

Equality Impact Assessment (EIA):

Name of Report/Proposal/Strategy:	Draft Joint Health and Wellbeing Strategy		
Name (Key Officer/Author):	Kate Spencer	Business Unit:	Business Services
Position:	Overview and Scrutiny Lead	Tel:	01803 207014
Date:	4 February 2013	Email:	kate.spencer@torbay.gov.uk

Since the Equality Act 2010 came into force the council has continued to be committed to ensuring we provide services that meet the diverse needs of our community as well as ensure we are an organisation that is sensitive to the needs of individuals within our workforce. This Equality Impact Assessment (EIA) has been developed as a tool to enable business units to fully consider the impact of proposed decisions on the community.

This EIA will evidence that you have fully considered the impact of your proposal / strategy and carried out appropriate consultation with key stakeholders. The EIA will allow Councillors and Senior Officers to make informed decisions as part of the council's decision-making process.

Relevance Test – ‘A Proportionate Approach’

Not all of the proposals or strategies we put forward will be ‘relevant’ in terms of the actual or potential impact on the community in relation to equality and vulnerable groups. For instance, a report on changing a supplier of copier paper may not require an EIA to be completed whereas a report outlining a proposal for a new community swimming pool or a report proposing a closure of a service would.

Therefore before completing the EIA please answer the following questions. If you answer ‘yes’ to any of the questions below you must complete a full EIA.

1)	Does this report relate to a key decision?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
2)	Will the decision have an impact (i.e. a positive or negative effect/change) on any of the following:		
	• The Community (including specific impacts upon the vulnerable or equality groups)	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
	• Our Partners	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>
	• The Council (including our structure, ‘knock-on’ effects for other business units, our reputation, finances, legal obligations or service provision)	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>

Section 1: Purpose of the proposal/strategy/decision

No	Question	Details
1.	Clearly set out the purpose of the proposal	<p>The proposal is to approve the Joint Health and Wellbeing Strategy which has been prepared, on behalf of Torbay Council (the Council) and the South Devon and Torbay Clinical Commissioning Group (the CCG).</p> <p>The preparation of a Joint Health and Wellbeing Strategy is a requirement of the Health and Social Care Act 2011.</p> <p>The Strategy sets out how Torbay's Health and Wellbeing Board will encourage organisations in Torbay to work together to meet the needs of the community. It explains what the health and wellbeing priorities are in Torbay and how joint action will be taken to make a real impact on people's lives.</p>
2.	Who is intended to benefit / who will be affected?	<p>The overall aim of the Strategy is to enable the community as a whole to focus on reducing inequalities and experience good health and wellbeing throughout life. However, a set of core underlying principles underpin the Strategy:</p> <p>First and Most – Focusing attention and effort to address the health and wellbeing inequalities that exist between communities within Torbay</p> <p>Early Intervention – Improving overall outcomes and ultimately reducing cost with a focus on prevention rather than treatment</p> <p>Integrated and joined-up approach – Joining up planning, commissioning and delivery at a local level</p> <p>Therefore, whilst the Strategy is aimed at all groups in within the community of Torbay generally, there are targeted priorities around specific groups, such as:</p> <ul style="list-style-type: none"> • Children and young people • Older people • Those with mental health needs • Those with learning disabilities • Those in the most deprived wards in Torbay • Carers

No	Question	Details
3.	What is the intended outcome?	<p>The Vision of the Health and Wellbeing Board is:</p> <p>A Healthier Torbay: Where we work together to enable everyone to enjoy a healthy, safe and fulfilling life</p> <p>To achieve this vision, the Board have identified within its Strategy three outcomes to be delivered:</p> <ul style="list-style-type: none">• Children have the best start in life• A healthy life with a reduced gap in life expectancy• Improved mental health and wellbeing

Section 2: Equalities, Consultation and Engagement

Torbay Council has a moral obligation as well as a duty under the Equality Act 2010 to eliminate discrimination, promote good relations and advance equality of opportunity between people who share a protected characteristic and people who do not.

The **Equalities, Consultation and Engagement** section ensures that, as a council, we take into account the Public Sector Equality Duty at an early stage and provide evidence to ensure that we fully consider the impact of our decisions / proposals on the Torbay community.

Evidence, Consultation and Engagement

No	Question	Details
4.	Have you considered the available evidence?	<p>The Joint Health and Wellbeing Strategy is grounded in a firm understanding of Torbay's population and its needs, and national and local trends and drivers as detailed in the Joint Strategic Needs Assessment (JSNA).</p> <p>The top priorities emerging from the JSNA are:</p> <ul style="list-style-type: none"> • Integration of services for children, public health and safer communities on a locality basis • Continued focus on inequalities by the Health and Wellbeing Board and others • Management of long term conditions • Alcohol and teenage pregnancy <p>The Executive Summary of the JSNA highlights:</p> <ul style="list-style-type: none"> • There are pockets of severe deprivation in Torbay, with around 15% (21,000) of the population living in areas in the top 10% most deprived in England (2010). • Life expectancy is significantly higher in the least deprived communities, and preventable mortality, such as from diseases attributed to smoking, is highest in the most deprived communities. • However those in the more deprived communities tend to experience disabilities at a younger age and live with the disability for a longer period. • Areas with the greatest levels of deprivation show higher rates of recorded domestic abuse, higher rates

No	Question	Details
		<p>of teenage pregnancy, higher rates of alcohol related admissions to hospital and housing in the poorest condition.</p> <ul style="list-style-type: none"> • Children born in the more deprived communities, on average, are born into areas with the challenges of poverty, lower levels of attainment, and increased exposure to risk taking behaviours, such as being born to a smoker. • Torbay’s children have high rates of hospital admissions for unintentional and deliberate injuries. Injuries have been linked to long term health issues relating to the injury, and also mental health related issues due to the experience. • The rates of children looked after by the local authority in Torbay, the rate of children in need and the rate of children subject to child protection plans are amongst the highest in England. • Torbay has a higher proportion of older people in the population compared with the national average. This higher proportion is expected to increase over the coming years. • Life expectancy at 65 is generally higher for residents in Torbay than compared to England. With males estimated to live for a further 18.9 years and females 21.4 years. • Locally, life expectancy at 75 in Torbay shows significant variation by deprivation quintile. Those living in the most deprived 20% in Torbay can expect to live, on average, significantly less than residents in the least deprived 20% in Torbay. <p>The Joint Strategic Needs Assessment is available in full at www.torbay.gov.uk/jsna</p> <p>The current Joint Strategic Needs Assessment does not currently provide a breakdown by protected characteristic within each issue covered in the Assessment.</p>

No	Question	Details
5.	How have you consulted on the proposal?	<p>The draft Joint Health and Wellbeing Strategy was prepared by the Shadow Health and Wellbeing Board which comprises of four Torbay Councillors, the Director of Adult Services and Director of Children’s Services (both Torbay Council), the Director of Public Health, the Accountable Officer of South Devon and Torbay Clinical Commissioning Group and a representative of the Local Involvement Network (LINK)/Healthwatch.</p> <p>The draft also took account of the views of the wider Health and Wellbeing Forum which includes representatives from organisations within the following sectors:</p> <ul style="list-style-type: none"> • Criminal Justice • Housing • Culture and Leisure • Older People • Economic Regeneration • Voluntary Sector • Children and Young People • Health and Social Care Providers <p>The draft Vision, Principles, Outcomes and Priorities were agreed for consultation at the meeting of the Shadow Health and Wellbeing Board held on 20 September 2012.</p> <p>Torbay Council’s Policy, Performance and Review Team co-ordinated a consultation exercise which collected data between 24 September and 31 October 2012. All those invited to and/or attending the Health and Wellbeing Forum on 20 September 2012 were invited to complete an online survey and give their views on the draft Strategy’s Vision, Principles, Outcomes and Priorities. The survey was also available to the general public on the Council’s website and was publicised on the monthly Consultation Newsletter which is sent to members of the ViewPoint Panel, stakeholders and others who have expressed a wish to be involved in consultation.</p> <p>Consultation did not specifically take place with hard to reach groups or those representing groups with protected characteristics.</p>

No	Question	Details
6.	Outline the key findings	<p>The vast majority of people who responded to the survey supported the Vision of the Health and Wellbeing Board and the three underlying Principles upon which it is built. The majority of those responding also felt that the vision of the Board could be achieved if each of the proposed Outcomes were achieved.</p> <p>Most of the respondents also “strongly agreed” or “agreed” with the Priorities which were identified under each Outcome.</p> <p>The small numbers of respondents to the survey means that it is not statistically reliable to extrapolate the results through an equalities breakdown.</p> <p>The full results of the consultation are available at http://www.torbay.gov.uk/healthwellbeingsurvey</p>
7.	What amendments may be required as a result of the consultation?	<p>As a result of the consultation two main changes to the Strategy were agreed by the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Amendment of the Vision to read: <p>“A Healthier Torbay: Where we work together <u>so to enable</u> everyone <u>to</u> enjoys a healthy, safe and fulfilling life”</p> <p>(This change in wording reflects the current role of the Health and Wellbeing Board as an enabling and influencing (rather than commissioning) body.)</p> • Amendment of Outcome 2 to read: <p>“<u>A healthy life with</u> a reduced gap in life expectancy”</p> <p>(There were a range of comments about how, given that people are living longer, we should focus on people having healthy, longer lives rather than a focus purely on reducing the gap in life expectancy.)</p> <p>As well as identifying whether respondents agreed or not with the Board’s Vision, Outcomes and Priorities, views were sought about whether any priorities were missing from any of the three outcomes. A wide range of</p>

No	Question	Details
		<p>comments were received and have been taken account of within the Strategy as actions listed under each Priority. Examples include:</p> <ul style="list-style-type: none"> • Parental influence and parenting skills – this is included under Priority 2 • Physical activities, sporting and outdoor activities, sports and leisure facilities – this is included under Priority 7 • Focus on older children – there are references throughout the Strategy to children of all ages • Self esteem – this is included under Priorities 1 and 14 • Integrated care for the elderly – this is included under Priorities 11 and 14 • End of life care – this is included under Priority 13 <p>Further, some of the comments raised will be taken into account as the Board’s role develops over the coming months, in particularly through ensuring that links are made with other partnerships and with other parts of the public sector. For example:</p> <ul style="list-style-type: none"> • Domestic violence: the Board recognised that there was a need to strengthen its links with the Stronger Communities Board • Veterans: this was the responsibility of the NHS Commissioning Board • Environmental Factors/Healthy Food: it was felt that these issues would be picked up through the Local Plan process • Schools involvement in physical activity: this issue could be the subject of a future Health and Wellbeing Forum. Consideration should also be given to how to fully involve schools in the health and wellbeing agenda.

Positive and Negative Equality Impacts

No	Question	Details		
8.	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact	Neutral Impact
	All groups in society generally	The aim of the Strategy is to improve the health and wellbeing being of everyone in Torbay.		Our most deprived communities experience the poorest health and wellbeing, therefore a systematically targeted approach on the geographical areas and population groups at greatest need will be taken to reduce inequalities. This is the First and Most principle. Consideration may also be given to having a targeted approach based on an equalities breakdown.
	Older or younger people	The Marmot Review in 2010 (Fairer Society, Fairer Lives) was clear that what a child experiences during their early years lays down a foundation for the whole of their life and this impacts on their school readiness and educational attainment. Where a child lives is important as children from disadvantaged backgrounds are more likely to begin primary school with lower		

No	Question	Details	
		<p>personal, social and emotional development and communication, language and literacy skills than their peer. Therefore, if we do not succeed at the beginning in a child's life, then the disadvantages are far reaching for the rest of their years.</p> <p>The Health and Wellbeing Board wants all families to realise their children's potential, helping them to prepare from an early age to be self-sufficient, with a network of support to enable them to live independent and healthy lives. It understands that some families will need more support than others and will respond with targeted programmes.</p> <p>Therefore Outcome 1 of the Strategy is that "Children have the best start in life".</p> <p>Torbay has a higher proportion of older people in the population compared with the national average. An aged population places increased pressures on both health and social care.</p> <p>There are a range of priorities under</p>	

No	Question	Details		
		Outcome 2 “A healthy life with a reduced gap in life expectancy” and Outcome 3 “Improved Mental Health and Wellbeing” which aim to improve the health and wellbeing of older people.		
	People with caring responsibilities	Under Priority 13 “Support independent living”, the Health and Wellbeing Board aims to “Identify and support unpaid carers in their caring role and in their life apart from caring; involve carers in all developments affecting them and the people they care for”. There are also a range of priorities around parents.		
	People with a disability	There are a range of activities under Priority 13 “Support independent living” which will have a positive impact on people with a disability.		
	Women or men	It is recognised that women tend to live longer than men. Whilst Outcome 2 seeks to ensure a healthy life for all, it also seeks to reduce the gap in life expectancy.		
	People who are black or from a minority ethnic background (BME)			There is a need for further equalities analysis to distinguish any potential positive or negative impacts (for example around access to healthcare, isolation etc) on those

No	Question	Details	
			with this protected characteristic.
	Religion or belief (including lack of belief)		There is a need for further equalities analysis to distinguish any potential positive or negative impacts (for example around access to healthcare, isolation etc) on those with this protected characteristic.
	People who are lesbian, gay or bisexual		There is a need for further equalities analysis to distinguish any potential positive or negative impacts (for example around access to healthcare, isolation etc) on those with this protected characteristic.
	People who are transgendered		There is a need for further equalities analysis to distinguish any potential positive or negative impacts (for example around access to healthcare, isolation etc) on those with this protected characteristic.
	People who are in a marriage or civil partnership		There is a need for further equalities analysis to distinguish any potential positive or negative impacts (for example around access to healthcare, isolation etc) on those with this protected characteristic.
	Women who are pregnant / on maternity leave	Priority 3 is to “Reduce teenage pregnancy” and there is an activity under Priority 6 “Reduce smoking” targeting mothers who are pregnant.	

No	Question	Details
9.	Is there scope for your proposal to eliminate discrimination, promote equality of opportunity and / or foster good relations?	<p>The overall aim of the Strategy is to enable the community as a whole to focus on reducing inequalities and experience good health and wellbeing throughout life.</p> <p>There are specific priorities within the Strategy which target a range of issues facing those with protected characteristics (for example, domestic violence, services for children, deprivation, services for those with learning disabilities and mental health needs).</p>

Section 3: Steps required to manage the potential impacts identified

No	Action	Details
10.	Summarise any positive impacts and how they will be realised most effectively?	<p>There will be positive impacts on society in general and, in particular,:</p> <ul style="list-style-type: none"> • Older and younger people – through ensuring that “Children have the best start in life” and the specific priorities under Outcome 2 “A healthy life with a reduced gap in life expectancy” and Outcome 3 “Improved mental health and wellbeing” • People with caring responsibilities – through Priority 13 “Support independent living” and those priorities in relation to parents • People with a disability – through Priority 13 “Support independent living” • Women who are pregnant/on maternity leave – through Priority 3 “Reduce teenage pregnancy” and Priority 6 “Reduce smoking”
11.	Summarise any negative impacts and how these will be managed?	<p>Whilst no negative impacts have been identified, there is currently a lack of understanding of the impacts on all of those groups with protected characteristics and their experiences in relation to healthcare, access to healthcare and wellbeing generally. Further analysis will need to be undertaken to ensure that any negative impacts are mitigated; this work will be undertaken by April 2014. The Joint Health and Wellbeing Strategy will be subject to review and amendment over the coming years.</p>

Section 4: Course of Action

No	Action	Details
12.	<p>State a course of action</p> <p>[please refer to action after section 5]</p>	<p>Outcome 3: Continue with proposal - <i>Despite having identified some <u>potential</u> for adverse impact / missed opportunities in relation to equalities or to promote equality. Full justification required, especially in relation to equalities, in line with the duty to have 'due regard'.</i></p> <p>The Joint Health and Wellbeing Strategy is a new requirement on councils and clinical commissioning groups which should be prepared via Health and Wellbeing Boards. Regulations and guidance from Government is still awaited about how these should be developed and used to inform commissioning plans. However, indications from the Department of Health are that councils and clinical commissioning groups will be encouraged to determine these issues locally.</p> <p>The Joint Health and Wellbeing Strategy will therefore be subject to review and amendment over the coming years.</p> <p>In this time period, further work will need to be undertaken to fully understand the needs of the community especially those with protected characteristics and how those needs (and possible barriers to services) can be addressed through re-iterations of the Joint Health and Wellbeing Strategy.</p>

Section 5: Monitoring and Action Plan

No	Action	Details
13.	<p>Outline plans to monitor the actual impact of your proposals</p>	<p>Discussions are ongoing about how the Health and Wellbeing Board will monitor the implementation and success of the Joint Health and Wellbeing Strategy. Consideration will be given to how the take up of services, success of initiatives and achievement of other priorities can be measured showing these results for each group with a protected characteristic.</p>

Action plan

Please detail below any actions you need to take:

No.	Action	Reason for action / contingency	Resources	Responsibility	Deadline date
1	Refresh of the Joint Strategic Needs Assessment to include fuller information about the needs of those with protected characteristics	To ensure that the needs of all sections of the community are fully understood.	Data	Health and Wellbeing Board	April 2014
2	Refresh of the Joint Health and Wellbeing Strategy to ensure the needs identified within the refreshed Joint Strategic Needs Assessment are prioritised and met.	To ensure that the needs of all sections of the community are considered and prioritised.	Joint Strategic Needs Assessment	Health and Wellbeing Board	April 2014
3	Monitoring the implementation of the Joint Health and Wellbeing Strategy including breakdowns by protected characteristics	To measure the success of the Joint Health and Wellbeing Strategy in meeting the needs of the community as a whole	Data	Health and Wellbeing Board	May 2013 and continuing