

EQUALITIES PANEL

3 February 2025

Present:

Chair: Sam Scharf, Director of Communities

Councillor members: Cllr Bird, Cllr Flaubert, Cllr Porrer, Cllr Smart, Cllr Wade,
Public member: Raheela Rehman

Officer members: Ariadne Henry and Naomi Armstrong

Other officers in attendance: Keryn Jalli (Strategic Resettlement and
Community Equity Manager), Micheal Fleetwood-Walker (Graduate Trainee),
Suzanne Goff (Preventative Health Officer), and Vicky Haywood (Strategic
Enabling Communities Lead)

FOR THE INFORMATION OF THE COUNCIL

25/1/EP Welcome, Introductions and Apologies

Apologies were received from Alistair Wilson (staff member) and Orsala Spivak (public member). Orsala has stood down as a public member of the Equalities Panel.

25/2/EP Declarations of Interest

No declarations of interest were declared.

25/3/EP Minutes of Previous Meeting and Matters Arising

The minutes of the meeting held on 2 July 2024 were noted to be an accurate record of the conversation.

Sam Scharf provided the following updates on matters arising:

- An update on the Youth Strategy has been provided as a background paper to this meeting.
- The Disabled People's Manifesto discussion held in the July 2024 Panel meeting is to be reported back at the Environment & Community Scrutiny Committee on 20th March. Further work has been undertaken to raise awareness about the support the council provides to disabled people – including by developing a webpage and in Cambridge Matters. The last Panel meeting has also prompted an exploration of whether equality impact assessments can be more systematically reviewed by the

Equalities Panel. Further understanding is needed into how this would work alongside the new political governance process.

- Victoria Jameson (Recruitment Manager) is still to look into collating and monitoring councillor profile data, which arose as an action at the last Panel meeting.

Helen Crowther provided an update on a question raised by Cllr Bennett on taxi accessibility. People can book taxis using apps but currently people cannot specify what sort of wheelchair taxis are being asked to transport and in the previous Panel meeting Cllr Bennett asked whether this might be raised with companies. Officers spoke to Panther who raised concerns that each passenger and wheelchair might still have specific needs best shared in conversation with a taxi provider that can have a bearing on what vehicle may be best to carry the passenger safely.

Panel members shared further matters on wheelchair accessibility that would benefit from exploration, including:

- Cllr Smart asked whether further evidence could be collected, including from apps, as to instances where taxi drivers refuse jobs for people needing wheelchairs and mobility scooters. He also asked whether staff from taxi firms receive sufficient training to have conversations with disabled passengers about their requirements. Cllr Bird responded to share that taxi companies are going to receive training on requirements of passengers using wheelchairs and mobility scooters.
- Cllr Bird shared that a certain number of taxi drivers with large vehicles are refusing passengers needing mobility scooters and wheelchairs. This is a problem in Cambridge and not an issue in areas like London. It can mean that disabled people are stuck at home.
- Cllr Wade expressed support for Cllr Bird's feedback and shared that further information and education would be beneficial to taxi companies. She also shared that Cambridge City Council might take learning from other areas such as Liverpool.
- Sam Scharf shared that it would be beneficial for these questions and concerns to be passed onto the Environmental Health Manager at the council and for her to be invited to present to a future Panel meeting.

25/4/EP Public Questions

There were no public questions.

25/5/EP Embedding health inequalities in paying due regard to the Public Sector Equality Duty

Suzanne Goff, Preventative Health Officer, provided a presentation on links between the Preventative Health agenda and the council's Public Sector Equality Duty. She shared:

- Health inequalities are the avoidable differences between groups or populations, including aspects like how long people live or the age at which people develop certain health conditions.
- Preventative health, as defined by NHS England, is preventing health problems before they occur. It also includes managing existing conditions well so that people experience the best possible health and wellbeing over their lifetime. This involves considering wider determinants of health which the council's services sometimes can address directly, or which the council might have an impact on as a community leader to work with others to uplift standards.
- Some examples of wider determinants of health. One included good housing, which helps prevent health issues like respiratory problems caused by mould and damp. Another example shared was access to stable jobs with a good level of income impacting on resources that people can access to live a healthier lifestyle. Suzanne asked panel members to share other examples of wider determinants of health.
 - Cllr Porrer shared that this can include small things like having a toilet downstairs in every new house in case people injure themselves and cannot get upstairs.
 - Cllr Wade shared that community centres combat loneliness which has a detrimental impact on health. Raheela Rehman added that community centres in Cambridge do a good job at being inclusive, warm and welcoming and providing a range of initiatives as part of their programmes.
- That the council does a range of things to impact wider determinants of health and sometimes the connection of its work to health is obvious and at other times more subtle. For instance, the team providing trees to the city thinks in 100-year cycles, which is unusual, considering the impact of air quality for current and future populations.
- Key legislation informing the way that the public sector works relating to preventative health:
 - The Health and Care Act 2022 requires councils to work with Integrated Care Systems (ICSs). This act formalized ICSs as legal entities with statutory powers and responsibilities, ensuring collaboration between NHS organisations, local authorities, and other partners to improve health outcomes and reduce inequalities.
 - Equality Act 2010 – The Public Sector Equality Duty around 'fair access to services' and 'community cohesion.'

- The Social Value Act 2012 requires public bodies to have due regard to the overall improvement of social, economic and environmental wellbeing when making decisions through commissioning.
 - The Health and Social Care Act 2021 strengthens the role of local government in improving health and reducing health inequalities.
- When looking at how to go about taking preventative health forward systematically within the public sector the Local Government Association recommends the health in all policies (HiAP) approach. A HiAP approach addresses complex, interconnected problems like chronic illness, aging, inequality, health disparities, and climate change. To tackle these problems innovative solutions are required, new policy approaches, and breaking down of silos. HiAP promotes cross-sector collaboration to share resources, reduce duplication, lower costs, and improve outcomes. Place-based working has become important in local intersectoral approaches to wellbeing too.
- HiAP provides tools to embed health as a key objective in local and regional policy making. It focuses on addressing social determinants of health, which drive health outcomes and inequities. As such it emphasises the impact of living conditions and inequities in power, money, and resources on health. It calls for action across all social determinants to improve health and reduce inequalities.
- The HiAP approach presents a number of practical challenges for local authorities and Suzanne gave some examples of these. For instance, how the council can develop a corporate approach to health, if there is a sustainable budget for HiAP, and how the council builds staff capacity to take this approach.
- The council's Greater Cambridge Shared Planning Service has taken the HiAP principle forward through introducing a health impact assessment tool to evaluate the potential health effects of new developments. The process involves scoping, evaluating, reporting and monitoring health outcomes by affected groups in new developments.

Suzanne asked the Panel members if they would recommend that the Council adopts a HiAP approach and, as part of this, supports wording on health inequalities to be included in the EqlA process. Wording recommended for inclusion in the EqlA was to ask council officers to consider: "Other factors that may lead to inequality - 'including the health and wellbeing of different groups for the purposes of 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 and wellbeing."

The Panel members shared their thoughts on taking a HiAP approach:

- Cllr Bird raised an implication of the HiAP approach for disabled people. Since 2019 a person cannot have an electric wheelchair unless they have it in their property as well, which is a concern where people need an electric wheelchair and their property is not large enough to accommodate its use. Without an electric wheelchair people might be unable to go out. Cllr Bird said that the proportion of properties built as accessible for electric wheelchairs at the outset should be increased above 5%.
- Cllr Bird also said that many disabled people were not aware of support they are entitled to for accessing employment.
- Cllr Porrer made comments on the proposed EqlA wording. She asked whether the wording should explicitly refer to preventative health and whether the wording should also reflect what the council is doing not to change future health and wellbeing. Cllr Porrer also asked if in materials or training to officers on completing EqlAs, some examples could be provided to increase their understanding.
- Cllr Flaubert said that it is important that preventative health approaches consider women's health and work with employers and the NHS to undertake more research and look to improve access to services.
- Cllr Wade said that funding for women's health is usually much too low, and the council might use its role as a community leader to bring focus to this where it can.
- Cllr Wade added that where the council works closer with the NHS it will be important to consider additional funding available to support the work.
- Staff member, Naomi Armstrong, said that investing in support for people leaving hospital as part of their recovery is important because where at home support is not available for people it leads to longer ward stays. This has further unnecessary impacts on people's physical and mental health. However, this is not something district councils or county councils can fund themselves, so it requires investment from health services.

Suzanne made the following points in response to the Panel members' comments:

- In response to Cllr Bird's comments on support available for disabled people to enter employment, Suzanne said that the council is involved in a number of employment projects as part of its preventative health work that look at practical support for disabled people to enter into work.
- Whilst the second item was being presented at the Panel meeting she would re-write the wording for the EqlA and present this back to the Panel members at the end of the meeting. She added that there would

be an action plan produced to increase staff members' understanding of preventative health, including considering this as part of an EqIA.

- In response to Cllr Flaubert's comments, Suzanne shared that the council has been running a youth club for young women in Trumpington, which has supported them to increase their confidence and self-esteem.
- In response to Cllr Wade's comment on funding, Suzanne shared that the Preventative Health Officer post and a number of projects for children and young people (especially on mental health), people at risk of frailty and those that come into regular contact with services have been funded by the ICS. There are a number of conversations taking place strategically between the ICS and ICB on how funding and resources can be pooled to ensure it reaches local communities.
- One of the benefits of adopting a HiAP approach is that the council can take a strategic look at what it is best placed to deliver itself and in working with partners it can influence how funding is structured. In working more in partnership with other services, partners can pull together different funding pots and resources to make them work as efficiently as possible.
- She would share the report of the partnership work undertaken relating to her post as Preventative Health Officer over 2024/25 on the Preventative Health agenda, with the Panel.

Sam Scharf thanked Suzanne for the presentation and the Panel members for their comments. He shared that as part of the transformation process, the council is looking at how it can structure itself to reflect where it can have the greatest direct impact on health and wellbeing of residents through its work.

The Panel expressed its support for a Health in All Policies approach. It also recommended wording to be added into equality impact assessments to assist with this. Suzanne Goff adjusted the wording based on Panel member's feedback so it would ask officers to consider: "Additional factors that may lead to inequalities, including the health and wellbeing of individuals and communities. By focusing on preventative health and addressing historical and structural barriers, as well as future impacts, we can help everyone achieve and maintain their best health throughout their lifetime." The Panel approved of this wording, subject to agreement at committee.

25/6/EP Development of Cambridge City Council's equalities objectives for 2025/26

Helen Crowther, Equality and Anti-Poverty Officer, provided a presentation on the development of the council's equalities objectives for 2025/26. She said:

- The objectives are being developed in the context of the council's legal requirement to produce a new set of equalities objectives at least every four years, with the next deadline being for 1st April 2025.
- The new objectives and a progress report on the council's last set of equalities objectives (captured in its Single Equality Scheme 2021 to 2025) will be presented to the Environment & Community Scrutiny Committee on 20th March. The report will also include an update on the council's response to feedback raised by this Panel previously in its discussion of the Disabled People's Manifesto in the July 2024 meeting.
- A consultation is underway with voluntary and community sector organisations and Cambridge City Council staff regarding the needs of equality groups, which will further inform the priority areas of work under the objectives. The objectives will also be informed by the council's transformation process and key statistics on need and demographics of the city.
- The proposed new objectives are in development and include key areas of work (priorities) for 2025/26. There may be other priority areas of work under the objectives that are identified during 2025/26 itself, as services produce their service plans within the new structures in place following the council's transformation. Objectives are being produced for one year to enable the council's new structures to settle in. It is intended that these objectives and priorities underlying them will help support the development of a longer-term Equity Strategy. The Equity Strategy will take into account plans around devolution too.
- Key areas of focus over the past four years of the Single Equality Scheme objectives included increasing the council's understanding of community needs to target its services effectively, improving access to services, promoting social inclusion, tackling discrimination and promoting community cohesion, and ensuring non-discriminatory employment and procurement policies.
- The council's learning over the last four years has been that it needs to improve the means it measures its impact on Equality, Diversity, and Inclusion (EDI), particularly focusing on the experiences of communities affected by its services. This includes analysing the demographics of service users and evaluating their experiences. Moreover, tackling deeply entrenched and complex social issues requires a systems approach; collaboration with communities and partners is essential to understand and address social issues effectively. In delivering services, understanding intersectionality is vital: Different aspects of individual identities—such as race, disability, and other factors—intersect to create different and distinct experiences of discrimination and disadvantage.

- The longer-term Equity Strategy will build on the council's previous equalities work. Whilst equality is focused on providing people with equal rights and opportunities, equity recognises that individuals have different circumstances and needs. An equitable approach involves tailoring support and resources based on people's circumstances and priorities. The longer-term strategy will also help meet the council's ambition to promote community power. Community power is the idea that communities (of place, experience, and interest) should be given much greater say and control over the decisions, services, amenities, and places that shape their lives.
- Returning to the equalities objectives for 2025/26, these will be shaped by needs arising from demographics of the city. For instance:
 - The population of Cambridge it is growing significantly.
 - It is consistently one of the most unequal cities in terms of income.
 - There is a relatively younger working age population compared to the rest of the UK.
 - 16.7% of people have a disability and there are above average levels of mental health conditions.
 - The city is ethnically diverse and a large proportion of people were born outside of the UK.
 - Cambridge has one of the highest LBGTQ+ populations of any area in the country, including some of highest figures for non-binary and asexual people.
- The proposed new objectives and examples of key priorities underlying them as currently drafted are:
 1. Prioritising needs of diverse communities in our ever-growing city. Examples of key priorities could be around improving data collection to inform service improvement, and strengthening the equality impact assessment process
 2. Providing accessible and inclusive council services. Examples of key priorities could be around ensuring that Health Impact Assessments are undertaken of new developments, and creating mechanisms to hear voices of seldom heard communities.
 3. Helping ensure that people are able to participate and engage fully in their community in a safe, welcoming and inclusive city. Examples of key priorities could be around the Youth Strategy action plan, working to improve disability access, and providing a culturally competent, trauma informed offer to all refugees and people seeking asylum.
 4. Establishing an inclusive and equitable culture within our workforce where our people feel a sense of belonging and purpose. Examples of key priorities could be around improving workforce representation to be

more reflective of our population, and recognising when we are proactive in promoting EDIB and rewarding this.

- Some key achievements over the Single Equality Scheme 2021 to 2024 were that the council:
 - Produced 130 EqlAs from 1 April 2021 to the present.
 - Supported 915 newly arrived refugees since 2021.
 - Had 11,700 visits to Shopmobility from 1st April 2021 to present.
 - Continued its Domestic Abuse Housing Alliance accreditation, which is the national benchmark for how housing providers should respond to domestic abuse.
 - Awarded £3,127,209 In Community Grants from 2021/22 to 2023/24 to support 360 activities reducing social or economic inequality.
 - Exceeded its target of 10% of the workforce being from an ethnic minority background as at March 2024.
 - Developed a People & Culture Strategy with a heavy focus on equality & inclusion.

The Panel members provided the following feedback on the objectives and the council's potential impact relating to them:

- Cllr Porrer agreed that the council needs to develop robust methods for measuring the impact of EDI initiatives, ensuring that community voices are genuinely heard and acted upon. She said that changes or improvements might not always be effectively communicated back to the community, which is essential for fostering trust and transparency. Cllr Porrer felt that the Equalities Panel could have a greater impact if it was able to call in equality impact assessments. Cllr Porrer recognised the challenges and importance of supporting staff networks and the need for institutional commitment, including potential funding and resources to facilitate such initiatives. Finally, she said that in reporting back on its progress on EDI, the council could also provide examples of what it has done as well as being accountable and transparent around where its activities might have had a negative impact.
- Sam Scharf as chair of the Panel said it is important that the council uses the right evidence base to measure its impact, and that services react to feedback from the community. He invited Michael Fleetwood-Walker to share their reflections on this from their involvement in research they had been undertaking in their Graduate Management placement in the Community Development Team. Michael said that it is important that the right data is collected that provides a full and rich picture of what the council has been doing and the actual impact of that activity. Quantitative

data on its own without qualitative data to contextualise it might not be as helpful.

- Cllr Porrer said it is important to evaluate the effectiveness of resource allocation, noting that sometimes a large amount of money might be spent that yields minimal results and sometimes in putting in a small amount there can be a large impact. Cllr Porrer said that a data-driven approach should honestly assess performance, recognizing the need to acknowledge shortcomings in order to learn and improve. She said that organisations often focus on their strengths but should also address areas needing improvement for greater overall impact.
- Cllr Wade said that it can be difficult to assess the impact which the council has had on people's lives when working out in the community. Testaments and statements from individuals are very important for this.
- Cllr Flaubert said that the objectives are very wide ranging and expressed concern around how the council would ensure it meets them. Also, in providing services, the council should take into account that much of the city's population is transitory and this can influence and put pressure on council services.
- Cllr Smart said that it would be beneficial for the council to have a policy on working from home that recognises people's different resources to work safely and comfortable from home, and the need to bring people together.

In response to comments raised by Panel members:

- Keryn Jalli responded to Cllr Flaubert's concern about the objectives being wide ranging. She said that even though the headlines of the objectives are broad, underneath that there will be tangible, achievable priorities for 2025/26.
- Helen Crowther said that she would discuss Cllr Smart's feedback on a working from home policy with the People Team.
- Sam Scharf said that the council needs to work through what the switch between equalities to equity and what Community power means in practice. Helen Crowther said that this will be looked at as the council develops its longer-term Equity Strategy.

25/7/EP Any Other Business

None.

25/8/EP Date of Next Meeting

3 July 2025.

CHAIR

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