

EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

Name of Function under consideration:	This EqIA covers the transition arrangements in place for the transfer of the Public Health function from the PCT to the local authority.
Is this Function 'Major', 'Minor yet likely to have a major impact' or 'Neither'	Neither
Date(s) of completing the EqIAA:	June 2012
Name and job title(s) of person(s) completing the EqIAA:	'Workforce' Project Team

SECTION 1 – INTRODUCTORY INFORMATION

<p>1. What is the main purpose of the Function?</p>	<p>Public health can be summarised as follows:</p> <ul style="list-style-type: none"> • Health Improvement (including people's lifestyles as well as health inequalities and the wider social influences of health) • Health Protection (including supporting Public Health England at a local level in relation to infectious diseases, environmental hazards and emergency preparedness) • Health Services (including supporting the local Health and Wellbeing Board and clinical commissioning groups in relation to needs assessments, strategic planning, evidencing cost effectiveness and ensuring best value. <p><i>* The main focus of this Assessment is the successful transfer of staff from the PCT to South Gloucestershire Council by April 2013.</i></p>
<p>2. List the main activities of the Function:</p>	<ol style="list-style-type: none"> 1. <u>Health Improvement</u>, e.g. <ul style="list-style-type: none"> • tobacco control and smoking cessation • drug and alcohol • obesity and weight management • nutrition • increasing the level of physical activity • workplace health • public health issues for children and young people • sexual health. 2. <u>Health protection</u>, e.g. <ul style="list-style-type: none"> • planning for, and responding to, incidents, outbreaks and emergencies • immunisation and screening arrangements • infection control 3. <u>Health services</u>, e.g. <ul style="list-style-type: none"> • public health strategy inc the JSNA and Health & Wellbeing Strategy • public health intelligence and expertise including assessing the effectiveness

of interventions

- assessment of the population's health and wellbeing
- healthcare advice to commissioners and others to support commissioning decisions

3. Who are the main beneficiaries of the Function?

People who benefit are;

- Everyone who lives, works or visits South Gloucestershire
- People who live in South Gloucestershire with health conditions that meet criteria
- All life stages: pre conception to death

4. How is the overall success of the Function measured?

The function is measured as follows:

- Performance against local and national performance indicators
- Customer satisfaction
- Staff satisfaction

5. What equality monitoring systems are in place to carry out regular checks on the effects of the Function on equality groups? (NB. If no equality monitoring systems are currently in place, the need for implementing a monitoring system should be considered and details given in Section 4 of this form).

- HR monitor equalities in respect of staff
- Equalities Impact Assessment
- TUPE arrangements
- Transition Steering Group

6. What are your equality related performance indicators/measure of success for this Function?

We will ensure that no protected characteristic group experiences unfairness or discrimination, the process used is transparent and each individual staff member who may need support will be proactively identified and will receive this support to ensure their full inclusion in the process.

SECTION 2 – INITIAL ASSESSMENT OF IMPACT

7.

Equality Group	Negative Impact	Positive Impact	No Impact	Unsure of Impact	Reason(s)*
Women/Girls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Men/Boys	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lesbians, gay men & bisexuals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Transgender people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
White people (including Irish people)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Asian or Asian British people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Black or Black British people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
People of mixed heritage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chinese people	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Travellers (gypsy/Roma/Irish heritage)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
People from other ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disabled People:					
Physical impairment, e.g. mobility issues which mean using a wheelchair or crutches.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ensure reasonable adjustments are continued to be supported.
Sensory impairment, e.g. blind/having a serious visual impairment, deaf/having a serious hearing impairment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental health condition, e.g. depression or schizophrenia.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Learning disability/difficulty, e.g. Down's syndrome or dyslexia, or cognitive impairment such as autistic spectrum disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Long-standing illness or health condition, e.g. cancer, HIV, diabetes, chronic heart disease or epilepsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other health problems or impairments.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Older People	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Children and Young People	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	n/a
Faith Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	This is a potential issue if staff who currently receive time off for prayer or other religious activities are not permitted to carry on doing so
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	This is a potential issue if we don't ensure that we communicate effectively with members of staff on

					maternity leave
Marriage & Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

SECTION 3 – CONSULTATION & RESEARCH IN RELATION TO THE EqIAA

13. What consultation has been conducted with groups and individuals from groups likely to be affected as well as staff, and what evidence has this provided about equalities impact?

Staff will be consulted as part of the transition process, a communications and engagement plan has been produced and will be regularly reviewed by both the Transition Steering Group and workforce project team.

Staff have regular 1:1s, support for staff and queries handled during this process to ensure smooth transition to the council and this provides a clear opportunity for all equalities issues to be addressed should they arrive in the future.

AS a result of our consultation with staff we have put in place a supportive process including 1:1s and provide ample opportunity for any emerging equalities to be dealt with

Formal HR consultation in Sept

14. What relevant research (data, reports, expert opinion etc.) has been conducted and what evidence has this provided about equalities impact?

In conjunction with the PCT staff needs have been researched covering all protected characteristic groups and this has resulted in the identification of individual needs which are being proactively met on an ongoing basis

- HR records which contain equalities data
- Public Health staff to complete MyView equalities information from April 2013
- Post transfer all staff will benefit from the policies, procedures and practices in place at SGC which comprehensively cover equality issues. SGC has achieved level 4 of vvv this provides evidence that the staff are entering employment with an employer who deals with equalities issues comprehensively and will meet all equality needs on an ongoing basis post transfer.

15. What contributions does your function/activity make towards promoting community cohesion?

N/a

SECTION 4 – OUTCOMES

16. The evidence that has been collected under Sections 1, 2 and 3 of this form will need to feed into the decision making process regarding changes to be implemented before any final decisions are taken. There are four possible outcomes of this EqIAA – indicate which outcome below with the reasons and justification for this.

Outcome	Your response	Reason(s) and Justification
Outcome 1: No major change required.	<input type="checkbox"/>	
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input checked="" type="checkbox"/>	Refer to question 17 below
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

17. List the actions you will take as a result of this EqIAA.

- We will produce a staff communication and engagement plan
 - We will identify any staff currently on maternity leave or due to be on maternity leave and ensure that we communicate effectively with them
- We will ensure that Public Health staff complete the MyView equalities information as part of their induction. (April 2013)
- We will continue to support staff who declare they have a disability and continue to provide reasonable adjustments
- We will continue to support staff members with faith requirements and highlight any arrangements to management.
- We will identify if any public health staff are representatives on any equalities groups and promote SGC corporate equalities networks (Black & Minority Ethnic Staff Group, Disabled employees group, Lesbian, Gay, Bisexual & Transgender Employee Group) to Public Health staff and invite them to join them as appropriate
- Ensureff concenrene at the time of transfer and 6 months post transfer to ensure that all needs are met on an ongoing basis that public health staff will continue to operate in an environment that meets their needs and continues to allow them to operate in their roles meeting any equalities requirements
- We will regularly review this at the time of transfer and 6 months postwith the stathis action plan
- Staff consultation in sept
- Trade union
- We will conduct separate EQIA should there be any changes to the service offering in the future.

SECTION 5 – EqIA EVIDENCE

18. List and attach the evidence you have which shows how you have systematically considered equality impact.

Consultation and communication with public health staff
TUPE arrangements