

Equality Impact Assessment / Equality Analysis

Title of service or policy	Joint Health and Wellbeing Strategy Refresh
Name of directorate and service	Public Health
Name and role of officers completing the EIA	Nancy Towers Health and Wellbeing Strategy Officer
Date of assessment	3 rd May 2023

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The main aim is to identify any discriminatory or negative consequences for a particular group or sector of the community, and also to identify areas where

equality can be better promoted. Equality impact Assessments (EIAs) can be carried out in relation to services provided to customers and residents as well as employment policies/strategies that relate to staffing matters.

This toolkit has been developed to use as a framework when carrying out an Equality Impact Assessment (EIA) or Equality Analysis. **Not all sections will be relevant – so leave blank any that are not applicable.** It is intended that this is used as a working document throughout the process, and a final version will be published on the Council’s website.

1. Identify the aims of the policy or service and how it is implemented.		
	Key questions	Answers / Notes
1.1	<p>Briefly describe purpose of the service/policy e.g.</p> <ul style="list-style-type: none"> ● How the service/policy is delivered and by whom ● If responsibility for its implementation is shared with other departments or organisations ● Intended outcomes 	<p>The Joint Health and Wellbeing Strategy is developed by the Health and Wellbeing Board (HWB). The HWB is responsible for oversight of the strategy delivery and individual partners sitting on the board may be eligible for elements of the implementation, it will also direct or inform some of the work of the ICA and other Local Authority departments including the housing team, local plan team, economic strategy.</p> <p>The vision for the strategy is:</p> <p><i>Together we will address inequalities in Bath and North East Somerset so people have the best start in life, live well and age well in caring, compassionate communities, and in places that make it easier to live physically and emotionally healthy lives.</i></p> <p>The overall intended outcome of the strategy is to reduce the health inequalities experienced in Bath and North East Somerset and improve health and wellbeing for all. There are four ways of working which will be considered in any activity to deliver on the priorities in this strategy, tackling inequalities, adapting and building resilience to climate change, delivering for all life stages, and sharing responsibility and engaging for change. The specific outcomes intended to be achieved by the strategy are:</p>

		<ul style="list-style-type: none"> • Ensuring that all children and young people are healthy and ready for learning and education • Improved skills, good work and employment to reduce poverty and improve people's life chances • Strengthen compassionate and healthy communities, so people have control of their own health and wellbeing • Create places that are health promoting, where people live in warm homes, are able to access to health and care services, and in spaces that promote access to nature and physical activity.
1.2	<p>Provide brief details of the scope of the policy or service being reviewed, for example:</p> <ul style="list-style-type: none"> • Is it a new service/policy or review of an existing one? • Is it a national requirement?). • How much room for review is there? 	<p>It is a statutory requirement for the Health and Wellbeing Board to produce a Joint Health and Wellbeing Strategy.</p> <p>The previous JHWS was refreshed in 2015 and ran for five years.</p> <p>The draft JHWS was signed off by the Health and Wellbeing Board in March 2023. This strategy will run from 2023-2030.</p>
1.3	<p>Do the aims of this policy link to or conflict with any other policies of the Council?</p>	<p>Our health and wellbeing is impacted by many wider determinants of health, such as the economy, housing, education etc and the strategy seeks to align with existing and developing policies and strategies of the council, and key partners of the Health and Wellbeing Board.</p> <p>The strategy has been developed in conjunction with a number of local authority and wider partner's strategies in mind, which include the Corporate Strategy, the Local Plan, the Economic Strategy and others. It also will speaks to existing and developing strategies within the new NHS structures, e.g. BSW's Integrated Care Strategy and the BSW inequalities strategy etc.</p>
<p>2. Consideration of available data, research and information</p>		

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service. Please consider the availability of the following as potential sources:

- **Demographic** data and other statistics, including census findings
- Recent **research** findings (local and national)
- Results from **consultation or engagement** you have undertaken
- Service user **monitoring data** (including ethnicity, sex, disability, religion/belief, sexual orientation and age)
- Information from **relevant groups** or agencies, for example trade unions and voluntary/community organisations
- Analysis of records of enquiries about your service, or **complaints** or **compliments** about them
- Recommendations of **external inspections** or audit reports

	Key questions	Data, research and information that you can refer to
2.1	What equalities training have staff received to enable them to understand the needs of our diverse community?	The Health and Wellbeing Strategy team have undertaken the Council induction training on equalities and have an understanding of NHS England and DHSC's protected characteristics. The team met with stakeholders from BANES VCSE sector to understand further the equalities groups within BANES. They have also learnt from the public health team's experience with covid and engaging with less heard from groups.
2.2	What is the equalities profile of service users?	The profile of service users includes all residents and service users of B&NES. Details regarding the profile of the district's population can be found in the Strategic Evidence Base report, at https://beta.bathnes.gov.uk/strategic-evidence . During the preparation of the new Joint Health and Wellbeing Strategy, the Council sought to engage directly with communities and stakeholders across the district, with a direct focus of engagement

		<p>with target groups identified as particularly at risk of facing health inequalities:</p> <ul style="list-style-type: none"> • The working age adult – specifically working aged men • The elderly • Single parents • People culturally isolated from mainstream activity • People geographically isolated • People on low incomes • People living in areas of high multiple deprivation (where life expectancy is lower) • Young people • Disabled people • LGBTQ+ groups • People from ethnic minorities
<p>2.4</p>	<p>Are there any recent customer satisfaction surveys to refer to? What were the results? Are there any gaps? Or differences in experience/outcomes?</p>	<p>A short survey was undertaken to explore what people felt was important when considering their health and wellbeing. Voice box data and the Strategic Evidence Base was also used, along with other data from local VCSE organisations. In general data shows that B&NES is one of the least deprived local authorities in the UK, with a higher than average life expectancy, with relatively high employment rates, however differences still persist in health outcomes for those living in particular areas of the district:</p> <p>Inequalities in health outcomes</p> <p>There is a 10 year age difference between the life expectancy of women in wealthier areas and those living in more deprived areas and a 5 year gap for men.</p> <p>The more deprived wards in B&NES have higher than English average Standardised Mortality Rates for Cancer and Cardiovascular disease.</p> <p>The prevalence rate of multiple long-term conditions is higher for women in most deprived areas, 54% compared to 46% in the least deprived quintile.</p>

For children and young people

There are gaps in educational attainment of those eligible to claim free school meals and those with Special Educational Needs/Disability (SEND) in comparison to all children and young people. Children with a mixed ethnic background are more likely to be excluded from school.

High number of young people Not in Education, Employment or Training (NEETs).

Mental health and emotional wellbeing is having an impact on younger women and girls, with reported high rates of hospital admissions for self-harm and eating disorders particularly for young girls and women in comparison to national data.

Above English average rate of hospital admissions for alcohol usage in under 18s.

For older people

BANES has a growing aging population, who will need effective care and support.

There is a lower level of rate of dementia diagnosis than there should be according to NHS modelling.

Hospital admission rates for falls in those over the age of 75 are high in comparison to national data.

Wider determinants of health and wellbeing

We all need the right components to live healthy and well lives, this can include our support networks, public transport, the environment we live in. In B&NEs we know some of the key building blocks for health and wellbeing are missing or not working in some geographical areas or for some of our residents.

Employment

Despite a high employment rate, B&NES has lower wages than the national average. In some areas in B&NES 17% of children live in poverty. There is a challenge with 'in work poverty', nearly 44% of the people in B&NES claiming Universal Credit are working.

Housing

B&NES was the joint 3rd least affordable place to buy in 2021. The house price/wage ratio has increased by 20% since 2019. With a growing population more suitable housing is needed. There is a growing waiting list for social housing, in June 2022 nearly 6000 households were waiting for social housing, a 12.5% increase since 2021. With the rise in the cost of living, increasing the cost of heating a home, suitable warm and affordable housing is becoming a significant health and wellbeing challenge for the area. Impacting many households which haven't previously had to worry about the cost of housing or heating.

Other sources of data:**Local research and data**

- School's health and wellbeing survey
- Healthwatch BANES: Unpaid Carers experience of mental health during the pandemic, How did people with mental ill health access services during the pandemic, Learning Disability and Autism review 2022.
- Age UK BANES
- CAB BANES data on recent usage of CAB services, A spotlight on digital poverty.
- BEMSCA research into the health and wellbeing of minoritised ethnic groups during the pandemic.

National data sets:

PHE Fingertips

Office for health improvement and disparities

ONS

NHS England (NHS Digital)

Missing data:

Detail of the impact of climate change on health and wellbeing of B&NES residents.

<p>2.5</p>	<p>What engagement or consultation has been undertaken as part of this EIA and with whom? What were the results?</p>	<p>As part of our engagement plan, we conducted one on one conversations with key system stakeholders, facilitated engagement sessions with VCSE organisations and set up a short online survey for residents and people working in Bath and North East Somerset. The survey was open between 29th September 2022 and 31st October 2022. 515 people responded to the survey. It identified the most common issues that respondents considered to have the most impact on their own health and wellbeing;</p> <ul style="list-style-type: none"> ● Access to health services, ● Their own emotional wellbeing and mental health, ● Access to nature and leisure facilities, ● Physical activity, ● Emotional wellbeing and mental health of children and young people. <p>It also asked what had the most impact on their communities' health and wellbeing, or the people they work with in Bath and North East Somerset. The most selected issues were:</p> <ul style="list-style-type: none"> ● Mental health and wellbeing ● Access to health services ● Housing that meets their needs ● Access to healthy food and enough to eat ● The cost of heating to keep homes warm and dry <p>We were able to breakdown the responses to identify concerns for those working with children, those in rural areas, older people and those responding from more deprived areas.</p> <p>The team reviewed the engagement activity for the strategy with the equalities officer at the council and the Independent Equality Advisory group in October 2022.</p>
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		<p>Engagement with the VCSE sector identified three main challenges for health and wellbeing in the area:</p> <ul style="list-style-type: none"> • Poverty and inequality • Access to health and wellbeing services • Mental health and emotional resilience for the system workforce as well as residents in B&NES <p>Gaps in the data – we had fewer responses from younger people. There is a full report of the engagement activities, findings and intelligence gathered as part of the development of the Joint Health and Wellbeing Strategy you can read it here.</p>
2.6	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	Engagement activity is planned for children and young people in the Spring by the Children and Young people’s subgroup, a separate Equalities Impact Assessment will be undertaken for this consultation.

3. Assessment of impact: ‘Equality analysis’

	<p>Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:</p> <ul style="list-style-type: none"> • Meets any particular needs of equalities groups or could help promote equality in some way. • Could have a negative or adverse impact for any of the equalities groups 		
		Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.1	Issues relating to all groups and protected characteristics	The draft Joint Health and Wellbeing Strategy (JHWS) aims to improve the health and wellbeing of BANES residents and address	Many of the priorities within the JHWS will benefit the wider community, including equalities groups.

		<p>health inequalities that exist in the district. Four ways of working:</p> <ul style="list-style-type: none"> - Tackle inequalities - Adapt and build resilience to climate change - Share responsibly and engage for change - Deliver for all life stages <p>ensure that any actions related to the delivery of the strategy take into account the impact on reducing inequalities and climate change but also consider the potential health and wellbeing impact of the changing climate and respond accordingly. Evidence shows that those in more deprived areas will be most impacted by climate change.</p>	<p>However, given the intention to take action on health inequalities it is expected that some of the action on priorities will have the potential to directly or indirectly impact on equalities issues, such as access to healthcare for particular groups and the potential need to re-direct resources to focus on key issues like improving education outcomes for children eligible for free school meals.</p>
<p>3.2</p>	<p>Sex – identify the impact/potential impact of the policy on women and men.</p>	<p>The strategy aims to address some of the wider determinants of health and wellbeing, that lead to inequalities in health outcomes which can impact men and women in different ways.</p> <p>Evidence shows that in B&NES there is a bigger life expectancy gap for women between deprived and more well-off areas, than men living in similar areas. Women living in more deprived areas experience multiple-health conditions at an earlier age. Reducing inequalities and improving health and wellbeing for all will have a potentially larger benefit for women. For example:</p>	<p>Priority 1. Peri-natal mental health and parenting classes, we know it's important for fathers and partners to be involved in this to support the best start for their child, need to ensure that any actions on this priority are inclusive of fathers and not just aimed at mothers.</p> <p>Priority 2. – we know childcare and caring responsibilities for women hinder employment opportunities. Activity to deliver on this priority needs to ensure that action is taken on these issues addresses the specific gender concerns.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Understand impact of gender on all priorities

		<p>Priority 1: CYP healthy and ready for learning Aims to build resilience for young people, will benefit young girls and women in particular, high rates of hospital admissions for anorexia and self-harm for girls and young women. Reducing gaps in educational achievement impact on boys, performing less well than girls.</p> <p>Priority 2: Improve skills, good work and employment Women more likely to be working and claiming benefits, encouraging employees to pay living wage and improve working conditions beneficial impact on health and wellbeing for both sexes.</p>	<ul style="list-style-type: none"> • Ensure data capture and collection enables tracking of the strategy's impact for both men and women • Take an inclusive approach to peri-natal support for families
3.3	<p>Pregnancy and maternity</p>	<p>Priority 1: Ensuring that all children are healthy and ready for education seeks to ensure that all children in B&NEs have a good start in life.</p> <p>Action on this priority will address key issues of maternal mental health, and parental control of key determinants of health that will impact on their own and their children and young people's physical and mental health. Such as support to stop smoking, parenting skills, access to emotional and practical parenting advice.</p> <p>We do know that nationally mortality outcomes for mothers can vary, Black British Mothers are 5 times more likely to die in pregnancy or 6 weeks after childbirth than</p>	<p>Unable to identify or not able to reach those most in need.</p> <p>Action: Ensure robust reporting process on implementation of the strategy to ensure right communities and individuals being targeted by the work.</p>

		white British mothers. The cross-cutting theme to reduce inequalities should address some of the key issues faced by BAME women, and their families in B&NEs.	
3.4	Gender reassignment – identify the impact/potential impact of the policy on transgender people	There is a general lack of data, but evidence that exists from national organisations (Healthwatch, the Care Quality Commission and academic research) - shows poorer outcomes and poorer access for transgender people. Particularly in relationship to their own emotional wellbeing and mental health and access to services.	Lack of data to understand impact of the strategy on transgender people. See LBGTQ+ responses in 3.8
3.5	Disability – identify the impact/potential impact of the policy on disabled people (ensure consideration both physical, sensory and mental impairments and mental health)	<p>Disabled people are more likely to live in poverty, have less access to education and employment, and experience poorer ratings of personal wellbeing compared with non-disabled people. The below priorities of the draft JHWS should impact positively on disabled people living in B&NES.</p> <p>Priority 1: CYP healthy and ready for school This priority will specifically guide work to address the educational attainment gap of those with SEND.</p> <p>Priority 2: Employment, good jobs, and skills Will aim to support those furthest from the job market into or back into work, this includes disabled people.</p> <p>We know that nationally the pandemic has had a disproportionate negative effect on</p>	<p>Services designed/planned without considering the needs of those with both physical, sensory and mental impairments and mental health disabilities.</p> <p>Accessibility of existing and any new services/initiatives not appropriate/meeting the needs of different disabilities.</p> <p>What works for one person might not work for others, need to consider the multiple identities of individuals and the different health impact on their health and wellbeing outcomes.</p> <p>Housing/spatial planning – changes to planning policy will take many years to see an impact and change for individuals living in B&NES.</p> <p>Action:</p> <ul style="list-style-type: none"> • Ensure that those with disabilities are acknowledged as an inequalities group and their needs are assessed against any

		<p>disability employment with disabled people 60% more likely to have lost their job. In B&NES 2020/21, there is a 68% gap in the employment rate for those who are in receipt of long term support for a learning disability (aged 18-64) and the overall employment rate (aged 18-64).</p> <p>Priority 3: Compassionate communities This priority aims to increase control of individuals over their own health and wellbeing. The latest ONS data disabled people aged 16 to 64 years had poorer ratings than non-disabled people on all four personal well-being measures; average anxiety levels were higher for disabled people at 4.6 out of 10, compared with 3.0 out of 10 for non-disabled people (year ending June 2021). Supporting disabled people to be more in control of their own health and wellbeing, and ability to access services and support when needed should help address this challenge.</p> <p>Priority 4: Create health promoting places In 2021, 24.9% of disabled people aged 16 to 64 years rented social housing compared with only 7.9% of non-disabled people. This was consistent with 2020. In 2021, disabled people were less likely to own their own home (39.7%) or to live with parents (16.4%) than non-disabled people (53.3% and 19.2% respectively). This priority seeks to ensure the Local Plan addresses issues B&NES has around quality</p>	<p>proposed activity to be taken as a result of this strategy</p> <ul style="list-style-type: none"> • Include those with lived experience of a range of disabilities in the design and implementation of action on key priorities • Improve understanding of how multiple identities impact on health and wellbeing and the support and services that might be needed. • Ensure local plan, planning team consider the physical and other access needs for disabled people in B&NES.
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		<p>of housing, it will also support more social housing to be heated affordably, which should impact on disabled people.</p> <p>Opinions and Lifestyle survey found in 2022 that disabled people were more likely to report finding access to services in person difficult compared with non-disabled people (51.5% compared with 25.2%); this includes services such as banks and building societies, restaurants and bars, hairdressers, sports and exercise facilities, and cinemas.</p>	
<p>3.6</p>	<p>Age – identify the impact/potential impact of the policy on different age groups</p>	<p>This strategy is intended to be an all age strategy, so action on any priority has a benefit for all life stages, below gives examples for each life:</p> <p>Children and Young people: The strategy aims that all children and young people have the fair chance to succeed, and no one gets left behind, this sets children up with a greater chance to have a healthy adulthood and resilience for aging. It seeks to take a multi-agency approach to tackle intransigent issues that need collective effort to effect change.</p> <p>Healthy and ready for education Working with educational institution partners, early years, and early help programmes we aim to reduce the educational attainment gap and improve overall resilience means children have the best possible start in life and have the right tools for a healthy and well adulthood.</p>	<p>Children and Young people Focus of action misses most disadvantaged groups, such as CYP eligible for free school meals those with SEND, young carers or looked after children.</p> <p>Action: Specify focus on these groups of CYP in implementation plan, ensure there is appropriate data to track interventions and outcomes.</p> <p>Living well Focus of action/implementation of the strategy misses most disadvantaged groups, e.g. low income households, those with caring responsibilities, those with disabilities.</p> <p>Action: Specify focus on these groups in the implementation plan, ensure there is appropriate data to track interventions and outcomes.</p> <p>Ageing well Focus of action/implementation of the strategy misses most disadvantaged groups.</p>

		<p>Skills, good jobs, employment by coordinating with other key strategies like the economic strategy and through a multi-agency approach, we aim to support families into good work helps tackle childhood poverty, and the impact that can have on children and young people's health and wellbeing.</p> <p>Compassionate communities Early education and tools to develop resilience and self-esteem means children and young people are better equipped to navigate challenges they may face in life, reducing incidences of mental illness and additional support needs.</p> <p>Create places that are health promoting, Accessible physical activity and access to healthy eating gives children and the best start in life – supporting a healthy weight and nutritious diet.</p> <p>Living well People live in connected, prosperous and sustainable communities:</p> <p>Healthy and ready for education Reducing the education attainment gap for CYP means more are able to do well in education able to secure better jobs have better health outcomes in adulthood.</p> <p>Skills, good jobs, employment Good jobs, provide security and a living wage for employees reducing mental health issues, and stress. Supporting those furthest from the jobs market into good work will increase independence and help them achieve secure livelihoods, improving emotional wellbeing.</p>	<p>Action: ensure reporting on progress, includes updates on impact on all life stages.</p>
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		<p>Compassionate communities Ensuring residents have knowledge and skills to access community services as needed to support own health and wellbeing increases control over their own health and wellbeing.</p> <p>Create places that are health promoting Affordable warmth in homes, reduces illness and stress for individuals and their families. Active travel and access to nature promotes physical activity, healthy weight, and mental wellbeing.</p> <p>Aging well People live healthier and more independent lives, for longer:</p> <p>Healthy and ready for education Fostering the early experiences that develop confidence, independence, and the emotional stability that supports people through their later years.</p> <p>Skills good jobs, employment Developing a motivated, skilled and healthy care workforce which builds on people's strengths will enable people to live fulfilling, independent lives for as long as possible.</p> <p>Compassionate communities Networks, and activities to support activities and pro-active care reduce loneliness. Supporting the mental health and wellbeing of carers enables them to continue to care and support their loved ones.</p> <p>Creating places that are health promoting Access to health and care services at the right time in the right place ensures people are able to access the</p>	
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		treatment care and support they are entitled to.	
		Examples of what the service has done to promote equality	Examples of actual or potential negative or adverse impact and what steps have been or could be taken to address this
3.7	Race – identify the impact/potential impact on across different ethnic groups	<p>In England, there are health inequalities between different ethnic minority groups.</p> <p>People from ethnic minority groups are more likely to report being in poorer health and to report poorer experiences of using health services than their white counterparts.</p> <p>The draft JHWS has Tackling Inequalities as a way of working, this means that for all actions taken to deliver on the priorities of the strategy they must assess any impact on inequalities group, this includes different ethnic minority groups. This should help to ensure that the strategy is delivered in a way that improves outcomes for ethnic minority groups.</p> <p>Other priorities within the strategy should also have a positive impact on ethnic minority groups e.g a focus on Employment, good jobs and skills should have a positive impact. Ethnic minority groups are disproportionately affected by socio-economic deprivation, a key determinant of health status in all communities.</p> <p>Evidence shows that racism and discrimination can also have a negative impact on the physical and mental health of people from ethnic minority groups</p>	<p>Unconscious bias could impact on actions taken.</p> <p>Not all ethnic minority groups experience challenges or issues in the same way.</p> <p>Action:</p> <ul style="list-style-type: none"> • Ensure that ethnicity is central to tackling inequalities and therefore any action taken to deliver on the strategy is assessed against impact for different minoritised groups in B&NES • Need for more detailed data to be able to identify key issues of concern for specific ethnic groups

		strengthen Compassionate Communities can support the reduction of discrimination and inclusiveness of the district.	
3.8	Sexual orientation – identify the impact/potential impact of the policy on lesbian, gay, bisexual, heterosexual people	<p>LGBTQ+ data from NHS England shows nationally LGB adults are more likely to smoke than heterosexuals (proportion of adults who currently smoked cigarettes was highest among LGB women at 31% and lowest among heterosexual women at 16%.) LGB adults had a lower average mental well-being scores with LGB women reporting the lowest scores.</p> <p>Priority 3: Strengthen Compassionate and healthy communities Support inclusive community support and social prescribing to reduce loneliness. Encourage proactive health promoting activities (such as reducing smoking).</p>	<p>Lack of data to understand impact of delivery of strategy on LGBTQ+ groups.</p> <p>Action: Ensure relevant data can be disaggregated to understand health and wellbeing needs of LGBTQ+ and track progress of delivery for LGBTQ+ people in B&NES</p>
3.9	Marriage and civil partnership – does the policy/strategy treat married and civil partnered people equally?	N/A	N/A
3.10	Religion/belief – identify the impact/potential impact of the policy on people of different religious/faith groups and also upon those with no religion.	N/A	N/A
3.11	Socio-economically disadvantaged* – identify the impact on people who are disadvantaged due to factors	The JHWS aims to address the impact socio-economic disadvantage has on health and wellbeing outcomes. Therefore all the	Risk proposed actions do not make a difference, take too longer for impact to be felt.

	<p>like family background, educational attainment, neighbourhood, employment status can influence life chances (this is not a legal requirement, but is a local priority).</p>	<p>priorities aim to have a positive impact on residents from socio-economic disadvantage:</p> <p>For example healthy and ready for school, aims to reduce educational attainment gap for most disadvantaged children and young people, specifically those eligible for free-school meals.</p> <p>Developing good jobs, skills and employment aims to support those from most disadvantage groups to improve earning potential via developing skills and training. While anchor institutions offering good jobs (paying living wage, with security) reduces poverty and the impact that can have on health and wellbeing outcomes.</p> <p>Compassionate communities – control of own health and wellbeing, ensure all have the tools and resources to be able to advocate for own health and wellbeing.</p> <p>Places that promote health – access to nature, physical exercise, healthy food</p>	<p>Action: Robust reporting process to HWB to track implementation and make changes if progress not being made.</p>
<p>3.12</p>	<p>Rural communities* identify the impact / potential impact on people living in rural communities</p>	<p>B&NES has a significant rural population, during the engagement phase we were told by rural communities that public transport and loneliness had an impact on their health and wellbeing.</p> <p>Draft JHWS priorities will address these issues through Creating Places that are health promoting – bringing health and wellbeing services closer to where people live</p>	<p>Timing and scale of implementation of integrated neighbourhoods teams. It will take time for pilots to be evaluated and rolled out if successful.</p> <p>Needs of rural communities not prioritised sufficiently in actions delivering on the strategy</p> <p>Action:</p>

		when they need it, by piloting Integrated Neighbourhood teams. Compassionate communities – increase networks and potential positive activities that people can be involved in.	Develop robust reporting process which tracks progress of delivery and communicates progress more widely to general public. Ensure progress reporting includes data/views/case studies from those living in rural communities.
3.13	Armed Forces Community ** serving members; reservists; veterans and their families, including the bereaved. Public services are required by law (Armed Forces Act 2021) to pay due regard to both current and former members of the Armed Services when developing policy, procedures and making decisions, particularly in the areas of public housing, education and healthcare (to remove disadvantage and consider special provision).	N/A	N/A

*There is no requirement within the public sector duty of the Equality Act to consider groups who may be disadvantaged due to socio economic status, or because of living in a rural area. However, these are significant issues within B&NES and have therefore been included here.

** The Equality Act does not cover armed forces community. However, the Armed Forces Act 2021 requires Local Government to pay 'due regard' to the principle that it is desirable to remove disadvantages, when accessing public services, for service people from membership, or former membership, of the armed forces.

4. Bath and North East Somerset Council & NHS B&NES, Swindon and Wiltshire Equality Impact Assessment Improvement Plan

Please list actions that you plan to take as a result of this assessment/analysis. These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers. The actions need to be built into your service planning framework. Actions/targets should be measurable, achievable, realistic and time framed.

Issues identified	Actions required	Progress milestones	Officer responsible	By when
Understanding impact of strategy on different genders.	Ensure indicators developed to track progress of strategy delivery can be disaggregated by gender.	Indicator set includes data that is disaggregated by gender and will be reported to the HWB	tbc	Sept 2023
Ensuring actions taken to deliver on the strategy take into account the different outcomes depending on gender.	Clear reporting process to HWB will include how activities are addressing inequalities relating to gender.	Regular updates to HWB	Nancy Towers	May 2023
Pregnancy and maternity – unable to identify/reach the right groups	Ensure robust reporting process on implementation of the strategy to ensure right communities and individuals targeted by the work.	Implementation plan and process signed off by Health and Wellbeing Strategy Steering group	Nancy Towers	May 2023
	Appropriate indicator and data set usage	Indicator set agreed	TBC	Sept 2023
Age – need to be clear about which groups are at most risk of health inequalities	Specify focus on relevant groups in the implementation plan	Implementation plan and process signed off by Health and Wellbeing Strategy Steering group	Nancy Towers	June 2023

	<p>Ensure relevant indicators can be disaggregated to track progress for each life stage</p> <p>Ensure robust reporting process which ensures all life stages are considered both in delivery and progress reporting to the HWB</p>	Indicator set agreed	Tbc	Sept 2023
Disability – lack of data to track progress, improve focus on those with disabilities	<p>Specify focus on relevant groups in the implementation plan</p> <p>Ensure relevant indicators can be disaggregated to track progress for those with disabilities</p> <p>Ensure robust reporting process which ensures all life stages are considered both in delivery and progress reporting to the HWB</p>	<p>Implementation plan and process signed off by Health and Wellbeing Strategy Steering group</p> <p>Indicator set agreed</p>	<p>Nancy Towers</p> <p>TBC</p>	<p>June 2023</p> <p>Sept 2024</p>
<p>Ethnicity -Conscious and Unconscious bias could impact on actions taken.</p> <p>Not all minoritized ethnic groups experience challenges or issues in the same way.</p> <p>Not all people feel comfortable disclosing their ethnicity so may not receive suitable support and the data may be missing.</p>	<p>Specify focus on relevant groups in the implementation plan.</p> <p>Need for more detailed data to be able to identify key issues of concern for specific ethnic groups</p>	<p>Implementation plan and process signed off by Health and Wellbeing Strategy Steering group</p> <p>Indicator set agreed</p>	<p>Nancy Towers</p> <p>TBC</p>	<p>June 2023</p> <p>Sept 2024</p>

Sexual orientation - Lack of data to understand impact of delivery of strategy on LGBTQ+ groups.	Ensure that where possible relevant data can be disaggregated to understand health and wellbeing needs of LGBTQ+ and track progress of delivery for LGBTQ+ people in B&NES	Implementation plan and process signed off by Health and Wellbeing Strategy Steering group Indicator set agreed	Nancy Towers TBC	May 2023 Sept 2023
Socially economic disadvantaged - Risk proposed actions do not make a difference, take too long for impact to be felt.	Robust reporting process to HWB to track implementation and make changes if progress not being made. Proposed indicators tracking those working and claiming universal credit, as well as no. households in relative poverty.	Implementation plan and process signed off by Health and Wellbeing Strategy Steering group Indicator set agreed	Nancy Towers TBC	June 2023 Sept 2023
Timing and scale of implementation of integrated neighbourhoods teams. It will take time for pilots to be evaluated and rolled out if successful. Needs of rural communities not prioritised sufficiently in actions delivering on the strategy	Develop robust reporting process which tracks progress of delivery and communications progress more widely to general public. Ensure progress reporting includes data/views/case studies from those living in rural communities	Implementation plan and process signed off by Health and Wellbeing Strategy Steering group Indicator set agreed	Nancy Towers TBC	June 2023 Sept 2023

5. Sign off and publishing

Once you have completed this form, it needs to be 'approved' by your Divisional Director or their nominated officer. Following this sign off, send a copy to the Equalities Team (equality@bathnes.gov.uk), who will review the document, offer further advice/guidance and publish it on the Council's and/or NHS B&NES', Swindon and Wiltshire website. Keep a copy for your own records.

Signed off by: Becky Reynolds, Director of Public Health and Prevention

Becky Reynolds

Date: 21st June 2023