

# Reviewing an equality analysis, Communications and engagement plan

A guide for CCG volunteers V1.3

Engaging with patients and the public is a **statutory duty**. We also know that we commission safer and more efficient services when we involve patients in the design.

The role of the CCG volunteers is to make sure that **when we change services we are engaging patients, carers and the public in a meaningful way**. When we make a change to a service or develop a new service we have to write an engagement plan to outline how we will involve patients. We ask our CCG volunteers to review this plan and work with us to ensure that our engagement gives all communities an opportunity to share their needs and preferences.

You might carry out this role on our Patient Assurance Group (PAG) or on a specific steering group for a project. If you are providing patient assurance on a specific group such as the Leeds Cancer Strategy Engagement Hub or the Maternity Voices Group, you might also find this document helpful.

To help you feel assured that we are engaging in the right way we have developed this planning template.

## What can you expect from us?

- You will be given a draft engagement plan two weeks prior to the meeting.
- The project will be at an early stage and there will be an opportunity for you to influence the equality impact and engagement plan.
- At the meeting the project lead will give you a short presentation about the project and outline their plans for engagement
- You will be given some time to ask questions about the project.
- Time will be limited for questions but you will be able to contact the commissioner outside of the meeting to ask further assurance questions

## What do we expect from you?

- Your role as a CCG volunteer is to champion the needs and preferences of the wider public.
- We ask you to take a step back from your personal views about the project and consider the needs and preferences of all the different people that live in Leeds.
- We ask you to act as a critical friend to our commissioners and support them to develop a strong and meaningful engagement.
- We will ask you to limit your questions and keep questions focussed on the engagement.

*‘Public confidence in NHS Boards can be either enhanced, or damaged, by the way that local people are involved in the processes leading to major changes in local health services. Involving local people appropriately throughout the process is just as important as ensuring that the right clinical and financial information is available, and that a robust business case is prepared’*

**Scottish Health Council, March 2010**

### 1. What is our role?

- We have to assure the CCG that engagement plans are robust
- We provide assurance by reviewing the equality analysis, communications and engagement plan
- We review plans from the perspective of patients, carers and the public
- We are **NOT** giving our opinions on the service change

### 2. What do we need to do our job?

- We need documents in advance of the meeting so that we have time to read about the project
- We need someone from the project to attend the meeting so that we can ask about the planned changes and engagement regarding those plans
- We need time at the meeting to ask questions about the plans

### 3. What do we need to know before we start?

#### a. What is the aim of the project or service change?

It is important that we have some understanding about the background to the service change. However we need to be careful we don't spend too much time talking about the reasons for the project because our job is to find out about the **plans for engagement**.

#### b. What sort of change is being proposed?

You might like to ask if the service change is:

- **An investment** - A service development such as a new service, an extension to an existing service or new infrastructure
- **A disinvestment** - A service withdrawal. The removal of part or all of a service
- **A redesign** – A change to the way a service operates; an integration of services

#### c. Who is likely to be affected by the change?

This is a really important part of the process. It is essential that you understand which particular groups and communities will be affected. You will want to know how the engagement process will seek to understand the impact on people, especially those with protected characteristics (Appendix B)

#### d. What is the category of service change?

Every piece of engagement is categorised by the 'stages of involvement' model (Appendix A) You will need to know what category the service change has been categorised as because this will determine the level of engagement. The categories of service change are as follows:

|  |   |            |   |  |
|--|---|------------|---|--|
|  | 4 | consulting | Major service reconfiguration – changing how/ where and when large scale services are delivered.  | Formal consultation over 12 weeks following robust engagement work and approval to go ahead by NHS England |
|  | 3 | engaging   | Change in demand for specific services or modernisation of service.   | Formal engagement over 12 weeks  |
|  | 2 | engaging   | Need for modernisation of service.  | More formal engagement   |
|  | 1 | informing  | Practice level change/proposals made as a result of routine patient/service user feedback.<br><b>This level of change would not usually come to PAG</b> | Informal discussions with patients affected by the change  |

You may want to ask why it has been categorised at this level and you may decide to challenge the category of the involvement.

Understanding who will be affected and the type of service change will help you determine what the engagement plan should look like.

# Equality analysis, communications and engagement plan review tool

|             |             |                        |
|-------------|-------------|------------------------|
| Name: _____ | Date: _____ | Name of project: _____ |
|-------------|-------------|------------------------|

|  |  |  |   |                          |
|--|--|--|---|--------------------------|
| Are you clear that you are commenting on the project from the perspective of a patient, carer or member of the public?                   | Yes                                    | <input type="checkbox"/>                 | No  | <input type="checkbox"/> |
| Are you clear that you are being asked to comment specifically on the aspects of the project relating to patient and public involvement? | Yes                                    | <input type="checkbox"/>                 | No  | <input type="checkbox"/> |
| Do you understand the aim of the project?  | Yes                                    | <input type="checkbox"/>                 | No  | <input type="checkbox"/> |
| Do you understand which groups will be affected by the project?  | Yes                                    | <input type="checkbox"/>                 | No  | <input type="checkbox"/> |
| What category of engagement has the project been assessed at?  |  |  |   |                          |
| Category 1 <input type="checkbox"/>  | Category 2 <input type="checkbox"/>    | Category 3 <input type="checkbox"/>      | Category 4 <input type="checkbox"/>         |                          |
| The project is...  | An investment <input type="checkbox"/> | A disinvestment <input type="checkbox"/> | A service redesign <input type="checkbox"/> |                          |

|   |                                   |  |
|---|-----------------------------------|--|
| <b>1. Level of change</b>                           |                                   |  |
| The plan reflects the size and topic of the change. |                                   |  |
| Agree <input type="checkbox"/>                      | Disagree <input type="checkbox"/> | More information needed <input type="checkbox"/> |
| Suggested improvements: _____                       |                                   |  |

|   |                                   |  |
|---|-----------------------------------|--|
| <b>2. Timescales</b>  |                                   |  |
| The plan clearly outlines timescales for the project and they are realistic |                                   |  |
| Agree <input type="checkbox"/>  | Disagree <input type="checkbox"/> | More information needed <input type="checkbox"/> |
| Suggested improvements: _____   |                                   |  |

|  |                                   |  |
|--|-----------------------------------|--|
| <b>3. Who is affected by the change</b>  |                                   |  |
| The plan clearly outlines the groups affected by the proposal. The equality analysis demonstrates the impact on people with protected characteristics. |                                   |  |
| Agree <input type="checkbox"/>   | Disagree <input type="checkbox"/> | More information needed <input type="checkbox"/> |
| Suggested improvements: _____  |                                   |  |

|   |                                   |  |
|---|-----------------------------------|--|
| <b>4. Methodology and mechanisms</b>  |                                   |  |
| The plan clearly outlines how we will engage with people (survey, interviews etc). It is clear how we will engage with 'seldom-heard' groups identified in the equality analysis? |                                   |  |
| Agree <input type="checkbox"/>  | Disagree <input type="checkbox"/> | More information needed <input type="checkbox"/> |
| Suggested improvements: _____   |                                   |  |

|   |                                   |  |
|---|-----------------------------------|--|
| <b>5. Partnership working</b>   |                                   |  |
| The plan clearly outlines which partner and community, voluntary and faith sector organisations we need to work with and how we will do this. This might include local counsellors. (communications). |                                   |  |
| Agree <input type="checkbox"/>  | Disagree <input type="checkbox"/> | More information needed <input type="checkbox"/> |
| Suggested improvements: _____   |                                   |  |

|   |                                   |  |
|---|-----------------------------------|--|
| <b>6. Survey questions</b>  |                                   |  |
| The plan clearly outlines what questions we will ask people. The questions have been tested with groups that represent patients and they are clear and easy to understand |                                   |  |
| Agree <input type="checkbox"/>  | Disagree <input type="checkbox"/> | More information needed <input type="checkbox"/> |
| Suggested improvements: _____   |                                   |  |

|   |                                   |  |
|---|-----------------------------------|--|
| <b>7. Ongoing patient assurance</b>   |                                   |  |
| There are clear plans for providing ongoing patient assurance in the project (feedback) |                                   |  |
| Agree <input type="checkbox"/>  | Disagree <input type="checkbox"/> | More information needed <input type="checkbox"/> |
| Suggested improvements: _____   |                                   |  |

|                         |
|-------------------------|
| <b>Recommendations:</b> |
|-------------------------|

## 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><br>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><br>Formal consultation required (minimum 12 weeks) |
| <b>Significant variation or development</b><br>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><br>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><br>Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries   |  | <b>Category 2</b><br>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><br>Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours  | <b>Category 1</b><br>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*)**

### **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 C – Involving Children, Young People and their families

Children and Families are recognised as a priority group within the NHS Leeds CCG.

We know that in Leeds there are considerable variations in health outcomes for children and young people. When we make changes to health services we need to make sure that individuals and groups in our community have fair access to services; this includes children and young people. To do this, we must involve them (and their families) more effectively and earlier in their lives and listen and take full account of their views.

When we are presented with an engagement plan we need to decide how this will impact on children, young people and their families.

When we understand the level of impact we need to consider what would be reasonable and proportionate engagement. Here is a simple guide to help you decide how you want to engage with children and young people:

### 1. The proposal impacts **directly** on children and young people

This might be a service that is solely designed for children and young people or a service that will be used heavily by children and young people. You will need to focus your engagement on this group. You might like to consider:

- Does the engagement document explain the change in a child-friendly way
- How will existing expertise and resource be used
- What methods will be used to engage with children and young people
- Provide support to ensure children and their families are able to fully engage
- Give examples of the difference they can make
- Identify limits of participation
- Make it fun and use creative approaches
- Think in terms of outcomes
- Have clear feedback mechanisms - complete the loop
- Reward and recognise
- Focus on diversity and overcoming inequality
- Keep meetings short
- Provide opportunities for children, their families and commissioners to be in the same room

### 2. The proposal impacts on children and young people as part of the wider community

This might be a service that children and young people would use as part of the wider community. You will need to include young people in your engagement. You might like to consider:

- Identify which part of the project children and their families will be involved in
- Share expertise and resource across sectors

We are represented on groups which drive forward the participation of children and their families. These groups involve stakeholders from organisations across Leeds who can support us to effectively engage with children and their families across all areas of our work.

#### Further support can be obtained by contacting:

Healthwatch/YouthWatch Leeds <http://www.healthwatchleeds.co.uk/youthwatch>

Voice, Influence and Change Team [vic@leeds.gov.uk](mailto:vic@leeds.gov.uk)

Child Friendly Leeds [childfriendlyleeds@leeds.gov.uk](mailto:childfriendlyleeds@leeds.gov.uk)

## Appendix D – Engagement in the commissioning cycle

