

EQIA Submission – ID Number

Section A

EQIA Title

Kent and Medway Integrated Work and Health Strategy

Responsible Officer

Emma Watson - GT GC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)

Steve Samson - GT GC

Type of Activity

Service Change

No

Service Redesign

No

Project/Programme

No

Commissioning/Procurement

No

Strategy/Policy

Strategy/Policy

Details of other Service Activity

No

Accountability and Responsibility

Directorate

Growth Environment and Transport

Responsible Service

Economy (with Public Health and SPRCA)

Responsible Head of Service

Steve Samson - GT GC

Responsible Director

Stephanie Holt-Castle - GT GC

Aims and Objectives

The UK faces significant challenges with Economic Inactivity which are at the highest level since 2008 with some 2.6m people being out of the labour market for health-related reasons.

A Kent & Medway Integrated Work & Health Strategy is to be produced with the aim of integrating and improving support for people and employers to enable more people with health conditions and disabilities to start, stay and succeed in work. The strategy will be overseen by the Kent & Medway Strategic Partnership for Health & Economy and 'owned' by the Integrated Care Partnership and Kent & Medway Economic Partnership.

It is intended that the strategy and its future implementation will enable people with long term health conditions and disabilities to benefit by being able to start stay and succeed in meaningful work. This is based on the evidence that there is a synergistic relationship between meaningful work and good health. Employers from all industry sectors are also set to benefit from the strategy through increased access to untapped workforce potential, retention and diverse and inclusive workforce.

The following outcomes are hoped to be achieved by the strategy and these will be refreshed as the

strategy is developed and implemented.

Through integrating work and health:

- To increase the number of people with long term conditions and disabilities who are able to engage in meaningful work
- To take a person-centred, multidisciplinary approach to referral and provision to support people with long term health conditions and disabilities to start, stay and succeed in work.
- To build employee and employer confidence to support employees to start, stay and succeed in work and to build employee confidence in their capability and confidence to engage in work.
- To create an environment in which people are able to engage in relevant development training and skills to support them to start, stay and succeed in work.
- To engender a culture of a healthy, thriving workforce across Kent and Medway.

Unemployment can affect people with protected characteristics disproportionately including people with disabilities and health issues (physical and mental) or those with caring responsibilities. The development of the strategy and its future implementation is anticipated to have a positive impact upon various sections of the local population.

This EqIA is intended to give an early high level view of equalities, diversity and inclusion issues with further EqIAs to be developed as the strategy moves into its implementation phase through supporting programmes and initiatives during 2025.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

No

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

As part of the intelligence gathering phase of the development of the strategy, 115 stakeholders have been engaged through 70 interviews including:

- NHS Trust leaders
- Representatives of employers and business support/membership organisations
- Education, training and skills leads
- Department of Work and Pensions
- Leaders of mental health organisations
- VCSE
- Housing representatives
- Economy representatives
- Public Health
- SEND and neurodiversity leaders
- Health and Care Partnerships
- Adult Education
- Kent and Medway ICB
- Primary Care

- Service users – from health perspective, organization employee perspective, DWP perspective
- Community leaders

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

No

Do you have evidence that can help you understand the potential impact of your activity?

Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients

Service users/clients

Staff

Staff/Volunteers

Residents/Communities/Citizens

Residents/communities/citizens

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

The intended purpose of the Kent and Medway Integrated Work and Health Strategy is to support people with long term health conditions or disabilities to start stay and succeed in work. To that end it would be intended that there would be a positive differential impact on those people experiencing disability

Age:

Further evidence will be explored for this but there is likely to be a positive differential for age. As people age it is more likely that they will develop a long term health condition which may also result in a disability. Therefore by developing the strategy it is likely that there will be a positive differential impact for this factor.

There is also potential to impact positively on younger age groups given work limiting conditions have risen fastest in the younger age groups. The rate of work limiting conditions among younger workers has doubled in the last decade. The number of workers aged 16 – 34 who report that their mental health limits the type or amount of work they can do has quadrupled in the last decade.

Disability:

The programmes and initiatives that emerge from the strategy are likely to impact positively upon people with a disability who have previously been excluded from the labour market.

Sex:

There is potentially a positive differential impact for women where factors such as menopause and pregnancy will be taken into consideration. Alongside this, the negative or positive impact of specific health conditions relating to men need to be considered.

22% of working age women report having a work limiting condition compared with 17% of men (<https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge>.)

Gender Identity/transgender:

Relevant data relating to gender identity and employment alongside long term health conditions and disability needs to be explored further to determine its impact.

RACE:

This factor will be explored further to establish particularly whether there is likely negative differential impact when taking into consideration the additional risk factors for people of minority ethnic groups for some health conditions such as diabetes.

Risk factors for this group could include wider determinants such as occupations and other factors related to culture. People in these groups may be reticent to come forward for support other than to trusted contacts and therefore care will need to be taken to reach out to these communities in a way that engages them most appropriately.

Working age people of Bangladeshi ethnicity are most likely to have a work limiting condition, followed by those of white and Pakistani ethnicity. ([https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge.](https://www.health.org.uk/publications/long-reads/what-we-know-about-the-uk-s-working-age-health-challenge))

Religion or belief:

Further evidence will be sought for this factor (religion) but care does need to be taken in implementation that there is not a negative differential impact for this factor. Religion or belief may cause people to be reticent to come forward through the usual designated channels. Care must be taken to reach out to some specific community groups through trusted routes.

Sexual Orientation:

Relevant data relating to sexual orientation and employment alongside long term health conditions and disability needs to be explored further to determine the impact of sexual orientation.

Pregnancy & Maternity:

Evidence needs to be reviewed for this factor to determine conclusively but it is likely that there will be a positive differential impact where associated conditions relating to pregnancy and maternity create circumstances where it becomes difficult to engage in work including due to caring responsibilities.

Marriage & Civil Partnerships:

Relevant data relating to gender identity and employment alongside long term health conditions and disability needs to be explored further to determine its impact.

Carer's Responsibilities:

The programmes and initiatives that emerge from the strategy are likely to impact positively upon people with carer's responsibilities as people receiving care due to long term health conditions are more likely to be supported into the labour market.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No

Details of negative impacts for Age

Not applicable

Mitigating Actions for Age

Not applicable

Responsible Officer for Mitigating Actions – Age

Not applicable

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

No

Details of Negative Impacts for Disability

Not Applicable
Mitigating actions for Disability
Not Applicable
Responsible Officer for Disability
Not Applicable
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No
Details of negative impacts for Sex
Not applicable
Mitigating actions for Sex
Not applicable
Responsible Officer for Sex
Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No
Negative impacts for Gender identity/transgender
Not Applicable
Mitigating actions for Gender identity/transgender
Not Applicable
Responsible Officer for mitigating actions for Gender identity/transgender
Not Applicable
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No
Negative impacts for Race
Not Applicable
Mitigating actions for Race
Not Applicable
Responsible Officer for mitigating actions for Race
Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No
Negative impacts for Religion and belief
Not Applicable
Mitigating actions for Religion and belief
Not Applicable
Responsible Officer for mitigating actions for Religion and Belief
Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No
Negative impacts for Sexual Orientation
Not Applicable
Mitigating actions for Sexual Orientation
Not Applicable
Responsible Officer for mitigating actions for Sexual Orientation
Not Applicable

26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No
Negative impacts for Pregnancy and Maternity
Not Applicable
Mitigating actions for Pregnancy and Maternity
Not Applicable
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No
Negative impacts for Marriage and Civil Partnerships
N/A
Mitigating actions for Marriage and Civil Partnerships
None
Responsible Officer for Marriage and Civil Partnerships
Steve Samson
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No
Negative impacts for Carer's responsibilities
Not Applicable
Mitigating actions for Carer's responsibilities
Not Applicable
Responsible Officer for Carer's responsibilities
Not Applicable