:** l.springall@nhs.net
4. Engagement Lead: Andra Szabo / Gemma Kierczuk	**Contact details:** andra.szabo@nhs.net / gemma.kierczuk@nhs.net
5. Communications Lead:	**Contact details:**

6. Describe your project

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

The UK is facing an obesity epidemic. In the UK, more than 1 in 4 adults is obese, and the prevalence is increasing. In Leeds 62% of people aged 16+ are overweight.

The terms 'obesity' and 'overweight' are used to describe excess body fat. In most cases, adults are assessed to see if they are overweight or obese using their body mass index (BMI). However, an increased BMI isn't always an indicator of obesity as very muscular people sometimes have a high BMI without having excess fat. Another way of measuring excess fat used by professionals is waist circumference. For more information please visit: www.nhs.uk/conditions/obesity/

The poor health and wellbeing outcomes associated with obesity are vast and well documented. Obese adults are less likely to be in employment and are more likely to face discrimination and suffer from health conditions such as sleep apnoea, type 2 diabetes, heart disease and some cancers.

The costs associated with obesity are increasing with the reported cost to the wider economy £27 billion; the National Health Service (NHS) £5.1 billion a year, and £352 million to social care.

Tackling obesity is one of seven public health priorities identified by Public Health England's From evidence into action: opportunities to protect and improve the nation's health. It is also one of the priorities in Leeds being part of the Health and Wellbeing Strategy and Leeds Health and Care Plan as a way of improving the health and wellbeing of people in Leeds.

Most of the complications of obesity can be reduced by weight loss. Local authorities, Clinical Commissioning Groups (CCGs) and NHS England commission weight management services across England to support individuals to achieve and maintain a healthier weight.

There are four different tiers of weight management services that cover different activities. Usually, tier 1 covers universal services (such as health promotion or primary care); tier 2 covers lifestyle weight management services; tier 3 covers specialist multidisciplinary weight management services; and tier 4 covers bariatric surgery.

This engagement focuses on Tier 3 Weight Management Service in Leeds. The Tier 3 Weight Management Service offers a weight management programme for a period of 12-18 months that support adults with severe and complex obesity to lose weight through a range of interventions including psychological approaches and dietary changes.

We want to hear from people in Leeds about their views and experiences of accessing the Tier 3 Weight Management Service. The feedback will help us to provide a service that meets the needs of people in Leeds.

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

To provide commissioners with an understanding of patient and carer experience of tier 3 weight management services in Leeds, and the views of the public and wider stakeholders, so that they can commission a service which meet the needs and preferences of local people.

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

- To identify and engage with people who use, or are likely to use, tier 3 weight management services in Leeds.
- Identify and engage with 'seldom-heard' groups.
- Develop a set of questions to understand the needs and preferences of service users, potential service users and wider stakeholders, including carers.
- Understand and analyse people's experiences and views on tier 3 weight management services in Leeds.
- Use a survey to encourage people to share their experience of tier 3 weight management services.
- Write a report which outlines the findings of the engagement.

d. Outline expected outcomes from the engagement

- An accessible stakeholder survey and set of questions
- A report which outlines and analyses the findings of the engagement
- A series of recommendations for the Tier 3 Weight Management Service review

e. How will patient involvement to influence the outcome?

Recommendations from the engagement will help develop the service.

f. Who will provide patient assurance for your plan?

- A CCG Volunteer

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 improves 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 C – Stages of involvement)
2

Category 1 ☐	Category 2 ☐	Category 3 ☐	Category 4 ☐

If your project is classed as a 'significant variation' (category 3) or 'major change' (category 4) you should use the following DH guidance: (please note that category 4 changes will require considerable long term planning and this DH guidance is mandatory for all category 4 changes)
'Planning, assuring and delivering service change for patients' NHS England 2018

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)		Yes		The tier 3 weight management service will be available for patients over 18 years old only. There is no upper age limit for access to the service.		Tier 3 services have not been made available to under 18s previously and these services are not commissioned for under 18s across the country.
Gender (male/female/intersex/ other)		No				By 2050 obesity is predicted to affect 60% of adult men, 50% of adult women (Foresight 2007). Service access is based on referral criteria – BMI, etc. Patient gender is not considered at point of referral.

Disability (sensory/ mental health/ long term illness/ addiction)	NHS Choices / numerous research literature	Yes		Service access is based on referral criteria – BMI and exclusions. Exclusions include: Uncontrolled hypothyroidism Untreated Cushing's syndrome Poorly controlled psychiatric disorder On-going alcohol/drug abuse		Obesity is associated with a range of health problems including type 2 diabetes, cardiovascular disease and cancer. Certain medicines, including some corticosteroids, medications for epilepsy and diabetes, and some medications used to treat mental illness – including antidepressants and medicines for schizophrenia – can contribute to weight gain.
Gender Reassignment		No				
Marriage/ civil partnership		No				
Pregnancy/ maternity (breastfeeding/ adoption/ single or teenage parents		No				
Race (non-English speakers/ refugees/ asylum seekers/ travellers)		No				Ethnic differences exist in the prevalence of obesity and the related risk of ill health. For example, compared with the general population, the prevalence of obesity is lower in men of Bangladeshi and Chinese family origin, whereas it is higher for women of African, Caribbean and Pakistani family origin (as reported in 'Bariatric surgery for obesity' by the former National Obesity Observatory, now Public Health England's obesity knowledge and intelligence team, in 2011).
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 8

What do we already know from previous engagements?

There has been a number of consultations around weight management services in Leeds in the last 7 years. The main points from these are:

- People prefer to have a choice of a range of support options to suit their personal
- preferences and lifestyle, in terms of 1:1 or group support styles
- People wish to have flexibility and choice over where and when they can have an appointment, and provision of evening appointments is important
- Weight management programme need to deliver messages that are relevant to people's individual lifestyle
- Services must be free to service users in order to encourage uptake

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	16/8/2018
Initial draft of equality analysis, communications & engagement plan	15/8/2018
Share EIA with eMBED	16/8/2018
Draft survey and questions	16/8/2018
Proforma and draft plan/survey to VAL (if involved)	
Complete all documents	17/8/2018
Add to website (consider video)	
Plan for survey distribution (see appendix C)	16/8/2018
Attend group to share your plan with patients (patient assurance)	16/8/2018
Briefing scrutiny board (if level 3 or 4)	
Design and print survey	16/8/2018
Carry out engagement (include number of weeks)	20/8-10/9/2018 (3 weeks)
Mid-term engagement update	
Complete engagement report and add to website	14/9/2018
Date to be included in 'Statement of involvement'	1/6/2019
Update website with 'you said, we did'	31/1/2018

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)

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)
Example: patients using the chronic pain service	Engaging	Hard copy surveys and focus groups	Asking patients in the waiting room to fill out a survey about their experience. Holding focus groups with chronic pain service users	Voluntary Action Leeds (VAL) will support CCG staff to carry out surveys in the waiting room. CCG staff will plan and deliver the focus groups
Current service users	Engage	Hard copy and online surveys	Current provider to hand out hard copies of survey plus a link to online survey to current service users	CCG to send packs to current provider who will hand these out to current service users
Carers/relatives	Engage	Hard copy and online surveys	Letter to current service users will invite them to share the link to the online survey with their carers/relatives and inform them that they can also request a paper copy of the survey. Email link to survey to Carers Leeds and ask to distribute.	CCG to send packs to current provider who will distribute these to current service users
Potential/future service users	Engage	Online survey	Share link to online survey with relevant services	CCG
Wider public	Engage	Online survey	CCG patient network, social media channels, CCG website	CCG
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 communities.		• The bulk of the above activity will be done by email and on social media • Documentation in alternative formats will be available on request.		

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?)

The survey will be available in alternative formats on request

c. Outline your budget

Resource (admin, design, print, staffing)	**Est cost**
TOTAL	

11. What are your consultation/engagement questions?

a. What do you want to find out?

- What people liked or worked well about the current service
- What people didn't like or didn't work well about the current service
- How people would rate their experience of the current service and how they think it could be improved
- What people find helpful in terms of monitoring their progress through treatment with specific questions around people's thoughts on using technology
- People's preferences on types of appointments e.g. one to one / groups / Skype / telephone / emails
- What health professionals people would like to see in the service
- What times, days and venues people would prefer for appointments

b. What questions will you ask?

- As above
- Personal information (name, address, phone, email, GP surgery)
- Equality monitoring
- Stay involved

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

CCG Volunteer and VAL

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

50

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

12. Results

a. Who will collate the results?

CCG Engagement staff

b. Who will analyse and theme the results?

CCG Engagement staff

c. Who will write the report?

CCG Engagement staff

d. How will patients assure the themes and recommendations?

CCG Volunteer to sit on the Steering Group

13. Feedback and Evaluation
a. How and when will you feedback to participants?
b. What will you feedback?
c. Will there be ongoing feedback or a follow-up event? (consider involvement in Engagement cycle)

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 – 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** (https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf) 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. 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.

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.

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. **The extent to which people can influence the change**
3. **Who the change affects and how you know this in particular in relation to protected, seldom heard or vulnerable groups.** (existing intelligence)
4. **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)
5. **How you will find out what people think about the change.** (methodology)
6. **How you will work with the voluntary sector when you engage.** (partnerships)
7. **How you have developed your engagement questions**(outcomes and testing)
8. **The timescale for your project**
9. **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.

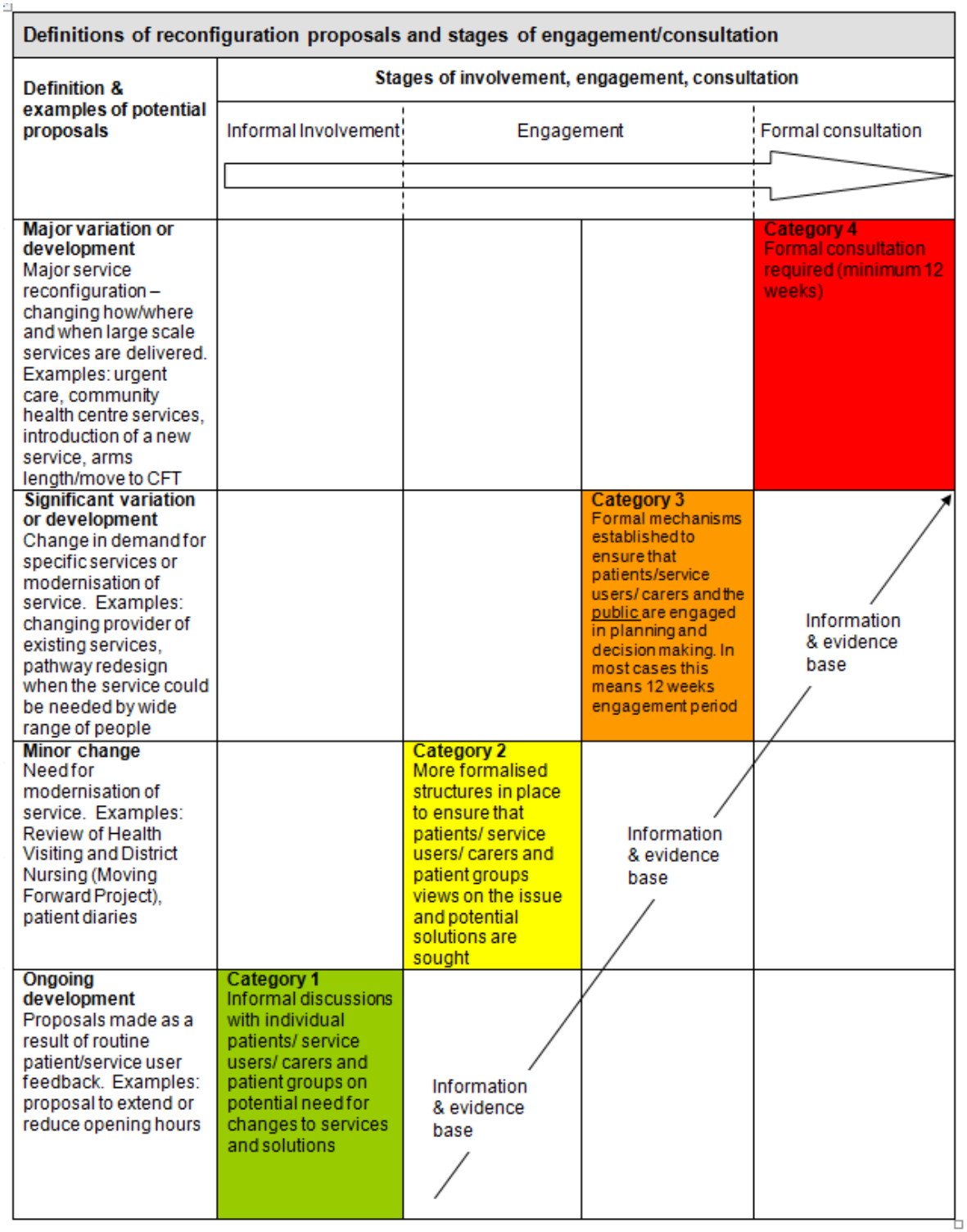
3. Adequate time for consideration and response
Timing is crucial – is it an appropriate time and environment, was enough time given for people to make an informed decision and then provide that feedback, and is there enough time to analyse those results and make the final decision?

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

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.

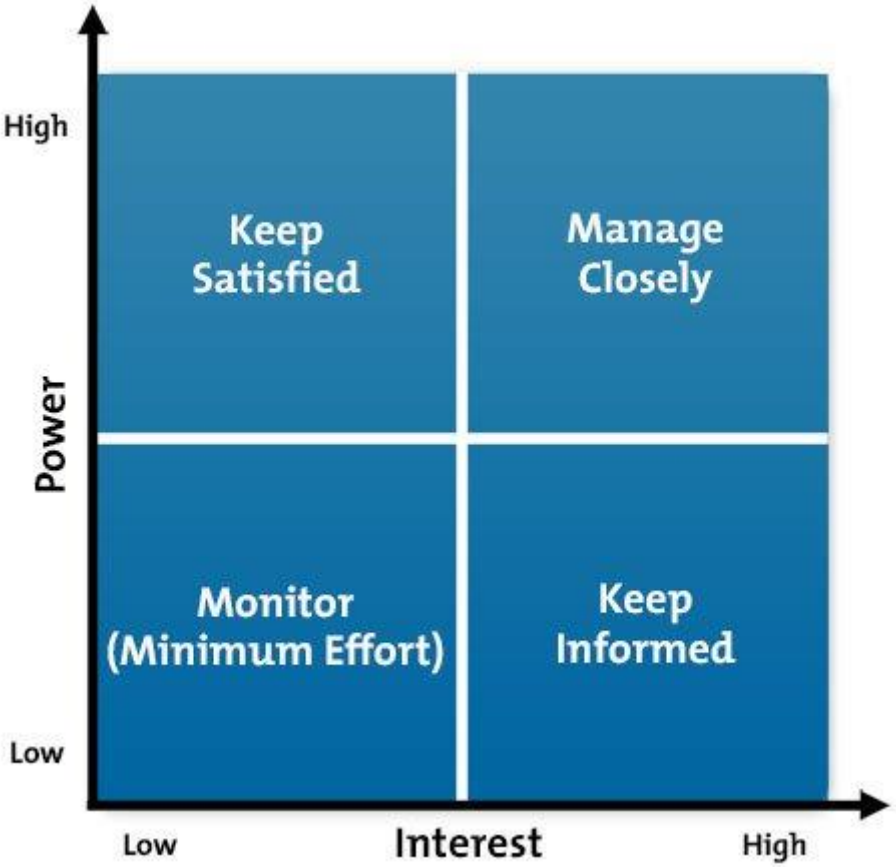
6. **Pregnancy and maternity**
   Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving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