Executive Summary

Promoting action on health inequalities is the first partnership health inequalities strategy for West Sussex and follows the publication of the Marmot Review, which has made recommendations for national and local action on health inequalities post-2010. This five year strategy (in line with the West Sussex Public Health Plan) supports and informs the work of partners across the county, including the Health & Wellbeing Board.

The principles of the strategy are to:

- Reduce health inequalities as a matter of fairness and economic imperative;
- Reduce the differences in life expectancy between different areas and groups within West Sussex;
- Deliver action across the social gradient in health;
- Address the wider social determinants of health, and;
- Focus local delivery systems on equity in all policies.

It is expected that the strategy will help all partners to meet their local priorities and provide a solid framework for current and future approaches to reduce inequalities in West Sussex.

Recommendations

1) It is recommended that Health & Wellbeing Board members provide relevant feedback in relation to the production of a finalised version of the Promoting action on health inequalities strategy.

2) It is recommended that the Board agrees to endorse and adopt the strategy as one of its key supporting documents, subject to amendments that may be suggested.

3) It is recommended that the Board supports presentation of the strategy to the West Sussex Cooperative in order the gain the backing of as many partners as possible and maximise the success of its implementation.
1. **Promoting action on health inequalities – Working together to improve quality of life in West Sussex**

1.1 In 2010 a draft countywide health inequalities strategy was developed following engagement with a wide range of partners. The development of the strategy took place as a result of the recommendations of an Audit Commission review into health inequalities in West Sussex which took place in 2008/09. The strategy is intended to provide individual organisations in West Sussex with information to enable them to better understand their contribution to reducing health inequalities.

1.2 Following a recent review of countywide partnerships contributing to the health inequalities agenda, a refreshed Inequalities Network was convened in order streamline the work of the 'Better Health For All' group and the Local Neighbourhood Improvement Area Network.

1.3 The Inequalities Network brings together representation from public health and local authorities and also incorporates wider issues that impact on inequalities such as environmental health, housing and community safety. The group is chaired by Peter Latham (Chief Executive, Adur and Worthing Councils) and the vice-chair is Judith Wright (Director of Health and Wellbeing, WSCC / NHS Sussex). The development of the *Promoting action on health inequalities* strategy being overseen by the Inequalities Network, having previously been the remit of the Better Health For All Group.

1.4 Development of *Promoting action on health inequalities* follows the publication of the Marmot Review, which has reviewed and made recommendations for national and local action on health inequalities post-2010. The five year strategy (in line with the West Sussex Public Health Plan) supports and informs the work of partners across the county, including the Health & Wellbeing Board. It is hoped that the strategy will help all partners to meet their local priorities and provide a solid framework for current and future approaches in West Sussex. A copy of the updated draft executive summary is included in Appendix A. The full draft strategy – to be updated – can be found here (over 100 pages): [www.westsussex.nhs.uk/professionals-health-inequalities](http://www.westsussex.nhs.uk/professionals-health-inequalities).

1.5 The document details the strategic approach to be taken in the following distinct areas:

- Universal and ‘mainstream’ services
- Areas of urban disadvantage
- People in rural areas experiencing disadvantage
- Specific vulnerable groups
- Aiming for equity through organisational policies and service design.

It clearly links to other relevant plans, groups and initiatives/priorities, and uses robust data and knowledge, including the joint strategic needs assessment and information gained from partnership working.
1.6 The principles of the strategy are to:
- Reduce health inequalities as a matter of fairness and economic imperative;
- Reduce the differences in life expectancy between different areas and groups within West Sussex – the gap between the most and least deprived areas is among the widest for any local authority in the South East;
- Deliver action across the social gradient in health – the lower a person’s social position, the worse his or her health;
- Address the wider social determinants of health;
- Focus local delivery systems on equity in all policies.

1.7 The purpose of the strategy is to:
- Raise awareness and provide information on the agreed local approach to tackling inequalities
- Support national policy on tackling health inequalities
- Encourage partners to consider the potential impact on inequalities in everything they do.

1.8 As well as the strategic actions described in the countywide strategy, local action plans for detailed work in each district and borough have subsequently been developed by Local Strategic Partnerships (LSPs) and/or local health & wellbeing partnerships. It is hoped that LSPs will retain their role in developing and tracking local outcomes in relation to local implementation of the strategy and action plans.

1.9 It is anticipated that the Inequalities Network will develop its oversight function, promote good practice exchange mechanisms and maintain a role in challenging partners’ adherence to the principles of the strategy.

1.10 The Director of Public Health and Wellbeing suggests that the strategy should become one of key supporting documents for the West Sussex Health & Wellbeing Board and the future West Sussex health and wellbeing strategy. The Health & Wellbeing Board will be ideally placed to support the systematic processes that will enable successful adoption and implementation of the strategy principles. Furthermore, there is scope for the future inclusion and development of the contribution of partners not currently featured heavily within the strategy, for example Clinical Commissioning Groups.

1.11 The Health & Wellbeing Board and the West Sussex Cooperative are well placed to be able to champion the principles of the health inequalities strategy and seek to enable its practical application within member organisations.

1.12 The final version of the strategy will be available for partners in March 2012 (including printed copies of the executive summary, with the full strategy available for download).
2. **Consultation**

2.1 Engagement on the draft strategy took place in between April and August 2010. Prior to this engagement the West Sussex Health Overview and Scrutiny Committee received a presentation on the content of the strategy and endorsed the engagement and communication plan that was subsequently carried out.

2.2 Key organisations, partners and partnerships were asked for their feedback on the draft version of the strategy. Feedback received has been incorporated into this updated draft version of the strategy. A summary of responses received is included in Appendix B, with full details available here: [www.westsussex.nhs.uk/professionals-health-inequalities](http://www.westsussex.nhs.uk/professionals-health-inequalities)

3. **Equality - Customer Focus Appraisal**

3.1 A Customer Focus Appraisal has been undertaken and is attached as an Appendix to this report.

3.2 The strategy is expected to have numerous positive impacts for groups with protected characteristics (as defined by the Equality Act 2010 – i.e. age, disability, gender reassignment, race, pregnancy/maternity, marriage/civil partnership, sex, religion or belief, and sexual orientation). The strategy advocates always taking protected characteristics into consideration to enable progress towards equity of outcomes. This may mean that customers/groups could be offered variable levels of service relative to need. Given the high-level nature of the strategy it is not practical to specify all potential impacts. However, the strategy recommends undertaking meaningful analysis of the impact on equality for all individual policy or service delivery changes (as per statutory duty).

4. **Resource Implications and Value for Money**

4.1 Implementation of the strategy does not have calculable resource implications because the recommendations should be implemented by all organisations as part of their core work and within existing resources. The focus of the strategy is to influence current spend across the whole West Sussex system so that it maximises equity of outcomes. This will have the potential to reduce the long term economic impact caused by inequalities.

4.2 Health inequalities impose a significant economic burden to West Sussex. Calculations undertaken as part of the Marmot Review ([www.marmotreview.org](http://www.marmotreview.org)) have examined the costs caused by health inequalities by comparing the present day to a situation in which everyone in England has the same health outcomes as the richest ten per cent of the population. By this method health inequalities nationally have been estimated to lead to:

- Productivity losses of £31-33 billion per year (£398-422 million for West Sussex)
- Lost taxes and higher welfare payments in the range of £20-32 billion per year (£257-411 million for West Sussex)
• Direct NHS healthcare costs of £5.5 billion (£71 million for West Sussex).

5. Risk Management Implications

5.1 There is a risk that:
   • Partners will not engage sufficiently in the partnership work required to achieve action to reduce inequalities
   • Partners will not follow the strategy principles or take the required action advocated by the strategy
   • Outcomes that show progress on tackling inequalities will not be apparent in the short term

5.2 It is suggested that mitigation of these risks should be the responsibility of the Inequalities Network, which will refer matters to the Health & Wellbeing Board if required.

6. Crime and Disorder Act Implications

6.1 Not applicable

7. Human Rights Act Implications

7.1 Not applicable

Judith Wright
Executive Director Public Health and Wellbeing & Safeguarding

Contact: David Bishop, Public Health (NHS Sussex) 01243 815129

Background Papers

APPENDIX A: Promoting action on health inequalities – Working together to improve quality of life in West Sussex (Draft Executive Summary)

APPENDIX B: Engagement on the draft Health Inequalities Strategy for West Sussex – Summary of responses

APPENDIX C: Customer Focus Appraisal

1 Note: figures for West Sussex are crude estimates based on the proportion of population only (2009 MYE). The figures illustrate the benefits that would be achieved if inequalities were eradicated immediately and are purely an indication of the likely scale of the costs of health inequalities. The healthcare costs figure relates only to costs associated with acute activity, prescribing and mental health activity, which represent approximately one third of the NHS budget; it is likely that this figure under estimates the full impact of health inequalities on direct healthcare costs.
APPENDIX A

Promoting action on health inequalities – Working together to improve quality of life in West Sussex (Draft Executive Summary)
APPENDIX B

Engagement on the draft Health Inequalities Strategy for West Sussex

Summary of responses

We have recently been developing a countywide partnership health inequalities strategy, called Promoting action on health inequalities – Working together to improve quality of life in West Sussex. Health inequalities are differences in health between different groups because of social and economic reasons and various other factors, such as where people live or their particular circumstances.

Between April and August 2010 we asked professionals and interested members of the public for their feedback on the draft version of the strategy. The West Sussex Health Overview and Scrutiny Committee received a presentation on the content of the strategy and endorsed the engagement and communication plan that was carried out.

The engagement was largely aimed at professionals, with presentations given to local Health & Wellbeing Partnerships and Local Strategic Partnerships. The number of people that looked at the web page and downloaded the strategy, and the total number of responses we received were:

<table>
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<tr>
<th>Page viewed / document downloaded</th>
<th>No. unique page views/downloads</th>
<th>Type of group or organisation giving feedback</th>
<th>No. of formal responses</th>
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<tbody>
<tr>
<td>Main strategy engagement web page</td>
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<td>Partnerships</td>
<td>8</td>
</tr>
<tr>
<td>Draft strategy document – full version</td>
<td>178</td>
<td>Voluntary and Community groups / organisations</td>
<td>6</td>
</tr>
<tr>
<td>Draft strategy document – executive summary</td>
<td>147</td>
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<td></td>
<td>Individuals</td>
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</tr>
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<td></td>
<td></td>
<td>Town Councils</td>
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<td></td>
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<td>1</td>
</tr>
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<td></td>
<td></td>
<td>Total</td>
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</table>

Presentations delivered

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</tr>
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<tbody>
<tr>
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<td>13 May 2010</td>
</tr>
<tr>
<td>Healthier Chichester Partnership</td>
<td>14 May 2010</td>
</tr>
<tr>
<td>Arun Wellbeing and Health Partnership</td>
<td>19 May 2010</td>
</tr>
<tr>
<td>Adur &amp; Worthing Joint H&amp;WB Partnership</td>
<td>20 July 2010</td>
</tr>
<tr>
<td>Healthy Mid Sussex Partnership</td>
<td>29 July 2010</td>
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<tr>
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</table>

Those providing feedback were asked to think about whether the draft strategy gives us the right direction, the right actions, and the right ways to make things fairer by reducing health inequalities.

These are the main things people we talked to, or who sent in feedback, told us:

- We need to update parts of the strategy because of the change in national government, changes to public services, and the impact of the national budget deficit for West Sussex
- We need to add some more local information (e.g. on equality strands)
- We need to make sure we prioritise the right groups in times of financial hardship
- We need to further develop the way we want to tackle rural health inequalities
- We need to give more recognition to the contribution of voluntary and community groups
- We need to make action planning, responsibilities and what will be achieved clearer
- We need to produce an executive summary in plain English.

A full version of the summary report of feedback received is available at the following website: [www.westsussex.nhs.uk/professionals-health-inequalities](http://www.westsussex.nhs.uk/professionals-health-inequalities)
Customer Focus Appraisal 2011

1. What are the main aims and planned outcomes of your proposal?

Promoting action on health inequalities is the first partnership health inequalities strategy for West Sussex and follows the recent publication of the Marmot Review, which has made recommendations for national and local action on health inequalities post-2010. It is hoped that this strategy will help all partners to meet their local priorities and provide a solid framework for current and future approaches in West Sussex.

The strategy describes the context of health inequalities nationally and locally. It sets out the current and future action and approaches that will be taken to ensure that health inequalities are addressed in the long term. It details the strategic approach to be taken in the following areas:

- Universal and ‘mainstream’ services
- Areas of urban disadvantage
- People in rural areas experiencing disadvantage
- Specific vulnerable groups
- Aiming for equity through organisational policies and service design.

The strategy is intended to provide individual organisations in West Sussex with information to enable them to better understand their contribution to reducing health inequalities. It is intended that the strategy clearly links to other relevant plans, groups and initiatives/priorities, and uses robust data and knowledge, including the joint strategic needs assessment and information gained from partnership working.

The principles of the strategy are to:

- Reduce health inequalities as a matter of fairness and economic imperative;
- Reduce the differences in life expectancy between different areas and groups within West Sussex.
• Deliver action across the social gradient in health – the lower a person’s social position, the worse his or her health;
• Address the wider social determinants of health;
• Focus local delivery systems on equity in all policies.

If implemented successfully across the whole system in West Sussex the strategy will be able to impact on health outcomes, health related behaviours, socio-economic factors, place and environmental factors, social capital and psycho-social factors and access to healthcare and the health system. One important health inequalities outcome that can be measured and monitored at small area level over time is life expectancy, however the strategy hopes to impact positively on numerous indicators within the NHS, social care and public health outcome frameworks. It will contribute positively to the delivery of the West Sussex Public Health Plan and future West Sussex Health & Wellbeing Strategy.

2. What information have you used to understand and analyse the impact of the proposal on customers?

The strategy has been produced as a result of the Audit Commission’s recommendation to develop a strategic framework for action to reduce inequalities in West Sussex following a review in 2008/09. This process was then led locally by the “Better Health for All” group (responsible for this key theme of the West Sussex Sustainable Community Strategy) and includes representatives from district and borough councils, West Sussex County Council and NHS West Sussex. Numerous other partners and partnerships have also been involved in developing the strategy so far. The outputs of consultations with local communities on each local sustainable community strategy in the County have been fed into the process of development of the strategy through officer involvement and identification of priorities.

The Marmot Review (www.marmotreview.org.uk) into health inequalities and the recent public health White Paper (Healthy Lives, Healthy People, Department of Health 2010) have informed local health inequalities priorities and approaches. A wide range of other policy documents and evidence has also been reviewed within the strategy as part of the consideration of impacts of health inequalities on customers.

The West Sussex Joint Strategic Needs Assessment provides the evidence to support the specific local approaches advocated in the strategy e.g. targeting Local Neighbourhood Improvement Areas, focusing on inequalities experienced by people in rural areas, and disadvantaged vulnerable groups.

Understanding of the health inequalities issues related to protected characteristics is required in order to appreciate the potential impacts of the strategy.

Age

Many risk factors for poor health, such as obesity, hypertension, disability and poverty increase with age. For example the prevalence of most acute and chronic diseases increases with age including cancer, cardiovascular disease, diabetes, suicide, and dementia (older people also often suffer co-morbidities). The proportion of people with a long term illness or disability that restricts their daily activities increases with age.

Nationally the number of people with dementia is expected to double by 2030. Around 50% of dementias have a vascular component, which is associated with diet.
and lifestyle. There are increasing numbers of frail older people. Older people over 75 account for the largest proportion of deaths from accidents. Excess winter deaths in older people can be prevented and are associated with cold household temperatures.

**Disability**

There is evidence that disabled people experience unequal access to health services and inequalities in health. Particular barriers can be demonstrated for some specific groups especially people with learning disabilities or long-term mental health conditions who experience poorer health outcomes and shorter life expectancy. There is high incidence of obesity and respiratory disease in people with learning disabilities and obesity, smoking, high blood pressure, respiratory disease and stroke among people with long-term mental health conditions. People with learning disabilities are more likely to die of preventable causes than people in the general population.

People with disabilities are more likely to live in poverty, less likely to have educational qualifications, more likely to be economically inactive, more likely to experience problems with hate crime or harassment, and more likely to experience problems with housing and transport (compared with people without disabilities). These correlations appear to work in both directions: people are also more likely to become disabled if they have a low income, are out of work or have low educational qualifications.

Stroke is the single largest cause of disability in England. Approximately half of those who survive a stroke will be left with long-term disability problems six months afterwards and will be dependent on others.

Mental health problems are common and can have a significant impact on individuals and their families. Half of all women and a quarter of men will be affected by depression at some time in their life with suicide in the top five causes of lost years of lives. Poor mental health significantly increases the risk of poor physical health and premature death; it is associated with increased risk of heart disease, diabetes, respiratory disease and infections, with the risks of heart disease estimated to be twice as high for people with depression or mental illness and 1.5 times for those who are generally happy. Furthermore, living with mental illness can exacerbate the risk of other inequalities. There is evidence to suggest that people with mental health problems or learning disabilities have a lower life expectancy and there may be difficulties in accessing public health initiatives.

**Gender reassignment**

Responses to surveys indicate that transgender people face persistent challenges in accessing public services, with the appropriateness of services also being a problem. Transgender service users are at risk of being excluded from screening programmes (cervical, breast, prostate) or do not receive information about important general health and wellbeing issues because of the preconceptions of health care staff. Some transgender people have reported difficulties in accessing gender reassignment services. There is also evidence suggesting significantly higher rates of self-harm and attempted suicide among transgender groups.

**Race**

There is national evidence of health inequalities based on ethnic origin. In some cases these arise because of physiological disposition, such as higher risks of vascular disease for South Asian and African-Caribbean groups. In other cases the inequalities relate to differences in access to services or to differences in diet. For
children there are differences in uptake of immunisation, infant mortality rates are higher among some ethnic groups and access to services by refugee families is poor. Many people from black and minority ethnic communities also experience other social conditions – such as poverty, poor housing and unemployment – which interact with health inequality and make it difficult for them to lead healthier lives.

**Pregnancy and maternity**

There has been substantial progress in reducing infant deaths, which is a good proxy for maternal health in general. Whilst relatively few children die in infancy, these rates are higher than in comparable European countries and infant mortality is a key indicator of wider health inequalities. Nationally there is a 70% gap in infant mortality between managerial and professional groups and routine and manual groups, and rates for some ethnic groups are almost twice the national average.

There is evidence that certain groups of young people seem to be vulnerable to becoming teenage parents, including: young people in or leaving care; homeless young people; school excludes; truants and young people under-performing at school; children of teenage mothers; young people involved in crime, and; members of some ethnic minority groups (for example, Caribbean, Pakistani and Bangladeshi women are more likely than white women to have been teenage mothers).

The health and wellbeing of women before, during and after pregnancy is an important factor in giving children a healthy start in life and laying the groundwork for good health and wellbeing in later life. Good quality antenatal care is important for good outcomes. However, many women simply do not access or keep in touch with antenatal services, because of issues such as domestic violence, teenage pregnancy or not having English as a first language.

Socio-economic status has a significant impact on health inequalities amongst children. Children born to lower socio-economic groups are more likely to be of low birth weight, die in the first year of life and to suffer significant episodes or morbidity. In addition, young women living in socially disadvantaged areas are less likely to opt for an abortion if they get pregnant.

**Marriage and civil partnership**

There is evidence to suggest that there are health benefits when people are in long-term relationships.

**Sex**

There is significant variation in health outcomes between males and females. In England, inequalities in life expectancy are widest among men in urban areas (8.0 years). Although women live longer than men, they also spend more years in poorer health. There is evidence of differences between men and women in health risk factors such as obesity, linked with the generally higher prevalence of obesity in less advantaged social groups. There are also differences in alcohol related deaths. Every man dying of alcohol-related causes loses on average 21 years of life, and every woman loses 15 years. Perceptions of risk factors between men and women may affect health outcomes. For example, there is evidence that people think of heart disease as a problem for men. In fact, women’s level of risk catches up with men’s at the menopause. Women tend to present later and their symptoms are not always recognised, so they are liable to have poorer outcomes.

**Religion or belief**
There is no evidence of general health inequality issues around religion and belief, except in relation to ethnicity. Although Muslims are represented in a wide range of ethnic groups, including many of African origin, the majority are of Pakistani and Bangladeshi origin – a group for whom there is clear evidence of health inequality, including higher smoking rates amongst men and higher rates of coronary heart disease and diabetes.

We need to be aware of and sensitive to how religion and belief impact on and influence attitudes to planning, giving and receiving healthcare from pre-conception through to dying and even after death. It should never be assumed, however, that an individual belonging to a specific religion or belief system will necessarily comply with or fully observe all the practices and traditions of that religion or belief system. For this reason, each person should be treated as an individual, and those treating them should try to ascertain their views and preferences before service delivery begins.

**Sexual orientation**

Lesbian, gay and bisexual (LGB) people experience a number of health inequalities which are not always recognised in health and social care settings. Research suggests that discrimination has a negative impact on the health of LGBT people in terms of lifestyles, mental health and other risks. LGB people are significantly more likely to smoke, to have higher levels of alcohol use and to have used a range of recreational drugs than heterosexual people. They are also at greater risk of deliberate self-harm. Research suggests that deliberate self-harm may be linked to difficulties in being ‘out’ in society or having experienced rejection from other people. Although most LGB people do not experience poor mental health, research suggests that some are at higher risk of mental health disorder, suicidal behaviour and substance misuse.

Many people are reluctant to disclose their sexual orientation to their healthcare worker because they fear discrimination or poor treatment. There is also an association between harassment in the workplace and alcohol problems for lesbian and bisexual women in comparison with heterosexual women.


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3. Are there any customers who are negatively affected by the proposal? If so, explain which customers and how they are negatively affected.

The strategy aims to reduce inequalities outlined above through its policy objectives and key principles, rather than by specifying in detail the individual interventions that will have an impact. When seeking to deliver equity of outcomes through the strategy there may be individual policies or models of service delivery that will be focused on particular groups or geographical locations. This may mean that customers/groups could be offered variable levels of service relative to need. The strategy advocates always taking protected characteristics into consideration to enable progress towards equity of outcomes. The principles of the strategy necessitate refocusing service delivery to reduce health inequalities as a matter of fairness and economic imperative. The Marmot Review, and this local strategy, argue that by implementing proportionate universalism and creating a fairer society the international evidence demonstrates that beneficial outcomes are seen across the whole of society (not only where the resources are
focused). It is also important to note that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently – action is required across the social gradient. Given the high-level nature of the strategy it is not practical to specify all potential impacts on customers of the numerous interventions and initiatives that will take on board the principles of the strategy. The strategy does however recommend undertaking and acting upon analysis of the impact on equality for all individual policy or service delivery changes.

4. Are there any customers who are positively affected by this proposal? If so, explain which customers and how they are positively affected.

The strategy outlines a strong focus and commitment to tackling inequalities. Should the strategy be fully implemented then it is expected that it will have a positive, or at the very least neutral, impact on all customers. Positive impacts should be seen particularly for specific groups with protected characteristics currently experiencing poorer outcomes. Positive impacts could include improvements and better access to services and increased funding for priority groups or areas. Evidencing the positive impacts of the overall strategy may be difficult in the short term and must be viewed in relation to the trend of increasing health inequalities both nationally and locally.

Given the high-level nature of the strategy it is not practical to specify all potential improvements. However, the strategy recommends undertaking analysis of the impact on equality for all individual policy or service delivery changes. In addition specific needs assessments, carried out as part of the West Sussex Joint Strategic Needs Assessment, will be able to identify areas for action in relation to equalities experienced by particular groups (including protected characteristics).

5. How does your proposal help to eliminate discrimination, harassment and victimisation?

Implementation of the following principles of the strategy will help to eliminate discrimination, harassment and victimisation of groups with protected characteristics:

- Reduce health inequalities as a matter of fairness and economic imperative;
- Deliver action across the social gradient in health – the lower a person’s social position, the worse his or her health;
- Address the wider social determinants of health;
- Focus local delivery systems on equity in all policies.

Although this is a clear responsibility for all partners, the work of local Community Safety Partnerships (referred to in the strategy) will be particularly important in helping to eliminate discrimination, harassment and victimisation of groups with protected characteristics.
### 6. How does your proposal help to advance equality of opportunity between people who share a protected characteristic and those who do not?

When seeking to deliver equity of outcomes through the strategy there may be individual policies or models of service delivery that will be focused on particular groups or geographical locations. This will mean that customers/groups could be offered variable levels of service relative to need. The strategy advocates always taking protected characteristics into consideration to enable progress towards equity of outcomes. The principles of the strategy necessitate refocusing service delivery to reduce health inequalities as a matter of fairness and economic imperative. The Marmot Review, and this local strategy, argues that by implementing proportionate universalism and creating a fairer society international evidence demonstrates that beneficial outcomes are seen across the whole of society (not only where the resources are focused). Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently.

### 7. How does your proposal help to foster good relations between persons who share a protected characteristic and those who do not?

The strategy advocates taking action to create greater equity of outcomes. If there are instances when a proposed policy or service must give priority to a particular group with a protected characteristic (using this strategy as its justification) then there must be clear evidence for the rationale of that decision. If tension between those who share a protected characteristic and those who do not is anticipated then the decision and rationale must be consulted upon or clearly communicated to all customers in an appropriate manner. This consultation/communication may need to involve a debate about what people in West Sussex consider to be ‘fair’, why tackling health inequalities is required, reference to legal requirements (e.g. Equality Act 2010), real-life examples/case-studies and ‘myth-busting’.

### 8. What have you learnt from the analysis of the likely effects of the proposal on customers? What changes were made to the proposal as a result?

The analysis, and development of the strategy itself, has indicated that a determined effort across the whole West Sussex system will be required in order to impact successfully on equity of outcomes. The strategy proposes a robust framework for this work, but requires commitment from all partners.

A key thrust of the strategy is to encourage the undertaking of analyses of the impacts on equality for all individual changes to policy or service delivery – especially those changes that are proposed citing this strategy and that have the aim of reducing inequalities.

As a result of this analysis an addition to the strategy will be required which explains the possible actions needed when making policy/service delivery decisions so as to ensure good relations are fostered between persons who share a protected characteristic and those who do not.

### 9. If you did not make any changes to the proposal following the analysis please explain why not.

N/A
10. How will the proposal’s implementation be monitored and evaluated to make sure it continues to meet the equality duty owed to customers?

The West Sussex Inequalities Network will:

- Maintain oversight of the development and implementation of the strategy.
- Create opportunities for exchange of good practice in relation to reducing inequalities.
- Challenge partners’ adherence to the principles of the strategy where evidence exists to show outcomes are not equitable or that the principles of the strategy are not being followed.

11. Who will be responsible for the monitoring and review?

West Sussex Inequalities Network and West Sussex Public Health.

To be signed by an Executive Director, Director or Head of Service to confirm that they have read and approved the content of the CFA and the Action Plan.

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Telephone       Email
## CFA ACTION PLAN

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<td>Maintain oversight of the development and implementation of the strategy.</td>
<td>Report to West Sussex Inequalities Network (and referred to West Sussex Health &amp; Wellbeing Board where necessary)</td>
<td>Peter Latham / Judith Wright</td>
<td>Ongoing</td>
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<tr>
<td>2</td>
<td>Create opportunities for exchange of good practice in relation to reducing inequalities.</td>
<td>West Sussex Inequalities Network (and referred to West Sussex Health &amp; Wellbeing Board where necessary)</td>
<td>Peter Latham / Judith Wright</td>
<td>Ongoing</td>
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<td>3</td>
<td>Challenge partners’ adherence to the principles of the strategy where evidence exists to show outcomes are not equitable or that the principles of the strategy are not being followed.</td>
<td>West Sussex Inequalities Network (and referred to West Sussex Health &amp; Wellbeing Board where necessary)</td>
<td>Peter Latham / Judith Wright</td>
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