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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:**  |
| Enhancement of the respiratory care pathway |
| 1.2 | **Project Lead:** |  |
| Joanne Martin | July 2019 |
| 1.3 | **This activity /project is:**  |
| An enhancement of the existing COPD integrated pathway |
| 1.4 | **Describe the activity/project**  |
| Rotherham CCG currently commissions a COPD integrated pathway. The proposal is to enhance the pathway to include all respiratory conditions.The overarching aims of the pathway are to:* Improve diagnosis across Rotherham
* Improvement the management of respiratory patients
* Reduce the risk of admission to hospital
* Expedite discharge home for those who do require admission

The pathway redesign builds upon the existing commissioned COPD integrated pathway and has been clinically led by a range of clinicians across the Rotherham system. |
| 1.5 | **Timescales** |
| Implementation of the pathway by December 2018 |
| 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 enhancement of the pathway is to ensure all Rotherham residents have access to a quality service, regardless of respiratory condition.The current pathways for respiratory are fragmented, with patients receiving differing levels of care within the community.A recent audit of patients accessing breathing space highlighted that there are a cohort of patients who are not accessing the service. |
| 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 |  | .There is not likely to be any impact on any of the protected characteristics, as the potential conditions are not generally related to age; gender, or disability etc other than service provided at home or closer to home as part of a primary care hub.  |
| Age | Y |  |  |
| Carers |  | Y |  |
| Disability |  | Y |  |
| 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  |  |  | Linked to deprivation |
|  | **NEXT ACTIONS? N/A**  |
| **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**~~Level 1~~ Level 2 ~~Level 3~~ ~~Level 4~~ |
| **Add additional information and rationale for this scoring below** |
| Level 2 minor variation has been indicated at this stage for the following reasons:* Not all the population will be impacted
* It is an enhancement of the existing COPD integrated pathway by opening up the service to all applicable respiratory patients
* The main change to the service is in relation to a step up bed facility, which will be re-provided either at home or in a different setting
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| 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/service users
* Carers of patients
* Respiratory patients who may not be using the available service
* Voluntary Groups e.g Breathe easy and older peoples groups
* Staff
* GPs in and OOH
* Community services
* Hospice
* Coal field regeneration trust
* Political interest e.g. MPs, Cllrs and pressure groups
* Local Media
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| 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. |
| The NHS Long term plan states its ambition to improve respiratory outcomes to equal or better our international counterparts. As such there is great emphasis on:* Earlier and accurate diagnosis
* Structured education and self-management for people with newly diagnosed respiratory conditions
* Expansion of pulmonary rehabilitation services
* Patients on the right medication
* Optimising care to patients with pneumonia

A recent audit revealed that * 56% of the admissions could have been avoided with support in the patient’s own home from a Community Respiratory Team saving 156 bed days.
* 36% would have required admission to an acute bed
* 8% of patients requiring admission could have been admitted to a step up bed with Community Respiratory Team Support, rather than admission to an acute bed
* A total of 191 bed days could have been saved
* 88% of patients were already known to Breathing Space

The service reports that there is high satisfaction with existing service, however Existing service is an outdated model Workshop demonstrated that service users were open to different models of care – outside of breathing spaceOther areas are all developing these models of care across the systemCommissioning plan states that all services should be provided as close to the patient as possible, the only reason for services being provided outside Rotherham is where there is a compelling reason of clinical safety or improved patient experience. |
| **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 held on the 30th January included stakeholders from across the system, respiratory experts****Feedback and breathe easy group** |
| **Briefly describe how the existing or proposed engagement will be ‘fair and proportionate’**, in relation to the activity? |
| Programme of activity planned to demonstrate the new model to stakeholders and the wider Rotherham publicClarity around what service users can influence to be determined as the model develops. |
| 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 |
| We acknowledge that some elements of the population will have a greater interest and will reach out to those individuals e.g. – condition specific groups and older peoples organisations and others as per the stakeholder list. |
| Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?) |
| Not at this stage. May be appropriate to produce accessible materials if/when information giving  |
| 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 confirmed at a later stage |
| 4 | **Feedback and Evaluation** |
| 4.1 | How will you use the feedback – who does it need to be shared with? |
| Patient feedback will be a key performance indicator and will be developed as part of the service specification. |
| 4.2 | Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity. |
| TBC |
| 4.3 | How will the outcomes of participation be reported back to those involved?  |
| TBC |
| 4.4 | How will you assess the ongoing impact of the change on patients and the public after it has been completed? |
| As service specification will be developed for the enhanced community team and it is expected that a suite of KPIs will be reported against as part of the contracting meetings. |
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| 5 | 1. **Engagement and Equality Impact Plan –**
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|  | **Action** | **Approx.** **Timescale** | **Lead** | **Deadline** | **Comments/****progress** |
|  | 1. Preparing materials
 |  | 1. Jo Martin
 | 1. August 19
 | 1. **please refer to the communications**
2. **plan**
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|  | 1. Identifying relevant
2. community groups
 |  | 1. Jo Martin
 | 1. August 19
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| 6 | Form details |
|  | Completed by:  | Joanne Martin |
|  | Job title: | Service Improvement Manager |
|  | Date | 5th July 2019 |
|  | Reported to | Alison Hague |