

Title of policy / procedure / function / project / decision:

Cheshire West and Chester Health and Wellbeing Strategy –
Our Place Plan for the Borough 2026 – 2031

Evidence based equality analysis

Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:

The Council, along with the other Health and Wellbeing Board partners, residents and people with lived experience of disability, neurodiversity, long term conditions and poverty have developed a new Health and Wellbeing Strategy that sets out the vision and priorities for system partners and communities to deliver across the borough for the next five years (April 2026 until March 2031).

The new strategy will provide the priorities and commitments for health services, the Council, blue light emergency services and the voluntary and community sector in the borough to help them work together and improve health and wellbeing for residents. The priorities and commitments will be jointly delivered by all partners, with progress monitored each year through a dashboard and update to the Health and Wellbeing Board.

The strategy has been developed through discussions with community groups and a public engagement which ended in August 2025. This engagement helped us to understand which themes and priorities were most important to people. Using feedback from the engagement, a draft strategy was developed, which went out to public consultation between 6 October and 30 November 2025. The Strategy was updated in line with the feedback received.

The **Cheshire West and Chester Health & Wellbeing Strategy – Our Place Plan for the Borough 2026–2031** sets out a vision to reduce inequality, increase healthy life years, and improve mental and physical wellbeing for all residents. The strategy focuses on eight priorities aligned with the Marmot¹ principles:

1. Give every child the best start in life.

¹ Institute of Health Equity, All Together Fairer: Health equity and the social determinants of health in Cheshire and Merseyside (London: UCL Institute of Health Equity, 2022). Available at: <https://www.instituteoftheequity.org/resources-reports/all-together-fairer-health-equity-and-the-social-determinants-of-health-in-cheshire-and-merseyside>

2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

It also commits to a proportionate universalism approach – focusing service delivery to areas and groups with the greatest health need, delivery of integrated neighbourhood services, and tackling health inequalities through targeted investment and co-production.

The Equality Act 2010 requires public bodies to eliminate discrimination, advance equality of opportunity, and foster good relations between people who share protected characteristics and those who do not. This strategy supports compliance with the Act and the Public Sector Equality Duty (PSED).

Lead officer: Strategic Commissioning Programme Manager – Public Health

Stakeholders: Residents, NHS Cheshire and Merseyside Integrated Care Board (ICB) Cheshire West and Chester Council, Countess of Chester Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Mid-Cheshire Hospitals NHS Foundation Trust, Cheshire West Voluntary Action, Healthwatch Cheshire West, Emergency services (e.g., police, fire, ambulance), local employers and education providers (via Careers Hub and Skills strategies).

For each of the areas below, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made, and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	Neutral	Positive	Negative
<p>Race and ethnicity (including Gypsies and Travellers, refugees, asylum seekers etc.)</p>	<p>Strategy meets Equality Act 2010 and Public Sector Equality Duty by tackling racism and discrimination, improving service access, accessibility, and providing translated communications.</p>	<p>Strategy explicitly tackles racism and discrimination through priority 7 'Tackle racism, discrimination and their outcomes; Workforce Race Equality Standard (WRES) standards adopted; translation and accessible communication commitments for NHS providers, development of a Community Cohesion Strategy.</p> <p>Strategy indicators monitor violence offences and hate crimes and are updated annually.</p>	
<p>Disability (as defined by the Equality Act - a physical or mental impairment that has a substantial and long-</p>	<p>Strategy meets Equality Act 2010 and Public Sector Equality Duty by</p>	<p>Commitments include implementation of Disability Facilities Grants, home adaptations, reasonable adjustments in health</p>	

term adverse effect on a person's ability to carry out normal day-to-day activities)	including disability commitments.	services, increasing uptake of annual health checks by people living with learning disabilities, and supporting people living with learning disabilities and/or neurodiversity into volunteering or employment. Strategy indicators monitor learning disability employment rate gap on an annual basis.	
Sex (male or female)	Strategy meets Equality Act 2010 and Public Sector Equality Duty by addressing sex specific needs.	Sex-specific health needs addressed (e.g., perinatal mental health, cervical screening, domestic abuse reduction).	
Gender identity (gender reassignment)	No specific actions, but inclusive principles apply. Compliance with Equality Act 2010 and Public Sector Equality Duty.	Strategy includes development of a Community Cohesion Strategy.	
Religion and belief (including lack of belief)	Strategy is secular, promotes culturally	Strategy includes development of a	

	sensitive engagement; no barriers identified. This supports compliance with Equality Act 2010 and Public Sector Equality Duty.	Community Cohesion Strategy.	
Sexual orientation (including heterosexual, lesbian, gay, bisexual and others)	Inclusive service design promoted, no evidence of exclusion. This supports compliance with Equality Act 2010 and Public Sector Equality Duty.	Strategy includes development of a Community Cohesion Strategy.	
Age (children and young people aged 0 – 24, adults 25 – 50, younger older people 51 – 75/80; older older people 81+. Age bands are for illustration only as overriding consideration should be given to needs)	Compliance with Equality Act 2010 and Public Sector Equality Duty as strategy considers people of all ages including pre-birth.	Life-course approach embedded: early years support, school readiness, employment pathways, healthy ageing initiatives such as prevention and best management of long-term conditions including heart failure, diabetes and respiratory conditions. Strategy indicators span all ages and are monitored annually.	

<p>Care Experienced (all young people and adults who have been in the care of Cheshire West and Chester Council - for a period of 13 weeks or more - from the age of 14 years. This includes those children/young people for whom the Council currently or have previously held corporate parenting responsibilities)</p>		<p>Families First programme prioritises early intervention and family support; targeted resources for looked-after children.</p> <p>Children in care considered in respect of reduction of educational attainment gap.</p> <p>Thriving Futures programme gives vulnerable young people the chance to thrive as they transition into adulthood, ensuring the right support is available at the right time.</p> <p>Specific measure to annually monitor the proportion of looked after children whose emotional wellbeing is a cause for concern.</p>	
<p>Carers (people who care for others, informally or formally)</p>		<p>Commitment to enhance care for unpaid carers. All-Age Carers Strategy</p>	

		integrated; respite care and financial support included.	
Rural communities	Digital inclusion and transport strategies mitigate risk.	Commitments to reduce digital exclusion by making it easier for people to be online, regenerate the borough to provide connected and safe places, and promote active travel through the implementation of integrated and sustainable transport options.	
Areas of deprivation (include any impact on people living in poverty who may not live in areas identified as deprived)		Proportionate universalism approach applied throughout the strategy to focus funding and services to areas and groups with the greatest health need; commitments to tackle poverty, including child poverty, support the provision of home adaptations and improved housing conditions, deliver the homelessness and rough sleeping strategy,	

		<p>enhance career guidance and pathways into employment, help people into employment, delivery of the Local Plan, regenerate the borough to provide connected and safe places, provide safe and accessible green spaces and undertake more housing refurbishment and retrofit homes.</p> <p>Indicators address and annually monitor inequality in life expectancy at birth; school readiness in children with free school meal status, gap in employment rate between those with a physical or mental long term condition and the overall employment rate, levels of low-income families, households in fuel poverty, and homelessness.</p>	
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<p>Human rights (see guidance note for key areas to consider)</p>	<p>By embedding Marmot priorities and proportionate universalism approach, the strategy ensures fairness, dignity, and equality of opportunity which are the core values of the Human Rights Act 1998.</p>	<p>Strategy promotes fairness, dignity, and rights-based approaches; aligns with UN principles on health equity.</p>	
<p>Health and wellbeing and Health Inequalities (consider the wider determinants of health such as education, housing, employment, environment, crime and transport, plus impacts on lifestyles and effects on health and care services)</p>		<p>Core vision of strategy is ‘to reduce inequality, increase years of healthy life and promote improved mental and physical health and wellbeing for everyone in Cheshire West and Chester. Eight Marmot priorities underpin all commitments and delivery, which focus on reducing inequalities in health and the wider determinants of health.</p> <p>Commitments to tackle poverty, including child</p>	

		<p>poverty, support the provision of home adaptations and improved housing conditions, deliver the homelessness and rough sleeping strategy, enhance career guidance and pathways into employment, help people into employment, delivery of the Local Plan, regenerate the borough to provide connected and safe places, provide safe and accessible green spaces, undertake more housing refurbishment and retrofit homes, increase breastfeeding and vaccination uptake, improve children's oral health, increase support to prevent ill-health and long-term conditions, increase mental health prevention and early help, promote good health to keep people in work, increase breastfeeding, vaccination</p>	
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		<p>uptake, improve children's oral health</p> <p>Indicators align to priorities and are annually reviewed to monitor impact and inform future delivery. Indicators assess inequality in life expectancy at birth, school readiness among children with free school meal status, attainment of GCSE Grade 4+ in English and Maths, Pupil absence, Not in Employment or Education (NEET), employment rate, jobs paid below living wage, gaps in employment rate between those with a physical or mental long term condition and overall rate, households in temporary accommodation, homelessness, violence offences, hate crimes, adult cycling and walking for (active) travel and deaths attributable to air pollution.</p>	
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<p>Procurement/partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)</p>		<p>Equality compliance embedded in commissioning; specific commitment to support businesses to become Anchor Institutions and maximise social value through employing and buying local where possible and bring economic, social and environmental benefits to local communities.</p>	
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Evidence (see guidance note for details of what to include here):



Draft H and W Strategy 2026-31 for

Action plan:

Actions required	Priority	Outcomes required	Officer responsible	Review date
Undertake annual monitoring to assess progress of the Health and Wellbeing Strategy using a bespoke dashboard, with indicators	High	Annual update of dashboard and report for the Health and Wellbeing Board. This	Chair of Health and Wellbeing Board	31 March 2027

<p>across all eight Marmot priorities and a set to measure life expectancy.</p>		<p>will identify whether there are any further, unexpected impacts (positive or negative) of the Strategy commitment workstreams, such as the Community Cohesion Strategy, on specific population groups or geographical areas to update that section of the EA and agree the mitigating solutions with the workstream Lead.</p>		
<p>Annual review of the strategy commitments to ensure they reflect any newly released national guidance or legislation and remain responsive to local need.</p>	<p>High</p>	<p>Ensure the strategy is up to date and in line with national expectations.</p>	<p>Chair of Health and Wellbeing Board</p>	<p>31 March 2027</p>
<p>Health & Wellbeing Strategy is widely available to residents from 1 April 2026.</p>	<p>High</p>	<p>Ensure the strategy reaches all communities and is available in formats to meet resident needs including Easy</p>	<p>Council Staff and partners who produced the Health & Wellbeing Strategy.</p>	<p>30 June 2026</p>

		Read, large print and translation if required.		
Ensure Cheshire West and Chester Community Cohesion Strategy is developed in line with the Health and Wellbeing Strategy.	High	Ensure that the Community Cohesion Strategy is meeting Priority 7 of the Health and Wellbeing Strategy supporting integration and creating inclusive, empowered and resilient communities	Donald Read / Public Health	21 March 2027

Sign off	
Lead officer:	Strategic Commissioning Programme Manager – Public Health
Approved by Tier 4 Manager:	Consultant in Public Health
Moderation and/or Scrutiny	
Date:	06.03.2026
Date analysis to be reviewed based on rating (high impact – review in one year, medium impact - review in two years, low impact in three years)	

Please forward the completed Equality Analysis to the Equality and Diversity Managers for publishing on the Council's website