



North east London Sustainability and Transformation Plan

EQUALITY ANALYSIS (Equality Impact Assessment screening)

Contents

Section 1: Introduction	1
Section 2: Test of Relevance and Initial Screening Assessment	9
Section 3: Conclusions	10
Appendix 1: NEL STP Plan on a page	12
Appendix 2: NEL STP Engagement activities June – November 2016	13
Appendix 3: Equality screening for the NEL STP	14
Appendix 4: Governance assessment.....	22

Section 1: Introduction

Name of policy/function being assessed

North east London Sustainability and Transformation Plan (NEL STP)

The policy/function being assessed is a:

- Strategy/Plan
- Written Policy
- Service
- Guideline/Framework
- Procedure
- Project
- Agreement/Contract
- Consultation
- HR Restructure
- Other, please state:

Is this a new or existing policy/function?

New **X** Existing **X**

Senior Responsible Officer for the policy/function

Jane Milligan, Chief Officer, Tower Hamlets CCG and Executive Lead for north east London Sustainability and Transformation Plan (NEL STP)

Lead person responsible for conducting the equality analysis

This initial screening of the STP has been conducted by the STP Programme Office, led by Nichola Gardner STP Programme Director.

A brief description of policy/function

This Equality Screening considers the potential equality impacts of the proposals set out in the [north east London Sustainability and Transformation Plan](#) (NEL STP) draft submitted to NHS England on 21 October 2016.

The STP is the new national planning framework for NHS services, which is intended to support the delivery of a transformed health service, which is set out in the Five Year Forward View (5YFV). During 2016, 20 organisations across NEL (which covers seven CCGs and eight local authority areas¹) have worked together to develop the NEL STP. A detailed [public health profile for north east London](#) was carried out in March 2016 to identify the local health and wellbeing challenges to be addressed by the STP.

The NEL STP has adopted the following joint vision and priorities.

NEL STP vision

1. To measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people.
2. To develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care.
3. To work in partnership to commission, contract and deliver services efficiently and safely.

NEL STP priorities

- The right services in the right place: Matching demand with appropriate capacity in NEL
- Encourage self-care, offer care close to home and make sure secondary care is high quality
- Secure the future of our health and social care providers. Many face challenging financial circumstances
- Improve specialised care by working together
- Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies
- Using our infrastructure better

To implement this we have developed a common framework (see below) that will be consistently adopted across the system through our new model of care programmes. This framework is built around our commitment to person-centred, place-based care for the population of NEL.

¹ Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.



Promote prevention and personal and psychological wellbeing in all we do

- Workplace
- Housing
- Self-service care

- Leisure
- Education
- Employment



- Self-care
- Peer-led services
- Voluntary sector services
- Home-based support
- Mental health services
- Children's services
- Social care services
- Opticians/dentists/pharmacies
- GPs
- Integrated multi-disciplinary teams
- Support from volunteers

- Maternity
- Acute physical and mental care
- Emergency care
- Specialised services



Promote independence and enable access to care closer to home



Ensure accessible, high quality acute services for people who need it

To deliver the STP we are building on existing local programmes such as borough based health and wellbeing strategies and end of life care plans, as well as setting up eight workstreams to deliver the priorities. The workstreams are cross-cutting NEL wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

1. Promote prevention and personal and psychological wellbeing in all we do
2. Promote independence and enable access to care close to home
3. Ensure accessible quality acute services
4. Productivity
5. Infrastructure
6. Specialised commissioning
7. Workforce
8. Digital enablement

Delivery plans have been developed for each of our workstreams; they are live documents which will continue to be updated as the programme develops.

A communications and engagement plan has been produced (see below), and joint memorandum of understanding has been agreed by the multi-organisational Governance Working Group to underpin this work.

The NEL STP builds on the existing local transformation programmes (shown below) and supports their implementation; it also supports our local hospitals out of special measures.

Local transformation programmes
Barking and Dagenham, Havering and Redbridge (BHR): devolution pilot (accountable care system)
City and Hackney: Hackney devolution
Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme (TST)
Barts Health NHS Trust
Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

A copy of our plan on a page is included in Appendix 1.

Information/Evidence

The following key messages are taken from the detailed [public health profile for north east London](#) carried out in March 2016; they have informed the development of the NEL STP.

Overall

- There is a significant projected increase in population in the next five years to 2021, with projections of 6.1% (120,000), from 1.95 million to 2.07 million. This varies from 3% Redbridge and Waltham Forest to 13.2% Tower Hamlets.
- Over 15 years, to 2031, the increase is expected to be around 345,000 or 18%, to 2.3 million people.

- There are significant health inequalities across NEL and within boroughs, in terms of life expectancy and years of life lived with poor health.

Age

- NEL has higher rates of obesity among children starting primary school than the averages for England and London. All areas have cited this as a priority requiring system wide change across the NHS as well as local government.
- This is not reflected in the statistics for excess weight in adults: only Barking and Dagenham has significantly higher rates than England, and half of all NEL boroughs have significantly lower rates. NEL has generally higher rates of physically inactive adults, and slightly lower than average proportions of the population eating 5-a-day.
- Right Care analysis identified that for NEL rates of admission for people age 65+ with dementia are poor. With a rising older population continuing work towards early diagnosis of dementia and social management will remain a priority.

Disability (including long term limiting illness and mental illness)

- For males, Barking and Dagenham, and Hackney have significantly higher premature mortality rates from cancer than England and London. Tower Hamlets and Havering also have higher rates that narrowly fail the 5% significance test. Only Redbridge has significantly lower rates than England and London.
- For females, Tower Hamlets' rate for premature mortality from cancer is significantly higher than England's and London's. With the exception of Redbridge, all the other boroughs' rates are not significantly different from England's. Barking and Dagenham's rates is significantly higher than the London average. Only Redbridge has rates significantly lower than England and London.
- Breast cancer screening rates vary: Havering's rate is significantly higher than England's; Redbridge's rate is significantly below England's but above the London average; while rates in Waltham Forest, Barking and Dagenham, Newham, Tower Hamlets, and Hackney are significantly below the London average.
- There is an increased risk of mortality among people with diabetes in NEL and an increasing 'at risk' population. The percentage of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes is poor.
- Cancer survival rates at year one are poorer than the England average and screening uptake rates below England average.
- There is a shortage of high quality relevant data for people with mental illness and learning disabilities.
- Acute mental health indicators identify good average performance however concerns identified with levels of new psychosis presentation.
- Suicide rates are lower than the England average. NEL has higher than average rates of mental health clients living independently.
- The percentage of adults with learning disabilities living independently varies across NEL.

Gender reassignment

Data on gender re-assignment is not available at a NEL level, but a Home Office funded study for the Gender Identity Research and Education Society, estimated there were 300,000 – 500,000 transgender people in the UK². The study quotes a 2007 report which estimates that 20 people per

² Gender Identity Research and Education Society, The Number of Gender-Variant People in the UK, 2011

100,000 of the UK population (potentially 400 people in NEL) had sought medical care for gender variance – around 10,000 people, of whom 8,000, had undergone transition.

Pregnancy and Maternity

- The teenage pregnancy rate in Barking and Dagenham is very much higher than the England and London rates. Redbridge's rate is significantly lower than England's and London's. Rates in the other boroughs are not significantly different from each other or from London and England.
- Smoking in pregnancy rates vary across NEL. Hackney and Newham have significantly higher rates the London and England. Barking and Dagenham's rate is between those of London and England. Havering's rate is not significantly different from England's. Data for the other boroughs was not published because of data quality issues.
- Hackney and Newham have significantly higher rates of breast feeding than the London and England. Barking and Dagenham's rate is between those of London and England. Havering's rate is not significantly different from England's. Data for the other boroughs was not published because of data quality issues.
- NEL boroughs have notably low rates of childhood immunisation. City and Hackney's rate is similar to England's. Havering's and Barking and Dagenham's rates are significantly below that of England but above the London average. Waltham Forest and Redbridge's rates are significantly lower than that of London.

Race and Religion

- North east London is ethnically very diverse. The GLA estimates the under half the population (951,000, 49%) are ethnically White, while 51% are from Black and Minority ethnic (BME) groups (which includes all mixed ethnicities).
- Some BME groups will grow differentially faster, South Asians by 10.5%, but Black groups slightly less than the total, about 5.1%. These groups have higher risks of major, potentially preventable, health conditions.
- Estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions. Black groups and South Asian groups have higher risk of diabetes. North east London faces a stiff challenge in diabetes prevention, as the biggest components of its expected population growth are in ethnic groups at higher risk.
- South Asian groups have 50% higher risk of ischemic heart disease than White groups, while Black groups have lower risks of heart disease than the general population. Black groups have double the risk of stroke than the general population, and South Asian groups have rates 50% higher than the general population.

Sex

- For males there is a 3.3 year difference between the longest life expectancy (Redbridge) and the shortest (Barking and Dagenham). Male life expectancy in Redbridge is significantly higher than for London and England, while in Havering it is significantly higher than England overall but not significantly different from London. In Waltham Forest male life expectancy is significantly below that of London but not significantly different from England. Male life expectancy in Newham, Hackney, Tower Hamlets, and Barking and Dagenham is significantly lower than both London and England.
- For females there is a 2.5 year difference between the longest life expectancy (Redbridge) and the shortest (Barking and Dagenham). Female life expectancy in Redbridge is significantly higher than for London and England, while in Havering and Waltham Forest

female life expectancy is significantly higher than for England overall but not significantly different from London. Female life expectancy in Hackney and Newham is significantly below that of London but not significantly different from England. In Tower Hamlets, and Barking and Dagenham female life expectancy is significantly lower than both London and England.

Sexual orientation

- We do not have NEL level data for people identifying as lesbian, gay or bisexual. However based on estimates for London³ 2.6% of the population identify themselves as lesbian, gay or bisexual, 0.3% describe themselves as 'other', a further 6.9% 'don't know' or 'refuse to say' and 2% did not respond to this question. Nearly 90% of Londoners describe themselves as straight or heterosexual.
- Syphilis is an important public health issue amongst men who have sex with men among whom incidence has increased over the past decade. The highest rate is in the City of London, but absolute numbers are small. Tower Hamlets and Hackney have significantly higher rates than the London average. Waltham Forest and Newham have rates significantly lower than the London average, but higher than the England average. Redbridge, Havering and Barking and Dagenham have rates non-significantly lower rates than the England average.

Socio-economic groups

- NEL has generally very high levels of deprivation compared with the rest of England. According to the Index of Multiple Deprivation 2015 (IMD 2015) average scores, Tower Hamlets is the ninth most highly deprived upper tier local authority in England, Hackney the tenth, Barking and Dagenham the eleventh. Five of the eight NEL STP boroughs are in the most deprived quintile. Redbridge, Havering and the City of London are in the less deprived 50% of local authorities.
- Overall, NEL has unemployment rates about 35% higher than the national average. The highest rate is in Barking and Dagenham.

Additional evidence about the NEL key overall care and quality challenges is shown in the draft [NEL STP](#).

³ ONS Integrated Household Survey, January – December 2014

Consultation, engagement and contribution

Since March 2016 we have been engaging partners, including Healthwatch, local councils, the voluntary, community and social enterprise sector, and patient representatives including meeting with local Save our NHS, 38 Degrees and Keep our NHS Public campaign groups⁴. In addition we have published regular [updates](#), as well as an updated narrative, updated summary and eight delivery plans describing the main priorities of the STP. These are available on our website, www.nelstp.org.uk A summary of communications and engagement activity from June to November 2016 can be found in Appendix 2.

In order to ensure we develop the STP using all relevant patient and public views, to ensure efficiency and to reach a wide community of public and patients, we have asked local Healthwatch organisations to review the research and comments they have gathered in recent months and to use existing forums to discuss the STP. From October 2016 to February 2017, the local Healthwatch organisations across the STP area will be working together to help us gather and understand the views of patients and communities. Our joint aim is to ensure engagement is relevant to local needs. Healthwatch organisations will focus on gauging public views on a) promoting prevention and self-care b) improving primary care and c) reforming hospital services; with a local emphasis on:

- The Barking and Dagenham, Havering and Redbridge devolution pilot
- The Hackney devolution pilot
- Transforming Services Together in Newham, Tower Hamlets and Waltham Forest
- The vanguard project in Tower Hamlets

A communications and engagement plan

<http://www.nelstp.org.uk/downloads/Publications/Delivery-plans/NEL-STP-Delivery-plan-9-Comms-and-Engagement-Oct-submission.pdf> has been produced which sets out the arrangements for communication with patients, the public, voluntary and statutory sector partners, staff and other stakeholders between October 2016-April 2017. The plan details the suggested evidence that local Healthwatch organisations will interrogate and the meetings where the STP is likely to be a focus of the discussions. The feedback we have received has as far as possible been addressed and incorporated into the revised STP in October 2016.

A further communications and engagement plan will be developed for any subsequent phases, or in light of any significant changes. We will need to review existing local arrangements on patient participation to ensure they are fit for future purpose, e.g. increasing self-care; using expert patients, self-help groups etc. Once the detailed options being considered within each workstream have been scoped, there is a need for further engagement work with patients and local communities with protected characteristics.

Consultation outcomes

We recognise that some changes proposed in the STP may require formal public consultation, and are committed to the government's principles for consultation (2016). We will look at how to tailor consultation to the needs and preferences of particular groups, such as older people, younger people or people with disabilities that may not respond to traditional consultation methods.

⁴ A list of engagement activities between June and November is included in Appendix 2.

Section 2: Test of Relevance and Initial Screening Assessment

Scope of the equality screening

The proposals in the STP programme relate to the need to pay 'due regard' to the Public Sector Equality Duty (s.149, Equality Act 2010) to: **'advance equality of opportunity between those who share a "protected characteristic" and those who do not share that protected characteristic'**. The STP proposals need to be analysed to how they will be advancing this equality aim including the need to:

- *Remove or minimise disadvantages experienced by people due to their protected characteristic*
- *Take steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities*
- *Encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low*

The draft STP states that:

'We are committed to ensuring that everyone has equal access to high-quality services and care, regardless of gender, race, disability, age, sexual orientation, religion or belief. We will work closely with patients, staff, partners and voluntary organisations to help reduce inequalities and eliminate any discrimination within NHS services and working environments. As part of the development of the final STP we will carry out engagement with people who have protected characteristics as set out in the Equality Act 2010. We will conduct equality impact assessment (EIA) screenings to identify where work needs to take place and where resources need to be targeted to ensure all groups gain maximum benefit from any changes proposed as part of the STP.'

Approach to the NEL STP equality screening

An initial equality screening conversation between NEL CSU and the NEL STP Team to discuss the intended equality impacts of the proposals, agreed that:

- An overview of all the initiatives included in the NEL STP narrative was needed to determine at which level equality analyses should be undertaken i.e. NEL STP level, Local Area Level, CCG/borough level or London-wide level.
- As this is an umbrella plan and many of the initiatives are being developed and delivered at a local area or borough level, this equality screening will focus on those initiatives, which will be delivered at NEL STP level.
- In recognition that the initiatives will be implemented at different times, further equality analyses will need to be undertaken over the life of the STP programme.

The STP team is leading on the overview equality screening of the STP programme and providing the oversight for the NEL-wide initiatives. Each NEL wide initiative will have an identified lead who will:

- Work to the principles in the NEL STP Communications and Engagement Plan to ensure that direct engagement with the communities most affected by the proposals
- Be responsible for ensuring that the equality screening is carried out
- Consider any HR implications for staff arising from the STP proposals
- Ensure that any identified actions resulting from the equality analysis are implemented

Equality screenings of borough and local level initiatives are being led by the relevant local programme leads.

This document includes:

- An equality screening of the projects included in the STP (see Appendix 3).
- An governance assessment of all the initiatives included in the NEL STP that seeks to determine at which level equality screening should be undertaken i.e. NEL STP level, Local Area Level, CCG/borough level or London-wide level and their progress to date (see Appendix 4) and the potential timescales.

Between November 2016 and March 2017 equality screenings for the NEL-wide initiatives below will be completed:

(Please note these are works in progress so the dates are subject to change.)

Section 3: Conclusion

Comments or recommendations

The scale and scope of the STP programme means that there is the potential for many equalities impacts, relevant to all groups sharing protected characteristics, and/or people living in deprivation. Some of these will relate to small numbers of patients/people with multiple, complex needs and communities. Where relevant, the STP programme will need to ensure that these are considered in a proportionate and timely manner to inform service design.

It is likely that the most significant impacts, and the highest equalities risks, will relate to those living in the more deprived areas of NEL. It is particularly important that the STP programme ensures a high level of involvement by representatives of these communities in planning and decision-making. The STP programme will need to consider how to engage with:

- people who are not in touch with patient representatives and community groups or organisations but who will nevertheless be impacted by potential changes to services arising from the programme
- discrete groups and communities within each NEL borough most affected by the proposals

The equality screening in Appendix 3 and the governance chart in Appendix 4 will be used to identify where more work needs to take place and where resources need to be targeted to ensure all protected groups gain maximum benefit from the improvements.

Actions

Actions	Lead(s)	Timescale
1. Equality analysis leads to be identified for each NEL-wide initiative	STP Executive Lead	End of Nov
2. Carry out equality analyses for each NEL-wide initiative including: <ul style="list-style-type: none"> working with Directors of Public Health to undertake further population needs analysis when required taking account of equality analyses already undertaken on local transformation programmes recognising that some initiatives will require separate HR analyses 	Equality leads for each initiative	Dec 2016 onwards
3. Consider how to incorporate equalities monitoring into service specifications to improve knowledge about those using services e.g. requiring providers to develop collection and recording of patient and client personal data as part of patient care plans and records	SROs for each workstream	Dec 2016 onwards
4. Ensure that key dependencies across each workstream are addressed e.g. are children and young people's issues addressed within acute care and specialist commissioning	STP Programme Director	Dec 2016 onwards
5. Jointly with NEL boroughs, map each borough's engagement structures and work with the relevant groups to carry out direct engagement with the communities most affected by the proposals	STP Director of Comms	Dec 2016 onwards
6. Undertake detailed planning across all workstreams on the training requirements for various staff groups to support them in meeting the needs of patients, residents and staff in groups with protected characteristics	SROs for each workstream	Dec 2016 onwards

Final outcomes

This equality screening has concluded that the overarching framework proposed by the NEL STP programme will have a positive effect on the residents of north east London. The overview screening shows that some STP initiatives will continue as planned whilst others will need further analysis to ensure that the proposals better advance equality.

- a) Continue with the policy as it is X
- b) Continue with the policy with adjustment or further analysis X
- c) Stop/remove the policy

Signature of the Senior Responsible Officer

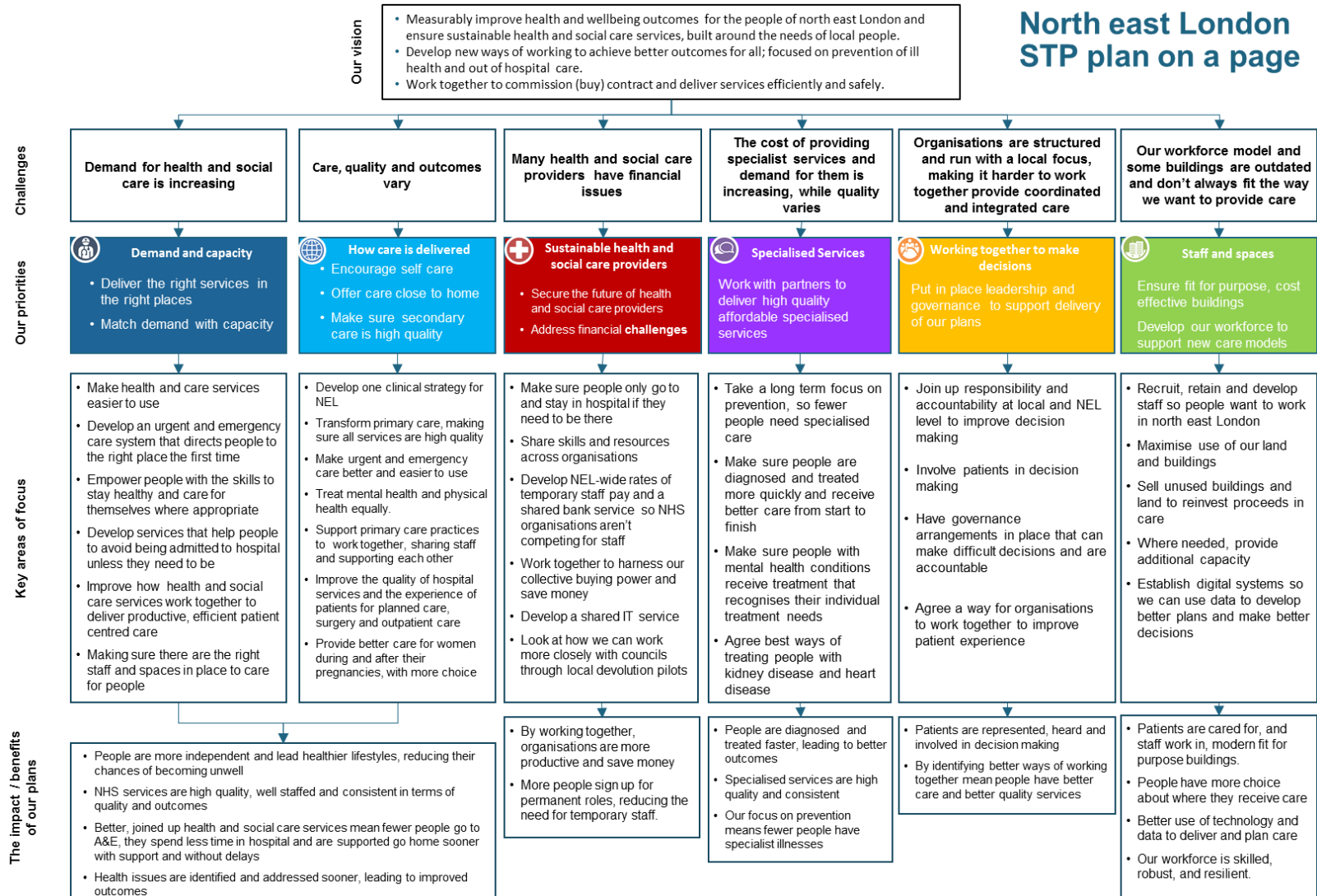


Date and date of next review

Date: 20 December 2016

Date of next review: During the life of the STP programme (2016-2021) detailed equality analyses will be completed for NEL-wide STP initiatives. Indicative dates for each are shown in Appendix 4.

Appendix 1: NEL STP Plan on a page



Appendix 2: NEL STP Engagement activities June – November 2016

- Published the draft and summary versions of the plan on our website and published regular updates
- Offered to meet all MPs which has resulted in a number of 1:1 meetings
- Arranged for elected members from each borough to meet the STP Executive
- Actively sought involvement of the eight Local Authorities facilitated through the Local Authority representative on the STP Board.
- Local Authorities are represented on the Governance Working Group and have taken part in the workshops developing the plans for transformation (with a Director of Public Health leading the work on prevention).
- Engaged the Local Government Association (LGA) to provide support to individual HWBs to explore self-assessment for readiness for the journey of integration and to a NEL-wide strategic leadership workshop to consolidate outputs from individual HWB workshops.
- Engaged with council and partner stakeholders such as the Inner North East London and Outer North East London Health Scrutiny Committees (HSC); Barking, Havering and Dagenham Democratic and Clinical Oversight Group; the eight Health and Wellbeing Boards; Hackney and Tower Hamlets councillors; and Newham Mayor's advisor for Adults and Health
- Met with local Save our NHS and Keep our NHS Public campaign groups
- Presented at meetings to discuss specific clinical aspects of the STP, for instance the NEL Clinical Senate; the NEL maternity network and maternity commissioners' alliance; mental health strategy meetings; and clinical workshops on the specialist commissioning of cardiac services and children's services. The proposals have also been discussed at a number of Local Medical Committee forums.
- Discussed the plans with staff.
- Discussed the plans in open board meetings of all our NHS partners and offered opportunities to talk to patients and the public at various annual general meetings and patient group meetings.
- Held wider events on specific topics and developments, e.g. urgent care events involving patients and a wide range of stakeholder such as the London Ambulance Services and community pharmacists.

Appendix 3: Equality screening for the NEL STP

Screening for overarching NEL-wide framework

Our framework for better care and wellbeing is built around our commitment to person-centred, place-based care for the population of NEL.

This screening focuses on the three outward facing delivery plans covering prevention, promoting independence and care close to home, and quality acute services.

The remaining delivery plans: 4 – provider productivity; 5 – estates infrastructure; 6 – specialised commissioning; 7 – workforce and 8 – digital enablement will also affect protected groups, but through the first three delivery plans.

Delivery Plan 1: Promote prevention and personal and psychological wellbeing in all we do

A proactive approach to disease prevention within all that we do, addressing unhealthy behaviours that may lead to serious conditions further down the line and thus reducing the burden on the healthcare system. We will take action to motivate people to take ownership of their own health and encourage healthy environments to enhance the quality of life for our population. Initiatives aim to reduce smoking and diabetes and to improve workplace healthiness.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Age	High	Overall positive	<ul style="list-style-type: none"> Promoting prevention and improving wellbeing will help people of all ages. Older people in general experience greater health problems than the rest of the population and are more likely to develop long-term conditions which can be alleviated by changes in lifestyle. Children will benefit from initiatives to reduce excessive weight. Some initiatives are likely to be of less benefit to older people (e.g. online prevention schemes) 	<ul style="list-style-type: none"> Target prevention programmes at those most in need including older people including to address diabetes, heart disease and respiratory difficulties. Workplace initiatives are less likely to improve the health of older people and children so it is important to ensure other schemes do focus on these age groups. However NHS workplace initiatives aim to reduce staff turnover, stress etc – thereby improving the quality of care overall. Services provided on new media (e.g. online smoking cessation) should be additional to existing services in order to preserve choice until it is clear that traditional services are no longer needed.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Disability	Medium	Overall positive	<ul style="list-style-type: none"> Promoting prevention and improving wellbeing will help people of all disabilities. Workplace initiatives are less likely to improve the health of disabled people (who are more likely to be out of work). Online services are likely to be beneficial to some people with physical/mobility difficulties Cross-device services e.g. on apps could enable services to be better presented to people with learning disabilities Targeting illnesses such as diabetes and smoking will reduce future disability. 	<ul style="list-style-type: none"> Workplace initiatives are less likely to improve the health of disabled people so it is important to ensure other schemes do focus on this group. However NHS workplace initiatives aim to reduce staff turnover, stress etc – thereby improving the quality of care overall. When developing services, we need to seek to consider how to take advantage of cross-device (computers/mobiles) opportunities to reach the widest audience.
Gender reassignment	Medium	Overall positive/to be checked	<ul style="list-style-type: none"> Likely to be affected the same as the general population. 	<ul style="list-style-type: none"> Need to check this assessment is correct.
Marriage and civil partnership	Medium	Overall positive/to be checked	<ul style="list-style-type: none"> Likely to be affected the same as the general population. Those in a marriage or partnership may have more support than single people (to travel, for encouragement etc). 	<ul style="list-style-type: none"> Need to check this assessment is correct.
Pregnancy and maternity	Medium	Overall positive/to be checked	<ul style="list-style-type: none"> Likely to be affected the same as the rest of the population. 	<ul style="list-style-type: none"> Need to check this assessment is correct.
Race	High	Positive	<ul style="list-style-type: none"> Promoting prevention and improving wellbeing will help people of all races. Some ethnic groups tend to have poorer general health outcomes than others and higher rates of illness (e.g. diabetes) so these proposals will have the potential to have greater positive effect. For those who do not speak fluent English, who are accustomed to accessing services they need in a familiar location and way, they may experience some difficulties. 	<ul style="list-style-type: none"> Ensure prevention programmes are relevant and particularly targeted to local black and ethnic group communities. Need to build on existing good practice working with local community groups and interpreters where necessary and seek to recruit a workforce that reflects the community.
Religion or	Medium	Overall	<ul style="list-style-type: none"> Likely to be affected the same as the rest of the 	<ul style="list-style-type: none"> Need to check this assessment is correct.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
belief		positive/to be checked	population	
Sex	Medium	Overall positive/to be checked	<ul style="list-style-type: none"> Initiatives that prevent suicide and encourage better self-care/seeking early advice etc are more likely to benefit men. 	<ul style="list-style-type: none"> Need to check this assessment is correct.
Sexual orientation	Medium	Overall positive/to be checked	<ul style="list-style-type: none"> Initiatives that prevent suicides will have a greater positive effect on the lesbian, gay, bisexual and trans (LGBT) community. 	<ul style="list-style-type: none"> Need to check this assessment is correct.
Socio-economic groups and other vulnerable groups	High	Positive if the group is targeted	<ul style="list-style-type: none"> People in lower socio-economic groups, homeless people and people unregistered with a GP are more likely to be benefit from prevention activities, however it is likely that they will not be able to afford to live healthily as easily as those with higher incomes and they may not be included in activities unless efforts are made to particularly target them in initiatives. Workplace initiatives are less likely to benefit those in lower socio-economic groups (although they should benefit from improved care). 	<ul style="list-style-type: none"> Ensure prevention programmes are relevant and targeted to people in lower socio-economic groups, homeless people and those not registered with a GP.

Delivery Plan 2: Promote independence and enable access to care close to home

Locally designed, integrated models of care in place across north east London, that wrap around the individual, supporting them to manage their own care and to access services that are delivered close to home.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Age	Medium	Positive	<ul style="list-style-type: none"> Older people tend to need to rely more on public transport. Enabling older people to receive more care locally (from hospital to the community or repatriated from out of area to a local hospital) will make access to health services easier for them and their carers. Younger people are more likely to be able to take advantage of online/mobile/digital opportunities for care and advice. Reducing the proportion of hospital beds to the population may mean that some people (mainly elderly) may be discharged into the community without appropriate family support or social/health care. 	<ul style="list-style-type: none"> Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. When developing services, we need to seek to consider how to take advantage of cross-device (computers/mobiles) opportunities to reach the widest audience. Ensure social and health care is developed alongside hospital bed changes. Ensure programmes are relevant and targeted at this group.
Disability	Medium	Positive	<ul style="list-style-type: none"> Disabled people tend to need to rely more on public transport. Enabling disabled people to receive more care locally (from hospital to the community or repatriated from out of area to a local hospital) will make access to health services easier for them and their carers. Improving services for people with a learning disability will reduce the equality gap for this group of people. Reducing the number of learning disability beds (in order to care for people in the community) should improve care and should repatriate some people from outside the area, but has a risk attached if services in the community are not well developed. 	<ul style="list-style-type: none"> Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. Ensure community services are developed in advance or in conjunction with any proposed reduction in learning disability beds. Ensure programmes are relevant and targeted at this group.
Gender reassignment	Medium	Positive/to be checked	<ul style="list-style-type: none"> Likely to be affected the same as the rest of the population 	<ul style="list-style-type: none"> Need to check this assessment is correct.
Marriage and civil partnership	Medium	Positive/to be checked	<ul style="list-style-type: none"> Likely to be affected the same as the rest of the population 	<ul style="list-style-type: none"> Need to check this assessment is correct.

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Pregnancy and maternity	Medium	Positive/to be checked	<ul style="list-style-type: none"> Likely to be affected the same as the rest of the population 	<ul style="list-style-type: none"> Need to check this assessment is correct.
Race	High	Positive	<ul style="list-style-type: none"> Due to the increased incidence of mental health problems in some ethnic groups, improving mental health services will have a particularly beneficial effect on this group. Black and minority ethnic groups tend to need to rely more on public transport. Enabling these groups to receive more care locally (from hospital to the community or repatriated from out of area to a local hospital) will make access to health services easier for them and their carers. For those who do not speak fluent English, who are accustomed to accessing services they need in a familiar location and way, they may experience some difficulties. 	<ul style="list-style-type: none"> Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. Ensure programmes are relevant and targeted at this group. Need to build on existing good practice working with local community groups and interpreters where necessary and seek to recruit a workforce that reflects the community.
Religion or belief	Medium	Positive	<ul style="list-style-type: none"> Some religions have restrictions on travel (e.g. travel on the Sabbath; women not travelling unaccompanied). Enabling these groups to receive more care in their local community will make access easier. 	<ul style="list-style-type: none"> Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. Ensure programmes are relevant and targeted at this group.
Sex	Medium	Positive	<ul style="list-style-type: none"> Women tend to need to rely more on public transport⁵. Enabling these groups to receive more care in their local community will make access to health services easier for them and their carers. Due to the increased incidence of mental health problems in men, improving mental health services will have a particularly beneficial effect on this group. 	<ul style="list-style-type: none"> Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home. Ensure programmes are relevant and targeted at this group.
Sexual orientation	Medium	Positive	<ul style="list-style-type: none"> Due to the increased incidence of mental health problems in some LGBT groups, improving mental 	<ul style="list-style-type: none"> Ensure programmes are relevant and targeted at this group

⁵ <http://content.tfl.gov.uk/women.pdf> (2012); https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457752/nts2014-01.pdf (2015)

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
			health services will have a particularly beneficial effect on this group.	
Socio-economic and other vulnerable groups	Medium	Positive if the group is targeted	<ul style="list-style-type: none"> • Lower socio-economic groups tend to need to rely more on public transport. Enabling these groups to receive more care locally (from hospital to the community or repatriated from out of area to a local hospital) will make access to health services easier for them and their carers. 	<ul style="list-style-type: none"> • Acute attendance does not rely on registration so there will be a failsafe. • Ensure programmes are relevant and targeted at this group. • Develop transport solutions in partnership with e.g. TfL, to ensure there is adequate transport to enable people to easily receive care close to home.

Delivery Plan 3: Ensure accessible quality acute services

When people fall seriously ill or need emergency care, local hospitals provide strong, safe, high-quality and sustainable services

Protected groups	Impact (high, medium, low, none)	Nature of potential impact (positive/negative/unknown)	Evidence of impact (describe how the policy will impact on each protected group)	Recommendations/mitigating actions (actions to be taken to tackle inequality and advance equality of opportunity)
Age	Medium	Positive if mitigations are put in place	<ul style="list-style-type: none"> As high users of acute services, older and younger people will benefit from higher quality local acute services, improved referral times, and reduced avoidable admissions. Moving surgical services (e.g. surgical hubs) could affect transport arrangements for this group although repatriating surgery from outside of area could benefit patients. There is a risk that some people will be discharged from hospital without the necessary support at home. Cancer survivorship is a key strand of the cancer strategy and will impact more on older people. 	<ul style="list-style-type: none"> Develop transport solutions in partnership with e.g. TfL Ensure pre and post-operative requirements are met at the hospital or community service closest to home. Ensure strong links between health and social care services.
Disability	Medium	Positive if mitigations are put in place	<ul style="list-style-type: none"> As higher users of acute services, disabled people will benefit from higher quality local acute services, improved referral times, reduced avoidable admissions. Moving surgical services (e.g. surgical hubs) could affect transport arrangements for this group although repatriating surgery from outside of area could benefit patients. There is a risk that some people will be discharged from hospital without the necessary support at home. 	<ul style="list-style-type: none"> Develop transport solutions in partnership with e.g. TfL Ensure pre and post-operative requirements are met at the hospital or community service closest to home. Ensure strong links between health and social care services.
Gender reassignment	Low	Positive/neutral	<ul style="list-style-type: none"> Likely to be affected the same as the rest of the population 	<ul style="list-style-type: none"> Need to check this assessment is correct
Marriage and civil partnership	Low	Positive/neutral	<ul style="list-style-type: none"> Likely to be affected the same as the rest of the population 	
Pregnancy and maternity	High	Positive	<ul style="list-style-type: none"> Developing continuity of care with one midwife will bring benefits to the vast majority of women, but there may be times when a relationship does not flourish at a time when women are vulnerable and needing support. 	<ul style="list-style-type: none"> Need to put in place ways in which mothers can raise any concerns regarding their midwife in a sensitive way. Identify whether midwifery-led care satisfactorily meets the needs of mothers

			<ul style="list-style-type: none"> • Some mothers may not have the home conditions to be able to give birth at home. • A specific target of the STP is to reduce inequalities by improving outcomes, continuity of care and women's experience for all. The focus on outcomes includes a review for vulnerable women and measures to address concerns. 	wanting a more natural birth.
Race	Low	Positive/neutral	<ul style="list-style-type: none"> • For those who do not speak fluent English, who are accustomed to accessing services they need in a familiar location and way, they may experience some difficulties. 	<ul style="list-style-type: none"> • Need to build on existing good practice working with local community groups and interpreters where necessary and seek to recruit a workforce that reflects the community.
Religion or belief	Low	Positive/neutral	<ul style="list-style-type: none"> • Likely to be affected the same as the rest of the population 	
Sex	Low	Positive/neutral	<ul style="list-style-type: none"> • Likely to be affected the same as the rest of the population 	
Sexual orientation	Low	Positive/neutral	<ul style="list-style-type: none"> • Likely to be affected the same as the rest of the population 	
Socio-economic groups	Low	Positive	<ul style="list-style-type: none"> • Screening programmes, early diagnosis of diseases etc will be more problematic for homeless people, people not registered with a GP etc. 	<ul style="list-style-type: none"> • Acute attendance does not rely on registration so there will be a failsafe. Therefore encourage local uptake of national screening programmes through hospitals.

Appendix 4: Governance assessment

This document sets out the various proposals in the NEL STP and considers whether equality screenings / impact assessments have already been conducted, or where and when they might be best carried out.

In general we have categorised the levels as:

- Borough – one CCG
- Local area level – two or more boroughs and CCGs working together
- North East London (NEL) level – assessment most appropriately carried out across all seven CCGs.
- London-wide level

(Please note these are works in progress so the proposals and dates are subject to change.)

Overarching	Level	Comment	Timescale
Our framework for better care and wellbeing	NEL level	Plan in development	2016/2017
Developing Accountable Care Systems (ACS) in NEL	Local Area level	Barking and Dagenham, Havering, and Redbridge (BHR) ACS	To be assessed as part of pilot
		Waltham Forest, Newham and Tower Hamlets (WEL – Waltham Forest and East London) and the Transforming Services Together (TST) programme - Screenings carried out for each element of work, except Mile End and Whipps Cross hospitals and shared care records, which will be undertaken once details are more fully developed.	http://www.transformingservices.org.uk/equality-impact-assessment-screening.htm
		City and Hackney (C&H)	To be assessed as part of pilot

Delivery Plan	Workstream/priority	Level	Comment	Timescale
1. Promote prevention and personal and psychological wellbeing in all we do	Environment, leisure and physical environment	Borough	Included in borough level: <ul style="list-style-type: none"> • Health and wellbeing strategies • Local Plans (covering planning requirements) • Regeneration plans • Housing strategies • Children and young people's plans 	Ongoing in each borough
	Employment	Borough		
	Early years, schools and healthy families	Borough		
	Housing and planning	Borough		
	Healthy living and smoking cessation	Borough	Included in borough health and wellbeing strategies	Ongoing in each borough
	Diabetes	Borough/Local Area level	Established programme in WEL and City and Hackney.	Equality analyses will take place in BHR as and when the programme starts.
2. Promote independence and enable access to care close to home	Integrated health and social care	Borough	To be determined locally. May be included in Better Care Fund (BCF) planning.	Ongoing work in each borough/local area
	Integrated children's and young people's care	Borough	Ongoing work subject to existing local arrangements between CCGs and Local Authorities	Ongoing work in each borough/local area
	Community based end of life care	Borough	Ongoing work subject to existing local arrangements between CCGs and Local Authorities. A high level screening was produced to support the TST Strategic Investment Case.	Ongoing work in each borough/local area
	Enhanced primary care	Borough or local area level	The local delivery plans for implementing the Strategic Commissioning Framework will need to be assessed locally. A high level screening was produced to support the TST Strategic Investment Case.	Ongoing work in each borough/local area
	Transforming sexual health services	London / local area level	This is being conducted at a London level and also through local programmes in C&H, BD, Havering, and across the Barts footprint (WF, Newham, TH and Redbridge).	To be agreed

Delivery Plan	Workstream/priority	Level	Comment	Timescale
	Reducing unnecessary diagnostics	Local area level	Elements of planned care transformation are co-ordinated across WEL through TST	http://www.transformingservices.org.uk/equality-impact-assessment-screening.htm
	Pathway redesign and best-in-class clinical productivity, especially in outpatient care	Local area level	A high level screening was produced to support the TST Strategic Investment Case for Surgical Hubs, Outpatient Pathways and Diagnostics.	
	High quality integrated mental health care and support	NEL and borough	Plans in development	Will require EA during 2017-18.
	Integrated urgent and emergency care (including London Ambulance Service)	NEL and borough	Overview screening to be conducted through the NEL Urgent and Emergency Care (UEC) network but local areas will also need to conduct EAs as local plans come online.	Ongoing
	Ambulatory (outpatient) Care	NEL and borough	Plans still in development. A high level screening was produced to support the TST Strategic Investment Case.	Likely to require EA during 2017-18.
	Local programmes for learning disabilities	Local area level (Inner North East London (INEL) and BHR)	Each Transforming Care Partnership to conduct an EA when plans are finalised.	To be agreed.
3. Ensure accessible quality acute services	Maternity	NEL or local area level (BHR, C&H and WEL)	Maternity transformation is currently coordinated across the NEL footprint. A high level screening was produced for WEL - TST maternity and newborn care workstream.	Timescales for meeting the national Better Births outcomes means that an EA is needed for 2017-19.
	Improving the treatment of cancer in community and secondary settings	NEL / and/or jointly with NCL for the Vanguard	Cancer transformation is currently coordinated across the NEL footprint. There was an equality impact assessment for the London Specialist Cancer Services Reconfiguration in 2013. A high level screening was produced for WEL - TST surgery workstream which is also relevant. We will also adhere to national guidance , in which equalities have	Timescales for meeting the national mandatory outcomes means that an EA is needed for 2017-19.

Delivery Plan	Workstream/priority	Level	Comment	Timescale
			been considered.	
	Planned care strategy including surgery	Local area level currently/ (by Acute Provider across NEL when plans are scoped)	Elements of planned care transformation are co-ordinated across WEL through Transforming Services Together. A high level screening was produced to support the TST Strategic Investment Case for: Surgical Hubs, Outpatient Pathways and Diagnostics.	Discussions underway about wider collaboration across providers, including initially Referral to Treatment, thus no current wider EA requirement.
	Medicines optimisation/ management	NEL	Workstreams agreed; opportunities still being scoped.	EA to be carried out during 2017/18
	Safely transitioning patients from King George Hospital's emergency department	NEL and local area level	This is being managed at local level with the STP taking a co-ordinating role and before any implementation there will be further work on safety and equality impact.	An EA was carried out in 2010-11 as part of Health for NEL and will be updated during 2017-18.
4. Productivity	Bank and Agency and back office (HR)	NEL	Any potential changes to back office HR service arrangements would need to be discussed with staff and would include assessment of equality impacts. This would need to be factored into any options appraisal.	Service modelling likely to be carried out in 2016-17.
			Changes to bank and agency processes will need to take into consideration what impact this might have on provision of services to patients.	Bank and agency processes are being reviewed in 2016-17
	Back office (finance)	Provider Trust	Any potential changes to back office finance service arrangements would need to be discussed with staff and would include assessment of equality impacts. This would need to be factored into any options appraisal.	Options appraisal is likely to be in 2016-17.
	Pathology	Provider Trust	Any potential changes to pathology service arrangements may need to go through a staff and stakeholder engagement process. This would need to be factored into any options appraisal.	Options appraisal is likely to be in 2016-17.

Delivery Plan	Workstream/priority	Level	Comment	Timescale
	Procurement	NEL / Provider Trust	Any potential changes to procurement service arrangements will need to assess the impact of any changes on staff and patients.	Initial options may be developed in 2016-17
			Changes to products / services e.g. medical consumables (i.e. moving to a NEL wide consumables list) will need to be agreed through engagement with clinical staff and potentially patient groups to ensure that there is no negative impact on specific patient groups.	Review of medical consumables will begin in 2016-17 but will most likely be an ongoing process.
	IT (back office)	NEL / (borough and Trust)	Any potential changes to IT service arrangements will need to go through a staff engagement process. This would need to be factored into any options appraisal.	Initial options appraisal is likely to be in 2016-17.
5. Infrastructure	NEL Estates strategy	NEL, Local Area and borough	Ongoing work subject to further development of governance arrangements, respecting the principles of subsidiarity agreed within the STP, and taking account of the governance arrangements for providers, commissioners and local authorities. The <i>local</i> implementation plans for Strategic Estates Plan (SEP) will be assessed/ managed at CCG level	May require an EA during 2017-18.
	Utilisation and productivity	NEL, Local Area and borough	Being conducted at NEL level and in local programmes at TST, BHR and borough level Discussions need to explore wider collaboration across commissioners, providers and property owners on reviewing the utilisation through joint working at NEL level	May require an EA during 2017-19.
	Disposals	NEL, Local Area and borough	This is being conducted at a NEL level and also at TST, BHR and borough level. Further discussion will be held on reducing the amount of unoccupied land in NEL.	May require an EA during 2017-19.
	Additional capacity	NEL, Local Area and borough	Demand modelling being conducted at a NEL level and by local programmes in TST.	May require an EA during 2017-18.

Delivery Plan	Workstream/priority	Level	Comment	Timescale
			Use demand and capacity modelling to develop estimates for future infrastructure requirements including acute and maternity capacity to accommodate population increase.	
	Assurance	NEL	External assurance for investment and savings assumptions to be determined at NEL level.	May require an EA during 2017-19.
6. Specialised commissioning	Renal dialysis	London, NEL, provider and/or borough	Pilot models in place in Tower Hamlets, and City and Hackney. Newham and Waltham Forest due to roll out by end of 2016. STP objective is to roll out similar model across BHR CCGs during 2017-2019.	Plans and business case approval to be completed in 2017. EA due in 2017/18
	Cardiology (AF and HF)	London, NEL / provider	Plans being developed for how to adapt the pathway	EA due in 2017/18.
	Additional pathway transformation	London, NEL, provider and/or borough	Other pathway transformation opportunities not yet developed. Pathways to include cancer, mental health, neuro rehab, neonates and specialist paed.	EA for various pathway developments due in 2017-2019.
7. Workforce	Staff recruitment and retention	NEL Level	This programme comprises a number of different work streams and is in the early stages of scoping with the focus on looking at evidence. Equality analysis should be done at the stage of proposals being developed	Unknown at this stage.
	Workforce for new models of care	NEL Level	Equality analysis would be best undertaken by the individual programme with one of the aspects being workforce.	To be led by each transformation programme
8. Digital enablement	Shared records	NEL and local area level	There are three digital roadmaps covering NEL which are being currently being combined and will be submitted to NHS E in March 2017. The equality screening of the plans for digital enablement is being undertaken as part of this process.	The combined document will be published in 2017 following agreement by NHS E.
	Co-ordinated care and care planning			
	Patient enablement			
	Advanced system-wide analytics			
	Digital infrastructure			