

Cheshire West and Chester Integrated Health and Wellbeing Service

Evidence based equality analysis

A range of public health responsibilities transferred to Cheshire West and Chester Council from April 2013. Public health brought a range of responsibilities and services including smoking cessation, integrated wellbeing, substance misuse (alcohol and drugs), healthy living centres, health promotion and adult weight management. Many of these services are currently commissioned on a single issue basis and operate independently of other related services even where they are commissioned from the same provider.

At present the inherited set of contracts means that there is an inequity of service across the geography e.g. Chester and Ellesmere Port and rural areas have access to a non-complex weight management service, whilst in Winsford and Northwich, the service is dependent upon provisions from their GP Practice. Not all Practices are offering the service currently. In order to provide equity and better coverage this service has been replaced by an interim service provided via Brio Leisure.

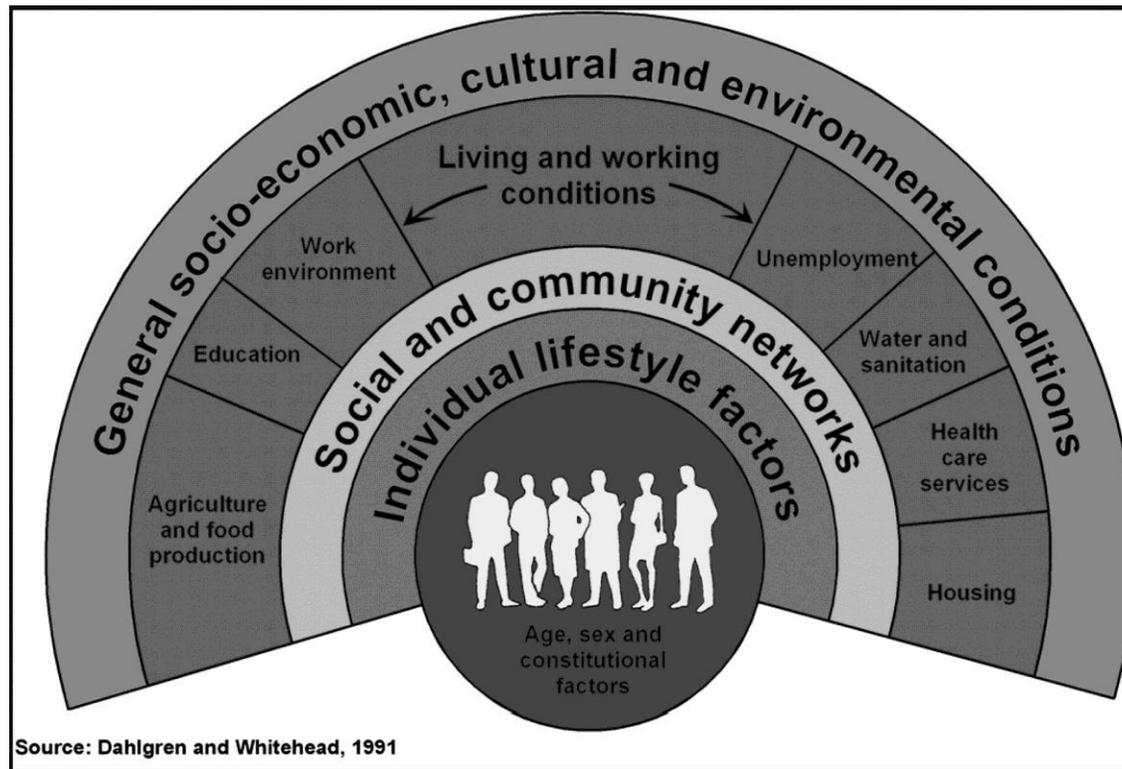
A commissioning intention exists to procure an Integrated Health and Wellbeing Service via a single contract for the whole Council footprint. This presents the opportunity to realise efficiencies, implement effective high quality evidence based best practice and respond to customer and community needs. In August 2013, the Council's Executive approved the intention to re-commission lifestyle services.

Many factors influence and affect the health of individuals. Access to locally based services plays an important part in supporting individuals to be healthy. Social and economic determinants of health including; lifestyle factors, living and working conditions, education, employment, housing and general overarching social, economic, cultural and environmental conditions all play their part.

One way in which we can tackle the current dispersed services as described above is to commission more integrated services that focus on health and wellbeing. An integrated health and wellbeing service is at its simplest defined as a seamless service which has, at its core, an aim to promote health and wellbeing rather than diagnose and treat illness. We are seeking to commission a Council wide holistic approach to lifestyle behaviour based on support for common risk factors, including; low mood, increased weight, inactivity, smoking and increased alcohol consumption.

Encouraging wider lifestyle changes including use of active travel initiatives can also have environmental benefits. This approach aims to empower individuals and seeks to improve quality by providing more targeted and integrated interventions whilst also reducing costs.

The service for health is based on the Dahlgren and Whitehead (1991) model of health determinants which outlines the factors that affect health. The Integrated Health and Wellbeing service will need to work with and through others to influence these factors. Much of this work will be at an operational level across local partnerships.



Making Links

The wellbeing approach goes beyond looking at single-issue, healthy lifestyle services with a focus on illness, and instead aims to take a whole-person and community approach to improving health.

A key element in the delivery of an Integrated Wellbeing service will be to create a network of support structures and partnerships for the hub to refer onto. This connectivity is fundamental to tying individuals into the localised support they need. Key to this will be to

improve connectivity by developing links with other services and organisations to provide an integrated approach to wellbeing and clear referral pathways to:

- other preventative / treatment services such as mental health, sexual health, drugs and alcohol
- primary healthcare services (e.g. GPs)
- Pharmacies
- Secondary care services
- Information, advice and guidance (IAG) services addressing key social determinants of health (e.g. debt, housing, environment, employment, skills)
- Community based activities and initiatives for example time banks
- Voluntary and community sector led networks, services, and activities
- Support mechanisms and networks for vulnerable groups in the community

Public health outcomes

Outcome 1: Increased healthy life expectancy (i.e. taking account of the health quality as well as the length of life)

Outcome 2: Reduce differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities) with a targeted approach for the Council's 40% most deprived wards as follows;

- Blacon Ward in Chester
- Lache Ward in Chester
- Grange Ward in Ellesmere Port
- Ellesmere Port Town Ward in Ellesmere Port
- Netherpool Ward in Ellesmere Port
- St. Paul's Ward in Ellesmere Port
- Rossmore Ward in Ellesmere Port
- Winsford Over and Verdin Ward in Winsford

Our vision for this strategy and the creation of an Integrated Health and Wellbeing Service is to improve the health and wellbeing of our local population and reduce health inequalities, enabling residents to live more fulfilling, independent and healthy lives. We will do this by working with communities and residents to improve opportunities for all.

Lead officer: Stephen Woods

Stakeholders: Cheshire West and Chester Council (Strategic Commissioning, Elected Members and respective Council services (procurement, legal, finance, children’s services, leisure and transport), Clinical Commissioning Groups (Western Cheshire, South Cheshire and Vale Royal), existing and prospective service providers, and urban and rural communities.

Equality analysis is a valuable tool to help embed equality into everything we do

While process is important, equality analysis is essentially about outcomes

Lack of evidence of discrimination is not evidence of a lack of discrimination

It is not acceptable to say that a policy is applied uniformly to all groups and is therefore fair and equal. Applying a policy or procedure consistently may result in differential outcomes for different groups.

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		As part of the consultation process, the needs and aspirations of local residents will be taken into account through online facilities (questionnaires, Council contact details) and community workshops. For example, a meeting was held with the Unity Centre on 14 April 2014 and a consultation event is planned with service users there. The service will provide both universal cover and will also be tailored (according to	

		<p>needs identified with/for particular groups) and targeted to the needs of the community, with a focus on: Black and Minority Ethnic (BME) communities, Gypsies and Travellers, Migrant Workers and asylum seekers.</p> <p>Commissioners will evaluate how the provider will proactively seek to engage with vulnerable and minority groups as part of the procurement process. This will be monitored within the performance framework for the service.</p>	
<p>Disability (as defined by the Equality Act - a person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)</p>		<p>As part of the consultation process, the needs and aspirations of residents will be taken into account through online facilities (questionnaires, contact details) and community workshops. For example, a consultation event will be held at Dial House on 12 June 2014.</p> <p>The service will provide universal cover and will be tailored and targeted to the needs of the community, with a focus on people with physical or learning disabilities and / or mental health issues.</p> <p>A separate meeting has been held with Vision Support and a focus group has been arranged for 10 June 2014. Contact has also taken place with the Deafness Support Network and members of this group have attended the stakeholder event on 7 May 2014.</p> <p>Commissioners will evaluate how the provider will proactively seek to engage with vulnerable groups as part of the procurement process. This will be monitored within the performance framework for the service.</p>	

Gender	The new provider will be required to demonstrate their ability to offer services equally to both genders across a number of locations.	All provisions under the Integrated Health and Wellbeing Service support both men and women and actively seek to reduce any engagement/uptake differences through a targeted approach. In order to address health inequalities there will be an element of targeting with men to improve engagement and take up of services.	
Gender reassignment	The service is required to consider gender reassignment and promote wellbeing.	The service aims to improve access to a network of provisions for all residents. The consultation has reviewed a number of reports in relation to Transgender issues specifically in relation to health and there was transgender representation at the Lesbian Gay Bi and Transsexual (LGBT) focus group. Follow up contact was made with specific contacts.	
Religion and belief	The service is required to demonstrate awareness and sensitivity to religious and cultural beliefs	<p>The service aims to improve access to a network of provisions for all CWAC residents. As part of the consultation process, a member of the Public Health Team will actively promote the consultation at the Faith Event on 3 June 2014 to consult with a wider range of people from faith communities.</p> <p>For example, a meeting was held with the Unity Centre and a consultation event is planned with service users there. Contact has been made with the Wesley Centre and Linkup and questionnaires have been delivered.</p>	
Sexual orientation (including heterosexual, lesbian, gay, bisexual)		The service aims to improve access to a network of provisions for all residents. Consultations with LGBT groups have also taken place as part of the consultation process. For example a focus group was carried out via the Chester Pride group – in addition to this the consultation has reviewed a variety of background studies and consultations carried out by	

		the Lesbian and Gay Foundation. One of the specific target groups for the new service will include those from the LGBT community.	
Age (children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 75/80; older people 81+. The age categories are for illustration only as overriding consideration should be given to needs)		<p>The strategy will focus on where the largest impact is needed and can be made. To this end, the service will include brief interventions across key areas for residents aged between 16 and 81+. Aspects such as stop smoking support will be available from 13 years of age.</p> <p>The provider is required to deliver services that are tailored to needs and preferences of these age groups.</p>	<p>Age groups outside of stated parameters which will focus on adults and young people. Other services exist to mitigate this impact for example the current re-commission around 5-19 years Health and Wellbeing offer.</p> <p>(Medium)</p>
Rural communities	<p>Members of the rural community attended the public stakeholder consultation workshop on 8 May 2014 and their views have been taken into account to inform the strategy. A further consultation event is scheduled to be held in Malpas to gain insight into the views of the rural community.</p>	<p>The service will encompass the entire Cheshire West and Chester localities with a targeted approach in areas of the greatest need. The service aims to improve access to health and wellbeing provisions for all Cheshire West and Chester residents and is informed by the Health and Wellbeing Strategy's (2014-2019) four priority areas:</p> <ol style="list-style-type: none"> 1. Starting well 2. Substance misuse 3. Mental health and wellbeing 4. Ageing well 	
Areas of deprivation		<p>The service takes into account people living in areas of deprivation and the barriers faced in achieving health and wellbeing. The Integrated Strategic Needs</p>	<p>The Financial envelope available will support universal</p>

		<p>Assessment helps inform the service and highlights the changing needs of populations within deprived areas. Consultation workshops are being held in deprived areas, such as Blacon (held at Chester Healthy Living Centre) and Winsford (held at Wyvern House) to ensure easy access to consultations for residents in more deprived areas to express their views. The strategy will take a targeted approach to areas of deprivation to reduce the prevalence of associated health concerns.</p>	<p>access however services will be targeted in the most deprived areas in order to create Capacity where it is needed most.</p> <p>(Low)</p>
Human rights	<p>The service will take into account the human rights of all people living in the Cheshire West and Chester area. For example, close attention will be paid to safeguarding guidelines (children and adults).</p>	<p>This forms an integral part of the principles and approach the service is taking. In addition service users will be encouraged to take an active part in the development and delivery of services. Safeguarding for both adults and young people will form a core element of the service delivery model.</p>	
Health and wellbeing (consider both the wider determinants of health such as education, housing, employment, environment, crime and transport, as well as the possible impacts on lifestyles and the effect there may be on health and care services)		<p>The service is based on the foundation outlined by the Health and Wellbeing Strategy and will incorporate the wider determinants of health through an integrated approach. The service context is in part based on the strategy and adopts its key vision with a focus on the following key outcomes:</p> <ul style="list-style-type: none"> • People lead more healthy lifestyles (including a reduction in drug- and alcohol-related harm) • Improved mental health, wellbeing and personal resilience for our residents • Older residents are living healthier and more independent lives, feel supported and have a good quality of life 	

		<ul style="list-style-type: none"> Emphasises prevention, health promotion and supporting self-care by empowering people to improve the health and wellbeing of themselves and their family. <p>The service aims to have a positive impact on the lifestyles of service users, their families and their communities.</p>	
Procurement/partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)	Providers will be obliged through contracts to ensure equality compliance and actively review and address equality issues on a regular basis	Equality compliance should be improved through embedding equality in the service contract and raising awareness across the service provisions.	

Evidence:

The service will be performance monitored against national and local standards. The service is outcome based and will be required demonstrate improvement against CW&C priorities as identified in the Integrated Needs assessment, for example, a reduction in targeted population obesity rates. The strategy is informed and directed by the findings of the Marmot Review which outlines the link between health and socio-economic status in England.

Consultation and Engagement Plan: Development of an Integrated Wellbeing Service

Objectives

The purpose of this consultation is to;

- Engage a wide range of stakeholders to inform effective development and commissioning of an Integrated Health and Wellbeing Service
- Meet the Council's obligations regarding stakeholder engagement and consultation.
- Ensure that the service which is being commissioned will meet the needs of residents of the Borough.

This Integrated Wellbeing service will meet the shared objectives of the Council, Public Health team and the self care/early identification and prevention aspect of the Clinical Commissioning Group's Long Term Conditions Programme.

Stakeholder groups

- Existing service providers
- Potential service providers
- Current and future service users
- Third sector organisations
- Partner public sector organisations
- Related strategic groups/partnerships
- Elected members and the public

Consultation methods

In order to encourage wide participation in the engagement and consultation there will be a number of different methods utilised (see list below) however we are keen to explore additional innovative and creative approaches to engage communities and individuals.

1. Consultation survey – This will be undertaken in three parts:
 - a. Digital questionnaire advertised to all current and potential service users. Questionnaire to be promoted widely amongst all stakeholder groups listed above electronically and publicly available from Council website and reception areas.
 - b. Digital questionnaire advertised to all stakeholders and identified groups
 - c. Digital questionnaire advertised to contacts at each of the two Healthy Living Centres
2. Appointments surgery – the commissioner will make time available to any of the above stakeholders who wish to discuss the re-commission individually.
3. Development and delivery of a stakeholder event including representatives from the listing above.
4. Facilitated groups – through existing networks there will be the option of group responses, particularly for service users, that are supported by existing networks. This will include dedicated focus groups with user group at the two Healthy Living Centres, Age UK Cheshire, Young People's Services, members of the LGBT Community, members of black and minority ethnic communities and the faith sector.
5. Targeted consultation with major local employers to explore links with the workplace and assess perceived workforce health needs
6. Soft market testing will be undertaken with current and prospective providers to inform how social value criteria can be assessed as part of the procurement process.

An integrated aspect of the consultation will be to gain customer insight to the naming and terminology associated to the service for example which resonates best and is more meaningful Wellbeing or Wellness Services.

Consultation timetable

This consultation is to run for 12 weeks from opening on 24 March 2014. Once the consultation is concluded results will be written up and used to inform the development of a specification for an Integrated Wellbeing Service, which will then enter the procurement phase. The results of the consultation will be available publicly on the consultation page of the Council website and to all parties involved in the process.

Action plan:

Actions required	Key activity	Priority	Outcomes required	Officer responsible	Review date
Age groups	<p>The strategy will focus on where the largest impact is needed and can be made. To this end, the service will include provisions for residents aged between 16 – 81+ aspects such as stop smoking support will be available from 13years</p> <p>The provider is required to deliver services that are tailored to needs and preferences of these age groups.</p>	Medium	Ensure other Council provisions satisfy needs of children and young people – specifically Health and Wellbeing Offer 05-19 years	Stephen Woods	23 June 2014
Financial envelope	In order to make sure there is sufficient capacity to deliver the new service –	Low	Ensure through contract specifications that the financial capacity meets the scope of the service – look to enhance the	Stephen Woods	23 June 2014

	additional funding routes are being considered – there will also be an opportunity for further review.		funding envelope by exploring additional services that may be integrated into the model for example the current 'Keeping Well Programme' and potentially elements of the active transport plan		
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Sign off	
Lead officer:	Stephen Woods
Approved by Head of Service:	Caryn Cox
Moderation and/or Scrutiny	
Date: 5 June 2014	Moderated at strategic commissioning directorate equality group, approved subject to changes now incorporated
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)	

Please forward the completed Equality Analysis to the Equality and Diversity Managers for publishing on the Council's website