

Equality Impact Assessment Guidance

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1. Introduction

A range of equal opportunities legislation places legal duties on public authorities to promote equality.

In relation to **Race, Disability** and **Gender** the Primary Care Trust has a general duty to have due regard to the need to:

- Eliminate unlawful discrimination and harassment
- Promote equality of opportunity
- Promote good race relations
- Promote positive attitudes to disabled people
- Encourage participation in public life by disabled people
- Eliminate discrimination that is unlawful under the Equal Pay Act 1970

These elements of the general duty are designed to complement each other. The PCT will ensure these principles of due regard are also applied to **age, sexual orientation** and **religion / belief**.

There are also specific duties on the Primary Care Trust to:

- Identify all functions and policies that are relevant to the general duty
- Assess, consult on, and monitor the impact of these policies/functions on the general duty
- Publish the results of the assessments, consultations and monitoring

Sheffield Primary Care Trust¹ endorses the following values:

- We will ensure that the health and wellbeing of Sheffield people is at the heart of every thing we do
- We will ensure active engagement with public, patients, staff and clinicians
- We will work through partnership to achieve mutual benefit
- We will respect individuals
- We will work with integrity and honesty

Therefore Sheffield PCT fully embraces its responsibilities to be socially inclusive and to challenge and tackle inequalities. It will apply a human rights based approach in discharging its functions; it will put human rights at the heart of policy, planning, commissioning and delivering of services in order to protect the rights of everyone.

Undertaking Equality Impact Assessments is a legal requirement under the Amendment Acts relating to race, disability, and gender and is therefore mandatory.

This guidance provides a framework for undertaking an Equality Impact Assessment (EIA) in relation to **Race, Disability, Gender, Age, Sexual Orientation and Religion/Belief** and has been approved for use in all directorates.

¹ Sheffield Primary Care Trust (October 2007) Achieving Balanced Health: Sheffield PCT Five-Year Strategy

This guidance provides step by step information to enable you to undertake equality impact assessments on the services, functions, policies and proposed policies within your remit.

1 Why conduct Equality Impact Assessments?

- To improve the health of the population of Sheffield
- There is a legal requirement to do so in relation to race, disability and gender
- They are a tool to eliminate institutional discrimination
- They are helpful in identifying improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They will help the PCT to become a better employer
- They can help you to check whether there is anything you can do to support work on community cohesion and social inclusion
- In support of the PCT's Single Equality Scheme

2 What is an Equality Impact Assessment?

An EIA is a way of systematically and thoroughly assessing, and consulting on, the effect that a function of the PCT is likely to have on people, depending on their background.

3 What areas of Equality are covered?

The PCT is assessing the impact of policies / services against six equality strands:

Age: As an employer, we have a duty to outlaw discrimination in employment and vocational training. As a commissioner and provider of services, we need to ensure that all of the population is served whilst remembering that our older population and our children and young people have particular needs.

Gender. As an employer we will promote equality of opportunity between men, women and transgendered people, and prohibit sex discrimination. As a commissioner and provider of services we recognise that there are biological differences between males and females which lead to some diseases affecting one sex more than the other. Additionally, there are differences between the genders in how they use services.

Sexual Orientation Outlaw discrimination in the provision of goods, facilities and services on the grounds of sexual orientation (gay, lesbian, heterosexual or bisexual). As a commissioner and provider of services, we recognise that sexual orientation can have an impact on physical and mental health and that gay, lesbian and bisexual people face discrimination in many aspects of their lives including their relationship with health services.

Race As an employer, we will promote equality of opportunity and good relations between all groups and to eliminate unlawful discrimination. As a commissioner and provider of services, we recognise that some racial and ethnic groups are at higher risk than others of developing certain diseases and that some groups are less likely than others to engage with primary health services and we will endeavour to meet this inequality in health.

Disability. As an employer we will seek to outlaw discrimination of disabled people and will make reasonable adaptations to ensure that any disabled staff are not disadvantaged. As a commissioner and provider of services we are aware of the direct health impacts on people with disabilities and, additionally, of the discrimination they face, which also adversely affects their health and well being.

Religion & Belief. As an employer, we will outlaw discrimination and equality of opportunity on the grounds of a person's religion and/or beliefs. As a commissioner and provider of services we are aware that a person's religion or belief affects both their health, their use of health services, and how they would like to be treated by healthcare staff.

5. When to carry out an Equality Impact Assessment

A Full Equality Impact Assessment (EIA) should be carried out by the originator of the policy/strategy/care pathway/ etc.

They will complete the first page (data research) of the assessment and then complete their action plan based on this assessment. If their action plan affects others then they must consult on the content. Please see flow chart for commissioning cycle.

Everything that we do as a PCT should have an EIA done.

Guidance is available on line as is data on all the major diseases mentioned in Achieving Balanced Health. This will give you a starting point for your research.

6. Who should use the toolkit?

The EIA should be done by the originator of a piece of work, whether that is a policy, strategy, project or other. For instance:

Policy Developers / Reviewers
Service Developers
Service Re-Design / Change Agents
Chief Executive and Directorate heads
Heads of services

Equality Impact Assessments will help the PCT to identify robust actions for delivering equality across the organisation, enable the PCT to become fully compliant with

legislative requirements, and meet the diversity quality standards set out in Standards for Better Health.

All managers are responsible for incorporating dignity, equality; respect and the involvement of relevant partners into their policies, strategies and service commissioning and delivery, and for ensuring equality impact assessments are undertaken. This should be a continuous process, starting at the very beginning of a new policy or service development and ensuring ongoing monitoring and review.

7. Who should be involved?

Consideration also needs to be given as to who is involved in the assessment process. Assessments can be completed by the policy developer or reviewer or service lead.

Ideally, for a full equality impact assessment the team should include:

- The policy developer, service lead
- Person undertaking review (if different),
- Representatives from:
 - Those who the policy/service will impact upon.
 - Those who will deliver the policy/service
 - Representatives from groups that may be adversely affected.

It is recommended that the assessments are completed by a diverse group of people to enable all areas of diversity to be considered fully.

The Patient Involvement team will ensure that all EIAs are commented on by affected communities.

8. How to do a Full Equality Impact Assessment

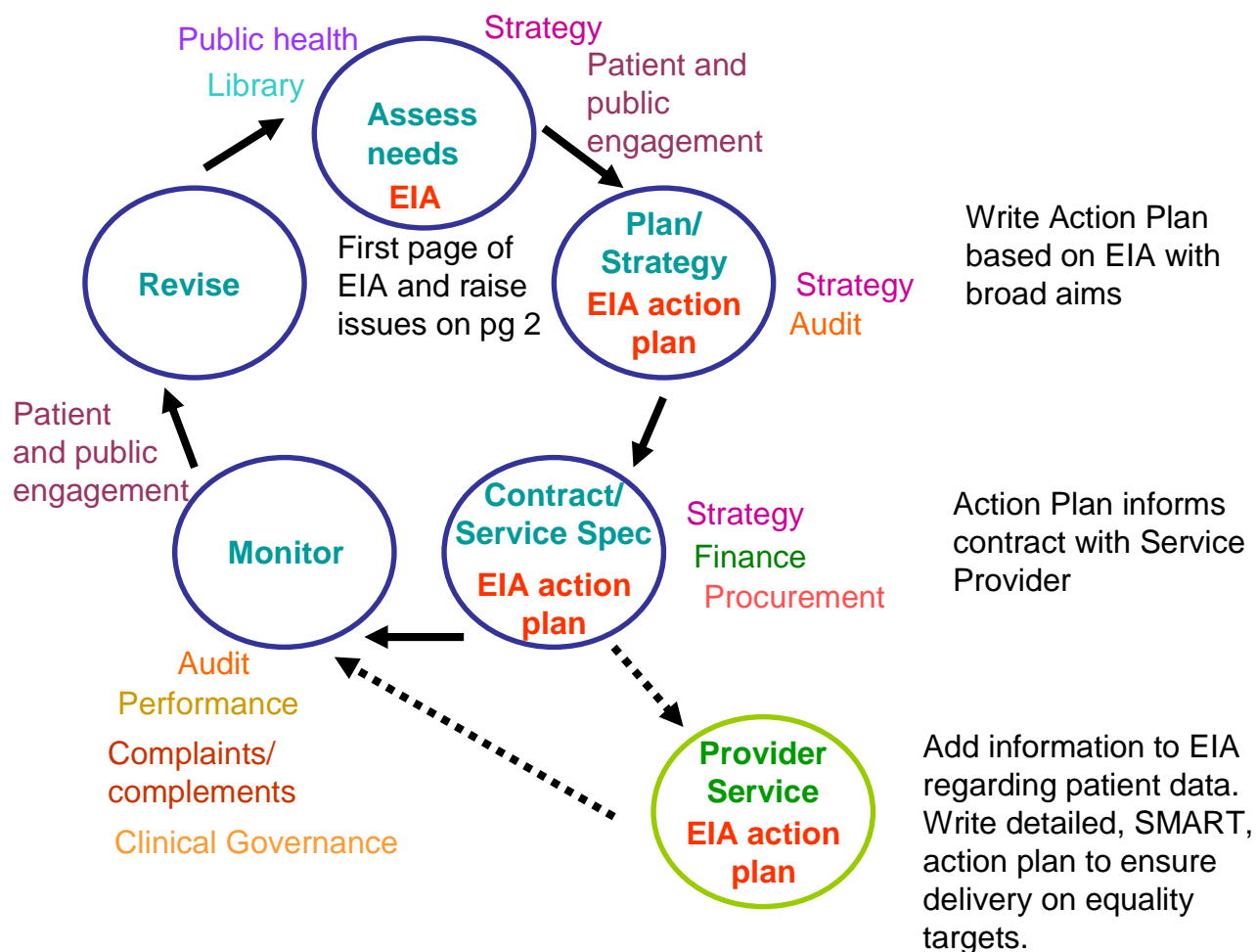
1. What is it you are assessing? E.g. policy, care pathway, service.
2. Who is leading/responsible for this assessment?
3. Have you involved other partners or stakeholders? If your service is delivered in partnership then the EIA needs to be done in partnership too. Can you involve service users in the EIA?
4. Gender – please consider the impact of social role (woman/man) and not just biological sex (male/female) in this section. Please also consider transgendered staff and service users.
5. Race – please remember to consider Gypsy/traveller communities, White Irish, and eastern European immigrants in this section.
6. Disability – please consider sensory impairments (e.g. hearing/visual), physical impairments (e.g. mobility and access issues) and cognitive impairments (e.g. learning disabilities or mental health challenges).
7. Sexual orientation – Lesbian, gay, heterosexual and bisexual. Transgender issues should be dealt with under Gender.
8. Religion/belief – although there will be some overlap with Race they are not the same thing! Please give separate consideration to this section.
9. Data can come from academic research, anecdotal evidence, patient or staff surveys, census data, local authority data, audits, complaints, near misses, critical incident analysis, public health research, attendance figures etc. Please

see worked example for illustration. Any issues/gaps which have been highlighted here need to go into the first column of the action plan.

10. Fill in the action plan and forward it to the Equality and Diversity Lead prior to taking any action as they may highlight a corporate need or theme that should be addressed as an organisation or the need for further work with particular groups which would be better carried out in partnership with the local authority or other partners. The Lead will look at your action plan and return it to you with comments.
11. All EIAs and Action Plans will be published on the PCT website and will contribute to the Single Equality Scheme and SES Action Plan which are published by the PCT and assessed by the Health Care Commission.
12. Once the Action Plan is completed, the EIA should be amended with the extra information obtained from the Action Plan and re-sent to the Equality and Diversity Lead.

Appendix 1

Commissioning Flow Chart



During the commissioning cycle, the Equality Impact Assessment is done collaboratively between the Public Health Directorate and the appropriate strategy manager. Public consultation should form part of this process.

Their Action Plan will inform the strategy and then the service specification. The contract with the service provider will include specific equality targets.

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Appendix 2

Full equalities impact assessment

Directorate:

Service:

Piece of work being assessed:

Name of lead person:

Other partners/stakeholders involved:

Date of assessment:

Single Equality Scheme strand	Baseline data and research – What is available? What does it show? Are there any gaps? Use both quantitative and qualitative research and user data Include consultation with users if available	Is there likely to be a differential impact? If 'yes', is that impact direct or indirect discrimination?
Gender		
Race		
Disability		
Sexual orientation		
Age		
Religion/belief		

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead