

Durham County Council Equality Impact Assessment

NB: The Public Sector Equality Duty (Equality Act 2010) requires Durham County Council to have ‘due regard’ to the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people from different groups. Assessing impact on equality and recording this is one of the key ways in which we can show due regard.

Section One: Description and Screening

Service/Team or Section	Transformation and Partnerships
Lead Officer	Andrea Petty, Strategic Manager
Title	Joint Health and Wellbeing Strategy 2020-2025 (interim one year strategy)
MTFP Reference (if relevant)	N/A
Cabinet Date (if relevant)	13 May 2020
Start Date	3 June 2019
Review Date	EIA will be reviewed annually in line with the JHWS Strategy (2020-2025)

Subject of the Impact Assessment

Please give a brief description of the policy, proposal or practice as appropriate (a copy of the subject can be attached or insert a web-link):

The County Durham’s Health & Wellbeing Board (HWB) has a legal responsibility to work in partnership with Clinical Commissioning Groups (CCGs) to prepare and deliver a Joint Health and Wellbeing Strategy (JHWS). This is a statutory duty under the Health and Social Care Act 2012.

The JHWS is informed by Joint Strategic Needs Assessment (JSNA), which is part of Durham Insight. This evidence is an assessment of the current and future health, wellbeing and social care needs of residents in County Durham.

The Joint Health and Wellbeing Strategy (JHWS) 2020-25 outlines a vision where we would like to see County Durham to be heading in terms of our physical & mental health and wellbeing, whilst closing the gap in health inequalities across County Durham, and between County Durham and England. The vision for the Board is that:

“County Durham is a healthy place, where people live well for longer”

As the strategy's priorities were developed ahead of the County Durham Vision implementation, we need to ensure that the priorities set out in the JHWS are fully embedded within the delivery plan of the vision and that there is full alignment with the County Durham Vision implementation.

In addition, there will also be a strategic governance review of our Partnerships structure, and again we need to ensure that the strategy fully aligns to the new arrangements.

With this in mind, the JHWS will be developed as an interim holding position and a review will be taken in 2021 to ensure it remains fit for purpose.

The Health and Wellbeing Board has three strategic priorities over a life course, which set out what we will focus on to make County Durham a healthy place. These priorities are:

1. Starting Well
2. Living Well
3. Ageing Well

We have chosen six objectives across our strategic priorities, that are of importance given the impact they have on people's health and of where we want to be in 2025. We recognise these are challenging but by working together across our partnerships and local communities we can make a difference:

- Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England
- We will have a smoke free environment with over 95% of our residents not smoking and an ambition that no child will be born to a mother who smokes
- Close the gap in the employment rate between those living with a long-term health condition, learning disability, in contact with secondary mental health services and the overall employment rate
- Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight
- Improved self-reported wellbeing
- Increase the number of organisations involved in Better Health at Work Award

Who are the main stakeholders? (e.g. general public, staff, members, specific clients/service users):

All groups within the population of County Durham including service users, carers, patients and people with disabilities.

Screening

Is there any actual or potential negative or positive impact on the following protected characteristics?		
Protected Characteristic	Negative Impact Indicate: Y = Yes, N = No, ? = unsure	Positive Impact Indicate: Y = Yes, N = No, ? = unsure
Age	N	Y
Disability	N	Y
Marriage and civil partnership (workplace only)	N	N
Pregnancy and maternity	N	Y
Race (ethnicity)	N	Y
Religion or Belief	N	Y
Sex (gender)	N	Y
Sexual orientation	N	Y
Transgender	N	Y

Please provide **brief** details of any potential to cause adverse impact. Record full details and analysis in the following section of this assessment.

The Strategy is aimed at improving health outcomes across the county. Based on need identified in the JSNA we do not anticipate any negative impacts of implementation of this strategy.

This strategy focuses on the areas that are of most significant importance given the impact they have on people's health and of where we want to be in 2025. It does not cover 'all' aspects of our health and wellbeing, and it is to be noted that some areas are also addressed in other plans and strategies.

How will this policy/proposal/practice promote our commitment to our legal responsibilities under the public sector equality duty to:

- eliminate discrimination, harassment and victimisation,
- advance equality of opportunity, and
- foster good relations between people from different groups?

The JHWS aims to improve the health and wellbeing for all sections of the community which is beneficial to all protected groups and helps us to pay due

regard to our public sector equality duty. The JHWS is the vehicle which provides commissioners with a focussed number of strategic objectives and actions, helping to advance equality of opportunity.

Although beneficial to all, objectives are likely to bring particular positive impact for vulnerable groups in relation to age (younger and older age groups), pregnancy and maternity, sex (both men and women), disability including mental health.

Working alongside our commissioning partners from CCGs as part of our statutory requirements will help foster good working relationships. The strategy will help everyone to understand, identify and improve services for people from the different specific group types and eliminate discrimination whilst promoting equality for the people who live, work and play in County Durham.

Evidence

What evidence do you have to support your findings?
Please **outline** your data sets and/or proposed evidence sources, highlight any gaps and say whether or not you propose to carry out consultation. Record greater detail and analysis in the following section of this assessment.

This impact assessment will be revisited early 2021 post public consultation.

Evidence:

Durham Insight website¹ – specific data analysis has been used in developing the strategic aims and objectives of the strategy.

Engagement and consultation

Work has taken place with partners throughout 2019/20 to develop the JHWS, and the draft strategy has been shared within individual partner organisations. A full public consultation has also taken place from December 2019 to February 2020. Feedback will be used to amend the draft strategy and inform the review in 2021.

Consultation Update February 2020

The public consultation closed on 14 February 2020. High level consultation analysis has been used to update this equality impact assessment.

There were 84 responses to the public consultation regarding the development of the Joint Health & Wellbeing Strategy.

All three of the strategic priorities had high agreement levels (and no one disagreeing at all) with:

- 95% agreeing 'starting well' should be a strategic priority
- 96% agreeing 'living well' should be a strategic priority

¹ <https://www.durhaminsight.info/>

- 97% agreeing ‘ageing well’ should be a strategic priority.

Of the responses, 98% agreed that improving healthy life expectancy and reducing the gap between County Durham and England should be a priority – which is the overall objective of the JHWS.

84% of respondents were residents in County Durham, 13% represented an organisation, 3% represented a VCS and 1% were local councillor/committee members.

In response to consultation feedback the following changes to the strategy have been recommended:

- The reference to ‘active travel’ has been expanded to describe how these are modes of transport that use the human body as power e.g. walking, cycling, scootering and are used to get from place to place, rather than as a form of leisure or fitness.
- The ambition that *‘no child will be born to a mother who smokes’* has been changed to an ambition that *‘pregnant women and mothers will not smoke’*, as feedback suggested this vilified these women.
- The strategy now includes the following text in relation to ‘Think Family’: *We will have a ‘Think Family’ approach, which ensures that children, young people and families receive effective early help and have ‘whole family, outcome focussed’ support.*
- Reference in the statistics to children achieving a good level of development at 2-2½ years (9 out of 10) compared to end of reception (7 out of 10) has been removed from the strategy, as these two measures are not comparable, and this was causing some confusion.
- The JHWS has been amended to reference the role of the Environment Partnership in contributing to the work of the Health and Wellbeing Board.

Dialogue has taken place with a number of children and young people aged 5 to 21 within County Durham through three Investing in Children agenda days. Children and Young People from different groups within Investing in Children, including young people from the SEND group, Children in Care Council and Health groups, from different areas across County Durham, have had the opportunity to have their voice heard and views listened to. This enabled us to evaluate children and young people’s perceptions of current issues within education, health, special needs/disabilities and emotional wellbeing.

Screening Summary

On the basis of this screening is there:	Confirm which refers (Y/N)
Evidence of actual or potential impact on some/all of the protected characteristics which will proceed to full assessment?	Y
No evidence of actual or potential impact on some/all of the protected characteristics?	N

Sign Off

Lead officer sign off: Andrea Petty, Strategic Manager Partnerships	December 2019 Updated February 2020
Service equality representative sign off: Mary Gallagher, Equality and Diversity Team Leader	December 2019 Updated February 2020

Section Two: Data analysis and assessment of impact

Please provide details on impacts for people with different protected characteristics relevant to your screening findings. You need to decide if there is or likely to be a differential impact for some. Highlight the positives e.g. benefits for certain groups, advancing equality, as well as the negatives e.g. barriers for and/or exclusion of particular groups. Record the evidence you have used to support or explain your conclusions. Devise and record mitigating actions where necessary.

Protected Characteristic: Age		
What is the actual or potential impact on stakeholders?	Record of evidence to support or explain your conclusions on impact.	What further action or mitigation is required?
<p>There will be positive impact on stakeholders across all ages. The strategy aims to reduce inequality where possible which is positive.</p> <p>The Health and Wellbeing Board will work closely with children and young people to ensure they start well and health inequalities are reduced for children and their families.</p> <p>Approaches towards improved employment opportunities, living in a health promoting environment, quality housing and opportunities for active travel, as well as ensuring communities have optimum mental health and wellbeing, will have a positive influence on overall health and wellbeing. Approaches will</p>	<p>The Joint Health & Wellbeing Strategy has been developed through analysis of a variety of data sets.</p> <p>Feedback from public consultation indicates that</p> <ul style="list-style-type: none"> • 6% were aged 25-34 • 17% were aged 35-44 • 33% were aged 45-54 • 27% were aged 55-64 • 16% were aged 65-74 • 2% were aged 75+ <p>Headline H&WB evidence for County Durham in terms of age includes:</p> <p>Population data (2018):</p> <ul style="list-style-type: none"> • Estimated Countywide population of just over 106,000 children (4,868 live births) <p>Children & Young People</p>	<p>JH&WB Action plan aims to improve health and wellbeing by addressing identified priority issues and reducing health inequalities.</p> <p>Examples of action and/or delivery mechanisms in terms of age includes:</p> <ul style="list-style-type: none"> - Healthy Weight Alliance Action Plan/Active Durham Partnership Framework - Dementia Strategy

<p>aim to increase healthy life expectancies.</p> <p>Targeted approaches will enable older people to remain independent and to lead lives with meaning and purpose. People will receive good quality end of life care.</p> <p>Social isolation/loneliness in older people will be addressed. Technology will support older people at risk of falls.</p> <p>The Children and Young People’s Strategy provides focus and clarity on the priorities for improving services and life opportunities for children and young people. The Health and Wellbeing Board will be provided with updates to ensure that improved health and wellbeing outcomes of our children is delivered within this strategy, including reducing unacceptable inequalities, which our more vulnerable children encounter like unintentional injuries in the home or being an unhealthy weight.</p>	<ul style="list-style-type: none"> • Approx 80,000 children of school age in County Durham • 6% of 16-17 years are not in education, employment or training. • Nearly 1 in 5 children are living in the top 10% most deprived areas nationally <p>Life expectancy is lower than the national average:</p> <ul style="list-style-type: none"> • Female life expectancy at birth is 81.4 years • Male life expectancy at birth is 78.3 years <p>Healthy Weight</p> <ul style="list-style-type: none"> • Increasing number of children who are obese and overweight: • 1 in 4 reception children and 1 in 3 Year 6 children have excess weight • 2 in 3 adults are overweight or obese <p>1 in 20 people over 65 are recorded as having dementia.</p> <p>Engagement with children and young people through Investing in Children Agenda Days included:</p> <ul style="list-style-type: none"> • 3 young people age 15-19 from SEND group • 13 young people age 12-20 from Health Group and Children in Care Council • 6 young people age 5-21 from Type 1 Diabetes group 	<p>Public consultation Dec 2019 – Feb 2020</p>
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	All young people agreed with the strategic priorities, and provided feedback on how they feel these could be delivered.	
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Protected Characteristic: Disability		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
There will be positive impact on stakeholders. The strategy aims to reduce inequality where possible which is positive.	<p>The Joint Health & Wellbeing Strategy has been developed through analysis of a variety of data sets.</p> <p>25% of respondents to the public consultation considered themselves to be a disabled person.</p> <p>Headline H&WB evidence for County Durham in terms of disability includes:</p> <p>Mental health:</p> <ul style="list-style-type: none"> • 1 in 4 adults experiences at least one diagnosable mental health problem in their lifetime (approx. 100,000 adults) • 1 in 10 children have a mental health disorder • MH problems represent the largest single cause of disability in the UK <p>Young people with SEND were included in the Investing in Children Agenda Day™ consultation.</p>	<p>As above.</p> <p>Reasonable adjustments made where required including publication of easy read version of the strategy.</p> <p>Examples of action and/or delivery mechanisms in terms of age includes: -We will look to close the gap in the employment rate between those living with a LTC, LD, or in contact with secondary mental health services and the overall employment rate</p>

Protected Characteristic: Marriage and civil partnership (workplace only)		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
N/A		

Protected Characteristic: Pregnancy and maternity		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
<p>There will be positive impact on stakeholders in relation to pregnancy and maternity. The strategy aims to reduce inequality where possible which is positive.</p> <p>Potential positive impact includes:</p> <p>An increase breastfeeding friendly venues and organisational workplaces across County Durham that meet UNICEF Baby friendly Initiative Standards.</p> <p>Reduction in smoking of pregnant women and parents/carers of children and young people.</p>	<p>The Joint Health & Wellbeing Strategy has been developed through analysis of a variety of data sets.</p> <p>Headline H&WB evidence for County Durham in terms of pregnancy and maternity includes:</p> <ul style="list-style-type: none"> Nearly 1 in 5 women were smoking at time of delivery. Nearly 1 in 3 mums are breastfeeding at 6-8 weeks after birth. 	<p>As above.</p> <p>Examples of action and/or delivery mechanisms in terms of age includes:</p> <ul style="list-style-type: none"> -Identify perinatal MH issues during the antenatal period and provide relevant support -Increase the % of women who initiate breastfeeding and continue at 6-8 weeks - Pregnant women and parents/carers of children and young people are supported to quit smoking

Protected Characteristic: Race (ethnicity)		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
There is no specific impact or consultation feedback in relation to this characteristic.	From the public consultation, 100% of respondents who answered this question identified as white British.	

Protected Characteristic: Religion or belief		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
There is no specific impact or consultation feedback in relation to this characteristic.	From the public consultation 58% of respondents were Christian, and 48% had no religion.	

Protected Characteristic: Sex (gender)		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
There will be positive impact on stakeholders in relation to gender. The strategy aims to reduce inequality where possible which is positive.	<p>The Joint Health & Wellbeing Strategy has been developed through analysis of a variety of data sets.</p> <p>From the public consultation</p> <ul style="list-style-type: none"> • 97% of respondents identified as heterosexual/straight • 2% identified as gay men • 2% identified as omnisexual <p>The breakdown of respondents to the public consultation was 31% male and 68% female. Headline H&WB evidence for County Durham in terms of age includes:</p> <p>Life expectancy is lower than the national average:</p> <ul style="list-style-type: none"> • Female life expectancy at birth is 81.4 years • Male life expectancy at birth is 78.3 years • Healthy life expectancy for both men and women is 59 years. • The gap in life expectancy between the most deprived/least deprived areas is 8.1 	As above.

	years for men and 6.9 years for women	
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Protected Characteristic: Sexual orientation		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
<p>There will be positive impact on all stakeholders. The strategy aims to reduce inequality where possible which is positive.</p> <p>Evidence suggests a connection between poor mental health and some LGB people. One of the priority areas of the strategy is addressing mental health and this is positive.</p>	Not aware, if any respondents were LGBTQ	

Protected Characteristic: Transgender		
What is the actual or potential impact on stakeholders?	Explain your conclusion considering relevant evidence and consultation	What further action or mitigation is required?
<p>There will be positive impact on all stakeholders. The strategy aims to reduce inequality where possible which is positive.</p> <p>Evidence suggests a connection between poor mental health and some transgender people. One of the priority areas of the strategy is addressing mental health and this is positive.</p>	Not aware, if any respondents were transgender	

Section Three: Conclusion and Review

Summary

Please provide a brief summary of your findings stating the main impacts, both positive and negative, across the protected characteristics.

The strategy will aim to work across a life course to reduce the gap in healthy life expectancy across County Durham and between County Durham and England. This is positive impacts across the protected characteristics.

Will this promote positive relationships between different communities? If so how?

Yes, the strategy will build on what is already taking place within the County and the approach to wellbeing will further harness the number of assets communities have available to them that help maintain and build their resilience and which in turn can protect challenges to their health or wellbeing.

Action Plan

Action	Responsibility	Timescales for implementation	In which plan will the action appear?
Public Consultation	Complete	14 February 2020	
Make appropriate amends to strategy based on consultation feedback	Complete	28 February 2020	

Review

Are there any additional assessments that need to be undertaken? (Y/N)

N

When will this assessment be reviewed?
Please also insert this date at the front of the template

Sign Off

Lead officer sign off:
Andrea Petty, Strategic Manager, Adults & Health Services

Date:

Service equality representative sign off: Mary Gallagher,
Equality and Diversity Team Leader

Date:

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Please return the completed form to your service equality representative and forward a copy to equalities@durham.gov.uk