

Quality and Equality Impact Assessment (QEIA)

Leeds Health and Care Partnership, QEIA template version 2.5, September 2024

To be completed with support from Quality, Equality and Engagement leads; email for all correspondence: wycb-leeds.qualityteam@nhs.net

Complete all sections (see instructions / comments and consider) [Impact Matrix](#) on page 10.

Assessment Completion	Name	Role	Date	Email
Scheme Lead	[Removed for publication]	Senior Programme Lead	3 rd June 2024	[Removed for publication]
Programme Lead sign off	[Removed for publication]	Assistant Director- Pathway and System integration team		[Removed for publication]

A. Scheme Name	Online Children's mental health support
Type of change	Partial stop
ICB	Leeds

B: Summary of change

Briefly describe the proposed change to the service, why it is being proposed, the expected outcomes and intended benefits, including to patients, the public and ICB finances. Describe in terms of aims; objectives, links to the ICB's strategic plans and other projects, partnership arrangements, and policies (national and regional). Please also include the expected implementation date (or any key dates we need to be aware of).

Kooth delivers online support for young people's mental health and delivers an open access service to young people across Leeds.

The contract is awarded to Kooth Digital Health (previously known as Xenzone) and is due for renewal in April 2025.

A 3% cut on the contract value is made, in line with decisions being taken on other contracted services across Leeds place of the ICB. Contract value reduces from £243,098 per year to £235,805 per year so delivers a saving of £7,293 per year. As the saving is implemented from 1st December 2023 it will deliver a saving of £2,431 in 2023/24 financial year.

The Kooth service is part of the mental health support offer to children and young people in Leeds. The fact that the service can be accessed anonymously online with an ability to access support 24/7 means it is an important part of the service offer in Leeds.

User data indicates that this service has a bigger reach to young people from South Asian communities than other services, but detailed analysis has not been completed to understand the key factors that deliver this service reach. This would need to be understood in a review and retender of the service.

Kooth Digital Health have developed an impact analysis of this reduction in contract value.

Across the financial year 2023/24 Kooth was commissioned to deliver a total of 3,976 delivery hours (this was 343 per month from April 2023 - November 2023 and 308 from December 2023 when the latest contract was renewed as per reduction in budget).

It will reduce the number of support sessions available across Leeds – a reduction of 35 delivery hours per month. The previous delivery hours were 343 per month and from December 2023 these reduced to 308 per month.

In FY 23/24 Leeds used a total of 5,124 delivery hours in total over the 12 months (1,148 more delivery hours than contracted) which averaged 427 per month.

April 2024 performance = 121% (372 Delivery hours used).

Given the reduced financial envelope proposed and increased demand that the service has experienced in the previous year a demand management plan has been provided alongside a proposal which outlines how they plan to manage the demand being experienced and anticipated over the next 16 months in Leeds.

- The service plans to manage the demand by reducing their engagement and promotion approach but this reduction would mean less capacity to support CYP in Leeds.
- Over the last 10 months on average 184 new children and young people (CYP) register to Kooth in Leeds each month. If demand continued to exceed, there would be a requirement to temporarily close registrations to new service users until the demand comes down. This may cause additional pressures in the system.

[*Leeds Kooth 24-25 Proposal.pdf* was reviewed by the panel, the link to this document has been removed for publication]

C. Service change details – (Involvement and equality checklist)

To be completed in conjunction with:

- Quality Manager: [Removed for publication]
- Equality Lead: [Removed for publication]
- Community Relations and Involvement Manager: [Removed for publication]

Questions (please describe the impact in each section)	Yes / No
1. Could the project change the way a service is currently provided or delivered? It will reduce the number of support sessions available across Leeds – a reduction of 35 delivery hours per month. The previous delivery hours were 343 per month and from December 2023 these reduced to 308 per month.	Yes
2. Could the project directly affect the services received by patients, carers, and families? – is it likely to specifically affect patients from protected or other groups? See page 10 for more detail.	Yes

Questions (please describe the impact in each section)	Yes / No
<p>There is a national delivery model for the service (they have a 'pool' of approximately 202 delivery staff who work remotely across the country.) Therefore, Kooth don't treat CYP from a particular locality differently based on demand e.g. waiting longer for a chat. However, in these cases of over demand they have a framework for understanding, addressing, and mitigating an unsustainable level of overperformance.</p> <p>As the demand in Leeds is more than the commissioned contracted hours (Finacial Year (FY) 23 / 24 (April 2023 to March 2024) being significantly over the contract hours for FY 24 / 25) then a demand management plan has been put in place.</p> <p>This means that the service will firstly have to restrict promotion and engagement activity so less CYP know about the service. As Kooth is very embedded in Leeds this may not work. If so, then it would be necessary to restrict new registrations to prevent ongoing overperformance (see plan below). This is likely to impact on the demand of other services across the system. It is also likely to have an impact on those CYP who prefer to access online support. It is difficult to measure this unmet need, other than looking at the demand on other services (however this service offer is very different to our other commissioned services).</p> <p>Effect on CYP from protected or other groups: User data indicates that this service has a bigger reach to young people from South Asian communities than other services, but detailed analysis has not been completed to understand the key factors that deliver this service reach. This would need to be understood in a review and retender of the service.</p> <p>Ethnicity: 18.4% of all registrations came from ethnically diverse groups of CYP in Leeds.</p> <p>Gender: Data shows that service is largely accessed by white females, which is the case for a high proportion of mental health support services.</p> <p>LGBTQIA+: The service does seem to have a greater reach to non-binary and other young people, which could impact on the support young people from LGBTQIA+ groups receive.</p> <p>Outline of a Kooth Demand Management Plan:</p> <p>Kooth would like to ensure young people that need the service most continue to have access whilst managing the cost of overperformance. Should expansion of the service not be possible to achieve this; outlined below are the mitigations to be put in place to manage usage of the service.</p> <p>Withdrawal of Promotion / Engagement Activity</p>	

Questions (please describe the impact in each section)	Yes / No
<p>Activity currently includes distributing monthly newsletters to a range of education and local partners, offering regional and recorded sessions and webinars for professionals, CYP and parents, digital and physical posters, card distribution on request.</p> <p>When actively managing overperformance in an area, Kooth would reduce proactive engagement for a 2 - month period and monitor performance month by month. We will be implementing a phased approach to reducing promotion and engagement activity:</p> <ul style="list-style-type: none"> • Reduction of communication and resource distribution to key areas of high need to be jointly identified. • Removal of face to face and live webinar promotion offer. • Communications to focus on the community aspect of the platform. <p>The impact is then reviewed to assess whether performance has started to align to a reasonable level. If a reduction to 105% or less is not seen within this period, we will proceed to implement the changes below:</p> <ul style="list-style-type: none"> • Removal of all communications and resource distribution. • Reduction of responsive engagement; specific situations to be discussed on a case-by-case basis. <p>If a reduction to 105% or less is not seen by the end of Q2 2024 / 25 then Kooth would discuss plans to prepare for turning off registrations for new service users. Plans would involve the drafting of a new QEIA and risk log with mitigations and discussions with commissioner before implementing the turning off of registrations. The plan would include appropriate comms to ensure service users were referred to other support services.</p> <p>Restricting new registrations:</p> <p>If the restriction of promotion and engagement activity do not prove effective it will be necessary to restrict new registrations to prevent ongoing overperformance. This will prevent any new users accessing the platform whilst access to existing users remains available. Kooth have advised that they will communicate with the ICB if they plan to initiate this, and to agree a communication plan for all stakeholders signposting to the service across the area to inform them the service will be temporarily unavailable to new users.</p> <p>Kooth have stated that this is an option that they hope to avoid based on the reduction in engagement and to avoid any potential impacts on the trust from key pathways and partners, confusion from other services and CYP of a 'stop, start' approach to the service being available in the area. Kooth have stated that from their experience extra time, work and communications would be needed to drive performance again after a period of pulling out in an area like that of mobilising a new contract.</p>	

Questions (please describe the impact in each section)	Yes / No
<p>3. Could the project directly affect staff? For example, would staff need to work differently / could it change working patterns, location etc.? Is it likely to specifically affect staff from protected groups?</p> <p>Rather than working for a particular city staff are pooled allowing flexibility in demand. If service delivery hours continue to exceed what is commissioned in a particular area, then the management plan is implemented in a phased approach (as outlined above), starting with a reduction in promotion / engagement activity. Closing registrations would be a last resort (if reduction in engagement isn't successful) and a meeting with the commissioners would take place to plan / mitigate any risks. If it is felt that closing registrations is required, then a revised / new QEIA would be drafted to understand the impact of this potential change.</p>	No
<p>4. Does the project build on feedback received from patients, carers, and families, including patient experience? What feedback and include links if available.</p> <p>Please see quotes from CYP provided below but moving forward (following the change) Kooth will monitor any written feedback by CYP in Leeds during the and also measure feedback scores to see if they show any significant change. This will be monitored through contract monitoring and regular quarterly reporting on local engagement with young people about services and support.</p> <p>Leeds Service User Feedback: Male, Leeds 12 years old: "thank you for your help and look forward to our next chat you have set me up great for the rest of week" (April 2024).</p> <p>Prior to change: Kooth has been a lifeline for me. I've always struggled with my mental health but never able to ask for help. For the first time in years I've reached out and already I've been given the opportunity to live chat, I've talked to many practitioners and got so much support. If it wasn't anonymous I wouldn't have been able to reach out.</p> <p>I want to give feedback because this app is very good to use if u are really struggling or if u want too share something good and also they listen to u and help u</p> <p>I think Kooth is a very good service because it has so many features that are easy to navigate and are easy to use on all devices I've used.</p> <p>Kooth is helpful as it is something anyone can access, and no one will know about it.</p>	Yes

Questions (please describe the impact in each section)	Yes / No
Its a good app and people give u advice on what to do and u can share your comments and thoughts but there is also protection to keep us safe.	

D: To be completed in conjunction with the involvement and equality lead

Insert comments in each section as required	Yes / No
<p>Involvement activity required?</p> <p>We expect any engagement required would be undertaken by the provider Kooth Digital Health. We will also aim to identify any impacts through contract monitoring and regular reporting on feedback from CYP on services and support.</p> <p>As mentioned above, Kooth is very embedded in Leeds, and has a bigger reach to young people from South Asian communities than other services (18.4% of all registrations came from BAME groups of CYP in Leeds). If it does become necessary to restrict new registrations, risks highlighted in the patient safety and experience of care sections below, include ‘a risk of negative impact on young people in Leeds seeking support, including self-harm or suicidal thoughts’ with no identified mitigations at present. Against the wider context of efficiency savings across the system, including other CYP projects in Leeds where numbers of available support sessions are also being reduced, having clear alternatives available will be important for CYP and for the professionals referring them. At this stage, it would be important to scope out and understand the type and level of need in the city, possibly engaging with CYP, referrers and families as a temperature check and an information giving exercise.</p>	Maybe
<p>Formal consultation activity required?</p> <p>Not seen as required due to limited impact anticipated.</p>	No
<p>Full Equality Impact Assessment (EIA) required?</p> <p>The 3% reduction of contract value for KOOTH, with appropriate mitigation and signposting in relation to disproportionate negative impact is documented within the QEIA and therefore there is no requirement for a full EIA.</p>	No
<p>Communication activity required (patients or staff)?</p>	Not at present-

Insert comments in each section as required	Yes / No
<p>Kooth hope to avoid the restriction of new registrations (part of the demand management plan) due to the changes, but if the restriction of promotion and engagement activity do not prove effective it will be necessary to restrict new registrations to prevent ongoing over performance. If this option is taken a comms plan will need to be drafted to ensure CYP know what other support is available / where to go for help.</p> <p>No changes such as closing new registrations would take place without a discussion with commissioners and thorough communication plan.</p>	<p>will be reviewed as part of demand management plan.</p>

E. Data Protection Impact Assessment (DPIA)

A DPIA is carried out to identify and minimise data protection risks when personal data is going to be used and processed as part of new processes, systems, or technologies.

Question	Yes / No
<p>Does this project / decision involve a new use of personal data, a change of process or a significant change in the way in which personal data is handled?</p> <p>If yes, please email the IG Team at; wycb-leeds.dpo@nhs.net for Leeds ICB or wycb-wak.informationgovernance@nhs.net for the wider West Yorkshire ICB, to complete the screening form.</p>	<p>No</p>

F. Evidence used in this assessment

List any evidence which has been used to inform the development of this proposal for example, any national guidance (e.g. NICE, Care Quality Commission, Department of Health, Royal Colleges), regional or local strategies, data analysis (e.g. performance data), engagement / consultation with partner agencies, interest groups, or patients.

Where applicable, state 'N/A' (not applicable) in boxes where no evidence exists, 'Not yet collected' where information has not yet been collected or delete where appropriate.

Evidence Source	Details
<p>Research and guidance (local, regional, national)</p>	<p>[*Kooth Evidence Pack 2024.pdf* was reviewed by the panel, the link to this document has been removed for publication]</p> <p>Kooth reduces access barriers, providing flexible choice and autonomy in when and how to access support</p> <ul style="list-style-type: none"> • 96% of young people said it was important that they could access Kooth after school or work • 97% of young people said it was important they did not need a referral • 97% of young people said it was important they could be anonymous <p>This is reflected in access data: 62% of logins take place outside of school or working hours.</p> <p>Kooth improves youth mental health and wellbeing with 88% saying they would come back to Kooth for more support.</p> <p>Over two thirds of Kooth users who set goals achieve their goals, resulting in a positive and meaningful change in their lives.</p> <p>62% of young people in 2023 achieved their goals measures on the GBO. This is aligned to what was found in publications about Kooth's goal setting impact.</p> <p>Digital services can be an online front door for mental health support- offering a therapeutic bundle for young people.</p>

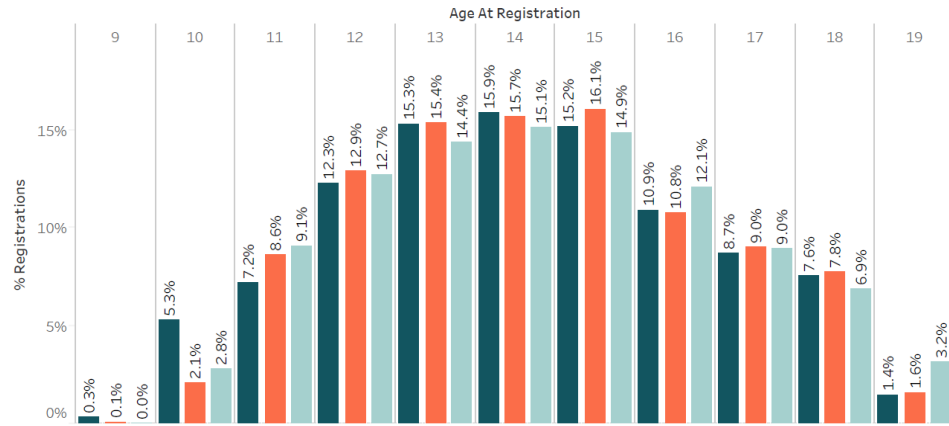
Evidence Source	Details
	<p>*Data taken from Giving Young People a Voice to Inform Digital Services. How Kooth is responding to feedback and remaining at the forefront of innovation in digital mental health. - Kooth_Giving Young People a Voice to Inform Digital Services.pdf (hubspotusercontent-na1.net)</p>
<p>Service delivery data such as who receives services</p>	<p>Across the financial year 2023/24 Kooth was commissioned to deliver a total of 3,976 delivery hours (this was 343 per month from April 2023 - November 2023 and 308 from December 2023 when the latest contract was renewed as per reduction in budget).</p> <p>In FY 23 / 24 Leeds used a total of 5,124 delivery hours in total over the 12 months (1,148 more delivery hours than contracted) which averaged 427 per month. April 2024 performance = 121% (372 Delivery hours used).</p> <p>Q4 23 / 24 data:</p> <p>Registrations by Ethnicity:</p> <ul style="list-style-type: none"> • Asian or Asian British - 7.4% • Black or Asian British - 5.3 • Mixed - 4.9% • Not Stated - 4.7% • Other Ethnic Groups - 1.9% • White - 75.8%

Age Breakdown

This breakdown compares the age composition in your area to the rest of the service. Note: only comparisons for the age range of your contract will be shown.

- Registration (Selection)
- Registrations (Sub-Region)
- Registrations (Kooth)

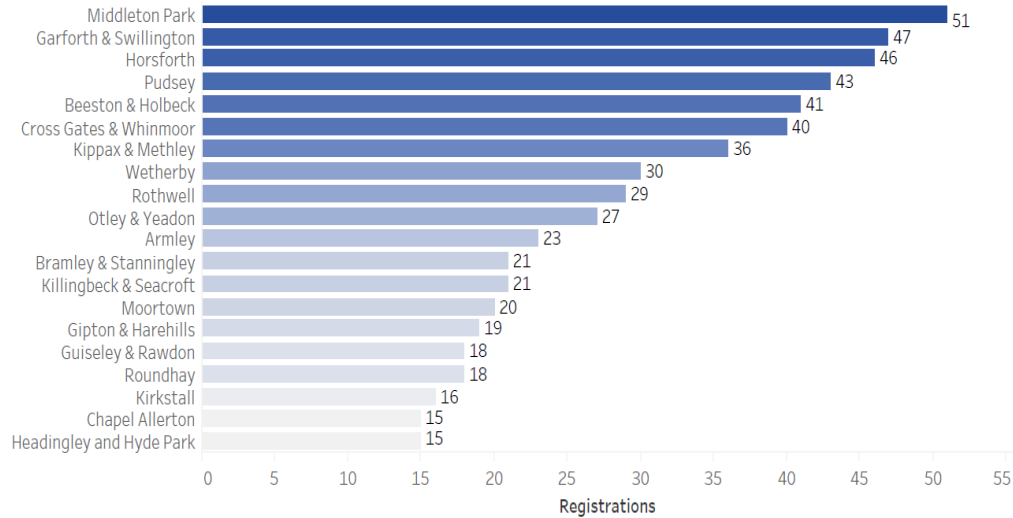
Selection: Leeds Kooth CYP | Sub Region: Yorkshire



Age Group Breakdown

Registrations

Top Registrations by Sublocations: Max 20



<p>Consultation / engagement</p>	<p>Engagement Ongoing discussion with the service provider Kooth Digital Health to understand impacts as detailed in this assessment.</p>
<p>Experience of care intelligence, knowledge, and insight (complaints, compliments, PALS, National and Local Surveys, Friends and Family Test, consultation outcomes)</p>	<p>Unaware of any complaints to Leeds Commissioners re Kooth.</p> <p>Please see Question 4 re feedback from service users.</p> <p>Good relationships with our partners – evidenced by data:</p> <ul style="list-style-type: none"> • Heard about Data: In FY 2023 / 24 the top area that CYP in Leeds heard about Kooth was through education (44%) and second was through healthcare services and professionals: (19%) this includes GP's and Children and Adolescent Mental Health Services (CAMHS). This demonstrates they are embedded in key healthcare pathways locally as a key service to signpost to for immediate and accessible support. • 197 new registrations CYP said they heard about Kooth through their GP in Leeds and 127 registrations CYP said they heard about Kooth through CAMHS.
<p>Other</p>	

G. Impact Assessment: Quality, Equality, Health Inequalities, Safeguarding

What is the potential impact on quality of the proposed change? Outline the expected outcomes and who is intended to benefit.

Include all potential impacts (positive, negative, or neutral).

For negative impacts, list the action that will be taken in mitigation. See guidance notes on [pages 10 -11](#).

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	Quality elements and description of impact Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	Impact: Positive / Negative / Neutral and score (Assess each impact using the Impact Matrix; colour cell RAG)	What action will you take to mitigate any negative impact? How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
1. Patient Safety	Not anticipated to have any impacts on patient safety at this time. If action is taken to close registrations to manage demand there could be a risk of negative impact on young people in Leeds seeking support, including self-harm or suicidal thoughts. Although CYP will be able to access other online services while they wait for sessions to become available. There is no wait for this service. This service also has articles / online forums (moderated) that YP can access.	1 - Negligible	No identified actions at present. To review if provider indicates that they will need to close new registrations temporarily. (please see above re plan if closure of registrations are to be considered)
2. Experience of care	Not anticipated to have any impacts on patient safety at this time. If action is taken to close registrations to manage demand	-1 - Negligible	No identified actions at present. To review if provider indicates that

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	there could be a risk of negative impact on young people in Leeds seeking support, including self-harm or suicidal thoughts. Although CYP will be able to access other online services while they wait for sessions to become available.		they will need to close new registrations temporarily. A new QEIA and risk log would be drafted if closing to registrations was to be considered.
3. Clinical Effectiveness	No impact identified. Services are not clinical services.	0 - Neutral	
4. Equality	<p>Data shows that service is largely accessed by white females, which is the case for a high proportion of mental health support services.</p> <p>The service does seem to have a greater reach to non-binary and other young people, which could impact on the support young people from LGBTQIA+ groups receive.</p> <p>User data indicates also that this service has a bigger reach to young people from South Asian communities than other services.</p>	-1 - Negligible	<p>Kooth can identify groups that present with the highest risk in self-harm and suicidal thoughts such as ethnically diverse communities, male/female, gender identity/ LCGBTQIA+.</p> <p>No negative impacts have been identified. If closing registrations is to be considered a new risk log and QEIA would be drafted.</p> <p>Kooth can identify specific presenting issues from ethnically</p>

<p>Quality Domain</p> <p>The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)</p>	<p>Quality elements and description of impact</p> <p>Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)</p>	<p>Impact: Positive / Negative / Neutral and score</p> <p>(Assess each impact using the Impact Matrix; colour cell RAG)</p>	<p>What action will you take to mitigate any negative impact?</p> <p>How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?</p>
	<p>BAME Communities: 8.5% from BAME communities</p> <p>Gender/sex: Data shows that service is largely accessed by white females, which is the case for a high proportion of mental health support services.</p> <p>LGBTQIA+ - The service does seem to have a greater reach to non-binary and other young people, which could impact on the support young people from LGBTQIA+ groups receive.</p>		<p>diverse communities in Leeds such as higher presentation of suicidal thoughts than non-ethnic minority groups e.g. in the past 10 months they have seen 35% black and black British service user's present with suicidal thoughts compared to 24% in white service users.</p> <p>No negative impacts have been identified. We will continue to promote the MindMate website so YP can see what other support is available. If closing registrations is to be considered a new risk log and QEIA would be drafted.</p> <p>In the last 10 months 16.9% of registrations to Kooth in Leeds were from ethnically diverse groups and 17% of logins were from ethnically diverse groups. This representation of ethnically diverse groups means that by delivering accessible, stigma free</p>

Quality Domain The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts; use words that you consider are meaningful)	Quality elements and description of impact Where appropriate provide information about the proposed or current service that contextualises the impact. (Quantify where possible, e.g. number of patients affected) (List and number if more than one in each domain)	Impact: Positive / Negative / Neutral and score (Assess each impact using the Impact Matrix; colour cell RAG)	What action will you take to mitigate any negative impact? How could the impacts and / or mitigating actions be monitored? Are there any communications or involvement considerations or requirements?
			and anonymous mental health support, Kooth is successful in engaging with seldom heard groups.
5. Safeguarding	Not anticipated to have any impacts.	0 - Neutral	Kooth has 20+ years of operating expertise delivering a safe, digital space at scale that both records, manages and where appropriate effectively de-escalates and hold high risk presentations. Kooth link with other local services to report Safeguarding incidents.
6. Workforce	No impact identified, no workforce changes because of contract changes. Staffing would remain the same as a pooled resource model. Rather than working for a particular city staff are pooled allowing flexibility in demand. If service delivery hours continue to exceed what is commissioned in a particular area, then the management plan is implemented in a	0 - Neutral	Leeds CAMHS are a key referrer to Kooth and there is a staff training session booked in with Leeds CAMHS in Q3 and how Kooth can continue support people on the CAMHS waiting list.

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	phased approach (as outlined above), starting with a reduction in promotion / engagement activity. Closing registrations would be a last resort (if reduction in engagement isn't successful) and a meeting with the commissioners would take place to plan / mitigate any risks.		
7. Health inequalities	<p>Data shows that service is largely accessed by white females, which is the case for a high proportion of mental health support services.</p> <p>Service does seem to have a greater reach to non-binary and other young people, which could impact on the support young people from LGBTQIA+ groups receive.</p> <p>User data indicates also that this service has a bigger reach to young people from South Asian communities than other services.</p> <p>18.5% from BAME communities</p> <p>Gender/ Sex: Data shows that service is largely accessed by white females, which is</p>	-1 - Negligible	<p>Kooth can identify groups that present with the highest risk in self-harm and suicidal thoughts such as ethnically diverse communities, male/female, gender identity/ LGBTQIA+:</p> <p>Kooth can identify specific presenting issues from ethnically diverse communities in Leeds such as higher presentation of suicidal thoughts than non-ethnic minority groups e.g. in the past 10 months they have seen 35% black and black British service user's present with suicidal thoughts compared to 24% in white service users.</p>

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	the case for a high proportion of mental health support services.		<p>In the last 10 months 16.9% of registrations to Kooth in Leeds were from ethnically diverse groups and 17% of logins were from ethnically diverse groups. This representation of ethnically diverse groups means that by delivering accessible, stigma free and anonymous mental health support, Kooth is successful in engaging with seldom heard groups.</p> <p>If the management plan results in considering the closure of new registrations, then a new QEIA will be drafted and risk log with mitigations. We would ensure that YP were made aware of what other support was available to them.</p>

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8. Sustainability	No impact identified	0 - Neutral	
9. Other	No impact identified	0 - Neutral	

H. Action Plan

Describe the action that will be taken to mitigate negative impacts.

Identified impact	What action will you take to mitigate the impact?	How will you measure impact / monitor progress? (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	Timescale (When will mitigating action be completed?)	Lead (Person responsible for implementing mitigating action)
Demand exceeding capacity	The service plans to manage the demand by reducing their engagement and promotion approach but this reduction would mean less capacity to support CYP in Leeds. If demand continued to exceed, there would be a requirement to temporarily close registrations to new service users until the demand comes down. This may cause additional pressures in the system.	Continuous performance management through contract review meetings If service is closed to new registrations, then the QEIA will be reviewed to assess impact/risk	Ongoing	[Removed for publication] Senior Partner Relationship Manager

I. Monitoring and review; Implementation of action plan and proposal

The action plan should be monitored regularly to ensure:

- a. actions required to mitigate negative impacts are undertaken.
- b. KPIs / quality indicators are measured in a timely manner so positive and negative impacts can be evaluated during implementation / the period of service delivery.

Outcome: Once the proposal has been implemented, the actual impacts will need to be evaluated and a judgement made as to whether the intended outcomes of the proposal were achieved ([Section H](#) to be completed as agreed following implementation)

Implementation: State who will monitor / review	Name of individual, group or committee	Role	Frequency
a. that actions to mitigate negative impacts have been taken.	a. [Removed for publication]	Senior Partner Relationship Manger	Quarterly
b. the quality indicators during the period of service delivery. State the frequency of monitoring (e.g. Recovery Group Monthly, QSC Quarterly, J. Bloggs, Project Manager Unplanned Care Monthly)	b.		

Outcome	Name of individual, group or committee	Role	Date
Who will review the proposal once the change has been implemented to determine what the actual impacts were?	Children and Young People's Population Board	Oversight of any identified risks and impacts because of the changes.	During 2024 / 25 until end of March 2025.

J. Summary of the QEIA

Provide a brief summary of the results of the QEIA, e.g. highlight positive and negative potential impacts; indicate if any impacts can be mitigated. Taking this into account, state what the overall expected impact will be of the proposed change.

The QEIA and summary statement must be reviewed by a member of the Quality Team and include next steps.

The contract is awarded to Kooth Digital Health (previously known as Xenzone) and is due for renewal in April 2025.

A 3% cut on the contract value is made, in line with decisions being taken on other contracted services across Leeds place of the ICB. Contract value reduces from £243,098 per year to £235,805 per year so delivers a saving of £7,293 per year. As the saving is implemented from 1st December 2023 it will deliver a saving of £2,431 in 2023 / 24 financial year.

The Kooth service is part of the mental health support offer to children and young people in Leeds. The fact that the service can be accessed anonymously online with an ability to access support 24/7 means it is an important part of the service offer in Leeds.

Kooth Digital Health have developed an impact analysis of this reduction in contract value.

Between the period of December 2022 - September 2023, Leeds Kooth have used on average 403 delivery hours per month against the contracted 343 per month. Given the reduced financial envelope proposed and increased demand that the service has experienced in the last 10 months a demand management plan has been provided alongside a proposal which outlines how they plan to manage the demand being experienced and anticipated over the next 16 months in Leeds.

- The service plans to manage the demand by reducing their engagement and promotion approach but this reduction would mean less capacity to support CYP in Leeds.
- Over the last 10 months on average 184 new cyp register to Kooth in Leeds each month. If demand continued to exceed, there would be a requirement to temporarily close registrations to new service user's until the demand comes down. This may cause additional pressures in the system.

[***Leeds Kooth 24-25 Proposal.pdf*** was reviewed by the panel, the link to this document has been removed for publication]

The contract changes from December 2023 are not anticipated to have any negative impacts currently. The ICB will continue to work with Kooth Digital Health to monitor the demand management plan throughout 2024/25, and to avoid where possible the requirement to temporarily close registrations to new service users to bring demand down to within agreed thresholds. If the decision is reached with Kooth Digital Health that they will need to temporarily close for registrations then the ICB will review the approach for this with them, including management of any identified risks.

There are plans underway at a West Yorkshire level to understand what the future commissioning approach for Kooth from 1st April 2025 will look like, which will then feed into a plan for re-contracting service provision after 1st April 2025.

K: For Team use only

1. Reference	XX /
2. Form completed by (names and roles)	
3. Quality and equality team review completed by:	<p>Name: [Removed for publication] Role: Senior Equality, Diversity and Inclusion Manager Date: 27/09/2023 and 10/06/2024</p> <p>Name: [Removed for publication] and [Removed for publication] Role: Quality Improvement and Patient Safety Manager Date: 04/10/2023 and 10/06/2024</p> <p>Name: [Removed for publication] Role: Involvement Team Date: 08/04/2024 and 04/06/2024</p>
4. Date form / scheme agreed for governance	Reviewed at panel assurance meetings: 13/06/2024 and 11/07/2024
5. Notes	

L: Likely financial impact of the change (and / or level of risk to the ICB)

Level of risk to the ICB
Low
Medium
High

M: Approval to proceed

Approval to proceed	Name / Role	Yes / No	Date
PMO / PI / Director			
Proposed 6-month review date (post implementation)	To be agreed with Pathway Integration / Programme or scheme lead		

N: Review

To be completed following implementation only.

1. Review completed by	
2. Date of Review	
3. Scheme start date	

4. Were the proposed mitigations effective?

(If not why not, and what further actions have been taken to mitigate?)

5. Is there any intelligence / service user feedback following the change of the service?

If yes, where is this being shared and have any necessary actions been taken because of this feedback?

6. Overall conclusion

Please provide brief feedback of scheme, i.e. its function, what went well and what didn't.

7. What are the next steps following the completion of the review?

i.e. Future plans, further involvement / consultation required?

Appendix A: Impact Matrix

This matrix is included to help your thinking and determine the level of impact on each area.

Likelihood

Score	Likelihood	Regularity
0	Not applicable	
1	Rare	Not expected to occur for years, will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur...
3	Possible	Expected to occur at least monthly. Reasonable chance of...
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost certain	Expected to occur at least daily. More likely to occur than not.

Scoring matrix

- **Opportunity:** 5 to 0
- **Consequence:** -1 to -5

Likelihood	5	4	3	2	1	0	-1	-2	-3	-4	-5
5	25	20	15	10	5	0	-5	-10	-15	-20	-25
4	20	16	12	8	4	0	-4	-8	-12	-16	-20
3	15	12	9	6	3	0	-3	-6	-9	-12	-15
2	10	8	6	4	2	0	-2	-4	-6	-8	-10
1	5	4	3	2	1	0	-1	-2	-3	-4	-5

Category
Opportunity
Low – moderate risk
High risk

Opportunity and consequence

Impact	Score	Rating	The proposed change is anticipated to lead to the following level of opportunity and / or consequence
Positive	5	Excellence	<p>Multiple enhanced benefits including excellent improvement in access, experience and / our outcomes for all patients, families, and carers. Outstanding reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with protected characteristics and the general population.</p> <p>Leading to consistently improvement standards of experience and an enhancement of public confidence, significant improvements to performance and an improved and sustainable workforce.</p>
	4	Major	<p>Major benefits leading to long-term improvements and access, experience and / our outcomes for people with this protected characteristic. Major reduction in health inequalities by narrowing the gap in access, experience and / our outcomes between people with this protected characteristic and the general population. Benefits include improvements in management of patients with long-term effects and compliance with national standards.</p>
	3	Moderate	<p>Moderate benefits requiring professional intervention with moderate improvement in access, experience and / or outcomes for people with this protected characteristic. Moderate reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p>
	2	Minor	<p>Minor improvement in access, experience and / or outcomes for people with this protected characteristic. Minor reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p>
	1	Negligible	<p>Minimal benefit requiring no / minimal intervention or treatment. Negligible improvements in access, experience and / or outcomes for people with this protected characteristic. Negligible reduction in health inequalities by narrowing the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p>
Neutral	0	Neutral	No effect either positive or negative.

Impact	Score	Rating	The proposed change is anticipated to lead to the following level of opportunity and / or consequence
Negative	-1	Negligible	<p>Negligible negative impact on access, experience and / or outcomes for people with this protected characteristic. Negligible increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in minimal injury requiring no / minimal intervention or treatment, peripheral element of treatment, suboptimal and / or informal complaint / inquiry.</p>
	-2	Minor	<p>Minor negative impact on access, experience and / or outcomes for people with this protected characteristic. Minor increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in minor injury or illness, requiring minor intervention and overall treatment suboptimal.</p>
	-3	Moderate	<p>Moderate negative impact on access ,experience and / or outcomes for people with this protected characteristic. Moderate increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in moderate injury requiring professional intervention.</p>
	-4	Major	<p>Major negative impact on access, experience and / or outcomes for people with this protected characteristic. Major increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to lead to major injury, leading to long-term incapacity / disability.</p>
	-5	Catastrophic	<p>Catastrophic negative impact on access, experience and / or outcomes for people with this protected characteristic. Catastrophic increase in health inequalities by widening the gap in access, experience and / or outcomes between people with this protected characteristic and the general population.</p> <p>Potential to result in incident leading to death, multiple permanent injuries or irreversible health effects, an event which impacts on a large number of patients, totally unacceptable level of effectiveness or treatment, gross failure of experience and does not meet required standards.</p>

Appendix B: Guidance notes on completing the impacts section G

Domain	Consider
1. Patient Safety	<ul style="list-style-type: none"> • Safe environment. • Preventable harm. • Reliability of safety systems. • Systems and processes to prevent healthcare acquired infection. • Clinical workforce capability and appropriate training and skills. • Provider’s meeting CQC Essential Standards.
2. Experience of care	<ul style="list-style-type: none"> • Respect for person-centred values, preferences, and expressed needs, including cultural issues; the dignity, privacy, and independence of service users; quality-of-life issues; and shared decision making. • Coordination and integration of care across the health and social care system. • Information, communication, and education on clinical status, progress, prognosis, and processes of care to facilitate autonomy, self-care, and health promotion. • Physical comfort including pain management, help with activities of daily living, and clean and comfortable surroundings. • Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families, and their finances. • Co-produce with the population and service users as the default position for project design. • Use what we know from insight and feedback in project design and be explicit in the expected outcomes for experience of care improvements. • Involvement of family and friends, on whom patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as caregivers. • Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions. • Access to care e.g., time spent waiting for admission, time between admission and placement in an in-patient setting, waiting time for an appointment or visit in the out-patient, primary care or social care setting. <p>[Adapted from the NHS Patient Experience Framework, DoH 2011] revised in: https://www.england.nhs.uk/wp-content/uploads/2021/04/nhsi-patient-experience-improvement-framework.pdf</p>

<p>3. Clinical Effectiveness</p>	<ul style="list-style-type: none"> • Implementation of evidence-based practice (NICE, pathways, royal colleges etc.). • Clinical leadership. • Care delivered in most clinically and cost-effective setting. • Variations in care. • The quality of information collected and the systems for monitoring clinical quality. • Locally agreed care pathways. • Clinical engagement. • Elimination of inefficiency and waste. • Service innovation. • Reliability and responsiveness. • Accelerating adoption and diffusion of innovation and care pathway improvement. • Preventing people dying prematurely. • Enhancing quality of life. • Helping people recover from episodes of ill health or following injury.
<p>4. Equality</p>	<p>In order to answer section C and G4 the groups that need consideration are (use the links for more information):</p> <ul style="list-style-type: none"> • Age: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/age-discrimination • Disability: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/disability-discrimination • Gender reassignment: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/gender-reassignment-discrimination • Pregnancy and maternity: https://www.equalityhumanrights.com/en/our-work/managing-pregnancy-and-maternity-workplace • Race: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/race-discrimination • Religion or belief: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/religion-or-belief-discrimination • Sex: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sex-discrimination • Sexual orientation: https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/sexual-orientation-discrimination

	<p>Other groups would include, but not be limited to, people who are:</p> <ul style="list-style-type: none"> • Carers. • Homeless. • Living in poverty. • Asylum seekers / refugees. • In stigmatised occupations (e.g. sex workers). • Problem substance use. • Geographically isolated (e.g. rural). • People surviving abuse.
8. Safeguarding	<ul style="list-style-type: none"> • Will this impact on the duty to safeguard children, young people, and adults at risk? • Will this have an impact on Human Rights – for example any increased restrictions on their liberty?
9. Workforce	<ul style="list-style-type: none"> • Staffing levels. • Morale. • Workload. • Sustainability of service due to workforce changes (Attach key documents where appropriate).
10. Health Inequalities	<ul style="list-style-type: none"> • Health status, for example, life expectancy. • access to care, for example, availability of given services. • behavioural risks to health, for example, smoking rates. • wider determinants of health, for example, quality of housing.
11. Sustainability	<p>See: https://www.bma.org.uk/media/3464/bma-climate-change-and-sustainability-paper-october-2020.pdf</p> <p>Climate change poses a major threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and the NHS.</p> <p>Also consider; technology, pharmaceuticals, transport, supply/purchasing, waste, building / sites, and impact of carbon emissions.</p> <p>Visit Greener NHS for more info: https://www.england.nhs.uk/greenernhs/</p>
12. Other	<ul style="list-style-type: none"> • Publicity / reputation. • Percentage over / under performance against existing budget. • Finance including claims.