EQUALITY IMPACT AND RISK ASSESSMENT STAGE 2
Programme to involve people from protected groups in the development of the pre-consultation business case (PCBC) on the Future of Local Health Services in Northern Staffordshire
SECTION 1 - DETAILS OF PROJECT
Organisation: North Staffordshire & Stoke-on-Trent Clinical Commissioning Groups
Assessment Lead: Anna Collins, Head of Communication & Engagement
Directorate/Team responsible for the assessment: Strategy, Planning & Performance Directorate
Responsible Director/CCG Board Member for the assessment: Zara Jones
Who else will be involved in undertaking the assessment: Vicki Inch
Date of commencing the assessment: 26th March 2018
Date for completing the assessment: 9th June 2018

EQUALITY IMPACT ASSESSMENT			
Please tick which group(s) this service / project will or may impact upon?	**Yes**	**No**	**Indirectly**
Patients, service users	√		
Carers or family	√		
General Public	√		
Staff	√		
Partner organisations	√		

Background of the service / project being assessed:

North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs) are in the process of gathering the views of local people in the design of high quality, accessible and affordable local health services that meet local health needs in and around the Community Hospitals.

This is a much broader picture than just the hospital buildings at Bradwell, Cheadle, Haywood Longton Cottage and Leek Moorlands as it is about making sure the right services are in the right place at the right time, whether these services are provided from the hospital location, GP Practices or other health service providers.

We are in the process of working with local stakeholders to develop a pre-consultation business case with viable scenarios for each location on which we will formally consult later in the year. This equality impact assessment specifically considers the arrangements being made to involve people from protected groups in the decisions that affect their health services and ensure that the CCGs are meeting their legal duties and following best practice with respect to the targeted engagement processes.

Aims and objectives of the document

Over recent years we have been talking to the public and stakeholders about the proposed model of care of providing care closer to home. Since October 2017, we have been on a journey, gathering views on how we could deliver the best services to all patients to meet their changing health needs. We have also commissioned the Consultation Institute (tCI) to make sure we get the process right and adopt best practice principles. As part of their Quality Assurance process, tCI peer reviewed the Stage 1 EIA both part way through and on completion at the Steering Group. In addition, as part of the QA process, they will need to be satisfied that we have sufficiently identified and understood stakeholders, particularly protected groups and have made provision to consult them appropriately.

Services currently provided in relation to the project:

There are different services provided at each community hospital and surrounding area. The aim of the pre-consultation is to understand public and stakeholder preferences about those services. Inclusion of representatives from protected groups in the Options Development process is a golden thread that runs through the pre-consultation process.

Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?

Please bring forward any issues highlighted in the Stage 1 screening

A workshop with the Local Equality Advisory Forum (LEAF) was held on 7th December 2017 to understand the potential impact of the proposals and understand which protected groups may be most affected.

The group felt that particular regard and consideration should be given to older people and those with a disability (particularly mobility impaired).

A further meeting was held on 23rd May to involve LEAF in a stakeholder mapping workshop to understand priority protected groups. In advance of the meeting, all participants will be emailed to explain the importance of the workshop and to invite comments by email if they are unable to attend. The output of this workshop was fed into the Reference Group on 25th May.

How will you involve people from equality/protected groups in the decision making related to the project?

A stakeholder mapping workshop was held with the PPI Steering Group on 27th March 2018 to identify the most important groups to target during the consultation. This information will be used to inform the PCBC consultation plan and will be quality assured by LEAF on 23rd May 2018.

Does the project comply with the NHS Accessible Information Standard? (providing any documents, leaflets, resources in alternative formats if requested to meet differing

communication needs of patients and carers) YES

Please explain how? Formal consultation documents will be provided in alternative formats if requested. In the meantime. All of the pre-consultation documents are available on the website which complies with AA Information standards including large text, read aloud, text only and Google translate.

A local group for people with a Learning disability, Asist, will be asked to work with the CCG to develop a clear version of the formal consultation document. As part of this process, their service users will be consulted and views sought.Equality monitoring data will be included within the consultation document.

Invites to events will include a request for participants to identify any special requirements / accessibility issues including information requirements before the event.

EVIDENCE USED FOR ASSESSMENT

What evidence have you considered as part of the Equality Impact Assessment?

- Service usage equality monitoring data as collected by the providers (SSOTP, UHNM, Combined, SSSFT) was considered at the Options Development event on 23rd January 2018

- The pre-consultation survey included equality monitoring data which revealed that of the 146 respondents, there was an underrepresentation from protected groups. The lessons learned from this will be incorporated into the Consultation plan. For example, it will use the advice from LEAF to adopt methods to reach underrepresented groups through patients interviews and attending community network groups.

ENSURING LEGAL COMPLIANCE

Think about what you are planning to change; and what impact that will have upon 'your' compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)

In what way does your current service delivery help to:	How might your proposal affect your capacity to:	How will you mitigate any adverse effects?

NOTE: This EIA is about the engagement process and not the service change proposals which will be subject to their own EIA

WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

What are the benefits to patients and staff?

Patients and staff will be involved in influencing decisions that affect the provision of local health services ensuring that they are designed to meet local health needs. Local people have also been involved in developing the assessment criteria and have been influential in helping us to understand their choices and preferences. By listening to those views, we will be more likely to design the right services in the right place.

How will any involvement processes be monitored, reviewed, evaluated and promoted where necessary?

The outcomes will be monitored through a variety of Governance structures

- Quality Assurance by the Consultation Institute
- PCBC Steering Group (strategic oversight)
- Together We're Better – Healthcare & Transformation Board
- Joint Planning & Commissioning Committee
- Governing Bodies in Common
- West Midlands Clinical Senate. More information can be found here
- NHS England Regional & National Assurance Process
- Joint Health & Overview Scrutiny Committee
- Public accountability through lobby groups, print & social media and public meetings

EQUALITY IMPACT AND RISK ASSESSMENT

Does the 'project' have the potential to:

- Have a ***positive*** **impact (benefit)** on any of the equality groups?
- Have a ***negative impact / exclude*** **/ discriminate** against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

Please see Equality Groups and their issues guidance document, this document may help and support your thinking around barriers for the equality groups

Equality Group / Protected Group	Positive effect	Negative effect	Neutral /Indirect effect	Please explain - MUST BE COMPLETED
Age				Every effort will be made to reach out to people of all ages through the core-consultation methods. However, the majority of public focus has been on community rehab beds, therefore there is the need to gather views about the

				needs of older people in particular. The service user data and demographic profiling was considered at the Options Development event on 23rd January 2018.
Disability				Accessibility of services was considered as part of the criteria at the options Development event on 23rd January.
Gender Reassignment				There was representation of the trans community at the LEAF meeting, options development and options appraisal event.
Pregnancy and Maternity				Maternity services are being considered as part of the service offering, therefore their needs are under consideration
Race				Ethnicity usage data considered as part of options development event.
Religion or Belief				Ditto above
Sex (Gender)				Ditto above
Sexual Orientation				Ditto above
Marriage and Civil Partnership				Not applicable. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision
Carers				Carers forum event will be arranged as part of formal consultation.
Deprived Communities				Travel times and accessibility being considered as part of options development.
Vulnerable Groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans, Rural communities.				Represented on LEAF. Formal consultation and stakeholder mapping I identified need to formally consult and methods to use.

SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

Does the 'project' raise any issues for Community Cohesion (how it will affect people's perceptions within neighbourhoods)?

To be discovered during formal consultation

What effect will this have on the relationship between these groups? Please state how relationships will be managed?

To be discovered during formal consultation

Does the proposal / service link to QIPP (Quality, Innovation, Productivity and Prevention Programme)?
No – this is about the consultation process

Does the proposal / service link to CQUIN (Commissioning for Quality and Innovation)?
No – this is about the consultation process

What is the overall cost of implementing the 'project'?
Please state: Cost & Source(s) of funding:
Unknown at this stage

SECTION 4 - HUMAN RIGHTS ASSESSMENT

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then email to equality and inclusion team.

SECTION 5 – RISK ASSESSMENT

RISK MATRIX					
	Risk level				
Consequence level	**RARE 1**	**UNLIKELY 2**	**POSSIBLE 3**	**LIKELY 4**	**VERY LIKELY 5**
1. Negligible	**1**	**2**	**3**	**4**	**5**
2. Minor	**2**	**4**	**6**	**8**	**10**
3. Moderate	**3**	**6**	**9**	**12**	**15**
4. Major	**4**	**8**	**12**	**16**	**20**
5. Catastrophic	**5**	**10**	**15**	**20**	**25**

Consequence Score: **Likelihood Score:** **Risk score = consequence x likelihood**	**Enter risk score here**
Risk of not consulting patients leading to legal challenge: Consequence score of 5 and Likelihood score of 2	*10*
Any comments / records of different risk scores over time (e.g. reason for any change in scores over time):	

Important: If you have a risk score of 9 and above you should escalate to the organisations risk management procedures.

The CCG has a robust and consistent approach to risk management and applies a risk matrix outlining the risk, the level of impact, mitigations and named accountable officers.

A Risk Register forms the basis of the programme's risk management approach.

- The Programme Director will be responsible for managing the risks within the programme and work with the Programme Manager to record and monitor the Risk Register.
- The Steering Group members and operational leads will raise all risks they are aware of
- The Steering Group will own the risks and issues in addition to developing proposals for mitigation / resolution. It will do this by at each of its meetings receiving the latest iteration of the programme risk register for consideration – this will be a standing item on each agenda. The Steering Group may create a new risk, re-word a current risk, or indeed close a risk during the meeting in addition to updating / revising mitigating actions and both likelihood and impact scores.
- The PM will maintain and monitor the Risk Register.
- The PM will seek monthly updates from risk owners,
- The Steering Group will ensure that any programme risks deemed as a potential corporate risk are escalated as required into the Corporate Risk Management process.

EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN				
Risk identified	**Actions required to reduce / eliminate negative impact**	**Resources required (this may include financial)**	**Who will lead on the action?**	**Target date**
A proposal to decommission a service has not adequately consulted with protected groups therefore leads to a risk to both the proposal and the organisation through risk of legal challenge and/or Judicial Review.	*Consult with people with protected characteristics who may be directly or indirectly affected by the proposal. To show understanding of the issues that may affect protected groups in relation to the proposal.*	*Consultation and engagement plan. Stakeholder analysis and map*	*Comms and Engagement – A. Body*	*01/01/2017*

SECTION 6 – EQUALITY DELIVERY SYSTEM 2 (EDS2)

Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this project relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading

SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN

Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?

Communication & Engagement Committee

Date of the next review of the Equality Impact Risk Assessment section and action plan? Midway through formal consultation CCGs will assess which protected groups are feeding back and identify any significant gaps in feedback, so that targeted engagement plans can be made active? eg Focus Groups or other approaches.

Which CCG Committee / person will be responsible for monitoring the action plan progress?

PCBC Steering Group

FINAL SECTION
SECTION 8

Review date linked to Commissioning Cycle: N/A

Acknowledgement that EIRA will form evidence for NHS Standard Contract Schedule 13: Yes

Date sent to Equality & Inclusion (E&I) Team for quality check: 09.06.18

Date quality checked by Equality and Inclusion Business Partner: Interim check 11/06/18 prior to all comments being included in this EIRA, plus before a final peer review is carried out.

Then E&I BP will complete a final quality assurance check on this stage 2.
Date of final quality check by Equality and Inclusion Business Partner:
Signature Equality and Inclusion Business Partner:
CCG Committee Name and sign off date: Governing Body 26th June 2018

Supplementary information to support CCG compliance to equality legislation:

The Goals and Outcomes of the Equality Delivery System		
Objective	**Narrative**	**Outcome**
1. Better health outcomes	The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results	**1.1** Services are commissioned, procured, designed and delivered to meet the health needs of local communities
		1.2 Individual people's health needs are assessed and met in appropriate and effective ways
		1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
		1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
		1.5 Screening, vaccination and other health promotion services reach and benefit all local communities
2. Improved patient access and experience	The NHS should improve accessibility and information, and deliver the right services that are	**2.1** People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
		2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
		2.3 People report positive experiences of the NHS

	targeted, useful, useable and used in order to improve patient experience	**2.4** People's complaints about services are handled respectfully and efficiently
3. A representative and supported workforce	The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs	**3.1** Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
		3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
		3.3 Training and development opportunities are taken up and positively evaluated by all staff
		3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
		3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
		3.6 Staff report positive experiences of their membership of the workforce
4. Inclusive leadership	NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions	**4.1** Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
		4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed
		4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination