

Due Regard Statement

Person(s) responsible for completing this statement Alice Walsh	Date statement started: 12th February 2013 Date statement completed:
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Name of the policy, service, strategy, procedure or function: (indicate whether new or revised)

Showing Due Regard to the Public Sector Equality Duty when transferring Public Health from the NHS to the Council

Briefly describe its aims and expected outcomes

The Health and Social Care Act 2012 gives upper tier and unitary local authorities the duty to improve the health of the people who live in their areas. The transfer of responsibility for key public health functions from the NHS to the Council is accompanied by new powers for the Council both to commission and to provide public health services.

The Director of Public Health is responsible for ensuring that the Council meets the public health duties conferred by the Act, which are health improvement, reducing health inequalities, health protection, and ensuring the provision of population healthcare advice.

Section 194 of the Act requires that every upper-tier local authority establishes a Health and Wellbeing Board which brings together key partners from health and social care. The Gloucestershire Health and Wellbeing Board (GHWB) will be in shadow form until April 2013, when it will become a statutory body. In 2012 the Board formed a task and finish group to develop its draft Joint Health and Wellbeing Strategy which will inform the commissioning and delivery plans of key partner organisations from 2013. The Joint

Health and Wellbeing Strategy will drive health improvement in Gloucestershire over the next twenty years and will be implemented by three year action plans which will be refreshed annually. The strategy is underpinned by the Joint Strategic Needs Assessment (JSNA) for Gloucestershire can be accessed at <http://jsna.gloucestershire.gov.uk>

The Director of Public Health also produces an annual report on the health of the population of Gloucestershire. Past reports can be accessed on this link: [JSNA](#).

Gloucestershire is one of the healthiest counties in England. Overall health outcomes are better than the English national average with death rates from all causes falling over the last 10 years. The aspiration of Public Health is reflected in Gloucestershire's Joint Health and Wellbeing strategy - *to continue to improve the quality of life for everyone in Gloucestershire within available resources*. However, we know that the health and wellbeing of some of our communities is not improving at the same rate as others. Every year, far too many people suffer avoidable ill health or die earlier than they should; this is known as 'health inequalities'. Considering the needs of protected and vulnerable groups is fundamental to ensure that these inequalities are reduced and everyone's quality of life is improved.

This statement considers the impact of the transfer of public health duties from the PCT to the County Council on the health of the population of Gloucestershire ("service user data") and the impact on the public health workforce who are transferring from Gloucestershire PCT to the County Council (workforce data).

Development of the health and well being strategy has been considered as part of a separate due regard process.

Gathering the evidence base

List the main sources of data, research and other sources of evidence, including full references, used to determine the impact of your work on each of the protected groups. If there are gaps in evidence, state what you will do to close them in the Action plan at the end of this document.

	Service User data	Other
	(if applicable) If service user data is not available, use the action plan below to identify how service user data will be collated in the future.	(for example, local demographic data, research , ONS, partner data, officer knowledge)
All	<p>The JHWS aims to improve the health of <u>all</u> Gloucestershire residents whilst protecting the most vulnerable.</p> <p>The data that supports the JHWS is taken from the JSNA. The JSNA includes the deprivation quintiles in relation to health inequalities but does not yet include comprehensive data or analysis for all protected groups</p> <p>Gloucestershire's JSNA, including the Director of Public Health Annual Report, is available on this link; JSNA. The Annual DPH report provides a more comprehensive analysis of the available data both at a county and district level</p> <p>Gloucestershire Equality Profile 2013 shows the makeup of the population in Gloucestershire and its districts, broken down by each of the nine characteristics. It has been used to inform this document and is available at http://www.maiden.gov.uk/InstantAtlas/Equalities/summary.pdf</p>	<p>Overall Gloucestershire is one of the healthiest counties in England. Health outcomes are better than the national average with death rates from all causes falling over the last 10 years. Life expectancy is also increasing and someone born in Gloucestershire today can expect to live slightly longer than the national average - 79.7 years for men and 83.5 years for women, compared to 78.6 and 82.6 years respectively for England.</p> <p>The Joint Strategic Needs Assessment (JSNA) is a strategic planning tool which brings together the latest information on the health and wellbeing of people who live in Gloucestershire and people who use Gloucestershire public services. The JSNA looks at all the factors which impact on health and wellbeing, including income, work, environment and housing; and individual lifestyle behaviours, like smoking and alcohol consumption.</p>
Age	<p>The JHWS, supported by supplementary evidence in the Annual DPH report 2012-12 identifies the changing demographics and the expected increase in older people in the county, Issues regarding an ageing population that have been identified through the JSNA include increases dementia prevalence, increase numbers of carers; the importance of falls and hip fracture prevention and reducing levels of excess winter deaths. With regard to children, the JHWS identified key issues as: smoking in pregnancy; children who eat well and maintain a</p>	<p>The JHWS engagement team are exploring mechanisms such as social networks to reach younger adults and families.</p>

healthy weight; numbers of children living in poverty and increasing the numbers of children in education, training or employment in some parts of the county.

The JSNA library contains needs assessments for Looked after children

The Annual DPH report 2010-11 *Our Communities, Our Health: Improving the health and wellbeing of vulnerable people in Gloucestershire* Includes a chapters on Looked After Children, Vulnerable Young People and Older People with complex needs, highlighting for each, the demographics and some of the key issues.

Among residents in Gloucestershire:

22.9% are aged 0-19

58.5% are aged 20-64

18.7% are aged 65 and over

Gloucestershire has a lower proportion of 0-19 year olds and 20-64 year olds when compared to the national average. In contrast the proportion of people aged 65+ exceeds the national average.

There is considerable variation at district level:

At 25.1% Gloucester has the highest representation of children and young people and exceeds the national and regional average.

At 60.9% Cheltenham has the highest proportion of people aged 20-64, exceeding the county and national average.

Cotswold, the Forest of Dean, Stroud and Tewkesbury all have an overrepresentation of people aged 65+ when compared to the county and national average. At 22.3% Cotswold has the largest proportion of people aged 65 and over.

Table 1: Population by broad age group Total Population (Number)	% 0-19	% 20-64	% 65+
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	<p>Cheltenham 115,732 22.4 60.9 16.7</p> <p>Cotswold 82,881 21.2 56.5 22.3</p> <p>Forest of Dean 81,961 22.5 56.7 20.7</p> <p>Gloucester 121,688 25.1 60.1 14.8</p> <p>Stroud 112,779 23.0 57.5 19.5</p> <p>(source: Gloucestershire Equality Impact Assessment 2013) http://www.maiden.gov.uk/InstantAtlas/Equalities/summary.pdf</p>																												
Disability	<p>There are many different ways to define disability. Under the Equalities Act a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. This is consistent with the Census definition of limiting long term illness. According to the 2011 Census 16.7% of Gloucestershire residents reported having a long term limiting illness, this was below the national average.</p> <p>Forest of Dean had the highest proportion of residents reporting a long term limiting illness at 19.6% of the total population, and was the only district that exceeded the national average. Cheltenham had the lowest proportion of residents reporting a long term limiting illness.</p>																												
	<table border="1"> <thead> <tr> <th></th> <th>Table 2: Long Tem Limiting Illness or Disability With a long term limiting illness or disability (%)</th> <th>No Long Term Limiting Illness or Disability (%)</th> </tr> </thead> <tbody> <tr> <td>Cheltenham</td> <td>15.1</td> <td>84.9</td> </tr> <tr> <td>Cotswold</td> <td>16.1</td> <td>83.9</td> </tr> <tr> <td>Forest of Dean</td> <td>19.6</td> <td>80.4</td> </tr> <tr> <td>Gloucester</td> <td>16.8</td> <td>83.2</td> </tr> <tr> <td>Stroud</td> <td>16.7</td> <td>83.3</td> </tr> <tr> <td>Tewkesbury</td> <td>16.5</td> <td>83.5</td> </tr> <tr> <td>Gloucestershire</td> <td>16.7</td> <td>83.3</td> </tr> <tr> <td>England</td> <td>17.6</td> <td>82.4</td> </tr> </tbody> </table>		Table 2: Long Tem Limiting Illness or Disability With a long term limiting illness or disability (%)	No Long Term Limiting Illness or Disability (%)	Cheltenham	15.1	84.9	Cotswold	16.1	83.9	Forest of Dean	19.6	80.4	Gloucester	16.8	83.2	Stroud	16.7	83.3	Tewkesbury	16.5	83.5	Gloucestershire	16.7	83.3	England	17.6	82.4	
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	<p>Information on disability is included in the JSNA. Additionally, the Annual DPH report 2010-11 <i><u>Our Communities, Our Health: Improving the health and wellbeing of vulnerable people in Gloucestershire</u></i> Includes a chapter on the demographics of Learning Disabilities in Gloucestershire and highlighting some of the key issues.</p> <p>A health needs assessment for adults with autism 2012 is available in the <u>JSNA</u> library.</p> <p>The <u>JSNA</u> library also contains information on local views in relation to learning disabilities, and visual impairment.</p>	
<p>Sex</p>	<p>The overall gender split in Gloucestershire is slightly skewed towards females, with males making up 49.0% of the population and females accounting for 51.0%. This situation is also reflected at district, regional and national level.</p> <p>As age increases gender differences become more noticeable, with females outnumbering males by an increasing margin. In Gloucestershire 53.5% of people aged 65-84 were female while males accounted for 46.5%. For people aged 85+ the difference was even more marked with females accounting for 67.4% of the total population, something which is also observed at district, regional and national level. This gender differences, caused by women's life expectancy exceeding males, has resulted in the majority of single pensioner households being headed by a woman.</p> <p>Females are also more likely to head lone parent households with dependent children. In Gloucestershire 89.9% of such households are headed by women, a figure which is in line with the national average. At district level Tewkesbury had the highest proportion of lone parent households headed by women at 91.2% of the total, while Forest of Dean had the lowest at 87.1%.</p>	

	<p>Table 3: Population by gender Total Population</p> <table border="1"> <thead> <tr> <th></th> <th>Male (%)</th> <th>Female (%)</th> </tr> </thead> <tbody> <tr> <td>Cheltenham</td> <td>48.8</td> <td>51.2</td> </tr> <tr> <td>Cotswold</td> <td>48.4</td> <td>51.6</td> </tr> <tr> <td>Forest of Dean</td> <td>49.1</td> <td>50.9</td> </tr> <tr> <td>Gloucester</td> <td>49.4</td> <td>50.6</td> </tr> <tr> <td>Stroud</td> <td>49.2</td> <td>50.8</td> </tr> <tr> <td>Tewkesbury</td> <td>48.9</td> <td>51.1</td> </tr> <tr> <td>Gloucestershire</td> <td>49.0</td> <td>51.0</td> </tr> <tr> <td>e England</td> <td>49.2</td> <td>50.8</td> </tr> </tbody> </table> <p>The <u>JSNA</u> includes analysis of data by sex</p>		Male (%)	Female (%)	Cheltenham	48.8	51.2	Cotswold	48.4	51.6	Forest of Dean	49.1	50.9	Gloucester	49.4	50.6	Stroud	49.2	50.8	Tewkesbury	48.9	51.1	Gloucestershire	49.0	51.0	e England	49.2	50.8	
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<p>Race (including Gypsy & Traveller)</p>	<p>The latest Office of National Statistics ethnicity estimates for Gloucestershire and a report showing how the ethnic population has changed over time in Gloucestershire can be found in the JSNA here.</p> <p>The JSNA includes analysis by deprivation quintiles in relation to health inequalities but does not yet include this analysis for protected groups.</p> <p>The Annual DPH report 2010-11 <i><u>Our Communities, Our Health: Improving the health and wellbeing of vulnerable people in Gloucestershire</u></i> Includes a chapter on the Traveller community (including Gypsies, Travellers and Travelling Showpeople) highlighting the demographics and some of the key issues.</p> <p>According to the 2011 Census 95.4% of Gloucestershire's population is white. Black or Ethnic Minorities make up the remaining 4.6% of the population, which is considerable lower than the 14.6% reported for England as a whole.</p> <p>English/Welsh/Scottish/Northern Irish/British make up the majority of Gloucestershire's white population. Although this is a national trend, this group accounts for a higher proportion of the total white population than</p>																												

elsewhere, as a result other whites are under-represented when compared to the national average.

Asian/Asian British account for the largest proportion of Black or Ethnic Minorities in Gloucestershire, following the national trend. However the group accounts for a lower proportion of the total than it does nationally.

At district level:

Gloucester has the highest proportion of people from a Black or Ethnic Minority, at 10.9% of the total population. However this is still considerably lower than the national average.

Black or Ethnic Minorities account for a higher proportion of the total population in Cheltenham than Gloucestershire.

Forest of Dean has the lowest proportion of people from a Black or Ethnic Minority, at 1.5% of the total population.

The proportion of people that are classified as Other White is higher in Cheltenham than Gloucestershire and England as a whole.

The proportion of people that are classified a Caribbean and White and Black Caribbean is higher in Gloucester than the county and England.

Table 8: Population by broad ethnic group White (%)		Black or Ethnic Minority (%)
Cheltenham	94.3	5.7
Cotswold	97.8	2.2
Forest of Dean	98.5	1.5
Gloucester	89.1	10.9
Stroud	97.9	2.1
Tewkesbury	97.5	2.5
Gloucestershire	95.4	4.6
England	85.4	14.6

Gender reassignment

Gender reassignment is defined by the Equality Act 2010 as a person proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. This means an individual does not need to have undergone any treatment or surgery to be protected by law.

There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society estimate that between 300,000 and 500,000 adults in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population.

By applying the same proportions to Gloucestershire's adult population, we can estimate that there may be somewhere between 2,800 and 4,700 adults in the county that are experiencing some degree of gender variance.

Table 5: Estimates of gender reassignment			Upper Estimate	
	Lower Estimate		Number	%
Number	%			
Cheltenham	600	0.6	900	1.0
Cotswold	400	0.6	700	1.0
Forest of Dean	400	0.6	700	1.0
Gloucester	600	0.6	900	1.0
Stroud	500	0.6	900	1.0
Tewkesbury	400	0.6	700	1.0
Gloucestershire	2,800	0.6	4,700	1.0
England	250,100	0.6	416,700	1.0

[the Scottish Government's report of the Ministerial task force on health inequalities](#) (external link), notes in its Introduction that transgender people experience lower self-esteem and higher rates of mental health

	<p>problems and these have an impact on health behaviours, including higher reported rates of smoking, alcohol and drug use.</p>	
<p>Marriage & civil partnership</p>	<p>Among residents of Gloucestershire: 30.5% are single and have never married or registered a same-sex civil partnership 50.2% are married 0.3% are in a registered same-sex civil partnership 2.3% are separated but still legally married or still legally in a same sex civil partnership 9.5% are divorced or formerly in a same sex civil partnership which is now legally dissolved 7.2% are widowed or a surviving partner from a same sex civil partnership</p> <p>Gloucestershire has a lower proportion of people who are single or separated when compared to the national average. In contrast the proportion of people who are married, divorced or widowed exceeds the national average.</p> <p>There is considerable variation at district level: At 38.8% Cheltenham has the highest proportion of single people and exceeds the county and national average. In contrast 25.7% of people in Cotswold are single, which is below the county and national level.</p> <p>Cotswold has the highest proportion of residents who are married at 54.9%, which is higher than the county and national average. The lowest proportion was recorded in Cheltenham.</p> <p>The proportion of same-sex civil partnerships is fairly consistent across all districts.</p> <p>Gloucester has the highest proportion of people who are separated and divorced.</p> <p>Cotswold has the highest proportion of people who are widowed or a</p>	

	<p>surviving partner of a same-sex civil partnership while Gloucester and Cheltenham have the lowest. This reflects the age structure of these districts. (source: http://www.maiden.gov.uk/InstantAtlas/Equalities/summary.pdf)</p>	
<p>Pregnancy & maternity</p>	<p>There were 6,720 live births in Gloucestershire in 2011. The largest numbers of live births were among the 25-34 year old age group, continuing the trend of later motherhood. This is also the age when the employment rate for women is at its highest.</p> <p>Births to mothers aged 35 and over account for a higher proportion of total births in Gloucestershire than they do nationally. Conversely births to mothers under the age of 25 make up a lower proportion of total births.</p> <p>At district level:</p> <p>Forest of Dean has the highest proportion of births amongst mothers aged 20 or under and exceeds the county and national average.</p> <p>Gloucester has the highest proportion of births to mothers aged between 20 and 24, exceeding the county and national average.</p> <p>Cotswold has a higher representation of births to mothers aged 35-39 and 40+ than Gloucestershire and the country as a whole. source: http://www.maiden.gov.uk/InstantAtlas/Equalities/summary.pdf</p>	
<p>Religion or Belief</p>	<p>ONS census data on reported religious belief at local level is available here</p>	

	<p>According to the 2011 Census, 63.5% of residents in Gloucestershire are Christian, making it the most common religion. This is followed by no religion which accounts for 26.7% of the total population.</p> <p>Gloucestershire has a higher proportion of people who are Christian, have no religion or have not stated a religion than the national average. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county. 10</p> <p>At district level:</p> <p>Cheltenham has the lowest proportion of people who are Christian at 58.7% of the total population, this is lower than the county and marginally lower than the national average.</p> <p>Cotswold has the highest proportion of people who follow Christianity.</p> <p>Cheltenham has the highest proportion of Buddhists, Hindus and people who have no religion.</p> <p>At 3.2% of the total population Gloucester has the highest proportion of Muslims.</p> <p>Stroud has the highest proportion of people who follow an "Other Religion" and have not stated their religion.</p> <p>Source: http://www.maiden.gov.uk/InstantAtlas/Equalities/summary.pdf</p>	
Sexual Orientation	<p>We recognise that sexual orientation can impact on health and wellbeing e.g: mental health; substance misuse. The JSNA does not yet include information - there is no definitive data on sexual orientation at a local or national level. A number of studies have attempted to provide estimates for the proportion of people who may identify as lesbian, gay or bisexual, generating a range of different results.</p>	

Estimates used by the Government Treasury, and quoted by Stonewall, suggest around 5-7% of the population aged 16+ are lesbian, gay or bisexual. This would mean somewhere between 24,500 and 34,300 people in Gloucestershire are Lesbian, Gay or Bisexual.

However, a more recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.9% of people aged 16 and over. If this figure applied to Gloucestershire it would mean there were around 9,300 Lesbian, Gay and Bisexuals in the county.

Results from the Integrated Household Survey can also be broken down by age. There are some noticeable differences, with 2.7% of those aged 16-24 identifying themselves as Gay, Lesbian or Bisexual, compared with only 0.4% of those aged 65 and over.

Table 12: Stonewall estimates of Lesbian, Gay and Bisexuals Lower Estimate

Lower Estimate			Upper Estimate	
Number	%		Number	%
Cheltenham	4800	5.0	6,700	7.0
Cotswold	3500	5.0	4,800	7.0
Forest of Dean	3400	5.0	4,800	7.0
Gloucester	4900	5.0	6,800	7.0
Stroud	4600	5.0	6,500	7.0
Tewkesbury	3400	5.0	4,700	7.0
Gloucestershire	24,500	5.0	34,300	7.0
England	2,149,500	5.0	3,009,300	7.0

Workforce data	
If employees are affected by your 'project' please outline the profile of the workforce affected below.	
All	There are approximately 30 public health staff who will transfer from the PCT to the Local Authority and therefore affected by this policy.
Age	Range 28 years to 64 years 18-30 years (4%) 31-40 years (26%) 41-50 years (37%); 51-60 years (29%); over 61years (4%)
Disability	No: 44% ; yes: 4% ; not declared: 52%
Sex	Male: 11% female 89%
Race (including Gypsy & Traveller)	White British: 85% ; White Irish: 8% ; White other: 4% ; Black or Black British – African: 4%
Gender reassignment	Not known
Marriage & civil partnership	Married: 52% ; divorced: 15% ; single: 22% ; unknown: 11%
Pregnancy & maternity	One staff member on maternity leave

Religion or Belief	Not known
Sexual Orientation	Not known

Consultation and engagement

List all types of consultation that has taken place during the development of this activity. Include on-line consultations, events, meetings with stakeholders, community events, employee consultation exercises etc

The new arrangements for delivering NHS healthcare for the people of Gloucestershire are driven by the new requirements within the Health and Social Care Act.

Formal consultation with trade union representatives and all staff employed within NHS Gloucestershire on the proposed transition of staff to newly established receiver organisations and collective redundancies as a result of the abolition of Primary Care Trusts was held from the 2nd August 21012 to 31st August 2012. A management response to the consultation feedback was then provided by the PCT on the 11 September 2012.

All public health staff have been formally consulted on the transfer.

Equality analysis: What the evidence shows

Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. In the next section you will be required to document how you will mitigate any negative impacts.

Useful questions to consider:

Do policy outcomes and service take-up differ between people with different protected characteristics?

What are the key findings of your engagement?

If there is a greater impact on one group, is that consistent with the policy aims?

If the policy has negative impacts on people with particular characteristics, what steps can be taken to mitigate these effects?

Does any part of the policy discriminate unlawfully?

Will the policy deliver practical benefits for certain groups?

Does the policy miss opportunities to advance equality of opportunity and foster good relations?

Do other policies need to change to enable this policy to be effective?

What are the impacts to the workforce?

Briefly outline your main findings that relate to the Council's commitment to: **Eliminate discrimination (consider potential for indirect discrimination) Advance equality of opportunity Promote good relations. This can include challenges and opportunities.**

Note: If you are assessing a number of options, you should consider the opportunities and challenges of EACH option.

Protected group	Challenge or opportunity
All	<p>Population: Neutral: The transfer of public health functions to the Local Authority should not impact on people with different protected characteristics.</p> <p>Workforce: Neutral: staff transferring from one public body to another and will maintain their terms and conditions of service. Advice and guidance to help staff can be found in the <u>Equality Act MGN</u> and the <u>Fairness and Diversity Policy</u> within the GCC Employment Handbook.</p>

	Key findings from the workforce engagement were concerns regarding ability to work flexible hours which, if founded, could potentially impact on women, carers and people of particular religious beliefs. However staff were reassured that current contractual terms and conditions would continue.
Age(A)	neutral
Disability (D)	neutral
Sex (S)	neutral
Race (including Gypsy & Traveller)(R)	neutral
Gender reassignment(GR)	neutral
Marriage & civil partnership (MCP)	neutral
Pregnancy & maternity (PM)	neutral
Religion and/or Belief (RAOB)	neutral

Sexual Orientation(SO)	neutral
Carers	neutral

Strengthening actions: Outline what actions have been identified to mitigate the key findings identified above by protected group.

Potential/ actual impact	Protected group (s) affected	Proposed mitigating action(s)	Accountability	Timeframe
No impacts identified				
Need to strengthen the evidence base across the all protected groups	all	There is a commitment to improving collection of information across all protected groups and to include this in the JNSA		

Monitoring and Review



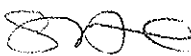
Please indicate what processes/actions will be put in place to keep this 'activity' under review.

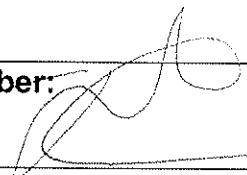
Action	Accountability	Timeframe
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<p>Population impact: will be monitored through the JSNA and through specific Public Health equality objectives 2013-16</p> <p>Objective 1: <i>to ensure equitable access to healthy lifestyle services:</i></p> <p>Outcome: Service users of protected characteristics are able to access healthy lifestyle services according to their need</p> <p>Measure: Numbers of people accessing healthy lifestyle services by age, gender, ethnicity, learning disability and physical disability.</p> <p>How will we achieve this objective?: Community Health Trainers / regular monitoring</p> <p>Objective 2: <i>To increase numbers of pregnant women accessing support to stop smoking services:</i></p> <p>Outcome: reduced prevalence of smoking in pregnant women</p> <p>Measure: 'smoking status at time of delivery'</p> <p>How we will achieve this objective: targeted support for women who smoke during</p>	<p>Director of Public health</p>	<p>Ongoing – Annual report of the Director of Public Health</p>
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pregnancy		
<p>Workforce impact: The Equality Act 2010, which includes the Public Sector Equality Duty specifically requires public authorities to publish information on workforce equality data at least annually.</p> <p>There is also a statutory obligation to publish equality objectives based on this data at least every four years.</p>	<p>The Chief Executive in conjunction with the Head of HR will be responsible for ensuring the implementation and effective monitoring and publishing of this data and policy.</p>	

Sign off and Scrutiny

Signed off as complete by: 	Date: 12.2.13
Senior level sign off:  	Date: 18.2.13
Name of relevant Portfolio Holder/Cabinet Member: I confirm that I have examined sufficient information and understood the potential impact of the proposal. I am in agreement with the proposed mitigating actions and confirm that I have had due regard to the needs set out in section 149	

of the Equality Act 2010.	
Signed by Portfolio Holder/Cabinet Member: 	Date: 27 Feb 2013
Assessment published alongside cabinet report:	Date: 27 FEBRUARY 2013