

**City of York Council**  
**Equalities Impact Assessment**

**Who is submitting the proposal?**

<b>Directorate:</b>	Public Health		
<b>Service Area:</b>	Public Health		
<b>Name of the proposal:</b>	Joint Health and Wellbeing Strategy 2022-2032		
<b>Lead officer:</b>	Peter Roderick		
<b>Date assessment completed:</b>	8 <sup>th</sup> November 2022		
<b>Names of those who contributed to the assessment:</b>			
<b>Name</b>	<b>Job title</b>	<b>Organisation</b>	<b>Area of expertise</b>
Tracy Wallis	Health and Wellbeing Partnerships Co-ordinator	City of York Council	Health and Wellbeing Board
Peter Roderick	Consultant in Public Health	City of York Council/Humber & North Yorkshire Health and Care Partnership	Public Health

## Step 1 – Aims and intended outcomes

<b>1.1</b>	<b>What is the purpose of the proposal?</b> Please explain your proposal in Plain English avoiding acronyms and jargon.
	The production of a Joint Health and Wellbeing Strategy is a statutory duty of the Health and Wellbeing Board. The key ambition of the new strategy (2022-2023) is that in 2032 York will be healthier, and that health will be fairer.
<b>1.2</b>	<b>Are there any external considerations?</b> (Legislation/government directive/codes of practice etc.)
	The HWBB have a statutory responsibility to produce a Joint strategic Needs Assessment (JSNA) which is an evidence-based process that identifies the health and wellbeing needs of the population of York. The evidence from this has been used to produce the new Joint Health and Wellbeing Strategy 2022-2023

<p><b>1.3</b></p>	<p><b>Who are the stakeholders and what are their interests?</b></p>
	<p>The HWBB is a partnership that sits within the Council’s formal meeting structure. The following stakeholders are represented at the HWBB:                  City of York Council (both elected members and officers); Humber &amp; North Yorkshire Health and Care Partnership; York and Scarborough Teaching Hospitals NHS Foundation Trust (acute services provider); Tees, Esk &amp; Wear Valleys NHS Foundation Trust (mental health provider); York CVS; Healthwatch York; North Yorkshire Police; Independent Care Group; Primary Care Networks; NHS England &amp; Improvement. These stakeholders all have a responsibility to contribute towards delivering the aims and goals of the strategy. Many of the stakeholders have also provided statements illustrating how they are their organisation will support the strategy. These are included within the strategy document.</p>
<p><b>1.4</b></p>	<p><b>What results/outcomes do we want to achieve and for whom?</b> This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2019- 2023) and other corporate strategies and plans.</p>
	<p>The new Joint Health and Wellbeing Strategy 2022-2032 is wholly focused on reducing health inequalities across the population of York. It takes a life-course approach focusing on:</p> <ol style="list-style-type: none"> <li>1. Ensuring York’s children have the best possible start in life</li> <li>2. York’s adults have equal access to things which produce health</li> <li>3. Whenever they reach the end of life, people in York die well</li> <li>4. York’s older adults flourish in an age friendly city</li> </ol> <p>This is supported by <b>six big ambitions</b></p> <ol style="list-style-type: none"> <li>1. Becoming a health generating city</li> <li>2. Make good health more equal across the city</li> </ol>

	<ol style="list-style-type: none"> <li>3. Prevent now to avoid later harm</li> <li>4. Start good health and wellbeing young</li> <li>5. Work to make York a mentally healthy city</li> <li>6. Build a collaborative health and care system</li> </ol> <p>Following on from this there are 10 big goals (areas for improvement) that the strategy focuses on</p> <ol style="list-style-type: none"> <li>1. <b>Overarching goal:</b> reduce the gap in healthy life expectancy between the richest and poorest communities in York</li> <li>2. <b>Mental Wellbeing:</b> reduce anxiety scores and increase happiness scores by 5%</li> <li>3. <b>Smoking:</b> bring smoking rates down below 5% for all population groups</li> <li>4. <b>Alcohol:</b> reduce to 15% the proportion of York residents drinking no more than 14 units a week</li> <li>5. <b>Healthy Weight:</b> reverse the rise in the number of children and adults living with an unhealthy weight</li> <li>6. <b>Inequality Groups:</b> reduce health inequalities in specific groups</li> <li>7. <b>Suicide/Self Harm:</b> reduce both the suicide rate and the self-harm rate in the city by 20%</li> <li>8. <b>Diagnosis Gaps:</b> improve diagnosis gaps in dementia, diabetes, and high blood pressure to above the national average, and detect cancer at an earlier stage</li> <li>9. <b>Physical Activity:</b> reduce sedentary behaviour so that 4 in every 5 adults in York are physically active</li> <li>10. <b>Social Connection:</b> reduce the proportion of adults who report feeling lonely from 25% to 20% of our population</li> </ol>
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## Step 2 – Gathering the information and feedback

<b>2.1</b>	<b>What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights?</b> Please consider a range of sources,
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	including consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.
<b>Source of data/supporting evidence</b>	<b>Reason for using</b>
Local Community Groups hosted conversations with people based on the following simple question: <b><i>What helps you to live a happy and healthy life?</i></b>	This methodology allowed us to reach a variety of communities using existing groups within the city. Comments made are included within the strategy document
<a href="#">Joint Strategic Needs Assessment</a> (JSNA)	This is the evidence-based work that identifies the health and wellbeing needs of York’s population. The work is ‘live’ and ongoing and is publicly available information.
Healthwatch York Reports	Healthwatch York are a key partner at the Health and Wellbeing Board table and represent the citizen voice. They produce reports on a variety of topics which highlight some of the key issues around health and wellbeing for the population of York.
Public Consultation and ‘Our Big Conversation’	Once some draft principles for this strategy were established, a public consultation took place (this ran alongside the consultation for the climate change strategy and the economic strategy).

### Step 3 – Gaps in data and knowledge

<b>3.1</b>	<b>What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.</b>		
<b>Gaps in data or knowledge</b>		<b>Action to deal with this</b>	
Understanding how the aspirations of the Strategy can be met within the current capacity and demands on the partner organisations represented at the Health and Wellbeing Board, and how they will translate into action		Engagement with each of our partners to develop the action plans, which will span a one- or two-year period at a time and identify the small number of key actions needed to contribute to a larger shift in the health of the population in York	

### Step 4 – Analysing the impacts or effects.

<b>4.1</b>	<b>Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e., how significant could the impacts be if we did not make any adjustments?</b> Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
<b>Equality Groups and Human Rights.</b>	<b>Key Findings/Impacts</b>	<b>Positive (+) Negative (-) Neutral (0)</b>	<b>High (H) Medium (M) Low (L)</b>
<b>Age</b>	The strategy takes a life-course approach and thus covers all ages. The Health and Wellbeing Board has sponsored programmes of work to, for instance, make York a WHO-	+	H

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	accredited Age Friendly city, and has recently set up a Children and Young People's Health and Wellbeing Programme Board		
<b>Disability</b>	The strategy makes it clear that there are some groups in York where there is evidence of poorer outcomes.	+	M
<b>Gender</b>	The strategy seeks to address the known difference in life expectancy between men and women in the most deprived wards. It also seeks to reduce the suicide rate in males and increase activity levels in females, and explicitly states it will look to address gender health gaps	+	M
<b>Gender Reassignment</b>	Not all groups are mentioned in the strategy. However, the strategy's aims and goals are all inclusive and seek to improve the health and wellbeing of York's population as a whole. One of the 10 goals in the strategy is to reduce health inequalities in specific groups.	+	L
<b>Marriage and civil partnership</b>	Not all groups are mentioned in the strategy. However, the strategy's aims and goals are all inclusive and seek to improve the health and wellbeing of York's population as a whole. Marriage and civil partnership are not specifically mentioned in the strategy.	+	L
<b>Pregnancy and maternity</b>	One of the key ambitions of the strategy is ' <b>start good health and wellbeing young</b> '; giving special emphasis to the key formative early years of life as the best place our investment can go, creating from maternal/preconception health and beyond the conditions for families and communities and young people to live healthy and flourishing lives	+	H

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<b>Race</b>	One of the 10 goals in the strategy is to reduce health inequalities in specific groups; this includes those from an ethnic minority or a marginalised group	+	M
<b>Religion and belief</b>	Not all groups are mentioned in the strategy. However, the strategy's aims and goals are all inclusive and seek to improve the health and wellbeing of York's population as a whole. One of the 10 goals in the strategy is to reduce health inequalities in specific groups and this includes those from an ethnic minority or marginalised group	+	M
<b>Sexual orientation</b>	One of the 10 goals in the strategy is to reduce health inequalities in specific groups.	+	M
<b>Other Socio-economic groups including:</b>	<b>Could other socio-economic groups be affected e.g., carers, ex-offenders, low incomes?</b>		
<b>Carer</b>	We know that carers often do not have as much social contact as they would like, and the strategy aims to reduce the proportion of adults who report feeling lonely from 25% to 20% of our population.	+	M
<b>Low income groups</b>	The strategy is being launched during a national cost of living crisis. It clearly acknowledges that there will be health consequences when people are not able to afford heating, food, and housing costs. Financial exclusion, fuel poverty, debt and food crisis have short term consequences, likely to affect a large number of people in the city, for instance through higher rates of hospitalisation from chronic disease such as asthma and COPD (Chronic Obstructive Pulmonary Disease), or more	+	H



	people suffering mental illness due to anxiety. They also have long term consequences, leading to chronic mental health issues, adverse economic and effects and an impact on education and skills, and broad influences on community coherence. Even before this crisis, York has over 3,500 children and nearly 4,500 older people living in poverty, and over 13,000 people living in fuel poverty.		
<b>Veterans, Armed Forces Community</b>	Veterans and the armed forces community are not specifically mentioned in the strategy however one of the 10 goals in the strategy is to reduce health inequalities in specific groups and this includes those from these communities	+	L
<b>Other</b>			
<b>Impact on human rights:</b>			
List any human rights impacted.			

**Use the following guidance to inform your responses:**

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them

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- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

<p><b>High impact</b> (The proposal or process is very equality relevant)</p>	<p>There is significant potential for or evidence of adverse impact                      The proposal is institution wide or public facing                      The proposal has consequences for or affects significant numbers of people                      The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p>
<p><b>Medium impact</b> (The proposal or process is somewhat equality relevant)</p>	<p>There is some evidence to suggest potential for or evidence of adverse impact                      The proposal is institution wide or across services, but mainly internal                      The proposal has consequences for or affects some people                      The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p>
<p><b>Low impact</b> (The proposal or process might be equality relevant)</p>	<p>There is little evidence to suggest that the proposal could result in adverse impact                      The proposal operates in a limited way                      The proposal has consequences for or affects few people                      The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p>

## Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	<b>Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?</b>
<p>Given this is a strategy which explicitly sets out to tackle health inequalities and make York a fairer and healthier place to live for all residents, the key challenge is to maximise these positive impacts. The strategy acts as a rallying cry and a bell weather for all partners involved in health and wellbeing service in the city and in some senses its impact cannot be controlled centrally by CYC. However through power of a public board meeting holding partners to account, as well as statutory duties on e.g. the council and the Integrated Care Board to take due account of the Strategy, and through a robust action-planning process, we hope that we will optimise opportunities to advance equality or foster good relations</p>	

## Step 6 – Recommendations and conclusions of the assessment

6.1	<b>Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:</b>
<p>- <b>No major change to the proposal</b> – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.</p>	

- **Adjust the proposal** – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.
- **Continue with the proposal** (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty
- **Stop and remove the proposal** – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed.

**Important:** If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.

<b>Option selected</b>	<b>Conclusions/justification</b>
No major change to the proposal	Overall, it is considered that the new Joint Health and Wellbeing Strategy 2022-2032 will have a positive impact in creating fairer and more equitable health for the population of York.

## Step 7 – Summary of agreed actions resulting from the assessment

<b>7.1 What action, by whom, will be undertaken as a result of the impact assessment.</b>			
<b>Impact/issue</b>	<b>Action to be taken</b>	<b>Person responsible</b>	<b>Timescale</b>
Strategy delivery	Action Plans and Performance Management Framework to be developed	Tracy Wallis Peter Roderick	January 2023

## Step 8 - Monitor, review and improve

<b>8. 1</b>	<p><b>How will the impact of your proposal be monitored and improved upon going forward?</b> Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?</p>
	<p>The Health and Wellbeing Board will adopt a Performance Management Framework comprised of a suite of indicators that can help them understand the impact of the strategy over its lifespan. Action plans will be developed with partners and will be focused on achieving the aims, goals and ambitions contained within the strategy. These will likely be annual or biennial action plans that will be reviewed/renewed over the course of the strategy's life. Consideration will be given to changing the style of Health and Wellbeing Board meetings to be more focused on the strategy and also to be more values focused.</p>