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| **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:** |
| Maternity Transformation (Rotherham as part of SYB ICS programme) |
| 1.2 | **Project Lead:** | **Contact Details:** |
| **Paul Theaker** |  |
| 1.3 | **This activity /project is:**  |
| **Policy – Project – Plan – Other transformation project** |
| 1.4 | **Describe the activity/project (what are you planning, proposing, changing and why?)** |
| This is part of the Better Births programme, and part of the SYB ICS workstream, and reflects Rotherham response to this.An initial transformation plan for Rotherham has been developed, and includes 7 KLOEs, reflecting those in better births1. Still Births and neonatal deaths
2. Intrapartum brain injuries
3. Personalised care plans
4. Choice
5. Continuity of carer
6. Midwifery settings
7. Smoking in pregnancy

Against each of these we have outlined the current position and resources needed to the transformational change requiredLINK TO FULL planThis forms part of the regional development of the LMS, and there will be cross area workstreams. The regional work will be lead by the LMS, and there will be equality impact and engagement assessment completed by the regional team.This form reflects the issues pertinent to Rotherham place. |
| 1.5 | **Timescales** |
| October 2018- march 2020 |
| 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. |
| **To be fully completed as the work develops**As of October 2018, impacts are not yet fully known.However, the plans will undoubtedly impact on maternity (protected characteristic); BME communities; there may also be impact on ages; LGBT; deprivation; and those with caring responsibilities.As the individual workstreams develop, we will consider potential impacts on those facing barriers to access services, as well as those whose voice remains less often heardWork will be needed as this progresses to ensure that increased choice for some does not impact adversely on access for others . |
| 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** | **Y/N** | **Y/N** |  |
| Age | **Y** | **Y/N** | **Y/N** |  |
| Carers | **Y** | **Y/N** | **Y/N** |  |
| Disability | **Y** | **Y/N** | **Y/N** |  |
| Sex | **Y** | **Y/N** | **Y/N** |  |
| Race | **Y/N** | **Y/N** | **Y/N** |  |
| Religion or belief | **Y** | **Y/N** | **Y/N** |  |
| Sexual Orientation | **Y** | **Y/N** | **Y/N** |  |
| Gender reassignment | **Y** | **Y/N** | **Y/N** |  |
| Pregnancy and maternity | **Y** | **Y/N** | **Y/N** | **Main area of potential impact** |
| 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** |
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| **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 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**L~~evel 1 Level 2 Level 3~~  **Level 4** |
| **Add additional information and rationale for this scoring below** |
|  |
| 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 |
| Refer to stakeholder section of transformation plan - full stakeholder audit to be undertaken LINK in here when complete. For each of the 7 KLOEs, stakeholder are likely to vary Following identified to dateTRFT – staff groups as listed in planGPs/community staffElected membersMPsLocal vol com sector organisations (various, to be listed in full) * Mother and toddle/pre-school groups etc

RMBC – early years/early help/social care / Public healthMental health (perinatal mental health)Mums to be/familiesTransport – in terms of community hubs/settings |
| 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. |
| Full plan acknowledges local demographics/need/trends etc using child health data, smoking rates/ birth settings etc Each KLOE gives base line position. We also have feedback from:-* FFT data and feedback – satisfaction with current services
* Forging families reports and work completed by Rotherham MVP
* Feedback from GP led clinical visit
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| **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? |
| To be further developed as this progresses, with work associated to each KLOE. There will be separate actions plans for all workstreams, developed with the MVP and staff.NHSRotherham CCG has set up a SLA for Rotherham Maternity Voices to lead engagement and co-creation in this area, and they will be supported in taking a key role**To expand further as this work develops** |
| **Briefly describe how the existing or proposed engagement will be ‘fair and proportionate’**, in relation to the activity? |
| As this is deemed to be a level 4 piece of work overall, we would anticipate a concurrent level of partipation and engagement; though this will potentially vary across the 7 KLOEsThis section will be developed further as the action plans for each are written |
| 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 |
| To be developed as the action plans for each KLOE are completedRotherham Maternity Voices have as part of the agreement, a direction to reach out to those potentially heard groups, including BME communities  |
| Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?) |
| To be confirmed – may need resources in community languages, plain english and easy read |
| 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
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| * Continuation in 2019-20 of funding to Rotherham MVP/or similar group
* CCG officer time to support
* Support from TRFT staff, and those in stakeholder organisations as relevant to workstreams

**Other to be confirmed** |
| 4 | **Feedback and Evaluation** |
| 4.1 | How will you use the feedback – who does it need to be shared with? |
| All stakeholdersSYBReporting to go in here as this happens  |
| 4.2 | Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity. |
| Co-creation approach will directly shape the provision and plans and inform the transformationCite examples here as the work develops |
| 4.3 | How will the outcomes of participation be reported back to those involved?  |
| Website/ partner websitesVia participantsOthers to be confirmed |
| 4.4 | How will you assess the ongoing impact of the change on patients and the public after it has been completed? |
| Monitoring processes to be agreed |
| 1. Section 5 – link to separate workplans for each KLOE
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| 5 | 1. **Engagement and Equality Impact Plan**
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|  | **Action** | **Approx.** **Timescale** | **Lead** | **Deadline** | **Comments/****progress** |
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| 6 | Form details |
|  | Completed by:  | Paul Theaker |
|  | Job title: |  |
|  | Date | 31.10.18 |
|  | Reported to |  |