

# Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(Form updated April 2023)

Title: North Yorkshire Health Determinants Research Collaboration  
(HDRC)

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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	Health and Adult Services, Public Health
Lead Officer and contact details	Katie Needham <a href="mailto:katie.needham@northyorks.gov.uk">katie.needham@northyorks.gov.uk</a>
Names and roles of other people involved in carrying out the EIA	Rachel Murphy, Service Manager HAS Susan Symonds, Public Health Manager Josh Wood, Public Health Officer
How will you pay due regard? e.g. working group, individual officer	Opportunities to promote equality will be ensured through the HDRC Governance processes, the HDRC planning group and ongoing Patient and Public Involvement and Engagement (PPIE) representation.
When did the due regard process start?	January 2023, when the HDRC bid writing commenced.

**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?)

The proposed submission of a funding bid will enable the development of a research infrastructure at North Yorkshire Council to create a Health Determinants Research Collaboration. The infrastructure will support the Council to both utilise and engage in research more regularly to reduce health inequalities and improve the health outcomes of residents. This supports the vision of the Council plan 2023-2027 “supporting a good quality of life for all”.

**Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it?** (e.g., to save money, meet increased demand, do things in a better way.)

We propose submitting a funding bid to the National Institute of Health and Care Research (NIHR), to access £5,000,000 over 5 years, to create a Health Determinants Research Collaboration (HDRC).

This is a collaboration between North Yorkshire Council (NYC), the University of Hull, University of York, and a number of PPIE and Voluntary and Community Sector organisations (VCSE’s).

The aim of the HDRC is to develop a research infrastructure within NYC, to embed a Council-wide research culture, and to engage in research to address the wider determinants of health and improve health outcomes for our residents.

The long-term ambition of the HDRC is to better direct Council funding by making services more cost effective and efficient through the utilisation of research and evidence to aid decision making.

As part of the HDRC, we would be engaging with residents, including those with protected characteristics, with the aim of undertaking research to address the inequalities they face.

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

NYC will become part of a Health Determinants Research Collaboration, in partnership with the Universities of Hull and York, and with VCSE and PPIE groups in the region. There will be a core HDRC staff team, comprising of NYC staff and academics, who will work to deliver four council-wide work packages. These are intended to increase research capacity and capability across the workforce and to embed a research culture in which NYC generate and utilise evidence to inform decision making.

Within the HDRC structure will be an Engagement Hub, which will link together the existing PPIE organisations in the region around the topic of research. These organisations are already engaged with people from undeserved communities, and who have protected characteristics. We have built a specific full-time role into our HDRC structure, for a PPIE Officer who will link and coordinate with the existing PPIE organisations, building on their good practice and engagement work, to ensure a fully inclusive approach to the HDRC research activity.

NYC staff will benefit from opportunities for learning and development, and improved opportunities to engage in research to inform service delivery.

North Yorkshire residents will benefit from increased opportunities to shape the services of the Council, through connected systems for engagement and participation in research. We will work with residents to shape the prioritisation and direction of the research that the HDRC undertakes and ensure that they are active coproducers of meaningful research. We will work with our academic partners and community links to understand where and how we can build capacity within communities to support residents to be able to truly co-produce research, ensuring reciprocity.

**Section 4. Involvement and consultation** (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

For the HDRC bid development, we have engaged with a number of different PPIE organisations in the region. Representatives from these organisations have been involved in shaping the HDRC plan and the PPIE aspects of our proposal. Representatives from some of the PPIE organisations also participated in a collaborative research development workshop, in which representatives from the different organisations that will be involved in the collaboration met to discuss priorities and strategies for research activity. One clear message from our engagement events has been that members of the public do not want to keep repeating their stories and providing their input to different research projects, with little feedback. The Engagement Hub would ensure a coordinated approach towards PPIE in NYC research, with the HDRC promoting coproduction and subsequent dissemination of outputs, in accessible formats for our residents.

We have planned the involvement of a range of specific PPIE groups to ensure that the HDRC reaches a wide range of marginalised groups, however we acknowledge that there may be differences in the levels of experience and ability to engage each group. We will work with any additional appropriate organisations that may be required to ensure that all marginalised groups are considered and involved in directing the HDRC, taking account of all aspects of equality, diversity and inclusion.

Once established, the HDRC will submit further funding bids to undertake specific research projects to address priority areas of health inequality. We will utilise our partnerships with the existing PPIE organisations to ensure that this research is coproduced with our residents, that underserved communities are involved, and that our activity is fully inclusive.

**Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?**

This proposal will not increase costs to the Council. It will bring in grant funding which is allocated specifically to the delivery of the collaboration, and any associated costs to the Council have been factored into the proposal.

One of the long-term ambitions of the HDRC is to better direct Council funding by making services more cost effective and efficient through the utilisation of research and evidence to aid decision making.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		x		<p>A person's age can lead to discrimination and make a person more likely to experience inequality. This is a concern within North Yorkshire.</p> <p>For example, 25% of our North Yorkshire population is aged over 65, compared to 18.5% nationally, and this continues to rise. There are many inequalities and adversities experienced by an ageing population, including social and digital exclusion, loneliness and isolation.</p> <p>The future research of the HDRC is likely to address the health inequalities faced by an ageing population, as this is a key priority for NYC.</p>
Disability		x		<p>Disability is a key health inequality, including within North Yorkshire.</p> <p>For example, for those aged 18-64, the gap in employment between those who are in receipt of long-term support for a learning disability and the overall employment rate is 73.7% in North Yorkshire, compared to 70.6% in England.</p> <p>The potential long-term benefit of a HDRC could include research activity that leads to a reduction in the health inequalities that people with disability face in North Yorkshire. In addition, we will ensure that reasonable adjustments are made so that our engagement and coproduction is fully inclusive of disabled people.</p>
Sex		x		<p>A person's sex can lead to discrimination and make a person more likely to experience inequality.</p> <p>The potential long-term benefit of a HDRC could include research activity that helps us understand and address health inequalities that people face due to their sex in North Yorkshire.</p>
Race		x		<p>A person's race can lead to discrimination and make a person more likely to experience inequality.</p> <p>The most current population data indicates that the black and minority ethnic (BAME) population of North Yorkshire is around 3.3%.</p>

				<p>North Yorkshire's minority ethnic population is very diverse with no one minority dominating the BAME population. As such, the engagement and coproduction work of the HDRC will need to be attentive to ensuring the inclusivity of people of all minority races. We are already aware from our HDRC consultation events that engaging people from BAME communities can be difficult for PPIE organisations, and this is something that we would aim to develop and achieve.</p> <p>The potential long-term benefit of a HDRC could include research activity that leads to a reduction in the health inequalities that people face due to their race.</p>
Gender reassignment		x		<p>Whilst we know gender reassignment can make a person more likely to experience health inequality, there currently exists a lack of data around gender reassignment for people within North Yorkshire. This therefore presents a knowledge gap that the HDRC has the potential to address through its research activity.</p> <p>By building our understanding and evidence base we would aim to reduce the health inequalities that people with this protected characteristic may face.</p>
Sexual orientation		x		<p>A person's sexual orientation can lead to discrimination and make a person more likely to experience inequality.</p> <p>In North Yorkshire, around 2% of our population are LGBTQ+. During the HDRC consultation events, LGBTQ+ populations were recognised to face challenges in accessing some aspects of health support in North Yorkshire.</p> <p>It was agreed that this may be an area that we undertake future research into, to reduce the health inequalities that people with this protected characteristic may face.</p>
Religion or belief		x		<p>A person's religion or belief can lead to discrimination and make a person more likely to experience inequality. For example, due to people's beliefs there may be a different approach required to their health and social care, which if not fully understood, could reduce the standard of care that they receive. We would aim for our Engagement Hub to reach people from all communities and populations and would take appropriate measures to support the involvement of people from all religions and beliefs.</p>

				The potential long-term benefit of a HDRC could include research activity that leads to a reduction in the health inequalities that people face due to their religion or belief.
Pregnancy or maternity		x		The implementation of the Engagement Hub will provide opportunities for all residents to become involved in research, with special considerations and adjustments made for those who are pregnant or nursing a baby. Furthermore, as 12.2% of women smoke in early pregnancy in North Yorkshire, this may be an area that the HDRC undertakes future research into, to try to improve health outcomes for this specific population.
Marriage or civil partnership		x		Discrimination on grounds of marriage or civil partnership is covered in the Equality Act 2010. Whilst we do not currently have evidence to demonstrate that marriage or civil partnership status results in health inequalities (although civil partnership status could be linked to discrimination on grounds of sexual orientation), we will remain aware of this protected characteristic and include in our research design where appropriate. A person's marriage or civil partnership status can lead to discrimination and make a person more likely to experience inequality. The potential long-term benefit of a HDRC could include research activity that leads to a reduction in the health inequalities that people with this protected characteristic may face.

<b>Section 7. How will this proposal affect people who...</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b>
..live in a rural area?		x		Most of North Yorkshire (85%) is classed as super-sparse, with less than one person per hectare living in super-sparse areas. In addition, population density in North Yorkshire is more than five times lower than the England average. The national average number of people per square-KM in England is 430 compared with just 76 for North Yorkshire and as low as 36 in Ryedale. Such sparsity can lead to isolation, a lack of social connections, digital exclusion through poor connectivity, transport challenges, and difficulty in accessing health and care services.

				The potential long-term benefit of a HDRC could include research activity that leads to a reduction in the health inequalities that people who live rurally face.
...have a low income?		x		A person's/household's income can affect their quality of life and subsequent health outcomes. For example, 12% of children in North Yorkshire are in low-income families. Children living in poverty are more likely to have poorer health outcomes including low birth weight, poor physical health, and mental health problems. The potential long-term benefit of a HDRC could include research activity that leads to a reduction in the health inequalities that people of low-income household's face.
...are carers (unpaid family or friend)?		x		Carers are twice as likely to suffer from poor health compared to the general population, primarily due to a lack of information and support, finance concerns, stress and social isolation. For example, only 31.6% of adult carers in North Yorkshire have as much social contact as they would like.  The potential long-term benefit of a HDRC could include research activity that leads to a reduction in the health inequalities that people who are carers face.

**Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)**

North Yorkshire wide	✓
Craven district	
Hambleton district	
Harrogate district	
Richmondshire district	
Ryedale district	
Scarborough district	
Selby district	
<b>If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.</b>	

**Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.**

Yes, it may potentially, due to the HDRC having a countywide focus. It is acknowledged that people with a combination of protected characteristics experience greater health inequalities and barriers to engagement.

For example, we are a rural county with an ageing population and this combination of factors can greatly increase the likelihood of experiencing poor health outcomes.

The potential long-term benefit of a HDRC could include research activity that leads to a reduction in the health inequalities that people with protected characteristics may face, including those with a combination of protected characteristics.

<b>Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)</b>	<b>Tick option chosen</b>
1. <b>No adverse impact - no major change needed to the proposal.</b> There is no potential for discrimination or adverse impact identified.	✓
2. <b>Adverse impact - adjust the proposal</b> - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. <b>Adverse impact - continue the proposal</b> - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. <b>Actual or potential unlawful discrimination - stop and remove the proposal</b> – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
<p><b>Explanation of why option has been chosen.</b> (Include any advice given by Legal Services.)</p> <p>The HDRC will seek to both conduct and utilise research to understand and address issues and improve the delivery of Council services to reduce health inequalities and improve health outcomes for residents including those with protected characteristics.</p> <p>This option has been chosen as there is no adverse impacts or discrimination resulting from seeking to achieve the above.</p>	

**Section 11. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)**



If successful with the funding application, one of the proposed work packages is titled “Learning & Evaluation” and seeks to monitor the impact of the HDRC, including its impact upon the Council and its residents. This will be actioned in part through the proposed partnership between VCSE and PPIE groups in the region.

Additionally, the findings of any specific research projects that arise from the HDRC will also seek to understand the implications upon residents.

**Section 12. Action plan.** List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	Lead	By when	Progress	Monitoring arrangements
N/A	N/A	N/A	N/A	N/A

**Section 13. Summary** Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

We propose submitting a funding bid to the National Institute of Health and Care Research (NIHR), to access £5,000,000 over 5 years, to create a Health Determinants Research Collaboration (HDRC). The HDRC will reduce health inequalities and improve the health outcomes of residents, which supports the vision of the Council plan 2023-2027 “supporting a good quality of life for all”.

The HDRC will have North Yorkshire wide impact. It will not increase costs to the council but will bring in grant funding.

Without due consideration to equality, diversity and inclusion, the HDRC could inadvertently fail to involve a group who are experiencing inequalities. However, through the Engagement Hub and specialist PPIE Officer role, we feel confident that we will reach our marginalised groups and will ensure a reciprocal approach to community involvement. Furthermore, the HDRC represents an opportunity, in the long term, to reduce health inequalities for our diverse communities, including people with protected characteristics.

The HDRC, through one of its work packages, will evaluate its impact upon the Council and its residents.

Undertaking the EIA, no actions have been identified.

No major change needed to the proposal.

**Outcome of EIA:**

Proceed as planned

**Section 14. Sign off section**

This full EIA was completed by:

**Name:** Rachel Murphy  
**Job title:** Service Manager  
**Directorate:** HAS  
**Signature:** R. Murphy

**Name:** Sue Symonds  
**Job title:** Public Health Manager  
**Directorate:** HAS  
**Signature:** S. Symonds

**Name:** Josh Wood  
**Job title:** Public Health Officer  
**Directorate:** HAS  
**Signature:** J. Wood

**Completion date: 25.05.2023****Authorised by relevant Assistant Director (signature):****Date:**