

Equality and Inequality Impact Assessment – *Volunteer Expenses Policy*

This assessment reviews the implications of the above policy/service redesign for those people with protected characteristics covered by the Equality Act (2010) and to reflect the CCGs duty under the NHS England Equality Delivery System 2 (EDS2). It is intended to demonstrate that in developing this policy/service we have had due regard for our general equality duties to

- Eliminate unfair discrimination,
- Promote equality of opportunity,
- Promote good relations between those who share a protected characteristic and those who do not, and
- Eliminate inequality of access as defined by the EDS2

What is an EIA?

EIA is a way of examining your proposed services/policy/functions and policies to see if it could have a negative or the potential for a negative impact on any of the protected characteristics. The Equality Act covers nine protected characteristics on the grounds upon which discrimination is unlawful. An outline of each protected characteristic is shown below:-

Characteristic Descriptor

Age	A person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).
Disability	A person has a disability if s/he has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Gender reassignment	<p>A decision to undertake gender reassignment is made when an individual feels that his or her gender at birth does not match their gender identity. This is called 'gender dysphoria' and is a recognised medical condition.</p> <p>Gender reassignment refers to individuals, whether staff, who either have undergone, intend to undergo or are currently undergoing gender reassignment (medical and surgical treatment to alter the body) and do not intend to undergo medical treatment but wish to live permanently in a different gender from their gender at birth.</p> <p>'Transition' refers to the process and/or the period of time during which gender reassignment occurs (with or without medical intervention).</p> <p>Not all people who undertake gender reassignment decide to undergo medical or surgical treatment to alter the body. However, some do and this process may take several years. Additionally, there is a process by which a person can obtain a Gender Recognition Certificate, which changes their legal gender. People who have undertaken gender reassignment are sometimes referred to as Transgendered or Trans.</p>
Marriage and civil partnership	Marriage is defined as a union between a man and a woman and same-sex couples. Same sex couple can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.
Pregnancy and maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity

	discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Race	Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Religion and belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Sex/Asexual	A man or a woman or someone who does not identify with either.
Sexual orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Health Inequalities Analysis Evidence

Definition of 'population groups'

Health inequalities have been defined as "Differences in health status or in the distribution of health determinants between different population groups." [World Health Organisation Glossary of terms]

Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations and the nine protected characteristics of the Equality Act 2010 (age, disability, ethnicity, gender reassignment, marriage and civil partnership, religion, pregnancy and maternity, sex (gender) and sexual orientation).

The term 'population groups' is therefore used above to capture any/all variables. The legal duties do not define specific groups - they are pertinent to any health inequalities.

We now have to capture this data as part of the Equality Delivery System² (EDS²) and publish the analysis on an annual basis. For more information on the EDS² please see

<https://www.england.nhs.uk/about/equality/equality-hub/eds/>

Please state briefly the aims of the policy document under review

This policy is written to set out some guiding principles and practice around working with volunteers and the reimbursement of out of pocket expenses volunteers may incur. The policy applies to individual patients/carers and members of the public who help the CCGs with our work (not to paid staff of other organisations) and covers patients and the public who are residents of North and South Norfolk. The policy reflect current DWP and HMRC rules relating to (out of pocket) expenses.

Is there a known public, patient or staff concern regarding this document? Describe how these concerns have been identified

Yes. There is a history of some organisations claiming for professional staff time/travel etc. this policy will ensure this is not possible for those organisations to claim in this instance. The policy also clarifies that we are now no longer able to pay for carer time where this is met through other public sector funding.

Describe the results of any internal consultation on this issue, including details of consultation mechanisms:

As part of each CCG's review of policies within its Corporate Affairs function, the development of the Volunteer Expenses Policy was agreed to be refreshed and presented to each CCG's Remuneration Committee for approval and ratification.

Describe how the views of any external consultative and community groups have been obtained (letters; meetings; interviews; focus groups; questionnaires; workshops; conferences; other):

This policy is an internal document outlining the way we will ensure no one is disadvantaged by involving themselves in patient and public involvement and engagement in the CCGs. The policy has not yet been shared with external groups and stakeholders as it has been pulled together from our custom and practice and guidelines from DWP, Counter Fraud and Inland Revenue.

Explain in detail the views of the relevant consultative and community groups:

Not appropriate at this stage as there would be a conflict of interest with the development of the policy as a whole.

Describe the result/outcome of any external consultation and the way in which the views expressed have influenced the development of the policy/procedure/service:

N/A

Equality Impact Assessment

Age - How does this policy relate to age?

This policy will have no adverse impact on age.

Disability - How does this policy relate to disability?

This covers physical disability, sensory impairment, mental health needs and learning disabilities (including autism).

This policy has reasonable adjustments built in as the CCGs will consider the payment of costs for individuals participating in CCG events (excluding open access public meetings such as

AGMs) such things as bespoke travel arrangements and carer support costs (where not met by other public funds) and where agreed in advance with the appropriate named person.

Race and culture - How does this policy relate to race and culture?

This policy will have no adverse impact on race or culture

Lesbian, gay and bisexual (LGB) people - How does this policy relate to LGB people?

This policy will have no adverse impact on LGBT+ community

Religion or belief - How does this policy relate to religion or belief?

This policy will have no adverse impact on religion or belief

Gender reassignment - How does this policy relate to gender reassignment?

This policy will have no adverse impact on gender reassignment

Gender - How does this policy relate to gender?

This policy will have no adverse impact on gender

Pregnancy and maternity - How does this policy relate to pregnancy and maternity?

This policy will have no adverse impact on pregnancy or maternity

Marriage and civil partnership - How does this policy relate to marriage and civil partnership?

This policy will have no adverse impact on marriage or civil partnership

What evidence have you considered to determine what health inequalities exist in relation to your work?

List the main sources of data, research and other sources of evidence reviewed to determine impact on each equality group (protected characteristic). This can include local and national research, surveys, reports, research interviews, quality data, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them.

The CCG has looked at guidelines from NHS England, HMRC and DWP to determine how this

policy will affect those groups who are marginalised and less likely to be involved with the CCG in case they are penalised by agencies and also allow us to make reasonable adjustments. We believe this policy is will ensure full involvement whilst at the same time trying to ensure participants are enabled to not break guidelines

What is the potential impact of your work on health inequalities?

Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

There is national, regional and local evidence to show that barriers to involvement and engagement can include lack of access to funding. This policy will help to redress this imbalance going forward.

How can you make sure that your work has the best chance of reducing health inequalities?

Evidence your research data here, including patient and public/stakeholder engagement.

<https://www.gov.uk/expenses-and-benefits-travel>

<http://www.volunteernow.co.uk/fs/doc/publications/volunteers-and-expenses-information-sheet.pdf>

How will you monitor and evaluate the effect of your work on health inequalities

Once the policy/project/service has been implemented how will you ensure it has achieved its goals?

We will review this policy and bi-annually to see if it has had a detrimental effect on involvement and engagement from any stakeholders covered by the Equality Act 2010 and those who work and live in our deprived neighbourhoods or where the wider determinants of health are less than other areas in our community.

Name of person(s) who carried out the analyses:

Name of Project/policy lead

Date analyses were completed:



Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups