

Equality & Health Impact Assessment for Self-administration of Medication within Inpatient Mental Health Rehabilitation Wards Policy

Please read the Guidance Notes in Appendix 1, 2 & 3 (located at the back) prior to commencing the EHA for help and support in completing this document.

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required (submit to equality team)
- Appendices 1-3 must be deleted prior to submission for approval
- We have put helpful hints in, to support you in completion of the Document. Please delete them before submission.
- Useful links have been added to relevant sections for quick reference and support.

Please answer all questions: -

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Self-administration of Medication within Inpatient Mental Health Rehabilitation Wards Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Mental Health Natalie Coombs/Amy Sheppard
3.	Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com)	The aim of this policy is to enable patients to safely self-administer medication as part of their mental health rehabilitation whilst an inpatient on a rehabilitation ward. This will enable patients to become self-reliant and competent to administer their own medication.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service user's data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the design and development stages Public Health Wales Observatory Cardiff and Vale of Glamorgan Population Needs Assessment - Cardiff & Vale Integrated Health & Social Care Partnership (cvihsc.co.uk)	<p>The policy is to be used for rehabilitation wards who have the appropriate equipment to facilitate the use of the policy. The ward staff and the patients on these wards will be used to following a process for self-administration, as this has been happening for many years.</p> <p>The policy being used has been taken from a neighboring health board (Cwm Taff Morgannwg), showing that other health boards are following the same processes for their areas too.</p> <p>Managers from some of the rehab wards contacted pharmacy, asking for help to write a policy, to ensure that there is consistency across all areas. This would be consistent for both staff and patients.</p>

	CAVUHB - Home (sharepoint.com)	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The impact should be minimal to both staff and patients as there is already a similar process in place, however this will ensure that patients have the same experience of the process in all of the rehab areas.

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people based on their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on?	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
-			
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	The policy will be used for adults aged 18-65yrs who are on mental health rehabilitation wards (the main age group as per the inpatient rehab policy), typically. Of there is someone over the age of 65yrs, they will still be offered the opportunity to be on the policy, therefore, anyone of adult age on a rehab ward, will be assessed via the self admin policy.	I don't have any recommendation now. Staff have given positive feedback about the policy and patients typically like that they can be part of managing their medication independently, where safe to do so.	What action will be taken?

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	<p>The policy will mean that everyone who is on a rehab ward will have be assessed to see whether they are able to self-administer their medication, and supported to progress as far as they can, to improve and maintain independence with their medication management.</p>		
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>The policy is specifically for mental health patients on rehabilitation wards, therefore has a positive impact for this group. The policy allows patients to be part of managing their own medications. We have not had to manage the policy with anyone who has a significant visual impairment.</p>	<p>All patients are risk assessed for suitability to progress through the stages, meaning that some will not progress to the final stage 3. If staff feel that the current risk assessment is not suitable, then this would need to be raised and we could address this. Patients have to be assessed, however we must always consider any individual difference and different ways of managing. we can provide information about medication in different languages and format e.g. easy read, picture leaflets via the Choice and Medication website: https://www.choiceandmedication.org/nhswales</p>	

<p>How will the strategy, policy, plan, procedure and/or service impact on?</p> <p>-</p>	<p>Potential positive and/or negative impacts</p>	<p>Recommendations for improvement/mitigation</p>	<p>Action taken by Clinical Board / Corporate Directorate.</p> <p>Refer to where the mitigation is included in the document, as appropriate</p>
<p>6.3 People of different genders:</p> <p>Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p> <p>Stonewall</p> <p>Gender Identity Research & Education Society – Improving the Lives of Trans People (gires.org.uk)</p>	<p>The policy is suitable for any gender.</p>	<p>n/a</p>	
<p>6.4 People who are married or who have a civil partner.</p>	<p>The policy is suitable for anyone, regardless of relationship status.</p>	<p>n/a</p>	

<p>How will the strategy, policy, plan, procedure and/or service impact on?</p> <p>-</p>	<p>Potential positive and/or negative impacts</p>	<p>Recommendations for improvement/mitigation</p>	<p>Action taken by Clinical Board / Corporate Directorate.</p> <p>Refer to where the mitigation is included in the document, as appropriate</p>
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether they are on maternity leave.</p>	<p>The policy is suitable for anyone, regardless of whether they are expecting/had a baby. Risk assessments are completed for each person to decide whether they are suitable/capable of self-administration.</p>	<p>Self-administration is a process where assessment occurs and people only move through the stages if safe to do so.</p>	
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p> <p>The Runnymede Trust</p>	<p>The policy should be suitable for anyone, staff may need to get information translated into the relevant language, if needed, or use an interpreter when having conversation, however if risk assessed and deemed appropriate, all patients should be able to be on the pathway.</p>	<p>we can provide information about medication in different languages and format e.g. easy read, picture leaflets via the Choice and Medication website: https://www.choiceandmedication.org/nhswales</p>	
<p>6.7 People with a religion or belief or with no religion or belief.</p>	<p>The policy is suitable for anyone, regardless of religion or beliefs</p>	<p>n/a</p>	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
The term 'religion' includes a religious or philosophical belief			
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) Stonewal	The policy is suitable for anyone, regardless of sexual orientation.	n/a	
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	If a patient would like information in Welsh, then staff can get the necessary information translated. As it stands, the document is not in Welsh, and there has been no request for this to happen in the last 2 years of it being used, however we acknowledge that there may be a time where this is requested.	For Welsh version to be made if needed.	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	The policy is suitable for anyone, regardless of income.	n/a	
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	The policy is suitable for anyone, regardless of where they live as this is for inpatients.	n/a	
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	n/a	n/a	

HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p>	<p>This policy is for inpatients in rehabilitation wards/units. Therefore, all patient son our wards will have access to this policy.</p>	<p>n/a</p>	
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider the impact on access to supportive services including smoking cessation services, weight management services etc.</p>	<p>The policy is for inpatient services. Involving patients in the decision making and management of their medication is a way of helping them to improve their wellbeing and lifestyle as it can help lead to making healthier choices for themselves.</p>	<p>n/a</p>	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
Creating healthier places spaces.pdf (wales.nhs.uk)			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p>	<p>This policy is only in use for inpatients, so would not impact employment status.</p>	<p>n/a</p>	
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff, and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p>	<p>This policy is for use in inpatient services only. There is healthy food provision on site, which varies between catered wards and patients cooking independently. Staff support a healthy lifestyle and encourage daily activity and accessing green spaces/gardens.</p>	<p>n/a</p>	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p>	<p>As this policy is for inpatient use, I don't think it will have an impact on community influences, however it will promote a sense of self and improve confidence as the patient can take ownership.</p>	<p>n/a</p>	
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>	<p>Mental health rehabilitation is the only area in mental health who will be offering the option to self-administer medication/use of this policy. The areas are all resourced to store medication appropriately. Self-administration is a big part of living independently for a lot of patients; therefore it's a key skill set that we work on within rehabilitation services.</p>	<p>n/a</p>	

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarize the potential positive and/or negative impacts of the strategy, policy, plan, or service

The policy allows patients to self-administer their medication when safe to do so) in an environment that also provided the necessary support. This allows patients to manage medication, in a way that is as close to how they would in the community, meaning that we will understand their abilities, before discharge. For staff the policy means that all areas have the same structure to follow, regardless of which rehab ward they are on.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	For Welsh version to be made if needed.	NC/AS	When requested.	
	Self-administration is a process where assessment occurs and people only move through the stages if safe to do so. All patients are risk assessed for suitability to progress through the stages, meaning that some will not progress to the final stage 3. If staff feel that the current risk assessment is not suitable, then this would need to be raised and we could address this.	NC/AS	If requested	
	Patients have to be assessed, however we must always consider any individual difference and different ways of managing.	n/a	n/a	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	n/a	n/a	n/a	n/a

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions: -</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<p>Staff have given positive feedback about the policy and patients typically like that they can be part of managing their medication independently, where safe to do so.</p> <p>The policy has been used in rehab for nearly 2 years, following approval at CDOG within mental health, however we have since been asked to provide this information.</p> <p>The hope is that the policy will be able to continue, as it has been a positive addition to how we manage medication and improve independence for our patients.</p>			

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. When developing or reviewing any strategies, policies, plans, procedures, or services it will be required that the following issues are explicitly included and addressed from the outset: -

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)¹

This explicit consideration of the above will apply to strategies (e.g., Shaping Our Future Strategy, Estates Strategy), policies (e.g., catering policies, procurement policies), plans (e.g., Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g., developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures, or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are.' This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures, and services must reflect include:

¹

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)²
- Equality Act 2010³
- Well-being of Future Generations (Wales) Act 2015⁴
- Social Services and Well-being (Wales) Act 2015⁵
- Health Impact Assessment (non-statutory but good practice)⁶
- The Human Rights Act 1998⁷
- United Nations Convention on the Rights of the Child 1989⁸
- United Nations Convention on Rights of Persons with Disabilities 2009⁹
- United Nations Principles for Older Persons 1991¹⁰
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹¹
- Welsh Government Health & Care Standards 2015¹²
- Welsh Language (Wales) Measure 2011¹³

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). Several statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment, and victimisation;
- advance equality of opportunity between diverse groups; and
- foster good relations between diverse groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently based on their 'protected characteristics' (i.e., Their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex, or sexual orientation) and if it will affect their human rights. It also takes account of care responsibilities and Welsh Language issues. They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

² <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

³ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁴ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁵ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁶ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

⁷ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

⁸ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

⁹ <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹⁰ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹¹ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹² <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹³ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure, or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently based on where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments into a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure, or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further details of the Act are available in Appendix 2.

Completion of the EHIA should be an iterative process and commence as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and be used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact equityand.inclusion@wales.nhs.uk or kate.roberts6@wales.nhs.uk

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools, and templates¹⁴
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide

Resources for Equality Health impact Assessments

Diverse Cymru – list of useful reports

[Equality in Wales - Diverse Cymru](#)

Welsh Health Impact Support Unit (focus on health inequalities)

[Home - Wales Health Impact Assessment Support Unit \(phwwhocc.co.uk\)](http://phwwhocc.co.uk)

What Works Wellbeing

[Homepage - What Works Wellbeing](#)

Nice Guidance

[Find guidance | NICE](#)

Creating healthier places and spaces for our present and future generations
(Public Health Wales and Natural Resources Wales)

[Creating healthier places spaces.pdf \(wales.nhs.uk\)](#)

The Kings Fund

[Ideas that change health and care | The King's Fund \(kingsfund.org.uk\)](http://kingsfund.org.uk)

Institute of Health Equity

[Resources & Reports - IHE \(instituteofhealthequity.org\)](http://instituteofhealthequity.org)

The Act sets out our human rights in a series of 'Articles.' Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

[Protected characteristics | Equality and Human Rights Commission \(equalityhumanrights.com\)](http://equalityhumanrights.com)

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labor
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home, and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief, and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistleblowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff based on their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between diverse groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.