

Completing the Equality Analysis Template

Section 1: Policy, Function or Service Development Details and Authorisation

This section requires the basic details of the policy, function or service to be reviewed, amended or introduced. The lead author of the analysis and the Dartford Gravesham and Swanley and Swale Clinical Commissioning Groups Equality and Diversity Lead approving the draft analysis produced must be stated.

The presence of an analysis start date and submission date reinforce that completing an EA is a process that should take place over time from the proposed change to be made through to ratification of the change by the Governing Body.

Section 2: Equality Analysis Checklist

The checklist outlines all aspects of the analysis that must be considered as part of a robust EA. The equality groups are given in a single column which also contains some guidance to help when considering each particular protected characteristic in relation to the proposed change.

The second column provides a space to summarise the evidence obtained during the EA process. **Evidence that supports a negative or positive outcome must be referred to here.**

Examples of sources of evidence include:

- Checking for local or national evidence. In its simplest form this could be including findings from the Joint Strategic Needs Assessment (JSNA), or finding out more about the protected characteristic through desk based research (this might be particularly useful when checking out less familiar characteristics).
- Has any work been done with patients or patient groups locally?
- Patient Public Involvement (PPI) Leads should be able to help with this or suggest other sources of information.
- It may be that no evidence is available locally. In this case, relevant national and regional data should be sought.

Column 3 refers to any consultation or patient engagement work that may have been undertaken on the policy, function or service to be reviewed, amended or introduced. This might include patient or stakeholder involvement and engagement work. Again the relevant PPI Lead should be able to assist with this – there may already be considerable evidence available.

The remainder of Section 2 considers whether the policy/function/service development could have a positive or negative outcome on each of the protected characteristic groups and how these outcomes will be addressed. Authors must consider what action they will take to mitigate negative outcomes and these actions are taken forward into Section 3 to form an Action Plan. Named Leads and a timeframe should also be assigned to each negative outcome. If a negative outcome is identified, it is important to be mindful that it may also affect other protected characteristics.

Section 3: Action Plan

This section focuses on what the author and the organisation can do to mitigate any negative consequences they have identified at Section 2. For example;

- What can be done to mitigate the effect of the policy/function/service on that particular protected characteristic?
- Are there any resource implications?
- How quickly can this be addressed?
- It may be that it is not possible to avoid the issue - this must be acknowledged in the EA and clearly stated that it will have an impact on a particular community.

Section 4: Submission

Following completion of all sections of the EA, the draft, along with the policy, strategy or service document should be submitted to the Dartford Gravesham and Swanley and Swale Clinical Commissioning Group's Equality & Diversity Group for review and feedback. Having addressed any recommended changes, the final document can be submitted to the CCG Equality Lead for information and consideration before ratification at the next Governing Body Meeting

This document should be completed in conjunction with the Equality Analysis Guidance produced by the Equality & Diversity Team which can be found on LINK TO BE ARRANGED. Should you have any queries, please contact your Equality & Diversity lead at yasminmahmood@nhs.net who will be pleased to help.

Section 1: Policy, Function or Service Development Details and Authorisation	
Name of Organisation:	NHS Dartford, Gravesham and Swanley Clinical Commissioning Group
Name of the policy, function or service development being assessed:	Urgent and Emergency Care Redesign
Is this a new/existing/revised policy, function or service development?	Re-design of service
Briefly describe its aims and objectives	Re-design of urgent and emergency care within Dartford, Gravesham & Swanley (DGS) Clinical Commissioning Group in line with the Urgent & Emergency Care Keogh Review (November 2013), NHS Five Year Forward View (October 2014), the NHSE Commissioning Standards for Integrated Urgent Care (September 2015) and NHS Long Term Plan (2019). All areas in England are required to offer patients standardised and timely NHS services under the Urgent Care Treatment Centre name. DGS CCG is looking to apply the national mandate locally by creating an Urgent Treatment Centre at either Gravesham Community Hospital or Darent Valley Hospital. The new model will offer assessment, diagnosis and treatment of minor illness and injury supported by on-site diagnostics (e.g. x-ray). Patients can either book an appointment through NHS 111, or by walking in to the UTC and waiting to be seen.
Analysis Start Date:	11/09/2017: Updated: 11/2018 : Updated 11/19
Lead Author of Equality Analysis:	Angela Basoah
Equality & Diversity Lead Approved? Yes/No (please indicate) Equality & Diversity Lead Name: Date of approval:	TBC

Have any financial or resource implications been identified?	The Pre-Consultation business case and financial modelling is available https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/
Date of relevant committee/decision-making meeting where the Equality Assessment was ratified:	TBC - 12 November 2019

Section 2 : Equality Analysis Checklist

For each of the nine protected characteristics in the table below, consider whether the policy/function/service development could have a positive or negative outcome on each of these groups. Involve service users where possible to obtain their opinion, use demographic/census data (available from public health and other sources), surveys (previous surveys or perhaps conduct one), ask PALS and Complaints for reports/data, obtain subject specific reports from providers and other published data, including findings from the Joint Strategic Needs Assessment (JSNA). Ensure any remedial actions are Specific, Measureable, Achievable, Realistic, and Timely (SMART)

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Age</p> <p>Think about different age groups and the policy/function/service development and the way the user would access it, is it user friendly for that age group?</p> <p>What is the age breakdown in the community/workforce? Will the change/decision have significant impact on certain age groups?</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014,</p> <p>In February 2017, Age UK published its findings into experiences of older age adults in accessing all areas of health and social care services, for purposes of this EIA we have drawn upon findings relating to access to and experience of emergency care services. The full report can be found here.</p> <p>There are approximately 134,188* Working Age Adults and 36, 336* people over the age of 65 in the Dartford, Gravesham and Swanley area</p> <p>*It is expected that the actual figure is higher in the DGS area as Swanley's statistics is reported collectively under Sevenoaks Local Authority and cannot be broken down into specific figures for this area.</p>	<p>DGS CCG carried out a 12 week Public Consultation into the two proposed options. The Consultation activity included community outreach in community venues across DGS as well as meetings with Gravesend 50+ Forum, Golden Girls (over 60s group). Distribution of materials to Children Centres (to reach parents with children 0-5 years) and face to face engagement with parents of children 0-5 at Temple Hill Children's Centre (Dartford)</p>	<p>Overall local people could see the benefits that a local Urgent Treatment Centre could bring to local people of ages.</p> <p>Feedback from residents in Gravesend suggested that the Darent Valley Hospital option would be difficult for older people to get to because they are more likely to use public transport or be reliant on family and friends to drive them. Feedback identified older residents were less likely to drive or own a car.</p> <p>Feedback did not identify particular positive or negative consequences for families with young children</p>	<p>The results from the Urgent Care Public Consultation are being analysed by an independent agency and a Decision- making Consultation Business Case is in production.</p> <p>The Governing Body will consider the issues highlighted in the consultation (including mitigating actions).</p>	<p>CCG Equality and Diversity Group - November</p> <p>DCBC and internal processes - December</p> <p>Governing Body - January</p> <p>Appointed Provider</p> <p>Ongoing (to cover monitoring stages of implementation)</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Disability</p> <p>Think outside the box – you may not be able to see the disability. It could be physical (for instance hearing or visual impairment), unseen (for instance mental health) or a learning disability (for instance Autism). Consider for example:</p> <p>Accessibility – venue, location, signage, furniture and getting around</p> <p>Disability awareness training for staff Actively involve the service user and talk it through with them</p> <p>Mental Health – does this affect significant communities in the local population?</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014, https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf</p> <p>There are approximately 200,107* people in the Dartford, Gravesham and Swanley registered as having a disability or a Long Term Condition.</p> <p>*However it is expected that the actual figure is higher in the DGS area as Swanley's statistics is reported collectively under Sevenoaks Local Authority and cannot be broken down into specific figures for this area.</p>	<p>The CCG has an on-going commitment to ensuring local people with disabilities can access high quality local health care.</p> <p>As part of the CCG Consultation, we engaged with a range of groups with disabilities including: We are Beams (Parents of children with disabilities Re Think Mental health group Saxon Community Group Crockenhill</p> <p>The CCG also worked with Engage Kent to obtain feedback from the following groups Riverside Active Lives Group, Gravesend. (Physical disability) Deaf support group</p> <p>We have also given due regard to the Transforming Care for People with Learning Disabilities report and are committed to implementing its aims as part of the development of the service.</p>	<p>Evidence shows that those living with a disability frequently report discrimination in accessing NHS services. If these services are consolidated onto one location, there is likely to be groups of the population who have to travel further to access the services. Some of the participants of the Active Lives Group (Physically disabled) cited the following issues regarding the proposed options.</p> <p>GCH: "More wheel chair friendly than DVH" Gravesend has that car park at the side but still doesn't help if someone is disabled Limited disabled parking Shortage of staff at GCH Prefer GCH apart from parking DVH:Darent Valley is nearer for him so this would be better for him, I am going to tell him about these changes</p> <p>This may result in a negative outcome for some residents of the DGS areas https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf</p>	<p>The Service Specification for these services will need to ensure that the needs of all disabilities and Long Term Conditions are met so that no one with a disability will experience any form of discrimination in accessing the service.</p> <p>As with any NHS service, those patients on low incomes will be entitled to claim travel costs from the urgent care services.</p> <p>The results from the Urgent Care Public Consultation are being analysed by an independent agency and a Decision- making Consultation Business Case is in production.</p> <p>The Governing Body will consider the issues highlighted in the consultation (including mitigating actions).</p>	<p>Urgent Care Steering Group</p> <p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract)</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
Disability (cont'd)			<p>Both sites that have been identified as potential locations for these services have accessible parking. One site, Darent Valley Hospital, is able to provide discounted parking for £1.50 a day. The hospital website also implies that there may be the opportunity for this to be refunded. All car parks at Darent Valley Hospital are accessible.</p> <p>For those who rely on public transport services, Darent Valley Hospital, is served by a total of 9 buses, all of which stop at Darent Train station. Buses serving the hospital travel from the following areas: Temple Hill (Gravesend), Woolwich, Bexley Health, Craford, Dartford, East Hill, Plumstead, New Ash Green, Ightam, Wrotham, Sutton-at-Hone, Erith, Swanley, Joyden's Wood, Keyton Cross, Wilmington, Orpington, Shipbourne, Borough Green, West Kingsdown, Darent.</p>		

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Gender Reassignment</p> <p>Think about creating an environment within the policy/function/service development that is user friendly and non- judgemental. Does the organisation need to raise awareness / offer training?</p> <p>If the policy/function/service development is specifically targeting this protected characteristic, think carefully about confidentiality, training, and communication skills</p>	<p>Figures relating to these groups are not collated nationally or locally.</p>	<p>As part of the Public Consultation, the CCG team engaged with Beaumont Society (Transgender, gay – LGBTQi group) by distributing materials and conversations with the Chair of the group:</p> <p>Distributed materials to BeYou (young people from gay and transgender community) and outreach to management. No specific concerns for feedback</p>	<p>No specific issues were raised with the CCG team. However in their report, Unhealthy Attitudes Stonewall (the leading charity for LGBT+ rights) gives helpful insight into the experiences of health services of the trans community</p> <p>The CCG is unable to reference published data as to the number of trans-gender people living in the local community. The Department of Health estimates that the number of transsexual people (those who have undergone, are about to undergo or are currently undergoing gender reassignment treatment) in the UK is 1 in every 11,500; so for the DGS area, this will mean that it can be assumed that approximately 19 people are going through the transition process. Urgent Care services will need to provide care from an environment that offers privacy, dignity and respect. The CCG is aware that some people will wish to have access to an appointment with a clinician of the same sex as them- this is likely to apply to people of older generations. Provisions for this will need to be made as part of the service specification (by commissioners) and the provider for the services will need to demonstrate to commissioners that they are able to meet patient needs in this area.</p>	<p>To mitigate against potential negative impact, these services should be able to provide additional measures relating to privacy and dignity when treating members of this community.</p> <p>All staff working at these services will need to undergo gender equality training.</p> <p>The workforce of the hubs will need to be appropriately trained understanding the specific needs of this protected characteristic group. This action is built into the action plan.</p>	<p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract)</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Marriage and Civil Partnership</p> <p>Think about access and confidentiality, the partner may not be aware of involvement or access to the service</p> <p>Staff training to raise awareness of ensuring equal status to spouses and civil partners in all HR policies, terms and conditions and services.</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014,</p> <p>In the last Census a total of approximately 83,295 marriages and 284 Civil partnerships were declared in the Dartford, Gravesham and Swanley area.</p> <p>However it is expected that the actual figure is higher in the DGS area as Swanley's statistics is reported collectively under Sevenoaks Local Authority and cannot be broken down into specific figures for this area.</p>	<p>Distributed materials to local registry offices</p> <p>Held roadshows at Gravesend Gurdwara on family days:</p> <p>Surveys completed. Feedback in general report</p>	<p>There is a possibility that members of the community in a same sex civil partnership or marriage may experience discrimination from NHS services that is not experienced by those in heterosexual marriages. This would result in a negative outcome.</p>	<p>Engagement to date has not identified specific issues relating to this group</p> <p>To reduce the potential for discrimination, commissioners should receive assurance that the same treatment of people in same sex civil partnerships and rights of partners would be granted to other married couples in line with the Equality Act 2010.</p> <p>The Provider will need to ensure that all staff have attended gender equality training as a way of understanding the rights of partners in both marriages and civil partnerships</p> <p>The workforce of the hubs will need to be appropriately trained to understand the specific needs of this protected characteristic group.</p>	<p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract)</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Pregnancy & Maternity</p> <p>The policy/function/service development must be accessible for all e.g. opening hours</p> <p>Are the chairs appropriate for breast feeding? Is there a private area? Are there baby changing facilities and is there space for buggies?</p> <p>What are the future projections for birth rates, neo natal statistics? Will the service/decision have a significant impact on this protected characteristic?</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014,</p>	<p>Engaged women and families at the Maternity Clinic at Darent Valley Hospital:</p> <p>Encouraged to complete survey.</p> <p>Feedback in general report</p> <p>Outreach to Maternity Voices via CCG Commissioner for Maternity</p>	<p>No impact has been identified for this group as part of our engagement and evidence collecting. However, with predictions of the Ebbsfleet Garden City attracting more young families into the area commissioners will need to consider the potential impact of more women of child bearing age moving into the area if it is seen as an attractive area to raise families.</p>	<p>As part of commissioning arrangements, the CCG will need to ensure that the provider of this service is able to meet the needs of breastfeeding women and women with babies.</p> <p>This will mean providing facilities that allow them to breastfeed or express milk in a way that offers privacy and dignity in a way that is free from discrimination.</p>	<p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract)</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Sexual Orientation</p> <p>Don't make assumptions as this protected characteristic may not be visibly obvious.</p> <p>Providing an environment that is welcoming - for example visual aids, posters, leaflets.</p> <p>Using language that respects LGB&T people.</p> <p>Staff training on how to ask LGB&T people to disclose their sexual orientation without fear or prejudice.</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014, Engagement Activities Stonewall Unhealthy Attitudes</p>	<p>As part of the Public Consultation, the CCG team engaged with Beaumont Society (Transgender, gay – LGBTQi group) by distributing materials and conversations with the Chair of the group:</p> <p>Distributed materials to BeYou (young people from gay and transgender community) and outreach to management.</p>	<p>No specific concerns for feedback were identified through the engagement to date. However, the Unhealthy Attitudes mentioned above gives details of the experiences that the LGB community report negative patient experiences of accessing and discriminatory treatment at NHS services.</p> <p>LGB youth more frequently require access to urgent Mental Health treatment than their heterosexual counterparts.</p> <p>In their most recent report LGBT In Britain Health Report, Stonewall provides details of the health inequalities experienced by the LGB community. This report provides national statistics of the mental health experiences of the LGB community. Urgent Care services may find that they are called upon to support this cohort of patients. Numbers of patients living with a mental health condition is not known in the DGS area. .</p>	<p>All staff working in these services will need to undergo gender equality training.</p> <p>Agreed working protocols for protecting young adults who present to urgent care services in mental crisis will need to be put in place to protect both their physical and immediate mental health needs but also their privacy and dignity, particularly should they disclose to staff that their distress relates to their sexuality.</p> <p>Though to prepare for managing a crisis, specific mental health awareness training and good links with local mental health teams should be established by the provider</p>	<p>Urgent Care Steering Group</p> <p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract))</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Carers</p> <p>Does your policy/function/service development impact on carers? Ask them. Do you need to think about venue, timing? What support will you be offering?</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014,</p> <p>There are 31,474 registered carers in the DGS area who are not in paid employment to do so (i.e. they are doing so for a friend, family member or a loved one).</p> <p>However it is expected that the actual figure is higher as Swanley's statistics are reported collectively under Sevenoaks Local Authority and cannot be broken down into specific figures for this area.</p>	<p>The Public Consultation regarding the location of an Urgent Treatment Centre included 30 roadshows. 3 Listening events and several briefings.</p> <p>The team engaged We are Beams a voluntary sector group supporting Families/ Parents with disabled children</p>	<p>Although no specific issues were raised as part of the Public consultation, Carers, who typically live in low income house-holds, are entitled to claim back expenses from NHS services.</p> <p>Carers often report that they are unable to look after their own needs as they are consumed by their caring responsibilities.</p>	<p>The results from the Urgent Care Public Consultation are being analysed by an independent agency and a Decision- making Consultation Business Case is in production.</p> <p>The Governing Body will consider the issues highlighted in the consultation (including mitigating actions).</p>	<p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract))</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Other</p> <p>Does your policy/function/service development impact on for example, those on low incomes, who are homeless etc.?</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014, http://www.healthwatchkent.co.uk/sites/default/files/healthwatch_kent_traveller_report.pdf https://www.myhealth.london.nhs.uk/sites/default/files/Commissioning%20guidance%20for%20London%20-%20Homeless%20health.pdf</p>	<p>The Public Consultation regarding the location of an Urgent Treatment Centre included 30 roadshows. 3 Listening events and several briefings.</p> <p>Copy of Public Consultation Engagement report attached</p>	<p>Low income Household- Potential Negative Impact.</p> <p>There is some evidence to show that by co-locating urgent care services on to one site, that there will be cost implications for those living in low-income households due to increased reliance upon public transport and increased parking costs (where services are either not free to park or are going to experience greater demand resulting in longer waiting times / greater parking charges).</p> <p>The issue of access to the future Urgent Treatment Centre featured significantly in the feedback received from the public consultation.</p>	<p>The Governing Body to consider actions to address feedback regarding access (parking, public transport and costs) in its final decision</p> <p>In some cases, patients will be able to reclaim these travel costs and information as to how this can be done will be made available on site.</p>	<p>Urgent Care Steering Group</p> <p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing (to cover monitoring stages of implementation)</p>

Section 3 : Action Plan For any negative outcomes identified in Section 2, it is important to identify the steps you will take to mitigate consequences on the nine protected characteristics. Complete the Action Plan below to identify and record how you will address these.

In addition to the mitigating actions identified below, the Governing Body will consider issues identified during the Public Consultation period with the view to ensuring that appropriate measures are put in place to ensure that residents of Dartford Gravesham and Swanley (including those with protected characteristics) can access the health care provided at the new Urgent Treatment Centre.

Equality Group	Negative Outcome	Mitigating Action (Identify any resource/other implications)	Named Lead and Timeframe
Age	Feedback during public consultation indicate that all ages (including older people) could be affected by issues of parking and public transport to DVH	The DCBC to consider these issues in its recommendations to Governing Body	Director of Strategic Transformation (DCBC)
Disability	Potential impact on patients who are deaf who gave feedback during public consultation about the inadequacy of BSL translators. Feedback from patients with physical disabilities highlighted issues of access / disabled parking. Feedback from Mental Health Group included the need for staff to be sensitive to patient in distress or dis-oriented.	The DCBC to consider these issues in its recommendations to Governing Body.	Director of Strategic Transformation DCBC
Gender Reassignment	No specific outcomes have been identified for this group as figures are not collated for this cohort of the public however, the CCG shall commission services to mitigate against the risk of any discrimination.	Services should be able to provide additional measures relating to privacy and dignity when treating members of this community. All staff working at these services will need to undergo gender Equality, Diversity and Inclusion training.	Service provider
Marriage & Civil Partnership	Potential risk of discrimination	Ensure that Gender Equality training is built into all provider staff training and is evidenced to the CCG as part of EDS2 reporting.	, Equality Lead
Pregnancy & Maternity		As part of commissioning arrangements, the CCG will need to ensure that the provider of this service is able to meet the needs of breastfeeding women and women with babies. This will mean providing facilities that allow them to breastfeed or express milk in a way that offers privacy and dignity in a way that is free from discrimination.	Commissioner / Estates Team Service provider





Equality Group	Negative Outcome	Mitigating Action (Identify any resource/other implications)	Named Lead and Timeframe
Race		The CCG will expect to see Translation services procured to meet the most-spoken languages within the Dartford, Gravesham and Swanley areas. Details of these languages can be found at the bottom of this analysis	
Religion or Belief	Potential Risk of prescriptions breaking fasting during religious celebrations (very limited risk) Availability of a room for washing and prayer	All provider staff should undergo religious awareness training and should also follow extensive NICE guidance on this matter. Provision of a prayer room or chaplaincy service should be made available.	This will be a matter for the patient and Provider to discuss at the point of diagnosis Provider estates team.
Sex		The Service Specifications for these services will need to provide that all staff working in these services undergo Gender Equality training.	Commissioner / Service Provider
Sexual Orientation	Potential Risk of Discrimination	Ensure that Gender Equality training is built into all provider staff training and is evidenced to the CCG as part of EDS2 reporting.	Equality Lead
Carers	Potential high cost of parking	Issues regarding parking (including costs) and have featured significantly in the public consultation feedback and therefore Governing Body and Urgent Care team will be considering further actions to mitigate negative impact Make carers who are entitled to aware of how they may reclaim expenses	Director of Strategic Transformation (DMBC) Governing Body Provider Communications Team
Other	Low-income house-holds: Potential high cost of parking	Issues regarding parking (including costs) and public transport have featured significantly in the public consultation feedback and therefore Governing Body and Urgent Care team will be considering further actions to mitigate negative impact Make patients (who are entitled to aware of how they may reclaim expenses)	Director of Strategic Transformation (DMBC) Governing Body Provider Communications Team

Section 4 : Submission

On completion of all sections of the Equality Analysis Form, submit your draft along with the policy, function, or service document to the Equality & Diversity Lead.

Once reviewed, feedback and any recommended amendments will be given. Having made any necessary changes, the final version should then be submitted to the committee which will approve the paper/policy/strategy in question. The completed EA Template should be appended to the policy, function or service development documentation.

Supporting documentation:

Kent population by main language	 Kent population by main language.xlsx
Report on Public Consultation	 Report.Public Consultation Engager
Engage Kent report	 Engage Kent report for DGS CCG Urgent (
Protected characteristics	 Protected Characteristic.docx