



## Equality Impact Assessment (EqIA)

### Introduction

This EqIA is for:

An EqIA on the Public Health Commissioning Intentions public consultation (Summer 2018)

Details are set out:

There was a decision made at the ASCPH Committee in February 2018 for Public Health to complete a formal public consultation on the changes that they would be making to services outlined in the Commissioning Intentions report.

The outcomes from the consultation and the future commissioning plans will be reported to Committee in October 2018 to meet the procurement timetable, using a competitive dialogue approach.

Officers undertaking the assessment:

Rebecca Atchinson, Senior Public Health and Commissioning Manager  
Patrick Meakin, Public Health and Commissioning Manager  
Hester Kapur, NCC Healthwatch  
Karen Moss, Equalities Officer

Assessment approved by:

Jonathan Gribbin, Director of Public Health

Date: 24/09/2018

The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation; Advance equality of opportunity between people who share a protected characteristic and those who do not; Foster good relations between people who share a protected characteristic and those who do not.

The purpose of carrying out an Equality Impact Assessment is to assess the impact of a change to services or policy on people with protected characteristics and to demonstrate that the Council has considered the aims of the Equality Duty.

### Part A: Impact, consultation and proposed mitigation

#### 1 What are the potential impacts of proposal? *Has any initial consultation informed the identification of impacts?*

The consultation is the opportunity for the public to help shape the future Public Health services, particularly the integration of Public Health's lifestyle services and the substance misuse service. The proposal needs to consider how it will reach the whole audience as it is consulting on a full lifecourse approach, covering the whole county. The needs of the more disadvantaged areas of the County require a disproportionate focus within the consultation, due to the clustering of unhealthy behaviours. Other groups who may be less likely to participate are; young people, older people, disabled people (including the visually or hearing impaired), working people, drug users, rural communities.

There will be a further EqIAs on the services as the service specifications and model are developed.

We will complete a consultation which is as wide reaching and inclusive as possible within the agreed timescales (8 June – 9 August 2018) and budget.

We will have a mixed method approach including electronic and paper surveys (with prepay envelopes), easy read versions of surveys, six face to face sessions across the County (North, Mid and South). We will also hold the events in the afternoon and evening to encourage as many working people to attend and to be as inclusive as possible.

The electronic survey will be shared with and further distributed by;

- Health stakeholder distribution list 400+ people
- Via the County Council Consultation hub <https://consult.nottinghamshire.gov.uk/>
- With providers (Everyone Health, Solutions for Health)
- Public health contacts
- County Council employees
- County Council staff networks (BME, LGBT, Disability)
- District Councils
- CCGs – PPE and GP Practice PPE groups.

The ‘have your say’ cards and paper surveys will be sent to;

- Libraries
- Children’s Centres
- Health Centres

In addition we will be contacting the Children and Young People’s team to gain the young people’s views and holding a focus group with them. This will also enable feedback to be received from the County’s looked after children and young people.

We are providing a degree of mitigation to attract the seldom heard voices by contracting Healthwatch to complete some additional external focus groups. Healthwatch to ensure that we meet the needs of the more complex and hard to reach groups e.g. carers, families, unemployed and disadvantaged.

We will proactively respond to any comments or opportunities as they arise.

**2 Protected Characteristics: Is there a potential positive or negative impact based on:**

Age	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact	x
Disability	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact	x
Gender reassignment	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact	x
Pregnancy & maternity	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact	x
Race <small>including origin, colour or nationality</small>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact	x
Religion	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact	x
Gender	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact	x
Sexual orientation <small>including gay, lesbian or bisexual</small>	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Neutral Impact	x

**3 Where there are potential negative impacts for protected characteristics these should be detailed including consideration of the equality duty, proposals for how they could be mitigated (where possible) and meaningfully consulted on:**

How do the potential impacts affect people with protected characteristics <i>What is the scale of the impact?</i>	How might negative impact be mitigated or explain why it is not possible	How will we consult
The consultation will have a neutral impact on all the groups apart from disability.	Further understanding required for the deaf community.  Promotion of services and health information  Access to services	Consultation focus groups with BSL translation completed with the deaf community (8 August 2018).  Feedback report and plan shared with the group, including mitigating actions and wider promotion of the needs of the Deaf community.

## Part B: Feedback and further mitigation

### 4 Summary of consultation feedback and further amendments to proposal / mitigation

The consultation had a wide reach across the County and adapted to meet the needs of groups who could not complete the survey. This resulted in a high take up and response that was inclusive and targeted.

The survey was completed by 1044 people. Of the 1044 respondents, three quarters were female, with an age range of 45-75 accounting for over two thirds of all consultees. Gedling, Newark & Sherwood and Rushcliffe provided the largest number of respondents but there was a good representation from all districts. The information has been analysed and themed and there will be separate reports developed for districts and CCGs to share the findings more widely and note the differences across the county.

Further consultation will be taking place with young people and this may affect the overall results of the survey.

Additional consultation with the Deaf community identified issues that need to be considered to ensure the services would be inclusive and promotion information would reach the community. We also attended 'Nottinghamshire Pride' to speak to members of the LGBT community and were informed that their needs would not significantly differ from the general population for access. Their concerns were mainly related to wider community safety and victimisation.

Healthwatch completed 8 focus groups and 10 semi-structured interviews were conducted involving a total of 66 people. They focused on providing the views of seldom heard voices to supplement the views gained from the survey.

- Working aged smokers and drinkers
- People with low level mental wellbeing
- People aged 65+
- Individuals who are homeless or at risk of homelessness
- Carers
- Young people
- Members of the LGBT community
- Job seekers and people in receipt of benefits

These were distributed across the County as follows, Ashfield 7.6% (n=5), Bassetlaw 28.8% (n=19), Broxtowe 4.6% (n=3), Gedling 18.2% (n=12), Mansfield 12.2% (n=8), Newark and Sherwood 15.2% (n=10) and Rushcliffe 13.7% (n=9).

The consultation has helped develop and inform the commissioning process and will be used as information and evidence within the procurement process of the Integrated Wellbeing Service and the Substance Misuse Service.

Completed EqIAs should be sent to [equalities@nottsc.gov.uk](mailto:equalities@nottsc.gov.uk) and will be published on the Council's website.