Equality Impact Assessment Template

Requirement	Detail
Name of proposal/policy	Community approach to addressing health inequalities in Northamptonshire
Service area responsible	Public Health and Wellbeing
Name of completing officer	Rhosyn Harris/Chloe Gay
Approved by Director / Assistant Director	Lucy Wightman
Signed off by NCC Equalities Lead	Simon Bryant
Budget number (if applicable)	n/a
Cabinet meeting date	10/11/20
Date EqIA created	10/10/20
Date of approval	20/10/20
Date of sign off	20/10/20

The Equality Act 2010 places a **'General Duty'** on all public bodies to have **'Due regard'** to:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

We do this by undertaking equality impact assessments (EqIAs) to help us understand the implications of policies and decisions on people with protected characteristics – EqIAs are our way of evidencing this.

All assessments must be published on the NCC equalities web pages. All Cabinet papers where an EqIA is relevant MUST include a link to the web page where this assessment will be published. To have your EqIA published, please contact equalities@northamptonshire.gov.uk

PART A

1. Description of current provision/policy and main beneficiaries/stakeholders

Public Health Northamptonshire want to take a community based approach to address health inequalities in Northamptonshire. The outcomes we want to achieve are:

- To build resilience within local communities so that they are empowered to take action together on health and the social determinants of health. The approach required to address this includes community development, asset based approaches, social action and social network approaches and comes from the 'strengthening communities' strand of the family of community based approaches.
- Reduce the health inequalities faced by those who are most disadvantaged or excluded.

The programme will be based on local needs and areas of focus, but there is an expectation that the main areas of focus will be to work with people who are affected by:

- 'Inclusion health' groups: offenders, sex workers, people who are homeless, gypsies and travellers, refugees and migrants.
- Those who are socially isolated and living in deprived areas.

2. Description of proposal under consideration/development

A needs assessment has been completed to inform the development of the service and can be found here.

The proposal is to deliver the programme through a team (or teams) of community development staff based within the new Community Hubs and Community Development Teams in the new authorities, as well as through a programme of commissioned or grant funded services in the VCS funded to meet community needs. The community development workers will have two areas of focus which reflect the target groups:

- Working with inclusion health groups.
- Working in places where there are high levels of deprivation and/ or social isolation.

This community based approach will be part of a system wide approach to address these issues, which will be led by Public Health and the Population Health Strategy Board. It is anticipated that this system wide programme board's agenda will be extended to include the strategic oversight of services to address the systemic issues that result in the poorer health outcomes and inequalities faced by those who are vulnerable or marginalised.

3. Data used in this Equality Impact Assessment

a. Data Source (include link where published) – quantitative or qualitative

- Social wellbeing needs assessment 2020
- Public Health Northamptonshire developed the social isolation index based on methodology used by Gloucester County Council using Acorn demographic segmentation produced by CACI Ltd.
- For further detail please view Health Inequalities in Northamptonshire 2019 on our website
- Homeless and Inclusion Health: Standards for commissioners and service providers (2020)
- North Northamptonshire Gypsy and Traveller Accommodation Assessment (GTAA) Final Report March2019.
- West Northamptonshire Travellers' Accommodation Needs Study Final Report January 2017.

b. What does this data tell us?

As part of the development of this programme a social wellbeing needs assessment was completed. Some of the key data is shown below, with recommendations.

Deprivation

24 LSOAs in Northamptonshire are amongst the top 10% most deprived in England and 38 fall within Decile 2 nationally. Thus, 62 (14.7%) of the LSOAs in Northamptonshire are amongst the top 20% most deprived nationally.

Social Isolation

The Ten LSOAs with the highest scores (Most Isolated)

LSOA	District	Local area descriptor	Score	IMD decile	IMD quintile
E01027140	Northampton	Billing Aquadrome, Bellinge- Fieldmill Road	59.7	1	1
E01027249	Northampton	Thorplands- Holmecross Road, Waterpump Court	54.3	1	1
E01027177	Northampton	Ecton Brook Road, Pennycress Place	54.1	1	1

LSOA	District	Local area descriptor	Score	IMD decile	IMD quintile
E01027195	Northampton	Lumbertubs- Penistone Road	54.0	1	1
E01027180	Northampton	Cherry Orchard	53.8	3	2
E01027083	Kettering	Kettering Buccleuch, Walnut Crescent	53.8	1	1
E01027342	Wellingborough	Wellingborough- Windemere Drive, The Dale	53.0	2	1
E01027106	Kettering	Nelson Street, Tresham Street	52.7	2	1
E01027214	Northampton	Ryehill, Knightscliffe Way	52.5	2	1
E01027245	Northampton	Southfields- Barley Hill Road, Round Spinney Industrial Estate (east)	51.9	3	2

In 2016-18 the life expectancies of Northamptonshire males was same as the England average and females were slightly lower than the England average (males: 79.6 vs. 79.6 years; females: 82.7 vs. 83.2 years).

Inequalities between the most deprived and least deprived quintile in Northamptonshire in 2015-17 - In 2015-17, there was a 6.6 year gap between the most and least deprived quintile for males, and a 5.3 year gap for females.

Indicator	Male	Female
Life expectancy in most deprived quintile of Northamptonshire (yrs)	75.3	79.4
Life expectancy in least deprived quintile of Northamptonshire (yrs)	82	84.6
Absolute gap in life expectancy between most and least deprived quintile (yrs)	-6.6	-5.3

The top 3 broad causes of death that contributed the most to the life expectancy gap between the most and least deprived areas across the seven districts and boroughs were:

- Circulatory disease.
- Cancer.
- Respiratory disease.

The districts/ boroughs with the greatest inequalities in life expectancy compared to the England average are:

- Corby (2.8 years lower than England for males and 2.7 years for females)
- Northampton (1.1 years lower than England for males and 0.6 years for females).
- Wellingborough (0.7 years lower than England for males and 0.9 years for females).
- Kettering (0.5 years lower than England for females).

Vulnerable migrants and asylum seekers

Health problems of vulnerable migrants are frequently related to destitution and lack of access to services, rather than to complex or long-standing ill-health. Vulnerable migrants may be dissuaded from accessing care because they fear charges or coming to the attention of immigration authorities. Refugees and asylum seekers may have high levels of psychological ill-health, which is not necessarily due solely to their experiences of conflict and related traumatic events but is also likely to reflect the socio-political conditions in host countries that create discrimination and marginalisation. Migrants' high risk of homelessness and destitution creates circumstances that further exacerbate their already fragile mental health.

In Northamptonshire In 2019 23 asylum applicants were claiming 'section 95 support'. While Northamptonshire as a county doesn't have a particularly high rate of asylum applicants it also doesn't have any particular organisations dedicated to working with vulnerable migrants and so their needs may not be met.

Homelessness

The average age of death for homeless people is just 43 for women and 47 years for men, and is associated with reduced quality of life caused by multi-morbidity. Homelessness is an independent risk factor for premature mortality and is associated with extremes of deprivation and multi-morbidity. Chronic homelessness is an associated marker for tri-morbidity, complex health needs and premature death. Tri-morbidity is the combination of physical ill-health with mental ill-health and drug or alcohol misuse. Oral health problems are very common amongst homeless populations. 32% of people who are homeless report dental pain, and have a greater number of missing and decayed teeth and fewer filled teeth. In Northamptonshire:

- 140 rough sleepers were accommodated during COVID-19 outbreak, and 80 have now been moved on to settled housing.
- In 2018 there were an estimated 3,026 people who were homeless: 1286 homeless households, 91 rough sleepers, 1649 hidden homeless, 590 temporary accommodation and 7761 overcrowded households

Sexual exploitation and sex workers

Sex workers are likely to experience poor health because of the risks associated with their work. Research found that female sex workers in London have a mortality rate that is 12 times the national average. Up to 95% of female sex workers are problematic drug users. 68% of female sex workers meet the criteria for post-traumatic stress disorder – this is in the same range as victims of torture and combat veterans undergoing treatment. A comparatively low percentage of female sex workers have had routine health checks such as cervical screening, or attend antenatal checks when pregnant. Psychological and institutional barriers to accessing healthcare include: fear of criminalisation, institutional factors (e.g. opening hours, location), stigmatisation and discrimination.

In Northamptonshire there is no local data. The estimated total number of sex workers in the UK 72,800, equal to 1.72 per 1,000 population, applied in Northants this is around 1,021. This is therefore an unknown and underserved population at high risk.

Gypsies and Travellers

"Gypsies and Travellers" is a commonly used catch-all term that includes people from a variety of groups, all of whom were – or are – nomadic. These include: Romany (English/ Welsh) Gypsies (the majority group in England and Wales), Scottish Gypsies/Travellers,
Travellers of Irish heritage (Irish Travellers), Roma, Fairground and Show people, Circus people, New Travellers, and Bargee and water craft/canal boat Travellers.
An estimated two-thirds of Gypsies and Travellers in the UK today live among the "settled community" in permanent housing, with a further significant portion living on permanent sites, either privately or publicly provided. Others, due to national shortages of sites, live on unauthorised sites (as of 2011, approximately 20% of Gypsy/Traveller caravans are stationed "unlawfully", rendering the occupants technically homeless.

Gypsies and Travellers have significantly poorer health outcomes compared with the general population of England and with other English-speaking ethnic minorities. They are frequently subject to racial abuse and discrimination, and many Gypsies and Travellers reluctant to disclose their identity due to fears of prejudice, and a deeply ingrained mistrust of authority.
Many Gypsies and Travellers are not literate.

A 2012 report by the Ministerial Working Group on tackling inequalities experienced by Gypsies and Travellers confirmed that they have the lowest life expectancy of any ethnic group in the UK and continue to experience high infant mortality rates (18% of Gypsy and Traveller women have experienced the death of a child),

high maternal mortality rates, low child immunisation levels (particularly where specialist Traveller Health Visitors are not available), and high rates of mental health issues including suicide, substance misuse issues and diabetes, as well as high rates of heart disease and premature morbidity and mortality.

There is often a poor take-up of preventative healthcare by Gypsies and Travellers, particularly among men, with conditions usually well advanced before any type of healthcare is sought. Targeted services are needed to increase male engagement in preventative healthcare and to fast-track Gypsies and Travellers to preventative services supported by peer/community health promotion workers.

In Northamptonshire

- Permanent traveller sites and pitches:

	Data from 2019				Data from 2017		
	Corby	Kettering	East Northants	Welling-borough	Daventry	South Northants	North-ampton
Private sites	2	13	3	2	4	1	
Pitches	7	69	72	62	28	3	
Public sites	2	2		1			1
Pitches	18	22		3			35

- Number of households meeting the planning definition of gypsy traveller:

	Corby	Kettering	East Northants	Welling-borough	Daventry	South Northants	North-ampton
Meet the definition	8	25	0	2	0	5	0
Undetermined	4	15	67	29	24	0	10
Do not meet definition	12	20	6	2	2	4	27

<u>Impacts of COVID</u>

Data collected by the Covid Social Study has shown how loneliness has been affected between March and July 2020. Prior to Covid-19, the Understanding Society (USoc) Survey found that 8.5% of people in the UK answered that they were often or always lonely. Covid Social Study data collected between 21st March and 10th May suggested this had increased to 18.5%.

The UCLA Three-Item Loneliness Scale (UCLA) measures how lonely or isolated people feel (from the lowest score of 3 to highest of 9). The average score for adults on the UCLA scale was 5 during the most stringent period of lockdown. Between March and July, the UCLA score has fallen slightly, with people feeling less lonely in the period since measures were eased, however this has not yet fallen to pre-Covid levels.

This average hides significant variation between individuals and groups. Analysis of the data identified the characteristics of people at higher risk of loneliness.

Important risk factors for adult loneliness are:

- Being young (18-30).
- Living alone.
- Having low income.
- Being unemployed.
- Having a mental health condition.

Other characteristics carry a small increase in the risk of being lonely, both before and during the pandemic.

- Non-white ethnicity.
- Low educational attainment.
- Being female.
- Living in urban areas.

Recommendations

1. There is a clear need to work with communities to develop a community based approach to improve social wellbeing and improve health inequalities in Northamptonshire.
2. The programme should have two areas of focus:
    a) Working with inclusion health groups

b) Working in hotspot areas identified using the social isolation index and IMD, however, should also take into consideration those who have been most affected by COVID, which includes young people and BAME communities.

3. The programme should aim to improve:
    a) Wellbeing.
    b) Social connections.
    c) Neighbourhood environment.
    d) Community resilience.
4. The programme will need to take a holistic approach to supporting people. It needs to be part of a system wide approach to ensure that the systemic issues that result in the poorer health outcomes and inequalities faced by those who are vulnerable or marginalised are addressed. We need to work in partnership with commissioners and provider is key to identify and address some of the barriers to accessing services.
5. We need to develop outcomes that people care about, and that are produced by whole systems rather than individuals, organisations or programmes. A key part of phase 1 of the programme will be to identify what is important for communities and how we can best address and measure these outcomes.
6. It is vital to involve members of the community in setting priorities, monitoring and evaluating services and initiatives, as well as delivery. Working co-productively leads to improved outcomes for people who use services and carers, and has a positive impact on the workforce.
7. This program of work will be led by those who have good links with local communities.

4. Please give details about planned consultation or engagement with communities and other stakeholders that are likely to be affected by the policy/decision/service change. Contact the Consultation, Equalities & Accessibility Team (ceat@northamptonshire.gov.uk) for advice or complete the online form with details of your consultation/engagement activity. If you are not carrying out any consultation or engagement activity, please provide reasons why you think this is not necessary.

In September Public Health ran a survey to find out local communities' views on taking a community based approach to addressing health inequalities in vulnerable groups. 395 people responded; 293 residents; 21 Councillors; 64 working in services and 17 other.

A summary of key points is below.

Residents

- The results reflect the needs mainly of residents who are older and white British.

- The results have shown that the impact of the COVID restrictions have affected people, showing that people are affected by not being able to socialise or access activities, and social isolation is an issue. People want opportunities to do activities or socialise with people and they need to be able to access this, either through being based locally or with transport options.
- While a large number of people said they were physically active and ate healthily, a large proportion also said that they would like to be more active.
- The environments in which people live are really important for their wellbeing, and access to green spaces has a positive impact.

Other stakeholders

- People from a range of backgrounds and localities responded.
- There was really good support for a community based approach, with people recognising the importance of working in partnership with communities to understand local needs and assets and coproducing solutions. Working in specific localities was important, with some comments suggesting the needs of rural communities need to be considered.
- A partnership approach is key to the success of this work, working across local government, the NHS and VCS, as well as Parish and Town Councils.
- People felt that we need to take a holistic approach, addressing the issues around housing, employment, finances, education and training as well as health and wellbeing needs.
- Support around digital technology was another theme.
- In terms of vulnerable groups, while the above approaches were highlighted, some more specific needs were also highlighted:
- For all groups, more people said that there were not sufficient services in place than those that said there were. However, this was higher for people who are socially isolated, living in areas of deprivation, people with complex needs at risk of homelessness and rough sleepers.
- There were fewer responses to the questions for sex workers, refugees and migrants and gypsy, roma and traveller communities. This may reflect hidden needs for these groups, or may be because people do not feel this is a priority for the areas they work in. More work is needed to understand the local needs of these groups, working with organisations that work with them.

5. If consultation or engagement has been carried out in the past, please provide details. If so, what were their views and how have their views influenced the work to date?

No previous consultation work has been completed in this service area.

6. Protected characteristics as set out in the Equality Act 2010: Based on the above information, what is the likely impact on the following groups? Please explain why you have made this assessment. If you are unsure, set out what you will do to get enough information to make an assessment.

Characteristic	Impact	Explanation	Mitigations/Actions
Sex	neutral	This programme is likely to benefit local communities and will not have a specific focus on sex.	No action required.
Gender reassignment	neutral	This programme will not be specifically focussing on this group but is likely to have a positive impact on those living in the target areas, as they will benefit from community interventions and improved community cohesion.	No action required.
Age	Positive	Evidence shows that social isolation does affect older people more, but the impacts of COVID have shown that those who are lonely are younger age groups. The community based approach is about bringing communities together, and should take a whole community approach, which will include working intergenerationally. The service will focus on areas of deprivation, high levels of social isolation and inclusion health groups.	We will ensure that the community approaches will take into account the needs of different age groups and promote intergenerational working.
Disability	Positive	While people with a disability are not the main target group for this programme, but are likely to benefit from a community based approach to addressing health inequalities. Due to the COVID impacts on mental health any improvement in community cohesion, connectedness and social capital will have a positive impact on mental health.	No action required.
Race & Ethnicity	Positive	While BAME communities are not the main target group for this project it is likely that those living in deprived areas will benefit from this community based approach to addressing health inequalities through the development of more cohesive communities.	No action required.

Characteristic	Impact	Explanation	Mitigations/Actions
Sexual Orientation	neutral	This programme will benefit people living in target communities through the development of more cohesive communities.	In developing the programme we need to make sure the needs of LGBTQ+ communities are taken into account.
Religion or Belief (or No Belief)	neutral	No specific impact on faith communities anticipated. There will be opportunities to work with faith organisations as part of a place based approach which could lead to a positive impact.	No action required.
Pregnancy & Maternity	neutral	There will not be any specific pieces of work with pregnant women as part of this programme, but it is hoped that all people living in the areas of focus for community development will benefit from the programme	No action required.

7. Cross-cutting considerations: Based on the above information, what is the likely impact on the following groups? Please explain why you have made this assessment. If you are unsure, set out what you will do to get enough information to make an assessment.

Group	Impact	Explanation	Mitigations/Actions
Human Rights – relevant articles and local authority context: • Article 2 – Right to life • Article 3 – Freedom from torture and inhuman or degrading treatment • Article 4 – Prohibition of slavery and forced labour • Article 5 – Right to liberty and security • Article 6 – Right to a fair trial • Article 8 – Right to private and family life • Article 9 – Freedom of thought, belief and religion • Article 10 – Freedom of expression • Article 11 – Freedom of assembly and association • Article 14 – Protection from discrimination • Article 1 of the First Protocol: Protection of property	neutral	No clear impact on people's fundamental human rights have been identified.	No action identified at present.

Group	Impact	Explanation	Mitigations/Actions
• Article 2 of the First Protocol: Right to education			
Rural Isolation	neutral	Analyses of social isolation in Northamptonshire show that it is higher in urban communities, however rural communities may also be affected by loneliness and a lack of transport links to access services. This approach will be working with specific localities with high levels of deprivation or social isolation which may mean that rural communities do not initially benefit from the programme.	When identifying the target hotspots we need to ensure we take into account the needs of rural and isolated communities.
Socio-economic exclusion	Positive	This programme will target communities that are more deprived.	No further actions.
Health and wellbeing considerations, for example:*	Positive	Social and community determinants of health, as well as individual lifestyle determinants of health will be positive impact of the service.	No further actions.

Health and Wellbeing considerations note: Depending on the scale of the impact identified, there may be a recommendation for a full Health Impact Assessment to be completed

Part B

If you are undertaking any further work before the decision on this policy or service change is made, please complete Part B and then make a final assessment based on this additional information.

1. Consultation, follow up data and information gathered from actions identified above

Action Undertaken	What does this information tell us?
Describe any consultation or engagement that you have carried out since you completed Part A and number of responses/event attendees/contacts	
Describe any further work you have undertaken since completing Part A – have you had further discussions with providers? Has the budget changed? Are alternative proposals being considered? Have you been able to fill in any gaps in information that you had identified?	

2. Protected characteristics as set out in the Equality Act 2010: Based on the above information, what is the likely impact on the following groups? Please explain why you have made this assessment. If you are still unsure, please explain what you plan to do in future to address this.

Characteristic	Impact	Explanation	Mitigations/Actions
Sex	Positive / neutral / negative / unsure		
Gender reassignment	Positive / neutral / negative / unsure		
Age	Positive / neutral / negative / unsure		
Disability	Positive / neutral / negative / unsure		
Race & Ethnicity	Positive / neutral / negative / unsure		
Sexual Orientation	Positive / neutral / negative / unsure		
Religion or Belief (or No Belief)	Positive / neutral / negative / unsure		
Pregnancy & Maternity	Positive / neutral / negative / unsure		

3. Cross-cutting considerations: Based on the above information, what is the likely impact on the following groups? Please explain why you have made this assessment. If you are still unsure, please explain what you plan to do in future to address this.

Group	Impact	Explanation	Mitigations/Actions
Human Rights – (Please see articles in the toolkit for more information)	Positive / neutral / negative / unsure		
Rural Isolation	Positive / neutral / negative / unsure		
Socio-economic exclusion	Positive / neutral / negative / unsure		
Health and wellbeing considerations, for example:*	Positive / neutral / negative / unsure		

4. Final impact analysis (taking the findings from Part B into account) – including review date if required