Equality Impact Assessment	Please enter responses below in the right hand columns
Date	21June 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 relating to the re-design of Weight Management and Physical Activity Progammes
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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 Weight Management and Physical Activity services in Lambeth. In summary the proposals for weight management and physical activity are to streamline the three existing programmes. We propose to review and re-design the programmes to ensure they are properly targeted at those most in need or at risk locally and are designed to produce the greatest public health impact. There will be a more targeted and focussed service for our most in need populations, which will aim to offer a structured physical activity and education based service along with a reduced service offer to accompany it for those who it is appropriate for or who don't require the former, more structured intervention (e.g. walks or signposting onto relevant advice and guidance/ online support) These proposals are also viewed as an opportunity in which to improve both the service outputs and outcomes data, which will contribute to a more effective and improved health intelligence source. In conclusion this EIA indicates that there may be negative impacts upon certain equalities groups as a result of implementing these proposals – Race, Gender, Age, Disability, Socioeconomic Factors and Health. However we have proposed certain mitigation actions in light of this; namely through ensuring the service is targeted at those groups identified with the highest needs and through the investment in a new local offer of a Health Champion pilot service. The re-design of the services will also be an opportunity to improve the the data recording and ensure the services are outcomes focussed.

	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). Evidence suggests that lifestyle factors are strongly associated with developing preventable illnesses and diseases such as obesity, CVD, diabetes and cancers, of which obesity and lack of exercise is prominent. Weight management and physical activity services are aimed at those who are overweight or obese and who as a result are at risk of developing obesity related illnesses such as CVD, diabetes, COPD, hypertension and Kidney disease. Weight management services achieve this with the focus on the service being to reduce someone's weight and Body Mass Index (BMI) and the focus of Physical Activity services is to improve someone's physical and cardiac fitness. Currently in Lambeth there are three separate weight management and physical activity programmes/ services; Healthy Heart Healthy Weight (HHHW), Exercise on Referral (EOR) and EOR for Common Mental Illness (EOR CMI)

	These are set out below in terms of a description for what each service delivers: **HHHW** – This is a service delivered by Guys and St Thomas (GSTT) and features as part of the overall Lambeth Early Intervention and Prevention Service (LEIPS) It is a 12 week structured weight management programme which has an education element where service users are educated on the importance of diet and nutrition along with weekly exercise classes which are in groups. **Generic EOR** – This is a twelve week Physical Activity programme to provide training to support patients to rehabilitate and improve their health and mental wellbeing through exercise. It is currently delivered by the Healthy Lifestyles team, which GSTT sub contracts. **EOR CMI** – This is as per the above however it is aimed at people who also have Common Mental Illness and who are not meeting the recommended physical exercise levels. The reduction in the Public Health grant, which is used to pay for these 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. We continue to work closely with the Public Health Specialist Team, Lead Clinicians and the General Manager and Head of Health, Inclusion and Preventative Services at GSTT to identify how potential savings can be leveraged whilst maintaining access especially for the most in need populations. The following principles have been agreed for making savings within LEIPS overall: - Ensure patient safety and protect the most in 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.

	The current service re-design proposals which have been arrived at through a series of discussions and negotiations with GSTT and consultation with Stakeholders, including service users. **Service Proposals** The current service re-design and re-commissioning proposals are set out as the following (at the time of writing): To streamline existing services and re-design the services to deliver a structured and evidence based service, focussed at those priority groups where we know health inequalities and higher rates of morbidity and multi morbidity lie. The service will as a requirement provide: - A structured and evidence based physical activity intervention; consisting of group based physical activity sessions, with the offer of 1:1, personalised support where this is required / someone is in need of this additional support - Classroom based education sessions focussed around diet and nutrition There will be a structured programme as per the above which will be targeted towards those in greatest need; for instance we know that locally people from Black and Asian ethnic groups and people who live in more socioeconomically deprived areas have relatively higher proportions of multi morbidities. This will also include people in the age brackets of 45-64, as data shows us that these groups have the highest number of 2 or more modifiable risk factors (e.g. higher BMI, smoking status). We also propose that there is a reduced service offer available for other people who may have less complex needs. For instance, this may include a signposting service where people can go onto access walking groups located within the Borough. We are also looking to invest in a Health Champion role which will be located in the community and consist of locally recruited and trained individuals who are able to provide health related support, which may include support to access a gym, walking group, or a range of other activities and services which are already being provided in the community.

	These proposals will also allow for the opportunity to improve the service in order to ensure it is more outcomes focussed and will contribute to a richer source of health intelligence, for instance providing data around which population groups have accessed the service and what outcomes have been achieved as a direct result.
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** Data collected on the Healthy Heart Healthy Weight programme has shown that for 15/16 (Quarters 1 – 3), the largest racial ethnic group to access the service was 'Black or

	Black British – Caribbean' (23%), followed by 'Black or Black British – African' (20%) and White British or White Other (19%). Data collected from the existing Generic EOR service shows that for the same period a total of 26% who accessed the service were from White British racial background, followed by 17% Black British or Black Caribbean and 10% Black British - African. It is considered that there may be an expected negative impact upon this equalities group in that the service will likely offer a reduced service capacity overall. However we will work with the provider to re-model it, ensuring that the resources are targeted effectively at our most in need populations. We will also mitigate this risk through developing services which target those who are 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
Gender	**Negative** Data from the HHHW service for 15/16 shows that a total of 275 females accessed the service compared with a total of 93 males. For EOR data during this time we see that a total of 81 females and 93 males accessed the service. For EOR they seem to be broadly similar access rates however for HHHW we can see that there is a 49% more women use the service than men currently. Local needs data shows that Men have the largest absolute numbers and relative percent of having 2 or more uncontrolled risk factors (e.g. smoking or BMI status). Women have a slightly higher number and percent of multiple morbidity (Lambeth DataNet 2013/14)

	Whilst the structured weight management and physical activity 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 also mitigate this risk through developing services which target those who are 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
Gender re-assignment	**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.
Disability	**Negative** Using Long Term Conditions as a proxy indicator for disability, from data provided by the Generic EOR service for 15/16 shows that the majority of service users had an existing Chronic Heart Disease (21%), followed by obesity (16%) and diabetes (11%). No comparable data is available for the HHHW programme. Disease prevalence models suggest that there are high numbers of undetected cases of diabetes, hypertension and heart disease in the Lambeth population (Lambeth CCG, Healthier Together Strategy). We know that people with disabilities are at higher risk of cardio-vascular disease and diabetes. Due to a likely overall reduction in service capacity there are negative implications anticipated.

	We will mitigate this risk through developing services ensuring that the resources are targeted effectively at our most in need populations, thereby seeking to reduce any potential negative impact. We will mitigate this risk through developing services which target those who are 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
Age	**Negative** **EOR** Data from the Generic EOR programme during 15.16 shows that 29% of service users were in the age bracket 50-59, followed by 25% aged 60-69 and 16% aged 40-49. **HHHW** Data also from 15.16 for the HHHW shows that the largest group to access the service were aged between 50-59 – a total of 103 (28%), followed by 95 people (26%) aged 40-49 and then 79 people (21%) aged 60 and over. These findings indicate that people are broadly accessing the service in line with need. Needs data shows that in Lambeth 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). Whilst the service will likely offer a reduced service capacity, 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 mitigate this risk through developing services which target those who are 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
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** There is no socioeconomic data available at the service level currently. Local data shows us that people living in more socioeconomically deprived areas are more likely to have multi morbidities.

	As there will be a reduction in overall service capacity, it is anticipated to have a negative impact upon this equalities group. 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 mitigate this risk through developing services which target those who are 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 for those with those with the most complex health needs
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** Data provided by the Generic EOR service for 15/16 shows that in terms of health needs, the majority of service users had an existing CHD (21%), followed by obesity (16%) and diabetes (11%). No comparable data is available for the HHHW programme. 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 structured 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 mitigate this risk through developing services which target those who are 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 for those with those with the most complex health needs
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 numerous gaps in data/ evidence base locally: • Language • Health and Disability– for the HHHW programme • Sexual orientation • Socioeconomic factors • Marriage and civil partnership • Pregnancy and maternity • Religion and belief Monitoring arrangements will be put in place with the provider that includes a minimum data set to collect equality related data.
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 • Providers • GF Federations • Local Pharmacy Committee • CCG

	• 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 subsequent service outcomes should be. A series of follow up workshops with all Stakeholders is planned for Summer 2016 in order to direct and inform Staying Healthy commissioning intentions and plans for 2017/18 onwards. Since then, as part of a formal consultation period, Staying Healthy Public Health has delivered a series and mixture of the following consultation events where Stakeholders, including members of the general public will be consulted upon/ asked their opinion: • Event hosted by Healthwatch • Attending Local Care Network meetings • Public drop in sessions • Online general public health and LEIPS specific questionnaire • Dedicated workshop with service users from Weight Management and Physical Activity Services Feedback from the general public has been on the whole in support of these proposals, with 28% of the online public health questionnaire being in strong support, 22% tending to support and 18% strongly opposing the proposals. Feedback from service users themselves has been less positive, with 38% strongly opposing, 21% in strong support, 16% tending to support and 8% tending to oppose. Comments received during the service user consultation workshop were around the value of the service to people and the positive impacts it has had on service users' health, for instance in reducing blood pressure, being able to move off of taking certain medications and being generally more aware of healthy lifestyles around diet, nutrition and exercise.

	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 consultation workshop for weight management and physical activity service users) 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*	It is considered that the impacts associated with the changes will have some negative impacts upon certain equalities groups. As set out above, Race, Gender, Socioeconomic Factors, Age, Disability and Health.

you identify at 2.1? On what grounds do you justify them and how will they be mitigated?	In light of feedback received from service users during consultation we have modified the initial proposals by adding back some investment into the overall financial envelope available for these services, to ensure there is sufficient capacity and support for those most in need. This measure is in place whilst we undertake the redesign and transition work to deliver more fundamental whole system redesign for 17/18. The service offer proposed will see a more targeted and focussed service in place for our most in need populations. It will aim to offer a structured and evidence based service for those most in need along with a reduced service offer to accompany it for those where there is not the need for a structured intervention or any additional support. This may include signposting onto relevant advice and guidance/ online support or other activities already available within the Borough such as walking groups. We will also reinvest in a Health Champion service offer which will see the development of health champion service pilot in the local community who will work with at risk populations to provide them with support, advice and signposting onto relevant services or advice/ guidance resources as needed. We will work closely with Lambeth 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 the most complex health needs However, we do need to be mindful of any unintended consequences by streamlining services which will reduce the service capacity. This will be monitored on an ongoing basis through regular reviewing and analysis of service activity, performance and outcomes data, as set out in the below Equality Action Plan.
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	Regular ongoing monitoring of the service in terms of quality, performance and outcomes will take place to ensure that intended outcomes are being achieved and the service is aligned to best practice guidance.
Gaps in service provision	Reinvesting in a Health Champion role in the community to provide support and signposting with the aim of improving people's health and wellbeing.
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).