

**Reference: FOI.ICB-2526/452**

**Subject: Equality & Health Inequality Impact Assessment Guidance and Resources**

*I can confirm that the ICB does hold the information requested; please see responses below:*

QUESTION	RESPONSE
I wondered whether you could please send me a copy of the current version of your Equality & Health Inequality Impact Assessment Guidance and your Equality and Health Inequality Impact Assessment Resources? Both documents are referenced in your EHIA template.	Please find the EHIA Guidance and EHIA Resources document/s enclosed.

***The information provided in this response is accurate as of 26 March 2026 and has been approved for release by Jo Hicks, Chief People Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.***

## Equality & Health Inequality Impact Assessment Guidance Document

### Introduction

Equality & Health Inequality Impact Assessments (EHIA) are a tool to assist decision makers in **understanding and reducing the potential unequal impact** that a service, policy or strategy could have on a protected characteristic group or other health inequality group. An EHIA should provide a record of an **evidence-based approach** to understanding this potential impact, and where there is a potential negative impact, the actions put in place to mitigate this. This process makes up part of our duties under the Equality Act 2010. Section 149 of the Equality Act contains the **Public Sector Equalities Duty (PSED)**, which requires public authorities like the NHS to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic and people who do not share it.

It is good practice to **take a team approach to completing the Equality & Health Inequality Impact Assessment**, to ensure good knowledge of the proposal and service area, and sufficient influence over the proposal.

Other documents required to complete the Equality & Health Inequality Impact Assessment:

- **Equality & Health Inequality Impact Assessment Template**
- **Equality & Health Inequality Impact Assessment Resources**

### 1 When you need to complete an Equality & Health Inequality Impact Assessment

An Equality & Health Inequality Impact Assessment should be completed when there is a new or significant change to a service, function, strategy or policy that could have an impact on people. Including:

- *Planning or developing new services, policies, strategies, practices and plans*
- *Reviewing or amending existing services, policies, strategies, practices and plans*
- *Developing business services, policies, strategies, practices and plans*
- *Ending or substantially changing a service, policy, strategy, practice or plan*
- *Considering a change management process or organisational review, particularly those that could involve relocating staff or rationalisation of posts*
- *Any major communications*

- *Reviewing or introducing forms, leaflets, guidance or codes of practice*

Equality & Health Inequality Impact Assessments are a key part of the planning process and should be started at the beginning of a process, not once a decision has been made.

### **Guidance on considering protected characteristic groups and other relevant groups**

Have a discussion with your team about how your proposal might impact people from different groups. It is a good idea to try to imagine the perspective of people from these groups when interacting with your proposal. Use the accompanying resources document to help you consider:

- The nine **protected characteristics** outlined in the Equality Act 2010 (in alphabetical order):
  - Age
  - Disability
  - Gender Reassignment
  - Marriage & Civil Partnership
  - Pregnancy & Maternity
  - Race
  - Religion or Belief
  - Sex
  - Sexual Orientation
- Other groups of people who may face **health inequalities**. The WHO defines health inequalities as ‘avoidable inequalities in health between groups of people within countries and between countries. For example, ex-offenders, those from deprived areas, unemployed people or carers.

Note that people can be part of more than one protected characteristic group (e.g. a young women, or black gay man). This is known as intersectionality and you should also consider this in your analysis.

Refer to the accompanying EHIA resources document for prompts to help you think about different groups. If no groups are affected, or the proposal does not impact people, an EHIA is not required.

The government’s [Health Equity Assessment Tool](#) also provides a useful framework for this discussion, as well as a breakdown of protected characteristics and other health inequalities, as does page 6 of [this NHS Long Term Plan report](#).

	Your investigations here will inform your responses in Section 2.1 of the Equality & Health Inequality Impact Assessment Template.
<b>3</b>	<p><b>Guidance on making an evidence-based assessment of impact</b></p> <p>When assessing potential impact of the proposal, ask yourself whether it carries any risk to a certain group, could anyone be harmed, or could it harm the organisation? You should think of both positive and negative potential impacts:</p> <ul style="list-style-type: none"> <li>• A <b>positive impact</b> means promoting equal opportunities or improving relations within equality groups (those who hold a protected characteristic)</li> <li>• A <b>negative impact</b> means that an equality group(s) could be disadvantaged or discriminated against</li> </ul> <p>You must use evidence (from your own research and consultation), to help you understand the impact on different groups, and back up your assessment. This could take the form of:</p> <ul style="list-style-type: none"> <li>• Data already produced by your organisation such as annual organisational reports, Workforce Race Equality (WRES) data, Workforce Disability Equality Standard (WDES) data, Friends and Family Test results, surveys</li> <li>• Reports provided by your Business Intelligence team</li> <li>• Data from local reports to help you understand different groups, for example by charities or advocacy groups</li> <li>• Qualitative data, for example from staff about certain staff or service users' experience, through staff networks, complaints, anecdotal information</li> <li>• Quantitative data, for example through a survey conducted in your department about different service users' experience</li> <li>• Examples from other similar services/ policies/ strategies</li> </ul> <p>Refer to the accompanying EHIA resources document for links to general areas of research relating to different groups.</p> <p>Your investigations here will inform your responses in Section 2.2 and 2.3 on the Equality &amp; Health Inequality Impact Assessment Template.</p>
<b>4</b>	<b>Further evidence-based decisions to inform your action plan</b>

	<p>If you identify any area in which there is potential negative impact on a certain group, you must identify a mitigation and commit this to an action plan. All actions should be SMART (Specific, Measurable, Achievable, Realistic and Time Bound).</p> <p>You may need to conduct more in-dept analysis of available evidence in order to identify effective mitigating actions.</p> <p>As part of the overall accountability for the EHIA, you need to state when your action plan will be reviewed. This demonstrates commitment to the Public Sector Equality Duty.</p> <p>Your actions here will help inform Step 3 (Section 3.1 and 3.2) of the Equality &amp; Health Inequality Impact Assessment Template.</p>
<b>5</b>	<b>Summarise your findings</b>
	<p>Section 4 of the Equality &amp; Health Inequality Impact Assessment Template is a chance to summarise your findings, any forward actions and demonstrate you have considered the potential impact of your proposal on different groups. This is important to show the process you have gone through in completing the EHIA.</p>

## Equality & Health Inequality Impact Assessment Resources

### Introduction

Use the resources here as a starting point for your evidence-based research into how your proposal could impact different groups. Use the prompts to help inform your team discussion in considering the perspective of different groups.

Other documents required to complete the Equality Impact Assessment:

- **Equality & Health Inequality Impact Assessment Template**
- **Equality & Health Inequality Impact Assessment Guidance**

### General Resources for Data Collection, Research and Evidence

Your organisation may provide additional local resources to assist you in your research.

- [Healthwatch National Reports Library](#)
- [Healthwatch Local Reports \(Bristol\)](#)
- [Healthwatch Local Reports \(North Somerset\)](#)
- [Healthwatch Local Reports \(South Gloucestershire\)](#)
- [Joint Strategic Needs Assessment \(Bristol\)](#)
- [Joint Strategic Needs Assessment \(South Gloucestershire\)](#)
- [Joint Strategic Needs Assessment \(Somerset\)](#)
- [Public Health England](#)
- [Public Health England Dashboard](#)
- [NHS National Staff Survey](#)
- [King's Fund Future Trends](#)
- [NHS Digital UK Population's Health](#)
- [Bristol City Council Census Data](#)
- [Open Data Bristol](#)
- [Bristol Race Equality Manifesto Leadership Group Public Sector Data](#)
- [Census](#)
- [Local Consultation Finder \(Bristol\)](#)

- [Local Consultation Finder \(South Gloucestershire\)](#)
- [Local Consultation Finder \(North Somerset\)](#)
- [Wider Determinants of Health – Public Health England](#)

**Prompts for discussion of different groups**

**Age.** The Public Sector Equality Act covers anyone 18 years and over.

- Are there any age-related barriers to access or time of service?
- Does the service make any assumptions based on the patient's age?
- Do the published materials have positive age-related messages?
- Does the provider monitor the age of service users? Is that population size representative of the community?
- Does the eligibility criteria discriminate against younger or older people?
- Is the proposal accessible to those less comfortable using digital services?
- Can the service be accessed by those reliant on public and community transport
- Does the proposal discriminate against volunteers, or unpaid carers?

Examples of impact –

Access to promotion and training regardless of age and retirement date

Not denying access to a service because of someone's age

Making adequate adjustments to communications or access which will impact older people with impairments

**Disability.** This includes physical impairment, sensory impairment, mental health, learning difficulty and long-term conditions.

- How will the provider ensure people with disabilities are aware of the service and are/will use the service equitably?
- Does the providers' printed information take into account different communication needs and are they available in other formats (audio, braille, large print, easy read, use illustrations, other languages)?
- Is facility accessible to people with mobility issues and wheelchair accessible? Have they thought about personal care needs? Patients with guide dogs? Supporting carers? Car parking for disabled drivers close to entrance? Is lighting and signage 'friendly' for disabled patients?
- How will they support people who attend unaccompanied?
- Does the provider monitor communication needs and know how to access interpretation services?
- Is there provision for ambulance services to disabled and long-term condition patients?

- Does the provider monitor take-up of support services?

Examples of impact –

Providing accessible built environments or access to buildings

Providing accessible information and materials (appropriate alternative formats e.g. BSL, large print, alternative languages)

Providing appointments/meetings at times that exclude some groups/staff

Failing to make reasonable adjustments to resolve something that puts someone at a disadvantage because of their disability

**Gender Reassignment.** Includes trans people.

- How does the service accommodate the specific needs of transgender people?
- How does the provider ensure their staff are treating transgender people with respect and dignity?
- Are staff transgender aware/undertaken awareness training?
- Are staff aware of enhanced privacy rights around disclosure?

Examples of impact –

Observing someone's rights for confidentiality about their previous identity

Taking action on prejudiced behaviour from colleagues and patients

Providing training to staff so that they can better support transgender patients

**Race**

- Is the service used or likely to be used by a wide range of ethnic groups?
- How will the provider ensure people from differing backgrounds will be aware of service? Are materials in different languages etc.
- Does the provider staff know how to access interpretation and translation services?
- Does the provider monitor languages spoken? Or take up of interpretation services?
- Is ethnicity of patients recorded?
- What action has the provider taken to ensure their staff treat patients equitably and with dignity and respect? And have staff undertaken equality and EIA training?

Examples of impact –

Providing information in alternative languages  
Providing access to interpreters

### **Religion or Belief**

- How does, or how will the provider welcome people from all religions?
- How do people from religious backgrounds find out about service? Is literature appropriate?
- Does the provider record patients' religion and belief?
- What actions has the provider undertaken to ensure staff are aware and sensitive to the needs of patients and treating them with dignity and respect?
- Has the provider thought about prayer needs for inpatient and residential patients?
- Is the provider aware of different festivals and key dates and days of the week?
- Has staff received training on religion and belief?

Examples of impact –

Providing facilities for staff or patients to observe religious customs

Training staff to be aware of different religions

Engaging with different faith groups to understand their experience and needs

### **Sexual Orientation**

- How will the providers ensure their environment is welcoming to service users who are lesbian, gay, bisexual or transgender?
- Are the images in brochures reflective of a diverse population, are all pictures of couples' heterosexual?
- Is it easy for patients to discuss sexuality? Have staff received training in sexual orientation and equality and how will they put this into practice?
- How will the provider ensure transgender patients receive care relevant to their stated gender?
- Have they consulted with their LGBT+ Network for guidance?
- Have they accessed Stonewall resources?

Examples of impact –

Taking action on harassment and bullying for disclosing being bi-sexual, gay or lesbian.

Inclusive rights such as family benefits of same sex partners/spouses.  
Using positive images demonstrating a non-homophobic and non-bi-phobic environment.

### **Pregnancy and Maternity**

- Are the services in the proposal accessible by pregnant women?
- How will you ensure that pregnant women and those on maternity leave receive care appropriate for them?
- Are this group likely to be able to participate fully in the proposed changes
- How will you communicate the changes to pregnant women and those on maternity?

Examples of impact –

Dress codes support pregnant people

Equal opportunities for employment and promotion provided

Services for pregnant people are accessible for everyone

### **Gender**

- If the service is for all gender identities (including men, women, non-binary people and all other gender identities) how will the providers ensure they all benefit?
- Can both groups find out about the service?
- Do they need to adapt their message for women in different faith groups? Some services might not be appropriate for some minority communities.
- Is it at a time that is convenient for parents, flexible during working hours?
- Have the staff received gender equality training?

Examples of impact –

Equal pay for both male and female staff

Flexible working arrangements for all staff

Provision of gender-neutral toilets

## **Marriage and Civil Partnership**

- How will you ensure that married people are not excluded from the proposal?
- How will the provider ensure married people can benefit from the proposal?

Examples of impact –

Family friendly employment policies are equal for married and civil partnerships

## **Other Health Inequalities**

- Are the materials published in languages which meet the needs of the service users?
- Does the proposal accommodate carers?
- Are there any initiatives that might improve the experience of those who are visually impaired?
- Is the service accessible by those living in rural areas?
- Does the proposal adapt the message for users who do not have internet access or whose phone system does not accept calls from unknown numbers?
- How will the provider accommodate users who work unsociable hours?
- How will the provider communicate with those who have no fixed address?
- Does the service rely on written communication, is there any way communication methods can be adapted?
- Does any part of the policy discriminate against users with addiction or substance misuse problems?
- Does the proposal require a certain level of digital literacy which may exclude some people?

Examples of impact –

Service is free from discrimination

Services are accessible

Engagement takes place with health inclusion groups

Partners work together to reduce health inequalities

## **Some policies might relate to Human Rights**

Article 1 - Free and equal

Article 2 - Right to life  
Article 3 - Prohibition of torture  
Article 4 - Prohibition of slavery and forced labour  
Article 5 - Right to liberty and security  
Article 6 - Right to a fair trial (e.g. disciplinary procedures)  
Article 7 - No punishment without law (e.g. disciplinary procedures)  
Article 8 - Right to respect for private and family life  
Article 9 - Freedom of thought, conscience and religion  
Article 10 - Freedom of expression  
Article 11 - Freedom of assembly and association (e.g. trade union recognition)  
Article 12 - Right to marry  
Article 14 - Prohibition of discrimination (e.g. people part of protected characteristic groups)  
Protocol 1 Article 1 – Protection of property  
Protocol 1 Article 2 – Right to education

Service providers might also find the sample form in the appendix useful.

## **Appendix**

The following groups and sources of data can also add rich evidence to your work:-

- Comparison of similar policies
- Recommendations from Inspections and Audits
- Service uptake, level of DNAs etc.
- Ethnic monitoring, collection and analysis
- Disability monitoring, collection and analysis
- Service monitoring reports
- Patient satisfaction surveys
- User feedback e.g. exit interviews for patients and staff
- Complaints, Comments and Incidents

- Workforce data including staff surveys
- Staff networks, or All staff
- HR function
- Equalities Lead
- CCG Board members
- Citizen Panel survey results
- Suppliers and contractors
- Outcome from consultations with different stakeholder groups
- Feedback from focus groups
- Feedback from representative organisations like unions, Age Concern, VSO etc.
- Reports by other organisations, academic studies and research teams
- Pilot projects

### Trust Sample Lead Reviewer Questionnaire

Equality Analysis is an evidence-based process, the writer can provide some assurance to the decision-maker by completing the following or similar form. This form has been adapted based on existing material from (NHS Greater Glasgow and Clyde EQIA template).

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided (use additional sheet where required)	Additional requirements
1				
2				
3				
4				

5				
6				
7				
8				
9				
10				
11				