

## 7.5 Appendix E

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

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| <b>1 Identify the aims of the policy/service/function and how it is implemented.</b> |   |  |  |
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|  | <b>Key questions</b>  | <b>Answers / Notes</b>   | <b>Actions required</b>  |
| 1.1  | What is the aim, objective or purpose of the policy/service/function? | <p>The Housing and Health Service came together in 2016/17. The Service's core functions are now grouped as follows:</p> <ul style="list-style-type: none"> <li>• Housing Services</li> <li>• Environmental Health</li> <li>• Licensing and Enforcement</li> <li>• Community Wellbeing and Partnerships</li> </ul> <p>Thriving Together – a new health and wellbeing plan for East Herts 2024 - 2027</p> <p>Key objectives are to:</p> <ul style="list-style-type: none"> <li>• work closely with residents, organisations and partners as part of the public health family to improve healthy lifestyles, community wellbeing and sustainability</li> </ul> | 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 and for whom? | <p><b>Vision:</b></p> <p>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</p> <p><b>Ways of working</b></p> <p>Support individuals to improve their health and wellbeing</p> <p>Enable groups in the community to support themselves and each other to build community wellbeing and sustainability</p> <p>Provide advice and assistance to build community resilience</p> <p><b>Its priorities include:</b></p> <ul style="list-style-type: none"><li>• Supporting and promoting the delivery of Hertfordshire Public Health's objectives</li></ul> |  |
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|  |  | <ul style="list-style-type: none"><li>• Supporting and promoting the delivery of the Hertfordshire and west Essex Integrated Care Partnership's strategic aims</li><li>• Improving individual's health and wellbeing to enable them to contribute to and benefit from wider community wellbeing and sustainability</li><li>• The public health factors that East Herts can support residents and community groups address</li><li>• 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</li></ul> |  |
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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 <b>or</b> 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 |

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|  |  | <p>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</p> <p>Factors which could affect the ability to meet the priorities outlined in 1.2/1.3 are:</p> <ul style="list-style-type: none"><li>• Council spend constraints and the direct impact on public health budgets</li><li>• Prioritisation of health and wellbeing programmes and reducing resources</li><li>• Continued support for health and wellbeing by members</li><li>• National policy and direction</li><li>• Capacity of health partners and volunteer organisations</li><li>• Ability of NHS health system to</li></ul> |  |
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|     |                                 |  |  |
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|     |                                 | adapt and move strategically towards prevention  |  |
|     | <b>Protected characteristic</b> | <b>Issues</b>  | <b>The council's mitigation</b>  |
| 1.6 | <b>Age</b>                      | <p>Certain age groups are naturally more likely to have health conditions and illness.</p> <ul style="list-style-type: none"> <li>• children</li> <li>• pregnant mums</li> <li>• those experiencing health issues in later life and those with pre-existing health conditions</li> </ul> | <p>Knowledge of these vulnerabilities will allow usual engagement and community health and wellbeing approaches to be tailored to age or health condition vulnerabilities.</p>   |
|     | <b>Disability</b>               | <p>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</p>  | <p>Knowledge of these vulnerabilities will allow usual engagement and community health and wellbeing approaches to be tailored to:</p> <ul style="list-style-type: none"> <li>• meet complex needs and be inclusive to those with disabilities or long-term conditions include adjustments for access to community buildings and venues</li> </ul> |

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|  | <p><b>Pregnancy and maternity</b></p> | <p>There are general and specific community health and wellbeing impacts on pregnant women, including:</p> <ul style="list-style-type: none"> <li>• good lifestyle prevention approaches to enable the baby to grow and develop well</li> <li>• awareness in relation to taking part in physical activity at late trimester stage</li> </ul> <p>specific complications that may arise and need reasonable adjustment in terms of health advice or activities undertaken</p> | <p>Being aware of general public health and wellbeing advice so that:</p> <p>Assessment for council and partner activities takes place for pregnant women</p> <p>Physical or other activities which could negate against the mother and unborn baby's health and wellbeing are planned for</p>   |
|  | <p><b>Race</b></p>                    | <p>For many ethnically diverse and Asian or Black communities, particular health inequalities are faced. These can be due to:</p> <ul style="list-style-type: none"> <li>• genetic diseases</li> <li>• language or cultural barriers to using a range of services where</li> </ul>  | <ul style="list-style-type: none"> <li>• Continue to gain insight about ethnically diverse, Black and Asian communities plus other cultural and race groups living as residents in East Herts</li> <li>• Use this information to act, advise and encourage service adjustments</li> <li>• Ensure lived experiences are understood, to</li> </ul> |

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|  |                            | <p>adjustments need to be made</p> <ul style="list-style-type: none"> <li>• services not recognising differences in how different cultural groups or ethnically diverse communities need to access health services</li> <li>• Healthy lifestyle issues such as gambling or giving up smoking where receiving help for these issues may impact cultural values and practices</li> </ul> | <p>help reduce health inequalities for these groups and improve health and wellbeing outcomes</p>   |
|  | <b>Religion and belief</b> | <p>Being aware of religious beliefs and values to:</p> <ul style="list-style-type: none"> <li>• adapt community engagement to accommodate religious ceremonies or prayer times</li> <li>• ensure culturally and religiously appropriate practices are respected e.g., Kosher food is provided</li> <li>• be aware of specific</li> </ul>   | <p>Ensure partners, organisations respect and understand groups and their different religious and belief needs, building good peer community understanding and relationships.</p> |



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|  |   | requirements for religious adaptation when providing physical activity or other health and wellbeing led programmes  |  |
|  | <b>Sex</b>  | <p>There can be differences between males and females for a number of health and economic outcomes:</p> <ul style="list-style-type: none"> <li>• women tend to have lower incomes than men</li> <li>• lone parents are more likely to experience poverty than other household types as meeting household and family needs may be more difficult to achieve with a single income</li> </ul> | <p>The council recognises that there are many differences in health inequalities outcomes for men and women</p> <p>The council and its partners will use research and health information to understand the economic inequalities between men and women so local actions can address disadvantage</p> |
|  | <b>Marriage and civil partnership</b> - A person who is married or in a civil partnership | Equality of opportunity in relation to accessing community health and wellbeing and lifestyle services and interventions for individuals irrespective of whether they are single, divorced, separated, living together or married or in a civil  | 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   |

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|          |   | partnership  |  |
|          | <b>Sexual orientation -</b><br>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 |
|          | <b>Gender reassignment</b><br>- 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 |
| <b>2</b> | <b>Consideration of available data, research and information</b>  |  |  |
|          | <b>Key questions</b>  | <b>Answers / Notes</b>   | <b>Actions required</b>  |
| 2.1      | What do you already   | <b>Inactivity and weight</b>   | As above   |

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|  | <p>know about who uses this policy/service/function?</p> | <p>A fifth of East Herts residents are classed as inactive (Sport England survey, 2019)</p> <p>53.6% of East Herts adults are overweight or obese (Office for Health Improvement and Disparities [OHID], Local Authority Public Health Profiles 2021/22)</p> <p><b>Isolation and loneliness</b></p> <p>At the England-wide level, 6.5% of people report feeling lonely often or always (National Quality of Life survey, 2022)</p> <p>146 (43%) people helped by the Healthy Hub East Herts in 2022/23 reported their wellbeing was impacted by loneliness</p> <p>17% of East Herts households are people living alone (Census 2021)</p> <p><b>Mental health and dementia</b></p> |  |
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|  | <p>Nationally, over a fifth of adults report at least mild to moderate levels of mental health distress (National Quality of Life survey, 2020)</p> <p>42 people helped by the Healthy Hub East Herts in 2022/23 reported their wellbeing was impacted by mental health issues</p> <p>4.4% people aged 65+ registered with a GP in Hertfordshire have a diagnosis of dementia (East and North Herts CCG Profiles, 2021)</p> <p><b>Homelessness</b></p> <p>1057 households turned to East Herts Council for help in 2022/23. This number has grown over the last four years</p> <p>At any one time, there are more than 30 homeless households living in hostels and other temporary accommodation provided by East Herts Council</p> |  |
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|     |  | <p>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.</p> |   |
| 2.2 | <p>What additional information is needed to ensure that all protected characteristic groups' needs are considered?</p> | <p><b>Age</b><br/> <b>Sex</b><br/> <b>Disability</b><br/> <b>Gender Reassignment</b><br/> <b>Pregnancy/Maternity</b><br/> <b>Marriage/Civil Partnership</b><br/> <b>Race</b><br/> <b>Religion/Belief</b><br/> <b>Sexual Orientation</b></p> <p>In relation to 2.1 above only information pertinent and relevant to the delivery of public health</p>                                  | <p>Please see full definitions included in section 1.6.</p> |

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|          |   | programmes and interventions would be required.   |                         |
| <b>3</b> | <b>Formal consultation</b>              |   |                         |
|          | <b>Key questions</b>                    | <b>Answers / Notes</b>  | <b>Actions required</b> |
| 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 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. | As above                |
| 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.  |  |
| <b>4</b> | <b>Assessment of impact</b>  |   |  |
|          | <b>Key questions</b>   | <b>Answers / Notes</b>  | <b>Actions required</b>                              |
| 4.1      | Have you identified any differential impact and does this adversely affect any protected characteristic groups in the community? | <p><b>Age</b><br/> <b>Disability</b><br/> <b>Gender Reassignment</b><br/> <b>Pregnancy/Maternity</b><br/> <b>Marriage/Civil Partnership</b><br/> <b>Race</b><br/> <b>Religion/Belief</b><br/> <b>Sexual Orientation</b></p> <p>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</p> | 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   |

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|  | 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                |
| <b>5</b>                                       | <b>Consideration of the effect of proposed changes on other groups.</b>  |  |                         |
|  | <b>Key questions</b>   | <b>Answers / Notes</b>   | <b>Actions required</b> |
| 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                |
| <b>INTERNAL PROCESSES FOR THE ORGANISATION</b> |  |  |                         |
| <b>6</b>                                       | <b>Deciding in the light of data, alternatives and consultations</b>   |  |                         |
|  | <b>Key questions</b>   | <b>Answers / Notes</b>   | <b>Actions required</b> |
| 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.   |                         |
| <b>7</b> | <b>Monitor in the future and publication of results of such monitoring</b>                      |  |                         |
|          | <b>Key questions</b>  | <b>Answers / Notes</b>   | <b>Actions required</b> |
| 7.1      | <p>What have we found out in completing this EqIA?</p> <p>What can we learn for the future?</p> | <p>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</p> | As above                |

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|          |   | 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. |  |
| <b>8</b> | <b>Publication of results of the impact assessment</b><br><b>Date: Covering the period 2024 - 2027.</b><br><b>Lead Officer: Simon Barfoot, Healthy Lifestyles Programme Officer</b> |  |  |