7.4 Appendix D EQIA for Thriving Together – a new health and wellbeing plan for East Herts 2024 - 2027

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1	Identify the aims of the policy/service/function and how it is implemented.		
	Key questions	Answers / Notes	Actions required
1.1	What is the aim, objective or purpose of the policy/service/function?	The Housing and Health Service came together in 2016/17. The Service's core functions are now grouped as follows: • Housing Services • Environmental Health • Licensing and Enforcement • Community Wellbeing and Partnerships Thriving Together – a new health and wellbeing plan for East Herts 2024 - 2027 Key objectives are to: • work closely with residents, organisations and partners as part of the public health family to improve healthy lifestyles, community wellbeing and sustainability	Implemented in application of health and wellbeing plan priorities and delivery of programmes by Council and wider health partners
1.2	What outcomes do you want to achieve with this	Thriving Together – a new health and wellbeing plan for East Herts 2024 - 2027	As above

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policy/service/function	Vision:	
and for whom?	We want to enhance our residents' health and wellbeing so that everyone in East Herts has the ability and confidence to contribute to and benefit from wider community wellbeing and sustainability	
	Ways of working	
	Support individuals to improve their health and wellbeing	
	Enable groups in the community to support themselves and each other to build community wellbeing and sustainability	
	Provide advice and assistance to build community resilience	
	Its priorities include:	
	 Supporting and promoting the delivery of Hertfordshire Public Health's objectives 	

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 Supporting and promoting the delivery of the Hertfordshire and west Essex Integrated Care Partnership's strategic aims Improving individual's health and wellbeing to enable them to contribute to and benefit from wider community wellbeing and sustainability 	
 The public health factors that East Herts can support residents and community groups address 	
 Playing to the strengths of each partner with the Hertfordshire public sector family East Herts Council's actions to support and promote healthy lifestyles, community wellbeing and sustainability 	

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1.3	Who defines or defined the policy/service/function?	Head of Housing and Health in consultation with Chief Executive Officer and Senior Leadership Team.	As above
1.4	Who implements the policy/service/function?	Housing and Health including the Community Wellbeing and Partnerships Team. All other Services across the Council who have a vital role in promoting and implementing health and wellbeing principles and priorities alongside the vital contribution of many residents, health organisations and partners	As above
1.5	What factors or forces are at play that could contribute or detract from the outcomes identified earlier?	With Hertfordshire County Council Public Health East Herts Council will work with its public health family partners indicated in the priorities section above to collectively address health and wellbeing as part of the Integrated Care System across Herts and west Essex. East Herts Council will also work locally to connect with these residents, health organisations and partners to deliver the local actions	As above

identified in the Thriving Together	
health and wellbeing plan 2024 –	
2027. The Healthy Hub East Herts,	
whole systems obesity and place	
based approaches including the	
programmes and interventions	
outlined in this plan will enable	
further demonstrations of the EQIA	
policy to be applied in practice	
Factors which could affect the ability	
to meet the priorities outlined in	
1.2/1.3 are:	
Council spend constraints and	
the direct impact on public	
health budgets	
Prioritisation of health and	
wellbeing programmes and	
reducing resources	
Continued support for health	
and wellbeing by members	
National policy and direction	
Capacity of health partners and	
volunteer organisations	
Ability of NHS health system to	

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		adapt and move strategically towards prevention	
	Protected characteristic	Issues	The council's mitigation
1.6	Age	Certain age groups are naturally more likely to have health conditions and illness. • children • pregnant mums • those experiencing health issues in later life and those with preexisting health conditions	Knowledge of these vulnerabilities will allow usual engagement and community health and wellbeing approaches to be tailored to age or health condition vulnerabilities.
	Disability	The nature of contact through the HHEH and supporting partners and organisations is provided to meet complex needs including disabilities and those who are carers, looking after family members with one or more long term conditions	Knowledge of these vulnerabilities will allow usual engagement and community health and wellbeing approaches to be tailored to: • meet complex needs and be inclusive to those with disabilities or long-term conditions include adjustments for access to community buildings and venues

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Pregnancy and maternity	There are general and specific community health and wellbeing impacts on pregnant women, including: • good lifestyle prevention approaches to enable the baby to grow and develop well • awareness in relation to taking part in physical activity at late trimester stage specific complications that may arise and need reasonable adjustment in terms of health advice or activities undertaken	Being aware of general public health and wellbeing advice so that: Assessment for council and partner activities takes place for pregnant women Physical or other activities which could negate against the mother and unborn baby's health and wellbeing are planned for
Race	For many ethnically diverse and Asian or Black communities, particular health inequalities are faced. These can be due to: • genetic diseases • language or cultural barriers to using a range of services where	 Continue to gain insight about ethnically diverse, Black and Asian communities plus other cultural and race groups living as residents in East Herts Use this information to act, advise and encourage service adjustments Ensure lived experiences are understood, to

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	adjustments need to be made	help reduce health inequalities for these
	services not recognising	groups and improve health and wellbeing
	differences in how different	outcomes
	cultural groups or ethnically	
	diverse communities need to access	
	health services	
	Healthy lifestyle issues such as	
	gambling or giving up smoking	
	where receiving help for these	
	issues may impact cultural values	
	and practices	
Religion and belief	Being aware of religious beliefs and	Ensure partners, organisations respect and
	values to:	understand groups and their different religious and belief needs, building good peer community
	adapt community engagement	understanding and relationships.
	to accommodate religious	and relationships.
	ceremonies or prayer times	
	ensure culturally and religiously	
	appropriate practices are	
	respected e.g., Kosher food is	
	provided	
	be aware of specific	

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	requirements for religious	
	adaptation when providing	
	physical activity or other health	
	and wellbeing led programmes	
Sex	There can be differences between	The council recognises that there are many
	males and females for a number of	differences in health inequalities outcomes for men
	health and economic outcomes:	and women
	women tend to have lower	
	incomes than men	The council and its partners will use research and
	lone parents are more likely to	health information to understand the economic
	experience poverty than other	inequalities between men and women so local
	household types as meeting	actions can address disadvantage
	household and family needs	
	may be more difficult to	
	achieve with a single income	
Marriage and civil	Equality of opportunity in relation to	
partnership - A person	accessing community health and	The council and its partners will enable its
who is married or in a	wellbeing and lifestyle services and	community health and wellbeing and lifestyle
civil partnership	interventions for individuals	services and interventions to be inclusive and
	irrespective of whether they are	accessible for these individuals and groups
	single, divorced, separated, living	
	together or married or in a civil	

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		partnership	
	Sexual orientation - Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).	Equality of opportunity in relation to accessing community health and wellbeing and lifestyle services and interventions for individuals including awareness that LGBTQ+ individuals can experience greater health inequalities due to a higher rate of mental health related issues	The council and its partners will enable its community health and wellbeing and lifestyle services and interventions to be inclusive and accessible for these individuals and groups
	Gender reassignment - Where a person has proposed, started or completed a process to change his or her sex.	Equality of opportunity in relation to accessing community health and wellbeing and lifestyle services and interventions for individuals irrespective of whether they are male or female, trans or 'whether they identify with the gender they were assigned at birth'	The council and its partners will enable its community health and wellbeing and lifestyle services and interventions to be inclusive and accessible for these individuals and groups
2		ble data, research and information Answers / Notes	Actions required
2.1	Key questions What do you already	Inactivity and weight	Actions required As above

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know about who uses this policy/service/function?	A fifth of East Herts residents are classed as inactive (Sport England survey, 2019) 53.6% of East Herts adults are overweight or obese (Office for Health Improvement and Disparities [OHID], Local Authority Public Health Profiles 2021/22)	
	Isolation and loneliness	
	At the England-wide level, 6.5% of people report feeling lonely often or always (National Quality of Life survey, 2022)	
	146 (43%) people helped by the Healthy Hub East Herts in 2022/23 reported their wellbeing was impacted by loneliness	
	17% of East Herts households are people living alone (Census 2021)	
	Mental health and dementia	

1	
Nationally, over a fifth of adults report at least mild to moderate levels of mental health distress (National Quality of Life survey, 2020)	
42 people helped by the Healthy Hub East Herts in 2022/23 reported their wellbeing was impacted by mental health issues	
4.4% people aged 65+ registered with a GP in Hertfordshire have a diagnosis of dementia (East and North Herts CCG Profiles, 2021)	
Homelessness	
1057 households turned to East Herts Council for help in 2022/23. This number has grown over the last four years At any one time, there are more than 30 homeless households living in hostels and other temporary accommodation provided by East	
Herts Council	

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		On a programme and intervention basis then more personalised information including healthy lifestyle behaviour and outcomes including barriers to health are collected. This data information is informed and consistent with GDPR (May 2018) guidelines and seeks consent from the individual for the information to be used in relation to the purposes it was intended for.	
2.2	What additional information is needed to ensure that all	Age Sex Disability	Please see full definitions included in section 1.6.
	protected characteristic	Gender Reassignment	
	groups' needs are	Pregnancy/Maternity	
	considered?	Marriage/Civil Partnership	
		Race	
		Religion/Belief	
		Sexual Orientation	
		In relation to 2.1 above only information pertinent and relevant to the delivery of public health	

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		programmes and interventions would be required.	
3	Formal consultation		
	Key questions	Answers / Notes	Actions required
3.1	Who do we need to consult with?	To support the production of the Thriving Together health and wellbeing plan 2024 – 2027, the council has	As above
		produced a resident and health partners online consultation and engaged with a number of health and	
		wellbeing groups and community members to gain their views and ideas	
		about promoting healthy lifestyles, community wellbeing and sustainability. This has been a valuable	
		process through which insight and ideas have been gained with over 150	
		direct contributions. This has resulted in an improved Thriving Together	
		health and wellbeing plan, updated to reflect some of the consultation comments received.	
3.2	What method/form of consultation can be	Email/phone/web survey/personal contact and other information and	As above

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	used?	media promotion forms.	
4	Assessment of impact	I	
	Key questions	Answers / Notes	Actions required
4.1	Have you identified any differential impact and does this adversely affect any protected characteristic groups in the community?	Age Disability Gender Reassignment Pregnancy/Maternity Marriage/Civil Partnership Race Religion/Belief Sexual Orientation The table found at section 1.6 above has highlighted a number of issues and the mitigating actions will help to ensure that any protected characteristic groups are not adversely affected	Please see full definitions included in section 1.6.
4.2	If there is an adverse impact, can it be avoided, can we make changes, can we lessen	Please see 4.1	As above

	it etc?		
4.3	If there is nothing you can do, can the reasons be fairly justified?	If nothing can be done, reasons will be given to provide fair justification according to the case and circumstance.	As above
5	Consideration of the ef	fect of proposed changes on other gro	oups.
	Key questions	Answers / Notes	Actions required
5.1	Do any of the changes in relation to the adverse impact have a further adverse affect on any other protected characteristic group?	If any other changes in relation to adverse impact have a further adverse affect on any other protected characteristic, this will be investigated further.	As above
INT	ERNAL PROCESSES FOR T	HE ORGANISATION	
6	Deciding in the light of	data, alternatives and consultations	
	Key questions	Answers / Notes	Actions required
6.1	The organisation's decision making	The Thriving Together health and wellbeing plan 2024 – 2027 for East	As above

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	process	Herts will have an accompanying action plan developed with the help of residents, health organisations and partners.	
7	Monitor in the future a	and publication of results of such moni	toring
	Key questions	Answers / Notes	Actions required
7.1	What have we found out in completing this EqIA? What can we learn for the future?	Community health and wellbeing and lifestyle services and interventions in all its forms from health and social care to public health is diverse and requires careful application, support and general or tailored delivery at the community and population level to improve the health outcomes of the individual. Whilst the emphasis of the the Thriving Together health and wellbeing plan 2024 – 2027 for East Herts is to improve healthy lifestyles, community wellbeing and sustainability, only in partnership with other organisations across the health system can the shift to long term prevention occur. To relieve the	As above

	burden on acute treatment services, new ways of working with increased co-operation between health organisations and partners will be needed to improve the health outcomes and reduce health inequalities amongst East Herts
	communities.
8	Publication of results of the impact assessment Date: Covering the period 2024 - 2027. Lead Officer: Simon Barfoot, Healthy Lifestyles Programme Officer