

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Summary report			
Date of meeting: 2 July 2019		Agenda item: 41/19	
Report title:	'Do once and share' approach to quality and equality impact assessment		
Joint Committee sponsor:	Matt Walsh – Senior Responsible Officer Elective Care and Standardisation of Commissioning Policies		
Clinical Lead:	Penny Woodhead, Chief Quality and Nursing Officer, Calderdale, Greater Huddersfield and North Kirklees CCGs		
Author:	Joanna Howard, Head of Clinical Governance and Patient Experience, Leeds CCG		
Presenter:	Penny Woodhead		
Purpose of report: (why is this being brought to the Committee?)			
Decision	✓	Comment	✓
Assurance	✓		
Executive summary			
<p>This paper presents an overview and evaluation of the 'do once and share' approach to quality and equality impact assessments. The report recommends a number of next steps and continued support of the single tool across West Yorkshire and Harrogate CCGs. The Joint Committee is asked to approve the recommendations and next steps and to comment on the report.</p>			
Recommendations and next steps			
<p>A number of proposed next steps have been identified to further enhance the tool and to improve the overall approach, as follows:</p> <ul style="list-style-type: none"> • Update and amend the tool to reflect the recommendations made as part of the evaluation, providing feedback to all individuals involved. • Ensure the impact on reducing health inequalities is reflected in the tool in accordance with our wider strategy. • Learning and development session with all Quality and Equality leads to ensure the wider process is fully understood with clear lines of accountability and responsibility. • Work with Local Authority and provider organisations to further develop the tool so that it can be utilised across the wider health and social care sector. <p>The Joint Committee is recommended to:</p> <ol style="list-style-type: none"> a) approve the Tool to be used for all WY&H commissioned programmes, following the amendments required; and b) approve the Tool to be used, in partnership with providers, for all major changes. 			

Delivering outcomes: describe how the report supports the delivery of STP outcomes (Health and wellbeing, care and quality, finance and efficiency)

A robust approach to QEIA is essential to the delivery of health and wellbeing and care and quality outcomes.

Impact assessment (please provide a brief description, or refer to the main body of the report)

Clinical outcomes:	Covered in the report
Public involvement:	Not applicable
Finance:	Not applicable
Risk:	A robust approach to QEIA is needed to minimise the risk that commissioning policies and other commissioning decisions are challenged.
Conflicts of interest:	None identified

'Do once and share' approach to quality and equality impact assessment

Background

1. The West Yorkshire and Harrogate (WY&H) CCGs have delegated to the WY&H Joint Committee of CCGs ('the Joint Committee') responsibility for commissioning decisions relating to specific programme areas. The Joint Committee of CCGs has agreed to adopt a consistent 'Do Once and Share' approach to assessing the quality and equality impacts of proposed changes resulting from its commissioning decisions and recommendations.
2. Quality and equality impact assessments (QEIA) provide evidence and assurance that services effectively meet the needs of users. They identify the potential impacts of change, both negative and positive, and also recognise when the impact will be neutral. They help to measure benefits and dis-benefits and to identify and mitigate risk. They also ensure that due regard is given to statutory and mandatory requirements such as the Health and Social Care Act 2012 and the Equality Act 2010.
3. A QEIA, identifying the quality and equality impacts for all WY&H CCGs, is completed for all proposed commissioning changes covered by the programmes that have been delegated to the Committee. A QEIA is also completed when the Joint Committee makes recommendations to the CCGs, avoiding the need for separate QEIAs to be completed by each CCG.
4. Proposed changes for which a QEIA must be completed include, but are not limited to:
 - commissioning policies
 - commissioning or de-commissioning proposals
 - clinical thresholds
 - care pathways
 - service redesign or reconfiguration proposals
5. The QEIA approach ensures a focus on quality and equality, encompassing learning from reports such as Berwick, Keogh and Francis. It is to be used alongside wider business planning processes including finance and privacy impact assessments and public and patient involvement activity. It is designed to align with these processes, not to replicate them and should be considered as part of a rounded and comprehensive assessment of change proposals.
6. The QEIA tool was developed, utilising the tools that were in use across the WY&H CCGs and in conjunction with current best practice. This was supported by a policy which set out the framework for the 'do once and share' approach to QEIAs, and a user guide which provides step by step instruction on how to use the tool and complete an assessment. The tool and supporting documents were approved for use in January 2019 by the Joint Committee for six months to enable an evaluation of the revised approach.
7. A number of commissioning policies and pathways have been reviewed and the QEIA Tool utilised to assess the impact of these changes. A summary of these has been included in Table 1.

Table 1:

Commissioning Policy	CCG Supporting
Spinal Policy and Pathways	Leeds CCG
MSK Policy	Leeds CCG
Healthy Hearts Hypertension Protocol	Leeds CCG
Bariatric Services	Leeds CCG
Shoulder Policies	Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs
Knee Policies	Wakefield CCG
Hydroxychloroquine retinopathy screening pathway	Calderdale CCG and Leeds CCG
Flash Glucose Monitoring	Calderdale CCG

The QEIA Approach

8. The evaluation has focussed on a review of the approach to QEIA and the tools that underpin it but it is too early at this stage to evaluate the outcomes of the completed assessments as service changes have not been implemented for long enough to evaluate. Further updates will include quantitative feedback on the impact of the Joint Committee's commissioning decisions, including performance against the quality and equality metrics identified in the QEIA, as described in the policy. The quantitative and qualitative feedback will be used to determine whether any adjustments are needed to the policy or its implementation, via programme updates.
9. The agreed governance approach, as outlined in Appendix A, provided assurance to the Joint Committee that QEIAs are robust and completed to common, agreed standards.
10. The governance structure provided a robust process in ensuring QEIAs were completed at the beginning of the process in partnership with subject matter experts within the quality and equality teams. QEIAs have, to date, been allocated based on which CCG is leading on the specific area (as detailed in Table 1). This approach has worked well and CCG colleagues have been fully engaged within the process. However, there has been some feedback that quality and equality colleagues need to be involved at the very beginning of the process and sometimes feel that they are involved towards the end without sufficient detail as to what the service change proposal is.
11. The approved approach included a 'critical friend' and peer review process. However, following implementation and discussion at the West Yorkshire Quality leads meeting it was felt that the CCGs work in a trusted partnership and therefore a peer review of each completed assessment was not required and the standardised approach provides the assurance that assessments are completed consistently. It was noted that all completed QEIAs are reviewed by the WY&H programme leadership and any concerns identified are discussed at Programme Board. The summary of findings is presented to the Joint Committee therefore providing scrutiny and assurance of the completed assessments.
12. Feedback from Programme Board has overall been positive with some recommendations to further enhance the equality section.

13. The impact assessment tool has been evaluated in detail by users across WY&H via direct feedback as well as a survey. Responses were received from quality, equality, commissioning and transformation staff which provided a good insight into the different elements of the tool.
14. The overall results from the survey reported an 80% satisfaction rate with the tool. However a number of recommendations were made which would further enhance the functionality of the tool as well as the overall assessment process. A summary of the feedback can be seen in Table 2 and a detailed report based on the feedback and recommendations has been shared with Penny Woodhead, Chief Nurse lead for this work, for consideration.

Table 2:

Working well	Areas for improvement
Easy to use, instructive and comprehensive with clear tabs for each area making it easy to navigate	Functionality including auto expansion of text boxes
Robust screening tool	Inclusion of impact on reducing health inequalities
Scoring provides a visual overview to indicate positive and negative impacts that require further analysis and review	Equality section
Comprehensive and informative user guide	Add more robust audit trail section to the decisions made within the screening tool which clearly articulates the positive and negative impacts
Support from quality and equality colleagues	Uploaded document tab
All information was within one document	Additional support for staff

15. Based on the feedback we need to consider how best to support CCG staff in understanding the wider system across the WY&H including the process, accountability and governance of using a system wide tool and the relationship between Project leads and Quality and Equality expertise.
16. The tool is still in its initial stages and needs to continue to be trialled to ensure that amendments are made to make it the most efficient tool possible. CCGs have started working with providers and local authority colleagues to understand what amendments are required to make this a tool suitable for use across the region. This work has started with Kirklees Council, Calderdale and Huddersfield FT and with Leeds City Council and Leeds Community Healthcare NHS Trust. In addition, NHS England and NHS Improvement, WYAAT and North Yorkshire CCGs have been in contact to gain a better understanding of the tool and to see if this can be adopted within their area/organisation. The WY&H Chief Nurse forum will consider learning from this wider expansion and make recommendations to the Clinical Forum.
17. The QEIA tool and overall process has been well received, with positive feedback and helpful recommendations for improvement. The approach has ensured that appropriate impacts are considered, consistently, as part of the Standardisation of Commissioning Policies and Pathways across WY&H.

Recommendations and Next Steps

18. A number of proposed next steps have been identified to further enhance the tool and to improve the overall approach, as follows:
- Update and amend the tool to reflect the recommendations made as part of the evaluation, providing feedback to all individuals involved.
 - Ensure the impact on reducing health inequalities is reflected in the tool in accordance with our wider strategy.
 - Learning and development session with all Quality and Equality leads to ensure the wider process is fully understood with clear lines of accountability and responsibility.
 - Work with Local Authority and provider organisations to further develop the tool so that it can be utilised across the wider health and social care sector.
19. The Joint Committee is recommended to:
- c) approve the Tool to be used for all WY&H commissioned programmes, following the amendments required; and
 - d) approve the Tool to be used, in partnership with providers, for all major changes.

Joanna Howard
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