



EQUALITY IMPACT ASSESSMENT

Partial Assessment Form

Policy, practice, function or project assessed	Health Inequalities
Lead Officer	Iain Green
Team	Iain Green, Dale Robinson
Start date of assessment	08 January 2010
Completion of assessment	

Please use this form to record your findings in relation to the assessment of an existing policy, function, service or practice.

A. POLICY, PRACTICE, FUNCTION OR PROJECT TO BE ASSESSED

A1. Please describe what are the main aims, objectives, purpose and intended outcomes of the policy or function?

The Council is committed to addressing and tackling health inequalities in South Cambridgeshire through its functions, services, and policies. The work on tackling Local Health Inequalities embraces actions across a wide range of agencies and departments which contribute to tackling local health inequalities. This is achieved through targeted mainstream activity and specific activity in communities and groups of highest health need.

The term 'health inequalities' refers to differences in the prevalence or incidence of health outcomes between population groups. Such inequalities range across a number of aspects:

- socio-economic group
- geographical area
- ethnicity
- age
- gender
- Disability
- And many more.

A2. Is this policy or function associated with any other Council policy or priority?

Yes – most council policies and strategies will have an affect on Health Inequalities. It is therefore not possible to list all relevant policies and strategies but the main ones are as follows.

Main Policies/Strategies:

- South Cambridgeshire Community Strategy
- South Cambridgeshire and Cambridge City Improving Health Plan

All of the Councils Aims are affected by or have the possibility to affect health inequalities and as such are list below:

- We are committed to being a listening council, providing first class services accessible to all
- We are committed to ensuring that South Cambridgeshire continues to be a safe and healthy place for you and your family
- we are committed to making South Cambridgeshire a place in which residents can feel proud to live
- We are committed to assisting provision for local jobs for you and your family
- We are committed to providing a voice for rural life

A3. Who are the intended beneficiaries/stakeholders of the policy or function? How many people are affected and from what sections of the community?

- All existing and future residents of South Cambridgeshire District (current population 130,000 approx)
- All Council departments – reducing health inequalities involves working with all internal departments of the Council
- Numerous other organisations, which include Cambridgeshire Primary Care Trust, Other District Councils in Cambridgeshire, Cambridgeshire County Council, Cambridgeshire Horizons, Parish Councils, Registered Social Landlords, Voluntary Organisations and developers

In the case of those specific groups covered by equalities legislation, health inequalities are closely aligned and as such these groups may have already been identified as having different health outcomes compared to other groups within South Cambridgeshire,

A4. Is the policy/function corporate and far-reaching?

Yes – very high profile and could have a high impact across the District.

A5. Are you expecting to make any significant change to the policy or service in the near future? If so, please give details.

The South Cambridgeshire and Cambridge City Improving Health Plan is being reviewed and a new action plan is due in February this year (2010), also there is a Countywide Health Inequalities Strategy due in 2010/11 which will need to be addressed at local level.

A6. Is this a new or existing policy or function?

- As the Council is committed to reduce Health Inequalities with its partners and reducing health inequalities is a key theme of the Sustainable Community Strategy for South Cambridgeshire the work is continually reviewed and updated to ensure that the Council and its partners continue to follow best practice in engaging with local communities.
- A large part of the work to address health inequalities is governed by the National Indicators (Nis) and therefore are included in the annual refresh of the Cambridgeshire Local Area Agreement (LAA)

B. EVIDENCE/ DATA and CONSULTATION

It is important to consider all information that is available in determining whether the policy or function could have a differential impact. Please attach examples of monitoring information, research or consultation reports.

B1. What monitoring or other information do you have about relevant target groups, which will show the impact of the policy or function?

There are numerous data sources for Health Inequalities, it is therefore not possible to list all relevant data and monitoring sources but the main ones used are as follows.

Joint Strategic Needs Assessment (JSNAs) –were introduced in the Government’s *Commissioning framework for health and well-being* published in March 2007. They form the basis of a new duty to co-operate for PCTs and local authorities, formalised in the Local Government and Public Involvement in Health Act 2007.

The reason for doing a JSNA is to develop the whole health and social care response so that it more closely meets the wants and needs of local people.

The aim of a JSNA is to:

- Provide analyses of data to show the health and well-being status of local communities.
- Define where inequalities exist.
- Use local community views and evidence of effectiveness of interventions to shape the future investment and disinvestments of services.

The JSNAs produced to date are:

- Children & Young People
- Adults of Working Age including:
 - Adults with Mental Health Problems
 - Adults with Learning Disabilities
 - Adults with physical disability and sensory impairment and long term conditions
- Older People
- Community Views
- Homelessness
- International Migrants

Health Profile - The profiles use key health indicators to capture a picture of the nation's health down to District Council level, providing areas across England with valuable information to improve their population's health. This year's data also includes new information on child health inequalities including childhood obesity.

B2. Have you compared the data you have with the equality profile of the local population? What does it show?

The Health inequality profile and the equality profile show the same areas of need.

B3. Have you identified any improvements or other changes that could be made from monitoring the data?

There is a need for the local improving health plan to be amended in light of the Countywide Health Inequalities Strategy.

B4. Have you consulted or involved external stakeholders about the policy or function? If so, what were their views?

The Improving health plan has been consulted on with the partners of the Improving Health Partnership which includes representation from:

- Cambridge City Council
- South Cambridgeshire District Council
- Cambridge Council for Voluntary Services (CCVS)
- Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)
- Cambridgeshire Constabulary – Southern Division
- Cambridgeshire County Council
- Voluntary sector organisations operating in Cambridge City and South Cambridgeshire
- Cambridgeshire Primary Care Trust
- Cambridgeshire Community Services
- LINKs (being established in April 2008)

B5. Have you undertaken any consultation with staff to assess their perception of any impacts of the policy or function? If so, what has been learnt from them?

Extensive joint working has taken place between the Council and other organisations. In addition to this, key officers within SCDC have been consulted over the Improving Health Plan

B6. Please provide information about any other consultation, research, or involvement undertaken in relation to this impact assessment.

See B1 above on JSNAs

C1. IMPACT OF THE POLICY OR FUNCTION		
Assess the potential impact on each of the equality strands/groups. The impact could be negative, positive or neutral. If you assess a negative impact for any of the groups then you will need to assess whether that impact is low, medium or high. Refer to the evidence you use.		
DESCRIPTION OF IMPACT	Nature of Impact (Positive, Neutral, Adverse)	Extent of Impact (Low, Medium, High)
GENDER: Identify the potential impact of the policy or function on men and women	Neutral	
RACE: Identify the potential impact of the policy or function on different race/ethnic groups	Positive	
Specific ethnic groups have worse health or are likely to be more prone to conditions – e.g.: <ul style="list-style-type: none"> Asian groups are more likely to be diabetic there for we have run specific exercise classes for Bengali women Travellers Health Project 		
DISABILITY: Identify the potential impact of the policy or function on disabled people	Positive	
Sports and exercise provision for disabled people		
AGE: Identify the potential impact of the policy or function on different age groups	Positive	
Classes are run for older people at risk of falling		
SEXUAL ORIENTATION: potential impact of the policy on lesbian, gay men, bisexual or heterosexual people	Neutral/ Positive	
Sexual Health work targets specific at risk groups such as MHSWM		
RELIGION/FAITH: Identify the potential impact the policy on different religious/faith groups	Neutral	
OTHER		

PLEASE NOTE: Following completion of the section above, if the nature of the impact is adverse then you may need to proceed to a full equality impact assessment.

C2. Could you minimise or remove any adverse or potential impact that is high, medium or low significance, in advance of a full impact assessment? Explain how.

N/A

C3. Does the policy or function actively promote equal opportunities and good community relations? Or could changes be made so that it does so?

C4. Please provide any further information, qualitative or quantitative that does not fit into the questions but you feel has a likely impact on this assessment.

D. CONCLUSIONS			
D1. Was there sufficient data to complete the partial assessment?	Yes?	<input checked="" type="checkbox"/>	If “NO”, what arrangements are in place for evidence gathering and continuing with the assessment?
	No?	<input type="checkbox"/>	
D2. Is the outcome of the partial assessment that the policy or function would have an adverse impact (medium or high impact) on one or more target group?	Yes?	<input type="checkbox"/>	If “YES”, will you proceed to a full assessment? If so, what arrangements are in place to carry out the full assessment?
	No?	<input checked="" type="checkbox"/>	
D3. Is the outcome of the partial assessment that the policy or function would have a neutral or positive impact on equalities?	Yes?	<input checked="" type="checkbox"/>	If “YES”, have you included proposals in the Action Plan to further improve the impact of the policy or function on equalities?
	No?	<input type="checkbox"/>	Do you plan to review the service or policy again in future to assess whether there has been any change? If so, when? Has the Equalities Steering Group and the Consultative Forum reviewed the assessment? If so what were their comments?

D4. Do you have any other conclusions/outcomes from the partial assessment?

No

ACTION PLAN for enhancing existing practice

Recommendation/ issue to be addressed	Planned Milestone	Planned completion of milestone (date)	Officer Responsible	Progress
Incorporate new Countywide Health Inequalities into Local Improving Health Plan		October 2010	Iain Green	

RESOURCES

Does the above action plan require any additional resources?

No

ARRANGEMENTS FOR MONITORING

Please give your plans for monitoring the achievement of the above actions.

SIGN OFF: The officers below confirm that this partial assessment has been completed in accordance with the Council's guidance

Signature of Lead Officer

Date:

Signature of Corporate Manager or Chief Officer:

Date:

Please retain the original form on your service area and return a copy of the completed form to the Equality & Diversity Officer.