


# Equality Analysis Form

The following questions will document the effect of your service or proposed policy, procedure, working practice, strategy or decision (hereafter referred to as 'policy') on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty.

## 1. RESPONSIBILITY

<b>Department</b>	Corporate Policy	
<b>Service</b>	Communities and Wellbeing	
<b>Proposed policy</b>	Refreshed Joint Health and Wellbeing Strategy	
<b>Date</b>	June 2015	
<b>Officer responsible for the 'policy' and for completing the equality analysis</b>	<b>Name</b>	Chloe McCann
	<b>Post Title</b>	Assistant improvement Advisor
	<b>Contact Number</b>	5609
	<b>Signature</b>	C.McCann
	<b>Date</b>	24/06/2015
<b>Equality officer consulted</b>	<b>Name</b>	Helen Smith
	<b>Post Title</b>	Public Health and Social Care Intelligence Manager
	<b>Contact Number</b>	6338
	<b>Signature</b>	 51/2015
	<b>Date</b>	02.07.2015

## 2. AIMS

<b>What is the purpose of the policy/service and what is it intended to achieve?</b>	<p>The Refreshed Joint Health &amp; Wellbeing Strategy sets out the vision of Bury's Health and Wellbeing Board for improving health and wellbeing in the Borough.</p> <p>This strategy emphasises the plan to respond to those needs identified in the Joint Strategic Needs Assessment (JSNA), from other data sources and from those who live and work in the Borough. It will ensure we are maximising effort to close the gap in healthy life expectancy and health inequalities and stresses the importance of partnership working and joint commissioning of services to achieve a more focused use of resources and better value for money. It is based on the principles of prevention and early intervention, thinking about the whole family where they live, work and play ensuring choice, control and empowerment of our residents and reducing local health inequalities.</p> <p style="text-align: center;">- 1 -</p>
--	---

	<p>This strategy builds on work that has been undertaken in Bury over the last five years, links to existing local strategies and plans and will also inform the plans for the Clinical Commissioning Group (CCG), Bury Council and NHS England. It provides a focus on four overarching pledges and 5 priorities that we believe will deliver change and improvement required to achieve the health and wellbeing outcomes we aspire to for our population.</p> <p>It will identify the most significant health and wellbeing inequalities now and in the future, who is affected and what is changeable. It demonstrates a clear rationale for agreeing key local health and wellbeing issues. In summary we will:</p> <ul style="list-style-type: none"> <li>• Promote and develop prevention, early intervention and self-care. Prevent ill health and work together to encourage independence and personal control.</li> <li>• Engage and empower communities and individuals living and working in Bury to take responsibility for their own health.</li> <li>• Develop person centred services and work with individuals, families and communities to create the environment to enable them to make health choices.</li> <li>• Reduce health inequalities by focusing on the needs of the most vulnerable, socially excluded and the most deprived neighbourhoods</li> <li>• Plan for future demands and achieve change through social capacity and local capability by understanding strengthening and utilising local assets/resources.</li> <li>• Have due regard to promote the Public Sector Duty and reduce health inequalities to deliver better outcomes for people with protected characteristics.</li> </ul>
<p><b>Who are the main stakeholders?</b></p>	<p>Our stakeholders include:  Service Users (i.e. population base in Bury, patients and carers); Bury Council i.e. Chief Executives, Adults, Children’s and Communities and Neighbourhoods Departments, Greater Manchester Police and Greater Manchester Community Partnership, Fire Service Team Bury, Children’s Trust, Bury Employment and Skills group, Welfare Reform Board, Community Safety Partnership, Housing Partnership, Cultural Economy Group, Community learning Partnership, The Six Township Partnerships, NHS Bury, Bury NHS Clinical Commissioning Group (CCG), Bury Third Sector Development Agency, Six Town Housing (STH), Housing Associations, Schools and Colleges,</p>

	HealthWatch, Voluntary and Community Sector, Communities of Interest, Social and Community Groups, GP's, Pharmacies, local businesses, GM Health and Wellbeing Board, Children's Centres, Partnership groups (Mental Health Group, Learning Disabilities Partnership, etc) Forums (including Older Peoples, Children's, LGBT, Patient Forums etc)
--	---

### 3. ESTABLISHING RELEVANCE TO EQUALITY

**3a. Using the drop down lists below, please advise whether the policy/service has either a positive or negative effect on any groups of people with protected equality characteristics.**

**If you answer yes to any question, please also explain why and how that group of people will be affected.**

Protected equality characteristic	Positive effect (Yes/No)	Negative effect (Yes/No)	Explanation
Race	Yes	No	<p>The strategy aims to have a positive effect on racial groups. It recognises areas of possible inequalities within the JSNA and that more explicit data and information and further work is required to strengthen equality for all racial groups.</p> <p>It also acknowledges Black and Minority Ethnic communities in the various priority areas, such as- Priority 1 - gaps in educational attainment and good level of development at age 5 between ethnicities</p> <p>Priority 2 - which is about encouraging healthy lifestyle and behaviours in all actions and activities. The CAPED Project of cancer across Bury and in those groups with the lowest screening attendance and highest cancer mortality. The project continues to work in engaging communities across Bury through work with local employers, the police, carers groups, library servies, Bury FC, Bury FM and Asian Women's group to name but a few. The underpinning action states: - support and facilitate an integrated healthy lifestyle and wellbeing service model around single issues that affect them. This will involve developing healthier lifestyle initiatives specifically designed to suit the needs of particular groups such as older people, Black and Minority Ethnic, people with mental health problems, learning disabilities and challenging families.</p>

			<p>Priority 3 - recognises that promoting Long Term Condition's awareness and Carers responsibilities raising/training across all partners in order to promote access to services and reduce stigma, misconceptions and discrimination. This training should reflect the particular needs of specific groups such as people with learning disabilities, speech, language etc</p>
Disability	Yes	No	<p>There is extensive coverage throughout the strategy in promoting a positive effect to disabled groups of people examples of these include:</p> <p>Priority 1 - identifying and addressing emotional disorders in children to prevent issues in later life. Addressing levels of educational attainment, going forward focussing on the issues surrounding this that could be related to disability</p> <p>Priority 2 - engaging with individuals and communities to promote taking responsibility for their health and wellbeing. The Community Asset approach will look to support and identify existing support groups to enable this, particularly where there are underlying disabilities and LTCs.</p> <p>Priority 3 - screening and identification of people with Long Term Conditions, mental health/wellbeing needs; there are a number of support groups, Including Bury Involvement Group (BIG). We aim to work through and with these groups to engage more effectively. ensuring that people with long term conditions receive appropriate healthy lifestyle support services and improve self care.</p> <p>Priority 4 - Improving the ability to self care and support people to live independently where at all possible. Work with them across services to help you maintain the best life possible, reduce necessary hospital or care home admissions by falls prevention, improved mental wellbeing, stroke and</p>

			cardiac rehabilitation.
Gender	Yes	No	<p>There is recognition to promote a positive effect to gender towards reducing abuse and neglect - particularly domestic abuse.</p> <p>Priority 1 - women smokers during pregnancy and increase in breastfeeding</p> <p>Priority 2 - smoking cessation/physical activity/binge drinking. Going forward, focussing on which sections of the community are to be targeted for support. Promotion of sexual health that is gender specific. Domestic violence commonly results in self-harm and attempted suicide; one-third of women attending emergency departments or self-harm were domestic violence survivors; abused women are five times more likely to attempt suicide; and one third of all female suicide attempts can be attributed to current or past experience of domestic violence.</p>
Gender reassignment	Yes	No	<p>Not explicit, however does recognise that within Priority 2 - training should reflect particular needs of people with gender reassignment.</p>
Age	Yes	No	<p>There is extensive coverage throughout the whole of the document of an ageing population. For example.</p> <p>Priority 1 - supporting positive and resilient parenting particularly for families in challenging situations, to develop emotional and social skills for children. Creating positive opportunities for young people to contribute to the local economy and community.</p> <p>Priority 2 - Promoting sexual health, reducing teenage pregnancy and improving outcomes for teenage parents and their children. Focus on under 18's conception. Increase life expectancy at age 75. Tackling obesity particularly at</p>

			<p>Reception and year 6</p> <p>Priority 4 - Recognizing we live in an ageing society where people are living longer and for the first time, there are more people aged over 60 than children under 16 in the UK. Older people can now look forward to many more years of healthy life after retirement than ever before. The population of Bury is increasing.</p>
Sexual orientation	Yes	No	<p>The strategy acknowledges that the Joint Strategic Needs Assessment (JSNA) 2010 has areas of possible inequalities which are not currently considered, including issues such as sexuality and religion or belief and these areas will be included in the next iteration of the JSNA process. However, at Priority 3 - one of its underpinning actions states that it will promote mental health awareness raising/training across all partners in order to promote access to services and reduce stigma and discrimination. This training should reflect the needs of specific groups such as people with learning disabilities, speech, language and communications needs, people with dementia, Black and Minority Ethnic groups, lesbian, gay, bisexual and transgender (LGBT) groups, offenders. The consultation exercise highlighted that there is a gap in the data in relation to this equalities group and in our understanding. The refresh of the JSNA will look to address this and there will be a focus on improving this whilst operationalising the priorities.</p>
Religion or belief	No	No	
Caring responsibilities	Yes	No	<p>The strategy recognises the needs of caring responsibilities promoting a positive effective such as Priority 3 - Living Well with a Long Term Condition or as a Carer - Priority actions are to increase support for carers. There are an estimated 25,000 unpaid carers living in Bury (about 15% of the population). Caring for 50</p>

			<p>hours a week or more means that a person is twice likely to be in poor health as those not caring (21% against 11%). The strategy aims to increase the number of carers who are identified and offered a carers assessment to identify the support they need, Also to ensure they have have increased access to information and support for their own health and wellbeing</p>
Pregnancy or maternity	No	No	<p>The strategy recognises the needs of pregnancy or maternity and there is a focus on the this and the first few years of life. For example Bury has the highest rate of repeat abortions in the North West. In 2010, 18% of under 19's had a repeat abortion compared to 10% in the North West and 11% for England (DH, 2012). In 2010/11 16.7% of pregnant women in Bury were still smoking at delivery compared to 13.7% nationally. On average approximately 28 under 16's get pregnant in Bury per year with 18 ending in terminations.</p> <p>Priority 1 - Starting Well - ensuring a positive start to life for children, young people and families with indicators of increases in breastfeeding initiation and maintenance at 6-8 weeks; a reduction in the number of mothers who smoke during pregnancy</p> <p>2 - Living Well- Actions include promoting sexual health, reducing teenage pregnancy and under 18's conception and improving outcomes for teenage parents and their children.</p>
Marriage or civil partnership	No	No	



**3b. Using the drop down lists below, please advise whether or not our policy/service has relevance to the Public Sector Equality Duty. If you answer yes to any question, please explain why.**

General Public Sector Equality Duties	Relevance (Yes/No)	Reason for the relevance
Need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Yes	<p>This will be strengthened on the basis of our engagement, consultation and further evidence through the needs assessment processes.</p> <p>Reductions in abuse and neglect, particularly domestic violence will be focussed on and the HWB will work with the Community Safety Partnership to address this.</p> <p>The Childrens and Adults Safeguarding Boards will also be engaged with as part of the Virtual Hub with shared agendas around identified priorities and issues. A focus will be on the prevention of incidents.</p> <p>Hate crime and the reporting of incidents will also be a focus and again, work will take place with the Community Safety partnership and GMP to address this</p> <p>The HWB and virtual Hub will adopt and embed the Community Chesion agenda and Action Plan of the Communities Group and into its work and actions</p>
Need to advance equality of opportunity between people who share a protected characteristic and those who do not (eg. by removing or minimising disadvantages or meeting needs)	Yes	<p>This is strongly emphasised throughout the strategy and the HWB aims to reduce health inequalities within these groups. The consultation process also highlighted this as a priority but the outcomes and response demography of the consultation emphasised that there are still issues in being able to identify and engage with some equality groups. Going forward, there is a commitment to address this and it will be driven through the operationalisation of the Strategy. The Community Asset Approach approved by the HWB and embedded in this Strategy will look to capture, analyse and understand intelligence in a better way around equalities groups and look to embed a person centred approach in its planning, realigning and</p>

		commissioning of services and support. It will also look to grow existing support and activity that supports this.
Need to foster good relations between people who share a protected characteristic and those who do not (eg. by tackling prejudice or promoting understanding)	Yes	Hhub will look to strengthen relationships with stakeholders, partners, communities, etc. Work is already underway to establish and improve communication and engagement mechanisms between existing groups and forums - both formal and informal and the community asset mapping process is helping this. The communication and engagement principles of the Communities Group of Team Bury have also been adopted by the HWB so that again, the use of existing channels of engagement through this, the Communities Team of the Council and B3SDA are used fully.

**If you answered 'YES' to any of the questions in 3a and 3b**

**Go straight to Question 4**

**If you answered 'NO' to all of the questions in 3a and 3b**

**Go to Question 3c and do not answer questions 4-6**

**3c. If you have answered 'No' to all the questions in 3a and 3b please explain why you feel that your policy/service has no relevance to equality.**

**4. EQUALITY INFORMATION AND ENGAGEMENT**

**4a.** For a service plan, please list what equality information you currently have available, **OR** for a new/changed policy or practice please list what equality information you considered and engagement you have carried out in relation to it.

Please provide a link if the information is published on the web and advise when it was last updated?

(NB. Equality information can be both qualitative and quantitative. It includes knowledge of service users, satisfaction rates, compliments and complaints, the results of surveys or other engagement activities and should be broken down by equality characteristics where relevant.)

Details of the equality information or engagement	Internet link if published	Date last updated

**4b.** Are there any information gaps, and if so how do you plan to tackle them?

The consultation highlighted the limited amount of information available around specific equality groups and certain characteristic groups like: Gender reassignment; LGBT; race; religion and sexual orientation. These have been brought to the attention of the JSNA (Community Health & Wellbeing Assessment) Group to bring the data intelligence up to date. An updated JSNA is expected in July 2013 that will take account of the Census 2011 data that is becoming available and this may help improve the issue. However, the priority going forward is to work with partners to understand collectively our communities, particularly characteristic groups, so that we can better target services and resources. The Community asset approach and mapping and in depth needs assessment process will fully support and enable this to be done and working more closely and engaging more effectively with service providers, other stakeholders and communities will hopefully support this.

## 5. CONCLUSIONS OF THE EQUALITY ANALYSIS

<p><b>What will the likely overall effect of your policy/service plan be on equality?</b></p>	<p>Positive impact as the strategy aims to address the health and wellbeing needs of all equality groups and reduce health inequalities. The Strategy will aim to understand in more detail, the individual needs of our communities and will look specifically at equality groups in doing this. The community asset approach and in depth needs assessment process will also challenge our current understanding of issues and service provision – who they affect, where, how and why – and look to re-commission, redesign or commission alternative support that mitigates identified negative impacts.</p> <p>The Virtual Hub will also ensure it challenges and is challenged by stakeholders and equality officer/groups/forums will be included in the process wherever relevant and required.</p>
<p><b>If you identified any negative effects (see questions 3a) or discrimination what measures have you put in place to remove or mitigate them?</b></p>	
<p><b>Have you identified any further ways that you can advance equality of opportunity and/or foster good relations? If so, please give details.</b></p>	<p>Address the needs of gender reassignment. Work more closely with Third Sector organisations and communities to understand the specific issues and needs of our communities, using existing, relevant and effective mechanisms.</p> <p>Use the community asset approach to consult and engage with communities and with regards to addressing issues.</p>
<p><b>What steps do you intend to take now in respect of the implementation of your policy/service plan?</b></p>	<p>The Virtual Hub will be responsible for the operationalisation of the Strategy with the overarching responsibility for delivery being with the HWB. We will communicate broadly our intentions and priorities, engage with our stakeholders and communities, inform stakeholders and communities what and how we intend to deliver and work collaboratively wherever possible to deliver.</p> <p>The HWB will adopt the Communities Group of Team Bury’s communication and engagement strategy and will enhance this to incorporate the specific requirements of the HWB.</p> <p>The Virtual Hub will help understand with who, what, where and how we can deliver key priorities and ensure effective communication channels are in place, with actions being measurable and the HWB being accountable. Appropriate and effective media will be used to do this that is relevant to the audience being</p>

	communicated or engaged with. Healthwatch, Council overview and Scrutiny, equalities groups and the safeguarding Boards for children and adults, will have an oversight of actions and be able to critically challenge or support the work of the HWB.
--	--

## 6. MONITORING AND REVIEW

**If you intend to proceed with your policy/service plan, please detail what monitoring arrangements (if appropriate) you will put in place to monitor the ongoing effects. Please also state when the policy/service plan will be reviewed.**

This will form part of the governance arrangements in the performance and monitoring of the overall work of the health and wellbeing agenda for Bury to publish one year on document and show changes and better outcomes. Monitoring of the Outcomes frameworks from Adult Care Services, Public Health, NHS and Childrens Trust, will be an integral part of the monitoring and reviewing process and measures of success have been included in the strategy which will all take account of the equalities agenda. The strategy will be reviewed on an annual basis and the EA will be integral part of this and any ongoing work undertaken by the HWB and Virtual Hub.

**COPIES OF THIS EQUALITY ANALYSIS FORM SHOULD BE ATTACHED TO ANY REPORTS/SERVICE PLANS AND ALSO SENT TO THE EQUALITY INBOX ([equality@bury.gov.uk](mailto:equality@bury.gov.uk)) FOR PUBLICATION.**