

Equality Impact Analysis – the EIA form

Title of the paper or Scheme: Wiltshire Obesity Strategy

For the record	
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Name of director signing EIA Ted Wilson	Date signed 05/11/2015

What is the proposal? What outcomes/benefits are you hoping to achieve?

This draft obesity strategy has been developed jointly by Wiltshire Council and the NHS Wiltshire Clinical Commissioning Group (CCG).

The strategic vision is that by 2020 Wiltshire will be a place where all individuals, families and communities are informed, enabled, motivated and empowered to achieve or maintain a healthy weight. This will be achieved through collaborative working to provide information, advice, services and behaviour change support and influence the quality of the environment in which people live and where necessary provide the most appropriate treatments.

Action will be targeted at key points in the life-course, to deliver improvements in services including equity of access. Specific effort will be made to ensure universal actions are designed with and for the most disadvantaged groups, with targeted support for those who need it. This will enable groups with the highest need to benefit most from the implementation of the strategy.

The strategy reflects the fact that no single solution will halt the rise in obesity. To this end, action is needed to ensure a whole system and sustainable approach, which focuses on reducing health inequalities and improving mental health and wellbeing, engaging effectively with communities and the workforce and using data and intelligence well.

One of the five strategic targets set specifically addresses the obesity related health inequalities linked to social disadvantage; these five targets will be measures of our success.

Who's it for?

All residents of Wiltshire

How will this proposal meet the equality duties?

Wiltshire Clinical commissioning group and Wiltshire Council has a duty to promote equality of opportunity, promote good relations, promote positive attitudes and eliminate unlawful discrimination. An Equality Impact screening has been undertaken for this draft Obesity Strategy version 2. An Equality Impact Assessment is planned for the final document following public consultation. The Priorities and high level actions contained in the strategy will provide the overall strategic direction for the development of an implementation plan

The strategy aims to ensure services will be delivered with due regard to Equalities legislation and that people wishing to maintain a healthy body weight or with an unhealthy body weight will have equitable access to services according to need.

The strategic objectives and priorities have most relevance to the WCCG and Wiltshire Council's equality duties to promote equality of opportunity, and eliminate unlawful discrimination. A negative impact on any of the protected groups as defined by the Equality Act 2010 is unlikely and the Strategy is intended to have a positive impact.

What are the barriers to meeting this potential?

None

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

National and local, primary, secondary and community data along with the Wiltshire joint strategic assessment demonstrate who will be affected. All of the protected groups as defined by the Equality Act 2010 could be impacted by the obesity strategy. The protected characteristics that are most likely to be affected are: Age, Disability, Race, Sex and Other, including Military status, rurality, low skilled workers, low income and long term unemployed, those with long-term health conditions.

There is an acknowledgement in the Strategy of a need to use data and intelligence well to improve our understanding of access to obesity services by people from different groups. Some specific actions in the strategy will further this understanding :

- Continue to use data from the Joint Strategic Assessment and the National Child Measurement Programme to identify local need and appropriately target and deliver services.
- Monitor and evaluate the effectiveness of current healthy lifestyle initiatives and weight management programmes for children and adults and develop strategies for improving programme uptake, adherence and outcomes

We will look at improving data to use to examine differences in obesity prevalence and differences by protected characteristic group and by geography. National data shows that there is higher prevalence in certain groups such as Asian, learning disabilities and low socioeconomic groups who generally have poorer health outcomes. These pieces of work will help us to understand differences in the kind of services/locations people might access and how to deliver prevention messages suitable for particular groups.

The Equality Act 2010 places a duty on the Council and CCG to promote Equality of Opportunity, Good Relations and Eliminate Unlawful Discrimination. The Joint obesity strategy and the implementation plan which is being developed to sit beneath it will be fundamentally designed to promote equality of access to all groups. Therefore, it may be possible that the outcomes of the Strategy will affect sections of the community in different ways by specifically targeting particular groups of individuals to overcome disadvantage and inequality.

How can you involve your customers in developing the proposal?

A multidisciplinary obesity consultation event in July 2015, identified and informed the strategy the and how it will be taken forward.

A period of Public consultation and engagement is planned following approval of this draft strategy and further involvement and engagement from stakeholders will take place as individual service developments and service reviews progress.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

Additional insight could be gained from obtaining and analysing equalities related data to ensure that the services we are providing are indeed accessible to all. Without this data and understanding, there is a risk that services are not being accessed by certain minority or geographical groups. Work on data sharing and generation will be included as an action in the implementation plan.

3 Impact

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

Adverse impact

Age

The strategy holds no adverse impact for different age groups, all ages are targeted through the life course approach.

Disability

The strategy holds no adverse impact for people with a disability. However it is acknowledged that in development of services, care needs to be taken to ensure equity of access for people with disabilities.

Ethnicity

The strategy holds no adverse impact for people from different ethnic groups. However, effort will be made to reach different ethnic groups by targeted public health messages regarding wellbeing and offering translation for any of the information/newsletters.

Gender reassignment

The strategy holds no adverse impact for people who have had, or are undergoing, gender reassignment.

Religion or belief

The strategy holds no adverse impact for people of different religions or beliefs.

Sex

The strategy holds no adverse impact for individuals who are female or male.

Marriage and civil partnership

The strategy holds no adverse impact for individuals who are married or in a civil partnership.

Pregnancy and Maternity

The strategy holds no adverse impact for individuals who are pregnant or taking maternity leave.

Sexual Orientation

The strategy holds no adverse impact for people of different sexual orientations.

Socio-economic groups

The strategy holds no adverse impact for people from different socio-economic groups.

Action will be targeted at key points in the life-course, to deliver improvements in services including equity of access. Specific effort will be made to ensure universal actions are designed with and for the most disadvantaged groups, with targeted support for those who need it. This will enable groups with the highest need to benefit most from the implementation of the strategy. The delivery of the strategy centres around partnership involvement. If within the partnership arena, considerations are made to procure a contracted service, this will be subject to the relevant equalities and procurement guidelines and relevant strategy.

What can be done to change this impact?

No further action is required

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

The proposal will benefit all Wiltshire residents.

Does further consultation need to be done? How will assumptions made in this Analysis be

tested?

On-going engagement with clinicians and service users will take place including a period of Public consultation and engagement planned following approval of this draft strategy. Further involvement and engagement from stakeholders will take place as individual service developments and service reviews progress.

Assumptions made in this analysis will be tested through effective monitoring and evaluation of interventions implemented including service user and patient feedback.

4 So what?

Link to business planning process

What changes have you made in the course of this EIA?

None ,

What will you do now and what will be included in future planning?

When will this be reviewed?

The Equality Impact Assessment document is a working document which will be updated at various stages of the implementation phase of the strategy. Each version will be version controlled to demonstrate the development in the process and evidence the due regard to the Public Sector Equality Duty.

The implementation of any recommendations as a result of this Impact Assessment will be monitored by the multi-agency steering group who will remain vigilant and alert to new evidence suggesting that discrimination or other prohibited conduct is, or could be, occurring and take appropriate action to prevent this from happening.

How will success be measured?

We will measure our progress against prevalence data and indicators in the national Public Health, Adult Social Care and NHS Outcomes Frameworks.

We have set the following Wiltshire ambition that specifically addresses the obesity related health inequalities linked to social disadvantage:

- To reduce the variation in excess weight in children between the least and most deprived areas by 2% by 2020 (measure: PHOF 2.06i-ii excess weight in 4-5 and 10-11 year olds).

We will also use local outcome measures including indicators on service delivery and access. We will ensure that all interventions have measurable outcomes, with standardised effective monitoring and evaluation built in including service user and patient feedback to increase the local evidence base.