



Section 4

# Equality Analysis Toolkit

**Active Lives Healthy Weight Services**  
For Decision Making Items

13 June 2019

## Question 1 - What is the nature of and are the key components of the proposal being presented?

The current contract for Active Lives, Healthy Weight (ALHW) services commenced in April 2016, as a 3 year initial period, with options to extend by up to 2 more years. The total contract value is £2,000,000 p/a across the Lancashire County Council (LCC) footprint. The contract is held by 5 providers across the 12 districts of Lancashire, with a focus on weight management and improving physical activity through delivery of 12 week programmes free of charge to the participant.

The proposal is to cease the current programme on 31 March 2020, reducing the budget to £500,000 p/a and focussing on encouraging people to make greater use of the physical environment, utilising digital technology where possible.

## Question 2 - Scope of the Proposal

Is the proposal likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected?

The current programme funding is roughly equal in all the 12 districts, across Lancashire, with some weighting to reflect existing levels of deprivation, obesity and inactivity.

In the 3 years of the programme to date (including forecast completion rates for Q4 2018/19) the data shows:

<b>Targeted Physical Activity</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Number of referrals received	8,823	15,395	16,815
Number of service users starting programme	6,985	14,652	14,328
Number of service users completing programme	3,923	11,624	12,442
% Completers (Target 65%)	56%	79%	87%
<b>Targeted Community Weight Management</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Number of referrals received	3,194	4,146	5,354
Number of service users starting programme	1,546	2,629	3,953
Number of service users completing programme	991	1,403	2,910
% Completers (Target 65%)	64%	53%	74%

The proposal will affect people in the County equally in a similar way, in that access to the existing county wide provision will be withdrawn.

Current physical activity/healthy weight data in Lancashire (Public Health Outcomes Framework 2017/18):

- 64.6% of adult population in Lancashire with excess weight (England av. 62.0%)
- 22% of Lancashire population are inactive (England av. 22.2%)
- 22.7% of reception age (4-5years) with excess weight (England av. 22.4%)

Burnley is the most deprived district within the Lancashire-12 area, with a rank of average rank of 17 (where 1 is the most deprived and 326 is the least). Hyndburn (28) and Pendle (42) are also in the top 20% most deprived authority areas in the country (English Indices of Deprivation, 2015)

### **Question 3 – Protected Characteristics Potentially Affected**

Could the proposal have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:

- Age
- Disability including Deaf people
- Gender reassignment
- Pregnancy and maternity
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership Status

And what information is available about these groups in the County's population or as service users/customers?

The proposed service change is considered most likely to impact upon older individuals who are the majority of current service users.

Apart from age, this cohort does not necessarily share the protected characteristics identified above. However improved mobility and weight management helps prevent later onset of diabetes, cardiovascular disease, stroke and musculoskeletal conditions.

## **Question 4 – Engagement/Consultation**

How have people/groups been involved in or engaged with in developing this proposal?

Following the Cabinet meeting on 3 December 2018, a public consultation was undertaken to seek views on the proposal to cease Active Lives, Health Weight services from 31 March 2020. The consultation ran for eight weeks between 18 February 2019 and 15 April 2019, for both service users/general public, and for partner organisations. The consultation questionnaire was available on-line and in hard copy format if required. A number of focus groups were also held with representatives of partner organisations and service providers.

### **Service User / Public Consultation**

In total, 1,625 completed questionnaires were returned from the service users/general public, with 75% of respondents having used the service previously.

#### **Profile of respondents**

- Age - 35% were aged over 65 and a further 32% were aged 50-64. Therefore a total of 67% of the respondents were aged over 50, suggesting an older cohort of respondents.
- Gender – 76% of respondents were female and 23% male,
- Sexual orientation – 89% of respondents identified themselves as heterosexual / straight
- Disability – 74% of respondents did not have a disability and 4% preferred not to say. 12% of respondents had a physical disability; 4% had a sensory disability, 6% had a mental health disability; and 5% had another disability.
- Ethnicity – Of the respondents 95% were white; 4% preferred not to say. A very low percentage of respondents declared non-white ethnicity.

In response to the overall proposal:

- 28% respondents strongly agree/ tend to agree
- 60% respondents tend to disagree / strongly disagree
- 12% respondents neither agree or disagree

### **Organisation Consultation**

In total there were 135 responses from partner organisations.

In response to the overall proposal:

- 16% respondents strongly agree / tend to agree
- 74% respondents tend to disagree / strongly disagree

- 10% respondents neither agree or disagree

Partner agency focus groups also contributed to the consultation findings.

#### **Summary Consultation Findings:**

- 66% of the public / service user respondents were aged over 50
- The majority of the these respondents used the service to achieve healthier lifestyle (41%) and to lose weight (31%)
- The majority of public / service user respondents (58%) said they would consider using digital technology to improve their activity levels, although 36% said that they would not consider using digital technology.
- About 28% of public / service user respondents agree with the proposal, with about 60% who disagree with it.
- About 74% of organisational respondents disagree with the proposal, with about 16% saying that they agree with it.
- 35% of organisational respondents don't think that targeted users will attend the proposed service , with 16% suggesting that the proposal would impact more on deprived areas

### **Question 5 – Analysing Impact**

Could this proposal potentially disadvantage particular groups sharing protected characteristics and if so which groups and in what way? This pays particular attention to the general aims of the Public Sector Equality Duty:

- To eliminate unlawful discrimination, harassment or victimisation because of protected characteristics;
- To advance equality of opportunity for those who share protected characteristics;
- To encourage people who share a relevant protected characteristic to participate in public life;
- To contribute to fostering good relations between those who share a relevant protected characteristic and those who do not/community cohesion.

**Age**

The majority of people who utilise Active Lives, Health Weight services are in the older age group. This may be because of the convenience, instructor support, and the ability to exercise both indoors and outdoors. It is also likely that older people value the service for the social interaction which comes from group activities. It is also possible that older people may be less inclined to utilise digital support. Withdrawal of Active Lives, Health Weight services is therefore more likely to disproportionately affect this group.

### **Disability**

Disabled people may find it more difficult to exercise independently and utilise outdoor open spaces. Similarly some disabled people may find digital support less easy to use. Withdrawal of Active Lives, Health Weight services is therefore more likely to disproportionately affect this group

### **Religion or belief**

Current Active Lives, Health Weight provision includes access to Muslim women only group sessions, utilising appropriate premises that provide for private exercise. Withdrawal of Active Lives, Health Weight services is therefore more likely to disproportionately affect this group.

## **Question 6 –Combined/Cumulative Effect**

Could the effects of this proposal combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

The potential cessation of Lancashire Wellbeing Service is likely to impact on a similar cohort of people, with that service traditionally referring people into Active Lives, Health Weight services. It is likely that the impact on people who accessed both services will therefore be exacerbated.

Access to public transport may exacerbate the impact, in particular for older or disabled people if services are reduced at evenings and weekends.

The proposal to cease Active Lives, Health Weight services would place circa 40 staff members at risk of redundancy, with a potential loss of skills and experience to the wider system.

## **Question 7 – Identifying Initial Results of Your Analysis**

As a result of the analysis has the original proposal been changed/amended, if so please describe.

The original proposal as it relates to cessation of the Active Lives, Health Weight services remains unchanged.

## **Question 8 - Mitigation**

Will any steps be taken to mitigate/reduce any potential adverse effects of the proposal?

There is an opportunity to utilise the remaining budget (£500k) to support physical activity by promoting use of the environmental assets of the county, working with partner agencies (including Active Lancashire, Lancashire United forum of football clubs, Environment Agency, Ribble Rivers Trust) and other Voluntary, Community and Faith Sector organisations. Similarly it is planned to develop a more strategic approach to tackling obesity and promoting good physical and mental health across all ages by working with partner agencies.

It is also proposed to promote the use of digital technology to support people to exercise and maintain healthy weight, through use of digital apps and social media platforms. There is opportunity to work with local Universities to develop this aspect.

There is also an opportunity to work with the NHS to deliver the ambitions identified in the NHS Long Term Plan, including a focus on locality based service delivery, by promoting physical activity and weight management as part of the wider agenda to prevent ill health. Specifically, the long Term Plans identifies plans to double current intervention levels within the National Diabetes Prevention Programme (NDPP), which has similarities with the Active Lives, Health Weight service.

It is proposed to improve the skills of the wider workforce through by developing the 'Make Every Contact Count' approach to multi agency workforce development, building skills in relation to signposting and provision of lifestyle advice, including partnership working with Lancashire Adult Learning.

Existing contract holders in East Lancashire will be encouraged to sustain the "Up and Active" brand that they own and use successfully.

The Local Authority Healthy Weight Declaration, signed in 2017, aims to work more widely with the whole system to support an environment more conducive to healthy weight. Included within the declaration are objectives to work with schools, retailers and food producers in order to influence the wider food environment. We will continue to work with district councils to sign up to the Healthy Weight Declaration and use a more ecological approach to supporting a healthier food system with our communities.

## Question 9 – Balancing the Proposal/Countervailing Factors

This weighs up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of the analysis.

The rationale behind the original proposal was to support the financial challenges faced by the County Council. The risks in not following the proposal are that Lancashire County Council reduces its ability to set a balanced budget.

The consultation feedback shows that overall 28% of public / service user respondents agree with this proposal, with about 60% disagreeing with it. In terms of partner agency consultation respondents, 74% disagree with the proposal and 16% said that they agree with it.

A residual budget has been identified to help mitigate the impact of Active Lives, Health Weight service cessation, to promote utilisation of the county's environmental assets. Similarly it is planned to develop a more strategic approach to tackling obesity and promoting good physical and mental health across all ages by working with partner agencies. Utilisation of digital technology, working with NHS partners and improving the skills of the wider workforce through a 'Making Every Contact Count' approach to multi agency workforce development will also help mitigate the loss of service by cessation of Active Lives, Health Weight contracts.

The groups most affected by the proposal, based on responses to consultation, are:

- Older people - who may be less likely to engage if the proposal goes ahead because it is unlikely they will receive direct support for exercise / weight management, and the opportunities for exercise are more likely to be based outdoors. It is possible that there may also be less social interaction if there are fewer group activities; and older people may be less inclined to utilise digital support
- Disabled people –may find it more difficult to exercise independently and utilise outdoor open spaces. Similarly some disabled people may find digital support less easy to use.
- Religion or belief - Current Active Lives, Health Weight provision includes access to Muslim women only group sessions, utilising appropriate premises that provide for private exercise. This is less likely to be available if the proposal goes ahead.



## Question 10 – Final Proposal

In summary, what is the final proposal and which groups may be affected and how?

The final proposal is that Cabinet are asked to approve:

The cessation of the Active Lives Healthy Weight service by 31st March 2020; retaining a residual budget of £500,000 to support development of future health improvement initiatives

A one-off investment of £500,000 to assist in the remodelling of services and development of non-clinical approaches with a focus on prevention, to promote good physical and mental health across all ages

That further work be undertaken with partners to identify opportunities for collaborative working to develop integrated approaches to prevention and health improvement

Endorse multi-agency workforce development through the roll out of the Making Every Contact Count Programme (for signposting and general lifestyle advice); and development of a digital offer, to maximise self-care opportunities afforded by health and wellbeing apps and other social media platforms

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- Disabled people –may find it more difficult to exercise independently and utilise outdoor open spaces. Similarly some disabled people may find digital support less easy to use.
- Religion or belief - Current Active Lives, Health Weight provision includes access to Muslim women only group sessions, utilising appropriate premises that provide for private exercise. This is less likely to be available if the proposal goes ahead.

## Question 11 – Review and Monitoring Arrangements

What arrangements will be put in place to review and monitor the effects of this proposal?

Utilisation of residual budget and transformation funding will be monitored and evaluated using the public health outcomes framework indicators e.g physical activity, obesity and overweight levels in children and adults.

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Equality Analysis Endorsed by Clare Platt, Head of Service, Health Equity, Welfare & Partnerships

Decision Signed Off By:

Cabinet Member or Director:

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