

EQUALITY ANALYSIS QUALITY ASSURANCE CHECKLIST

Name of 'proposal' and how has it been implemented (proposal can be a policy, service, function, strategy, project, procedure, restructure/savings proposal)	The Tower Hamlets Health and Wellbeing Strategy – this is being developed by a sub group of the Health and Wellbeing Board and presented to the Board at key stages of its development. The implementation of the strategy will be overseen by the Board.
Directorate / Service	Health and Wellbeing Board
Lead Officer	Louise Russell, Chair of the Health and Wellbeing Strategy
Signed Off By	Health and Wellbeing Board

Stage	Checklist Area / Question	Yes / No / Unsure	Comment (If the answer is no/unsure, please ask the question to the SPP Service Manager or nominated equality lead to clarify)
1	Overview of Proposal		
a	Are the outcomes of the proposals clear?	Yes	<p>The outline strategy has a number of outcomes that it seeks to achieve. Residents, staff and community groups/forums/partners have all been asked for their input through a month long public consultation. The outcomes of which contributed to shaping the Strategy and Delivery Plans. Consultations were undertaken with a broad range of stakeholder groups which ensured that we considered the needs of all protected groups within the strategy in line with the Equality Act 2010</p> <p>These outcomes will be refined following consultation and how they will be achieved will be thought through in more detail as part of developing the Delivery Plan. Those tasked with delivery the Strategy will also give 'due regard' in action planning and service delivery.</p>
b	Is it clear who will be or is likely to be affected by what is being proposed (inc service users and staff)? Is there information about the equality profile	Yes	The strategy should touch every resident one way or another which is why it has been consulted on so broadly and comprehensively. The Partnership has a good

	of those affected?		<p>understanding of who is living in the Borough and this data has been used to highlight the health needs of certain sections of the community.</p> <p>The Census estimate for the usually resident population in Tower Hamlets on 27th March 2011 was 254,100 residents.</p> <p>Age The 2011 census has shown that residents in the 20 to 64 age group have increased from 122,070 in 2001 to 176,400 in 2011, an increase of over 44.5% (54,330 residents).</p> <p>However, in Tower Hamlets the number of residents aged over 65 fell from 18,362 in the 2001 Census to 15,500 in 2011. Tower Hamlets saw reductions in those aged 65 to 79 of 3,164 residents (a fall of 21.9%), but an increase in those aged over 80 which increased by 302 residents (an increase of 7.7%).</p> <p>The Census 2011 tells us that there has been a significant increase in working age population and this is where much of the overall population growth has occurred. The Borough also has the lowest pensioner population in the Country but with proportionately many more of them living alone.</p> <p>Disability There are around 9,000 adults (aged 16 years and over) in Tower Hamlets claiming Disability Living Allowance (DLA). In addition, there are 3,640 older people claiming Attendance Allowance (AA). Around 4,560 people receive higher rate mobility award DLA and around 2,575 receive higher rate care award DLA (these are not mutually exclusive categories). Around 1990 people are</p>
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claiming higher rate mobility award AA. (January 2011)

Sex

In 2010, the gender split in the population is 51 per cent male and 49 per cent female, or expressed another way, 105 males for every 100 females.

Religion or belief

The Faith profile of the borough mirrors national trends including a significant decrease in the Christian population now at 27%. There have also been increases in the proportion of the Muslim population which is now the largest faith group in the Borough at 35%. The increase in the number stating 'No Religion' or opting to not to answer the question on religion has been higher than both the significant London and National increases in these categories, and together make up 34% of people in the Borough. The next largest proportionate increase was in the Hindu community which is now 1.7% of the Borough overall (up from 0.8%) and the largest percentage decrease was in the Jewish community from 0.9% to 0.5% in 2011.

Sexual orientation

It is difficult to estimate the size and profile of the lesbian, gay and bisexual (LGB) population in the borough as sexual orientation was not a specific category used in the last census, however:

A national survey indicates that LGB people make up around 10% of the population in London.

Although the 2011 census did not ask specific questions around sexual orientation, it did ask about those who were living in same sex couples. This revealed that the borough has the fifth largest reported number of cohabiting same sex couples nationally, and the fourth largest in London.

			<p>Ethnicity The results of the Census 2011 reveal that the profile of the borough is one of increasing diversity. The two largest groups are the Bangladeshi (32%) and White British communities (31%) but there are also an increasing number of smaller ethnic groups in the resident population re-affirming the hyper diverse nature of the Borough.</p>
c	<p>If there a narrative in the proposal where NO impact has been identified? Please note – if a Full EA is not be undertaken based on the screen or fact that a proposal has not been ‘significantly’ amended, a narrative needs to be included in the proposal to explain the reasons why and to evidence due regard</p>	No	<p>All areas of the Health and Wellbeing Strategy identify outcomes for residents of Tower Hamlets. Measurable outcomes have been selected as part of the development of the Delivery Plan – these measures will be monitored by the Health and Wellbeing Board as part of its role in overseeing the implementation of the strategy, where possible these measures will be broken down by Protected Characteristic.</p> <p>As part of the delivery plan partners of the Health and Wellbeing Board are asked to commit to improving the way equalities information is collected and shared to enable analysis by equality strand of both access to health services and health outcomes which will inform decision making. .</p> <p>The Maternity and Early Years priority is delivered through the Children and Families Plan which has its own Equalities Analysis. The Mental Health and Wellbeing priority is delivered through the development of a Mental Health JSNA (across the whole lifecourse) and strategy which is subject to it’s own equalities assessment.</p>
2	Monitoring / Collecting Evidence / Data and Consultation		
a	<p>Is there reliable qualitative and quantitative data to support claims made about impacts?</p>	Yes	<ul style="list-style-type: none"> • JSNA (Summary and Factsheet); • Health Equity in Primary Care in East London and the City; • AHWB Service User Perspectives Factsheets; • Health and Wellbeing Strategy Consultation Analysis; • Health and Wellbeing Strategy Consultation and

			<p>Engagement log;</p> <ul style="list-style-type: none"> • Draft Rainbow Hamlets Health and Wellbeing Strategy consultation response (awaiting final version); • Children and Families Plan analysis; and • National Outcomes Frameworks Equalities analysis • Tower Hamlets equality schemes. <p>Key insights from this data have been brought together in the attached document 'Equalities Insights for the Tower Hamlets Health and Wellbeing Strategy'. These have been used to inform the strategy and the delivery plans which accompany it.</p>
	Is there sufficient evidence of local/regional/national research that can inform the analysis?	Yes – although there will be gaps which will be highlighted and actions (where appropriate) developed to address)	<p>The strategy has been developed using a wealth of local and national data. The JSNA and our analysis of the engagement and consultation intelligence in particular.</p> <p>An action within the delivery plan for the Health and Wellbeing Strategy is to continue improve the collection and use of shared data to understand needs and outcomes, including by protected characteristic where possible.</p>
b	Has a reasonable attempt been made to ensure relevant knowledge and expertise (people, teams and partners) have been involved in the analysis?	Yes	<p>The development of the Health and Wellbeing Strategy has been guided by a cross partnership sub group with representatives from the Local Authority (cross Directorates, Public Health, THINK and the Clinical Commissioning Group).</p> <p>The Health and Wellbeing Strategy was consulted on during 2013 and has been amended as a result of this and subsequently agreed by the Board.</p> <p>The equalities insights that have been drafted to feed into the delivery plan have been informed by the consultation</p>

			<p>analysis and insights from officers from the Partnership, in particular from CSF, AHWB, One Tower Hamlets, CEX and Public Health</p> <p>The Delivery Plans for the Health and Wellbeing Strategy was developed through a series of workshops involving users and carers, THINK, Public Health, Barts Health, Local authority, CCG, CVS, ELFT etc...</p>
c	Is there clear evidence of consultation with stakeholders and users from groups affected by the proposal?	Yes	<p>The strategy has been informed by:</p> <ul style="list-style-type: none"> • Feedback from service users, carers and patients that was collected by the Partnership throughout 2011/12. • A specific Health and Wellbeing survey to residents and staff. • Consultation on the outline strategy with residents, partners, staff etc... <p>All of this feedback will be/has been used to inform our thinking about the impact on people from different equality profiles.</p>
3	Assessing Impact and Analysis		
a	Are there clear links between the sources of evidence (information, data etc) and the interpretation of impact amongst the nine protected characteristics?	Yes	<p>Sources of evidence include national and local research, national policy positions which have themselves been equality impact assessed, local performance information and stakeholder experience (please see appendix 1: Equalities insights for the Outline Health and Wellbeing Strategy)</p> <p>Age The Health and Wellbeing Strategy takes a lifecourse approach. Each priority will identify actions to improve services where appropriate for the following stages of life:</p> <ul style="list-style-type: none"> • Being Born

- Growing Up
- Being an Adult
- Growing Older.

The Health and Wellbeing Strategy should not have a negative impact on any age group.

Disability

The needs of people with disability have been considered throughout the development of the outline health and wellbeing strategy. The Long Term Conditions and Cancer priority is expected to have a positive impact on those with disabilities in particular with specific work to improve experience through better coordination of care and support and supporting people with learning disabilities better in particular.

Gender

Our data about the population shows that men have a lower life expectancy than men and have a higher prevalence of most chronic conditions. The Healthy Lives priority in the strategy sets out the ambition for more focussed activity to address the accumulation of risk factors which should have a positive outcome for men in particular (but not to the exclusion of women).

Religion or belief

The Health and Wellbeing Strategy should improve the health and wellbeing of all residents of all religions and beliefs. There are some examples mental health, sexual orientation where we know religion/belief can act as a barrier to people getting the right support at the right time and the Health and Wellbeing Strategy will aim to reduce these barriers as much as possible.

Sexual Orientation

			<p>Through our engagement and consultation we have gathered a good level of feedback about the issues facing the LGBT community. Where appropriate these will be addressed through the delivery planning workshops or taken back to individual organisations for action where the partnership is not necessarily needed to influence change.</p> <p>Ethnicity The Health and Wellbeing Strategy should achieve positive outcomes for all residents of Tower Hamlets. However, our data shows that the prevalence of many chronic conditions is highest in the white population except for diabetes, Learning Disabilities and Serious Mental Illness.</p>
	Is there a clear understanding of the way in which proposals applied in the same way can have unequal impact on different groups?	Yes	All activity is geared towards the need of the community, targeted actions will be identified through the delivery planning phase as needed.
b	Has the assessment sufficiently considered the three aims of the Public Sector Equality Duty (PSED) and OTH objectives?	Yes	<p>We have considered the 3 aims.</p> <p>The proposal will help partners to eliminate unlawful discrimination, harassment and victimization and other conduct prohibited by the Equality Act 2010; advance equality of opportunity between people from different groups; and foster good relations between people from different groups.</p> <p>The vision for the Health and Wellbeing Strategy is to improve health and wellbeing through all stages of life to:</p> <ul style="list-style-type: none"> • Reduce Health Inequalities • Promote choice, control and independence. <p>The principles underpinning the strategy are:</p> <ul style="list-style-type: none"> • Focussing on prevention, early identification and early intervention,;

			<ul style="list-style-type: none"> • Patient Centre Care; • Looking across the lifecourse; • Taking a family centred approach (including families of choice); • Ensuring Health in all Policies; • Understanding and addressing diversity and • Building on community potential and Capacity <p>The ethos of the strategy is completely aligned to the community cohesion and leadership approach of One Tower Hamlets; supporting people to improve the health of their communities through the grass roots.</p> <p>The four priority areas address particular areas of need identified through needs and equality analysis:</p> <ul style="list-style-type: none"> • Maternity and Early Years • Healthy Lives • Mental Health; and • Long term conditions and disability <p>Equality considerations have thus been embedded within the strategy.</p>
4	Mitigation and Improvement Action Plan		
a	Is there an agreed action plan?	Yes	The strategy is accompanied by delivery plans which will include specific actions necessary to mitigate unequal impacts identified as part of having due regard.
b	Are all actions SMART (Specific, Measurable, Achievable, Relevant and Time Bounded)	Yes	See above
c	Are the outcomes clear?	Yes	See above
d	Have alternative options been explored	Yes	The delivery plans were developed through workshop consultations which considered a range of options and involved a number of key partners.
6	Quality Assurance and Monitoring		
a	Are there arrangements in place to review or audit the implementation of the proposal?	Yes	The Health and Wellbeing Board will oversee the implementation of the strategy and progress will be

			<p>regularly reported.</p> <p>The Partnership Executive oversees the implementation of the Community Plan, the Health and Wellbeing Strategy supports the implementation of this.</p> <p>To support the oversight of implementation by both the Health and Wellbeing Board and the Tower Hamlets Partnership, a clear set of outcome measures has been developed in line with national frameworks. These will enable the Health and Wellbeing Board to track the progress of the Strategy in achieving what it sets out to do.</p> <p>These measures will be integrated within the Community Plan, and progress against these measures will be regularly reported to both Boards.</p> <p>The Health and Wellbeing Strategy will also be monitored 6 monthly by the Council as part of its Strategic Monitoring.</p>
b	Is it clear how the progress will be monitored to track impact across the protected characteristics??	Yes	The Health and Wellbeing Board will oversee the implementation of the strategy, and performance monitoring arrangements are being agreed with the strategy.
7	Reporting Outcomes and Action Plan		
a	Does the executive summary contain sufficient information on the key findings arising from the assessment?	Yes	The “Equalities insights for the Tower Hamlets Health and Wellbeing Strategy” summarises the key equalities insights that have been fed into the development of the Strategy and Delivery Plans.
8	Sign Off and Publication		
a	Has the Lead Officer signed off the EA? Please note – completed and signed off EA and Quality Assurance checklists to be sent to the One Tower Hamlets team	Yes	