

**Integrated Health Inequalities and Equality Impact Assessment**

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* The programme team supporting the consultation programme
* Consultation programme board
* Commissioner and provider contacts

Executive summary

**Context:**

MSE Strategy Unit and Partners were engaged as an independent expert provider by NHS Camden Clinical Commissioning Group (CCG), on behalf of all CCGs that plan and buy Moorfields’ services for residents, in partnership with NHS England Specialised Commissioning, which plans and buys specialist services for the whole of England and Moorfields Eye Hospital in July 2019 to undertake an independent Integrated Health Inequalities and Equality Impact Assessment of the proposed relocation of Moorfields’ City Road services to a new purpose-built centre at a section of land at the current site of St Pancras Hospital.

**Purpose**

Through the Integrated Health Inequalities and Equality Impact Assessment (IIA) the commissioners wanted to ensure that any decisions made by them would support advancing equality and ensure fairness by removing barriers, engaging patients and community and delivering high quality care. This would also help meet their responsibilities under the Equality Act and demonstrate due regard to the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010.

**Process**

Evidence review, data analysis and feedback from the consultation process, including opinion surveys, panel discussions and focus groups, were considered by the Strategy Unit team to summarise both positive and negative impacts of the proposed relocation for people with protected characteristics, outlined by the Equality Act 2010, impact on other health inequalities and the general health impact.

**Summary of Impact**

The nature of care that users access at Moorfields Eye Hospital’s City Road site means that they are more likely than in other healthcare settings to have one or more of the protected characteristics that this assessment is seeking to identify and help mitigate. Also, as a centre of specialist care, users of services at the City Road site often have a long and trusted relationship with the teams located there. These themes were pronounced in the consultation feedback both in the survey and in focus groups.

The IIA specifically focused on the impact of the proposed relocation. The analysis showed a number of protected characteristics, health inequalities and health impacts were not negatively impacted by this proposed relocation. A summary of the key impacts are;

* Most stakeholder feedback obtained as part of the consultation supported the proposal to relocate, believing that this relocation would support the integration of eye care with research and education. Specifically supporting the opportunity for closer working with organisations such as the Francis Crick Institute, RNIB and UCL.
* Respondents to the consultation felt that the new centre would benefit both patients and staff, in that a specialist and highly regarded hospital such as Moorfields needs 21st century purpose-built facilities providing a world class centre of excellence.
* The analysis did not show disproportionate impact due to relocation on patients currently covered by specialised commissioning.
* Elderly patients (due to age and comorbidities) and patients with sensory or physical disabilities are the ones most likely to be negatively impacted by the proposed relocation. This is because changes to their journey, namely concerns about the busy nature of the King’s Cross area and reliability of transport to and from the new centre, can cause stress and anxiety for these groups.
* The proposed relocation to a new centre has the potential to improve staff morale as a result of modern professional environments.

**Evidence based Recommendations for next steps**

The main themes to be considered in action plans are:

1. Consideration for disability access and support within the design of the new building for both patients and staff that is lacking in the current site. Ensure that sufficient wheelchair access and drop off points are available across the proposed new centre is important, as well as ensuring that technology designed to support disabilities such as visual impairments and hearing impairments are explained, promoted and meet the needs of patients.
2. Improved signage and use of digital technology and other means to improve the overall patient, carer and staff experience, considering that translations of signage and information into other languages may be required.
3. Feedback emphasised the importance to retain any care that is currently being provided closer to patients home e.g. satellite clinics.
4. It is advised to work with the local authorities and TfL to design accessible routes from public transport links that are free of obstacles, safe and easy to navigate. The additional walk required to the new site will need to be considered to ensure patients feel supported to navigate the unfamiliar and busy environment between the station and the proposed new site. Identifying patient champions to support the design of accessible routes is key.
5. It is important staff and volunteers receive equality and diversity training and are trained to support lesbian, gay, bisexual, transgender, queer (LGBTQ+) patients to ensure there are no barriers to effective care for patients when navigating services.
6. Parents will need clear communication regarding navigation, specifically around any changes they may experience to their access to the Ronald McDonald House charity service located in the Richard Desmond Children’s Eye Centre on the Moorfields site for families to stay during their children’s care.
7. Consider the impact of anxiety and stress that may be felt by patients and staff as a result of the move. Ensure that support is clear and accessible to patients and staff, with clear process explaining how to access mental health and well-being support if needed.
8. Ensuring that patients are aware of the criteria for NHS funded transport and if they are eligible to receive transport. Currently patients are unable to travel with carers when using this transport, this may be a barrier for some patients at present.
9. Clinical environments should be fully accessible and be the quality standard for people with sight loss, dementia and learning disabilities. For instance, organisations like Alzheimer’s UK who could be approached, if not already part of the consultation and engagement activity.

An overarching principle of the feedback (as reported in the Consultation report) is to make it possible for people to be independent. Commissioners and Moorfields Eye Hospital are developing an action plan to mitigate the potential negative impacts of the relocation which will support this principle.

The Oriel team set up work streams during the consultation to start addressing some of the early themes from the engagement with a wide range of patients, carers, staff and general public. The consultation feedback has highlighted the opportunity for the proposed new centre to be the national exemplar of inclusivity and accessibility. Suggestions from members of the public, including patients and stakeholders has also focused on overall service improvement which is not part of the impact assessment but will be/is being considered as part of the overall work.

# Integrated Impact Assessment (IIA) – background information

# Context – Oriel and Proposed options

The public consultation has been led by NHS Camden CCG, on behalf of the 109 CCGs who commission services from Moorfields’ City Road site, working in partnership with the 14 CCGs who commission over £2m activity per annum, and NHS England Specialised Commissioning.

The consultation document and DMBC set out proposals to bring together eye care services from Moorfields’ main City Road hospital site and the UCL Institute of Ophthalmology (IoO) in a new purpose-built centre. This proposal is called ‘Oriel’.

If approved, this would enable integrated delivery of world-leading eye care for patients, education for students, as well as research for the benefit of the whole population and wider health care system.

The partners and other interested parties drew up a long list of options, which had to meet a set of agreed criteria:

1. Improved patient care and better patient access to ophthalmic clinical care and research.
2. Provision of a facility enabling maximum integration between the partners in the delivery of excellent research, education and clinical care.
3. Location close to other UCL faculties, the Francis Crick Institute and the health science cluster, MedCity, to facilitate collaboration.
4. Creation of more research and education programmes.

The detailed process, including the advantages and disadvantages, can be found on the [Oriel website](https://oriel-london.org.uk/public-consultation/proposed-move-and-options/).

Subject to consultation, the preferred option for Oriel (as documented in various public documents) is to purchase a section of land that has become available at the St Pancras Hospital site, build a new centre, designed to bring together eye care, research and education and to provide the highest quality of care and accessibility for patients, carers, staff, innovators and students.

# 1.2 Why Integrated Impact assessment (IIA)?

An integrated impact assessment supports decision making by evaluating the impact of a proposal, informing public debate and supporting decision makers to meet their Public Equality Sector Duty.

The assessment was achieved by undertaking and combining three different methods reflecting best practice guidance and the commissioners’ preferred approach to equality impact assessment as summarised in figure 1.

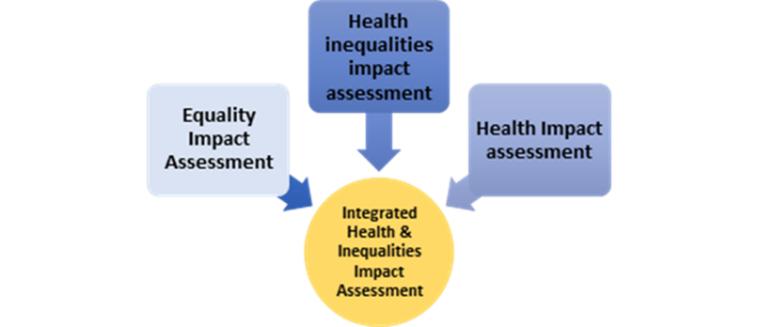
In relation to equality, these responsibilities include assessing and considering the potential impact which the proposed service relocation could have on people with characteristics that have been given protection under the Equality Act, especially in relation to their health outcomes and the experiences of patients, communities and the workforce. With reference to health and health inequalities, the responsibilities include assessing and considering the impact on the whole of the population served by the relevant statutory bodies and identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes.

Figure 1: Integrated health and inequalities impact assessment methodology

# What does the IIA include?

The Commissioners, commissioned MSE Strategy Unit and Partners in July 2019 to:

* Undertake and complete a full Integrated Health Inequalities and Equality Impact Assessment (IIA) as part of the consultation process of the proposed relocation of Moorfields Eye Hospital services from the City Road site to St Pancras site.
* Provide recommendations based on the evidence review conducted as part of the IIA to inform an action plan developed and owned by Commissioners and Moorfields Eye Hospital.
* Ensure the report contains evidence that decision-making arrangements will pay due regard to equalities and inequalities issues and the Brown principles[[1]](#footnote-1).

The assessment uses techniques such as evidenced based research, engagement and impact analysis to understand the impact of change on the population, the impact on groups with protective characteristics and the impact on accessibility and quality of services. The aim of the report is to understand and assess the consequences of change whilst maximising positive impacts and minimising negative impacts of the proposed change.

This IIA is made up of 3 phases defined below;

Phase 1 - A rapid scoping report to identify potentially impacted groups to inform pre-engagement activities.

Phase 2 - A desktop review of “best practice evidence” to identify and develop relevant health outcomes and understand priorities and challenges for key groups.

Phase 3 - A revised and final IIA updated to reflect the results of the public consultation.

Phases 1 and 2 of the Integrated Health Inequalities and Equality Impact Assessment were undertaken by an independent organisation and is published on the consultation website [www.oriel-london.org.uk](http://www.oriel-london.org.uk/).

This document addresses phase three.

**Applicable Standards and Principles**

Key legal principles and guidance recognised and referenced as part of this document are:

Equality

* s.149 - Public Sector Equality Duty (PSED) of the Equality Act 2010.
* Equality and Human Rights Commission’s paper (2012).
* Brown Principles[[2]](#footnote-2).
* The Public Services (Social Value) Act 2012.
* The Autism Act 2009.
* The Children’s Act 2004.
* Section 13G/section.14T of the NHS Act 2006\*.

Health and health Inequalities

* Amendments to the National Health Service Act.
* The Health and Social Care Act 2012.
* NHS Five Year Forward View and NHS Long Term Plan.
* The NHS Constitution.
* The Mayor of London's Health Inequalities Strategy.
* Guidance for NHS commissioners on equality and health inequalities legal duties.

Consultation

* The Gunning and Moseley Principles[[3]](#footnote-3).
* FREDA Principles of Human rights[[4]](#footnote-4).

# The IIA Scope

The following was agreed with the commissioners as scope of this IIA:

1. Patients covered –
   1. The current and future patients from within the CCG areas who commission Moorfields Eye Hospital City Road services (Focusing on 14 CCGs as explained below).
   2. Patients from London, South East and Midlands & East covered under NHS England commissioned specialised services.
2. Population/communities covered-
   1. CCG areas that commission current Moorfields’ City Road Services.
   2. NHS England commissioned specialised services with focus on population of London, Midlands and East and South East Regions as recommended by the commissioners.
3. Workforce – The current workforce at Moorfields Eye Hospital City Road.

Services provided at Moorfields Eye Hospital City Road site are commissioned by 109 NHS Clinical Commissioning Groups (CCGs) and by NHS England Specialised Commissioning across 188 CCG areas (see Appendix 1). Of the 109 CCGs, 14 in London and Hertfordshire hold contracts with a material value (defined as >£2m per annum) with Moorfields for activity at the City Road site.

These 14 CCGs, which comprise Barnet, Camden, City & Hackney, Ealing, Enfield, Haringey, Waltham Forest, Havering, Islington, Newham, Redbridge, Tower Hamlets, East & North Herts and Herts Valley, have undertaken a consultation process on the proposal to change the location of Moorfields Eye Hospital operations from the City Road site.

* 1. The IIA Methodology

The IIA process includes an evidence review, data analysis, linking with outputs from consultation process and stakeholder engagement to identify impacts and then identifying and agreeing mitigation and enhancement actions. Each aspect had specific focus areas as listed below:

* An **evidence review** of eye conditions and other health issues and the risk factors for these and impaired vision ensures all population groups with the potential to be impacted are considered.
* **Descriptive analysis** of the current patient population and health landscape within UK. This includes specific emphasis on areas covered by CCGs and NHS England commissioned specialist services relevant to Moorfields Eye Hospital. This analysis has been used to establish an understanding of the scale of impact. This ensured the response to the impact is proportional to its scale.
* **Comparative analysis** to assess whether different groups of the patient population/staff population, namely those that fall under protected characteristics, are disproportionately impacted by the proposed relocation. This was done within the context of equality and diversity, health inequalities and population health impact. For each category of assessment, themes were used to assess impact following a description of the effect using evidence/data, whether it was positive or negative and would be difficult to remedy or be irreversible.
* **Assessing future demand** for the service and potential impact upon different groups of the patient and workforce population in the context of equality and diversity, health inequalities and population health impact.
* **Iterative process** combining information gathered from the consultation process which included opinion surveys, panel discussions and focus groups. Impact mitigation and enhancement actions were derived using the above steps as well as engagement with various stakeholders.

Each impact was prioritised based on:

1. **Probability** of the impact occurring (using a decision matrix combining scale and duration)
2. **Scale** of those impacted
3. **Duration** of the impact e.g. short, medium or long term

# The IIA assumptions and limitations

* As patients from all over the UK attend Moorfields’ City Road campus, it would be difficult to assess the impact upon all of the population; thus the main population health analysis was undertaken based on the Moorfields Eye Hospital catchment area consisting of 14 CCGs.
* Patients can present with numerous eye conditions, all of which cannot be comprehensively assessed within the context of an integrated impact assessment; thus certain conditions may have been aggregated and placed into smaller categories depending on the nature of the condition.
* Population growth projections are based on ONS 2011 Census and current scenarios thus by default the analysis will assume that current trends will remain constant. The ophthalmology system modelling done by other partners such as Edge Health were used, where needed, rather than create new models.
* The overall impact of travel has been assessed considering both staff and patients together rather than separating workforce.

***Note:*** *Please refer to annex 1.1 – 1.6 for further details regarding the context and IIA process*

# 1.7 How to read the IIA

Each section of the IIA is structured in the below format. A summary of the impacts and evidence based recommendations to increase the likelihood of positive impacts being realised or to mitigate potential negative impacts is outlined below. This will then be followed by the Commissioner’s and Moorfields Eye Hospital’s Action plan which is a developing action plan informed by the recommendations.

2. Equality Impact assessment: the impact on groups with protected characteristics

Equality impact assessment identifies and assesses impacts on a range of affected groups with characteristics protected under the Equality Act 2010, namely: age; gender, disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race and ethnicity; religion and belief; and sexual orientation.

The aim of an Equality Impact Assessment (EIA) is to establish the differential impact of a policy, like service relocation in the case of Moorfields Eye Hospital, on these groups and to consider potential measures which could reduce any negative impacts, especially in relation to health outcomes and the experiences of patients, communities and the workforce. It also seeks to identify opportunities to better promote equality and good relations.

Protected characteristics considered in the analysis as per Equality Act 2010:

1. **Age**: any age group, for example this includes older people; middle years; early years; children and young people.
2. **Gender**: men; women.
3. **Gender reassignment**.
4. **Disability**: includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
5. **Marriage and civil partnership**: people who are married, unmarried or in a civil partnership.
6. **Pregnancy and maternity**: women before and after childbirth; breastfeeding.
7. **Race and ethnicity**: people from different ethnic groups.
8. **Religion and belief**: people with different religions or beliefs, or none.
9. **Sexual orientation**: lesbian; gay; bisexual; transgender; queer; heterosexual.

Other categories considered in the analysis were:

1. **People seeking asylum**.
2. **As part of ethnicity we were asked to looked Gypsy, Roma and traveller communities in detail**

*(Detailed definitions included in Annex 2)*

2.1 Data Analysis:

The detailed analysis undertaken for this section can be found in Annex 2.1 to 2.12.

Out of the eleven characteristics listed above, the proposal - to move from City Road site to St Pancras, had positive and/or negative impact on patients with following protected characteristics:

**Age, gender, race and ethnicity, disability, pregnancy and maternity**

This impact assessment also analysed other protected characteristics including religion/belief, sexual orientation, gender reassignment, people seeking asylum in detail. There was limited or no evidence to suggest that the current proposed relocation of the service from City Road to St Pancras would have any disproportionate impact on these groups of people.

2.2 Summary of impacts on people with protected characteristics and supporting action plan

Impacts of the proposed relocation of Moorfields Eye Hospital on people with protected characteristics can be summarised as below:

**Positive impacts**

* The current buildings that services operate from are largely old Victorian buildings or smaller buildings where accessibility was not considered in the original design. A new building would comply with modern standards for disabled access and other disabilities such as sensory needs. This would have a positive impact on the needs of people with disabilities.
* The proposed new centre will have improved provision for patient care and experience. The proposed new centre will have facilities that are more user friendly, will promote better accessibility, with enhanced opportunities for signposting and site accessibility for the elderly, people with disabilities as well as the general user population. A specific example would be for those who are pregnant or have children. Parents with babies and young children will require facilities for baby changing and breast feeding support. There will be opportunities in the new building to provide better facilities and support for parents with young children. The draft report for consultation with people with protected characteristics and rare conditions, also cites access to services within the proposed new centre as a positive impact.
* The new centre will help to integrate eye care with research and education. This will help to bring research more into the mainstream of care. Patients with protected characteristics who have a higher risk of poor eye health will most likely benefit from involvement in and the results of this integration with research and education.
* Compared with the current access to the City Road site, there are benefits in the new journey such as step-free access at the King’s Cross St Pancras interchange and a better quality pedestrian environment in the area. The proposed new centre will also have more options for different transport methods compared to the single tube line station of the Old Street site.
* The proposed new centre will also be an opportunity to improve access to the proposed drop off area by private motor vehicles for those relying on this mode of transport.

**Recommendations based on evidence review**

1. A significantly large proportion of the population with disabilities also have sight related issues. In order to increase the likelihood of positive impacts being realised it is important to ensure the patients/staff and carer populations with disabilities are aware of the positive impacts that the new building will have on accessibility. Input from affected groups can be sought through co-design of new facilities. This could be done by gathering feedback by holding focus groups, panel discussions and events with various subsets of the population and use patients with disabilities, staff and carer representatives to champion the positive impact of the proposed relocation.
2. Ensuring that sufficient wheelchair access and drop off points are available across the proposed new centre is important, as well as ensuring that technology designed to support disabilities such as visual impairments are explained, promoted and meet the needs of patients.
3. In the public consultation, 62% of respondents over 50 years age felt that the new centre is needed to create more space for patients and improve their experience when receiving care. To increase the likelihood of this message being spread and positive impact realised, champions from this group need to be identified and engaged. They could be part of the co-production sessions and overall communication programme for the new proposal.
4. A high proportion of respondents felt that the new centre is needed to integrate eye care with research and education. Champions from protected characteristic groups could be identified and engaged to support a wider engagement and communication on how this proposed relocation will help deliver better integrated eye care with research and education.

**Negative impacts (in priority order)**

* Relocation of the services to a new centre could make patient/staff journeys in accessing the service more complicated for some as the walking distance to the St Pancras site is on average 3 mins 35 seconds further from the nearest main transport hub (depending on method of public transport). This is an average time and this could take longer for a patient with a visual impairment or disability.
* Increased walking distance will impact on patients for a number of reasons such as time spent travelling, anxiety and stress of a different (or potentially longer) journey, difficulty navigating the new unfamiliar route for those who may have a disability.
* The route itself will have a significant impact on those with disabilities who will need to navigate a new and unfamiliar route, particularly if the route is longer or busier.
* 24% of respondents over the age of 50 who participated in the public consultation survey, were concerned that moving from City Road to St Pancras would mean walking further. Some respondents to the public consultation survey felt that there will be insufficient parking spaces at the St Pancras site. However the parking situation at the proposed new centre will not be dissimilar to the current parking situation at Old Street site. The proposed relocation has also prompted concerns about access to disabled parking bays especially for wheelchair users
* The Consultation report identified LGBTQ+ patients can sometimes feel more vulnerable and anxious in a hospital environment.

Recommendations based on evidence review

1. More work could be done, where needed, to better understand the negative impacts more fully with those groups affected and wider stakeholders. This should add to the work already being done with patients with protected characteristics.
2. In doing this it is important to emphasise that although walking may be more challenging for some, for some staff and patients living outside of London the journey to the proposed new centre may be less complicated due to better transport connections to Greater London and mainline routes nationwide into St. Pancras, thus reducing the overall journey.
3. It is advised to work with the local authorities and TfL to design accessible routes from public transport links that are free of obstacles, safe and easy to navigate. The additional walk required to the new site will need to be considered to ensure patients feel supported to navigate the unfamiliar and busy environment between the station and the proposed new site. Identifying patient champions to support the design of accessible routes is key.
4. It is also advised, to liaise with planning teams to assess the provision for disabled parking spaces at the St Pancras site and if there is a need for bays or drop off points.
5. It is important staff and volunteers receive equality and diversity training and are trained to support lesbian, gay, bisexual, transgender, queer (LGBTQ+) patients to ensure there are no barriers to effective care for patients when navigating services.

**Other Recommendations in light of consultation responses**

Following consultation with people with protected characteristics and rare conditions a draft report has been produced that summarises the outcome of 38 targeted meetings and conversations with people with protected characteristics. The below list of suggested actions is from those conversations, not all are specific to the proposed relocation.

1. Moorfields Eye Hospital should continually improve and develop patient information in multi formats, with advice and in partnership with patient representatives.
2. Consultation feedback should inform developments in patient liaison and support, staff training such as in sight loss awareness and design of the proposed new centre.
3. Co-production between design teams and patient representatives should be embedded within the development of the proposed new centre.
4. Moorfields Eye Hospital is already improving awareness and communications with support from voluntary sector partners and this should be explicit in the development of the proposed new centre.
5. There are already support services in place and longer appointment times for those who need it. We should review the availability and communications about support.
6. Improving awareness and communications with people with protected characteristics should be included in an accessibility plan as part of the development of the proposed new centre.
7. Consultation feedback should inform continuing improvements in patient experience.
8. A comprehensive communications campaign should be part of the plan for change, should the proposed relocation go ahead.
9. Staff should receive equality and diversity training to understand the range of gender identities of service users so they can address patients correctly as the gender they identify as.
10. The design of the proposed new centre should consider the needs of all LGBT+ people including those who are non-binary.
11. Health Inequalities Impact Assessment

The Health inequalities impact assessment identifies and assesses health inequalities and the impact of the proposed changes for the local community. The aims of a health inequalities impact assessment include identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes.

The World Health Organisation (WHO) defines health inequities or health inequalities as ‘avoidable inequalities in health between groups of people within countries and between countries.’ Such inequities arise from inequalities within and between societies. According to the WHO, ‘social and economic conditions and their effects on people’s lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.’

Unlike the protected characteristics listed in the Equality Act 2010, there is no list of groups enshrined in the National Health Service Act 2006 in relation to the duties on reducing health inequalities. However, research has identified that a range of groups and communities are at greater risk of poorer access to health care and poorer health outcomes[[5]](#footnote-5). Groups other than protected characteristics who face health inequalities:

* Looked after and accommodated children and young people.
* Carers: paid/unpaid; family members.
* Homeless people or those who experience homelessness: people on the street; those staying temporarily with friends/family; those in hostels/B&Bs.
* Those involved in the criminal justice system: offenders in prison/on probation, ex-offenders.
* People with addictions and substance misuse problems.
* People who have low incomes.
* People living in deprived areas.
* People living in remote, rural and island locations.
* People with enduring mental ill health.
* People in other groups who face health inequalities.

A detailed analysis and assessment of the above areas of health inequality impacts is presented in annex 3.1 – 3.7. Please note that analysis for people with low income has been included in deprivation analysis.

* 1. Summary of impacts of health inequalities

There have been very few impacts identified across health inequalities directly linked to the proposed relocation to St. Pancras that haven’t already been identified under the Equalities Impact Assessment.

**Positive impacts**

* It is difficult to ascertain whether the relocation of Moorfields’ City Road services will disproportionately impact those that are carers. Some patients may attend Moorfields with a carer. Carers travelling with patients may benefit from the proposed new centre having new and more comfortable facilities and waiting areas and improved wheelchair accessibility. For carers and patients travelling by car there may be benefit from the proposed new centre having clearly signposted pick up and drop off areas.

Recommendations based on evidence review

1. Based on the consultation survey, 90% of respondents who are carers stated that clear information about how to get to the proposed new centre is important to them; therefore potential negative impacts of complicated travel journeys and longer travel times need mitigating not only for patients but for carers and parents as well. Parents will need clear communication regarding navigation, specifically around any changes they may experience to their access to the Ronald McDonald House charity service located in the Richard Desmond Children’s Eye Centre of Moorfields for families to stay during their children’s care.
2. In order to enhance the positive impact it is important to ensure that the improved design and technology aspects of the proposed new centre are communicated widely to all subsets of the population including carers. This includes digital systems and interior aids for navigation.

**Negative impacts (in priority order)**

* It is difficult to quantify the impact the proposed relocation will have on patients with mental health conditions. Analysis of the relocation has, however, identified the risk of increased anxiety and stress for both patients and staff. This has been identified in navigating to and around the site, however, this is not limited to navigation and could also be as a result of using new assistive technology, new processes on entering the new centre and so on.
* Research into mental health conditions, life expectancy inequality, concurrent eye conditions and blindness focus on the correlation with over 65s. Therefore impacts experienced by these groups are likely to mirror those experienced by over 65’s which has been identified through assessing the impact of age. These impacts were largely concerned about the journey being more complicated and there will be an increased walking distance to the proposed new centre. The assumption can be made that the relocation will have some impact both negative and positive on journey times depending on where the patient resides.
* Deprivation is a key risk factor for ill health, including eye conditions. In the Moorfields Eye Hospital catchment area, Tower Hamlets is in the top 10% of boroughs that are most income deprived in England, and five others in this area are in the top 20% most income deprived. Therefore, some boroughs within the catchment area may experience a negative impact if travel costs increase, particularly those in the 20% most deprived areas (see Annex for detail).

Recommendations based on evidence review

1. Consider the impact of anxiety and stress that may be felt by patients and staff as a result of the move. Ensure that support is clear and accessible to patients and staff, with clear process explaining how to access mental health and well-being support if needed.
2. When planning actions to mitigate any potential negative impacts on patients coming from deprived areas, the focus should be on the deprived communities highlighted in the data analysis.
3. Recommendations related to travel and parking features in the EQIA summary also apply to the impacts noted here. However some of the messaging relating to this impact need consideration and co-production with people experiencing health inequalities (See section 2).
4. Ensuring that patients are aware of the criteria for NHS funded transport and if they are eligible to receive transport. Currently patients are unable to travel with carers when using this transport, this may be a barrier for some patients at present.
   1. Link to Mayor of London’s Health Inequalities strategy

Background:

The Mayor of London's Health Inequalities Strategy[[6]](#footnote-6) was also considered as part of this analysis. The five key areas under this are:

**Healthy Children** – helping every London child to have a healthy start in life by supporting parents and carers, early years settings and schools.

**Healthy Minds** – supporting Londoners to feel comfortable talking about mental health, reducing stigma and encouraging people across the city to work together to reduce suicide.

**Healthy Places** – working towards London having healthier streets and the best air quality of any major global city, ensuring all Londoners can access to good-quality green space, tackling income inequality and poverty, creating healthy workplaces, improving housing availability, quality and affordability, and addressing homelessness and rough sleeping.

**Healthy Communities** – making sure all Londoners have the opportunity to participate in community life, empowering people to improve their own and their communities’ health and wellbeing.

**Healthy Living** – helping Londoners to be physically active, making sure they have access to healthy food, and reducing the use of or harms caused by tobacco, illicit drugs, alcohol and gambling.

A scoping exercise was undertaken to identify areas of the Mayor’s Inequalities Strategy that would also be considered in the IIA. The scoping table is in Appendix 2. Most of the recommendations addressing themes in the Mayor’s inequalities strategy are outside the scope of relocation and hence do not appear in the IIA, for example, ensuring Londoners have access to green space. Some themes, such as healthy workplaces, may be relevant to service design at the proposed new centre. They are included in the appendix to ensure they are available for the teams when they need it.

1. Health Impact Assessment

The Health impact assessment identifies and assesses health outcomes, service impacts and workforce impact of the proposed changes for the local community. The aims of a health impact assessment include assessing and considering the impact on the whole of the population served by the relevant statutory bodies and identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes.

Health Impact Assessments emerged as the recommended tool for maximising the health of the population through embedding health in all policies with the publication of the Gothenburg consensus. The framework, which was produced by the World Health Organization [WHO] European Centre for Health Policy, was underpinned by four core values: sustainable development, equity, democracy and the ethical use of evidence[[7]](#footnote-7).

Based on an initial scoping exercise and evidence review we identified the main aspects within the context of health and the wider determinants of health that potentially have the greatest impact on eye health. These are:

1. Prevalence of blindness and eye conditions.
2. Dementia
3. Learning Disabilities[[8]](#footnote-8)
4. Smoking prevalence
5. Comorbidities and conditions that require more follow ups.
6. Impact to those living in remote, rural or island locations.

The detailed analysis and assessment of the above areas of health inequality impacts is presented in annex 4.1 – 4.5.

* 1. Summary of impacts of the health assessment

There have been very few impacts identified across health directly linked to the proposed relocation to St. Pancras that haven’t already been identified as part of protected characteristics or health inequalities section.

Positive impacts (in priority order)

* The proposed new centre will have improved provision for interior design and signage to help patients to navigate the building. It will also have improved digital technology to guide patients through their appointment process; both aspects were deemed as very important for those registered as blind or partially blind based on survey responses and meetings held as part of the consultation process.
* There is a correlation between comorbidities affecting eye health, such as diabetes and BAME communities; thus an assumption can be made that this population will be similarly impacted by the relocation. BAME communities felt a new centre was needed to integrate care and felt the relocation was positive because of this (see section 2.2 relating to Race and Ethnicity).
* The improved interior design of the proposed new centre will not only benefit patients but staff as well. Based on the consultation, 85% of staff respondents think a new centre is needed. This will provide opportunity to improve staff areas and support to them.

Recommendations based on evidence review

1. In order to enhance the positive impact it is important to ensure that the improved design and technology aspects of the proposed new centre are co-produced and then communicated widely to all subsets of the population.
2. There have been very few impacts identified across health directly linked to the proposed relocation to St. Pancras that haven’t already been identified as part of protected characteristics or health inequalities section.

Negative impacts (in priority order)

* Based on the data analysis, the majority of the population who have blindness and common eye conditions such as age-related macular degeneration (AMD) and glaucoma are aged over 65 and the majority of the population experiencing falls or dementia are also aged over 65; thus, the same assumption can be made that this population will be similarly impacted by the proposed relocation as discussed under protected characteristics (see section 4.1 Age).
* It is difficult to ascertain whether the relocation of the services will disproportionately impact those that are overweight and obese given the current information available. However, In 2017/18, 56% of adults (over the age of 18) in London were classified as overweight or obese (Centre for London). Potential negative impacts could include longer walking distances (specifically for those who are overweight/obese or have obesity attributable chronic diseases which can hinder mobility) to the proposed new centre.
* It is difficult to identify the proportion of those living in remote, rural or island locations. Impacts are likely to mirror those featured within the EQIA for age and ethnicity around concerns of travel, perception of travel becoming more complicated or further walking to the proposed new centre. The impact for those living in remote locations may not change or may even become easier as St. Pancras is better connected to locations outside of London. (see section 42.12 Age)

Recommendations based on evidence review

* 1. Recommendations related to travel and parking features in the EQIA summary also apply to the impacts noted here. See 42.1
  2. As part of the new design of the proposed new centre and services, consideration should be given to ease of navigation and making the proposed new centre a healthy environment for people with sight problems, those with dementia and other affected population subgroups.
  3. It is difficult to ascertain whether the relocation of Moorfields Eye Hospital will disproportionately impact those that present with dementia. The majority of the population presenting with dementia are aged over 65; thus, the assumption can be made that this population will be similarly impacted by the proposed relocation as those over 65 (see section 4.1 Age). Clinical environments can be made more dementia friendly, considering elements in design and construction. A lot of evidence is already published around this as well as organisations like Alzheimer’s UK who could be approached, if not already part of the consultation and engagement activity.

1. Specialised commissioning

Specialised services support people with a range of rare and complex conditions. Specialised services are not available in every hospital because they must be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills training and experience. Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally and regionally by NHS England. Specialised services are commissioned by NHS England (London) for the region in which Moorfields Eye Hospital is located. They often involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions.

Annex 5 describes the estimated future growth and prevalence of eye conditions treated within specialised ophthalmology services. There is likely to be a small predicted growth increase in specialised services activity (estimated at an average annual growth rate for outpatients of 1.6%[[9]](#footnote-9)) during the period of the proposed relocation but this is not expected to be impacted by the proposed relocation itself. Some patients currently receiving ocular oncology treatment are cared for at Bart’s Hospital and this service will not move to the proposed new centre.

* 1. Summary of impacts to specialised commissioning

**Summary of Impact**

Based on analysis, specialised commissioning is not foreseen to change as a result of the proposed relocation. Specialised commissioning is block contracted and services are expected to continue as currently provided.

Based on the data, a large proportion of specialised activity is related to paediatrics. As per the current plan, the proposed new centre will accommodate a 24/7 A&E in the new building co-located with all other services. This means patients will have a better experience as they can more easily navigate their way from A&E into Ophthalmology and other supporting services. It will also mean children will have a more suitable and consistent environment designed for them which is co-located and available 24 hours a day. At present, children attending A&E out of hours will attend a dedicated section of the adult A&E at the City Road site.

1. Next steps

The Oriel team will work with its partners and various identified stakeholders to develop the action plans identified in this impact assessment further.

Appendix 1:

**All CCGs that commission services from Moorfields Eye Hospital**

|  |  |  |  |
| --- | --- | --- | --- |
| **London Region** | **Midlands & East of England Region** | **South of England Region** | **North of England Region** |
| Barking and Dagenham | NHS Basildon and Brentwood | NHS Ashford CCG | NHS Airedale, Wharfedale and Craven CCG |
| Barnet | NHS Bedfordshire | NHS Aylesbury Vale CCG | NHS Barnsley CCG |
| Bexley | NHS Birmingham Crosscity | NHS Bath and North East Somerset CCG | NHS Bassetlaw CCG |
| Brent | NHS Birmingham S. & Central | NHS Bracknell and Ascot CCG | NHS Blackburn with Darwen CCG |
| Bromley | NHS Cambs & Peterborough | NHS Brighton and Hove CCG | NHS Bolton CCG |
| Camden | NHS Cannock Chase | NHS Bristol CCG | NHS Bradford Districts CCG |
| Central London (Westminster) | NHS Castle Point & Rochford | NHS Canterbury and Coastal CCG | NHS Darlington CCG |
| City and Hackney | NHS Corby | NHS Chiltern CCG | NHS Doncaster CCG |
| Croydon | NHS Coventry and Rugby | NHS Coastal West Sussex CCG | NHS Durham Dales, Easington and Sedgefield CCG |
| Ealing | NHS Dudley | NHS Crawley CCG | NHS East Lancashire CCG |
| Enfield | NHS East & North Hertfordshire | NHS Dartford, Gravesham and Swanley CCG | NHS East Riding of Yorkshire CCG |
| Greenwich | E. Leicestershire & Rutland | NHS Dorset CCG | NHS Eastern Cheshire CCG |
| Hammersmith & Fulham | NHS Erewash | NHS East Surrey CCG | NHS Fylde and Wyre CCG |
| Haringey | Great Yarmouth and Waveney | NHS Eastbourne, Hailsham and Seaford CCG | NHS Greater Huddersfield CCG |
| Harrow | NHS Herefordshire | NHS Fareham and Gosport CCG | NHS Greater Preston CCG |
| Havering | NHS Herts Valleys | NHS Gloucestershire CCG | NHS Halton CCG |
| Hillingdon | NHS Ipswich & East Suffolk | NHS Guildford and Waverley CCG | NHS Hambleton, Richmondshire and Whitby CCG |
| **London Region** | **Midlands & East of England Region** | **South of England Region** | **North of England Region** |
| Hounslow | NHS Leicester City | NHS Hastings and Rother CCG | NHS Harrogate and Rural District CCG |
| Islington | NHS Lincolnshire East | NHS High Weald Lewes Havens CCG | NHS Hartlepool and Stockton-on-Tees CCG |
| Kingston | NHS Lincolnshire West | NHS Horsham and Mid Sussex CCG | NHS Heywood, Middleton and Rochdale CCG |
| Lambeth | NHS Luton | NHS Isle of Wight CCG | NHS Hull CCG |
| Lewisham | NHS Mansfield and Ashfield | NHS Kernow CCG | NHS Knowsley CCG |
| Merton | NHS Mid Essex | NHS Medway CCG | NHS Leeds North CCG |
| Newham | NHS Milton Keynes CCG | NHS Newbury and District CCG | NHS Leeds West CCG |
| Redbridge | NHS Nene | NHS North and West Reading CCG | NHS Liverpool CCG |
| Richmond | NHS Newark & Sherwood | NHS North East Hampshire and Farnham CCG | NHS Manchester CCG |
| Southwark | NHS North Derbyshire | NHS North Hampshire CCG | NHS Morecambe Bay CCG |
| Sutton | NHS North East Essex | NHS North Somerset CCG | NHS Newcastle Gateshead CCG |
| Tower Hamlets | NHS North Norfolk | NHS North West Surrey CCG | NHS North Cumbria CCG |
| Waltham Forest | NHS North Staffordshire | NHS N, E, and Western Devon CCG | NHS North Durham CCG |
| Wandsworth | NHS Norwich | NHS Oxfordshire CCG | NHS North East Lincolnshire CCG |
| West London | NHS Nottingham City | NHS Portsmouth CCG | NHS North Kirklees CCG |
|  | Nottingham North and East | NHS Slough CCG | NHS North Lincolnshire CCG |
|  | Redditch and Bromsgrove | NHS Somerset CCG | NHS North Tyneside CCG |
|  | NHS Rushcliffe | NHS South Devon and Torbay CCG | NHS Northumberland CCG |
|  | Sandwell and West Birmingham | NHS South Eastern Hampshire CCG | NHS Rotherham CCG |
| **London Region** | **Midlands & East of England Region** | **South of England Region** | **North of England Region** |
|  | NHS Shropshire | NHS South Gloucestershire CCG | NHS Salford CCG |
|  | NHS Solihull | NHS South Kent Coast CCG | NHS Scarborough and Ryedale CCG |
|  | SE Staffordshire & Seisdon | NHS South Reading CCG | NHS Sheffield CCG |
|  | NHS South Lincolnshire | NHS Southampton CCG | NHS South Sefton CCG |
|  | NHS South Norfolk | NHS Surrey Downs CCG | NHS South Tees CCG |
|  | NHS South Warwickshire | NHS Surrey Heath CCG | NHS St Helens CCG |
|  | NHS South West Lincolnshire | NHS Swale CCG | NHS Sunderland CCG |
|  | NHS South Worcestershire | NHS Swindon CCG | NHS Trafford CCG |
|  | NHS Southend | NHS Thanet CCG | NHS Vale of York CCG |
|  | NHS Southern Derbyshire CCG | NHS West Hampshire CCG | NHS Wakefield CCG |
|  | NHS Stafford and Surrounds | NHS West Kent CCG | NHS Warrington CCG |
|  | NHS Stoke on Trent | NHS Wiltshire CCG | NHS West Cheshire CCG |
|  | NHS Telford and Wrekin CCG | NHS Windsor, Ascot and Maidenhead CCG | NHS Wigan Borough CCG |
|  | NHS Thurrock | NHS Wokingham CCG |  |
|  | NHS Walsall |  |  |
|  | NHS Warwickshire North |  |  |
|  | NHS West Essex |  |  |
|  | NHS West Leicestershire |  |  |
|  | NHS West Norfolk |  |  |
|  | NHS West Suffolk |  |  |
|  | NHS Wolverhampton |  |  |

Appendix 2: Link to Mayor’s Strategy

|  |  |  |  |
| --- | --- | --- | --- |
| **5 Key Areas** | **Objectives set out in the Mayor’s report** | **Recommendations from the Mayor’s report** | **In Scope for IIA?** |
| **Healthy Children** | This strategy sets out four objectives to help achieve the Mayor’s aim, that every London child has a healthy start in life:   1. Parents and carers are supported to give all London’s children the best possible start in life. 2. Early years settings and schools nurture the health and wellbeing of children and families, with programmes reaching the most vulnerable. 3. Action is taken to help children achieve and maintain a healthy weight, with focused support for those communities with high rates of child obesity. 4. All of London’s children and young people have the support they need to grow into healthy, resilient adults. | The Mayor’s strategy lists Priorities to be led by external partners:   * Government should back the London Child Obesity Taskforce by taking bold action to protect children from marketing of high fat and high sugar foods and developing a route map to progress action on reformulation of food to reduce fat, sugar and salt context, and portion size. * Government should act to address the insufficient and inequitable levels of funding for child mental and emotional health in schools. Further, government should accelerate the proposed improvements42 to school-based mental and emotional health provision so London children’s needs are met as soon as possible, rather than a phased roll out up to 2025. * The NHS and local authorities should ensure there is fair access to child and adolescent mental health services across the capital, working with schools, youth services and youth offending teams. * Employers should routinely provide flexible and family-friendly working, using the standards set out in the London Healthy Workplace Charter and the forthcoming Good Work Standard. * The NHS and local authorities should work together to improve links between midwifery, health visiting and children’s services to support vulnerable parents and opportunities for positive parenting in the early years. * The NHS and local authorities should improve postnatal and perinatal mental health care services, and support for breast feeding and smoking cessation, all of which can have a significant impact on the life chances and wellbeing of mothers, babies and families. * The NHS should ensure that GPs and health and care professionals are aware of ‘social prescribing’ (see Healthy Communities) pathways to support, including through relevant Mayoral and borough initiatives relating to early years. * Partners should come to together to address inequalities in child oral health in London, building on proposals for the development of a programme for 0-4 year olds focused on promoting the importance of registering children with dentists and regular visits. | The IIA will analyse the impact of proposed relocation on accommodated and looked after children and paid & unpaid carers.  Nothing else is in scope for the IIA.  However, the service redesign and HR-OD team for the proposed new centre can look at ways through which the priorities under this section can be addressed |
| **Healthy Minds** | This strategy sets out five objectives to achieve the Mayor’s aim that all Londoners share in a city with the best mental health in the world   1. Mental health becomes everybody’s business. Londoners act to maintain their mental wellbeing, and support their families, communities and colleagues to do the same. 2. Londoners’ mental health and physical health are equally valued and supported. 3. No Londoners experience stigma linked to mental ill health, with awareness and understanding of mental health increasing city-wide. 4. London’s workplaces support good mental health. 5. Action is taken across London to prevent suicide, and all Londoners know where to get help when they need it. | What the Mayor will do to support change   * Use the London Health Board to champion mental health, including through challenging the NHS to achieve parity between physical and mental health care. * Use Thrive LDN to address stigma and discrimination associated with poor mental health through a number of projects and programmes. * Support people with mental health problems to return to and remain in work by creating healthier workplaces (i.e. through the London Healthy Workplace Charter and the forthcoming Good Work Standard) and through his support for the devolution of the work and health programme. * Work with the NHS, local authorities and London’s police forces to ensure that Londoners have access to urgent treatment and care when required, including implementation of the section 136 pathway into a health based place of safety. * Work with boroughs to support the localisation of Thrive LDN – with the aim of rolling it out in every London borough, delivering benefits like mental health first aid training in the workplace and suicide prevention.   Priorities to be led by external partners   * The NHS and local authorities to roll-out their innovative new digital mental health and wellbeing service, Good Thinking – aiming to prevent common mental health problems * The NHS should deliver improvements in access to evidence based services for first episode of psychosis and for psychological therapies (including through digital solutions), particularly services for young people * The NHS should work to increase screening uptake, early detection and access to evidence based physical care assessments and interventions for people with severe mental illness, to address physical ill health and premature mortality | The IIA will look at impact of proposed relocation for those with enduring mental health problems, however, workplace objectives, reducing stigma and encouraging people across the city to work together to reduce suicide is not in scope of IIA but may be covered in other work streams |
| **Healthy Places** | 1. London’s air quality improves, and fewer Londoners are exposed to harmful pollution – especially in priority areas like school. 2. The planning system is used to create healthier neighbourhoods, and the Healthy Streets Approach is adopted. | Priorities to be led by external partners   * The government should make more funding available to invest in affordable housing for Londoners. * The NHS, local authorities, planning authorities, businesses and land owners should do everything possible to reduce toxic emissions from buildings, estates and vehicle fleets in London. * Employers across London should improve workforce health, for example through the adoption of the London Healthy Workplace Charter and the forthcoming Good Work Standard, and pay the London Living Wage for staff. They should focus in particular on those who are at higher risk of poor health outcomes, for example in lower paid roles. This should include the NHS, who should ensure all hospitals provide healthy settings for staff, as well as for patients and carers, such as the food environment, air quality, and smoking on estates. * Further, the NHS should work to enhance the role that their larger settings play as ‘anchor institutions’ in localities – addressing health inequalities in the place beyond the setting itself, by supporting healthy local environments and economic growth, e.g. by supporting local populations in training and jobs. * Government should revisit the evidence on free school meals and consider whether there is scope to extend the reach of the policy, as part of a strategy to tackle child obesity and child poverty. * The Mayor calls for an end to vulnerable people being discharged to the street and sleeping rough following a hospital inpatient stay. | Not in scope |
| 1. London is a greener city where all Londoners have access to good quality green and other public spaces. | Not in scope |
| 1. The impact of poverty and income inequality on health is reduced. | Yes, through analysis of the impact for those living in deprivation. |
| 1. More working Londoners have health-promoting, well paid and secure jobs. | Not in scope |
| 1. Housing availability, quality and affordability improves. | Not in scope |
| 1. Homelessness and rough sleeping in London are addressed. | Yes, through analysis of the impact for homeless people and those who experience homelessness/ temporary accommodation. |
| **Healthy Communities** | This strategy sets out five objectives to help achieve the Mayor’s aim that all London’s diverse communities are healthy and thriving:   1. There are more opportunities for all Londoners to take part in community life. 2. Londoners are empowered to improve their own and their communities’ health and wellbeing. 3. Social prescribing becomes a routine part of community support across London. 4. People and communities are supported to tackle HIV, TB and other infectious diseases and address the stigma around them. 5. London’s communities feel safe, and are united against all forms of hatred. | Priorities to be led by external partners   * Government should address the discriminatory impacts of the hostile environment, including inappropriate use of NHS data sharing with the Home Office and NHS overseas visitor charges regulations. * Explore how more local facilities, like leisure centres, libraries and schools could be used as shared resources with the community, in order to support community groups to address community health and wellbeing. * The NHS should explore how to engage with communities and citizens more effectively, involving them directly in decisions about the future of health and care services and involving patients and the public in commissioning processes and decisions. * Partners, through the London TB Control Board, should work to ensure that progress in TB control is maintained, including action on arrangements for hospital discharge and accommodation for those with no recourse to public funds, on treatment and on screening for latent TB infection. | Not in scope |
| **Healthy Living** | 1. All Londoners achieve at least the minimum level of daily activity needed to maintain good health.  2. All Londoners have access to healthy food. | Priorities to be led by external partners   * Local authorities and businesses should consider adopting the Public Health England guidance on catering standards for employers. * The NHS should ensure that health and social care staff access MECC training, and build on London’s MECC framework and tools to support healthy living. * The NHS should embed MECC approaches in its work, to improve staff health and wellbeing | Not in scope |
| 3. Steps are taken to reduce the use of, or harms caused by tobacco, illicit drugs, alcohol and gambling. | * Local authorities, NHS, and the voluntary and community sectors, should share learning and good practice on how to address alcohol and drug related harm for our most vulnerable citizens, and monitor and raise the profile of gambling related harm. | The impact of the proposed relocation on population with substance misuse and smoking will be included in the report, however, the impact gambling is out of scope. |

1. R. (Brown) v. Secretary of State for Work and Pensions [2008] EWHC 3158 at paras 90-96. [↑](#footnote-ref-1)
2. R. (Brown) v. Secretary of State for Work and Pensions [2008] EWHC 3158 at paras 90-96. [↑](#footnote-ref-2)
3. https://www.local.gov.uk/sites/default/files/documents/The%20Gunning%20Principles.pdf [↑](#footnote-ref-3)
4. https://www.cambridge.org/core/services/aop-cambridge-core/content/view/0459124A5DF648BE941396FC4F61E1D6/S175832090000490Xa.pdf/freda\_a\_human\_rightsbased\_approach\_to\_healthcare.pdf [↑](#footnote-ref-4)
5. <https://www.england.nhs.uk/wp-content/uploads/2019/01/ehia-long-term-plan.pdf> [↑](#footnote-ref-5)
6. https://www.london.gov.uk/sites/default/files/health\_strategy\_2018\_low\_res\_fa1.pdf [↑](#footnote-ref-6)
7. <https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-10-13> [↑](#footnote-ref-7)
8. <https://www.seeability.org/Handlers/Download.ashx?IDMF=511dbb2c-08fb-40e8-b568-a2ed38a4ea13> [↑](#footnote-ref-8)
9. Edge Health. Future Ophthalmology activity in North London and the surrounding area. September 2019 [↑](#footnote-ref-9)