

Healthy Harborough – Equality Analysis

Name of policy being analysed: Healthy Harborough

Department and section: Community Partnerships

Name of lead officer: Tom Day

Other people involved (assisting or reviewing – including any service users or stakeholder groups etc.): Communications and facilities departments

Date assessment completed: June 2017

Step 1: Defining the policy/procedure/function/service

Is this a new, amended or reviewed policy? What are the aims, objectives and purpose and how will they be achieved? What are the main activities and which communities are likely to be affected by these activities? What are the expected outcomes?

This is a new strategy. The council's aims and objectives are to tackle inactivity in the District and encourage more people to become more active, more of the time. The council wants to make the Harborough district a place where its residents feel they have real opportunities to change their lives for the better; a place with plentiful access to leisure and cultural activities.

Being physically active at every age improves quality of life and increases people's chances of remaining healthy and independent. Therefore, the broad aims of our Physical Activity Strategy are:

- 1) To increase participation in physical activity through the development of a universal offer which is accessible to all,
- 2) To develop sustainable local community approaches to getting more people to adopt healthy lifestyles,
- 3) To achieve permanent behaviour change through building physical activity into resident's everyday lives.

This will be achieved by a focus on the following key areas:

- 1) Ensuring that the benefits of physical activity are communicated to residents,
- 2) Identifying how we can best support independent instructors and clubs that provide opportunities for physical activity throughout the District,
- 3) By assessing current leisure facilities provided by the council and consulting residents about improving provision in the future,
- 4) Developing specialist services such as exercise referral, cardiac rehabilitation and fall prevention classes,
- 5) Consider how to improve the facilities available at community buildings and schools and work with local Parishes to encourage greater access.

This strategy is universal and inclusive; it sets out to improve the lives of many residents in the District. As such, our consultation will need to be representative of the many different communities that reside here.

Although the strategy aims to have a positive impact on all groups, there are significant inequalities in the UK and variances in the District itself in level of physical activity in relation to age, gender, ethnicity and disability. This disparity can result in corresponding inequalities in health. Therefore, it is anticipated that the strategy will impact more upon these aforementioned groups.

Step 2: Data collection & evidence

What relevant evidence, research, data and other information do you have and is there any further research, data or evidence you need to fill any gaps in your understanding of the potential or known affects of the policy on different communities? Include quantitative data as well as qualitative intelligence such as community input and advice.

Physical activity is crucial to maintaining physical health, preventing ill health, supporting mental wellbeing and generally helping people to be healthier for longer. Physical inactivity is responsible for one in six deaths in the UK and for (approximately) two thirds of many long term conditions. Taking this view, Harborough District has high levels of preventable disease which can be reduced through more people leading active lifestyles.

Public Health England estimates that over 1 in 4 women and 1 in 5 men do less than 30 minutes of physical activity a week and classifies them as being inactive. Physical inactivity is the fourth largest cause of disease and disability in the UK – 1 in 2 women and 1 in 3 men in England are damaging their health through a lack of activity.

There are many reasons why someone may put off starting to take regular exercise, with some of the most frequently cited excuses being residents' lack of awareness of costs or 'how to get started'. This is unsustainable. It is estimated to cost the UK an estimated £7.4bn a year and if current trends continue, the increasing costs of health and social care will destabilise public services and take their toll on the quality of life for residents throughout the Harborough District.

There is a direct link between inactivity levels, excess weight, and areas of deprivation and health inequalities. The following data outlines some of the key inequalities on a national and local level:

- There is a clear link between levels of physical inactivity and socio-economic status – areas with high levels of inactivity have high levels of premature mortality.
- Over the last 50 years, physical activity levels have declined by 20 percent in the UK – they are projected to drop a further 15 percent by 2030.

Step 3: Consultation and involvement

Have you consulted and if so outline what you did and who you consulted with and why.

The strategy was subject to an 8 week formal public consultation from 19 June to 7 August 2017:

The draft strategy, questionnaire and supporting documents were available online on the consultation portal (<http://www.harborough.gov.uk/consultation>). They will also be available in paper format.

Key internal (councillors and staff) and external stakeholder were engaged (Harborough District residents; HDLT; Lutterworth & Market Harborough Leisure Centre members/users; Parish and Town Councils; Voluntary Organisations (including sport clubs); specialist groups; and people currently not taking part in leisure activities) stakeholders were notified as part of a communication campaign. This included the assistance of the Active Together team, social media, electronic mailing lists.

Communication and promotion was primarily conducted via media releases, the Council's website, social media, email communications, relevant stakeholder meetings and events.

- Emails (& email signature)
- HDC website & social media
- Distribution of bin tags to every household promoting how to get involved
- Promotional pull-up banners to be displayed within Leisure Centres and other key locations
- Meetings with local specialist groups who support people with disabilities and mental illness. Where we were not able to engage with specialist groups through meetings, we emailed these groups to ask for feedback using the on-line survey
- Engagement with young people through schools and sport clubs
- Engagement with people currently not taking part in leisure through doctors' surgeries
- Harborough News (external residents' newsletter)
- Electronic mail out to members/users of the Leisure Centres
- Variety of face to face engagement activities targeted for users and non users of the Leisure Centres and people currently not undertaking any leisure activities.

Key stakeholder engagement sessions included:

- Parish council workshop evening attended by over 20 parish representatives.

- Sports club forum attended by local clubs and community organisations.

The following external stakeholder engagements taken place throughout the consultation phase (led by Active Together representatives):

Activity	Where	When	Participants
Kurling	Broughton Astley Village Hall	Monday's 10.30-12	Typically 50+
Park Fitness	Welland Park	Thursday's 9.15-10.15	Typically 50+
LEAP	M.H.L.C	Monday's 4.30-7pm	Anyone who wants to loose weight
LEAP	Lutterworth Town Hall	Monday's 9.15-11.30am	Anyone who wants to loose weight
Tea Dance	Congregational Church Hall	Thursday 22 nd June	Typically 50+
FaME	M.H Squash Club	Monday's 11.30-12.30pm	For those with balance and mobility concerns predominately 60+
FaME	Lutterworth Pavilion	Tuesday's 1-2pm	For those with balance and mobility concerns predominately 60+
Heartsmart Referral Class	M.H.L.C	Think Monday's 4.30pm but can double check this	For those with cardiac conditions
Heartsmart Referral Class	Houghton on the Hill	Wednesday's 2.45-4pm	For those with cardiac conditions
Exercise Referral Class	M.H. Squash Club	Wednesday's 10.30am-12noon	For those who have been referred due to having diabetes or being obese.
Beginner friendly bike rides	Speed Hub, Lutterworth	Typically the last Sunday of the month	For anyone who wants to give cycling on the road a go. Filling in a long form here is probably the last thing they will want to do but we can inform them about the consultation going on.
Walks	Welland Park The Shambles Pub, Lutterworth Broughton Astley Library	Monday's 12-1 Wednesdays 10.15-11.15 Monday's 1.30-2.30pm Thursday's 1.30-2.30pm	Typically 50+
Freedom Support Danceathon	Freedom Support	Friday 23 rd June 10am-3pm	Adults with learning disabilities

0-5 Practitioners Network	Homestart SL	Wednesday 21 st June 10am	Partners who work closely with Early Years – promote the consultation and ask them to take away the questionnaires to their groups
SLF (Supporting Leicestershire Families) Team meeting	South Wigston	Monday 26 th June 10am	Vulnerable families
VASL Community Champions Network Meeting		Wednesday 5 th July 2pm	Vulnerable residents in the district

Step 4: Potential impact

Considering the evidence from the data collection and feedback from consultation, which communities will be affected and what barriers may these individuals or groups face in relation to Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex, Sexual Orientation, Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities and also the potential impact on Community Cohesion. Remember people have multiple characteristics so the impact of a policy on a particular community may impact people within the community differently. Where possible include numbers likely to be affected.

- 1) The strategy is considered to have a positive impact in relation to **age**. The aim is to increase participation in physical activity amongst all age groups. However, a key focus will be upon targeting ‘early years’ (5 – 15) and older adults (65 and over).

 Empirical evidence suggests that children aged 5 – 15 are becoming less active and are failing to meet recommended physical activity levels. This is problematic as good physical development in children is linked to other areas of positive development including speech and coordination and an active childhood lays the foundation for an active life.

 Similarly, older adults who participate in any amount of physical activity gain health benefits, including maintenance of good physical and cognitive function – current national trends suggest high levels of inactivity among this age group. Some physical activity is better than none and more activity provides greater health benefits, this includes improved balance and coordination for those more at risk of falls.

 As a result of this data, the strategy will have slightly more focus on residents within these age groups.

- 2) The strategy is also considered to have a positive impact upon individuals living with a **disability**. Becoming active can improve functional status and quality of life among people with selected disabilities. Promisingly, the number of disabled individuals taking part in physical activity has risen, yet barriers still remain.

Research carried out by Sport England in 2014 on barriers to physical activity participation found that, among disabled young people, a lack of money and the unsuitability of facilities (or a lack of information on available facilities with appropriate access arrangements) was the main barriers to physical activity. This strategy sets out to help overcome these barriers, as demonstrated in section 3 of this report, by engaging directly with individuals living with a disability throughout the district.

- 3) There is no evidence at the planning stage that the strategy will affect, or at least not disproportionately affect, the protected characteristic of **gender identity and expression**.
- 4) There is no evidence at the planning stage that the strategy will affect, or at least not disproportionately affect, the protected characteristic of **marriage and civil partnership**.
- 5) There is no evidence at the planning stage that the strategy will affect, or at least not disproportionately affect, the protected characteristic of **sexual orientation**.
- 6) This strategy is considered to have a positive impact in relation to **pregnancy and maternity**. Walking groups is a particular activity that mums like to participate in and brings physical as well as mental wellbeing benefits through peer support.
- 7) There is no evidence at the planning stage that the strategy will affect, or at least not disproportionately affect, the protected characteristic of **Religion or Belief**.
- 8) This strategy is considered to have a positive impact in relation to **sex**. Whilst Sport England's Active People Survey demonstrates some increases in women taking part in sport and exercise over the last decade, the gap between men's and women's participation remains. There is a particular growing concern about the participation of young women.

At the age of 18, twice the proportion of women compared to men take part in no sport at all each month. Sport England has identified the main barriers to participation by women in sport as:

- Practical/lifestyle barriers (such as having children, changing jobs, moving house; time and cost, such as childcare costs and other family responsibilities)

- Personal/emotional barriers (not knowing anyone/wanting to exercise with a friends; belief that muscular/sporty bodies are not feminine; not wanting to embarrass themselves)

Sport England found that the personal and emotional barriers were just as important as the practical ones, and would deter many women if not addressed. Poor body image and fear of not being fit enough to take part are significant issues. It is therefore important that people have the option of exercising with people like themselves (in age, degree of fitness and competence) led by trainers with realistic expectations.

Lack of information was also identified as a significant barrier, compounded by lack of time to seek information. Findings show that word of mouth is important for raising awareness. We will be focusing on this protected characteristic throughout our consultancy work as is evidenced in the above table.

Step 5: Mitigating and assessing the impact

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. If you have identified adverse impact or discrimination that is illegal, you are required to take action to remedy this immediately. 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. Consider what barriers you can remove, whether reasonable adjustments may be necessary and how any unmet needs have identified can be addressed.

It is not held that there is any actual or potential adverse impact or discrimination related to this policy. However, all employees receive equality and diversity training alongside safeguarding training, so they should be able to identify any negative impacts of the policy if any arise.

Step 6: Making a decision

Summarise your findings and give an overview of whether the policy will meet Harborough District Council's responsibilities in relation to equality, diversity and human rights. Does it contribute to the achievement of the three aims of the Public Sector Equality Duty – eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations?

In conclusion the development of a Physical Activity Strategy will support Harborough District Councils responsibilities in relation to equality, diversity and human rights.

Step 7: Monitoring, evaluation & review of your policy/procedure/service change

What monitoring systems will you put in place to promote equality of opportunity, monitor impact and effectiveness and make positive improvements? How frequently will monitoring take place and who will be responsible?

The Physical Activity Strategy will be monitored through an action plan which is monitored and updated annually. The Active Together Team regularly collect monitoring information to ensure programmes are meeting their objectives, particularly in relation to those most at risk of physical inactivity (section 4).

Equality Improvement Plan

Equality Objective :

Action: Continue to try and establish baseline statistics for most vulnerable groups within the Harborough District

Officer Responsible: Julie Clarke

By when: April 2018

Equality Objective :

Action: Continue to monitor characteristics of adults referred through the policy to identify any potentially disadvantaged groups.

Officer Responsible: Julie Clarke

By when: April 2018

Equality Objective :

Action:

Officer Responsible:

By when:

Signed off by: Tom Day

Date: 12.11.2017

Once signed off, please forward a copy for publication to Julie Clarke, Equality and Diversity Officer
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