

Appendix 3 PART A - Initial Equality Screening Assessment

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality and diversity.

A **screening** process can help judge relevance and provide a record of both the process and decision. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality and diversity
- whether or not equality and diversity is being/has already been considered, and
- whether or not it is necessary to carry out an Equality Analysis (Part B).

Further information is available in the Equality Screening and Analysis Guidance – see page 9.

1. Title				
Title: Public Health, Healthy Lifestyle Services Pathway				
Directorate: Adult Care, Housing and Public Health	Service area: Public Health			
Lead person: Anne Charlesworth	Contact: anne.charlesworth@rotherham.gov.uk			
Is this a:				
Strategy / Policy X Service / Function Other				
If other, please specify				

2. Please provide a brief description of what you are screening

The Cabinet report sets out options and recommendations regarding the future model for healthy lifestyle service delivery and the NHS health checks programme. NHS health checks are a key gateway into healthy lifestyle services, and this report includes proposals regarding how the whole pathway should operate to support public health improvements for the borough over the next ten years.

3. Relevance to equality and diversity

All the Council's strategies/policies, services/functions affect service users, employees or the wider community – borough wide or more local. These will also have a greater/lesser relevance to equality and diversity.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, civil partnerships and marriage, pregnancy and maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc.

Questions	Yes	No
Could the proposal have implications regarding the accessibility of services to the whole or wider community?	Х	
Could the proposal affect service users?	X	
Has there been or is there likely to be an impact on an individual or group with protected characteristics?	Х	
Have there been or likely to be any public concerns regarding the proposal?		Х
Could the proposal affect how the Council's services, commissioning or procurement activities are organised, provided, located and by whom?	Х	
Could the proposal affect the Council's workforce or employment practices?		Х

If you have answered no to all the questions above, please explain the reason

If you have answered \underline{no} to \underline{all} the questions above please complete **sections 5 and 6.**

If you have answered **yes** to any of the above please complete **section 4.**

4. Considering the impact on equality and diversity

If you have not already done so, the impact on equality and diversity should be considered within your proposals before decisions are made.

Considering equality and diversity will help to eliminate unlawful discrimination, harassment and victimisation and take active steps to create a discrimination free society by meeting a group or individual's needs and encouraging participation.

Please provide specific details for all three areas below using the prompts for guidance and complete an Equality Analysis (Part B).

• How have you considered equality and diversity?

Tackling health inequalities should be a central part of the healthy lifestyles pathway, with support delivered at a scale that is proportionate to the degree of need. Consideration of how we target underserved communities and those at the greatest level of need is a key part of the proposed model for the NHS health checks programme and is outlined clearly within the specification.

The health needs assessments that have informed the development of the options and recommendations also focussed on evidence around health inequalities. An executive summary of these needs assessments is appended to the Cabinet report.

Key findings

Key findings of the needs assessments include that:

- The odds of smoking amongst adults (aged 18-64) with a routine and manual occupation in Rotherham are 2.9 times the odds of smoking amongst people in other occupations.
- 36% of adults with long term mental illness and 25% of adults with anxiety or depression smoke in Rotherham.
- 27% of unemployed people smoke compared to 15% of employed people, nationally.
- 20% of people who are from a Mixed ethnic group smoke, followed by Other ethnicities (16%); White (14%); Black (10%) Asian (8%) and Chinese (7%) groups;
- 22% of people who identify as gay or lesbian smoke compared to 16% of straight people nationally.
- 16% of men smoke compared to 13% of women nationally.
- There is a lack of granular data available regarding weight at a local level. However, certain risk factors have been identified including:
 - Men are more likely to be overweight, women to be obese.
 - o Increasing risk with increasing age, up until 65 years.
 - Black and White British ethnic groups.
 - o Those living in areas of higher socioeconomic deprivation.
 - o Those with learning difficulties or mental health difficulties including SMI.
 - Women identifying as lesbian or bisexual, heterosexual men.
- Additionally, there are also risk factors associated with being underweight, including:
 - Those aged 16-24 are the most likely to be underweight, with a decline towards middle age, and then an increase again towards older age.
 - Women identifying as 'other' sexual orientation and men identifying as gay, bisexual or 'other' sexual orientation.
 - People with learning disabilities.

These findings will be used as evidence to inform the development of the healthy lifestyles specification.

Actions

To underpin the recommissioning of the healthy lifestyles and behaviour change services, coproduction work with undeserved communities and other key stakeholders is planned. This will be led by voluntary sector partners and will help to shape the final pathway and model. The specification will include consideration of equality and diversity and meeting the needs of underserved groups. An equality analysis will be produced alongside this specification.

Date to scope and plan your Equality Analysis:	October 2022	
Date to complete your Equality Analysis:	November 2022	
Lead person for your Equality Analysis	Becky Woolley, Public Health	
(Include name and job title):	Specialist	

5. Governance, ownership and approval				
Please state here who has approved the actions and outcomes of the screening:				
Name	Job title	Date		
Anne Charlesworth	Head of Public Health Commissioning	16 th March 2022		

6. Publishing

This screening document will act as evidence that due regard to equality and diversity has been given.

If this screening relates to a Cabinet, key delegated officer decision, Council, other committee or a significant operational decision a copy of the completed document should be attached as an appendix and published alongside the relevant report.

A copy of <u>all</u> screenings should also be sent to <u>equality@rotherham.gov.uk</u> For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date screening completed	16 th March 2022
Report title and date	Public Health, Healthy Lifestyle
•	Services Pathway
If relates to a Cabinet, key delegated officer	Cabinet – May 2022
decision, Council, other committee or a	·
significant operational decision – report date	
and date sent for publication	
Date screening sent to Performance,	12 th April 2022
Intelligence and Improvement	·
equality@rotherham.gov.uk	