

Title of proposed EIA	Birmingham Joint Health and Wellbeing Strategy: Creating a Bolder, Healthier City (2022-2030)
Reference No	EQUA863
EA is in support of	New Strategy
Review Frequency	Annually
Date of first review	21/02/2023
Directorate	PIP
Division	Public Health
Service Area	Governance
Responsible Officer(s)	<input type="checkbox"/> Aidan Hall
Quality Control Officer(s)	<input type="checkbox"/> Shiraz Sheriff
Accountable Officer(s)	<input type="checkbox"/> Albert Uribe
Purpose of proposal	Health and Wellbeing Boards must publish a Joint Health & Wellbeing Strategy under the Health and Social Care Act 2012. This proposal assesses the new Strategy; Creating a Bolder, Healthier City (2022-2030), against the legally protected characteristics.
Data sources	Survey(s); Consultation Results; Interviews; relevant reports/strategies; Statistical Database (please specify); relevant research
Please include any other sources of data	Fingertips, LG Inform
ASSESS THE IMPACT AGAINST THE PROTECTED CHARACTERISTICS	
Protected characteristic: Age	Service Users / Stakeholders; Wider Community
Age details:	The overall impact of the Strategy is likely to be positive for all age groups. The life course recognises it is appropriate to ensure children get the best start in life and age healthily. The Strategy outlines 22 ambitions within the life course themes and a series of actions to deliver better outcomes for all ages. Certain age groups may be more affected by some of the five core themes, for example young people and Creating a Green and Sustainable Future (theme 4). However, the ambitions and associated actions (e.g. reducing air pollution) will positively impact this group. Dependent on the

impact this group. Respondents to the consultation varied by age, and an additional focus group with young people (aged 14-19) was commissioned to understand the views of this population. The survey and focus groups found no adverse impact on this protected characteristic.

Protected characteristic: Disability

Service Users / Stakeholders; Wider Community

Disability details:

A disability is 'a physical or mental impairment which has a long-term and substantial adverse effect on the ability to carry out normal day-to-day activities'. Many people in Birmingham have a disability or long-term condition. This Strategy will focus on 'Closing the Gap' and reducing inequalities and should therefore deliver benefits for people with a disability. One of the five areas of focus for the Board is to reduce inequalities experienced by the disabled community. There are also specific ambitions that will positively impact this characteristic. This includes reducing the inactivity gap between those living with disabilities and long-term health conditions and those without and increasing the number of targeted health checks (e.g. for people with learning disabilities and/or severe mental health issues). The various methods of consultation found no adverse impact on this protected characteristic.

Protected characteristic: Sex

Service Users / Stakeholders; Wider Community

Gender details:

We expect the overarching goal of '*Closing the Gap*' will address inequalities based on this characteristic. Women make up a disproportionate amount of our carers, and men make up a disproportionate amount of those experiencing homelessness in Birmingham. In tackling these inequalities, improving the social determinants of health, and

supporting those communities of identity and experience, we can positively impact this characteristic through this Strategy.

Protected characteristics: Gender Reassignment

Service Users / Stakeholders; Wider Community

Gender reassignment details:

Data on the transgender population in England is limited because the subject is not included in the 2011 Census. The 2021 Census (results not published at the time of completing this assessment) does include a question asking: "*Is the gender you identify with the same as your sex registered at birth?*". The best current estimate is that around 1% of the population might identify as transgender, including people who identify as non-binary. We know that this community face significant health inequalities throughout their lives, and this Strategy's mission to close the gap will have a positive impact. This includes furthering the understanding of these inequalities and addressing them as a partnership. Our consultation included a Health Impact Assessment (HIA) to understand the potential health effects of the Strategy on the LGBT+ community. The HIA, alongside our survey, found no adverse impact on this protected characteristic.

Protected characteristics: Marriage and Civil Partnership

Not Applicable

Marriage and civil partnership details:

Protected characteristics: Pregnancy and Maternity

Service Users / Stakeholders; Wider Community

Pregnancy and maternity details:

The Strategy is likely to have a positive impact on this group. The life course approach recognises the importance of upstream factors to support people from pre-conception to age healthily. This starts before birth; therefore supporting people in this group will help us close the gap in health inequalities such as infant mortality.

Protected characteristics: Race

Service Users / Stakeholders; Wider Community

## Race details:

According to the 2011 Census, the Black and Minority Ethnic (BME) Population (population whose ethnicity is not White) was 42.1%. The same value for England is 14.6%. There is a range of national evidence on the health and wider inequalities affecting ethnically diverse groups. For example, people from ethnic minority groups are more likely than those from the White British group to report having long-term illnesses and poor health. This Strategy commits to tackling inequalities between ethnic communities and will positively impact this characteristic. Our Strategy signposts to work such as the Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) project. In addition to our Be Heard Survey, we commissioned focus groups to ensure we had views from minority ethnic communities. The survey and focus groups found no adverse impact on this protected characteristic. This Strategy will improve our understanding and evidence of inequalities and respond to them.

## Protected characteristics: Religion or Beliefs

Service Users / Stakeholders; Wider Community

## Religion or beliefs details:

The interaction between faith, religion, and health is complex, reflecting the role that faith plays in our health beliefs and behaviours and the impact of religious rules on aspects of our lives, such as food and physical activity. There is limited evidence on inequalities linked to faith and religion. In addition to our Be Heard Survey, we commissioned focus groups to ensure we had views from faith communities. We also conducted a Health Impact Assessment to understand the potential health effects of the Strategy on a particular faith community. The survey and focus groups found no adverse impact on this protected

characteristic. This Strategy will improve our understanding and evidence of inequalities and respond to them.

Protected characteristics: Sexual Orientation

Service Users / Stakeholders; Wider Community

Sexual orientation details:

The Birmingham Public Health Division estimate the LGBT+ population of Birmingham to be approximately 45,000 adults. There is strong epidemiological evidence that members of the community face significant health inequalities throughout their lives. Our consultation included a Health Impact Assessment (HIA) to understand the potential health effects of the Strategy on the LGBT+ community. The survey and HIA found no adverse impact on this protected characteristic. This Strategy will improve our understanding of these inequalities and address them as a partnership.

Socio-economic impacts

This Strategy will tackle the wider determinants of health and therefore have a positive socio-economic impact.

It is well understood that health and disease are predominantly the result of the wider determinants of a person's life, rather than their genetics or age. Factors such as poverty, education, housing, employment and the environment in which we live, work and play all impact on our health and wellbeing.

Please indicate any actions arising from completing this screening exercise.

Please indicate whether a full impact assessment is recommended

NO

What data has been collected to facilitate the assessment of this policy/proposal?

Consultation analysis

Adverse impact on any people with protected characteristics.

Could the policy/proposal be modified to reduce or eliminate any adverse impact?

Could the policy/proposal be modified to reduce or eliminate any adverse impact?

How will the effect(s) of this policy/proposal on equality be monitored?

What data is required in the future?

Are there any adverse impacts on any particular group(s)

No

If yes, please explain your reasons for going ahead.

Initial equality impact assessment of your proposal

Consulted People or Groups

Informed People or Groups

Summary and evidence of findings from your EIA

*Creating a Bolder, Healthier City (2022-2030)* is expected to have a strong positive impact on inequalities through the aim of 'Closing the Gap'. Through the findings from the consultation and developing the Strategy with professionals and the public, we do not predict adverse impacts on any of the protected characteristics. The Strategy is a commitment of the Health and Wellbeing Board to equality, diversity and inclusion. These values are at the centre of our ambitions, actions and leadership across the five core themes and life course.

#### QUALITY CONTROL SECTION

Submit to the Quality Control Officer for reviewing?

No

Quality Control Officer comments

The EIA carried out has looked into all aspects that will not adversely impact the protected characteristics of the aforementioned groups and hence can proceed forward.

Decision by Quality Control Officer

Proceed for final approval

Submit draft to Accountable Officer?

No

Decision by Accountable Officer

Approve

Date approved / rejected by the Accountable Officer

24/02/2022

Reasons for approval or rejection

Please print and save a PDF copy for your records

Yes

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