



Mid and South Essex
Health and Care
Partnership



Equality and Health Inequalities Impact Assessment Policy

Document Control:

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Responsible Executive Director	Chief of Staff
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Target Audience	<ul style="list-style-type: none"> 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 Leads.
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

Version	Date	Author (Name and Title)	Summary of amendments made
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	28/06/2024	Helen Chasney	Review date amended to 31 October 2024 by Quality Committee (28 June 2024).

Contents

1.	Introduction	5
2.	Purpose / Policy Statement	5
3.	Scope	5
4.	Definitions	6
5.	Roles and Responsibilities	7
5.1.	Chief Executive	7
5.2.	ICB Board	7
5.3.	Quality Committee.	8
5.4.	Equality & Diversity Impact Assessment Panel	8
5.5.	Chief of Staff	8
5.6.	Director of Strategy and Partnerships	8
5.7.	Policy Author	8
5.8.	NHS Alliance Directors, Executive Directors and other Managers	8
5.9.	All Staff	9
6.	Policy Detail	9
6.1.	Process for Undertaking an Equality and Health Inequalities Assessment (EHIA)	9
6.2.	Engagement with Residents, Patients, Service users and Voluntary Sector Organisations	9
7.	Monitoring Compliance	10
8.	Staff Training	10
9.	Arrangements For Review	10
10.	Associated Policies, Guidance And Documents	11
11.	References	11
12.	Equality Impact Assessment (EIA)	11

Appendix A - Equality Impact Assessment	12
Appendix B – Equality and Health Inequalities Impact Assessment Template	15
Appendix C – Process for undertaking an Equality and Health Inequalities Impact Assessment	16

1. Introduction

- 1.1. 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.
- 1.2. The ICB is committed to ensuring that public and patient voices inform and shape future services.
- 1.3. 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.
- 1.4. 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.
- 1.5. This document and associated guidance will be reviewed with partner organisations during the first year of the ICB being established (2022/23) to develop a MSE wide process for Equality and Health Inequality Impact Assessments (EHIA) and support the ICB's Equality and Diversity Strategy (currently under development).

2. Purpose / Policy Statement

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

3. Scope

- 3.1. 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.

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

4. 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 (EHIA)** – 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.

5. Roles and Responsibilities

5.1. Chief Executive

- 5.1.1. 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 and Improvement (NHSE/I).
- 5.1.2. 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 (WDES¹) and the Accessible Information Standard (AIS).

5.2. ICB Board

- 5.2.1. 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

¹ The ICB is not currently required to submit a return against the Workforce Disability Equality Standard.

effectiveness of these arrangements and will ensure further mitigating action is taken where necessary.

5.3. Quality Committee.

- 5.3.1. 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.
- 5.3.2. The Quality Committee will approve the annual PSED report referred to in Section 5.1.2 prior to submission to the ICB Board.

5.4. Equality & Diversity Impact Assessment Panel

- 5.4.1. The Equality & Diversity Impact Assessment Panel is responsible for review and approval of impact assessments and consequently oversight of the impact of EDI work within the ICB.

5.5. Chief of Staff

The Chief of Staff has responsibility for implementation of this policy and supporting the work of the Equality & Diversity Impact Assessment Panel.

5.6. Director of Strategy and Partnerships

- 5.6.1. The Director of Strategy and Partnerships has been delegated with executive responsibility for addressing health inequalities.

5.7. Policy Author

- 5.7.1. The policy author will have responsibility for developing and updating the policy.

5.8. NHS Alliance Directors, Executive Directors and other Managers

- 5.8.1. NHS Alliance Directors, Executive Directors and other managers (collectively referred to as 'managers') are responsible for ensuring that EDI is promoted and embedded within their area of work and that action is taken to reduce health inequalities.
- 5.8.2. 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.

5.8.3. Managers are responsible for ensuring their staff receive appropriate training on how to undertake an EHIA where this forms part of their duties.

5.9. All Staff

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

6. Policy Detail

6.1. Process for Undertaking an Equality and Health Inequalities Assessment (EHIA)

6.1.1. EHIAs 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.

6.1.2. Project leads are encouraged to undertake appropriate training and/or have an early discussion with the EHIA Lead (currently the Deputy Director of Governance and Risk) before undertaking an EHIA.

6.1.3. The EHIA template is provided at **Appendix B**. Completed templates should be submitted to the EDI Co-ordinator who will log the assessment and share with members of the Equality & Diversity Impact Assessment Panel (EDIAP) for review and comment.

6.1.4. 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.

6.1.5. The EDI Co-ordinator will be responsible for communicating the sign-off of the EHIA by the EDIAP once they are satisfied that all comments have been addressed. The full EHIA process is set out at **Appendix C**.

6.2. Engagement with Residents, Patients, Service users and Voluntary Sector Organisations

6.2.1. 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.

6.2.2. Continued engagement with communities, at system, alliance and neighbourhood levels will help to inform the EHIA 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.

7. Monitoring Compliance

- 7.1. The Chief of Staff 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.
- 7.2. 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.

8. Staff Training

- 8.1. All ICB staff and Board members will be required to undertake mandatory EDI training.
- 8.2. All staff will be made aware of this policy and associated procedures as part of their local induction by their line manager.
- 8.3. Line managers will be responsible for ensuring that employees' ongoing EDI training needs are assessed during induction and reviewed annually via the staff appraisal process.
- 8.4. Training and support on completing EHIAs will be provided by the EDI Co-ordinator/EHIIA Lead.

9. Arrangements For Review

- 9.1. This policy will be reviewed during the first year of the ICB Board being established and thereafter 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.
- 9.2. 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.

10. Associated Policies, Guidance And Documents

Associated ICB Strategies

- Mid & South Essex 5-year Strategy and Delivery Plan

Associated ICB Policies

- Equality in Employment Policy
- Risk Management Policy

Associated NHS England and Improvement Standards

- [Accessibility Information Standard \(AIS\)](#)
- [Equality Delivery System \(EDS2\)](#)
- [Workforce Disability Equality Standard \(WDES\)](#)
- [Workforce Race Equality Standard \(WRES\)](#)

11. References

- [NHSE/I Working with Seldom Heard Groups](#)

12. Equality Impact Assessment (EIA)

- 12.1. 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	Directorate/Service: Corporate Office
Version number (if relevant): V1.0	
Assessor's Name and Job Title: Sara O'Connor	Date: 13 June 2022

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			The policy sets out the arrangements to ensure that possible impacts on protected and other groups are identified and mitigated.
Disability (Physical and Mental/Learning)	X			
Religion or belief	X			
Sex (Gender)	X			
Sexual Orientation	X			
Transgender / Gender Reassignment	X			
Race and ethnicity	X			
Pregnancy and maternity (including breastfeeding mothers)	X			
Marriage or Civil Partnership	X			

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 EHIAs 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.

REVIEW

How often will you review this policy / service?

The policy and associated procedures will be reviewed during 2022/23 as part of the development of an MSE wide process for undertaking EHIAs.

<i>If a review process is not in place, what plans do you have to establish one?</i>
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N/A

APPENDIX B - EQUALITY & HEALTH INEQUALITIES IMPACT ASSESSMENT

A DETAILS OF WORK BEING UNDERTAKEN						
A1	Title of Project/Activity/Programme being assessed:					
A2	Project/Programme Ref (if applicable):					
A3	Please indicate the commissioning status: (select from list of options)					
A4	Please <u>briefly</u> state context/reasons for this work and intended outcomes: Please submit more detailed information with the completed assessment (e.g. Project Initiation Document, draft pathway, etc.) to provide reviewers with a greater understanding of the potential impact upon the groups listed below.					
A5	Lead Officer:					
A6	Head of Service responsible for this work:					
A7	Responsible Committee: Audit					
A8	Who will <u>primarily</u> be affected by this work?				If applicable, please state name of 'Partner Organisation' affected.	
B EQUALITY ACT 2010 - PUBLIC SECTOR EQUALITY DUTY						
	Public Sector Equality Duties	Response	Please give brief and succinct reason(s) for your response <u>and</u> which protected characteristics are affected, either positively or negatively (i.e. Age, Disability, Gender Reassignment, Marriage/Civil Partnership, Pregnancy/Maternity, Race/Ethnicity, Religion or Belief, Sex/Gender, Sexual Orientation) .			
B1	Could the work help to eliminate unlawful discrimination, harassment, victimisation or prevent any other conduct prohibited by the Act?					
B2	Could the work help to advance equality of opportunity between people who share a protected characteristic and those who do not?					
B3	Could the initiative help to foster good relations between people who share a protected characteristic and those who don't?					
C	PROTECTED CHARACTERISTICS UNDER THE EQUALITY ACT 2010	ACCESS TO SERVICES			HEALTH OUTCOMES	
	For guidance, hold your cursor in cells with a red triangle in the top right hand corner and refer to the EHIA Guidance document (hyperlink to website to be included in due course)	Will the work impact, <u>either directly or indirectly</u> , on the ability of protected groups to <u>ACCESS</u> services?	Please provide an explanation for your response, including details of any stakeholder engagement.	Please provide details of action you will take to remove/mitigate any negative impact. NB: Actions should be transferred to the Action Plan worksheet, which should be monitored by project lead.	Will the work impact, <u>either directly or indirectly</u> on <u>HEALTH OUTCOMES</u> for protected groups?	Please provide an explanation for your response, including details of any stakeholder engagement. NB: Actions should be transferred to the Action Plan worksheet, which should be monitored by the project lead. .
C1	Age					
C2a	Physical Disability					

C2b	Mental Health/Learning Disability						
C3	Gender Reassignment						
C4	Marriage/Civil Partnership						
C5	Pregnancy/Maternity (inc. Breastfeeding Mothers)						
C6	Race/Ethnicity						
C7	Religion of Belief						
C8	Sex (Gender)						
C9	Sexual Orientation						
C10	ENGAGEMENT/CONSULTATION If not already referred to in your responses, have you carried out any engagement or consultation with relevant groups where a negative impact has been identified?		If Yes , please state who/which groups were contacted, the level of engagement and the outcome (supporting evidence should be provided). If No , please contact the Communications & Engagement Team for advice on the level of engagement required and suggested contact details.				
D	HARD TO REACH / SELDOM HEARD GROUPS	ACCESS TO SERVICES			HEALTH OUTCOMES		
	For guidance, hold your cursor in cells with a red triangle in the top right hand corner and refer to the EHIA Guidance document (hyperlink to website to be inserted in due course)	Will the work impact, either directly or indirectly, on the ability of people within these groups to <u>ACCESS</u> services?	Please provide an explanation for your response, including details of any stakeholder engagement.	Please provide details of action you will take to remove/mitigate any negative impact. NB: Actions should be transferred to the Action Plan worksheet, which should be monitored by project lead.	Will the work impact, either directly or indirectly on <u>HEALTH OUTCOMES</u> for people within these groups?	Please provide an explanation for your response, including details of any stakeholder engagement.	Please provide details of action you will take to remove/mitigate any negative impact. NB: Actions should be transferred to the Action Plan worksheet, which should be monitored by project lead.
D1	Carers						
D2	Homeless/Rough Sleepers						
D3	Migrant Workers						

D4	Vulnerable Migrants (Refugees/Asylum Seekers)							
D5	Sex Workers							
D6	Traveller Community (inc. Gypsies & Roma)							
D7	Those who have experienced Female Genital Mutilation							
D8	Those who have experienced Human Trafficking / Modern Slavery							
D9	Those experiencing/recovering from Substance/Alcohol Abuse							
D10	Those living in economically deprived communities							
D11	Those living within geographically isolated communities							
D12	Prisoners / Ex-offenders							
D13	Commuters							
D14	Vulnerable Adults, e.g. Victims of Domestic / Sexual Abuse							
D15	Looked After Children							
D16	Ex-service personnel / veterans							
D17	Other groups that you have identified (please detail)							
D18	If not already referred to in your responses, have you carried out any engagement with relevant groups?		If Yes , please provide a summary of who was consulted, the level of engagement and the outcome. If No , please contact the Communications & Engagement Team for advice on the level of engagement required and suggested contact details.					

E PUBLIC SERVICES (SOCIAL VALUE) ACT 2012			
	Social, Economic and Environmental Benefits	Response	If Yes , please provide a brief summary of the relevant benefits. If No , and you will be conducting a procurement process, consider and detail below how you might be able to secure an improvement in each benefit.
E1	Could this initiative secure wider social benefits?		
E2	Could this initiative secure wider economic benefits?		
E3	Could this initiative secure wider environmental benefits?		
E4 Public Involvement			
	Will you be undertaking a public involvement exercise (consultation/engagement) on the above matters?		(Please provide reasons for your decision to undertake/not undertake a public involvement exercise)

Action to remove/mitigate any negative impact will have automatically transferred on to the Action Plan worksheet. Please include timelines and lead officers on the Action Plan. It is the Head of Service and Project Lead's responsibility to monitor the effectiveness of action taken to remove/mitigate negative impacts on affected groups.

Please email your completed EHIA and supporting documentation (e.g. document outlining objectives of your project) to [name of nominated officer within ICB]

The EHIA will be shared with members of the **ICB's Equality & Diversity Team** for review. Any comments received will be shared with the Project Lead for them to consider and decide whether any changes to the EHIA and/or the work being undertaken are required. The **Equality Lead** will sign-off the assessment once they are satisfied that all queries raised have been satisfactorily addressed.

Appendix C

Equality and Health Inequality Impact Assessment (EHIA) Flowchart

Completed EHIA 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 and Diversity Impact Assessment Panel (EDIAP) Panel Members.

EHIA recorded on EHIA Log Sheet EDI Co-ordinator

EHIA and relevant document to be emailed by EDI Co-ordinator to EDIAP inviting comments / approval with a commitment to respond even if 'nil' response. EHIA Author to be cc'd.

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

EDI Co-ordinator to log comments received from E&D Sub-committee members and feed these back to the EHIA author as they are received. Copy of all collated responses to be provided to the EHIA author (cc'd to EHIA Lead Officer) 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 EHIA author.

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

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

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