Midlands and Lancashire
Commissioning Support Unit

## Equality Impact & Risk Assessment Template for completion by CCG

New 9 Step EI&RA includes: Integrated approach to screening for impact & compliance:
Equality Impact & Risk Assessment; Human Rights; Privacy Impact Assessment

Also see separate; FAQs; 2 flow charts; EI&RA guide is included in form-set for completion – see white & grey sections

Action: Complete salmon pink sections only. This template should be completed over time as information comes available. Please liaise early with Comms & Engagement for engagement with local protected group reps.

| **Key** | | for completion by organisation | | for completion by E&I team re QA check & provide feedback to lead CCG staff |
|---|---|---|---|---|

## Step 1 – Document Ownership

**Name of function being analysed for any adverse impact specifically on protected groups (insert below)**

Detail: Phase 2 EI&RA: My Care My Way – Home First formerly "New Model of Care"
Formal consultation (end 17 Jan'16) linked to phase 1 "New Model of Care" equality impact and risk assessment (EI&RA). NHS England decided formal consultation required by Northern Staffs CCGs.

**Lead person completing EI&RA work at CCG** (delete as appropriate)

**Name: Linda Longshaw**

**Contact e mail & number:** linda.longshaw@stoke.nhs.uk **0845 602 6772 ext 1591**
**Transformation Manager Cross Economy Transformation Team (CETT)** until 24/05/16 when leaving

| **Responsible Director/CCG Board Member:** | **Directorate/Team:** |
|---|---|
| **Executive Lead: Marcus Warnes**<br>**Accountable Officer** | **This is a joint working project between North Staffordshire and Stoke on Trent Clinical Commissioning Groups** |

**Start date of assessment: 14/9/2015 (**formal consultation started mid Oct'2015 and ended mid Jan'2016)

**Date assessment completed: 19/05/16 update:** Awaiting final formal consultation independent report from Dave Rowson (C&E team CSU) – 18 consultation surveys received back – general feedback expected. CCG requested disaggregated feedback by protected groups – in this report.

**Function area(s):** Key healthcare change under early stage consideration:
Is the document? *(see boxes for completion below*)

| **Proposal of new service or pathway** (please detail below) | **Review of existing service, pathway or project** (detail below) | **Strategy or Project or Policy (or similar)** (please detail below) | **Decommissioning of a service, or 'other'** (please detail below) |
|---|---|---|---|
| **Yes**<br>Detail:<br>Oct'2015: The model will see possible bed loss absorbed into the community home based services. | **No**<br>Detail: | **No**<br>Detail: | **Yes**<br>Detail:<br>Oct'2015: The provider may take the decision to permanently close 37 beds within Longton Cottage hospital. |

## Step 2: Establishing Relevance
**(for legal compliance and any business risk)**

**Protected Characteristic Groups**
You need to analyse the likely adverse impact or effect of any key healthcare change on equality for all protected characteristics – namely: Age, Gender, Gender Reassignment, Disability, Race, Sexual Orientation, Religion and Belief; *Marriage and Civil Partnership*; Pregnancy and Maternity. Please also consider the impact on other

groups who may currently be outside the scope of the Equality Act 2010, or come under other Acts such as the Health and Social Care Act 2012 or the Human Rights Act 1998 but who may have a significant relationship with NHS services (for example carers, Inclusion Health groups where there are local concerns - homeless people, travelling communities, people working in the sex or drug trafficking industries, and migrant groups).

Evidence how we give 'due regard' or consideration in all our planning & decision making processes to:

age gender gender reassignment disability race religion or belief

sexual orientation marriage & civil partnership pregnancy & maternity

**Identifying and managing business risk:** Identify what the specific business risk is, then quantify it numerically (likelihood x impact = risk score).

* See Risk escalation pro-forma by contacting juliaallen@nhs.net for further information support in how to fully complete.

**Identifying business risk:** Estimate the **likelihood and impact** of business risk from this significant healthcare change i.e. low / medium / high 1= low; 3 = medium; 5 = high

*See list of some potential equality risks you can consider here.*
*Do you have any: general or specific intelligence / data / research; have you taken specialist advice eg legal , other? If yes, summarise here / attach; have you considered your Public Sector Equality Duty? Give a rationale; what information if any do you plan to publish; how can you mitigate any negative impacts; what supporting evidence do you have? (list); have you / will you engage with those people likely to be affected by these changes in healthcare?*

**Specifically what is the likely business risk?**
(Please state the risk in the box below, then complete the 3 numeric boxes below that)

**Reputational risk to CCG's**

| **Likelihood of business risk: 3** | **Impact of business risk: 3** | **Total risk score: 9** |
|---|---|---|

How will CCG mitigate against this business risk i.e. what steps can they take to reduce or remove the likely risk / re-shape services to be more inclusive to protected groups, following feedback?

A specification will look towards an integrated model across health, mental health, voluntary sector, West Midlands Ambulance Service and social care thereby facilitating navigation across the whole Local Health Economy.
An outline comms plan has been developed as part of the model PID (project initiation document), this will see a 12 week formal consultation period outlining the model and the potential benefits from a change in delivery. Feedback from the consultation will be used to inform the model and shape services moving forward.

2 May 2016 update:
Northern Staffs CCGs are currently awaiting a full findings and recommendations report on the formal consultation which ended 17 Jan 2016 (report from an external consultant in Cheshire) Dave Rowson has engaged an independent consultant for this piece of work.

When this consultation report is available CCGs will be able to consider further, mitigations to try to reduce the risk score, as well as evaluate what feedback we have received from our local communities.

19 May 2016 update:
Independent report will outline next steps, following feedback, which will outline mitigating the risks identified above.

May 2016 – engagement report received:
My Care, My Way - Review of Consultation and Engagement Feedback Report (Dave Rowson)

This review report is out in the public domain as part of the engagement documents.

Disaggregated data in the form of feedback specifically from protected group representatives is not currently available from this report.

September 2016 update:

Specific Responses also taking into account consultation & engagement feedback received by CCGs

"A detailed response was submitted by the Stoke Overview and Scrutiny Committee, highlighting a number of areas for consideration by the CCGs:

- there are fears that at the moment there is not sufficient care in the community for this to happen safely;
- stability of the domiciliary care workforce and the number of workers available is a concern;
- funding for the right services in the right place is crucial;
- there were very few members of the public at the consultation events. They were mostly user group's representatives or partner organisations;
- communication between partners is not currently sufficient for this to work seamlessly; and,
- GP's are at the centre of this type of care and the City currently has a shortfall which is likely to increase. This needs to be addressed immediately.

The OSC expanded on these points in detailed responses to the individual consultation questions."

"Actions so Far

The My Care My Way engagement and consultation provided the CCGs with rich information about what is important to patients and the public in terms of services and how they are delivered. Overall the feedback we received indicates that there is consensus that care at home is supported.

Building upon this the commissioners have made changes in the way they commission services, working closely with social care, voluntary sector and mental health to develop services which do support a person as a whole.

We recognise that timely access to sufficient domiciliary care is a challenge, and the CCGs and local authorities have been working together to develop the market and commission additional capacity. There has also been investment in home care services to care for patients at home whilst a maintenance package is sourced. In addition, where a patient is in a community bed and should be at home with social care support, suitable alternative services such as a nursing or residential care bed with wrap around support will be commissioned whilst a package of care is sourced, which is more appropriate than a bed on a hospital ward.

The CCGS have invested £1.3 million additional monies into the provision of re-ablement, which will support people at home to return to independence, supporting assessment to take place at home as opposed to within a hospital bed.

We are also concentrating on supporting patients through the very complex journey they often take when they are unwell, understanding the importance of having a single person who a patient can rely upon for support and advice when needed.

The feedback also identified that Primary Care services are critical and that without additional resources and support My Care My Way could not be implemented. The CCGs have committed additional monies to support GPs to reduce the need for patients to go into hospital, this involves moving services such as District Nursing, Physiotherapy and Mental Health closer to GP services making it easier for service to link together to support patients at home. This is being piloted in two areas at present but is expected to be rolled out in the next six

months to cover the whole of North Staffordshire. We have also recruited GP Fellows who will give additional support to clinicians within the community.

There is also commitment to providing seven day access to Community and Primary Care services. The first of the Primary Integrated Care Hubs will be in place in October 2016 with a plan to implement this model across the whole of Northern Staffordshire.

There have also been changes made to the way our most frail and vulnerable patients are cared for. We now have direct referrals to Intermediate Care Advanced Nurse Practitioners to 54 nursing and residential homes across northern Staffordshire, bringing rapid assessment and decision making to the patient at home which is successfully reducing the need for patients to go into hospital. The plan is for this scheme to be rolled out across all of our nursing and residential homes over the next six months.

The Geriatrician team within UHNM, Advanced Community Practitioners and social care workers are working closely together within the Accident and Emergency Department, reviewing patients quickly and successfully returning people home with care as opposed to admitting people into beds to wait for assessments. The initial results from this initiative are encouraging, seeing a 20% reduction in admission for patients who are over seventy years of age, a patient cohort we understand are most affected by a hospital stay."

The next stage Equality Impact & Risk Assessment (EI&RA) and new next phase 'case for change' will be presented to the new Local Equality Advisory Forum (LEAF) in October 2016 for their feedback and advice to CCGs on any negative impacts arising. CCGs will continue to develop the next phase and shape 'My Care My Way - Home First' with North Staffs and Stoke-on-Trent Patient Congress, and Healthwatch organisations. The current Case for Change and a milestone plan are under development as this iterative process continues with full involvement of our local communities of interest and targeted engagement with seldom heard / protected group representatives."

**EQUALITY RISK ASSESSMENT & ACTION PLAN**

| What is the negative/adverse impact? | Risk Score* | | Actions required to reduce/eliminate the negative impact | Resources required* | Who will lead on action? | Target completion date |
|---|---|---|---|---|---|---|
| | Current | Target | | | | |
| See Consultation & Engagement feedback report Sept 2016 (CSU) on CCG website. | 9 | No likely change at this time | We consulted on the model of care MCMW HF | **xxx** | Lead Commissioner Becky Scullion | Sept 2016 |
| We were testing the model for change ie people receiving care, in home first rather than into the hospital system. | 9 | 2 | Sept 2016 feedback report says that was what people wanted. Needed assurance on are these services being available to access. | **xxx** | Lead Commissioner Becky Scullion | xxx |

**With reference to the Public Sector Equality Duties and the Protected Characteristics is an Equality Impact & Risk Assessment (EI&RA) required? Yes**

If you have concluded that the key healthcare change under consideration here is relevant and have therefore answered YES in the box above, i.e. an Equality Analysis is required, then go on to complete the rest of this EI&RA 9 Steps, as below. The M&LCSU Equality & Inclusion Team can help you as you progress through the tool-kit – see contact e-mail equality.inclusion@nhs.net for all support requests.

**Please summarise your conclusion / rationale below, if an EI&RA is not required and sign off**

**for Steps 1 & 2 & Step 5 Checklists only, or alternatively say Not Applicable N/A and go on to complete the rest of the tool-kit:**

**Step 1 & 2 & Step 5 Checklists only sign off by CCG lead:** (Name)
Signature:
***N/A as full EI&RA is required***.

**If you have answered 'Equality Impact & Risk Assessment not required' (with your rationale), to the box above ie if the key healthcare change under consideration is not relevant please send the completed Steps 1 & 2 ( Step 5 Checklists to the Equality and Inclusion Team together with a copy of your document(s) at equality.inclusion@nhs.net**

**A quality assurance (QA) check will then be carried out and the EI&RA signed off by the E&I Team and returned to you for your records / guidance on any recommended actions required.**

## Step 3: Responsibility, Development, Purpose & Aims

| | |
|---|---|
| **Who holds overall responsibility for the project / strategy / service redesign / policy etc.?** | Detail:<br>Marcus Warnes; Accountable Officer North Staffordshire Clinical Commissioning group (NSCCG).<br>Dr Andrew Bartlam: Clinical Accountable Officer Stoke Clinical Commissioning Group (SOTCCG). |
| **Who else has been involved in the development?** | Detail:<br><br>Becky Scullion; Head of Commissioning NS CCG<br>Gemma Smith: Senior Commissioner NS CCG<br>Dave Sanzeri; Head of Commissioning SOT CCG<br>Linda Longshaw: Transformation Manager (CETT)<br>Dr Paul Unyolo: Clinical Director NS CCG<br>Dr Steve Fawcett: Clinical Director SOT CCG<br>Sally Parkin: (Non GP) Clinical Director Quality Assurance and Engagement<br>Patient and Public Participation Groups<br>Public via engagement and Consultation<br>Filippa St Aubin D'ancey/ Ann-Marie Dale:<br>Midlands and Lancashire Commissioning Support unit Communication and Engagement Team.<br>GP Localities<br>Councillors<br>Health Watch – Stoke on Trent and Staffordshire<br><br>**2 May 2016 update:**<br>Dave Rowson & Sarah Thirlwall have taken over from Filippa St Aubin D'ancey work.<br><br>**September 2016 update:**<br>Anna Collins new Head of Communications & Engagement came into post August 2016. |

**Purpose and aims:** briefly describe the overall purpose and aims of the programme or service – summarise key points of the rationale and need for the proposal, referring to evidence sources such as patient or staff surveys; complaints analyses; monitoring of who is taking up services from protected groups; patient satisfaction feedback, Health Needs Assessments (HNAs) etc. For a change in service or pathway – specify exactly what will change and the rationale/ evidence, including which CCG priority this will contribute to:

**Purpose:**
North Staffordshire and Stoke on Trent Clinical Commissioning Groups are considering how they commission

community based services and have presented their proposals via a Phase 1 engagement to patients and public. The Phase 1 engagement paused for the General Elections but the theme of reaching the public will continue into the next phase. Phase 2 will include requests for generic patient and protected group feedback on any negative impacts arising from the change under consideration by CCG and will evidence CCGs' audit trail of taking 'due regard' or deliberate consideration of protected groups in CCG planning and decision making from the earliest stages of consideration.

The proposed a "New Model of Care" has been re-named "My Care My Way - Home First" as agreed by patient representatives and other key stakeholders who form part of a working party forum.

The proposals have been developed, putting an emphasis on: community services tailored to the individual circumstances of each patient; improving choice and control over their daily lives; and their personal care and dignity.

Prior to the consultation taking place, analysis was undertaken to understand the ethnic diversity of Northern Staffordshire.
*Appendix 1 Ethnic population of North Staffordshire and Stoke on Trent*

The second phase commenced in June 2015 and over autumn/winter 2015/16 a formal consultation took place to engage and consult with the residents of North Staffordshire and Stoke on Trent on the proposals and use their views to further shape services.
As part of "You said. We listened. We did", information will be provided about the post consultation period.

**19/05/16 update:**
NHSE required formal consultation Oct'15 to Jan'16. Independent report via Comms & Engagement CSU. Expected May 2016. Feedback sought on move to the new model of enhanced community services. Report will shape next steps.
(Important to keep EI&RA scrutiny separate for separate approaches to review of any services to avoid any confusion.)

**Key aims (of service or other):**

To ensure that patients health care admission and discharge needs are supported and managed in a more proactive way.
To achieve the "My Care My Way- Home First" transformational change from bed based to community based services.
CCG want to work with patients and public to help shape more inclusive commissioned services for local people.

Older people are most likely to be impacted by this healthcare change under consideration (in terms of recent bed usage). However, this EI&RA should be read in tandem with the (Phase 1) EI&RA for My care my way – (high level stakeholder engagement stage) where services are under consideration in terms of community provision and the reduction in community hospital beds.

**Background information summary:**

*The phase 1 "New model of Care" Equality Impact and Risk Assessment documents should be read in tandem with this document.*

A significant amount of work has been undertaken to improve access and capacity across the Local Health Economy, growing community services to meet potential demand and supporting a co-ordinated approach to patient pathway navigation / a smooth transition between healthcare services.

The White Paper "Equity and Excellence; Liberating the NHS" has set out the driver to improve health outcomes. This is supported by a greater accountability to the public and strengthened regulation. Specifically, commissioners are tasked to develop coherent co-ordinated care services closer to the individual's home which

will include District Nursing service, Intermediate Care Service, Social Care, Therapy, Reablement, rehabilitation and GP practices.

The first phase of engagement with local stakeholders / communities (stakeholder communication group) commenced in December 2014 and involved the widespread sharing of a comprehensive briefing, developed with support from Healthwatch to targeted individuals including MP's through the media, existing third (voluntary) sector, general practice and local authority networks.

To ensure robust engagement with local communities of interest, a working party has been formed to shape engagement to include reaching representatives from protected characteristic groups (as set out in the Equality Act 2010) and will shape the proposals moving forward.

*Appendix 2 Communication Group Terms of Reference. See appendix 4 for protective group list*

The first phase concluded with the national general election and a second phase of engagement commenced in June 2015 and will include required formal consultation about the "My Care My Way new model of care in Autumn/Winter.
Phase 1 feedback - s*ee Appendix 3*

## Step 4: Giving 'due regard' or consideration to Protected Characteristic Groups – analysis of impact of key healthcare change (and on other local vulnerable groups)

**Please tick opposite which group(s) this policy or decision being made will or may impact upon?**

| | | |
|---|---|---|
| **Patients / Service Users** | **x☐ Yes** | **☐ No** |
| **Carers or family** | **x☐ Yes** | **☐ No** |
| **General Public** | **x☐ Yes** | **x☐ No** |
| **CCG Staff** | **☐ Yes** | **☐ No** |
| **Partner organisations** | **x☐ Yes** | **☐ No** |

**What engagement / involvement has been carried out or is planned with people from local protected groups (including staff) / Inclusion Health groups who are likely to be effected by the change / decision (establish likely negative and / or positive impact through feedback to CCG), and includes people from the 9 protected characteristics below? See list of protected groups in Step 2 above.**

How will CCG mitigate against this business risk i.e. what steps can they take to reduce or remove the likely risk / re-shape services to be more inclusive to protected groups, following feedback?

A specification will look towards an integrated model across health, mental health, voluntary sector, West Midlands Ambulance Service and social care thereby facilitating navigation across the whole Local Health Economy.
An outline comms plan has been developed as part of the model PID (project initiation document), this will see a 12 week formal consultation period outlining the model and the potential benefits from a change in delivery. Feedback from the consultation will be used to inform the model and shape services moving forward.

**2 May 2016 update:**
Northern Staffs CCGs are currently awaiting a full findings and recommendations report on the formal consultation which ended 17 Jan 2016 (report from an external consultant in Cheshire) Dave Rowson has

engaged an independent consultant for this piece of work.

When this consultation report is available CCGs will be able to consider further, mitigations to try to reduce the risk score, as well as evaluate what feedback we have received from our local communities.

**19 May 2016 update:**
Independent report will outline next steps, following feedback, which will outline mitigating the risks identified above.
May 2016 – engagement report received:
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**September 2016 update:**

See page 3 Step 2: Establishing Relevance
September 2016 Update section

**Provide analysis of both the positive and negative (differential) impacts** of the proposal against each of the protected characteristics providing details below of the evidence (both qualitative and quantitative) used. This section will require to be answered once you have engaged with local protected group patient and carer reps / voluntary sector reps and consider any feedback for possible mitigations by CCG, as appropriate.

**Identify likely impact on protected groups from feedback received & any relevant protected group research such as HNAs (Health Needs Assessments) in the local JSNA; recent comments or complaints:**

Stoke on Trent Joint strategic Needs Assessment annual report for 2014
Stoke on Trent Ethnic Minority needs assessment & Religious Beliefs HNA
The Staffordshire Joint Strategic Needs Assessment
July 2013

Staffordshire Moorlands Enhanced JSNA 2014

**Appendix 5 Includes feedback from Age UK, Healthwatch and Stoke on Trent Overview and scrutiny committee, Newcastle Health and Wellbeing, Pensioners Convention**

Consultation feedback (Phase 1) – May 2016 overview summary of report is also available in the public domain.


MCMW-summary-report.pdf

**Age**

**Impact and evidence:**

When engagement and formal consultation feedback received and analysis completed – disaggregated by protected groups – needs feeding into this EI&RA template.
Consultation runs 12 Oct 2015 to 17 Jan 2016.
Findings report to be published May 2016.

Attached documents including feedback: See Consultation and Engagement feedback summary report with analysis Sept 2016.
Also see Age UK North Staffs report (age and disability). See Healthwatch Stoke-on-Trent report (Oct 2014 onwards) re age and disability. See Overview and Scrutiny Committee general concerns eg improve 'due regard' to Age (numbers of frail and elderly patients in this MCMW context). See Health & Wellbeing Scrutiny Questions & Answers meeting minutes 8 July 2015.

MCMW-summary-report.pdf

Appendix 5a Age uk Feedback Response tc

Appendix 5b Healthwatch_Discharg

Appendix 5c SOT OSC Feedback.pdf

Appendix 5d Health and wellbeing QA.pdf

**Gender**

**Impact and evidence:**

**Gender reassignment**

**Impact and evidence:**

**Disability**

**Impact and evidence:**

See Age UK North Staffs report (age and disability). See Healthwatch Stoke-on-Trent report (Oct 2014 onwards) re age and disability.

See feedback attached documents under Age above.

**Race**

**Impact and evidence:**

| |
|---|
| **Religion or Belief** |
| **Impact and evidence:** |
| **Sexual Orientation** |
| **Impact and evidence:** |
| **Marriage and Civil Partnership** |
| **Impact and evidence:** |
| **Pregnancy maternity and breastfeeding mums** |
| **Impact and evidence:** |
| **Carers * (* good practice to involve in your considerations / scrutiny for inclusion)** |
| **Impact and evidence:** |
| **Military veterans * (* good practice to involve in your considerations / scrutiny for inclusion)** |
| **Impact and evidence:** |
| **Inclusion Health Groups** (requirement of Health & Social Care Act 2012 on CCGs - where there are local concerns): transient communities; homeless people; ex-offenders; asylum seekers; people working in the sex or drug trafficking industries; European migrants. |
| **Impact and evidence** (state for which additional group or groups and insert additional rows below as required)**:** |
| **Impact and evidence** (state for which additional group or groups and insert additional rows below as required): |
| |
| **Any significant gaps in available evidence / data / consider previous engagement work carried out for protected groups:** (please detail)<br><br>Due regard must be evidenced by CCG on deliberate consideration of the new Accessible Information Standard from NHS England. Follow this link and see new All Staff Briefing on CCG intranet E&I Briefings page<br><br>https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/<br><br>**September 2016 update:**<br>A new Accessible Communications Policy has been drafted by Head of Communications & Engagement at both CCGs. This policy was taken to the Local Equality Advisory Forum (LEAF) with a request for feedback, on 21 September 2016.<br><br>**2 May 2016 update:** A formal consultation plan was developed by Communications & Engagement support and the My Care My Way project team. Events were planned well across both localities. Take up numbers from patients and public was not good. Events may not have been advertised widely enough if at all. Lessons learnt include: the promotion of such events and a consistent method of doing this so the public understand what CCGs are asking of them. Anecdotal feedback to CCG includes our consultation approach being piecemeal across a number of the elements or constituent parts of this healthcare change under early stage consideration by CCGs. The final evaluation will highlight these challenges, including the whole consultation for My Care My Way eg including Phase 1 engagement (linked); surveys; face to face meetings; the My Care My Way Comms & Engagement stakeholder group feedback; any consultation fatigue and the consultation process etc.<br><br>We do have Healthwatch; Diabetes UK; Age UK specific feedback reports. However, CCG were able to disaggregate feedback by some of the protected groups.<br><br>Our next steps for this iterative change process will be discussed internally and at June 2016 OSC Overview & Scrutiny Group (Stoke on Trent City Council) including how we take next steps for engagement following this formal consultation.<br><br>Note: Engagement for New Model of Care (now My Care My Way) was EI&RA Phase 1<br>Consultation (My Care My Way) was EI&RA Phase 2 |

**Embed any supporting documents here. Always comply with Data Protection & Information Governance requirements. This EI&RA document may become a public document.**

**Embedded documents:**

**Consultation & Engagement Feedback report Sept 2016 (CSU)**

10 Appendices accompany this EI&RA (they are separate to support easy access to these documents on request from the public):

1 Ethnic population of North Staffordshire and Stoke on Trent
2 Communication Group Terms of Reference. See appendix 4 for protective group list
3 Phase 1 feedback
4 North Staffordshire and Stoke on Trent Clinical Commissioning Groups Communications and Engagement Plan "New Model of Care" Phase 2 Renamed "My Care My Way – Home First Including stakeholder group protected group list
5 Feedback from
5a Age UK,
5b Healthwatch
5c Stoke on Trent Overview and Scrutiny Committee Feedback
5d Newcastle Health and Wellbeing Question and Answers
5e Pensioners Convention feedback
6 My Care My Way consultation- independent evaluation report including lessons learned.

**Evidence of meeting the Public Sector Equality Duty (PSED) - the 3 Aims of the General Duty.**
Guidance: CCG have the responsibility to local people from protected characteristic groups, to ensure they have fair access to information, services, premises and any employment opportunities. They must also evidence how CCG gives 'due regard' or consideration to protected groups in its planning and decision making processes, from the earliest stages of consideration.

*** Also see EI&RA FAQs document for more support information.**

| | |
|---|---|
| **Please provide details on how the proposal contributes to:**<br>**• Eliminating unlawful discrimination, harassment and victimisation** | Detail:<br><br>Due regard and eliminating prohibited discrimination towards protected groups is demonstrated by considering the likely impact of the change on different groups in the community, in particular the protected characteristics as defined under the Equality Act 2010. In addition, to the protected groups defined within the Equalities Act 2010, the NHS is also concerned that inequalities are reduced between groups from different social backgrounds. This is particularly relevant to the NHS in Stoke on Trent and North Staffordshire where there are areas of high social deprivation that correlate strongly to populations with high incidence of heart disease and shorter life expectancy –<br>Through Equality Analysis and Risk Assessment the CCGs build an audit trail of their deliberate consideration of likely adverse impact on local people from protected groups. CCGs can then consider any appropriate mitigation or reshaping of services to be more inclusive of protected groups, following fair and accessible opportunities to feedback to CCG and receipt of feedback from those groups. Those protected groups most likely to be affected are targeted through engagement / consultation processes eg frail, older people. |
| Example response: Vulnerable protected characteristic groups need to be enabled to access information, services and premises through equitable decision making processes that have been scrutinised for due regard re prohibited discrimination. | |
| **Please provide details on how the proposal contributes to:**<br>**• Advancing equality of opportunity between people who share a protected characteristic and those who do not.** | Detail: As above |
| Example response: Vulnerable people have a right to the same opportunities in healthcare, as those who are not vulnerable. | |

| | |
|---|---|
| This programme helps to ensure any health inequalities are scrutinised; identified and addressed through integrated care measures. | |
| **Please provide details on how the proposal contributes to:**<br>**• Fostering good relations between people who share a protected characteristic and those who do not.** | Detail: As above |
| Example response: Work around 'fostering good relations' is about tackling prejudice and promoting understanding between people from different groups. This programme or other promotes awareness of vulnerable people from local protected characteristic groups and Inclusion Health groups. The most recent data on perceptions around community relations can be found eg at local Council Community Cohesion Strategy. | |

**Cumulative impact of this and other proposals?** (Please consider whether this proposal, when combined with other decisions made by the CCG (and with others), might have a contributory positive or negative impact on the Public Sector Equality Duty, and on the locality.)
This part will require to be answered once you have engaged with local protected group patient and carer reps and consider any feedback for mitigations, as appropriate.

Details:

To make sure that all the necessary healthcare services are available and to keep people in their own homes wherever possible we need to change the way we have been doing things.
We want to make sure that we involve patients and local people to help shape the future services provided. CCGs began talking to people in December 2014 and will continue to do so during the period of consultation and engagement that runs from 12th October 2015 to the 17th January 2016.
The key questions that CCG are looking for answers to during the 'Phase One' consultation period are as follows:
Is there anything further we should be considering with regards to the My Care My Way model of care?
Are there further mitigations we should put in place/consider in proposing this change?
Are there any question/issues that individuals would like to raise as part of this process?

The public consultation and continuing engagement will run in parallel with the continued implementation of new services and care pathways. Feedback from the public, staff, external advisory and scrutiny bodies will be incorporated into final proposals and will help to shape services going forward. It is intended that following the close of the consultation and the review of the findings a report will be available in May 2016. We will be undertaking an external validation with recommendations going to the boards of North Staffordshire CCG and Stoke-on-Trent CCG.
There will be further specific consultation prior to any changes to existing services or bed provision.

Patient reps and providers will co-produce the next case for change in this iterative process.

**Step 5: See separate risk checklist (EI&RA Stage 1)**
**Check-lists for completion - Human Rights; and Privacy impacts**

**See new 'risk template stage 1' for completion**

**Step 6: Duty on CCGs re public involvement**

(Duty to involve – section 242 NHS Act 2006) (Francis Recommendation 135 – Commissioner accountability to the public) (Health & Social Care Act 2012 – S.14Z2 Public involvement and consultation by CCGs)

**Departments will need to consider how they engage with and involve those who are affected by key healthcare changes under early stage consideration. How have you directly involved patient and carer reps and local community groups in developing this proposal for a significant healthcare change? What information have you provided to protected groups and what feedback have you requested through involvement and engagement work?**

Detail:
TO BE COMPLETED WHEN CONSULTATION COMPLETED

(**Please give details of any research / engagement drawn on (desk reviews – including complaints analyses, PALS, incidents, patient and community feedback, surveys etc.).**
Ask your Complaints team for a summary analysis of all comments and complaints received by CCG during the last 12 to 18 months. Check for relevance. **How have you used this information to inform the proposal?**

Detail:

See appendix 4 and appendix 6 consultation feedback

**Step 7: Consider - mitigation recommendations / actions & identifying good outcomes for protected groups**

Look at feedback received on any adverse impacts, and at relevant equality data that is available - from the proposed key change in healthcare. Consider any significant gaps in data and how this will be addressed.

Detail:

**Time for any resulting action by CCG**

**State how CCG can consider mitigating or re-shaping the services (or other) to be more inclusive for vulnerable local protected groups, taking into account any negative impact identified. What recommendations and actions are now in place to achieve this?**

Detail:

**Identify what good outcomes have been or will be achieved specifically for protected groups / Inclusion Health groups?**

Detail:

**CCG aim of reducing health inequalities specifically for local protected groups:** Senior decision makers are to be clear and transparent about the intended and likely effects of strategies and individual programme decisions on health equity. 'Reducing health inequalities' should be a clear consideration in all areas of local decision making and priority forming. (See support document **Health Inequalities Briefing** – Sept 2015 from E&I team)

State how health inequalities will be reduced, specifically for local protected groups - as one outcome of this EA scrutiny work on a specific function or healthcare change:

**Step 8: Sign off & Monitoring Arrangements**
Also see Pre PEAR Guide for fuller support in how to complete

| | | |
|---|---|---|
| **Signed off by** (Lead staff completing form-set)<br><br>Linda Longshaw / Becky Scullion | | **Date completed & returned** to Equality & Inclusion Team for quality assurance check<br>19/05/16 signed off up to today's date by Linda Longshaw.<br>26/09/16 by Becky Scullion |

**CCG decision / any comments:**

Please identify the monitoring arrangements that will be introduced / refined through CCG internal governance arrangements to ensure that the effect of the proposal does not result in a disproportionate impact on any protected group (e.g. by creating an unintended barrier); For example, including contractual / service spec requirements to provide equality monitoring data on those accessing the service or making complaints. Which committee or group will receive updates on the monitoring? (Include details of how often reports will be presented).

Detail:

**Step 9: Quality Assurance check completed by M&LCSU Equality & Inclusion team** (eg where business risk is considered likely to be high). All EI&RA submissions to E&I Team are currently QA checked and signed off for CCG assurance / legal compliance purposes.

| | | |
|---|---|---|
| **Completed by (name):** | | **Date completed & returned to CCG / other** |

**E&I Team comments / evidence of final QA check:**

**Spot checks completed with feedback to lead person, prior to final QA check:**

**Stage 1 EI&RA My Way My Care Home First:**

**20/11/15 (JA) 23/09/16 (JA)**

**19/05/16 update from J Allen**
Formal consultation involved seeking feedback to specifically target / include feedback on any impacts arising from seldom heard groups across Northern Staffordshire. Protected group reps were therefore asked to give their feedback to CCGs. This data should then be analysed through disaggregated impacts on different community groups. then CCGs would consider mitigation and re-shaping of services wherever possible / practical. The final report therefore must include this approach to analysis of feedback data received in order for CCGs to evidence meeting their PSED. without this information CCGs are advised that they may be at risk.

**23/09/16 update from J Allen**

A full Consultation and Engagement feedback report is available re Sept 2016 (see Age feedback EI&RA section). The current EI&RA is now therefore completed.

The Equality Impact & Risk Assessment (EI&RA); 'case for change'; and milestone plan for the next Phase 2 Stage of formal consultation will be presented to the new Local Equality Advisory Forum (LEAF) for their feedback and advice to CCGs on any negative impacts arising. CCGs will continue to develop and shape 'My Care My Way - Home First' with North Staffs and Stoke-on-Trent Patient Congress, and Healthwatch organisations
CCGs want to understand about any impacts arising as well as any cumulative impacts for seldom heard groups. CCGs have developed a new Forum in September 2016 specifically to support this area of taking 'due regard' of local people from groups protected by the Equality Act 2010, and the Health & Social Care Act 2012 - to enable CCGs to understand the impacts of their early considerations towards planning and decision making processes. CCGs' starting point is 'we don't know what we don't know'. CCGs want to be able to report simply back to local communities and stakeholders in terms of 'You said. We listened. We did.'

CCGs are also continuing to implement and embed the new Accessible Information Standard mandated by NHS England. From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard.

The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.

**E&I Team to confirm which Steps have been completed by CCG or other (delete as appropriate):**

**Steps 1, 2 & 5 only**

**Steps 1 to 9**