**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.

**Initial Equality and Health Inequalities Analysis (EHIA) Tool**

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| **Title of policy or service:** | National Wound Care Strategy Programme (NCWSP) |
| **Name and role of officer/s completing** **the analysis:** | Programme lead – Jo GreengrassProject manager – Eleanor Border  |
| **Date of analysis:** | 02/02/2023 |
| **Type of EHIA completed:**   | **Initial EHIA** |

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| **1. Outline** |
| **Give a brief summary of your policy or service*** including partners, national or regional
 | The National Wound Care Strategy Programme (NWCSP), delivered by the Allied Health Science Network (AHSN) comprises of evidenced-based best practice solutions to improve wound healing, prevent harm, increase staff productivity and achieve financial savings in line with the priorities of the NHS Long Term Plan. The pathway outlines the standards for effective prevention, assessment and treatment of wound care which aims to optimise healing and prevent long-term management. The NWCSP has been noted in the NHS Long Term Plan and National Patient Safety Strategy. The programme will be rolled out within primary care, based at Yateley Medical Centre, and within community care and care homes provided by community nursing. The Yateley pilot will focus on the provision of care for lower leg wounds; onward referrals to podiatry will be carried out for the assessment and care of foot wounds. The hub model in Yateley Medial Centre will operate as a weekly clinic held on a Thursday, that is run by primary care nurses trained to the appropriate competency in line with NWCSP guidance. The structure of the clinic adheres to best practice recommendations, inclusive of the provision of immediate and necessary care and a referral and follow-up process that enables assessment within 10 working days, self-management support, and monitoring to support improvements in patient outcomes.  |
| **What outcomes do you want to achieve?** | Implement a wound care treatment pathway in line with national standards for best practice that enables patients to be fully assessed and treated promptly, in order to increase the rate of complete recovery. Improving access to care for patients by providing a framework for regular monitoring, review and care plans in line with individual patient requirements, distributed across primary care and community nursing accordingly. Providing training necessary for tier 1 and 2 competence to support clinicians in delivering high-quality care in line with the national framework, in order to improve patient experience, clinical outcomes and reduce the number of long-term patients by increasing the healing rate.  |
| **Give details of evidence, data or research used to inform the analysis of impact** | Guidance for best practice can be found here: https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/04/Lower-Limb-flowchart-25Feb21.pdfBaseline data provided by primary and community care prior to programme rollout. Data to be captured post-launch consisting of average length of time between referrals, assessment and treatment as well as capturing healing rate. Patient engagement sessions and focus groups will be held to obtain qualitative data that captures patient experience and satisfaction.  |
| **Give details of all consultation and engagement activities used to inform the analysis of impact** | Form for standardised data collection built in Ardens template, patient engagement sessions and questionnaires throughout Yateley primary care,East Berkshire and NEHF lived experience patients.  |

**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.

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| **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** | ☐ | ☑ | ☐ |  |  |
| **Age** | ☑ | ☐ | ☐ | Positive implications for those with wounds that may benefit from faster compression to improve healing rate. Considerations for those who are less mobile and may not have access to transport to attend clinics in Yateley. Consideration for working age population who may find clinic access during working hours challenging. Ensure flexibility through patient choice by prioritising slots in line with breaks and lunch hours where possible for the working age demographic on caseload.  | Must consider accessibility and mobility within the pathway and ensure links with patient transport and community nursing where required to ensure equal accessibility and parity in quality of care |
| **Disability** | ☐ | ☑ | ☐ | Considerations for reasonable adjustments that may be required those with physical and mental disabilities through tailoring care plans to facilitate this. Ensure care plans and communications are shared with carers. Disabled parking is available immediately outside the entrance to Yateley Medical Centre.  | Ensure equal access to health and care and equitable health outcomes and address individual needs in line with AIS standards and the Equality Act 2010<https://www.england.nhs.uk/publication/accessible-information-standard-specification/><https://www.legislation.gov.uk/ukpga/2010/15/contents> |
| **Sex** | ☐ | ☑ | ☐ |  |  |
| **Race** | ☐ | ☑ | ☐ |  |  |
| **Religion or belief** | ☐ | ☑ | ☐ |  |  |
| **Sexual orientation** | ☐ | ☑ | ☐ |  |  |
| **Gender** **reassignment** | ☐ | ☑ | ☐ |  |  |
| **Pregnancy and maternity** | ☐ | ☑ | ☐ |  |  |
| **Marriage and civil partnership** (only eliminating discrimination) | ☐ | ☑ | ☐ |  |  |
| **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 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.
 | ☑ | ☐ | ☐ | Map languages spoken in local demographic and assess local needs against service provided. Consideration of the below groups:* Limited access to transport
* Limited access to technology/poor digital literacy
* Poor literacy

Incorporating plans for equal access into the revised pathway where appropriate in line with available resources and finance.Consideration of cost-of-living crisis and impacts on patients travelling to appointments and parking and fuel costs Patient communication, information leaflets to be made available in different language and formats to suit patients needsHousebound patients must receive care that is of equal standard to the treatment in lower leg clinics, in line with NWCSP guidance. Community nursing teams must be trained in accordance with the competencies in the NWCSP tier system to encourage care that enhances clinical outcomes in accordance with individual patient needs.  | Ensuring services are adapted where possible to facilitate equal inclusion. |
| **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 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.
 | ☑ | ☐ | ☐ | Positive impact on staff through improved training, upskilling and additional training to meet tier 1 and 2 competencies recognised nationally.  | Risk of immediate negative impact on staff as revised ways of working, increased training and the incorporation of changes to national standards are implemented into their clinic structure. Additional training may be a burden in the accumulation of additional responsibilities. Upon completion of implementation, enhanced efficiency of workload through clinic restructure and individual professional development is likely to be achieved, which in turn will support staff workload and reduce the number of appointments required for treatment by supporting patients to engage with self-management |

***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.)

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| **3. Action plan** |
| **Issues/impact identified** | **Actions required** | **How will you measure impact/progress** | **Timescale** | **Officer responsible** |
| Integrating languages spoken locally into care provision  | Map Yateley demographic by languages spoken  | Analysis of language requirements and service provision  | Ongoing  | Eleanor Border |
| Service physical accessibility  | Patient engagement survey and incorporating variations of the pathway for immobile patients  | Reporting on community nursing visits and specialist care provision in Yateley  | Ongoing | Jo Greengrass and Eleanor Border |

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| **4. Monitoring, Review and Publication** |
| **When will the policy/proposal/service be reviewed and by whom?** | **SRO name:** |  | **Date of next review:** |  |
| 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** |  |

**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:

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| **Protected Characteristic** | **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 activities. |
|  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. |