

Equality Impact Assessment Form

Directorate: Peoples Services

Service area: Livewell

Date of assessment: 6 December 2018

**Name of Director/Head of Service signing it off:
Cate Edwynn (Director of Public Health)**

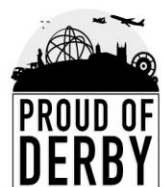
**Decision of Cabinet, Personnel Committee or Chief
Officer Group**

Date published on website

December 2018



Derby City Council



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 do not.

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 Identity
- 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.

Do not 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. Against every negative impact you will need to complete the mitigation section to explain how you will lessen the impact.

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.

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 identity** – 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.

Contact for help:

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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 – it's better and safer to do an Equality Impact Assessment than not to bother! 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 reduction in Livewell funding from £1 million to £600,000 in 2019/20.

The assessment team:

Representative	Position
Public Health	Public Health Manager
Public Health	Public Health Support Officer
Public Health	Public Health Project Support Co-ordinator
Equalities and Diversity	Lead of Equality and Diversity
Equalities and Diversity	Adults and Diverse Communities Participation Officer
Livewell	Livewell Manager
Livewell	Health Manager
Livewell	Volunteer
Livewell	Volunteer
Livewell	Volunteer
Livewell	Volunteer
50+ Forum	Volunteer
Race Equality Hub	Volunteer
Race Equality Hub	Volunteer
Disability Equality Hub	Volunteer
Disability Equality Hub	Volunteer
Bosnian Community	Volunteer
African & Caribbean Partnership	Volunteer

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.

Despite the £109m savings already achieved by between 2013/14 and 2018/19, the Council still has a £9.6m gap in its budget for 2019/20. A number of proposals have been, and continue to be, developed to meet this gap to ensure that the Council meets its responsibility to set a balanced revenue and capital budget for 2019/20.

As a result, it is proposed that the spend on Livewell is reduced by £400k from a total of £1million to £600k. The proposed changes will impact both on Livewell's scale, with fewer clients able to access the service as well as a reduction in the range of interventions offered.

What is Livewell?

Livewell is Derby's integrated lifestyle and behaviour change service which provides free support to adults and children for up to 12 months to help them lose weight, become more active, have an NHS Health check and quit smoking. A number of specialist programmes are also delivered to support a range of specific populations across the city. The service is delivered 8am – 8pm across the week. Livewell currently offers the following services:

Adult weight management programme:

- 12 month programme to support adults classified as obese (BMI of 30 or lower (27.5 for people of South Asian origin)) to lose weight, improve diet, be more active and improve quality of life
- 1-2-1 and group support to create personalised weight management plans and provide support and advice on weight, healthy eating, physical activity and goal setting
- An eight week accredited weight management course
- Local community exercise activities – for example couch to 5k, boot camp and chair based exercise
- Gym and swim facilities in Derby City Council leisure centres
- Buddy scheme
- Support from a specific advisor for 12 months
- Specialised referral pathway for people that may be eligible for Tier 3 or 4 clinical weight management services (Tier 3 is a specialist weight management service for patients with severe or complex obesity and includes medical, dietetic and psychological support. Tier 4 is a specialist obesity service which includes surgery).

Stop Smoking service:

- 12 month programme to support people to quit smoking.
- 1-2-1 support.
- Free phone and text support.
- Specialist support for maternal smokers.
- Up to 12 weeks of free Nicotine Replacement Therapy (NRT) i.e. patches and gum.
- Support for mental health Nicotine Replacement Therapy costs.
- Smoking cessation support to respiratory and cardiac inpatients at University Hospitals of Derby and Burton.
- A Facebook Messenger bot that gives 24hr digital support for smokers.
- Specific support groups for pregnant smokers.
- Support for children and young people ages 12+.

Child Weight management programme:

- 12 month programme to support children aged 5 to 17 classified as overweight (BMI in the 85th centile) to lose weight, improve diet, become more active and improve quality of life.
- Family intervention programme to support parents and carers to lead healthier lifestyles by providing adult and children physical activity sessions and workshops to support children to eat healthily, lose weight and become more active.
- 1-2-1 and group support to create personalised weight management plans and provide support and advice on weight, healthy eating, physical activity and goal setting.
- Community exercise and healthy eating activities.
- Parent workshops specifically supporting parents around fussy eaters, healthy eating and supporting physical development.
- Gym (aged 12+) and swim facilities in Derby City Council leisure centres.
- Buddy scheme.

Active schools

- The Active school programme is an element to the child weight management programme and is the initial engagement and assessment tool which supports children aged 5 – 11 years old, deemed as overweight or obese to access the child weight management service.
- It works with approximately 2000 children each year, with the aim to integrate health and wellbeing within the ethos, culture and routine life of the school setting. It involves addressing the needs of pupils, staff and the wider community.
- It supports schools with identifying the needs of their pupils through assessment of pupil's physical development, physical activity levels/fitness, emotional health and wellbeing and weight.
- The programme supports the Childhood Obesity: a plan for action (HM government) and enables schools to have clear evidence which supports the contribution they make to preventing obesity.
- It offers a bespoke package that includes raising the awareness and adoption of healthy lifestyles amongst **all** pupils and parents.
- It trains teaching and non-teaching staff to develop skills, knowledge and confidence to deliver physical activity as part of a whole school approach and helps physical activity to become a part of daily life in school and the community.

Specialist Programmes:

- **Active Supporters** - Specialist programme for men in collaboration with Derby County Community Trust, engages fans through its stadium-based boot camp, circuit, boxing and football activities.
- **Liveability** - Specialist programme for children and adults with learning disabilities to improve a range of health issues including weight management and stop smoking and increasing independence. Support is also offered to carers.
- **Cardiac Rehabilitation Phase 4 Service** - Specialist programme for cardiac rehabilitation which supports people referred by University Hospitals of Burton and Derby with heart conditions following hospital treatment and rehabilitation after a cardiac event (e.g. heart attack) to enable them to lose weight, quit smoking or manage their heart condition in the community.
- **GP Out of Hours programme** – As part of the Primary Care extended hours contract, smoking cessation and weight management is delivered between 6pm and 8pm at several GP surgeries in the city for patients from those surgeries to access.

NHS Health Check Programme:

- Delivery of NHS health checks to the eligible population on behalf of three GP surgeries.
- Delivery of NHS Health Checks in the community focussing in areas of deprivation, workplaces, and places of worship.

Workwell:

- Forms integral part of Derby City Council's attendance management strategy and offer to staff to improve their health, wellbeing and attendance.
- Provides the opportunity for external organisations to support their employees to improve their health and wellbeing.
- Delivers work place wellbeing MOTs and tailored workplace interventions to support organisations to improve productivity, health, wellbeing and attendance.
- Supports organisations to look at their workplace culture in a health and wellbeing context.

Health Promotion:

- Through health events in the community and social media, Livewell raise awareness on a variety of health issues and support national campaigns such as Men's Health Week, Stoptober, Ovarian Cancer, Dementia Awareness, Know Your Numbers Week, Mental Health Awareness, Be Clear on Cancer, One You and Change 4 Life.
- Supports over 35 events per year across the city with a wide range of community organisations.

What changes are we proposing?

In order to sustain an effective lifestyle and prevention service within a reduced budget for 2019/20, this proposal is based on a reduction in Livewell's scale affecting the number of clients able to use the service and its accessibility. There will also be a reduction in the range of interventions offered by Livewell. All 'core' Livewell services including weight management, smoking cessation support and Health Checks are proposed to be maintained in the revised delivery model, albeit at a reduced scale. Table 2 shows the services that are proposed to be maintained but at a reduced scale.

Table 2: Proposal for 2019/20 – Service maintained but with reduced delivery.

Service area	Proposed Delivery
Adult Weight Management	<ul style="list-style-type: none"> • Reduction in the number of clients from 750 to 500 • Delivery focussed only in areas of deprivation • Reduction in the number of venues • Reduction in opening hours
Liveability	<ul style="list-style-type: none"> • Continue but potential to cap the number of clients
Child Weight Management	<ul style="list-style-type: none"> • Reduction in the number of clients from 150 to 75 • Delivery focussed only in areas of deprivation • Reduction in the number of venues • Reduction in opening hours
Active Schools Programme	<ul style="list-style-type: none"> • Reduction in the number of schools from 6 to 3
Smoking Cessation	<ul style="list-style-type: none"> • Reduction in number of clients working to achieve a 4 week quit from 1250 to 600 • Delivery focussed only in areas of deprivation • Reduction in the number of venues • Reduction in opening hours
NHS Health Checks	<ul style="list-style-type: none"> • Number of NHS Health Checks delivered in the community reduced from 1000 to 500 • Reduction in the number of venues • No proactive service

It is proposed, however, to end the provision of the majority of 'specialist' services, from 2019/20. Table 3 shows those services that are proposed to end delivery from 2019/20.

Table 3: Service Proposal for 2019/20 – Services to end

Service area	Proposed Delivery
Adult Weight Management: <ul style="list-style-type: none"> Tier 3 bariatric surgery pathway 	Service delivery to end in 2019/20
Smoking Cessation: <ul style="list-style-type: none"> Inpatient smoking cessation on cardiac or respiratory wards. Mental Health Nicotine Replacement Therapy (NRT) costs. 	Service delivery to end in 2019/20
Active Supporters (Men's Health)	Service delivery to end in 2019/20
Cardiac Rehabilitation Phase 4	Service delivery to end in 2019/20
Workwell Programme	Service delivery to end in 2019/20
GP Out of Hours delivery	Service delivery to end in 2019/20

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

The service is delivered by Livewell who sit in Leisure, Culture and Tourism within the Communities and Place Directorate of Derby City Council. The service is funded by Public Health, Peoples Directorate.

Council Cabinet approved the start of appropriate consultation processes and public consultation on a number of proposals, including Livewell, opened on 9 November. The consultation will be open for 12 weeks and will close on 1 February 2019.

On closure of the consultation, responses will be analysed and reported. This will inform the final budget proposals that will be submitted to Council Cabinet for approval on 13 February 2019.

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 85th BMI centile
- Adults with a BMI ≥ 30 (or 27.5 for certain BME groups)
- Smokers
- People aged 40 – 74 eligible for a health check

These changes will have an impact on current and future service users of Livewell which includes a wide scope of the Derby population. With the service decreasing in scale, the numbers of people being able to access the free service for support will significantly reduce.

The main groups of the population that this will affect are:

- Adults who are considered to be obese
- General smokers.
- Smokers with severe respiratory or cardiac conditions admitted to hospital.
- Overweight and obese children.
- General child population.
- Adults ages 40-74 years who are eligible for an nhs health check.
- People who have had a cardiac event requiring phase 4 rehabilitation.
- People with a learning disability.
- Pregnant smokers.
- People that do not live in areas of deprivation.
- Parent/carers/guardians.
- Men.

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 began on 9th November 2018 which has been sent to:

- Primary Care
- Secondary Care
- Service Users (adults, parents, carers)
- Council Employees
- Clinical Commissioning Groups (CCGs)
- Public Health England
- Derbyshire NDPP (National Diabetes Prevention Programme)
- Voluntary sector
- Schools
- School nursing
- Derby County Community Trust

The consultation will be discussed at:

- Health and Wellbeing Board
- CCG Governing Body
- Diversity Forums
- Stronger Partnership Board
- Learning Disability Forum
- 50+ Forum

The consultation document can be provided in any other way, style or language that will enable it to be more accessible.

Letters have been received from Derby and Burton Heart Centre and ImpACT + respiratory teams voicing their concerns on reducing preventative services and the impact this will have on health and increased costs in health and social care.

Planned activity:

- Focus groups to consult with people with learning disabilities (and their carers) where an easy read version of the questionnaire will be available. The Liveability adviser will support with these focus groups and help the clients to understand any potential impact the changes may have on them.
- A meeting is planned with the cardiac rehabilitation team to capture their feedback on the consultation.

Staff

As part of the budget proposal process across the authority the collective staff consultation process has commenced with the Livewell team. A proposed structure in line with delivering the savings has been presented to the team and the feedback for this ended on 21st December 2018. Due to the scale of the proposed budget changes the reduction of headcount and FTE in all areas of the service are inevitable. However, the next phase of the restructure process will not commence until after the consultation closes and final cabinet decisions are made. As a result it is anticipated that compulsory redundancies will be minimal due to natural turnover and staff securing new roles.

The full staff team have regular consultation and team meetings, supervisory support and the opportunity to give their feedback as part of the budget consultation process.

Note on the use of Census data: to support the completion of the EIA, Census 2011 data from Nomis has been included, where relevant, from the table DC2101EW (ethnic group by sex by age). Accessed on 28 January 2019.

- 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 protected characteristic group whether this is a negative or a positive impact. If it's negative, fill in the mitigation section as well to explain how you are going to lessen the impact.**

Age				
Livewell Service	What do we already know?	Positive Impact?	Negative impact?	Mitigation
Adult weight management programme	<p>Livewell supports clients from 18 years onwards, with no upper age limit. It provides various activities appropriate for a range of age groups in suitable locations.</p> <p>For the adults service, the age range is as follows:</p> <p>Ages 18-34 = 26%</p> <p>Ages 35-44 = 21%</p> <p>Ages 45-59 = 36%</p> <p>Ages 60+ = 17%</p> <p>The Director of Public Health annual report states – “The majority of older people live outside of the city centre in wards such as Allestree, Mickleover and Spondon.”</p> <p><u>Staff</u></p> <p>It is likely there will be some posts removed or reduced as part of the restructure to deliver the service within a smaller budget. Reasonable adjustments will be made to help and support employees with interview practice and confidence building for those affected. The full staff team have regular team meetings, supervisory</p>		<p>Yes - this proposal will mean a reduction in staff, venues, opening hours (including call centre) and focusing resources solely in areas of deprivation will have a significant impact on accessibility to the service across the city. People will have to travel further and have less choice.</p> <p>Yes - Older people – potential negative impact due to additional barriers when accessing the service such as not being familiar to the area, and transport considerations. Based on the proportion of older people living outside the city centre, those that access the service will have to travel further.</p> <p>Yes - People of working age – potential negative impact due to inflexibility for example working hours, cost implications, time taken to travel. Proportionally more people of a working age access the service so these will be impacted on more.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p> <p>Prioritisation will be given to clients with the greatest health needs – for example those with long term conditions.</p>

	<p>support and the opportunity to give their feedback on the process. Council policy guidance will be followed when appointing staff to the new structure.</p> <p>In addition, there is a flexible working policy to support staff that require flexibility such as child care and carers needs. There are a number of different shifts available to fit in with their caring responsibilities.</p>			
Child weight management programme and active schools.	<p>Childhood obesity is one of the biggest health problems this country faces. Nearly a quarter of children in England are obese or overweight by the time they start primary school aged five, and this rises to one third by the time they leave aged 11. Obese children often become obese adults.</p> <p>Excess weight develops over time and once it has developed it is difficult to treat. The prevention of weight gain, beginning in childhood offers the most effective means of achieving healthy weight in the population. However, for those individuals who are already overweight or obese appropriate support through community-based weight management interventions is needed. (Childhood Obesity Plan: 2018)</p> <p>Livewell's child weight management programme supports clients from 5-</p>		<p>Yes - there is currently no other service in Derby City that offers a child weight management or Active schools programme. Nor is there an alternative provision within the private sector available to children. Therefore, a 50% cut to the services will mean children aged between 5 and 17 will be significantly disadvantaged.</p> <p>Yes - This proposal will mean a reduction in the number of schools that can access the Active School programme, leading to a reduction in the number of children coming onto the child weight management programme. The relationships that are developed between the team and with teachers and parents over the 18 months that we work with schools, has been key to the success of the present child weight management service.</p> <p>We have more recently seen an</p>	<p>Ensure demographics, need and demand for the child weight management element of the service are considered when choosing venues, locations.</p> <p>For the child weight management element, delivery will be focused on areas of deprivation.</p> <p>Active school programmes will take place in schools which are deemed more in need. However, as this is a voluntary service, there can be no guarantee schools in the targeted areas will take up the offer of the service.</p>

	<p>17 years of age, providing various activities appropriate for the different age groups.</p> <p>Age range for children currently accessing the child weight management programme are:</p> <p>Age 5 – 11 year olds = 125 clients Age 12 – 17 year olds = 64 clients</p> <p>The programme also works closely with parents/carers of these children. Parent workshops specifically supporting parents around fussy eaters, healthy eating and supporting physical development.</p> <p>The Active school programme is an element to the child weight management programme and is the initial engagement and assessment tool which supports children aged 5 – 11 years old, deemed as overweight or obese to access the child weight management service.</p> <p><u>Staff</u></p> <p>See adult weight management</p>		<p>increase in children who are morbidly obese and who are being referred to social care, some of whom have placed on the safeguarding register. A reduced service may result in more children entering this category with no or very little targeted provision available.</p> <p>Yes - This proposal will mean a reduction in staff, the number of schools that we are able to work with, accessibility to the service (For example, in communities that are hard to reach we have been able to offer the child weight management programme on school premises to remove barriers to participation).</p> <p>Yes - Additional potential barriers for 5 – 17 year olds include no local community delivery resulting in children, young people and parents needing to travel to alternative locations.</p> <p>Yes - This may have significant cost implications in particularly if parents use public transport and have other siblings. A change of routine and time constraints could be an issue.</p>	
Liveability	<p>Liveability supports children and adults with a learning disability to have a healthier lifestyle.</p> <p>The age breakdown of liveability clients are:</p> <p>Ages 18-34 = 49% Ages 35-44 = 16% Ages 45-59 = 27%</p>		<p>Yes - This proposal may have a negative impact on clients due to reduced capacity overall within the service.</p>	<p>In the proposed new structure the post for a Specialist Learning Disability Advisor will remain.</p>

	Ages 60+ = 8%			
Smoking Cessation	<p>Livewell provide a smoking cessation service to children from the age of 12 and adults.</p> <p>For the adults service, the age range is as follows:</p> <p>Under 18 = 4%</p> <p>Ages 18-34 = 37%</p> <p>Ages 35-44 = 34%</p> <p>Ages 45-59 = 20%</p> <p>Ages 60+ = 5%</p> <p><u>Staff</u></p> <p>See adult weight management</p>		<p>Yes - this proposal will mean a reduction in staff, venues, opening hours (including call centre) and focussing resources solely in areas of deprivation will have a significant impact on accessibility to the service across the city. People will have to travel further and have less choice.</p> <p>Yes - Older people – potential negative impact due to additional barriers when accessing the service such as not being familiar to the area, and transport considerations.</p> <p>Yes - People of working age – potential negative impact due to inflexibility e.g. working hours, cost implications, time taken to travel.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p> <p>Patient groups such as pregnant women and people with multiple conditions will be prioritised. Different levels of support will be provided dependent on need.</p> <p>Smoking clients can access telephone and text support in addition to 1-2-1 support. A Facebook messenger bot is also available and gives 24 hour digital support for smokers.</p>
NHS Health Checks	<p>These are delivered to adults between the ages of 40-74. This is a national requirement and cannot be changed however Livewell would always offer a health MOT to a person outside of this criteria if they had concerns and would offer advice/sign post.</p>		<p>Yes - this proposal will negatively impact people within this age bracket as there will be fewer opportunities for them to access a health check. This will be due to reduced capacity and proactive approaches being reduced.</p> <p>Yes - There will be a negative impact on those of working age as proactive health checks within work places will no longer be offered.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p> <p>Continue work with GPs to increase numbers being offered the service.</p>
Tier 3 bariatric surgery pathway	<p>This element of the service is a recent addition so affected numbers are currently low. Any patient that is eligible for Tier 3 weight management support could be potentially affected. The ages of those potentially affected will reflect the ages within the general service.</p>		<p>Yes - this proposal will negatively impact people of any age as this element will be removed.</p>	<p>People will be told to speak to their GP if they want to find out about Tier 3 services.</p>

In-patient smoking cessation on cardiac or respiratory wards	<p>The respiratory inpatient service engaged with 140 respiratory patients between July 2017 and July 2018.</p> <p>89 cardiac patients have been engaged with from 1 April 2018 – 1 December 2018.</p> <p>Based on COPD audit admissions data, 90% of the patients are over the age of 60.</p> <p>This service is delivered on behalf of the hospital and therefore we do not collect demographic information on this client group as their data sits with the hospital.</p>		Yes - this proposal will have a negative impact on older people as they are more likely to be re-admitted to hospital with a cardiac or respiratory condition when this could have been prevented.	
Cardiac Rehabilitation Phase 4	<p>The service is demand led and annually the service supports approximately 45 – 60 patients per year. In 2017/18, 47 patients accessed the service.</p> <p>70% of these clients were over the age of 60.</p> <p>This programme supports people to lose weight, quit smoking or manage their heart condition after a cardiac event. There is a specialist Advisor that supports cardiac rehab clients.</p> <p>As the phase 4 service is delivered in the community it encourages patients to be active in a safe and secure environment. This community support also has social benefits for example reducing social isolation and increasing confidence.</p>		Yes - this proposal will have a negative impact on older people as they are more likely to suffer a cardiac event.	Patients who fit the smoking/BMI criteria will still be able to seek support from the service however there is no alternative cardiac phase 4 delivered in the city.
Active Supporters and Men's	Appealing to male motivations to		Yes – as part of this proposal this	These clients will still be able to

Health	<p>get fit and healthy, Active Supporters is a group-based men's health programme that follows the Livewell 12-month pathway.</p> <p>By linking with Derby County Football Club, the Active Supporters programme engages fans through its stadium-based boot camp, circuit, boxing and football activities.</p> <p>In 2017/2018 the Active Supporters programme has been supported by the collaboration between "Man vs Fat" and Derby County Community Trust, delivering a football-based weight loss programme. During the last 12 months, it has worked with 121 males.</p> <p>The age breakdown of Active supporters clients are: Ages 18-34 = 16% Ages 35-44 = 31% Ages 45-59 = 39% Ages 60+ = 14%</p> <p><u>Staff</u></p> <p>See adult weight management</p>		<p>service will end so will proportionally affect the ages ranges identified, largely people of working age.</p> <p>As these clients will be able to access the generic weight management programme, which is to be reduced, the impacts can be seen in the adult weight management section above.</p>	<p>use the generic Adult Weight Management Livewell service.</p>
Workwell	<p>This programme was developed with the occupational health and HR teams within Derby City Council to improve staff wellbeing, decrease absence rates and improve health.</p> <p>The programme began supporting employees in May 2018. Between May 2018 and 1 December 2018, Workwell has supported 267</p>		<p>Yes - as this service is offered to work places it will negatively impact on people of a working age.</p>	<p>Employees who fit the Livewell criteria (for example BMI of 30+ or a smoker) and registered to a Derby City practice would still be eligible for the main service.</p>

	<p>members of staff.</p> <p>The age breakdown of these clients are:</p> <p>Ages 18-34 = 22%</p> <p>Ages 35-44 = 25%</p> <p>Ages 45-59 = 48%</p> <p>Ages 60+ = 5%</p>			
GP out of hours delivery	<p>As part of the primary care extended hours contract, smoking cessation and weight management is delivered between 6pm-8pm at several GP surgeries for patients from those surgeries to access.</p>		<p>Yes - this proposal will impact a small proportion of the adult population registered to these specific practices, who attended sessions at these times.</p>	<p>Livewell will continue to offer services outside of normal working hours however; due to reduced capacity this will be limited.</p> <p>Smoking clients can access telephone and text support in addition to 1-2-1 support. A Facebook messenger bot is also available and gives 24 hour digital support for smokers.</p>

Disability				
Livewell Service	What do we already know?	Positive Impact?	Negative impact?	Mitigation
Adult weight management programme	<p>10% of the adult Livewell clients self-reported that they are disabled people.</p> <p>Livewell can provide BSL interpreters when needed and on the front end of the website there is the option to specify if further support is required for disabled people.</p> <p>Information provided to the client can be provided in a number of different formats.</p> <p>There is a specific element of the service for clients with learning disabilities – see Liveability section.</p> <p>Livewell works with clients and their carers to ensure carers are given the tools and information to support the client.</p> <p>Adjustments are made to suit the individual where they may require additional support.</p> <p>Low impact and chair based classes are available for clients who require these.</p> <p><u>Staff</u></p> <p>It is likely there will be some posts removed or reduced as part of the restructure to deliver the service within a smaller budget. The restructure will take into account reasonable adjustments for</p>		<p>Yes - this proposal will mean a reduction in staff, venues, opening hours (including call centre) and focussing resources solely in areas of deprivation will have a significant impact on accessibility to the service across the city. People will have to travel further and have less choice.</p> <p>Yes - There is the potential for disabled clients to be negatively impacted by this proposal due to increased accessibility barriers such as:</p> <ul style="list-style-type: none"> • Unfamiliar travel routes • Travel expenses • Change in routine • Access to public transport/ journey timings 	<p>Venues where activities are delivered will be chosen taking clients' needs into consideration. E.g. have a full range of accessibility– such as: lighting, hearing loops and mobility access.</p> <p>Livewell will continue to monitor numbers and record demographics to assess future impact of proposal.</p> <p>All Livewell colleagues have completed the Council's mandatory Equalities and Diversity training.</p>

	disabled employees.			
Child weight management programme and active schools.	<p>There are currently no children on the programme with a physical impairment; however there are a number of children with learning difficulties, ADHD, behaviour issues and autism.</p> <p>Targeted 121 and small group work support is offered to children and young people who find it difficult to engage in larger group work settings.</p> <p>Support is offered to both the child and the parent, with information and PA sessions being delivered to both parties.</p> <p>Livewell works with clients and their carers to ensure carers are given the tools and information to support the client.</p> <p>Adjustments are made to suit the individual where they may require additional support.</p> <p>Children with higher needs around their learning disability will be supported through the Liveability programme.</p> <p><u>Staff</u></p> <p>See adult weight management</p>		<p>Yes - additional potential barriers for children and young people include no local community delivery resulting in children/no suitable venue in the area, young people and parents needing to travel to alternative locations. This may have significant cost implications in particularly if parents use public transport and taxis and have other siblings. A change of routine and time constraints could be an issue.</p> <p>Yes - There will be a reduction in 121 and small group work sessions.</p>	
Liveability	<p>To be eligible for this service you have to be registered as having a learning disability.</p> <p>Liveability supports children and adults with a learning disability to</p>		<p>Yes - This proposal may have a negative impact on clients due to reduced capacity overall within the service.</p>	<p>Livewell will aim to maintain a level of continuity with venue locations for the Liveability clients.</p> <p>A specialist advisor for learning</p>

	<p>have a healthier lifestyle.</p> <p>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.</p> <p>Sociable activities, delivered in a fun learning environment, are offered to both the client and their carer in order to embed health messages and support positive behaviour change. Catering for all physical and emotional difficulties connected to learning disabilities, these activities include cook and eat sessions, shopping tours, walks, bocchia, new age kurling, seated volleyball and swimming.</p>			disabilities will remain a part of the proposed structure.
Smoking Cessation	<p>16% of the adult smoking clients self-reported that they are disabled people</p> <p>Livewell provide a smoking cessation service to children from the age of 12 and adults.</p> <p>Livewell can provide BSL interpreters when needed and on the front end of the website there is the option to specify if further support is required for disabled people.</p> <p>Information provided to the client can be provided in a number of different formats.</p> <p>Adjustments are made to suit the individual where they may require additional support.</p>		<p>Yes - this proposal will mean a reduction in staff, venues, opening hours (including call centre) and focussing resources solely in areas of deprivation will have a significant impact on accessibility to the service across the city. People will have to travel further and have less choice.</p> <p>Yes - There is the potential for clients with a disability to be negatively impacted by this proposal due to increased accessibility barriers such as:</p> <ul style="list-style-type: none"> • Unfamiliar travel routes • Travel expenses • Change in routine • Journey timings • Access to public transport 	<p>Venues where smoking cessation is delivered will be chosen taking clients' needs into consideration. E.g. have a full range of accessibility– such as: lighting, hearing loops and mobility access.</p> <p>Livewell will continue to monitor numbers and record demographics to assess future impact of proposal.</p> <p>All Livewell staff have completed the Council's mandatory Equalities and Diversity training.</p> <p>Patient groups such as pregnant women and people with multiple conditions will be prioritised.</p> <p>Different levels of support will be</p>

	<u>Staff</u> See adult weight management			provided dependent on health need. Smoking clients can access telephone and text support in addition to 1-2-1 support. A Facebook messenger bot is also available and gives 24 hour digital support for smokers.
NHS Health Checks	NHS Health Checks are eligible for people registered to a Derby City GP practice, aged 40-74 years old and have not been diagnosed or taking medication for the following diseases: Heart disease Heart failure Stroke High Blood Pressure High Cholesterol Kidney Disease Heart attack Arterial Disease Diabetes As long as clients fit the above criteria they are able to access the NHS Health Check service delivered by Livewell. Adjustments are made to suit the individual where they may require additional support.		Yes - this proposal will mean a reduction in staff, venues, opening hours (including call centre) and focussing resources solely in areas of deprivation will have a significant impact on accessibility to the service across the city. People will have to travel further and have less choice. Yes - There is the potential for clients with a disability to be negatively impacted by this proposal due to increased barriers such as: <ul style="list-style-type: none"> • Unfamiliar travel routes • Travel expenses • Change in routine • Journey timings • Access to public transport 	Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need. Continue work with GPs to increase numbers being offered the service.
Tier 3 bariatric surgery pathway	This element of the service is a recent addition so affected numbers are currently low. Any patient that is eligible for Tier 3 weight management support could be potentially affected.		Yes – this proposal will negatively impact all clients as this element will be removed.	
In-patient smoking cessation	The respiratory inpatient service		Yes – this proposal will negatively	

on cardiac or respiratory wards	<p>engaged with 140 respiratory patients between July 2017 and July 2018.</p> <p>89 cardiac patients have been engaged with from 1 April 2018 – 1 December 2018.</p> <p>This service is delivered on behalf of the hospital and therefore we do not collect demographic information on this client group as their data sits with the hospital.</p>		impact all clients as this element with be removed.	
Cardiac Rehabilitation Phase 4	<p>78% of the cardiac rehab clients self-reported that they had a disability.</p> <p>This programme supports people to lose weight, quit smoking or manage their heart condition after a cardiac event. There is a specialist Advisor that supports cardiac rehab clients.</p>		Yes - this will negatively impact all clients as this element with be removed, however, as a high proportion of this client group is disabled, it will have a greater impact on disability.	Patients who fit the smoking/BMI criteria will still be able to seek support from the service
Active Supporters and Men's Health	<p>This supports adult males to become more active and lose weight.</p> <p>1% of these clients self-reported that they had a disability.</p> <p>See adult weight management for more information.</p> <p><u>Staff</u></p> <p>See adult weight management</p>		See adult weight management for more information.	These clients will still be able to use the generic Adult Weight Management Livewell service.
Workwell	<p>This is a workplace offer to staff to improve their health, wellbeing and attendance.</p> <p>3% of these clients self-reported that they had a disability.</p>		Yes – this proposal will negatively impact all clients as this element with be removed.	Employees who fit the Livewell criteria (for example BMI of 30+ or a smoker) and registered to a Derby City practice would still be eligible for the main service.

GP out of hours delivery	As part of the primary care extended hours contract, smoking cessation and weight management is delivered between 6pm-8pm at several GP surgeries for patients from those surgeries to access.		Yes – this proposal will impact a small proportion of the adult population registered to these specific practices, who attended sessions at these times.	<p>Livewell will continue to offer services outside of normal working hours however; due to reduced capacity this will be limited.</p> <p>Smoking clients can access telephone and text support in addition to 1-2-1 support.</p> <p>A Facebook messenger bot is also available and gives 24 hour digital support for smokers.</p>
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Gender Identity – Trans				
Livewell Service	What do we already know?	Positive Impact?	Negative impact?	Mitigation
Adult weight management programme	<p>The services may be used by people undergoing gender reassignment and trans people. We do not know these numbers as they are not currently collected.</p> <p>There are 1:1 sessions, gender specific or mixed group activities available depending on the client's preference.</p>		Yes - as the service is reducing in scale.	<p>Livewell have attended LGBT events each year, such as Derby Pride to raise awareness of the service and taking blood pressure. Livewell will continue to promote the service at these events.</p> <p>Consider venues which have changing rooms that are gender neutral (where changing rooms are required),</p> <p>All Livewell staff have completed the Council's mandatory Equalities and Diversity training.</p>
Child weight management programme and active schools.	There has been nobody to date who has identified with different gender-identity.	No impact at present.		If someone identifies with a gender identity, the service will provide appropriate support.
Liveability	The services may be used by people undergoing gender reassignment and trans people.		Yes - This proposal may have a negative impact on clients due to reduced capacity overall within the service.	In the proposed new structure the post for a Specialist Learning Disability Advisor will remain.
Smoking Cessation	<p>The services may be used by people undergoing gender reassignment and trans people. We do not know these numbers as they are not currently collected.</p> <p>Livewell provides a variety of types of activities across the city and in different locations.</p>		Yes - as the service is reducing in scale.	All Livewell staff have completed the Council's mandatory Equalities and Diversity training.

NHS Health Checks	The services may be used by people undergoing gender reassignment and trans people. This information is not collected as is not part of an NHS Health Check.		Yes - as the service is reducing in scale.	Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need. Continue work with GPs to increase numbers being offered the service.
Tier 3 bariatric surgery pathway	The services may be used by people undergoing gender reassignment and trans people.		Yes - as the service will no longer be delivered.	
In-patient smoking cessation on cardiac or respiratory wards	The services may be used by people undergoing gender reassignment and trans people. This service is delivered on behalf of the hospital and therefore we do not collect demographic information on this client group as their data sits with the hospital.		Yes - as the service will no longer be delivered.	
Cardiac Rehabilitation Phase 4	The services may be used by people undergoing gender reassignment and trans people. We do not know these numbers as they are not currently collected.		Yes - as the service will no longer be delivered.	
Active Supporters and Men's Health	The services may be used by people undergoing gender reassignment and trans people. We do not know these numbers as they are not currently collected.		Yes - as the service will no longer be delivered.	All Livewell staff have completed the Council's mandatory Equalities and Diversity training. Derby County Community Trust staff have also undertaken in house training around protected characteristics.

Workwell	<p>The services may be used by people undergoing gender reassignment and trans people.</p> <p>We do not know these numbers as they are not currently collected.</p>		Yes - as the service will no longer be delivered.	Any employee who fits the Livewell criteria (for example BMI of 30+ or a smoker) and registered to a Derby City practice would still be eligible for the main service.
GP out of hours delivery	<p>The services may be used by people undergoing gender reassignment and trans people.</p> <p>We do not currently know these numbers.</p>		Yes - as the service will no longer be delivered.	

Marriage and Civil Partnership				
Livewell Service	What do we already know?	Positive Impact?	Negative impact?	Mitigation
<p>Adult weight management programme</p> <p>Child weight management programme and active schools.</p> <p>Liveability</p> <p>Smoking Cessation</p> <p>NHS Health Checks</p> <p>Tier 3 bariatric surgery pathway</p> <p>In-patient smoking cessation on cardiac or respiratory wards</p> <p>Cardiac Rehabilitation Phase 4</p> <p>Active Supporters and Men's Health</p> <p>Workwell</p> <p>GP out of hours delivery</p>	<p>The services are tailored to all people regardless of their marital status or civil partnership.</p>		<p>Yes - as some services are reducing in scale and others will no longer be delivered.</p>	

Pregnancy and maternity				
Livewell Service	What do we already know?	Positive Impact?	Negative impact?	Mitigation
Adult weight management programme	<p>All advisors are specifically trained to support pregnant women in making positive lifestyle changes.</p> <p>Livewell follows NICE guidance in relation to weight management of pregnant women.</p> <p>Venues have access to the breast feeding room and baby changing facilities.</p>	Although fewer people in total will be able to access the service, pregnant women will be prioritised.	Yes - there will be fewer venues and therefore pregnant women may find it harder to travel further.	There is a specific pathway for pregnant women so they are prioritised.
Child weight management programme and active schools.	There has been nobody to date who has been pregnant on the programme.	No impact to date.		Children will be supported by Livewell's adult pre and post pregnancy advisor who specialises in maternity care.
Liveability	<p>At present there are no pregnant clients accessing this part of the service.</p> <p>All advisors are specifically trained to support pregnant women in making positive lifestyle changes.</p> <p>Livewell follows NICE guidance in relation to weight management of pregnant women.</p>	No impact.		
Smoking Cessation	<p>46 pregnant women accessed the service to quit smoking in 2017/18.</p> <p>All advisors are specifically trained to support pregnant women in making positive lifestyle changes.</p> <p>Livewell follows NICE guidance in relation to weight management of pregnant women.</p> <p>There is a specific advisor to</p>	Although fewer people in total will be able to access the service, pregnant women will be prioritised.	Yes - there will be fewer venues and therefore pregnant women may find it harder to travel further.	<p>Pregnant smokers will be prioritised and provided additional support as their health need is greater.</p> <p>There is a specific pathway for pregnant women so they are prioritised.</p>

	<p>support pregnant women.</p> <p>Venues have access to the breast feeding room and baby changing facilities.</p>			
NHS Health Checks	National guidance shows that NHS Health Checks should not be delivered to pregnant women as their BMI would be inaccurate and affect the results of the health check.	No impact.		
Tier 3 bariatric surgery pathway	There are no pregnant women currently on the bariatric pathway.	No impact.		
In-patient smoking cessation on cardiac or respiratory wards	<p>The respiratory inpatient service engaged with 140 respiratory patients between July 2017 and July 2018.</p> <p>89 cardiac patients have been engaged with from 1 April 2018 – 1 December 2018.</p> <p>90% of the patients are over the age of 60 and, therefore, are unlikely to be pregnant or accessing maternity services.</p>	No impact.		
Cardiac Rehabilitation Phase 4	<p>The service is demand led and annually the service supports approximately 45 – 60 patients per year. In 2017/18, 47 patients accessed the service.</p> <p>70% of the patients are over the age of 60 and, therefore, are unlikely to be pregnant or accessing maternity services.</p>	No impact.		

Active Supporters and Men's Health	This service is for men only.	No impact.		
Workwell	This service may be used by pregnant women; however the numbers would be very small.		Yes - as the service will no longer be delivered but the number will be very small.	
GP out of hours delivery	<p>This service may be used by pregnant women.</p> <p>We do not know the numbers of pregnant women who use this part of the service.</p>		Yes – there will be less choice for appointments.	<p>Livewell will continue to offer services outside of normal working hours however; due to reduced capacity this will be limited.</p> <p>There is a specific pathway for pregnant women so they are prioritised.</p> <p>Smoking clients can access telephone and text support in addition to 1-2-1 support. A Facebook messenger bot is also available and gives 24 hour digital support for smokers.</p>

Race				
Livewell Service	What do we already know?	Positive Impact?	Negative impact?	Mitigation
Adult weight management programme	The ethnic breakdown of clients on the adults service is as follows:	Delivery will continue to be focused in areas of the city where there are a higher proportion of BME groups.	Yes - there will be a large impact on the White British group as the majority of clients are from this group. However, those in the Asian group are disproportionately affected as Livewell see a higher proportion of this ethnicity group than is represented in the community (see Census information). Yes - Proactive community work will be reduced because of reduced capacity.	Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.

	<p>Arboretum Children's centre.</p> <p>Venues of delivery are selected where there are areas of race demographic such as places of worship and work places. This includes the Roma Community, Asian Community and a number of eastern European communities.</p>			
<p>Child weight management programme and active schools.</p>	<p>The burden of childhood obesity is being felt the hardest in more deprived areas with children growing up in low income households more than twice as likely to be obese than those in higher income households.</p> <p>Children from black and minority ethnic families are also more likely to be overweight or obese than children from white families.</p> <p>There has been a focus on delivering the service in local communities and schools with higher than average BME population such as Normanton, Peartree, Arboretum and Sinfin.</p> <p>Schools include: Hardwick, Arboretum, Peartree and Cotton Farm. Both school and community-based sessions have been delivered from within these areas to ensure maximum participation.</p> <p>Sessions are delivered in accordance with the cultural nature of the client group accessing the session – i.e. girls only session, sessions delivered around the times children access their local mosque.</p> <p>The programme offers an interpreting service to young people where English is their second language. Material is printed in alternative languages if and when required.</p> <p>The number of clients from different ethnic groups will vary from year to year dependent on what schools are being supported through the Active Schools programme.</p>		<p>Yes - there will be a large impact on the White British and Asian/Asian British groups as the majority of clients are from these groups.</p> <p>Yes - Those in the Asian group are disproportionately affected as Livewell see a higher proportion of this ethnicity group than is represented in the community (see Census information).</p> <p>Ethnic groups will vary dependent on which schools take up the offer of the Active Schools programme. Schools will be prioritised using NCMP data, estimated obesity data and individual school's commitment to taking up the programme.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p>

	<p>The ethnic breakdown of the clients on the children's service is as follows:</p> <table><tr><th></th><th>Children's programme</th><th>Derby Census 2011</th></tr><tr><td>White British</td><td>30%</td><td>68%</td></tr><tr><td>White Other</td><td>18%</td><td>4%</td></tr><tr><td>Asian/ Asian British</td><td>26%</td><td>17%</td></tr><tr><td>Black/ Black British</td><td>9%</td><td>3%</td></tr><tr><td>Dual heritage</td><td>4%</td><td>6%</td></tr><tr><td>Other</td><td>13%</td><td>1%</td></tr><tr><td>Rather not say</td><td>0%</td><td>N/A</td></tr></table>		Children's programme	Derby Census 2011	White British	30%	68%	White Other	18%	4%	Asian/ Asian British	26%	17%	Black/ Black British	9%	3%	Dual heritage	4%	6%	Other	13%	1%	Rather not say	0%	N/A			
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Other	13%	1%																										
Rather not say	0%	N/A																										
Liveability	<p>The ethnic breakdown of clients on the liveability programme is as follows:</p> <table><tr><th></th><th>Liveability</th></tr><tr><td>White British</td><td>73%</td></tr><tr><td>White Other</td><td>2%</td></tr><tr><td>Asian/ Asian British</td><td>10%</td></tr><tr><td>Black/ Black British</td><td>0%</td></tr><tr><td>Dual heritage</td><td>2%</td></tr><tr><td>Other</td><td>0%</td></tr><tr><td>Rather not say</td><td>12%</td></tr></table>		Liveability	White British	73%	White Other	2%	Asian/ Asian British	10%	Black/ Black British	0%	Dual heritage	2%	Other	0%	Rather not say	12%		Yes - Although this service will remain, there may be a potential negative impact on clients due to reduced capacity overall within the service.	In the proposed new structure the post for a Specialist Learning Disability Advisor will remain.								
	Liveability																											
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Dual heritage	2%																											
Other	0%																											
Rather not say	12%																											

Smoking Cessation	<p>The ethnic breakdown of clients on the smoking cessation programme is as follows:</p> <table><tr><th colspan="2">Smoking</th></tr><tr><td>White British</td><td>75.9%</td></tr><tr><td>White Other</td><td>6.7%</td></tr><tr><td>Asian/ Asian British</td><td>8.66%</td></tr><tr><td>Black/ Black British</td><td>1.4%</td></tr><tr><td>Dual heritage</td><td>2.16%</td></tr><tr><td>Other</td><td>0.06%</td></tr><tr><td>Rather not say</td><td>3.9%</td></tr></table> <p>See adult weight management section for more information.</p>	Smoking		White British	75.9%	White Other	6.7%	Asian/ Asian British	8.66%	Black/ Black British	1.4%	Dual heritage	2.16%	Other	0.06%	Rather not say	3.9%		<p>Yes - there will be a greater impact on the White British group as proportionally there are more clients from this group.</p> <p>Yes - Proactive community work will be reduced because of reduced capacity.</p>	
Smoking																				
White British	75.9%																			
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Other	0.06%																			
Rather not say	3.9%																			
NHS Health Checks	<p>In 2017/18, 936 health checks were completed by Livewell. The ethnic groups were identified as the following: British -86% Indian – 4% Pakistani – 3% Other – 7%</p> <p>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.</p> <p>NHS health check materials can be provided in various languages.</p> <p>Health promotion has taken place at the Derby West Indian Community Association, The Mandela Centre, Hardwick School, the Derbyshire Chinese Welfare Association, The Madley Centre and Arboretum Children's centre.</p> <p>Venues of delivery are selected where there are areas of race demographic such as places of worship and work places. This includes the Roma</p>	<p>Delivery will continue to be focused in areas of the city where there are a higher proportion of BME groups.</p>	<p>Yes - there will be a greater impact on the White British group as proportionally there are more clients from this group.</p> <p>Yes - Proactive community work will be reduced because of reduced capacity.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p> <p>Continue work with GPs to increase numbers being offered the service.</p>																

	Community, Asian Community and a number of eastern European communities. Livewell users the Council's interpreting service on request.																			
Tier 3 bariatric surgery pathway	This element of the service is a recent addition so affected numbers are currently low. Any patient that is eligible for Tier 3 weight management support could be potentially affected.		Yes - The ethnic groups of those potentially affected will reflect proportionally the ethnic groups within the general service.	People will be told to speak to their GP if they want to find out about Tier 3 services.																
In-patient smoking cessation on cardiac or respiratory wards	The respiratory inpatient service engaged with 140 respiratory patients between July 2017 and July 2018. 89 cardiac patients have been engaged with from 1 April 2018 – 1 December 2018. This service is delivered on behalf of the hospital and therefore we do not collect demographic information on this client group as their data sits with the hospital.		.																	
Cardiac Rehabilitation Phase 4	<div>The ethnic breakdown of clients on the cardiac rehab programme is as follows:<table><tr><th colspan="2">Cardiac rehab</th></tr><tr><td>White British</td><td>35%</td></tr><tr><td>White Other</td><td>0%</td></tr><tr><td>Asian/ Asian British</td><td>2.5%</td></tr><tr><td>Black/ Black British</td><td>1.5%</td></tr><tr><td>Dual heritage</td><td>0%</td></tr><tr><td>Other</td><td>0%</td></tr><tr><td>Rather not say</td><td>61%</td></tr></table></div> <div>The service is demand led and annually the service supports approximately 45 – 60 patients per year. In 2017/18, 47 patients accessed the service.</div>	Cardiac rehab		White British	35%	White Other	0%	Asian/ Asian British	2.5%	Black/ Black British	1.5%	Dual heritage	0%	Other	0%	Rather not say	61%		Yes - there will be a greater impact on the White British group as proportionally there are more clients from this group, however there is a large proportion that we do not have this data for.	Patients who fit the smoking/BMI criteria will still be able to seek support from the service however there is no alternative cardiac phase 4 delivered in the city.
Cardiac rehab																				
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White Other	0%																			
Asian/ Asian British	2.5%																			
Black/ Black British	1.5%																			
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Rather not say	61%																			

	This programme supports people to lose weight, quit smoking or manage their heart condition after a cardiac event. There is a specialist Advisor that supports cardiac rehab clients.																			
Active Supporters and Men’s Health	<p>The ethnic breakdown of clients on the Active Supporters programme is as follows:</p> <table><tr><th colspan="2">Active Supporters</th></tr><tr><td>White British</td><td>76.3%</td></tr><tr><td>White Other</td><td>4.4%</td></tr><tr><td>Asian/ Asian British</td><td>9.2%</td></tr><tr><td>Black/ Black British</td><td>3.2%</td></tr><tr><td>Dual heritage</td><td>1.3%</td></tr><tr><td>Other</td><td>0%</td></tr><tr><td>Rather not say</td><td>3.6%</td></tr></table> <p>See adult weight management for more information.</p> <p>Additional wider health promotion work has taken place around issues prevalent to the client group – i.e. raising awareness amongst black males around the prevalence of cancer and the importance to do regular checks and/or visit their GP’s.</p>	Active Supporters		White British	76.3%	White Other	4.4%	Asian/ Asian British	9.2%	Black/ Black British	3.2%	Dual heritage	1.3%	Other	0%	Rather not say	3.6%		Yes - there will be a greater impact on the White British group as proportionally there are more clients from this group	These clients will still be able to use the generic Adult Weight Management Livewell service.
Active Supporters																				
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Workwell	<p>This programme was developed in conjunction with the occupational health and HR teams within Derby City Council to improve staff wellbeing, decrease absence rates and improve health.</p> <p>The programme began supporting employees in May 18 and since then (1 December 18) has supported 267 members of staff.</p>		Yes - there will be a greater impact on the White British group as proportionally there are more clients from this group	Employees who fit the Livewell criteria (for example BMI of 30+ or a smoker) and registered to a Derby City practice would still be eligible for the main service.																

	<div>The ethnic breakdown of clients on the Workwell programme is as follows:</div> <table><tr><th colspan="2">Workwell</th></tr><tr><td>White British</td><td>79.8%</td></tr><tr><td>White Other</td><td>2.2%</td></tr><tr><td>Asian/ Asian British</td><td>10.2%</td></tr><tr><td>Black/ Black British</td><td>4.3%</td></tr><tr><td>Dual heritage</td><td>1.4%</td></tr><tr><td>Other</td><td>0.7%</td></tr><tr><td>Rather not say</td><td>1.4%</td></tr></table>	Workwell		White British	79.8%	White Other	2.2%	Asian/ Asian British	10.2%	Black/ Black British	4.3%	Dual heritage	1.4%	Other	0.7%	Rather not say	1.4%			
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Rather not say	1.4%																			
GP out of hours delivery	We do not have ethnicity data for the clients that access these specific groups.			Livewell will continue to offer services outside of normal working hours however; due to reduced capacity this will be limited.																

Religion or belief or none				
Livewell Service	What do we already know?	Positive Impact?	Negative impact?	Mitigation
Adult weight management programme	<p>Services are tailored to and sensitive to people's religion or belief.</p> <p>Health promotion events and promotion of the service have taken place at a number of places of worship including mosques, the Hindu Temple, Gurdwara and a range of churches.</p> <p>Community leaders have advised staff on being culturally aware of religious practices.</p> <p>Data on religion/ belief is not currently collected.</p> <p><u>Staff</u></p> <p>It is likely there will be some posts removed or reduced as part of the restructure to deliver the service within a smaller budget. The restructure will take into account reasonable adjustments for people with religious beliefs.</p>		<p>Yes - health promotion and engagement with communities will be limited due to reduced capacity.</p> <p>Yes - This proposal will negatively impact all clients as this element will be reduced.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p> <p>Staff have completed the Council's equality and diversity training.</p>
Child weight management programme and active schools.	<p>Services are tailored to and sensitive to people's religion or belief.</p> <p>All Children and Young People (CYP) staff have undertaken in house training around protective characteristics.</p> <p>There has been a focus on delivering the service in local communities and schools with higher than average BME population such as Normanton, Peartree, Arboretum and Sinfin. Schools include: Hardwick,</p>		<p>Yes – this proposal will negatively impact all clients as this element will be reduced.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p> <p>Staff have completed the Council's equality and diversity training.</p>

	<p>Arboretum, Peartree and Cotton Farm. Both school and community-based sessions have been delivered from within these areas to ensure maximum participation. Sessions are delivered in accordance with the cultural nature of the client group accessing the session – i.e. girls only session, sessions delivered around the times children access their local mosque.</p> <p>Data on religion/ belief is not currently collected.</p>			
Liveability	<p>Services are tailored to and sensitive to people's religion or belief.</p>		<p>Yes - Although this service will remain, there may be a potential negative impact on clients due to reduced capacity overall within the service.</p>	<p>In the proposed new structure the post for a Specialist Learning Disability Advisor will remain.</p> <p>Staff have completed the Council's equality and diversity training.</p>
Smoking Cessation	<p>See adult weight management.</p>		<p>See adult weight management.</p>	
NHS Health Checks	<p>NHS Health Checks have been delivered from a number of places of worship including mosques, the Hindu Temple, Gurdwara and a range of churches.</p> <p>Community leaders have advised staff on being culturally aware of religious practices.</p> <p>Clients can choose if they wish to have a female or male advisor to undertake their health check.</p>		<p>Yes - This proposal will negatively impact all clients as this element will be reduced.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p> <p>Continue work with GPs to increase numbers being offered the service.</p>
Tier 3 bariatric surgery pathway	<p>This element of the service is a recent addition so affected numbers are currently low. Any patient that is eligible for Tier 3 weight management support could be potentially affected.</p> <p>Data on religion/ belief is not currently</p>		<p>Yes - This proposal will negatively impact all clients as this element will be removed.</p>	<p>People will be told to speak to their GP if they want to find out about Tier 3 services.</p>

	collected.			
In-patient smoking cessation on cardiac or respiratory wards	<p>The respiratory inpatient service engaged with 140 respiratory patients between July 2017 and July 2018.</p> <p>89 cardiac patients have been engaged with from 1 April 2018 – 1 December 2018.</p> <p>This service is delivered on behalf of the hospital and therefore we do not collect demographic information on this client group as their data sits with the hospital.</p>		Yes – this proposal will negatively impact all clients as this element will be removed.	
Cardiac Rehabilitation Phase 4	<p>The service is demand led and annually the service supports approximately 45 – 60 patients per year. In 2017/18, 47 patients accessed the service.</p> <p>This programme supports people to lose weight, quit smoking or manage their heart condition after a cardiac event. There is a specialist Advisor that supports cardiac rehab clients. Data on religion/ belief is not currently collected.</p>		Yes – this proposal will negatively impact all clients as this element will be removed.	Patients who fit the smoking/BMI criteria will still be able to seek support from the service however there is no alternative cardiac phase 4 delivered in the city.
Active Supporters and Men's Health	This supports adult males to become more active and lose weight. Data on religion/ belief is not currently collected.		Yes - this proposal will negatively impact all clients as this element will be removed.	<p>These clients will still be able to use the generic Adult Weight Management Livewell service.</p> <p>Staff have completed the Council's equality and diversity training.</p>
Workwell	<p>This programme was developed in conjunction with the occupational health and HR teams within Derby City Council to improve staff wellbeing, decrease absence rates and improve health.</p> <p>The programme began supporting employees in May 18 and since then (1</p>		Yes – this proposal will negatively impact all clients as this element will be removed.	Employees who fit the Livewell criteria (for example BMI of 30+ or a smoker) and registered to a Derby City practice would still be eligible for the main service.

	<p>December 18) has supported 267 members of staff.</p> <p>Data on religion/ belief is not currently collected.</p>			
GP out of hours delivery	<p>We do not have ethnicity data for the clients that access these specific groups. Data on religion/ belief is not currently collected.</p>		<p>Yes – this proposal will negatively impact all clients as this element will be removed.</p>	<p>Livewell will continue to offer services outside of normal working hours however; due to reduced capacity this will be limited.</p>

Sex				
Livewell Service	What do we already know?	Positive Impact?	Negative impact?	Mitigation
Adult weight management programme	<p>Livewell supports male and female clients to lose weight. It provides various activities appropriate for both female and male classes, as well as mixed activities.</p> <p>Both male and female advisors deliver the services and clients can choose whether they want a male or female advisor to support them.</p> <p>There is a Men's only programme which is tailored to appeal to men. (See Active Supporters).</p> <p>In 2017/18, 46% accessing the adult service were male, 53% were female, and 1% was classed as 'other'.</p>		<p>Yes - this proposal will mean a reduction in staff, venues, opening hours (including call centre) and focussing resources solely in areas of deprivation will have a significant impact on accessibility to the service across the city. People will have to travel further and have less choice.</p> <p>This will have an impact on both males and females but proportionally there are slightly more females and so will have a greater impact on women.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p> <p>Prioritisation will be given to clients with the greatest health needs – for example those with long term conditions.</p>
Child weight management programme and active schools.	<p>The ratio to males and females on the child weight management is more or less equal, with 49% females and 51% males.</p> <p>There is a specific female only session offered to young people aged 11+.</p> <p>In addition, there are targeted sessions delivered which are culturally sensitive to female only aged 7+ in school based settings.</p> <p>The team consists of both males and females, all with the same qualification, subsequently the offer is consistent throughout and young people can request a suitable advisor.</p>		<p>Yes - Additional potential barriers for children and young people include no local community delivery resulting in children/no suitable venue in the area, young people and parents needing to travel to alternative locations.</p> <p>This may have significant cost implications in particularly if parents use public transport and have other siblings. They will also encounter change of routine and time constraints could be an issue.</p> <p>This will have an impact on both male and females but will have a greater effect on females as there will be a reduction in delivery staff.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p>

Liveability	<p>Liveability supports males and females with a learning disability to have a healthier lifestyle.</p> <p>In 2017/18 53% were male clients and 47% were female.</p>		<p>Although this service will remain, there may be a potential negative impact on clients due to reduced capacity overall within the service.</p>	<p>In the proposed new structure the post for a Specialist Learning Disability Advisor will remain.</p>
Smoking Cessation	<p>Livewell supports male and female clients to quit smoking.</p> <p>Both male and female advisors deliver the services and clients can choose whether they want a male or female advisor for support.</p> <p>In 2017/18, 48% accessing the smoking service were male, 52% were female.</p>		<p>Yes - this proposal will mean a reduction in staff, venues, opening hours (including call centre) and focussing resources solely in areas of deprivation will have a significant impact on accessibility to the service across the city. People will have to travel further and have less choice.</p> <p>This will have an impact on both males and females but proportionally there are slightly more females and so will have a greater impact on women.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p> <p>Patient groups such as pregnant women and people with multiple conditions will be prioritised. Different levels of support will be provided dependent on need.</p> <p>Smoking clients can access telephone and text support in addition to 1-2-1 support. A Facebook messenger bot is also available and gives 24 hour digital support for smokers.</p>
NHS Health Checks	<p>These are delivered to men and women between the ages of 40-74.</p> <p>Out of the 936 health checks completed, 59% were done on females and 41% were done on males.</p>		<p>Yes - more women choose to take up the opportunity of having a health check and although it will have a negative impact on everyone, it will have a greater impact on women.</p>	<p>Ensure demographics, need and demand for the service are considered when choosing venue locations: delivery will be focussed in areas of deprivation where we know there is the greatest need.</p> <p>Continue work with GPs to increase numbers being offered the service.</p>
Tier 3 bariatric surgery pathway	<p>This element of the service is a recent addition so affected numbers are currently low. Any patient that is eligible for Tier 3 weight</p>		<p>Yes – this proposal will negatively impact all clients as this element will be removed.</p>	<p>People will be told to speak to their GP if they want to find out about Tier 3 services.</p>

	<p>management support could be potentially affected.</p> <p>The gender of those potentially affected will reflect the gender within the general service.</p>			
In-patient smoking cessation on cardiac or respiratory wards	<p>The respiratory inpatient service engaged with 140 respiratory patients between July 2017 – July 18.</p> <p>89 cardiac patients have been engaged with from 1 April 2018 – 1 December 2018.</p> <p>This service is delivered on behalf of the hospital and therefore we do not collect demographic information on this client group as their data sits with the hospital.</p>		Yes - This will negatively impact all clients as this element will be removed.	
Cardiac Rehabilitation Phase 4	<p>The service is demand led and annually the service supports approximately 45 – 60 patients per year. In 2017/18, 47 patients accessed the service.</p> <p>In 2017/18, 79% were male and 21% were female clients.</p> <p>This programme supports people to lose weight, quit smoking or manage their heart condition after a cardiac event. There is a specialist Advisor that supports cardiac rehab clients.</p>		Yes - This will negatively impact all clients as this element will be removed, however there will be a greater impact on men as proportionally there are more men using this service.	Patients who fit the smoking/BMI criteria will still be able to seek support from the service however there is no alternative cardiac phase 4 delivered in the city.
Active Supporters and Men's Health	<p>Appealing to male motivations to get fit and healthy, Active Supporters is a group-based men's health programme that follows the Livewell 12-month pathway.</p>		Yes - this will have a hugely negative impact on men as this element of the service will no longer exist.	These clients will still be able to use the generic Adult Weight Management Livewell service.

	<p>By linking with Derby County Football Club, the Active Supporters programme engages fans through its stadium-based boot camp, circuit, boxing and football activities.</p> <p>In 2017/2018 the Active Supporters programme has been supported by the collaboration between “Man vs Fat” and Derby County Community Trust, delivering a football-based weight loss programme. During the last 12 months, it has worked with 121 males.</p>			
Workwell	<p>This programme was developed in conjunction with the occupational health and HR teams within Derby City Council to improve staff wellbeing, decrease absence rates and improve health.</p> <p>The programme began supporting employees in May 18 and since then (1 December 18) has supported 267 members of staff.</p> <p>36% Workwell clients were male, 61% were female, and 1% was ‘other’.</p>		Yes – this proposal will negatively impact all clients as this element will be removed, however there will be a greater impact on women as proportionally there are more women using this service.	Employees who fit the Livewell criteria (for example BMI of 30+ or a smoker) and registered to a Derby City practice would still be eligible for the main service.
GP out of hours delivery	<p>As part of the primary care extended hours contract, smoking cessation and weight management is delivered between 6pm-8pm at several GP surgeries for patients from those surgeries to access.</p>		Yes – this proposal will impact a small proportion of the men and women registered to these specific practices, who attended sessions at these times.	<p>Livewell will continue to offer services outside of normal working hours however; due to reduced capacity this will be limited.</p> <p>Smoking clients can access telephone and text support in addition to 1-2-1 support. A Facebook messenger bot is also available and gives 24 hour digital support for smokers.</p>

Sexual orientation				
Livewell Service	What do we already know?	Positive Impact?	Negative impact?	Mitigation
<p>Adult weight management programme</p> <p>Child weight management programme and active schools.</p> <p>Liveability</p> <p>Smoking Cessation</p> <p>NHS Health Checks</p> <p>Tier 3 bariatric surgery pathway</p> <p>In-patient smoking cessation on cardiac or respiratory wards</p> <p>Cardiac Rehabilitation Phase 4</p> <p>Active Supporters and Men's Health</p> <p>Workwell</p> <p>GP out of hours delivery</p>	<p>The services are tailored to all people regardless of their sexual orientation.</p> <p>Livewell have attended LGBT events each year to raise awareness of the service and taking blood pressure as a way of engagement.</p>		<p>Yes - as some services are reducing in scale and others will no longer be delivered.</p>	

Important:

For any of the equality groups you do not 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 do not put down that the impact affects 'everyone the same' – it never does!

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

As services will be ending or reducing it is hard to lessen the impact of this. However for the services that are being reduced we will ensure demographics, need and demand for the service are considered when choosing venue locations. Delivery will be focussed in areas of deprivation where we know there is the greatest need.

We will ensure that the venues that are used for delivery of the service are fully accessible to all.

People with greatest health needs such as pregnant smokers will be prioritised and provided additional support as their health need is greater.

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?

Outcome 1		No major change needed – the EIA hasn't identified any potential for discrimination or negative impact and all opportunities to advance equality have been taken
Outcome 2		Adjust the policy to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
Outcome 3	x	Continue the policy despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are: <ul style="list-style-type: none">• Sufficient plans to stop or minimise the negative impact• Mitigating actions for any remaining negative impacts• Plans to monitor the actual impact.
Outcome 4		Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination.

Our Assessment team has agreed Outcome number(s)

At the time the EIA took place some of the data required was not available and the group decided at this point the policy would fall under outcome 4. It was agreed that the document would be circulated back to the group with additional information to help them make an informed decision. The group believed that once they had this information the outcome was likely to be changed to outcome 3.

Feedback from EIA Group

The EIA was shared with the group via email on 15th January 2019. Comments have been received and acknowledged within the document. As the requested information has now been included, and no further objections were received, the final decision has been made to update the outcome from 4 to 3 on 29th January 2019.

Why did you come to this decision?

This decision was agreed upon as although there were considerable negative impacts across the board, they did not believe there to be unlawful discrimination. Where possible mitigations would be put in place to focus on people with greatest need.

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 this table 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

Age

What are we going to do to advance equality	What difference will it make	When will we do it and who will lead	Monitoring arrangements

Disability

What are we going to do to advance equality	What difference will it make	When will we do it and who will lead	Monitoring arrangements
Livewell will look at the possibility of including equality and diversity training within the volunteer training scheme.	Livewell have over 30 volunteers and it will ensure everyone working with Livewell clients is trained appropriately on equality and diversity to understand protected characteristics and ensure equality is embedded within the culture of Livewell.	Dependent on budget restraints this will be incorporated into next years' service plan (2019/20)	This will be picked up as part of the quarterly performance monitoring by Public Health

Gender identity – trans

What are we going to do to advance equality	What difference will it make	When will we do it and who will lead	Monitoring arrangements
Livewell will look at options for capturing all protected characteristics as part of their data collection. Currently only gender, age, ethnicity and disability are collected. Due to the service having significant budget cuts and the cost implications required to change their web base data capture, this may not be a feasible option at present.	If this was a viable option (dependent on funding) we would have a greater understanding of the protected characteristics of our client group.	The cost of making these amendments will be looked into at the start of next financial year and assessed dependent on funding.	This will be an agenda item for Livewell's performance meeting.

Marriage and Civil Partnership

What are we going to do to advance equality	What difference will it make	When will we do it and who will lead	Monitoring arrangements
Look at capturing all protected characteristics (see Gender Identity – trans)			

Pregnancy and maternity

What are we going to do to advance equality	What difference will it make	When will we do it and who will lead	Monitoring arrangements
Look at capturing all protected characteristics (see Gender Identity – trans)			

Race

What are we going to do to advance equality	What difference will it make	When will we do it and who will lead	Monitoring arrangements
It was identified that there was an opportunity for Livewell to work with the Bosnian community. As the service is being reduced this would be dependent on capacity.	This targeted approach would enable Livewell to engage with the Bosnian community who may not necessarily attend regular events within the community.		

Religion or belief or none

What are we going to do to advance equality	What difference will it make	When will we do it and who will lead	Monitoring arrangements
Look at capturing all protected characteristics (see Gender Identity – trans)			

Sex

What are we going to do to advance equality	What difference will it make	When will we do it and who will lead	Monitoring arrangements
When looking at what the service can deliver going forward, ensure activities are available which appeal to both genders.	As the Men's programme will be ending it is important there are activities which will appeal to men to help engage this group.	Activities will be reviewed at the start of the next financial year (2019/20)	

What are we going to do to advance equality	What difference will it make	When will we do it and who will lead	Monitoring arrangements

Sexual orientation

What are we going to do to advance equality	What difference will it make	When will we do it and who will lead	Monitoring arrangements
Look at capturing all protected characteristics (see Gender Identity – trans)			

We can give you this information in any other way, style or language that will help you access it. Please contact us on: 01332 643722
Minicom: 01332 640666

Polish

Aby ułatwić Państwu dostęp do tych informacji, możemy je Państwu przekazać w innym formacie, stylu lub języku.

Prosimy o kontakt: **01332 643722** Tel. tekstowy: 01332 640666

Punjabi

ਇਹ ਜਾਣਕਾਰੀ ਅਸੀਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਵੀ ਹੋਰ ਤਰੀਕੇ ਨਾਲ, ਕਿਸੇ ਵੀ ਹੋਰ ਰੂਪ ਜਾਂ ਬੋਲੀ ਵਿੱਚ ਦੇ ਸਕਦੇ ਹਾਂ, ਜਿਹੜੀ ਇਸ ਤੱਕ ਪਹੁੰਚ ਕਰਨ ਵਿੱਚ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦੀ ਹੋਵੇ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਟੈਲੀਫੋਨ ਮਿਨੀਕਮ 01332 640666 ਤੇ ਸੰਪਰਕ ਕਰੋ।

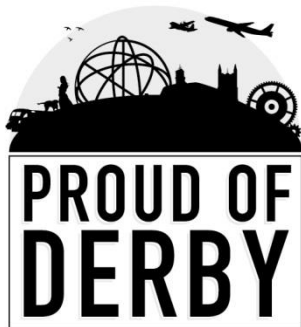
01332 643722

Slovakian

Túto informáciu vám môžeme poskytnúť iným spôsobom, štýlom alebo v inom jazyku, ktorý vám pomôže k jej sprístupneniu. Skontaktujte nás prosím na tel.č: 01332 643722 Minicom 01332 640666

Urdu

یہ معلومات ہم آپ کو کسی دیگر ایسے طریقے، انداز اور زبان میں مہیا کر سکتے ہیں جو اس تک رسائی میں آپ کی مدد کرے۔ براہ کرم
منی کام 01332 640666 پر ہم سے رابطہ کریں۔



Derby City Council