



Start Well, Live Well, Age Well:

**West Sussex Joint Strategic Needs
Assessment 2019 – 2024**

Equality Impact Report

Equality Impact Report – West Sussex Joint Health and Wellbeing Strategy

Title of report	Equality Impact Report
Date of implementation	April 2019
EIR completed by Name: Tel:	Aloisia Katsande/ Jacqueline Clay 0330 222 5602
1. Background	
<p>West Sussex Health and Wellbeing Board</p> <p>The West Sussex Health and Wellbeing Board (HWB) is a statutory body that brings together elected members, senior leaders from the NHS, Local Authorities, Voluntary Sector, Healthwatch and other partners to work together to improve health and wellbeing in West Sussex and reduce health inequalities. The HWB is responsible for assessing the needs of the local population, through the Joint Strategic Needs Assessment (JSNA) and meeting those needs through the Joint Health and Wellbeing Strategy (JHWS).</p> <p>The Joint Health and Wellbeing Strategy (JHWS) is a tool to enable the Health and Wellbeing Board (HWB) to champion its key principles and set out a direction of travel for health and wellbeing in West Sussex. It sets the framework for action by the County Council, Clinical Commissioning Groups (CCGs), NHS providers, district and borough Councils, voluntary sector and other partners to inform their planning, commissioning and provision of services that impact on health and wellbeing.</p> <p>The purpose of the JHWS is to:</p> <ul style="list-style-type: none"> • Provide a context, vision and overall focus for improving the health and wellbeing of local people and reducing health inequalities at every stage of people’s lives. • Identify shared priorities and clear outcomes for improving health and wellbeing and reducing inequalities. • Support effective partnership working that delivers health improvements. • Set out a framework to support and drive the innovation required to enable change. • Support board members to embed these priorities within their own organisations and reflect these in their commissioning and delivery plans. <p>Equality duty</p> <p>The Equality Act (2010) mandates a duty within public bodies to:</p> <ul style="list-style-type: none"> • eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; • advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and • foster good relations between persons who share a relevant protected characteristic and those who do not share it. <p>To meet the equalities duty set by the Equality Act (2010), authorities are required to analyse the impact of proposed policies, strategies and action plans across all of the protected groups.</p>	

In this Equality Impact Assessment, we evaluate the impact of the West Sussex Joint Health and Wellbeing Strategy to anticipate and avoid any discriminatory or negative consequences for a particular group, on the grounds of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race (including, ethnic origin, nationality)
- Religion or belief (including lack of belief)
- Sex/Gender
- Sexual orientation

The strategy is based on three high level themes, **Starting Well; Living and Working Well;** and **Ageing Well**, covering the priorities across the lifecourse. The strategy aims to improve outcomes for the overall population however, it also recognises that some people need intensive support and, even where services are universal, some people may need additional help to access them. Therefore, the following groups have been highlighted as at risk of poor outcomes:

- People with special educational needs and disabilities
- Lesbian, Gay, Bisexual, Transgender people
- Carers
- People with long term mental health conditions
- Minority Ethnic Groups
- Those who are deprived or living in poverty

West Sussex Profile: Protected characteristics

West Sussex Population summary:

The population of West Sussex is over 850,000, and has increased by 8.9% % over the last 10 years. This is in line with increases seen at a national and regional level, with the largest increase, of over 22%, in the 65 and over age group. The population in West Sussex is projected to increase by a further 8%+ from 2015 to 2025 with larger increases projected in the 65 and over age group (20%+) and notably in the 85 and over age group (30%+), in the same 10 year period.

Age:

- West Sussex has a considerably older age profile compared with England with a higher proportion of the residents aged 65 years or over and relatively fewer residents aged 15-39 years. 22% of residents are 65 and over compared with 19% in the South East and 18% in England.
- There was a decline among 35-39 year olds of approx. 1,600 people in the latest estimates (2.8% less than in 2015).
- In 2017 there were 190,700 residents aged 0-19 years, there has been a 5.5% rise in this age group in the last 10 years, although this increase is accounted for by a considerable rise in the younger age groups (0-4 years and 5-9 years) and a small increase in the 10-14 and a decline in the 15-19 age groups).

Key issues related to the strategy

Health is fundamental to a good life from pre-birth to old age.

At a very early age our health can be affected by many factors, including socio-economic and environmental factors, maternal health, family and social networks therefore it is critical to promote and improve health at all ages. This includes the transition points such as becoming parents, children starting school, transitioning to young adulthood to adulthood, working, retirement. Evidence shows that the need and demand for health and social care services increases with age. The JHWS takes on a life-course approach, from pre-birth to old age, with each theme highlighting the key priorities and how the board will work to improve the health and wellbeing of the different age groups. The strategy highlights the need for age appropriate health promotion and prevention work across the life course, and also recognises that some issues, for example housing, cut across all age groups or strategic themes.

Disability:

According to the 2011 census 17% of the population of West Sussex has day to day activities limited by a long term health problem or disability, similar to the England average of 17%. It is noted that physical disability and frailty increase with age, so that areas with older age structures (such as Arun) may have a higher proportion of its population who have a physical disability.

Table 1. Number of people whose day to day activities are limited by a long term health problem or disability

Area	Total Population	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities limited
Adur	61,182	5,592 (9%)	6,710 (10%)	12,302 (20%)
Arun	149,518	13,984 (9%)	17,505 (11%)	31,489 (21%)
Chichester	113,794	8,328 (7%)	11,555 (10%)	19,883 (17%)
Crawley	106,597	7,001 (6%)	8,701 (8%)	15,702 (14%)
Horsham	131,301	7,857 (5%)	11,550 (8%)	19,407 (14%)
Mid Sussex	139,860	8,084 (5%)	11,737 (8%)	19,821 (14%)
Worthing	104,640	9,310 (8%)	10,966 (10%)	20,276 (19%)
West Sussex	806,892	60,156 (7%)	78,724 (9%)	138,880 (17%)
England	53,012,456	4,405,394 (8%)	4,947,192 (9%)	9,352,586 (17%)

Source: ONS, 2011

Key issues related to the strategy

People with a physical disability or learning disability are at a higher risk of poorer outcomes compared with their peers. This includes lower life expectancy and the inequitable use of some services, with poorer access to and take-up of services.

The strategy sets out how the Board will use their collective leadership and work with partners to reduce health inequalities, through a focus on prevention and person centred care. The strategy recognises that some people need intensive support, and even where services are universal they may need additional help to access them. This particularly includes people with disabilities.

Pregnancy and maternity

Table 2. Live birth (counts) by year and geography

Area	2013	2014	2015	2016	2017
West Sussex	8,835	8,719	8,974	8,795	8,630
Adur	758	692	724	671	656
Arun	1,493	1,463	1,517	1,552	1,401
Chichester	1,046	1,060	1,051	955	1,030
Crawley	1,646	1,618	1,642	1,584	1,574
Horsham	1,261	1,229	1,264	1,324	1,303
Mid Sussex	1,512	1,521	1,593	1,610	1,543
Worthing	1,119	1,136	1,183	1,099	1,123

Source: NHS Digital

Key issues related to the strategy

This strategy takes a life-course approach, from pregnancy and recognises the needs of both mother and baby before and after birth. It specifically identifies need to improve maternal and infant outcomes.

Race (including, ethnic origin, nationality)

The largest ethnic group in West Sussex is White British (88.9%) and the largest minority ethnic group is White other (2.9%) followed by Asian/Asian British (1.7%). Minority groups are largely concentrated in Crawley and in coastal towns such a Bognor Regis, Littlehampton and Worthing.

Table 3: Ethnic group by geography, count (percentage of total population)

Ethnic Group	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Total Population	806,892	61,182	149,518	113,794	106,597	131,301	139,860	104,640
White British	717,551 (88.9%)	56,843 (92.9%)	137,024 (91.6%)	105,841 (93%)	76,888 (72.1%)	121,020 (92.1%)	126,341 (90.3%)	93,594 (89.4%)
White other (inc. Irish)	38,948 (4.8%)	1,820 (2.9%)	8,094 (5.4%)	4,481 (3.9%)	8,292 (7.7%)	5,042 (3.8%)	6,677 (4.7%)	4,542 (4.3%)
Mixed/multiple ethnic groups	12,155 (1.5%)	886 (1.4%)	1,502 (1%)	1,092 (0.9%)	3,098 (2.9%)	1,774 (1.3%)	1,967 (1.4%)	1,836 (1.7%)
Asian/ Asian British	28,334 (3.5%)	1,058 (1.7%)	2,116 (1.4%)	1,617 (1.4%)	13,825 (12.9%)	2,585 (1.9%)	3,761 (2.6%)	3,372 (3.2%)
Black/ African/ Caribbean/ Black British	7,146 (0.8%)	313 (0.5%)	538 (0.3%)	518 (0.4%)	3,469 (3.2%)	651 (0.4%)	788 (0.5%)	869 (0.8%)
Other ethnic group	2,758 (0.3%)	262 (0.4%)	244 (0.1%)	245 (0.2%)	1,025 (0.9%)	229 (0.1%)	326 (0.2%)	427 (0.4%)

Source: ONS, 2011

Key issues related to the strategy

Race/ethnicity is one of the protected characteristics where health inequalities are known to exist. Data shows that some ethnic minority groups have higher rates of specific conditions, such as a higher rate of diabetes amongst people from South Asian backgrounds. There are also overlaps between ethnicity and some wider determinants of health, such as income levels and housing, which may result in poorer health. Different ethnic groups may also have different experiences of health problems, reflecting their cultural and socio-economic contexts and access to culturally appropriate treatments. The strategy stresses the

key principles of the board to ensure equity, and its vision to reduce the health and wellbeing gap between groups and communities. The strategy also recognises that some people need intensive support, and even where services are universal they may need additional help to access them. This particularly includes people from minority ethnic groups.

Religion or belief (including lack of belief)

Table 4: Religion, by geography, count (percentage of total population)

Religion	West Sussex	Adur	Arun	Chichester	Crawley	Horsham	Mid Sussex	Worthing
Total Population	806,892	61,182	149,518	113,794	106,597	131,301	139,860	104,640
Has religion	528,152 (65.4%)	37,386 (61.1%)	100,132 (66.9%)	77,145 (67.7%)	72,031 (67.5%)	85,587 (65.1%)	91,545 (65.4%)	64,326 (61.4%)
Christian	498,367 (61.7%)	35,829 (58.5%)	97,618 (65.2%)	75,248 (66.1%)	57,782 (54.2%)	83,316 (63.4%)	87,757 (62.7%)	60,817 (58.1%)
Buddhist	3,057 (0.3%)	211 (0.3%)	425 (0.2%)	492 (0.4%)	401 (0.3%)	420 (0.3%)	508 (0.3%)	600 (0.5%)
Hindu	7,368 (0.9%)	138 (0.2%)	306 (0.2%)	276 (0.2%)	4,892 (4.5%)	355 (0.2%)	855 (0.6%)	546 (0.5%)
Jewish	1,434 (0.1%)	221 (0.3%)	243 (0.1%)	163 (0.1%)	98 (0%)	199 (0.1%)	283 (0.2%)	227 (0.2%)
Muslim	12,668 (1.5%)	611 (0.9%)	806 (0.5%)	419 (0.3%)	7681 (7.2%)	673 (0.5%)	1,130 (0.8%)	13,48 (1.2%)
Sikh	1,137 (0.1%)	30 (0%)	45 (0%)	31 (0%)	729 (0.6%)	92 (0%)	88 (0%)	122 (0.1%)
Other religion	4,121 (0.5%)	346 (0.5%)	689 (0.4%)	516 (0.4%)	448 (0.4%)	532 (0.4%)	924 (0.6%)	666 (0.6%)
No religion	216,844 (26.8%)	19,162 (31.3%)	37,829 (25.3%)	27,947 (24.5%)	27,756 (26%)	35,355 (26.9%)	37,218 (26.6%)	31,577 (30.1%)
Religion not stated	61,896 (7.6%)	4,634 (7.5%)	11,557 (7.7%)	8,702 (7.6%)	6,810 (6.3%)	10,359 (7.8%)	11,097 (7.9%)	8,737 (8.3%)

Source: ONS, 2011

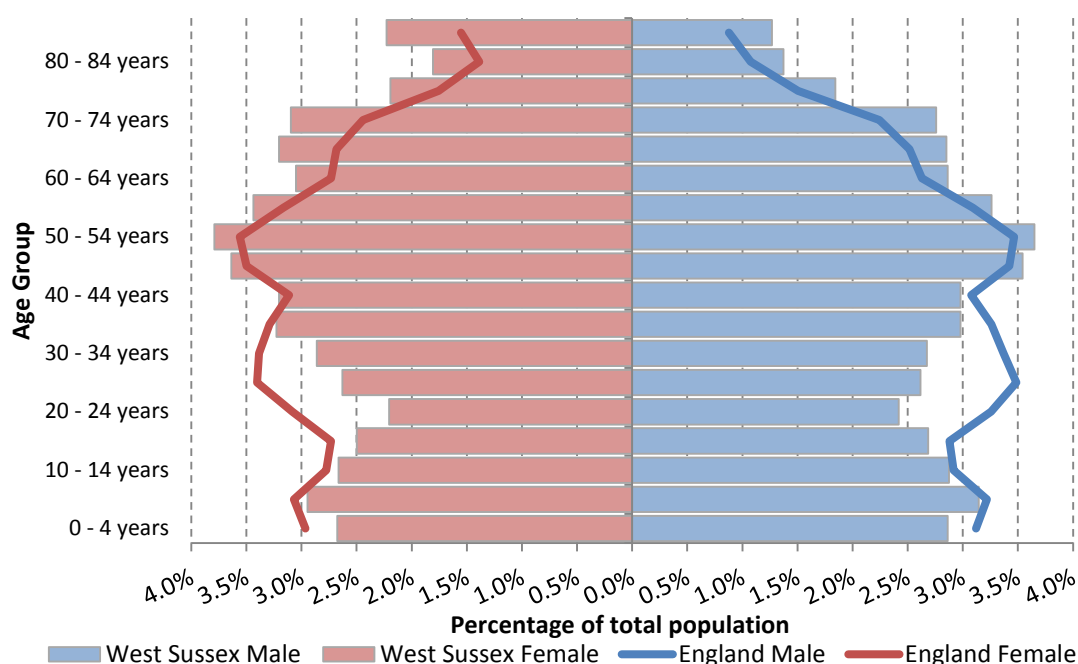
Key issues related to the strategy

Evidence suggests that having religious or other beliefs can be associated with better mental health, however is not directly addressed in the strategy. The strategy recognises that to improve outcomes for all people it will be necessary to incorporate religion and belief, through personalised services, into the planning and commissioning of services to ensure appropriate services. Commissioners and providers are expected to ensure this as part of implementing the strategy.

Sex:

The sex split in West Sussex is effectively 50:50 for all age groups up until 65 year group at which is the first point where there are over 3,000 more women in each 5 year age gap, with there being over 8,000 more women aged 85 and over than men. This can be explained by the higher life expectancy experienced by women.

Figure 1: Population pyramid by sex for West Sussex and England (2017 MYE)



Source: ONS MYE, 2017

Key issues related to the strategy

There are differences in life expectancies between men and women, with women tending to have higher life expectancy than men. However, there is also some evidence that women tend to live longer in poor health. There are also some differences in risk factors for certain condition such as breast cancer and prostate cancer and men and women also have different rates of mental health problems. In addition, , more women have caring responsibilities compared to men. The strategy sets out the framework for prevention, health promotion and reduction of health inequalities for both men and women.

Sexual orientation and gender reassignment

Local data on sexual orientation and gender reassignment is limited. Survey data taken from the ONS¹ suggests that roughly 2.5% of the adult population in the South East identify as lesbian, gay, bisexual or other. This is slightly higher than the England percentage, and has seen a rise in recent years. While this provides an estimate of the number of people identifying as LGB in West Sussex, caution must be exercised when applying regional figures to West Sussex population.

Key issues related to the strategy

National evidence shows that lesbian, gay and bisexual communities experience health inequalities. The strategy highlights the Board’s focus on ensuring equality in the planning, commissioning and provision of services that impact on health and wellbeing. The strategy reinforces the need to use the JSNA to identify needs and deliver preventive services at population, community and individual levels to meet these needs. The strategy also recognises that some people need intensive support, and even where services are universal they may need additional help to access them. This particularly includes people who are Lesbian, Gay, Bisexual, Transgender (LGBT) groups.

1

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016>

Documents used as evidence:

- West Sussex JSNA (including JSNA voice summary). <http://jsna.westsussex.gov.uk>
- Draft Joint Health and Wellbeing Strategy

2. Describe any negative impact for customers or residents.

No negative impacts have been identified or are anticipated as a result of the JHWS on the basis of the protected characteristics.

3. Describe any positive effects which may offset any negative impact.

No negative impact anticipated.

The strategy uses a life-course approach and identifies key priorities for improving health and wellbeing in West Sussex. It sets a framework by which local organisations plan, commission and provide services and therefore, it seeks to improve services, paying particular attention to those in greatest need in order to reduce health inequalities.

4. Describe whether and how the proposal helps to eliminate discrimination, harassment and victimisation.

The strategy sets out the Board’s guiding principles and purpose to reduce health inequalities. The strategy stresses that the Board will promote equity and accessibility in the planning, commissioning and provision of services for everyone, including those with protected characteristics, to ensure all needs are met.

The JSNA has been a significant part of this process as it identifies the particular needs of the West Sussex population. This in turn will help inform planning, commissioning and provision of local health and wellbeing services.

5. Describe whether and how the proposal helps to advance equality of opportunity between people who share a protected characteristic and those who do not.

As 4 above, the strategy provides a framework for planning, commissioning and providing health and social care, including services that impact on health and wellbeing such as housing, transport, and education.

In reducing health inequalities it seeks to ensure equality of opportunity in relation to the access to services, take up of services and outcomes from services. It also recognises the need to give more support to those at greatest risk of poor health.

6. Describe whether and how the proposal helps to foster good relations between persons who share a protected characteristic and those who do not.

As 4 above. The strategy is intended to be used in planning, commissioning and the provision of health and social care services, and other services that impact on wider determinants of health, such as education,

housing. It is anticipated that this will promote equity of access and personalised services for all groups in society and support local communities to work together to find solutions to local issues.

7. What changes were made to the proposal as a result? If none, explain why.

None as no negative impact was identified.

8. Explain how the impact will be monitored to make sure it continues to meet the equality duty owed to customers and say who will be responsible for this.

The strategy sets the direction and framework for meeting health and wellbeing needs for the residents of West Sussex, however, planners, commissioners and providers are expected to assess the impact of their services and interventions on equality. The HWB will review the strategy and other related work that is brought to the Board for sign-off.

To be signed by an Executive Director or Director to confirm that they have read and approved the content.

Name

Anna Raleigh

Date

28.3.2019

Your position

Director of Public Health