

Equality Impact Assessment for Health Inequalities Action Plan 2023-25

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Background

Context

The Health Inequalities Action Plan 2015-19 was developed in 2015 by Tunbridge Wells Borough Council in partnership with members of the Tunbridge Wells Health Action Team (HAT). A review of the existing plan has been completed with many of the actions closed. An updated Health Inequalities Action Plan has been written in partnership with the HAT, highlighting new priority areas:

- Mental health
- Loneliness and isolation
- Addictions
- Obesity and physical inactivity
- People with disabilities and older people

The HAT meets once per quarter and is attended by partners across health and social care, to enable multi-agency discussion, joint working, and action. It acts as a point for the exchange of information to enable partners to better serve communities in Tunbridge Wells in a more integrated way. The group aims to reduce health inequalities, through the development of the Health Inequalities Action Plan.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. Health inequalities are a result of a complex interaction of various factors, including but not limited to housing conditions, planning, access to and quality of leisure services, air quality and lifestyle choices such as diet and smoking status.

Scope of equality impact assessment (EqIA)

The EqIA aims to establish which protected characteristics are relevant to the action plan and identify which sections of the plan support our responsibilities under the Public Sector Equality Duty.

Data and information

Please see Annex 1 for data relating to our population, Residents' Survey and performance indicators. Specific findings in relation to protected characteristics may be described in more detail within the consideration of impacts.

Relevance to the Public Sector Equality Duty

The Health Inequalities Action Plan aims to reduce inequalities through partnership working with a number of organisations across Tunbridge Wells. This applies to all 3 aspects of the Public Sector Equality Duty by.

- a. Ensuring that the proposed plan is not unlawfully discriminatory by considering available data and research.
- b. Meeting the needs of people with protected characteristics when introducing actions to reduce health inequalities.
- c. Fostering good relations between people who share a protected characteristic and those who do not when using our services.

All residents are considered in this action plan, however there is particular focus on those that may experience health inequalities such as:

- People living in areas of deprivation
- Ethnic minorities
- Older people
- People living with disabilities
- People living with long term health conditions

Consideration of impacts

Protected characteristics

Disability (including carers)

Summary of available data, statistics or consultation findings held by the service

In November 2022, the HAT took part in a workshop to review priority areas and develop key actions to reduce health inequalities. All partners agreed that these priority areas were correct, and detailed which actions they could contribute to within existing resources.

How will the proposal impact on people?

Priority area 5, people with disabilities and older people, aims to:

- Identify funding and awareness of gaps in current provision.
- Identification of those people outside of existing support structure.
- Promote digital inclusion

We are working in partnership with a number of organisations to achieve these aims, through the development of achievable and measurable actions. These will aim to promote inclusion and accessibility. [Community catalysts](#) are a part of the HAT and have key connections to local people that offer care and help at home and in the community for older and disabled people

What action will be taken to reduce or mitigate any potential negative impacts?

No negative impacts anticipated.

By what date will these actions be taken?

N/A

Race

Summary of available data, statistics or consultation findings held by the service

In November 2022, the HAT took part in a workshop to review priority areas and develop key actions to reduce health inequalities. All partners agreed that these priority areas were correct, and detailed which actions they could contribute to within existing resources.

In England, there are health inequalities between ethnic minority and white groups, and between different ethnic groups.¹

How will the proposal impact on people?

Race will be considered across all 5 priority areas, for example targeting ethnic minorities is part of the service specification for the One You Kent service. This aims to increase the number of people accessing healthy lifestyle support and sits within the key targets of the One You Kent service.

What action will be taken to reduce or mitigate any potential negative impacts?

No negative impacts anticipated.

By what date will these actions be taken?

N/A

Sex

Summary of available data, statistics or consultation findings held by the service

In November 2022, the HAT took part in a workshop to review priority areas and develop key actions to reduce health inequalities. All partners agreed that these priority areas were correct, and detailed which actions they could contribute to within existing resources.

In Kent, healthy life expectancy at 65 for males is 11.1 years, compared to 11.3 years for women (2018-20)². This is the number of years lived in self-assessed good health.

How will the proposal impact on people?

Sex will be considered across all 5 priority areas, for example the One You Kent service targets men in weight management programmes, as research has shown that less men access these interventions than women³.

What action will be taken to reduce or mitigate any potential negative impacts?

No negative impacts anticipated

By what date will these actions be taken?

N/A

¹ https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england#footnote1_ik65tim [accessed 16/02/2023]

² Office for Health Improvement & Disparities. Public Health Profiles. 16/02/2023 <https://fingertips.phe.org.uk> © Crown copyright 2023

³ Ahern, A., Aveyard, P., Boyland, E., Halford, J., Jebb, S. *Inequalities in uptake of weight management intervention in a pragmatic trial* Br J Gen Pract 2016; DOI: 10.3399/bjgp16X684337

Age (including dementia)

Summary of available data, statistics or consultation findings held by the service

In November 2022, the HAT took part in a workshop to review priority areas and develop key actions to reduce health inequalities. All partners agreed that these priority areas were correct, and detailed which actions they could contribute to within existing resources.

Emergency hospital admission due to falls in people aged 65 and over, and excess winter deaths indicators for Tunbridge Wells are both significantly worse than the England average. *Excess winter deaths* in particular has risen from 25.9% in 2014-15 to 35.1% in 2019-20.

How will the proposal impact on people?

Priority area 5, people with disabilities and older people, aims to:

- Identify funding and awareness of gaps in current provision.
- Identification of those people outside of existing support structure.
- Promote digital inclusion

We are working in partnership with a number of organisations, such as Age UK, on these actions.

What action will be taken to reduce or mitigate any potential negative impacts?

No negative impacts anticipated.

By what date will these actions be taken?

N/A

Religion or Belief

Summary of available data, statistics or consultation findings held by the service

In November 2022, the HAT took part in a workshop to review priority areas and develop key actions to reduce health inequalities. All partners agreed that these priority areas were correct, and detailed which actions they could contribute to within existing resources.

How will the proposal impact on people?

We are not aware of any specific issues based on religion and belief.

What action will be taken to reduce or mitigate any potential negative impacts?

No negative impacts anticipated.

By what date will these actions be taken?

N/A

Sexual orientation

Summary of available data, statistics or consultation findings held by the service

In November 2022, the HAT took part in a workshop to review priority areas and develop key actions to reduce health inequalities. All partners agreed that these priority areas were correct, and detailed which actions they could contribute to within existing resources.

According to [NHS England](#) “The evidence that LGBT+ people have disproportionately worse health outcomes and experiences of healthcare is both compelling and consistent.” This includes access to services such as public health and mental health.

How will the proposal impact on people?

Evidence has not been considered at a local level, therefore we are not aware of any specific issues relating to this group. Many of the priority areas consider improving access and identifying gaps in provision for example in priority area 1, mental health.

What action will be taken to reduce or mitigate any potential negative impacts?

No negative impacts anticipated.

By what date will these actions be taken?

N/A

Pregnancy and maternity

Summary of available data, statistics or consultation findings held by the service

In November 2022, the HAT took part in a workshop to review priority areas and develop key actions to reduce health inequalities. All partners agreed that these priority areas were correct, and detailed which actions they could contribute to within existing resources.

Data from Public Health Fingertips⁴ shows that the smoking prevalence in early pregnancy across Kent was 14.1% in 2018/19, which was significantly worse than the England average of 12.8%.

How will the proposal impact on people?

⁴ Office for Health Improvement & Disparities. Public Health Profiles. 16/02/2023 <https://fingertips.phe.org.uk> © Crown copyright 2023

Kent Community Health Foundation Trust (KCHFT) provide a smoking in pregnancy service, which fits into the priority area 3, addictions. KCHFT are partners on the HAT and therefore they will contribute to the actions.

What action will be taken to reduce or mitigate any potential negative impacts?

No negative impacts anticipated.

By what date will these actions be taken?

N/A

Gender reassignment

Summary of available data, statistics or consultation findings held by the service

In November 2022, the HAT took part in a workshop to review priority areas and develop key actions to reduce health inequalities. All partners agreed that these priority areas were correct, and detailed which actions they could contribute to within existing resources.

How will the proposal impact on people?

We are not aware of any specific issues relating to this group.

What action will be taken to reduce or mitigate any potential negative impacts?

No negative impacts anticipated.

By what date will these actions be taken?

N/A

Marital or civil partnership status

Summary of available data, statistics or consultation findings held by the service

In November 2022, the HAT took part in a workshop to review priority areas and develop key actions to reduce health inequalities. All partners agreed that these priority areas were correct, and detailed which actions they could contribute to within existing resources.

How will the proposal impact on people?

This does not apply to the provision of services. The Equality Act (2010) only applies to discrimination in employment in relation to marital and civil partnership status.

What action will be taken to reduce or mitigate any potential negative impacts?

N/A

By what date will these actions be taken?

N/A

Armed Forces Community

Summary of available data, statistics or consultation findings held by the service

In November 2022, the HAT took part in a workshop to review priority areas and develop key actions to reduce health inequalities. All partners agreed that these priority areas were correct, and detailed which actions they could contribute to within existing resources.

How will the proposal impact on people?

We are not aware of any specific issues relating to this group.

What action will be taken to reduce or mitigate any potential negative impacts?

No negative impacts anticipated.

By what date will these actions be taken?

N/A

Conclusions

Decision-makers are reminded of the requirement, under the Public Sector Equality Duty (section 149 of the Equality Act 2010) to have due regard to (i) eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010, (ii) advance equality of opportunity between people from different groups, and (iii) foster good relations between people from different groups.

The Health Inequalities Action Plan aims to reduce health inequalities across the borough. An Equality Impact Assessment has been completed (See Appendix E). There are no anticipated negative impacts on resident groups with protected characteristics. Many of the actions consider groups that are more likely to experience health inequalities therefore there are expected to be positive impacts such as through the priority area people with disabilities and older people. These protected characteristics include disability, race, sex, age, pregnancy and maternity.

Outcome

Continue to policy

When will this equality impact assessment be reviewed

The Health Inequalities Action Plan will be reviewed every 2 years, therefore the EqIA will be updated in line with this.

Annex 1 – Borough Data

Population data

Disability

The 2011 Census recorded that 12,763 households (27.1 per cent) in the borough include people with a long-term health problem or disability. Of these 2,260 households (4.8 per cent) include two or more persons with a long-term health problem or disability.

16,371 people (14.3 per cent) in the borough have their day to day activities limited a little or a lot by a long-term illness or disability. This is lower than the Kent average of 17.6 per cent and lower than the national average of 17.9 per cent.

9.2% (10,539) of population provide unpaid care.

Age

Mid-year population estimates (2019) recorded the average age of the borough's population as 41.5. This compares with a Kent average of 41.2 years and a national average of 40.2 years. Currently, 19.4 per cent of the borough's population is aged over 65. Population forecasts indicate that 25.2 per cent of the borough's population will be aged over 65 by 2038. This is in line with population forecasts for the Kent area.

Sex

The ONS mid-year estimates (2019) puts the percentage of females in the Borough as 50.6 percent, and males as 49.4 percent. The number of females over 85 years is significantly higher than the number of males.

Race

The 2011 Census recorded that 5,810 people (5.1 per cent) in the borough are from a Black or Minority Ethnic background. This is lower than the Kent average of 6.9 per cent and the national average of 14.6 per cent.

Religion or belief

The 2011 Census recorded that 62.9 per cent of the population is Christian. This is higher than the Kent average of 61.8 per cent and the national average of 59.4 per cent. 26.6 per cent of the population have no religion. Small proportions of the remainder of the population are Muslim, Buddhist, Hindu, Sikh and Jewish.

Sexual orientation

Sexual orientation data is not captured by the Census. There are plans to include this as a question topic for the Census in 2021.

Pregnancy or maternity

The ONS Birth Summary Tables (2019) show that the total fertility rate for Tunbridge Wells Borough was 1.75, which is similar to the Kent average of 1.76 and higher than the national average of 1.65.

In 2019, there were 56.8 births per 1,000 of the borough's population. This is lower than the Kent average of 59.4 and the national average of 57.5.

Marital or civil partnership status

The 2011 Census recorded that 50.1 per cent of the borough's population are married. This is higher than the Kent average of 48.9 per cent and the national average of 46.6 per cent.

Gender reassignment

At present, there is no official estimate of the trans population. Gender reassignment data is not captured by the Census. The Census (2021) will update the national information recorded on sex and gender and allow for respondents to enter their own identity in a free text box, if they do not feel it is the same as their sex as assigned at birth.

Residents' Survey (2015)

Summary of where significant differences were found by demographic group.

Disability

Contact with the Council

Those with a disability were more likely to have contacted the Council (main method of contact by telephone and in person).

Age

Contact with the Council

Those aged 35-54 were most likely to have contacted the Council overall.

A higher proportion of those aged 55+ have contacted the Council by telephone.

Those aged 16-34 were more likely to use the website as the primary means of obtaining information.

Those aged 35-54 were more likely to use the website as the most common means of obtaining information but the local newspaper and Local are also common.

Those aged 55+ were more likely to use the local newspaper as the most common means of obtaining information and Local is also common.

Higher proportions of those aged 16-54 have access to the internet, consider themselves confident/expert and consider the internet to be essential.

Those aged 35-44 were more likely to disagree that they can influence decisions in their local area and more likely to be interested in being involved in decisions that affect their local area.

Town Centre

Those aged 16-54 were more likely to visit the town centre at least once a week than those aged 55+.

Those aged 16-34 were more likely to be satisfied with the town centre than those aged 55+.

Feelings of safety

Those aged 16-54 were more likely to feel safe walking alone in their local area during the day and after dark than those aged 55+.

Importance of services

Those aged 16-34 ranked providing support to local businesses and the creation of jobs, activities for promoting health and wellbeing and housing services as important.

Those aged 35-54 ranked protecting the quality of the local environment, providing support to local businesses/creation of jobs and activities for promoting health and wellbeing as important.

Those aged 55+ ranked events, theatres and arts as important.

Those aged 16-54 ranked using technology to redesign how services are provided as important.

Those aged 55+ ranked asking users to pay more towards the cost of discretionary services as important.

Sex

Feelings of safety

Males were more likely to feel safe walking alone in their local area during the day and after dark.

Race

Satisfaction with the Council and value for money

Respondents of a Black and Minority Ethnic background were more likely to strongly agree that TWBC provides value for money than residents of White origin.

Respondents of a Black and Minority Ethnic background were more likely to be very satisfied with how the Council runs things than residents of White British origin.

Contact with the Council

Respondents of White origin were more likely to have visited the Council's website than respondents of a Black and Minority Ethnic background.

Religion or belief

This information was not collected by the Residents' Survey.

Sexual orientation

This information was not collected by the Residents' Survey.

Pregnancy or maternity

This information was not collected by the Residents' Survey.

Marital or civil partnership status

This information was not collected by the Residents' Survey.

Gender reassignment

This information was not collected by the Residents' Survey.

Performance indicators by service

Data collected in 2021-22 (unless otherwise stated).

Assembly Hall

Number of Access Focussed Performances per annum – 5.

Cemetery and Crematorium

Percentage of Muslim burials at the Crematorium – 3.6%.

Housing

Percentage of applicants from a Black and Minority Ethnic Background on the housing register – 18%

Percentage of applicants from a Black and Minority Ethnic Background housed through the housing register – 18%.

Percentage of full-time and occasional wheelchair users on the housing register – 15%.

Percentage of full-time and occasional wheelchair users housed through the housing register – 20%.

Percentage of those aged 16-24 on the housing register – 12%.

Percentage of those aged 16-24 housed – 15%.

Percentage of those aged 55+ on the housing register – 24%.

Percentage of those aged 55+ housed – 29%.

Number (estimated) of rough sleepers aged 16-24 (snapshot 31/03/2022) – 0.

Number of households in temporary accommodation aged 16-24 (snapshot 31/03/2022) - 7.

Number of homeless acceptances aged 16-24 (snapshot 31/03/2020) - 2.

Number of Disabled Facilities Grants completed per year - 90.

Human resources

Average age of the Council's workforce (mean) – 44.

Percentage of women in top 10 per cent highest paid Council employees – 51.24%.

Percentage of local authority employees with a disability- 4.10%.

Percentage of local authority employees from a Black and Minority Ethnic Background – 3.93% (2020/21).

Percentage of applicants for Council vacancies with a disability – 3.88% (2020/21).

Percentage of those recruited with a disability – 0% (2020/21).

Percentage of applicants for Council vacancies from a Black and Minority Ethnic Background – 12.94% (2020/21).

Percentage of those recruited who are from a Black and Minority Ethnic Background – 7.7% (2020/21).

Gender pay gap reporting figures are available at:

<https://tunbridgewells.gov.uk/council/freedom-of-information-and-transparency/gender-pay-gap>

Licensing

Number of licensed wheelchair accessible taxis and private hire vehicles - 35.

Revenues and Benefits

Number of 16-24 year olds affected by the benefit cap (annual) – 1 (2020/21)

Number of people in receipt of single room rate aged under 35 (annual) – 33 (2020/21)