

Appendix three

Equality Analysis – Full Equality Impact Assessment

Title of policy, service, proposal etc being assessed: Participation Strategy

The strategy sets out how the CCG will approach patient and public engagement. Public involvement in commissioning is about enabling people to express their views and contribute to plans, proposals and decisions about services.

What are the intended outcomes of this work?

The strategy supports the CCG's objectives to continually improve engagement with patients, carers, the public and member practices so that they contribute to and influence our work and activities.

- To support the delivery of Herts Valleys' *Your Care, Your Future* strategy – through the delivery of activities and a framework to hear and act on the views of local people
- To foster an ethos of engagement approach through the CCG
- To maximise the impact of public and patient engagement
- To encourage transparency and accountability
- To strengthen and forge relationships across the community

How will these outcomes be achieved? They will be achieved through implementation of the strategy. An implementation plan will be developed and it will include:

- Supporting GP practice patient groups' network
- Increasing the number of community health ambassadors and forging links with community groups representing equality groups and those in disadvantaged areas
- Patient representatives on project groups and workstreams for service change
- PPI committee, reader panel and the use of patient stories
- Building social media conversations
- Surveys and consultations

Who will be affected by this work

The proposal will directly support patients and the public wishing to have their say on commissioned services.

Evidence

What evidence have you considered?

- Feedback from stakeholders including Healthwatch Hertfordshire
- Workshop session involving GP practice patient group members
- Health outcomes information – for example people with LD have poorer health outcomes

Age

The strategy seeks to broaden the age-range of those who get involved.

People who work are less likely to attend meetings or have free time to engage in person. We will promote the use of social media and on-line activity to engage this group and consider the timings of meetings to make them as accessible as possible.

We will undertake targeted engagement with younger people, geared to specific issues, and will increase our contacts with schools and colleges and HCC who can support.

Disability

The strategy seeks to encourage involvement people who are disabled.

We know that people with learning disabilities are disadvantaged in terms of health outcomes and we will be linking in with support networks to ensure this group has a voice, especially within GP practice patient groups and consultations. We will also link with Healthwatch Herts learning disability service group and our clinical lead to address issues.

For mental health users we will support the activity of Viewpoint, helping to publicise their engagement forums to gather feedback from service users and through Carers in Herts carer forums and hubs.

Where necessary we will support participation with the use of easy read versions, large print, BSL and audio.

We will also offer support for people with disabilities to attend meeting: this will include easy accessible parking, adapted catering for those with allergies, paid for transport if appropriate and venues that are appropriate to those with mobility issues.

<p>Gender reassignment (including transgender).</p> <p>We will build networks throughout the LGBT community, such as through ur involvement with Herts Pride and the LGBT network.</p>
<p>Marriage and civil partnership</p> <p>N/A</p>
<p>Pregnancy and maternity.</p> <p>We know that young families have limited time to participate so will promote the use of social media and on- line activity to engage with this group.</p>
<p>Race</p> <p>We know that some groups find it more difficult to have a voice through barriers such as language and culture. We will develop community networks to connect with those groups who are underrepresented in our participation and who are disadvantaged in terms of health outcomes.</p> <p>Where necessary we will support participation through the use of translators and interpreters. We will also try and arrange activity in community settings – taking engagement to locations which people routinely access and are familiar with.</p>
<p>Religion or belief</p> <p>We will be mindful when organising events to ensure that venues are accessible to all, regardless of religion or belief.</p>
<p>Sex</p> <p>We will make sure that events and other engagement activity do not adversely impact in terms of gender and we will conduct our activity in a way that does not make assumptions about interests and gender.</p>
<p>Sexual orientation</p> <p>Our strategy will seek to ensure everyone has the opportunity to participate regardless of their sexual orientation.</p>
<p>Carers.</p>

We will engage with carers through Carers in Herts and will include in all participation activities. Where necessary we will reimburse alternative care costs to enable participation.

Other identified groups

We will connect with local communities on health issues, encouraging participation and sharing information

Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Proposals have been discussed with

- Healthwatch Hertfordshire
- Patient and Public Involvement (PPI) Committee
- GP practice patient group network
- Herts Valleys staff
- Local NHS providers
- NHS England
- Herts County Council (HCC) scrutiny officers

The document has also be shared with the Health and Well Being Board and Viewpoint for comment

How have you engaged stakeholders in testing the policy or programme proposals?

Yes, as above and during a PPG workshop

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

As above – the discussions invited feedback on the content of the strategy – all the groups provided this and this has been incorporated into the final version

Summary of Analysis

Considering the evidence and engagement activity you listed above, please summarise the impact of your work.

In summary, the strategy aims to address equality issues by:

- Broadening engagement from those groups who tend not to engage – particularly the equality groups.
- Increasing involvement from those who are disadvantaged in terms of health outcomes, such as those from deprived communities and LD residents

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).

Eliminate discrimination, harassment and victimisation

No significant impact anticipated,

Advance equality of opportunity

Providing accessible engagement opportunities throughout the Herts Valleys' area

Promote good relations between groups

Holding engagement events to bring communities together and share information and opportunities such as 'Let's get connected' events.

Next Steps

The strategy will be finalised and implementation plan produced and monitored.

The completed EqIA will be published on the Herts Valleys CCG website either as part of the report on the proposals or separately on the public involvement page. A summary easy read document will be distributed through our networks.

The EQIA will be updated periodically as any new information / data comes to light.

Health Inequalities Analysis

Evidence

What evidence have you considered to determine what health inequalities exist in relation to your work?

1. We will use evidence whilst developing the strategy implementation plan and by working through NHS England guidance

Impact

2. What is the potential impact of your work on health inequalities?

We would aim to reduce health inequalities by working with all our communities, ensuring they have access to information and can contribute to service design and improvement.

3. How can you make sure that your work has the best chance of reducing health inequalities?

Ensuring there are no barriers to involvement for people who often find it difficult to have a voice. We will consider holding meeting and events in locations which are familiar and easily accessible for local communities.

We will apply a particular focus on people who are disadvantaged by health inequalities or who are likely to be adversely affected by service or commissioning changes.

Monitor and Evaluation

4. How will you monitor and evaluate the effect of your work on health inequalities?

We will evaluate activity intangible and measurable ways, for example, in terms of numbers and diversity

Quality Impact Initial Assessment.

Quality can be defined as embracing three key components:

- Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.
 - Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.
 - Patient Experience – the patient’s experience will be at the centre of the organisation’s approach to quality.
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What is the impact on:

Patient Safety?	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>
Patient Experience?	Positive <input checked="" type="checkbox"/>	Negative <input checked="" type="checkbox"/>	Neutral <input type="checkbox"/>
Clinical Effectiveness?	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Neutral <input checked="" type="checkbox"/>

If any there is any negative impact please complete seek advice from the Nursing and Quality Team and a full Quality impact assessment will need to be completed.

Name of person(s) who carried out these analyses: Heather Aylward, Public Engagement Manager
Date analyses were completed: 31 October 2018
Signed: Diane Curbishley, Director of Nursing and Quality