NHS
Sandwell and West Birmingham
Clinical Commissioning Group

Equality & Diversity Impact Assessment – Commissioner Version

DOCUMENT CONTROL

Reference Number	Version	Status	Sponsor(s)/Author(s)
	V2		Saba Rai
{lead in specific policy area to provide once policy ratified)	V1.1	Final	Kathy Lyons, Partnership Development Manager Saba Rai, Senior Commissioning Manager (Lead) Terence Read, Partnership Development Manager

Amendments	Date	By whom
Purpose changed on Page 22 - option D now "To inform a commissioning decision".	18/7/2017	Terence Read
Refinement of commissioning guidance.	18/08/17	Saba Rai

Intended Recipients:	Group/Persons Consulted:
An equality impact assessment (EQIA) is a process of systematic analysis where we consider how our policies, strategies, services or functions are likely to impact upon the protected characteristics of our population	E&D Sub Committee Strategic Commissioning and Review Committee Chief Officers PMO Senior & Commissioning Managers

Monitoring Arrangements and Indicators:

Implementation of the EQIA process is monitored at the E&D Sub Committee. Outcomes and indicators are linked to those found in the EDS2 process.

Training/Resource Implications:

Training workshops to be provided for all Senior & Commissioning Managers as part of

commissioning process	
CCG Value:	This policy supports the delivery of all the CCG's assurance frameworks and outcomes.
Approving Body: Quality and Safety Committee (as part of Commissioning Process	**Date Approved:**
Date of Issue	
Review Date	6 months/post commissioning intention
Contact for Review	Terence Read - Partnership Development Manager
Policy Location:	Intranet, SWB CCG Website and Strategic Commissioning and Review Team.
Summary An equality impact assessment (EQIA) is a process of systematic analysis where we consider how our policies, strategies, services or functions are likely to impact upon the protected characteristics of our population	

Contents

Purpose

This document is in two sections:

1) EQIA Guidance
   a) This should be read before completing an assessment, to ensure the author of the EQIA assessment is familiar with the process.
2) EQIA Assessment templates
   a) To be completed as per the process, by the Commissioner.

1. EQIA Guidance

This Guidance sets out

a) The purpose of an equality impact assessment
b) When to undertake an EQIA
c) Where responsibility for conducting an EQIa lies.
d) The EQIA process
e) Where you can get support and assistance.

Guidance Notes to Complete an Equality Impact Assessment Screening and Assessment

a) Purpose of an Equality Impact Assessment?

An equality impact assessment (EQIA) is a process of **systematic analysis** where we start to consider and document how our commissioning options, intentions or decisions are likely to affect different groups or communities.

The process helps to ensure that commissioning decisions take account of the diversity of local population groups and do not create or exacerbate existing inequalities or variations in outcomes. An Eqia can assist the commissioner to identify **practical steps** that can be taken from the outset to ensure that the services commissioned, reviewed or evaluated will deliver the desired outcomes for all groups.

The EQIA process is also about **documenting** the thinking and rationale that underpins the commissioning of a service The completed EQIA paperwork will demonstrate that the commissioner have taken a considered, evidence-based approach when commissioning a new or evaluating an existing service. EQIAs are one of the tools available to commissioners to try to **tackle the inequalities people can experience in access to and experience of healthcare and health services**. Inequalities can occur due to a range of factors, including a person's age, sex , gender identity race (culture/language/ethnicity), sexual orientation, religion, disability, relationships, socio-economic

status, homelessness, political beliefs, or if someone is a carer, is pregnant, a sex worker or a drug user.

These inequalities can mean some people do not have the same access to services or opportunities (at work and in broader life), have poorer experiences of services or employment, and have poorer outcomes.

EQIAs can help the commissioner to **improve the quality and effectiveness** of the services that are being developed or reviewed. The analysis that is undertaken will help you to understand:

1. The diversity of the population groups within SWB CCG and the sub groups that will be impacted by the services that are being developed or reviewed i.e. *population of SWB CCG with type 2 diabetes*
2. Whether there are any *unintended consequences* for some groups from the different service options / intentions ;
3. Whether there are unintended consequences resulting from changes that may be happening in the way services are commissioned / delivered across partner organisations.
4. Whether taking into account all the above evidence your plans will be *fully effective* for all your intended audiences; and
5. How you can alter or adapt the service to minimise unintended consequences and be more effective for all groups.

EQIAs also help us **comply with legislation**. The *Equality Act 2010* provides protection from discrimination, harassment & victimisation to people with 'protected characteristics'. These are:

- Age
- Disability including carers of a person with a disability
- Gender reassignment
- Pregnancy/maternity
- Marriage/civil partnership
- Religion/belief
- Race
- Sex
- Sexual orientation.
- Vulnerable Groups – although this group is not a protected group. It should be treated in the same way.

Discrimination can be direct or indirect. We also need to **avoid indirect discrimination**, which may occur where an apparently neutral provision, criterion or practice puts people with a 'protected characteristic' at a disadvantage. We need to systematically check that our projects or plans do not unwittingly discriminate, even though they appear to apply to everyone equally.

The Human Rights Act 1998 introduces an explicit **human rights** dimension into Public Sector decision making and actions. The introduction of this Act has meant that every action taken by the CCG must be compatible with the rights stated in the Human Rights Convention. The potential implications of these human rights for healthcare are listed in the appendices.

1) Responsibility for conducting an EQIA:

It is important to determine where responsibility for conducting the EQIA lies. The table below provides an outline of the different ways services are commissioned and the stages of the commissioning cycle when an EQIA may be required to support decision making.

	Purpose of Equality Impact Assessment (EQIA)		
Commissioning Approach	**EQIA to inform the development of new service**	**EQIA to inform review or evaluation of existing service**	**EQIA to inform decisions to disinvest or substantially change an existing service.**
CCG directly commission the Service	CCG officers	CCG officers	CCG officers
CCG has delegated authority to commission a service	CCG officers	CCG officers	CCG officers
CCG is a partner in a jointly commissioned service **but not** the lead commissioner	Lead Commissioner of joint Service	Lead commissioner of joint service	CCG officers (impact of disinvestment / change proposed by the CCG)
CCG is a partner in a jointly commissioned service and lead commissioner	CCG officers	CCG officers	CCG officers

For example, the table above indicates that where the CCG has delegated authority to commission a service, its officers are responsible for conducting an EQIA, regardless of the purpose of the EQIA. However, if the CCG is a partner but not the lead commissioner, CCG officers are responsible for only

conducting an EQIA on the component that will inform **its** decision to either disinvest in or substantially change the service.

It is important for good governance that commissioners clearly articulate where responsibility for undertaking the EQIA lies, and have a robust audit trail of this agreement. Not conducting an EQIA, conducting a limited / light touch EQIA or retrospectively conducting an EQIA can result in a legal challenge to decisions that are reached.

Where the CCG has been identified as the lead commissioner, has delegated authority to commission or directly commissions a service - The CCG's EQIA process should be followed.

For jointly commissioned / funded projects for example with a local authority, or another CCG(s) or provider(s); the service steering or programme group will be required to confirm with the CCG lead officer who the responsible lead organisation for conducting the EQIA will be and therefore which governance process to follow.

The lead officer responsible for the service area is responsible for ensuring that an EQIA is carried out. It is important that the person conducting the EQIA has an in-depth knowledge of the proposed service, procedures or functions so they can understand its potential impacts. The EQIA should be a collaborative process involving relevant steering groups, colleagues and teams i.e. public health.

Within the CCG, the Governing Body is ultimately accountable for ensuring that EQIAs are completed. When a service evaluation or a project initiation document is submitted, the Governing Body and/or committee papers should include results of the EQIA.

2) When do I need to complete an EQIA?

For a new service:

The EQIA process must be carried out at the start or as part of the development of the service and not in retrospect. The EQIA should inform the project/service initiation documentation and be integral to the business case for the new service. The EQIa should be proportionate to the potential level of investment in and political sensitivity of the service. A clinical lead or service steering group should have oversight of the EQIA process.

For existing services:

Where the CCG is reviewing the effectiveness of an existing service/pathway or model an EQIA is required to understand the impact of the service on all groups that should benefit from it. The time spent on the EQIA should be proportionate to the level of investment and political sensitivity of the service. The EQIA process includes a requirement to ascertain from providers the impact of the service on service users.

Where the CCG is considering disinvesting in or substantially changing the way a service is delivered an EQIA is required to understand the impact of the disinvestment or change. The EQIA should be proportionate and consider the impact on service users (existing and future), the impact on the viability of the remaining service, the impact on staff employed by the service, the impact on partners where a service is jointly commissioned and any political impact of disinvestment or change.

3) How do I complete an EQIA?

EQIA Principles

Your EQIA should be:

1. **Proportionate**: '*You need only pursue the EQIA process as far as the activity in question warrants*'[1].
    - The more politically *sensitive* the service, the greater *its potential impact* and therefore the more robust your EQIA should be.
    - The greater the investment or proposed investment in the service and the

2. **Timely**
3. **Evidence-based:** State in your EQIA what you know to be true, what you think/assume (perhaps based on a hunch or what you've heard anecdotally), and what you don't know.

[1] Professor Peter Latchford, Chief Executive, Black Radley Ltd: 'Equality Impact Assessment: The Curse and the Cure'.

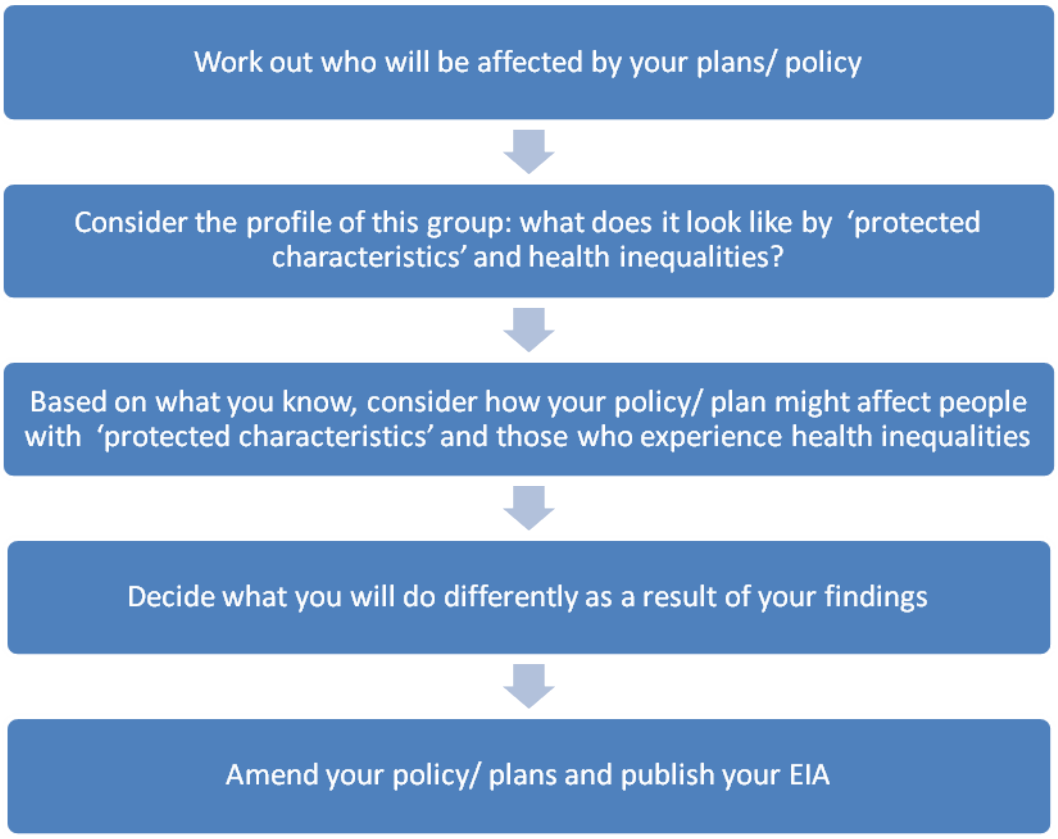
4. **Integrated**: Build equality considerations into your decision-making process from the start, and into your final project. This means explicitly including equality considerations in the project itself.

b) Where to get support and assistance;

- Support Senior Commissioning Manager (SCM)/Commissioning Manager (CM) to complete the initial EQIA screening process to identify if any groups are affected by service changes and any impacts.
- Review full EQIA findings, conclusions and recommendations.
- Provide support for SCM/CM to take service proposals to the next step in the commissioning cycle.
- Report on a quarterly basis to the Equality & Diversity Committee the EQIA's we have reviewed and the proposed service changes

Process

This flow chart sets out the process for completing an EQIA:



The detail below sets out how to complete each of the sections in the form.

Section 1: Screening

This stage involves an initial analysis of any adverse impacts or potential adverse impacts for protected groups. The author should draw on their knowledge and experience of the service/ plan / policy/ project/ decision and the people that are affected. It is therefore beneficial to seek the views of a range of people at this early stage. E.g. you may wish to involve the E&D Manager or relevant working group. You should consider the following when undertaking screening:

- Is there a higher prevalence of any group(s) in relation to the prevalent conditions?
- Are there any concerns about the participation of any group(s) in the service or any aspect of the service?
- Are there any known barriers or potential barriers to access for any group?

You will need to record your explanation of any adverse impacts or no impacts. If adverse impacts or potential adverse impacts are identified you will need to complete the rest of the impact assessment. Defining the scope of your Equality Analysis (EA) will help to establish the specific aspects of the service/ plan / policy/ project/ decision that require further examination.

People affected by the project

To begin your analysis, you need to know who is affected, how they are affected, and to what extent. This information should also be included in the relevant project documents describing its scope and/ or target audience.

The form then requires you to consider the profile of both service users and staff affected by 'protected characteristics'. This will help you identify any particular groups you need to pay greater attention to when you are analysing potential equality impacts.

In some cases, the profile will be our local population or the CCG staff as a whole, in which case you can use the demographic data found in the JSNA and in discussion with public health or from electronic staff records data via HR.

In other cases, your target audience will be a subsection of our local population or staff, e.g. older people, women[2], clinical staff, or managers. If you do not have a profile of your audience already, the public health team may be able to help you pull this together.

You may need to include other potentially vulnerable groups that your project may affect such as carers; people who are homeless, live in poverty, who are long term unemployed, in stigmatised occupations (sex workers both women and men), who misuse drugs, with limited family or social networks or who are geographically isolated.

It is likely that some of the information will not be available at a local level (e.g. on sexual orientation, religion/ belief, transgender). In this case, you can refer to regional or national figures. Public health may be able to help you locate this information.

Section 2: Summary of findings

This section will be completed once the EQIA has been completed. It asks you to provide a summary of your findings. This should include an overview of the positive and negative impacts which may arise as a result of the project and any resulting actions identified.

[2] Please note: some services and functions target specific groups, e.g. older people, or people from BME communities. This is usually to tackle disadvantages that these groups experience in mainstream services, so is not likely to be discriminatory.

Section 3: Consultation and Involvement

Involvement should be an on-going process throughout the Equality Impact Assessment. This should include keeping records of any draft documents e.g. new or revised policies, any changes that have resulted from involvement and consultation process.

Where you have identified potential issues you will need to consider:

- Which diverse groups you will need to consult with or involve in the EQIA.
- The scope / duration of the involvement and consultation should be in proportion to the issue identified.
- What is your consultation plan?
- Have other organisations held similar formal consultations;
- What have previous involvement or consultations shown;
- What experts will you be seeking advice from
- What are the outcomes of your involvement /consultation and how will this inform the development of proposed actions.

Please note that where Disabled groups will benefit from the work you are undertaking, there is a legal requirement to INVOLVE disabled groups.

Section 4: Evidence base

This section allows you to record the evidence you have used to base your equality analysis on. The form asks for details of any desk research you have done (can be both quantitative and qualitative data) – check for local and/or national evidence and engagement or consultation have conducted. Has any other engagement taken place with relevant patient groups locally or nationally? The engagement manager should be able to guide you on this.

Remember! The amount of evidence you gather and analyse should be proportionate to the scale of change and sensitivity of your project. You should discuss this with your line manager before you start this section. You may be able to rely on data you already have. Alternatively – for large scale and/or highly sensitive policies and plans – you may need to conduct meetings, surveys or engagement events with people who will be affected, including those in 'protected groups'.

For example, if you are designing a new diabetes service, you will want to involve service users and carers, and especially those from Black Caribbean and South Asian communities (who experience substantially higher rates of diabetes). If you are designing a policy and procedure to tackle bullying and harassment in the organisation, you may want to involve HR staff, wider staff groups e.g. staff with disabilities and BME staff.

If you want to arrange conversations with specific local communities to discuss your project, contact the engagement manager for information and advice.

Section 5: Analysis of impacts

When you consider how your project will affect different groups, you should think about:

- **Access**: Will all groups of service users/staff be equally able to access or take advantage of the service/procedure? Consider their ability to understand it, to access buildings where it will be held, to use any technology involved, to access it in the hours it is available.
- **Experiences**: Are there any groups who might have better/poorer experiences as a result of their 'protected characteristics'? Some groups might be more likely be to scared or confused, some may be anxious about potential prejudice and harassment they might face from healthcare professionals, other service users or colleagues; some may feel they are not able to be themselves at work, or to reveal information that will affect the healthcare and work opportunities they receive (e.g. about sexual orientation, disabilities, or being transgender).
- **Outcomes**: are there any groups who might have better/ worse outcomes due to their 'protected characteristics'? Consider patients' health outcomes, and staff members' ability to do their job to the best of their abilities. Poorer outcomes are often due to poorer access or experiences. However, some groups have greater pre-disposition to poor outcomes due to physiology or lifestyle (e.g. people in the South Asian community are up to 5 times more likely to have diabetes; the prevalence of stroke among African Caribbean and South Asian men is 70 per cent higher than the average).

Some of the things you might need to consider for each of the 'protected characteristics' is included in the appendices.

Your EQIA should record whether the impact is negative, positive or neutral.

A **negative or adverse impact** is an impact that could disadvantage one or more equality groups or communities.

A **positive impact** is an impact that could have a positive effect on one or more equality groups, or improve equal opportunities and/or relationships between communities.

Impacts may be differential, where the effect on one particular group is likely to be greater than on another. However, it is NOT necessary to automatically assume that a positive impact for one group will result in a negative impact elsewhere – certain policies or strategies are often designed for one particular equality community e.g. older peoples' services. However, it IS appropriate to consider whether there are differing needs within that particular group e.g. access rates of older people from a black or other minority ethnic background.

The form then asks you to list any human rights implications your project might have. Suggestions of possible implications for human rights in healthcare are included in the appendices.

Section 6: Conclusions and recommendations

This section allows you to record how your project will help us meet the Public Sector Equality Duties described on page 3 and what you will do as a result of your analysis.

Your final task is to include equality considerations explicitly in your project documentation so that those implementing can act on them.

Section 7: Monitoring and review

This section requires you to set out how the actions you have identified will be monitored and reviewed. This could be through project working groups; team meetings as part of service specifications and contract/quality monitoring.

The actions identified to be considered as part of the CCG's equality audit framework in discussion with the CCG's equality lead.

Section 8: Approval and publication

When complete the EQIA should follow the CCG's approval process outlined in Appendix 3. Following approval it will be published on the CCG's website.

Appendix 1: Possible human rights implications

Rights:	Issues:
A2: RIGHT TO LIFE	Abortion; availability of life-saving treatments; euthanasia; deaths in custody;
A3: PROHIBITION OF TORTURE & INHUMAN & DEGRADING TREATMENT:	Corporal punishment; "pin down"; respecting the dignity of vulnerable people e.g. the elderly mentally ill; female circumcision
A4: PROHIBITION OF SLAVERY	Effectively abolished in 1774, but note recent cases of servants held in slave-like conditions.
A5:RIGHT TO LIBERTY	Powers of arrest; detention of the mentally ill; periods of detention; detention without trial
A6:RIGHT TO A FAIR TRIAL	Court delays; disclosure of evidence; right to silence; search and seizure orders; legal representation
A7: NO PUNISHMENT WITHOUT LAWFUL AUTHORITY	Criminal law must be certain and an offence at the time it was committed e.g. marital rape. Penalties cannot be introduced afterwards.
A8: RIGHT TO RESPECT FOR PRIVATE AND FAMILY LIFE	Access to records; public surveillance; telephone tapping; care orders; closure of residential homes; fertility treatment;
A9: FREEDOM OF THOUGHT, CONSCIENCE AND RELIGION	Blasphemy; employment practices; religious denomination schools; religious "cults"; charitable funding.
A10: FREEDOM OF EXPRESSION	Restrictions on the media re privacy; defamatory statements; reporting of court proceedings; "whistle-blowers";
A11: FREEDOM OF ASSEMBLY AND ASSOCIATION	Right to belong to trade unions; policing of demonstrations; music festivals; membership of "cults"
A12: RIGHT TO MARRY	Rights of transsexuals; same sex marriages; arranged marriages;
A14: PROHIBITION OF DISCRIMINATION	Prohibits "discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status".

Appendix 2: Examples of equality considerations by 'protected characteristic' and Vulnerable Groups

Protected characteristic	Legal definition	Some considerations
Age	All age groups are covered: children, young people. Teenagers, older people and/or the elderly.	Our older population and our children and young people have particular needs. Beware of assumptions about the age range, capability and generational viewpoints, teenage parents, children as carers. Confidence with technology and mobility may decrease with age.
Disability	The Equality Act provides protection to anyone who has a 'physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities.' This covers sensory impairments such as those affecting sight or hearing, severe disfigurements, mental health, and learning disabilities. The Act also covers those who are perceived to have a disability and those who are associated with a disabled person (e.g. carers).	NB 'disability' covers a massive range of conditions, abilities and needs. Even individuals with the same condition may have very different abilities and needs. Potential disadvantages include poorer health, barriers to accessing services or work opportunities, barriers in engaging with the way the NHS provides its services Consider what positive steps you can take to ensure disabled people can access services and access & progress in employment. Consider carers' needs: opening hours, work hours, timing of meetings. Consider accessibility: Communication formats (for example, Braille, audiotape, induction loop, Easy Read). Physical and sensory access, including transport and built environment. Giving enough time for understanding

Protected characteristic	Legal definition	Some considerations
Gender reassignment	Covers people who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex. A person does not have to undergo medical procedures to be protected by the law.	Transgendered people can face prejudice in all walks of life, including healthcare and employment. This is often down to lack of understanding. Healthcare issues are not just about gender reassignment services (and some transgendered people choose not to undergo surgery or treatment). Beware offering inappropriate healthcare, or failing to offer appropriate healthcare (breast and prostate screening; cervical smears, etc). Dignity and privacy are particularly important, especially in intimate care. Transgendered people should be treated according to their acquired gender (and they should not routinely be asked for their Gender Recognition Document as proof of their legal gender). This includes in admission to wards. It can be hard to ensure proper representation from the transgendered community on groups.
Marriage/ civil partnership	In employment, people who are married or in a civil partnership are protected from discrimination on the basis of their marriage/civil partnership. There is no legal protection from discrimination on this basis in the provision of services (unless a civil partner is treated less favourably than a married person – could be discrimination on the basis of sexual orientation).	The Act offers limited protection on this basis in employment. You can include provisions which favour married people/ those in civil partnerships, but not provisions which disadvantage them.

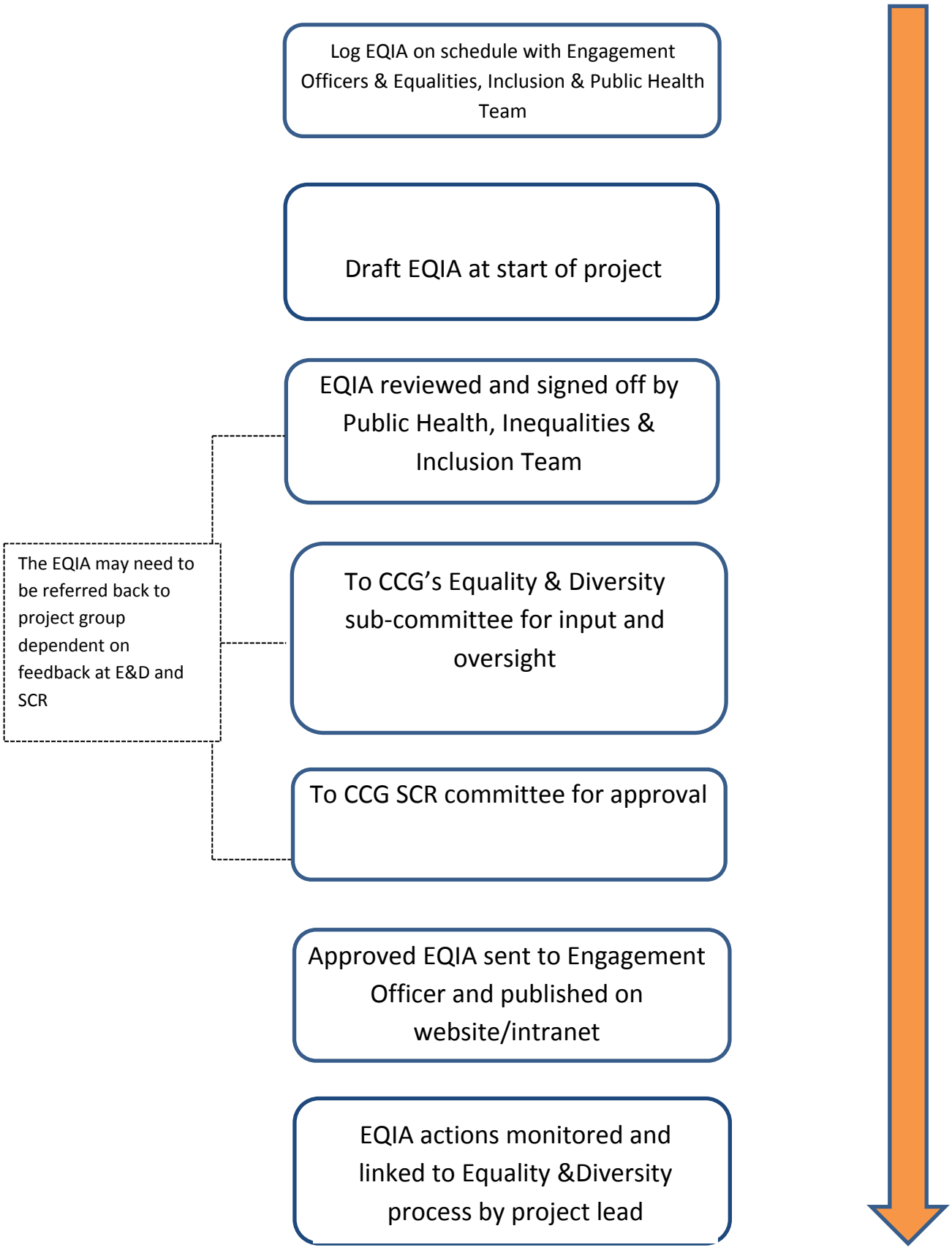
Protected characteristic	Legal definition	Some considerations
Pregnancy/ maternity	The law protects women from being treated unfavourably due to being pregnant, having given birth within the last 6 months, or breastfeeding an infant 6 months old or younger. Sex discrimination laws may apply where a woman is breastfeeding a child older than 6 months. This applies to receiving services and to employment.	In providing services, we cannot treat a service user unfavourably because of her pregnancy or maternity. Service providers must not discriminate against, harass or victimise a woman because she is breastfeeding. In employment, we cannot demote or dismiss a woman due to her pregnancy (or pregnancy related limitations or sickness) or maternity leave, or deny her access to training or promotion opportunities. Beware assuming a woman returning from maternity leave will want less responsibility or hours. There is no statutory right for workers to take time off to breastfeed, but employers are expected to try to accommodate women who wish to do so. Employers have a duty to provide a space in the workplace for female workers who are breastfeeding.
Race	Race includes all colour, nationality and ethnic or national origins. This means white people and Black & minority ethnic communities are covered. Also includes Gypsies & Travellers, migrant workers, and 'newly arrived' communities	Some racial and ethnic groups are at higher risk than others of developing certain diseases, are less likely than others to engage with health services and experience inequality in health outcomes. Consider communication formats and language needs, cultural considerations, lifestyle, isolation, work patterns, understanding of how our healthcare system works In the workplace, we need to consider dress code, language requirements (e.g. standard of English required), and diverse modes of communication.

Protected characteristic	Legal definition	Some considerations
Religion & Belief	Religion or belief includes any religion and any religious or philosophical belief. It also covers lack of religion or belief.	Affects health, use of health services, expectations of health providers and how people would like to be treated by healthcare staff. In respecting and reflecting diverse cultures, lifestyles, customs and values consider: Work hours and appointment times Provision of quiet rooms where possible Dietary requirements for meetings and on wards Dress codes Possibilities of time off for religious observances
Sex	Refers to males or females of any age: women, men, girls, and boys.	Women are more often the main carer of children Consider physical access (pushchairs/toddlers), single parents, caring costs/facilities, restrictions on times for meetings, safety issues regarding time and place of meetings/clinics. There are biological differences between females and males which lead to some diseases affecting one gender more than the other. There are differences between the sexes in how they access, use and experience health services. Women dominate some professional groups in the NHS, though men are more likely to hold more senior positions.

Protected characteristic	Legal definition	Some considerations
Sexual Orientation	Covers gay men, lesbians, heterosexual/ straight people and bisexuals. It relates to how people feel as well as their actions. The law includes discrimination connected with manifestations of sexual orientation, including appearance, where people spend time and who they spend time with.	Gay, lesbian and bisexual people face discrimination in many aspects of their lives including their relationship with health services, and in employment. Healthcare challenges for lesbians, gay men and bisexuals are not just about sexual health! Sexual orientation can have an impact on physical and mental health. Fears of discrimination and homophobia may mean people do not disclose their sexual orientation to healthcare professionals, and may therefore not receive relevant advice. May ignore preventative health messages as they feel they are not targeted at them. Healthcare professionals and colleagues may make assumptions about partners and family life/types. Can lead to awkward conversations, and potential breaches of dignity and privacy. NB needs particular attention around discussions of next of kin, power of attorney, living wills, etc. Remember that gay men, lesbians, and bisexuals can also be parents and have caring responsibilities.

Protected characteristic	Legal definition	Some considerations
Vulnerable Groups	There is no exhaustive list but vulnerable groups may include the following: • Homeless / rough sleepers • Travellers / Gypsies • Older BME • Migrant communities • Single parents • Low income families • Teenage parents • Children in / transitioning out of Care settings • Unaccompanied minors • Refugee and asylum seekers	Potential disadvantages include poorer health, barriers to accessing services or work opportunities, barriers in engaging with the way the NHS provides its services Consider what positive steps you can take to ensure vulnerable people can access services and access & progress in employment. Consider accessibility: Communication formats (for example, translation services, induction loop, Easy Read). Giving enough time for understanding

Appendix 3 - EQIA Approval Process



Equality Impact Assessment

Please read and refer to the above *equality impact assessment guidance* before you complete this analysis.

Title (Service, Plan, Project, Policy)	Transforming Care Programme, Learning Disabilities		
Summary of Service, Plan, Project/ Policy	Transforming care is about improving health and care services so that more people can live in the community, with the right support, and close to home.		
Aims of Service, Plan, Project/Policy	• To improve quality of care for people with a learning disability and/or autism • To improve quality of life for people with a learning disability and/or autism • To enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay		
Project Lead	Kulbinder Thandi Senior Commissioning Manager	**Executive Lead**	Helen Hibbs (Accountable Officer)
EQIA author	Simon Somers & Kulbinder Thandi		
Telephone number	07834 172072/0121 612 1617		
Email	Simon.somers1@nhs.net K.thandi@nhs.net		
Date of EQIA	31/01/2018 revised 02/08/19		
Full Business Case Attached	**YES**	**NO**	x

SECTION 1 - SCREENING

PURPOSE:			
A To inform a proposal for new service , model, pathway or project	B To inform the development of a new strategy or Policy (or similar) etc	C To inform the review of an existing policy, service, model, pathway or project etc.	D To inform a commissioning decision
		X	x

SCREENING FOR ADVERSE IMPACTS (X PLEASE CHECK):							
Age		**Religion or Belief**		**Marriage and Civil Partnership**		**Disability**	x
Sexual Orientation		**Carers** (inc. young carer's)	x	**Sex** (men & women)		**Gender Reassignment/ Transgender**	

Race/ Ethnicity		**Pregnancy, Maternity, Perinatal**		**Multiple Social Deprivation**		**Human Rights** (FREDA) fairness, respect, equality, dignity & autonomy	

2. SUMMARY OF FINDINGS

Describe any potential or known adverse impacts or barriers for protected/ vulnerable groups: (if there are no known adverse impacts, please state who has been involved in the screening and explain how you have reached this conclusion, then move to Stage 6 sign off)
We know that people with learning disabilities have poorer health outcomes than the wider population. There are potential/known impacts on protected characteristics for people with learning disabilities and autism who access services and who form the cohort of patients within this programme. There may also be an impact on carers eg. Transport to visit at a one site hospital assessment and treatment unit which is not in the locality of where the family/carers live. Being unable to have contact with carers/family may have a negative or positive affect on the person admitted to a single site Assessment and Treatment Unit.

If adverse impacts or barriers ARE NOT identified you DO NOT need to complete the rest of the template.

3. CONSULTATION AND INVOLVEMENT

1. **Who – if anyone – have you spoken with/ involved in assessing the impacts of your project on equality?**
Black Country CCGs x 4, commissioners, patients, carers, providers, public consultation, Black Country LA x 4, adult social care patients, carers, providers, public consultation Dudley Voices for Choices – learning disability advocacy group with expert by experience (please refer to engagement report appendix 1)

4. EVIDENCE BASE

What evidence have you used in your analysis of the impacts?	
Evidence source	**Brief details (including links and publication date)**
Demographic data	National and local data has been obtained to support this programme of work https://www.england.nhs.uk/learning-disabilities/care/atd/
Research/ studies	Winterbourne View https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf
Surveys (e.g. staff surveys, patient surveys, GP surveys)	Surveys have been to all patients/clients involved in TCP as part of the Black County TCP engagement plan.
Monitoring data (e.g. on access, experiences, outcomes)	https://www.england.nhs.uk/learning-disabilities/care/atd/ As part of contract monitoring BCPFT record experiences, case managers also record experiences of people with learning disabilities and their carers as part of their Care Treatment Review plan (CTR). All patients who are admitted receive these.
Results of engagement exercises	**Key themes** (please refer to engagement report appendix 1 page 36) **Positivity about the community focus offered by the new model**. Most people were positive about the community focus of the new model. However, when asked about the location of the assessment and treatment centre, more people (28% of respondents) felt it would have a negative impact if the centre was based at the Penrose site; (22% believed this would have a positive impact). When carers and families were asked about Penrose as the preferred site 20.41% felt this location would have negative impact; 18.37% believed the impact would be positive. The negative response to these questions will need to be mitigated if the final decision made is to have the treatment and assessment centre based at Penrose. It is recommended that the provider communicates the outcomes of this engagement process and continues to involve service users in the future developments of the community service model, for example in the design of any new buildings/facilities. **Relationship building** The importance of relationship building and maintaining a good relationship between, patients, family members, carers and professionals. **Transport and access to the Penrose site for visitors** Many people were concerned about travel to the Penrose site. It is recommended that the equality impact assessment is revisited, and travel and access for all reviewed. **Consideration for those with autism**.

	It is recommended that a plan is developed to take into consideration the needs of adults with LD and autism **Consideration for those in transition (age 16 to 18yrs).** It is recommended that a plan is developed to take into consideration the needs of those in transition. **The response to crisis** It is recommended that consideration is given to the response to crisis. **The number of beds (10) in the new model** Ongoing communication with patients and the public is recommended to mitigate concerns that ten beds will be enough for service delivery going forward. **Concerns about not having enough staff** Ongoing communication with patients and the public is recommended to mitigate concerns about not having enough staff. To consider all feedback from the engagement process recorded in this report and appendices.
Anecdotal evidence (e.g. conversations and meetings)	Winterbourne View – see link above, this is an NHS mandated programme of work Please refer to appendix 1 (engagement report) for Black Country STP footprint.
Complaints and public enquires information	Winterbourne View – see link above, this is an NHS mandated programme of work Please refer to appendix 1 (engagement report) for Black Country STP footprint.
Analysis of audit reports and reviews	Winterbourne View – see link above, this is an NHS mandated programme of work Please refer to appendix 1 (engagement report) for Black Country STP footprint.
Similar functions / policies elsewhere	Winterbourne View – see link above, this is an NHS mandated programme of work
Other:	NA

5. ANALYSIS OF IMPACTS

Based on the evidence, what impact (negative, positive or neutral[3]) could your project have on people[4] with particular 'protected characteristics'? Please explain the reason(s) for your decisions[5].

Group	Impact				Reason
	Negative	Positive	Neutral	Unsure	
Age	☐	x ☐	☒	☐	The TCP applies to people of all ages
Disability	☐	☒	☐	☐	Transforming care (Department of Health, 2012) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf Building the right support (ADASS, 2015) https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf Winterbourne View Review Concordat (2012) https://www.rcpsych.ac.uk/pdf/Concordat.pdf Valuing People Now (2010) Engagement through public consultation https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215893/dh_122386.pdf
Gender Reassignment	☐	☐	☒	☐	The TCP programme applies to individuals of any gender.
Marriage & Civil Partnership[6]	☐	☐	☒	☐	NA
Pregnancy & maternity	☐	☐	☒	☐	NA
Religion/ Belief	☐	☐	☒	☐	The transforming care programme is based on supporting underpinning principles of choice, inclusion and independence for people with learning disabilities, including supporting them with needs or preferences relating to religion or religious practice.
Race	☐	☐	☒	☐	The transforming care programme is based on supporting underpinning principles of choice, inclusion and independence for people with learning disabilities, including supporting them with self-identified needs or preferences relating to culture or ethnicity. Transforming Care is about addressing health inequalities thereby there are no race related negative impacts. Research has shown that person-centred care along with nuanced cultural understanding is vital to ensuring that people in some Black and minority ethnic (BME) groups are equally satisfied with adult social care services: http://socialwelfare.bl.uk/subject-areas/servicesactivity/social-work-care-services/natcen/satisfaction14.aspx
Sex (gender)	☐	☐	☒	☐	The TCP applies to services for people with a learning disability and/or autism, of any gender.

[3] Please see glossary of terms in guidance notes for an explanation of negative and positive impact.
[4] Including service users, staff and others affected.
[5] Consider their ability to access your services, activities, how they will experience them, and potential outcomes.
[6] Only applies to internal policies and procedures, not to service provision.

Sexual Orientation	☐	☐	☒	☐	Valuing People Now (2010) (section on relationships) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215891/dh_122387.pdf
Vulnerable Groups	☐	☐	☒	☐	People with learning disabilities or autism are classed as a vulnerable group
Other:	☐	☐	☒	☐	In section 4 results of engagement: people raised transport to the Sandwell locality Assessment and Treatment Unit as an issue. This is being addressed by BCPFT as part of their equality impact assessment response. They are developing a policy regarding travel expenses for families/carers. To date no one has requested funding for transport to Penrose in Sandwell.

What – if any – human rights implications do you consider your project to have[7]?
In relation to human rights, it is possible without appropriate support and care and systems working effectively together the human rights of individuals directly involved will need consideration. The following evidence base has been used to ensure any human rights issues are taken into consideration. **A Life Like Any Other? Human Rights of Adults with Learning Disabilities (2008)** https://publications.parliament.uk/pa/jt200708/jtselect/jtrights/40/40i.pdf British Institute of Learning Disabilities Factsheet – Human Rights Act https://www.thh.nhs.uk/documents/_patients/PatientLeaflets/general/HumanRights-BILD.pdf All TCP patients are considered for Deprivation of Liberty (DOLs) as part of standard practice.

You MUST Complete the below if the purpose of the EQIA is (as indicated in Step 1) option C or D. Otherwise, please continue onto next stage.

Must be completed to support Review / Disinvestment / Decommissioning decisions:	
Do you have evidence that some groups did not benefit as intended above?	**YES** NO Please provide evidence / attach hyperlinks if available: Transforming Care Winterbourne View https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf Winterbourne View evidenced that people with learning disabilities did not benefit. In response, the Transforming Care Programme is addressing this by developing and delivering the new care model.
Do you have evidence that the outcomes expected for these groups have not been	**YES** NO Please provide evidence / attach hyperlinks: Transforming Care Winterbourne View

[7] See guidance for a list of potential Human Rights implications in healthcare.

delivered?	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf Winterbourne View evidenced that people with learning disabilities did not benefit. In response, the Transforming Care Programme is addressing this by developing and delivering the new care model.
Do you have evidence of concerns regarding clinical quality or safety of this service?	YES **NO** Please provide evidence / attach hyperlinks:
Will changes to, or disinvestments in this service have an impact on other services?	**YES** NO Assessment & Treatment beds – to be reduced potentially to one site Community learning disability teams – change to role Inpatient provision will shift to community based provision impacting on community learning disability services delivered through BCPFT. New community services will be developed – community intensive support service, community forensic service
Are there plans for the service to be re-designed or re-procured?	**Yes** No Redesigned, time scale is 01/18 to 03/19
Please reference any documents that that will support your equality analysis.	***Name of document and document references*** As referenced within document Appendix : 1 engagement report
Does it contribute to the Equality Delivery System Goals? (specify goals and related outcomes)*	Better health outcomes

*Equality Delivery System goals are fully explained in the Equality Analysis Guidance notes.

6. CONCLUSIONS AND RECOMMENDATIONS

How will your project help us do the following to meet our Public Sector Equality Duties under the Equality Act?	
Remove or minimise disadvantages suffered by people due to their protected characteristics	People with learning disabilities will be supported to live 'regular lives' within the community unlike Winterbourne where people lived in institutions, there will be less reliance on hospital beds, the focus will be to keep people well at

	home so that they do not have a hospital admission. Improving access to health care screening Ensure reasonable adjustments are made for accessing primary care Contractual changes to new models of care to include a number of equality outcomes, building them into all new and current service specifications. Providers will complete EQIA with involvement of service users, carers, staff and community providers.
Take steps to **meet the needs** of people from protected groups where these are different from the needs of other people	Integration of care and services, so that they are commissioned around the needs of the patient and community rather than the needs of the professional or the service Contractual changes to new models of care to include a number of equality outcomes, building them into all new and current service specifications. This includes learning disability health checks and access to health screening. Commissioners are working in their localities to increase access to services via reasonable adjustments and education via the PAMHS teams.
Encourage people from protected groups to **participate in public life** or in other activities where their participation is disproportionately low	All patients/clients to have designated (CPA) support plan which includes leisure and lifestyle elements.
Tackle prejudice and promote understanding between people from different groups, even where this means treating some people more favourably than others.	Promotion of Learning Disability Health Checks and reasonable adjustments to access in primary care. Work with Mencap to promote the rights and needs of people with learning disabilities or autism.

7. MONITORING AND REVIEW

How will the actions identified above be monitored and reviewed? As a minimum all actions should be considered for inclusion in the relevant Equality & Diversity monitoring template.

Actions are monitored and reviewed in line with normal contract management review (CRM) meetings and contract quality review meetings (CQRM). Transforming care is a standing agenda item on both learning disability and mental health contract meetings.

8. APPROVAL AND PUBLICATION

Approval (You should arrange for an appropriate Chief Officer to sign off this EQIA)			
ROLE	**NAME**	**SIGNATURE**	**DATE**

When complete the EQIA should follow the CCG's approval process outlined in Appendix 3 of the guidance. Once approved it should be published on the CCG's website.