Equalities Analysis Assessment – Health and Wellbeing Strategy

Department:	**Community Services**
Service area:	**Public Health**
Lead for EAA:	**Alfred Banya**
Author:	**Ellen Pringle**

Introduction

The Lewisham Health and Wellbeing Strategy is a commitment to improve the health and wellbeing of local people over the next ten years, specifically with a vision of:

"Health and wellbeing for all Lewisham residents by 2023"

In order to achieve this, it focuses on three overarching aims:

1. *To improve health;*
2. *To improve care; and*
3. *to improve efficiency*

Nine priority objectives have been selected as areas that, with continued focus, give the best chance of achieving both these three aims and the overall vision of health for all Lewisham residents by 2023. These priorities were selected on the basis of evidence from the Joint Strategic Needs Assessment on local health needs:

1. *Achieving a healthy weight*
2. *Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years*
3. *Improving immunisation uptake*
4. *Reducing alcohol harm*
5. *Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking*

6. *Improving mental health and wellbeing*
7. *Improving sexual health*
8. *Delaying and reducing the need for long-term care and support*
9. *Reducing the number of emergency admissions for people with long-term conditions*

This will provide the basis for commissioning plans within the reformed health and social care system. The overarching aim of the strategy is to reduce health inequalities, and it is essential that the strategy is fair and does not discriminate against any protected groups of people. In order to meet equality legislation set out in the Equality Act 2010, a public body must, in the exercise of its functions, have due regard to the need to:

(a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
(b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Equality law (Equality Act 2010) is clear that there are particular characteristics intrinsic to each individual, against which a person should not discriminate. Section 149 (the Public Sector Equality Duty) lists the goals of the Act and the characteristics, known as 'protected characteristics', against which we have to test for discrimination. These characteristics are gender, race/ethnicity, religion and belief, sexual orientation, age, gender reassignment, pregnancy and maternity, marriage and civil partnership and disability.

Lewisham's Joint Health and Wellbeing Strategy

The development and publication of a Joint Health & Wellbeing Strategy is a statutory duty under the Health and Social Care Act 2012. The purpose of the Strategy is to inform commissioning decisions across local services focussing on the needs of service users and communities based on evidence provided in the Lewisham Joint Strategic Needs Assessment (JSNA).

Local authorities, Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board will need to take the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy into account when producing commissioning plans so that their plans are fully aligned with the jointly agreed priorities in the Joint Health and Wellbeing Strategy.

The Draft Joint Health & Wellbeing Strategy will be signed off by the Health & Wellbeing Board in September 2013.

The Health and Wellbeing Board, as a statutory body, must show due regard to the Equality Act 2010 and demonstrate how it meets the Public Sector Equality Duty through the process of producing, publishing and updating both the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy. This equality analysis report is part of that process.

How we developed the Draft Health and Wellbeing Strategy for Lewisham

The process of developing the Health and Wellbeing Strategy recognised that the complexity of health and care can best be tackled if organisations and individuals work in partnership. The approach therefore built on the long history of partnership working in Lewisham, which often provides different perspectives, different resources and different levels of expertise to problems and recognises that the best solutions are developed together with those who the services affect. The overall responsibility for developing the strategy was that of Lewisham's Health and Well-being Board. The Board brings together individuals from the key organisations that deliver health and care services as well as representation from the borough's voluntary and community sector. The Board comprises:

- Lewisham Council
- Public Health Lewisham
- Lewisham Clinical Commissioning Group
- South London and Maudsley NHS Trust
- Lewisham Healthcare Trust
- Lewisham GP Federation
- Lewisham Local Medical Committee
- Voluntary Action Lewisham
- Lewisham Health Watch

The Board maintained an overview of the development of the Strategy, whilst the operational aspects of the process, including the public and community engagement activities were delegated to the Senior Officer Group that supports the work of the Board. The community and public engagement process, including its outcome, are reported in Section Two of this document.

Equalities Analysis Assessment

Section one: Assessment of data and research

List the data and research used to analyse the potential impacts across the protected characteristics.

General
Census 2011 (various elements)
Greater London Authority (2012) Population Projections 2012 Round, SHLAA
Office of National Statistics (2011) General Lifestyle Survey

Age
APHO (2012) Health and Wellbeing of Older People's Atlas
Lewisham Joint Strategic Needs Assessment (alcohol, tobacco control, sexual health, mental health, long term support, cancer, immunisations and healthy weight chapters)
Health Equity Audit of the Stop Smoking Service in Lewisham, May 2013
Health Survey for England 2009
Department of Health (2012) Long Term Conditions Compendium of Information
Purdy S, King's Fund (2010) Avoiding hospital admissions - what does the research evidence say?
Department of Health (2011) The likely impact of earlier diagnosis of cancer on costs and benefits to the NHS.
NHS Lewisham Health Equity Audit of Breast Cancer Screening 2010
K Robb, S Stubbings, A Ramirez, U Macleod, J Austoker, J Waller, S Hiom and J Wardle (2009) Public awareness of cancer in Britain: a population-based survey of adults (British Journal of Cancer 2009 101(Suppl 2): S18–S23)
Lewisham Public Health Performance Dashboards: Immunisations

Disability
Lewisham Joint Strategic Needs Assessment (alcohol, adults with learning disabilities and healthy weight chapters)
NHS Yorkshire and the Humber (2010) Healthy Ambitions for People with Learning Disabilities
Department of Health (2012) Long Term Conditions Compendium of Information

Child and Maternal Health Observatory (2011) Disability and obesity: The prevalence of obesity in disabled children

Gender
Lewisham Joint Strategic Needs Assessment (alcohol, tobacco control, sexual health, mental health, long term support, cancer, immunisations and healthy weight chapters)
Health and Social Care Information Centre (2013) Statistics on Obesity, Physical Activity and Diet, England.
Department of Health (2012) Long Term Conditions Compendium of Information
Health Equity Audit of the Stop Smoking Service in Lewisham, May 2013
London Health Improvement Board (2011) Alcohol
Hospital Episode Statistics (various years)

Pregnancy/Maternity
Lewisham Joint Strategic Needs Assessment (tobacco control, sexual health, immunisations and healthy weight chapters)
NHS Information Centre (2012) Statistics on Smoking in England
Lewisham Public Health Performance Dashboards: Immunisations
Kelly y et al (2009) Why does birthweight vary among ethnic groups in the UK? Findings from the Millennium Cohort Study
(J Public Health *(2009) 31 (1): 131-137)*

Race
Lewisham Joint Strategic Needs Assessment (alcohol, tobacco control, sexual health, mental health, long term support, cancer and healthy weight chapters)
Health Survey England (2004) (special focus on ethnic minority health)
Hospital Episodes Data (2011)
Selten, J-P, Cantor-Graae, E & Kahn, René S (2007) Migration and Schizophrenia
(Current Opinion in Psychiatry: March 2007 - Volume 20 - Issue 2 - p 111-115)
Kelly y et al (2009) Why does birthweight vary among ethnic groups in the UK? Findings from the Millennium Cohort Study
(J Public Health *(2009) 31 (1): 131-137)*
British Heart Foundation Health Promotion Research Group (2010) Ethnic Differences in Cardiovascular Disease
Diabetes UK (2010) Diabetes in the UK 2010: Key statistics on diabetes
Health Equity Audit of the Stop Smoking Service in Lewisham, May 2013

NHS Lewisham Health Equity Audit of Breast Cancer Screening 2010
K Robb, S Stubbings, A Ramirez, U Macleod, J Austoker, J Waller, S Hiom and J Wardle (2009) Public awareness of cancer in Britain: a population-based survey of adults
(British Journal of Cancer 2009 101(Suppl 2): S18–S23)
Public Health England (2013) HIV Epidemiology in London: 2011 Data

Religion/Belief
Department of Health (2009) Religion or Belief: a practical guide for the NHS

Gender Re-assignment
Department of Health (2007) Reducing health inequalities for lesbian, gay, bisexual and trans people
Gender Identity Research and Education Centre (2011) The Number of Gender Variant People in the UK - Update 2011

Sexual Orientation
Lewisham Joint Strategic Needs Assessment (demography, sexual health and mental health chapters)
Public Health England (2013) HIV Epidemiology in London: 2011 Data

Marriage/Civil Partnership
Derbyshire County Council (2013) Equality Impact Analysis of Health and Wellbeing Strategy

Deprivation
Lewisham Joint Strategic Needs Assessment (alcohol, tobacco control, sexual health, mental health, long term support, cancer and Lewisham profile chapters)
Health Equity Audit of the Stop Smoking Service in Lewisham, May 2013

Section two: Consultation and data used for the analysis

Give details of the consultation and results. List the data and sources.

A series of engagement activities took place in Lewisham around the Health and Wellbeing Strategy. Between December 2012 and April 2013 nine events were held; a total of over 500 people took part. The activities were designed to allow a broad range of stakeholders to contribute to the strategy's development and specifically to identify the role that non-statutory organisations and individuals can play in improving outcomes and reducing inequalities. Participants included: residents, older people, children and young people, carers, voluntary and community sector organisations, arts and leisure groups, faith groups and housing providers.

Each engagement exercise adopted an asset-based approach, in which participants were given information on Lewisham's most pressing needs and challenged to think about what already exists locally that could help meet these needs. Participants were asked to draw upon their local knowledge and experience to explore practical methods of improving people's health as well as providing a more detailed picture of the opportunities and barriers that local people experience. This allowed gaps in provision and other areas of inequality to be more easily identified. The outcomes and key messages of this engagement fed directly into the Health and Wellbeing Strategy, in the consideration which the strategy gives to some of the wider determinants of health and wellbeing.

The key messages from the engagement activity include:

- The impact of social isolation on people's physical and mental health and wellbeing
- The numerous barriers that hinder people from pursuing a healthy lifestyle, from cost and access to a lack of confidence to turn up and engage with existing activities
- The existence of a range of opportunities and activities, already provided within the community, that could support people to feel healthier and maintain their independence.
- The significant role played by Voluntary and Community Organisations and Faith organisations in supporting people's engagement with their local community but also in acting as a trusted source of information.
- The importance of being able to easily access a wide range of cultural and leisure activities so that people could feel empowered and stimulated

- The importance of social prescribing*
- Some of the key barriers to improving health and wellbeing: lack of organisational join-up, a lack of continuity between services, knowing what opportunities are available and having the time and space to consider which opportunities to access.

As well as feeding into the Health and Wellbeing Strategy these messages, in particular the practical recommendations, will be important in the formulation of the action plan for implementing the strategy.

* Linking people to sources of non-medical help and support in the community

Section three: Impact Assessment

Protected Characteristic	Findings / local context	How the findings/local context aligns with the strategy / strategic objectives

Age	• Lewisham has a relatively young population:
	  ○ 25.4% of residents are under 19 (compared to an England average of 25%)
	  ○ Children under 5 make up 8% of the population, compared to 6.3% in England
	  ○ Only 10.5% of the population are over 65 (compared to an average of 11% for London and 16% for England)
	
	• There is a higher proportion of older residents in the south of the borough (7% of residents of the northern wards of the borough (Evelyn, New Cross and Brockley) are aged 65 years and over compared to 14% in the southern wards of Grove Park, Downham, Sydenham and Catford South). (There is not a similar geographical pattern for younger residents.)
	
	• Lewisham's younger population is more ethnically diverse; 73% of residents aged 65 and over are white, compared to 61% of those aged 16-64 years.
	
	Older People
	• Both healthy and disability adjusted life expectancy at age 65 are significantly lower in Lewisham than both the England and London averages.
		The strategy includes some priorities that are equally relevant to all ages, and others that are more targeted at the differing needs of younger or older residents:
		
		Older People
		• Reducing unplanned admissions for long term conditions and reducing people's need for long term support are strategy priorities.

	• The rates of all and emergency admissions for those aged 65 and older are significantly higher in Lewisham than England. • Lewisham has a directly standardised all cause mortality rate for the over 65s that is significantly worse than England as a whole. • Health declines with age; 16% of Lewisham residents aged 35-49 report not being in good health compared to 71% of over 85s. • England-wide figures show that long term conditions become more common with increasing age. Three times as many over 75 year olds report having at least one long term condition compared to those aged 16-44. • The prevalence and hospital admission rates for COPD (Chronic Obstructive Pulmonary Disease) are higher in Lewisham than in England as a whole. 88% of admissions for COPD are amongst people aged 60 years or over. Similarly rates of admissions for heart failure are higher in Lewisham than England as a whole. • Emergency readmission rates within 28 days of discharge for residents aged over 75 are significantly worse than England. • The rates of admission of over 65s to residential and nursing homes in Lewisham was 560 per 100,000 in 2011/12; this is lower than the England average, though higher than the London average. The rates of over 65s returning home to their usual place of residence following a hospital admission for hip fractures is worse for Lewisham residents than the England average. • 89% of those aged 65+ in Lewisham discharged to rehabilitation services are still at home 91 days after	The main focus of these objectives will be older people; as reflected in the findings, they are more affected by long term conditions and hence need for long term support. • Improving cancer survival will also target older people, aiming to improve their awareness of early symptoms and healthcare seeking behaviour (both of which were found to be lower amongst older Lewisham residents). • The immunisations priority targets those most at risk of vaccine preventable diseases, both children and older people.

	admission. • Standardised cancer mortality rates amongst the over 65s are significantly higher in Lewisham than England. However, those for 35-64 year olds are lower than England. • In 2011/12 70% of over 65s year olds were vaccinated against influenza. This is below both the London and England rates. **Children and Young People** • Obesity amongst children in Lewisham is a significant problem. The prevalence of obesity amongst both 4-5 year old and 10-11 year olds is higher in Lewisham than the England average; 37% of 10-11 year olds are either overweight or obese. • Lewisham has a high proportion of children and young people from ethnic minorities; national data has shown a higher prevalence of overweight (including obesity) in Black African and Caribbean children. • England has one of the highest death rates from chronic liver disease, used as a marker for alcohol-related harm, in Western Europe. And importantly for young people it is the only disease in which deaths amongst the under 65s are increasing. Hospital admissions related to alcohol are high and increasing in Lewisham. Binge drinking is more common amongst young people, and there is evidence of a rise in alcohol harm amongst young women in particular (see gender section for further details) • The earlier children or young people start smoking the greater their risk of developing lung cancer and heart disease later in life. Children who live with parents or siblings who smoke are	**Children and Young People** • Unhealthy behaviours, such as obesity, smoking and excess alcohol consumption increase in prevalence with age. However the long-term consequences are greatest for younger people, hence the tobacco, alcohol and healthy weight priorities of the strategy focus on children (whilst including all residents). • In addition to the HWB strategy Lewisham's Children and Young People's Plan identifies priorities and actions to improve the health and wellbeing of children in the borough. • The mental illness strategy priority focuses on addressing the needs of children and young people with mental health problems, recognising that many people who go on to have long-term mental health problems will

	two to three times more likely to take up smoking. There is evidence that smokers who started at an early age smoke more and are less likely to be able to quit. In Lewisham smokers aged 15-19 using the Stop Smoking Service were less likely to successfully quit than older smokers. • Rates of mental illness are higher in Lewisham than England and London. Most mental disorder begins before adulthood with 50% of lifetime cases of diagnosable mental illnesses beginning by age 14 and 75% of disorders starting by the mid-20s. • The under-18 conception rate in Lewisham is significantly higher than rates in both London and England. In Lewisham abortion rates are highest amongst 18 and 19 year old women, and overall the abortion rates in the borough are higher than both London and England. • Uptake rates of MMR2 and pre school booster vaccination for Lewisham children are amongst the lowest in London. There was an outbreak of Measles in Lewisham in 2008.	already be experiencing them as children or young people. • Given the high rates of unplanned pregnancy amongst teenage girls in Lewisham they are a target for the sexual health priority. • The strategy recognises, that although uptake of some routine childhood immunisations has improved, progress is still required to increase uptake to avoid outbreaks of infections such as Measles.
Disability	• In 2011 14% of individuals in Lewisham reported having a long-standing health condition or disability that limited their day to day activities. Half of those reported that it limited them "a lot". • Individuals with a long standing disability or health condition may be more vulnerable to minor illnesses or accidents. These may also have a greater impact on their wellbeing and ability to live independently in the short or long term. • Similarly those with a long standing disability or health	• The strategy focuses on reducing the number of emergency admissions for those with long term conditions, acknowledging the higher level of admissions and readmissions experienced by those individuals in Lewisham. • The strategy also aims to reduce the

	condition are more likely to require long term care and support. • The rates of admission for people with COPD and heart failure are higher in Lewisham than the England average. • Individuals with learning disabilities are more likely to be admitted to hospital than the general population (26% per year and 14% per year respectively). They are also four times more likely to die of preventable causes and are significantly more likely to die under the age of 50. • Lewisham is currently a pathfinder in a national programme for children with disabilities and special educational needs. • People with long term conditions are 2 to 3 times more likely to suffer from depression than those in good health. Amongst those with two or more chronic physical conditions, the risk of depression is seven times higher. • The proportion of people achieving recommended levels of physical activity is lower amongst those with disabilities than the able-bodied. The prevalence of obesity is higher in children with long-term health conditions or disabilities. • In Lewisham 17% of people accessing alcohol treatment services have a disability.	need for long term care by improving individuals' independent living skills, and enabling more people with complex health and social care needs to live at home. • The strategy priorities that focus on unhealthy behaviours look to promote healthy behaviours to all individuals in an appropriate manner, including for those with disabilities. (For example the Stop Smoking Service is considering how best to reach out to disabled smokers, in particular those who struggle to leave their home).
Sex / Gender	• 15.5% of males living in Lewisham of all ages reported not being in good health, compared to 17.7% of women. • Emergency admissions for Lewisham residents vary across the borough. Rushey Green and Ladywell have the highest standardised rates for men and Rushey Green and Evelyn for	• The strategy does not directly address gender differences in all the health priorities identified. In some cases they will be addressed at service delivery level, for example:

	women. • Men are twice as likely to die from alcohol related harm as women. • Alcohol harm is an increasing problem amongst women and in particular young women; although alcohol-specific admissions are higher for men than women, over the past few years rates have levelled off in men but continue to rise in women. In the case of under 18s the alcohol-specific admission rates for women are twice those of young men (though in the over 18s the rates for men are three times higher) • The premature mortality rate for all cancers for men (under 75) in Lewisham was 24% higher than the England-wide rate, the same rate for women in Lewisham was 10% higher than the rate for England. • Physical activity is higher amongst men than women at all ages. A higher proportion of women than men in England have a healthy[†] body mass index (BMI) (34% and 39% respectively), but more women are obese than men (26% and 24% respectively) In the case of women (in England) rates of obesity increase with increasing levels of deprivation; this relationship with deprivation is weaker for men. • In the UK smoking prevalence is slightly higher in men than women and smoking-related mortality is higher amongst men. In Lewisham more women than men seek support to quit smoking through the Stop Smoking Service, but men are more successful in quitting using the service than women. • Women are more likely to suffer from common mental illnesses than men, though men are twice as likely to suffer	○ Providing a range of activities to improve physical activity should help ensure there are activities that appeal to both genders aiming to reduce the gap in physical activity rates. ○ Targeted promotion of cancer screening, for example bowel cancer screening to men. • Some of the priority areas are only/more relevant to one gender as a result of the health differences, for example some elements of the sexual health objectives and specific cancer screening programmes. • In the case of reducing alcohol harm, the rise in alcohol harm amongst young women has been recognised and hence this is a particular focus.

[†] BMI between 18.5 and 25

	from schizophrenia. • Women have more long term conditions on average than men, particularly with increasing age. • On the average, women receive more social care services (8.2%) than men (3.6%) in Lewisham, though this is presumably because on average women live longer than men.	
Pregnancy & Maternity	• The general fertility rate (number of live births per 1000 women aged 15-44) in Lewisham is higher than the London and England averages. In 2011 the wards with the highest rates were Crofton Park and Rushey Green; Brockley and Telegraph hill had the lowest. • Abortion rates in Lewisham are higher than the England average and almost half of abortions are performed on women who have had at least one previous abortion. The highest rates of abortion in the borough are for women aged 18-19 years old. • The low birth weight rate for Lewisham births is higher than the England average, though not significantly different to London. Low birth weight can be associated with some ethnicities, including black Caribbean and black African, alcohol use, smoking and deprivation. • Smoking by mothers at time of delivery is lower in Lewisham that the UK average. • Local maternal obesity data show there are more women overweight (31%) or obese (24%) in Lewisham compared with England as a whole (28% and 17%). • Influenza vaccine rates amongst pregnant women in	• The strategy recognises the need to reduce the high rate of unplanned teenage pregnancy in the borough. • Maternal obesity and immunisation against influenza will also be included in the broader immunisation and healthy weight priorities.

	Lewisham are below the London average.	
Race	• Lewisham is an ethnically diverse borough, with only 41.5% of the population describing themselves as white British. The largest BME groups in the borough are black Caribbean and black African. • In Lewisham self reported health at the 2011 Census was worse in white British and black Caribbean residents than other ethnic groups. However, this may simply reflect the age profiles of these ethnic groups. • Obesity prevalence varies between ethnic groups. In England the prevalence of obesity is higher in women of Black Caribbean, Black African and Pakistani groups compared to the general population. • In Lewisham the majority of people accessing alcohol treatment services are white British; the Health Survey England in 2004 found that harmful drinking was less prevalent among ethnic minorities, including black Caribbean and Africans. • There is evidence nationally that some ethnic minorities have a higher prevalence of some mental illnesses, most notably black African and Caribbean men and schizophrenia; it is thought migration and other factors play a part in this association. In Lewisham there are high numbers of admissions amongst people whose ethnicity is reported as black other. • Smoking prevalence varies between ethnic groups. Taking this into account proportionately fewer black African smokers	The strategy includes some priorities that are equally relevant to all ethnicities, and others are more targeted to specific communities, on the basis of greater need or lower healthcare use: • The priorities addressing health behaviours and long term conditions include all ethnicities. However some BME groups have greater need, for example greater prevalence of obesity and diabetes, and hence ensuring these services are relevant and adapted to their needs will be important during planning and implementation. • The higher prevalence of mental illnesses amongst some BME groups is recognised and a focus for the local Improving Access to Psychological Therapies Programme (IAPT). • Similarly BME groups will be a target for improving attendance at

	are using the local Stop Smoking Service. • Some long term conditions are more prevalent amongst ethnic minority communities, including diabetes and cardiovascular disease. • There is evidence nationally to suggest that emergency admissions are higher amongst ethnic minority groups. • Cancer incidence in general is lower amongst ethnic minority groups, although there are some important exceptions. For example, prostate cancer incidence is greater amongst Black African and Black African-Caribbean men. • Levels of public awareness of early symptoms and signs of cancer have been found to be lower amongst ethnic minority groups. In Lewisham breast cancer screening attendance was lower amongst BME women than white British women. • Pregnancy rates are 74% higher amongst black ethnic groups than white ones; similarly, abortion rates are higher. • New diagnoses of HIV are higher amongst black Africans in Lewisham, and Lewisham as a whole has one of the highest prevalences of HIV in England. About a third of new diagnoses of HIV in South East London are in Black Africans.	cancer screening, noting lower attendances and awareness of cancer signs and symptoms and that early diagnosis improves survival. • Actions to roll out HIV testing in primary care, increasing HIV testing in other settings, and undertaking targeted work with Black African communities to understand barriers to accessing sexual health services are a focus of the strategy.
Religion or belief	• Christianity is the most widely reported religion in the borough, with 53% of residents identifying themselves as Christian, 6% identify as Muslim and 27% have no religion. • At the last census rates of self reported poor health were significantly lower than average amongst those with no	• The strategy recognises the need for an individual approach to lifestyle interventions. At the planning and implementation stage the relevance, appropriateness and sensitivity of services to all

	religion and Hindus and higher than average amongst Christians, Buddhists, and those of "Other Religions[‡]". • Religious and cultural views can influence attitudes towards reproductive medicine, abortion, contraception, neonatal care and death. They may also determine the types of treatment and drugs used, for example blood transfusions, porcine or alcohol-based drugs. • In Lewisham there are a number of successful health projects run alongside religious groups. For example, the Community Health Improvement Service conduct health drop in sessions in a variety of faith centres, including the Hindu temple. Similarly, services have worked alongside religious groups at key times, such as the Stop Smoking Service at Ramadan.	religious and non-religious groups needs to be taken into account.
Gender reassignment	• There is very limited information on the prevalence of gender reassignment. The most recent estimate suggests that 25 per 100,000 individuals have received treatment for gender variance; 60% of those have undergone transition surgery. The majority (80%) of those undergoing surgery were born male and transitioning to female. • A national survey of transgender people found that a third of adults had attempted suicide. • Rates of substance misuse have been found to be higher amongst transgender communities. • 30% of transgender people have experienced discrimination from healthcare professionals, including with regard to cancer screening.	• There is little information available about the transgender community in Lewisham. At planning and implementation stages for services, in particular mental health and cancer screening, the needs of these individuals will need to be considered.

[‡] Excluding Hinduism, Christianity, Buddhism, Islam, Judaism and Sikhism

Sexual orientation	• There are no accurate statistics available regarding the profile of the lesbian, gay, bisexual and transgender (LGBT) population either in Lewisham, London or Britain as a whole. • The Greater London Authority based its Sexual Orientation Equality Scheme on an estimate that the lesbian and gay population comprises roughly 10% of the total population. • At the 2011 census 2% of over 16 year olds were cohabiting with someone of the same sex or were in a civil partnership, this is higher than both the England and London averages (0.9 % and 1.4% respectively). • There are higher rates of mental illness amongst individuals who describe themselves as lesbian, gay, or bisexual. Young gay men have been found to have a 5 fold increase in the risk of depression compared to heterosexual men. Suicide risk is 12 times higher. • Men who have sex with men (MSM) are at increased risk of acquiring HIV; just over half of new diagnoses of HIV in 2011 in South East London were in MSM. In London as a whole rates of new HIV infection amongst the MSM community are increasing, despite falling amongst other groups.	• The differing and changing needs of LGBT residents and in particular MSM (noting the recent rise in HIV incidence) around sexual health services are recognised. These will be considered as part of the sexual health priority. • Similarly, it will be necessary, during the implementation stage, to ensure that other health improvement services are relevant and appropriate for LGBT residents.
Marriage and civil partnership	• About half of Lewisham residents over 16 have never been married or in a civil partnership. This is higher than England as a whole. • A third of over 16s in Lewisham are currently married or in a	• The strategy's priority to delay and reduce the need for long term care and support will enable more individuals to manage their conditions at home. This is likely

	civil partnership (0.5% in civil partnership) • 17% of residents (aged 16 and over) have been married or in a civil partnership but are now separated, divorced[§] or widowed[**]. • Married people's physical and mental health tends to be better than that of single people. However the health of single people is usually better than that of people who are widowed, separated or divorced.	to have more of an impact on residents currently living alone, who may be isolated. • Engagement events on the strategy highlighted the importance of social isolation.
Non-Statutory		
Deprivation	• Lewisham is the 31st most deprived local authority in England and deprivation is increasing in the borough relative to the rest of the country. • The highest levels of deprivation are found in Evelyn ward, in the north of the borough and Downham ward, in the south of the borough. • Deprivation is quantified using the Index of Multiple Deprivation, which takes into account the following components: income, employment, health and disability, education, skills and training, housing and services, crime and the living environment. • Increased deprivation is associated with worse health and wellbeing outcomes across many domains: o In Lewisham alcohol specific admissions are higher amongst residents of more deprived wards. The admission rates in Lewisham central for the period from	• An overarching priority of the strategy is reducing health inequalities. In tackling some of the wider determinants of health, these include many of the elements that are included in deprivation measures: education, living environment and housing. This wider perspective was also highlighted as important during the engagement events.

[§] Or were in a civil partnership that has now been legally dissolved
[**] Or are the sole surviving partner of a civil partnership

	2005 to 201 were three times higher than the ward with the lowest rates of alcohol specific admissions. ○ Obesity is higher amongst those from more deprived areas. National figures have shown obesity levels amongst 4-5 year olds in the most deprived areas to be double that of the least deprived. ○ It has been estimated that the need for mental health services is 25-40% higher amongst residents of the least affluent wards in the borough compared to the most affluent. ○ Cancer incidence and mortality are generally higher in deprived groups compared with affluent groups. Although breast cancer has higher incidence in more affluent groups, its mortality is higher in less affluent women. ○ Smoking prevalence is higher amongst those from lower socio-economic groups. Additionally, smokers from lower socio-economic groups are more likely to have started earlier, smoke more and find it harder to quit than smokers from higher socio-economic groups.	

Section four: Decision / Result of analysis
Make an assessment as to whether the strategy will negatively or positively impact any protected characteristics. Take into account all factors including finance and legal issues.

There is no clear evidence that the HWB strategy as a whole will have a negative impact on any of the protected characteristics. In some cases there is likely to be a positive impact on one of more of the protected characteristics as they are the target of particular interventions under the strategic priorities. This is because of greater need as the result of worse outcomes or poorer use of healthcare, identified through the JSNA process, for example:

- Reducing alcohol harm amongst young women
- Improving cancer survival amongst older people, through improved awareness of early symptoms and signs.
- Reducing rates of teenage pregnancy
- Tackling obesity in children
- Improving access to IAPT services amongst BME groups
- Reducing emergency admissions for people with long term conditions.

In other cases protected characteristics may benefit more from some of the priorities as a result of an association with a target group, for example:

- Older people are more likely to have complex healthcare and social support needs and are more vulnerable to crises that reduce their independence. They are therefore more likely to benefit from the strategy's priority to delay and reduce the need for long term care and support.

Consultation with stakeholders in the borough highlighted the importance of addressing the multiple and wider determinants of health to reduce health inequalities. Most of the priorities involve the provision of services to Lewisham residents. These services will be open to residents from all the protected characteristics[††]. During the implementation stages, it will be important to ensure they are relevant and accessible to all. Similarly, monitoring this once services are running and in those services that are already in existence will be important; this monitoring may be carried out by, for example, health equity audits. In addition it will be important to understand the barriers met by

[††] Except where not relevant, for example cervical screening only available to women.

residents in pursuing a healthy lifestyle, particularly those highlighted by the engagement events, and implementing the recommendations made to overcome these.

Section five: EAA Action Plan

1. **Feedback to those involved in the engagement events, including the outcome of the events, the final strategy and ongoing progress against the strategy.**
2. **Ensure that due regard is given to the protected characteristics throughout the implementation of the strategy; particularly when planning, reviewing and designing programmes and services and as highlighted by the impact assessment.**
3. **During the three yearly review and action planning process ensure that the impact of the implementation of the strategy on the protected characteristics is reviewed and fed into the cycle of implementation.**