

The Equality Impact Assessment (EIA) Guidance and Glossary explain how to complete this form.

Please complete the form below. Where the term 'item' is used in this document it includes policy, service, process, function, project and strategy.

Section I: Screening

Part A: Item Details				
1	Department/School/Institute	School of Medicine and Dentistry		
2	What is the type of the item undergoing assessment?	Policy <input type="checkbox"/>	Procedure <input type="checkbox"/> Function <input type="checkbox"/>	Service <input type="checkbox"/> Other <input checked="" type="checkbox"/> (Specify) Project and Service
3	Name of item	Health Innovation Education Cluster in North East London, North Central London and Essex (HIEC NECLES)		
4	Reference Code (if any)	n/a		
5	Is the item existing, new or an amendment?	Existing <input type="checkbox"/>	Amendment <input type="checkbox"/>	New <input checked="" type="checkbox"/>
6	Aims and purpose of item:			
<p>The Health Innovation Education Cluster (HIEC) for North East London, North Central London and Essex (NECLES) aspires to improve population health through coordination, facilitation and dissemination of innovative best practice, ensuring that uniformity of health care provision is available across the associated system.</p>				

Part B: Screening			
1 Will the item impact directly or indirectly on any of the following impact groups:			
Students <input type="checkbox"/>	Staff <input type="checkbox"/>	Visitors <input type="checkbox"/>	Suppliers <input type="checkbox"/>
Organisational Partners <input type="checkbox"/>	Others <input checked="" type="checkbox"/> (please specify) We work through and together with NHS bodies, charity sector and commercial organisations. Typically our activity supports and enables the achievement of aspirations within the system that form CQUIN initiatives, NHS London priorities or Department of Health directives		
<p>Please give details for choices made above and provide any evidence</p> <p>Areas of focus within the HIEC will be selected according to their ability to:</p> <ol style="list-style-type: none"> 1. Demonstrate a positive financial contribution to the system 2. Be sustainable once the HIEC role is concluded 3. Identify a measureable improvement in population health 4. Identify the team including the HIEC fellow who will be seconded to the HIEC 5. Demonstrate multiple site collaboration across the HIEC and with a plan for diffusion 			

Part B: Screening

across the HIEC.

2 Does or could the item have an adverse effect, directly or indirectly on members of an equality group – Age, Disability, Gender, Race, Religion/Belief, Sexual Orientation, Gender Reassignment, Pregnancy/Maternity? (please give details)

It unlikely that any work will have an adverse effect on the protected groups identified above

3 Could the item have a significant positive impact on equality by reducing inequalities that already exist? (please give details)

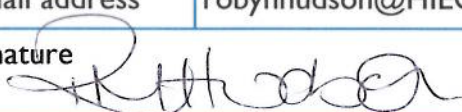

All projects address areas of need for service improvement for patient benefit. For instance the Maternity project seeks to promote normal birth amongst pregnant women. In addition the imperative for diffusion aims to reduce variability within the system.

4 Should a full impact assessment be carried out? YES NO

Please provide justification for answer to the above

It is clear that there are likely to be effects felt by particular protected groups. Most notably pregnant women, gender due to disease prevalence and also disability.

Part C: Details of Assessor Completing Form

1 Name	Robyn Hudson	2 Phone number	07939424831
3 e-mail address	robynhudson@HIEC.org.uk		
4 Signature		5 Date of signature	2 11 2011
6 Name of Head of School/Department Prof Rob Bennett	 11.2.11.	7 Signature of Head of School/Department	

Next Step:

- (i) If you need to carry out a full impact assessment, please read Section 2 of the guidance (page 7) and complete Section 2 of this form below.
- (ii) If you do **not** need to carry out a full impact assessment:
- Are there any further steps you can take to promote equal opportunities and eliminate discrimination?
 - Arrange for the proper approval authority to “sign-off” a statement (usually Head of School, Department or Institute), supported by the evidence of this screening EIA that the policy isn’t “relevant to Equality & Diversity” or does not have any negative impacts
 - Set a review date in three years’ time.
 - File the screening report and associated documentation and email a copy to the College’s Diversity Specialist, Bertille Calinaud at b.calinaud@qmul.ac.uk

Section 2: Full Equalities Impact Assessment

Full EIA

1 What data has been examined in order to form a judgement about the impact of the item on protected characteristics? Are there any gaps in the available data?

Each of the organisations working with the HIEC have structures and organisational features that ensure that impact of the work on protected characteristics are examined. Foundation Trusts have local governors, and patient liaison groups, there are also LiNKs groups represented on trust boards and commissioning bodies. These elements of NHS Bodies and Education Bodies in particular ensure that the HIEC based initiatives will deliver positive population health outcomes.

The primary evaluation of data relating to workstream choice of the HIEC aligns with these Health commissioners, providers, educators and supporting agencies priorities which take into consideration protected characteristics of their population. This HIEC includes around 60 partners from across North East London, North Central London and Essex for example NHS Redbridge, Homerton University Hospital NHS Foundation Trust, University College London Hospitals. There are 3 principal partners Barts and the London School of Medicine and Dentistry QMUL, UCL Partners and the Post Graduate Medical Institute Anglia Ruskin University.

The HIEC monitors the broad effects on populations directly impacted by work. The individual bodies ensure and are responsible through their charters that detailed analyses occurs locally to ensure impact on protected groups is captured.

2 What methods of consultation/involvement have been employed to ensure full information sharing and participation?

A HIEC agency partner may use a variety of consultative mechanisms in order to identify local health needs and how they impact on the diverse needs of the population. For instance North East London has two patient forums. Foundation Trusts have governing bodies which provide local representation and voice.

Where appropriate and available the HIEC has engaged with patient advocacy groups such as the British Lung Foundation for work on Chronic Obstructive Pulmonary Disease.

Typically analysis is focused on health intervention not closely related to any particular protected characteristic. There are instances of projects will promote the health of a particular protected group - maternity women only, but data will be analysed at unit level. Detailed analysis of subgroups of the population.

3 What steps were taken to ensure that involvement in the engagement process was far-reaching?

Process described above

4 What are the results of the consultation/involvement? How are these fed back into the process?

As described above the primary locus of consultation and involvement rests with NHS bodies and data analysis will be undertaken at that level. It is important to note that this data and activity does

Full EIA

inform subsequent decision making processes about existing and future work the HIEC engages.

- 5** Explain the likely differential impact (whether intended or unintended, positive or negative) of the item on individual service users.

Specific projects within the HIEC remit will have direct and significant health promotion impact on protected groups. In some cases projects are entirely directed at protected groups such as the maternity work which effects only pregnant women. There is also the 2011/12 work to improve access to health services for recent immigrants amongst whom there will be a disproportionate amount of ethnic minorities that do not enjoy comparable access to health facilities with the resident UK population.

- 6** Is the item directly or indirectly discriminatory?

The items are various in nature some are intended to have a direct and positive a health promotion advantage for protected groups. In other instances where a protected group is more likely to have a specific health issue than the comparator population there will be an indirect promotion of health advantages. For instance the work in Maternity will only effect pregnant women and COPD does occur more often in men of particular ages so activity will positively impact these protected groups.

- 7** Are there any barriers that may inhibit access to the service or benefits of the item?

Typically the barriers to service relate to those existant within the delivery agency that sits outside the HIEC influence, for instance disabled access or hours of work. In addition the work stream for Migrant Health is specifically looking at improving access to known poor uses of the system so there will be a direct benefit.

- 8** Explain how the item is intended to increase equality of opportunity.

There are 3 themes under which projects occur. They are Long term conditions, Acute care and Prevention of ill health. Each theme then divides in 2 further work streams that each will have an impact on a protected group. For instance, in the Long Term Conditions work stream, the COPD projects will effect men more than women due to the prevalence pattern of this disease, Asthma in Children and Young people effects a single age bracket. In the Acute Care theme Maternity projects will benefit pregnant women and the migrant work will be enable equal access to primary care services for those that are currently not benefiting from the NHS.

All actions are aimed at improving health outcomes and protected groups will disproportionately benefit.

- 9** Explain how the item is likely to promote good relations between different groups.

Primary outcomes of projects and initiatives rarely justify the promotion of equity and understanding of different protected groups. Typically, the differences between these health issues effect health populations. As such there is limited requirement to address any feelings of resentment by one group over another.

Full EIA

10 How will the implementation of the item be monitored and by whom?

When the HIEC evaluates the inclusion of a theme or project it aligns with public health and service delivery priorities. It also considers the evaluation of need that is a routine process at the delivery point of health care (NHS Trust's and PCT/SHA level).

As noted local monitoring is conducted by the NHS body or health service provider. Evaluation at a broader sector level is done by the HIEC and the Sector level NHS bodies. The HIEC outcomes and evaluations are reported to NHS London quarterly and to through the governance arrangements through the principle partners in the HIEC.

11 What can be done to improve the item in order to reduce or remove any adverse impact or effects identified?

Every project undertaken is orientated to improve health outcomes some of them will have differential positive impacts on protected groups, others will be entirely neutral. It is not expected that there will be adverse impacts to mitigate however it will be recorded on the risk register that is reported to NHS London quarterly

12 Complete Action Plan Form

Next Steps

- Arrange for the proper approval authority to “sign-off” the report.
- File the report and associated documentation and email a copy to the College’s Diversity Specialist, Bertille Calinaud, at b.calinaud@qmul.ac.uk


Equalities Impact Assessment Action Plan

Impact Identified	Action Identified	Timescale	Resources Required	Performance Indicators	Action Owner	Review Date
All HIEC Activities	Systematic consideration of all dimensions of protected groups in monitoring that is undertaken in appropriate HIEC project	As required	None	n/a	Managing Director of the HIEC	April 2012
All HIEC Activities	Consideration in risk planning of projects	When project undertaken	None	n/a	Managing Director of the HIEC	Quarterly
All HIEC Activities	Revisit assessment in 3 years time	3 years	Support from QMUL Equity team	n/a	Managing Director of the HIEC	April 2015
All HIEC Activities	Scrutiny of NHS bodies or other HIEC partners assessments of outcomes in particular where equality outcomes are identified.	When project initiated	Support from NHS Bodies	n/a	Relevant project team	As and when required

Equalities Impact Assessment Action Plan



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Details of Assessor Completing Form						
1	Name	Robyn Hudson	2	Phone number	07939424831	
3	e-mail address	robynudson@hiec.org.uk				
4	Signature			5	Date of signature	11.2.2011