

Equality and Health Impact Assessment Report and Summary

1.0 Introduction and purpose

This document summarises the purpose, content and impact of the Quality Impact Assessments (QIA's) and Equality Impact Assessments (EIA's) to support the consultation on proposals for building a sustainable future for the Friarage Hospital in Northallerton. EIA's for the programme of work 'Building a Sustainable Future for the Friarage Hospital and the reduction in services in March 2019 have been completed inform the evaluation of the consultation options prior to them being agreed as appropriate options to be taken forward to public consultation.

2.0 EIA aims and context

2.1 Aims and objectives

The purpose of an equality impact assessment is to ensure that our services, policies and practices do not directly, indirectly, intentionally or unintentionally discriminate against the users of our services or our staff. Where a negative impact is found, we will mitigate the impact through the development and implementation of specific action plans.

The Equalities impact assessment is completed considering the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Additional screening is completed in recognition of the geography of the impacted area:

- Rurality
- Finance

This additional screening is undertaken to ensure we are considering all characteristics that represent the population of Hambleton, Richmondshire and Whitby.

2.2 Statutory context

Clinical Commissioning Groups, as key partners and the statutory decision-makers in the Path to Excellence programme, have legal duties in respect of health and health inequalities. These duties come from:

- The Equality Act 2010 (including the Public Sector Equality Duty at section 149)
- The NHS Act 2006, as amended by the Health and Social Care Act 2012

Case law from a challenge to the Public Sector Equality Duty – known as the Brown principles¹ – is relevant to both equality and health inequalities legal obligations. These are:

- Decision maker must be aware of his/her duty to have ‘due regard’;
- ‘Due regard’ must be fulfilled before and at the time a particular decision is considered;
- The duty must be exercised in substance, with rigour and an open mind;
- The duty is non-delegable;
- The duty is a continuing one; and
- It is good practice to keep an adequate record showing the duty has been considered

2.2.2 Statutory equality duties

The three obligations of the Public Sector Equality Duty (PSED) are 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 requirements apply to the nine protected characteristic groups and any decisions made or policy developed by the CCGs, as well as the functions and services provided by others on behalf of CCGs.

2.2.3 Statutory health inequalities duties

The Health and Social Care Act 2012 placed duties on CCGs to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (section 14T)
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved (section 14Z1)
- Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities (section 14Z11)
- Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities (section 14Z15)

¹ 3 See <http://www.moray.gov.uk/downloads/file89347.pdf>

4.2.1 Total Equality Impact Scores 'Building a sustainable future for the Friarage Hospital' and the 'Temporary Reduction in Services'.

When summed together, the number of positive and negative impacts identified from the proposed service changes resulted in an overall neutral impact scores for all equality groups. The EIA's demonstrates that no specific equality groups will be negatively impacted by the proposed service changes and the temporary changes in place, however it is noted that specific consideration is to be made to patient transport and access to services for patients that live in the more rural localities. This will need to be considered as part of the action plans post consultation phase.

1. EQUALITY IMPACT ASSESSMENT

Please refer to equality and sustainability impact assessment guidance and local profiling data before completing

Policy/Project/Function:	Hambleton and Richmondshire: Building a sustainable future for the Friarage Hospital.			
Date of Analysis:	March 2019			
This Equality Impact Analysis was completed by: (Name & Department)	Gemma Umpleby Service Improvement Manager			
What are the aims and intended effects of this policy, project or function?	This EIA is being completed to assess the level of impact on the quality of services at FHN following the decision of STEES NHS FT to reduce services at FHN because of workforce pressures.			
Please list any other policies that are related to or referred to as part of this analysis:				
Who does this policy, project or function affect?:	Employees <input checked="" type="checkbox"/>	Service Users <input checked="" type="checkbox"/>	Members of the Public <input checked="" type="checkbox"/>	Other (List below) <input type="checkbox"/>

2. EQUALITY IMPACT ANALYSIS: SCREENING

Protected Characteristic (Please refer to supporting pack for full definitions):	Positive Impact	Negative Impact	No Impact	Evidence of Impact
Race:			X	
Age:	X			The project specifically presents options as to how the CCG proposes to address the issues faced by an increasing ageing population.
Sexual Orientation:			X	
Disabled People:			X	
Gender:			X	
Transgender People:			X	
Pregnancy & Maternity:			X	
Marital Status:			X	
Religion & Belief:			X	

ADDITIONAL SCREENING DUE TO LOCAL AREA

Characteristic	Positive Impact	Negative Impact	No Impact	Evidence of Impact
Rurality:	X			This project specifically aims to address the challenges faced by our population accessing services and information in relation to both the diagnosis and treatment of mental health conditions. It also aims to address the role of transport in delivering equitable and accessible services.
Finance:			X	

3. LOCAL PROFILE DATA

Local Profile/Demography of the Groups affected (population figures)

General	See further detail provided at https://www.hambletonrichmondshireandwhitbyccg.nhs.uk/equality-and-diversity																																																																																	
Race:	<p>The 2011 Census states that our profile is as follows:</p> <table border="1"> <thead> <tr> <th data-bbox="555 304 683 328">Ethnic Origin</th> <th data-bbox="909 304 1093 328">Number of People</th> <th data-bbox="1182 304 1323 357">Percentage of population</th> </tr> </thead> <tbody> <tr> <td data-bbox="555 363 622 387">White</td> <td data-bbox="909 363 987 387">146965</td> <td data-bbox="1182 363 1249 387">97.3%</td> </tr> <tr> <td data-bbox="555 392 882 416">English/Welsh/Scottish/Northern</td> <td data-bbox="909 392 987 416">144052</td> <td data-bbox="1182 392 1249 416">95.4%</td> </tr> <tr> <td data-bbox="555 421 674 445">Irish/British</td> <td></td> <td></td> </tr> <tr> <td data-bbox="555 450 781 474">Gypsy or Irish Traveller</td> <td data-bbox="909 450 943 474">151</td> <td data-bbox="1182 450 1238 474">0.1%</td> </tr> <tr> <td data-bbox="555 478 607 502">Irish</td> <td data-bbox="909 478 943 502">523</td> <td data-bbox="1182 478 1238 502">0.3%</td> </tr> <tr> <td data-bbox="555 507 680 531">Other White</td> <td data-bbox="909 507 965 531">2239</td> <td data-bbox="1182 507 1238 531">1.5%</td> </tr> <tr> <td data-bbox="555 536 846 560">Mixed/multiple ethnic group</td> <td data-bbox="909 536 965 560">1155</td> <td data-bbox="1182 536 1238 560">0.8%</td> </tr> <tr> <td data-bbox="555 564 680 588">Other Mixed</td> <td data-bbox="909 564 943 588">313</td> <td data-bbox="1182 564 1238 588">0.2%</td> </tr> <tr> <td data-bbox="555 593 719 617">White and Asian</td> <td data-bbox="909 593 943 617">390</td> <td data-bbox="1182 593 1238 617">0.3%</td> </tr> <tr> <td data-bbox="555 622 792 646">White and Black African</td> <td data-bbox="909 622 943 646">125</td> <td data-bbox="1182 622 1238 646">0.1%</td> </tr> <tr> <td data-bbox="555 651 819 675">White and Black Caribbean</td> <td data-bbox="909 651 943 675">327</td> <td data-bbox="1182 651 1238 675">0.2%</td> </tr> <tr> <td data-bbox="555 679 748 703">Asian/Asian British</td> <td data-bbox="909 679 965 703">1931</td> <td data-bbox="1182 679 1238 703">1.3%</td> </tr> <tr> <td data-bbox="555 708 674 732">Bangladeshi</td> <td data-bbox="909 708 931 732">61</td> <td data-bbox="1182 708 1238 732">0.0%</td> </tr> <tr> <td data-bbox="555 737 636 761">Chinese</td> <td data-bbox="909 737 943 761">227</td> <td data-bbox="1182 737 1238 761">0.2%</td> </tr> <tr> <td data-bbox="555 766 613 790">Indian</td> <td data-bbox="909 766 943 790">287</td> <td data-bbox="1182 766 1238 790">0.2%</td> </tr> <tr> <td data-bbox="555 794 674 818">Other Asian</td> <td data-bbox="909 794 965 818">1191</td> <td data-bbox="1182 794 1238 818">0.8%</td> </tr> <tr> <td data-bbox="555 823 645 847">Pakistani</td> <td data-bbox="909 823 943 847">165</td> <td data-bbox="1182 823 1238 847">0.1%</td> </tr> <tr> <td data-bbox="555 852 869 876">Black/African/Caribbean/Black</td> <td data-bbox="909 852 943 876">681</td> <td data-bbox="1182 852 1238 876">0.5%</td> </tr> <tr> <td data-bbox="555 880 622 904">British</td> <td></td> <td></td> </tr> <tr> <td data-bbox="555 909 629 933">African</td> <td data-bbox="909 909 943 933">337</td> <td data-bbox="1182 909 1238 933">0.2%</td> </tr> <tr> <td data-bbox="555 938 658 962">Caribbean</td> <td data-bbox="909 938 943 962">125</td> <td data-bbox="1182 938 1238 962">0.1%</td> </tr> <tr> <td data-bbox="555 967 674 991">Other Black</td> <td data-bbox="909 967 943 991">219</td> <td data-bbox="1182 967 1238 991">0.1%</td> </tr> <tr> <td data-bbox="555 995 748 1019">Other ethnic group</td> <td data-bbox="909 995 943 1019">297</td> <td data-bbox="1182 995 1238 1019">0.2%</td> </tr> <tr> <td data-bbox="555 1024 781 1048">Any other ethnic group</td> <td data-bbox="909 1024 943 1048">230</td> <td data-bbox="1182 1024 1238 1048">0.2%</td> </tr> <tr> <td data-bbox="555 1053 607 1077">Arab</td> <td data-bbox="909 1053 931 1077">67</td> <td data-bbox="1182 1053 1238 1077">0.0%</td> </tr> <tr> <td data-bbox="555 1082 674 1106">Grand Total</td> <td data-bbox="909 1082 987 1106">151029</td> <td data-bbox="1182 1082 1261 1106">100.0%</td> </tr> </tbody> </table>	Ethnic Origin	Number of People	Percentage of population	White	146965	97.3%	English/Welsh/Scottish/Northern	144052	95.4%	Irish/British			Gypsy or Irish Traveller	151	0.1%	Irish	523	0.3%	Other White	2239	1.5%	Mixed/multiple ethnic group	1155	0.8%	Other Mixed	313	0.2%	White and Asian	390	0.3%	White and Black African	125	0.1%	White and Black Caribbean	327	0.2%	Asian/Asian British	1931	1.3%	Bangladeshi	61	0.0%	Chinese	227	0.2%	Indian	287	0.2%	Other Asian	1191	0.8%	Pakistani	165	0.1%	Black/African/Caribbean/Black	681	0.5%	British			African	337	0.2%	Caribbean	125	0.1%	Other Black	219	0.1%	Other ethnic group	297	0.2%	Any other ethnic group	230	0.2%	Arab	67	0.0%	Grand Total	151029	100.0%
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Age:	<p>Older people (65+); this is one of the most significant groups in terms of size of population and service need, compared to other groups who share protected characteristics.</p> <p>This project recognises the importance of mental health promotion and mental ill health prevention in older people. Hambleton, Richmondshire and Whitby CCG has a higher than national average population of over 65's with 32938 of individuals, (21%) in this population group*1</p> <p>Older people generally have greater health needs than young people, especially with regards to long term conditions so they tend to access health services more as they age:</p> <ul style="list-style-type: none"> • 1 in 3 people over 65 will die with a form of dementia. • Isolation was regarded as one of the key concerns, based on engagement input in to the JSNA which particularly affects older people 																																																																																	

	<ul style="list-style-type: none"> Reliance on public transport is significantly higher in this group³. This has an impact on accessibility of services for this group 																									
Sexual Orientation:	<p>More research and better data analysis is needed to determine the incidence of poor mental health among lesbian, gay and bisexual people, both male and female. The 2011 Census states that there are 742 people in a registered same-sex civil partnership or cohabiting (same-sex) in Hambleton, Richmondshire and Whitby CCG area (0.49% of the resident population compared to NHS Harrogate and Rural District 0.61%, NHS Scarborough and Ryedale 0.60%, NHS Vale of York 0.65%). Stonewall estimates that 5 - 7% of the national population are lesbian, gay or bisexual communities.</p>																									
Disabled People:	<p>Disability does not necessarily equate to ill health, however disabled people are more at risk of ill health and there is a belief that people with learning disabilities have worse levels of health care intervention than other disability groups. This means that people with disabilities are likely to be disproportionately affected by commissioning decisions relating to all health services. People with mental health problems meet the criteria for being disabled under the legislation. Health promotion and preventative services have a statutory duty to address the needs of people with mental health problems. The project recognises that a number of individuals with other disabilities e.g. learning disability have higher rates of mental health problems.</p> <p>There are numerous health inequalities associated with learning disabilities (see www.northyorks.gov.uk/CHttpHandler.ashx?id=19174&p=0)</p> <p>In summary, people with learning disabilities have poorer health than their non-disabled peers, differences in health status that are, to a large extent, avoidable. Mortality rates for this group are higher than other groups. People with learning disabilities not associated with any other condition (such as Down's syndrome) average age of death is 65, compared to age 80 in the general population.</p>																									
Gender:	<table border="1"> <thead> <tr> <th></th> <th>2015</th> <th>2016</th> <th>%Change from Previous year</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Females</td> <td>75240</td> <td>75372</td> <td>0.18%</td> <td>75499</td> </tr> <tr> <td>Males</td> <td>78620</td> <td>78735</td> <td>0.15%</td> <td>78870</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>153860</td> <td>154108</td> <td>0.16%</td> <td>154370</td> </tr> </tbody> </table> <p>Rates of mental health problems are generally higher in boys compared to girls (Hunt R, Fish J (2008) Prescription for Change, Stonewall). They are also exposed to different experiences, for example, rates of sexual abuse. Men and women also have different rates of mental health problems. The different pattern of mental health problems across the sexes is explicitly recognised in the strategy. The delivery of new services provides the opportunity to deliver a number of different health promotion and prevention approaches across all ages.</p> <p>The gender breakdowns for Hambleton, Richmond and Whitby and projections (Office of National Statistics).</p>		2015	2016	%Change from Previous year	2017	Females	75240	75372	0.18%	75499	Males	78620	78735	0.15%	78870						Total	153860	154108	0.16%	154370
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Transgender People:	<p>Someone who proposes to, starts to follow a process (transition), or has completed the process, to change his or her gender is protected under this characteristic. The person does not have to be under medical supervision to be protected.</p> <p>The Gender Identity Research and Education Society (GIRES) suggests that across the UK:</p>																									

	<ul style="list-style-type: none"> • 1% of employees and service users may be experiencing some degree of gender variance. • At some point, about 0.2% may undergo transition (i.e. gender reassignment). • Around 0.025% have so far sought medical help and about 0.015% have probably undergone transition. In any year 0.003% may start transition. <p>More than one in three people who are described by the Equality Act 2010 definition of gender reassignment have attempted suicide.</p> <p>A key objective of this programme is to recognise that services must deliver a truly personalised approach that identifies the needs of each individual will ensure that there is a comprehensive understanding of the mental health needs of all people including transgender people. This will ensure they have access to prevention and health promotion services.</p>																						
Pregnancy & Maternity:	<p>Conception rate per 1000 for 15 – 17 year olds was 13.8 at Quarter 3 2013. This is below the rate for England (22.2) and Yorkshire and Humberside (24.2).</p> <p>Conception rate per 1000 for 15 – 17 year olds was at 21.6 (Health Profile 2015)</p> <p>1274 deliveries were completed in 2015-16 across the locality.</p> <p>It is recognised that targeted services are required for women during and post pregnancy.</p>																						
Marital Status:	<p>Evidence suggests being married is associated with better mental health (Scott K M et al (2009), Gender and the relationship between marital status and the first onset of mood, anxiety and substance use disorders, Psychological Medicine, Cambridge University Press 26 November 2009). There is less evidence on the benefits of being in a civil partnership; however, there is evidence that being in a good supportive relationship is beneficial for mental health.</p>																						
Religion & Belief:	<table border="1" data-bbox="539 858 1189 1449"> <tr> <td></td> <td></td> </tr> <tr> <td>Christian</td> <td>70.23%</td> </tr> <tr> <td>No religion</td> <td>20.47%</td> </tr> <tr> <td>Religion not stated</td> <td>6.91%</td> </tr> <tr> <td>Hindu</td> <td>0.40%</td> </tr> <tr> <td>Buddhist</td> <td>0.36%</td> </tr> <tr> <td>Other religion</td> <td>0.29%</td> </tr> <tr> <td>Muslim</td> <td>0.28%</td> </tr> <tr> <td>Jewish</td> <td>0.05%</td> </tr> <tr> <td>Sikh</td> <td>0.01%</td> </tr> <tr> <td></td> <td></td> </tr> </table> <p>This programme of change recognises that to improve outcomes for all people it will be necessary to incorporate religion and belief into the assessment of all individuals. Evidence suggests that having religious or other beliefs can be associated with better mental health, although this is not directly addressed in the programme.</p>			Christian	70.23%	No religion	20.47%	Religion not stated	6.91%	Hindu	0.40%	Buddhist	0.36%	Other religion	0.29%	Muslim	0.28%	Jewish	0.05%	Sikh	0.01%		
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4. LOCAL ACTIVITY

Local Profile/Demography of the Groups affected (population figures)

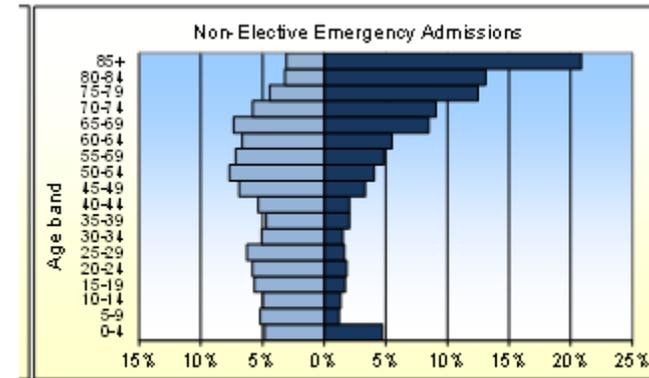
<p>List any Consultation (e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>The impact assessment identifies no negative impact on a specific protected group. This assessment will be reviewed and revised following a period of public consultation.</p> <p>All options developed to date have been formed through a period of extensive public engagement and pre-consultation listening events completed to inform the overarching 'Transforming our Communities Programme' as part of our 'Fit for the Future' campaign.</p> <p>A Communications and Engagement Plan Phase outlines the required actions for NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (HRW CCG) to communicate and engage (where appropriate) with stakeholders and the wider public in relation to the proposed model.</p>
<p>Promoting Inclusivity: How does the policy, project or function contribute towards our aims of eliminating discrimination & promoting equality and diversity within our organisation</p>	<p>This project aims to promote equality of services by:</p> <ul style="list-style-type: none"> • Reducing inequity of services across the localities of Hambleton and Richmondshire • Reduce the financial and emotional strain currently faced by many communities required to travel excessive distances to receive community inpatient care.

5. EQUALITY IMPACT ANALYSIS: ASSESSMENT TEST

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by The Equality Act 2010?

Protected Characteristic	No Impact	Positive Impact	Negative Impact	Evidence of Impact and, if available, justification where a Genuine Determining Reason exists
Gender (Men and Women)	X			
Race (All Racial Groups)	X			
Disability (Mental and Physical)	X			
Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			
Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age		X		Our population is increasing. Population estimates from mid-2015-16 to mid-2020-21 show an increased population of +0.89% of which +10.13% are over 65+ (forecast by the Office for National Statistics 2016). We know that over 65+ are more likely to attend hospital, especially as an emergency admission:

Graph 1: Distribution of population and tariff based acute hospital spend by age band



An emergency admission to hospital is a disruptive and unsettling experience, particularly for older people, exposing them to new clinical and psychological risks and increasing their dependency (Glasby 2003; Hoogerduijn *et al* 2007; Lafont *et al* 2011).

6. ACTION PLAN

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identifies on employees, service users or other people who share characteristics protected by The Equality Act 2010.

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
<p>There are not any identified risks specifically associated with the protected characteristics. All risks associated with the impact of the service change will be review as part of continuous risk monitoring throughout project implementation.</p>				

7. FINDINGS

Analysis Rating:	Red <input type="checkbox"/>	Red/Amber <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input checked="" type="checkbox"/>
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Rating	Notes	Actions	Wording for Policy/Project/Function
Red Stop and remove the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share Protected Characteristics. It is recommended that use of the policy be suspended until further work or analysis is performed.	Remove the policy Complete the Action Plan on the previous page to identify the areas of discrimination, and the work or actions that need to be undertaken to minimise the risk of discrimination	No wording needed as policy is being removed.
Red/Amber Continue the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share Protected Characteristics. However a genuine determining factor may exist that could legitimise or justify the use of this policy, and further professional advice should be taken.	The Policy can be published with the EIA a) List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE) b) Consider if there are any potential actions which could reduce the risk of discrimination. c) Another EIA must be completed if the policy is changed, reviewed, or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share Protected Characteristics. However a genuine determining reason exists which justifies the use of this policy and further professional advice. <i>[Insert the nature and justification of the discrimination, plus any actions which could help reduce the risk]</i>
Amber Adjust the policy	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the Action Plan section of this document.	The Policy can be published with the EIA The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination. Any changes identified and made to the	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.

		<p>service/policy/strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed, or if further discrimination is identified at a later date.</p>	<p><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></p>
<p>Green</p> <p>No major change</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p>The policy can be published with the EIA</p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>

1. EQUALITY IMPACT ASSESSMENT

Please refer to equality and sustainability impact assessment guidance and local profiling data before completing

Policy/Project/Function:	FRIARAGE HOSPITAL, NORTHALLERTON, TEMPORARY REDUCTION IN SERVICES		
Date of Analysis:	28/03/19		
This Equality Impact Analysis was completed by: (Name & Department)	RICHARD KIRBY, SERVICE IMPROVEMENT OFFICER		
What are the aims and intended effects of this policy, project of function?	TO UNDERSTAND THE IMPACT ON HRW PATIENTS OF THE TEMPORARY REDUCTION IN SERVICES AT THE FRIARAGE HOSPITAL FROM 27/03/19		
Please list any other policies that are related to or referred to as part of this analysis:	HRW EQUALITY AND DIVERSITY POLICY		
Who does this policy, project or function affect?:	Employees <input checked="" type="checkbox"/>	Service Users <input checked="" type="checkbox"/>	Members of the Public <input checked="" type="checkbox"/> Other (List below) <input type="checkbox"/>

- EQUALITY IMPACT ANALYSIS: SCREENING

Protected Characteristic (Please refer to supporting pack for full definitions):	Positive Impact	Negative Impact	No Impact	Evidence of Impact
Race:			X	
Age:	X			CHILDREN WILL BE ABLE TO BE SEEN/TREATED AT THE FRIARAGE UTC WHICH IS AN IMPROVEMENT ON THE SERVICE MODEL PRIOR TO 27/03/19
Sexual Orientation:			X	
Disabled People:			X	
Gender:			X	
Transgender People:			X	
Pregnancy & Maternity:			X	
Marital Status:			X	
Religion & Belief:			X	

ADDITIONAL SCREENING DUE TO LOCAL AREA

Characteristic	Positive Impact	Negative Impact	No Impact	Evidence of Impact
Rurality:		X		POTENTIAL INCREASE IN DISTANCE BETWEEN PATIENT'S HOME AND ACUTE PROVIDER. POSSIBILITY OF SOCIAL ISOLATION
Finance:			X	

- LOCAL PROFILE DATA

Local Profile/Demography of the Groups affected (population figures)

General	The population of the HRW CCG area is approximately 150,000, with a significant proportion living in rural areas. The challenges and issues relating to rurality, along with the work being planned and undertaken to ensure equality of services for all patients is outlined in the CCG's Operational Plan.	
Race:	N/A	
Age:	<p style="text-align: center;">Population (%)</p> <p>— ENGLAND — NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG ■ Practice (Male) ■ Practice (Female)</p>	<p>The CCG population is markedly different to England. Compared to the national population, the area is markedly below the percentage average for those aged < 45s and markedly over the percentage average for those aged > 50s.</p> <p>The State of the Region report highlights this marked increase in older population which is predicted by ONS (Office for National Statistics). A major component of this is that the baby-boomers are moving into retirement. This is not an increase in population – rather the aging of the existing one.</p> <p>These older people are generally healthier than previous generations. In contrast, the children's population (which will be positively impacted by the services changes to which this EIA relates) will remain static with only a small rise in < 5s compared to the marked rise seen nationally.</p>
Sexual Orientation:	N/A	
Disabled People:	N/A	
Gender:	N/A	
Transgender People:	N/A	
Pregnancy & Maternity:	N/A	
Marital Status:	N/A	
Religion & Belief:	N/A	

- LOCAL ACTIVITY

Local Profile/Demography of the Groups affected (population figures)

List any Consultation (e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function

The proposed new clinical model was being developed collaboratively between South Tees Hospitals NHS Foundation Trust (STHFT), Yorkshire Ambulance service NHS Trust (YAS) and HRW CCG; however, due to workforce pressure and on the grounds of patient safety, STHFT took the decision to implement service changes on 27/03/19.

A public event was held at Northallerton School on 22/03/19, chaired by the area's MP and including representatives from STHFT and the CCG.

Promoting Inclusivity: How does the policy, project or function contribute towards

The policy contributes towards stated aims by ensuring that patients can receive the right care from the right people in the most appropriate setting.

our aims of eliminating discrimination & promoting equality and diversity within our organisation

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- EQUALITY IMPACT ANALYSIS: ASSESSMENT TEST

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by The Equality Act 2010?

Protected Characteristic	No Impact	Positive Impact	Negative Impact	Evidence of Impact and, if available, justification where a Genuine Determining Reason exists
Gender (Men and Women)	X			
Race (All Racial Groups)	X			
Disability (Mental and Physical)	X			
Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			
Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age		X		INTRODUCTION OF MINOR ILLNESS/INJURY SERVICE FOR CHILDREN

- ACTION PLAN

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identifies on employees, service users or other people who share characteristics protected by The Equality Act 2010.

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

THERE ARE NO IDENTIFIED RISKS

7. FINDINGS

Analysis Rating:	Red <input type="checkbox"/>	Red/Amber <input type="checkbox"/>	Amber <input type="checkbox"/>	Green <input checked="" type="checkbox"/>
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Rating	Notes	Actions	Wording for Policy/Project/Function
Red Stop and remove the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share Protected Characteristics. It is recommended that use of the policy be suspended until further work or analysis is performed.	Remove the policy Complete the Action Plan on the previous page to identify the areas of discrimination, and the work or actions that need to be undertaken to minimise the risk of discrimination	No wording needed as policy is being removed.
Red/Amber Continue the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share Protected Characteristics. However a genuine determining factor may exist that could legitimise or justify the use of this policy, and further professional advice should be taken.	The Policy can be published with the EIA d) List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE) e) Consider if there are any potential actions which could reduce the risk of discrimination. f) Another EIA must be completed if the policy is changed, reviewed, or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share Protected Characteristics. However a genuine determining reason exists which justifies the use of this policy and further professional advice. <i>[Insert the nature and justification of the discrimination, plus any actions which could help reduce the risk]</i>
Amber	As a result of performing the analysis, it is evident that a risk of	The Policy can be published with the EIA	As a result of performing the analysis, it is evident that a risk of

<p>Adjust the policy</p>	<p>discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the Action Plan section of this document.</p>	<p>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</p> <p>Any changes identified and made to the service/policy/strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed, or if further discrimination is identified at a later date.</p>	<p>discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></p>
<p>Green No major change</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p>The policy can be published with the EIA</p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>

