**High Intensity Use Service –**

The Equality Impact Assessment needs to be completed so that any decisions made are compliant with the aims of the Public Sector Equality Duty – and that any adverse impact for any protected characteristics are identified and resolved.

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| **Equality Impact Assessment** | |
| **Does the scheme affect one of the following groups more or less favourably than another?** | **If yes, explain impact and any valid legal and/or justifiable exception** |
| **Age** *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.* | This scheme includes all clients aged 18 and over, within the ICB footprint and registered with a (ICB) GP practice. Clients who attend A&E who are not registered with a GP but reside in the ICB footprint can be supported first and GP registration involves part of the intervention |
| **Disability** *Consider and detail (including the source of any evidence) on attitudinal, physical, and social barriers.* | Should impact positively on any person with a disability who is a frequent user of A&E. People with mental health, learning disabilities or difficulty, substance misuse and long term conditions will be in scope of this programme. Expert local and national services can be drawn upon to support the needs identified. |
| **Sex** *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below)* | No |
| **Gender reassignment (including transgender)** *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.* | No |
| **Marriage and civil partnership** *Consider and detail (including the source of any evidence) on people with different partnerships.* | No |
| **Pregnancy and maternity** *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.* | No |
| **Race** *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.* | No  Non-English speaking clients can be supported using ‘language line’, faith groups, friends and family members where appropriate |
| **Religion or belief** *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.* | No  Male HIU workers working with females from backgrounds where this may not be culturally appropriate for one to one contact can potentially be supported by another member of the HIU team or neighbouring ICB if this is more suitable and available. |
| **Sexual orientation** *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.* | No |
| **Carers** *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.* | The service should identify the needs of carers where they are impacting on the clients use of A&E and provide improved support |
| **Other identified groups** *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.* | There is some evidence from the National HIU work that working age adults with mental health and substance misuse issues are disproportionate users of A&E. The scheme will aim to improve the coordination of their care and to reduce their reliance on inappropriate services  If clients do not have access to a phone, then it may make contacting and coaching more challenging. In these cases, it is recommended to work closely with the salvation army and/ or services specialising in the homeless, in order to find a way to generate and maintain meaningful contact |
| **Is the impact of the scheme likely to be negative?** If so, can this be avoided? Can we reduce the impact by taking different action? | No – it is intended to have a positive impact on the lives of those involved and their families and carers |

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