Doing your Equality Analysis

Checklist

This checklist will be useful when deciding if your Equality Analysis (EA) is ready to be signed-off.

1. Am I making use of the EA at all the right stages of my policy, plan or project cycle?
2. Have I considered people's fundamental rights and freedoms and how my policy, plan or project might adversely impact on different groups of people?
3. How clear is my policy, plan or project about what I am trying to achieve/ is it relevant to equality, human rights and/or good relations?
4. What kind of effects could my policy, plan or project have on people with different protected characteristics or facing socio-economic disadvantage?
5. What kind of evidence can I use to start my analysis?
6. Am I confident that my analysis is robust and meaningful? / Have I involved the right stakeholders in completing my EA?
7. Have I considered and utilised all relevant social value opportunities?
8. What information should I provide to satisfy my senior responsible officer that I have undertaken a rigorous EA?
9. Do I need to record and publish my EA?
10. Does my policy, plan or project work for everyone? Does it have the intended effect?

Guidance

This EA guidance is provided to help you understand the context of completing an EA**.** Where you see a **(refer to guidance)** in the template – you will see there is some guidance here to help you complete that section.

Terminology – what is what?

There have been evolving terms and language used in respect of equality impact assessments. You may be familiar with the terms EIA, EquIA, EA, Analysis of the Impact on Equality (AIE), and so on. They all refer back to the same source – the recognition in law (The Equality Act) to pay due regard to the fact that some citizens fare worse that others – as a group of people – for example black, Asian and minority ethnic (BAME) people, disabled people, lesbian, gay and bisexual (LGB) people and so on, and that our public services have an explicit role to play in recognising and removing these types of disparity when we deliver our services or employ people.

You may think that you don't deliver policy, plans or projects and so this is not for you – but there are very few limited functions of public authorities that are not covered by the legal duties. This term ('policy, plan and projects') is used throughout our guidance as a cover all for the variety of work we do as Commissioners.

The equality duties we have are two fold – to eliminate conduct that is prohibited by the Act. Such conduct includes discrimination, harassment and victimisation related to the protected characteristics – and to advance equality of opportunity and foster good relations. Equality is essentially about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential.

Diversity is about the recognition and valuing of difference in its broadest sense, and creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and the individual. The term describes the range of visible and non-visible differences that exist between people. Managing diversity harnesses these differences to create a productive environment in which everybody feels valued, where talents are fully utilised and in which organisational goals are met. Equality and diversity are not interchangeable but are interdependent. There is no advancement of equality if difference is not recognised and valued.

Human Rights and equality are inextricably linked, deriving as they do from the same fundamental principles: equal respect for the dignity of every person. A human rights approach treats the individual as a whole person and seeks to address their requirements holistically. At the heart of human rights is the belief that everybody should have autonomy, be treated fairly and with dignity – no matter what their circumstances.

In this new approach to equality analysis (EA) we are taking here, we have listened to you and brought together all the relevant considerations into one assessment for ease and convenience. Undertake the EA at the design stage of your policy, plans or projects and you will have identified and removed any risk of widening health and care gaps from the outset.

Health and social care – a whole person approach

You may only be considering an EA for a single service. Try to think of the bigger picture though – it will help you better understand potential impact. This is an important consideration and a recognised failure for public services – because of the vast landscape of services we deliver – it is easy to only focus on the service you are giving – and yet we are all aware of the social determinants of health creating more than 80% of health inequalities. Even where services are outside of your control – don't hesitate to identify in your EA where you expect they may contribute towards detrimental impact.

For example: The links between poor mental health and inequalities have been a central theme of recent public health agendas. We know that poor mental health can both be a consequence of inequalities and result in social, economic and health inequalities. For example, poor mental health is more common in areas of deprivation. It can lead to higher risk health behaviours (e.g. smoking and drug misuse). This, combined with unequal access to quality healthcare, can result in poor health outcomes and shortened life expectancy.

What is an EA?

This new MHCC approach advances and streamlines your equality assessment to incorporate your duties under the Equality Act, the Health and Care Act, the Human Rights Act and allows you to leverage social value all at the same time. In short, it

ensures you meet all your legal duties and enhances your opportunity for a successful outcome right from the start of your work. This assessment process will enable you to ensure your policy, plan or project is as successful as possible right from the outset.

Do I need to do an equality analysis (EA) and when should I do it?

Every time a public authority takes a decision, reviews its policies and practices or wants to introduce new ones, it should consider whether it is relevant to equality (the protected characteristics in the Equality Act 2010). There are also similar legal considerations to make within the Human Rights Act and the Health and Social Care Act. Throughout this document you will reference to your 'policy, plan or project' – this term is there to capture what it is you are doing that you apply your EA to.

MHCC complete EA's to help meet our legal requirements under the Equality Act 2010. Like other public authorities, we are obliged to comply with public sector equality duties. An EA is the same as the equality impact assessment or equality analysis you will already have heard about and used, but enables you to incorporate consideration of human rights, socio-economic disadvantage and social value all at the same time.

It is quite possible that some policies or practices will be more relevant to one protected characteristic than others.

Case Study: Road signs

A local authority has a policy regarding its road 'furniture' (such as directional signs, white lines, parking bays and zebra crossings).

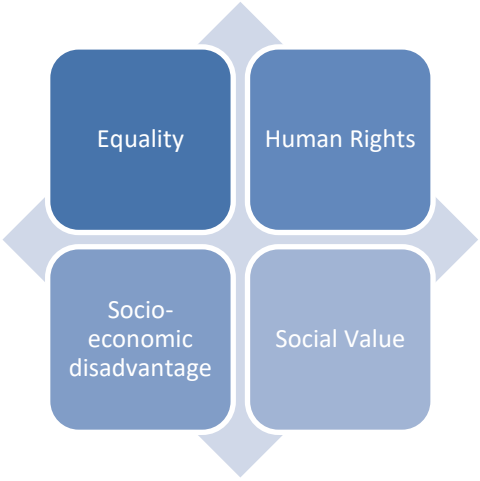
Any proposed change to this policy would rate as 'highly relevant' for disability as considerations over disability would need to be looked at before any change. However, the same policy may be low for ethnicity as it is unlikely to be as much of an issue.

What about gender? Probably medium to high, given health and safety reasons for illuminating certain areas at night to make them safer for women. Some local authorities have well-lit women-only parking bays.

Taking your policy, plan or project through the protected characteristics in this way will help you determine where impact may be more relevant.

MHCC approach to inclusion and social value

After listening to staff, we have now taken this new approach to incorporate our legal requirements under the Equality Act together with the Human Rights Act; and better understand the impact on socio-economic disadvantage and the Health and Care Act and potential for social value within the same form, approach and process.



Equality

The **Public Sector Equality Duty (PSED)** is a principle based piece of legislation (The Equality Act 2010) that aims to mainstream equality into public sector culture in practical and demonstrable ways.

The PSED cover a number of protected characteristics: Age, disability, gender, gender reassignment, pregnancy and maternity, race (colour, nationality, ethnic or national origins), religion or belief and sexual orientation.

The public sector equality duty also covers marriage and civil partnerships, with regard to eliminating unlawful discrimination in employment.

Human Rights

The Human Rights Act 1998 (HRA) did not create human rights for British people. The rights and freedoms it covers were set out in the European Convention on Human Rights, a treaty that has been in force since 1953. The Act makes it easier to protect these rights by applying them to our own domestic law. It also means you can take complaints about human rights breaches to a British court rather than having to go to Strasbourg in France**.**

The Rights and Freedoms in the Human Rights Act are underpinned by what we call the 'FREDA' principles:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

The Act requires that all public authorities (who exercise public functions) must follow the Human Rights Act (HRA) when they plan services, make policies and take decisions. So it's a bit similar to the Public Sector Equality Duty (PSED) and indeed Public Authorities subject to the PSED are also likely to be subject to the Human Rights Act 1998 and other instruments such as Conventions Rights.

There are 16 basic rights protected by the Human Rights Act. Below, we have focused on the four rights most relevant to MHCC'S functions:

- **Article 2 - The right to life**
- **Article 3 - Freedom from torture and inhuman treatment** (such as serious physical or psychological abuse in a health or care setting and degrading treatment such as treatment that is extremely humiliating and undignified). Whether treatment reaches a level that can be defined as degrading depends on a number of factors. These include the duration of the treatment, its physical or mental effects and the sex, age, risk factors and health of the victim. This concept is based on the principle of dignity - the innate value of all human beings.
- **Article 8 –** The right to respect for your **private and family life**, your home and your correspondence.
- **Article 14 -** requires that all of the rights and freedoms set out in the Act must be protected and **applied without discrimination**.

Both articles 2 and 3 are absolute rights as opposed to 8 and 14 which are limited and qualified rights.

Most rights under the HRA can be restricted in some way and circumstances but 'Absolute' rights can never be interfered with in any circumstances.

In the context of Article 2, this means that nobody can try to end someone's life. It also means the Government should take appropriate measures to safeguard life by making laws to protect people and, in some circumstances, by taking steps to protect people if their life is at risk. It also means that public authorities should also consider the right to life when making decisions that might put people in danger or that affect people's life expectancy.

In the context of article 3, as you would expect, public authorities must not torture or inflict inhuman or degrading treatment on people. They must also protect people if someone else is treating them in this way. If they know this right is being breached, they must intervene to stop it.

Socio Economic disadvantage

The Health and Social Care Act 2012 requires health authorities to give regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities. This applies to NHS England and CCGs, as well as the Secretary of State for Health.

It's a 'regard' duty which echoes the requirements of the PSED to some extent (duty to reduce inequalities of access and outcomes among patients; report on what we are planning to do to reduce inequalities) but it relates to characteristics that are not currently covered by the PSED in Great-Britain – people's socio-economic background.

Social Value

The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.

Before they start the procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

The Act is a tool to help commissioners get more value for money out of procurement. It also encourages commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems.

Why do I need to do an equality analysis (EA)?

Case study: Esther and Chadrack Mulo

Chadrack, a four year old with learning disabilities and autism, without speech, was found with his arms round his dead mother Esther in October 2017 in their Hackney flat. He died of dehydration and malnutrition. Chadrack had passed away about 12 days after his mother. He was unable to call for help. Esther, a lone parent, had epilepsy and appears to have died suddenly.

According to the Multi-Agency Case Review, her GP had referred Esther to neurology. Although she had tried the telephone booking service, she had been unable to secure an appointment because of her limited English.

The circumstances of Esther and Chadrack's deaths and the lessons that come from them must become more than a terrible headline; they must map a route to a greater focus on the needs of the family and a response that is fundamentally driven by a safeguarding first approach.

That approach needs to understand where to make adjustments to 'one stop shop' type services to meet **all** citizens' needs. A timely EA – when designing or refreshing your service provision - will alert you to the different requirements you will need to put in place to ensure that people like Esther and Chadrack don't face added disadvantage when using health and care services. Put simply, a timely EA can contribute towards saving lives.

If you are involved in commissioning services – you must undertake an EA to help recognise and flush out disadvantage from the outset.

What do I need to do?

Your completed template will serve as part of the wider evidence for meeting our equality and human rights legal requirements alongside providing you with

assurance that you are being as inclusive as possible from the start of your work and leveraging best social value. It will help you achieve a better all-round outcome from design through to delivery.

What happens to my equality analysis (EA)?

Your initial assessment may form part of the proposal that you are seeking approval for, for example if you are submitting a business or investment case or taking a paper for approval through our governance process. You will not receive approval until you have provided a completed EA or a rationale for why one is not relevant. You cannot assume that an EA is not relevant - you will need to give a reason why you think it is not relevant. The only times an EA will not be relevant is when you are taking a decision or action and you are providing equality evidence in another way.

If you are not taking your policy, plan or project through governance, you must still evidence your due regard to inequalities and can simply use the EA to help shape how you will strengthen your work to ensure any adverse impact is addressed.

Once you have completed your EA, it remains with your policy, plan or project activity to help you monitor and assess progress throughout the lifecycle. Keeping it a living document that you regularly return to will help you ensure any changes you make throughout your policy, plan or project do not undermine any of the strengthening actions you have taken. To ensure continued due regard to equality, human rights, social economic disadvantage and social value, you will need to build in regular milestones to check you are still on track for delivering inclusively.

As required in the specific equality duties, as an organisation, we collate, monitor and publish our evidence of assessment. This evidence has to include information on employees as well as external stakeholders affected by policies and practices to demonstrate compliance with our legal duties. We collate your EA's, draw evidence from them and publish them at least annually in line with the law, so you will need to have them available for collection on an annual basis.

Are there any new duties that I need to know about?

From 2018, employers with 250 or more employees have to publish annually their figures comparing men and women's average pay across the organisation. Ethnicity pay gap reporting is currently in consultation and may also become a legal requirement. MHCC have already taken the decision to publish their ethnicity and disability pay gaps alongside their gender pay gaps each year as a measure of best practice. The purpose is to help establish a baseline of where unfair pay gaps may exist in order to address them.

The workforce and organisational development team collates this information annually and publishes it before March each year alongside our statutory Public Sector Equality Duty annual report. You may be asked to provide information for these purposes and you will need to do so in a timely way in order to help meet our legal requirements.

What else exists that can help inform my equality analysis (EA)?

MHCC brings health and social care together within one organisation. However, we already have tools and support for undertaking impact assessments through both

health and social care disciplines. The tools remain relevant and will be very useful in helping you complete your EA.

The main purpose of the NHS EDS tool is to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010.

The main purpose of the Equality Framework for Local Government (EFLG) remains to help organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010.

Do I need to do an EA for new policies, plans or projects only – or also for existing policies, plans and projects as well?

If you cannot evidence due regard to equality and human rights having already been considered in your existing policies**, plans** and projects, then you will need to undertake an EA to help you to demonstrate that you are meeting your legal requirements.

Case Study: Happy Eaters

One local authority found a recipe for success over its meals on wheels service. The authority was concerned that the food it was serving up wasn't to everybody's taste. So it used an equality impact assessment to find out why. The authority discovered that in some ethnic communities, only a few people were tucking in.

So the authority decided to change the menu to ensure that these diners had a range of different types of meals more likely to appeal to choose from. Soon there were many more 'happy eaters' among these communities, including those who preferred meat free and healthier options. 'White British' users were also delighted at the improved choice and quality of the food. In this way the authority not only improved its' service but saved money as well.

What does a robust EA look like?

In deciding whether an EA is thorough and robust, it will be helpful to consider the following questions:

1. Is the purpose of the policy, plan or project change/decision clearly set out?
2. Have those affected by the policy, plan or project decision been involved?
3. Have potential positive and negative impacts been identified?
4. Are there plans to alleviate any negative impact?
5. Are there plans to monitor the actual impact of the proposal?

How do I gather evidence for my equality analysis (EA)?

Manchester is one of the most diverse cities in the country with all of the protected characteristics strongly represented. We also have many groups who are socio-

economically disadvantaged or adversely experience risks to their human rights. By addressing inequalities in take up of and outcomes for health and social care services, we will better deliver our Locality Plan as a whole.

Case study: Connor Sparrowhawk

In 2018, the NHS trust responsible for the care of Connor Sparrowhawk, who died in an Oxford learning disability unit in 2013, pleaded guilty to breaching health and safety law following a criminal prosecution by the Health and Safety Executive (HSE).

A unanimous jury at an inquest in 2015 concluded that a series of "very serious failings" – including errors in bathing arrangements, inadequate epilepsy training and a lack of clinical leadership – had contributed to Connor's death.

A review of the deaths of people with learning disabilities has found that more than one in eight were "adversely affected" by health and social care service failings.

This included issues surrounding delays in treatment, "organisational dysfunction" and abuse, leading to recommendations in the review for improved information sharing and electronic integration of health and social care records.

All of these missed opportunities would be prevented by a timely and effective EA. Not just in the service that is in place when the death takes place, but the systemic provision around and across that service – it may be housing, educational, health or social care service – but the analysis will simply alert you to the risks and allow you to put in place interventions to protect against disadvantage, harm or worse.

The data you will want to consider is clear – for example, people with learning disabilities die on average 16 years earlier than people without them - due to NHS failings. From the same research, the proportion of people with learning difficulties who died in hospital was greater (64%) than the proportion of hospital deaths in the general population (47%).

Undertaking an EA assessment - even in a seemingly innocuous area such as equality monitoring – will help you recognise and remove systemic disadvantage - not just because you are legally required to do so, but you will literally save lives.

Think of an EA like a business delivering a new product or service – first steps will be to find out who the audience is and what their different requirements will be to ensure you development will be fit for purpose.

The Marmot review outlines the links between work, health and health and social care inequalities. Being in good employment can protect health and wellbeing, whilst unemployment can have short and long term effects on health and is linked to

increased rates of long-term conditions, mental illness and unhealthy lifestyle behaviours.

If your equality analysis (EA) is staffing related, consider starting with your HR business partner and /or the equalities lead or inclusion staff group members.

How have you considered the impact in terms of supporting residents to get (back) into sustainable work e.g. for those in work, are services delivered at times and in locations which allow easy access for people who work unsocial hours? Are there any opportunities to offer support for unemployed people to gain work experience or work through the service or plan (this forms part of MHCC's social value strategy)'

What if I can't find any relevant data?

If your EA is externally facing, start with Joint Strategic Needs Assessments (JSNA), and ask your research and policy colleagues for anything the JSNA's do not already cover.

Evidence of potential impact can include local or national data, published research or the findings of local engagement activities from the voluntary, community and social enterprise (VCSE) sector.

No need to copy and paste data here, you do not need to be a research expert - just clarify in your own words where known evidence might be relevant to how you will deliver and explain how you might address through your product or service design. Provide a reference to the data source where you can.

Can I discount data?

You may discount the data if you have a good rationale for doing so – for example national data indicates that women fair worse in most organisations in terms of a gender pay gap (in 2016, the gender pay gap for full-time employees was 9.4%, meaning that average pay for full-time female employees was 9.4% lower than for full-time male employees.)

In 2018, Manchester Health and Care Commissioning's (MHCC) gender pay gap stood at 1.79% equating to a mean average different of £0.37. Whilst we wouldn't discount this data entirely, we wouldn't need to make it a main consideration when reviewing pay rates for example. We would also want to consider whether the data is the most up to date or over the past few years whether patterns or trends indicate a worsening or improvement in the situation.

Consider the 9 protected characteristics, caring responsibilities, potential risks to human rights challenges and socio-economic disadvantage, and any intersectional or disaggregated issues that might be relevant.

What is a significant policy, plan or project that will require publication?

For significance – you should consider size of the potential impact, not necessarily the size of the policy, plan or project. Remember – some small actions can have

significant impact. Could your policy, plan or project potentially have a big, medium or small impact?

You might consider things like budget, weight and relevance to the business plan, potential for significant impact for various groups, lack of ability to mitigate etc. to best determine whether your project is big, medium or large for equality analysis (EA) purposes.

For example the Manchester Health and Care Commissioning (MHCC) operational plan, EA would be a significant programme, but so might a small change to routine eye examinations if it means for example that Deaf British Sigh Language users as a whole can't access the service because you only provide a telephone booking service.

The meaning of 'policy, plan and practices' have a broad interpretation. EA is not something to be applied only to 'formal' policies in relation to policy developed by your corporate teams.

The following are examples of less obvious 'policies':

- procurement strategy and procedures
- employee terms and conditions
- opening hours for a service
- on-line or other services
- complaints procedures
- entitlement conditions for benefits or services
- eligibility criteria for promotion
- an organisation's estates strategy
- rules covering entitlement to and payment of expenses
- relocation plans
- communication strategies
- projects
- budget setting decisions and criteria for resource allocation; and
- standard methods used for providing information to staff.

How do I involve or consult stakeholders?

All major work programmes and strategies should make arrangements to consult throughout assessment. That includes gathering views on the initial aims of the policy and also on any impact. This should allow an informed view to be given on the options identified, as well as the assessment of impacts.

Stakeholders' views on the most effective methods of addressing unwanted impacts should be considered. Following consultation and involvement it may be necessary to go back to the assessment and revise your findings.

Stakeholders can include staff, volunteers, Board members, voluntary, community and social enterprise (VCSE) sector, unions, and potential employees if your policy is a human resources/organisational development one.

If your policy or service is more outward facing, consider patients, service users, citizens and general public as well as any representative organisations.

Talk to the engagement lead on how best to engage and involve communities – there may already be some forums set up you can use.

You should consider proportionate involvement and engagement. For many smaller decisions, an accessible internet survey may be an ideal tool. For larger impact, where you really need strong evidence of differential impact – face to face consultation events and involvement of representative third sector organisations might be more appropriate.

What is Intersectional?

The term 'intersectional' refers to where you may need to consider impact on more than one protected characteristic or socio-economic disadvantage. Consider where there might be need to look at cumulative impact.

Workforce example

The experience of disabled female staff will be different from those of disabled male staff. Evidence tells us that disabled women experience more barriers in the workplace and are not as well represented at the top of organisations as disabled men are. You will want to have the widest talent pools possible available to you, and so for example reviewing your pregnancy and maternity policies to ensure they don't inadvertently present barriers to disabled women in the workplace might be a good idea.

Service delivery example

For example, an intersectional issue might arise when looking at the specific impact of a new sexual health campaign to be more open about talking about sexual practices for black, Asian and minority ethnic (BAME) lesbian, gay and bisexual (LGB) communities. If the new campaign doesn't address BAME LGB people – you are unlikely to reach and engage them.

What does disaggregated evidence mean?

Workforce example

In the same scenario as above, you may determine that also you are well represented in respect of female employees across most grades, but this is not the case for disabled women. If you want to attract disabled female talent – and keep it - then you may want to address some of the barriers that are preventing disabled women from fulfilling their work potential.

Service delivery example

An example of disaggregated data might arise where, in the same scenario as the above service delivery example, you might be particularly concerned about impact for those BAME men who don't identify as LGB but as a man who has sex with other men. You will need to look at a particular subset of data of LGB people to make sure you are including everyone you want to reach.

The evidence might or might not be available – don't let this put you off – you job is to consider whether there is likely to be issues with adverse take up, access to or outcomes and direct your thinking to how to mitigate adverse impact.

What is an equality analysis (EA) template?

The template will help you assess the equality relevance of a policy, plan or project for one or more equality groups, potential human rights or socio-economic challenge. It will also help you establish best practice in social value. It provides a written account of your actions to address disadvantage.

If your policy, project or plan is being considered by a committee or other group, you should attach you completed template as evidence that you have considered inclusion impacts.

The EA should also be published for transparency and accountability where it is likely to have significant impact. If you are publishing your policy, project or plan – publish the EA alongside it.

How do we show 'due regard'?

a) Workforce

We currently have posts in Manchester Health and Care Commissioning across health and social care. Over time this will change – either through people moving on or because we need to re-shape our workforce to meet changed needs.

If you play any role in recruitment – from approving workforce policies, making recruitment decisions, advertising posts, writing job descriptions, managing staff or simply welcoming or inducting a new starter – you will need to consider whether your actions should be informed by an EA.

b) Commissioning

In commissioning services, you will need to be assured that those services recognise any disadvantage or discrimination already faced by different groups and ensure when services are delivered on your behalf, actions are put in place to mitigate those disadvantages. To assure yourself, an EA will identify where disparity already exists, allow you to consider what actions are proportionate and sensible for the provider to take, and set out where and what you will want to monitor to assure yourself that disadvantage is being driven out.

c) Strategy

In setting out your strategies and plans – be those operational or business plans, locality plans, delivery plans, projects and programmes – right from the outset an EA will inform you where you need to strengthen your approach because of the potential for adverse impact for some citizens. It helps you challenge your assumptions and set out a plan that will both deliver more equitably and recognise the uneven playing field some groups of people are already starting from.

Case study: Accessible housing

The concept of Lifetime Homes was developed in the early 1990s by a group of housing experts, formed because of concerns about how inaccessible and inconvenient many homes were for large sections of the population. Lifetime Homes was developed to ensure that homes are accessible and inclusive.

Lifetime Homes are ordinary homes designed to incorporate 16 Design Criteria that can be universally applied to new homes at minimal cost. Each design feature adds to the comfort and convenience of the home and supports the changing needs of individuals and families at different stages of life. The standard is designed to maximise independent living.

The cost of incorporating the Lifetime Homes standard from the design stage is estimated to be as low as £90 for a three-bedroom, five-person social rented house, and £100 for the same size house in the private sector. Most of the Lifetime Homes design criteria cost nothing when designed in at the beginning. The inclusion of a downstairs toilet, with the possibility to incorporate a shower later, incurred the highest cost. With the exception of the two-bedroom, four-person house, the extra cost associated with the toilet was £69. The cost of retro-fitting accessibility measures to a home is substantially higher.

The cost savings of building to lifetime homes for health and care in keeping people independent in their own homes for longer is also significant. But, planning policies (drafted after October 2015) are only able to specify the requirement as optional. Those planning departments not undertaking an equality impact assessment will miss the opportunity to save costs and provide homes fit for purpose if they opt out.

Alternative Case study 1

Increasing awareness of bowel cancer symptoms among the Asian Community – NHS Hillingdon Clinical Commissioning Group (Formerly NHS Hillingdon)

This case study illustrates the benefits of collecting and using equality information to identify the needs of people with particular protected characteristics and to measure progress in responding to those needs over time.

Background

NHS Hillingdon Public Health Team looked at the information available on cancer types and rates in the Borough in 2010. They found that:

- Among cancers, bowel cancer accounted for a large proportion of cancer deaths;
- More people under 75 were dying of cancer in the South of the Borough which has a high Asian population compared to in the North;
- Cancer was a substantial contributor to inequality in death rates, particularly among women living in the most deprived 20% of the borough.

Cancer can often be successfully treated if detected early. For example, eight out of 10 cases of bowel cancer can be treated successfully if detected early.

Action taken

Based on the baseline data outlined above, the Public Health Team decided to launch an awareness campaign in the South of the Borough (Hayes and Harlington) which has a high Asian population.

The Public Health Team found that members of the Asian community had more limited awareness of the symptoms of bowel cancer, which was reducing the chances of early diagnosis with implications for survival rates. One of the reasons for this appeared to be that Asian people felt that cancer did not affect their family or their community (or was less likely to affect them).

In light of these findings, NHS Hillingdon focused their campaign on various actions to raise awareness of the symptoms of bowel cancer among the Asian community, particularly women. Those actions included:

- Designing and distributing leaflets about bowel cancer in English and in relevant Asian languages;
- Holding workshops, facilitated both in English and in other predominant languages. These were organised through existing local organisations e.g. women's groups or charities particularly targeting Asian communities or religious centres;
- Displaying campaign posters on buses and in tube stations in the Borough;
- Promoting messages by advertising on the Sunrise Radio Network - the UK's largest Asian radio network.

Outcomes

Surveys undertaken before and after the campaign revealed that awareness of the main symptoms of bowel cancer increased among people who had received information from the Public Health Team. Almost 80% of those who had seen or heard at least one element of the campaign could spontaneously recall at least one symptom, compared to less than 60% of those who had not been exposed to promotional material.

Advertising on the Sunrise Radio Network was found to be particularly successful in reaching Asian women.

Alternative case study 2

Using equality information to reduce non-attendance at the Diabetic Eye Screening Programme - Royal Marsden NHS Foundation Trust

This case study illustrates the benefits of collecting and using equality information to identify the needs of people with particular protected characteristics and to measure progress in responding to those needs over time.

Background

All people with diabetes are at risk of developing diabetic retinopathy. This is the most common cause of blindness in people of working age in the UK. There are

usually no obvious symptoms until it is well advanced. Evidence shows that early detection and treatment can prevent sight loss. It is therefore very important that it is identified and treated as early as possible.

The Diabetic Eye Screening Programme (DESP) offers annual eye screening to people with diabetes. Data collected in 2011/2012[1] about patients who did not attend showed that the service had the highest non-attendance rate (21.2%) of all services delivered by Sutton and Merton community services.

Actions taken

A health equity audit was commissioned to look at equity of service provision, uptake and outcomes among patients referred to the DESP. The audit looked at whether there were differences between the non-attendance rates of people with particular protected characteristics, i.e. age, gender and ethnicity.

The audit concluded in late 2012. It showed that patients of working age were more likely to miss appointments compared with older age groups, and the highest non-attendance rate (40%) was found in the 22-31 age group.

To improve accessibility for patients of working age, the service has expanded its out-of-hours provision to include weekend clinics. It also offers patients the option to make and change their appointments by email so that busy patients no longer have to call during working hours to do this.

Outcomes

These initiatives have contributed to reducing the overall non-attendance rate for the DESP. It has gone from 21.2% in 2011/12, to 15% in 2012/13.

Such a reduction in the non-attendance rate represents a financial saving for the Royal Marsden [2]. In addition, given the important role of screening in the early detection of diabetic retinopathy, such initiatives should have a positive impact over time in preventing sight loss among patients of working age.

Additional work currently under way

The audit commissioned in 2012 also suggested that White and Asian females and African males had higher non-attendance rates when compared with other ethnicities. However, it cautioned against drawing conclusions due to the quality of the data available.

As a result, the service has amended the data collection process for primary care providers. This will provide a more complete ethnicity profile for the population in future and will be used to re-audit service uptake in 2014/15.

[1] For the Royal Marsden Patient and Membership Equality Profile report 2011/2012

[2] According to the Dr Foster Hospital Guide 2012, 5.8 million outpatient appointments were missed by patients in 2011/2012, representing a loss of potential revenue to the NHS of £585 million. Reducing non-attendance rates not only

represents a financial saving for the NHS, it is also a way to reduce waiting times and to improve efficiency.

Alternative case study 3

Supporting job applications from disabled people: improving confidence and work experience for disabled people - Frimley Park Hospital

Background

In its employment equality compliance report for 2010/2011, the Frimley Park Hospital NHS Foundation Trust (the Trust) noted that it had received fewer job applications from disabled people than might be expected, given that 8% of the population in its catchment area is estimated to have a disability.

Although disability is generally underreported among applicants in the job market, the Trust felt that a specific commitment was needed in order to encourage more disabled people to apply for jobs at the Trust. Mindful of the specific duties (under the Public Sector Equality Duty), the hospital defined the following objective to fulfil this aim:

Work with organisations such as the Shaw Trust to place disabled people with the aim of developing skills and confidence to support long-term employment prospects. This includes provision of support for applying for permanent posts within the organisation.

Action

In 2012/2013, the hospital contacted the Shaw Trust to ask for curriculum vitae of disabled people who were looking for work placements. The Shaw Trust put forward three curriculum vitae and the hospital identified placements that would best suit the skills of these individuals. Assistance with job applications/interviews was given at the end of the placements so that the three individuals could apply for temporary and permanent positions within the Trust.

Outcomes

In 2012/13, the Trust reported the following progress: out of the three disabled people appointed through Shaw Trust on work placements, two have now been appointed as temporary staff, and one to a permanent post.

The work placements at the hospital made a significant difference to the lives of those involved. In particular, it has enabled participants to gain skills and confidence to apply for jobs afterwards. One participant stated that it has enabled him to demonstrate his skills in a real workplace which gave him the confidence to apply for a permanent post in the Trust. 'At the interview, I could talk about real work skills I had developed in my placement, something I had previously been unable to do'.

The hospital is still working with the Shaw Trust to continue providing more disabled people with potential job opportunities in the coming years.