EQUALITY IMPACT ASSESSMENT AND ANALYSIS

Final Draft South Gloucestershire Joint Health and Wellbeing Strategy 2017-21

INTRODUCTION

The production of a Joint Health & Wellbeing Strategy (JH&WBS) is a statutory requirement upon the Health & Wellbeing Board in accordance with the Health & Social Care Act 2012. The purpose of the Strategy is to provide the future strategic vision for health and wellbeing in South Gloucestershire, setting out key strategic priorities for action and clear outcomes as identified in the Joint Strategic Needs Assessment (JSNA).

This document describes an analysis of equalities impacts in relation to the final draft of the South Gloucestershire Joint Health and Wellbeing Strategy 2017-21 to be approved by the Health and Wellbeing Board in November 2017.

The strategy has been produced as a partnership between Health and Wellbeing Board member organisations in collaboration with the voluntary sector and local community groups. Public consultation on a draft strategy ran from 12th June to 21st August 2017. Public consultation included an initial equality impact assessment and questions about equalities.

STRATEGY OVERVIEW

South Gloucestershire's Joint Health and Wellbeing Strategy (JHWBS)) 2017-21 sets out key areas of focus and actions on which members of the Health and Wellbeing Board will work together to improve the health and wellbeing of people living and working in the area and to reduce health inequalities.

Our approach acknowledges that health and health inequalities are largely determined by where we live; our lifestyle choices; and wider social, economic and environmental factors; and that action across organisations and policy areas on these wider determinants of health is required to improve population health.

The overarching aim of this strategy is to improve our population's health and wellbeing and enable everyone to stay healthy for longer. The strategy takes a whole population approach and so all South Gloucestershire residents will be beneficiaries. There is a particular focus on reducing inequalities.

In order to deliver its vision the strategy targets four key health and wellbeing issues where we feel we can make most impact through *collective action*.
These are:

1. Improve educational attainment of children and young people and promote their wellbeing and aspirations.
2. Promote and enable positive mental health and wellbeing for all.
3. Promote and enable good nutrition, physical activity and a healthy weight for all.
4. Maximise the potential of our built and natural environment to enable healthy lifestyles and prevent disease.

HOW THE STRATEGY WAS DEVELOPED

This strategy has been informed by the findings and recommendations of the Joint Strategic Needs Assessment (JSNA) which provides information about the local population

and its current and future health and care needs, together with evidence based recommendations to meet these needs. It has been produced as a partnership between Health and Wellbeing Board member organisations in collaboration with the voluntary sector and local community groups with working groups of key stakeholders leading development of each of the sections. Stakeholder engagement events have taken place with voluntary sector (14th September 2016) and front-line health and social care workers/managers (29th November 2016) to inform early strategy development.

Public consultation on a draft strategy ran from 12th June to 21st August 2017. During this time the draft strategy was presented to a number of partnerships and groups which were invited to respond to the consultation.

These included:

- Health and Wellbeing Board and SOG members through a development session.
- CCG COE
- Safer & Stronger Community Strategic Partnership
- South Gloucestershire Strategic Partnership
- VCSE organisations including HealthWatch through an engagement event.

There were a total number of 72 survey responses, with 3 paper submissions and 69 online submissions. 13 emails were received by members of the public and Town and Parish Councils. 34 representatives from the voluntary, community and social enterprise sector (VCSE) attended the Health and Wellbeing Strategy event on 27th July. A copy of the consultation report is attached.

Feedback on the draft strategy was generally positive;

- Focussing on the wider determinants of health is welcomed
- Respondents felt that recognising and handling the highly integrated nature of health and wellbeing will be crucial. (e.g. preventing duplication, showing consideration of how areas / activities will be influenced by and effect each other, or providing a wider range of factors to measure success by)
- Mental health and wellbeing was seen as the most relevant and critical area to address by members of the public, professionals and organisations alike
- Respondents agreed that tackling inequalities is a priority for the strategy. In particular the effect of poverty or deprivation on education, nutrition and living conditions is something respondents want addressed.
- Providing equally good access to services and information for different groups of people is seen as an important overall aim
- The concept of personal responsibility was polarising, with some respondents welcoming it, whilst others are concerned it will disadvantage those who are most vulnerable or deprived
- Supporting delivery of other plans or strategies was not seen as a very useful activity for the Health and Wellbeing Board; this has been addressed in the revised version to make it clearer that the mechanism of delivery will be through partnerships and plans that report to the Board.

Public consultation included an initial equality impact assessment and questions about equalities. The majority of respondents (63%) felt that the strategy would successfully tackle inequalities, while 16% felt it would not be very or at all successful.

There was no consensus on which groups might be most negatively or positively impacted, with most respondents who answered preferring to highlight a group that needed focus rather than whether they would be positively or negatively affected. Mental health was cited by 3 respondents as a critical area to try and improve. 2 respondents said there would be no particular communities affected, and another 2 felt that making any impact required funding. 2 respondents felt those already struggling would find it hardest, which could possibly be due to the focus on personal responsibility. 2 respondents mentioned older people as a group that would potentially lose out. Whilst one respondent felt children and young people would benefit, another felt they would be worse off; the same split it opinion occurred between the two responses mentioning poverty.

Respondents to the consultation felt that promoting equality and reducing inequalities between different communities is a priority and that the Health and Wellbeing Board and its partners need to find ways to actively listen to the groups and communities most vulnerable to inequality and discrimination and to identify different outcome targets for different groups in society according to their needs in order to promote equality.

As a result of the initial equality impact analysis undertaken for public consultation and analysis of feedback from the consultation the section on inequalities within the strategy has been reviewed and a revised draft produced that takes in to account key findings.

South Gloucestershire population

South Gloucestershire currently has a total resident population estimated to be 275,000 (ONS 2015-based mid-year estimate). The proportion of 0-15 year olds is 18.6%, slightly lower than the England average of 19%, whereas older people aged over 65 make up 18.4% of the population, slightly higher than the national average of 17.7% for England. Although South Gloucestershire has a broadly similar proportion of working age population (63.1%) compared to England (63.3%) this represents a decline of nearly 3% since 2002.

South Gloucestershire had a Black and minority ethnic population of 5% in 2011 – defined as the ethnic groups other than White. This has increased from 2.2% in 2001 but remains substantially lower than the England and Wales average of 14%. The largest ethnic groups were Asian (2%), Mixed (1%) and Black (1%). The White Gypsy or Traveller population is around 270 (0.1%). Younger age groups have the highest proportion of ethnic minorities.

At the time of the 2011 census, the majority of South Gloucestershire residents described themselves as Christian (60%), Muslim was the second most common religion at 0.8% followed by Hindu (0.6%). Over a third of the population did not disclose their religion or stated they had no religion.

Approximately half (51.9%) of the adult population described themselves as married, a decrease from 57.8% recorded in the 2001 census. The number of people reporting cohabiting in a same sex relationship or registered same-sex civil partnership was over 1,300 in the census. The government estimates that 5-7% of the population are lesbian, gay, or bisexual, equating to 13,700 – 19,200 locally.

Our Joint Strategic Needs Assessment tells us that overall health in South Gloucestershire is good and we are living longer, but not all of us are living in good health and there are significant inequalities in terms of educational achievement, isolation from transport, access to housing, income, crime and health. A key aim of this strategy is to reduce these health inequalities.

- **Gender**

Whilst life expectancy in South Gloucestershire is higher than the national average and has been rising there are differences between men and women. Life expectancy at birth for a male born in South Gloucestershire in 2013-15 was 81.2 years, higher than the England average of 79.5 years. For females this was 84.7 years, 1.6 years higher than the England average. However, males in our poorest areas could expect to live 7 years fewer than those in the more affluent areas. For women this gap was 5 years.

A similar pattern is seen for healthy life expectancy (years spent in good health) with men having a lower healthy life expectancy than women. Healthy life expectancy at birth has fallen for men and women in South Gloucestershire over recent years. For males healthy life expectancy fell from 67.6 in 2009-11 to 66.0 in 2013-15, a drop of 1.6 years. This contrasts to an increase of 0.4 years in the whole of England. An even greater reduction was seen for South Gloucestershire women; between 2009-11 and 2013-15 healthy life expectancy for women fell by 4.1 years to 65.5 years.

Key issues relevant to this strategy:

- Women are more likely to access health services than men.
- On average school attainment is higher in girls than boys. There is variation between subjects and at different key stages.
- Mental health problems affect both males and females, but some types of mental health problem are more common in males and some are more common in females. Young women are at particular risk of non-fatal self-harm; poisoning is the most common method used. Males have a twofold to threefold increased risk of suicide compared with women. Older men have the highest suicide rates.
- Men are more active than women in virtually every age group

- **Age, maternity and pregnancy**

This strategy takes a life-course approach recognising that many poor outcomes result from an accumulation of factors and poor life chances over time. It therefore considers actions for all age groups including pregnant women and the unborn child.

Research indicates that good health in children contributes to positive educational outcomes which in turn result in better health throughout adult life. In South Gloucestershire educational outcomes are good for early key stages but not so good for later key stages compared to national levels. In addition outcomes are worse among pupils living in deprived circumstances.

Mortality rates for most diseases, including cancer and heart disease, are below the national average and have fallen over the last decade. However we know that as people live longer they are more likely to develop one or more long term condition. Our data tell us our residents are likely to live for 15 years or more in less than good health. Of particular concern for South Gloucestershire is that whilst life expectancy is increasing healthy life expectancy (years spent in good health) appears to be falling therefore the strategy includes actions to promote healthy ageing.

Key issues relevant to this strategy:

- We know that physical and mental health and wellbeing is impacted on from an early age, even before conception, therefore addressing promoting and improving health at all ages is vital, including those transitioning from child to adult (i.e. 18-25 year olds)
- Need and demand for health and care services increases with age.
- Overweight and obesity increase with age; 17.2% of 5 year olds are overweight or obese rising to 28.7% of 10-11 year olds and 63.2% of adults.
- Physical activity declines with age to the extent that by the age of 75 years only one in ten men and one in 20 women are active enough for good health.

- **Lesbian, gay, bisexual and transgender (LGBT)**

Local data on the health and wellbeing of LGBT groups is limited. Nationally there is evidence that LGBT communities experience significant health challenges and inequalities in health.

Key issues relevant to this strategy:
- LGBT groups are less likely to seek help from health and social care services, and reveal their sexual identity to those providing their care
- MSM have higher rates of cardiovascular disease (CVD), asthma and diabetes
- Men who have sex with men (MSM) are twice as likely to be depressed or anxious compared with other men

- **Black, Asian and Minority Ethnic (BAME) groups and religion**

Overall South Gloucestershire has a significantly lower proportion of BME communities than England however this varies between wards. Our BAME populations are diverse as demonstrated by data about country of birth; the majority of South Gloucestershire residents born outside the UK come from EU countries (35%) followed by the Middle East and Asia (30%) and Africa (15%), Caribbean and the Americas (9%), Ireland (6%) non EU Europe (3.5%) and other (2.9%).

South Gloucestershire has a similar proportion of Christians to the regional and England average, but a greater proportion who had no or unstated religion. South Gloucestershire's Buddhist, Jewish, Muslim and Sikh population proportions were similar to the regional average but considerably lower than that for England, especially Muslims who make up 5% of the England population. The proportion of Hindus in South Gloucestershire though higher than the regional average, was lower than that for England.

Key issues relevant to this strategy:
- Different ethnic groups have different rates and experiences of health problems, reflecting their cultural and socio-economic contexts and access to culturally appropriate treatments.
- Those from Asian communities are known to be at particularly high risk of diabetes and cardiovascular disease
- Evidence indicates that Pakistani and Bangladeshi groups are more likely to experience poor mental health.
- Gypsy and Irish travellers are known to have significantly poorer health status (including mental health) than the general population, with particular issues regarding access to health services.

- Religion itself is not a risk factor for specific health problems, however, as with minority ethnic groups, it may be that religion acts as a proxy for socio-cultural determinants of health.

Disability

According to the 2011 census 18% of the population of South Gloucestershire aged sixteen and over has day to day activities limited by a long term health problem or disability, lower than the England average of 21%. Figures for the prevalence at an all age population are 15.6% and 17.6% for South Gloucestershire and England respectively. Based on the 2011 census figures it is estimated that there are currently approximately 23,000 people aged 65 or over with a limiting long term illness that limits their day to day activities, this figure is predicted to rise to 33,400 by 2030. Of those aged 18-64, it is estimated that there are approximately 16,900 with a moderate or severe physical disability, a figure set to rise to 18,000 by 2030.

Nationally, estimated prevalence of learning disability is 2% of the population learning disability however the numbers know to services is much smaller; using QOF 2013/2014 data there were 878 people aged 18 and over on the learning difficulties register for South Gloucestershire GP practices (prevalence 0.4%). This is similar to the English average of 0.5%.

Key issues relevant to this strategy:

- People with a physical disability or learning disability have poorer health than their non-disabled peers, much of which is avoidable. They have higher levels of mental illness, chronic health problems, epilepsy, and sensory problems. These health inequalities often start early in life and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care.

IDENTIFICATION AND ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

A key aim of this strategy is to reduce health inequalities. As shown above national and local data tell us about vulnerable groups who are more likely to experience health and social inequality. There are a range of factors that can increase or contribute to the risk of being vulnerable to inequality. They include, but are not limited to, who you are (inequalities are often aligned to the protected characteristic groups identified in the Equality Act 2010 i.e. age, gender, disability, religion and belief, race, sexual orientation, gender re-assignment, pregnancy and maternity and marriage and civil partnership) and where you live (geography can impact on opportunities to access services, good housing, education and employment and to adopt healthy lifestyle choices).

Health inequalities result from social, economic and environmental inequalities. Action on health inequalities requires action across all the social determinants of health and an effective local delivery system with a focus on health equity in all policies and engagement from organisations across the health and care, the voluntary and private sector and community groups.

Local action within and beyond this strategy will be informed by the six objectives in the Marmot Review: Fair Society Healthy Lives:

1. Give every child the best start in life

2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.

In order to deliver this vision the strategy focusses on four key health and wellbeing issues where we feel we can make most impact through *collective action*. It is anticipated that the actions taken will have a positive impact on all population groups and that actions to address inequalities will achieve equality of opportunity for those identified with protected characteristics.

1. **Improve educational attainment of children and young people and promote their wellbeing and aspirations.**
   Actions will have a positive impact on children and young people in particular. Schools have a good representation of all protected characteristic groups and therefore actions will support achievement of equality of opportunity.

2. **Promote and enable positive mental health and wellbeing for all.**
   People with poor physical health are at higher risk of experiencing mental health problems and people with poor mental health are more likely to have poor physical health. Certain protected characteristic groups are at particularly high risk therefore actions to promote positive mental health will support achievement of equality of opportunity.

3. **Promote and enable good nutrition, physical activity and a healthy weight for all.**
   Certain protected characteristic groups are at particularly high risk of being physically inactive and overweight therefore actions to promote a good diet, physical activity and a healthy weight and reduce inequalities will support achievement of equality of opportunity.

4. **Maximise the potential of our built and natural environment to enable healthy lifestyles and prevent disease.**
   Proposed actions should address all of the issues described above from a whole population rather than individual lifestyle perspective and will therefore have a positive impact and support achievement of equality of opportunity.

EqIAA OUTCOME

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	☐	
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	☒	As a result of the initial equality impact analysis undertaken for public consultation and analysis of feedback from the consultation the section on inequalities within the strategy has been revised to make priorities clearer and actions to be

		considered as delivery plans are developed identified.
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	☐	
Outcome 4: Stop and rethink.	☐	

ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

When developing action plans for strategy delivery the following actions will be taken:

- Ensure all protected characteristic groups listed in the EqIAA are addressed by the action plan;
- Consideration is given to identifying different outcome targets for different groups in society according to their needs in order to promote equality and address inequalities
- Ensure that a wide range of service user feedback continues to be used to identify any emerging issues on an ongoing basis;
- Ongoing monitoring to disaggregate according to protected characteristic group as appropriate and/or possible (e.g. age, gender).

EVIDENCE INFORMING THIS EqIAA

- South Gloucestershire Joint Strategic Needs Assessment http://edocs.southglos.gov.uk/jsna2017
- Public Health Outcomes Framework http://www.phoutcomes.info/
- LGB&T companion document to the Public Health Outcomes Framework http://lgbt.foundation/
- Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf
- All Party Parliamentary Group for Conception to Age Two http://www.1001criticaldays.co.uk/
- Director of Public Health Annual Report for South Gloucestershire 2016 http://edocs.southglos.gov.uk/publichealthannualreport16
- Fair Society, Healthy Lives: The Marmot Review http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
- Public Consultation Output Report Health and Wellbeing Strategy 2017 – 2021 https://consultations.southglos.gov.uk/consult.ti/HWBStrategy17/consultationHome