

West of England Academic Health Science Network

‘Working in partnership to put innovation at the heart of healthcare, to improve patient outcomes and contribute to wealth creation.’

Workbook to Support Project Leads to Implement the West of England Academic Health Science Network Vision for Equality

Connecting, Collaborative, Catalytic, Challenging

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Dear Colleague

As you carry out your project we ask you to think carefully about how you ensure that you meet the aims of NHS England and the West of England Health Science Network with regard to equality. This is also an essential part of our patient and public involvement strategy¹.

NHS England, in taking forward the 2008 review of the NHS led by Lord Darzi- 'High Quality Care for All'², emphasise the importance of knowing that high quality care is being delivered for each and every patient:

'Promoting equality and equity are at the heart of NHS England's values – ensuring thatno community or group is left behind in the improvements that will be made to health outcomes across the country'.

Our vision and values reflect our commitment to this aim.

However the Equality Act 2010 recognises that some parts of society may be disadvantaged and we must make an extra effort to support their health needs. By completing the impact assessment within this workbook you will support delivery of these aims.

You may already be familiar with the requirements laid out in this workbook. If so, you will find this a useful reminder of the legal duties, with clear advice about how we expect you to factor these into your project.

If you have less experience, you will also find an introduction to the legal duties and some examples to help you.

Your allocated Service Improvement team member will be able to provide you with more advice on how to complete the workbook and provide the workbook in alternative formats as required.

Our partners can also use this equality impact assessment approach, adapted as necessary, to support their work with us.

Underlying all improvement to health care is a need to ensure that the changes that we make are those that patients' value and that we understand how we can make those changes most effectively. This is best done by gathering objective data about needs and engaging with patients and their carers.

Completing this workbook as part of your project planning will ensure that you have given due consideration to the needs of all patients and will allow you to demonstrate the positive changes that have been achieved to promote equality. A key aspect of this process will be the opportunity to involve and consult patients and their carers in support of our Patient and Public Involvement Strategy. Finally you will be able to assure the Board of the West of England Health Science Network that your project will successfully support our equality vision.

Deborah Evans, Managing Director

West of England Academic Health Science Network

¹ West of England Academic Health Science Network: Patient and Public Involvement Strategy

² DH website: High Quality Care for All

1. Introduction

This workbook has been created to help project leads to review equality into their projects. It supports project planning by asking you to think and plan for equality matters in order to secure the best outcomes from your project, and provides background information about the statutory equalities duties that we must meet. It is also an integral part of our Patient and Public Involvement Strategy.

2. Why is Equality Important?

Our vision embeds equality as a fundamental goal. This goal reflects the national imperative laid out in government strategy and enacted in legislation.

HM Government: The Equality Strategy: Building a Fairer Britain Dec 2010 states:

'Failure to tackle discrimination and to provide equal opportunities, harms individuals, weakens our society and costs our economy'³

When thinking about equality, it is easy to believe that treating people the same way is sufficient. However, the Strategy provides evidence that certain groups of people in society remain disadvantaged e.g.:

'Despite disability discrimination legislation, around a third of disabled people experience difficulties in accessing goods or services, including health services'.

The Equality Act 2010 amalgamated existing discrimination legislation and strengthened the requirements on public bodies such as the NHS, Universities and organisations like the West of England Health Science Network, to improve equality. This is reflected in the statutory public sector equality duty.

Guidance published by the Commission for Equality and Human Rights states:

The general equality duty requires public authorities to have due regard to the aims of the general equality duty when making decisions and setting policies. To do this, it is necessary for decision-makers to understand the potential impact of their decisions on people with different protected characteristics and to identify potential mitigating steps to reduce or remove adverse impacts. Assessing impact on equality involves using good equality information and analysis, and doing this at the right time, as part and parcel of decision-making.

During 2014/15, the Commission for Equality and Human Rights has agreed an aim which is to:

'Follow up recent concerns about failures leading to poor care and risks to patient safety, by working to raise levels of compliance with equality and human rights standards in health and social care'.

³ HM Government: The Equality Strategy: Building a Fairer Britain Dec 2010
Equalities Impact Assessment Workbook

3. **The Legal Background**

Evidence in the Equality Strategy shows that some groups of people in our society are more likely to be disadvantaged or discriminated against because of certain personal characteristics. Legislation gives individuals with these characteristics protection from discrimination in a wide range of matters, such as employment and the provision of public services.

Public bodies, such as the West of England Health Science Network, must go *beyond* the requirement not to discriminate unlawfully, but must actively promote equality and where necessary, take positive action. The Equality Act 2010 requires that the West of England Health Science Network consider equality in decision-making, in the design of policies and in the delivery of services, including internal policies, and for these issues to be kept under review. The legal requirements which the West of England Health Science Network must fulfil are laid down in the general equality duty and the specific duties, these are described below. Our equality vision embeds this legal requirement as 'best practice'.

The information in the following section is taken from the Equality and Human Rights Commission website.⁴

4. **What is Meant by Discrimination?**

The Equality Act 2010 outlaws a number of forms of discrimination:

- An individual or organisation that provides services to the public must not treat someone worse just because of one or more protected characteristics (this is called direct discrimination).
- An organisation must not do something to someone in a way that has a worse impact on them and other people who share a particular protected characteristic than it has on people who do not share that characteristic. Unless the organisation can show that what they have done is objectively justified, this will be what is called indirect discrimination. 'Doing something' can include making a decision, or applying a rule or way of doing things.
- A service provider must not treat someone worse than someone else because they are associated with a person who has a protected characteristic.
- A service provider must not treat someone worse than someone else because they incorrectly think that person has a protected characteristic (perception).
- A service provider must not treat someone badly or victimise them because they have complained about discrimination or helped someone else complain, or done anything to uphold their own or someone else's equality law rights.

⁴ Equality and Human Rights Commission: The essential guide to the public sector equality duty; Revised (third) edition Nov. 2012
Equalities Impact Assessment Workbook

5. Who is protected by the Equality Act 2010?

The protected characteristics identified in the Equality Act are as follows

- Disability*
- Gender reassignment
- Pregnancy and maternity (which includes breastfeeding)
- Race (including colour, nationality, ethnic or national origins)
- Religion or belief
- Sex
- Sexual orientation.
- Age (including children and young people)**

***Disability:** A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

**** Age** discrimination laws only apply in the provision of services to people 18 or over.

Marital status including civil partnership does not constitute a protected characteristic but does fall within the discrimination laws.

6. The West of England Health Science Network's General Equality Duties

In carrying out its functions of putting innovation at the heart of healthcare, improving patient outcomes and contributing to wealth creation, the West of England Health Science Network must:

'Pay due regard to':

1. Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. (see Appendix 1)
2. Advancing equality of opportunity between people who share a protected characteristic and those who do not.
3. Fostering good relations between people who share a protected characteristic and those who do not.

Paying due regard to advancing equality means:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people (including taking steps to take account of disabled people's disabilities).
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

- Fostering good relations means tackling prejudice and promoting understanding between people from different groups.
- Compliance with the general equality duty may involve treating some people more favourably than others.

7. **The Duty to Make Reasonable Adjustments to Remove Barriers for Disabled People**

Equality law recognises that bringing about equality for disabled people may mean changing the way in which services are delivered, providing extra equipment and/or the removal of physical barriers.

This is the **duty to make reasonable adjustments**.

The duty to make reasonable adjustments aims to make sure that a disabled person can use a service as close as it is reasonably possible to get to the standard usually offered to non-disabled people.

When the duty arises, a service provider is under a positive and proactive duty to take steps to remove or prevent these obstacles.

The duty is 'anticipatory'. This means a service provider cannot wait until a disabled person wants to use the service. They must think in advance (and on an ongoing basis) about what disabled people with a range of **impairments** (such as people who have a visual or hearing impairment, a mobility impairment or a learning disability) might reasonably need.

8. **Fulfilling the General and Specific Duties – Your Responsibility as a Project Lead**

The legislation requires us to publish specific information annually in order to demonstrate compliance with the general duty. In particular we must publish information annually about the effects of our policies and practices on people with a protected characteristic. This is known as the 'specific duty'. Our ways of working as stated in our prospectus fully support the 'specific duties', particularly our commitment to:

- Sharing information
- Creating and acting on benchmarking and performance data
- Implementing evidence based practice.

Your responsibility as a project lead is to support the board to deliver its duty by factoring in the requirements of the general and the specific duty as you plan and fulfil your project. To do this you must have sufficient information about the effect of your project in relation to the three aims of the general duty in relation to people with a protected characteristic.

In order to fulfil the duties outlined above your project may need to include additional actions. It will be important to understand at the beginning of your project whether or not there are any associated budgetary implications and if so to ensure that these can be met. You should discuss this with your Director if you have any issues that you cannot resolve.

Note that our patient and public involvement strategy is supportive of the costs of consultation activity and you should discuss your plans with the Patient and Public Involvement Manager.

In deciding what actions you may need to take forward you should focus on those areas that have the **most** effect on patients or the public (or a section of them).

9. Understanding and Planning for Equality in Your Project

Collecting and using equality information as a part of your project will enable you and the West of England Academic Health Science Network to develop a sound evidence base of how our policies and practices are working in relation to the equality duties, enable improvements in healthcare for patients with a protected characteristic and ensure greater transparency for how public money is being invested.

The purpose of the following section is to enable project leads to take a step by step approach to understanding the equality impact of their project (policy / practice) and to ensure that, where relevant, actions to advance equality are built into the project plan.

Paying due regard to the need to advance equality does not necessarily mean that advancement of equality is less important when the numbers in a protected group are small. However any actions identified will need to be proportionate to the scope of the project that you are undertaking.

9.1 Completing the Equality Impact Assessment

For each section of the Equality Impact Assessment, an example of how you might complete the entry is provided; this is shown in *italics*. Following each example is a text box to enable you to complete the information for your project (please note that the examples are hypothetical but based on real equality factors).

The Patient and Public Involvement Manager can advise you on engagement and consultation approaches and you should always ensure that you discuss and agree your plans in this area.

9.2 Information Sources

Achieving a good understanding of the profiles of the population with a protected characteristic that will be affected by your project (policy/practice) will enable you to really assess the impact of the change that you are making. The West of England Academic Health Science Network has commissioned a database of information to support your work. Underpinning the planning of health services are the public health observatories for each region. However a good starting point will be the Joint Strategic Needs Assessment produced by each county, city or borough council. Links to the relevant documents for the West of England Academic Health Science Network area can be found in Appendix 1.

The quality checklist at the end of the document can help you to confirm that your Impact Assessment is fit for purpose. You need to

think carefully about each protected characteristic but some may not be relevant to every project. For some characteristics, you may not be able to access full information; this should be noted and you can then consider how feasible it is to capture further information as part of the project. Even a small step in this direction can help to advance equality.

Once the Equality Impact Assessment is sufficiently robust and detailed to enable you to plan your equality actions, you will need to submit this to your Director and Director of Development so that the Board can be assured that your project does not unjustifiably discriminate against any group and where appropriate is advancing equality.

10. Publication and Review

As part of its specific duty, we will publish the Equality Impact Assessment undertaken for each project (policy/practice) on our website. The Equality Impact Assessment also asks you to consider how to monitor the equality impact and a post project review will be expected which would also be publishable in due course.

Your post-project review will be used to capture the outcomes achieved by your project including equality improvements and patient and public involvement. The information you provide will contribute to the quarterly monitoring report returned to NHS England regarding our performance metric of *'Addressed variation in service provision and inequalities in health particularly affecting those groups with protected characteristics under the Equality Act'*. It will also contribute to the completion of an annual report that will demonstrate our compliance with our general and specific duties.

Understanding and Planning for Equality

Equality Impact Assessment⁵

The purpose of the following section is to enable project leads to take a step by step approach to understanding the equality impact of their project (policy/practice) and to ensure that, where relevant, actions to advance equality are built into the project plan.

PreCePT

Name of person carrying out this Equality Impact Assessment	<i>Sarah White – Service Improvement Advisor</i>
Date completed	<i>04.06.14</i>
Senior manager responsible for this project (policy or practice)	<i>Stephen Ray</i>
Names and roles of other people involved in carrying out this Equality Impact Assessment (e.g. a project steering group): <i>Sarah White – Service Improvement Advisor</i> <i>Noshin Menzies – Service Improvement Advisor</i>	
Who is responsible for implementing the project (policy/practice) and will ensure that equality plans are implemented? <i>Stephen Ray – Service Improvement Manager</i>	
Who is responsible for monitoring the implementation of this project (policy/practice) including the equality aspects? <i>PreCePT Steering Group</i> <i>WEAHSN Service Improvement Team</i> <i><u>Project Tranche One</u></i> <i>University Hospitals Bristol NHS Foundation Trust Gloucestershire NHS Foundation Trust</i> <i>North Bristol NHS Trust</i> <i><u>Project Tranche Two</u></i> <i>Royal United Hospital Bath NHS Trust</i> <i>Great Western Hospitals NHS Foundation Trust</i>	

Step 1 Getting Started

1.1 Brief description of the project (policy/practice) aims: (This information is likely to form part of your project initiation document).

⁵ This is Equality Impact Assessment is substantially based on the Equality Impact Assessment prepared by the SW Commissioning Support Group Equalities Impact Assessment Workbook

Babies born too early (preterm) have a higher risk of dying in the first weeks of life than babies born at term, and those who survive often have damage potentially including cerebral palsy, blindness, deafness or physical disabilities. The use of magnesium sulphate as a neuroprotective factor in preterm birth can help to prevent cerebral palsy in some cases. Despite a strong evidence base for the use of magnesium sulphate and improved outcomes of preterm babies, there is low uptake of this practice across the UK and the WEAHSN network.

This project will support the uptake of magnesium sulphate as neuroprotection for women at risk of pre-term labour if clinically appropriate. The project will support secondary care trusts to improve the management of pre-term labour to have a positive impact on the incidence of cerebral palsy.

The project will target women at 30 weeks or under gestation, meaning that babies born at this stage will be very - to extremely premature. This target group has been selected as the evidence base indicates that the use of magnesium sulphate is most effective for babies born at under 30 weeks or under.

Building on the success, experience and the lessons learnt of the existing practice at St Michaels in Bristol, the project will widen the adoption of magnesium sulphate as neuroprotection in other neonatal Units in the WEAHSN. We will do this in two project tranches;

1. In University Hospitals Bristol NHS Foundation Trust in Bristol (to ensure the approach is consistently applied) and to introduce the use of Gloucestershire Hospitals NHS Trust Royal Hospital and North Bristol Trust from July 2014 onwards

2. Royal United Hospital Bath NHS Trust and Great Western Hospitals NHS Foundation Trust from September 2014 onwards.

The intended outcome is an increase of the use of magnesium sulphate as a neuroprotector in preterm births. We will capture the following outcome measures:

1. Post-implementation rates of usage for patients indicated for magnesium sulphate will rise to (?)%

Step 2 Establishing the extent of the Equality Impact

2.1 Describe the profile of the patient population that will be affected by this project (policy/practice change). For the purpose of this assessment, be as precise as possible in terms of each patient groups protected characteristics. Protected groups are defined by the nine characteristics protected by the Equality Act 2010

Does the project (policy/practice) relate to an area with known health inequalities)? How will it advance equality for those affected?

<ul style="list-style-type: none"> • Disability • Gender reassignment • Pregnancy and maternity (which includes breastfeeding) 	<ul style="list-style-type: none"> • Religion or belief • Sex • Sexual orientation • Age (including children and young
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<ul style="list-style-type: none"> • Race (including colour, nationality, ethnic or national origins) 	<p>people)</p>
<p>This project will impact on expectant mothers and their babies. The incidence of pre-term birth is greater in women aged under 18 and greater than 35 (due to the increased likelihood of conditions that may increase the likelihood of preterm birth). The ethnic backgrounds of the impacted group reflect the general ethnic diversity of the host populations. There is evidence that women of a Black ethnic background are 50% more likely to experience a preterm birth than White mothers (1). There are no other protected characteristics known to impact on the likelihood of preterm birth.</p> <p>This project has developed a clinical guideline for the management of preterm labour and an education pack for clinical staff to use. Part of the pack includes an information leaflet for patients.</p> <p>This leaflet was produced in conjunction with the charity, Bliss (a charity specializing in pre-term babies) and with significant input from parent representatives.</p> <p>We have considered how accessible the patient information leaflet is and ensured that it available in a larger font, should that be needed. We discussed the possibility of translating the leaflet into community languages with the Trusts involved in the pilots. However, we decided that as the numbers of mothers that would potentially be in receipt of this information (less than 1% of all births) it would not be the best use of resources. Having discussed the issue with the Trusts we determined that the best way to ensure that the information was accessible to all was to utilize existing translation services that would be provided for a mother at risk of pre-term birth and to ensure that the information was made available to the translation service on site.</p> <p>As the project is aimed at all women who are at risk of preterm labour it was determined that none of the protected groups would be adversely affected by the project.</p> <p><i>1. Centres for Disease Control and Prevention. (2013). Preterm birth. Retrieved September 18, 2013, from http://www.cdc.gov/reproductivehealth/maternalinfanthealth/PretermBirth.htm [top]</i></p>	

2.2 State the main sources of data and information that you have used

<p><i>Information to support this project has come from:</i></p> <p>The Cochrane Review – http://summaries.cochrane.org/CD004661/magnesium-sulphate-for-women-at-risk-of-preterm-birth-for-neuroprotection-of-the-fetus</p> <p>Royal College of Obstetricians and Gynaecologists – http://www.rcog.org.uk/news/magnesium-sulphate-prevent-cerebral-palsy-following-</p>

[preterm-birth](#)

We have also clinical audit data from the pilot sites and data obtained from the RUH information team on rates of birth in the WEAHSN area by age of mother and gestational age at birth

2.3 What are your information gaps?

None identified

Step 3 Capturing the Equality Impact

3.1 Consider the following questions:

Does or could the project (policy/practice change) affect different “protected groups” differently? (Your engagement and consultation approach could help answer this question).

Are any groups specifically excluded and, if so, why? What could be done to enable these groups to benefit from the proposed changes?

Will this project (policy/practice change) advance equality for any part of the population with a particular protected characteristic?

Consider each protected group separately. Include options to improve equality of access or outcomes that your project could achieve (actions need to be proportionate to the scope of your project).

<ul style="list-style-type: none">• Disability• Gender reassignment• Pregnancy and maternity (which includes breastfeeding)• Race (including colour, nationality, ethnic or national origins)	<ul style="list-style-type: none">• Religion or belief• Sex• Sexual orientation• Age (including children and young people)
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The project is aimed at women who are at risk of delivering their babies at 30 weeks or less gestational age. There is no impact on other protected groups.

3.2 What consultation and engagement activities have already been undertaken regarding this project (policy or practice)?

State any engagement activities used to develop the project policy or practice or to seek feedback on its implementation so far.

(Remember that you must agree your engagement and consultation plans with the Patient and Public Involvement Manager)

We have engaged with patient representatives and they form part of the core membership of the Project Steering Group for the project. The patient representatives have been instrumental in supplying information for the patient leaflet as well as providing advice and guidance on the contents of the pack.

We have also engaged with the South West Neonatal Network, coordinated by Rebecca Mann Consultant Paediatrician and Rebecca Lemin South West Neonatal Network Manager, Taunton.

The network is made up of obstetricians, neonatologists, midwives and other clinicians from the whole of the South West including the WEAHSN area and the South West Peninsula AHSN.

Maternity Voices is a group of commissioners and lay representatives set up to input into the delivery and commissioning of maternity services in Bristol, North Somerset and South Gloucestershire (formerly the maternity services liaison committee).

3.3 State the key outcomes of the consultation and engagement

- Key points of feedback and any differences between the views of the different protected groups
- Identify how the feedback was taken into account in the final drafting/design of the policy or practice

When designing the leaflet we selected some photographs supplied by a patient representative on our steering group. We considered how pictures of very premature babies may impact on women in preterm labour and ensured that the photographs used were representative of preterm babies. Feedback from the patient representatives was that they felt it was important for prospective parents to understand that their babies may look different from other newborns

3.4 Where consultation and engagement has been limited /not yet occurred, describe what is planned including which additional groups could usefully be engaged?

Depending on the policy/practice being assessed, consider engaging with employees, service users and/or equality organisations.

We intend to pilot the project at the tranche 1 and 2 sites and undertake an evaluation of the pilot before rolling out to the other trusts – we will review the patient leaflet and patient experience as part of the evaluation process.

3.5 Will the project (policy/practice) have a significant effect on how other organisations operate in terms of equality (such as service providers or contractors)? What action needs to be taken to inform or support those organisations to eliminate discrimination, advance equality, foster good relations:

Whilst no equalities impacts have been identified we are working with the service providers to understand the sensitive nature of the information we are sharing, for parents and babies born with Cerebral Palsy prior to this evidence base being available.

3.4 Are there any risks associated with the implementation of the project (policy/practice)? Identified risks need to be added to the project risk register.

There is a risk that parents with children who have cerebral palsy may question whether they were offered the treatment and if not, why not. In order to address this possibility, Dr Karen Luyt will prepare a statement that can be offered in response to these types of questions

Step 4 Equality Monitoring and Review

State how and when you will review the actual equality effects of the project (policy /practice)?

We will evaluate the impact of this project as we go. We have baseline data to ascertain the numbers of eligible mothers currently receiving the treatment and we will be able to measure whether this number increases following the implementation of the project.
We will also review the action plan of the Equalities Impact Assessment to ensure that there are no equality effects as a result of the project.

Equality Impact Action PlanDate: 12th June 2014

From your analysis above, you may have identified actions to ensure that no discrimination takes place or to advance equality for groups with particular protected characteristics. Summarise the intended equality actions which you intend to incorporate into your project.

This action plan should be reviewed in accordance with the monitoring schedule.

Recommendation	Key activity	Progress milestones (include these in your project PID)	Officer Responsible	Progress made
Ensure the project materials (with particular reference to the poster and patient leaflet) meet the known access requirements of the local population.	Review patient leaflet and posters <ul style="list-style-type: none">• three months after initial rollout.• As part of project closedown.	<ul style="list-style-type: none">• Tranche one: October 2014• Tranche two: November 2014• January to March 2015	Stephen Ray	

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Project Equality Action Plan Approvals	
Engagement and Consultation Plans:	Name:
Reviewed by Patient and Public Involvement Manager	Date:
Equality Action Plan Budget Implications:	Name:
Signed off by Director	Date:
Risks given to Programme Manager – for entering on Risk Register:	Name:
Signed off by Project Lead	Date:
Equality Analysis and Action Plan Outcomes:	
When you have completed your project you should summarise the equality outcomes of your project:	

Equality Impact Assessment Quality Checklist

The quality indicators below can be used to review the quality and robustness of your completed Equality Impact Assessment:

Theme	Quality Indicators
1. Methodology	<ul style="list-style-type: none"> • Evidence of consultation/ engagement with protected groups around the policy or practice being assessed (patients, service users and employees) • People from protected groups feel engaged in the process • Evidence used is based on hard and soft data
2. Report content	<ul style="list-style-type: none"> • The assessment of actual or potential impact is firmly based on the evidence presented • Equality issues are addressed comprehensively, rather than superficially
3. Outcomes	<ul style="list-style-type: none"> • Proposed outcomes are clearly linked to the needs of patients, service users and protected groups • Addresses variation in service provision and inequalities in health particularly affecting those groups with protected characteristics under the Equality Act'.
4. Transparency and communication	<ul style="list-style-type: none"> • An action plan is included • It is clear who is responsible for implementing the action plan • Written in Plain English • Written without NHS jargon • Equality Impact Assessment tells a coherent story • Translations and different formats are offered

Appendix 1: Information Resources

Guidance on the public sector equality duty:

<http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

Public Health Observatory data: http://datagateway.phe.org.uk/?lk_sr=govphe

West of England Academic Health Science Network patch demographic/joint strategic needs assessments:

http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Public-Health/annual_dph_report_12_13_onscreen.pdf

http://www.bristol.gov.uk/sites/default/files/documents/council_and_democracy/statistics_and_census_information/SOTC%20Healthy%20and%20Caring.pdf

<http://www.maiden.gov.uk/InstantAtlas/Equalities/summary.pdf>

<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/jsna/Pages/sc-jsna.aspx>

[https://www.nsomerset.gov.uk/community/partnerships/Documents/JSNA/Overall%20findings/overall%20health%20profiles%20\(pdf\).pdf](https://www.nsomerset.gov.uk/community/partnerships/Documents/JSNA/Overall%20findings/overall%20health%20profiles%20(pdf).pdf)

<http://hosted.southglos.gov.uk/JSNA/South%20Glos%20JSNA%202013%20v4%20050313.pdf>

<http://www.intelligencenetwork.org.uk/joint-strategic-assessment/>

<http://jsna.gloucestershire.gov.uk/Pages/home.aspx>

Appendix 2: Further References

HM Government: The Equality Strategy: Building a Fairer Britain Dec 2010

Commission for Equality and Human Rights website:

Equality and Human Rights Commission: The essential guide to the public sector equality duty; Revised (third) edition Nov. 2012

Department of Health website: High Quality Care for All

Southwest Commissioning Support Group Equality Impact Assessment Template 2013

National Institute for Health and Clinical Excellence: Positively Equal: A Guide to addressing Equality Issues in developing NICE clinical guidelines. 2nd Edition November 2012.

Race Equality Foundation August 2013 Better Health Briefing 29: '*Oral Health and access to dental services for black and minority ethnic groups.*' A race equality briefing paper. Zoe Marshman with Kaytherine Nower and Desmond Wright.