

# **Equality and Health Inequalities Analysis: Standard Toolkit for CWHHE CCGs**

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Briefing and associated templates based on NHS England Standard Requirements

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# 1 Equality and Health Inequalities Analysis

## 1.1 Introduction

These analysis templates have been developed to help you to think through the implications of your work on equality and on addressing health inequalities. They aim to help you take the right steps to make sure that the policy, commissioning and/or procedure you are developing has the best chance of reducing health inequalities and advancing equality of opportunity, whilst capturing the evidence that you have done so. This will support the CCG in meeting its separate legal duties on Equality and those on Health Inequalities. Section one contains the Equality Analysis and Section two the Health Inequalities Analysis.

**Please note that all Equalities Templates must be reviewed and signed off by the Assistant Director of Equalities.**

## 1.2 Legal Duties

CCGs have two separate duties on Equality and on Health Inequalities. Whilst the purpose of both duties is to ensure that informed and conscious consideration is given by decision makers to assess needs in respect of the equality and inequality duties, it is important to appreciate that they are two distinct duties. This document is therefore divided into two parts; section one contains the Equality Analysis template and section two the Health Inequalities Analysis template.

## 1.3 Public Sector Equality Duty

The public sector equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims of the general equality duty. The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

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## 1.4 Health Inequalities Duties

The Health and Social Care Act 2012 established the first specific legal duties on CCGs to have regard to the need to reduce inequalities between patients in **access** to, and **outcomes** from, healthcare services and in securing that services are provided in an integrated way. These duties had legal effect from April 1st 2013.

The duties require that CCGs properly and seriously takes into account inequalities when making decisions or exercising functions, and has evidence of compliance with the duties, whilst also assessing how well commissioned providers have discharged their legal duties on health inequalities.

What is meant by “...have regard to...” in the duties?

- Lawyers advise that “having regard to the need to reduce” means health inequalities must be properly and seriously taken into account when making decisions or exercising functions, including balancing that need against any countervailing factors.
- Part of having due regard includes accurate record keeping of how the need to reduce health inequalities have been taken into account.

## 1.5 The Analysis Templates

Neither the public sector equality duty nor the Health Inequalities duties specify how CCGs should analyse the effect of their existing and new policies and practices on equality or on health inequalities. These templates are designed to help CCG staff members to assess the impact of policy and decision-making on equality and on addressing health inequalities and to keep records of doing so. **There are and will be overlaps between the two templates and the evidence gathered for each.**

The process of using the templates and working through the questions is as important as the outcome. The process is an opportunity to evaluate your evidence base for each question and involve stakeholders who can be involved in the discussion. If the evidence is not readily available or gaps are found, a proactive approach may be needed. Finally, record keeping should take place as a matter of course.

### Section 2: Equality Analysis

Please complete the template by following the instructions in each box.

### Section 3: Health Inequalities Analysis

Please complete the template by applying each question to your work, referring to the best available evidence. We strongly advise that you use and work through the supporting questions in **Annex A**.

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## 2 Equality Analysis

**Title:**

**What are the intended outcomes of this work?** Include outline of objectives and function aims

**Please outline which Equality Delivery System (EDS2) Goals/Outcomes this work relates to?** See Annex B for EDS2 Goals and Outcomes

**Who will be affected by this work?** e.g. staff, patients, service users, partner organisations etc.

### Evidence

**What evidence have you considered?** List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on page 9 of this template.

**Age** Consider and detail age related evidence. This can include safeguarding, consent and welfare issues.

**Disability** Consider and detail disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities.

**Gender reassignment (including transgender)** Consider and detail evidence on transgender people. This can include issues such as privacy of data and harassment.

**Marriage and civil partnership** Consider and detail evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities.

**Pregnancy and maternity** Consider and detail evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities.

**Race** Consider and detail race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers.

**Religion or belief** Consider and detail evidence on people with different religions, beliefs or no belief. This can include consent and end of life issues.

**Sex** Consider and detail evidence on men and women. This could include access to services and employment.

**Sexual orientation** Consider and detail evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

**Carers** Consider and detail evidence on part-time working, shift-patterns, general caring responsibilities.

**Other identified groups** Consider and detail evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).

## **Engagement and involvement**

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

How have you engaged stakeholders in testing the policy or programme proposals?

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

## **Summary of Analysis**

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

## **Eliminate discrimination, harassment and victimisation**

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).

## **Advance equality of opportunity**

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).

### **Promote good relations between groups**

Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).

### **Evidence based decision-making**

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to eliminate discrimination issues, partnership working with stakeholders and data gaps that need to be addressed through further consultation or research.

How will you share the findings of the Equality analysis? This can include corporate governance, other directorates, partner organisations and the public.

### 3 Health Inequalities Analysis

**Evidence**

**1. What evidence have you considered to determine what health inequalities exist in relation to your work?** List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include local and national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them in the Evidence based decision making section on the last page of this template.

**Impact**

**2. What is the potential impact of your work on health inequalities?** Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

**3. How can you make sure that your work has the best chance of reducing health inequalities?**

**Monitor and Evaluation**

**4. How will you monitor and evaluate the effect of your work on health inequalities?**

**For your records**

Name of person(s) who carried out these analyses:

Name of Sponsor Director:

Date analyses were completed:

Review date:

## **Annex A. Health Inequality Analysis - supporting questions**

The following questions have been developed to work as a prompt and help to guide you through each of the sections in the Health Inequalities analysis template. Please apply each question below to your work, referring to the best available evidence and record the outcome in the template above. We advise that you keep more extensive records and note where the evidence can be found for each answer.

These questions should also be asked throughout the planning and development of your work from initial development, through design and implementation, to evaluation of effectiveness.

### **1. What evidence have you considered to determine what health inequalities exist in relation to your work?**

- What health inequalities currently exist with regard to the health issue that your policy/procedure aims to address?
- What factors have created, maintained or increased health inequalities in access to, and outcomes from healthcare services?
- Who will be affected by your work and what are the demographics of the population affected?
- How is the health issue that your work is aiming to address distributed across different population groups and across different geographical locations?

### **2. What is the potential impact of your work on health inequalities?**

- How will your work affect health inequalities?
- Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?
- Will the work address need across the social gradient or focus on specific groups?
- Will the policy/procedure have an unintended differential impact on different population groups and across different geographical locations?
- Would providing services in an integrated way reduce health inequalities?

### **3. How can you make sure that your work has the best chance of reducing health inequalities?**

- What can you do to make it more likely that the work reduces health inequalities?
- What have you done to mitigate against any failure to reduce health inequalities?
- Are there any dependencies or interdependencies that may impact on the work's ability to address health inequalities? For example, are delivery partners sufficiently engaged in addressing health inequalities? Are there any resource implications that may affect the delivery?
- Will the work be equitably delivered to all population groups, with a scale and intensity proportionate to the level of disadvantage?

### **4. How will you monitor and evaluate the effect of your work on health inequalities?**

- How will you know whether your work has an impact on reducing health inequalities?
- Have you captured the evidence and recorded how the need to reduce health inequalities has been taken into account in the development of this work?
- Are there any gaps in the evidence that need to be addressed through further consultation or research?
- What will you do based on the gaps, challenges and opportunities you have identified in the evidence?
- Can you produce both whilst developing this work and at the end of the work, for assurance and risk mitigation, accessible records of all decisions and the decision making processes?

#### **Definition of 'population groups'**

Health inequalities have been defined as "Differences in health status or in the distribution of health determinants between different population groups." [World Health Organisation Glossary of terms]

Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations and the nine protected characteristics of the Equality Act 2010 (age, disability, ethnicity, gender reassignment, marriage and civil partnership, religion, pregnancy and maternity, sex (gender) and sexual orientation). The term 'population groups' is therefore used above to capture all such variables. The legal duties do not define specific groups - they are pertinent to any health inequalities on any dimension.

## Annex B. EDS2 Goals and Outcomes

Goal	Number	Description of outcome
<b>Better health outcomes</b>	1.1	Services are commissioned, procured, designed and delivered to meet the health needs of local communities
	1.2	Individual people's health needs are assessed and met in appropriate and effective ways
	1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4	When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5	Screening, vaccination and other health promotion services reach and benefit all local communities
<b>Improved patient access and experience</b>	2.1	People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2	People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3	People report positive experiences of the NHS
	2.4	People's complaints about services are handled respectfully and efficiently
<b>A representative and supported workforce</b>	3.1	Fair NHS recruitment and selection processes lead to a more representative workforce at all levels
	3.2	The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3	Training and development opportunities are taken up and positively evaluated by all staff
	3.4	When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6	Staff report positive experiences of their membership of the workforce
<b>Inclusive leadership</b>	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

More information on EDS2, including the EDS2 policy document, can be found at: <http://www.england.nhs.uk/ourwork/gov/equality-hub/eds/>