

Equality Impact Assessment

1 What is being equality impact assessed?

Joint Strategic Needs Assessment (JSNA) for Kirklees 2010.
The JSNA can be accessed at www.kirklees.gov.uk/jsna.

2 Description of the function being equality impact assessed

The aim of the JSNA is to enable NHS Kirklees, Kirklees Council and other relevant stakeholders to understand the health and wellbeing needs of the local population. The JSNA should be used to help focus efforts on the most important issues affecting the wellbeing and health inequalities experienced by local people. It is not a document designed for the general public, but needs to be produced in accessible formats and language for service planners and commissioners.

The JSNA provides a range of information to enable people to ask the right questions and answer them, specifically:

What difference are why trying to make for whom?

- What does the JSNA tell you about:
 - the specific population you are interested in?
 - the issues affecting that population and how these are changing?
 - the groups experiencing better/worse outcomes?

What are the factors that cause the difference?

- What does the JSNA tell you about:
 - why those groups are experiencing worse outcomes?
 - the causes of those differences?

What actions will be effective in tackling this difference?

- What does the JSNA tell you about:
 - potential actions?

How are we using resources proportionate to the gradient of need of local people?

- What does the JSNA tell you about:
 - key indicators you could use to match resources to need?

How will we know if we have made a difference & to whom?

- What does the JSNA tell you about:
 - the current picture for you target groups?
 - key indicators to measure change in their needs?

There are three potential starting points for using the JSNA to answer these questions:

People	particular groups within the overall Kirklees population.
Issue	specific issues that impact on the health and wellbeing of people in Kirklees.
Place	Kirklees and its 6 Town & Valley localities and, where relevant and possible, below locality level to highlight the significant difference within localities, i.e. between Holme Valley and Colne Valley, the north and south of Huddersfield, Mirfield and Denby Dale & Kirkburton, Batley and Birstall & Birkenshaw.

3 Lead contact person for the Equality Impact Assessment

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4 Who else is involved in this Equality Impact Assessment

Members of the JSNA project group.

5 Sources of information used to identify barriers etc.

The JSNA draws on a range of data sources to identify (differences in) health and wellbeing needs of the Kirklees population. These include national sources (e.g. ONS), local surveys and databases (including CLIK, YPS) and user involvement processes. For more information see the Methods section of the JSNA.

6 What does your research tell you about the impact your proposal will have on the following equality groups?

The impact of the JSNA on equality groups is dependent on the way it is used to inform strategic planning and commissioning plans. The JSNA reflects the needs of the local population and highlights health and wellbeing inequalities between different populations and Kirklees as a whole. These populations include those based on ethnicity, disability, age, gender, sexual orientation and religion and belief, although there is less reliable local information about the latter two, especially religion and belief.

Kirklees comprises a mix of urban communities and rural areas. The resident population of Kirklees was 430,197 in July 2010, from GP registrations.

BME:

Kirklees has an ethnically diverse population including people of Pakistani, Indian, Irish, Afro-Caribbean and Black African origin. There is a small Afro-Caribbean population mainly located in Huddersfield. Over 1 in 8 people are of south Asian origin, Pakistani and Indian primarily. Over a third of young people in the north of Kirklees are of south Asian origin, predominantly in Dewsbury and Batley. This is a higher proportion than in the south of Kirklees.

Local sources of information which involve BME groups in informing the JSNA include the CLIK and YPS surveys.

People of south Asian or Black origin had poorer social functioning as well as their emotional health affecting their role. There was little difference for physical functioning. This may have implications for how integrated they feel socially and roles both at work or in the family, especially as people from BME communities identified themselves as feeling more isolated.

Disability:

Indicators of health functioning and disability were derived from the CLIK and YPS surveys which asked people their perceptions about their limitations compared to their expectations.

Over 1 in 4 (28%) adults aged 18 years and over identified that a health problem or disability affected their everyday life. Just over 1 in 10 (12%) 14 year olds identified this. For those aged under 65 years just over 1 in 10 (12%) needed support with daily tasks. This rose to over a third (38%) of those aged 65 and over. The highest rates for both age groups were in Dewsbury (18 and 42% respectively).

Health functioning remained worse locally than nationally for all domains. Emotional role and mental health had deteriorated since in 2005, across all ages, as well as physical functioning in those aged under 65 years, emphasising that although mortality may have reduced, morbidity has not.

Dewsbury continued to have the worst functioning across all ages. Huddersfield South had poor functioning particularly for those aged under 65 years, and Batley for those aged over 65 years. Denby Dale & Kirkburton, Holme Valley and Mirfield all had better functioning than Kirklees overall.

Age:

The resident population (using GP registrations) increased by 1% between January 2008 and July 2010. Women aged over 75 years outnumbered men by just under 2 to 1, otherwise men and women were evenly split across all ages.

The age structure in July 2010 showed Kirklees to have proportionately more residents aged under 15 years than England and Wales, 21% vs. 18%, and similar proportions of working age (63%) and aged over 65 years (16%). Nearly 1 in 4 of the Kirklees population was aged less than 19 years.

Older respondents to the CLIK survey were less likely than younger respondents to rate their overall health as excellent or good, and were more likely to have suffered from health conditions over the previous 12 months, especially pain problems such as arthritis and high blood pressure. Physical functioning was poorer in older people than younger people.

Younger respondents were less likely than older respondents to have reported positive mental health. Respondents aged 18-24 were the most likely age group to have reported suffering from depression, anxiety and other nervous illness over the previous 12 months. Mental health status was worse in 18-24 year olds than in every other age group.

Gender:

Female respondents to the CLIK survey are more likely to be younger than male respondents. Male respondents are more likely to be disabled.

Female respondents were more likely than male respondents to have rated their overall health as excellent or good. Male respondents were more likely than female respondents to have reported suffering from health conditions in the previous 12 months, particularly pain problems and high blood pressure. Physical functioning was better in women overall than in men.

Female respondents were more likely than male respondents to have reported suffering from depression, anxiety or other nervous illness in the previous 12 months. Mental health status was better in men overall than in women.

Sexual orientation:

The CLIK survey asks participants to describe their sexual orientation. This allowed identification of some differences in self reported health and wellbeing by sexual orientation. *Note that the findings from this survey need to be interpreted with caution given the relatively low numbers identifying themselves as LGB.*

Of those indicating their sexual orientation, 98% were heterosexual and 2% were lesbian, gay or bisexual (LGB).

LGB respondents were as likely as heterosexual respondents to have reported good overall health. The prevalence of health conditions was similar among LGB and heterosexual respondents.

LGB respondents (particularly bisexual women) had worse mental health functioning than heterosexual respondents and were less likely than heterosexual respondents to have reported positive mental health and emotional well-being. LGB respondents were more likely to have reported suffering from depression, anxiety and other nervous illness in the previous 12 months

and more likely to have reported accomplishing less in the previous month because of emotional problems.

LGB respondents were more likely than heterosexual respondents to be smokers and more likely than heterosexual respondents to have reported wanting to increase their levels of physical activity in the future.

LGB respondents were more likely than heterosexual respondents to have reported feeling lonely or isolated where they live for all or most of the time. LGB respondents (particularly 18-24 year olds) were more likely than heterosexual respondents to expect to be living outside of Kirklees in five years time.

LGB respondents were more likely than heterosexual respondents to live alone and to be receiving a household income of under £10k per annum.

Religion and belief:

The data sources used to develop the JSNA do not currently enable an analysis of health and wellbeing differences based on religion and belief.

7 Consultation: new or previous:

As stated above, the JSNA is based on data obtained from a range of sources, including two surveys of local populations. The CLIK survey (2008) was carried out by Ipsos MORI North on behalf of NHS Kirklees and Kirklees Council. The survey provided detailed information on the social, economic, lifestyle and health status of a sample of adults aged 18 and over across Kirklees. The Young People Survey (2009) was carried out in schools by Schools Nurses on behalf of NHS Kirklees, Kirklees Council, and West Yorkshire Police. The survey provided information about health and wellbeing, lifestyle and community safety factors affecting 14 year olds in Kirklees secondary schools (year 9).

Smaller focus groups have also been carried out with groups of young people in the development of the JSNA (2011), following up the survey data from 2009 and developing children and young people's involvement in school cluster commissioning through the new Health in Schools approach. These focus groups included disabled children and young people and LGB young people.

8 Assessment and actions needed

Location of organisational barriers	Assumption of normality / description of barrier	Action needed	Responsibility	Deadline
Geographical location	Some equality groups have higher representation in different geographical localities, e.g. south Asian populations in Dewsbury, Batley and areas of Huddersfield.	Service planners and commissioners need to take account of the diversity of the resident population within the different Town & Valley localities.	Town & Valley Committees, WHIST, Children's Trust	April 2012
Built environment	Normal	None		
Information and communication	JSNA is a written document not easily accessible to people with a visual impairment or who have limited or no English literacy.	Ensure on-line versions are compatible with 'browsealoud' plugin.	Communications and graphics teams	July 2011
Timing	Normal	None		

Location of organisational barriers	Assumption of normality / description of barrier	Action needed	Responsibility	Deadline
Involvement in planning	<p>Engagement and consultation has been carried out with the public, health and social care professionals throughout the development of the JSNA.</p> <p>The JSNA is based on surveys of populations within Kirklees, including representation from the equality groups.</p>	Plan approaches to the production of information and involvement of groups representing the diversity of sexual orientation and religion and belief across Kirklees need to be considered in production of future editions of the JSNA.	JSNA Project Board	Dec 2011

	Professionals from a range of agencies and services were involved in writing sections relevant to their area.			
Costs of the service	Ongoing human and financial resources will be needed to produce the JSNA.	Implications need to be highlighted to new Health and Wellbeing Board, for whom the JSNA will be a key responsibility from 2013.	Lead director (DPH/DCS/DASS) and JSNA Project Board	April 2012
Customer care and staff training	Commissioners should refer to this document when scoping new service developments, redesigning care pathways or commissioning services and interventions.	The JSNA will be presented to key decision making groups such as WHIST, Children's Trust, NHS Kirklees Board, Clinical Commissioning Groups and Kirklees Council Cabinet	JSNA Project Board	July- October 2011
Specific issues/ barriers	<p>Lack of information relating to religion and belief in Kirklees.</p> <p>Lack of robust information about the health and wellbeing needs of LGBT populations in Kirklees.</p> <p>Lack of reliable and robust information about disability in Kirklees particularly children and young people.</p>	Plan approaches to the production of information and representation from groups representing the diversity of religion and belief, LGBT and disability across Kirklees need to be considered in future production of the JSNA	JSNA Project Board	Dec 2011

9 Methods of monitoring progress on actions

The JSNA is reviewed at least tri-annually. The JSNA Project Board will be responsible for ensuring action arising from this equality impact assessment is implemented in approving the project plan for delivery of the next JSNA.

10 Publishing the Equality Impact Assessment

The Equality Impact Assessment will be published on the JSNA website www.kirklees.gov.uk/jsna.

11 Signing off equality impact assessment:

The JSNA Project Board signed off the full and complete JSNA containing all supporting documents, including this EIA, in June 2011.