EQUALITY IMPACT ASSESSMENT – STAGE 1

EIA Ref	**C/12/59**	
Lead Officer	Name	**Eileen O'Meara**
	Position	**Director of Public Health**
	Contact details	**Eileen.omeara@halton.gov.uk**

SECTION 1 –Context & Background

1.1 What is the title of the policy / practice?

Halton Health and Wellbeing Strategy 2012 - 2015

1.2 What is the current status of the policy / practice?

Existing Changed New √

1.3 What are the principal aims and intended outcomes of the policy / practice?

To prioritise the key health and wellbeing needs across Halton.
The strategy has proposed five priorities for action:

- Prevention and early detection of cancer;
- Improved child development;
- Reduction in the number of falls in adults;
- Reduction in the harm from alcohol;
- Prevention and early detection of mental health conditions.

1.4 Who has primary responsibility for delivering the policy / practice?

Health and Wellbeing Board

1.5 Who are the main stakeholders?

Health and Wellbeing Board partners, including CCG, Halton Borough Council, Clinical Commissioning Group, Voluntary Sector, Bridgewater, 5 Boroughs Partnership.

1.6 Who is the policy / practice intended to affect?

Residents √ Staff Specific Group(s) (add details below)

1.7 Are there any other related policies / practices?

All other strategies and plans in relation to health and wellbeing and the five priorities identified in the strategy.

SECTION 2 – Consideration of Impact

2.1 Relevance: – the Public Sector Equality Duty

Does this policy / practice / service have due regard to the need to: -

(a) Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
(b) Advance equality of opportunity between two persons who share a relevant protected characteristic
(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Yes (√) **No** ( )

State reasons below

(Relevance to service users/staff)

The Shadow Health and Wellbeing Board, in developing the strategy, has considered its obligations under s 149 of the Equality Act 2010 (the Equality Duty) and the strategy has been developed following extensive consultation with all vulnerable and protected groups and is based upon all the relevant information.

As such the strategy will:

(a) aim to eliminate discrimination by striving to reduce or remove barriers to health equality experienced by any or all protected groups;
(b) advance equality of opportunity by providing improved access to health care for all, including taking positive action for any protected group(s) where necessary;
(c) promote good relations by ensuring health inequalities are removed or reduced for all.

Subsequent policy formulation will also seek to pre-empt and mitigate any adverse developments and consider all financial issues and related policies and strategies.

2.2 Has data and information been used in determining the impact of the policy / procedure under review?

(for example research, surveys, complaints, consultation, monitoring data)

Equality Group(s)	All

Baseline data and information
Demographic information, public health data, evidence of need as shown by the Joint Strategic Needs Assessment (JSNA), DoH Prevention Framework Learning Set, feedback information from consultation.

2.3 On the basis of evidence, has the actual / potential impact of the policy/ practice been judged to be positive (+), neutral (=) or negative (-) for each of the equality groups and in what way? Is the level of impact judged to be high (H), medium ((M), or low (L)?

Protected Characteristic	Impact type +, =, -	Level H, M. L, -	Nature of impact
Age	+	H	As highlighted in the priorities for action
Disability	+	H	As highlighted in the priorities for action
Gender	=	-	
Race / ethnicity	=	-	
Religion / belief	=	-	
Sexual Orientation	=	-	
Transgender	=	-	
Marital status/ Civil Partnerships	=	-	
Pregnancy/Maternity	= [1]	[1] The priority to improve child development also includes consideration of issues for pre-natal care.	
In Halton two further vulnerable groups have been identified: -			
Carers	= [2]	[2] The emphasis on reduction, prevention and early detection will have the effect of reducing the burden on carers.	
Socio – economic disadvantage	=	-	

2.4 Does the policy/practice have any potential impact on safeguarding vulnerable people?

Not at the strategic level.

2.5 How will the impact of the policy / practice be monitored?

Via the Outcomes Framework and the performance measures and data used to monitor the implementation of the Action Plans, also customer feedback (a minimum of two extensive consultation exercises per year are planned).

2.6 Who will be responsible for monitoring?

Health and Well Being Board.

2.7 If any negative impacts, or potential negative impacts, have been identified what mitigating actions will be put in place, thereby eliminating the need for a further Stage 2 assessment
Where none have been identified insert 'no further action required' in the first column.

Action & purpose / outcome	Priority	Timeframe	Lead Officer
No further action required			

2.8 Summary of stakeholders involved in this review

Name / Job Title	Organisation / representative of
Diane Lloyd, Principal Health Policy Officer	HBC Policy and Strategy
Les Unsworth, Policy Officer	HBC Policy and Strategy

2.9 Completion Statement

As the identified Lead Officer of this review I confirm that:-
No negative impact has been identified for one or more equality groups and that a Stage 2 Assessment is not required ☒

Signed: pp Diane Lloyd	**Date: 01/10/2012**

Completed EIAs should be sent to Les Unsworth, Corporate and Organisational Policy, to be given a unique reference number and for inclusion on the central register.