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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:** | | | | | | | | | | |
| **Additional provider for Rotherham ASD Assessments** | | | | | | | | | | |
| 1.2 | **Project Lead:** | | | | | | **Contact Details:** | | | | |
| Beki McAlister | | | | | | Rebecca.mcalister@nhs.net | | | | |
| 1.3 | **This activity /project is:** | | | | | | | | | | |
| **Policy – Project – Plan – Other - Review** | | | | | | | | | | |
| 1.4 | **Describe the activity/project** | | | | | | | | | | |
| Children and Young People are referred to the neurodevelopmental pathway for a potential ASD diagnosis where there are persistent and severe problems with communication & social & emotional understanding in 2 or more settings – e.g. Home, School. Or for a potential ADHD assessment when parenting training has been completed and there remain persistent symptoms of over activity, distractibility and impulsivity evident in at least 2 settings, e.g. home, school.  RMBC, RCCG and RDaSH have developed a joint action plan to tackle waiting times for ASD and ADHD assessments for children and young people in Rotherham. One of the actions for the CCG is to explore alternative providers for assessment in addition to RDaSH to increase capacity and reduce the number of children waiting for an assessment. A report is progressing through OE to agree the specifics of engaging an alternative provider.  There are a number of further actions identified to improve the experience of families and to reduce waiting times – including the development of a communications plan to ensure joint and clear communications between partners, families and other key stakeholders. These actions form part of the All–Age Autism Strategy. There is an engagement strand to the All-Age Autism Strategy that includes the work around children and young people’s diagnostic assessments.  The recommendation currently progressing through RCCG governance is to pilot to test an alternative digital offer. Delivering digitally-enabled care is a key aspiration within the NHS Long Term Plan. | | | | | | | | | | |
| 1.5 | **Timescales** | | | | | | | | | | |
| It is anticipated that an alternative additional provider might be in place by the end of September 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. | | | | | | | | | | |
| It is anticipated that an additional provider will increase capacity within Rotherham to deliver ASD diagnosis which will reduce but not irradiate waiting times. It is anticipated that those who have waited longest will be offered a choice of using a new provider or continuing along the RDASH CAMHS neurodevelopmental pathway. Both of these points should have a positive impact of equality.  It is acknowledged that this digital offer will not be appropriate for everyone. And not all patients will be able to access a diagnosis provided by Healios; the exclusion criteria are:   * Not having access to internet * Refusal to have parents involved in assessment * Children under the age of 7, or who are over 18 at the point of referral * Young people assessed as having a Full Scale IQ below 70 whose needs might be better met in intellectual disability services * C&YP who do not have fluent speech * CYP who have significant physical health needs * CYP with co-morbid mental health needs over what might be expected as part of ASC i.e. both circumstances where understanding ASC is not priority intervention for family * Current alcohol or drug use if known * Safeguarding concerns   Please see section 3.3 for further analysis on this. | | | | | | | | | | |
| 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 | | | **N** | **Y** | | | **N** | |  | |
| Age | | | **Y** | **N** | | | **N** | |  | |
| Carers | | | **N** | **Y** | | | **N** | |  | |
| Disability | | | **N** | **Y** | | | **N** | |  | |
| Sex | | | **N** | **Y** | | | **N** | |  | |
| Race | | | **N** | **Y** | | | **N** | |  | |
| Religion or belief | | | **N** | **Y** | | | **N** | |  | |
| Sexual Orientation | | | **N** | **Y** | | | **N** | |  | |
| Gender reassignment | | | **N** | **Y** | | | **N** | |  | |
| Pregnancy and maternity | | | **N** | **Y** | | | **N** | |  | |
| Marriage/civil partnership (only eliminating discrimination) | | | **N** | **Y** | | | **N** | |  | |
| Other relevant groups | | | **N** | **Y** | | | **N** | |  | |
|  |  | | |  |  | | |  | |  | |
| **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 2 | | | | | | | | | | |
| **Add additional information and rationale for this scoring below** | | | | | | | | | | |
| Within the NHSE criteria as set out above, the level of engagement required is level 2 **Minor Change**  This is because engaging an additional provider of ASD diagnosis will require engagement with families to offer choice and also engagement with the current service provider to integrate the offer within the existing pathway. It will also require engagement with voluntary sector organisations who represent the voice of families and advocate on behalf of children and young people to be informed and aware so that they can support communication with families. | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Healthwatch  Rotherham Parent Carer Forum  Rotherham patients and their families  RDaSH CAMHS  RMBC Inclusion Services | | | | | | | | | | |
| 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. | | | | | | | | | | |
| A number of meetings have already taken place with voluntary sector partners to outline plans and seek feedback on the outline plans regarding tackling waiting times for CYP ASD/ADHD diagnosis. These have largely been positive and productive. Feedback received has been helpful in shaping the outline plan. Also see answer below.  As this is intended as a pilot, the take up of the offer will be closely monitored to identify what the local barriers might be to accessing the offer and to evaluate the levels of satisfaction of those who choose this alternative. In addition,  • If parents had a poor level of conversational English, this would be flagged in the referral and RDaSH would be asked to source an interpreter.  • The technology required to access the Helios platform can be accessed via any smart devise, laptop or 4G phone. It does not require a superfast broadband connection.  The Office of National Statistics (ONS) official estimate is that 93% of UK homes now have internet access – the ONS data also suggests that most people who choose not to have internet access at home, make this decision because they are not interested or feel it is irrelevant to their lives rather than a lack of skills to be able to use it.  This pilot will offer a choice where previously there was none. For some people a more traditional face to face assessment might better suit their needs, however it is anticipated that as the digital offer is taken up by some it will reduce waiting times overall and therefore have a positive impact. | | | | | | | | | | |
| **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? | | | | | | | | | | |
| Rotherham Healthwatch is commissioned by RCCG to provide a CYP advocacy service. Healthwatch regularly reports back to the RCCG on the service to highlight issues and themes relating to CAMHS. Feedback on the current ASD/ADHD pathway is a regular feature.  The Rotherham Parent Carer Forum is commissioned by RCCG to provide a Peer Support Service. Many of the families who use this service a have received an ASD/ADHD diagnosis or are seeking a diagnosis for their children and young people.  A communication and engagement plan is in development to support the joint action plan to tackle ASD/ADHD waiting times. | | | | | | | | | | |
| **Briefly describe how the existing or proposed engagement will be ‘fair and proportionate’**, in relation to the activity? | | | | | | | | | | |
| This will be considered within the development of the communication and engagement plan as mentioned in the response above. | | | | | | | | | | |
| 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 | | | | | | | | | | |
| The focus for communication and engagement will initially be with families who are awaiting assessment and will include “overlooked communities” and “seldom heard groups”. It is yet to be determined if this communication and engagement will be led by RDaSH, the RCCG or RMBC. | | | | | | | | | | |
| Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?) | | | | | | | | | | |
| Yes – communication for families will need to be accessible. | | | | | | | | | | |
| 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 | | | | | | | | | | |
| No additional resources have been identified as being needed at this stage. | | | | | | | | | | |
| 4 | **Feedback and Evaluation** | | | | | | | | | | |
| 4.1 | How will you use the feedback – who does it need to be shared with? | | | | | | | | | | |
| Feedback will be shared through CAMHS SDIP to ensure that actions are informed by families wishes/ feelings and ideas. | | | | | | | | | | |
| 4.2 | Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity. | | | | | | | | | | |
| Report to go through RCCG governance route; and those of partners where appropriate. | | | | | | | | | | |
| 4.3 | How will the outcomes of participation be reported back to those involved? | | | | | | | | | | |
| Through the mechanisms already in place to support the Rotherham All-age Autism Strategy | | | | | | | | | | |
| 4.4 | How will you assess the ongoing impact of the change on patients and the public after it has been completed? | | | | | | | | | | |
| Through appropriate contract KPIS. Take up of the offer of an alternative digital model will be closely monitored through this pilot to help understand the accessibility of the model. | | | | | | | | | | |
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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: | Rebecca McAlister | | | | | | | | | |
|  | Job title: | Senior Contract Manager | | | | | | | | | |
|  | Date | 15/08/19 | | | | | | | | | |
|  | Reported to |  | | | | | | | | | |