HDC Due Regard (Equality Analysis) Health & Wellbeing Strategy

Due Regard (Equality Analysis) is an on-going proactive process which requires us to consider the effect our decisions are likely to have on local communities, service users and employees, particularly those most vulnerable and at risk of disadvantage.

This template has been designed to assist in the collation of information and evidence required to support the 'Due Regard' process when introducing new policies/procedures/functions and services or reviewing existing ones.

For help with this template please view the guidance document, which contains advice to assist you when you are considering the impact (both positive and negative) of the proposed actions on each of the protected equality characteristics.

Name of policy/procedure/function/service being analysed: Health & Wellbeing Strategy
Department and section: Communities
Name of lead officer: Steve Taylor
Other people involved (assisting or reviewing – including any service users or stakeholder groups etc.):
Date assessment completed: September 2022

Step 1: Defining the policy/procedure/function/service Is this a new, amended or reviewed policy? What are the aims, objectives and purpose and how will they be achieved? What are the main activities and which communities are likely to be affected by these activities? What are the expected outcomes?
The new Health and Wellbeing Strategy for Harborough District has been designed to help improve health and wellbeing in the local population and reduce health inequalities. The strategy outlines the vision, objectives and priorities based on the following methods of assessment used: • Strategic assessment of opportunities and challenges for the district • Engagement with residents and partners via surveys and roadshows • Review of national and local datasets, including Population Projections, the Local Authority Health Profile and Index of Multiple Deprivation. The objectives of the strategy which supersedes the Physical Activity Strategy need to be reflected within the plans of Harborough District Council and the wider Partnership across the district. Generally, health in Harborough District is good but it varies across the district and we are facing significant challenges with an aging population and rising demand for services. We are proposing a vision of

'Working with our communities, we will build a future for the people of Harborough district that gives them the best life chances and opportunities through:

- Community leadership to create a sense of pride in our place
- Promoting health and wellbeing and encouraging healthy life choices
- Creating a sustainable environment to protect future generations
- Supporting residents and businesses to deliver a prosperous local economy

Expected outcomes some of which may take several years to improve to statistically significant levels are:

- Physical activity levels in Harborough district will increase.
- Obesity levels will decrease
- Improved mental health
- Older adults living independently for longer
- Increased sport participations
- Improvements in community social cohesion and the Asset Based Community Development model approach

Step 2: Data collection & evidence

What relevant evidence, research, data and other information do you have and is there any further research, data or evidence you need to fill any gaps in your understanding of the potential or known effects of the policy on different communities? Include quantitative data as well as qualitative intelligence such as community input and advice.

Extensive data has been collected as part of the process including the latest Local Authority Health Profile https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132701/pat/6/par/E12000006/ati/101/are/E07000131

In summary the health of people in Harborough is generally better than the England average. Harborough is one of the 20% least deprived districts/unitary authorities in England, however about 7.2% (1,070) children live in low income families. Life expectancy for both men and women is higher than the England average.

Life expectancy is 3.8 years lower for men and -1.5 years higher for women in the most deprived areas of Harborough than in the least deprived areas.

In Year 6, 14.9% (139) of children are classified as obese, better than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 26*. This represents 5 admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and smoking in pregnancy are better than the England average.

The rate for alcohol-related harm hospital admissions is 561*, better than the average for England. This represents 536 admissions per year. The rate for self-harm hospital admissions is 142*, better than the average for England. This represents 120 admissions per year. Estimated levels of smoking prevalence in adults (aged

18+) and smoking prevalence (in routine and manual occupations) are better than the England average. The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average. The rate of hip fractures in older people (aged 65+) is worse than the England verage. The rates of statutory homelessness, violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases, under 75 mortality rate from cancer and employment (aged 16-64) are better than the England average.

Physical activity is crucial to maintaining physical health, preventing ill health, supporting mental wellbeing and generally helping people to be healthier for longer. Physical inactivity is responsible for one in six deaths in the UK and for (approximately) two thirds of many long term conditions. Taking this view, Harborough District has high levels of preventable disease which can be reduced through more people leading active lifestyles.

Public Health England estimates that over 1 in 4 women and 1 in 5 men do less than 30 minutes of physical activity a week and classifies them as being inactive. Physical inactivity is the fourth largest cause of disease and disability in the UK – 1 in 2 women and 1 in 3 men are in England are damaging their health through a lack of activity.

- There is a clear link between levels of physical inactivity and socio-economic status
- Areas with high levels of inactivity have high levels of premature mortality.
- Over the last 50 years, physical activity levels have declined by 20 percent in the UK – they are projected to drop a further 15 percent by 2030.

Step 3: Consultation and involvement

Have you consulted and if so outline what you did and who you consulted with and why.

Engagement Survey - In January 2022 we completed a district wide engagement survey once closed of the 446 residents' the following was observed

Male (including trans man) - 196 (43.9%)
Female (including trans woman) – 225 (50.4%)
Under 18 - 133 (29.8%)
18 – 24 - 2 (0.45%)
25 – 34 - 20 (4.48%)
35 – 44 - 41 (9.19%)
45 – 54 - 80 (17.94%)
55 – 64 - 76 (17.04%)
65 + – 83 (18.61%)
White – British - 401 (90.11%)

We undertook consultation with our key partners in order to determine any gaps and to ensure a holistic approach to Health and Wellbeing across the district, This was done both as focus groups and on a one to one basis, those partners included:

- Local Integrated Localities Team (LILT)
- Active Partnership – Active together
- Learning South Leicestershire SSPAN's
- Everyone Active SLM
- Community Safety Partnership, (including police)
- Voluntary Sector – Home Start, Alzheimer's Society, AGE UK, and Voluntary Action South Leicestershire.
- Leicestershire and Rutland Public health team

We asked all of these partners to support the consultation process.

Social media campaigns took place targeting the communities.

Step 4: Potential impact

Considering the evidence from the data collection and feedback from consultation, which communities will be affected and what barriers may these individuals or groups face in relation to Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex, Sexual Orientation, Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, current and ex-armed forces personnel (Veterans), deprived or disadvantaged communities and also the potential impact on Community Cohesion. Remember people have multiple characteristics so the impact of a policy on a particular community may impact people within the community differently. Where possible include numbers likely to be affected.

AGE The strategy is considered to have a positive impact in relation to age. Promoting health and wellbeing and encouraging healthy life choices will support our residents and create healthy sustainable environment for future generations

Whilst all age ranges will be impacted there will be a key focus targeting 'early years' (5 – 15) and older adults (65 and over). Preventing increase in the number of children classified as obese and supporting older people and preventing hospital admissions for this target demographic as a result of hip fractures

Evidence suggests that children aged 5 – 15 are becoming less active and are failing to meet recommended physical activity levels. This is problematic as good physical development in children is linked to other areas of positive development including speech and coordination and an active childhood lays the foundation for an active life.

Similarly, older adults who participate in any amount of physical activity gain health benefits, including maintenance of good physical and cognitive function – current national trends suggest high levels of inactivity among this age group. Some physical activity is better than none and more activity provides greater health benefits, this includes improved balance and coordination for those more at risk of falls. The number of people aged over 65 is increasing significantly across the

district. People are living longer but live with poor health for longer. Public services are struggling to meet the increase in demand. Services for older people is an overarching theme being increasingly identified.

DISABILITY Living with a disability may increase the chances of experiencing poor physical and mental health increase social isolation and inhibit peoples opportunity, however the strategy is considered to have a positive impact upon individuals living with a disability. Improve physical health and mental wellbeing can improve functional status and quality of life among people with selected disabilities. Promisingly, the number of disabled individuals taking part in physical activity has risen within the district yet barriers still remain.

We consider disability to be a cross cutting theme throughout our strategy

GENDER IDENTITY There is no evidence that the strategy will affect, or at least not disproportionately affect this protected characteristic.

MARRIAGE AND CIVIL PARTNERSHIP There is no evidence that the strategy will affect, or at least not disproportionately affect this protected characteristic.

SEXUAL ORIENTATION There is no evidence that the strategy will affect, or at least not disproportionately affect this protected characteristic.

PREGNANCY AND MATERNITY This strategy is considered to have a positive impact in relation to pregnancy and maternity. Peer groups and the physical activity referral scheme are activities that pre and post natal mothers like to participate in and brings physical as well as mental wellbeing benefits through peer support

RELIGION OR BELIEF There is no evidence that the strategy will affect, or at least not disproportionately affect this protected characteristic.

SEX Women are generally living longer than men. This in itself creates challenges. As a result women may experience more poor health conditions associated with old age. There is an increased prevalence of men experiencing poor mental health. Women have shown a marginally greater interest in the consultation. This has helped to gain a greater understanding of the needs of women.

This strategy is considered to have a positive impact in relation to sex specifically targeted activity and campaigns such as JUST will encourage women and girls of all ages to breakdown perceived barriers to health, wellbeing and physical activity. However work needs to be done in respect of improving targeted activity campaigns for men such as Men in Sheds type activities

ASYLUM SEEKER AND REFUGEE COMMUNITIES Asylum seeker and refugee communities communities may have a greater chance of experiencing poverty and or social isolation. The strategy support our work in seeking to engage these communities to help to identify mechanisms to overcome these barriers

Step 5: Mitigating and assessing the impact

If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons. If you have identified adverse impact or discrimination that is illegal, you are required to take action to remedy this immediately. If you have identified adverse impact or discrimination that is justifiable or legitimate, you will need to consider what actions can be taken to mitigate its effect on those groups of people. Consider what barriers you can remove, whether reasonable adjustments may be necessary and how any unmet needs have identified can be addressed.

There is not believed to be any actual or potential adverse impact or discrimination related to this policy. However, all employees receive equality and diversity training alongside safeguarding training, so they should be able to identify any negative impacts of the policy if any arise.

Step 6: Making a decision

Summarise your findings and give an overview of whether the policy will meet Harborough District Council's responsibilities in relation to equality, diversity and human rights. Does it contribute to the achievement of the three aims of the Public Sector Equality Duty – eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations?

Harborough District Council Health & Wellbeing Strategy will meet HDC's responsibilities in relation to equality, diversity and human rights.

In terms of contributing to the achievement of the three aims of the Public Sector Equality Duty it does not negatively impact on eliminating unlawful discrimination, harassment, victimisation; advance equality of opportunity and enhances the fostering of good relations

Step 7: Monitoring, evaluation & review of your policy/procedure/service change

What monitoring systems will you put in place to promote equality of opportunity, monitor impact and effectiveness and make positive improvements? How frequently will monitoring take place and who will be responsible?

The Health & Wellbeing Strategy will be monitored through an action plan, the performance of the plan will be monitored through the Councils performance framework. This includes bi annual reporting and monitoring that the strategy is on track using a RAG rating system. The performance framework also identifies risks to delivery and are updated and monitored on a regular basis. The main indicator reported through this process is the total number of attendances at activities delivered by or on behalf of the District Council.

The delivery of the action plan is also monitored through this process. This allows for early identification of the project delivery plan, and any issues around delayed commencement of projects. It also allows for shared learning when projects have been successfully delivered and sharing good practice.

In order for us to create good quality insight we collect a range of data in order to evaluate its success. These include:

- Attendance
- Participants
- Ethnicity

- Disabilities
- Gender
- Activity specific evaluations

Equality Improvement Plan

Equality Objective :

Action:

Officer Responsible: **By when:**

Equality Objective :

Action:

Officer Responsible: **By when:**

Equality Objective :

Action:

Officer Responsible: **By when:**

Equality Objective :

Action:

Officer Responsible: **By when:**

Signed off by:
Date:

Once signed off, please forward a copy for publication to Julie Clarke, Equality and Diversity Officer
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