Equality Impact Assessment	Please enter responses below in the right hand columns
TEMPLATE UPDATED SEPT 2015 **Date**	21 June 2016
Sign-off path for EIA (please add/delete as applicable) If you are conducting an EIA on a Cabinet decision, it should come to Corporate EIA panel for sign off.	Corporate EIA Panel
Title of Project, business area, policy/strategy	Commissioning intentions for Staying Healthy, Public Health Services 2016/17 with regard to the re-modelling and streamlining of the Self Management Programmes and Health Trainer Service
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London Borough of Lambeth Equality Impact Assessment	Please enter responses below in the right hand columns.
1.0 Introduction	
1.1 Business activity aims and intentions *In brief explain the aims of your proposal/project/service, why is it needed? Who is it aimed at? What is the intended outcome? What are the links to the political vision, and outcomes?*	This EIA assesses the impact of planned changes to the funding and delivery of Self Care Programmes and the Health Trainer Service in Lambeth. In summary, our proposals as set out in this document are to streamline and rationalise the current existing Self Care Programmes and also to review and re-focus the offer of the existing Health Trainer service. We anticipate that as a result of these proposals and changes to services, there will be some negative impacts upon certain equalities groups; namely Race, Gender, Disability, Age, Health and Socioeconomic factors. Whilst it is anticipated that there will be some likely negative impacts from implementing these proposals, it is considered that they will be mitigated through the improved targeting of the services at those people most in need and through the investing in a Health Champion pilot service. Lambeth has a diverse population which has seen vast improvements in overall health over the last 10 years however we know that unfortunately health inequalities still exist and we have to continue to work hard to reduce and eliminate these. When we talk about targeting the service at those who are most in need, we have arrived at this definition through reviewing our local needs and health data. The 3 main causes of premature death in Lambeth are cancer, cardiovascular disease and respiratory disease. A large proportion of these are thought to be preventable. From looking at the data available, we know that there are health inequalities which exist locally, with certain population groups at a higher risk of developing a multi-morbidity (more than one condition) such as the above mentioned diseases and conditions. In terms of ethnicity we know that the largest number of people with multiple morbidities is in White ethnicities, followed by Black or Black British. We also know that a

	relatively larger proportion of Black and Asian groups have multiple morbidities. We know that people are more likely to develop long term conditions who live in more deprived areas and that those in the age brackets of 45-64 have the highest proportion of people with 2 or more modifiable risk factors (e.g. smoking status, Body Mass Index status). Finally we know that men have largest absolute and relative percent with 2 or more uncontrolled risk factors (e.g. smoking status, BMI status) (Lambeth DataNet Multi Morbidities Data, 2013/14). **Self Care Programmes** **Current Service** Within the Lambeth Early Intervention and Prevention Service (LEIPS) features currently a number of self care management programmes. These are peer-led 6-7 week courses delivered by trained tutors to support people living with any long term physical, mental health condition or impairment. Topics covered include:- dealing with pain and fatigue, managing depression, healthy eating, physical activity and the importance of medication adherence. Self-management courses (SMC) currently include: • The Expert Patient Programme • New Beginnings • Self-care 4U – currently delivered to people referred to EoR • Looking after me (Carers course) This service is available by self-referral of individuals with a long term condition or by referral from GPs and other professionals via the single access point into LEIPS. There is some interplay between Self Care Programmes (SCP) and Weight management programs e.g. patients referred for weight management who are not coping well with a

	Long Term Condition (LTC) sometimes opt to start with a SCP and vice versa. All SCPs have affiliated monthly support groups to provide ongoing support to participants. Current capacity is about 350 participants per year but commencement, attendance and completion of sessions is often hampered by poor health due to changes in LTC symptoms experienced by participants, so the service is frequently not at full capacity. **Health Trainer Service** **Current Service** This is another service line under the LEIPS contract currently which provides Health Improvement Facilitators to deliver 1:1 support to individuals to assess their health and lifestyle risks and facilitate behaviour change by providing motivation and practical support to individuals who are ready to make positive lifestyle changes. They offer up to 6 sessions of personalised support to suit the client's circumstances. Current capacity is for around 60 – 70 referrals per month. The review of the evidence base for Health Trainer Services describes their role and responsibilities as follows: 1. Health trainers recruited from their local communities should be "natural helpers" who have an empathetic approach with good local networks and leadership potential. 2. They should work within their local communities in a range of different settings and they should act as advocates for people and groups who are most likely to be marginalised and excluded. 3. They should act as a bridge between disadvantaged and excluded groups and statutory services and they should provide support to help people make healthy choices and to access health living activities. The reduction in the Public Health grant, which is used to pay for Staying Healthy services, has seen cuts having to be made to budgets across public health and Staying Healthy is no exception to that. The Public Health allocation was cut in year in 2015/16 by 1.9m and by

	c.£3m in 2016/17. It will be subject, on average, to a year on year 3.9% cut until 2020. This has meant we have had to thoroughly examine every element of our service offer to create efficiencies, reduce waste and get better value for money with a reduced spend. The following principles have been agreed for making savings within the LEIPS contract: - Ensure patient safety and protect those with the highest need; - Retain services which deliver the greatest public health impact; - Consultation with service users; - Focus on back office and fixed costs first, then reconfiguration or redesign, and lastly service and staff cuts. These services will be reviewed and re-designed, with the above principles at it's core. The services will be re-designed, with focus on streamlining existing services, improving pathways and integration of services across pathways and focus on improving workforce efficiency. **Proposals** The current service re-design proposals which have been arrived at through a series of discussions and negotiations with GSTT and consultation Stakeholders, including service users. The current service re-design and re-commissioning proposals are set out as the following (at the time of writing): **Self Care Programmes** There will be a review and rationalisation of all current Self Care programmes; streamlining and incorporating elements of the current programmes into a smaller number of programmes, with flexibility to be adapted to best reflect local needs. We will review the programmes in terms of the health and social care pathway, to ensure these are efficient and fit for purpose. It is proposed that there will be a behavioural management aspect to these programmes added which will also now include an alcohol intervention behavioural management aspect.

	Health Trainer Service The proposals are to reduce and streamline this service offer, ensuring the optimal use of resources. Currently it is not considered that the service is at it's most efficient, sufficiently evidence based or presents value for money in terms of it's design or delivery. Therefore we want to work with the provider to re-focus this service according to best practice, whilst delivering efficiency savings through making it more efficient and likely reductions to overall capacity. In doing this we hope to produce improved service outcomes for those accessing the service and a more efficient coverage and use of resources available.

2.0 Analysing your equalities evidence

2.1 Evidence

Any proposed business activity, new policy or strategy, service change, or procurement must be informed by carrying out an assessment of the likely impact that it may have. In this section please include both data and analysis which shows that you understand how this decision is likely to affect residents that fall under the protected characteristics enshrined in law and the local characteristics which we consider to be important in Lambeth (language, health and socio-economic factors).

IF YOUR PROPOSAL ALSO IMPACTS ON LAMBETH COUNCIL STAFF YOU NEED TO COMPLETE A STAFFING EIA.

Protected characteristics and local equality characteristics	Impact analysis For each characteristic please indicate the type of impact (i.e. positive, negative, positive and negative, none, or unknown), and: *Please explain how you justify your claims around impacts.* *Please include any data and evidence that you have collected including from surveys, performance data or complaints to support your proposed changes.*

	Please indicate sources of data and the date it relates to/was produced (e.g. 'Residents Survey, wave 10, April 12' or 'Lambeth Business Survey 2012' etc)
Race	**Negative** **EPP** Data taken during 15/16 for the EPP service showed that the largest racial ethnic group accessing this service was 'Black or Black British – Caribbean' (19%), followed by 'White British' (18%) and then 'Black or Black British – African (11%). **Health Trainer Service** Data taken from the Health Trainer Service during 15/16 shows that out of a total of 521 service users, those largest ethnic groups accessing the service consisted of 18% of Black – Black British – African ethnicity, followed by 16% Black or Black British Caribbean and 16% White British. From the above service usage data and local data that we have around local health needs, the services look to be broadly accessed in line with need. We want to continue to ensure that both services are effectively targeting those most in need and so will work with the provider to re-design and ensure that it is developed in order to do this. As there will be an overall reduction in service capacity, it is thought that this will result in negative impacts upon this equalities group. We will look to mitigate this risk through developing services which target those who are most most in need, working with the CCG to create joined up services across the patient pathway to ensure: • Early identification and intervention for those most in need • Additional wrap around services services for those with those with the most complex health needs We will also look to reinvest resources in the development of a Health Champion pilot service which will look to work with key at risk populations in the local community and provide advice and guidance and signposting onto relevant health and social care related services in order to improve someone's overall health and wellbeing.

<table>
<tr><td>Gender</td><td>Negative
Data taken from 2015/16 for the EPP shows that 130 (73%) females and 48 males (27%) accessed the service during this period.

Data from the Health Trainer Service (15/16) shows that more females than males also access this service; 78% females and 22% males.

We know locally that men have the largest absolute numbers and relative percent of uncontrolled risk factors (e.g. smoking, obesity). The relative percent then increases in men with three or more factors (Lambet DataNet 2013/14). This data along with data on service usage indicates that the current service is not effectively targeting those most at risk in terms of gender, which can be seen as supporting this proposal to ensure services are more effectively targeted at those most at risk.

There may be a potential negative impact with the reduction in overall capacity of the service however these will be mitigated through re-designing this service so that it is better focussed and targeted at those most in need.

We will work with the CCG to create joined up services across the patient pathway to ensure:
Early identification and intervention for those most in need
Additional wrap around services services for those with those with the most complex health needs
We will also look to reinvest resources in the development of a Health Champion pilot service which will seek to work with key at risk populations in the local community and provide support and signposting onto relevant health and social care related services in order to improve someone’s overall health and wellbeing.</td></tr>
<tr><td>Gender re-assignment</td><td>None</td></tr>
</table>

	There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.
Disability	**Negative** Using Long Term Conditions (LTCs) as a proxy indicator for disability (there is no data available currently collected for either the SCPs or the Health Trainer Service), data on the prevalence of LTCs locally shows us that in Lambeth we have increasing numbers of older people and adults living with LTCs and high numbers of avoidable admissions for people with certain LTCs particularly: Diabetes, Cardio Vascular Disease (CVD), asthma, and epilepsy (taken from NHS Lambeth CCG Healthier Together Strategy). Disease prevalence models suggest that there are high numbers of undetected cases of diabetes, hypertension and heart disease in the Lambeth population. There may be a negative impact on these groups with the reduction in overall capacity of the services however these will be mitigated through re-designing this service so that it is better focussed and targeted at our most in need populations, including those with disabilities and LTCs. We will work with the CCG to create joined up services across the patient pathway to ensure: • Early identification and intervention for those most in need • Additional wrap around services services for those with those with the most complex health needs We will look to reinvest resources in the development of a Health Champion pilot service which will look to work with key at risk populations in the local community and provide support and signposting onto relevant health and social care related services in order to improve someone's overall health and wellbeing.
Age	**Negative** **EPP**

	Data taken from 15/16 for the EPP service shows that there were a total of 56 (31%) people aged between 50 – 59 accessing the service during this time, followed by 54 (30%) aged 60 or over and then 49 (28%) people aged between 40 – 49. **Health Trainer Service** Data taken from 15/16 for the Health Trainer Service shows that 29% attended aged between 50-59, followed by 25% aged 40-49 and 18% aged 60 and over. This indicates a broadly similar age range of people accessing these services. We know that those aged between 45-64 have the highest proportion of people with 2 or more uncontrolled risk factors (e.g. smoking, high BMI) and more likely to have a multi morbidity, therefore we can identify this cohort of people as being more in need of accessing these services. Data also shows us that multi-morbidity increases with age. Absolute numbers are largest in the 45-64 range but the relative proportions are largest in the over 65 age groups (Lambeth DataNet Long Term Conditions Analysis, 2013/14) There may therefore be a negative impact on the above groups within this age bracket with the reduction in overall capacity of the services however these will be mitigated through re-designing this service so that it is better focussed and targeted at our most in need populations. We will work with the CCG to create joined up services across the patient pathway to ensure: • Early identification and intervention for those most in need • Additional wrap around services services for those with those with the most complex health needs We will look to reinvest resources in the development of a Health Champion pilot service which will look to work with key at risk populations in the local community and

	provide support and signposting onto relevant health and social care related services in order to improve someones overall health and wellbeing.
Sexual orientation	**None** There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.
Religion and belief	**None** There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.
Pregnancy and maternity	**None** There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.
Marriage and civil partnership	**None** There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.
Socio-economic factors	**Negative** Whilst we do not have the data available from either the Self Care Programme or the Health Trainer Service in terms of the soco-economic background of service users who access the service, we do have local health needs data which shows that the largest

	absolute numbers of people with 2 or more uncontrolled selected risk factors are in the South West locality and there does not seem to be any difference in the relative distribution of people with 2 or more risks between the Lambeth localities (Lambeth DataNet Long Term Conditions 2013/14). There may be a negative impact on people from more socioeconomically deprived areas with the reduction in overall capacity of the services however these will be mitigated through re-designing this service so that it is better focussed and targeted at our most in need populations. We will work with the CCG to create joined up services across the patient pathway to ensure: • Early identification and intervention for those most in need • Additional wrap around services services for those with those with the most complex health needs We will look to reinvest resources in the development of a Health Champion pilot service which will look to work with key at risk populations in the local community and provide support and signposting onto relevant health and social care related services in order to improve someone's overall health and wellbeing.
Language	**None** There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.
Health	**Negative** Local data shows us that the largest preventable burden of ill health includes diabetes, COPD, CKD and lung cancer (Lambeth CCG Healthier Together Strategy 2014/15 – 2018/19) and that there are risk factors which contribute to increasing the chance of developing one or more of these conditions, which includes obesity or being overweight.

	Whilst the service will likely offer a reduced service capacity overall, we will work with the provider to re-model it, ensuring that the resources are targeted effectively at our most in need populations, thereby seeking to reduce any potential negative impact. We will work with the CCG to create joined up services across the patient pathway to ensure: • Early identification and intervention for those most in need • Additional wrap around services services for those with those with the most complex health needs We will look to reinvest resources in the development of a Health Champion pilot service which will look to work with key at risk populations in the local community and provide support and signposting onto relevant health and social care related services in order to improve someone's overall health and wellbeing.
2.2 Gaps in evidence base *What gaps in information have you identified from your analysis? In your response please identify areas where more information is required and how you intend to fill in the gaps. If you are unable to fill in the gaps please state this clearly with justification.*	As set out above, there are gaps in the data which is currently reported on by the service. The service does not currently provide sufficient data to enable us effectively assess outcomes for all equalities groups, including sexual orientation, socioeconomic factors, gender re-assignment, language, religion or pregnancy / maternity. Monitoring arrangements will be put in place with the provider that includes a minimum data set will be put in place, which covers equalities groups as far as possible.
3.0 Consultation, Involvement and Coproduction	
3.1 Coproduction, involvement and consultation *Who are your key stakeholders and how have you consulted, coproduced or involved them? What difference did this make?*	Key Stakeholders for consultation include the following: • Service users • Healthwatch • Patient Participation Group • Local Care Networks • Providers

	• GF Federations • Local Pharmacy Committee • Lambeth Clinical Commissioning Group • Commissioning colleagues from within LBL Council To date one co-production workshop was held with Stakeholders (Stakeholders from across the above were invited) on the 4th Feb 2016. The aim of this initial workshop event was to inform and update our Stakeholders on the financial position of the Council and current commissioning thinking in terms of a more focussed service offer and to discuss across the group and agree what Staying Healthy's service priorities and outcomes should be. A series of follow up workshops is planned throughout Summer 2016 in order to inform future commissioning intentions and plans for 2017/18 onwards. During April – end May 16, Public Health (including Staying Healthy) undertook a series of the following where Stakeholders, including members of the general public were consulted upon: • Event hosted by Healthwatch • Attending Local Care Network meetings • Public drop in sessions at Olive Morris House • Online public health survey/ questionnaire • Workshop with service users for the Health Trainer Service and Self Care Programmes Feedback from the LEIPS consultation survey showed 31% of respondents strongly opposing, 13% tending to oppose, 16% strongly supporting and 20% tending to support the proposals to Seld Care Programmes. Comments made during the dedicated consultation workshop with service users showed that people valued these programmes and that by accessing these programmes, it prevented them from deteriorating or worsening with their condition.

	Feedback captured from the LEIPS consultation survey around the proposals to the Health Trainer Service showed that there was also opposition to the proposals, with 41% of respondents from the questionnaire strongly opposing, 10% tending to oppose, 21% strongly supporting and 12% tending to support. Comments captured from the dedicated consultation workshop with service users also found that people valued the service provided and did not want this to stop being funded /provided. In light of the consultation feedback received, we plan to mitigate against any negative impacts through ensuring that the services are focussed and targeted at those who are most in need (as set out in the Introduction section of this document) and will ensure that the services are in line with best practice and are evidence based. We will invest in the development of a Health Champion pilot service, which will see members of the local community recruited and trained to provide an element of 1:1 support and signposting onto other activites/ services which are available in the Borough or onto the relevant health and social care related agencies, with the aim of improving someone's overall health and wellbeing.
3.2 Gaps in coproduction, consultation and involvement *What gaps in consultation and involvement and coproduction have you identified (set out any gaps as they relate to specific equality groups)? Please describe where more consultation, involvement and/or coproduction is required and set out how you intend to undertake it. If you do not intend to undertake it, please set out your justification.*	The current proposals will be enacted by October 2016 and in line with contract notice requirements. In spite of the relatively tight timelines available for undertaking consultation with Stakeholders, it is considered that a comprehensive and robust consultation was achieved satisfactorily. We undertook a mixture of drop in sessions in the in the community in order to get a representative sample of the general public's views on these proposals and also held specific workshops where a sample of LEIPS service users (including a dedicated workshop for Health Trainers and SCPs) were invited to attend. We also spoke with our stakeholders in the CCG and Primary Care (GPs and Pharmacists). The online survey was used in order to get people's views where they could not attend a workshop. In addition, there will be continued and ongoing consultation and co-production undertaken with Stakeholders throughout Summer 2016, which will direct and inform our further commissioning plans for 2017/18 onwards.

4.0 Conclusions, justification and action	
4.1 Conclusions and justification *What are the main conclusions of this EIA? What, if any, disproportionate negative or positive equality impacts did you identify at 2.1? On what grounds do you justify them and how will they be mitigated?*	It's concluded that the impacts associated with the changes may impact negatively upon certain equalities groups; race, gender, age, socioeconomic factors, health and disability. Whilst there are groups identified where there may be a negative impact, these will be mitigated against through a re-designing the SCP and Health Trainer Service offer so that it is better focussed and targeted at our most in need and at risk groups locally. Also through the investment in a Health Champion pilot service in the Borough, which will allow for locally recruited and trained members of the public to provide individual support and signposting onto relevant health and social care related services in order to improve someones overall health and wellbeing. We will also be mindful of any negative impact as a consequence of the service re-design through ongoing performance data review and evaluation during quarterly monitoring meetings; reviewing how we are targeting this offer at those most at risk, and where they may be further developed to meet ongoing needs.
4.2 Equality Action plan *Please list the equality issue/s identified through the evidence and the mitigating action to be taken. Please also detail the date when the action will be taken and the name and job title of the responsible officer.*	
Equality Issue	**Mitigating actions**
Worsening of health inequalities	There will be detailed and ongoing review of the Self Care Programme and Health Trainer Service locally, assessing demand, gaps in provision and outcomes to ensure they are effectively targeted at those most in need locally and outcomes are achieved for these populations.
Gaps in service provision	We will invest resources in the development of a Health Champion pilot service in the Borough which will work with key at risk populations in the local community and provide support and signposting onto relevant health and social care related services in order to improve someones overall health and wellbeing. This will accompany the re-designed service offer around the SCP and Health Trainer Service.
5.0 Publishing your results	

The results of your EIA must be published. Once the business activity has been implemented the EIA must be periodically reviewed to ensure your decision/change had the anticipated impact and the actions set out at 4.2 are still appropriate.	
EIA publishing date	
EIA review date	
Assessment sign off (name/job title):	

All completed and signed-off EIAs must be submitted to equalities@lambeth.gov.uk for publication on Lambeth's website. Where possible, please anonymise your EIAs prior to submission (i.e. please remove any references to an officers' name, email and phone number).