Reconfiguration of hospital services

A programme to sustain services and improve care

Appendix 4 – Equality Impact Assessment

As referred to in Chapter 11

Equality impact assessment

Public Bodies such as the NHS have a legal duty to eliminate unlawful discrimination, to advance equality of opportunity, and to foster good relations on the basis of protected characteristics. The protected characteristics are: Age, Disability, Sex, Pregnancy, Marital Status, Race, Sexuality, Religion, and Gender Reassignment. This three-part duty ensures that our decisions impact in a fair way, are based on evidence, and are made in a transparent way. Health authorities should, accordingly, carry out an Equality Impact Assessment (EIA). Those that fail to do so are at risk of making poor decisions – decisions that may discriminate and may be open to challenge.

Although there are no fixed rules for undertaking an EIA, there are good-practice recommendations regarding both process and content. Any decision made should be subjected to the following set of questions:

- Is the purpose of the decision clearly set out?
- Have those affected by the decision been involved?
- Have potential positive and negative impacts been identified?
- Are there plans to alleviate any negative impact?
- Are there plans to monitor the actual impact of the decision?

The mid and south Essex STP EIA has been led by a Consultant in Public Health working closely with the mid and south Essex STP Communications & Engagement Lead.

To date, we have conducted a screening EIA to assess risks provisionally and to inform a full and proportionate EIA. The programme leads from each work stream of the STP have considered several factors relating to each proposal: the purpose of the proposal, the methods to be used in achieving that purpose, the challenges and opportunities, the question of who will benefit (and who might not benefit), and possible mitigating factors. Additionally, we have reviewed similar proposals nationally for their EIAs to look for any further factors that should be considered. The screening EIA has been sense-checked by the STP Professional & Clinical Leadership Group. Overall, we have taken a qualitative approach when examining the various themes.

The key findings of the screening assessment are summarised below.

The programmes of work have identified several known opportunities, including: optimum use and sustainability of workforce; optimum use of facilities and estates; shifting care closer to home; repatriation of work from London to local settings; reduction in variation of care across the STP footprint. In each case, the opportunity should lead to improved quality of care and better outcomes for our population.

The known challenges include: the travel burden, especially for those using public transport (see travel analysis in Appendix 11); continuity and transition between local and supra-local healthcare / professionals; the availability of proposed estates and

workforce; the pace of change; and the culture change facing the service-users and various parts of the system.

Each proposal underwent an impact-assessment for all nine protected characteristics. Each characteristic would be scored as high, medium, low or no impact, and as either positive (+) or negative (-) impact. The rating is based on the standard impact expected in the change to the general population; so, all the proposed changes are expected to have positive impact, though often with some additional or detracting impact. Where both + and – are indicated, that means that there are both positive and negative impacts and the overall impact is unknown.

At this screening stage, the results are based on a necessarily subjective assessment, and they will be checked under the full assessment. The screening provided a provisional understanding, and suggested which groups or proposals needed greater emphasis. (Note: that the protected characteristic Age is subdivided into three categories – children & young people, working age adults, and older adults – each of which was assessed separately.)

Table 1: Summary of key findings of the screening EIA

Project (or aspect of project)	Age (YP, WAA, OP)	Disability	Sex	Pregnancy	Marital status	Race	Sexuality	Religion	Gender Reassignment
Acute re-designation	L, L, M/H +/ -	M + / -	M[1] -	M[1] +/-	none	L[2]	none	none	none
Consolidation of clinical support functions	Insufficient detail in proposals, so no assessment possible at this point								
Consolidation of corporate support functions	Insufficient detail in proposals, so no assessment possible at this point								
Primary Care and localities	M+/-	M+/-	L+	M+/-	none	none	none	none	none
Frailty, LTCs, EoL	none[3], H+, H+	M	none	L	none	L	none	L	none
Specialty pathway redesign	L, L, L	L	none	none	none	none	none	none	none
111, OoH, Ambulance	M+	M+	none	L	none	none	none	none	none

[1] for obstetrics re-designation
[2] for some LTCs with differences in prevalence across racial groups
[3] Paediatrics not in scope

A couple of caveats to be noted. First, it was often difficult to assess overall positive or negative impact, as both could be present – for example, gains from improved quality vs. losses due to potential reduction of access. Secondly, individuals within any protected group will obviously differ greatly from one another, perhaps just as greatly as they differ from individuals in other groups or within none of the groups; as such, our assessment of potential impacts is clearly a broad one, and does not imply that everyone experiences the impact to the same degree. Finally, some of the impacts listed may be proxies for other characteristics, such as socio-economic status, that cut across the whole population regardless of the specific protected characteristic.

Several mitigating actions have been identified so far:

- Access – continued use of all three sites where appropriate;
- Facilities and estates – ensuring usual requirements and reasonable adjustments
- Greater use of information technology to deliver services
- More resources into supported and individualised self-care and self-management
- Managing continuity of care and transition between general to “specialist” services, especially for certain age groups and people with disabilities, and including transition from young people to adult services
- Staff changes – through natural turnover of staff and new recruitment

One key change is improved access – whether by consolidating services onto fewer sites or moving care closer to home – and as such, this EIA should be considered in conjunction with the travel impact assessment. Further work is needed to establish which geographic communities are most impacted by the proposals, and whether – within those communities – people in the protected-characteristic groups are impacted even more than their counterparts in other communities. / those who are not in protected-characteristic groups.

The key next step is a full EIA as part of the formal consultation process. It will begin by engaging with people in protected-characteristic groups in order to check the initial screening assessment. This engagement will be run in parallel with the general engagement and communications plan. The general engagement will include a survey monitoring participants and respondents for diversity, and a questionnaire on equality impact. The main outcome will be a full assessment of impact – both positive and negative – plus a set of recommendations for mitigating actions to be considered by each programme of work,

Note that some of the proposals and programmes of work have not yet been worked up in sufficient detail to allow for comprehensive assessment – for instance, to identify which specialities may be affected. Once the full assessment is complete, the next step

might be a programme of remedial action – engaging with various services and staff to ensure their compliance with the three-part duty as defined above.

Further work is also needed on the impact of staff changes that will take place under each programme of work.

List of informants for each proposal

Proposal	**Lead**
Acute re-designation	Celia Skinner
Consolidation of clinical support functions	Anita Randon
Consolidation of corporate support functions	Anita Randon
Primary Care and localities	Ian Stidsen
Frailty, LTCs, EoL	Jane Hanvey
Specialty pathway redesign	Dan Doherty
111, OoH, Ambulance	Robert Shaw