

EQUALITY IMPACT & RISK ASSESSMENT STAGE 1 SCREENING TOOL



Organisation: North Staffs CCG Stoke CCG	Service: Engagement on Implementation of My Care My Way - Home First
Project Lead: Anna Collins	Service Area: Intermediate Care
Person responsible for this Assessment: Anna Collins	Date of Review: 28/10/2016

Brief explanation of what is happening / being assessed (MAX 1000 CHARACTERS)
 Current position is that community beds are temporarily closed to new admissions. Aim is to gather public and patient views on what we need to consider when implementing the model of care away from community beds to care provided at home or in the community. Beds currently include at Bradwell, Cheshire, Longton.
 Proposal is to seek the views of the public (including protected groups) at a series of community events on-line and paper survey during November is targeted engagement. This equality impact therefore looks specifically at barriers to inclusion which may be inherent in the engagement process for implementation of My Care My Way -Home First

QUESTION No.	EQUALITY IMPACT	type y or n	Comments (provide example)
1	Does this issue plan to withdraw a service, activity or presence?	n	Example (click for examples) 1) The engagement process is supported by a communication and engagement plan to seek views from as many members of the public as possible during a defined period of time (1 Nov - 9 December) and is designed to make this accessible to all who wish to participate.
2	Does this issue plan to reduce a service, activity or presence?	n	2) No - as above
3	Does this issue plan to introduce or increase a charge for Service?	n	3) No - as above
4	Does this issue plan to change to a commissioned service?	n	4) No - as above.
5	Does this issue plan to introduce, review or change a policy, strategy or procedure?	n	5) No - as above.
6	Does this issue plan to introduce a new service or activity?	n	6) No - as above.
7	Is this primarily about improving access to, or delivery of a service?	n	7) No - however, the implementation of the engagement plan will consider the needs of diverse groups in order to make engagement accessible to all using a variety of channels and formats including paper based, online and face to face engagement. Stakeholder mapping will inform the targeting of the engagement and will ensure that all interested parties, including patients and carers are afforded an opportunity to participate.
8	Does this affect employees or levels of training for those who will be delivering the service?	n	8) No
9	Does this issue affect Service users?	y	9) Yes - patients stories and experiences will be gathered as part of the engagement process. Their views are vital in informing the future decisions taken by the Board. Communicators will target all sections of the local communities for both CCGs to raise awareness and understanding of how MCMW - HF model of care will transform current hospital based services into community based services.
10	Can you foresee a negative impact on any Protected Characteristic Group(s)? If YES please state what these could be.	n	10) No not at this point. Due regard will be taken to the needs of protected groups wishing to participate. Communication will adhere to the draft Accessible Information Policy and information will be provided in accessible formats. At the engagement events, Every reasonable adjustment will be made to ensure that all protected groups are able to engage and participate in a meaningful way.

QUESTION No.	EQUALITY RISK	type y or n	Comments (provide example)
11	Have you got any general intelligence (research, consultation, etc.)? If YES please list any related documents.	y	11) Yes - the briefing document being provided to participants contains information based on national research, local clinical evidence, point prevalence studies and financial data.
12	Have you got any specific intelligence (research, consultation, etc.)? If YES please list any related documents.	y	12) Yes - patient stories and feedback from the recent relocation of patients from Cheshire. Information from Quality checks, letters received from the public and social media
13	Have you taken specialist advice? (Legal, E&I Team, etc). If YES please state.	y	13) Yes Equality and Inclusion Business Partner, CSU Engagement Team, Legal advice taken from Mills & Reeves and NHS England Regional Director. The plan and supporting documents have been signed by Mills & Reeves & NHSE
14	Have you considered your Public Sector Equality Duty? Please provide a rationale.	y	14) Yes. CCGs produce an audit trail within each Equality Impact & Risk Assessment (Ei&RA) process completed via a Stage 1 checklist, and a full Stage 2 with targeted engagement. Here CCGs are carrying out an Ei&RA of the engagement plan for My Care My Way - Home First at this stage of its implementation. CCGs are keen to transparently evidence how they are following 'due process', Brown Principles and Gunning Principles in order to secure their compliance with the Public Sector Equality Duty and to ensure seldom heard group are able to work with CCGs to shape services to be more inclusive for all sections of our local communities.
15	Do you plan to publish your information? Include any 'Decision Reports'	y	15) Yes on CCG websites and public Board Papers and via the local media. See engagement plan re implementation stage, and how appropriate information will be published in due course.
16	Can you minimise any negative effect? Please state how.	y	16) Yes - Reasonable adjustment will be made during the engagement process as we better understand any impacts arising for people from protected groups during the engagement process. One of the engagement methods will be to include the Local Equality Advisory Forum (LEAF) in the process. Equality data will be collected at the face to face and online engagement and will be monitored throughout to ensure that all protected groups are represented.
17	Do you have any supporting evidence? If YES please list the documents.	y	17) Yes - My Care My Way HF - Briefing Document, slide pack, survey and flyer.
18	Have you/will you engage with affected staff and users on these proposals?	y	18) Yes - engagement will take place during November 2016 with staff / patients / carers likely to be affected. Optional declaration of demographic profiles is built into CCGs' approach to targeted engagement. CCGs want to understand any negative impacts arising from this engagement for

IMPACT ● There is likely to be some impact. You should consider a Stage 2 assessment

RISK ● There should be little risk involved

QUESTION No.	HUMAN RIGHTS IMPACT	type y or n	Comments (provide example)
19	Will the policy/decision or refusal to treat result in the death of a person?		19) to 27) all No change
20	Will the policy/decision lead to degrading or inhuman treatment?		
21	Will the policy/decision limit a person's liberty?		
22	Will the policy/decision interfere with a person's right to respect for private and family life?		
23	Will the policy/decision result in unlawful discrimination?		
24	Will the policy/decision limit a person's right to security?		
25	Will the policy/decision breach the positive obligation to protect human rights?		
26	Will the policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?		
27	Will the policy/decision interfere with a persons right to participate in life?		

RISK ●

QUESTION No.	PRIVACY IMPACT	type y or n	Comments (provide example)
28	Will the project involve the collection of new information about individuals?		28) to 35) all No change - looking at engagement process only here, not collecting personal data.
29	Will the project compel individuals to provide information about themselves?		
30	Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		
31	Are you using information about individuals for a new purpose or in a new way that is different from any existing use?		
32	Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.		
33	Will the project result in you making decisions about individuals in ways which may have a significant impact on them? e.g. service planning, commissioning of new services.		
34	Is the information to be used about individuals' health and/or social wellbeing?		
35	Will the project require you to contact individuals in ways which they may find intrusive?		

PLEASE SEND YOUR COMPLETED STAGE 1 SCREENING TOOL TO THE EQUALITY & INCLUSION TEAM EMAIL: equality.inclusion@nhs.net

GENERAL GUIDANCE
 Please use the comments section to explain any 'RED' scores or to further elaborate what is being assessed is necessary
 All 'RED' scores will require further action in future planning regardless of the requirement to carry out Stage 2 approaches.

Signature of person completing the screening tool:
 Anna Collins *A Collins*

Comments (MAX 250 CHARACTERS)
 19/10/2016 Peer review completed by Dave Rowson, Communications & Engagement Service Partner, Midlands & Lancashire Commissioning Support Unit

Signature of Equality & Inclusion Business Partner & Date

Comments (MAX 250 CHARACTERS)
 A Stage 2 EIA will not be required as every effort has been made to encourage people from protected groups to participate in the engagement