

Integrated Wellbeing Services Commission

Evidence based equality analysis

Background

Our vision is to provide support to our west Cheshire residents to live well, by addressing the factors that influence their health and well-being and building their capability to be independent, resilient and maintain good wellbeing for themselves and those around them. Our approach of an integrated wellbeing service is to provide a holistic, efficient and effective service, beneficial to the client and the referrer. The integrated wellbeing service is being commissioned via a service redesign process from 1 April 2019. The contract includes:

Smoking cessation

Weight management

Exercise safely

Falls prevention

Consultation

Planning, improvements and any potential or proposed changes to services must be discussed and planned for at as early a stage as possible, including assessment and mitigation of risks to other services regardless of whether they are commissioned by the Local Authority or other commissioners. Mechanisms for engagement with service users and local populations should always include consultation. Key stakeholders, service users, carers and those from under represented population groups, including a diverse range of representatives from protected characteristics under the Equality Act 2010 must have full involvement in decisions which affect their life, including the choice of a particular form of support treatment or care.

As part of the Quality Assurance Cycle, the service shall be required to provide evidence of how the views and experiences of the service users, carers, staff and referring agencies have been used to improve quality, inform decision making and actively develop the service.

Equality and Diversity

The Service 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. The following protected characteristics are set out in the Equality Act 2010, Age, Sex, Race, Religion and Belief, Sexual Orientation, Disability, Pregnancy and Maternity, Gender Reassignment and Marriage and Civil Partnership.

The Service must issue their own written policies covering anti-discriminatory practice and harassment. All employees working with service users must receive equality and diversity training and be competent to apply the above policies.

The Service will ensure employees understand, and are sensitive to, the particular needs of minority groups. Equality training will be provided to ensure support is provided in a culturally sensitive way. All services should be able to meet special communication needs, such as, providing translators or interpreting services, where requested or necessary.

The Service will actively monitor the implementation and impact of its Equality and Diversity policies and provide the Commissioner with reports when requested.

Digital

There is an increased focus on digital offer opportunities being made available across the Public Health agenda. Digital is best seen as a way of doing things rather than just a list of technologies and tools. Above all digital refers to working in a different way and putting users and people in the middle of what we do. It is about an open, faster culture and it is about learning by doing.

Digital services and products include (but are not restricted to):

- maintaining or redeveloping existing websites and content
- the new PHE intranet
- digital ways of engaging
- mobile applications
- collaboration tools
- social media channels
- the databases that support and connect all of these.

The services will help ensure delivery of the three key themes of the Council Plan.

The first key theme of the Council’s Corporate Plan 2016 – 2020 “Helping the Borough Thrive” is **Thriving Residents**. The new services will enable residents of the Borough to continue to access preventative services, supporting them to improve their health and wellbeing, and providing specialist treatment and advice when required. This in turn will support families to provide an environment that enables children to get the best possible start in life. The service will have a particular focus on key vulnerable groups, such as homeless, looked after children, LGBT community.

The second key theme is **Thriving Communities**. The services will be required deliver benefits to communities by engaging with local networks and third sector providers, in order to bring services to areas with most need. It will focus on prevention of ill-health and supporting self-sustained well-being.

The third key theme is **Thriving Economy**. The success of this service will improve the health of the workforce overall and reduce the burden of ill-health, particularly long-term, on the local economy.

Lead officer: Claire Glazzard, Public Health Programme Lead

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 (including Gypsies and Travellers; migrant workers, asylum seekers etc.)	<p>Regardless of race and ethnicity there are set eligibility criteria for free service access</p> <p>All services should be able to meet special communication needs, such as, providing translators or interpreting services, where requested or necessary</p>	<p>Services will be open to all members of the community that meet the eligibility criteria and service providers will be asked to provide outreach services to 'seldom seen' groups in the borough and to ensure equality and diversity characteristics of service users are monitored to assess service accessibility</p> <p>Resources are available in a number of different languages, easy read and braille options</p>	<p>Service users must meet eligibility criteria in order to access free service</p> <p>Low - Services are available for all via digital and paid options</p> <p>If the Interpreter is not physically present, therefore not having face-to-face contact with the individual, all issues may not be expressed</p> <p>Low – resources available in a number of different languages; appointments can be arranged for convenience</p> <p>Use of an interpreter could result in miscommunication or understanding</p> <p>Low – appropriate governance/compliance and quality assurances processes in place</p>
Disability (as defined by the Equality Act - a person has a		An increased focus on digital and self-care access for some public health services may improve	Service users must meet eligibility criteria in order to access free service

<p>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>access for some groups with disabilities where fewer attendances at service centres may be required</p> <p>Anyone with a learning or physical disability are eligible for free weight management service within a set BMI range</p> <p>Accessibility is a core aspect of the service specification including in relation to physical access to premises. All premises will be fit for purpose for the services delivered in that particular location, be well maintained and compliant with the Equality Act.</p>	<p>Low - Services are available for all via digital and paid options</p> <p>Literacy levels or the disability prevents the use of the digital provision</p> <p>Low – resources and access available in a range of accessible formats (i.e. Braille, Easy read) and locations</p>
<p>Sex</p>	<p>Regardless of gender there are set eligibility criteria for free service access</p> <p>The service will need to demonstrate their ability to offer service equally to all genders</p>		
<p>Gender identity (gender reassignment)</p>	<p>The new service will be required to maintain equality of access as required in current specifications</p>		
<p>Religion and belief</p>	<p>The new services will be required to maintain equality</p>		

	<p>of access as required in current specifications</p> <p>The service is required to demonstrate awareness and sensitivity to religious and cultural beliefs</p>		
<p>Sexual orientation (including heterosexual, lesbian, gay, bisexual)</p>	<p>The service will be required to demonstrate their ability to offer services to people of any sexual orientation and meet the eligibility criteria for free access to provision</p>	<p>Any potential or proposed changes to services must be discussed and planned for at as early a stage as possible, including assessment and mitigation of risks to other services regardless of whether they are commissioned by the Local Authority or other commissioners</p> <p>Stakeholders will include: LGBT community, MSM, WSW, gay and bi-sexual men and women, trans and non-binary community</p> <p>Sub-contractors are skilled to provide services to these groups</p>	
<p>Age (children and young people aged 0 – 24, adults aged 25 – 50, younger older people aged 51 – 80; older older people 81+. The age categories are for illustration only as</p>	<p>The age ranges for the proposed service will not alter. In the main this is an adult service with smoking cessation provided from 13 years</p>	<p>Services are required to take a Team around the Family approach and in particular to consider the needs of children of service users</p> <p>Compliance with the Local</p>	<p>People may not be able to access or have the skills to utilise the digital provision</p> <p>Low – face to face provision is available for eligible groups (specifically 13-18 year olds for</p>

<p>overriding consideration should be given to needs)</p>	<p>Strength and balance services for people aged 65 and over</p>	<p>Safeguarding Children’s Board’s and Local Safeguarding Adults Board’s policy, procedures and protocols must be regularly audited (including case note audit) and the service will be required to demonstrate their procedures on the safe recruitment and selection of staff and volunteers accord with any guidance issued by the Local Safeguarding Children Board and Local Safeguarding Adults Board. The service shall ensure all staff are trained to a level appropriate to their role.</p>	<p>smoking cessation). Signposting to support with computer courses/use of online tools is available via partner organisations e.g. Workzones, New Leaf, Ageing Well Services</p> <p>The offer of free leisure passes for the over 75’s will be discontinued</p> <p>Low - This has been mitigated with the offer of leisure membership to this group at a drastically reduced price. The service is also complemented with a newly established Strength and Balance service targeted at older people who are most at risk of falls</p>
<p>Carers</p>	<p>The service will be offered to all individuals irrespective of their caring status, if they meet the eligibility criteria for free service. If a service user wishes their carer to be involved to support them, this will be accommodated</p>	<p>An increased digital offer may increase service accessibility for those with caring responsibilities. Services are asked to consider service location and accessibility and in particular to ensure that the service is available out of normal working ours including evenings and weekends</p> <p>Services are asked to assess all service users to establish carer</p>	

		status as part of assessment/ access to service requirement	
Rural communities	The service will be required to maintain equality of access as required in current specifications	<p>An increased digital offer will support some people living in rural areas to access the services they need without the need to travel</p> <p>The Service will implement the principles of Asset Based Community Development to identify the skills and strengths of each individual and encourage community engagement to utilise those skills, and, facilitate self-care and peer support for service users</p>	<p>For some elements of service, individuals may be required to access via more centralised hubs if they are unable to utilise digital provision</p> <p>Low – a person centred approach allows for a range of options available and preferences to be selected as appropriate</p>
Areas of deprivation	Service is required to record and monitor use of service by classification of protected status (see Equality Act 2010)	Some aspects of the service may specifically target areas of deprivation	<p>Not all community members in areas of deprivation will be able to access free provision</p> <p>Medium - subsidised rates are available to access service provision. Digital offer will reduce transport costs and widen participation/access to free resources</p>
Human rights	The service is required to demonstrate compliance with the Human Rights Act as it applies to young people and adults	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	
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)	The service offers a combination of primary, secondary and tertiary prevention services which will impact and reduce demand on hospital and secondary care systems	The service is designed to improve the health and wellbeing of residents. Health and wellbeing outcomes will be monitored throughout the contracts	
Procurement/partnership (if project due to be carried out by contractors/partners etc, identify steps taken to ensure equality compliance)	Tendered specification will require compliance with equality and diversity, as per current specifications		

Evidence:

- Integrated wellbeing service specification 2019-2024
- Business case
- Consultation response

Action plan:

Actions required	Key activity	Priority	Outcomes required	Officer responsible	Review date
Consultation	Must engage with	Medium	Consultation	Claire Glazzard	September

	population groups as part of consultation for any amendments/ changes/ planning or developments within the service		response		2020
Equality Analysis	Requirement for the service to complete an equality analysis (EA). Note. Any change warrants a review of the EA.	Low	Completed equality analysis report from the Service	Claire Glazzard	October 2020
Contract meeting reviews	Quarterly review meetings to ensure compliance and quality assurance	Medium	Quarterly monitoring reports from service and meeting minutes	Claire Glazzard	April 2020

Sign off	
Lead officer:	
Approved by Tier 4 Manager:	Donald Read
Moderation and/or Scrutiny – virtual moderation by People Directorate Equality Group	
Date: 10 May 2019	
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)	Three years