

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	Neighbourhoods and Climate Change
Lead Officer	Andrea Petty, Strategic Manager
Title	Joint Health and Wellbeing Strategy 2021-2025
MTFP Reference (if relevant)	N/A
Cabinet Date (if relevant)	
Start Date	October 2020
Review Date	To be reviewed in line with the JHWS (2021-2025)

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)¹, which is part of Durham Insight. This evidence base 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”

¹ <https://www.durhaminsight.info/jsna/>

The HWB agreed the JHWS 2020-25 in March 2020, to provide a holding position for a year while work was undertaken on the County Durham Vision 2035, the Marmot 10 year review, and the NHS health inequalities paper.

At that time we could not foresee the impact the global Coronavirus pandemic would have on our services and communities across the County.

Unfortunately, Covid-19 has impacted disproportionately on certain people across the County, particularly our older population, people with existing/underlying health conditions such as diabetes and obesity, our Black, Asian and Minority Ethnic (BAME) populations as well as those living and working in more disadvantaged circumstances. It has had a direct impact on our communities in terms of their health and also a wider indirect impact instigated by lockdown on mental wellbeing across the whole life course, exasperating issues and widening health, social and economic inequalities.

Although recovery will take years, our partners will continue to work together to prevent health and wellbeing inequalities widening even further, and the actions in the JHWS 2020-25 and JHWS 2021-25 support our approach in how we deliver health and social care services in these unprecedented times.

In response to Covid-19, County Durham Together was developed as an overarching approach to support communities.

In March 2020, a Health Impact Assessment (HIA) for health inequalities during Covid 19 was undertaken to provide a 'snapshot' insight into the direct and indirect impact of lockdown on inequalities. It focused on the following areas:

- Socio-economic factors - poverty reduction
- Mental health and emotional wellbeing
- Community assets and community mobilisation
- Inclusion of vulnerable groups

The findings and recommendations from the HIA have been integrated into the JHWS 2021-25, and incorporated into the HWB work programme to ensure action is taken.

The County Durham Vision 2035 was written together with partner organisations and the public. It provides strategic direction and enables us to work more closely together, removing organisational boundaries and co-delivering services for the benefit of our residents. This vision is structured around three ambitions which are:

- More and Better jobs
- People live long and independent lives
- Connected communities

The JHWS will form part of the delivery mechanism for the Vision, with the objectives contained under the vision ambition "People live long and independent lives" which have a health focus being the responsibility of the Health and Wellbeing Board, as well as also working with other partnerships on shared priorities and cross-cutting issues.

The Health and Wellbeing Board will deliver the following objectives under the vision ambition 'People will have long and independent lives':

- Children and young people will enjoy the best start in life, good health and emotional wellbeing
- Children and young people with special educational needs and disabilities will achieve the best possible outcomes
- We will promote positive behaviours
- We will tackle the stigma and discrimination of poor mental health and building resilient communities
- Better integration of health and social care services
- People will be supported to live independently for as long as possible by delivering more homes to meet the needs of older and disabled people

In addition, we will work closely with the Environment and Climate Change Partnership who will deliver on the objective to create a physical environment that will contribute to good health and the Economic Partnership to ensure young people have access good quality education, training and employment.

As mentioned above, the HWB will not just fulfil the objectives in the Vision but also has a duty to meet our statutory obligations under the Health and Social Care Act 2012.

The HWB 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:

- Starting Well
- Living Well
- Ageing Well

Based on evidence, we have chosen the following objectives across our strategic priorities, that are of importance given the impact they have on people's health and wellbeing, and of where we want to be in 2025:

- 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 pregnant women and mothers will not smoke
- Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability
- Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight
- Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates
- 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):

Residents of County Durham: 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 and HIA. We do not anticipate any negative impacts in the implementation of this strategy although our priorities will impact certain groups differently, in order to address identified health gaps.

The Covid-19 pandemic has had negative impact on the groups identified in the JHWS as those who have health inequalities.

This strategy therefore focuses on the areas that are of the 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 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 health and wellbeing for all sections of the community which is beneficial to all protected groups and helps us to pay due regard to the public sector equality duty. The strategy is the vehicle which provides commissioners with a focussed number of strategic objectives and actions, helping to advance equality of opportunity where possible.

This is especially important as we move into the recovery phase from Covid-19.

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

The strategy will help partners to understand, identify and improve services for people from the different protected groups and eliminate discrimination whilst promoting equality for people who live, work and study 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.

Data

Durham Insight website² – JSNA data analysis has been used in developing the strategic aims and objectives of the strategy. The info contained within the strategy, using JSNA/Durham Insight data, provide context.

The HIA provided valuable data, which has been used to influence the JHWS, and support the priorities and objectives.

Engagement and consultation

Work has taken place with partners throughout 2020/21 to develop the JHWS, and the draft strategy has been shared within individual partner organisations. A full public consultation has also taken place from January 2021 to February 2021. Feedback has been used to amend the draft strategy and as a basis for analysis as contained in this equality impact assessment.

We have also utilised the extensive consultation which was undertaken as part of the County Durham Vision. This included support for the relationship between the environment and climate change and health and opportunities for ‘active travel’ and the priority of reducing self-harm and suicide prevention which are included in actions within the JHWS.

² <https://www.durhaminsight.info/>

The need for integrated commissioning and pooled budgets where possible was highlighted and partners working across County Durham have developed a five-year County Durham Commissioning and Delivery Plan 2020-25 which identifies key programmes of work over the next five years for health and social care services.

There were also comments in the vision consultation of how the evidence base of the JSNA is crucial in formulating plans and work to achieve our overarching objective to improve life expectancy, healthy life expectancy and the life expectancy/healthy life expectancy gap between the most and least deprived communities is supported and reinforced by communities.

Following consultation in 2020 for the JHWS 2020-25 there was strong support for the priorities within the Strategy. There were 84 responses to the public consultation, and all three of the strategic priorities had high levels of agreement, over 95%, with the strategic priorities. Additional feedback from young people aged between 5-21 also agreed with the strategic priorities.

There was support for the wellbeing approach with members of the public keen to see partners working collaboratively and innovatively with local communities.

The health impacts of poverty were highlighted in the consultation and this was included in the 2020-25 JHWS and strengthened for the JHWS 2021-25 given the impact of financial insecurity and Covid-19.

The draft Joint Health and Wellbeing Strategy 2021-25 was again subject to public consultation via the Durham County Council website and included the Area Action Partnerships, Patient Reference Groups, Voluntary and Community Sector, Investing in Children, Learning Disabilities Parliament, and Carers, including young carers.

Consultation Update February 2021

The second round of public consultation closed on 21 February 2021. High level consultation analysis has been used to update this equality impact assessment.

There were 47 responses to the public consultation.

- **Improve healthy life expectancy and reduce the gap within County Durham and between County Durham and England** 98% of people who took part in the public consultation strongly agreed / agreed that this should be a priority.
- **We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke** 91% of people who took part in the public consultation strongly agreed / agreed that this should be a priority
- **Decrease overall levels of unemployment and specifically close the employment gap between the general population and those living with a long term physical or mental health condition, or with a learning disability** 95% of people who took part in the public consultation strongly agreed / agreed that this should be a priority

- **Over 90% of our children aged 4-5 years, and 79% of children aged 10-11 years are of a healthy weight** 89% of people who took part in the public consultation strongly agreed / agreed that this should be a priority
- **Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and reduced suicide rates** 95% of people who took part in the public consultation strongly agreed / agreed that this should be a priority
- **Increase the number of organisations involved in Better Health at Work Award** 75% of people who took part in the public consultation strongly agreed / agreed that this should be a priority

79% of respondents were residents in County Durham, 13% represented an organisation, 4% were local councillor/committee members, 2% were CCG governing body members, 2% were local health group members.

In response to consultation feedback the following changes to the strategy were made

- We were asked 'what does increase the number of organisations involved in Better Health at Work Award mean' and have expanded the term in the JHWS to make this clearer.
- We were asked 'what is meant by physical literacy', so the terminology in the JHWS has been expanded to explain this.
- We were asked 'what does cutting the cost of the school day mean' and have included examples of this in the JHWS.

Dialogue has taken place with a number of children and young people aged 16-21 years within County Durham through Investing in Children agenda days. Children and Young People from different groups within Investing in Children, including nine young people 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	February 2021
Service equality representative sign off: Mary Gallagher, Equality and Diversity Team Leader	February 2021

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>The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive across all age groups.</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 in relation to age. Approaches will aim to increase healthy life expectancies.</p> <p>Targeted approaches will enable older people to remain independent and to lead lives with meaning and</p>	<p>The JHWS has been developed through analysis of a variety of data sets.</p> <p>Headline HWB evidence for County Durham in terms of age includes:</p> <p>Life expectancy and healthy life expectancy for both men and women in County Durham is lower than the England average.</p> <p>Life expectancy is 8.8 years lower for men and 6.6 years lower for women in the most deprived areas of County Durham than in the least deprived areas.</p> <p>There are 101,500 children aged 0-17 living in County Durham, with a further 49,800 young people aged 18 – 24.</p> <p>As at December 2020:</p> <ul style="list-style-type: none"> ○ 1,648 CYP are known to early help, ○ 1,952 are Children in Need, ○ 963 are Children Looked After, ○ 469 CYP are subject to a current Child Protection Plan, and 	

<p>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 provide strategic oversight 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"> ○ 3,704 CYP (aged 0-25) have an Education, Health and Care Plan <p>Childhood obesity is worse than the England average and is increasing. 1 in 10 (10.7%)</p> <p>There are over 110,000 residents aged 65 and over in County Durham. ONS Projections suggest that to 2035 the number aged 65+ will increase by 31% and the number aged 85+ will increase by 82%.</p> <p>35% of the county's over 60 population live in income deprived households (IDAOP, IMD2019). That's around 47,500 older people.</p> <p>Over 30,000 people aged 65+ live alone.</p> <p>Over 5,000 County Durham residents have a dementia diagnosis. However, it is estimated that the actual number of people over the age of 65 with dementia is closer to 7,300, this is predicted to increase 52% to over 11,000 by 2040 (POPPI).</p> <p>The risk of dying from the Covid-19 virus is highest in the elderly or those with underlying health conditions, however the risks are found to be higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups</p> <p>Consultation respondents</p>	
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	<p>Age range of public consultation respondents:</p> <ul style="list-style-type: none"> • 3% were aged 25-34 • 15% were aged 35-44 • 26% were aged 45-54 • 26% were aged 55-64 • 26% were aged 65-74 • 5% were aged 75+ <p>Engagement with children and young people through Investing in Children Agenda Days included nine young people aged 16-21 from the eXtreme and Health groups. All young people agreed with the strategic priorities, and provided feedback on how they feel these could be delivered.</p>	
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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?
<p>The strategy aims to reduce inequality where possible, by addressing identified health and wellbeing priorities, which is positive for people with disabilities.</p> <p>Many disabilities can be prevented or delayed by delivering this strategy. For example, through taking action via healthy weight initiatives and supporting people into and retaining meaningful employment.</p>	<p>The JHWS has been developed through analysis of a variety of data sets.</p> <p>Census data shows the County has a high disability rate compared to the rest of England, at around 18% of the working age population.</p> <p>Headline HWB evidence for County Durham in terms of health conditions and disability includes:</p> <p>Prevalence of hypertension, COPD, cardiovascular disease, diabetes, stroke and coronary heart disease are higher in County Durham than England.</p> <p>Estimated levels of excess weight in adults (aged 18+)</p>	<p>Reasonable adjustments where required including publication of easy read version of the strategy.</p> <p>Examples of action and/or delivery mechanisms in terms of disability includes:</p> <p>-We will look to close the employment gap for those living with a long term health condition, learning disability, or in contact with secondary mental health services</p>

	<p>and physically active adults (aged 19+) are worse than the England average.</p> <p>Over 5,000 County Durham residents have a dementia diagnosis. However, it is estimated that the actual number of people over the age of 65 with dementia is closer to 7,300, this is predicted to increase 52% to over 11,000 by 2040 (POPPI).</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) • In any one week, 1 in 6 adults will experience symptoms of depression or anxiety. • 1 in 10 children have a mental health condition <p>The risk of dying from the Covid-19 virus is highest in the elderly or those with underlying health conditions, however the risks are found to be higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups</p> <p>Consultation respondents 15% of respondents to the public consultation considered themselves to be a disabled person.</p>	
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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>The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive in relation to pregnancy and maternity.</p> <p>Example of potential positive impact includes:</p> <p>Increased 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 JHWS has been developed through analysis of a variety of data sets.</p> <p>Headline HWB evidence for County Durham in terms of pregnancy and maternity includes:</p> <p>Estimated smoking prevalence has increased for 2019 from 15% to 17%, or by around 12,000 residents since 2017</p> <p>Levels of breastfeeding are worse than the average for England</p>	<p>We will have a smoke free environment with over 95% of our residents not smoking and an ambition that pregnant women and mothers will not smoke</p> <p>A core deliverable in the JHWS is that we will Continue to improve how, across the system we identify perinatal mental health issues during the antenatal period and embed appropriate pathways for support</p> <p>Support women to initiate and continue breastfeeding their babies through the County Durham 'Call to Action'.</p>

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?
<p>The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive and will be beneficial to all.</p> <p>Poor mental health can be linked to ethnicity especially where people experience racism, discrimination and isolation because of their race or ethnicity. One of the priority areas of the strategy is addressing mental health and this is therefore positive.</p>	<p>For those respondents that completed consultation equality monitoring, none identified as BAME.</p> <p>Census data shows that 98% of the County's population is white British.</p> <p>BAME people often face individual and societal challenges (racism, discrimination, economic disadvantages and mental health stigma)³ that can affect mental health.</p> <p>The risk of dying from the Covid-19 virus is highest in the elderly or those with underlying health conditions, however the risks are found to be higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups</p> <p>Consultation respondents 95% White British, 3% White Other, 3% Arab or Middle Eastern</p>	<p>A core deliverable in the JHWS is to work with communities to develop targeted strategies to provide better support for vulnerable population groups, for example, those with learning disabilities, autism or BAME (including GRT) communities</p>

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?
<p>There is no specific impact or consultation feedback in relation to religion or belief.</p>	<p>Census data shows that 73.2% of the County's population have a religion with</p>	

³ <http://www.irr.org.uk/research/statistics/health/>

	<p>Christianity being the highest proportion (72%). Around 21% have no religion or belief.</p> <p>Consultation respondents 59% of respondents were Christian, 3% Muslim and 38% had no religion.</p>	
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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?
<p>The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive in relation to sex, both male and female.</p> <p>Although impact on sex is similar to that identified for age, it is likely to be disproportionate in terms of sex. For example, ensuring healthy starts in life for children and young families, and improved housing, is positive to both men and women but likely to be more beneficial to women who generally have the main family care responsibilities.</p> <p>As women's life expectancy is longer any improvements in support for older people will also be particularly positive for women.</p> <p>Action on reducing risk taking behaviours (smoking, alcohol and substance misuse) and reduction of suicide rates will be of greater positive impact to men who are disproportionately impacted.</p>	<p>The JHWS has been developed through analysis of a variety of data sets.</p> <p>Headline HWB evidence for County Durham in terms of sex includes:</p> <ul style="list-style-type: none"> • Life expectancy and healthy life expectancy for both men and women in County Durham is lower than the England average. • Life expectancy is 8.8 years lower for men and 6.6 years lower for women in the most deprived areas of County Durham than in the least deprived areas. <p>The risk of dying from the Covid-19 virus is highest in the elderly or those with underlying health conditions, however the risks are found to be higher in males than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups</p>	

	<p>Evidence suggests suicide rates are significantly higher for men.⁴</p> <p>Consultation Respondents Female 58% Male 42%</p>	
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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>The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive and will be beneficial to all.</p> <p>Poor mental health can be more prevalent for lesbian, gay and bisexual (LGB) people. One of the priority areas of the Joint Health and Wellbeing Strategy is addressing mental health and this is therefore positive.</p>	<p>National evidence suggests a connection between poor mental health and LGB with 24% of LGBT people having accessed mental health services⁵.</p> <p>Consultation respondents</p> <ul style="list-style-type: none"> • 34% of respondents identified as heterosexual/straight • 3% identified as gay women/lesbian 	<p>Examples of action and/or delivery mechanisms in terms of sexual orientation include: More MH and wellbeing checks across work places</p> <p>Improvements in the mental health and emotional wellbeing of children and young people, with an appropriate and accessible range of services across universal, targeted and specialist provision available for timely access</p> <p>Improved mental health and wellbeing evidenced by increased self-reported wellbeing scores and decreased suicide rates</p>

⁴ <https://www.equalityhumanrights.com/en/britain-fairer/britain-fairer-2018-supporting-data>

⁵ <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>

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>The strategy aims to reduce inequality, where possible, by addressing identified health and wellbeing priorities which is positive and will be beneficial to all.</p> <p>Evidence suggests a connection between poor mental health and transgender status. One of the priority areas of the strategy is addressing mental health and this is positive.</p>	<p>National evidence suggests a connection between poor mental health and LGB with 24% of LGBT people having accessed mental health services⁶.</p> <p>For those respondents that completed consultation equality monitoring, none identified as trans.</p>	

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 JHWS 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 has 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. Covid Community Champions will also support this role in ensuring correct key messages are shared in a timely way.

Action Plan

Action	Responsibility	Timescales for implementation	In which plan will the action appear?
Public Consultation	Partnerships	Feb 21	JHWS 2021-25

⁶ <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>

Make appropriate amends to strategy based on consultation feedback	Partnerships	Feb-Mar 21	JHWS 2021-25
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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	2025

Sign Off

Lead officer sign off: Andrea Petty, Strategic Manager, Transformation & Partnerships	February 2021
Service equality representative sign off: Mary Gallagher, Equality and Diversity Team Leader	February 2021