Health Equity Assessment Tool

Programme, project or policy being assessed

Programme, project or policy details	**Your response**
Date assessment started	05/06/2025
Date assessment completed	20/06/25
Contact person (name, directorate, email, phone)	Alisha Withem, Public Health Programme Officer, Public Health and Public Protection Directorate, Alisha.Withem@slough.gov.uk
Name of strategic leader (senior responsible officer)	Tessa Lindfield
Lead organisation	Slough Borough Council and selected Retrofit Supplier
Other organisations engaged	Enter your response here
Community engagement methods used. Best practice shows that engaging communities is an effective way of identifying, gaining insight and understanding how health inequalities are experienced by communities. So, consider methods of engagement (for example specific questions, focus groups, surveys, Place Standard) which are inclusive, involving a range of affected communities and stakeholders; and an assessment of whether, how and with what impact community engagement can assists with the programme, project or policy and its implementation.	Engaging with resident: Co-production network, resident associations and community organisations, neighbourhood communities, resident engagement boards, resident champions, pre and post engagement survey
Agreed review date	20/12/2025

1. Prepare – agree the scope of work and assemble the information you need

Preparatory steps

Questions and steps to take	Your response – remember to consider multiple dimensions of inequalities, including protected characteristics and socio-economic differences
Describe your programme of work. Things you may want to consider include: what are the main aims of your programme, project or policy? what is the justification, reason or driver for this programme, project or policy? how do you expect your programme, project or policy to impact (positively or negatively) health inequalities? is it a programme, project, service, product, policy or strategy?	The government is committed to a warm homes plan to upgrade five million homes over next five years to cut bills for families and deliver warmer homes to slash fuel poverty. This ambition is a key part of the Government's 'second mission' to transform Britain into a clean energy superpower, including providing the country with clean energy by 2030, reducing bills, and transitioning homes to clean heat as part of our wider ambition to reach net zero by 2050. As a key part of the Warm Homes Plan, the Government has committed to partnering with combined authorities, local and devolved governments to deliver insulation measures and other improvements such as solar panels, batteries and low carbon heating to cut bills for families, slash fuel poverty, and reduce carbon emissions in support of our net zero 2050 target. The Warm Homes: Local Grant is a government-funded scheme delivered by Local Authorities that will take the first steps to delivering on the ambitions of the Warm Homes Plan. It will provide grants for energy performance upgrades and low carbon heating to low-income households living in the worst quality, privately owned homes in England to achieve energy bill savings and carbon savings. These upgrades will be open to all fuel types, including on gas households (those heated by mains gas), and off gas households (those heated by electricity, oil, coal, or liquid petroleum gas). 1. Tackling fuel poverty to meet the statutory fuel poverty 2030 target, delivering annual energy bill savings to occupants. 2. Progressing towards the statutory net zero 2050 target through achieving

	carbon savings in homes upgraded. Primary outcome: Energy bill savings. Secondary outcome: Carbon savings 3. Contributing to a healthier, more sustainable community while reducing the environmental impact of inefficient energy use in residential homes. 4. Ensure that more low-income households in Slough can afford to heat their homes adequately during the winter months. 5. Reducing cold-related illnesses and indoor air quality related illnesses and hospital admissions by ensuring homes are adequately insulated and heated. 6. Reduce carbon emissions from poorly insulated homes by improving energy efficiency, thereby contributing to Slough's sustainability objectives. 7. Alleviate financial stress on vulnerable households by providing financial aid for energy-efficient home improvements. 8. Reduction of cold and damp inside homes – reduces health risks such as respiratory illnesses especially among older people and children
What data do you need to gain a greater understanding of need and assess the impact of this programme, project or policy? You should consider relevant data, evidence, indicators and intelligence you are aware of, for example: nationally available data such as: Fingertips health profiles, Public Health Outcomes Framework Hospital Outcomes Statistics Office for National Statistics RightCare	Eligible postcodes – deprivation deciles of 1-2: to see how many people in Slough will benefit from the scheme Households receiving benefits Household income Household deprivation Fuel poverty data on fingertips – to gain insights into the number of households experiencing fuel poverty in Slough Slough JSNA and Poverty in Slough pack – deprivation, housing, air pollution, financial security and poverty It would be helpful to do a pre survey that collects qualitative data

local data such as that available in Joint Strategic Needs Assessment, contract performance data, school attainment and qualitative data from local research, voluntary, community and social enterprise (VCSE) intelligence and community voice insights gained form community voices with lived experiences in relation to discrimination, racism, access and multiple disadvantage and displacement	Damp and mould within the home can produce allergens, irritants, mould spores and other toxins that are harmful to health. Respiratory effects include: cough, wheeze, shortness of breath, increased risk of airway infection, development or worsening of allergic airway diseases such as asthma and other conditions that involve inflammation of the airways Individuals at greater risk include: • people with a pre-existing health condition (for example allergies, asthma, COPD, cystic fibrosis, other lung diseases and cardiovascular disease) who are at risk of their condition worsening and have a higher risk of developing fungal infections and/or additional allergies • people of all ages who have a weakened immune system, such as people who have cancer or are undergoing chemotherapy, people who have had a transplant, or other people who are taking medications that suppress their immune system • people living with a mental health condition • pregnant women, their unborn babies and women who have recently given birth, who may have weakened immune systems • children and young people whose organs are still developing and are therefore more likely to suffer from physical conditions such as respiratory problems • children and young people who are at risk of worsening mental health • older people • people who are bedbound, housebound or have mobility problems making it more difficult for them to get out of a home and into fresh air
Have you considered the interplay of multiple contributors to inequalities	This has been considered especially where multiple of the following factors listed

influencing personal experiences?	below are experienced by individuals: overcrowded housing, individuals with disabilities, those on low incomes or receiving benefits, older adults, children, deprivation

2. Assess - examine evidence and intelligence

Distribution of health

Questions and steps to take	Your response
Based on evidence collected above, which populations face the biggest health inequalities for your topic or service area? Think about the 4 health inequality domains (socio-economic deprived population; geographic deprivation; inclusion health and vulnerable groups; protected characteristics).	• People living in deprived areas • Individuals experiencing fuel poverty • Low-income households • Vulnerable groups • People with disabilities • Children and older people
Consider your programme, project or policy against the socio-economic status domain and how it interacts with the domain, and the impact that has or may have.	this scheme will help individuals from a low social economic status address fuel poverty
Consider your programme, project or policy against the geographic deprivation domain and how it interacts with the domain, and the impact that has or may have.	Individuals living in low IMD deciles will benefit from the scheme as it will help reduce fuel poverty and improve health outcomes. There will also be a reduction in damp and mould.
Consider your programme, project or policy against the inclusion health and vulnerable groups domain and how it interacts with the domain, and the impact that has or may have.	There is a separate scheme available for social housing where vulnerable groups can be supported
Consider your programme, project or policy against experience related to protected characteristics domain and how it interacts with the domain, and the impact that has/may have.	Children and old people especially individual with respiratory conditions will benefit from this scheme due to improved air quality. Individuals with disabilities especially those with long term health conditions which are exacerbated by inadequate heating will benefit from the scheme

Causes of inequalities

Questions and steps to take	Your response
Recognising that there are inequalities	Wider Determinants of fuel poverty:

experienced by the population groups identified, considering the data and evidence, what are the wider determinants and structural discriminatory drivers? Consider the diverse range of social economic factors which influence people's health and wellbeing.	• Housing - poor quality and energy inefficient housing especially privately rented housing • Income - individuals with low income are more likely to live in poorly insulated housing and be affected by fuel poverty • Work - individuals who may be unemployed may be affected by fuel poverty due to financial issues, residents may not have time to reach out for support or installations • Education – individuals who are not aware of the importance of air quality and the impact of cold, poorly ventilated homes on health may not approach schemes or opportunities to resolve the issue • Indoor air quality – poor air quality can have an impact on health
What does the data and evidence tell you are the potential drivers for these inequalities? It may be helpful to consider the following questions: which wider determinants are influential, for example, income, education, employment, housing, community life, racism and discrimination, cultural, environmental? are there any factors which indicate structural discrimination or racism will impact upon your programme, project or policy, for example mandatory use of digital access to health advice preventing access for less IT literate individuals and communities? which health behaviours play a role? does service quality, access and take up increase the chance of health inequalities in your work area?	Costs - Rising energy prices have pushed more families and older residents into "heat or eat" choices, leaving homes under-heated through deep winter. Housing - Many Slough neighbourhoods (particularly pre-1945 terraces & 1970s estates) sit in EPC bands D–G, meaning low insulation and high heat loss. Housing – overcrowded housing can lead to poor ventilation and cause damp and mould. This can worsen respiratory conditions especially for children and older adults. 33.95% of Slough's children lived in overcrowded households In Slough the wards with the highest rates of fuel poverty also have high rates of hospital admissions for COPD - Foxborough and Wexham Lea rank among the highest in both fuel poverty (13.8 % & 13.0 %) and COPD SIR (196.2 & 133.8), suggesting that cold, poorly insulated homes may be driving up respiratory hospitalisations. Employment – unemployed residents may face greater financial struggles and may face fuel poverty

does climate change have an impact on health inequalities in relation to your programme, project or policy? which of these can you directly control? which can you influence? which are out of your control?	Structural discrimination – there may be language barriers among the residents of Slough Education – individuals may be unaware of the importance of ventilation and warm homes – this can lead to poor ventilation and colder houses Climate change can lead to colder winters which increases the importance of the warm homes scheme This scheme can directly help to increase ventilation and reduce fuel bills. Cannot control rising energy prices
Consider if any of the following aspects influence or are influenced by your programme, project or policy - if yes, refer to the topic specific-prompts in the appendix, below, and respond here: poverty and cost of living community engagement COVID-19 or incident recovery violence prevention Core20PLUS5 major health conditions substance misuse mental health service commissioning rural and coastal health	poverty and cost of living – more likely to suffer from fuel poverty COVID-19 or incident recovery – poor ventilation can exacerbate symptoms Core20PLUS5 – targets the most deprived population in Slough and reducing health inequalities like respiratory diseases children and young people – more likely to be affected by poor ventilation cardiovascular disease (CVD) - poor living conditions can contribute to CVD Mental health – poor quality indoor environment can cause and contribute towards high stress and anxiety Substance misuse – substance misuse can lead to compromised health, making individuals more susceptible to conditions caused by cold homes

policy or strategy healthy weight children and young people cardiovascular disease (CVD)	

3. Refine and apply - make changes to your work plans that will have the greatest impact

Potential effects

Questions and steps to take	Your response
Considering the above, how is your programme, project or policy likely to reduce health inequalities?	• Housing – improved insulation and heating • Income – reducing energy bills can help increase disposable income • Mental health – cold damp housing can contribute to anxiety. Depression and stress • Reduces excess winter deaths • Health – improved respiratory health as home would be warmer
Does your programme, project or policy have the potential unintended consequence of widening inequalities by, for example: requiring self-directed action which is more likely to be done by affluent groups? not tackling the wider and full spectrum of causes? not being designed with communities? relying on professional-led interventions? not tackling the root causes of health inequalities? relying upon digital access? relying upon high level of literacy?	requiring self-directed action which is more likely to be done by affluent groups – individuals from more affluent groups would be more likely to apply for the scheme Structural discrimination, racism, literacy, language barriers can widen inequalities for residents Targeting certain households can widen inequalities as other households may be excluded Digital access – some individuals may not be able to book appointments online or find additional information about the schemes online which can widen inequalities The scheme is dependent on a professional provider which can widen inequalities

What aspects of mental wellbeing are affected? Consider risk and protective factors.	Stress or disruption during construction can exacerbate mental health wellbeing. Improved insulation and heating because of the scheme can reduce stress and anxiety

Action plan

Questions and steps to take	**Your response**
What specific actions will you take to maximise the potential for positive impacts and/or to mitigate the negative impacts on health inequalities? Provide a list of actions and targets.	• Mitigation for low uptake among target demographics due to lack of awareness or access - Conduct extensive outreach through local community centres, GP offices, schools, and social media campaigns to ensure maximum engagement. • Mitigation for delays in installation or disruption to households during the installation process - Partner with experienced local contractors that are recommended by the Specialist Retrofit Contractor and ensure effective planning of installations to minimize disruption. Monitor installation and works with a site and project manager checking quality. • Mitigation for past reputational issues - Transparent communication with residents about previous scheme issues and clear processes in place to ensure that something similar doesn't happen with this scheme, and where there is an issue a quick and responsive customer focus approach
How can you act on the specific causes of inequalities identified above?	Identify the inequalities as risk and include in risk assessment. Monitor the risks through a RAG rating and take steps to mitigate and resolve. Escalate any issues in red for 3 months to senior leadership team at DLT.
What activities will you put in place which will adapt and enhance your programme, project or policy in relation to cultural competencies? For example, consideration of cultures, languages, formats, images, digital, written, spoken, translation services.	Specific cultural and religious beliefs in preferences will be considered when carrying out the resident engagement and installations within the project. Consideration and of language spoken within the community. There will be written and digital promotion and engagement

	pieces translated. All forms of engagement will be made accessible both digitally and tangibly to the residents.
What specific steps and action will you take to address the identified structural racism and discrimination?	• Complete and Equality's Impact Assessment • Encourage a proportionate universalism approach to engaging and promoting the scheme to the community and to eligible residents based on their post codes
How will you mitigate against the negative impact of when multiple harmful factors interact and result in compounding poor health outcomes for effected communities?	• Conduct extensive outreach through local community centres, community organisations, GP offices, schools, and social media campaigns to ensure maximum engagement. • Mitigate against any disruption related to installations that may impact or exacerbate emotional or mental
Which populations face the biggest inequalities for your targeted action?	**Age:** all ages will be impacted, need to mitigate risks for all, especially people with illnesses, disabilities, children, and older adults **Disability:** mitigate risks and accessibility issues that could occur within the home **Pregnancy and maternity:** Need to mitigate risks of property works on people who are pregnant **Race: People of ethnic minorities-** mitigate barriers to carrying out the works due to any ethnicity and cultural preferences and opinions, or language barriers **Low-income households:** address barriers that may prevent people who live in low-income households from taking up the scheme, ensure that installations won't cost the tenant, provide a clear explanation and description of the scheme, people living in small properties with poor ventilation (before the installation), people living in over-crowded homes **Other:** people living with respiratory illness, or other chronic non-communicable disease
Could you design the programme, project or policy with communities who face the biggest health inequalities to maximise the	In the resident engagement and data collection section of the project we plan to overlay the IMD postcode data with health

chance of it working for them? What will you need to enable this?	data on related illnesses prevalent within relevant wards.
Could you seek to increase people's control over their health and lives (if appropriate)? What would this look like?	Improving the ventilation, insulation, and energy usage in the homes will provide slightly more control over their health and lives because it will give more control back to the person financially if they are living in fuel poverty. Also, the scheme will improve the quality of the property making it less susceptible to cold, wet, and damp which will reduce the risk, incidence, and prevalence of respiratory and cardiovascular conditions or related illness.
Which community groups and consultation methods will you engage to tackle the problem, to maximise the chance of reaching large populations at scale (see Community-centred public health: taking a whole system approach).	Community Groups: • SCVS • Slough Advice Centre • Department of Work and Pensions Slough Refugee Support • Asian Star Radio Methods: events for participants, pre and post survey, point of contact and accessible methods of contact between participate and project manager and supplier
Who else can help?	Diversity and Inclusion Lead- Christine Ford Community Development Officer- Mohammad Yousif

Evaluation and monitoring

Questions and steps to take	**Your response**
How will you quantitatively or qualitatively monitor and evaluate the impact of your programme, project or policy on different population groups at risk of health inequalities? Consider what output or process measures you could use.	Residents will complete a survey before and after the programme
Set a health equity assessment review date, recommended for between 6 and 12 months from initial completion.	20/12/2025

4. Review - identify lessons learned and drive continuous improvement

Questions and steps to take	Your response
Date completed (this should be 6 to 12 months after initial completion, check above for agreed date)	Enter your response here
Contact person (name, directorate, email, phone)	Enter your response here
Have you achieved the actions you set?	Enter your response here
How has your programme, project or policy supported reductions in health inequalities associated with physical and mental health?	Enter your response here
How has your programme, project or policy promoted equality, diversity and inclusion across communities and groups that share protected characteristics?	Enter your response here
What will you do differently to drive improvements in your programme? What actions and changes can you identify?	Enter your response here