

Equality Impact Assessment / Equality Analysis

Title of service or policy	Memorandum of Understanding between B&NES Clinical Commissioning Group and Public Health in B&NES Council
Name of directorate and service	Currently Public Health within B&NES PCT. Due to move to B&NES Council from April 2013.
Name and role of officers completing the EIA	Amy McCullough, Public Health Specialty Registrar
Date of assessment	August 2012

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Council’s and NHS Bath and North East Somerset’s websites.

1.	Identify the aims of the policy or service and how it is implemented.	
	Key questions	Answers / Notes
1.1	<p>Briefly describe purpose of the service/policy including</p> <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● If responsibility for its implementation is shared with other departments or organisations ● Intended outcomes 	<ul style="list-style-type: none"> ● The purpose of the Memorandum of Understanding (MOU) is to establish a framework for working relationships between B&NES Clinical Commissioning Group (CCG) and the public health team (due to be located with B&NES Council from April 2013), and to set out the scope of the service (i.e. functions) that public health will provide to the CCG. It also outlines the reciprocal responsibilities of the CCG in receiving these services. ● The services that public health will provide to the CCG, includes the domain of <i>population healthcare</i>, which is informed by “core offer” guidance by the Department of Health. The MOU also outlines those services that will be provided under the other domains of public health: <i>health improvement</i> and <i>health protection</i>, so that all public health services provided to the CCG are captured in one MOU. ● Responsibility for implementation of the MOU is shared between public health (and so B&NES Council from April 2013) and the CCG. ● Intended outcomes are: An MOU that clearly defines the working

		relationship between public health and the CCG, the services/functions that public health can provide to the CCG and the CCGs reciprocal responsibilities, and arrangements to support the implementation of the MOU i.e. development of an annual work programme, governance arrangements. The overall outcome is an MOU that supports the delivery of a high quality specialist public health service to the CCG (from October 2012).
1.2	<p>Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> ● Is it a new service/policy or review of an existing one? ● Is it a national requirement?. ● How much room for review is there? 	<ul style="list-style-type: none"> ● The provision of public health advice, information and expertise to CCGs is a national requirement (from April 2013), stipulated under the Health and Social Care Act. ● The Department of Health published guidance in February 2012 (updated in June 2012), encouraging CCGs and public health teams to develop an MOU, which will support CCGs in making best use of public health expertise. ● The MOU is not a legally binding document, although the provision of specialist advice is mandatory. The CCG as a statutory partner of the Health & Wellbeing Board also requires sound public health advice on which to base its recommendations. ● The services outlined under the <i>population healthcare, health improvement, and health protection sections</i> are informed by DH guidance, and the provision of specialist advice and some key public health functions (i.e. health protection, and immunisation/screening responsibilities) will be made mandatory by the Health and Social Care Act. However, there is local flexibility to prioritise which services are provided to some extent, and/or provide additional services.
1.3	Do the aims of this policy link to or conflict with any other policies of the Council?	<ul style="list-style-type: none"> ● Links with the Council's responsibility to provide specialist public health advice to the CCG from April 2013.

2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	To be addressed in workforce strategy.
2.2	What equalities training have staff received?	General equalities awareness training; training on undertaking EIAs; service-specific equalities training; managing equalities.
2.3	What is the equalities profile of service users?	The provision of advice to the CCG could potentially affect the health and wellbeing of the local community as a whole, as well as specific service groups or users. For example, the CCG may use specialist public health advice to inform the commissioning arrangements for a health promotion service aimed at the general public, or for a service aimed at a specific group such as adolescents with a combination of weight management and mental health problems. The Joint Strategic Needs Assessment for Bath and North East Somerset sets out the profile of the local community, as well as the

		profile of specific groups and service users.
2.4	What other data do you have in terms of service users or staff? (e.g results of customer satisfaction surveys, consultation findings). Are there any gaps?	N/A – as the MOU is not aimed to meet the needs of a specific group of service users. However, under the MOU, data on customer satisfaction surveys and consultation findings will be provided to the CCG (i.e. as part of the JSNA or specific needs assessment and data requests).
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?	Discussion internally (i.e. within public health).
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	Internal consultation within B&NES PCT, B&NES Council and the CCG has been undertaken. External stakeholders will not be consulted on the MOU document, though specific projects undertaken by public health as a result of the MOU (and outlined in an annual work programme) will include consultation with external stakeholders and use of engagement processes and forums such as Bath and North Somerset Local Involvement Network. These will include a consideration of equalities as appropriate.
3. Assessment of impact: ‘Equality analysis’		
	Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy: <ul style="list-style-type: none"> • Meets any particular needs of equalities groups or helps promote equality in some way. • Could have a negative or adverse impact for any of the equalities groups 	
	Examples of what the service has	Examples of actual or potential negative or adverse impact and

		done to promote equality	what steps have been or could be taken to address this
3.1	Gender – identify the impact/potential impact of the policy on women and men. (Are there any issues regarding pregnancy and maternity?)	<p>The MOU will promote equality across all groups by stipulating the following:</p> <p>Public health will:</p> <ul style="list-style-type: none"> • Support commissioning practice towards the reduction of local health inequalities and the specific needs of vulnerable and marginalised groups by: <ul style="list-style-type: none"> - Supporting GPs to collect improved inequalities data, and - By highlighting any inequalities/vulnerable groups within the Health Profiles (as far as possible with the data available). • Use information on effectiveness, cost effectiveness and acceptability to inform policy decisions on the commissioning of services in order to maximise health gain and reduce health inequalities. • Refresh the strategy and action plans for improving health and reducing health inequalities, and seek CCG input into these. Strategies and plans will include those that focus on particular groups and communities (i.e. 	<p>No negative or adverse impacts are anticipated. On the contrary, the MOU provides an opportunity for public health to support the CCG in promoting equality and diversity through the provision of public health intelligence and advice.</p>
3.2	Transgender – – identify the impact/potential impact of the policy on transgender people		
3.3	Disability - identify the impact/potential impact of the policy on disabled people (ensure consideration of a range of impairments including both physical and mental impairments)		
3.4	Age – identify the impact/potential impact of the policy on different age groups		
3.5	Race – identify the impact/potential impact on different black and minority ethnic groups		
3.6	Sexual orientation - identify the impact/potential impact of the policy on lesbians, gay, bisexual & heterosexual people		
3.7	Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.		
3.8	Socio-economically disadvantaged – identify the impact on people who are disadvantaged due to factors like family background,		

	educational attainment, neighbourhood, employment status can influence life chances	traveller community), settings, and behaviours and lifestyles (i.e. obesity, smoking, alcohol, injury prevention, sexual health, mental health).	
3.9	Rural communities – identify the impact / potential impact on people living in rural communities	<p>The CCG will:</p> <ul style="list-style-type: none"> • Contribute to the strategy and action plans for improving health and reducing health inequalities and lifestyle issues. • Encourage primary care practices to maximise their contribution to disease prevention and reducing health inequalities by making ‘every contact count’ to help address behaviours such as smoking, alcohol misuse, and obesity, and by optimising management of long term conditions. • Utilise contracts with providers to embed reduction of, and the monitoring of, health inequalities and the promotion of health and wellbeing priorities. • Consider Public Health data including health inequality data in planning. 	

4. Bath and North East Somerset Council & NHS B&NES Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Ensure that (in)equalities are given due consideration when developing the annual work programme that will set out which services/projects (within the MOU) will be considered priority and delivered to the CCG in the oncoming year.	Consider equalities within discussions on the annual work programme, and ensure addressed.	Equalities are explicitly referred to in the annual work programme.	Amy McCullough	October 2012

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council's and/or NHS B&NES' website. Keep a copy for your own records.

Signed off by: Paul Scott, Director of Public Health

Date: September 2012