

Impact Analysis to Enable Informed Decisions						
Background Information						
Directorate	Assistant Director Area	Service Area	Lead Officer	Person / people completing analysis	Date of workshop / meeting	Version
Adult Care	Public Health		Lorna Leaston	Lorna Leaston & Ania Hewis		V3
Title of the policy / project / service being considered		Joint Health and Wellbeing Strategy (2018) Engagement				
General overview and description		To ensure we plan an inclusive and effective engagement that considers who we are engaging with, when & why. It ensures all those with protected characteristics are considered, all efforts are made to identify and remove barriers to engagement so that everyone can have an ample opportunity to comment – ultimately ensuring the engagement is meaningful.				
Current status		<u>New</u>			<u>LCC directly delivered</u> with Locality leads, CE team, wider partners	
Timescales for implementation						
Analysis						
1. What is the current situation?		<p>The Health and Wellbeing Board (HWB) has a duty to involve users and the public in the development of both the Joint Strategic Needs Assessment (JSNA) and the Joint Health Wellbeing Strategy (JHWS).</p> <p>Current JHWS runs until 2018. The new JHWS will be effective from April 2018. Engagement is needed to ensure that the new strategy reflects the current & future needs of the Lincolnshire population. This will strengthen local accountability, enabling HWB to access and use local intelligence in their decisions to identify priorities, address local needs and tackle the wider determinants of health. Through this involvement, the local community will have the ability to influence local services and have an understanding of what other factors have influenced service provision in their area. Due to the nature of the strategy it will be heavily based on existing population data, predominantly that which is contained within the JSNA. The information contained in the JSNA will be used to help inform the strategy along with the views of stakeholders, care providers, commissioners, patients and the wider community.</p> <p>As part of the process, our intention is to hold a series of Prioritisation Engagement events that will enable</p>				

us to narrow down, from a 'long list' of health and wellbeing priorities to a much smaller group of priorities for inclusion in the (new) Joint Health and Wellbeing Strategy (JHWS).

There will be three stages to this engagement:

1st Stage will consist of 6 workshops where nominated lead officers will review all the Joint Strategic Needs Assessment (JSNA) evidence and draft the priorities for inclusion in the next JHWS. As part of this phase, the HW Board is requested to nominate a lead officer from each of the representative organisations on the Board to undertake the prioritisation of JSNA evidence.

2nd Stage will be a PUBLIC engagement. That is planned to take place between June-July 2017, following the publication of the revised JSNA topics. It is proposed that this engagement will take a form of:

- a) Six Public Engagement Workshops will take place across the county, one in each CCG area, in order to ensure the inclusion and engagement of wider stakeholders in the prioritisation process. Attendees will undertake a similar prioritisation exercise to identify the key JSNA priorities: they will consider evidence from the JSNA, rank the priorities, and give the rationale for their ranking; following that, there will be a group discussion and an opportunity to change their original scores.
AND
- b) Online Engagement in a form of an online survey will be available during the same 'engagement window' as an alternative/addition to the workshops

At this stage there will also be a progress report presented to Health Scrutiny Committee to allow for a review of the initial prioritisation work and feedback to the HWB.

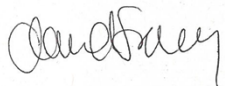
Following this, discussion and moderation of the prioritisation will take place by HW Board members & wider invited stakeholders at an informal HW Board session.

3rd Stage will be focused on the engagement with the targeted group of under-represented individuals /groups/protected characteristics. We propose to use existing network including People's Partnerships, Just Lincolnshire, as well as contacts within the localities. The engagement will be tailored to cater for the specific needs of those groups identified in order to enable meaningful engagement. This might include e.g. preparing accessible information, accessible venues, appropriate delivery of the workshops; effectively ensuring that no one is excluded from the opportunity to engage due to disability, health condition, low literacy/numeracy skills, language or other barriers to participation.

2. What are the drivers for change?	<p>Current JHWS runs until 2018 and we are in the process of developing a new JHWS.</p> <p>It's a statutory responsibility of the Health and Wellbeing Board to ensure we have a comprehensive Health & Wellbeing Strategy that is based on evidence, and reflects current and future needs of the population – engagement is a big part of that.</p>
3. What are the assumptions about the benefits?	<p>Ensuring it's a transparent & democratic decision making process in terms of identifying local needs, so that all groups of Lincolnshire population are able to inform and influence the HW Board decisions re the health and wellbeing priorities for Lincolnshire; effectively informing commissioning decisions of health and social care commissioners in Lincolnshire, in order that they are focussed on the needs of service users and communities to tackle the health and wellbeing issues in Lincolnshire.</p> <p>All efforts will be made to ensure we get an input from different groups representing Lincolnshire population and can influence the commissioning of local services beyond health and social care, for example housing, to make a real impact upon the wider determinants of health.</p> <p>Public engagement will also be an opportunity to 'check-back' and verify the results of the prioritisation work done by lead officers in Stage 1 in order to see if there is a clear alignment of priorities.</p> <p>Through this process, people of Lincolnshire are expected to benefit from the engagement because the strategy development will be informed by the current local intelligence and will help:</p> <ul style="list-style-type: none"> - reduce health inequalities - improve the health and wellbeing of people directly affected by the prioritised topics
4. The assumptions about any adverse impacts. Could it have a negative impact on anyone? <p>If Yes, go to 6.1 and 6.2 If No, please explain how you know this is the case</p>	<p>YES, if</p> <ul style="list-style-type: none"> • People don't know about it • The engagement is not planned and/or delivered properly. • People aren't able to input due to not being able to understand it's purpose or meaning • People aren't able to attend the workshops and/or access the online survey due to accessibility, low IT literacy or digital inclusion issues • The venue is inaccessible & doesn't take account of differing needs • The materials and communications are not accessible or planned well • Facilitators fail to lead an inclusive discussion, giving everyone a 'voice' or record all the comments • People do not have the opportunity to input during the discussion

	<ul style="list-style-type: none"> • The feedback isn't properly recorded or is misunderstood • The collective feedback is missed and doesn't feed into the decision making process • The feedback from the consultation is disregarded by the decision makers
6.1 Which groups / individuals could it have a negative impact on? Explain how you will ensure they are not negatively impacted on.	<p>There is a danger that by not engaging properly with the marginalised groups and not considering the specific needs of people from all of the nine protected characteristics we would be disenfranchising them through the prioritisation process. The following section explains the specific issues that would need to be considered.</p> <p>Gender – it is important to involve female and male representatives due to the fact that some topics are off primarily female nature e.g. breastfeeding. The engagement should therefore include both male and female representatives.</p> <p>Pregnancy and maternity – involving mothers and pregnant woman as well as professionals who support this agenda like midwives, health visitors, children's services, school nursing and voluntary sector is important.</p> <p>Age – the strategy affects people of all ages, therefore it's important to ensure that we involve all age groups as part of this engagement – this will include young people (0 – 19), working age people (16 – 65) and older people (50 +) as there will be considerations in terms of accessibility, understanding of topic, digital inclusion, transport, language and income. Also, the growing aging population in Lincolnshire will have an impact on demand for services, plus increase in life expectancy due to improved health outcomes and increase number of older people with disabilities</p> <p>Disability –</p> <ul style="list-style-type: none"> • Physical impairment, e.g. mobility issues which mean using a wheelchair or crutches, will be taken into consideration - all venues chosen for engagement are risk assessed and accessible. • Sensory impairment, e.g. blind/having a serious visual impairment, deaf/having a serious hearing impairment - engagement will be open and publicised to people with sensory impairment and their carers (if applicable) to ensure their views are heard. • Mental health condition, e.g. depression or schizophrenia is one of the leading health issues in Lincolnshire - engagement will be open and publicised to people with mental health conditions and their carers (if applicable) to ensure their views are heard. During the public events we will aim to provide appropriate environment and accommodate their needs as much as we can.

	<ul style="list-style-type: none"> • Learning disability/difficulty, e.g. Down's syndrome or dyslexia, or cognitive impairment such as autistic spectrum disorder - engagement will be open and publicised to people with learning disability/difficulty and their carers to ensure their views are heard. During the public events we will aim to provide appropriate environment and accommodate their needs as much as we can. • Long-standing illness or health condition, e.g. cancer, HIV, diabetes, chronic heart disease or epilepsy - engagement will be open and publicised to people with those conditions. We will ensure that no flash lighting is used at the events. <p>Religion or belief – the engagement must involve people of different religions and beliefs as their views, expectations, and access to services may vary depending on their belief e.g. access and potential for physical exercise issues with certain groups, i.e. access to women only sessions; potential issues with some engagement of groups in screening programmes such as Bowel Cancer screening or access to health services.</p> <p>The strategy is committed to improving the health, wellbeing and social inclusion of all people in Lincolnshire regardless of their Race, Religion/belief, Sexual orientation, Gender reassignment, or Marriage and civil partnership status and the engagement will ensure meaningful engagement of all the protected characteristics.</p>
7. How are you testing your assumptions about adverse impacts?	<p>Through the three stage engagement process that involves all stakeholders, professionals, community representatives, protected characteristics and members of the public in the process.</p> <p>To ensure we get representation from all the topics concerned, the below lists identifies protected characteristics that should be included in the engagement for the strategy.</p>
7.1 What further evidence do you need to gather?	It is unknown at this point in time until the engagement has finished.
8. Who are the stakeholders and how will they be affected?	Primary (those directly affected, either positively or negatively by the organisation's actions)
	A full list of stakeholders is included in the 'compiled stakeholder list'
	Secondary (intermediaries, people or organisations who are indirectly affected by the organisation's actions)

	A full list of stakeholders is included in the 'compiled stakeholder list'		
9. How are you assessing the risks and minimising the impacts?	Engagement with a wide range of stakeholders through a variety of means. The 3 stage engagement to ensure we gather the intelligence needed. Workshops and engagement will be well planned and undertaken with equality, diversity and health issues in mind		
10. What changes will the Council need to make as a result of introducing the policy / project / service etc?	The feedback from this engagement will feed into the decision making process for the HWB to set the priorities and set commission intention services for the next 5 years.		
11. How will you undertake evaluation once the changes have been implemented?	Not known at this point in time (?)		
Further Details			
Are you handling personal data? If so, please give details.	No		
How was this analysis undertaken? Facilitated workshop? Who attended?	Draft 1 – Desktop Exercise		
Are you confident that everyone who should have been involved in producing this version of the Impact Analysis has been? If No, who needs to be involved?	Yes		
If this is new, or requires a decision by Councillors to revise, has this impact analysis been included with the committee report?	Yes, included in the HW Board report in September 2017		
Signed off by		Date	07/09/2017

* Cells of the form with shading will help you form your consultation plan, should you need to carry out a consultation as a result of Impact Analysis discussions.