



# Equality Impact Analysis Form

## Equality Impact Analysis Form

### Project Details

<b>Project Name:</b>	
<b>EA Author:</b>	
<b>Team:</b>	
<b>Date completed:</b>	
<b>Version:</b>	

**What is the aim of the project/proposal?**

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

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**Stage 1, Scoping point**

**Is a full Equality Impact Analysis required for this project?**

You should consider whether a full EIA is required, referring to the relevant guidance for information and guidance on making this decision.

It is important this decision is made with an open mind and correctly, advice should be sought from the EIHR team if you are unsure.

<b>Yes</b>	<input type="checkbox"/>	Proceed to the full Equality Impact Analysis form	<b>No</b>	<input type="checkbox"/>	Explain why further analysis is not required.
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*If no, explain below why further Equality Impact Analysis is not required. 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 EIA.)*

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If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EIA. An Equality Impact 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

*To demonstrate that the decision made has been informed you should include examples of the information used to determine the impact and complete the EIA.*

*Examples are likely to include:*

- **Population Data** - e.g. demographic profile (Census),
- **Service Activity Data** e.g. profile of patients using a service
- **Consultation and Involvement findings** - e.g. any engagement with service users, local community, specific groups.
- **Research** - e.g. good practice guidelines, service evaluations, literature reviews, reports
- **Participant knowledge** - e.g. experiences of working with different or population groups, experiences of service users in other service areas / localities

## 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.*

As part of these considerations you should consider how the CCG will be meeting the requirements of the Public Sector Equality Duty

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

**Before** completing this section you should ensure you can suitably answer the following:

What is the equality profile of the population i.e. service users/patients and/or workforce that is intended to benefit from the activity/project?

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### 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.*

(By collecting and analysing demographic data of protected characteristics relating to patients/service users and/or workforce, within the geographical area concerned, the CCG will be able to identify the groups that may be adversely affected at a greater proportion to others).

#### 2.1 Age

*Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues.*

#### 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.*

#### 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.*

#### 2.4 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.*

#### 2.5 Pregnancy and maternity

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### **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.*

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

### **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.*

### **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.*

### **2.8 Sex**

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

### **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.*

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### 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.*

#### 2.10 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)*

#### 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.*

### 3. Human rights

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

<b>Will the proposal impact on human rights?</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<b>Are any actions required to ensure patients' or staff human rights are protected?</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

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### 4. Health Inequalities.

The Health and Social Care Act 2012 established the first specific legal duties on CCGs to have regard to the need to reduce inequalities between patients in **access** to, and **outcomes** from, healthcare services and in securing that services are provided in an integrated way. These duties had legal effect from April 1st 2013.

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

**1. What evidence have you considered to determine what health inequalities exist in relation to your work?**

This can include local and national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them.

(this may be different or similar to that which has informed the EIA)

**2. What is the potential impact of your work on health inequalities? Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?**

If you feel that the project will not impact / be relevant to Health Inequalities please give a rationale.

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### 4. Health Inequalities.

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

### 3. How can you make sure that your work has the best chance of reducing health inequalities?

### 5. Engagement/consultation

What engagement is planned or has already been done to support this project?

It is expected that the CCG will have carried out a level of engagement with those affected whether formal or informal. This should be focussed to the groups most affected.

Engagement activity	With whom? <i>e.g. protected characteristic/group/community</i>	Date

*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... (If a supporting document is available, please provide it or a link to the document)*

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### 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.*

*Are these vital to the project continuing?*

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### 7. Is further work required to complete this EIA?

*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

### 8. Development of the Equality Impact Analysis

*If the EIA 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*

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

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### 9. Final Sign off

Completed EIA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process. Service lines should maintain an up to date log of all EIAs.

**Version approved:**

	Name	Date
<b>Signature of responsible officer</b>		
<b>Which committee will be considering the findings and sign off the EA?</b>		
<b>Minute number</b> <i>(to be inserted following presentation to committee)</i>		