Title	**Shropshire, Telford and Wrekin ICS: Integrated Impact Assessments Methodology**
Author	Edna Boampong,
Version	004
Document Status (Draft/Final)	Draft
Description and purpose	The purpose of this paper is to outline a proposed approach to undertake Integrated Impact Assessments to ensure the Shropshire, Telford and Wrekin System meets its moral and legal obligations to fully assess the potential impact of proposed service changes on local populations. The proposed process encompasses assessments of equality and vulnerable groups, the workforce, and climate change; leading to a holistic approach to improve access to services, patient experience, and improved health outcomes for the region.

Version history:

Date	Version	Author	Summary of changes / notes
01/08/21	001	E.Boampong	Initial draft
25/05/22	002	M.Rogers	Second draft
03/08/22	003	M.Rogers	Third draft
17/08/22	004	E.Boampong	Final draft and amends

Distribution

Date	Version	Group / Board / Manager	Notes / Comments

Approvals

Date	Version	Group / Board / Manager	Notes / Comments

Table of Contents

1.0 Overview of the methodology

Integrated Impact Assessments (IIA) form a core part of the service and policy development process for an Integrated Care System (ICS). As a tool, they should enable ICS system partners to fully assess the impact of changes to services, policies and functions on their local population and communities. Previously, a statutory body may have carried out multiple assessments when reviewing options to make changes to a service. By using an IIA, a holistic framework is used to ensure that new policies and programmes have been considered through not only an equality lens, but also economic, environmental, and health inequalities.

Shropshire Telford and Wrekin (STW) ICS has developed a system wide, standardised Integrated Impact Assessment (IIA) process to help partners consider these impacts, covering all stages from service development, service redesign, pre-consultation through to post consultation and decision making.

The purpose of the IIA is to:

- Identify the positive and any negative impacts for the local population as a result of the proposed change or new service;
- Identify which (if any) of the protected characteristics groups are more likely to be affected by the proposals due to their propensity to require different types of health services and what these impacts will be;
- Identify the impact on staff from equality and protected characteristic groups
- Identify the impact that the proposals may have on a set of societal considerations, including climate change and social inclusion;
- Develop an overall set of integrated conclusions on the comparative advantages and disadvantages of the different options; and
- Provide recommendations on ways in which positive impacts can be maximised for the population and for those with protected characteristics and ways in which to mitigate, or minimise, any adverse effects.

The IIA approach will be required in any project in which services or policies are being developed, redesigned or changed. As the approach is divided into four stages, it will need to be mapped against the timeline of the project and the activities for each stage should be built into the timeline.

A good quality IIA helps to sharpen and shape provision, the criteria applied to a service and the practice of an organisation. This delivers benefits to service users, staff and organisations alike, whilst additionally ensuring that the service and the organisation are compliant with the law and protected from legal challenge. Once the IIA process has been completed for a service or policy development and negative impacts considered and mitigated, the legal obligations held by system partners in the following sections will have been demonstrably met and exceeded.

2.0 Legal duties

2.1 Health inequalities

The NHS Constitution states that the NHS has a duty to "…pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population". This is reflected in the Health and Social Care Act 2012, which introduced legal duties to reduce health inequalities, with specific duties on Clinical Commissioning Groups (CCGs) and NHS England. The Health and Care Act 2022 subsequently transposes the duties previously held by CCGs directly onto Integrated Care Boards (ICBs).

ICBs have duties to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved;
- Exercise their functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved;
- Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities; and
- Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities.

Similarly, local authorities in England carry legal responsibilities to meet equality and diversity standards. Many of these are incorporated into the Equality Framework for Local Government 2021, which seeks to "help organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010".

At an overall level, the framework seeks to:

- Deliver accessible and responsive services to customers and residents in their communities including those from protected characteristics;
- Employ a workforce that reflects the diversity of the area they are serving;
- Provide equality of opportunity for all staff; and
- Meet the requirements of the Public Sector Equality Duty (Section 2.2)

Health inequalities must be properly and seriously taken into account by public sector bodies, including all NHS organisations and both local authorities within the STW ICS. The NHS Long Term plan aligns the duties and responsibilities of the partner organisations behind the vision that increased collaborative working within health, care services, public health and the voluntary sector is fundamental in tackling equality and health inequality challenges.

2.2 Public Sector Equality Duty

The introduction of the Equality Act in 2010 represented a step towards a more consistent, integrated approach to promoting equality and tackling discrimination. It replaced an abundance of legislation, statutory instruments and guidance, thereby simplifying equality law.

A primary feature of the Equality Act was the introduction of a Public Sector Equality Duty (PSED), which placed legal duties on public sector bodies (and others carrying out public functions), specifying that any changes to service design or delivery must be carried out with 'due regard' to the three aims of the Equality Act.

These aims are:

- The elimination of unlawful discrimination
- Advancement of equality of opportunity between people who share a protected characteristic and those who do not
- The fostering of good relations between people who share a protected characteristic and those who do not.

Public bodies should be consciously thinking about the three aims of the duty at all times, which means that equality issues must influence the decision-making process. The duty is designed to 'protect' individuals who share certain types of socio-demographic characteristics.

The protected characteristics are:

- **Age**: Taking account of all age groups to understand whether any of them will experience disproportionate impacts
- **Disability**: Including physical, sensory and mental impairments
- **Gender reassignment**: Understanding any differential impacts for trans-gender people
- **Marriage and civil partnership:** The Act protects employees who are married or in a civil partnership against discrimination
- **Pregnancy and maternity**: Understanding any differential impacts for women who are pregnant, new mothers (with babies under six months old) or breastfeeding
- **Race or ethnicity**: Including ethnic or national origins, colour or nationality, particularly differential impacts on ethnic minority groups. This equality strand also includes refugees and asylum seekers
- **Religion or belief**: Assessing whether the proposals may impact disproportionately on individuals and families because of their religion or faith, belief or lack of belief
- **Gender**: Considering whether there are particular and possibly different impacts on men or women
- **Sexual orientation:** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

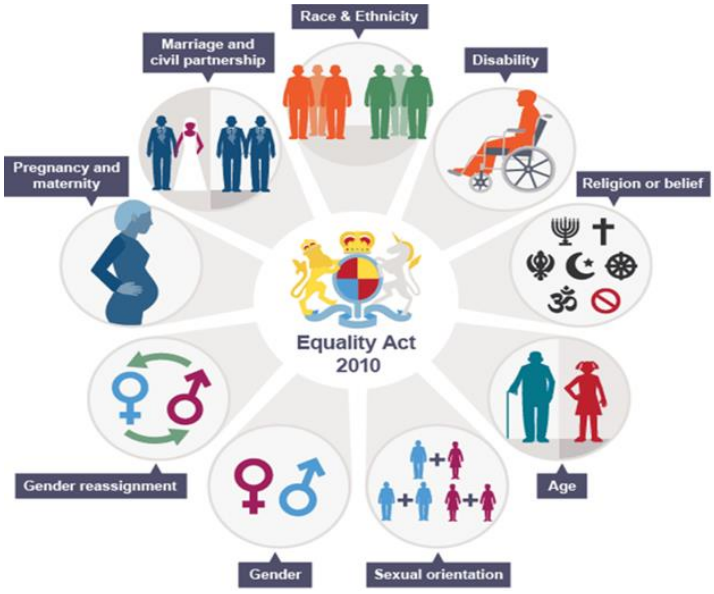

Figure 1 Protected Characteristics under the 2010 Equality Act

Socially deprived communities are not defined as a protected characteristic under the Equality Act legislation. However, it is common, and good practice, to include consideration of this group when transforming services due to the very well-documented links between socio-economic disadvantage and poorer health outcomes.

The Equality Duty must be satisfied during the decision-making process. However, there is no prescribed process for assessing how and to what extent public bodies are to uphold the PSED. There is a legal requirement for public service providers to ensure that a proportionate and timely approach is taken to equalities assessment at the outset of the policy making process or service design and that an audit trail is kept ensuring there has been "due regard".

2.3 Wider Considerations

A core purpose of the ICS is to tackle the health inequalities that exist within the system and ensure that access to health care is equitable and open to all. In support of this aspiration, STW ICS is committed to meeting a set of core objectives relating to the wider determinants of poor health and social isolation. The IIA framework requires programme owners to also assess their proposals with regards to socially excluded groups, climate change, health impact, patient/client/staff experience, quality of care, and workforce.

In considering these factors, the IIA framework goes beyond the legislative requirements of the Equality Act 2010 and aligns with other directives and policies from system partners, including for example, the Greener NHS Programme, which sets ambitious targets for reducing carbon emissions over the coming decades. Many of the elements that form a part of the NHS Carbon Footprint Plus matrix can be directly impacted by changes to how services are delivered (e.g. patient, visitor and staff travel, business services and external commissioning activity.)

3.0 Methodology for the development of an Integrated Impact Assessment

There are four parts to the IIA process (See Table 1 below), the methodology can be adapted based on the size and scope of the project / programme / service.

To undertake an IIA effectively, it is important to identify early in the process which groups and communities will need to be engaged. You can then work out the best way to make contact with the groups, this will ensure the outreach engagement required for the IIA will take place in a timely way.

It is also important to remember that undertaking an IIA is not just a desktop exercise. It requires engagement with protected characteristics and community groups to truly understand what potential impact of a change may be and explore ways of mitigating negatives impacts. The time required for engagement as part of the IIA process should be built into any project timeline and will be informed by the scale and reach of the proposed change or new service /policy.

Part	Key tasks	Outputs
1. IIA Screening Tool	Complete the online IIA screener. An IIA screening tool provides the initial evidence to assess if there are potential positive or negative impacts on some or all equality or vulnerable group or wider determinant. The screener tool determines if the proposal / project requires further reporting, ranging from a Baseline Report to a full IIA (part 2-4). If no negative impacts are identified through the IIA screener, then no further engagement with the IIA process is required. However it is prudent to review the outputs from the IIA at the end of the project / service change. *Completed IIA screeners will be shared with the ICS Equality and Involvement Committee (EIC) for review and assurance or with governance processes within partner organisations. This may include the Joint Health Overview and Scrutiny Committee, and the Health and Wellbeing Board.*	• Completed IIA screener identifying whether the policy / project service change has any impact on health inequalities, one or more of the nine protected characteristics, other at-risk societal groups (as listed above), or broader environmental challenges. • Requirement for further engagement activity, where a risk to an equality or vulnerable group, and/or the economy/wider society is identified • Additional screener form completed where risks associated with climate change are identified • Feedback and recommendations from EIC
2. Baseline equality analysis scoping report	Desktop research into clinical trends and need for services using data such as Hospital Episode Statistics (HES). Right Care data as well as data from the JSNA should also be considered at this stage. A baseline equality analysis provides an understanding of the demographics of	• An EA baseline report including; ➢ details on the scope ➢ methodology ➢ overview of population and current users of services ➢ Overview of the proposed service change

Part	Key tasks	Outputs
	current service users in relation to the composition of the local population. This enables the project owner to identify the potential level of impact that any proposed changes may have on segments of the population, at a place, neighbourhood or system level. Scoping of protected characteristics that may potentially be impacted by the changed, informed by IIA screener and the desktop research. This is to understand if there are certain groups which disproportionately use services compared to their relative population size.	➢ An overview of engagement and insight activity applicable to the impacted populations • Concluding observations; confirmation of the next steps and approach for part 3.
3. Initial Integrated Impact Assessment (IIA)	Targeted engagement with protected characteristics groups and community groups. Strategic stakeholder engagement with patient representatives, service user and clinical staff groups. Following the declaration of the options, detailed travel and access assessment should be undertaken. The final version of this IIA report will need to be shared with the Programme Board or other decision-making board for review and scrutiny.	• Engagement evidence report detailing the findings from engagement with stakeholder groups and community groups, outlining the potential impact and possible mitigations. • Final conclusions, recommendations and any next steps • Advice on monitoring and evaluation If the programme requires a formal public consultation also complete part 4
4. Post consultation IIA	Update the IIA (part 3) Building on the pre-consultation scoping report including detailed description of the current and proposed changes to each service area for the option. Delivery of health and equality engagement forums, staff forums, and one to one engagement with individuals from specific protected characteristic groups. The final version of this IIA report will need to be shared with the Programme Board or other decision-making board for review and scrutiny.	• Travel and access impacts under each option. • A final post-consultation assessment, including key findings of the public consultation. • Final conclusions and recommendations any next steps. • Advice on monitoring and evaluation

Table 1: Methodology for the development of an IIA

4.0 Guide to completing an IIA

Tool	Link	Process and Tips
IIA Screener	https://www.shropshiretelfordandwrekin.ics.nhs.uk/ourequalityobjectives	1. Once your programme/policy proposals are sufficiently formed, follow this link to visit the system online IIA screener tool 2. Complete this tool, which will then inform whether further engagement is needed to address any of the environmental or health inequalities considerations, or a Baseline Equality Report is required as a result of negative impacts on vulnerable or protected characteristic groups. 3. Submit completed screener to stw.communications@nhs.net for inclusion in the next ICS Equality and Involvement Committee (EIC), if appropriate or submit via a relevant governance route within your organisation.
Baseline Equality Report	https://www.shropshiretelfordandwrekin.ics.nhs.uk/baseline-equality-analysis	4. If triggered by the IIA screen tool, visit the website linked to access the Baseline Equality Report template and guidance documentation 5. In advance of completing the Baseline Equality Report, consider what data sources may be available within your organisation or the system to supplement the ONS data supplied.
Full Integrated Impact Assessment (IIA)	https://www.shropshiretelfordandwrekin.ics.nhs.uk/full-integrated-impact-assessment	6. If you are required to complete a full IIA, you will be able to find the template and supporting documentation on the link adjacent. 7. The IIA will need to be refreshed following a formal public consultation and when future details of the proposals are decided

Table 2: Guide to completing an IIA

5.0 Service development or redesign and IIA Stages

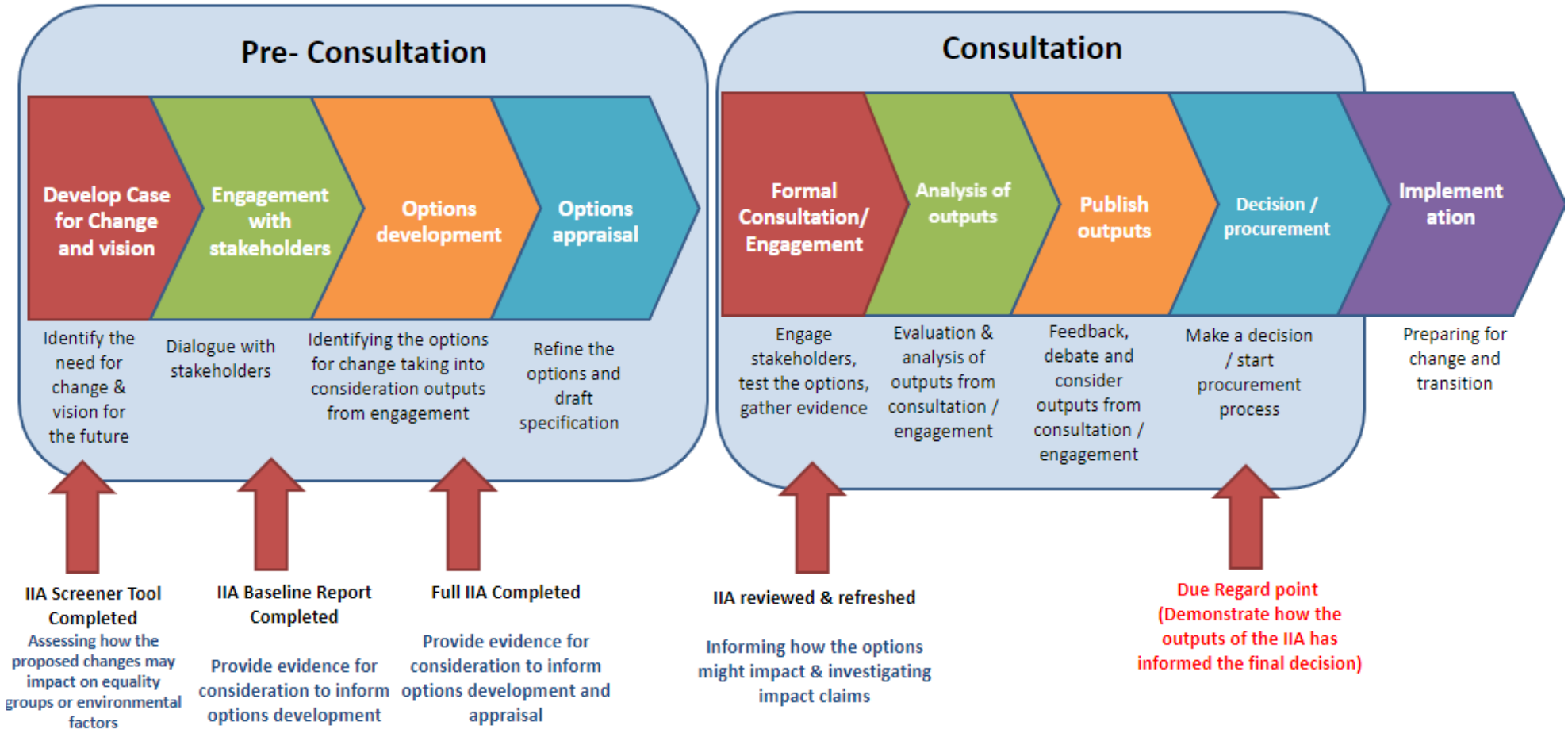

Figure 2: Service development or redesign and IIA Stages