NHS
Liverpool
Clinical Commissioning Group

Report no: (sec to insert)

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
GOVERNING BODY

13 October 2015

Title of Report	Governance for Public and Patient Engagement and Experience and Equalities (PPEE/E&D)
Lead Governor	Maureen Williams, Dave Antrobus
Senior Management Team Lead	Carole Hill, Head of Communications & Engagement / Derek Rothwell, Head of Contracts
Report Author	Sarah Dewar, Third sector & Sustainability Lead
Summary	The purpose of this paper is to propose updated governance arrangements for PPEE and equalities which address risks to the CCG from the current reporting and accountability around these statutory duties including recommendations arising from the MIAA report into patient experience.
Recommendation	That Liverpool CCG Governing Body: ➢ Notes the contents of the report ➢ Agrees the revised governance and reporting arrangements and enabling actions ➢ Reviews the process in 2 years time.
Impact on improving health outcomes, reducing inequalities and promoting financial sustainability	Effective use of PPEE and equalities information improves the quality of services and empowerment of patients, leading to reduced inequalities and greater value from investment.
Relevant Standards or targets	Health and Social Care Act – duty to involve Equalities Act – PSED

GOVERNANCE FOR PUBLIC AND PATIENT ENGAGEMENT AND EXPERIENCE (PPEE) AND EQUALITIES

1. PURPOSE

This report proposes updated governance arrangements for Public and Patient Engagement and Experience and Equalities (PPEE/E&D). The proposals in this report are to put in place procedures and reporting arrangements which will enable NHS Liverpool CCG (CCG) to meet its statutory obligations in these areas, manage associated risks, meet MIAA audit report recommendations (December 2013) and to provide assurance to the Governing Body.

2. RECOMMENDATIONS

That Liverpool CCG Governing Body:

- Notes the contents of the report
- Agrees the revised governance and reporting arrangements and enabling actions
- Reviews the process in 2 years time.

3. BACKGROUND – STATUTORY DUTIES

LCCG is legally required to involve patients and members of the public in developing policies, planning, designing, commissioning and de-commissioning of services for the prevention or diagnosis of illness in the patients, or their care or treatment and to demonstrate how their views have influenced decisions.

LCCG is also required to publish the processes involved in meeting involvement and equalities duties and to have an effective audit trail of decision making in these matters. The current system present risks to the organisation around legal challenge which this paper aims to manage.

Clinical Commissioning Groups have the following statutory duties in the Health and Social Care Act 2012 as regards engagement:-

- involving individuals in their own care and in having patient choice
- making arrangements to secure that individuals, to whom the services are being or may be provided, are involved:-
  - in the planning of the commissioning arrangements by the CCG,
  - in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the

services are delivered to the individuals, or the range of health services available to them, and
  - in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- reporting on these activities annually

Citizen engagement is also one of the six characteristics of a sustainable health and care system and is one of the four tests for major service change and reconfigurations.

Liverpool City Council (LCC) has a health scrutiny function and NHS Liverpool CCG is required to provide information to enable this function.

The Equality Act 2010 and the public sector Equality Duty (PSED) requires public bodies to have due regard to:-

- Eliminating discrimination, harassment & victimisation - identifying areas which may treat one group less favourably than another group when providing a service
- Advancing equality of opportunity - 'Life's chances' – advancing opportunity is essential creating conditions which most people take for granted and yet others because of their protected characteristics may be treated less favourable or excluded
- Fostering good relations between different groups and people - working with different people and communities to increase inclusivity and mutual understanding

An equality analysis is the ongoing process by which LCCG can assess potential risk of discrimination & breach of the Equality Act 2010. This assessment assists LCCG, to identify, at stages in the process, any equality implications that may need further review, consultation or development and help make an open and transparent process.

4. CURRENT SITUATION

In 2014 LCCG Governing Body approved a process for planning Engagement (incorporating Equalities analysis) an updated version of which is included as Appendix A. This process seeks to ensure that PPEE are included in any change plans from the earliest point. Programme leads are now using this and the planning tool has been included in the investment planning process.

Once an engagement plan has been agreed by the relevant programme group/ manager, the Patient and Public Engagement and Experience group assess proposals for quality and risk. This group is Chaired by LCCG Governing Body lead for Engagement and includes other representatives of LCCG Governing Body, Healthwatch, LCC and volunteers. Engagement and equality plans which are assessed to present a higher risk (those which are likely to elicit strong viewpoints, or attached to a legal challenge for example) were escalated for consideration at the former Primary Care Committee and ultimately to LCCG Governing Body. The intention of this was to ensure Governing Body awareness and an appropriate audit trail of how engagement has affected decision making, which is the legal requirement. Following an engagement, a report of the findings and implications for equalities is produced. This required full consideration by the appropriate programme group and again for some topics, by the Governing Body.

Recent changes to Primary Care Committee and Healthy Liverpool governance have created a need to review arrangements. Also, as our engagement processes have become more developed, we are anticipating a range of good quality feedback from a number of live engagements and it is timely therefore to ensure that the processes are in place to ensure that LCCG can maximise the benefit of this information to lead service improvement and to mitigate risks which arise from making commissioning decisions. Having in place and adhering to an appropriate process is the most important element in safeguarding against successful legal challenge in this area.

In addition, while many of the recommendations of the MIAA report into Patient Experience (included in Appendix B) have been addressed by the engagement planning process, issues around triangulation of data and visibility of patient experience at Governing Body level, remain outstanding issues to address.

5. PROPOSALS

A revised internal process is proposed which will have the following benefits:-

- Ensure LCCG GB has oversight and ownership of PPEE and equalities intelligence
- Manage risks associated with PPEE and equalities analysis by establishing clear processes that enable good decision making and effective audit trails

Processes Proposed

1

Relevant HLP Programme Board or Business as Usual Programme Group - make decision on scope and proposal and whether to go out to engagement / formal consultation, with input from Engagement team.

2

Programme Manager and Engagement Team -

develop Engagement Plan and equalities assessment.

3

PPEE group - assess engagement plans prior to the engagement and these are reported, in accordance with the appropriate topic and the appropriate level of risk, to:-

- HLP Programme Board for transformation areas
- Relevant Programme group – eg Urgent Care/Alcohol for service improvement
- Quality Safety and Outcomes Committee
- Local Authority Scrutiny / NHS England as appropriate

4

Relevant HLP Programme Board or business as Usual Programme group - formally consider feedback from engagement and equalities analysis before making commissioning decisions in line with CCG governance. Decisions are taken in the light of PPEE and equalities information and accurately recorded. Where the engagement report and/or equalities analysis raises an issue, the decision taken and explanation for it must be clearly recorded.

5

Relevant HLP Programme Board or Business as usual Programme group –
report outcome of decisions and / or recommendations for decisions to PPEE and HLP Board and Quality Safety and Outcomes Committee.

6

Social value and engagement team - PPEE and equalities reporting and decision-making will be published on the website in accordance with statutory requirements and shared with participants and stakeholders.

A. ENABLING ACTIONS TO FACILITATE PROCESS

1. Review how PPEE and equalities are reflected in the corporate risk management process.
2. The PPEE Group reports to Quality Safety and Outcomes Committee (QSOC).
3. Formalise the role of programme groups, Healthy Liverpool Programme Boards and HLP Board and QSOC regarding PPEE/E&D by including the requirement within the terms of reference.
4. Ensure understanding of legal implications and duties regarding PPEE/E&D by members of these groups, providing training.
5. Agree for amendments to committee, programme board and governing body papers which will ensure engagement, equalities and social value are considered in every report.
6. Analysts to complete their work developing a dashboard which draws together patient experience from a number of sources including Trust reports, complaints, GP complaints, Patient Opinion and Healthwatch and to produce a report which highlights key issues / themes or changes, to each PPEE group meeting and to QSOC.
7. Include on the GB agenda at least 4 times a year an item for PPEE/E&D which would be a joint item for LCCG Governing Body Engagement Lead and Healthwatch (see Table 1 below). This completes the audit trail and in a strategic way responds to the MIAA recommendation to ensure patient experience is visible at Governing Body level. Healthwatch Liverpool is in agreement with this approach, which enables coverage of statutory PPEE and also unsolicited patient engagement themes or issues.

   The item on the agenda would be utilised flexibly according to need and be either verbal or written report as required for recording of decisions. This approach would enable the relevant elements from Table 1 below to be included as required.

TABLE 1

What	Why
Summary report of planned engagement activity highlighting those higher risk proposals.	Ensures Governing Body are aware of issues going into public realm for engagement and are aware of higher risk topics and key issues in these. Provides opportunity for Governing Body input/decision if required and organisational awareness of issues seeking public views. Provides audit trail for decision making.
Summary report of findings of engagement activities with items of note being reported in more depth. Can include video/audio and other material as well as written reports as appropriate.	Ensures Governing Body are aware of public response to issues and any implications arising from feedback. Enables input / decisions from Governing Body relating to any changes or implications arising from the feedback and equalities assessments. Ensures there is a clear audit trail for the process. Reports need to be displayed on the website to meet our obligations for public sector equality duty and involvement. Healthwatch are in agreement that this should be more visible at Governing Body.
Patient Experience Report which summarises key issues / themes arising from many sources of patient experience data including the quality data feedback from Trusts and the new Patient Opinion system we are introducing across the health economy etc.. Healthwatch already contribute to the Engagement and Experience group and would also contribute to this slot eg with any hot topics and special reports and general feedback they receive etc. Potential to pull out stories from Patient Opinion to highlight examples of real experiences and how Trusts have responded. We could provide these according to a theme of interest to the Governing Body for eg or relating to a common issue, or report trends on how many negative issues etc..There is a wealth of data here.	Ensures visibility of patient experience to ensure this remains at the forefront of leading decision making in the governing body and is transparently given priority. Addresses MIAA recommendation. Healthwatch are in agreement that this issue would be a welcome addition to the agenda and that they would support delivery.
Creative responses – many of our community partners are gathering experiences and telling stories in innovative ways and once a quarter / at the AGM etc space would be given to enable these perspectives to be shared.	Demonstrates clear commitment to hearing diversity of voices and brings issues alive in more meaningful ways. Meets MIAA requirement.

6. CONCLUSIONS AND RECOMMENDATIONS

The proposals set out in section 5 of this report are felt to be a useful way to address the gaps which have been identified in process and to effectively manage risk and provide assurance to the Governing Body. It is particularly important to ensure these processes are embedded as the pace of change for Healthy Liverpool moves ahead. Issues regarding ensuring equalities duties are met by commissioned services have also been raised by these processes and will be picked up in the next equalities report due autumn 2015.

RECOMMENDATIONS

That Governing Body:

- Notes the contents of the report
- Agrees the revised governance and reporting arrangements
- Reviews the process in 2 years time.

APPENDIX A

Engagement and Equality Planning Process and Risk Assessment

Who is this document for?

NHS Liverpool CCG members and staff, patients and volunteers.

Engagement Duties

LCCG wants and is legally required to involve patients and members of the public in developing policies, planning, designing and commissioning services and to demonstrate how their views have influenced decisions. Clinical Commissioning Groups have the following statutory duties in the Health and Social Care Act 2012 as regards engagement:-

- involving individuals in their own care and in having patient choice
- making arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) –
    a) in the planning of the commissioning arrangements by the group,
    b) in the development and consideration or proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals, or the range of health services available to them, and
    c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an implementation of the decisions would (if made) have such an impact.
- reporting on these activities annually

Citizen engagement is also one of the six characteristics of a sustainable health and care system and is one of the four tests for major service change and reconfigurations, guidance on this here…

www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf

General guidance on participation is available at…

www.england.nhs.uk/2014/03/13/pat-pub-participation/

Equality Duty

The public sector Equality Duty (PSED) requires public bodies to have due regard to:-

- Eliminating discrimination, harassment & victimisation - identifying areas which may treat one group less favourably than another group when providing a service
- Advancing equality of opportunity - 'Life's chances' – advancing opportunity is essential creating conditions which most people take for granted and yet others because of their protected characteristics may be treated less favourable or excluded
- Fostering good relations between different groups and people- working with different people and communities to increase inclusivity and mutual understanding

An equality analysis (incorporated into this document) is the ongoing process by which LCCG can assess potential risk of discrimination & breach of the Equality Act 2010. This assessment assists LCCG, to identify at stages in the process, any equality implications

that may need further review, consultation, or development and help make an open and transparent process.
For EIA purposes, the test concerns people and groups who have the following protected characteristics, under the Equalities Act 2010:

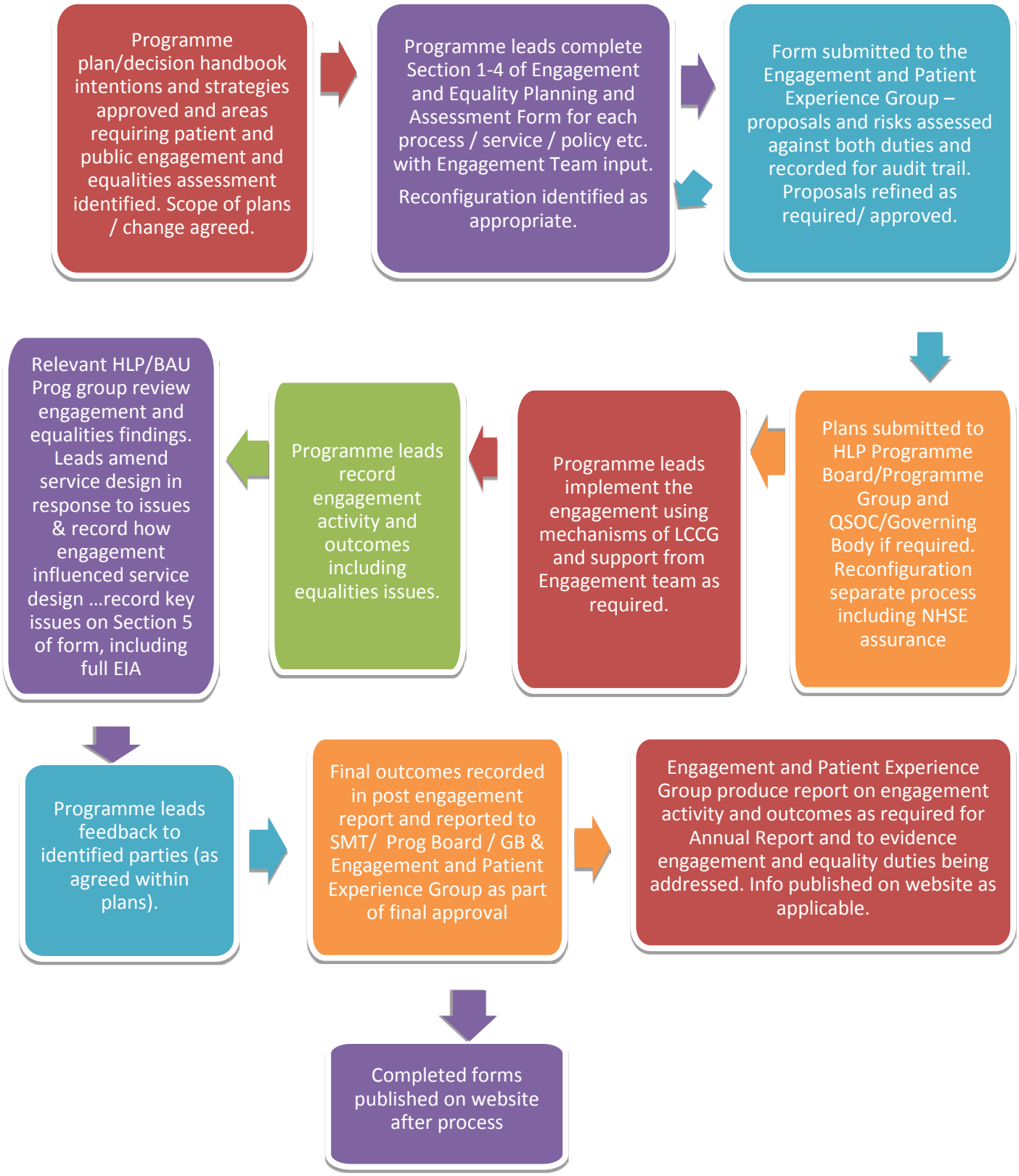
- Race
- Age (young and Old)
- Sex (gender)
- Disability
- Religion and belief
- Sexual orientation
- Trans gender

This document incorporates EIA / EA and engagement planning and is the method LCCG uses to demonstrate meeting both duties. The equalities duty is a process and acts like book ends prior to a decision being taken.
When does the PSED apply? If the PSED applies to a project, then it is said to be 'engaged'. This means that certain activities must take place and be reported on before any final decision to implement a programme is made. In most cases, where projects involve delivering services to people, the PSED will apply and so it is 'engaged'. Where a manager or project officer thinks that the PSED does not apply and is therefore 'not engaged' an explanation of ***why this is the case*** still has to go to the decision makers as they still have to pay 'due regard' to PSED. The audit trail for this is important if the CCG is challenged.

How does this document help me?
Healthy Liverpool is about transformation to improve outcomes. Business as usual is about continuous improvement. Patient and public participation in the design and delivery of policies and services is vital to making changes that will be effective and will support empowering patients and communities to be actively involved in improving health.
This assessment will help plan how to achieve public and patient participation, ensure E&D issues are built into planning early and so meet our duties in both these respects and develop meaningful engagement that is able to improve outcomes. The earlier public and patients can be involved the better. Levels of involvement will vary according to what is being looked at and this guide should help determine what you need to do that is appropriate. If you can involve a few members of the public in scoping out the situation early on, they could support you to sense check proposals and provide appropriate input throughout the process making wider engagement later easier for everyone. We have a volunteer programme that can support this so ask the Engagement Team.
This assessment for engagement and equality is intended to be completed by the relevant CCG staff lead, with input from clinical and engagement leads as appropriate. The assessment is best completed as early in the process as possible. It then needs be taken to the Patient Engagement Group for discussion and input, where possible again as early in the concept phase as possible.
What happens after the form is completed?

The engagement group will review proposals, assess and support in areas that require improvement and identify high risk issues which need to be brought to the attention of Primary Care Committee and/or Governing Body. An overview and risk assessment report will be completed by the engagement group at the end of the discussion and reported to Primary Care Committee. Documentation of this process provides the necessary governance for Equalities and Engagement Duties.
Following the engagement and final Equalities assessment the completed form either in its entirety or the majority of it will be published on NHS Liverpool CCG's website in accordance with requirements to publish equality impact assessments.

Flowchart for Engagement and Equality Planning & Assessment Process



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COMPLETE SECTIONS A-D AT THE START OF PROCESS AS A PLANNING TOOL	
NAME OF PROJECT:-	**Manager:**
SECTION 1 - Background and Purpose	
1. Details of the service / provision - Describe clearly the current situation	
Managers Answer:	**Engagement groups comments:**
2. What is being considered? eg Policy? Service redesign? Patient information? Change of service? Change of service location/access? Removal of service? Change of provider? Define what is in scope and what is out of the scope of the engagement.	
Managers Answer:	**Engagement groups comments:**
3. Why is this being considered? eg transformation programme? End of contract? In response to an issue? **State what is the legitimate aim** of the service change / redesign i.e.: - Demographic needs and changing patient needs changing - Increase referrals - Value for money - areas of improvement and potential gaps in service identified by…. If it is responding to patient or other input please list who, how and when the issues came to light.	
Managers Answer:	**Engagement groups comments:** NB legitimate aim is legal requirement
4. What is the benefit to the patient/public that is expected from the change? How does this respond to JSNA or other needs/opportunities? What options for improvement have been considered? What is the evidence for the approach?	
Managers Answer:	**Engagement groups comments:**
5. What are you trying to achieve by engaging with people - what are the engagement objectives..?	

EG Informing those affected of a determined change? Influencing the change itself? Understanding how to address equalities issues? Be clear about what people can influence. Can the process / plans change as a result of the feedback and if so how much?	
Managers Answer:	**Engagement groups comments:**
6. Who is involved in planning the engagement? Is there an ongoing interest group involved? Clinicians, voluntary sector etc… (NB ask engagement re volunteers to get input as early as poss in process).	
Managers Answer:	**Engagement groups comments:**
7. What patient insight/research/experience data is there already available? Have patients been involved so far? Or in the last year? What does this insight tell us? Are there relevant patient groups or other networks that exist – eg Breathe Easy. **What evidence regarding equality issues exists?**	
Managers Answer:	**Engagement groups comments:**
Assessment of Background and Purpose proposals **1= Not clear needs a lot of further work** **2 =Some issues need more clarity** **3 = Clearly thought out and planned**	**SCORE =**
SECTION 2 - Gauging Impact, Scale and Risk	
1. Who is affected by what is being considered? Patient groups / Carers / Community members / Staff / Providers, Other professional stakeholders, Geography – eg location of service or access by a specific geographic community? Others?	
Managers Answer:	**Engagement groups comments:** NB this section legal duty

2. Equality Pre-Assessment

Is the service specifically designed to serve people with one or more protected characteristic*? Eg for deaf people

Review evidence regarding possible detriment to the following groups. **List effects of this change against each of the groups with protected characteristics* and whether any may be discriminated against (must consider directly and indirectly) or particularly affected by the change? (Duty to prevent this – see below and p13 for definitions)**

Might any vulnerable groups be particularly affected /disadvantaged?**

Managers Answer:

If yes - describe issue

		Discrimination?	Equality of Opportunity-life chances?	Foster good relations?
i.Race*	Y/N			
ii. Age*	Y/N			
iii. Sex*	Y/N			
iv. Disability*	Y/N			
v. Religion and belief*	Y/N			
vi. Sexual orientation*	Y/N			
vii. Gender reassignment*	Y/N			
viii. Marriage/civil partnership*	Y/N			
ix. Pregnancy and Maternity*	Y/N			
x. Homeless people**	Y/N			
xi. Single parents**	Y/N			
xii. People with learning difficulties**	Y/N			
xiii. Low incomes**	Y/N			
xiv. Addictions**	Y/N			
xv. Veterans**	Y/N			
xvi. Offenders**	Y/N			

Engagement groups comments: NB this section legal duty
3. How many people are affected? eg how many people currently use this service?, does it affect all over 16's or 2-3 people having a rare procedure or one neighbourhood population, or the whole city?

Managers Answer:	**Engagement groups comments:**
4. Is there a change to both the service and the location involved? If location change how will transport access be considered? Is a full accessibility assessment needed (available from Merseytravel - ask Sarah Dewar)	
Managers Answer:	**Engagement groups comments:**

5. Is the change proposed likely to elicit a variety of strong viewpoints? If no describe how you have decided this, and if Yes, describe in what way & by whom?		
Managers Answer:		**Engagement groups comments:**
6. What Scale and Proportion of Engagement is Appropriate? Assess what level of engagement activity is appropriate – guidance from CSU available. Significant changes will require approval at PCC / GOVERNING BODY level. Do LA safeguarding / scrutiny panels need to be involved? Reconfiguration requires NHSE involvement see guidance as p1. Please note here if this process is feeding into a wider service reconfiguration and forward this to lead for that service.		
Managers Answer:		**Engagement groups comments:**
7. Does this change present a minor, moderate or high risk to LCCG? Please describe why? This helps determine if it goes to committee or GOVERNING BODY etc..(both manager and engagement group complete this)	**Minor** **Moderate** **High** **Why…….**	**Minor** **Moderate** **High**
	Assessment of Impact Scale and Risk Proposals 1= Not clear needs a lot of further work 2 =Some issues need more clarity 3 = Clearly thought out and planned	**SCORE =**
SECTION 3 - Information and Communication		
1. What information is/needs to be available to communicate?		

How will what is being considered be described to people? Online/paper/face to face?
Information should include…

a summary; discussion of the issues; how it addresses health needs; benefits of what is being considered for patients/public, an
outline of options considered; relevant information already taken into account or known; assessment of impact on different groups- must include assessment and any mitigation proposed to eliminate negative impact/discrimination (see B2); assessment of risks of change, stakeholder involvement; transition plans; budgetary implications; contingency arrangements as appropriate; info on penalties for non-delivery and exit strategy; statement regarding availability of info in alternative formats; list of those being consulted; clear description of how responses will be used; proposed timetable.
Is info clear and appropriate for the audience? Is the language plain English? Are alternative formats needed? Identify each stakeholder group and map the different methods as appropriate to that group.
Is the rationale, evidence and benefit of what is being considered clear?

Managers Answer:	**Engagement groups comments:**

2. What are the key questions you are seeking views on?
These should relate to the objectives. Is it clear? Open not leading questions etc..

Managers Answer:	**Engagement groups comments:**

3. What level of response would you want to achieve in terms of engagement? And what output do you need?
Numbers of people / range of stakeholders / etc
What % of those that currently use the service?
Do you need qualitative / quantitative data or both? Think through who is going to use the feedback and what they will be looking for.

Managers Answer:	**Engagement groups comments:**

4. Capacity building…

Will any stakeholders need time/support to better understand the issues before they are able to input? How can this be built in to the process (links to information),

How can ongoing engagement with those interested and involved be achieved?

Data needs to be entered into corporate database and handled appropriately (eg consent for future use, electronic storage).

Managers Answer:	**Engagement groups comments:**

5. How will input and responses be sought? - online? Face to face? Via a third party – either their communication channels or groups? Paper based? Social media?

Wherever possible the engagement should be arranged through My NHS contact system– this is how the CCG will demonstrate it has met its duties and is a very important part of process…

Managers Answer:	**Engagement groups comments:**

6. Does this method/s exclude or adversely affect anyone?

Will anyone not be able to take part? eg if all on-line. May the engagement itself distress anyone with protected characteristics* or any vulnerable groups**(see B2) eg someone affected by service/ bereavement.

If so what support can be put in place?

Managers Answer:	**Engagement groups comments:**

7. Test the process – eg if it is a survey, test it with someone who is not involved in the process, see if the language is clear on a poster etc….describe here how you will do this..

Managers Answer:	**Engagement groups comments:**

8. Communications Channels How will the opportunity to input be made known to people? What is the communication plan? Think about the audience and where they will receive information / places they will be / trusted information sources for them eg charity / workplace / community networks / support groups… Consider whether anyone would be excluded by the chosen channels	
Managers Answer:	**Engagement groups comments:**
Assessment of Information and Communication Proposals 1= Not clear needs a lot of further work 2 =Some issues need more clarity 3 = Clearly thought out and planned	**SCORE =**
SECTION 4 - Understanding & Using Input Received	
1. How will responses be analysed? Who is responsible for receiving info? Who is responsible for analysing responses and reporting on this? If major reconfiguration an independent analysis of findings is recommended. Advice from CSU can be sought if unsure. What process will be used for utilising feedback that wasn't expected – eg about a different programme area	
Managers Answer:	**Engagement groups comments:**
2. How will responses be used? Will a group need to convene to review responses and decide how to incorporate? And who will document this? A report must be written which describes the engagement process and responses. Ensure equalities implications and responses from vulnerable groups and people with protected characteristics are recorded, action to address defined, included in specification, shared with relevant providers and that this process is transparently reflected and recorded in documentation and final reports.	
Managers Answer:	**Engagement groups comments:**
3. How will responses, and how they have been used, be fed back to participants and wider community?	
Managers Answer:	**Engagement groups comments:**

4. Timelines When do you need the responses in order to be able to analyse them, consider how to incorporate them and use them to change the final proposal? How long will the engagement process take to give everyone a fair chance to get involved? CSU can advise. How will changes be followed through and shared with relevant partners/providers	
Managers Answer: Planning the engagement From……..to…… Conduct the engagement From…….to…….. Close the engagement…….. Analyse responses…….. Incorporate responses into final decisions…….. Write up response analysis and how this has changed the final decision (must include Equality assessment, response and mitigation)…….. Feed back to engagement participants / wider community…… Feedback to providers / other partners…….. Provision for advancing equality and engagement……	**Engagement groups comments:**
Assessment of Understanding and Using Input received Proposals 1= Not clear needs a lot of further work 2 =Some issues need more clarity 3 = Clearly thought out and planned	**SCORE =**
ASSESSMENT OF ENGAGEMENT AND E&D PLANS **Completed by engagement group**	
1. Background and Purpose **2. Impact Scale and Risk** **3. Information and Communication** **4. Understanding and Using Input** **Refer up to PCC if moderate/high risk** **Scores of 6/12 or less = proposal comes back to engagement group** **Scores 7/12 and above, refinements to be made by manager with engagement support**	**Score =** **Score = Level =** **Score =** **Score =** **TOTAL SCORE = ?/12** **YES / NO**
OVERALL COMMENTS	

I confirm that the engagement plan has been updated and reflects the comments of the group and the considered level of risk **Signed……Dave Antrobus, Lay member NHS Liverpool CCG, Lead for Engagement.**

COMPLETE SECTION E. FOLLOWING THE ENGAGEMENT PROCESS

A. Post Consultation Report and Final Equality Impact Assessment	Must be submitted to SMT /Committee/Governing body as part of final approval and sent to Engagement lead for records and publishing on website	

1. Describe the change now being proposed following equalities considerations and engagement activity.

Managers Answer:	**Engagement groups comments:** NB this section legal duty

2. Is the service specifically designed to serve people with one or more protected characteristic*? Eg for deaf people

Managers Answer: Y/N – if yes describe	**Engagement groups comments:** NB this section legal duty

3. Equality and Diversity Duty – Full Equalities Assessment
In the table indicate for each protected characteristics*/vulnerable groups**(B2) any possible detriment identified in further research and/or through the engagement.
Are any vulnerable groups particularly affected /disadvantaged?**

Managers Answer:

		Mark which groups are affected and for those which are - state how and what the issues are that were identified.	
i.Race*	Y/N		
ii. Age*	Y/N		
iii. Sex*	Y/N		
iv. Disability*	Y/N		
v. Religion and belief*	Y/N		
vi. Sexual orientation*	Y/N		
vii. Gender reassignment*	Y/N		
viii. Marriage/civil partnership*	Y/N		
ix. Pregnancy and Maternity*	Y/N		
x. Homeless people**	Y/N		
xi. Single parents**	Y/N		
xii. People with learning difficulties**	Y/N		
xiii. Low incomes**	Y/N		
xiv. Addictions**	Y/N		
xv. Veterans**	Y/N		
xvi. Offenders**	Y/N		

Engagement groups comments:

NB this section legal duty

4. Equality and Diversity Duty –

A) Describe the issues identified for protected characteristics*/vulnerable groups**(B2) List who was involved in the engagement reflecting these groups? What solutions were identified as possible mitigation?
B) What action has been taken to remove the discrimination /disadvantage,
C) advance equality of opportunity and
D) foster good relations?
E) Describe how these requirements have changed service design / specification? List the recommendations to ensure proposal meets PSED , demonstrate why does/ doesn't meet Equalities Act 2010.
F) How will impact be monitored? Include a timeline showing who is responsible for what, when.

Managers Answer:	**Engagement groups comments:**
A) List which Groups were involved in the consultation reflecting those identified above. B) List the solutions identified to mitigate the detriment C) How is discrimination to be eliminated…? D) How is equality of opportunity to be advanced…? E) How are good relations between different groups to be fostered..? F) How will the impact be monitored? By whom and when?	NB this section legal duty

5. Knowledge and learning

What were the main findings from the engagement that aren't relating to equalities? How have plans been amended in response to issues raised?

Managers Answer:	**Engagement groups comments:**
	NB this section legal duty

6. Feedback

Have you feedback to respondents and the wider community on the outcome of the engagement and how their involvement has been incorporated into final decision making. If you included in decision making you will need to explain why.

Managers Answer:	**Engagement groups comments:**

7. Specifications and Delivery

How you can build ongoing public and patient engagement and equalities duties into specifications for providers, along with opportunities for volunteering, peer support etc..(see social value strategy)…

Managers Answer:	Engagement groups comments:

8. Procurement Consider how those involved in the engagement or in relevant groups could support the commissioning – assisting in final specification drafting, procurement and selection, contribute to programme groups and in monitoring delivery etc… so participation is an ongoing process.	
Managers Answer:	**Engagement groups comments:**

B. ASSURANCE and REPORTING	
PROJECT LEAD – include all engagement and equalities considerations and actions in any reports regarding change and seeking decisions.	**YES/NO**
CCG ENGAGEMENT AND EQUALITIES LEAD/S -	
Recommend report to SMT / PCC	**YES/NO**
Recommend report to Governing Body	**YES/NO**

DEFINITIONS

*__Groups with legally protected characteristics__ - Race, Age, Sex, Disability, Religion and belief, Sexual orientation, Gender reassignment, Marriage/civil partnership, Pregnancy and Maternity

**__Vulnerable Groups__ - Homeless people, single parents, people with learning difficulties, low incomes, addictions, veterans, offenders…

Direct Discrimination - when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have, or because they associate with someone who has a protected characteristic. Associative Discrimination is direct discrimination against someone because they associate with another person who possesses a protected characteristic. Perceptive

Discrimination is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess the characteristic.

Indirect Discrimination -Indirect Discrimination can occur when you have a condition, rule, policy or even a practice in your organisation that applies to everyone but particularly disadvantages people who share a protected characteristic.

APPENDIX B – MIAA Patient Experience Report Recommendations December 2013

Detailed Recommendations

1. Board Reporting

Issue Identified – The Governing Body is not fully and continually informed regarding current ground level patient experiences.

Risk Rating – Medium

Specific Risk – No consistent and formal reporting of patient stories to the Governing Body and the QSOC.

Recommendation- A robust programme to communicate patient stories to the Governing Body Board Meeting should be implemented. This process should be adapted to ensure that there are various communication paths in place to suit the persons preferred method of communication e.g. via DVD recording, letter or 'face to face'. This would help patients feel that they are being actively listened to and that their opinions and feedback is valued.

Management Response (Remedial Action Agreed) – Agreed. LCCG will receive case studies from providers/patients to report to the board. These could be reported from our providers whom we know have patient stories presented at their Board. It was also agreed that we should receive stories from our PPG's and locality forums, present findings and outcomes that have been implemented to the Board.

Responsibility for Action – Jane Lunt and Cheryl Mould

Deadline for Action – Implement from February 2014 and have ongoing process with programme being reported to the Board bi-monthly.

2. Reporting Structure

Issue Identified – Lack of established, continuous and evidenced, patient experience reporting structures from the ground level to the Board.

Risk Rating – High

Specific Risk - Issues and negative patient experience trends are not promptly recognised, reported, triangulated and acted upon.

Recommendation –

i. The CCG needs to fully embedits newly documented patient experience/engagement reporting processes within the Committee structure.
ii. The Engagement Programme Team (EPT) should issue detailed progress reports to the QSOC.
iii. The Liverpool Patient and Public Service Engagement Group (LPPSEG) needs to be fully established.
iv. The LPPSEG needs to establish and agree terms of reference to set its objectives and direction.

Management Response (Remedial Action Agreed) – Patient experience will be captured and reported to the engagement group every 6 weeks including complaints, FFT response, and HealthWatch hub. This will then be fed up to Quality Safety & Outcomes Committee who will oversee with quality dashboard and triangulate all of the intelligence. We are also planning a development session on LPPSEG within January where we will agree TOR and objectives.

Responsibility for Action – Cheryl Mould

Deadline for Action –End of January 2014/on-going.

3 Triangulation of Patient Experience Data

Issue Identified – Whilst basic engagement feedback is beginning to be collated in some areas via REACT this must be expanded, triangulated and promoted to key staff to enable them to capture more detailed, wide ranging and regular patient experience data.

Risk Rating - Medium

Specific Risk - There is no consistent and regular triangulation of data for patient experience.

Recommendation –

i. Detailed triangulation of patient experience data, complaints and incidents would ensure that the collated data could be stored centrally and shared appropriately. Trends, actions and outcomes should be noted and negative

trends should be promptly acted upon to rectify problem areas.

ii. If the REACT system is not capable of delivering this recommendation a standard template or dashboard could be utilised by all those collecting patient feedback, complaints and incident data to ensure that all areas of the CCG are reporting the same categories of data. A red, amber, green (RAG) reporting system may be of benefit. If a combined patient experience, incidents and complaints spread sheet or dashboard is put in place, it can quickly flag up continued areas of concern as well as providing an easier way to monitor trends and progress.

Management Response (Remedial Action Agreed) – as above for Recommendation 2. Dashboard will be reviewed and will ensure that all aspects of patient experience are included.

Responsibility for Action – Jane Lunt Deadline for Action – February 2014

4. Website

Issue Identified – The list of GP Practices published within the CCGs website does not contain active GP Practice website links.

Risk Rating – Low

Specific Risk – Lack of public engagement with the PPG's.

Recommendations – Active links to all GP Practice websites could be added to the GP list published within the CCG's website to support quick and efficient access to details.

Management Response (Remedial Action Agreed) – LCCG agree with the recommendation Responsibility for Action – Cheryl Mould

Deadline for Action –End of January 2014

5. Patient Experience Lead

Issue Identified – There is no clear, active and publically named operational Patient Experience/Engagement lead who regularly communicates directly with the public at service user group meetings or in person on a one to one basis.

Risk Rating – Medium

Specific Risk – Lack of continuous 'ground level' public engagement with the CCG and its local objectives.

Recommendations –

i. A clear, named, active operational lead for Patient Experience/Engagement should be identified and published on the CCG's website. All staff should be informed.

ii. A patient engagement action plan with dates of service users groups meetings and nominated CCG lead attendees should be put in place.

iii. Nominated Patient Experience Champions could regularly visit service user groups.

iv. An on-line feedback form should be added to the CCG's website to encourage 'ground level' feedback; this should be received by the nominated Patient Experience Lead.

Management Response (Remedial Action Agreed) – Agreed. LCCG recognised there was no clear, identified lead. Dave Antrobus has agreed to be the lead and the internet has been updated. We are planning a half day event with various organisations to scope out the current groups etc. that we regularly communicate with. We will then develop an action plan with key principles and ways to communicate to ensure consistent messages are being presented. Patient engagement champions can then be identified. An online feedback form will be created.

Responsibility for Action – Cheryl Mould/Dave Antrobus
Deadline for Action –February 2014

Sarah Dewar
Third Sector and Environmental Sustainability Lead
30/09/15

ENDS