

**C&L/AD/5&6: Preventative Spend:
Community Health Co coordinators and Community Food and Health
Practitioners**

Equality Impact Assessment

Question	Answer
Please list the name(s) of those who are completing this assessment	Cathy Steer Helen Sikora Marie Law Alison Phimister Tricia Morrison Donellen Mackenzie Christian Nicolson
Describe the policy/practice being assessed	Highland Council proposal to withdraw preventative spend funding from the Community Health Co-ordinator and Community Food and Health initiative in deprived areas of the Highland Health and Social Care Partnership
What existing sources of information have you gathered to help identify how people covered by the protected characteristics may be affected by this policy or service? Consider staff and service users.	Sources of information: National: <ul style="list-style-type: none"> • Scottish Index of Multiple Deprivation • Health Inequalities in Scotland – Audit Scotland report • The Scottish Parliament. Health and Sport Committee Report on Health Inequalities. 2015 • Marmot M, Atkinson T, Bell J, Black C, Broadfoot P, Cumberlege J, et al. Fair Society, Healthy Lives. The Marmot Review. London: The Marmot Review, 2010 • Macintyre S. Inequalities in health in Scotland: What are they and what can we do about them? Glasgow: MRC Social & Public Health Sciences Unit; 2007 • Christie Commission. The Future Delivery of Public Services. Public Services Commission; 2011. • The Community Empowerment (Scotland) Act; 2015 Local: <ul style="list-style-type: none"> • Socio-economic data for Highland (Highland SEP index) • Adult Health and Wellbeing profiles (2012) • Children and Young People’s health and wellbeing profiles (2013) • NHS Highland Director of Public Health Annual report 2011 • Working towards a fairer Highland: Equalities Outcomes • Working towards a fairer Highland: Mainstreaming equalities • Highland Single Outcome Agreement • Evaluation of the Community Health Co-ordinator and Community Food and Health Practitioner initiative (Draft report)

	<p>Insight provided includes:</p> <ul style="list-style-type: none">• There have been long-term increases in average life expectancy in Highland and considerable improvements in overall health. However, there are still significant differences in life expectancy and health depending on deprivation, age, gender, where people live, and ethnic group.• There is a commitment to prevention and supporting people to have their say in public services in the Highland Council's 'A Fairer Highland', equalities outcomes report. These are two key objectives of the work of the Community Health Co-ordinators and the Community Food and Health Practitioners work• Reducing health inequalities and targeting work at our most deprived communities is a priority for the Highland CPP and forms a key strand of the work of the CPP health inequalities theme group delivery plan• The initial evaluation of the preventative spend work has demonstrated a positive impact on individuals and communities within the targeted areas• Currently the absolute gap in life expectancy at birth between those living in the most deprived and least deprived areas in Highland is 14 years• Those at highest risk of inequalities in deprived areas are; older people, young people, disabled people, people with mental health problems, ethnic minorities• Given the complex and long-term nature of health inequalities, no single organisation can address health inequalities on its own• Shifting resources from dealing with the consequences of health inequalities to effective early intervention and access to preventative services is essential to tackling health inequalities• Action on health inequalities requires action across the wider determinants of health.• Reducing health inequalities will have economic benefits and reduce public sector costs• It is essential to create and develop healthy and sustainable places and communities and strengthen the role and impact of ill-health prevention to reduce health inequalities• National policies will only work if effective local delivery of health equity work is in place, including effective participatory decision making at local level and work to empower individuals and communities• Public services should be built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience; work together effectively to achieve outcomes and prioritising prevention, reducing inequalities and
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	<p>promoting equality</p> <ul style="list-style-type: none"> • building personal and community capacity, resilience and autonomy or "social capital", should be a priority in any on-going work with communities • The areas targeted by the preventative spend initiative are within the top twenty percent of deprived areas in Highland and appear in the priority areas for action on inequalities within the Highland Socio Economic Performance index • Communities should be supported to have greater influence and control of things that matter to them, with particular efforts being put into deprived communities. This support should be resourced • The role of communities should be strengthened in relation to them having a say in how services are planned and run and should be supported to do this 				
<p>Are there gaps in evidence that make it difficult to judge if the existing or proposed policy might affect different groups of people? If so, what are the gaps and how can this be addressed?</p>	<p>The initiative has been running for a relatively short period of time (less than two years). Data detailing the outputs of the initiative have been recorded and this information forms part of the evaluation report mentioned above. However the evaluation only covers the first twelve months of the initiative and therefore data for the lifetime of the initiative has not yet been reviewed/reported.</p> <p>Information on engagement in activities by ethnic minorities, sexual orientation, disability or faith is not routinely available.</p>				
<p>What involvement, engagement or consultation has taken place as part of the development or review of this policy? How has it informed the assessment of how people covered by protected characteristics may be affected?</p>	<p>There has been no engagement or consultation with partners, including NHS Highland as the employing organisation for the posts funded through this preventative spend initiative.</p> <p>There has been no engagement or consultation with the communities affected by this proposal.</p> <p>There has been no consultation with staff affected by this proposal.</p>				
<p>Having considered the information gathered (including involvement and consultation) how would you assess the likely impact of the policy</p>	<p>The Council's proposal to withdraw funding for the Community Health Co-ordinators and Community Food and Health Practitioners is likely to have a negative impact on Highland's most deprived communities and vulnerable individuals within those communities.</p> <p>The following table outlines the likely impacts:</p> <table border="1" data-bbox="651 1917 1401 2033"> <thead> <tr> <th data-bbox="651 1917 1177 1989">Impact</th> <th data-bbox="1177 1917 1401 1989">Nature of impact</th> </tr> </thead> <tbody> <tr> <td data-bbox="651 1989 1177 2033">Relationships and trust between</td> <td data-bbox="1177 1989 1401 2033">NEGATIVE</td> </tr> </tbody> </table>	Impact	Nature of impact	Relationships and trust between	NEGATIVE
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	communities and public sector organisations	
	Impact	Nature of impact
	Support for community led/run initiatives aimed at tackling the wider determinants of health	NEGATIVE
	Community capacity building	NEGATIVE
	Support communities to engage with public sector agencies and support implementation of the Community Empowerment Act	NEGATIVE
	Healthy eating initiatives in the targeted areas	NEGATIVE
	Activities to increase physical activity in targeted communities	NEGATIVE
	Initiatives that tackle social isolation and social cohesion in targeted communities	NEGATIVE
	Delivery of Well Now healthy weight course in targeted communities	NEGATIVE
	Networking of local practitioners	NEGATIVE
	Networking of local community groups	NEGATIVE
	Social prescribing	NEGATIVE
	Development of community facilities for example – <ul style="list-style-type: none"> • Community cafe • Allotment/community growing • Community hub 	NEGATIVE
	Uptake of healthy start scheme	NEGATIVE
	Delivery of capacity building training in targeted communities for example – <ul style="list-style-type: none"> • Participatory Action Research • Health Issues in the Community • Ketso – community participation/priorities • Cooking skills courses • Food for thought courses • Health topic workshops and training – alcohol, mental health, long term conditions 	NEGATIVE
	Volunteering initiatives for example– <ul style="list-style-type: none"> • Meal makers initiative • Community gardening • Men’s sheds 	NEGATIVE
	Staff redeployment	NEGATIVE

<p>Identify which groups covered by the protected characteristics are affected. Briefly explain why and include both negative and positive impacts.</p>	<p>Older people – Older people are engaged in or will be affected by withdrawal of the activities delivered by the CHC and CF&HP, for example- meal makers, allotments, social prescribing, walking football, men’s sheds etc</p> <p>Disabled People/people with long term conditions – people with long term conditions or disabled people will be adversely affected by withdrawal of this initiative for example – social prescribing, mental health and stigma projects</p> <p>Young people – Young people are engaged in or will be affected by withdrawal of the activities delivered by the CHC and CF&HP, for example – healthy start scheme, cooking classes, underage drinking workshops, mental health and stigma project etc</p> <p>Gender – The uptake of support for healthy weight, cooking skills courses, healthy start etc is greater in women and they will be particularly negatively affected by withdrawal of this initiative.</p> <p>People experiencing socio-economic deprivation - All activities are targeted at people living in our most deprived communities. Therefore people experiencing socio-economic deprivation will be particularly negatively affected by withdrawal of this initiative.</p>
<p>If you have identified, or if there is the potential for, adverse or negative impact, which will disadvantage any particular group(s) can this be justified without changing the policy? If so, please give your reasons.</p>	<p>Evidence and policy highlight the need to tackle inequalities and particularly target resources and efforts at those the worst health outcomes, including people who live in areas of deprivation or who belong t specific equality groups.</p> <p>The impact would be negative as it essentially withdraws support that has been provided to these communities to help them engage with activities that tackle the wider determinants of health, lifestyle issues and supports communities to engage with public sector organisations and implementation of the Community Empowerment Act.</p>
<p>If the impact cannot be justified, what action will be taken to remove, mitigate or reduce adverse impact? Please identify the action(s).</p>	<p>Find alternative sources of funding??</p> <p>Redirect resource from alternative activities</p>
<p>Please provide details of arrangements to monitor and review the policy and any</p>	<p>The initiative has been monitored through the Highland Community Planning Partnership. Proposals to withdraw the funding for the preventative spend initiative should be discussed and reviewed fully with partners and particularly with NHS</p>

mitigating actions.	Highland as the employing organisation. The matter should go through a formal partnership process with the joint resources committee and health and social care committee
Please state where the EQIA will be published	