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Rochdale MBC Equality Impact Pro Forma

This is a working document and will be updated following the consultation

- 1. State which function you are assessing and identify who should be involved in the equality impact analysis.**

Policy/Service Area Selected
Rochdale Integrated Healthy Lifestyles Service
What function, policy, procedure or practice is being assessed?
This service will deliver, across the Borough, an integrated service through a suite of linked services to support the prevention and management of the following lifestyle related risk factors: smoking/tobacco use, obesity, sedentary behaviour, alcohol and drugs and to support prevention and management in relation to oral health, sexual health and mental health and wellbeing. The Integrated Healthy Lifestyle Service incorporates services for children, young people and adults and targets services at specific communities and families in relation to identified need.
Who is responsible for it? Council or Other Organisation/Partnership?
RMBC – Commissioner This consultation process seeks the views of residents, service users and stakeholders and will inform the development and procurement of the service.
What are the aims and objectives of the function, policy, procedure or practice?
<p>The new Integrated Healthy Lifestyles Service will enable services to work together so that users will be able to move seamlessly between services to suit a client's needs. The services in scope will have evidence based programmes to reduce the risk of lifestyle related illness and improve the health and wellbeing of the residents within the borough of Rochdale.</p> <p>The service will enable people to manage their own health and wellbeing, to lead health improvement within their own communities and to get the support they need from services when they need them. This will increase community resilience through improved engagement leading to co-production alongside an asset based approach. This will be a service that builds up from the family and neighbourhood, measuring success in behaviour change rather than service activity levels.</p> <p>The service will be expected to support individuals to make healthy and informed choices to address lifestyle factors; thereby reducing the development of chronic diseases and preventable deaths. Services will also develop and support the creation of health promoting settings across the Borough.</p>

DRAFT

Holistic service provision is a key element of the Integrated Healthy Lifestyle Service integration. This builds on the understanding that peoples' lifestyle choices are the result of many factors. The new service aims to integrate those services which support people in adopting a healthier lifestyle, whilst recognising the impact and the barriers the wider determinants of health present. The service will therefore consider a range of factors that influence health: age, ethnic origin, lifestyle factors, and community networks, living and working conditions and socio-economic and environmental conditions. The service will support and signpost people to appropriate services, but more importantly, work in partnership with agencies and services both in and out of the scope of this model to address the causes of unhealthy lifestyle choices.

Who are the key stakeholders?

RMBC
Residents and users
Provider services
Third sector and voluntary organisations

Lead Officer for this analysis (i.e. service manager who will co-ordinate the EIA)

Andrea Dutton, Public Health Programme Manager

Others consulted and involved in the analysis (i.e. colleagues/peers/key internal and external stakeholders)

We will be consulting widely with those who are impacted by this proposal. This includes all the key stakeholders listed above and the protected groups.

2. Identify the scope of the equality impact assessment

Please provide a summary of:

- What is to be included in this impact assessment/what issues you will consider? i.e. are all aspects of the policy/service to be covered or is it confined to a limited area? Please explain. This is likely to reflect the relevance to equality of different aspects.
- Does this service/policy have link to other service areas, or other Equality Impact Assessments?

This is an EIA of the proposed model for an Integrated Healthy Lifestyles Service across Rochdale borough.

This links to the services in scope which support the prevention and management of the following lifestyle related risk factors: smoking/tobacco use, obesity, sedentary

DRAFT

behaviour, alcohol and drugs and to support prevention and management in relation to oral health, sexual health and mental health and wellbeing.

The Service will improve access to services as there will be a single point of access (hub) across the borough with an Information Satellite in each Township.

In relation to access and barriers, the views of users need to be considered which is a part of this consultation.

The Service wants to engage client groups who rarely engage with health providers and may often be 'late presenters of disease.' This client group are recognised as socio-demographic groups experiencing high levels of inequalities (not exclusively health) and deprivation.

Previous consultation has told us that there are differences between areas in relation to their preferred sources of information. This highlights that we need to work with local neighbourhoods to design appropriate local sources, and we need different approaches and locations in different areas. This consultation will expand on this work.

3. State the data that you have considered for this assessment and any gaps in data identified. What action will be taken to close any data gaps?

This EIA is a working document which will be updated with new intelligence. The data which has been considered to date includes:

Census 2011

JSNA 2012

Consultation with local people and stakeholders (2011)

DH Learning Disability Framework (2011)

The Equalities Act (2010)

National Carers' Strategy 'Carers at the heart of 21st century families and communities'.(2008);

Fair Access to Care (2007);

DH A Framework for Sexual Health Improvement in England (2013)

DH Quality Criteria for Young People Friendly Health Services (2011)

National Service Framework – Mental Health;

National Service Framework – Older People;

National Service Framework – Long Term Conditions;

Department of Health (DoH):

Adult Social Care Outcomes Framework 2013 to 2014

Adult Social Care Outcomes Framework 2013 to 2014: Equality Analysis

Department of Health Equality Objectives 2012 to 2016

National Service Framework for Older People (DoH, 2001)

Treating patients and service users with respect, dignity and compassion (DoH, 2013)

Helping carers to stay healthy (DoH, 2013)

DRAFT

A framework for NHS patient experience (DoH, 2012)

NICE:

Maternal and child nutrition (PH11)

Mental wellbeing and older people (PH16)

Quitting smoking in pregnancy and following childbirth (PH26)

Weight management before, during and after pregnancy (PH27)

Smokeless tobacco cessation - South Asian communities (PH39)

Promoting physical activity for children and young people (PH17)

NHS England:

Securing excellence in commissioning for the Armed Forces and their families (2013)

This consultation process will help to close some of the gaps in terms of stakeholder views on the proposed model.

4. Assess the impact the policy/service has on equality with reference to different groups or communities. To do this, consider the questions on page 3 of the guidance, which relate to unequal outcomes or disadvantage; access barriers; unmet needs; encouraging participation; fostering good relations.

Race Equality

21.4% of the population is from a BAME (Black, Asian and Minority Ethnic) group (Census 2011). We know from our JSNA that there are increased levels of BAME groups within our most deprived communities.

The development of an Integrated Healthy Lifestyles Service aims to ensure that lifestyle services are delivered closer to home, in communities and able to meet the needs of targeted populations. It is a requirement of the Service to provide targeted support for a number of specific groups, taking into account diversity and ethnicity, as well as age, lifestyle factors, community networks, living and working conditions and economic and environmental conditions.

The service will actively seek out and engage individuals and communities with the greatest need. The proposed model will move the intervention to the community level wherever possible, with service delivery in each Township of the borough. This will mean that services will be more accessible and responsive to meet the different needs of individuals in our communities, particularly our more deprived BAME communities and will take into consideration:

- People having equal access to services via the provision of appropriate information.
- People having access to services that are relevant, timely, and sensitive to the person's needs.

The service will engage with local neighbourhoods to design appropriate local sources of information, and different approaches and delivery of services.

DRAFT

For people with language barriers, the provider will have the responsibility to offer translation services. Services will also be provided in a range of locations and held within facilities and at hours that suit differing needs. Services will also be tailored to meet specific requirements such as the provision of single sex swimming lessons.

Disabled People

21% of the population report having a long-term health problem or disability (Census 2011).

The development of an Integrated Healthy Lifestyles Service aims to ensure that lifestyle services are more accessible, delivered closer to home, in communities and able to meet the needs of targeted populations.

The Service will engage with people with a disability to ensure they have equal access to the full range of Healthy Lifestyle Services. This consultation will inform this development.

It is a requirement of the Service to ensure that disabled people are not disadvantaged in their access to services and that targeted, flexible support is provided to meet individual needs. Community provision should address existing physical barriers to services although providers will need to ensure that services are provided in locations that are accessible to people with a disability.

Carers

The Integrated Healthy Lifestyles Service model has been developed to link together current services to provide a seamless way for local people to improve their own and their family's health and wellbeing, and get the support they need.

The service will provide family support interventions to appropriate families and concerned others, including carers.

The Carers Trust advocates:

An actively inclusive approach, which means that it's essential for every area to maintain local services that work effectively within the diverse communities they exist to serve and services that identify and include 'hidden', overlooked, seldom heard or isolated carers. This is likely to require partnership work with small community groups and networking with a variety of organisations and individuals throughout the local area.

The Equality Act 2010:

Requires commissioners to ensure that services do not directly discriminate against carers, making it all the more important to identify and include carers who may be currently unable to access appropriate information or support. Equality impact assessments will have to take account of this, consulting with previously overlooked or seldom heard groups and communities.

This consultation will inform and develop the above approaches.

DRAFT

Gender

The development of an Integrated Healthy Lifestyles Service aims to ensure that lifestyle services are more accessible, delivered closer to home, in communities and able to meet the needs of targeted populations.

The service is required to provide targeted support for a number of specific groups, taking into account lifestyle factors, community networks, living and working conditions and economic and environmental conditions.

The World Health Organisation has stated that gender norms and values, and resulting behaviours, can negatively affect health. In fact, the gender picture in a given time and place can be one of the major obstacles - sometimes the single most important obstacle - standing between men and women and the achievement of well-being. The service needs to have an awareness of the role of gender norms, values, and inequality in perpetuating disease, disability, and death, and promote societal change with a view to eliminating gender as a barrier to good health

The service will need to take into consideration the views of consultees and consider the obstacles relating to service access and provision for men and women.

Consultation undertaken in 2011 told us that some men do not seek help until their health deteriorates and suggested targeting messages to men in communities and workplaces and encouraging people to make lifestyle changes with information available in a range of locations not just libraries and children's centres. The model has been developed to reflect these comments with information and services provided within in a range of locations, such as workplaces, and at hours to suit individual needs. This may also mean offering single sex sessions as appropriate for specific service interventions.

Age

19.7% of the population is aged 0-14 year olds, a greater proportion than either Greater Manchester or England & Wales. 14.6% of the population are aged 65 and over (Census 2011). We know from our JSNA that we have a growing older population and that the population aged 65+ is expected to increase by 35% by 2025.

A key element of this Service will be a preventative approach that will reduce the number of people from all ages from adopting less healthy lifestyle behaviours. There are differential health needs across the life course and the 2011 consultation demonstrated that the needs of people in varying age groups are not always recognised and that services should be offered that are right for each age group. Thus services, wherever possible, will be designed for the changing health needs across the life course.

The DH Quality Criteria for Young People Friendly Health Services (2011) has provided quality criteria which are helping to provide a framework for a change in how resources are allocated, and are helping to ensure better health outcomes to improve: the accessibility of services; the delivery of preventative approaches; and young people's ability to be actively involved in their own care.

DRAFT

The Service will need to take into consideration the views of consultees and consider the obstacles relating to service access and provision for young people. This consultation will inform this development.

Religion or Belief

It is a requirement of the Service to provide targeted support for a number of specific groups, taking into account diversity, ethnicity, age, lifestyle factors, community networks, living and working conditions and economic and environmental conditions.

It is proposed that the Service will be community-led, working with local neighbourhoods and communities to design appropriate local information sources and service delivery approaches and locations.

The Service will promote good cultural and religious service provision which is based on good communication with the individual, their family and with the wider community, by being a service that can recognise possible issues, is willing to ask the right questions and communicate these well across the organisation. This consultation will inform this development.

Sexual Orientation

It is a requirement of the Service to provide targeted support for a number of specific groups, taking into account diversity, ethnicity, age, lifestyle factors, community networks, living and working conditions and economic and environmental conditions.

The DH A Framework for Sexual Health Improvement in England (2013) has shown that Lesbian, Gay, Bisexual and Trans (LGBT) people can be younger, older, bisexual, lesbians, gay men, trans, from black and minority ethnic communities and disabled, dispelling assumptions that they form a homogeneous group.

The Service will be provided flexibly to meet the holistic needs of individuals. The Service will need to take into consideration the views and consider the specific needs relating to service access and provision for LGBT people. This consultation will inform this development.

Gender Reassignment

It is a requirement of the Service to provide targeted support for a number of specific groups, taking into account diversity, ethnicity, age, lifestyle factors, community networks, living and working conditions and economic and environmental conditions.

The service will be provided flexibly to meet the holistic needs of individuals. There is evidence to suggest that for some Trans people their health care has been affected through a lack of training and information by service providers (Whittle S, Turner L and Al-Alami M, The Equalities Review, Feb 2007 Trans: A practical Guide for the NHS [Department of Health, 2008])

In addition Trans people experience a number of health inequalities that are often unrecognised in health and social care settings.

DRAFT

The Service will be provided flexibly to meet the holistic needs of individuals; in addition the Service will need to take into consideration the views and consider the specific needs relating to service access and provision for Trans people. This consultation will inform this development.

Pregnant Women or Those on Maternity Leave who have given Birth in the Previous 26 Weeks

It is a requirement of the Service to provide targeted support for a number of specific groups, taking into account diversity, ethnicity, age, lifestyle factors, community networks, living and working conditions and economic and environmental conditions.

The Service will be provided flexibly to meet the holistic needs of individuals, with appropriate interventions to meet the needs of pregnant women or those on maternity leave. It will provide family support interventions to appropriate families and concerned others.

Marriage or Civil Partnership

It is a requirement of the Service to provide targeted support for a number of specific groups, taking into account diversity, ethnicity, age, lifestyle factors, community networks, living and working conditions and economic and environmental conditions.

The service will be provided flexibly to meet the holistic needs of individuals.

Ex-Armed Forces Personnel

It is a requirement of the Service to provide targeted support for a number of specific groups, taking into account diversity, ethnicity, age, lifestyle factors, community networks, living and working conditions and economic and environmental conditions.

The Service will be provided flexibly to meet the holistic needs of individuals. Building community capacity and community development are a key part of the proposed service model which fits with the council's aim to help integrate the armed forces community into community life.

5. Conclusions and Recommendations

What are the main conclusions from this analysis?

The proposed Service model is for a seamless, integrated approach to lifestyle services, informed by local communities and providing a holistic approach to meeting individual needs. The Service will be required to provide targeted support for particular groups, including the protected groups listed above. By not meeting the needs of these groups, the service will not achieve the ultimate goal of reducing health inequalities in the borough.

The consultation feedback will contribute to the development of the proposed model. It is therefore essential that all groups are given the opportunity to submit their views.

DRAFT

What are your recommendations?

Equality objectives and targets to address the unequal impact/unmet needs/barriers/low participation

Providers will need to monitor uptake of services by the protected groups to ensure that the low participation by any group can be addressed.

Suggested actions to meet those targets

Specific outcomes that relate to protected groups will be developed and progress against achieving these will be monitored

6. Consult your stakeholders on the main findings and conclusions of the equality impact analysis and ask for their comments. State your consultation and inclusion methodology.

The Consultation and Inclusion Methodology Used

Stakeholders will be consulted using a range of consultation methods such as:

We will be consulting with the general public, current service users, stakeholders and specific community groups that work with the protected groups. Consultation will be carried out using a number of different methods ensuring that all consultees have an appropriate chance to comment. These methods will include using the council's online consultation hub, meetings/focus groups, and targeted surveys. We will provide enough information to the consultees to allow them to make informed comments and will ensure that all consultation carried out will be appropriate to the audience and be as inclusive as possible and this EIA will be updated accordingly.

7. Produce a mitigation action plan for 2013/14 to address any potential unequal impacts / unmet needs/ barriers / low participation (see p10).

8. Equality impact analysis sign off

Name	Position	Date
Wendy Meston	Acting Director of Public Health	7 th October 2013

DRAFT

Equality Impact Assessment Action Plan 2013/14

Action	Outcome	Target Date for Completion	Resource Implications	Lead Officer
To update the EIA from the comments and findings of the consultation process		20/12/2013		Andrea Dutton
The comments and findings of the consultation will inform the development of the service specification document		20/12/2013		Andrea Dutton
An action plan to mitigate any issues will be informed and developed after the consultation		20/12/2013		Andrea Dutton