

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: Listening Ear SY&B Service Specification		
1.2	<table border="1"><tr><td>Project Lead: Anne Hazlehurst</td><td>Contact Details: Anne.hazlehurst@nhs.uk</td></tr></table>	Project Lead: Anne Hazlehurst	Contact Details: Anne.hazlehurst@nhs.uk
Project Lead: Anne Hazlehurst	Contact Details: Anne.hazlehurst@nhs.uk		
1.3	This activity /project is: Project		
1.4	Describe the activity/project <p>The South Yorkshire & Bassetlaw Integrated Care System (SY&B ICS) has identified Mental health as key priority. People experiencing bereavement during the COVID-19 period may require extra support regardless of the reason for the bereavement due to the impact of the current situation and restrictions.</p> <p>As part of the bereavement support pathway development across SYB a decision has been taken to work together to pilot the bereavement support service to ensure that all people who are bereaved SYB have timely access to a support service. A Listening Ear SYB ICS bereavement support task and finish group has been established to support this area of work and monitor the effectiveness of the pilot of SYB wide bereavement support in the coming months</p> <p>This EIA is to support the decision-making around the pilot with Amparo to provide a consistent and accessible support service to those who are bereaved across Sheffield, Barnsley, Bassetlaw Rotherham and Doncaster. This Service will provide emotional and practical support for people who have been bereaved, to support their recovery and to prevent adverse outcomes, reduce their distress and to prevent adverse outcomes.</p> <p>This is an extension of the current Suicide Bereavement support service which is delivered by the same provider across the same footprint</p>		
1.5	Timescales The service will be available to access from April 2020 to June 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. <p>It is widely acknowledged that service provision has been patchy to date across the ICS footprint. This service will ensure a consistent pathway across a wider geographical footprint.</p> <p>The access criteria allows for people who live or work in Barnsley, Rotherham, Bassetlaw Sheffield and Doncaster to access the service.</p> <p>The following local outcomes have been identified by the SYB ICS task and finish group in relation to this Service:</p> <ul style="list-style-type: none">• A consistently offer of high quality support available in all local places• An increase for individual well-being and community resilience• A reduction in the distress of people bereaved
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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: <i>At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.</i>
	Human Rights	N	Y	N	
	Age	Y	N	N	The Service is for people aged 11 or over
	Carers	N	Y	N	
	Disability	Y	N	N	The Service will provide information NHS England's Accessible Information Standard. The Service will provide access to an interpreter (including British Sign Language) or advocate if needed.
	Sex	N	Y	N	
	Race	Y	Y	N	The Service will be accessible to people who do not speak or read English
	Religion or belief	Y	N	N	The Service will be culturally appropriate.
	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	<p>What is the level of service change? – see diagram 3 above</p> <p>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.</p> <p>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</p>				

	<p>Circle or highlight the appropriate level of service change</p> <p>Level 2</p> <p>Add additional information and rationale for this scoring below</p> <p>Within the NHSE criteria as set out above, the level of engagement required is level 2 Minor Change</p>
3.2	<p>Who are your stakeholders?</p> <p>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</p> <p>The organisations that will help develop and steer the pilot are:</p> <ul style="list-style-type: none"> • The current Listening Service delivered by Amparo • Public Health Departments of Rotherham Metropolitan Borough Council, Doncaster Metropolitan Borough Council, Barnsley Metropolitan Borough Council and Sheffield City Council. • Bassetlaw Clinical Commissioning Group • Rotherham Clinical Commissioning Group as the lead commissioner <p>In addition there are a wide range of front-line organisations across the ICS that might refer, sign-post or engage with/to the service. These include:</p> <ul style="list-style-type: none"> • General Practices/Primary Care Networks • Registrars • Funeral Directors • Voluntary/community organisations
3.3	<p>What do we already know?</p> <p>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.</p> <p>As of 11 May 2020 just over 32,000 people had died from COVID-19. For North East England and Yorkshire the figure was just over 9,000 deaths. It is also now widely acknowledged nationally that deaths from COVID-10 have been particularly high for those people of BAME and therefore supporting these communities through their grief will be important.</p> <p>For England and Wales the five year average number of deaths based on 24 April was 10,458. There was an increase of 11,537 excess deaths for 24 April 2020, a total of 21,997.</p> <p>The restrictions during the COVID-19 period regarding being with someone at the end of life stage and funeral attendance will have an impact on the bereavement and grief process. Not being able to access traditional forms of face to face support will have an impact on mental health.</p> <p>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?</p> <p>How will the insight available to you help to inform your decision?</p> <p>A significant level of engagement has taken place to support the development of the pilot so far:</p> <p>Briefly describe how the existing or proposed engagement will be 'fair and proportionate', in relation to the activity?</p> <p>An engagement and communication plan has been developed promote and raise awareness of the service.</p>

	<p>The Service specification requires the Provider to ensure the Services is available and accessible for the people who are entitled to receive the support, in line with the Equality Act 2010 and with regard to the duty to reduce health inequalities under the Health and Social Care Act 2012. The Provider will need to take into account the different and diverse communities across the SYB ICS areas when developing the service response.</p> <p>Black males and females are 1.9 times more likely to contract COVID-19 than white ethnic groups. Male Bangladeshi and Pakistani are 1,8 times more likely, females are 16 times per likely.</p> <p>Contract monitoring arrangements will require the service provider to include case studies for each area to highlight individual's journeys and demonstrate areas where the service is making a difference as well as any challenges.</p>
3.4	<p>Reaching out to overlooked communities</p> <p>Are additional arrangements for patient and public involvement required for this activity and in particular will you ensure that 'seldom-heard' groups, those with 'protected characteristics' under the Equality Act, those experiencing health inequalities are involved</p> <ul style="list-style-type: none"> • Seldom-heard groups Yes/No • Nine Protected Characteristics Yes/No • Health inequalities Yes/No <p>If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups</p> <p>No additional engagement is planned at this stage</p> <p>Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?)</p> <p>Each local authority has provided details of their translation services for the provider to access as required.</p>
3.5	<p>What resources do you need for this?</p> <p>Consider the sections above</p> <ul style="list-style-type: none"> • The timescales • The need to reach overlooked communities • Accessible materials • Gaps in knowledge <p>No additional resources have been identified as being needed at this stage.</p>
4	<p>Feedback and Evaluation</p>
4.1	<p>How will you use the feedback – who does it need to be shared with?</p> <p>The feedback and evaluation of this initiative will be considered by the ICS Bereavement Group, who will use it to inform their future commissioning intentions.</p>
4.2	<p>Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.</p> <p>Information collected will be used to:</p> <ul style="list-style-type: none"> • inform the future commissioning intentions of each of the ICS areas • Provide greater insight into the future model of delivery i.e. number of sessions people access, duration of sessions etc. • Identify the level of demand in each of the ICS areas and at an ICS level
4.3	<p>How will the outcomes of participation be reported back to those involved?</p> <ul style="list-style-type: none"> • Weekly and monthly monitoring will be shared with the leads from each area

	<ul style="list-style-type: none"> Evaluation report will be shared and considered by each of the ICS areas 				
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 service offer will be closely monitored through weekly reports to help understand the accessibility of the model.				
5	Engagement and Equality Impact Plan				
	Action	Approx. Timescale	Lead	Deadline	Comments/ progress
6	Form details				
	Completed by:	Anne Hazlehurst			
	Job title:	Senior Contract and Service Improvement Officer			
	Date	6.5.2020			
	Reported to				