

<b>Name of proposal/policy</b>	Adult Healthy Weight Public Engagement	<b>Budget number (if applicable)</b>	
<b>Service area responsible</b>	Public health and wellbeing	<b>Cabinet meeting date</b>	11 <sup>th</sup> February 2020
<b>Name of completing officer</b>	Deborah Mbofana	<b>Date EqIA created</b>	15 <sup>th</sup> August 2019 Updated 3 <sup>rd</sup> January 2020
<b>Approved by Director / Assistant Director</b>	Lucy Wightman	<b>Date of approval</b>	26 <sup>th</sup> September 2019 Update approved 31.1.20
<b>Signed off by NCC Equalities Lead</b>	Emma Gadsby	<b>Date of sign off</b>	26 <sup>th</sup> September 2019 Update signed off 31.1.20

For sign off by the NCC Equalities Lead, email [egadsby@northamptonshire.gov.uk](mailto:egadsby@northamptonshire.gov.uk) or [equalities@northamptonshire.gov.uk](mailto:equalities@northamptonshire.gov.uk)

The Equality Act 2010 places a 'General Duty' on all public bodies to have 'Due regard' to:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

We do this by undertaking equality impact assessments (EqIAs) to help us understand the implications of policies and decisions on people with protected characteristics – EqIAs are our way of evidencing this.

All assessments must be published on the NCC equalities web pages. All Cabinet papers where an EqIA is relevant **MUST** include a link to the web page where this assessment will be published. To have your EqIA published, please contact [equalities@northamptonshire.gov.uk](mailto:equalities@northamptonshire.gov.uk)

## PART A – REMOVE ALL GUIDANCE IN ITALICS ONCE COMPLETED

### 1) Description of current provision/policy and main beneficiaries/stakeholders

Public health currently commission, through a dynamic purchasing system (DPS), a Tier 2 weight management service for residents aged 18+ with a BMI of 28 and above. Residents can self-refer into the service or be referred by GPs and other healthcare professionals as well as other key workers.

The current providers in the DPS are: Slimming World; Weight Watchers; Northampton Town Football Club; Northampton Leisure Trust; Wellness Weight Management and Lifestyle.

### 2) Description of proposal under consideration/development

Obesity levels in the adult population is a key priority for the county with 67.9% of residents aged 18+ being overweight and obese. We cannot tackle obesity in Northamptonshire by focusing on weight management services alone – we need to think more widely about influencing the physical and social environment and focus on obesity prevention as well as treatment – however, providing weight loss support services are an important and evidence-based part of the picture.

The current contractual arrangement for adult tier 2 weight management services comes to an end in October 2020. The offer will be continued with a new specification. Public Health want to ensure that the future provision takes into account current local and national evidenced based developments to further strengthen the provision and increase capacity to ensure all adults who wish to lose weight are able to access appropriate support. The resident views in the engagement plan will provide key, specific insight into what support adults are looking for and what motivates them to self-refer. All this will help reshape the service provision and reach more people.

The current service provision delivers good results in terms of nationally recommended targets for completion of programme and weight loss achievements but needs to have a greater reach and variety of offer. While the model of provision is based on best practice there is a need to:

- reach more residents and target the identified groups;
- ensure the offer meets the needs of the priority groups identified;
- require providers to be more proactive in promoting their service;
- better understand what motivates people to self-refer and build on that insight.

The insight from the public engagement, alongside the obesity insight pack JSNA and best practice evidence, will ensure that the new service reflects the needs of the population as well as making sure the service is more accessible to residents, contributes to reducing health inequalities and provides good value for money.

**3) Data used in this Equality Impact Assessment (general population data where appropriate but each EqlA should contain information on people who use the service under consideration – if this is not applicable to your proposal then you probably do not need to do an EqlA)**

<b>Data Source (include link where published) – quantitative or qualitative</b>	<b>What does this data tell us?</b>
<ol style="list-style-type: none"> <li>1. NCC Public Health Obesity insight pack May 2019 and JSNA PHOF outcomes Northamptonshire</li> <li>2. Public Health report of the current commissioned services (Jan 2017 – September 2018) March 2019</li> <li>3. Service performance data reports</li> </ol>	<p>In Northamptonshire 67.9% of the population aged 18+ are either overweight or obese (1). That is around 2 in every 3 adults in the county fall into this category. This equates to 309,425 adults aged 16-64 and 89,240 adults aged 65+ (1).</p> <p>Data from current providers of adult weight management (tier 2) services show that 2,351 referrals were made into the weight management service between April 2018 to March 2019 (3).</p> <p>In the annual report from January 2017 - September 2018 (2) Slimming World and Weight Watchers had 3,244 referrals – 0.8% of the overweight or obese adult population. Slimming World and Weight Watchers are the most popular providers, with 90% of service users choosing these services. Over this period in 2017-2018 the majority (53%) of referrals to weight management programmes were made by Wellbeing Advisors (part of the previous “First for Wellbeing” service), followed by 38% which were self-referrals.</p> <p>The vast majority of service users in 2017-18 were women (81%) but significantly more men were accessing the service than had done previously. While more women attend the tier 2 services, there is no significant difference in achievement of weight loss outcome by gender.</p> <p>Just under half of all service users were aged 40 to 59 which reflects age groups with greatest numbers of overweight adults in the population. Ethnicity data was only recorded for half of service users, though for those whose ethnicity was recorded, ethnic diversity reflected the 2011 census for Northamptonshire. Participants from the more deprived areas of the county do make up a greater proportion of attendees, as would be expected according to the higher prevalence of obesity in these communities.</p> <p>NICE Guidance recommends that commissioned weight management programmes should aim for 60% of service users to “complete” the programme (defined as having a &gt;75% attendance rate)<sup>1</sup> and for over 30% of service users to have achieved a 5% weight loss or more.</p>

<sup>1</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/771536/KPI\\_CandF\\_Weight\\_management\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/771536/KPI_CandF_Weight_management_services.pdf)

In 2017-18 analysis indicates that around 64% of those referred to weight management programmes in Northamptonshire had completed the course (attended 80% or more sessions) and over 38% achieved a 5% weight loss or greater at the end of 12 weeks.

There is clearly a need for the service to reach more residents and a need to ensure we are reducing health inequalities by reaching out to groups who are more vulnerable to ill health due to obesity and that are currently underrepresented in weight management programmes:

- Adults in **middle age**, but particularly middle aged **men** aged between 45 and 55 years;
- People who live in communities classified as among the 20% **most deprived** (relative to England);
- Younger women who are overweight and **planning a family or planning to expand their family**;
- People from **BME groups** who are more susceptible to obesity related conditions;
- Adults with **learning disabilities**.

4) Please give details about planned consultation or engagement with communities and other stakeholders that are likely to be affected by the policy/decision/service change. Contact the Consultation, Equalities & Accessibility Team ([ceat@northamptonshire.gov.uk](mailto:ceat@northamptonshire.gov.uk)) for advice or complete the online form with details of your consultation/engagement activity.

If you are not carrying out any consultation or engagement activity, please provide reasons why you think this is not necessary.

Public Health are developing an online general public survey and a series of targeted focus groups with CEAT. The events will enable public health to understand potential service users' views and opinions of what support they would use and value when wanting to lose weight.

The timescale of the plan is:

- Development of engagement plan, tools, timetable of activities, and confirming locations and groups 27th September 2019;
- Engagement and data collection 15th November 2019;
- Analysis of data: 13<sup>th</sup> December 2019;
- Final Report: 20<sup>th</sup> December 2019.

5) If consultation or engagement has been carried out in the past, please provide details. If so, what were their views and how have their views influenced the work to date?

CCG led work in 2015 looking at weight management.

### Protected characteristics as set out in the Equality Act 2010

6) Based on the above information, what is the likely impact on the following groups? Please explain why you have made this assessment. If you are unsure, set out what you will do to get enough information to make an assessment.

<b>Sex</b>	Impact and explanation	<b>Positive</b> <b>Explanation:</b> Disproportionately fewer men than women currently access the service access the service
	Mitigations/actions	Conducting the engagement survey and focus groups will help us identify access issues and ensure future offers respond to this and support in reducing health inequalities.
<b>Gender Reassignment</b>	Impact	<b>Positive</b> <b>Explanation:</b> It's currently not clear whether there are issues with accessibility of services for people whose gender identity is different to that assigned at birth, this engagement exercise will help us explore and understand any access issues.
	Mitigations/actions	Conducting the engagement survey and focus groups will help us identify access issues and ensure future offers respond to this and support in reducing health inequalities.
<b>Age</b>	Impact	<b>Positive</b> <b>Explanation:</b> Older adults (Age50+) are relatively underrepresented among current weight management service users compared with distribution of obesity in the population, this exercise will help us understand why and mitigate the impact of this.
	Mitigations/actions	Conducting the engagement survey and focus groups will help us identify access issues and ensure future offers respond to this and support in reducing health inequalities.
<b>Disability</b>	Impact	<b>Positive</b> <b>Explanation:</b> we know that people with a learning disabilities are at significantly greater risk of being overweight and experiencing poor health outcomes than peers, this engagement exercise will help us explore and understand any access issues.
	Mitigations/actions	Conducting the engagement survey and focus groups will help us identify access issues and ensure future offers respond to this and support in reducing health inequalities.
<b>Race &amp; Ethnicity</b>	Impact	<b>Positive</b> <b>Explanation:</b> We know that people from BME groups are at greater risk of poor health outcomes at a lower BMI than white groups, though we have little data to indicate whether access to services is an issue for these groups.

	Mitigations/actions	Conducting the engagement survey and focus groups will help us identify access issues and ensure future offers respond to this and support in reducing health inequalities.
<b>Sexual Orientation</b>	Impact	<b>Positive</b> <b>Explanation:</b> It's currently not clear whether there are issues with accessibility of services for people in the LGBTQ community
	Mitigations/actions	Conducting the engagement survey and focus groups will help us identify access issues and ensure future offers respond to this and support in reducing health inequalities.
<b>Religion or Belief (or No Belief)</b>	Impact	<b>Positive</b> <b>Explanation:</b> It's currently not clear whether there are issues with accessibility of services for members of different religious groups.
	Mitigations/actions	Conducting the engagement survey and focus groups will help us identify access issues and ensure future offers respond to this and support in reducing health inequalities.
<b>Pregnancy &amp; Maternity</b>	Impact	<b>Neutral</b> <b>Explanation:</b> Outside of scope.
	Mitigations/actions	Supporting the healthy weight of mothers before, during, and after pregnancy is something the team is working with local maternity services and other partners to improve, however, it is <u>not</u> recommended that women follow a weight loss programme during pregnancy.

#### Cross-cutting considerations

<b>7) Based on the above information, what is the likely impact on the following groups? Please explain why you have made this assessment. If you are unsure, set out what you will do to get enough information to make an assessment.</b>		
<b>Human Rights – relevant articles and local authority context:</b> <i>Article 2 – Right to life</i> <i>Article 3 – Freedom from torture and inhuman or degrading treatment</i> <i>Article 4 – Prohibition of slavery and forced labour</i> <i>Article 5 – Right to liberty and security</i> <i>Article 6 – Right to a fair trial</i> <i>Article 8 – Right to private and family life</i> <i>Article 9 – Freedom of thought, belief and religion</i> <i>Article 10 – Freedom of expression</i>	Impact	<b>Neutral</b>
	Mitigations/actions	<b>Explanation:</b> no impact on human rights expected.

<p><b>Article 11 – Freedom of assembly and association</b></p> <p><b>Article 14 – Protection from discrimination</b></p> <p><b>Article 1 of the First Protocol: Protection of property</b></p> <p><b>Article 2 of the First Protocol: Right to education</b></p>		
<p><b>Rural isolation</b></p>	Impact	<p><b>Neutral</b></p> <p><b>Explanation:</b> Reach of the service will be across the county.</p>
	Actions	<p>Conducting the engagement survey and focus groups will help us identify access issues and ensure future offers respond to this and support in reducing health inequalities</p>
<p><b>Socio-economic exclusion</b></p>	Impact	<p><b>Positive</b></p> <p><b>Explanation:</b> Current service is more likely to see have referrals of residents living in the more deprived areas of the county than would be expected.</p>
	Actions	<p>Conducting the engagement survey and focus groups will help us identify access issues and ensure future offers respond to this and support in reducing health inequalities</p>
<p><b>Health and wellbeing considerations, for example:</b></p> <ul style="list-style-type: none"> <li>• <i>Health behaviours (healthy eating, physical activity, smoking, alcohol)</i></li> <li>• <i>Family, friends and community (social isolation, community safety, mental health, family support)</i></li> <li>• <i>Environment (housing standards, fuel poverty, air pollution, green spaces)</i></li> <li>• <i>Work and education (employment, working conditions, income)</i></li> </ul>	Impact	<p><b>Positive</b></p> <p><b>Explanation:</b> Preventative service provided by public health in order to tackle a reduction in obesity levels and reduce health inequalities.</p>
	Mitigations/actions	<p>As above</p>

<ul style="list-style-type: none"> <li>• <i>Transport (active travel, public transport, road injury risk, traffic management)</i></li> <li>• <i>Quality and access to care</i></li> </ul>		
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**PART B – if you are undertaking any further work before the decision on this policy or service change is made, please complete Part B and then make a final assessment based on this additional information**

**REMOVE ALL GUIDANCE IN ITALICS ONCE COMPLETED**

1) Consultation, follow up data and information gathered from actions identified above			What does this information tell us?															
<p><b>An online resident survey on the NCC website</b> – open to the public for seven weeks between October – December 2019. Respondents were predominantly women; aged 36-65 and are white British.</p> <p><b>Focus groups</b> held during the same period:</p> <table border="1"> <thead> <tr> <th>Target group</th> <th>Focus groups</th> <th>Number of participants</th> </tr> </thead> <tbody> <tr> <td>Middle aged / Men (40-55)</td> <td>One group (also included women and a wider age range than originally planned)</td> <td>9</td> </tr> <tr> <td>20% most deprived communities</td> <td>One group</td> <td>14</td> </tr> <tr> <td>BAME<sup>2</sup></td> <td>Two groups of Asian women only</td> <td>25</td> </tr> <tr> <td>Adults with learning disabilities</td> <td>Two groups</td> <td>26</td> </tr> </tbody> </table>			Target group	Focus groups	Number of participants	Middle aged / Men (40-55)	One group (also included women and a wider age range than originally planned)	9	20% most deprived communities	One group	14	BAME <sup>2</sup>	Two groups of Asian women only	25	Adults with learning disabilities	Two groups	26	<p>Across all the elements of the engagement activities it's clear that people are interested in their weight and the weight management offer from NCC, they value groups but there also needs to be a wider offer not just groups to suit all people who would not use a group and that is flexible and suits their lifestyle. The offer needs to include:</p> <ul style="list-style-type: none"> <li>• Information and advice;</li> <li>• Advice on Apps and online programmes;</li> <li>• Groups – that cover weight loss and physical activity</li> <li>• Information on other activities that support healthy active lifestyles.</li> </ul> <p>Any offer need to be person centred and reflect the reality of people's lives and be sensitive to different cultures and groups. The results demonstrated a call for any groups to operate from community centres and health centres followed by fitness centres / gyms and online.</p> <p>Any offer needs to have something within it for people who are looking for support on healthy active lifestyles and those who are looking for specific information or support for weight loss.</p>
Target group	Focus groups	Number of participants																
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Adults with learning disabilities	Two groups	26																

<sup>2</sup> While the goal was to recruit groups of Black and Asian minority groups the outcomes was 2 groups of Asian women. This is a key gap in all aspects of the survey and need further research and engagement.

General/other	NCC Two events	39	<p>Consideration needs to be given to the length of any group offer and the maintenance support available for people. A key challenge for all residents is keeping motivated and any programme needs to include support and advice on this element. The psychology of food and eating, image and motivation is a key component called for in the offer.</p> <p>More women reported being interested in losing weight or having tried to lose weight through the survey. Men responding to the survey did not have any significant differences or views. The one notable difference was more men attending weight loss because a medical person told them to than women, and therefore this is a key aspect for attracting men into weight loss services going forward.</p> <p>Residents with learning disabilities in the focus groups expressed more strongly than other groups having specialist groups. Asian women in the groups while discussing women only groups and welcoming them did not advocate women only groups as they may attend others depending on its time and location. The key issues for BAME clients was the need for any service to be culturally sensitive and not make assumptions.</p> <p>As expected the challenge for people with families and those working is available time and fitting in any group offer. Families also called for group offers to be family friendly. The workforce group supported a more digital, online offer that has more flexibility built in than a group meeting.</p> <p>Cost was an issues raised by all groups but again especially for residents with learning disabilities on limited incomes. Transport was reported as a key factor in considering using weight management groups.</p> <p>A full report is available of the engagement and the key findings and recommendations from Public Health.</p>
<b>Total</b>		<b>113</b>	
<p>841 responses to the survey. 113 people took part in the focus sessions.</p>			
<p>The engagement also included a phone survey with the five providers.</p>			<p>The providers key outcomes from the survey:</p> <ul style="list-style-type: none"> <li>• Confirmed success is linked to the group dynamics;</li> </ul>

<p>Based on feedback from this engagement work the plan is to increase the budget spend on this area and ensure the service meets the needs identified.</p> <p>Recommendations have been made to public health which form part of the cabinet report on future plans.</p>	<ul style="list-style-type: none"> <li>• Greater need for more and clearer awareness in the community of the free offer and how to apply;</li> <li>• Make any online offer clearer and available;</li> <li>• Constant challenge of how to sustain people after the 12 weeks for the exercise programmes;</li> <li>• Flexibility in the 12 weeks to enable weight loss to occur – how can this be managed.</li> </ul> <p>Health improvement team discussions of the findings of the report support the plans for developing a clear pathway offer from information; to Apps and online support; and for a group offer that is offered in a variety of ways to support different needs and expectations. The weight management group service offer will be specified based on the findings. A wider offer will be developed covering the aspects of information and support.</p>
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**Protected characteristics as set out in the Equality Act 2010 – see Part A for explanations and guidance**

2) Based on the above information, what is the likely impact on the following groups? Please explain why you have made this assessment. If you are still unsure, please explain what you plan to do in future to address this.		
<b>Sex</b>	Impact	<p><b>Positive Explanation:</b> A clear pathway offer is to be developed based on the findings which will capture the findings from the engagement activity.</p>
	Mitigations/actions	Further research of particularly men’s views and experiences would identify further issues.
<b>Gender Reassignment</b>	Impact	<p><b>Neutral Explanation:</b> Not enough people answered the demography to make a meaningful judgement from the responses.</p>
	Mitigations/actions	The proposals are in general to enhance the service offer and equality issues can be addressed in the new specification.
<b>Age</b>	Impact	<p><b>Positive Explanation:</b> 6% of respondents were aged 66+. No key difference came from their responses.</p>
	Mitigations/actions	The proposals are in general to enhance the service offer and equality issues can be addressed in the new specification. The planned awareness raising campaign can also be targeted to specific groups.

<b>Disability</b>	Impact	<b>Positive</b> <b>Explanation:</b> 11% of the survey reported a disability. The sample size was too small to be able to analyse across all disabilities, however the focus groups identified the need for specialist groups for people with learning disabilities.
	Mitigations/actions	The proposals are in general to enhance the service offer and equality issues can be addressed in the new specification. The plans will include specialist groups for learning disabilities.
<b>Race &amp; Ethnicity</b>	Impact	<b>Positive</b> <b>Explanation:</b> 1.5% of those respondents were Asian or Black. The sample was too small to make a clear judgement from.
	Mitigations/actions	The proposals are in general to enhance the service offer and equality issues can be addressed in the new specification. Further research would be beneficial of particularly Black African and Caribbean resident's views and experiences and identify further issues.
<b>Sexual Orientation</b>	Impact	<b>Neutral</b> <b>Explanation:</b> Not enough people answered the demography to make a meaningful judgement from the responses.
	Mitigations/actions	The proposals are in general to enhance the service offer and equality issues can be addressed in the new specification.
<b>Religion or Belief (or No Belief)</b>	Impact	<b>Positive</b> <b>Explanation:</b>
	Mitigations/actions	The proposals are in general to enhance the service offer and equality issues can be addressed in the new specification.
<b>Pregnancy &amp; Maternity</b>	Impact	<b>Positive</b> <b>Explanation:</b>
	Mitigations/actions	Supporting the healthy weight of mothers before, during, and after pregnancy is something the team is working with local maternity services and other partners to improve, however, it is <u>not</u> recommended that women follow a weight loss programme during pregnancy.

**Cross-cutting considerations – see Part A for explanations and guidance**

**3) Based on the above information, what is the likely impact on the following groups? Please explain why you have made this assessment. If you are still unsure, please explain what you plan to do in future to address this.**

<b>Human Rights (Please see articles in the toolkit for more information)</b>	Impact	<b>Positive</b> <b>Explanation:</b> no impact on human rights expected
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	Mitigations/actions	The proposals are in general to enhance the service offer and equality issues can be addressed in the new specification.
<b>Rural isolation</b>	Impact	<b>Positive</b> <b>Explanation:</b> The engagement had responses from across the county
	Mitigations/actions	The proposals are in general to enhance the service offer and equality issues can be addressed in the new specification.
<b>Socio-economic exclusion</b>	Impact	<b>Positive</b> <b>Explanation:</b> The engagement had responses across the five quintiles of deprivation.
	Mitigations/actions	The proposals are in general to enhance the service offer and equality issues can be addressed in the new specification.
<b>Health and wellbeing considerations, for example:</b> <ul style="list-style-type: none"> <li>• <i>Health behaviours (healthy eating, physical activity, smoking, alcohol)</i></li> <li>• <i>Family, friends and community (social isolation, community safety, mental health, family support)</i></li> <li>• <i>Environment (housing standards, fuel poverty, air pollution, green spaces)</i></li> <li>• <i>Work and education (employment, working conditions, income)</i></li> <li>• <i>Transport (active travel, public transport, road injury risk, traffic management)</i></li> <li>• <i>Quality and access to care</i></li> </ul>	Impact	<b>Positive</b> <b>Explanation:</b> The research has confirmed resident's views on the value and nature of weight management support. From this the service offer plan is to enhance the offer with a plan for awareness raising, clear referral mechanisms and a flexible varied offer. This will ensure the preventative service has greater uptake and impact.
	Mitigations/actions	

#### 4) Final impact analysis (taking the findings from Part B into account) – including review date if required

The recommendations being made following the engagement will ensure the weight management service specification is refreshed to meet the specific needs identified through the engagement activity. This includes plans through ongoing public health work to gather further intelligence to ensure this service builds on the views and needs of all in the community, notably: men; BAME particularly black African and Caribbean's; workforce populations. While the engagement focused on BAME groups, going forward the service needs to also gather intelligence on the growing eastern European communities and whether their issues are different.

The intended impact of the recommissioned weight management service will be a positive one. There will be a clearer plan of the NCC group weight management being part of a wider offer of information; awareness; support and advice on Apps and online services for people considering healthy eating and weight management.

Market warming activities will also endeavour to identify further providers to enter the DPS system which will also lead to a greater variety of offer available to residents.

The new specification will come into effect on the 1<sup>st</sup> October 2020. The new specification will ensure that key demographic information of clients is included in the reporting measures to ensure demonstration of equity of access across all key groups in the contract monitoring process.