

Agenda item 5: Embedding health inequalities in paying due regard to the Public Sector Equality Duty

Suzanne Goff (Health Prevention Programme Officer) and Helen Crowther (Equality and Anti-Poverty Officer) are currently looking into how Cambridge City Council can better develop links between the Preventative Health agenda and the council's Public Sector Equality Duty.

Preventative health involves preventing health problems before they occur and managing existing conditions well - so that people experience the best possible health and wellbeing over their lifetime.

It is important for us to better connect the preventative health agenda to our Public Sector Equality Duty because marginalised groups disproportionately face greater barriers to healthcare and increased health risks.

They may also experience poor health outcomes due to wider determinants of health, which Cambridge City Council may have influence over.

These determinants include social, economic, and environmental conditions: for instance, access to quality housing, education, community life, nutrition, green spaces, employment, and positive community relationships. For example, our Housing and Environmental Health teams handle issues like hoarding and making homes accessible for disabled people, and Economic Development helps develop ways to support people with long-term health conditions find jobs.

Wider inequalities then cause or contribute to health inequalities, defined as avoidable differences in health outcomes between groups or populations – such as differences in how long we live, or the age at which we develop health conditions.

For this agenda item the council is asking for the Panel's feedback on two areas:

- Proposed new wording to be included in the equality impact assessment (EqIA) form. In the EqIA the council plans to ask officers to *"Please consider the impact of any changes on health and wellbeing of different groups. In particular impacts around supporting people's health to be the best it can be for the longest period of time and tackling historical and structural barriers that cause poor health outcomes or prevent people accessing care/support with their health.*
- To gather views as to what needs to be included in guidance on completing the EqIA form to support officers to consider this in their EqIAs.

Additionally, this Panel item will also raise awareness of the Health Impact Assessment (HIA) process being proposed by the Greater Cambridge Shared Planning Service.

Policies in the South Cambridgeshire Local Plan (2018) and Cambridge Local Plan (2018) set out the need to assess a new development's impact on health and wellbeing in that local area. This is part of a range of documents known as Supplementary Planning Documents (SPDs). The new Health SPD provides further detail on how the health and wellbeing impacts in developments can be assessed by using a tool called Health Impact Assessments (HIAs).

HIAs are a method of assessing positive and negative health impacts of development for different groups. They function as a guiding framework for the design and delivery of a development, identifying how negative health impacts can be mitigated or prevented, how health benefits can be maximised, and how health impacts can be monitored in the long-term. You can find out more about how HIAs have been used in other areas of the Country by watching this helpful video by the Institute of Public Health: https://youtu.be/RiE5Bv_wDNA

The new Health SPD and HIA documents for Greater Cambridge are currently out for consultation until 24 January 2025. The documents and background papers can be found here: [Greater Cambridge Shared Planning - Draft Greater Cambridge Health Impact Assessment Supplementary Planning Document](#)

Further background paper for agenda item 5: Draft guidance for officers on considering health inequalities as part of the Equality impact assessment (EqIA) process

Link between the Public Sector Equality Duty and preventative health

Health is defined by The World Health Organisation as 'a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity'. Building on this, it states that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition'.

Health is not purely determined by individual behaviours or genetic factors. Wider inequalities can be related to individual circumstances, as well as historical or structural causes. Health inequalities are defined as avoidable differences in health outcomes between groups or populations – such as differences in how long we live, or the age at which we develop health conditions.

By acknowledging the link between health inequalities and wider inequalities experienced by equality groups, the Council could better support the preventative health agenda and further meet its obligations under the equality legislation. This is important as the Council and local health bodies are required to work closely together to deliver joined up local services.

Discrimination and health inequalities

Researchers have found that individual, cultural or structural discrimination impacts on health inequality (for example, see [Understanding how discrimination can affect health - PMC](#)), including through impacting on access to wider determinants of health.

The 'wider determinants of health' are things in people's lives that affect their health and wellbeing. These include money, the environment, and social factors. Not having equal access to these can cause extra stress, like losing a job, living in bad housing, and not being able to move up in society.

Discrimination between people, like rude comments or threats, can harm health just like other traumatic experiences. The pressure of dealing with inequalities and barriers to accessing services can cause stress and create mental health impacts. An example of this would be experiencing discrimination if you are from the LGBTQIA+ community - being asked inappropriate questions about your personal life/ choices.

What are wider determinants of health to consider in EqIAs?

In your EqIA consider health inequalities relating to wider determinants of health relating to the following areas/themes which your work might have impact on.

- Physical living environment – safe water and clean air, safe housing, community life and good access to public transport and safe roads all contribute to good health.
- Employment and working conditions – people in employment are often healthier, particularly those who have more control over their working conditions. Having a job that allows a person to flexibly balance their work and health needs is critical in supporting more people with disabilities to be able to work. As one of the largest groups that facing employment barriers and discrimination – (for instance, see [TUC – disability pay gap reaches staggering level of £4,300 a year | TUC](#)) – this is particularly important to address.
- Access to health services – access and use of services that prevent and treat disease influences health. For instance, the D/deaf community might struggle to access health services due to shortage of British Sign Language interpreters or older people may not be able to access online medical services if they don't have a suitable device.
- Social support networks – greater support from families, friends and communities is linked to better health. Cambridge has a higher-than-average number of people living in the city who are born outside of the UK and a relatively transient population. This means that people from some ethnic minority backgrounds who are new to the UK for work or studies might not have strong social support networks and might not be familiar with UK

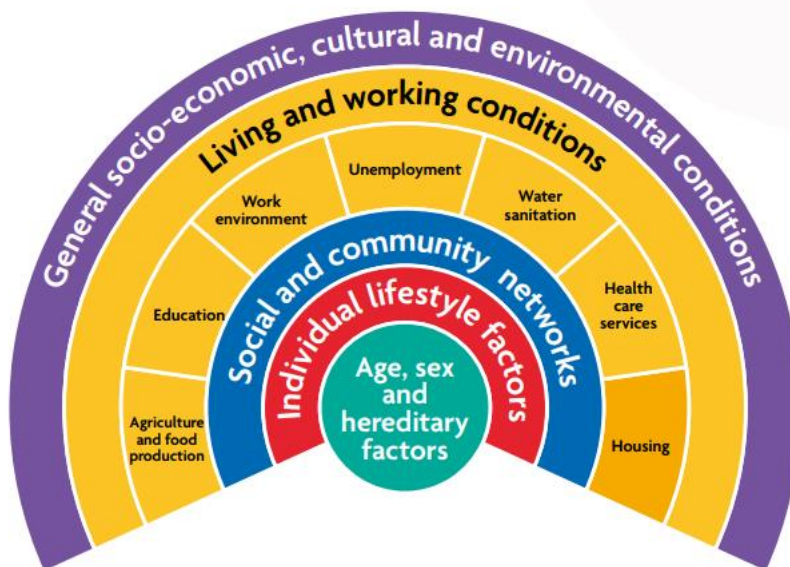
systems or have different experiences of the medical systems in their home countries.

- Culture – customs and traditions, and the beliefs of the family and community all affect health. Different cultures have different approaches to mental health for example or may have religious beliefs that need to be accounted for in providing public health services.
- Education – low education levels are linked with poor health, more stress and lower self-confidence. Many young people are reporting on an increase in mental health issues (for instance, see: [Youth Voice Census Results | 2024](#)) and this may impact how they access public services.
- Income and social status – higher income and social status are linked to better health. Oftentimes, the greater the gap between the richest and poorest people, the greater the differences in health. In Cambridge life expectancy is 11.6 years lower for people in the most deprived areas of Cambridge than in the least deprived areas. (See: [Public Health England's Local Authority Health Profile for Cambridge](#)).

For further clarity on the wider determinants of health, please refer to the World Health Organisation's webpage on the [Determinants of Health](#) or Public Health England's detailed overview of the [Wider Determinants of Health](#).

This is a useful diagram helping to summarise main factors influencing health:

The Main Determinants of Health



Source: Dahlgren and Whitehead (1991)