

Equality Impact Assessment / Equality Analysis

Title of service or policy	Joint Health and Wellbeing Strategy
Name of directorate and service	Strategy and Performance, Strategy and Plan Team
Name and role of officers completing the EIA	Helen Edelstyn – Strategy and Plan Manager Andrea Wolfenden – Programme and Strategy Officer
Date of assessment	July 2013

Equality Impact Assessment (or ‘Equality Analysis’) is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

The Joint Health and Wellbeing Strategy is based on a substantial amount of equality analysis which has been collected through the Joint Strategic Needs Assessment. This document summarises some of the key equality considerations highlighted through this assessment process as well as demonstrating the impacts that the strategy will have on different equalities groups.

1. Identify the aims of the policy or service and how it is implemented.		
	Key questions	Answers / Notes
1.1	Briefly describe the purpose of the service / policy	<p>Bath and North East Somerset Council has a legal duty, as set out in the Health and Social Care Act 2012, to produce and publish a Joint Health and Wellbeing Strategy.</p> <p>The strategy sets out local priorities for action based on the health and wellbeing needs identified in the Joint Strategic Needs Assessment. The Health and Wellbeing Board is the body responsible for developing and delivering this strategy and is made up of senior officers from the Council, local councillors, GPs from NHS B&NES Clinical Commissioning Group, the Director of Public Health, Bath, Gloucestershire, Swindon and Wiltshire Area Team and Healthwatch B&NES.</p> <p>Further details on the B&NES Health and Wellbeing Board can be found here: www.bathnes.gov.uk/health-wellbeing-board</p>
1.2	Provide brief details of the scope of the policy or service being reviewed	<p>Through this strategy, the Health and Wellbeing Board is committed to creating a shared leadership across the health and social care systems to deliver better health and wellbeing outcomes locally.</p> <p>The overarching aim of the strategy is to improve health and wellbeing and reduce health inequalities and it is therefore vital that the strategy is fair and doesn’t discriminate against any groups of people. The strategy sets out a framework for partnership action against three theme areas:</p> <ul style="list-style-type: none"> • Helping people to stay healthy

		<ul style="list-style-type: none"> • Improving the quality of people's lives • Creating fairer life chances <p>The priorities identified within these themes are not an exhaustive list of everything that the Council and NHS are doing to meet local health and wellbeing need; but rather a small set of priorities for the Health and Wellbeing Board to really focus on and make a difference.</p> <p>This will be the first Joint Health and Wellbeing Strategy for B&NES. It is a 5 year strategy and will be reviewed in 2015. It is a high level strategic document which sets out the Health and Wellbeing Board's priorities over the coming years; more detailed action plans will be developed against each of the priorities and further equalities analysis will be undertaken as a key part of this.</p>
1.3	Do the aims of this policy link to or conflict with any other policies of the Council?	<p>Health and wellbeing issues have links with most of the work the Council does and are not limited to health and social care services alone. The Board is keen to work with non-traditional partners including economic development, sustainability, transport and housing and this strategy highlights key links that exist between the Board's priorities and the work of other service areas.</p> <p>Appendix One to the strategy sets out some of the key examples of local partnership activity, recognising the policies, services and plans already in place or developing which will impact on the Board's priorities (e.g. Children and Young People's Plan, Environmental Sustainability and Climate Change Strategy).</p> <p>Through this strategy, the Board will be influencing the planning, commissioning and delivery of local services to ensure that they meet the needs of communities within B&NES. The priorities of the Strategy should form a key consideration in the allocation of local health, social care and wellbeing resources.</p>

2. Consideration of available data, research and information

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, gender, disability, religion/belief, sexual orientation and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What is the equalities profile of the team delivering the service/policy?	<p>The Joint Health and Wellbeing Strategy has been developed by the Health and Wellbeing Board, in consultation with local groups, organisations, service users and residents.</p> <p>The newly established Healthwatch Bath and North East Somerset, who have two seats on the Health and Wellbeing Board, will take part in the ongoing development of the strategy. Healthwatch B&NES have a responsibility to be accessible to all as well as representing the views of local people at the Board through varied and inclusive engagement.</p> <p>The equalities profile of the Health and Wellbeing Board is currently unknown; an equality monitoring exercise will be carried out with Board members in order to determine their equalities profile.</p>
2.2	What equalities training have	Strategy and Plan team members have received training on equality issues, including

	staff received?	<p>equality impact assessments.</p> <p>An equalities update briefing is also noted on the Health and Wellbeing Board Forward Plan to be scheduled at a future meeting.</p>
2.3	What is the equalities profile of service users?	<p>All residents of Bath and North East Somerset will be users of services covered under the remit of the Health and Wellbeing Board.</p> <p>The Joint Health and Wellbeing Strategy is grounded in an evidenced understanding of the local population and its needs, through the Joint Strategic Needs Assessment process.</p> <p>The Joint Strategic Needs Assessment provides detailed profiling information by different equality characteristics which are summarised in Section Three of this document.</p>
2.4	What other data do you have in terms of service users or staff? (E.g. results of customer satisfaction surveys, consultation findings). Are there any gaps?	<p>A formal consultation period on the draft Joint Health and Wellbeing Strategy was launched on 30 April and ran until 7 June 2013.</p> <p>Consultation responses were received from a range of stakeholders including the Health and Wellbeing Board, Wellbeing Policy Development and Scrutiny Panel, health and social care providers, VCSE organisations, members of the public and service users. Many of the responses were positive and welcomed the development of a Joint Health and Wellbeing Strategy to reduce health inequalities and improve health and wellbeing in B&NES. Feedback also suggested that people found the draft strategy clear and easy to understand.</p> <p>Issues highlighted through the consultation included:</p> <ul style="list-style-type: none"> • Need to strengthen what is meant by health inequality locally • Need to strengthen the link with sport and leisure • More clarity on how the themes and priorities will be delivered • Need to better articulate the journey – why these priorities and how are they going to shape commissioning • Need a greater focus on mental illness and wellbeing amongst young people

		<ul style="list-style-type: none"> • It's not in an accessible or easy read format <p>Responses received during this consultation period have informed and shaped the development of the final Joint Health and Wellbeing Strategy.</p>
2.5	What engagement or consultation has been undertaken as part of this EIA and with whom?	<p>The EIA is a 'living document' and will be continuously updated as necessary.</p> <p>Consultation will be undertaken with members of the Health and Wellbeing Board as well as the Council's Equality Team on this EIA.</p>
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	<p>Equality considerations will play a key part as more detailed plans setting out action on the strategic priorities are now developed.</p> <p>Healthwatch B&NES will also feed in their ongoing engagement and consultation with local people to Health and Wellbeing Board discussions, ensuring that local views and knowledge are represented and championed.</p> <p>The Health and Wellbeing Board holds regular engagement sessions with local residents, groups, providers and organisations and is keen that these are accessible, fair and representative.</p> <p>The Joint Health and Wellbeing Strategy is available in a range of languages, large print, Braille, on tape, electronic and accessible formats, through contacting Policy and Partnerships – Tel: 01225 477188 or HWB@bathnes.gov.uk. An easy read version of the strategy is also being developed.</p>

3. Assessment of impact: ‘Equality analysis’

Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:

- Meets any particular needs of equalities groups or helps promote equality in some way.
- Could have a negative or adverse impact for any of the equalities groups

Examples of what the service has done to promote equality	<p>The Joint Strategic Needs Assessment highlights that health inequality exists within B&NES across different geographic areas, communities, social and economic groups. To reduce this inequality (and promote equality) is a key ambition of the Health and Wellbeing Board around which the priorities in the Joint Health and Wellbeing Strategy are framed.</p> <p>The Strategy sets out the Board’s high level priorities and intentions for delivery over the next 5 years and encompasses all groups of people. However, specific characteristics will need to be considered as the Board develops more detailed action plans for delivery.</p> <p>For instance, we know that 78% of all recorded victims of domestic abuse crimes are women (compared with 21% of victims who are male) and in order to achieve the Board’s priority to reduce the health and wellbeing consequences of domestic abuse, targeted actions aimed at reducing this will be developed.</p> <p>Other priorities such as helping children to be a healthy weight and reducing rates of mental ill health, especially in people in under-represented groups, will also require more targeted plans to be developed.</p>
Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this	<p>The priorities set out within the Joint Health and Wellbeing Strategy are not an exhaustive list of everything the Council and NHS are doing to meet local health and wellbeing need. However, the Health and Wellbeing Board will be focusing on these over the next 5 years as areas where they can make a real difference.</p> <p>It will be important that issues and needs not identified as a priority within this strategy are still</p>

		highlighted to the Board and action taken where appropriate. A regular Joint Strategic Needs Assessment update is scheduled at Board meetings to ensure that any new or emerging issues are highlighted to members. An annual review will also be developed and presented to the Board which will summarise whole-system performance against health and wellbeing service delivery in B&NES and highlight any new and emerging JSNA evidence, service quality and delivery, patient and public voice, and performance.	
		What the Joint Strategic Needs Assessment has told us	How the findings align with the Joint Health and Wellbeing Strategy
3.1	Gender	<ul style="list-style-type: none"> • In line with national trends, life expectancy for women (84) is greater than for men (80), although the gap is expected to narrow as the population ages. • There are significant differences between the genders in vulnerability to health and wellbeing factors including mental health, heart disease, mortality, service use, domestic abuse and physical activity. <ul style="list-style-type: none"> ◦ Nationally, 50% of all women and 25% of men will be affected by depression at some time in their life ◦ The leading causes of death from cancer for women are breast, lung, upper gastro-intestinal, bowel and ovary. The leading causes of death from cancer for men are lung, upper gastro-intestinal, bowel and prostate. Rates for other forms of cancer are roughly equal across the genders, barring gender-specific types ◦ Female victims made up 78% of all recorded victims of domestic abuse crimes, equating to 1422 incidents, compared to the 21% of victims who were male (389 incidents). ◦ The gap between the proportion of boys and girls achieving 5+ A*-C including English and maths is 13.8% with the girls outperforming the boys ◦ Nationally, 21% of men and 12% of women indicate that 	<p>The following strategic priorities have been designed to address these needs:</p> <ul style="list-style-type: none"> • Reduced rates of mental ill health • Reduce the health and wellbeing consequences of domestic abuse • Improve skills, education and employment

		they undertake 30 minutes of moderate intensity exercise on 3 or more days a week	
3.2	Pregnancy and maternity	<ul style="list-style-type: none"> • There has been an increase in complex and high risk pregnancies, higher numbers of older women, women with a high Body Mass Index and women with pre-existing medical conditions • Rates of premature and still births are lower in B&NES than nationally • Approximately 30% of pregnancies in the UK are unplanned • Teenage conception rates in B&NES are approximately 17 per 1,000 15-17 year old females, significantly lower than national (33 per 1,000) and regional (28 per 1,000) rates <ul style="list-style-type: none"> ◦ Of these conceptions 59.2% led to abortion, this is higher than the previous year and higher than both regional (47.9%) and national (49.3%) figures. ◦ A high percentage of all abortions are carried out between 3-9 weeks (81%), which suggests good early access to abortion services⁴ ◦ Nearly half of teenage mothers are not in employment, education or training. • At 83% a higher proportion of local babies are breastfed at birth than regionally or nationally <ul style="list-style-type: none"> ◦ There is some relationship with socio-economic inequality and lower breastfeeding rates 	Whilst issues based on pregnancy and maternity are not explicitly referenced in the strategy, they will be a key consideration in the delivery of the Board's priorities. For instance, in creating fairer life chances and improving skills, education and employment.
3.3	Transgender	<ul style="list-style-type: none"> • 19% of trans people have been physically attacked and 38% experienced physical intimidation and threats because of their gender identity • Nationally, 97% of transphobic crime goes unreported • 80% of trans people have experienced emotional, physical or sexual abuse from a current or former partner based on a rejection of their trans identity • 64% of trans people have experienced domestic violence and 	Strategic priority: <ul style="list-style-type: none"> • Reduce the health and wellbeing consequences of domestic abuse

		<p>abuse, compared to 29% of non-trans respondents.</p> <ul style="list-style-type: none"> Trans and non-gendered individuals may face particular barriers to participation in physical activity 	
3.4	Disability (both physical and mental impairments)	<p><u>Physical impairments</u></p> <ul style="list-style-type: none"> Estimates suggest that there are nearly 8,500 people with a moderate or severe physical disability and nearly 2,500 who have a severe physical disability living in B&NES. There are over 73,000 people in B&NES with at least one long term health condition Nearly half of sufferers with long-term conditions surveyed in 2011 felt that they were able to manage their condition Emergency bed days for long-term conditions are consistently lower than regional and national levels <p><u>Mental impairments</u></p> <ul style="list-style-type: none"> Estimates suggest that 16% of the working age population have a common mental illness Recorded prevalence is generally below the national average, with the exception of depression. <ul style="list-style-type: none"> B&NES GP practices have higher recorded rates of depression (12.8% of adults) than nationally (11.2%). 89% of users of less intensive mental health services are satisfied with the service they receive At £32m, the cost of treating mental health issues is largely in line with national and regional averages. Mental illness is the leading cause of disability worldwide 	<p>Strategic priorities:</p> <p>Theme Two - Improving the quality of people's lives</p> <ul style="list-style-type: none"> Improved support for people with long term health conditions Reduced rates of mental ill-health
3.5	Age	<p><u>Children and young people</u></p> <ul style="list-style-type: none"> Approximately 12% of children in B&NES live in poverty, with 34% in Twerton, 25% in Southdown and 21% in Radstock. Children on free school meals in B&NES were significantly lower performing than nationally for English and Maths. Young people are at particular risk of homelessness and 50% of 	<p>Strategic priorities:</p> <ul style="list-style-type: none"> Helping children to be a healthy weight Reduced rates of alcohol misuse Reduced rates of mental-ill

	<p>homelessness applications in B&NES are from people aged under 25.</p> <ul style="list-style-type: none"> In 2009 data suggests that B&NES was worse than nationally and regionally with respect to children who had reported they had been drunk one or more times in the last 4 weeks (20% BANES, 15% England). 1/3rd of 11-12 year olds and a quarter of 4-5 year olds in B&NES are an unhealthy weight The percentage of school children with Autism Spectrum Disorder in B&NES is higher than the regional average and is in the second highest quintile nationally (8% B&NES, 6% nationally). Rates of mental health related outpatient attendances for children and adolescents in B&NES were above national and regional averages in 2009/10 and 2010/11. <p><u>Older people</u></p> <ul style="list-style-type: none"> By 2021 the numbers of over 75's in the population are projected to increase by 20% (approximately 3,200 people). <ul style="list-style-type: none"> In particular the percentage of older men in the population is projected to increase Dementia cases are expected to increase by 23% for females and 43% for males between 2010 and 2025 in B&NES (1916 females, 1225 males) Malnutrition affects 23% of people under 65. This increases to 32% over the age of 65. Those who are admitted to hospital over the age of 80 are twice as likely to become malnourished than those under the age of 50 30% of 65-74 year-olds and less than 15% of adults aged 75 and over reported any exercise lasting at least ten minutes during four weeks Overall higher ratings of were reported by younger and older people, and lower ratings are reported by those in the middle years 	<p>health</p> <ul style="list-style-type: none"> Enhanced quality of life for people with dementia Improved services for older people which support and encourage independent living and dying well Increased resilience of people and communities including action on loneliness <p>Where particular needs have been identified, priorities within the strategy are targeted at specific age groups (such as helping children to be a healthy weight and enhancing quality of life for people with dementia). However, groups of all ages feed in throughout the strategy.</p>
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3.6	Race	<ul style="list-style-type: none"> • Approximately 10% (17,500 people) of the B&NES population are non-white-British. • The second most common ethnicity is 'Other White' and this population group is increasing. • 71% of hate crime is ethnicity related. • There are a disproportionate number of children in care from BME groups. • Ethnicity is not recorded for many health conditions so information for equalities monitoring is not normally available at a local level. • Significantly lower wellbeing was recorded by people of a non-white ethnicity across the range of questions 	<p>The strategy sets out to improve the health and wellbeing of all people within B&NES and remove any barriers to healthy lifestyles.</p> <p>The needs of particular racial and ethnic minority communities will be considered in the development of detailed action plans.</p>
3.6	Sexual orientation, marriage and civil partnership	<ul style="list-style-type: none"> • There are likely to be approximately 9,000 adult residents of B&NES who are lesbian, gay or bisexual. • LGB groups are more likely to be vulnerable to adverse health and wellbeing outcomes compared to the general population, including: hate crime, domestic violence, shorter life expectancy, higher rates of smoking, poorer sexual health, higher rates of self-harm and suicide, school absenteeism and homelessness. • Married people, those in civil partnerships and cohabiting couples had higher reported ratings of wellbeing across all domains when compared to single and widowed people. 	<p>Strategic priorities:</p> <ul style="list-style-type: none"> • Reduce the health and wellbeing consequences of domestic abuse • Reduced rates of mental ill health
3.8	Religion/belief	<ul style="list-style-type: none"> • 56.5% of people in B&NES consider themselves Christian • A large proportion (32.7%) state they have no religion • In B&NES, 7% of reported hate crimes are related to faith/religion 	<p>The strategy sets out to improve the health and wellbeing of all people within B&NES and remove any barriers to healthy lifestyles.</p> <p>The needs of different faith groups will be considered in the development of detailed action plans.</p>

3.9	Socio-economically disadvantaged	<ul style="list-style-type: none"> • B&NES is one of the least deprived authorities in the country, ranking 247 out of 326 English authorities • It is ranked 49 out of 56 Unitary Authorities. Despite these relatively low levels of social inequality, there are small geographical areas with notable issues and differences in deprivation • Locally, we have seen that the issue of socio-economic inequality is related to a wide range of factors across the life-course • There are significant variations in life expectancy related to socio-economic inequality. For someone living in the most deprived area of B&NES, they can expect to die at a younger age than someone in the most affluent area of B&NES (7.5 years for men and 4.9 years for women). • According to the End Child Poverty report approximately 12% (4056 children) of children in B&NES live in poverty. This compares to 14% in North Somerset, 17% in West Somerset and 11% in Wiltshire. There are wide variations in this figure across different wards in B&NES from under 5% to 34% • Unemployed people scored significantly low on "happy yesterday" and "worthwhile" when measuring levels of wellbeing. 	<p>The overarching aim of the Health and Wellbeing Board is to reduce health inequality and improve health and wellbeing in B&NES and will feed into all of the priorities in the strategy.</p>
3.10	Rural communities	<ul style="list-style-type: none"> • ONS estimates for 2009 suggest that 14% of the local population live in dispersed rural areas or villages, this compares to 10% for England as a whole and 20% for the South West. 	<p>Strategic priorities:</p> <ul style="list-style-type: none"> • Create healthy and sustainable places • Increase the resilience of people and communities including action on loneliness <p>The strategy sets out to improve the health and wellbeing of all people within B&NES. Varied and unique communities exist across</p>

			B&NES and different approaches may be required depending on local issues.
3.11	Students	<ul style="list-style-type: none"> • Between 1995/96 and 2008/9 the number of students in these higher education institutions rose from 10740 to 21540 (101%). • The student population is not equally distributed across the area, both Universities have a notable proportion of students living 'on-campus' and student housing is also found throughout the City. • Analysis in 2011, of areas with high levels of community capacity (the ability of a community to take self-directed action), discovered that some areas with a high proportion of student residents had lower levels of capacity. However, these communities were also considerably more likely to be active users of Social Media. • Research for the National Union of Students in Scotland highlighted a range of issues surrounding student mental health: <ul style="list-style-type: none"> ○ Exams and examinations and future careers were a big cause for concern, with nearly all students interviewed reporting that exams caused more stress than expected. ○ Having enough money to get by was highlighted as a cause of stress for 70% of students, and working a paid job was considered a cause of stress for 50% ○ Alternatively, 30% of students felt comfortable asking their institution for help or support, while 80% reported that stigma related to mental health issues would be the primary barrier. 	<p>There are two large and growing universities within B&NES and the Health and Wellbeing Board recognises that there is a significant student population with our area. Services and initiatives will need to be conscious of the needs and issues of students.</p> <p>The needs of the student population will be considered in the development of detailed action plans.</p>

4. Bath and North East Somerset Council & NHS B&NES

Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Officer responsible	By when
The strategy and accompanying documents needs to be accessible to all groups.	Develop an easy read version of the strategy and promote that the document can be made available in a variety of accessible formats upon request.	Strategy and Plan Team	TBC
The priorities set out in the Strategy need to be monitored through the delivery and performance of services and experiences of service users.	An annual review will be produced and made publicly available.	Strategy and Plan Team	2014
Lack of evidence around need does not mean that risks or issues are not present. Data collection on a range of equalities dimensions is incomplete and there are acknowledged gaps in the JSNA (e.g. there is currently very little data on Romany gypsies and Irish travellers in B&NES).	With the emerging connecting Data Project ensure that all stakeholders are aware of the value in monitoring equalities data. Ensure that commissioned research meets gaps in knowledge. Ensure decision makers are aware of the need to include all new intelligence in the JSNA process.	JSNA Project Team	Ongoing
Engagement between the Health and Wellbeing Board and local residents, groups, providers and organisations needs to be accessible, fair and representative.	Monitor attendance at future Board engagement session to ensure appropriate representation of different groups and ensure it is as inclusive as possible.	Strategy and Plan Team / Healthwatch B&NES	Ongoing
The equalities profile of the Health and Wellbeing Board is unknown. The Board will schedule an equality update briefing.	An equality monitoring exercise will be carried out with Health and Wellbeing Board members to determine their equality profile and brief them on key equality considerations.	Strategy and Plan Team / Equalities Team	TBC

5. Sign off and publishing

Once you have completed this form, it needs to be ‘approved’ by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will publish it on the Council’s and/or NHS B&NES’ website. Keep a copy for your own records.

Signed off by: Helen Edelstyn

(Divisional Director or nominated senior officer)

Date: 15 July 2013