

Health and wellbeing and inequalities screening tool – SHELTERED HOUSING (DEC 2014)

This tool is split into two parts: health and wellbeing, and inequalities. Please cross-reference with, or refer to the Equalities and Sustainability Implications sections where relevant.

Health and wellbeing implications of your proposal might include benefits and opportunities for enhancing health and wellbeing, as well as potential negative impacts and their mitigation. You should give consideration to the potential impacts on:

1. Living and working conditions, access to health and social care services and community and social networks.
2. Risk and protective factors, including 'lifestyle factors' such as diet, physical activity; smoking; misuse of alcohol and drugs.
3. The impact on the wider determinants of health (e.g. education, employment and worklessness, the wider environment, housing, transport).

If this screening tool suggests significant negative impacts, or if you need to discuss it further, you should contact the Public Health Lead for Inequalities (Dr. Peter Wilkinson, 01273 296555).

Improving Health and Wellbeing

Please indicate in the table below how the health and wellbeing of the different population groups will be affected by your proposal/policy

Population group	Positive impact on health and wellbeing	Negative impact on health and wellbeing
<i>Age Group</i>		
Pregnant women	n/a	n/a
Children (of primary school age)	n/a	n/a
Young people aged 12 to 24	n/a	n/a
Working age adults	n/a	n/a
Older people	The service will work more systematically with Public Health, Health & Social Care to promote opportunities for older people to age well. This will not only include specific health promotions such as promoting winter flu vaccination, but also to do more to create sociable communities to tackle loneliness and isolation. By improving health and wellbeing it is anticipated that this will not only keep people healthier and happier, but also delay the need for more intensive social care and health intervention.	There are no anticipated negative impacts by this change. In consulting with tenants, these changes are welcome.
<i>Specific population groups</i>		
BME communities	The service offer recognises and makes explicit the value of diversity and encourages a greater range of activities to reflect a diverse community of older people.	There are no anticipated negative impacts by this change

<p>Religious communities</p>	<p>The service is encouraging greater collaboration with organisations within the city, especially those which are tackling social isolation. The service is already working with faith groups in the city and has attended summits set up to better develop links between the authority and such groups. This has resulted in faith groups providing or supporting activities within the schemes.</p>	<p>There are no anticipated negative impacts by this change</p>
<p>LGBT communities</p>	<p>The service offer recognises and makes explicit the value of diversity and encourages a greater range of activities to reflect a diverse community of older people.</p>	<p>There are no anticipated negative impacts by this change</p>
<p>Socioeconomically disadvantaged</p>	<p>There is evidence that life expectancy within the city differs by about 10 years across the city, with lower life expectancy and healthy life expectancy in socially economically disadvantaged areas of the city. Half the council's sheltered schemes are in socially disadvantaged areas and the majority of tenants are in receipt of housing benefit, indicating lower income levels. The development of sheltered schemes as healthy living environments will means that older people in disadvantaged areas will be presented with more opportunities to live and age well.</p>	<p>There are no anticipated negative impacts by this change</p>
<p>People living with disabilities</p>	<p>66% of sheltered tenants (575 out of 874) have a disability. The service offer encourages an 'asset' rather than a 'deficit' approach by focusing on what people can do, on their strengths and capabilities, rather than what they are not able to do. This approach is empowering and ensures that older people with disabilities are seen as active participants in the life of the scheme rather than as passive recipients of a service. The development of sociable and compassionate communities is also being actively expressed so that we build a more tolerant environment in which people can live.</p>	<p>There are no anticipated negative impacts by this change</p>

Reducing Inequalities

The 2010 Marmot Report 'Fair Society, Healthy Lives", an independent review into health inequalities in England, concluded that reducing health inequalities requires action on six policy objectives. These are listed below. Please describe the impact of your proposal on these objectives and any actions being taken to maximise the positive impact and minimise the negative impact.

Policy objective	Potential positive impact on objective and actions being taken to maximise the impact	Potential negative impact on objective and actions being taken to minimise the impact
Give every child the best start in life	n/a	n/a
Enable all children, young people and adults to maximise their capabilities and have control over their lives	Although the service is an older peoples' service, the revised service offer encourages better links with the wider community. The service is already seeing links with local schools and further inter-generational links are likely to be fostered. Partnerships are already being made and inter-generational projects being adopted.	n/a
Create fair employment and good work for all	The revised service offer encourages a greater sense of community involvement and engagement. Greater participation and engagement may encourage some older people to return to work or work-like activity such as volunteering. The service is encouraging greater consultation with	n/a

	resident and residents groups to encourage more opportunities for involvement and participation.	
Ensure healthy standard of living for all	The revised service offer has been designed alongside an asset review of the sheltered schemes themselves. By reducing unpopular studio flats and improving the communal areas, it is anticipated that the building will provide a less institutional and more welcome environment in which older people can age well. These changes are in line with the checklist of essential feature of age-friendly cities. If recommendations are agreed a programme of improvements will be implemented.	n/a
Create and develop healthy and sustainable places and communities	The revised service offer places more emphasis on sheltered schemes being a health promoting environment. The encouragement of sociable and compassionate communities in which older people participate more will encourage a better environment to live in.	n/a
Strengthen the role and impact of ill health prevention	The revised service offer has been designed to strengthen the preventative role of sheltered housing and to work more closely with	n/a

	<p>services that offer opportunities for older people to engage in living a healthier and happier life. Links are already being made with other parts of the health and social care sector and preventative work undertaken e.g. scheme managers provided with winter flu awareness training.</p>	
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