



North

Yorkshire County Council

Template for  
Equality Impact Assessment (EIA): evidencing paying due regard to protected  
characteristics July 2013

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যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

**Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.**

Name of Directorate and Service Area	Public Health
Lead Officer and contact details	Vicky Waterson Health Improvement Manager Health and Adult Services 01609 532450 <a href="mailto:vicky.waterson@northyorks.gov.uk">vicky.waterson@northyorks.gov.uk</a>
Names and roles of other people involved in carrying out the EIA	Phillippa Sellstrom , Health Improvement Officer
How will you pay due regard? e.g. working group, individual officer	MECC Project Implementation Team Meeting
When did the due regard process start?	February 2015
Sign off by Assistant Director (or equivalent) and date	 Rachel Richards 23/4/15

**Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)**

This EIA is being completed for the Making Every Contact Count (MECC) project which is being led by NYCC Public Health Team and is a new initiative for NYCC.

Completion of the EIA will ensure that the MECC project considers the needs of different service users groups, specifically in relation to protected characteristics ensuring their needs are met.

The MECC project includes:

- Design, commissioning and implementation of training solutions using both an eLearning and face to face approach
- Evaluation design to measure the impact of MECC training
- Production of a tool kit for staff to provide them with relevant information about local services and support which they can pass on to their clients

The EIA will consider each of the above project aspects to ensure that frontline staff utilising the MECC approach are able to do so in a manner that reflects the commitment of NYCC to equality and diversity. It will also include ensuring that all service and support information given is appropriate to the service user needs.

**Section 2. Why is this being proposed? (e.g. to save money, meet increased demand, do things in a better way.)**

Making Every Contact Count (MECC) is a workforce approach which aims to improve lifestyles and reduce health inequalities. MECC enables workforces serving individuals and communities to be competent and confident in making the most of opportunities to improve population health and wellbeing.

### **Section 3. What will change? What will be different for customers and/or staff?**

In utilising the opportunities for NYCC staff to give brief opportunistic advice to service users, colleagues and the wider community the following changes would be anticipated:

- There is an increase in confidence for staff to offer brief opportunistic advice and *make every contact a health improving contact*
- Employees are equipped with the knowledge and skill to have opportunistic conversations about health in a workplace setting, within their own family and friendship groups and within a wider community setting
- The quality of the NYCC offer is increased as customers may be given basic advice and signposting to other services and, thus, supporting the provision of a holistic service.
- There is an increase in health seeking behaviour from staff and customers (and an associated increase in health and wellbeing)
- Health and wellbeing service receive an increase in appropriate referrals.

### **Section 4. What impact will this proposal have on council resources (budgets)?**

**Cost neutral? N**

**Increased cost? Y**

**Reduced cost? N**

Please explain briefly why this will be the result.

In the short term this project will require some expenditure from the public health team to fund the initial delivery costs (resource to deliver face to face training and online production costs) Longer term, this should result in cost savings for NYCC as clients are increasingly signposted to appropriate health and wellbeing services and thus, potentially reducing the requirement for council or NHS interventions in the future.

<b>Section 5. Will this proposal affect people with protected characteristics?</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? State any evidence you have for your thinking.</b>
Age		✓		MECC interventions will signpost to health and lifestyle services and older people may be able to access support to help with health behaviour change.
Disability		✓		The proposals should increase the NYCC offer to people with a disability as this project should increase knowledge, skills and confidence in having health improving conversations with their clients. It is possible that this approach may encourage more people with a disability to seek help with health and wellbeing behaviour change.
Sex (Gender)		✓		There is evidence to indicate men are usually more reluctant to access health services than women. The opportunistic nature of this approach may increase the reach to men as they are not required to proactively seek out health advice. The advice will be given in a non-medical setting.
Race	✓			No adverse outcomes are anticipated. We will ensure that programme design reflects this protected group in the visual materials, case studies etc.
Gender reassignment	✓			No adverse outcomes are anticipated.
Sexual orientation	✓			No adverse outcomes are anticipated.
Religion or belief		✓		There are no anticipated adverse outcomes. We acknowledge that there may be some sensitivity

				required in the design and delivery of certain aspects of this programme to ensure that people's religion and belief are respected. There is also the opportunity to develop the programme to focus on, for example health eating or quitting smoking during the Ramadan period.
Pregnancy or maternity		✓		This project will offer signposting to other services and one of the opportunities for using MECC may be during pregnancy or maternity.
Marriage or civil partnership		✓		Registrars will be given the opportunity to undertake MECC training, thus enhancing the change to provide brief advice to people undertaking a marriage or civil partnership.
<b>Section 6. Would this proposal affect people for the following reasons?</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Give any evidence you have.</b>
Live in a rural area		✓		There is a possibility that living in a rural area might make it hard for people to access some services, this project will provide brief health and wellbeing advice as part of other community programme, initiatives and contacts.
Have a low income		✓		There is evidence that health outcomes are not evenly distributed across society, with some of the least affluent groups experiencing the worst health outcomes. This group are also more reluctant to access health promotion services. This approach aims to encourage contemplation and potentially health seeking behaviour through formal and informal contacts.

**Section 7. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men?) State where this is likely to happen and explain what you think the effect will be and why giving any evidence you have.**

NO

**Section 8. Only complete this section if the proposal will make things worse for some people. Remember that we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us.**

**Can we change our proposal to reduce or remove these adverse impacts?**

**Can we achieve our aim in another way which will not make things worse for people?**

**If we need to achieve our aim and can't remove or reduce the adverse impacts get advice from legal services. Summarise the advice here. Make sure the advice is passed on to decision makers if the proposal proceeds.**

**Section 9. If the proposal is implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)**

The evaluation of the project will also evaluate practice and participants will be asked if they have used a MECC approach, and the details of this.

Although equality monitoring of anyone receiving an MECC intervention will not be conducted, the project implementation team will review and consider any evaluation data (including both hard and soft data) and consider targeting specific groups.

**Section 10. List any actions you need to take which have been identified in this EIA**

Action	Lead	By when	Progress


