|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | | | |
| **Intermediate Care Review** | | | | | | | | | | |
| 1.2 | **Project Lead:** | | | | | | **Contact Details:** | | | | |
| **Clair Smith** | | | | | |  | | | | |
| 1.3 | **This activity /project is:** | | | | | | | | | | |
| **Review** | | | | | | | | | | |
| 1.4 | **Describe the activity/project (what are you planning, proposing, changing and why?)** | | | | | | | | | | |
| The current intermediate care services and pathway are complex, uncoordinated and unstructured. There are different points of access, and no integration between some of the different parts of the service.  The aim is to review the pathway with a view to making it simpler, with one referral route; and embedding a shared ethos that has at its core the intention that people need to be home as quickly as possible | | | | | | | | | | |
| 1.5 | **Timescales** | | | | | | | | | | |
| Engagement Nov2018- feb 2019  Implementation in 2019 – subject to confirmation | | | | | | | | | | |
| 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. | | | | | | | | | | |
| The service could be accessed by any adult in Rotherham following an accident or illness, by referral.  As the aim is to have a simpler to access, closer to home pathway; it is anticipated at this stage that the impact would be positive.  However, currently we feel that there are some groups that may not access the existing service in parity; we would need to find out if changes to the service would enable access or hinder it.  The majority of service users will be elderly; and will have disabilities or long term conditions.  However we understand that those with LD/MH problems and (TBC) some of the BME communities do not readily or frequently access the current pathway. | | | | | | | | | | |
| 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:  *At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.* | |
| Human Rights | | | **Y/N** | **Y/N** | | | **Y/N** | | **Need to completed this section even if there is no further action required** | |
| Age | | | **Y** | **Y/N** | | | **Y/N** | |
| Carers | | | **Y** | **Y/N** | | | **Y/N** | |
| Disability | | | **Y** | **Y/N** | | | **Y/N** | |
| Sex | | | **Y/N** | **Y/N** | | | **Y/N** | |
| Race | | | **Y** | **Y/N** | | | **Y/N** | |
| Religion or belief | | | **Y/N** | **Y/N** | | | **Y/N** | |
| Sexual Orientation | | | **Y/N** | **Y/N** | | | **Y/N** | |
| Gender reassignment | | | **Y/N** | **Y/N** | | | **Y/N** | |
| Pregnancy and maternity | | | **Y/N** | **Y/N** | | | **Y/N** | |
| Marriage/civil partnership (only eliminating discrimination) | | | **Y/N** | **Y/N** | | | **Y/N** | |
| Other relevant groups | | | **Y/N** | **Y/N** | | | **Y/N** | |
|  | **NEXT ACTIONS? See 3.4 below** | | | | | | | | | | |
|  |  | | |  |  | | |  | |  | |
|  |  | | |  |  | | |  | |  | |
|  |  | | |  |  | | |  | |  | |
| **3 Engagement Assessment** | | | | | | | | | | | |
| 3.1 | **What is the level of service change**? – see diagram 3 above  **If your project is classed as a ‘significant variation’ (level 3) or ‘major change’ (level 4)** please contact [england.yhclinicalstrategy@nhs.net](mailto: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.  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 | | | | | | | | | | |
| **Circle or highlight the appropriate level of service change**  Level 1 Level 2 Level 3 Level 4 | | | | | | | | | | |
| **Add additional information and rationale for this scoring below** | | | | | | | | | | |
| Pathway redesign; the service could be accessed by a wide range of people. | | | | | | | | | | |
| 3.2 | **Who are your stakeholders?**  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 | | | | | | | | | | |
| *May want to complete stakeholder map- listing exercise?*  **Commissioners/Providers**  RCCG; TRFT;RMBC  **Vol com organisations**  LD groups - Speakup/RAP  RDASH – MH services users  PPGs/patient groups  OP groups – ROPF/RPAG Age UK Kimberworth 50+  Carers – Rotherham Carers Forum  Disability interest groups  VAR  **Political**  MPs/Councillors/Parish Councils/Save our NHS? Trade Unions?  **Third sector/care organisations**  Crossroads/ Home instead/ care homes | | | | | | | | | | |
| 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. | | | | | | | | | | |
| **Need to add any existing feedback or audits reflecting what people think/use of service/outcomes/gaps etc** | | | | | | | | | | |
| **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? | | | | | | | | | | |
| **? as above?** | | | | | | | | | | |
| **Briefly describe how the existing or proposed engagement will be ‘fair and proportionate’**, in relation to the activity? | | | | | | | | | | |
| Refer to cost of service – engagement needs to be proportionate/not excessive | | | | | | | | | | |
| 3.4 | **Reaching out to overlooked communities**  Are additional arrangements for patient and public involvement required for this activity and in particular how will you ensure that ‘seldom-heard’ groups, those with ‘protected characteristics’ under the Equality Act, and those experiencing health inequalities are involved   * Seldom-heard groups Yes/No * Nine Protected Characteristics Yes/No * Health inequalities Yes/No   If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups | | | | | | | | | | |
| See Equality impact assessment  Reach out to OP organisations/disability/LTC groups/ BME/LD/MH; where use of current service is high; and where it is lower than expected (ie barriers to access) | | | | | | | | | | |
| Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?) | | | | | | | | | | |
| Resources will be checked/provided in suitable formats | | | | | | | | | | |
| 3.5 | **What resources do you need for this?**  Consider the sections above   * The timescales * The need to reach overlooked communities * Accessible materials * Gaps in knowledge | | | | | | | | | | |
| **To be agreed**  **Focus on deliberative discussions, at least in first stage.** | | | | | | | | | | |
| 4 | **Feedback and Evaluation** | | | | | | | | | | |
| 4.1 | How will you use the feedback – who does it need to be shared with? | | | | | | | | | | |
|  | | | | | | | | | | |
| 4.2 | Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity. | | | | | | | | | | |
|  | | | | | | | | | | |
| 4.3 | How will the outcomes of participation be reported back to those involved? | | | | | | | | | | |
|  | | | | | | | | | | |
| 4.4 | How will you assess the ongoing impact of the change on patients and the public after it has been completed? | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | | |
| 5 | 1. **Engagement and Equality Impact Plan** | | | | | | | | | | |
|  | **Action** | | **Approx.**  **Timescale** | | | **Lead** | | | **Deadline** | | **Comments/**  **progress** |
|  | 1. Agree outline plan | |  | | |  | | | 1. Oct 2018 | |  |
|  | 1. Review existing materials; 2. Design public facing docs – presentation and template to record conversations | |  | | |  | | | 1. Oct 2018 | |  |
|  | 1. Circulate/approach targeted groups and organisations | |  | | |  | | | 1. End oct/start Nov | |  |
|  | 1. visit groups and organisations | |  | | |  | | | 1. Nov – Feb | |  |
|  | Compile findings | |  | | |  | | | Feb- march | |  |
| 6 | Form details | | | | | | | | | | |
|  | Completed by: |  | | | | | | | | | |
|  | Job title: |  | | | | | | | | | |
|  | Date |  | | | | | | | | | |
|  | Reported to |  | | | | | | | | | |