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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:** | | | | | | | | | | |
| **Children’s Community Nursing Service Review** | | | | | | | | | | |
| 1.2 | **Project Lead:** | | | | | | **Contact Details:** | | | | |
| Paul Theaker | | | | | |  | | | | |
| 1.3 | **This activity /project is:** | | | | | | | | | | |
| **~~Policy – Project – Plan – Other -~~ Review** | | | | | | | | | | |
| 1.4 | **Describe the activity/project** | | | | | | | | | | |
| Review of the Children’s Community Nursing Service specification.  The specification has not been reviewed in depth for some considerable time, and therefore may not meet efficiently and effectively current and future need.  The specification comprises the following services   * Continuing care/respite * Complex needs * Palliative and life limiting * Specialist nursing (school nursing), enuresis, epilepsy and asthma * PaRRRoT – Paediatric rapid response referral team   Some of these will overlap, as some of these are interdependent | | | | | | | | | | |
| 1.5 | **Timescales** | | | | | | | | | | |
| October 2018 – March 2019 | | | | | | | | | | |
| 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. | | | | | | | | | | |
| Positive and potential negative impacts will be determined as proposals for each service are developed, the aim will be to ensure that there are little or no negative impacts in the service review for those with protected characteristics.  To add any relevant info in here | | | | | | | | | | |
| 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 Complete this even if there is no action** | |
| Age | | | **Y** | **Y/N** | | | **Y/N** | |
| Carers | | | **Y** | **Y/N** | | | **Y/N** | |
| Disability | | | **Y** | **Y/N** | | | **Y/N** | |
| Sex | | | **Y/N** | **Y** | | | **Y/N** | |
| Race | | | **Y/N** | **Y** | | | **Y/N** | |
| Religion or belief | | | **Y/N** | **Y** | | | **Y/N** | |
| Sexual Orientation | | | **Y/N** | **Y** | | | **Y/N** | |
| Gender reassignment | | | **Y/N** | **Y** | | | **Y/N** | |
| Pregnancy and maternity | | | **Y/N** | **Y** | | | **Y/N** | |
| Marriage/civil partnership (only eliminating discrimination) | | | **Y/N** | **Y** | | | **Y/N** | |
| Other relevant groups | | | **Y/N** | **Y** | | | **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](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** | | | | | | | | | | |
| Scored as level 3-4 as potential impact, but to be determined, as some of the models may change significantly.  It could be that any changes could be major, but would be likely to impact only a small number of people.  It is hoped that any major changes would be co-produced with staff, stakeholder, parents and young people; and would better meet existing and current needs. | | | | | | | | | | |
| 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 | | | | | | | | | | |
| TRFT  Parents and young people with significant health needs and disabilities  SEND  RMBC – various (social care/education);Early years provision; public health; transport  Schools – special and mainstream  Colleges  Vol sector organisations – Rotherham parent carer forum  RCCG – CHC team  Note that stakeholders may vary for the different services  Workshop 1 november – invite list  Special school nurses, School nurses, School representatives, Heads of Comprehensive school, Primary Schools, nurseries, RMBC (Warren Carrat,), early years (Paula Williams) Public Health rep, Rotherham transport, Therapy services, OT’s, Rotherham college, inclusion services, Caroline Wheatley, CHC team, Parents Forum rep. | | | | | | | | | | |
| 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. | | | | | | | | | | |
| **T**he last 10 years has seen many changes; with many young people coming through the system needing additional support for high levels of health needs that would have been unanticipated when services were initially developed.  We also need to develop strong performance mechanisms and monitoring to ensure that there is sufficient capacity in our systems, and that we deliver a quality, efficient and effective service, providing assurance to both the CCG and to families.  In addition, we need to be able to clearly articulate the local health offer to all stakeholders, especially schools and families.  By working together to determine need, aspiration and what can be delivered, we aim to develop a solid and clear offer for now and the next XXXX years | | | | | | | | | | |
| **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? | | | | | | | | | | |
| Workshop approach looking at each of the areas in turn; these will involve all stakeholders on a co-creation basis   * November – Specialist nursing   Others to enter in here as arranged for   * Area 2 – Continuing Care/respite/short breaks * Area 3 – Complex needs * Area 4 – Palliative and life limiting * Area 5 - Specialist nursing/Enuresis, Epilepsy, Asthma * |Area 6 - Parot   Surveys and focus groups (and other mechanism as needed) arranged as needed to reinforce the workshops and ensure that all stakeholder views are heard  Further work to be developed with schools to ensure that the young people using these services have a voice that is heard in this process | | | | | | | | | | |
| **Briefly describe how the existing or proposed engagement will be ‘fair and proportionate’**, in relation to the activity? | | | | | | | | | | |
| The potential is for some elements of some of the systems to change substantially in line with the recommendations of all stakeholders, however, changes even where substantial are likely to impact a small number of people.  The approach as outlined above is one of co-creation with those potentially impacted by any change, which is fair and proportionate to the review. | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Within the existing communities of interest of families with children impacted by health needs; we also need to ensure that the following voices are heard   * Young people – we plan to reach into schools to hear the voices of young people * This will include the voice of young people from BME communities * We will need to ensure that the voices of young people and parents/carers who are themselves disabled/experience communication barriers are heard * BME parents – potentially access via BME umbrella organisations or via snowball research * Asylum seekers and refugees – potentially via GATE practice | | | | | | | | | | |
| Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?) | | | | | | | | | | |
| May need resources in the following – community languages/plain english/easy read  This would be done using in house resources as needed. | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Staff time  Resources as above  Workshops – cost neutral as far as possible – out of pocket expenses as agreed in advance vie PPE manager budget. Basic refreshments. | | | | | | | | | | |
| 4 | **Feedback and Evaluation** | | | | | | | | | | |
| 4.1 | How will you use the feedback – who does it need to be shared with? | | | | | | | | | | |
| Reporting to be agreed as progresses | | | | | | | | | | |
| 4.2 | Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity. | | | | | | | | | | |
| Changes as agreed and impact here | | | | | | | | | | |
| 4.3 | How will the outcomes of participation be reported back to those involved? | | | | | | | | | | |
| Reports  Website  Partner website | | | | | | | | | | |
| 4.4 | How will you assess the ongoing impact of the change on patients and the public after it has been completed? | | | | | | | | | | |
| Via the monitoring and evaluation as section 3.3 above – potential to add more detail as this develops  Will be wanting   * smart KPIs * voice built into service specs | | | | | | | | | | |
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| 5 | 1. **Engagement and Equality Impact Plan** | | | | | | | | | | |
|  | **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 |  | | | | | | | | | |