

Equality Impact Assessment First Stage Screening Template

Once completed please submit with your report to your Director and save a copy in:

<S:\Equality Impact Assessments\EIAs to be reviewed>

Report Title & Ref:		Rutland Joint Health and Wellbeing Strategy 2022-27				
Officer completing:		Sandra Taylor, Health and Wellbeing Integration Lead				
Purpose of Report (please provide a summary)		Rutland's Joint Health and Wellbeing Strategy 2022-27 is a partnership-based strategy which has been designed to enhance the health and wellbeing of Rutland residents. It takes a life course approach, tailoring interventions to different populations and the issues or challenges they may face (e.g. children and young people, those with frailty or complex health needs, those nearing the end of their lives). Layered with this, it has a focus on 'levelling up' – targeting disadvantaged populations with poorer health or wellbeing outcomes, including as a result of protected characteristics, and considering the impact of the wider determinants of health (e.g. affluence, housing, employment).				
Meeting and Date to be approved		Early in 2022				
				Comments		
1.	Is there any differential impact on the public based on the following characteristics:	None	Positive	Negative	Varied	Where there is evidence that some groups are affected differently (positive or negative) provide details
	• Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ages will be served by the plan, including with preventative interventions. Particular focus on more vulnerable age groups - the best start for children (esp 0-2years, when the foundations are formed for longer term health), the transition to adulthood for individuals with additional needs, and older people who are more likely to have complex health needs combined with challenges in accessing services.
	• Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The HWS aims to enhance the care and support available to people living with disabilities at different stages in their life course including by improving access to services and support for carers.
	• Gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate neutral impact.
	• Marriage and civil partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate neutral impact.
	• Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A good start for children in their first 1001 days includes consideration of pregnancy and maternity services, including mental health support for prospective and new mothers. Security and stability during this critical time supports positive outcomes for families.

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• Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strategy will be alert to differential health and wellbeing outcomes based on ethnicity and will respond should negative trends arise.
• Religion or belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate neutral impact. Representatives of Rutland churches have been engaged in development of the strategy and its delivery plan. Members of churches may benefit relative to those without religion in that their church offers them a further route to find out about health and wellbeing support in Rutland.
• Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Women's healthy life expectancy is reducing at a faster rate than the national average. This will be investigated as part of the strategy. Interventions to address this will be determined following this. Take-up of services eg. vaccinations and screening, health checks, carer support, will also be analysed by sex where appropriate to check whether there are patterns which would benefit from intervention so that populations are reached and benefit proportionately.
• Sexual orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate neutral impact.
• Serving Armed Forces personnel (including Reservists)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Armed forces will be a key group to consider in the Reducing Health Inequalities cross cutting theme. Will be working to address some disadvantages faced by serving personnel and their families including reported challenges relating to the transient nature of this population in Rutland, and challenges in accessing secondary services owing to Armed Forces primary care being less well integrated with the wider health system. Mental health support also to be a priority. We will be working ongoing with leads representing armed forces interests to ensure a continuing focus.

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	• Armed Forces Veterans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This is one of the minority groups which the HWS aims to work with to support health and wellbeing in the Reducing Health Inequalities cross cutting theme. We will be working ongoing with leads representing armed forces interests to ensure a continuing focus.
	• Immediate family members and dependents of Armed Forces personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will be working to address some distinctive patterns in the population of military families, including differential patterns of access to inoculations and acute care for armed forces children.
2.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A			No negative discriminatory impacts have been identified. However, it is acknowledged that this a high level strategy and delivery plan. Therefore, specific EIAs will be completed on specific service redesigns or re-commissioning that takes place as part of the strategy implementation.	
3.	Is the overall impact of the policy/guidance likely to be negative?	N				
4.	Are there alternatives that achieve the policy/guidance objectives which would reduce/eliminate the impact?	N/A				
5.	Have you identified a potential discriminatory impact that cannot be avoided?	N			(If Yes complete Full EIA Report)	

To be completed by Director and Equality and Diversity Group

Name of Director: **John N Morley, Strategic Director for Adult Services and Health**



Date Reviewed **31/01/2022**

Comments

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Final Approval by

Equality and Diversity

Group

Comments

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