

## **Equality & Human Rights Impact Assessment (EHRIA)**

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service\*\* for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service\*\* may have an adverse impact on a particular community or group of people. It will ultimately ensure that, as an Authority, we do not discriminate and we are able to promote equality, diversity and human rights.

Please refer to the EHRIA [guidance](#) before completing this form. If you need any further information about undertaking and completing the assessment, contact your [Departmental Equalities Group](#) or [equality@leics.gov.uk](mailto:equality@leics.gov.uk)

*\*\*Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

<b>Key Details</b>	
<b>Name of policy being assessed:</b>	Leicestershire Joint Health and Wellbeing Strategy
<b>Department and section:</b>	Public Health – Partnership Strategy led by Health and Wellbeing Board
<b>Name of lead officer/ job title and others completing this assessment:</b>	<p>Vivienne Robbins – Public Health Consultant</p> <p>Sally Vallance – Senior Planning Manager Leicester, Leicestershire and Rutland CCG's</p> <p>Jo Hewitt – Health and Wellbeing Board Manager</p>
<b>Contact telephone numbers:</b>	0116 3055384
<b>Name of officer/s responsible for implementing this policy:</b>	Leicestershire Health and Wellbeing Board Members and partner organisations
<b>Date EHRIA assessment started:</b>	December 2021

<b>Date EHRIA assessment completed:</b>	

## Section 1: Defining the policy

### Section 1: Defining the policy

You should begin this assessment by defining and outlining the scope of the policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's [Equality Strategy](#).

<b>1</b>	<p><i>What is new or changed in the policy? What has changed and why?</i></p> <p>The Leicestershire Joint Health and Wellbeing Strategy (JHWS) is a statutory responsibility of the local authority and clinical commissioning group as part of the work of the Health and Wellbeing Board (HWB). The current strategy is due to expire in 2022 and as a result work to prepare the new strategy is underway. The timeframe has been brought forward align with the Integrated Care Systems (ICS) responsibilities for a 'Place Led Plan' which examines the health needs of the County population and allows development of one clear vision for Leicestershire.</p> <p>The strategy is being developed through a review of need, using quantitative data, engagement findings and service feedback to identify where the greatest need, weaker performance and health inequalities exist. It also takes account of the policy framework and priorities locally and nationally as part of the ICS. These will all help to inform the priorities selected in the strategy. As a 10 year strategy, it goes on to propose a set of strategic commitments to address these priorities.</p> <p>It is likely that the strategy will influence changes to a range of health and care services, resource allocation and policy over the next 10years. As these are planned for, an EHRIA will be completed by the lead agency for the specific change as necessary.</p>
<b>2</b>	<p><i>Does this relate to any other policy within your department, the Council or with other partner organisations? If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>The JHWS is an umbrella strategy that makes reference to and draws from other strategies within the Council and partner organisations. No changes to these are occurring at this time but changes are expected in the future, influenced by the JHWS. As these changes occur, an EHRIA will be completed if necessary.</p>
<b>3</b>	<p><i>Who are the people/ groups (target groups) affected and what is the intended</i></p>

	<p><i>change or outcome for them?</i></p> <p>The new strategy will have a potential impact on all people living in Leicestershire as it looks at need during all life stages (from pre-birth through to death). This will include people from all the protected characteristics and geographical areas across Leicestershire.</p> <p>The intention of the strategy is to 'give everyone in Leicestershire the opportunity to thrive and live happy, health lives.' Some of the actions to achieve this will be applicable to all residents of Leicestershire whilst others will be targeted at specific cohorts where they have poorer outcomes. The intention will be to reduce health inequalities and to improve the quality of health for all Leicestershire residents. A proportionate universalism approach is proposed as part of the cross cutting theme to reduce health inequalities across Leicestershire. Due to the finite resources across the health and care system, it is possible that the strategy will lead to other changes (commissioning/decommissioning decisions, changes in policy or practice and re-allocation of resources). It is possible that these changes could draw focus, service or funds away from existing causes and towards the new priorities depending on the evidence base and local need. Where this is the case, an EHRIA would be undertaken to inform the decision at the time. Collaboration and engagement with the local population will also be a key element of the strategy delivery and work of the evolving HWB.</p>																		
<b>4</b>	<p>Will the policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? <b>(Please tick and explain how)</b></p> <table> <tr> <th></th><th>Yes</th><th>No</th><th>How?</th></tr> <tr> <td>Eliminate unlawful discrimination, harassment and victimisation</td><td>Yes</td><td></td><td>It is possible that health inequalities are arising as a result of unlawful discrimination, harassment and victimisation. If this is identified as part of the work to develop or implement the strategy, then this will be highlighted, and action taken as necessary.</td></tr> <tr> <td>Advance equality of opportunity between different groups</td><td>Yes</td><td></td><td>The strategy has a clear cross cutting theme to improve healthy life expectancy and reduce health inequalities between different groups across Leicestershire. Through identifying where inequality is occurring, the strategy will then focus key partners on addressing this through specific actions in the delivery plan. The partnership approach allows for the sharing of knowledge, information and successes and provides a focused approach to tackling some of the harder issues to address. The delivery plan will also be regularly reviewed and evaluated throughout the life span of the strategy.</td></tr> <tr> <td>Foster good relations</td><td>Yes</td><td></td><td>Much of the work identified in the strategy involves communities, neighbourhoods,</td></tr> </table>				Yes	No	How?	Eliminate unlawful discrimination, harassment and victimisation	Yes		It is possible that health inequalities are arising as a result of unlawful discrimination, harassment and victimisation. If this is identified as part of the work to develop or implement the strategy, then this will be highlighted, and action taken as necessary.	Advance equality of opportunity between different groups	Yes		The strategy has a clear cross cutting theme to improve healthy life expectancy and reduce health inequalities between different groups across Leicestershire. Through identifying where inequality is occurring, the strategy will then focus key partners on addressing this through specific actions in the delivery plan. The partnership approach allows for the sharing of knowledge, information and successes and provides a focused approach to tackling some of the harder issues to address. The delivery plan will also be regularly reviewed and evaluated throughout the life span of the strategy.	Foster good relations	Yes		Much of the work identified in the strategy involves communities, neighbourhoods,
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Advance equality of opportunity between different groups	Yes		The strategy has a clear cross cutting theme to improve healthy life expectancy and reduce health inequalities between different groups across Leicestershire. Through identifying where inequality is occurring, the strategy will then focus key partners on addressing this through specific actions in the delivery plan. The partnership approach allows for the sharing of knowledge, information and successes and provides a focused approach to tackling some of the harder issues to address. The delivery plan will also be regularly reviewed and evaluated throughout the life span of the strategy.																
Foster good relations	Yes		Much of the work identified in the strategy involves communities, neighbourhoods,																

	between different groups		existing services and volunteers. These are all vital in fostering good relationships between different groups and the collective focus on addressing health inequalities should be embedded in the promotion of good relationships and community support for all, with a proportionate universalism approach ensuring additional support is provided for those most in need. There are also clear commitments within the strategy regarding building strong communities, resilience and social capital amongst communities.
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## Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

### Section 2: Equality and Human Rights Impact Assessment Screening

The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for a policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to Section 3 on Page 7 of this document.

### Section 2

#### A: Research and Consultation

5.	Have the target groups been consulted about the following?	Yes	No *
	a) their current needs and aspirations and what is important to them;	Yes	
	b) any potential impact of this change on them (positive and negative, intended and unintended);		No
	c) potential barriers they may face		No
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)? Eg carers equalities meeting	Yes	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?	Yes	
8.	*If you answered 'no' to the questions above, please use the space below to outline either what consultation you are planning to undertake or why you do not consider it to be necessary.		

<p>The draft JHWS was approved for formal consultation at the HWB in November 2021. This consultation will remain open until the 23<sup>rd</sup> January 2022 is available at the link below.</p> <p><a href="https://www.leicestershire.gov.uk/have-your-say/current-engagement/joint-health-and-wellbeing-strategy">https://www.leicestershire.gov.uk/have-your-say/current-engagement/joint-health-and-wellbeing-strategy</a></p> <p>As part of this consultation demographic data on the person's characteristics are reported and used to review the communication approach for the consultation. (For example, targeting more males and younger people or those from specific ethnic minorities to reply.) Further support is also available for in terms of an easy read version, video introduction and access to a paper copy of the survey. The survey has been shared with over 150 partners for further discussion with the staff and wider organisations.</p> <p>To reach our local communities the survey has been published on social media and the Local Area Coordinators across Leicestershire are also proactively taking the consultation out to local seldom heard communities. The strategy will also be presented at some wider stakeholder meetings such as the LLR Carers Group and Leicestershire Equalities Challenge Group.</p>
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## Section 2

### B: Monitoring Impact

9.	Are there systems set up to:	Yes	No
	a) monitor impact (positive and negative, intended and unintended) for different groups;	Yes	
	b) enable open feedback and suggestions from different communities	Yes	

**Note: If no to Question 9, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.**

## Section 2

### C: Potential Impact

10.

Use the table below to specify if any individuals or community groups who identify with any of the '[protected characteristics](#)' may **potentially** be affected by the policy and describe any positive and negative impacts, including any barriers.

	Yes	No	Comments
Age	Yes		The strategy talks about different life stages which often (not always) reflects different age groups. It also uses some indicators which are reflective of certain ages e.g. hip fractures in over 65's. The commitments differ according to these life stages and therefore the impact will be different according to which life stage you are at. However, the overall outcome of the strategy is to improve health life expectancy and reduce health inequalities for all people of all ages in Leicestershire.

	<b>Disability</b>	<b>Yes</b>		The strategy makes reference to people with long term conditions (LTC's), some of which will be the cause of a disability. The strategy makes commitments to people with LTC's to improve the way we prevent deterioration, support and treatment throughout our system. The strategy also makes reference to CYP with a learning disability where we understand there is a need to provide additional support as they transition into adulthood. Evidence has also shown that people with learning disabilities have worse outcomes than the general population with regards to life expectancy and Covid related hospitalisations and deaths and that targeted work is therefore required to address this inequality.
	<b>Gender Reassignment</b>	<b>Yes</b>		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but further detail may be found through specific service EHRIA throughout the strategy.
	<b>Marriage and Civil Partnership</b>	<b>Yes</b>		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group.
	<b>Pregnancy and Maternity</b>	<b>Yes</b>		The strategy makes specific reference to pregnancy and maternity in the 'Best Start for Life' priority 1,001 critical days. It will therefore be examining areas for improvement in health outcomes and making commitments to this group to take the priorities forward for example supporting maternal mental health, breastfeeding support etc.
	<b>Race</b>	<b>Yes</b>		Although the strategy does not directly refer to specific racial groups, we do know that some inequalities and health issues are more prevalent in certain racial groups. There is also evidence that some of these inequalities have been exasperated through the Covid-19 pandemic, for example poorer health outcomes have been seen in the Black and Asian ethnic groups. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-focus of service delivery that will impact on racial groups differently. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved and mitigate any negative impacts where possible.
	<b>Religion or Belief</b>	<b>Yes</b>		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group.
	<b>Sex</b>	<b>Yes</b>		Although the strategy does not directly refer to sex (other than when linked to pregnancy and maternity), we do know that some inequalities and health issues are more prevalent in one sex than another. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-

				focus of service that will impact on sexes differently. A proportionate universalism approach will be applied as needed, for example to increase access to males for primary care or screening programmes. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved.
	<b>Sexual Orientation</b>	<b>Yes</b>		As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but it will be reviewed through future EHRIAs
	<b>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</b>	<b>Yes</b>		Evidence shows us that that many of the inequalities experienced and identified are more prevalent within deprived or disadvantaged communities. This strategy identifies reducing health inequalities as a key cross cutting theme. These may be geographical inequalities relating to deprivation or the rural nature of Leicestershire or specific vulnerable groups. A proportionate universalism approach will be embedded across the strategy to ensure an equitable approach to service delivery and actions. Within the strategy specific reference and priority actions are also made to looked after children, those with free school meals, learning disabilities, long term conditions and carers. This strategy should therefore have a positive impact for many of these groups.
	<b>Community Cohesion</b>	<b>Yes</b>		Much of the work identified in the strategy involves developing cohesive and resilient communities, asset based approaches, neighbourhoods, existing services and volunteers. The strategy will also use the 'Our communities approach 2022-2025' as an enabler to ensure true local engagement and collaboration with our communities. These elements of the strategy should bring about a positive impact across our local communities.
<b>11.</b>	<p>Are the human rights of individuals <b><i>potentially</i></b> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? <b>(Please tick)</b></p> <p>Explain why you consider that any particular <a href="#">article in the Human Rights Act</a> may apply to the policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB: include positive and negative impacts as well as barriers in benefiting from the above proposal]</p>			
		<b>Yes</b>	<b>No</b>	<b>Comments</b>
	<b>Part 1: The Convention- Rights and Freedoms</b>			
	<b>Article 2: Right to life</b>	<b>Yes</b>		Whilst the strategy does not directly address this issue, it does

			examine health inequalities which can ultimately affect life expectancy. There are also services relating to termination of pregnancy that would be included within the scope of the strategy.
<b>Article 3: Right not to be tortured or treated in an inhuman or degrading way</b>		<b>No</b>	
<b>Article 4: Right not to be subjected to slavery/ forced labour</b>	<b>Yes</b>		The strategy does support a priority area about support Leicestershire residents to have 'good work' that supports their health and wellbeing.
<b>Article 5: Right to liberty and security</b>		<b>No</b>	
<b>Article 6: Right to a fair trial</b>		<b>No</b>	
<b>Article 7: No punishment without law</b>		<b>No</b>	
<b>Article 8: Right to respect for private and family life</b>	<b>Yes</b>		The strategy will aim to give every child the best start for life This will include further developing strong, informed and supportive families.
<b>Article 9: Right to freedom of thought, conscience and religion</b>		<b>No</b>	
<b>Article 10: Right to freedom of expression</b>	<b>Yes</b>		As part of the wider HWB evolution we will aim to engage with the local population more proactively to ensure we accurately hear their views on their health and wellbeing.
<b>Article 11: Right to freedom of assembly and association</b>		<b>No</b>	
<b>Article 12: Right to marry</b>		<b>No</b>	
<b>Article 14: Right not to be discriminated against</b>	<b>Yes</b>		Whilst the strategy does not directly examine whether people are being discriminated against, it is possible that some health inequality is caused by discrimination and that this would be uncovered and addressed through the strategy.
<b>Part 2: The First Protocol</b>			
<b>Article 1: Protection of property/ peaceful enjoyment</b>		<b>No</b>	



	<b>Article 2: Right to education</b>	<b>Yes</b>		The strategy will support a best start for life for children and good work which will include ensuring they have access to education, employment and training as appropriate to the person's age.
	<b>Article 3: Right to free elections</b>		<b>No</b>	
<b>Section 2</b>				
<b>D: Decision</b>				
<b>13.</b>	Is there evidence or any other reason to suggest that:	<b>Yes</b>	<b>No</b>	<b>Unknown</b>
	a) the policy could have a different affect or adverse impact on any section of the community;			<b>Yes</b>
	b) any section of the community may face barriers in benefiting from the proposal			<b>Yes</b>
<b>13.</b>	Based on the answers to the questions above, what is the likely impact of the policy			
	No Impact <input type="checkbox"/>	<b>Positive Impact</b> <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	<input checked="" type="checkbox"/> <b>Negative Impact or Impact Unknown</b>
<b>Note: If the decision is 'Negative Impact' or 'Impact Not Known', an EHRIA Report is required.</b>				
<b>14.</b>	Is an EHRIA report required?	<b>Yes</b> <input checked="" type="checkbox"/>		<b>No</b> <input type="checkbox"/>

## Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is required for further investigation of the impacts of this policy.

**Option 1:** If you identified that an EHRIA Report *is required*, continue to Section 3 on Page 7 of this document.

**Option 2:** If there are no equality, diversity or human rights impacts identified and an EHRIA report *is not required*, continue to Section 4 on Page 14 of this document.

## Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

### Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think **thoroughly** about the impact of the policy and to critically examine whether it is **likely** to have a positive or negative impact on different groups within our diverse communities. It should also identify any barriers that may adversely affect under-represented communities or groups that may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

### Section 3

#### A: Research and Consultation

When considering the target groups, it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

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| 15. | <p>Based on the gaps identified either in the EHRIA Screening or independently of this process, <b>how</b> have you now explored the following and <b>what</b> does this information/ data tell you about each of the diverse groups?</p> <ul style="list-style-type: none"> <li>a) current needs and aspirations and what is important to individuals and community groups (including human rights);</li> <li>b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);</li> <li>c) likely barriers that individuals and community groups may face (including human rights)</li> </ul> |
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A) In order to develop the strategy, a range of stakeholder engagement over the previous 3 years was gathered and reviewed. This contributed to the development of the proposals. In addition, consultation on the vision and priorities was carried out during winter 2021/22. Consultation responses will be collated and interpreted to understand the views of specific community and vulnerable groups

B) No direct negative impacts have been assessed as a result of this strategy. However, it is possible that by setting priorities, the strategy will begin to drive changes in services commissioned, resource allocation and partner focus. This would inevitably need to be balanced by decommissioning and resource disinvestment in non-priority areas. There is the potential for loss of provision or funds in the non-priority areas and therefore a negative impact on the populations currently accessing those services. It is not possible to know at this stage what these negative impacts would be but an EHRIA should be undertaken on future decisions of this nature. The strategy also takes a proportionate universalism approach to minimise the impact on vulnerable groups and ensure services and resource are allocated according to local need.

C) As the strategy is so wide ranging, there are numerous barriers that could be faced by different communities and individuals as we try to implement it. It will be important for the agencies and partnerships to consider these potential barriers as they plan for the work, using a co-production approach whenever possible. Again, the EHRIA process should help to guide as we begin to translate these priorities into action and we start to initiate service changes or take funding decisions.

**16.** Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?

It will be important for the delivery plan leads to consider this question as they start to plan for and implement actions. This will be reported to the Health and Wellbeing board on a quarterly basis, which a more thorough review on an annual and three yearly term.

There are some aspects of the strategy where we have identified a need to better understand something through a JSNA chapter or needs assessment e.g. dying well and what people may want from this. This better understanding will include the perspective of different groups. The HWB is also developing a communication and engagement strategy that will support an ongoing conversation and evaluation of the strategy with our local population and specific vulnerable groups.

For other priorities, we already have a good understanding of prevalence within or impact on different groups. In these instances, we will need to consider how to use this knowledge to inform our actions.

As before, we will continue to review our knowledge base and impacts of any changes through the EHRIA process as required.

**When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.**

**17.** Based on the gaps identified either in the EHRIA Screening or independently of this process, **how** have you further consulted with those affected on the likely impact and **what** does this consultation tell you about each of the diverse groups?

The strategy covers all residents of Leicestershire and therefore has the potential to impact on all protected characteristics.

A formal consultation exercise is currently underway, and the strategy will be amended as needed following these responses.

The HWB is also developing a communication and engagement strategy that will support an ongoing conversation and evaluation of the strategy with our local population and specific vulnerable groups.

**18.** Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?

Yes. Some of these groups are already identified in the strategy e.g. people's views on what dying well means to them. For other groups, we may not have identified a gap yet but may uncover this as we do more work e.g. investigations into hip fractures may uncover a need to understand how this varies across

	<p>genders etc.</p> <p>Due to the nature of the 10 year strategy it is anticipated that priorities and actions will evolve over time. As this occurs the strategy will be reviewed in line with the latest evidence and JSNA chapters which include qualitative feedback from our local communities.</p>
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### Section 3

#### B: Recognised Impact

19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <b>likely</b> to be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.	
		<b>Comments</b>
	<b>Age</b>	The strategy talks about different life stages which often (not always) reflects different age groups. It also uses some indicators which are reflective of certain ages e.g. hip fractures in over 65's. The commitments differ according to these life stages and therefore the impact will be different according to which priority or commitment detailed and which life stage you are at. However the overall outcome of the strategy is to improve health life expectancy and reduce health inequalities for all in Leicestershire.
	<b>Disability</b>	The strategy makes reference to people with long term conditions (LTC's), some of which will be the cause of a disability. The strategy makes some commitments to people with LTC's to improve the way we prevent deterioration, support and treatment throughout our system. The strategy also makes reference to CYP with a learning disability where we understand there is a need to provide additional support as they transition into adulthood. Evidence has also shown that people with learning disabilities have worse outcomes than the general population with regards to life expectancy and Covid related hospitalisations and deaths.
	<b>Gender Reassignment</b>	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but further detail may be found through specific service EHRIA throughout the strategy
	<b>Marriage and Civil Partnership</b>	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group.
	<b>Pregnancy and Maternity</b>	The strategy makes specific reference to pregnancy and maternity in the 'Best Start for Life' priority 1,001 critical days. It will therefore be examining areas for improvement in health outcomes and making commitments to this group to take the priorities forward for example supporting maternal mental health, breastfeeding support etc.

	<b>Race</b>	Although the strategy does not directly refer to specific racial groups, we do know that some inequalities and health issues are more prevalent in certain racial/ ethnic groups. There is also evidence that some of these inequalities have been exasperated through the Covid-19 pandemic, for example poorer health outcomes have been seen in the Black and Asian ethnic groups. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-focus of service delivery that will impact on racial groups differently. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved and mitigate any negative impacts. The strategy takes a proportionate universalism approach to ensure all action and service provision is based on local need.
	<b>Religion or Belief</b>	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but individual service EHRIAs may identify issues which will be mitigated wherever possible.
	<b>Sex</b>	Although the strategy does not directly refer to sex (other than when linked to pregnancy and maternity), we do know that some inequalities and health issues are more prevalent in one sex or gender than another. It is likely therefore that targeted work on certain conditions as highlighted through commitments in this strategy will lead to a re-focus of service that will impact on sexes differently. A proportionate universalism approach will be applied as needed, for example to increase access to males for primary care or screening programmes. As services are reconfigured/re-commissioned, EHRIA's will be completed as necessary to identify the specific impact involved.
	<b>Sexual Orientation</b>	As the strategy affects all people in Leicestershire, there will be people with this protected characteristic that are impacted by the strategy. No specific impact is identified for this group, but it will be reviewed through future EHRIAs
	<b>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or</b>	Evidence shows us that that many of the inequalities experienced and identified are more prevalent within deprived or disadvantaged communities. This strategy identifies reducing health inequalities as a key cross cutting theme. These may be geographical inequalities relating to deprivation or the rural nature of Leicestershire or specific vulnerable groups. A proportionate universalism approach will be embedded across the strategy to ensure an equitable approach to service delivery and actions. Within the strategy specific reference and priority actions are also made to looked after children, those with free school meals, learning disabilities, long term conditions and carers. This strategy should therefore have a positive impact for many of these groups.

	<b>disadvantaged communities</b>	
	<b>Community Cohesion</b>	Much of the work identified in the strategy involves developing cohesive and resilient communities, asset based approaches, neighbourhoods, existing services and volunteers. The strategy will also use the 'Our communities approach 2022-2025' as an enabler to ensure true local engagement and collaboration with our communities. These elements of the strategy should bring about a positive impact across our local communities.

<b>20.</b>	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <b>likely</b> to apply to the policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		<b>Comments</b>
	<b>Part 1: The Convention- Rights and Freedoms</b>	
	<b>Article 2: Right to life</b>	Whilst the strategy does not directly address this issue, it does examine health inequalities which can ultimately affect life expectancy. There are also services relating to termination of pregnancy that would be included within the scope of the strategy.
	<b>Article 3: Right not to be tortured or treated in an inhuman or degrading way</b>	
	<b>Article 4: Right not to be subjected to slavery/ forced labour</b>	
	<b>Article 5: Right to liberty and security</b>	
	<b>Article 6: Right to a fair trial</b>	
	<b>Article 7: No punishment without law</b>	
	<b>Article 8: Right to respect for private and family life</b>	
	<b>Article 9: Right to freedom of thought, conscience and religion</b>	
	<b>Article 10: Right to freedom of expression</b>	As part of the wider HWB evolution we will aim to engage with the local population more proactively

		to ensure we accurately hear their views on their health and wellbeing.
	<b>Article 11: Right to freedom of assembly and association</b>	
	<b>Article 12: Right to marry</b>	
	<b>Article 14: Right not to be discriminated against</b>	
	<b>Part 2: The First Protocol</b>	
	<b>Article 1: Protection of property/ peaceful enjoyment</b>	
	<b>Article 2: Right to education</b>	The strategy will support a best start for life for children and good work which will include ensuring they have access to education, employment and training as appropriate to the person's age.
	<b>Article 3: Right to free elections</b>	

### Section 3

#### C: Mitigating and Assessing the Impact

Taking into account the research, data, consultation and information you have reviewed and/ or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.

- 21.** If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.

We do not anticipate there will be adverse impact or discrimination of the overall JHWS. However, implementation of the specific commitments and actions in the delivery plans may impact on different parts of the local community differently. We will therefore ensure that all significant service change/ reconfiguration etc completed separate EHRIAs to understanding and mitigate the impacts of the commitment. These will be considered and reviewed in the annual performance report that is submitted to the HWB.

NB:

i) If you have identified adverse impact or discrimination that is **illegal**, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is **justifiable or legitimate**, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

- 22.** Where there are potential barriers, negative impacts identified and/ or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.

a) include any relevant research and consultation findings which highlight the

	<p>best way in which to minimise negative impact or discrimination</p> <p>b) consider what barriers you can remove, whether reasonable adjustments may be necessary and how any unmet needs that you have identified can be addressed</p> <p>c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why</p>
<p>We do not anticipate there will be potential barriers or negative impacts of the overall JHWS itself. However implementation of the specific commitments and actions in the delivery plans may impact on different parts of the local community differently, that may create barriers or unforeseen negative impacts. We will therefore ensure that all significant service change/ reconfiguration etc completed separate EHRIAs to understanding and mitigate the barriers or negative impacts of the commitment. These will be considered and reviewed in the annual performance report that is submitted to the HWB.</p>	
<p><b>Section 3</b> <b>D: Making a decision</b></p>	
23.	<p>Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.</p>
<p>The overall aim of the Leicestershire JHWS is 'Giving everyone in Leicestershire the opportunity to thrive and live happy, healthy lives' This includes aiming to improve healthy life expectancy and reduce health inequalities across Leicestershire. Therefore the overall strategy itself aims to improve outcomes for the whole Leicestershire population.</p> <p>However it is acknowledged that implementation of this high level strategy is likely to result in changes to commissioning of services, service redesign and potentially decommissioning of services. An EHRIA will be completed for each specific service change to ensure any negative impacts are mitigated against.</p>	

<p><b>Section 3</b> <b>E: Monitoring, evaluation &amp; review of the policy</b></p>	
24.	<p><i>Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?</i></p> <p>The EHRIA will be reviewed on an annual basis as part of the annual JHWS performance report. This will be considered and discussed at the HWB. Further EHRIAs will be completed as part of the implementation of the JHWS and these will be picked up through individual organisations and commissioning and project management arrangements. There will also be quarterly performance reports on the progress of the JHWS that will show any specific EHRIA issues as they emerge through the output and outcome data.</p> <p>When the JHWS completed a more thorough evaluation every 3years the overall EHRIA will be reviewed and updated as necessary.</p>



25.	<p>How will the recommendations of this assessment be built into wider planning and review processes?  <i>e.g. policy reviews, annual plans and use of performance management systems</i></p> <p>The recommendations from this EHRIA will be considered as part of the development of the JHWS, delivery plan and programme management approach. The EHRIA recommendations will be reviewed on an annual basis as part of the annual JHWS performance report. This will be considered and discussed at the HWB. Further EHRIAs will be completed as part of the implementation of the JHWS and these will be picked up through individual organisations and commissioning and project management arrangements.</p> <p>When the JHWS completed a more thorough review every 3years the overall EHRIA will be reviewed and updated as necessary.</p>
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Section 3:  
F: Equality and human rights improvement plan

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when
Ensure equality and human rights are considered throughout implementation of the JHWS.	Ensure EHRIAs are completed and mitigating actions implemented for all significant service redesigns or changes that are implemented as part of the overall JHWS.	100% EHRIA completed for all significant service redesigns in accordance with the lead agencies responsibilities and policies on this	Senior responsible officer for each priority area/ commitment.	As part of the planning for any significant service redesign or change.
	Ensure the EHRIA and recommendations are reviewed on annual basis as part of the JHWS annual performance report to the HWB.	Annual review of EHRIA and update to HWB.	Vivienne Robbins/ Jo Hewitt	April 2023
	More thorough review of the EHRIAs as part of the three-year evaluation of the JHWS and review of its priorities.	Refresh EHRIA as part of JHWS refresh.	Vivienne Robbins/ Jo Hewitt	April 2025


## Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your Departmental Equalities Group and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to the Digital Services Team via [web@leics.gov.uk](mailto:web@leics.gov.uk) for publishing.

### Section 4

#### A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

**Equality and Human Rights Assessment Screening** ☐

**Equality and Human Rights Assessment Report** ☐

1<sup>st</sup> Authorised Signature (EHRIA Lead Officer): .....

Date: .....

2<sup>nd</sup> Authorised Signature (DEG Chair): ...



Date: 3<sup>rd</sup> February 2022.....