Section 4

Equality Analysis Toolkit

East Lancashire Health Improvement Service

For Decision Making Items

September 2015

Lancashire County Council

What is the Purpose of the Equality Decision-Making Analysis?

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision-makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct under the Act; to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristic are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstance marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed) or EHRC guidance at

http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The Analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting

AskEquality@lancashire.gov.uk

Specific advice on completing the Equality Analysis is available from your Service contact in the Equality and Cohesion Team or from Jeanette Binns

Jeanette.binns@lancashire.gov.uk

Name/Nature of the Decision

Capacity Building for Health Improvement - Report to the Cabinet Member for Health and Wellbeing (13th October session) recommending that current LCC funding towards the East Lancashire Health Improvement Service (adult section) which is commissioned from Lancashire Care Foundation Trust (LCFT) at a value of £916,256 ends from April 2016 to ensure maximum savings whilst enabling time to look at exit strategies to reduce impact on staff, partners and communities.

What in summary is the proposal being considered?

The proposal being considered is to end the current funding of the East Lancashire Health Improvement Service (ELHIS). Historically a broad range of health improvement specialist expertise, including some service specific delivery, sat within the Health Development department of the Public Health Directorate, East Lancashire Primary Care Trust (ELPCT). The majority of the team was transferred to Lancashire Care Foundation Trust (LCFT) in 2010. The responsibility for commissioning the service transferred to LCC along with public health in April 2013. Throughout the rest of the county these functions and associated staff remained within the PCT Public Health Departments and transferred to LCC in April 2013.

Current funding covers approximately 15-20 LCFT employed staff. The work of the Health Improvement Service cuts across the whole life course of communities, families, workplaces and partners and is underpinned using the expert knowledge base and experience in Public Health of every one of the Health Improvement Service staff members.
This breadth of knowledge supports our healthy settings approach which enables the service to work with a whole range of settings to support them to develop their healthy settings plan and then to call in the specialities from within the team to provide expert training, guidance and support. This wrap around approach to service delivery is efficient and cost effective as it is centrally coordinated to avoid any duplication and also ensures that there is a consistency of information and messages which are evidence based and current.

Main workstreams include: training and developing skills for health improvement in partners and communities; settings based approaches; health education and resources to support effective delivery on the ground of health promotion activities; community capacity building; peer to peer approaches; participatory appraisal; health literacy.

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

The decision will affect partners active, and residents living, within East Lancashire only. There is current inequity as LCC do not fund any similar service anywhere else across the county.

Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:

- Age
- Disability including Deaf people
- Gender reassignment
- Pregnancy and maternity
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above –

e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

The decision could have a particular impact on:

- Age
- Disability including Deaf people
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)

Question 1 – Background Evidence

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc to compile this). As indicated above, the relevant protected characteristics are:

- Age
- Disability including Deaf people
- Gender reassignment/gender identity
- Pregnancy and maternity
- Race/Ethnicity/Nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

  In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

The work plans of the various elements within the HIS service are informed by Public Health and population demographics data, such as the Joint Strategic Needs Assessment and census data, to help assess the health needs of the local communities. The HIS service aims to build the capacity of communities and individuals to make informed choices in order to take control over the things that affect their health, and to work jointly with partners to change the underlying determinants of health and create health promoting environments. Prevention can significantly reduce the incidence and cost of treating long term conditions; increase the number of healthy years lived and is cost effective. The work of the

Health Improvement Service is aligned to health need in order to ensure it is targeted at reducing inequalities in health.

An unhealthy lifestyle greatly increases an individual's chances of premature death, with smoking, drinking too much alcohol, having a poor diet, a lack of physical activity and being overweight all key contributors to an early death. The latest *Longer Lives all cause premature mortality data sets,* published by Public Health England show that between the years 2011 and 2013, 12,071 people died prematurely across Lancashire. Additionally the county also recorded a significantly higher mortality rate from diseases considered preventable than the England average (2011/13). Preventable mortality includes causes of death which could *potentially* have been avoided through good quality healthcare and public health interventions. It includes diseases such as bronchitis, cancer, cardiovascular diseases, diabetes, hepatitis, HIV and liver disease - all illness which can be caused by poor lifestyle choices.

Lancashire's health record in part can be explained by a higher prevalence of damaging behaviours, such as smoking, poor diet and increased alcohol use, but these factors in turn relate to wider life circumstances such as the distribution and concentration of deprivation across the county, employment and housing. For the following indicators East Lancashire is worse than both England and Lancashire:

- the percentage of people reporting bad or very bad health;
- the recorded/expected prevalence for stroke;
- the recorded/expected prevalence for hypertension; and
- the potential years of life lost from causes considered amenable to healthcare for males.

Also around lifestyle behaviour the east Lancashire districts often raise concerns e.g. Hyndburn (29%) has significantly higher smoking prevalence rates than the national average; Burnley (46%), Hyndburn (46%) and Pendle (51%) have worse ratings than the national average (56%) for adults eating 5 portions of fruit and veg a day; areas of concern for alcohol have been raised for Burnley, Hyndburn, Pendle and Rossendale; physical activity levels in children in Pendle, Rossendale and Ribble Valley are significantly worse than the national average; and excess weight in children shows Hyndburn having high reception rates (26%) and Pendle having significantly more year 6 pupils (37%) with excess weight than the national average.

Different groups will be affected by this decision mainly disabled, elderly people, young people, BME communities and gender. This will be mainly

indirectly as a result of the work of the HIS team. For example:

- Essential public health - This training provides people with the confidence, knowledge and skills to deliver opportunistic brief advice to patients, service users, colleagues, family and friends around lifestyle and behaviours that can lead to poor health. During 2014/15 the Health Improvement Service trained **226** staff from a wide range of services including substance misuse, Children Centres, mental health, borough councils, leisure centres, school nursing, health visiting, midwifery, housing, dental, prison and sexual health. This training enable front line staff to support service users in East Lancashire to make a positive lifestyle change consequently reducing a significant number of preventable illnesses and premature deaths. As well as improving the health and wellbeing of service users the training has a significant impact to staff making a positive behaviour change. Hence, this is a concept which helps to improve lifestyles and reduce inequalities based on recommendations by Marmot.
- Over **200** individuals from 45 separate organisations have accessed alcohol awareness training over the past year and this has been targeted and adapted to meet the specific needs of individual groups and communities; sessions for those professionals working with young people and then those working with older people, sessions aimed at those who use alcohol to unwind after a hard day's work to those where alcohol is having a significant impact on families, friends and local communities.
- **58** staff from Walton Lane Children's Centre in Pendle trained covering children's obesity messages and children's portion sizes.
- During 2014/15 the Workplace Health Team actively engaged with **29** businesses and organisations across East Lancashire with a further **14** receiving the monthly Workplace Health newsletter and relevant workplace health information.
- Over the course of 2014/15 the Communities against Cancer Team attended **90** events delivering brief cancer awareness messages relating to breast, bowel and lung cancer and the Be Clear on Cancer Urinary and Oesophageal Campaigns. The team engaged **6,891** people with breast, bowel and lung cancer messages, offering important lifestyle and signposting information.
- Since the launch of Change4Life in 2009 the HIS team have contributed to the success of the movement, as demonstrated by the **567** organisations in East Lancashire who have signed up nationally to support the implementation of Change4life at a local level. Examples of partner organisations include Children's

Centres, schools, voluntary service, GP practices, childcare organisations, and many more. Partners have implemented the programme at varying levels where many have been extremely active in utilising the branding, accessing resources to support their delivery and promoting the messages innovatively to support and encourage families to make positive lifestyle choices.

Question 2 – Engagement/Consultation

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process)

Consultation / engagement have not yet taken place. LCFT have informed the staff about the position. An engagement plan will be drawn up to ensure that key partners are aware of the position and involved in discussions to mitigate risks moving forward e.g. district councils, ELCCG, NHS Trusts, elected members. LCFT will work with the HIS team to evaluate each work stream within the service and ensure all their network partners and groups are informed and provided with the necessary information to support on-going behaviour change within their settings and work with residents.

Question 3 – Analysing Impact

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off

altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways:

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities
- Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?
- Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?
- Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

It is difficult, due to the nature of the team's role enabling staff and services rather than delivering a front line service, to be clear on the impact of stopping the funding for the Health Improvement Team on specific groups sharing protected characteristics. The types of impact that may occur includes:

- Deprived / unemployed / younger people: supporting the worklessness agenda, Accrington and Rossendale College run a number of courses from The Fold Centre in Burnley arranged and organised via the HIS. In one quarter, delivery of 16 courses led to

121 people gaining new qualifications and/ or learning new skills. The HIS team at the Fold also encourage use of the public access computers by the local community remains in high demand and reception staff continue to assist service users with CV development and job searches and an effective partnership approach is fully in place with the Job Centre. A Community Link Network for the services and groups delivering activity at the Fold has been established to support health behaviours and shared programmes, many of these groups support people with protected characteristics This all may end if the team are no longer funded.

- Staff employed through lower skilled / manual work: a large number of workplaces are currently supported around their employees health needs and this will end if the team are no longer in practice.
- Older people / young people / BME / disabled / gender / religion: all these groups may be impacted upon as a result of the HIS team ending their partnership work. For example HIS works closely with LCC and district councils to implement smoke free play areas, this may end.
- Older people / young people / BME / disabled / gender / religion: all these groups may be impacted upon as a result of the HIS team ending their work around health improvement training, networking key messages, health promotion campaigns, resources, media. This work is targeted to support frontline staff to enable them to have the confidence and information needed to raise the issues with an individual about their lifestyle and support them to change e.g. healthcare professional, Voluntary Community and Faith Sector (e.g. Pennine Lancs Community Farm, Burnley Pendle and Rossendale CVS), Children's Centres.
- Older people / disabled: currently around 30 people volunteer to support the HIS around their awareness sessions and campaigns, the majority of the volunteers are retired and experience at least one long term condition.
- Older people / younger people / BME / disabled / gender / religion: HIS organise a large number of awareness raising sessions targeted at groups within the community most likely to take risks around their lifestyle e.g. worked in a college training 58 health and

social care students to be advocates during alcohol awareness week. 372 individuals increased their knowledge of the risks, recommended units etc. as a result; over 70's breast cancer awareness.

Question 4 –Combined/Cumulative Effect

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits) . Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. The LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

In the long term the impact of this decision could be exacerbated by other statutory sector services ending as a result of the financial pressures being placed on the public sector.

Question 5 – Identifying Initial Results of Your Analysis

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

The aim is to continue with the original proposal to end the HIS service funding but as a result of this analysis there is a more acute recognition of the importance of considering the impact on members of all the protected characteristics throughout the exit strategy process to mitigate impact as much as possible.

Question 6 - Mitigation

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

Listed below are the steps that will be taken to mitigate any potential adverse effects against the impacts raised in question 3:

- Supporting the worklessness agenda at the Fold Centre and the Community Link Network for the services and groups: discussions are currently taking place between public health and LCC estates team to identify opportunities to continue this work at the Fold, as part of the estates review.
- Working with workplaces around their employees health needs: workplaces will be notified of the HIS team ending and will be signposted to appropriate information and support to aid them to continue their healthy settings approach.
- Partnership work: aim for partners to continue to drive the implementation of shared developments forward e.g. district councils lead the smoke free play areas work.
- Health improvement training, networking key messages, health promotion campaigns, resources, media: all frontline staff, networks and groups will be notified of the HIS team ending and will be signposted to appropriate information, resources and support to aid them to continue supporting service users to lead a

more health promoting lifestyle.

- HIS volunteers: LCFT hope to continue to work with the HIS volunteers recruited.
- Awareness raising sessions targeted at groups within the community most likely to take risks around their lifestyle: these will end at the end of March 2016.

Question 7 – Balancing the Proposal/Countervailing Factors

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

The key reason for the recommendation to withdraw funding from the Health Improvement Service is the need for budget savings and so the main effects of not taking the proposal forward is the impact on financial efficiencies. But questions around the sustainability of the HIS team have been raised since the transfer of public health into LCC due to the inequity, and potential duplication, across the county that this service provision brings.

Following the assessment of the negative effects of withdrawing the HIS funding it is felt that, through implementing the actions identified, risks will be minimised. Also a key agenda is to reduce reliance on services and promote self care both with staff and communities. Having the HIS team in post has raised the issue around whether it breeds a reliance on them to provide information rather than the frontline staff / partners sourcing the information themselves (as has taken place in other parts of

the county).

Question 8 – Final Proposal

In summary, what is your final proposal and which groups may be affected and how?

In order to mitigate any potential adverse effects against the impacts listed in question 3. the steps highlighted in question 6. will be taken. Discussions have already begun with the HIS Team and LCFT to work towards supporting the staff through redeployment and implementing exit strategies to ensure partners, groups and residents, especially those from equality groups, are least effected with the aim to minimise impact on the poor health and lifestyles experienced by some community groups.

Question 9 – Review and Monitoring Arrangements

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

Regular meetings have been diarised with LCFT over the next 6 months to ensure on-going review of this proposal. Any concerns will be reported up to the public health leadership group.

Equality Analysis Prepared By: Dianne Gardner

Position/Role: Health Equity, Welfare and Partnerships Manager

Equality Analysis Endorsed by Line Manager and/or Service Head: Clare Platt

Decision Signed Off By:

Cabinet Member or Director: Cllr Azhar Ali

Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.

Where specific actions are identified as part of the Analysis please ensure that an EAP001 form is completed and forwarded to your Service contact in the Equality and Cohesion Team.

Service contacts in the Equality & Cohesion Team are:

Karen Beaumont – Equality & Cohesion Manager

Karen.beaumont@lancashire.gov.uk

Contact for Adult Services ; Policy Information and Commissioning (Age Well); Health Equity, Welfare and Partnerships (PH); Patient Safety and Quality Improvement (PH).

Jeanette Binns – Equality & Cohesion Manager

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Contact for Community Services; Development and Corporate Services; Customer Access; Policy Commissioning and Information (Live Well); Trading Standards and Scientific Services (PH), Lancashire Pension Fund

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Contact for Governance, Finance and Public Services; Communications; Corporate Commissioning (Level 1); Emergency Planning and Resilience (PH).

Thank you