

Equality Impact and Engagement Assessment Form

Complete this section

Please retain one copy, and pass one copy to both the Equalities and Engagement leads

Section one – Project or plan details

1.1	Project Title: South Yorkshire COVID Bereavement Service	
1.2	Project Lead: Beki McAlister	Contact Details: Rebecca.mcalister@nhs.net
1.3	This activity /project is: Project	
1.4	Describe the activity/project <p>The South Yorkshire & Bassetlaw Integrated Care System (SYB ICS) has identified Mental health as key priority. People experiencing bereavement during the COVID-19 period may require extra support, regardless of the reason for the bereavement due to the impact of the current situation and restrictions.</p> <p>As part of the bereavement support pathway development across SYB, a decision was taken to work together to pilot a COVID bereavement support service, to ensure that all people who are bereaved SYB have timely access to a support service.</p> <p>The aim of the pilot was to establish whether a South Yorkshire and Bassetlaw approach would lead to:</p> <ul style="list-style-type: none">• A consistent offer of high quality support available in all local places• An increase for individual well-being and community resilience• A reduction in the distress of people bereaved <p>The pilot ran from May 2020 and ends on 31 December 2020. It is currently provided by Listening Ear Merseyside (who also provides the ICS Suicide Bereavement Service). South Yorkshire Commissioners have agreed to continue to work together to jointly re-commission the Service through a Request to Quote procurement process.</p> <p>The governance for this area of work sits with the SYB ICS bereavement support task and finish group which monitored the effectiveness of the pilot. The task and finish group reports into the multiagency SYB ICS Suicide Prevention Steering Board, which in turns reports into the SYB ICS Mental Health, Learning Disabilities and Autism Executive Steering Group that is responsible to the SYB ICS Collaborative Partnership Board. NHS Rotherham CCG has been asked to be the lead commissioner for this Service, as part of its contribution to support ICS collaboration.</p> <p>This EIA is to support the decision-making around the re-commissioning of the Service which will operate across Sheffield, Barnsley, Rotherham and Doncaster. A Request for Quote process will be undertaken to determine the most suitable Provider for the Service moving forward.</p>	
1.5	Timescales The Service will operate from 01 January 2021 to 30 January 2022	
2	Equality Impact Assessment	
2.1	Gathering of Information: This is the core of the analysis; how might the project or work impact on protected groups, with consideration of the General Equality Duty. Please add any general information here.	
	<p>The following local outcomes have been identified by the SYB ICS task and finish group in relation to this Service:</p> <ul style="list-style-type: none">• Increase practical support and emotional health and wellbeing support to people bereaved	

during the COVID-19 period

- Improve individuals' access to the wider range of services available to them
- A consistent offer of high quality support available in all local places
- An increase for individual well-being and community resilience
- A reduction in the distress of people bereaved
- Equitable care reflecting local population characteristics (including ethnicity, age and gender)
- Be easily accessible and culturally appropriate

We now know that the COVID pandemic has a disproportionate impact on particular groups with age, gender, ethnicity, occupation and levels of deprivation being important factors. It is also now widely acknowledged nationally that deaths from COVID-19 have been particularly high for those people of BAME.

Government figures currently do not allow for a breakdown of excess deaths or COVID deaths by protected characteristics for regions or sub-regions. However, in June 2020, Public health England published a report on the disparity of risk and outcomes of COVID. It identified that Black males and females are 1.9 times more likely to contract COVID-19 than white ethnic groups. Male Bangladeshi and Pakistani are 1.8 times more likely, females are 16 times per likely to contract COVID-19. It also confirmed that the majority of excess deaths (75%) occurred in those aged 75 and over.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

Supporting our BAME communities, and our older people and those who live in deprived areas through their grief is therefore crucial.

Devon County Council has produced a helpful guide to how COVID restrictions have impacted on blessings, rituals and last rites during the coronavirus pandemic.

<https://www.devon.gov.uk/coronavirus-advice-in-devon/document/blessings-rituals-and-last-rites-during-the-coronavirus-pandemic/>

It is important to note that bereavement is not a mental illness, but it is associated with an increased risk of developing mental health problems. Many people who are bereaved will be supported by friends and family and not require any further specialist support services.

South Yorkshire Commissioners have taken the decision to change the age range for accessing the Service to exclude those aged 11-17. This is on the basis that referrals for this group have been low (less than 5 to date) and because of the different skills mix required to provide a high quality service to this age group. The Service will support carers and parents of Children and Young People through signposting to age appropriate services.

2.2

Screening

Please complete each area)	What key impact have you identified?			Information Source
	Positive Impact - will actively promote or improve equality of opportunity.	Neutral Impact - where there are no notable consequences for any group.	Negative Impact negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures.	What action, if any, is needed to address these issues and what difference will this make? For example: <i>At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.</i>
Human Rights	N	Y	N	

	Age	Y	N	N	The Service is for people aged 18 or over
	Carers	N	Y	N	
	Disability	Y	N	N	The Service will provide information NHS England's Accessible Information Standard. The Service will provide access to an interpreter (including British Sign Language) or advocate if needed.
	Sex	N	Y	N	
	Race	Y	Y	N	The Service will be accessible to people who do not speak or read English
	Religion or belief	Y	N	N	The Service will be culturally appropriate.
	Sexual Orientation	N	Y	N	
	Gender reassignment	N	Y	N	
	Pregnancy and maternity	N	Y	N	
	Marriage/civil partnership (only eliminating discrimination)	N	Y	N	
	Other relevant groups	N	Y	N	
3	Engagement Assessment				
3.1	<p>What is the level of service change? – see diagram 3 above</p> <p>If your project is classed as a ‘significant variation’ (level 3) or ‘major change’ (level 4) please contact england.yhclinicalstrategy@nhs.net for a preliminary discussion to support planning and agree whether the service change needs to follow the NHS England Service Change Assurance process.</p> <p>The assurance process generally looks at the ‘case for change’ The key players in the process include overview and scrutiny teams, and the clinical senates. You can also refer to the DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes) http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/nhs_public_involvement_hempsons_stp.pdf DH 2013</p> <p>Circle or highlight the appropriate level of service change</p> <p>Level 2</p> <p>Add additional information and rationale for this scoring below</p> <p>Within the NHSE criteria as set out above, the level of engagement required is level 2 Minor Change</p>				
3.2	<p>Who are your stakeholders?</p> <p>Consider using a mapping tool to identify stakeholders - who is the change going to affect and how? Complete below or attach or link to a mapping document</p> <p>The organisations that will help develop and steer the pilot are:</p> <ul style="list-style-type: none"> Public Health Departments of Rotherham Metropolitan Borough Council, Doncaster Metropolitan Borough Council, Barnsley Metropolitan Borough Council and Sheffield City 				

Council.

- local BAME groups from across the SYB ICS area
- NHS Rotherham Clinical Commissioning Group as the lead commissioner

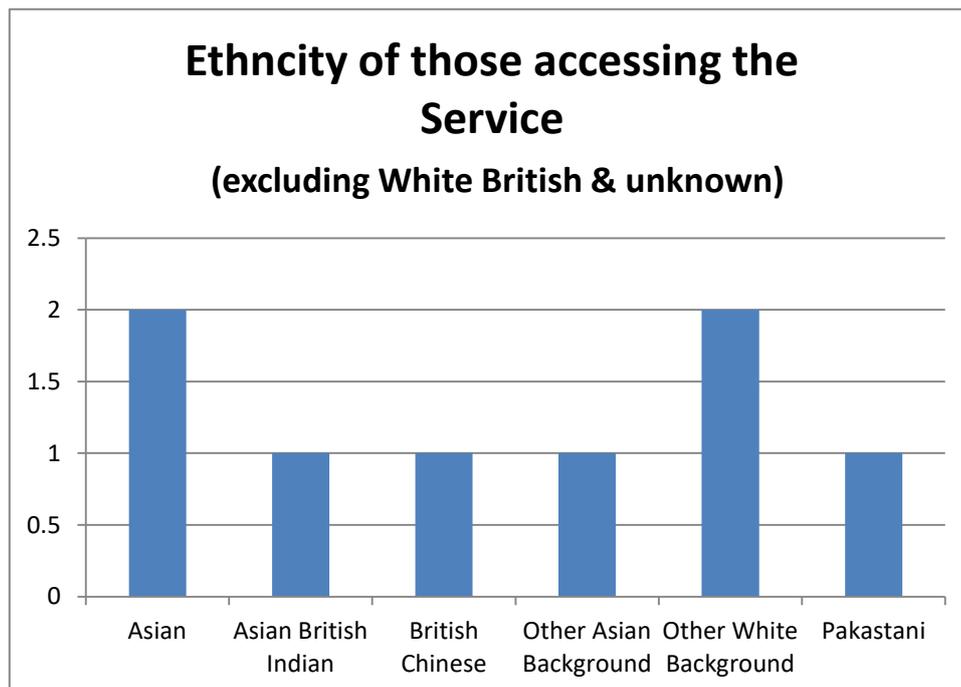
In addition there are a wide range of front-line organisations across the ICS that might refer, sign-post or engage with/to the service. These include:

- General Practices/Primary Care Networks
- Registrars
- Funeral Directors
- Voluntary/community organisations

3.3 What do we already know?

What do you already know about peoples' access, experience, health inequalities and health outcomes? Use intelligence from existing local, regional or national research, data, deliberative events or engagements.

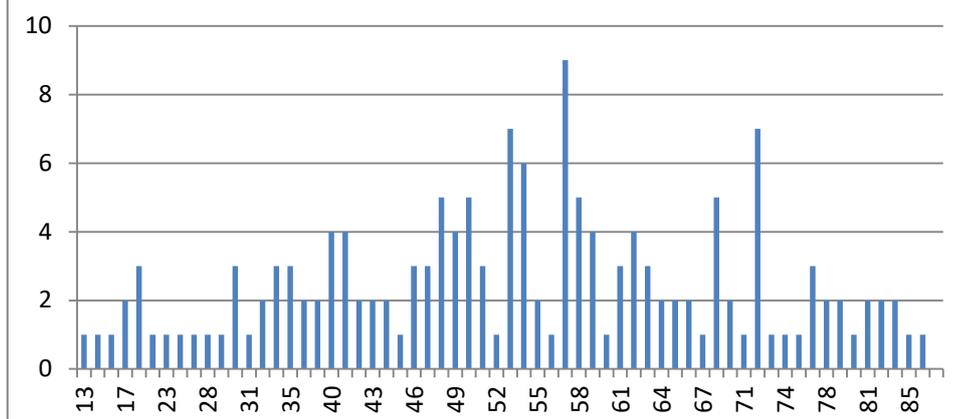
Evaluation from the pilot to date shows that 85% of the people accessing the pilot were of a White British background. Ethnicity was recorded as unknown for 9% of people accessing the pilot. The breakdown of ethnicity for those who were not white British (5%) is shown in the table below. No people from a black background accessed the pilot.



ONS data on the demographics of South Yorkshire as a whole suggests that 90.6% of the population is white British (2011 Census).

The graph below shows there has been a large range of ages accessing the service. This is very positive. The pilot was accessible to anyone 11 years and over. There have been 5 Children and Young People (aged 11-18) who have accessed the pilot Service to date.

Age range of those accessing the Service



The majority (75%) of people accessing the service self-identified as having no disability.

Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight?
How will the insight available to you help to inform your decision?

A survey was undertaken over August 2020 across the SYB footprint to seek views from BAME communities on the accessibility of the pilot Service over August 2020. There were 21 responses to the survey which is quite a small sample size. The results of that survey are provided below.

Only 4 of the 21 respondents had heard of the pilot service

Only 4 of the 21 respondents said they would use the service (14 answered they might use the service). The reasons for not using the Service were as follows:

<i>I probably would rely on support from family and friends</i>	<i>I am not sure how well the service would be able to understand and support my religious and cultural needs</i>
<i>No BAME led service</i>	<i>Your services are for white people and are not considerate of Black grief.</i>
<i>Cultural differences prefer family and friends</i>	<i>We all need a listening ear</i>
<i>I am having a neighbour complete this on my behalf as don't speak/write English & unsure if I could access such services because of this.</i>	<i>Not sure what services are provided so with more info can make a more informed decision to use the service</i>

When asked what more could be done to appeal to members of the BAME community, the suggestions were as follows:

<p><i>Bilingual workers and those who understand BAME issues and culture</i></p>	<p><i>The BAME usually have a good support within the community, especially in regards to support around health issues and bereavement. We have our own way to deal with bereavement and often think that other communities would not understand the way we deal with it. I do think that we should engage with these services as often people are shamed or scared to express their real feelings within the family. I believe that people would engage if people from BAME could tell others what the service is about, which difference can make to their lives, why is different from the support they already got from their community. People need to feel that they would benefit from additional support and this is not a way to judge their culture way to deal with bereavement. To feel that this service would be an alternative for who needs to talk freely about their loss. They need to have more information about the approach that will be used.</i></p>
<p><i>No idea what they have done so far to link with existing Black organisations</i></p>	
<p><i>Having services on zoom also having support in Urdu, Punjabi, Arabic, etc... The service to understand the Muslims culture, and spiritual needs</i></p>	
<p><i>There is a language barrier and lack of understanding of culture needs. Therefore one could benefit of having someone who speaks same language as them in this way they are able to express themselves. Get information about the service via BAME groups and Mosques</i></p>	<p><i>BAME led "commission a service Islamic counselling BAME led"</i></p>
<p><i>Other well trained and qualified adviser who understand the nature of sensitiveness and deference between faith and culture because everyone is different, although some time due to ignorance is undermined they are Muslim or Hindu or some other faith they are same but they might have different approach</i></p>	<p><i>Maybe online workshop / session delivered in dual language on how to do rituals of funerals, etiquettes of how to console to someone who lost loved ones in pandemic. Similarly young people and children session about their coping mechanism and to talk about loss in an open way, encouraging how to come to terms emotionally.</i></p>
<p><i>"They could meet in an open space for coffee, BAME trusts faces their knowledge to use online support is not easy. Phone calls are a good idea but you cannot emotionally connect if they cry or break down.</i></p>	<p><i>Introducing them with coping mechanism such as: an activity, mental health support, non-judgemental, culture sensitive by using their own community members to help them. Emphasising its confidential."</i></p>
<p><i>"Make the service be advertised more prominently in organisations like RMBC. I am aware of the regular bereavement service being pushed for people suffering losses during the COVID period as we are regularly being COVID updates with the services. As this is such a unique and essential service I don't think it should be lost in the bulk of corporate emails sent out which the majority of</i></p>	<p><i>"I lost a parent a few years ago and have been silently struggling with (I think) depression but have none to speak to as the few organisations found via Google stated they couldn't offer anyone who spoke my mother tongue.</i></p>

	<p><i>people delete without reading"</i></p> <p><i>I hadn't heard of this service so perhaps better, marketing to get this out to BAME communities."</i></p> <p><i>Put up a Poster in the places that are frequented by BAME Citizens, Community Centres, Doctors Surgeries, on buses, in housing Management Offices, Post Offices and Council Offices.</i></p>	<p><i>Personally I do not know the services provided and I'm sure as an org you would have done much to engage the BAME community. My suggestion is maybe reaching out to faith groups which are attended by BAME and maybe adverts on fb targeted on the BAME in Doncaster.</i></p>
<p>Briefly describe how the existing or proposed engagement will be 'fair and proportionate', in relation to the activity?</p>		
<p>The Service specification requires the Provider to ensure the service is available and accessible for the people who are entitled to receive the support, in line with the Equality Act 2010 and with regard to the duty to reduce health inequalities under the Health and Social Care Act 2012. The Provider will need to take into account the different and diverse communities across the SYB ICS areas when developing the service response.</p> <p>Contract monitoring arrangements will require the service provider to include case studies for each area, to highlight individual's journeys and demonstrate areas where the service is making a difference as well as any challenges.</p> <p>South Yorkshire public health leads have engaged with local BAME groups with an invitation to join the panel evaluating the tenders.</p> <p>Please also see section 3.4 below</p>		
<p>3.4</p>	<p>Reaching out to overlooked communities</p> <p>Are additional arrangements for patient and public involvement required for this activity and in particular will you ensure that 'seldom-heard' groups, those with 'protected characteristics' under the Equality Act, those experiencing health inequalities are involved</p> <ul style="list-style-type: none"> • Seldom-heard groups Yes/No • Nine Protected Characteristics Yes/No • Health inequalities Yes/No <p>If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups</p>	
<p>The Service specification sets requirements to:</p> <ul style="list-style-type: none"> • Be responsive to age, culture, faith, disability and gender issues in relation to bereavement. • Be actively promoted with population cohorts that face greater health inequalities to promote uptake of the Service care, supporting them in a sensitive and inclusive way. • Establish links with other organisations serving the BAME communities in order to create confidence that the service can be an appropriate way to meet individual's needs, that the staff can be trusted to ensure confidential service, and that the service can be responsive. • Report on the take up of the Service offer with regard to people with protected characteristics. 		

	Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?)				
	This would be the Service Providers responsibility.				
3.5	What resources do you need for this? Consider the sections above <ul style="list-style-type: none"> • The timescales • The need to reach overlooked communities • Accessible materials • Gaps in knowledge 				
	No additional resources have been identified as being needed at this stage.				
4	Feedback and Evaluation				
4.1	How will you use the feedback – who does it need to be shared with?				
	N/A				
4.2	Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.				
	N/A				
4.3	How will the outcomes of participation be reported back to those involved?				
	N/A				
4.4	How will you assess the ongoing impact of the change on patients and the public after it has been completed?				
	Through appropriate contract KPIs. Take up of the service offer will be closely monitored through reports to help understand the accessibility of the model.				
5	Engagement and Equality Impact Plan				
	Action	Approx. Timescale	Lead	Deadline	Comments/ progress
6	Form details				
	Completed by:	Beki McAlister			
	Job title:	Senior Contract Manager			
	Date	27.11.2020			
	Reported to				