NHS
Wolverhampton
Clinical Commissioning Group

Equality Analysis Form

Name of Project/Review	**Primary Care Counselling Review**
Project Reference number	
Project Lead Name	**Ranjit Khular**
Project Lead Title	**Primary Care Transformation Manager**
Project Lead Contact Number & Email	*r.khular@nhs.net* *01902 442462* *07920 537528*
Date of Submission	
Version	**1**

Is the document:	
A proposal of new service or pathway	**[redacted]/NO**
A strategy, policy or project (or similar)	**[redacted]/NO**
A review of existing service, pathway or project	**YES[redacted]**

Who holds overall responsibility for the project/policy/ strategy/ service redesign etc
Sarah Southall, Head of Primary care
Who else has been involved in the development?
Sarah Fellows, Mental Health Commissioning Manager **Vic Middlemiss, Head of Procurement** **Primary Care Commissioning Committee Representatives** **Dr Gill Pickavance**

Equality Analysis Form

Section A - Project Details

Preliminary Analysis – *copy the details used in the scoping report*

The commissioner seeks to promote the well-being of individuals in the Wolverhampton community by providing accessible, quality counseling services for adults over the age of 18, utilizing a system that emphasizes trust, respect, confidentiality, and compassion.

There is evidence to suggest that counsellors working in primary care can reduce the overall cost of care by causing a decrease in the number of referral to psychiatrists, and ordering fewer prescriptions (Bower, 2000).

The CCG wishes to improve access to low level and preventative interventions that support patients to achieve a more optimal state of mental well-being in a less structured and more flexible way than is sometimes offered by statutory services providing psychological therapies as per IAPT models and guidance.

This service is commissioned in line with the national strategy '***No Health without Mental Health'* 2011**

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.

Patients have improved access to treatment, that is also suitable for their needs

GPs have improved access to treatment for their patients

Other local mental health programmes have a partnership with the provider so that referrals may be shared due to appropriateness of need

Section B – Screening Analysis

Equality Analysis Screening

Equality Analysis Form

Equality Analysis Screening
It is vital that the CCG ensures that it demonstrates that it is meeting its legal duty, as the responsible manager you will need to identify whether a Full Equality Analysis is required. A full EA will only not be required if none of the following aspects are identified and you are confident there is no impact. *E.g. 'This report is for information only' or 'The decision has not been made by the CCG' or 'The decision will not have any impact on patients or staff'. (Very few decisions affect all groups equally and this is not a rationale for not completing an EA.)*

Screening Questions	YES or NO
Is the CCG making a decision where the outcome will affect patients or staff? *For example will the project result in you making decisions about individuals in ways which may have a significant impact on them? e.g. service planning, commissioning of new services.*	Yes
If the CCG is enacting a decision taken by others, e.g. NHS England or Local Authority - does it have discretion to change, modify or mitigate the decision?	N/A
Is the board/committee being asked to make a decision on the basis that this proposal will have a consequential effect on any change? e.g. Financial changes	No
Will this decision impact on how a **provider** delivers its services to patients, directly or indirectly?	Yes
Will this decision impact on any third parties financial position (i.e. Provider, Local Authority, GP Practices)? *For example are you removing funding from theirs or any contract?*	No
If you have answered **NO** to **ALL** the above questions, please provide supporting narrative to explain why none of the above apply. (*Advice and guidance can be sought from the equality team if required).*	

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If the answer to ALL the questions in the screening questions is "NO", please complete the below section only and do not complete a full assessment.

Please forward the form with any supporting documentation to Blackcountry.Equality@ardengemcsu.nhs.uk

These initial assessments will be saved and retained as part of the CCG's audit trail. These will also be periodically audited as part of the CCG's Quality Assurance process and the findings reported to the Chief Nurse, PMO Lead and the CCG's Governance team.

Please ensure you are happy with the conclusion you have made, advice and guidance can be sought from: David.king17@nhs.net or Equality@ardengemcsu.nhs.uk

Sign Off / Approval (Section A and B)

Title	Name	Date
Project Lead		
Equality and Inclusion Officer		
Equality and Inclusion Comments		
Programme Board Review		
Programme Board Chair		

If any of the screening questions have been answered "YES" then please forward your initial assessment to David.king17@nhs.net or Equality@ardengemcsu.nhs.uk

And complete the next section of the Equality Form Assessment, once you are ready to request approval of the change from the appropriate approval board.

If you required any support to complete the FULL Equality form, please contact the Equality Manager.

The Completed EA will then require a final sign off as per section 10.

Section C - Full Equality Analysis Section

If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EA. An Equality Analysis is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated.

1. Evidence used *What evidence have you identified and considered in determining the impact of this decision e.g. census demographics, service activity data, consultation responses*
The evidence used in this analysis has been the demographics of the local population and the data on those that are suffering with mild to moderate levels of common mental health disorders, such as stress, depression and anxiety. The numbers of referrals to the Healthy Minds service, and feedback from General practices about the waiting times to access this service has also been referred to.

Corporate Assurance Impact	
State overarching, strategy, policy, legislation this review or service change is compliant with	The GP 5 Year Forward View the national strategy 'No Health without Mental Health' 2011
Will this review or service change fit with the CCGs Boards Assurance Framework Aim and Objectives? If yes, please indicate which ones *(see notes page for guidance)*	Yes
What is the intended benefit from this review or service change?	The aim of this service is to provide solution focused and supportive counselling to patients with very low level anxiety and depression related to life events within a primary care setting as an alternative referral source for people who do not meet the criteria for Wolverhampton Healthy Minds. The model enables counsellors to gain experience within a supportive, well

Equality Analysis Form

1. Evidence used *What evidence have you identified and considered in determining the impact of this decision e.g. census demographics, service activity data, consultation responses*	
	supervised, setting. The intended outcome is to improve well-being, and speed the recovery of patients, which will also release general practitioner consultations for other patients. The Primary Care Counselling Service currently will provide a number of solution- focused quality counselling interventions to patients.
Who is intended to benefit from the implementation of this review or service change?	The Primary Care Counselling Service currently will provide a number of solution- focused quality counselling interventions to patients. Specifically services include: • Counselling for Low Mood and Life Events, • Low level Cognitive Behavioural Therapy • Counselling interventions to support patients who have anger management issues / difficulties • Focused counseling for depression anxiety or life events
What are the key outcomes/ benefits for the groups identified above?	The provider will administer the following diagnostic tests at the beginning of the intervention to establish a baseline of the service users mental wellbeing: **PHQ9** which is a multipurpose instrument for diagnosing, monitoring and measuring the severity of depression **GAD7** which is a self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder **CORE 10** which is a generic, short, and easy-to-use assessment measure

Equality Analysis Form

1. Evidence used *What evidence have you identified and considered in determining the impact of this decision e.g. census demographics, service activity data, consultation responses*	
	for common presentations of psychological distress in UK primary care mental health settings. The provider will repeat the above tests at the end of the intervention as a means of measuring the progress made by the patient.
Will the review or service change meet any statutory requirements, outcomes or targets?	

2. Impact of decision *In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.*
2.1 Age *Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues.*
Capacity to interact with the service is taken into consideration by the service, for example age related illnesses such as dementia may affect patients ability to participate and benefit from the sessions **The provider is required to ensure that patients with different communication needs and potentially reduced capacity are able to access the service where possible. This will be done through a review of the individuals circumstances and support need prior to any sessions.**
2.2 Disability *Describe disability-related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/learning disabilities, cognitive impairments.*
Capacity to interact with the service is taken into consideration by the service, individuals ability to access the service and/ or participate in the sessions are taken into consideration by the service with reasonable adjustments made. **The provider is required to ensure that patients with different communication needs and potentially reduced capacity are able to access the service where possible. This will be done through a review of the individuals circumstances and support need prior to any sessions.**
2.3 Gender reassignment (including transgender) *Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment.*

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

There is no evidence to suggest that people identifying with any gender group would be negatively affected or experience any barriers but there will be sensitivities around this area that will need to be taken into consideration by the provider.

If an individual undergoing gender reassignment wishes to access this service, it should be reviewed as to whether they should access this service or be referred to specialist counselling services related to the gender reassignment pathway.

2.4 Marriage and civil partnership

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities.

There is no evidence to suggest that marital status affects access to this service.

2.5 Pregnancy and maternity

Describe any impact and evidence in relation to Pregnancy and Maternity. This can include working arrangements, part time working and caring responsibilities.

There is no evidence to suggest that pregnancy and maternity affects access to this service. Postnatal depression would be delivered by local Maternity services.

2.6 Race

Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures and language barriers.

There is no evidence to suggest that race affects access to this service.
There is access to interpreters available for any patient experiencing language barriers.
The service will pay due regard to cultural sensitivities.

2.7 Religion or belief

Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent and end of life issues.

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

There is no evidence to suggest that religion or belief affects access to this service. The service will pay due regard to cultural sensitivities.

2.8 Sex

Describe any impact and evidence in relation to men and women. This could include access to services and employment.

There is no evidence to suggest that sex affects access to this service. The service employs both male and female counsellors.

2.9 Sexual orientation

Describe any impact and evidence in relation to heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

There is no evidence to suggest that this group would be negatively affected but there will be sensitivities around this area that will need to be taken into consideration by the provider.

2.10 Carers

Describe any impact and evidence in relation to part-time working, shift-patterns, general caring responsibilities. (Not a legal requirement but a CCG priority and best practice)

Considerations have been made to try and mitigate any issues this group may have accessing the service, for example sessions are available in the evening and in various community based locations

2.11 Other disadvantaged groups

Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (migrants, asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse, victims of drug/alcohol abuse. This list is not finite. This supports the CCG in meeting its legal duties to identify and reduce health inequalities.

2. Impact of decision

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

Patients will need to be registered with a Wolverhampton GP to access the Primary Care Counselling Service

This service is for low level, mild mental health support, and may not be suitable for patients in certain circumstances or need. Specialist services, for issues such as domestic violence and substance misuse, are available through other providers.

3. Human rights

The principles are Fairness, Respect, Equality, Dignity and Autonomy.

Will the proposal impact on human rights?	Yes	☐	No	☑
Are any actions required to ensure patients' or staff human rights are protected?	Yes	☐	No	☑

If so what actions are needed? *Please explain below.*

The service is delivered in line with the NHS Constitution and under the terms of the NHS Standard Contract.. As a result the CCG ensures that the Human Rights of patients, their families and staff are protected/maintained. This is checked through Contract Management processes.

4. How will you measure how the proposal impacts health inequalities?

<u>The CCG has a legal duty to identify and reduce health inequalities.</u>

e.g. patients with a learning disability were accessing cancer screening in substantially smaller numbers than other patients. By revising the pathway the CCG is able to show increased take up from this group, this a positive impact on this health inequality.

4. How will you measure how the proposal impacts health inequalities?

The CCG has a legal duty to identify and reduce health inequalities.

e.g. patients with a learning disability were accessing cancer screening in substantially smaller numbers than other patients. By revising the pathway the CCG is able to show increased take up from this group, this a positive impact on this health inequality.

One of the cohorts of patients targeted through this service is those who experience stress, anxiety or depression as a result of having a long term condition or disability.

As part of the monthly reporting requirements the provider is expected to report on the numbers of patients with a long term condition or disability that are referred to the service and are accessing the service.

5. Engagement/consultation
What engagement is planned or has already been done to support this project?

Engagement activity	**With who?** *e.g. protected characteristic/group/community*	**Date**
Patient case studies	The provider routinely completes patient case studies that detail a patients' experience of using the service, how the intervention has supported them, and what the impact of accessing the Primary Care Counselling service has been for them.	Ongoing
Patient Outcome measures	Patients accessing the service complete 3 outcome measures on each occasion that they access the service	Ongoing
GPs	Prior to the start of the service the CCG engaged extensively with GPs on the design and delivery of the service.	

Please summarise below the key finding / feedback from your engagement activity and how this will shape the policy/service decisions e.g. patient told us, so we will…

5. Engagement/consultation What engagement is planned or has already been done to support this project?		
Engagement activity	**With who?** *e.g. protected characteristic/group/community*	**Date**
(If a supporting document is available, please provide it or a link to the document)		
Following the engagement with GPs on the design of the service, it was felt that GPs had represented the views of patients sufficiently for the service to commence. Feedback is now reviewed to ensure the service is fully meeting the needs of patients.		

6. Mitigations and changes *If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue.*

7. Is further work required to complete this EA? *Please state below what work is required and to what section e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability)*			
Work needed	**Section**	**When**	**Date completed**
e.g. Further engagement with disabled service users to identify key concerns around using the service.	*2 - Disability*	*June to July'17*	*September 2017*

8. Development of the Equality Analysis *If the EA has been updated from a previous version please summarise the changes made and the rationale for the change, e.g. Additional information may have been received – examples can include consultation feedback, service Activity data*

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Version	Change and Rationale	Version Date
e.g. Version 0.1	*The impact on wheelchair users identified additional blue badge spaces are required on site to improve access for this group.*	*26 September 2017*

9. Preparation for Sign off	
	Please Tick
1) Send the completed Equality Analysis with your documentation to Equality@ardengemcsu.nhs.uk and David.king17@nhs.net for feedback prior to Executive Director (ED) sign-off.	
2) Make arrangements to have the EA put on the appropriate programme board agenda	
3) Use the Action / version section to record the changes you are intending to make to the document and the timescales for completion.	

10. Final Sign off The Completed EA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process. The completed form should also be sent to PMO so that the CCG can maintain an up to date log of all EAs.	
Version approved:	
Designated People	
Project officer* (Senior Officer responsible including action plan) Name: R Khular Date: 16/8/18	
Equality & Inclusion Review and Quality Assurance Name: David King Date: 16/08/2018	
Executive Director Review: Name: Date:	
Name of **Approval Board** (*e.g. Commissioning Committee; Governing Body; Primary*	

Care Commissioning Committee) at which the EA was agreed at: Approval Board: Approval Board Ref Number: Chair: Date: Comments: Actions from the Approval Board to complete:
Review date for action plan (section 7):

BOARD ASSURANCE FRAMEWORK NOTES

(Please **DELETE** before submission)

Following a review of the BAF, it will now be based on the risks associated with the CCG achieving its strategic aims and objectives as follows:-

Strategic Aims	**Strategic Objectives**
1. Improving the quality and safety of the services we commission	a. Ensure on-going safety and performance in the system Continually check, monitor and encourage providers to improve the quality and safety of patient services ensuring that patients are always at the centre of all our commissioning decisions
2. Reducing health inequalities in Wolverhampton	a. Improve and develop primary care in Wolverhampton – Deliver our Primary Care Strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this b. Deliver new models of care that support care closer to home and improve management of Long Term Conditions Supporting the development of Multi-Speciality Community Provider and Primary and Acute Care Systems to deliver more integrated services in Primary Care and Community settings
3. System effectiveness delivered within our financial envelope	a. Proactively drive our contribution to the Black Country STP Play a leading role in the development and delivery of the Black Country STP to support material improvement in health and wellbeing for both Wolverhampton residents and the wider Black Country footprint. b. Greater integration of health and social care services across Wolverhampton Work with partners across the City to support the development and delivery of the emerging vision for transformation; including exploring the potential for an 'Accountable Care System.' c. Continue to meet our Statutory Duties and responsibilities Providing assurance that we are delivering our core purpose of commissioning high quality health and care for our patients that meet the duties of the NHS Constitution, the Mandate to the NHS and the CCG Improvement and Assessment Framework

	d. <u>Deliver improvements in the infrastructure for health and care across Wolverhampton</u> The CCG will work with our members and other key partners to encourage innovation in the use of technology, effective utilisation of the estate across the public sector and the development of a modern up skilled workforce across Wolverhampton.