

Equality and Health Inequalities Impact and Risk Assessment (EHIIRA)

**Stage 2 Template for Services, Policies & Functions**

Title of Service / Policy / Function:

**Transforming Community Services Phase 2; West Lancashire**

# Assessment Overview

Name of organisation: Lancashire and South Cumbria ICB

Assessment Lead Contact: Charlotte McAllister

Responsible Director/Board Member for this assessment:

Sarah O’Brien and Jane Scattergood

Other contacts involved in undertaking this assessment:

Julie Pollard, Sarah Camplin and Lyndsey Shorrock

Start Date: 08/12/2023 Completed Date: 06/06/2024

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| **Who is impacted by this service / policy / decision?** | **Yes** | **No** | **Indirectly / Possibly** |
| **Patients / Service Users** |[x] [ ] [ ]
| **Carers or Family** |[x] [ ] [ ]
| **General Public** |[x] [ ] [ ]
| **Staff** |[x] [ ] [ ]
| **Partner Organisations** |[x] [ ] [ ]

Summary information of the service / policy / decision being assessed:

In West Lancashire there are 23 services that make up the overall Adult Community Healthcare services contract. The contract was awarded under single tender waiver until end March 2024. Therefore, the ICB needs to consider options for re-commissioning services. On 1st January 2024, a new Provider selection regime will mean that healthcare services such as those in the Community contract of West Lancashire, will need to be considered against the provider selection regime (PSR). This EHIIRA will be a live document which is considered at each stage of the selection process, from determining which process the ICB should follow, to scoping the services, engagement and to selecting a provider.

The EHIIRA will be updated at each stage and will allow the programme team to consider impact of any changes and risks which are identified throughout the project.

This re-commissioning is part of a wider Community Services Transformation Programme.

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| The Community Health Services Transformation Programme was presented to the Integrated Care Board Executive on 3rd May 2023 by Professor Sarah O’Brien, the SRO of the programme.The Programme board paper sets out the case for change due to variation across the ICB within current provision, and the vulnerability of a number of community healthcare services transferred to the ICB in July 2022. These vulnerabilities are due to workforce constraints and the impact of the C-19 Pandemic on service delivery and recovery. Services are being re-commissioned, but there is the opportunity to transform service delivery to meet the challenges or workforce such as introduction of virtual ways of working. As well as move towards integrated working within neighbourhoods and improve collaboration between providers to target interventions to improve health and reduce inequalities.There are no risks identified for equality and inclusion at this time, however there will be risks added as the project is scoped and more fully understood. |

What are the aims and objectives of the service / policy / decision being assessed?

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| The Community service vision and strategy is in development via the Community Transformation programme. However, the West Lancashire contract is due to end by March 2025 and therefore planning is required to prepare for provider selection and to ensure future services can deliver the transformation vison and improvements required by the ICB. The aim is to improve service delivery so that it is more resilient, integrated and meets the needs of the population. |

If this assessment relates to a review of a currently commissioned service or an existing policy, what are the main changes proposed and what are the reasons for the review?

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| The current commissioning arrangements for West Lancashire are ending by March 2025, therefore the ICB need to review provision and determine the most suitable provider for continuation of community healthcare services. |

What engagement work is planned (or has already been carried out)? How will you involve people from protected characteristics, vulnerable groups, and groups that experience health inequalities to ensure that their views inform this decision-making process?

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| As part of the programme there will be a detailed comms and engagement plan. This will include stakeholder mapping, stakeholder engagement, public engagement and also provider market engagement. This work commenced Q1 2024/25 and will adhere to the NHS accessibility standard. Analysis has taken place on previous engagement to aid informing future service delivery. |

Is this proposal likely to affect health inequalities – either positively or negatively? YES [x]  / NO [ ]

Please provide rationale for your answer below:

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| The programme will ensure that the future provider will be positively targeting and improving the health of those from the most disadvantaged communities and those with protected characteristics. As part of the provider selection, this will be a key theme in evaluating providers suitability. Further to this there will be an emphasis on integration of community and Primary care to tackle inequalities and working collectively to understand population needs and plan to address Core 20 plus 5 inequity and understand the impact of the wider determinants of health when delivering services and moving to a pro-active model of care. |

# Evidence Section

What evidence have you considered to inform your decision-making within this assessment?

**The more evidence you are able to provide in this section, the better informed your decision-making will be. Such evidence may include NICE guidance, clinical research, literature reviews, quality and performance data, workforce metrics, engagement findings, demographic data, community intelligence, health inequalities data (RightCare profiles, JSNA), etc.**

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| The Vision and strategy for community service is in development, therefore more information will be added to this section as the programme progresses. However, current provision complaints, compliments, quality monitoring, KPI and performance information, activity and finance information has been used to baseline the current provision.Detailed work on vulnerable and vital services has been running in parallel as part of the Vulnerable and vital workstream of Community Services Transformation. This workstream will inform the Service specifications in West Lancashire. The vulnerable and vital Phase 1 has looked at Bladder and Bowel, Nutrition and Dietetics and Podiatry in detail. Phase 1 has used provider information on current delivery, NICE guidance and benchmarking information to inform the process. Providers have also been engaged via a series of workshops.  |

Further work is required to scope the current population accessing the existing service. This will inform the service development and vision for local service delivery in future. This scoping is also going to be used to ensure patients the communications plan will meet NHS accessibility and engagement regulations.

Data will be used from the Joint strategic needs assessment (JSNA), Population health and public engagement will be collated and used to shape the services commissioned, and to focus on population health needs within West Lancashire. Collaborating with other NHS, Social Care and Voluntary sector organisations will be essential to better meet the needs of the population.

The HEAT priority ward report has been reviewed and findings will be considered as part of this EHIIRA. The programme will ensure that the future provider will be positively targeting and improving the health of those from the most disadvantaged communities and those with protected characteristics as outlined in the Heat priority ward report.



If this assessment relates to a policy / strategy, has an equality statement been added (or is it planned to be added) to the document? YES [ ]  / NO [x]  / N/A [ ]

**If you have answered ‘No’, please explain why not:**

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| The overall strategy will be part of the overarching vision and strategy, this element will take account of that work, but will be related to provision of service in one area of LSC ICB. |

# Impact Assessment

This section should record any identified and/or potential impacts on protected characteristic groups, groups experiencing health inequalities, and other groups at risk of experiencing poorer health outcomes. Both positive and negative impacts should be recorded for each of the groups defined below where applicable.

**Think about any barriers to access, areas of inequity, and how different groups may be disproportionately impacted by this proposal. Conversely, think about how certain groups may benefit or see better health outcomes as a result of this proposal.**

## Protected Characteristics

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| **Age**Groups impacted may include young people, older people or working-age population. |  | **Positive impact** | **Negative impact** | **Neutral impact** |
| [x]  | [ ]  | [ ]  |

The ICB will be working with Population Health and Lancashire Place to understand the population of West Lancashire and to set priority areas for targeting the communities experiencing the highest levels of health inequality. In particular, the ICB and Place will focus on our priority wards, which are areas in LSC that experience more inequality and poorer outcomes than expected compared to areas of similar IMD Score.

Lancashire and South Cumbria has an aging population, many with multiple long term conditions. The re-commissioning of services in West Lancashire will need to ensure that services are targeting the ‘harder to reach’ communities to target interventions that will reduce poorer health outcomes. Frailty, the prevention of Frailty and a focus on Aging Well, will be a requirement of future services. Services will need to focus on pro-active support for older adults and Community services will need to work with PCNs to ensure there is care planning in place for those at risk of moderate frailty. Whilst also supporting the recovery of those that are severely frail.

The Programme group will need to test Provider response to more targeted approaches to delivery via provider engagement, but also by ensuring the contract and specifications focus on targeted risk stratification and pro-active case finding. This will need to be in partnership with Primary Care, via INTs, and taking account of Place based priorities and initiatives. Providers will need to demonstrate how the will play a key role in Place and system development, as well as understanding their role in service delivery to support partnership, integration and delivery of shared objectives that benefit the life experience and improved outcomes needed for a more preventative approach to healthcare.

There are a number of data sets to support this via the Place based workshops and Population Health Teams of the ICB, to inform the equality gap. However further work is need to collate this into an engagement pack for engagement with providers on the vision and areas of priority within West Lancashire.

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| **Disability**Groups impacted may include people with physical / learning disabilities, long term conditions, or poor mental health  | **Positive impact** | **Negative impact** | **Neutral impact** |
| [x]  | [ ]  | [ ]  |

In the 2021 Census it is stated that 8.5% of people in West Lancashire Local Authority Districts have no religion are disabled under the equality act with day-to-day activities limited a lot, and 10.2% of people in West Lancashire are disabled under the equality act with day-to-day activities limited a little. This compares with 17.8% across England and Wales

The ICB will be working with Population Health and Lancashire Place to understand the population of West Lancashire and to set priority areas for targeting the communities experiencing the highest levels of health inequality. In particular, the ICB and Place will focus on our priority wards, which are areas in LSC that experience more inequality and poorer outcomes than expected compared to areas of similar IMD Score.

The proposed changes will address how services identify and prioritise patients that have disability. Community healthcare service will be asked to co-ordinate and integrate their services to reduce ‘hand offs’ and to ensure pro-active management of those with a disability. The service will need to contribute to shared care plans and pro-active MDT management of those with disability. Services will also be asked to ensure they work in more integrated ways with Mental health, CVFS and Social Care.

The Programme group will need to test Provider response to more targeted approaches to delivery via provider engagement, but also by ensuring the contract and specifications focus on targeted risk stratification and pro-active case finding. This will need to be in partnership with Primary Care, via INTs, and taking account of Place based priorities and initiatives. Providers will need to demonstrate how the will play a key role in Place and system development, as well as understanding their role in service delivery to support partnership, integration and delivery of shared objectives that benefit the life experience and improved outcomes needed for a more preventative approach to healthcare.

There are a number of data sets to support this via the Place based workshops and Population Health Teams of the ICB, to inform the equality gap. However further work is need to collate this into an engagement pack for engagement with providers on the vision and areas of priority within West Lancashire. This will then inform the commissioning.

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| **Sexual Orientation**Groups impacted may include gay / bisexual men, lesbian / bisexual women, or heterosexual people  | **Positive impact** | **Negative impact** | **Neutral impact** |
| [ ]  | [ ]  | [x]  |

There should be no change to criteria. However, sexual orientation is part of Core 20 plus 5 characteristics that can impact increased inequality and service will be asked to consider this when planning service delivery and targeting interventions to tackle inequalities.

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| **Gender Rea**ss**ignment**This includes people proposing to undergo, who are undergoing or have undergone gender reassignment. | **Positive impact** | **Negative impact** | **Neutral impact** |
| [ ]  | [ ]  | [x]  |

There should be no change to criteria. However, gender reassignment is part of Core 20 plus 5 characteristics that can impact increased inequality and service will be asked to consider this when planning service delivery and targeting interventions to tackle inequalities.

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| **Sex (Gender)**Groups impacted may include males or females – or specific gendered groups such as boys and girls. | **Positive impact** | **Negative impact** | **Neutral impact** |
| [ ]  | [ ]  | [x]  |

There should be no change to criteria. However, gender is part of Core 20 plus 5 characteristics that can impact increased inequality and service will be asked to consider this when planning service delivery and targeting interventions to tackle inequalities.

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| **Race**Groups impacted may include different ethnicities, nationalities, national identities, and skin colours. | **Positive impact** | **Negative impact** | **Neutral impact** |
| [ ]  | [ ]  | [x]  |

With the exception of Skelmersdale North ward, the proportion of mixed multiple ethnic groups is higher in the priority wards than in the rest of West Lancashire. The main difference between the four wards and the rest of the Borough is the percentage of the 'white other' group, more than twice the Borough's rate for three of the four wards. This ties in with other evidence that there are significant proportions of people from a European background living in Skelmersdale, for example Portuguese, Polish, and more recently, Ukrainians.

There should be no change to criteria. However, race is part of Core 20 plus 5 characteristics that can impact increased inequality and service will be asked to consider this when planning service delivery and targeting interventions to tackle inequalities.

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| **Religion & Belief**Groups impacted can include all recognised faith groups and those who do not follow any religion or belief system | **Positive impact** | **Negative impact** | **Neutral impact** |
| [ ]  | [ ]  | [x]  |

There should be no change to criteria. However, religion and belief is part of Core 20 plus 5 characteristics that can impact increased inequality and service will be asked to consider this when planning service delivery and targeting interventions to tackle inequalities.

In the 2021 Census it is stated that 31.5% of people in West Lancashire Local Authority Districts have no religion, which tells us that 68.5% are religious across different religions with a high proportion of 61.5 described themselves as Christian. When comparing the same information with England and Wales:

* 37.2% - no religion response, which equates to 62.8% selecting a religion.
* 46.2% - described themselves as Christian

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| **Pregnancy & Maternity**Groups impacted may include pregnant women, people on maternity leave and those caring for a new-born / young child | **Positive impact** | **Negative impact** | **Neutral impact** |
| [ ]  | [ ]  | [x]  |

There should be no change to criteria. However, pregnancy and maternity part of Core 20 plus 5 characteristics that can impact increased inequality and service will be asked to consider this when planning service delivery and targeting interventions to tackle inequalities.

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| **Marriage & Civil Partnership**This includes people within a formal legal partnership – same sex and opposite sex | **Positive impact** | **Negative impact** | **Neutral impact** |
| [ ]  | [ ]  | [x]  |

There should be no change to criteria. However, marriage and civil partnership is part of Core 20 plus 5 characteristics that can impact increased inequality and service will be asked to consider this when planning service delivery and targeting interventions to tackle inequalities.

## Inclusion Health Groups

The services we commission should be available to all and as inclusive as possible. Your proposal should also consider any other population groups that are (or are at risk of being) socially excluded. This can include carers, people who experience homelessness, drug and alcohol dependence, Gypsy, Roma and Traveller communities, sex workers and many other socially excluded groups.

Think about which other inclusion health groups may be impacted by your proposal. Select from the drop-down list in each section below or manually state which other socially excluded groups you are considering. Select the table and click the blue ‘+’ symbol in the bottom right of the table to add more sections if required.

For more information about inclusion health groups, please refer to our EHIIRA Guidance document.

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| Military Veterans and their familiesSelect from the drop-down list above and add a new section using the ‘+’ symbol in the bottom right of this table for each additional group you need to consider | **Positive impact** | **Negative impact** | **Neutral impact** |
| [x]  | [ ]  | [ ]  |

The proposed changes will address how services identify and prioritise patients that have additional needs related to being a veteran or families of veterans. Community healthcare service will be asked to co-ordinate and integrate their services to reduce ‘hand offs’ and to ensure pro-active management of those with therapy or nursing needs. The service will need to contribute to shared care plans and pro-active MDT management of patients that need support via Social Prescribing or. Services will also be asked to ensure they work in more integrated ways with Mental health, CVFS and Social Care.

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| CarersSelect from the drop-down list above and add a new section using the ‘+’ symbol in the bottom right of this table for each additional group you need to consider | **Positive impact** | **Negative impact** | **Neutral impact** |
| [x]  | [ ]  | [ ]  |

The proposed changes will address how services identify and prioritise carers. Community healthcare service will be asked to co-ordinate and integrate their services to reduce ‘hand offs’ and to ensure pro-active management of those with therapy or nursing needs. The service will need to contribute to shared care plans and pro-active MDT, including Carers and the voice of carers in care planning. Services will also be asked to ensure they work in more integrated ways with Mental health, CVFS and Social Care.

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| People living in rural/remote communitiesSelect from the drop-down list above and add a new section using the ‘+’ symbol in the bottom right of this table for each additional group you need to consider | **Positive impact** | **Negative impact** | **Neutral impact** |
| [x]  | [ ]  | [ ]  |

As part of the provider selection process, providers will need to outline how they will support patients in the remote communities of West Lancashire, and will be able to support staff to travel and work in remote communities. There will be a focus on social prescribing and integration with CVFS to promote connections, social inclusion and tackle the wider determinants of health.

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| Refugees, Asylum Seekers & those experiencing Modern SlaverySelect from the drop-down list above and add a new section using the ‘+’ symbol in the bottom right of this table for each additional group you need to consider | **Positive impact** | **Negative impact** | **Neutral impact** |
| [x]  | [ ]  | [ ]  |

It is difficult to get precise figures for the number of asylum seekers and refugees across the Borough, but information provided by 'The Ask Club', a charity based at The Ecumenical Centre (Skelmersdale Town Centre) and from WLBC, indicates that there are in the order of 250 to 300 refugees and asylum seekers in the Skelmersdale area, from such places as Syria, Kuwait, Afghanistan, Namibia, and Ukraine. The only other place in the Borough where there are significant known numbers of refugees / asylum seekers / migrant workers is the Tarleton and Banks part of the Northern Parishes area, where people are associated with the agricultural and horticultural industry.

As part of the provider selection process, providers will need to outline how they will support patients in who are either asylum seekers or refugees. There will be a focus on social prescribing and integration with CVFS to promote connections, social inclusion and tackle the wider determinants of health.

## Core20PLUS5

Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the ‘**Core20PLUS**’ – and identifies ‘**5**’ areas of clinical focus requiring accelerated improvement.

**Core20** refers to the most deprived 20% of the national population as identified by the Index of Multiple Deprivation (IMD)

**PLUS** refers to ICS-chosen population groups experiencing poorer than average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach.

The **5** areas of clinical focus are as follows:

1. **Maternity** - Ensuring continuity of care for 75% of women from ethnically diverse backgrounds and from the most deprived groups.
2. **Severe Mental Illness** - Ensuring annual health checks for 60% of those living with SMI (bringing this in line with success seen in learning disabilities)
3. **Chronic Respiratory Disease** - A clear focus on COPD driving up uptake of COVID, flu and pneumonia vaccines
4. **Early Cancer Diagnosis** - Ensuring that 75% of cases are diagnosed at Stage 1 or Stage 2 by 2028.
5. **Hypertension Case-finding** - Allow for interventions to optimise blood pressure and minimise risk of myocardial infarction and stroke.

More information about Core20PLUS5 can be found using the following link - <https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/>

**Please record any identified or potential areas of impact – both positive and negative – for the target cohorts and any relevant clinical areas defined below and consider how your proposal may be able to contribute to making improvements in these priority areas.**

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| **Core20 - Deprivation**The most deprived 20% of the population as identified by the national Index of Multiple Deprivation (IMD). | **Positive impact** | **Negative impact** | **Neutral impact** |
| [x]  | [ ]  | [ ]  |

The model for Community health care services in west Lancashire will be dependant on the overarching ICB vision and strategy for community services. However, nationally PCNs and Community services are asked to form Integrated neighbourhoods, with a focus on pro-active case management, integration and proactive care planning. To achieve this PCNs have been provided with detailed PHM information related to their populations and have identified priority areas to tackle inequalities. This is in collaboration with community services and community health teams will work with PCNs to deliver this aim.

Core 20 plus 5 information has been shared with PCNs and wider neighbourhoods to enable joint planning and co-ordinated approach to planning improvements and interventions that will address the 5 areas of clinical focus.

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| **PLUS**Any other locally determined population groups experiencing poor health outcomes – examples are listed above. **Please state which groups you are considering in your response.** | **Positive impact** | **Negative impact** | **Neutral impact** |
| [x]  | [ ]  | [ ]  |

As above

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| --- | --- | --- | --- |
| 3. Chronic Respiratory DiseaseSelect from the drop-down list above and add a new section using the ‘+’ symbol in the bottom right of this table for each additional group you need to consider | **Positive impact** | **Negative impact** | **Neutral impact** |
| [x]  | [ ]  | [ ]  |

This will be part of each PCN plan and is part of a separate workstream. Community services will be asked to be a key part of those INT discussions. Respiratory is one of the main topics PCNs and Primary Care have identified in West Lancashire.

# **Compliance with Legal Duties**

**Has the organisation given due regard and consideration to the following areas?**

Eliminating unlawful discrimination, harassment and victimisation YES [x]  / NO [ ]

Unlawful discrimination takes place when people are treated ‘less favourably’ due to having a protected characteristic.

Advancing equality of opportunity between people who share a protected characteristic and those who do not. YES [x]  / NO [ ]

This means making sure that people are treated fairly and given equal access to opportunities and resources.

Fostering good relations between people who share a protected characteristic and those who do not. YES [x]  / NO [ ]

This mean creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference.

Are there any Human Rights concerns? YES [ ]  / NO [x]

If you have answered ‘**Yes**’, please seek advice from the Inclusion Unit to discuss carrying out a specific Human Rights Assessment

Compliance with the NHS Standard Contract? YES [x]  / NO [ ]

In relation to Service Condition SC13 which includes the NHS Accessible Information Standard

Please provide a supporting narrative to support your responses to the above questions: This section must be completed

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| The new provision of services will need to comply with the NHS standard contract regulations and ICB policies which will be referenced in the contract documents.  |

# **Equality Related Risk**

If you have identified an area of actual or potential equality-related risk due to your proposal, please use the matrix below to work out the risk score and tick the corresponding box. If the area of risk gives a score of 9 or above, this should be escalated using the organisation’s risk management procedures.

**Risk score is calculated as the likelihood of risk multiplied by the level of consequence.**

**For more information about how to calculate a risk score, please refer to the EHIIRA Guidance document.**

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| --- | --- | --- | --- | --- | --- |
| Likelihood of risk è | **RARE****= 1** | **UNLIKELY****= 2** | **POSSIBLE****= 3** | **LIKELY****= 4** | **HIGH****= 5** |
| Level of consequence ê |
| **NEGLIGIBLE = 1** | **1** [ ]  | **2** [ ]  | **3** [ ]  | **4** [ ]  | **5** [ ]  |
| **MINOR = 2** | **2** [x]  | **4** [ ]  | **6** [ ]  | **8** [ ]  | **10** [ ]  |
| **MODERATE = 3** | **3** [ ]  | **6** [ ]  | **9** [ ]  | **12** [ ]  | **15** [ ]  |
| **MAJOR = 4** | **4** [ ]  | **8** [ ]  | **12** [ ]  | **16** [ ]  | **20** [ ]  |
| **CATASTROPHIC = 5** | **5** [ ]  | **10** [ ]  | **15** [ ]  | **20** [ ]  | **25** [ ]  |

Please provide a narrative to explain the risk score relating to your proposal:

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| No risk identified at this time.The Transformation programme and options to re-commission west Lancashire services provide and opportunity to review and improve current provision. The future vision will need to reflect national guidance on integration and collaboration between providers at a Place level, to understand and better plan for local health needs. The re-commissioning of service will allow the ICB to select a Provider that is able to demonstrate how they will tackle health inequalities and move to more proactive models of healthcare that shift care to a more preventative approach. The ICB will be able to set outcomes and deliverables that are aligned to Place priorities and population health informed delivery in West Lancashire.**The working group has a public engagement plan to understand how services are working currently and this information will shape planned face to face engagement sessions. The publich engagement will help to shape the future delivery model as well as key deliverables that the ICB will be asking of potential providers and help to define the evaluation criteria.**  |

#  **Equality Action Plan**

Please outline any actions or recommendations arising from this assessment of the proposal.

**A target completion date is required for all actions and recommendations**

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| **Action Required** | **Lead Person** | **Target Date** | **Further Comments** |
| Consider protected characteristics as part of communications strategy | Lyndsey Sharrock | 31/03/2023 | Specific questions about patients characteristics will be included |
| Ensure public engagement pays due regard to protected characteristics and other disadvantaged groups | Lyndsey Sharrock | 31/03/2023 | Any identified themes and recommendations needs to be cognisant of protected groups and Core 20 plus 5 voice and feedback. |
| Ensure sufficient focus on Equality within the provider selection process | Charlotte McAllister | 31/05/2023 | Ensure questions or selection criteria include assurance on Equality and Core 20 plus 5. |
| If there are any equality related concerns once the Public Engagement has been completed, please re-visit this EHIIRA with a view to updating | Charlotte McAllister | TBC | To be reviewed once Public Engagement is completed. |
|  |  | DD/MM/YYYY |  |
|  |  | DD/MM/YYYY |  |

#  **Approval**

All EHIIRAs should have governance oversight via formal committee. Please provide details of the arrangements for formal approval below.

Name of formal committee approving this assessment: Commissioning Resource Group

Date of committee meeting: 20/06/2024

Name of person completing this assessment: Charlotte McAllister

**Below fields to be completed by Inclusion Unit upon receiving assessment:**

Date received by Inclusion Unit for assurance check: 10/06/2024

Name of Inclusion Unit Team Member completing assurance check: Dan Shackleston

Date of completed assurance check: 10/06/2024

#  **What Next?**

1. **Regularly review the action plan and update the EHIIRA accordingly.**
2. **Save a finalised copy for your records and share via your governance pathways and with the Inclusion Unit.**
3. **Follow any specialist advice or guidance from the Inclusion Unit (if provided).**