

## Assessing Equality – The Equality Act 2010

### Customer Impact Assessment

**Name and brief description of policy being analysed**

**Access to Occupational Health**

This code of practice sets out Fenland District Council's process with regard to accessing and utilising the Occupational Health Service that is provided to the Council.

**Information used for customer analysis**

The policy itself, best practice, ACAS guidelines, XpertHR, appropriate legislation, consultation with MTSP, CMT, colleagues and HR team. Where appropriate Staff Committee.

|                              | Could particularly benefit | Neutral                  | May adversely impact     | Explanations                      | Is action possible or required? | Details of actions or explanations if actions are not possible<br><br>Please note details of any actions to be placed in your Service Plan |
|------------------------------|----------------------------|--------------------------|--------------------------|-----------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Race                         | <input type="checkbox"/>   | ✓                        | <input type="checkbox"/> | May vary dependent on disability. | N                               | Discretion will be used on location of appointments/access etc.                                                                            |
| Sex                          | <input type="checkbox"/>   | ✓                        | <input type="checkbox"/> |                                   | N                               |                                                                                                                                            |
| Gender reassignment          | <input type="checkbox"/>   | ✓                        | <input type="checkbox"/> |                                   | N                               |                                                                                                                                            |
| Disability                   | <input type="checkbox"/>   | <input type="checkbox"/> | ✓                        |                                   | Y                               |                                                                                                                                            |
| Age                          | <input type="checkbox"/>   | ✓                        | <input type="checkbox"/> |                                   | N                               |                                                                                                                                            |
| Sexual orientation           | <input type="checkbox"/>   | ✓                        | <input type="checkbox"/> |                                   | N                               |                                                                                                                                            |
| Religion or belief           | <input type="checkbox"/>   | ✓                        | <input type="checkbox"/> |                                   | N                               |                                                                                                                                            |
| Pregnancy & maternity        | <input type="checkbox"/>   | ✓                        | <input type="checkbox"/> |                                   | N                               |                                                                                                                                            |
| Marriage & civil partnership | <input type="checkbox"/>   | ✓                        | <input type="checkbox"/> |                                   | N                               |                                                                                                                                            |
| Human Rights                 | <input type="checkbox"/>   | ✓                        | <input type="checkbox"/> |                                   | N                               |                                                                                                                                            |
| Socio Economic               | <input type="checkbox"/>   | <input type="checkbox"/> | ✓                        | Travelling to FH for other bases, | Y                               | Home visits, alternative                                                                                                                   |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------|---|---------------------------------------------------------|
|                                                                                                                                                                                                                                          |                          |                                     |                          | alternative arrangements would be made e.g. home visit/telephone review                                           |   | locations, telephone consultations or travel provision. |
| <b>Multiple/ Cross Cutting</b>                                                                                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                                                                                                   | N |                                                         |
| <b>Outcome(s) of customer analysis</b>                                                                                                                                                                                                   |                          |                                     |                          |                                                                                                                   |   |                                                         |
| a) Will the policy/ procedure impact on the whole population of Fenland and/ or identified groups within the population; negative <input type="checkbox"/> neutral <input checked="" type="checkbox"/> positive <input type="checkbox"/> |                          |                                     |                          |                                                                                                                   |   |                                                         |
| No major change needed <input checked="" type="checkbox"/> Adjust the policy <input type="checkbox"/> Adverse impact but continue <input type="checkbox"/> Stop and remove / reconsider policy <input type="checkbox"/>                  |                          |                                     |                          |                                                                                                                   |   |                                                         |
| <b>Arrangements for future monitoring:</b><br>Review with service managers as and when required for advice to ensure no negative impacts.                                                                                                |                          |                                     |                          |                                                                                                                   |   |                                                         |
| <b>Details of any data/ Research used (both FDC &amp; Partners):</b>                                                                                                                                                                     |                          |                                     |                          |                                                                                                                   |   |                                                         |
| <b>Completed by:</b><br><br><b>Name: Marie Harley</b><br><br><b>Position: HR Business Partner</b>                                                                                                                                        |                          |                                     |                          |                                                                                                                   |   |                                                         |
| <b>Approved by (manager signature):</b>                                                                                                                                                                                                  |                          |                                     |                          | <b>Date published:</b> This should be the date the analysis was published on the website<br><br><b>March 2019</b> |   |                                                         |
| <b>Details of any Committee approved by (if applicable):</b><br><br>N/A                                                                                                                                                                  |                          |                                     |                          | <b>Date endorsed by Members if applicable:</b>                                                                    |   |                                                         |