

# Equality and Health Inequality Impact Assessment Form



## Equality and Health Inequality Impact Assessment Form

<b>Managers Name</b>	<b>Annemarie Lawrence</b>	<b>Division &amp; Department</b>	Women & Children's - Maternity
Policy/Service Change or Development	Temporary (long term) suspension of fetal medicine services	Outline of proposed policy/service change	Any women requiring referral to fetal medicine services will be referred instead to either Stoke, Wolverhampton or Birmingham Women's services (L2 or L3 FM Services)
Implementation Date	27 July 2023	Who does it affect?	Pregnant women
Have you engaged with staff, patients or the public	Yes – weekly T&F group held with staff	Engagement plan attached	No – time sensitive <i>[if no, please give reasons]</i>
Have any areas of negative high impact been identified?	Yes	Action Plan attached	Yes

### For Service Change/Development

Current number of patients likely to be impacted by proposed change/development	500	Impact on Annual Referrals	
			<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">↑</div> <div style="text-align: center;">↔</div> <div style="text-align: center;">↓</div> </div>
Number of staff directly impacted		Number of staff indirectly impacted	

For any service change or development, please contact the Public Participation team before completing this assessment: [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net) 01743 492390

**Date Completed:**

**Signed by Manager completing the assessment:**

24/07/2023



For Service changes/developments please forward your completed form to the Public Participation Team [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net). For Policies please forward a copy of the EHIA with your policy, to the Trust's Governance Team .

For completion of the following tables please see the guidance notes.

<b>Protected Characteristic Group</b>	<b>Positive Impact</b>	<b>Negative Impact</b>	<b>Neutral impact</b>	<b>Summary explanation of the main potential positive or adverse impact of your proposal</b>	<b>Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact</b>
Sex			X		
Gender Reassignment			X		
Race			X		
Disability			X		
Age			X		
Sexual orientation			X		
Religion or Belief			X		
Pregnancy and Maternity		X		Pregnant women who require fetal medicine services will be required to travel further to access services	Mitigation aligned to normal patient transport services for which access to is means tested.
Marriage and Civil Partnership			X		

## Main potential positive or adverse impact for people who experience health inequalities summarised

Welsh language speakers			X		
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Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please indicate **Neutral** if your proposal will not impact on patients who experience health inequalities.

Groups who face health inequalities	Positive Impact	Negative Impact	Neutral impact	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people			X		
Carers of patients: unpaid, family members.			X		
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.			X		
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.			X		
People with addictions and/or substance misuse issues			X		
People or families on a low income		X		There will be additional transport costs associated with needing to travel further which is likely to impact low income families harder	<b>Mitigation aligned to normal patient transport services for which access to is means tested. Posters will be created to put around the hospitals providing advice of support regarding patient transport.</b>

<b>Groups who face health inequalities</b>	<b>Positive Impact</b>	<b>Negative Impact</b>	<b>Neutral impact</b>	<b>Summary explanation of the main potential positive or adverse impact of your proposal</b>	<b>Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact</b>
<b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).			X		
<b>People living in deprived areas</b>			X	1 in 5 people in Telford do not have access to a car	Discussion with women on a 1:1 basis regarding getting to other hospital sites
<b>People living in remote, rural and island locations</b>		X		SaTH service users are already impacted by geographical location which will be exacerbated by having to travel further to access treatment. Transport issues across Shropshire, Powys, T&W (including public transport)	Mitigation aligned to normal patient transport services for which access to is means tested.
<b>Refugees, asylum seekers or those experiencing modern slavery</b>			X		
<b>Other groups experiencing health inequalities (please describe)</b>			X		

## EHIA Action Plan

Manager's Name	Annemarie Lawrence		Division/Department		W&C - Maternity	
Negative Impact identified	Group(s) affected	Action/Mitigation	Involvement <i>[Who/How?]</i>	How will actions and proposals be monitored to ensure their success?	Timescale	Completed <i>[Date]</i>
Pregnant women who require fetal medicine services will be required to travel further to access services	Pregnancy & maternity	Mitigation aligned to normal patient transport services for which access to is means tested.	Case by case, access is means tested but all women requiring referral will be advised of transport service process	Weekly review by outpatient manager	Case by case	Ongoing
There will be additional transport costs associated with needing to travel further which is likely to impact low income families harder	People or families on a low income	Mitigation aligned to normal patient transport services for which access to is means tested.	Case by case, access is means tested but all women requiring referral will be advised of transport service process	Weekly review by outpatient manager	Case by case	Ongoing
SaTH service users are already impacted by geographical location which will be exacerbated by having to travel further to access treatment.	People living in remote, rural and island locations	Mitigation aligned to normal patient transport services for which access to is means tested.	Case by case, access is means tested but all women requiring referral will be advised of transport service process	Weekly review by outpatient manager	Case by case	Ongoing

Date of next review: Monthly by outpatients manager

Signed by Manager:



## Equality Impact Assessment

### 1.0 Legal requirement for an Equality and Health Inequality Impact Assessment.

**1.1** The Equality Act (2010) requires public authorities to conduct an Impact Assessment upon their current or draft policies, practices, functions and services on equality grounds. The Equality and Health Inequality Impact Assessment will consider the impact on all areas of diversity, i.e. gender, transgender, disability, race, sexual orientation, age, religious belief, marriage and civil partnership and pregnancy. *[In addition the Trust requires that the impact on groups facing health inequalities, and in the case of Welsh patients, the impact of distance on language spoken, be considered]*

### 2.0 An Equality and Health Inequality Impact Assessment.

**2.1** The Equality and Health Inequality Impact Assessment is an assessment of the effect of current, intended or draft policies, programmes or services for any adverse, negative or detrimental outcomes for individuals from diverse backgrounds. Additionally it provides the structure to implement actions to eradicate any adverse, negative or detrimental outcomes, issues or inequalities.

**2.2** The purpose of the impact assessment specifically to the NHS is to improve our services by ensuring that we do not discriminate and that the promotion of equality is achieved for both patients and employees.

### 3.0 When to conduct an Equality and Health Inequality Impact Assessment.

**3.1** Equality and Health Inequality Impact Assessments should be carried out on the introduction of all new or revised policies, procedures, and protocols and before implementation of any service change/development or the introduction of a new service.

**3.2** In relation to service delivery the Equality and Health Inequality Impact Assessment should be reviewed every three years.

### 4.0 Process of an Equality and Health Inequality Impact Assessment.

**4.1** Equality and Health Inequality Impact Assessments should follow a \*two-stage process as follows:

- Assessment which highlights negative impacts of the change, as well as areas of positive benefit or good practice.
- An Action plan for those areas of high negative impact identified

## Guidance notes for Equality Impact Assessment Form

### Policy/Service Change or Development

What does this EHIA relate to

### Outline of proposed policy/service change

Please give a brief outline of what is proposed

### Implementation date?

The date the policy was/will be implemented.

### Who does it affect?

Services users i.e. patients, staff and other stakeholders, or others as appropriate.

### Have you engaged with staff, patients or the public?

What process for engagement with the groups involved has been undertaken and when? The purpose of the engagement is to outline to the specific groups how the implementation of the policy will affect them and to raise awareness between the groups.

If an Equality and Health Inequality Impact assessment is being carried out in relation to a service change or development, the Trust has a legal duty to engage with its local community and patients groups around the potential change (Section 242).

Under Section 242 of National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), NHS organisations are required to make arrangements to involve and consult patients and the public in:

- Planning of the provision of services;
- The development and consideration of proposals for changes in the way those services are provided, and decisions made by the NHS organisation affecting the operation of services.

The duty applies if implementation of the proposal, or a decision (if made), would have impact on -

- a) The manner in which the services are delivered to users of those services, or
- b) The range of health services available to those users.

For further information and advice regarding engaging the public and your duties to engage please contact the Trust Public Participation Team. As good practice all EHIA's should be reviewed by the relevant patient and public groups for assurance, please contact the Public Participation Team for more information [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net)

### Engagement plan attached

If you are not attaching an engagement plan, please give reasons. An engagement plan must be attached for all service change/development EHIAs



**Current number of patients likely to be impacted by proposed change/development**

For service change/development please give details of the number of patients using the service (or part of the service) being considered at the current time.

**Annual Referrals**

Please give the number of referrals expected in the next 12 months, and indicate if this is likely to increase, stay the same or decrease in the future.

This information is important to give context and will enable better understanding of the potential impact of proposed changes on the public.

**Number of staff impacted**

Please give number of staff directly and indirectly impacted by the proposed change.

**How to complete the high/low, positive/negative impacts table****Positive Impacts**

The policy/service may have a positive impact on any of the equality groups outlined in relation to promoting equal opportunities and equality, improving relations within equality target groups, providing target need services to highlighted groups. An example of this would be if a targeted training programme for black and minority ethnic women had a positive impact on black and minority women, compared with its impact upon white women and all men. It would not, however, necessarily have an adverse impact on white women or men.

**Negative Impacts**

The policy/service may have a negative/adverse impact upon any of the equality target groups outlined i.e. disadvantage them in any way. An example of this would be that if an event were to be held in a building with no loop facilities, a negative/adverse impact would occur for attendees with a hearing impairment.

**Factor Scores**

Impact	
None	You will need to use your judgement and consultation findings to decide whether there is no impact or a high/low impact – whether positive or negative. It is recognised that there may be differences of opinion about a factor score. In this case, it is advised to consult the relevant EDI lead before settling on a score.
Low	
High	

Any **High** Negative Impact score will illustrate a need to complete an EHIA Action Plan. However, it may be useful to complete this even if the negative impact scored low to ensure that a more thorough assessment is carried out. NB: Please retain a copy of the Impact Assessment(s) on your files for audit purposes and address any queries to the relevant **Public Participation or Workforce ED&I Lead**.

## Equality and Health Inequality Impact Assessment Process Flowchart

