



Derby City Council

Equality impact assessment form

Directorate: Adults, Health and Housing

Service area: Public Health

**Name of policy, strategy, review or function
being assessed: Health & Wellbeing Strategy**

Date of assessment: 26/03/2015

Signed off by

**Cabinet, Personnel Committee or Chief Officer
Group's decision:**

Date published on website

Equality impact assessment – please read this section first before you do the assessment

This is our equality impact assessment form to help you equality check what you are doing when you are about to produce a new policy, review an older one, write a strategy or plan or review your services and functions. In fact you need to do an equality impact assessment whenever a decision is needed that affects people and **before** that decision is made.

So why do we need to do equality impact assessments? Although the law does not require us to do them now, the courts still place significant weight on the existence of some form of documentary evidence of compliance with the **Public Sector Equality Duty** when determining judicial review cases. This method helps us to make our decisions fairly, taking into account any equality implications, so yes we still need to do them.

The Public Sector Equality Duty is part of the Equality Act 2010 and this Duty requires us as a public body to have ‘**due regard**’ to eliminating discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act. It requires us to advance equality of opportunity and foster good relations between people who share a ‘**relevant protected characteristic**’ and people who don’t.

Having ‘due regard’ means:

- removing or minimising disadvantages suffered by people due to their protected characteristics
- taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- encouraging people with certain protected characteristics to participate in public life or in other activities where the participation is disproportionately low.

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity

- race
- religion or belief
- sex
- sexual orientation

This completed form should be attached to any Chief Officer Group, Cabinet or Personnel Committee report to help elected members make their decisions by taking the equality implications into account. Equality impact assessments **must be done before** decisions are made. Include the Cabinet or Personnel Committee's decision on the front sheet when you know it.

You'll find that doing these assessments will help you to:

- understand your customers' and communities needs
- develop service improvements
- improve service satisfaction
- demonstrate that you have been fair and open and considered equality when working on re-structuring
- make sure you pay due regard to the requirements of the Public Sector Equality Duty.

Don't do the form by yourself, get a small team together and make sure you include key people in the team such as representatives from our Diversity Forums and employee networks and you could invite trade union representatives too – the more knowledge around the table the better. You also need to decide how and who you will consult with to help inform the equality impact assessment. Our Lead on Equality and Diversity can help with useful contacts – we have a team of people who are used to doing these assessments and can help with information on barriers facing particular groups and remedies to overcome these barriers.

You'll need to pull together all the information you can about how what you are assessing affects different groups of people and then examine this information to check whether some people will be negatively or positively affected. Then you'll need to look at ways of lessening any negative effects or making the service more accessible – this is where your assessment team is very useful and you can also use the wider community.

Agree an equality action plan with your assessment team, setting targets for dealing with any negative effects or gaps in information you

may have found. Set up a way of monitoring these actions to make sure they are done and include them in your service business plans.

When you have completed the assessment, get it signed by your Head of Service or Service Director and send it to our Lead on Equality and Diversity for checking and to publish on our website. It is a public document so must not contain any jargon and be easy to understand.

Remember, we need to do these assessments as part of our everyday business, so we get our equality responsibilities right and stay within the law – Equality Act 2010.

Equality groups and protected characteristics

These are the equality groups of people we need to think about when we are doing equality impact assessments and these people can be our customers or our employees and job applicants...

- Age equality – the effects on younger and older people
- Disability equality – the effects on the whole range of disabled people, including Deaf people, hearing impaired people, visually impaired people, people with mental health issues, people with learning difficulties and people with physical impairments
- Gender reassignment – the effects on trans people
- Marriage and civil partnership equality
- Pregnancy and maternity equality - women who are pregnant or who have recently had a baby, including breast feeding mothers
- Race equality – the effects on minority ethnic communities, including newer communities, gypsies and travellers and the Roma community
- Religion and belief or non-belief equality – the effects on religious and cultural communities, customers and employees
- Sex equality – the effects on both men and women and boys and girls

- Sexual Orientation equality – the effects on lesbians, gay men and bisexual people

In addition, we have decided to look at the effects on families and people on low incomes too as we feel this is very important.

Contact for help

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The form

We use the term ‘policy’ as shorthand on this form for the full range of policies, practices, plans, reviews, activities and procedures.

Policies will usually fall into three main categories...

- Organisational policies and functions, such as recruitment, complaints procedures, re-structures
- Key decisions such as allocating funding to voluntary organisations, budget setting
- Policies that set criteria or guidelines for others to use, such as criteria about school admissions, procurement methods, disabled facilities grants, on street parking bays

If in doubt - do one! You never know when we may get a legal challenge and someone applies for Judicial Review.

What’s the name of the policy you are assessing?

Health and Wellbeing Strategy

The assessment team

Team leader’s name and job title – Alison Wynn, Assistant Director of Public Health.

Other team members

| Name | Job title | Organisation | Area of expertise |
|-------------------------|--------------------|---------------------|--------------------------|
| Len Shillingford | BME & older people | | BME communities |
| Som Bhalla | (Asian over 60s) | Asian over 60s | Older People |
| Michaela Bell | | Derbyshire Carers | Carers |
| Andy Findlay | | Disability Forum | Disabilities |
| Moir Findlay | | Disability Forum | Disabilities |
| Geogina Smyth | | Women`s Work | Women in Need |
| Adam Redfern | Interpreter | | Interpreting |
| Richard Mullings | Senior PH Manager | City Council | Public Health |

Step 1 – setting the scene

Make sure you have clear aims and objectives on what you are impact assessing – this way you keep to the purpose of the assessment and are less likely to get side tracked.

- 1 What are the main aims, objectives and purpose of the policy? How does it fit in with the wider aims of the Council and wider Derby Plan? Include here any links to the Council Plan, Derby Plan or your Directorate Service Plan.**

The production and publication of a Health and Wellbeing Strategy is a statutory requirement under the Health and Social Care Act 2012.

"Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWSs), through the health and wellbeing board" (Department of Health, 2013).

The purpose of JSNAs and JHWSs is to improve the health and wellbeing of the local community and reduce inequalities. They are not an end in themselves, but part of a continuous planning and assessment process.

The Health and Wellbeing Strategy 2014-2019 has three objectives:

1. To transform the local health and social care system
2. To shift care closer to the individual
3. To reduce health inequalities.

The Health and Wellbeing Strategy is informed by and informs a range of strategies and plans, including the Council Plan and the plans of the partners of the Health and Wellbeing Board. The Derby Plan is the overarching strategic plan of the city and the Health and Wellbeing Strategy remains focussed on delivering the priorities of the Derby Plan.

2 Who delivers/will deliver the policy, including any consultation on it and any outside organisations who deliver under procurement arrangements?

The duty to implement the Strategy applies across all members of the Health and Wellbeing Board. The Health and Wellbeing Board does not have any direct commissioning responsibilities although the purpose of the Health and Wellbeing Strategy is to support and influence the commissioning strategies of its members.

The Health and Wellbeing Strategy has undergone a formal consultation led by Derby City Council.

3 Who are the main customers, users, partners, employees or groups affected by this proposal?

The Health and Wellbeing Strategy is for the entire local population, including visitors to the city.

Step 2 – collecting information and assessing impact

4 Who have you consulted and engaged with so far about this policy, and what did they tell you? Who else do you plan to consult with? – tell us here how you did this consultation and how you made it accessible for the equality groups, such as accessible locations, interpreters and translations, accessible documents.

As part of the development of the strategies underpinning the Health and Wellbeing Strategy, engagement has been with: providers, professionals, public, patients, service users and carers and has included Clinical Commissioning Group Urgent Care Executive; Integrated Care Board; Carer's Forum; Residential and Home Care Forum; Call to Action and Health Panel Events.

In addition, feedback from four workshops within the 'Living Well for Longer Event – response to national call to action to reduce avoidable premature mortality' was incorporated within the Strategy Development. The four workshops focussed on: Prevention; Diagnosis; Treatment and Care; and Building a New Healthcare System. Over 70 individuals attended the event representing 22 stakeholder groups including commissioners and providers of health and social care services, professional committees, academics and third sector representatives.

Two Health and Wellbeing Strategy Development Workshops were held with Health and Wellbeing Board members (or their representatives).

A formal consultation has been held on the draft Health and Wellbeing Strategy 2014-19.

Feedback was also taken from the members of the EIA panel.

A diverse group of individuals have fed into the development of the Health and Wellbeing Strategy. This supported the shape and priorities of the Health and Wellbeing Strategy. Changes were made to the final document to incorporate specific feedback received through the formal consultation and feedback from EIA panel members.

5 Using the skills and knowledge in your assessment team, and from any consultation you have done, what do you already know about the equality impact of the policy on particular groups? Also, use any other information you know about such as any customer feedback, surveys, national research or data. Indicate by a tick for each equality group whether this is a negative impact, a positive one or if you are not sure

| Equality groups | What do you already know? | No impact | Positive impact | Negative impact | Not sure |
|-----------------|--|-----------|-----------------|-----------------|----------|
| Age | Currently, a third of children in the city are overweight or obese and nearly two-thirds (64%) of adults. Just | | X | | |

| | | | | | |
|---------------------------------------|---|----------|----------|--|----------|
| | over half (56%) of adults in the city can be classed as 'physically active' and we have a higher than average rate of hospital admissions relating to alcohol. | | | | |
| Disability | <p>People who are visibly impaired struggle to access services due to poor signage</p> <p>Issues around the use of non accredited British Sign Language (BSL) interpreters increased risk of miscommunication</p> <p>Issues for people with learning difficulties as they require 'easy read' information and may also require longer appointments</p> <p>Carers of people with mental health issues need to have access to information</p> | | | | X |
| Gender reassignment - trans | There are issues with how to communicate with people undergoing gender reassignment e.g. use of bathrooms, | X | | | |
| Marriage and civil partnership | No issues identified, other than to treat appropriately and equally | | X | | |
| Pregnancy and maternity | <p>We have high rates of teenage pregnancies</p> <p>We have high rates of smoking in pregnancy</p> | | X | | |
| Race | <p>Sexually transmitted infections, unplanned pregnancies and subsequent pregnancies continue to disproportionately affect minority groups</p> <p>Language barrier is an issue</p> | | X | | |

| | | | | | |
|--|--|--|----------|--|----------|
| | <p>Cultural differences in accessing services</p> <p>Difficulty when one individual spans two separate protected characteristics e.g. a different culture and a physical or sensory disability</p> | | | | |
| Religion or belief or none | The strategy promotes equality re faith and no faith | | X | | |
| Sex | <p>Men living in the least deprived areas of the city live on average 12.2 years longer than those living in the most deprived areas.</p> <p>women from the least deprived areas live, on average, nine years longer than those living in deprived areas</p> | | X | | |
| Sexual Orientation | | | | | X |
| Families and people on low income | <p>Families and those on low incomes have difficulty accessing services, this includes health services</p> <p>Difficulty accessing services due to transport links and/or affordability</p> | | X | | |

Important - For any of the equality groups you don't have any information about, then make it an equality action at the end of this assessment to find out. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. You can get lots of information on reports done from organisations' websites such as the Equality and Human Rights Commission, Stonewall, Press for Change, Joseph Rowntree Trust and so on. Please don't put down that the impact affects 'everyone the same' – it never does!

6 From the information you have collected, how are you going to lesson any negative impact on any of the equality groups? How are you going to fill any gaps in information you have discovered?

One of the primary objectives of the Health and Wellbeing Strategy is to reduce inequalities in health and wellbeing between different groups and communities, including protected characteristics.

To support delivery of the Strategy, an implementation is to be developed outlining key activities to be delivered to achieve the Strategy. The development of the implementation will need incorporate the views and experiences of those experiencing inequalities in health and wellbeing, included those with protected characteristics.

We are intending to continue to update the Joint Strategic Needs Assessments and conducted more specific assessments where gaps in knowledge are identified. This will be an on-going process.

Step 3 – deciding on the outcome

7 What outcome does this assessment suggest you take? – You might find more than one applies. Please also tell us why you have come to this decision?

| | | |
|------------------|---|--|
| Outcome 1 | x | No major change needed – the EIA hasn't identified any potential for discrimination or negative impact and all opportunities to advance equality have been taken |
| Outcome 2 | | Adjust the policy to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified? |
| Outcome 3 | | Continue the policy despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are: <ul style="list-style-type: none"> • sufficient plans to stop or minimise the negative impact • mitigating actions for any remaining negative impacts • plans to monitor the actual impact. |

| | |
|------------------|---|
| Outcome 4 | Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination |
|------------------|---|

Our Assessment team has agreed Outcome number(s)

Outcomes 2 and 3

Why did you come to this decision?

- The panel felt that given the nature of the Strategy and its content, that in itself it could not impact negatively on any specific groups.
- Some concerns, however, were expressed about the size of the consultation response rate but this was not felt to invalidate the Strategy which is very high level.
- It was raised by the panel that the Implementation Plan to be developed in relation to the Strategy could have differing impacts on equality groups. It was therefore requested that an EIA is carried out on the Implementation Plan once developed.
- Outside of the Strategy itself, concerns were raised in relation to the membership and accessibility to the Health and Wellbeing Board and its agenda-setting processes and ability to contribute to its business. Whilst not affecting the outcome of the EIA in relation to the Strategy, this was noted and will be considered as to how this can be addressed going forward.

If you have decided on **Outcome 3**, then please tell us here the justification for continuing with the policy. You also need to make sure that there are actions in the Equality Action Plan to lessen the effect of the negative impact. This is really important and may face a legal challenge in the future.

If you have decided on **Outcome 4** then if the proposal continues, without any mitigating actions, it may be likely that we will face a legal challenge and possibly a Judicial Review on the process - it is really important that the equality impact assessment is done thoroughly, as this is what the Judge will consider.

Step 4 – equality action plan – setting targets and monitoring

8 Fill in the table (on the next page) with the equality actions you have come up with during the assessment. Indicate how you

plan to monitor the equality impact of the proposals, once they have been implemented.

Equality action plan – setting targets and monitoring

| What are we going to do to advance equality? | How are we going to do it? | When will we do it? | What difference will this make? | Lead officer | Monitoring arrangements |
|---|---|---------------------|---|--|-------------------------|
| No specific equality issues were identified in relation to the Strategy. The following actions, will, however, be undertaken to ensure equality in the implementation and outcomes of the strategy: | | | | | |
| Develop an implementation Plan associated with the Strategy and conduct an EIA on this Plan. | Through consultation with the Board and wider Stakeholders. Convene an appropriate EIA Panel. | December 2015 | Ensure that activity proposed and delivered to achieve the strategy impact positively on reducing health inequalities with no negative consequences to particular groups. | Health and Wellbeing Board (Alison Wynn) | |
| Improve engagement and opportunities for individuals and groups/ forums to influence the business of the Health and Wellbeing Board | Develop appropriate engagement and influence frameworks around the Health and Wellbeing Board | September 2015 | Wider public and specific groups and forums (e.g. Disabled and Older people) will have an input and say on the Board's business. | Alison Wynn | |

Make sure you include these actions in your Directorate service business plans.