Equality and Health Inequalities Impact Assessment Policy

# Document Control:

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| Responsible Executive Director | Executive Director of Strategy and Corporate Services |
| Responsible Committee | Quality Committee |
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| Target Audience | * Mid and South Essex (MSE) Integrated Care Board (ICB) members and staff (including temporary/bank/agency/voluntary/work experience staff). * Contractors engaged by the ICB. * Staff from other MSE Health and Care Partnership (HCP) organisations who are members of ICB Committees/Sub-Committees and other groups. |
| Stakeholders engaged in development of Policy (internal and external) | CCG Governance and Health Inequalities Leads  Public Health Lead from Essex County Council |
| Impact Assessments Undertaken  *(Delete if non-applicable)* | Not applicable – this policy defines approach to equality and health inequality impact assessment. |

# Version History

| Version | Date | Author (Name and Title) | Summary of amendments made |
| --- | --- | --- | --- |
| 0.1 | 10/05/2022 | Sara O’Connor | First Draft |
| 0.2 | 17/06/2022 | Jo Cripps and Mike Thompson | Minor amendments |
| 1.0 | 01/07/2022 | Nicola Adams | Final Board approved version. |
| 1.1 | 29/08/2024 | Chris Cullen | Minor amendments to staff roles and processes |
| 1.2 | 17/10/2024 | Emma Timpson | Minor amendments |
| 2.0 | 25/10/2024 | Helen Chasney | Final – Approved version |

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## Introduction

The Mid and South Essex (MSE) Integrated Care Board (‘the ICB’) works collaboratively across the Mid and South Essex Integrated Care System (‘the ICS’) to provide health and social care services for its population.

The ICB is committed to ensuring that public and patient voices inform and shape future services.

The ICB is also committed to improving and embedding equality, diversity and inclusion in all areas of its business and reducing health inequalities to improve the overall health and wellbeing of the MSE population. In this regard, the ICB has two distinct and separate legal duties:

* **Public Sector Equality Duty** (PSED) as set out in the Equality Act 2010.
* **Duty to Reduce Health Inequalities** - as set out in the National Health Services Act 2006, The Health and Social Care Act 2012, as amended by the Health and Care Act 2022.

As a commissioner of public services, the ICB also has a duty to consider the requirements of the Public Services (Social Value) Act 2012 (PSSVA) to secure wider social, economic and environmental benefits for its population. The PSSVA is an important lever for addressing and reducing health inequalities. The ICB will provide guidance and training on the requirements of the PSSVA.

## Purpose / Policy Statement

This policy sets out the overarching framework to enable ICB staff to undertake EHIIAs to support the ICB to meet its PSED and address health inequalities.

## Scope

This policy applies to the following (collectively known as members of staff):

* + - Mid and South Essex (MSE) Integrated Care Board (ICB) members
    - Members of staff (including temporary/bank/agency/voluntary/work experience staff).
    - Contractors engaged by the ICB.
    - Members of staff from other MSE partner organisations who are members of ICB Committees/Sub-Committees, advisory groups/other groups or otherwise involved in ICB business.

The policy also applies to all areas of the ICB’s responsibilities and activities.

## Definitions

* + - **Board Assurance Framework (BAF)** – the key document used to record and report to the Board significant risks (strategic risks) to achieving its strategic objectives, listing controls/action being taken and sources of assurance.
    - **Equality and Health Inequalities Impact Assessment (EHIIA) –** a tool to assess the impact (positive or negative) that proposals affecting health and care services might have on protected groups or seldom asked/heard groups’ ability to access services and associated health outcomes for each group. The assessment includes identifying action to mitigate any negative impact upon the affected group(s).
    - **Protected Characteristics** are defined by the Equality Act 2010 as below:
* Age.
* Disability (physical and mental).
* Gender reassignment.
* Marriage/Civil Partnership.
* Pregnancy and Maternity.
* Race.
* Religion or Belief.
* Sex.
* Sexual Orientation.
  + - **Protected Groups** – people who have one or more of the protected characteristics as defined by the Equality Act 2020.
    - **Seldom Asked Groups** – people who tend to be under-represented and are therefore less likely to be considered by health and social care decision makers. The ICB will proactively seek and consider their needs when designing services via the impact assessment process. The groups that have been identified by the ICB include, but are not restricted to:
* Carers.
* Homeless/rough sleepers.
* Migrant Workers.
* Vulnerable Migrants (Refugees/Asylum Seekers).
* Sex Workers.
* Traveller Community (including Gypsies and Roma).
* Those who have experience Female Genital Mutilation.
* Those who have experienced Human Trafficking/Modern Slavery.
* Those experiencing or recovering from alcohol or substance abuse.
* Those living in economically deprived communities.
* Those living in geographically isolated communities.
* Prisoners / Ex-offenders.
* Commuters.
* Vulnerable Adults (e.g. victims of domestic or sexual abuse).
* Looked After Children.
* Ex-service personnel / veterans.

## Roles and Responsibilities

### Chief Executive

* + 1. The Chief Executive of the ICB has overall accountability for equality, diversity and inclusion and for reducing health inequalities within the ICB in line with legislation, guidance and standards issued by NHS England.
    2. The Chief Executive will ensure that an annual report is submitted to the ICB Board on action taken to discharge the PSED and compliance with other relevant legislation and standards including the Equality Delivery System (EDS2), Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) and the Accessible Information Standard (AIS).

### ICB Board

* + 1. The Board is accountable and responsible for ensuring that the ICB has effective arrangements for promoting and embedding equality, diversity and inclusion (EDI) and reducing health inequalities. The Board will seek regular assurance via the Board Assurance Framework (BAF), from its committees, partner organisations and other sources regarding the effectiveness of these arrangements and will ensure further mitigating action is taken where necessary.

### Quality Committee.

* + 1. The Quality Committee has responsibility for monitoring the ICB’s compliance with this policy and is the ‘sponsoring committee’ referred to in Section 9 below.
    2. The Quality Committee will approve the annual PSED report referred to in Section 5.1.2 prior to submission to the ICB Board.

### Equality & Health Inequalities Impact Assessment Panel

* + 1. The Equality & Health Inequalities Impact Assessment Panel is responsible for review and approval of impact assessments and consequently ensuring health inequalities are considered as part of the ICB decision making process.

### Executive Director of Strategy and Corporate Services

* + 1. The Executive Director of Strategy and Corporate Services has been delegated with executive responsibility for addressing health inequalities and supporting the work of the Equality & Health Inequalities Impact Assessment Panel.

### Policy Author

* + 1. The policy author will have responsibility for developing and updating the policy.

### NHS Alliance Directors, Executive Directors and other Managers

* + 1. NHS Alliance Directors, Executive Directors and other managers (collectively referred to as ‘managers’) are responsible for ensuring that equality and health inequalities is embedded within their areas of work.
    2. Managers will ensure that EHIIAs are undertaken at an early stage when developing business cases or proposing service changes to ensure that mitigating action to address any negative impacts identified can be built into the proposals and are implemented. The EHIIAs undertaken must adhere to the processes set out in this policy.
    3. Managers are responsible for ensuring their staff receive appropriate training on how to undertake an EHIIA where this forms part of their duties.

### All Staff

* + 1. All members of staff are individually responsible for familiarising themselves with the content of this policy and associated policies procedures and following these.

## Policy Detail

### Process for Undertaking an Equality and Health Inequalities Assessment (EHIIA)

* + 1. EHIIAs must be undertaken at an early stage of each project to ensure that any negative impacts and proposed mitigating actions are identified and agreed as part of proposals.
    2. Project leads are encouraged to undertake appropriate training and/or have an early discussion with the EHIIA Lead (currently the Associate Director of Health Inequalities and Prevention or Clinical Lead for Health Inequalities before undertaking an EHIIA.
    3. The EHIIA template is provided at **Appendix B**. Completed templates should be submitted to the Corporate Services & Governance Support Officer who will log the assessment and share with members of the Equality & Health Inequalities Impact Assessment Panel (EHIIAP) for review and comment.
    4. The project lead will be informed of comments made and be asked to consider these and respond as necessary, including providing a rationale where any recommendations made will not be taken forward.
    5. The Corporate Services & Governance Support Officer will be responsible for communicating the sign-off of the EHIIA by the EHIIAP once they are satisfied that all comments have been addressed. The full EHIIA process is set out at **Appendix C.**

### Engagement with Residents, Patients, Service users and Voluntary Sector Organisations

* + 1. The ICB will deploy appropriate resources to enable it to connect with resident, patient, service user and voluntary sector organisations, at system, alliance and neighbourhood levels, to develop and maintain relationships with a diverse range of communities, including those which have traditionally not been well engaged with.
    2. Continued engagement with communities, at system, alliance and neighbourhood levels will help to inform the EHIIA process. The Communications and Engagement Team or EHIIA Lead should be contacted for advice on engagement required when undertaking an EHIIA, to enable teams to understand existing insight and link with wider partners to engage with communities.

## Monitoring Compliance

The Associate Director of Health Inequalities and Prevention through the corporate governance process is responsible for monitoring the ongoing compliance with this policy and ensuring that an appropriate culture is embedded across the ICB.

The Quality Committee of the ICB is accountable to the Board for ensuring that the process for assessing the impact of service changes on protected groups and seldom asked groups is effective and will ensure that the Annual Internal Audit Plan incorporates appropriate assurance to the Board on the robustness of these arrangements.

## Staff Training

All ICB staff and Board members will be required to undertake mandatory EDI training.

Relevant staff, those that are involved in service change or business case development, should undertake EHIIA training before completing an EHIIA.

All staff will be made aware of this policy and associated procedures as part of their local induction by their line manager.

Line managers will be responsible for ensuring that employees’ ongoing training needs are assessed during induction and reviewed annually via the staff appraisal process.

Training and support on completing EHIIAs will be provided by EHIIA Leads.

## Arrangements For Review

This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## Associated Policies, Guidance And Documents

#### [Associated ICB Strategies](https://www.midandsouthessex.ics.nhs.uk/publications/?publications_category=plans-and-strategies&publications_type=all&date_from=)

* Mid & South Essex 5-year Strategy and Delivery Plan
* MSE ICB Equality, Diversity, Inclusion and Belonging Strategy 2024-2028

[**Associated ICB Policies**](https://www.midandsouthessex.ics.nhs.uk/publications/?publications_category=icb-policies)

* Equality in Employment Policy
* Risk Management Policy

**Associated NHS England and Improvement Standards**

* [Accessibility Information Standard (AIS)](https://www.england.nhs.uk/ourwork/accessibleinfo/)
* [Equality Delivery System (EDS2)](https://www.england.nhs.uk/about/equality/equality-hub/eds/)
* [Workforce Disability Equality Standard (WDES)](https://www.england.nhs.uk/about/equality/equality-hub/wdes/)
* [Workforce Race Equality Standard (WRES)](https://www.england.nhs.uk/publication/workforce-race-equality-standard-2020-supporting-data/)

## References

* [NHSE Working with Seldom Heard Groups](https://www.england.nhs.uk/get-involved/resources/involveseldom-heard/)

## Equality Impact Assessment (EIA)

The EIA of this policy has identified no negative impacts and is included as **Appendix A**.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:**  Equality and Health Inequalities Impact Assessment Policy and Guidance  **Version number (if relevant):**  V2.1 | **Directorate/Service**:  Strategy and Corporate Services |
| **Assessor’s Name and Job Title:**  Chris Cullen | **Date:**  29 August 2024 |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff* |
| The policy sets out the arrangements that the ICB will implement to ensure that equality and health inequalities impact assessments are undertaken effectively and on a timely basis to ensure that access and outcomes are improved for the mid and south Essex population. |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| The policy is aimed at improving access and outcomes for all protected groups. |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?* |
| The policy sets out the arrangements to ensure that possible impacts on protected and other groups are identified and mitigated. |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome*** *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Protected  Group | Positive  outcome | Negative  outcome | Neutral  outcome | Reason(s) for outcome |
| Age | X |  |  |  |
| Disability  (Physical and Mental/Learning) | X |  |  |  |
| Religion or belief | X |  |  |  |
| Sex (Gender) | X |  |  |  |
| Sexual  Orientation | X |  |  | The policy sets out the arrangements to ensure that |
| Transgender / Gender Reassignment | X |  |  | possible impacts on protected and other groups are identified and mitigated. |
| Race and ethnicity | X |  |  |  |
| Pregnancy and maternity (including breastfeeding mothers) | X |  |  |  |
| Marriage or Civil Partnership | X |  |  |  |

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| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| The ICB will implement arrangements to ensure that EHIIAs are effectively undertaken where required and that mitigating action is implemented and is effective. |
| It is anticipated that any issues in respect of the implementation of the policy will be identified as a result of staff exercising their right of appeal or via the ICB’s  Grievance Procedure. |

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| **REVIEW** |
| *How often will you review this policy / service?* |
| The policy and associated procedures will be reviewed during 2024/25 as part of the implementation of a digital solution for undertaking EHIIAs. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

## Appendix B – Equality and Health Inequalities Impact Assessment Template

Template located on ICB Intranet.

## Appendix C – Process for undertaking an Equality and Health Inequalities Impact Assessment

Completed EHIIA and a copy of the relevant policy/strategy/proposals or other supporting document(s) to be emailed to EDI Co-ordinator for logging and circulation to Equality & Diversity Impact Assessment Panel

EHIIA recorded on EHIIA Log Sheet by Corporate Services & Governance Support Officer -

EHIIA and relevant document to be emailed by Corporate Services & Governance Support Officer to Equality & Health Inequalities Impact Assessment Panel inviting comments / approval with a commitment to respond even if ‘nil’ response. EHIIA Author to be cc’d.

(Expected turnaround of one week or as advised by the EHIIA author)

Corporate Services & Governance Support Officer to log comments received from Equality & Health Inequalities Impact Assessment Panel members and feed these back to the EHIIA author as they are received. Copy of all collated responses to be provided to the EHIIA author with a request that comments are considered to decide whether the policy/strategy/proposals other documents should be amended. Where appropriate, a rationale not to amend should be provided by the EHIIA author.

EDI Co-ordinator to circulate response from EHIIA author and, if necessary, follow-up as required if no response received within one week.

Amended documents to be provided to Corporate Services & Governance Support Officer who will forward to EHIIA Lead for sign‑off. Sign-off will be given once the EHIIA Lead is satisfied that all queries raised have been taken into consideration in revised documents. EHIIA will then be closed-off and EHIIA author informed. EHIIA Author/Project Lead to ensure that all actions identified are implemented and monitored for effectiveness.

Summary report to be submitted to Quality Committee detailing EHIIAs signed-off since date of last meeting.