North West London
Collaboration of
Clinical Commissioning Groups

Item: 10

Date	Thursday, 06 September 2018

Title of paper	**Equality Impact Assessment of the establishment of the Joint Committee**

Presenter	Diane Jones, Chief Nurse / Director of Quality NW London CCGs				
Author/s	Dipen Rajyaguru, Associate Director, Equalities & Patient Experience, on behalf of the NW London CCGs				
Responsible Director	Diane Jones, Chief Nurse / Director of Quality NW London CCGs				
Clinical Lead	N/A				
Confidential	**Yes**	☐	**No**	☑	Items are only confidential if it is in the public interest for them to be so

The Committee is asked to:

1. **Note** the statutory duty under Section 149 of the **Equality Act 2010** for CCGs to have **due regard to impact of our decisions upon the Protected Characteristics** in the course of commissioning healthcare services, and therefore the need for each CCG to consider the potential impact that the establishment of the NW London CCGs' Joint Committee could have on equalities for the CCG's local population.

2. Note the impact assessment attached

Summary of purpose and scope of report

An equality analysis is a way of looking at whether the plans of an organisation have the potential to affect people differently.

The purpose of this report is to facilitate the discussion and agreement on a process that

will ensure the CCG meets the Public Sector Equality Duty as it exercises its functions.

Members will be aware that the new Joint Committee is in shadow form. The committee is reminded that the statutory duties of the CCG in respect to equalities are non-delegable and that the CCG remains ultimately accountable for them.

The impact assessment has identified:

- **A positive impact** insofar as it could help us to reduce unwarranted variation in the range and quality of services available to people and to reduce inequalities;
- **A negative impact** in that we could lose granularity, and, in making decisions, could overlook the needs of people with protected characteristics, thereby leading

to an increase in inequalities.

An Equality Impact Analysis for the establishment of this Committee is attached for information. **Public Sector Equality Duty (PSED) – additional information:**

The CCG must assure itself in relation to the provisions at Section 149 of the Equality Act 2010, which imposes the Public Sector Equality Duty (PSED) and provides that:

(1) A public authority must, in the exercise of its functions, have due regard to the need to:

a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

As above, the CCG therefore must have regard to the duties under the PSED in deciding to establish the joint committee.

Whilst there is no formal requirement to carry out an equality impact assessment of the proposal to establish the joint committee, doing so would be a robust way of demonstrating that we have had regard to these duties and that we have identified and mitigated risks.

Quality & Safety/ Patient Engagement/ Impact on patient services:

Quality and Safety

The paper is guided by the PSED set out at s.149 of the Equality Act 2010.

The implementation of our Public Sector Equality Duty, the development of our Equality Objectives and Patient Experience are reported annually.

Concerns about the quality and safety of the impact of the establishment of the Joint Committee were addressed at the Governance Design Group in the first instance, and the wider programme Board, which remained briefed on any developments.

Relevant findings, conclusions and recommendations on meeting the PSED will be reported to the Joint Committee.

Impact on patient services

The establishment of a joint committee is intended to enable the NW London CCGs to

collectively improve patient services and health outcomes across NW London.

What are the benefits of this project?

The establishment of a joint committee is intended to enable the NW London CCGs to collectively improve patient services and health outcomes across NW London. In summary form, adapted from the January governing body papers, these are designed to achieve:

a. A consistent patient offer in NW London
b. A joined-up approach to commissioning providers
c. An over-arching strategy that works best for our patients
d. A reliable and responsive system that gets the best results
e. With the proposed accessibility arrangements and live streaming of meetings, it is anticipated the Joint Committee will have a positive impact
f. Support a reduction in unwarranted variation in the range and quality of services available to people and to reduce inequalities
g. The Committee will have a specific remit (via the CCGs' Memorandum of Understanding 2018) to enforce S. 149 Equality Act 2010 (the Public Sector Equality Duty) to eliminate discrimination, harassment and victimisation.
h. There are no financial implications

A reliable and responsive system that gets the best results

Patient, staff and stakeholder engagement

Patient Engagement

At the end of June 2018, engagement workshops were convened which led to the formulation of shared equality objectives for the NW London CCGs as a collaboration**.** Local equality objectives are in the course of being agreed. These will be regarded as statutory and will be valid for 4 years until 2022.

A series of workshops to develop the (statutory) Equality Objectives were conducted throughout NW London ensuring that we had the views of local patients, Patient Representative Groups and the voluntary sector. We covered all 8 CCGs and received considerable feedback (currently being evaluated). The feedback will be providing a series of over-arching Equality Objectives across NW London to move forward as collaboration but also local Equality Objectives to reduce specific local health inequalities.

The Joint Committee is also being tested in shadow phase. This includes Healthwatch, lay and clinical representation. Following feedback, adjustments are being made to the way the committee operates, particularly to public access and use of technology.

The Governance Design Group has discussed the initial assessment on the 13th April 2018,

the output from that was to conduct an EQIA for each CCG. The Governance Design Group will also continue to work with Governing Body members and Joint Committee members on the refinement of the terms of reference.

Jargon buster
Patient offer – the services provided to patients by clinical commissioning groups Unwarranted variation – variation in health outcomes that cannot be explained by illness, medical need or the dictates of evidence-based medicine. Can be caused by shortfall in a variety of areas such as resource capacity, safety, etc.

Quality & Safety
The establishment of the Joint Committee does not alter the accountability of CCGs on this matter in its operation (which is not subject to this assessment) will be in line with the operational of the Governing Bodies themselves – it will use the same templates and policies and have the same requirements for seeking and testing assurances through the existing CCG Quality and Safety Committees and reporting on these through CCG Governing Bodies.

Equality analysis
The screening tool has been used in relation to this piece of work. The analysis looked at the protected characteristics and could find no impact in relation to the establishment of the Joint Committee. The analysis also took into account the improvements to accessibility arrangements.

Finance and resources
No financial implications have been identified.

Risk	**Mitigating actions**
There is a risk that in the course of establishing a Joint Committee, the CCG fails to meet its public sector equality duty to have due regard to equalities in the exercise of its functions.	Action is being taken to mitigate this risk by ensuring papers for decision at the joint committee have carried out a local assessment

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Supporting documents
• Equality and Health Inequalities Analysis: Standard Toolkit

Governance, reporting and engagement		
The Governance Design Group has discussed the initial assessment on the 13th April 2018. The version attached was shared at the Chairs Forum 23 July 2018. The Governance Design Group will also continue to work with Governing Body members and Joint Committee members on the refinement of the terms of reference		
Name	Date	Outcome and where in the report can you find out more

Conflict of interest
There is no known conflict of interests identified.

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Equality and Health Inequalities Analysis: Standard Toolkit

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.

Should you have any queries please contact Dipen Rajyaguru, Assistant Director for Equalities & Patient Experience, d.rajyaguru@nhs.net

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 though the supporting questions in **Annex A**.

Should you have any queries please contact Dipen Rajyaguru, Assistant Director for Equalities & Patient Experience, d.rajyaguru@nhs.net

2 Equality Analysis

Title:
Impact on equalities of the establishment of the NW London CCGs' Joint Committee

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

The CCGs must assure themselves in relation to the provisions at Section 149 of the Equality Act 2010, which imposes the Public Sector Equality Duty (PSED) and provides that:

(1) A public authority must, in the exercise of its functions, have due regard to the need to:

a. eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

b. advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

c. foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

This statutory duty of each CCG cannot be delegated and CCGs remain directly accountable to the public for this duty being fulfilled.

The establishment of the Joint Committee does not alter the accountability of CCGs on this matter and its operation (which is not subject to this assessment) will be in line with the operation of the Governing Bodies themselves – it will use the same templates and policies and have the same requirements for seeking, testing assurances on equality matters and reporting on these.

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

Inclusive leadership	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

The Committee is being established in line with these requirements so its work

allows Governing Bodies to demonstrate that due regard to matters has been had.

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

Decisions made at scale at the joint committee, could potentially impact on smaller minority groups specific to one or more boroughs if local demographics are not considered when preparing papers for this committee. Therefore to provide local assurance that local protected characteristics have been considered, the committee will seek assurance that the paper/s being presented have paid 'due regard' to any local reference, which must be reflected in the EqIA attached to the paper/s being presented.

The establishment of the Committee has potential impact on physical attendance at meetings, in that some decisions that would before have gone to eight CCG Governing Body meetings in public will now be taken once in a location that will not be in seven of the CCGs' geographical areas. However, this impact is mitigated through the planned provision of on-line access to meetings, rotational approach to venues and reporting back to Governing Body meetings in public of Committee business.

Factors relating to the operation of the Joint Committee, which are not covered specifically by this assessment have been accounted for and mitigated by establishing the Committee's operating model in line with that for the Governing Bodies.

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.

The operating model of the Joint Committee is the one relied upon by Governing Bodies and their Committees. The templates for papers to be considered by decision-makers have a dedicated sections specifically and explicitly to draw out equality impacts and these (and the underlying policies etc) have been adopted for mandatory use by the Shadow Joint Committee and, should it be formally established, the 'full' Joint Committee.

Specific legal advice has been taken with regards to the CCGs' equalities duties in the establishment of the Joint Committee, with legal assurance sought on this assessment itself.

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

The establishment of the Committee has no impact here. Public accessibility to the

meetings is mandated in the Committee's draft Terms of Reference.
Disability Consider and detail disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities. The establishment of the Committee has no impact here. Public accessibility to the meetings is mandated in the Committee's draft Terms of Reference.
Gender reassignment (including transgender) Consider and detail evidence on transgender people. This can include issues such as privacy of data and harassment. The establishment of the Committee has no impact here. Public accessibility to the meetings is mandated in the Committee's draft Terms of Reference.

Marriage and civil partnership Consider and detail evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities. The establishment of the Committee has no impact here. Public accessibility to the meetings is mandated in the Committee's draft Terms of Reference.
Pregnancy and maternity Consider and detail evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities. The establishment of the Committee has no impact here. Public accessibility to the meetings is mandated in the Committee's draft Terms of Reference.
Race Consider and detail race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers. The establishment of the Committee has no impact here. Public accessibility to the meetings is mandated in the Committee's draft Terms of Reference.
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. The establishment of the Committee has no impact here. Public accessibility to the meetings is mandated in the Committee's draft Terms of Reference.
Sex Consider and detail evidence on men and women. This could include access to services and employment. The establishment of the Committee has no impact here. Public accessibility to the meetings is mandated in the Committee's draft Terms of Reference.
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.

The establishment of the Committee has no impact here. Public accessibility to the meetings is mandated in the Committee's draft Terms of Reference.
Carers Consider and detail evidence on part-time working, shift-patterns, general caring responsibilities. The establishment of the Committee has no impact here. Public accessibility to the meetings is mandated in the Committee's draft Terms of Reference.
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). The establishment of the Committee has no impact here. Public accessibility to the meetings is mandated in the Committee's draft Terms of Reference.

Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available? The Quality Committees of each of the CCGs have been informed/involved in the development of the future joint governance arrangements. Members will be aware that we are now testing the new Joint Committee in shadow form. Part of that testing includes an assessment as part of the programme management framework overseeing its development, of the impacts that the committee could have on equalities. The Governance Design Group discussed the initial assessment on 13 April 2018.
How have you engaged stakeholders in testing the policy or programme proposals? The Governance Design Group has contributed to the development of this assessment. This includes clinical and lay partner and representation. The Joint Committee is being tested in shadow phase. This includes Healthwatch representatives, lay and clinical representatives, and adjustments are being made to the way the committee operates, particularly to public access and use of technology in this phase. This assessment and the Joint Committee draft ToR are being shared with the CCGs' BAME and LBGT+ networks for comment.
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs: The Governance Design Group discussed the initial assessment on 13 April 2018, the output from that was to conduct an EQIA for each CCG. We have continued to work with Governing Body members and Joint Committee members on the refinement of the terms of reference.

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?

A function of the Committee would be to reduce any differential impacts, the alignment of planned policies with a threshold (PPwT) and joint strategies with the positive impact of reducing health inequalities throughout NW London. Any negative impacts will be mitigated and the Committee will feedback to the originators (of the policy, function or strategy).

With the proposed accessibility arrangements to and live streaming of meetings, we anticipate the Joint Committee will have a positive impact. Further, with some issues being taken to just one Committee rather than eight separate Governing Bodies, the Committee should simplify public access to and engagement with decision-making

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).

The Committee will have a specific remit (via the CCGs' Memorandum of Understanding 2018) to enforce S. 149 Equality Act 2010 (the Public Sector Equality Duty) to eliminate discrimination, harassment and victimisation.

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).

The Committee will have a specific remit (via the ToRs) to enforce S. 149 Equality Act 2010 (the Public Sector Equality Duty) to advance equality of opportunity for staff and patients.

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).

The Committee will have a specific remit (via the Memorandum of Understanding) to enforce S. 149 Equality Act 2010 (the Public Sector Equality Duty) to promote good relations between groups.

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.

The Committee is in its infancy (in shadow form) the challenges would be to reduce any differential impacts, the alignment of policies & strategies throughout NW London, this is also an opportunity to positively work on reducing health inequalities in NW London and provides further opportunity to engage with stakeholders and encourage partnership working. However, this is a matter for testing the operation, rather than the establishment, of the Committee. However, in its establishment, we have ensured that the same systems apply to the Committee as they do the Governing Bodies – any challenges identified are likely to lead to changes in the whole NW London approach rather than just to the Committee in isolation.

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

As with Governing Body and Committee issues, the findings of the Equality analysis will be summarised at the cover sheet to each proposal and details will be provided at an Appendix. These papers will be made available publically online, and the meetings where the item will be discussed will be held in public.

In addition to the meeting being live-streamed, summary outcomes will be circulated to CCG governing body members and provided online within 24 hours of the meeting taking place and on the staff intranet.

Concerns about the quality and safety of the will be addressed and referred to the Governance Design Group (or its future equivalent) in the first instance, and the wider programme management structure (Delivery Group and Programme Board, or its future equivalent), will remain briefed on any developments. Relevant findings, conclusions and recommendations on meeting the PSED will finally be reported to the Governing Body for its consideration.

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.

Similar Committees exist within the NHS and the establishment of such a committee for NW London would be consistent with precedent that exists nationally, as well as serve as the natural next step for the collaboration board (now disbanded) which with the exception of setting policies for planned procedures with a threshold, was otherwise not a decision-making body.

Other examples of joint committees at the sub-regional level include South East London, North Central London, and further afield includes Herefordshire & Worcestershire CCGs, and Sheffield (bringing together seven CCGs across the area).

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?

We are aware of the local health inequalities in each CCG area (Annual Equality reports, Joint Strategic Needs Assessments and through patient outreach). The Committee will be tasked with considering how the health outcomes, experience and access to health care services differ across the population groups and in different geographical locations.

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

An objective of joint working across the NW London CCGs is to reduce unwarranted variation in services and outcomes, which incorporate the need to reduce or eliminate identified health inequalities and provide an equitable approach (not 'one size fits all'). Additionally, the Committee will seek to reduce any unjustifiable variation in service provision. This integrated approach will also mean that best practice will be shared.

Monitor and Evaluation

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

A formal evaluation will take place every 6 & 12 month intervals, and additional Governance procedures.

For your records

Name of person(s) who carried out these analyses:
Dipen Rajyaguru
Assistant Director for Equalities & Patient Experience, CWHHE CCGs

Emma Raha,
Corporate Governance Manager, NW London CCGs

Simon Carney
Head of Corporate Governance, CWHHE CCGs

Name of Sponsor Director:

Diane Jones

Chief Nurse/ Director of Quality

Date analyses were completed:

11 July 2018, updated August 2018

Review date:

30 January 2019

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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
Better health outcomes	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
Improved patient access and experience	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
A representative and supported workforce	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
Inclusive leadership	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/