



EQUALITY IMPACT ASSESSMENT FORM

Equality Impact Assessments are intended to examine the aims, implementation and effects of policies, practices and services to check that no groups are receiving or are likely to receive differential treatment or outcomes that are discriminatory or unfair in nature. This form should be used to assess new or reviewed policies and changes to service provision, to ensure they do not disadvantage any people within the community.

| Department: | Public Health | Author: | David Fabbro/ Wagner Law |
|----------------|--------------------------------|-------------|-----------------------------|
| Policy/Service | Public Health Target Operating | Date of | 28 September 2012 |
| Title: | Model (TOM) | Assessment: | |

SECTION 1

1. Briefly describe the purpose of this policy or function.

The focus of this assessment is on the process of change needed in developing a Target Operating Model (TOM) to establish transfer of public health services and functions to Barnet and Harrow Councils. The intention of the transfer is to ensure the delivery of statutory Public Health responsibilities to improve wherever possible the public health and wellbeing of residents in both boroughs.

2. What are the intended outcomes of this policy or function?

- To build on local knowledge and experience
- To align public health responsibility with the levers to tackle the wider determinants of health and health inequalities
- To include public health perspectives in Council policies and decisions
- To identify barriers that may exist in providing equality of service to any group including staff members
- To address the potential need of the service(s) and putting in place preventative measures
- To provide a specialist public health service to improve health and wellbeing in both Boroughs





SECTION 2

Initial Screening

Equality Area Key Equalities Is this Assessment of **Reasons for Assessment** Legislation / policy **Potential Impact:** Policy directly HIGH impact on MEDIUM this equality LOW area? NOT KNOWN YES / NO positive negative (+) (-) Gender/Sex The TOM includes Sex **Discrimination Act** functional areas of responsibility around sexual 1975 Equal Pay Act health, family planning & genitor urinary medicine. 1970 YES Med n/a Equalities Act 2006 Gender **Recognition Act** 2004 Race **Race Relations** Some people are more Act 1976 genetically predisposed to Race Relations NO Med n/a certain diseases (Amendment) Act 2000 Disability Disability The TOM includes health Discrimination Act promotion and other 1995 and 2005 activities to improve the awareness of different mental illnesses and the primary and secondary prevention of these and YES High behavioural and lifestyle n/a campaigns to prevent ill health amongst those with learning disability. Also through the promotion of physical activity etc to improve wellbeing and mental illness Age Regulations The functions of public Age 2006 health have a key focus on improving the health and YES High n/a wellbeing of children and young people and older people. Sexual Equalities Act Coping with the effects of 2006 discrimination, isolation and Orientation Relevant homophobia can be highly NO Med n/a employment detrimental to the mental legislation health of a lesbian, gay or bisexual person.





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|-------------------------------|---|-----|------|-----|--|
| | | | | | Young people's concerns: Young trans people report insecure housing, economic hardship, legal problems and difficulty in accessing appropriate healthcare. They have limited family support, high rates of substance abuse and high risk sexual behaviours. |
| Religion and belief | Equalities Act 2006 Relevant employment legislation | NO | n/a | n/a | |
| Gender Reassignment | | NO | Low | n/a | Self-harm and suicide rates: The UK's largest survey of trans people (N = 872) found that 34% (more than one in three) of adult trans people have attempted suicide. Similar rates were reported in a US study. |
| Marriage Civic Partnership | | NO | n/a | n/a | |
| Pregnancy & Maternity | | YES | High | n/a | A child's early life affects their wellbeing and quality of life. Public health functions in the TOM include antenatal access, knowledge and intelligence on how to reduce infant mortality, increasing the levels of breastfeeding and inputting into the Children and Young People Commissioning Plan |

The performance indicators underpinning the Public Health Outcomes Framework will be used to monitor and review the impact of service delivery.

If you have identified any negative impact then please complete Section 3.

| NHS | |
|--------|--|
| Barnet | |

SECTION 3



| N | Iodifications |
|---|---|
| 1 | . If you stated that the policy/ function has or could have an adverse impact on any group, how could you modify it to reduce or eliminate any identified negative impacts? |
| 2 | . If you make these modifications, would there be impacts on other groups, or on the ability of the initiative to achieve its purpose? |





SECTION 4: New or Amended Policy / Function Assessment

For new or amended policies, please complete Section 4 in addition to Sections 1, 2 and 3 (if applicable)

| Will a consultation take place?YesNo | | | | |
|---|--|--|--|--|
| 1. Who will be consulted? | | | | |
| a) Barnet Public Health – DPH, Consultants and staff members b) Barnet Human Resources c) Barnet Council – Policy and Transformation Leads d) Harrow Public Health - DPH, Consultants and staff members e) Harrow Human Resources f) Harrow Council - Policy and Transformation Leads g) Public Health Action Support Team (PHAST) h) UNISON – union representative | | | | |
| 2. How will the consultation be undertaken? (Timescale, methods, responsibilities) | | | | |
| An initial 'as is' and 'to be' service review was completed and documented for both Barnet and Harrow Public Health services. This captured the status of the PH services currently being delivered by each PCT and also highlighted any concerns and issues in the future operating model. | | | | |
| Barnet and Harrow Council held a Public Health Staff Communication and Planning Workshop on the 17th September 2012, where all Public Health staff and representatives were invited. The workshop provided an opportunity to share the output from the Target Operating Model work and for both public health teams to consider the implications of a shared Barnet and Harrow Public Health Service and how this will operate. The outcomes of this workshop have been fed into the current Target Operating Model. | | | | |
| Following the workshop event, the Public Health Action Support Team (PHAST) also conducted individual interviews with NHS public health staff, Clinical Commissioning group representatives and Barnet and Harrow Council colleagues to provide assurance that the model proposed was robust enough to deliver the functions identified in the target operating model. | | | | |
| Further workshops will be taking place over the next 3 months to engage further with both Public Health teams and officers from the two local authorities to discuss in more detail about the Target Operating Model and the individual service elements. | | | | |
| The transfer of public health from NHS Barnet and NHS Harrow will impact on all public health staff. NWL and NCL clusters have undertaken a mapping exercise and a total of 38 staff are in scope. A 30 day consultation will be undertaken by NHS North Central London and NHS North West London on the proposed structure with staff and trade unions. As part of the matching and appointment process the impact on equalities will be monitored. | | | | |





Harrow Council is introducing mobile and flexible working and has offered this opportunity to the shared public health team. Different ways of working will increase opportunities for some target groups.

As part of the assessment for transferring the public health staff to Harrow Council the receiver will need to ensure that training needs reflect any particular style or style of learning and ensure that technology supports the needs of the groups.

3. How will consultation outcomes be fed back into the process?

Feedback received from the 30 day consultation and further workshops with public health staff and council officers will be considered as part of the public health transition project plan and influence the final target operating model and structure.

Monitoring and Review

1. How will the impact of the policy / function be monitored?

An ongoing evaluation of the TOM will be undertaken. Equality factors will be analysed to ensure that the service is not discriminatory against any particular group of people. Where issues may be found these will be addressed and actions adjusted appropriately.

Impact on equalities will be assessed and monitored as part of the matching and appointment process to the structure by the NHS and the profiling of staff will be undertaken.

The Public Health Outcomes Framework will also be used to monitor both positive and negative impacts on the equality areas.

2. When is the review date?

December 2012

Public Availability of Report/ Results

Please provide details of publishing arrangements

A copy of the EQIA will be published on the Harrow Council website and attached to the Harrow Cabinet Report.

Please return the completed form to Harrow PCT Human Resources, 4th Floor, The Heights, 59-65 Lowlands Road, Harrow, Middlesex, HA1 3AW.





The form will be considered by the multi agency Equality and Diversity Group and further contact will be made if necessary.

Legal context:

The Race Relations Act 2000 requires public authorities to conduct race impact assessments on any proposed policy to pre-empt the possibility that any measures could affect some racial groups unfavourably. Since December 2006, impact assessments have to be carried out to ensure that disabled people suffer no disadvantage from proposed policies impacting on service provision and employment and in December 2007, this duty will extend to gender issues as well.