



Derby City Council

# **Equality impact assessment form**

**Directorate: Public Health**

**Service area: Lifestyle behaviour change**

**Name of policy, strategy, review or function  
being assessed: Lifestyle integrated behaviour  
change service**

**Date of assessment: 21st April 2016**

**Signed off by**

**Cabinet, Personnel Committee or Chief Officer  
Group's decision**

**Date published on website**

## Equality impact assessment – please read this section first before you do the assessment

This is our equality impact assessment form to help you equality check what you are doing when you are about to produce a new policy, review an older one, write a strategy or plan or review your services and functions. In fact you need to do an equality impact assessment whenever a decision is needed that affects people and **before** that decision is made.

So why do we need to do equality impact assessments? Although the law does not require us to do them now, the courts still place significant weight on the existence of some form of documentary evidence of compliance with the **Public Sector Equality Duty** when determining judicial review cases. This method helps us to make our decisions fairly, taking into account any equality implications, so yes we still need to do them.

The Public Sector Equality Duty is part of the Equality Act 2010 and this Duty requires us as a public body to have '**due regard**' to eliminating discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act. It requires us to advance equality of opportunity and foster good relations between people who share a '**relevant protected characteristic**' and people who don't.

Having 'due regard' means:

- removing or minimising disadvantages suffered by people due to their protected characteristics
- taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people
- encouraging people with certain protected characteristics to participate in public life or in other activities where the participation is disproportionately low.

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

This completed form should be attached to any Chief Officer Group, Cabinet or Personnel Committee report to help elected members make their decisions by taking the equality implications into account. Equality impact assessments **must be done before** decisions are made. Include the Cabinet or Personnel Committee's decision on the front sheet when you know it.

You'll find that doing these assessments will help you to:

- understand your customers' and communities needs
- develop service improvements
- improve service satisfaction
- demonstrate that you have been fair and open and considered equality when working on re-structuring
- make sure you pay due regard to the requirements of the Public Sector Equality Duty.

Don't do the form by yourself, get a small team together and make sure you include key people in the team such as representatives from our Diversity Forums and employee networks and you could invite trade union representatives too – the more knowledge around the table the better. You also need to decide how and who you will consult with to help inform the equality impact assessment. Our Lead on Equality and Diversity can help with useful contacts – we have a team of people who are used to doing these assessments and can help with information on barriers facing particular groups and remedies to overcome these barriers.

You'll need to pull together all the information you can about how what you are assessing affects different groups of people and then examine this information to check whether some people will be negatively or positively affected. Then you'll need to look at ways of lessening any negative effects or making the service more accessible – this is where your assessment team is very useful and you can also use the wider community.

Agree an equality action plan with your assessment team, setting targets for dealing with any negative effects or gaps in information you may have found. Set up a way of monitoring these actions to make sure they are done and include them in your service business plans.

When you have completed the assessment, get it signed by your Head of Service or Service Director and send it to our Lead on Equality and Diversity for checking and to publish on our website. It is a public document so must not contain any jargon and be easy to understand.

## Classification: OFFICIAL

Remember, we need to do these assessments as part of our everyday business, so we get our equality responsibilities right and stay within the law – Equality Act 2010.

### Equality groups and protected characteristics

These are the equality groups of people we need to think about when we are doing equality impact assessments and these people can be our customers or our employees and job applicants...

- Age equality – the effects on younger and older people
- Disability equality – the effects on the whole range of disabled people, including Deaf people, hearing impaired people, visually impaired people, people with mental health issues, people with learning difficulties and people with physical impairments
- Gender reassignment – the effects on trans people
- Marriage and civil partnership equality
- Pregnancy and maternity equality - women who are pregnant or who have recently had a baby, including breast feeding mothers
- Race equality – the effects on minority ethnic communities, including newer communities, gypsies and travellers and the Roma community
- Religion and belief or non-belief equality – the effects on religious and cultural communities, customers and employees
- Sex equality – the effects on both men and women and boys and girls
- Sexual Orientation equality – the effects on lesbians, gay men and bisexual people

In addition, we have decided to look at the effects on families and people on low incomes too as we feel this is very important.

### Contact for help

Ann Webster – Lead on Equality and Diversity

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## The form

We use the term 'policy' as shorthand on this form for the full range of policies, practices, plans, reviews, activities and procedures.

Policies will usually fall into three main categories...

- Organisational policies and functions, such as recruitment, complaints procedures, re-structures
- Key decisions such as allocating funding to voluntary organisations, budget setting
- Policies that set criteria or guidelines for others to use, such as criteria about school admissions, procurement methods, disabled facilities grants, on street parking bays

If in doubt - do one! You never know when we may get a legal challenge and someone applies for Judicial Review.

## What's the name of the policy you are assessing?

### The assessment team

Team leader's name and job title –

Other team members

Name	Job title	Organisation	Area of expertise
Richard Mullings	Senior Public Health Manager	Derby City Council	Health Improvement
Angela Odell	Public Health Manager	Derby City Council	Public Health
Robert Smithers	Livewell Treatment Manager	Derby City Council	Behaviour change
Andy Findlay	Forum member	Muscular Dystrophy	Disability
Moira Findlay	Forum member	Carers Association	Carers
Som Bhalla	Forum member	Indian	BME older people

		Community Centre	
Kris Fields	Chair	50 Plus	Older people
Steve Barr	Engagement Officer	Health Watch	Service user voice
Pam Thompson	Adults & Diverse Communities Participation Officer	Derby City Council	Engagement & Inclusion

### Step 1 – setting the scene

Make sure you have clear aims and objectives on what you are impact assessing – this way you keep to the purpose of the assessment and are less likely to get side tracked.

- 1 What are the main aims, objectives and purpose of the policy? How does it fit in with the wider aims of the Council and wider Derby Plan? Include here any links to the Council Plan, Derby Plan or your Directorate Service Plan.**

It is the responsibility of Derby Public Health to commission services which help improve the overall population health in Derby and reduce health inequalities. Lifestyle risk factors such as smoking and obesity are the biggest contributing factors for our ill health. To support with the prevention agenda Public Health have commissioned an integrated lifestyle service for both adults and children, and in addition, delivery of NHS Health Checks across the city. This holistic approach provides a person rather than programme centred approach to managing lifestyle behaviour change which can be both more clinically and cost effective with more patient/user engagement and satisfaction.

Livewell provides a service for up to 12 months with goal setting, action planning and support tailored to the patient needs. The service is needs-led and responds to individuality and involvement of the wider family group. The service is designed to change and promote sustainable lifestyle behaviours focussing particularly on weight reduction, physical activity, healthy eating and quitting smoking.

All patients will have their own personal advisor trained in motivational interviewing, physical activity, nutrition, weight management, smoking cessation and alcohol reduction. Patients can be referred for weight management and / or smoking but can opt to work on the element of their choice once enrolled. Specific programmes have been developed and have the expertise to work with the following groups:

- Pregnant women (smoking only)
- People with learning disabilities
- Cardiac rehab phase 4

The Local Authority also has the responsibility to offer and provide NHS Health Checks to all eligible people between the ages of 40 and 74 (Local Authority Regulations 2013). This is a statutory requirement and the delivery of NHS Health Checks in the community contributes to increasing uptake and achieving local target hard to reach populations. The NHS Health Check assesses someone's risk of developing cardiovascular disease within the next 10 years and helps support that patient with reducing that risk through lifestyle advice and referral into Livewell, or referral to their GP for on-going assessment and/or management.

Key Aims of the lifestyle service:

- To deliver an evidence based, needs led, accessible, integrated lifestyle service for adults and children to support them to lose weight, increase physical activity and / or to quit smoking.
- To support patients and their families to make positive lifestyle choices
- To provide a community NHS Health Check service to eligible population.
- To target access to the lifestyle and health check service in line with local need and areas of health inequality
- To provide robust data to demonstrate health outcomes for set client groups.
- To monitor and evaluate the delivery of the service to the stated outcomes.

Related Health Outcomes:

- Reduction in smoking and obesity prevalence
- Increased participation in physical activity
- Increased early detection of disease
- Reduced use of health and other care services
- Reduced lifestyle related morbidity and mortality

**Classification: OFFICIAL** high risk of developing cardiovascular disease

**2 Who delivers/will deliver the policy, including any consultation on it and any outside organisations who deliver under procurement arrangements?**

In 2012 Public Health as part of NHS Derby City went out to procurement for this integrated lifestyle service which was awarded to Derby City Council. The 'Livewell' lifestyle service has continued to be delivered by Derby City Council within the Leisure and Cultural Development department. This became an internal contract when Public Health moved across to Derby City Council from the NHS.

**3 Who are the main customers, users, partners, employees or groups affected by this proposal?**

The people who will use this service are those registered to a Derby City GP practice, or a resident of Derby City who require a lifestyle intervention (or health check) and fit the eligibility criteria for the service. This would include:

- Children aged 5 to 17 who fall on or above the 85<sup>th</sup> BMI centile
- Adults with a BMI  $\geq 30$  (or 27.5 for certain BME groups)
- Smokers
- People aged 40 – 74 eligible for a health check

**Step 2 – collecting information and assessing impact**

**4 Who have you consulted and engaged with so far about this policy, and what did they tell you? Who else do you plan to consult with? – tell us here how you did this consultation and how you made it accessible for the equality groups, such as accessible locations, interpreters and translations, accessible documents.**

A public consultation took place with service users, non-service users and stake holders such as Primary Care in 2012 when weight management and smoking cessation were delivered separately by different providers. This helped inform our decision to commission the integrated model that is now in place.

Key findings from this consultation was that an integrated lifestyle service was a positive step forward and offered patients much more than was previously being offered to them. It recognised that lifestyle behaviours often overlapped and a one stop shop which supported the patient for longer and seamlessly suited the patients' needs better.

In addition to this, since the integration of the services there have been feedback surveys undertaken of adult service users to look at areas for improvement. This was undertaken by Public Health colleagues and the results were very positive. A variety of additional activities were suggested that may be more appropriate to different groups.

As part of the Children's weight management service, focus groups with children and parents have taken place to understand some of the barriers and stigma families face in accessing a weight management intervention. This is currently being considered with how families are engaged through a whole school based approach.

**5 Using the skills and knowledge in your assessment team, and from any consultation you have done, what do you already know about the equality impact of the policy on particular groups? Also, use any other information you know about such as any customer feedback, surveys, national research or data. Indicate by a tick for each equality group whether this is a negative impact, a positive one or if you are not sure**

<b>Equality groups</b>	<b>What do you already know?</b>	<b>No impact</b>	<b>Positive impact</b>	<b>Negative impact</b>	<b>Not sure</b>
<b>Age</b>	<ul style="list-style-type: none"> <li>• Livewell supports clients from 5 years onwards. There is no upper age limit. It provides various activities appropriate for a range of different age groups and in suitable locations.</li> <li>• The NHS Health checks are delivered to 40 to 74 year olds but this is a national requirement and cannot be changed.</li> </ul>		<b>x</b>		

	<p>However, Livewell would always offer a health MOT to someone outside this criteria if they had concerns and would offer advice / signpost.</p>				
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Livewell have a specialist advisor who is trained to work with clients with a learning disability. This group of clients have sessions that are tailored around their specific needs.</li> <li>• Livewell have access to BSL interpreters and on the front end of the website there is the option to specify if further support for a disability is required.</li> <li>• Information provided to the client can be provided in a number of different formats.</li> <li>• Venues where activity is delivered have wheel chair access.</li> </ul>				<b>x</b>
<b>Gender reassignment – trans and sexual orientation</b>	<ul style="list-style-type: none"> <li>• Currently sexual orientation/ gender reassignment information is not collected by the service. It was suggested that this could be included as an ‘optional’ category so we could collect data on whether these groups are accessing the service.</li> <li>• Livewell provide a</li> </ul>		<b>x</b>		

	<p>variety of types of activities across the city and in different locations (not just in leisure centres). Clients can go to gender specific activities or see an advisor on a 1:1 level.</p> <ul style="list-style-type: none"> <li>• A transgender swimming class was suggested as an option if there were enough clients in this group.</li> </ul>				
<b>Marriage and civil partnership</b>	<ul style="list-style-type: none"> <li>• No specific issues were identified.</li> </ul>	<b>x</b>			
<b>Pregnancy and maternity</b>	<ul style="list-style-type: none"> <li>• All advisors are specifically trained to support pregnant women in making positive lifestyle changes.</li> </ul>				
<b>Race, Religion or belief or none</b>	<ul style="list-style-type: none"> <li>• There has been a lot of focus on delivering the service and raising awareness in areas with high BME communities, particularly in the South Asian community where prevalence of obesity related disease is higher. The service is delivered from a number of venues in Peartree and NHS Health checks have been delivered in mosques.</li> <li>• African and Caribbean churches to be explored.</li> <li>• Livewell use the Council's interpreting service</li> </ul>		<b>x</b>		

	<p>upon request.</p> <ul style="list-style-type: none"> <li>Information on the NHS Health checks is provided in many different languages.</li> <li>Livewell currently work with Peartree Clinic on a new and emerging communities programme to highlight the service as well as the impact of lifestyle behaviours. This is done in conjunction with interpreters and local community members.</li> <li>Recognition of different cultural attitudes and behaviours and the need for flexible services as a result.</li> </ul>				
<b>Gender</b>	<ul style="list-style-type: none"> <li>Livewell provide a range of gender specific classes as well as mixed but also have a specialist men's programme which is tailored to appeal to men. Men are less likely to access medical settings.</li> <li>Both male and female advisors deliver the services.</li> </ul>		<b>x</b>		
<b>Families and people on low income</b>	<ul style="list-style-type: none"> <li>The service is free to the client for a year.</li> <li>The service is run from a number of different venues across the city focussing in areas of deprivation to improve access in these areas and reduce the need for travel.</li> </ul>		<b>x</b>		

	<ul style="list-style-type: none"> <li>• Cook and eat sessions and education around eating on a budget is particularly beneficial to low income families.</li> </ul>				
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**Important** - For any of the equality groups you don't have any information about, then make it an equality action at the end of this assessment to find out. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. You can get lots of information on reports done from organisations' websites such as the Equality and Human Rights Commission, Stonewall, Press for Change, Joseph Rowntree Trust and so on. Please don't put down that the impact affects 'everyone the same' – it never does!

**6 From the information you have collected, how are you going to lesson any negative impact on any of the equality groups? How are you going to fill any gaps in information you have discovered?**

There were no negative impacts raised on any of the equality groups.

**Step 3 – deciding on the outcome**

**7 What outcome does this assessment suggest you take? – You might find more than one applies. Please also tell us why you have come to this decision?**

<b>Outcome 1</b>		<b>No major change needed</b> – the EIA hasn't identified any potential for discrimination or negative impact and all opportunities to advance equality have been taken
<b>Outcome 2</b>	x	<b>Adjust the policy</b> to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
<b>Outcome 3</b>		<b>Continue the policy</b> despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the

		<p>justifications for continuing with it. You need to consider whether there are:</p> <ul style="list-style-type: none"> <li>• sufficient plans to stop or minimise the negative impact</li> <li>• mitigating actions for any remaining negative impacts</li> <li>• plans to monitor the actual impact.</li> </ul>
<b>Outcome 4</b>		<b>Stop and rethink</b> the policy when the EIA shows actual or potential unlawful discrimination

Our Assessment team has agreed Outcome number(s)

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Why did you come to this decision?

<p>Outcome 2 was decided as some suggestions had been made where minor changes could improve some elements of the service in terms of equality.</p>
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If you have decided on **Outcome 3**, then please tell us here the justification for continuing with the policy. You also need to make sure that there are actions in the Equality Action Plan to lessen the effect of the negative impact. This is really important and may face a legal challenge in the future.

If you have decided on **Outcome 4** then if the proposal continues, without any mitigating actions, it may be likely that we will face a legal challenge and possibly a Judicial Review on the process - it is really important that the equality impact assessment is done thoroughly, as this is what the Judge will consider.

**Step 4 – equality action plan – setting targets and monitoring**

**8 Fill in the table (on the next page) with the equality actions you have come up with during the assessment. Indicate how you plan to monitor the equality impact of the proposals, once they have been implemented.**

## Equality action plan – setting targets and monitoring

What are we going to do to advance equality?	How are we going to do it?	When will we do it?	What difference will this make?	Lead officer	Monitoring arrangements
On referral form to the service to include optional tick box to include sexual orientation and gender reassignment to enable the service to monitor if this equality group are accessing the service.	The referral form on the website will need amending by the software company. This may be at a cost and so would be changed at a point when other changes to the website were required to reduce costs.	This will depend on what other changes need to be made and when (see previous question).	This will enable Livewell and Public Health to monitor how many people from this equality group is using the service. If the numbers are very low we can do some focussed work to understand why and improve access for this group.	Angela Odell / Rob Smithers	This will be raised at quarterly performance meetings to see if changes have been made and whether it is being used. A summary of numbers in this equality group and be summarised in the annual report.
Ensure that referring clinicians are fully aware of the eligibility criteria and that some more complex cases will be assessed on a base by base process. This is to ensure that those who could benefit from the service and are safe to do so (e.g. have a stable condition) are not excluded.	Ensure the specification is clearly worded on this.  Continue to attend meetings with Primary Care (e.g DAC and DCN) and reiterate the eligibility criteria.  Continue to have a strong link between Livewell nurse and GPs to ensure conversations take place about patients' needs.	On going	This will make sure that some patients are not automatically excluded to join the programme and their referral is based on a clinical decision taking into account their safety and ability to make lifestyle changes.	Robert Smithers	To regularly monitor numbers on the programme with Long Term Conditions and collect annual stakeholder feedback

<p>Develop stronger links with new and emerging communities in order to promote and deliver services to them.</p>	<p>Build on the Council's existing contacts with these communities.</p> <p>Continue to work with Public Health Community engagement managers to engage these communities – develop an action plan which specifically focuses on improving uptake within these communities.</p>	<p>Ongoing</p>	<p>New and emerging communities are notoriously difficult to engage with and demonstrate behaviours such as smoking as a cultural norm. Working with these communities will help to improve their poor health outcomes and reduce health inequalities across the city.</p>	<p>Robert Smithers / Angela Odell</p>	<p>Monitor activity by ethnicity to see if there is an increase in uptake of different BME groups.</p>
<p>Re Disability- it was acknowledged that the service was addressing the key issues. However we were mindful of the breath of what constitutes disability. The meeting agreed that the service needed to keep a watching brief re disability issues.</p>	<p>Disability issues to remain a key consideration for service reviews and developments.</p>	<p>Ongoing</p>	<p>This will hopefully continue to address service access and the delivery of provision.</p>	<p>Angela Odell/Robert Smithers</p>	<p>To be monitored through annual review and service user feedback mechanisms.</p>

