

# Equality Impact Assessment: Screening Tool

## Summary of proposal

Name of proposal	Health and Well-being strategy 2024-2030
Reference number (if applicable)	
Service Area	Public Health
Date screening completed	02.07.2024
Screening author name	Charlotte Ashton
Fairness and Equality team sign off	Monika Milewska
Authorising Director/Head of Service name	Jonathan O'Sullivan

Before completing the EQIA Screening Tool please read the guidance and FAQs. For further help and advice please contact [equalities@islington.gov.uk](mailto:equalities@islington.gov.uk).

# Please provide a summary of the proposal.

Please outline:

- What are the aims/objectives of this proposal?
- Will this deliver any savings?
- What benefits or change will we see from this proposal?
- Which key groups of people or areas of the borough are involved?

## **Aims and objectives**

We are refreshing the Health and Well-Being strategy (JHWS). JHWSs should explain what priorities the Health and Well-Being Board has set to tackle the needs identified in their JSNAs and elsewhere. They identify where the Board, by working together, can add value and impact. This is about setting a small number of **key strategic priorities** for action, that will make a real impact on people's lives. JHWSs should translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs. The JHWS is focused on improvements in life expectancy and healthy life expectancy, and to narrow the gaps between groups.

The refreshed strategy is focused around four key priorities – supporting residents across the life course:

- **Start Well:** All children and young people have the best start in life. This means that children learn and develop physically, emotionally and socially to reach their unique full potential.
- **Live Well:** More people in Islington enjoy good health for longer and can stay well in the community.
- **Age Well:** Supporting our residents to age well by living fulfilling, independent lives, thereby improving quality of life in older age: making Islington a welcoming place to grow old in.
  
- **Healthy Environments:** To build health promoting environments which enable all our residents to live full and healthy lives.

**Will this deliver any savings?**

Specific savings are not attached to the HWBS. However, the HWBS has a key focus on prevention and early intervention which has the potential to prevent or delay the need for more acute or specialist support longer term. The HWBS puts an emphasis on how working in partnership can make best use of existing resource.

**Benefits and changes**

The overall intended outcome of the strategy is to reduce the health inequalities experienced in Islington and improve health and wellbeing for all with a particular focus on improving life expectancy and healthy life expectancy, and to narrow the gaps between groups.

**Key groups**

The strategy takes a life course approach, addressing key issues across different age groups. The strategy applies to all residents across the whole of the borough.

On whom will the proposal impact? Delete as appropriate.

Group of people	Impacted?
Service users	Yes
Residents	Yes
Businesses	Yes

Group of people	Impacted?
Visitors to Islington	No
Voluntary or community groups	Yes
Council staff	No
Trade unions	No
Other public sector organisations	Yes
Others	Please specify: The strategy has a specific focus on reducing inequalities in outcome and reducing the gap seen between different groups within Islington.

# What consultation or engagement has taken place or is planned?

Please outline:

- Which groups or communities you have consulted/plan to consult
- Methods used/will use to engage (for example, focus groups)
- How insight gained from engagement or consultation has been/will be fed into decision making or proposal design

If you have not completed any engagement activity and do not plan to, you should outline why this decision has been made.

Our approach to health and health inequalities places significant emphasis on listening to the views and experiences of local people and communities, and engaging and acting on those to identify actions and ways of improving health and wellbeing and promoting healthier behaviours. Over the past few years the Council, the local NHS and HealthWatch have developed significant mechanisms, approaches and programmes of work focused on engaging residents and patients in the planning, development, delivery and evaluation of local health and care services. This has informed the development of this strategy.

Once the draft strategy has been agreed by the Health and Being Board a more formal period of consultation will be used to further develop the new strategy and priorities.

Targeted engagement and coproduction with residents and partners will be central to taking forward the actions that come out of the JHWS.

# What impact will this change have on people with protected characteristics and/or from disadvantaged groups?

Of the groups you have identified above, please now indicate the likely impact on people with protected characteristics within these groups by checking the relevant box below. Use the following definitions as a guide:

Neutral – The proposal has no impact on people with the identified protected characteristics

Positive – The proposal has a beneficial and desirable impact on people with the identified protected characteristics

Negative – The proposal has a negative and undesirable impact on people with the identified protected characteristics

You should then assess whether the negative impact has a low impact, medium impact or high impact. Consider the level and likelihood of impact. Please also think about whether the proposal is likely to be contentious or perceived as a negative change by certain groups, as this could justify the completion of a full EQIA. See the guidance for help.

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	<p>The strategy includes a range of priorities across the life course.</p> <p>Early experiences have profound and enduring effects on children’s health, wellbeing and learning. In the context of Islington’s commitment to fairness and equality (2030 plan), we want to reduce health, social and education inequalities so that every child has the best start in life, is able to thrive by five, and has the opportunity to develop and progress well to adulthood.</p> <ul style="list-style-type: none"> <li>Islington’s population of children and families is changing. Islington is expected to see a decrease in the under 18s population. Islington has one of the highest levels of child poverty in the country, with an estimated 27.5% of Islington children living in income deprived households, the highest proportion in London and the tenth highest in the country. (IDACI 2019) Among these, there are about 7,200 households in relative poverty with 6,381 children affected.</li> </ul> <p>Healthy life expectancy over the last decade has improved significantly, and together with wider demographic changes, we are seeing more people reaching older ages. However, there are inequalities in people’s experience of older age.</p>

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
				<p>The JHWS articulates the importances of coming together to support all residents to enjoy later life, supporting residents to feel socially connected and to maximise independence and minimise time in poor health. Core to our approach is how we improve quality of life in older age.</p> <ul style="list-style-type: none"> <li>• The life expectancy of males in Islington (79.5 years) was lower than the life expectancy of males across London (80.3 years). The healthy life expectancy of men in Islington was 63 years; this was similar to the healthy life expectancy of men in London (63.8 years). The life expectancy of women in Islington was 83.2 years compared to 84.3 years in London. The healthy life expectancy of women in Islington was 63.8 years and 65 years in London.</li> <li>• Our ageing population is a primary driver of adult social care demand. Of the 22,948 older adults in Islington, 2,720 (11%) receive support from Adult Social Care. The majority of residents receiving support are older adults (53%).</li> <li>• In 2019, 33.6% of older residents experienced deprivation specifically related to low income.</li> </ul>



Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
				<p>The proportion across England was less than half this (14.2%).</p> <ul style="list-style-type: none"> <li>Men and women who have reached the age of 65 and are living in the worst-off areas of Islington can expect to live 9.1 and 3.4 fewer years in good health respectively, than their counterparts living in the best-off areas of Islington.<sup>1</sup></li> </ul>
Disability (include carers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	<p>The JHWS includes a priority to create a carer friendly borough – where carers are supported to have lives of their own and respected as experts:</p> <ul style="list-style-type: none"> <li>According to data from the 2021 Census, 15,000 residents in Islington provide unpaid care (7.2% of the population). 7,400 residents provided 20+ hours of unpaid care per week, with 3,900 residents providing 50 or more hours of unpaid care per week. However, it is likely this figure underestimates the true number of carers, carers have not identified themselves as carers in the Census.</li> <li>The Survey of Adult Carers in England (SACE) has been developed to learn more about whether services received by carers are helping them in their caring role and their life outside of caring. In 2021/22 the SACE was</li> </ul>

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
				<p>distributed to 768 carers known to Islington Council and resident in the borough, 208 carers responded:</p> <ul style="list-style-type: none"> <li>○ 29% of carers reported they had as much social contact as they would like (remained steady over time).</li> <li>○ The proportion of carers who find it easy to find information about services has reduced over time (57% 2021/22 and 63% 2018/19).</li> <li>○ The overall satisfaction of carers with social services has increased since 2018/19 (31% in 2021/22 vs 27% 2018/19).</li> </ul>
Race or ethnicity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	<ul style="list-style-type: none"> <li>• Gender, ethnicity, disability and socio-economic status are all factors that influence life expectancy. The life expectancy of males in Islington (79.5 years) was <b><u>lower than the life expectancy of males across London</u></b> (80.3 years). The healthy life expectancy of men in Islington was 63 years; this was similar to the healthy life expectancy of men in London (63.8 years). The life expectancy of women in Islington was 83.2 years compared to 84.3 years in London. The healthy life expectancy of women in Islington was 63.8 years and 65 years in London. The JHWS is focused on</li> </ul>

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
				improvements in life expectancy and healthy life expectancy, and to narrow the gaps between groups. JHWS identifies the importance of consideration being given to cultural appropriateness of the offer and cultural competence of professionals working with residents. Work to increase access and utilisation of services and interventions will need to be insight and evidence led, ensuring appropriate targeting of the offer (e.g. immunisation) among residents where inequalities in access are identified.
Religion or belief (include no faith)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Gender and gender reassignment (male, female or non-binary)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Maternity or pregnancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
Sex and Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Marriage or Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Other (e.g. people living in poverty, looked after children, people who are homeless or refugees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	<ul style="list-style-type: none"> <li>The JHWS is focused on improvements in life expectancy and healthy life expectancy, and to narrow the gaps between groups. Gender, ethnicity, disability and socio-economic status are all factors that influence life expectancy.</li> <li>Data consistently indicates that vulnerable children, including Children Looked After, refugee and asylum seekers, young carers, and young people involved in youth violence, experience worse health outcomes and have poorer life chances than other children. As such the most effective interventions require us to work in an ever more integrated way across education, health, care, housing, and wider, to deliver evidenced based targeted integrated services that are able to address the full range of needs, as is articulated in this strategy.</li> </ul>

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
				<ul style="list-style-type: none"> <li>One of the areas identified within the JHWS is to create healthy homes, with a focus on people who are particularly vulnerable: In 2022/23, more people in Islington were deemed at risk of homelessness (owed a prevention or relief duty under the Homelessness Reduction Act) compared to the London average (22 people per 1,000 v 16 per 1,000). 337 people were rough sleeping across the borough which is 100 more than in 2021/22. Islington has less affordable housing compared to the London average.</li> </ul>

## How do you plan to mitigate negative impacts?

Where there are disproportionate impacts on groups with protected characteristics, please outline:

- The other options that were explored before deciding on this proposal and why they were not pursued
- Action that is being taken to mitigate the negative impacts

Action	Lead	Deadline	Comments

Action	Lead	Deadline	Comments

Screening Decision	Outcome
Neutral or Positive – no full EQIA needed*.	Yes
Negative – Low Impact – full EQIA at the service director’s discretion*.	No
Negative – Medium or High Impact – must complete a full EQIA.	No
Is a full EQIA required? Service decision:	No
Is a full EQIA required? Fairness and Equality recommendation:	No

\* If a full EQIA is not required, you are still legally required to monitor and review the proposed changes after implementation to check they work as planned and to screen for unexpected equality impacts.

Please send this completed EQIA Screening Tool to [equalities@islington.gov.uk](mailto:equalities@islington.gov.uk) for quality checking by the Fairness and Equality Team.

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[State of Equalities in Islington 2023](#)