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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:** | | | | | | | | | | |
| Relocation of the Ophthalmology Service to Rotherham Community Health Centre | | | | | | | | | | |
| 1.2 | **Project Lead:** | | | | **Contact Details:** | | | | | | |
| Joanne Martin | | | | [joanne.martin19@nhs.net](mailto:joanne.martin19@nhs.net) | | | | | | |
| 1.3 | **This activity /project is:** | | | | | | | | | | |
| Service relocation to another site | | | | | | | | | | |
| 1.4 | **Describe the activity/project** | | | | | | | | | | |
| To relocate the Ophthalmology outpatient department from The Rotherham Foundation Trust to the Rotherham Community Health Centre. This relocation is essential for the following reasons:   * Amalgamate the service into one bringing together the existing work force * Meet CQC requirements, splitting children and adults * Ensuring the estate is fit for purpose to meet future capacity   The proposed move is part of a wider strategy to align TRFT services across the acute footprint, with the potential to create of a cohesive intermediate care service located on-site at TRFT. | | | | | | | | | | |
| 1.5 | **Timescales** | | | | | | | | | | |
| The move is planned to take place in October/November 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. | | | | | | | | | | |
|  | | | | | | | | | | |
| 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** | | |  | | |  | |
| Age | |  | **Y** | | |  | | |  | |
| Carers | |  | **Y** | | |  | | |  | |
| Disability | | **Y** |  | | |  | | | Disabled access would improve as RCHC has better access for patients in terms of parking, and is a smaller site to negotiate. | |
| Sex | |  | **Y** | | |  | | |  | |
| Race | |  | **Y** | | |  | | |  | |
| Religion or belief | |  | **Y** | | |  | | |  | |
| Sexual Orientation | |  | **Y** | | |  | | |  | |
| Gender reassignment | |  | **Y** | | |  | | |  | |
| Pregnancy and maternity | |  | **Y** | | |  | | |  | |
| Marriage/civil partnership (only eliminating discrimination) | |  | **Y** | | |  | | |  | |
| Other relevant groups | |  | **Y** | | |  | | |  | |
| **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** | | | | | | | | | | |
| Level 2 has been indicated at this stage the following reasons:   * Not all the population will be impacted * No changes to the service will be made * The location is 2 miles from the current location and offers better public transport links and parking | | | | | | | | | | |
| 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 | | | | | | | | | | |
| * Patients of the Ophthalmology Service at TRFT * The Ophthalmology Service at TRFT | | | | | | | | | | |
| 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. | | | | | | | | | | |
| Where activity has been found key points of the work are highlighted below:   * Respondents valued local services closer to home * Respondents viewed that more locations would improve waiting times * Respondents felt the service would ensure access to right professional/ service in the right place, first time * Respondents felt the service would avoids hold ups in the system and alleviates pressure in other services e.g. GP’s * Local services were seen to be easier to get access than an acute setting * The importance of parking and access to facilities was highlighted | | | | | | | | | | |
| **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? | | | | | | | | | | |
| NHS CCGs have a duty to involve patients and the public where there will be a change to services <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>  Therefore It is proposed we carry out a programme of engagement work proportionate to and appropriate for the level of change:   * Provide the opportunity to seek information and to comment on our website, and other means as appropriate; for example, paper surveys and presentations * Provide the opportunity to comment in clinics and relevant venues (display; comments sheets, survey) * Send information out to and give the opportunity to comment, to relevant stakeholders as identified in the stakeholder analysis * A drop in session at the CCG Annual General Meeting * Should any unexpected issues, concerns, opposition, barriers and access issues be raised during this period of engagement, we would then reflect on the plans further * Share our plans and the outcomes of the engagement work with Scrutiny Committee, and ensure they are in agreement with the service change | | | | | | | | | | |
| **Briefly describe how the existing or proposed engagement will be ‘fair and proportionate’**, in relation to the activity? | | | | | | | | | | |
| Based on the change to the service location and the number of patients impacted it is recommended that engagement is required as outlined above as this is considered to be proportionate to the service change. | | | | | | | | | | |
| 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 No * Nine Protected Characteristics Yes * Health inequalities No   If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups | | | | | | | | | | |
| As this change does affect one of the protected characteristics, the guidance of Rotherham Sight and Sound will be sought to ensure engagement is effective and appropriate and Health Watch will also be consulted. | | | | | | | | | | |
| Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?) | | | | | | | | | | |
| Yes, potentially for people with sight impairment. Rotherham Sight and Sound will be used to seek guidance. | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Guidance will be sought from Rotherham Sight and Sound. | | | | | | | | | | |
| 4 | **Feedback and Evaluation** | | | | | | | | | | |
| 4.1 | How will you use the feedback – who does it need to be shared with? | | | | | | | | | | |
| Patient feedback will be used to inform the plan for relocation, and will be shared with all stakeholders. | | | | | | | | | | |
| 4.2 | Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity. | | | | | | | | | | |
| To ensure the public voice is heard, Health Watch and Rotherham Sight and Sound will be asked to participate in the engagement process. | | | | | | | | | | |
| 4.3 | How will the outcomes of participation be reported back to those involved? | | | | | | | | | | |
| To be confirmed, depending on the specifics of the patient engagement exercise once guidance has been sought. | | | | | | | | | | |
| 4.4 | How will you assess the ongoing impact of the change on patients and the public after it has been completed? | | | | | | | | | | |
| Feedback collected by the service will be discussed as part of contract monitoring, with changes and appropriate action requested if appropriate. | | | | | | | | | | |
|  | | | | | | | | | | | |
| 5 | 1. **Engagement and Equality Impact Plan** | | | | | | | | | | |
|  | **Action** | | | | | **Approx.**  **Timescale** | | **Lead** | **Deadline** | | **Comments/**  **progress** |
|  | Information on the proposed move on the CCG website and partners ie TRFT | | | | | May 19 | | 1. HW/JM/GL |  | |  |
|  | Initial plans and proposals shared with HOSC/Health select committee; any suggestions and additional activity acknowledged and added to plan | | | | | 1. May 19 | | 1. HW/JM |  | |  |
|  | Electronic and paper survey available | | | | | 1. May 19 | | 1. HW/JM |  | |  |
|  | Information on the proposed move disseminated through information networks (VAR Newsletter; Healthwatch, parent carer forum etc, providers etc) and to all relevant stakeholder groups and organisations | | | | | 1. June 19 | | 1. HW/JM |  | |  |
|  | Survey promoted | | | | | May/June 19 | | HW/JM |  | |  |
|  | Surveys carried out in clinics | | | | | June 19 | | HW/JM |  | |  |
|  | Outreach to groups communities etc as identified – these are likely to include Sight and sight, age UK etc capacity permitting | | | | | June 19 | | HW/JM |  | |  |
|  | A drop in session at the CCG Annual General Meeting; this will be promoted as an alternative | | | | | 3rd July 19 | | HW/JM |  | |  |
|  | Share the outcomes of the engagement work with Scrutiny Committee, and ensure they are in agreement with the service change | | | | | End July 19 | | HW/JM |  | |  |
| 6 | Form details | | | | | | | | | | |
|  | Completed by: | Joanne Martin | | | | | | | | | |
|  | Job title: | Senior Service Improvement Manager | | | | | | | | | |
|  | Date | 1st April 2019 | | | | | | | | | |
|  | Reported to | Operational Executive | | | | | | | | | |