

# Coventry City Council Equality and Consultation Analysis (ECA) Form

***In line with the principles of decision making outlined in the City Council Constitution, the Council will ensure that its decision making is open and transparent, and that due regard is given to the Council's obligations and desire to promote equality of opportunity and equal treatment.***

## Form 1

***This part must be completed and before formal consultation is undertaken and must be available during the consultation stage.***

**Author of this document: Debbie Dawson**

**Name of ECA and Service: Coventry Health and Wellbeing Strategy (Public Health and Insight)**

**Head of Service: Liz Gaulton / Valerie De Souza**

**Date of completion: May 2019**

### ***Background to the planned changes***

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- 1. What is the background to the planned changes? Why is this change being considered?** *If further information is available on the different scenarios that have been considered as part of this work, provide a link to the public document which contains this information.*

The production of a Joint Strategic Needs Assessment (JSNA), along with a Joint Health and Wellbeing Strategy (HWBS), is a statutory requirement placed upon the Health and Wellbeing Board (HWBB) under the Health and Social Care Act 2012.

The Health and Wellbeing Strategy is a high level plan for reducing health inequalities and improving health and wellbeing for Coventry residents. The refreshed Strategy for 2019-2022 will translate the emerging findings from the city's place-based Joint Strategic Needs Assessment into clear priorities for what the Health and Wellbeing Board – through its members and wider partners - wants to achieve over the next 3-4 years.

The Health and Wellbeing Strategy will be used by the Council and local health commissioners to inform and influence their plans for commissioning services and will help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing.

We are proposing:

- a population health framework (based on wider determinants, our health behaviors and lifestyle, integrated health and care, and the places and communities we live in and with – and the interconnections between these four elements)
- a long-term vision for change encompassed in three strategic ambitions:

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1. People will be healthy and independent for longer
  2. Children and young people will lead successful lives
  3. People will live in connected, safe and sustainable communities
- Specific initial priorities where a tangible difference can be made quickly by working together – these are subject to consultation.

### 2. Who do you need to consider as part of this ECA? *\*stakeholder analysis*

Coventry & Rugby Clinical Commissioning Group	Community organisations	Residents: <ul style="list-style-type: none"> <li>• Protected characteristics</li> <li>• Carers</li> <li>• Children and young people</li> <li>• Older people</li> <li>• Students</li> </ul>
Coventry and Warwickshire Partnership Trust	Business (representatives)	
University Hospitals Coventry & Warwickshire	CW Local Enterprise Partnership	
Better Health Better Care Better Value	Pharmacists	
Universities	GPs	
Healthwatch	Dentists	
Voluntary sector	West Midlands Ambulance Service	
City of Culture Trust	Out of Hospital Place-based teams	
WM Police	Health Visitors	
WM Fire and Rescue	School nurses	
Police and Crime Partnership	Other public health commissioned services	
People Partnership Board	Care Homes	
Harm Reduction Partnership		

### *Pre-Consultation Engagement*

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*This section refers to any activities that took place (such as briefings, meetings, workshops, scoping exercises etc) with stakeholders before the formal consultation period.*

### 3. What engagement activities took place prior to formal consultation and what feedback (if any) was received in relation to equality issues?

Over the past 6-9 months we have been building our understanding of assets and needs in the city, through analysis of evidence from data sources and by talking to over 200 residents and 70 community organisations about the key issues facing local communities.

A range of engagement activity has taken place including:

- Place-based engagement with residents in two family hub-based localities (Moat and Foleshill)
- Engagement with a large range of community and voluntary sectors organisations both working across the city and within specific localities
- Engagement with communities of interest, particularly those representing individuals with protected characteristics

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The JSNA has also considered evidence from the Household Survey and Youth Survey which were conducted in 2018.

Key equality issues identified through these engagement activities include:

- accessibility of services
- digital literacy and access to services
- poverty
- dignity and privacy
- young people feeling safe and youth violence
- interpreter services
- housing needs of people in poverty and newly arrived communities.

The engagement findings and data have been analysed to produce a city-wide Joint Strategic Needs Assessment profile, and this has informed the proposed Health and Wellbeing Strategy priorities and strategic approach (population health framework) for addressing these needs that we are consulting on.

### *Analysis of Impact*

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In this section please ensure that you consider the three aims of the general duty as they affect **protected groups**. These groups are:

Age  
Disability  
Gender reassignment  
Marriage/Civil Partnership  
Pregnancy/Maternity  
Race  
Religion/Belief  
Sex  
Sexual Orientation

The **three aims of the general duty** require that a public authority, in the exercise of its functions, must have due regard to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Show for each how planning to improve lives etc.

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4. Outline below how this proposal/review could impact on protected groups positively or negatively, and what steps/mitigations (if any) could be taken to reduce any negative impact that has been identified.

*Note – when identifying potential impacts below, please only include impacts that may exist over and above general impacts that may affect the wider community/population. (For example, a reduction in grant to Coventry Citizens Advice would affect all service users through a reduced level of first line advice being available to all – but it would affect the following groups more; age, disability, gender and race as they represent a larger proportion of the clients who use the advice service.)*

We anticipate that using the population health framework proposed for the Health and Wellbeing Strategy would have a **positive equalities impact** and that by focusing on the four components of that framework (wider determinants, our health behaviours and lifestyle, integrated health and care, and the places and communities we live in and with) we will have a much better understanding of the needs of people with protected characteristics. A population health approach means we will be concerned to improve outcomes for everyone, and will lead to a particular focus on health inequalities and tackling the causes of these. A renewed focus on working with our communities to mobilise solutions will cause us to talk to, and work more closely with, representative groups and organisations.

### **Age**

The strategy has a focus on all Coventry citizens, from young to old.

There is a particular focus on outcomes for children and young people, recognising specific issues raised through the Joint Strategic Needs Assessment around school readiness, childhood obesity, youth violence, young people's mental health and young people feeling unsafe.

The strategy also addresses the preventative health needs of the growing older population, with over-65s expected to accelerate and outpace other groups within 10-15 years, and seeks to respond to the potential impacts on health and wellbeing. It proposes a particular focus on people being healthy and independent for longer.

### **Disability**

The strategy has a focus on helping and supporting the disadvantaged and improving access to services. The outcomes: 'People will be healthy and independent for longer'; and 'People will live in connected, safe and sustainable communities', both speak directly to addressing the needs of people with disabilities and long-term conditions.

The JSNA engagement has identified a range peer support groups in the city, where people use their own experiences to help each other. The new health and wellbeing strategy will seek to empower and mobilise existing assets within communities to improve the lives of people with disabilities.

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### **Gender reassignment**

The strategy is clear that it will assist and support those who are disadvantaged, which may be those who are Transgender. Those who are LGBT experience health inequalities, which the strategy seeks to address.

### **Marriage/Civil Partnership**

There is nothing proposed in the Strategy that will impact either positively or negatively on people as a result of their being married or in a Civil Partnership.

### **Pregnancy/Maternity**

The strategy explicitly seeks to improve outcomes for children and young people, taking an approach that prioritises prevention and seeks to address the social determinants of health, such as housing and education.

We know that social inequalities are already established from the early years of life and the strategy therefore seeks to build on existing service models such as Family Hubs, which have brought together health visitors, social care, midwives, police and others to identify vulnerable families and put together a collaborative package of support. This will help to ensure that families have access to the support they need, including addressing maternal isolation, accessing activities to improve their children's life chances, and providing help with finances.

### **Race**

In the 2011 census, 33% of the population identified as people of Black and Minority Ethnic (BME) background, compared to 22% in 2001 and it is likely that the population has become even more diverse in recent years since 2011. The city is expected to become more diverse, with nearly half of Coventry pupils from BME backgrounds. According to the latest school census, 52% of Coventry's school children are from a BME background, up from 38% in 2011.

The strategy seeks to address inequalities, which sometimes relate to race. For example the JSNA identified pupils with a Black Caribbean ethnic background are amongst the groups that are lower performing at KS2; and there are inequalities in employment, with residents of White British ethnicity having higher employment rates than amongst residents from BME backgrounds overall.

The JSNA calls for a culturally competent approach to health and care that recognises the city's diverse communities. The proposed population health framework will build on existing good practice – for example the city's health services working with partner organisations to reach out to communities with greater prevalence of certain conditions. Foleshill Women's Training (FWT) has partnered with local GP practices to increase cervical screening rates for BME women aged 25-64; and the Highlife Centre is working with local community and religious groups to encourage people to get tested for HIV, Hepatitis B and C and TB.

The strategy seeks to achieve the outcome that 'People will live in connected, safe and sustainable communities'.

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## Religion/Belief

The strategy does not impact on religion/belief specifically, but we would not expect the impact to be negative. Those of particular religions/beliefs may find themselves fitting other categories, such as pregnancy/maternity, disability or race.

The strategy seeks to achieve the outcome that 'People will live in connected, safe and sustainable communities'. The JSNA has identified a range of local peer support groups in the city that address specific needs and protected groups, e.g. age, gender, culture, religion, sexuality, and health needs. To individuals, these peer support groups form the bedrock of their social networks and interaction and for some, they may be their only form of social contact. A key focus of the strategy is to work differently with communities and build capacity in grassroot organisations.

## Sex

The Joint Strategic Needs Assessment highlighted the difference in life expectancy and in healthy life expectancy between males and females. Life expectancy in the city is currently 82.4 years for females and 78.3 for males; healthy life expectancy is at 63.5 years for females and 62.9 for males. In Coventry, females can expect to live almost a quarter of their lives in poor health (18.9 years) whilst males can expect to live just over a fifth of their lives in poor health (15.4 years). Males living in less deprived parts of the city can expect to live up to 10 years longer; and for females, the gap is 8 years.

Males and females in Coventry tend to be affected by different causes of premature death. The differences are most significant in causes of death that are considered preventable, where the deaths could potentially be prevented by public health interventions.

Our proposed population health approach will seek to tailor interventions to address inequalities based on our understanding of needs.

## Sexual Orientation

The strategy is clear that it will assist and support those who are disadvantaged, which may be those of a particular sexual orientation. Those who are LGBT experience health inequalities, which the strategy seeks to address.

### 5. Are there any other vulnerable groups that could be affected? i.e. deprivation, looked after children, carers.

Also include any information about the health inequalities/Marmot implications of this proposal. Contact Caroline Ryder ([caroline.ryder@coventry.gov.uk](mailto:caroline.ryder@coventry.gov.uk)) or Hannah Watts ([hannah.watts@coventry.gov.uk](mailto:hannah.watts@coventry.gov.uk)) in Public Health for more information.

The Marmot review; 'Fair Society, Healthy Lives', published in 2010, confirmed that health inequalities result from social inequalities and that action is required across all the wider determinants. The review identified the need for action to focus on reducing the gradient in health by focusing on those most in need.

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In Coventry we have a strong commitment to promoting equality, tackling disadvantage and improving the life chances of our residents. We are aware that many factors combine to affect the health and wellbeing of individuals and communities. While health care services have an impact, other factors such as where people live, income, education, life experiences, behaviours and choices, along with relationships with friends and family, all have a considerable impact. People facing poorer social circumstances are more at risk of having multiple risk factors, exacerbating avoidable differences in health.

The population health framework proposed for the Health and Wellbeing Strategy includes embedding the Marmot City approach by working in partnership to tackle health inequalities through addressing the social determinants of health. The strategy is specifically intended to have a **positive impact** on vulnerable groups.

### 6. What are the gaps in evidence? Can this be addressed during the consultation stage?

*In this section, re-state those protected characteristics for which there is no data available. In addition, outline if there are any plans to collect further data during the consultation stage (through surveys, on-site sampling etc). If it is unlikely that additional data will be available to inform this ECA, then include a commitment statement in this section along the lines of 'following on from this ECA, once the new service is implemented/commissioning process undertaken\*, a specific requirement to collect and analyse relevant equalities data will be included in management information processes / service specifications\*'. \*delete as appropriate*

There are no identified gaps in evidence. There is a need for a more detailed understanding of population health needs and assets at a local place level, and this is being addressed through the development of place-based JSNAs (for populations of 30-50K, based on the Family Hib geographies).

### 7. What are the likely impacts of this project/review on staff from protected groups?

*Outline below how this proposal/review could impact on staff from protected groups positively or negatively, and what steps/mitigations (if any) could be taken to reduce any negative impact that has been identified.*

*Data you should include related to the staff impacted:*

- *Employee headcount / Total Contract Count / Total FTE*
- *Status (Part time/Full time)*
- *Age band*
- *Sex*
- *Ethnicity*
- *Disability*
- *Grade*
- *Sexual Orientation*
- *Religion/Belief*

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*This information can be obtained from Andy Hyland – [Andy.Hyland@coventry.gov.uk](mailto:Andy.Hyland@coventry.gov.uk)  
02476 83 3426*

The Health and Wellbeing Strategy does not make any proposals that impact directly on staff.

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## Form 2

*This section should be completed AFTER any consultation has been concluded.*

Author of this document:

Date of completion:

### *Potential Impacts – further information*

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8. Referring to the information detailed in question 4 of ECA Form 1, state if the potential impacts have been confirmed. Also detail below any additional information about potential impacts that has been highlighted during any consultation.

### *Outcome of equality impact*

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9. Indicate which of the following best describes the equality impact of this project/review:

There will be **no** equality impact if the proposed option is implemented

There will be **positive** equality impact if the proposed option is implemented

There will be **negative** equality impact if the proposed option is implemented but this can be objectively justified

There will be both **positive and negative** impacts if the proposed option is implemented

### *Summary of ECA*

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**Write a paragraph below which summarises the key aspects of this ECA.**

*This paragraph should be included in the Equalities/EIA section of any Cabinet/Cabinet Member Report.*

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## Approvals from Director and Cabinet Member

Name of ECA Author

Date

Director:

Cabinet Member:

Please detail below any committees, boards or panels that have considered this analysis.

Name

Date

Chair

Decision taken

### *Next steps*

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Please send this completed ECA to the Insight Team as follows:

Wendy Ohandjanian ([wendy.ohandjanian@coventry.gov.uk](mailto:wendy.ohandjanian@coventry.gov.uk) tel. 7683 2939)

Jaspal Mann ([jaspal.mann@coventry.gov.uk](mailto:jaspal.mann@coventry.gov.uk) tel. 7683 3112)