

Title of policy / procedure / function / project / decision:	Brio Integrated Wellbeing Service
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Evidence based equality analysis

Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:

The Integrated Wellbeing (IWB) Service is commissioned by Cheshire West & Chester Council (CW&CC) and delivered by Brio Leisure (Brio).

The IWB Service consists of three pathways: Falls Prevention, Adult Weight Management, and Smoking Cessation.

Referral criteria

Table 1: Referral criteria

Smoking Cessation service
<ul style="list-style-type: none"> • 12 years + old in line with the legal age for nicotine replacement therapy use • Resident, or registered with GP Practice in Cheshire West and Chester • Has smoked tobacco in the last 2 weeks and is: <ul style="list-style-type: none"> ✓ Motivated to quit ✓ OR ✓ Has started a quit attempt through NHS Tobacco Dependency Treatment service as an inpatient.
Adult Weight Management
<ul style="list-style-type: none"> • 18 years + old • BMI 30 - 39.9 (27.5 for people of Black African, African-Caribbean and Asian origin) • Diagnosed with one of the following:

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| <ul style="list-style-type: none">✓ Learning disability✓ Physical disability✓ Severe mental illness✓ Hypertension (medicated) |
| Falls Prevention |
| <ul style="list-style-type: none">• Aged 65 years or above• Resident, or registered with GP Practice in Cheshire West and Chester• Has a low to medium risk of falls - Rockwood scale of 2-4 |

Lead officer: Jodie Roddy (Commissioning lead, CW&C Council), Liane Goryl (Strategic Commissioning Programme Manager, CW&C Council), Emily Gerrard (Public Health Programme Lead), Chris Turner (Communities Director, Brio)

Stakeholders: CW&C residents, CW&C Council, Brio Leisure, Elected Members, referring Health Professionals, Social Care Professionals, Health and Social Care system

Smoking cessation service

For each of the areas below, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made, and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

High impact – a significant potential impact, risk of exposure, history of complaints, no mitigating measures in place etc.

Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	Neutral	Positive	Negative
Target group / area			
Race and ethnicity (including Gypsies and Travellers, refugees, asylum seekers etc.)	Current provision of services allows all people to access the stop smoking services local to them regardless of their race or ethnicity. People accessing services can do so without racial or ethnic discrimination.		
Disability (as defined by the Equality Act - a physical or mental	Services are contracted to and must operate an Equality and Diversity	The service is wheelchair accessible, sensitive to neurodiverse service users,	

<p>impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities)</p>	<p>Policy which complies with the requirement of all current equality legislation, and in particular, the Equality Act 2010 and any subsequent amendment of the act and this is stated within Brio contracts</p>	<p>and provides language support and large print/audio materials. We are also implementing a Reasonable Adjustments programme to support accessibility. Additionally, books beyond words pictural intervention books for those who have communication or moderate learning difficulties are readily available at all clinic sites via the practitioner.</p> <p>Delivering an Excellent Service for Disabled Customers training has been introduced for all staff to complete.</p>	
<p>Sex (male or female)</p>	<p>Providers are required to operate within the guidance of The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all</p>		

	assessments should be specific to individuals and their sex.		
Gender identity (gender reassignment)	Brio are required to operate within the guidance of The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individual which includes gender identity.	A new EDI policy was approved in June 2025. This will be reviewed once the Equality and Human Rights Commission code of practice for services, public functions and associations is updated, following the consultation that is taking place following the UK Supreme Court ruling on 16 April 2025 in For Women Scotland Ltd v The Scottish Ministers (For Women Scotland).	
Religion and belief (including lack of belief)	<p>Brio services, including the IWB service are open to anyone regardless of their religion and belief.</p> <p>Under the current IWB contract, in relation to religion and belief, all providers are required to operate within the guidance of The Equality Act 2010 which provides</p>	Staff are trained to deliver culturally appropriate advice and guidance; for example mouth spray contains a small amount of alcohol so would not be culturally appropriate for some individuals. Targeted promotions are also distributed to align with cultural holidays, for example, Ramadhan using	

	the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individual.	culture as a teachable moment to increase motivations for long terms outcomes for key groups	
Sexual orientation (including heterosexual, lesbian, gay, bisexual and others)	Then IWB contract requires the provider to operate within the guidance of The Equality Act 2010 which provides the legislative framework, guidelines for assessments and specifies that all assessments should be specific to individual. This includes reference to sexual orientation. Services are accessible regardless of their sexual orientation.		
Age (children and young people aged 0 – 24, adults 25 – 50, younger older people 51 – 75/80; older people 81+. Age bands are for illustration only	Providers are required to operate within the guidance of The Equality Act 2010 which provides the legislative framework,		Only residents aged 12 and over are eligible for the smoking cessation service.

as overriding consideration should be given to needs)	guidelines for assessments and specifies that all assessments should be specific to individual which includes age.		<p>If someone aged below 12 (a child) was smoking this would be a safeguarding issue. The service would work with appropriate authorities to ensure safeguarding processes are being carried out.</p> <p>The pharmacotherapy to support people to quit smoking (nicotine replacement therapy) is only licensed for use in people aged 12 and over.</p>
Care Experienced (all young people and adults who have been in the care of Cheshire West and Chester Council – for a period of 13 weeks or more – from the age of 14 years. This includes those children/young people for whom the Council currently or have previously held corporate parenting responsibilities)	The smoking cessation service is open to anyone aged 12 and over requiring support to quit smoking. This includes those who are care experienced, provided they meet the referral pathway.	<p>The smoking cessation service requires multiple access routes (drop-ins, online, workplace, schools/colleges, hospital discharge, etc.), which helps mitigate barriers for carers, shift workers, and those in rural areas</p> <p>The service has a dedicated stop smoking practitioner allocated to CYP interventions who is a</p>	

		<p>qualified social worker. Training planned for LAC and Child Protection social workers and support staff is planned for October 2025.</p> <p>Foster care teams directly refer into the service for potential foster carers to undertake a quit whilst going through the form F assessment - this is an 'opt out' pathway.</p>	
Carers (people who care for others, informally or formally)	<p>The smoking cessation service is open to anyone requiring support including those who care for others, provided they meet the referral criteria.</p> <p>Services are open at varying times and locations to allow for ease of access by people to include those with caring responsibilities</p>	<p>The programme includes digital offers (e.g., virtual online courses) where appropriate, supporting those who may struggle to attend in person sessions.</p> <p>Carer needs are identified at first assessment, following referral, to enable implementation of reasonable adjustments.</p>	
Rural communities	The smoking cessation services operates 18	Residents in rural communities such as	

	<p>clinics across the borough and includes outreach delivery in community settings for example children's centres and workplace settings.</p> <p>They operate a mixture of one to one in person appointments, drop-in clinics, online and telephone appointments to support people to access the service in rural communities.</p>	<p>Frodsham, Neston, and Kelsall are supported through weekly full-day clinics, with additional telephone support available to increase accessibility. Plans are underway to expand into Tattenhall and Malpas, ensuring bespoke access to smoking cessation services for more rural populations. The service also offers flexible remote support options, helping to overcome barriers related to transport and location.</p>	
<p>Areas of deprivation (include any impact on people living in poverty who may not live in areas identified as deprived)</p>	<p>The smoking cessation services operates 18 clinics across the borough and includes outreach delivery in community settings for example children's centres and workplace settings.</p> <p>They operate a mixture of one to one in person appointments, drop-in</p>	<p>Smoking prevalence is higher in areas of socio-economic disadvantage.</p> <p>The service will deliver targeted and tailored support to residents in the 40% most deprived wards which will include outreach, harm reduction, campaigns and opportunities to Make Every Contact Count. The</p>	

	<p>clinics, online and telephone appointments to support people to access the service in areas of deprivation.</p>	<p>outcome targets stipulate half of all referrals and half of all 4-week quits are from clients living in the 40% most deprived areas.</p> <p>The Stop Smoking Service aims to support over 1,500 residents each year to set a quit date, with at least half expected to successfully quit smoking at four weeks. The service is designed to reduce health inequalities by prioritising support for people living in the 40% most deprived areas, those with mental health conditions, and young people aged 12–17. A dedicated clinic within the drug and alcohol service ensures integrated care for individuals with complex needs, improving quit outcomes and supporting long-term recovery. Targeted outreach will also be delivered to residents</p>	
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		employed in routine and manual occupations, where smoking prevalence is nearly three times higher than the general population. This includes workplace-based sessions and brief advice interventions to increase access and engagement among groups most affected by tobacco-related harm.	
Human rights (see guidance note for key areas to consider)	<p>It is not felt that there will be any impact upon the human rights of residents.</p> <p>The Human Rights Act 1998 underpins the IWB contract and is referenced within the contract documentation and is part of the providers statutory obligations.</p>		
Health and wellbeing and Health Inequalities (consider the wider determinants of health such as education,		Improved health – when people quit smoking they reduce their risk of lung cancer, heart disease and	

housing, employment, environment, crime and transport, plus impacts on lifestyles and effects on health and care services)		<p>several other associated health conditions.</p> <p>Quitting smoking also has benefits for household income. The average smoker spends £2,486 on tobacco every year, which could otherwise be used for items such as food and fuel.</p> <p>The service specifically prioritises LGBTQ+ communities, ethnic minorities, routine/manual workers, and people with long-term mental health conditions – groups often underrepresented in mainstream services</p>	
Procurement/partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)	<p>Low</p> <p>Cheshire West and Chester Council works closely in partnership with Brio Leisure and the IWB Team.</p>		

	<p>We will ensure that this Equality Analysis and any advice / recommendations are shared with Brio and the IWB Team.</p> <p>The recommissioning of the integrated well-being service aims to ensure a fair and transparent procurement process that supports equitable access to all elements of the service. This process will consider the diverse needs of service users and the provider; the process will promote inclusivity and reducing potential barriers to participation.</p>		
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Adult Weight Management

For each of the areas below, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

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Medium impact –some potential impact exists, some mitigating measures are in place, poor evidence

Low impact – almost no relevancy to the process, e.g. an area that is very much legislation led and where the Council has very little discretion

	Neutral	Positive	Negative
Target group / area			
Race and ethnicity (including Gypsies and Travellers, refugees, asylum seekers etc.)	Current provision of services allows all people to access IWB services local to them regardless of their race or ethnicity. People accessing services can do so without racial or ethnic discrimination.	Eligibility criteria takes into account the lower BMI threshold for people of Black African, African-Caribbean and Asian origin (27.5). Specification requirements for culturally appropriate diet/activity advice	

<p>Disability</p> <p>(as defined by the Equality Act - a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities)</p>	<p>Services are contracted to and must operate an Equality and Diversity Policy which complies with the requirement of all current equality legislation, and in particular, the Equality Act 2010 and any subsequent amendment of the act and this is stated within Brio contracts</p>	<p>Eligibility criteria includes people with a learning or physical disability.</p> <p>Programme content and delivery to be adapted accordingly to meet the needs of individuals, particularly those with physical or learning disabilities.</p> <p>The programme has adopted a non-stigmatising, compassionate approach to weight, with adaptations for people with learning disabilities, autism, severe mental illness, and physical disabilities.</p> <p>The Tier 2 Weight Management Service will engage around 480 adults annually, with 60% expected to complete the 12-week programme and half of those achieving a minimum 5% reduction in body weight. The service is</p>	
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		delivered in accessible community venues and online, with adaptations for people with physical or learning disabilities.	
Sex (male or female)	Services are accessible regardless of sex.		
Gender identity (gender reassignment)	Services are accessible regardless of gender identity.		
Religion and belief (including lack of belief)	Services are accessible regardless of a persons religion and/or belief.	Culturally appropriate nutritional advice is provided.	
Sexual orientation (including heterosexual, lesbian, gay, bisexual and others)	Services are accessible regardless of a persons sexual orientation.		
Age (children and young people aged 0 – 24, adults 25 – 50, younger older people 51 – 75/80; older people 81+. Age	Services are accessible to all adults 18+	Service does consider the whole family approach and utilises HENRY (Health, Exercise, Nutrition for the	

bands are for illustration only as overriding consideration should be given to needs)		really young) this promotes a Better Health family strategy. This is additional offers of online programmes to help promote this offer.	
Care Experienced (all young people and adults who have been in the care of Cheshire West and Chester Council – for a period of 13 weeks or more – from the age of 14 years. This includes those children/young people for whom the Council currently or have previously held corporate parenting responsibilities)	Services are accessible regardless of care experience		
Carers (people who care for others, informally or formally)	Services are accessible regardless of their caring responsibilities.	The programme includes digital offers (e.g., virtual online courses) where appropriate, supporting those who may struggle to attend in-person sessions.	
Rural communities		The programme will be delivered in person from a range of local, accessible community venues e.g.	

		<p>Children's Centres, and Primary and Secondary Hub Sites with a particular focus on delivery in areas of deprivation (IMD quintiles 1 and 2). This includes Northgate Arena, Ellesmere Port Sports Village, Winsford Lifestyle Centre, and Northwich Memorial Court. To also include digital offers (e.g., virtual online courses) where appropriate, supporting those who may struggle to attend in person sessions.</p> <p>Brio implements a hybrid model (community venues + digital offers), which supports accessibility and flexibility.</p> <p>Weekly rolling programmes are delivered in Frodsham and Neston, with future expansion planned for Tattenhall and Malpas to improve reach into rural</p>	
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		<p>areas. While the service is primarily face-to-face, residents unable to attend in person are supported through self-management resources such as home working booklets and online materials. The digital offer complements in-person delivery, ensuring equitable access for those in remote locations or with mobility challenges.</p>	
<p>Areas of deprivation (include any impact on people living in poverty who may not live in areas identified as deprived)</p>		<p>The programme will be delivered in person from a range of local, accessible community venues e.g. Children's Centres, and Primary and Secondary Hub Sites with a particular focus on delivery in areas of deprivation (IMD quintiles 1 and 2). This includes Northgate Arena, Ellesmere Port Sports Village, Winsford Lifestyle Centre, and Northwich Memorial Court. To also</p>	

		<p>include digital offers (e.g., virtual online courses) where appropriate, supporting those who may struggle to attend in person sessions.</p> <p>The service is targeted to residents living in the 40% most deprived areas of the borough to address inequalities in obesity.</p>	
<p>Human rights (see guidance note for key areas to consider)</p>	<p>It is not felt that there will be any impact upon the human rights of residents.</p> <p>The Human Rights Act 1998 underpins the IWB contract and is referenced within the contract documentation and is part of the providers statutory obligations.</p>		
<p>Health and wellbeing and Health Inequalities (consider the wider determinants of health)</p>		<p>Improved health – supporting adults to</p>	

such as education, housing, employment, environment, crime and transport, plus impacts on lifestyles and effects on health and care services)		achieve and maintain a healthy weight can significantly reduce their risk of type 2 diabetes, heart disease, and other weight-related conditions, helping to address health inequalities experienced by those in underserved communities.	
Procurement/partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)	The recommissioning of the integrated well-being service aims to ensure a fair and transparent procurement process that supports equitable access to all elements of the service. This process will consider the diverse needs of service users and the provider; the process will promote inclusivity and reducing potential barriers to participation.		

Falls Prevention Programme

For each of the areas below, an assessment needs to be made on whether the policy has a positive, negative or neutral impact, and brief details of why this decision was made and notes of any mitigation should be included. Where the impact is negative, this needs to be given a high, medium or low assessment. It is important to rate the impact of the policy based on the current situation (i.e. disregarding any actions planned to be carried out in future).

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	Neutral	Positive	Negative
Target group / area			
Race and ethnicity (including Gypsies and Travellers, refugees, asylum seekers etc.)	The Falls Prevention Service allows for equitable access and outcomes for individuals of all racial and ethnic backgrounds within borough. The services will respond to by being culturally sensitive and inclusive, recognising		

	the diversity within borough.		
Disability (as defined by the Equality Act - a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities)	Services are contracted to and must operate an Equality and Diversity Policy which complies with the requirement of all current equality legislation, and in particular, the Equality Act 2010 and any subsequent amendment of the act and this is stated within Brio contracts.	Delivery is person-centred, culturally appropriate, and tailored to the physical capabilities and health profile of participants Strength and balance exercises are demonstrated in person during classes and pictorial and written guidance is provided. Home working booklets include both pictorial and written direction and are accompanied by video blog sessions for step by step tutorial based learning.	
Sex (male or female)	The Falls Prevention Service ensures that both men and women have equal access to support, assessment, and interventions. The service recognises that		

	<p>risk factors and health behaviours may differ by sex and tailors its approach accordingly to promote equitable outcomes.</p>		
<p>Gender identity (gender reassignment)</p>	<p>Falls Prevention Service is inclusive of all gender identities. The service will provide respectful, non-discriminatory care for each person's gender identity. Staff are trained to ensure that all individuals feel safe, supported, and treated with dignity throughout their engagement with the service.</p>		
<p>Religion and belief (including lack of belief)</p>	<p>Falls Prevention Service respects and accommodates the diverse religious beliefs of all individuals. Services are delivered in a way that is sensitive to</p>		

	cultural and spiritual needs, ensuring that no one is disadvantaged or excluded based on their faith or belief system.		
Sexual orientation (including heterosexual, lesbian, gay, bisexual and others)	The Falls Prevention Service is committed to providing equitable care to individuals of all sexual orientations. Everyone is treated with respect and dignity, and services are delivered in a way that is inclusive and free from discrimination.		
Age (children and young people aged 0 – 24, adults 25 – 50, younger older people 51 – 75/80; older older people 81+. Age bands are for illustration only as overriding consideration should be given to needs)	Only residents aged 65+ are eligible for the Falls Pathway. This is the target population due to higher rates of falls in this age group.	The Falls Prevention Service is specifically designed to support older adults aged 65 and over, promoting active ageing and improved wellbeing. This is aligned to the greater risk of falls and related fractures among older people aged 65+. By	

		<p>tailoring the programme to individuals with a Rockwood score of 2–4, the service ensures that both fit and vulnerable older adults receive appropriate and effective support. Participants benefit from structured exercise, personalised assessments, and practical advice to reduce fall risks and enhance independence. The programme respects the autonomy of older individuals, encouraging self-management while providing clear guidance and accessible information.</p>	
<p>Care Experienced (all young people and adults who have been in the care of Cheshire West and Chester Council – for a period of 13 weeks or more – from the age of 14 years. This includes those children/young people for whom the Council</p>	<p>The Falls Prevention Service does not currently record or differentiate access based on care experience status. However, the service is</p>		

currently or have previously held corporate parenting responsibilities)	<p>designed to be inclusive and accessible to all eligible individuals, ensuring that support is provided equitably regardless of personal background or care history.</p> <p>Appropriate safeguarding flags are in place to raise unmet care needs for individuals referred into the service - both formally and informally</p>		
Carers (people who care for others, informally or formally)	<p>The falls prevention service is open to anyone requiring support including those who care for others, provided they meet the referral criteria.</p> <p>Services are open at varying times and locations to allow for ease of access by people to include those</p>	<p>Follow-up's at (2- and 6-month reviews) and encouragement of home exercises will indirectly benefit carers, by supporting independence of the older person and reducing caring pressures.</p> <p>Carers of service users attending the programme are encouraged to take time out and support each</p>	

	with caring responsibilities.	other within our café area to support their wellbeing and avoid carers burnout. This, in turn will benefit the service user.	
Rural communities	<p>While the programme is primarily targeted at areas of deprivation, its delivery through community venues with good accessibility and transport links may present challenges for residents in rural areas. The inclusion of online exercise resources and home-based components offers some flexibility for residents who live in rural areas, particularly those with limited mobility or transport options. The digital access offer can help provide support at home. Ongoing monitoring of uptake and</p>	<p>Brio have/are developing online/home exercise resources and printed large-print materials – which directly address potential access barriers.</p> <p>Falls prevention classes are held weekly in Frodsham and Neston, providing accessible support for older adults in rural communities.</p> <p>Although the programme is delivered face-to-face, participants are also directed to use home exercise booklets and the "Stay on Your Feet" website to support continued engagement. No referrals have been declined due to access issues, indicating that</p>	

	outcomes in rural communities will be important to identify and address any emerging access barriers.	current provision and self-management options are meeting the needs of rural residents.	
Areas of deprivation (include any impact on people living in poverty who may not live in areas identified as deprived)		The programme is designed to actively reduce health inequalities by ensuring that at least 35% of referrals come from individuals living in the 40% most deprived areas (quintiles 1 and 2). By delivering accessible, community-based classes and providing tailored home exercise support, the service can provide older adults with confidence to improve their strength, balance, and confidence. By offering printed materials, online resources, and transport information there is help and support to overcome common barriers such as digital exclusion	

		<p>and limited mobility. Residents in deprived areas, who may face higher risks of falls and reduced access to preventative care will benefit from a structured, evidence-based intervention that promotes independence and wellbeing.</p> <p>The Falls Prevention Programme will support 432 older adults annually, with the majority expected to complete the 25-week programme and show improvements in balance, confidence, and quality of life. In Cheshire West and Chester, the rate of emergency hospital admissions due to falls in people aged 65 and over is significantly higher than the national average, with the borough recording 2,099 admissions per 100,000 compared to England's</p>	
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		1,933. Two-thirds of these admissions are among people aged 80 and over, and rates are notably higher in more deprived areas. The service targets older adults living in these areas, offering tailored strength and balance training and follow-up support to reduce fall risk and promote independence.	
Human rights (see guidance note for key areas to consider)	<p>It is not felt that there will be any impact upon the human rights of residents.</p> <p>The Human Rights Act 1998 underpins the IWB contract and is referenced within the contract documentation and is part of the providers statutory obligations.</p>		
Health and wellbeing and Health Inequalities (consider	The service includes targeting to individuals	All service users are triaged at point of access to	

the wider determinants of health such as education, housing, employment, environment, crime and transport, plus impacts on lifestyles and effects on health and care services)	living in areas of higher deprivation (IMD Quintiles 1 and 2), helping to reduce health inequalities. Accessible materials, tailored exercise plans, and inclusive delivery venues promote equitable participation, though some elements may require additional support for those with limited resources or health literacy.	review wider determinants of health needs, quality of life and confidence scores. Onward referrals are made to support services for identified areas of need.	
Procurement/partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)	The recommissioning of the integrated well-being service aims to ensure a fair and transparent procurement process that supports equitable access to all elements of the service. This process will consider the diverse needs of service users and the provider; the process will promote		

	inclusivity and reducing potential barriers to participation.		
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Evidence:

Action plan:

Actions required	Priority	Outcomes required	Officer responsible	Review date
Monitor uptake and outcomes in rural communities	Medium	Identify and address access barriers	Brio / CWAC	
Ensure digital and in-person service options are accessible	Medium	Improve access for carers and rural residents	Brio / CWAC	
Review of Equality analysis	Medium	Review as part of ongoing monitoring	Brio / CWAC	6 monthly
Performance will be monitored on a quarterly basis, using the KPIs, reviewing activity and outcomes across all service areas. Alongside this, quarterly development meetings will support Brio to	High	Review on quarterly basis as part of contract expectations	Brio / CWAC	Quarterly

innovate and adapt delivery, using Power BI reports to track local need and emerging trends.				
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Sign off	
Lead officer: Jo McCullagh, Consultant in Public Health	Cheshire West and Chester Council
Approved by Tier 4 Manager:	
Moderation and/or Scrutiny	
Date: 8 September 2025	Moderation Panel
Date analysis to be reviewed based on rating (high impact – review in one year, medium impact - review in two years, low impact in three years)	