NHS
Frimley
Clinical Commissioning Group

Initial Equality and Health Inequalities Analysis (EHIA) Tool

Introduction

This Initial EHIA Tool has been developed to help you to think through the implications of your work on equality and on addressing health inequalities. It aims to help you take the right steps to make sure that the policy, commissioning / decommissioning, service changes and/or procedure you are developing has the best chance of advancing equality of opportunity and reducing health inequalities, whilst capturing the evidence that you have done so.

It will help you decide whether or not you need to undertake a full Equality and Health Inequalities Analysis (EHIA) for your project, activity or piece of work. It is your responsibility as the project lead/policy owner to take this decision having worked through the Tool.

Once completed, please contact XXX who will agree with you the next stage to sign off the Tool i.e. to either undertake a full EHIA or not to undertake a full EHIA.

Legal Duties

The NHS and other public sector health care organisations have two separate duties on Equality and on Health Inequalities. Whilst the purpose of both duties is to ensure that informed and conscious consideration is given by decision-makers to assess needs in respect of the equality and health inequality duties, it is important to appreciate that they are two distinct duties. This document is therefore divided into two parts: Section A contains the Health Equality Analysis and Section B the Public Sector Equality Duty.

The Equality Act 2010 and Public Sector Equality Duty
Frimley CCG has legal obligations relating to:

- Section 149 of the Equality Act 2010 (the Public Sector Equality Duty), and
- The Equality Act 2010 (Specific Duties) Regulations 2011.

In summary this means that the CCG has legal obligations, in the exercise of their functions, to have ‘due regard’ to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. (Removing or minimising disadvantages suffered by people due to their protected characteristics.)
- Advance equality of opportunity between people who share a protected characteristic and those who do not. (Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.)

- Foster good relations between people who share a protected characteristic and those who do not. (Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

These are often referred to as the three aims of the Public Sector Equality Duty (PSED) and apply to the following protected characteristics: Age, Disability, Gender (sex), Gender reassignment, Pregnancy and maternity, Race, Religion or belief, Sexual orientation and Marriage and civil partnership (but only in regards to the first aim - eliminating discrimination and harassment). Please see Annex A for further details.

NHS England has agreed an additional definition which relates to inclusion health and people with lived experience. Inclusion health has been used to define a number of groups of people who are not usually provided for by healthcare services and covers people who are homeless, rough sleepers, vulnerable migrants, sex workers Gypsies or Travellers and other excluded people. The definition also covers Female Genital Mutilation (FGM), human trafficking and people in recovery. Please consider these groups in your analysis.

To demonstrate compliance with the Equality Act 2010 and the PSED, the CCG is required to meet the specific duties of publishing equality information and setting and publishing equality objectives, as required under the 2011 regulations.

The overall aim of the PSED is to make sure that public authorities such as the CCG take equality into account as part of their decision-making process. It is not possible to consider equality issues retrospectively and comply with the PSED. This leaves the organisation open to legal challenge.

The Health and Social Care Act 2012

The Health and Social Care Act 2012 established the first specific legal duties on Health and Care organisations to have regard to the need to reduce inequalities between patients and service users in **access** to, and **outcomes** from, health and care services and in ensuring that services are provided in an integrated way. These duties took effect from 1st April 2013.

The duties require that Health and Care organisations properly and seriously takes into account inequalities when making decisions or exercising functions, and have evidence of compliance with the duties, whilst also assessing how well commissioned providers have discharged their legal duties on health inequalities.

Frimley CCG has duties to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved.
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved.

What is meant by "…have regard to…" in the duties?

- Lawyers advise that "having regard to the need to reduce" means health inequalities must be properly and seriously taken into account when making decisions or exercising functions, including balancing that need against any countervailing factors.
- Part of having regard includes accurate record keeping of how the need to reduce health inequalities have been taken into account.

Which Groups are covered by the legal duties on health inequalities?
The Act does not define a list of groups impacted by the duties. Any group experiencing health inequalities is covered. The duties therefore take a whole population approach. This means that the CCG must consider the whole of the population for which they are responsible, and identify inequalities within that population group. Examples of groups that come under this category include homeless groups, carers, communities defined by a particular geographical area, etc.

Equality and Health Inequalities Analysis (EHIA)

Undertaking EHIAs promotes equality and good practice. It also provides evidence of tackling inequality including health inequalities as well as compliance with our legal duties - public sector equality duty and health inequalities duties.

A comprehensive EHIA toolkit has been developed, which in addition to the nine protected characteristics, also includes analysis of carers and the opportunity to include the impact on other vulnerable groups such as the homeless or those living in the lowest economic groups, etc. The EHIA toolkit is a live document and will evolve over time.

EHIAs should be a natural part of our thought process in making decisions as an employer and as a commissioner of health services.

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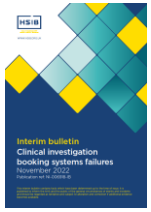
Initial Equality and Health Inequalities Analysis (EHIA) Tool

Title of policy or service:	GP Languages Project
Name and role of officer/s completing the analysis:	Paul Tattam, Gurpreet Mangat, Louisa Enriquez, Deborah Maynard, Diane Parrott, Samreen Aslam, Mike Wooldridge, Marriyah Shakoor, Nathan Bell.
Date of analysis:	29/11/2022
Type of EHIA completed:	**Initial EHIA**

1. Outline	
Give a brief summary of your policy or service • including partners, national or regional	Many patients across the NHS Frimley ICB footprint may be unable to understand communications from different parts of the NHS as English is not their first language. This project will look how existing communication sent to patients, from GP practice in the first instance, could be sent in a different language to English. Whilst it does not directly look at those who require support to communicate it could lead to practices understand the size of this cohort of patients and further work could be undertaken in relation to this, for example, linkning in with study courses etc.

	Whilst looking to automate this as much as possible, it is likely that there may be additional impacts on time for practice staff. This needs to be considered as part of the impact on practices, with the potential to offset that against the number of failed communications sent, as well as a potential decrease in DNA rates for appointments. Consideration is also being taken of the recent interim report from the HSIB which looked at 'Clinical Investigation booking systems failures, Nov 2022'. Report attached - 
What outcomes do you want to achieve?	Improve Communications from GP Providers to their patients, reduce the opportunity for errors and missed appointments.
Give details of evidence, data or research used to inform the analysis of impact	High DNA rates of appointments HSIB Interim Bulletin, Clinical Investigation booking systems failures Nov 2022
Give details of all consultation and engagement activities used to inform the analysis of impact	

Identifying impact:

- **Positive Impact:** will actively promote the standards and values of the CCG;
- **Neutral Impact:** where there are no notable consequences for any group;

- **Negative Impact:** if such an impact is identified, the EHIA should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. This should usually result in a 'full' EHIA process unless there are clear and justifiable reasons given as to why this has not been conducted.

2. Gathering of Information
This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the Public Sector Equality Duty and Health and Social Care Act*.

(Please complete each area)	What key impacts have you identified?			For the impacts identified (either positive or negative) give details below:	
	Positive Impact	**Neutral impact**	**Negative impact**	**How does this impact and what action, if any, do you need to take to address these issues?**	**What difference will this make?**
Human rights	☐	X	☐		
Age	☐	X	☐		
Disability	☐	X	☐		
Sex	☐	X	☐		
Race	X	☐	☐	Improved communications with patients that are unable to read English.	Better engagement, more appointments attended and communications improving with patients.
Religion or belief	☐	X	☐		
Sexual orientation	☐	X	☐		

Gender reassignment	☐	X	☐		
Pregnancy and maternity	X	☐	☐	Those patients that do not have English as a first language will receive better communications form their GP Practices	Better engagement, more appointments attended and communications improving with patients.
Marriage and civil partnership (only eliminating discrimination)	☐	X	☐		
Other relevant groups: • Looked after Children and Young People • Carers • Homeless people • Communities disproportionately affected by COVID • Those involved in the criminal justice system • People on low incomes. • People who	X	☐	☐	For patients that are Digitally excluded, this will have no worse an impact that the current system as it is operating now. It may allow practices to understand the size of its patient list that maybe digitally excluded for consideration of how they can engage with this group of their population. Many people across these groups may not be able to read English so this project should help improve communication across many of these groups.	Better engagement, more appointments attended and communications improving with patients.

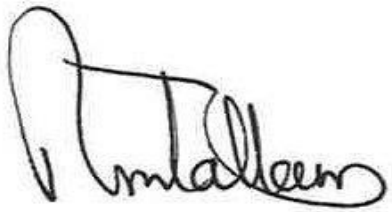
have poor literacy. • People living in deprived areas • People who do not have access to digital tools • Armed Services (e.g. Nepali) • People in other groups who face health inequalities.				Understand the literacy rates of the population may come from this work and further options of how to support practices population could be developed further down the line.	
HR and related Policies only (i.e. recruitment, CPD, talent management, etc.): • Could the policy / proposal have a potential impact on staff? • If so are the actions identified covered under	☐	X	☐	Yes this will impact on staff, it is hoped that the negative and positive will balance themselves across the project, therefore a Neutral impact. Impacts not covered by HR Policies. Unlikely to need to update HR policies, but SOPs within providers may well need a review.	

current HR or other policies? • If not, are there plans to review and update the policies (e.g. agile working arrangements) to incorporate actions identified.					

IMPORTANT NOTE: *If any of the above results in '**negative'** impact, a 'full' EHIA which covers a more in-depth analysis on areas/groups impacted must be considered and may need to be conducted. If you decide not to conduct a full EHIA, please state the reasons why.*

Having detailed the actions, please transfer them to an action plan. (An example action plan is given below.)

3. Action plan				
Issues/impact identified	**Actions required**	**How will you measure impact/progress**	**Timescale**	**Officer responsible**

4. Monitoring, Review and Publication				
When will the policy/proposal/service be reviewed and by whom?	**SRO name:**	Paul Tattam	**Date of next review:**	TBC
If the SRO decides a full EHIA is not required, this form **must** be sent to the Equality Lead for sign off.	**SRO signature:**		**Date**	29/11/2022

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ANNEX A

The Protected Characteristics' Groups

When completing the Initial EHIA Tool, we suggest you consider the nine protected characteristics and how your work would benefit one or more of these groups. The nine protected characteristics are as follows:

Protected	Description
Age	A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds).
Sex	A man or a woman.
Ethnicity	A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Disability	A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day
Religion or belief	A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.
Sexual Orientation	Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).
Gender re-assignment	Where a person has proposed, started or completed a process to change his or her sex. Gender Identity describes the gender that a person sees themselves as. It is not outlined explicitly as one of the protected characteristics in the Equality Act. However, should also be considered to ensure people are not disadvantaged by their gender identity, which could include (but is not limited to), gender-queer, non-binary, or a gender.

Marriage and Civil Partnership	A person who is married or in a civil partnership.
Pregnancy and Maternity	A woman protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.