

# Equality Impact Assessment [version 2.12]



Title: Commissioning of Targeted Healthy Weight Service for Adults, Families and Children	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input type="checkbox"/> New <input checked="" type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Public Health and Communities	Lead Officer name: Grace Davies
Service Area: Public Health	Lead Officer role: Public Health Principal

## Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the [Equality and Inclusion Team](#) early for advice and feedback.

### 1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

The contract for our current healthy weight service ends in March 2026. This proposal seeks delegated authority to procure and award a contract for targeted healthy weight service provision.

The current service has delivered a range of targeted services to adults and families in Bristol over the last 2 years and have provided expert training and support to the School Health Nursing Service and other multi-agency professionals.

Data shows that 60% of adults and families who enrolled went on to complete the programmes and achieve meaningful weight loss of between -0.2 and -0.5 change in BMI (2023 service data). Further behaviour change outputs from participants attending programmes also demonstrated increases in cooking confidence, increases in portions of fruit/veg consumed and improved mental wellbeing.

Insight work has been conducted with people with lived experience to co-design services with communities and partner organisations. This aimed to understand the experiences and attitudes of people in Bristol regarding their health and wellbeing, with a particular focus on healthy body weight and on the social, economic and environmental factors which can impact health. This was targeted at areas with higher levels of deprivation, obesity and health risk. Those interviewed were mostly from Black Caribbean, Black African and South Asian communities. This work will continue to build learning and inform service design.

#### Aim

The proposal aims to build on the experience and learning from our current healthy weight service to set up a longer-term, sustainable and innovative targeted weight management offer across Bristol. The service will provide a range of appropriate support for children and young people, families and adults.

The ultimate ambition is enabling communities to work alongside a healthy weight services provider to fully participate in future service delivery, adopting an asset-based systems and community development approach.

## 1.2 Who will the proposal have the potential to affect?

<input type="checkbox"/> Bristol City Council workforce	<input checked="" type="checkbox"/> Service users	<input checked="" type="checkbox"/> The wider community
<input type="checkbox"/> Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	
Additional comments:		

## 1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	[please select]
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The service or intervention will aim to support the reduction of health inequalities caused by excess weight and obesity. The proposal will aim to have a positive equality impact by targeting priority groups to reduce inequalities through targeted promotion and providing the opportunity to access the service first, for example people/families who live in the most deprived neighbourhoods.

The Community Asset Based approach is a key part of the service and will form the basis of future services, using learning from the 'deep listening' pilot work and utilise existing community networks, continuing to work closely with the Communities Teams to develop and shape programmes appropriate for that community.

There will be selection criteria to assess the Service in accordance with the NHS Provider Selection Regime regulations, set out in [adult weight management service](#) and [children and families service guidance](#).

The service has the potential to change quality of life for the people who are overweight and obese. There is greater potential to have an impact on improving quality of life for groups which are identified to experience inequalities.

## Step 2: What information do we have?

### 2.1 What data or evidence is there which tells us who is, or could be affected?

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: [How we measure equality and diversity \(bristol.gov.uk\)](#)

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics](#)

and intelligence (sharepoint.com). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](#) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
<b>National</b>	
<a href="#">Whole systems approach to obesity - GOV.UK (www.gov.uk)</a>	<p>A guide and set of resources to support local authorities with implementing a whole systems approach to address obesity and promote a healthy weight.</p> <p>This recommends a long term, system wide approach to tackling overweight and obesity that is tailored to local need and works across the life course (referred to as the 'whole systems approach').</p>
<a href="https://www.gov.uk/government/publications/obesity-weight-management-and-people-with-learning-disabilities/obesity-and-weight-management-for-people-with-learning-disabilities-guidance">https://www.gov.uk/government/publications/obesity-weight-management-and-people-with-learning-disabilities/obesity-and-weight-management-for-people-with-learning-disabilities-guidance</a>	<p>This guidance is for public health staff commissioning or running weight management services and other mainstream health professionals working to support people to lose weight. It advises about specific aspects of weight management for people with learning disabilities.</p> <p>The guidance is used to inform service design.</p>
<a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf</a>	<p>This research highlighted the disproportionate effect of COVID 19 on Black, Asian and Minority Ethnic adults.</p> <p>It includes various recommendations, including:</p> <ul style="list-style-type: none"> <li>- "Improve access, experiences and outcomes of NHS, local government and integrated care systems commissioned services by Black, Asian and Minority Ethnic communities".</li> <li>- "Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight".</li> </ul> <p>Service design aims to build upon the insight work conducted to gain experience and learning as part of the existing service. This work has particularly targeted the priority groups, including Black, Asian and Minority Ethnic residents. This research also supports the targeted approach taken.</p>
<p>Guh et al. (2009) The incidence of co-morbidities related to obesity and overweight: a systematic review and meta-analysis. BMC Public Health. 2009 Mar 25; 9:88. doi: 10.1186/1471-2458-9-88. PMID: 19320986; PMCID:</p>	<p>This research paper concludes that the maintenance of a healthy weight could be important in the prevention of the large disease burden in the future.</p>

<p>PMC2667420. Available at <a href="https://pubmed.ncbi.nlm.nih.gov/19320986/">https://pubmed.ncbi.nlm.nih.gov/19320986/</a></p>	<p>This research underpins the commissioning of the service.</p>																						
<p><b>Local data</b></p>																							
<p><a href="#">JSNA 2023.24 - Healthy Weight Children (bristol.gov.uk)</a></p>	<p>The Joint Strategic Needs Assessment collates various data sets to provide an understanding of prevalence of excess weight for children in Bristol.</p> <p>This shows that around 1 in 5 (21.5%) of Bristol resident children in reception year (4-5 years old) and more than 1 in 3 (35.2%) of year 6 pupils (10-11 year olds) had excess weight (data collected 2022/23).</p> <p>This underpins the family approach taken by the service and ambition to provide longer-term services for children/young people, families and adults that are innovative, sustainable and effectively targeted.</p>																						
<p><a href="#">JSNA 2023.24 - Healthy Weight (bristol.gov.uk)</a></p>	<p>The Joint Strategic Needs Assessment collates various data sets to provide an understanding of prevalence of excess weight for adults in Bristol.</p> <p>This shows that over half of the adult population in Bristol are overweight or obese (55.2%), highlighting the need for healthy weight services.</p> <p>The data also identifies higher risk populations in Bristol which underpins the population groups who are targeted for this service. This data will be reviewed periodically during the contract and target groups aligned accordingly.</p>																						
<p><a href="#">Bristol Quality of Life dashboard 2023/24</a></p>	<p>There are marked differences in the extent to which citizens in Bristol <u>self-identify</u> as overweight or obese based on their characteristics and circumstances (including locality and deprivation).</p> <p>This is useful data to compare with health / medical data because there are likely to be ethnic, cultural and class-based differences in the way people recognise and interpret their weight and body shape:</p> <table border="1" data-bbox="890 1610 1442 2101"> <thead> <tr> <th>Quality of Life Indicator</th> <th>% overweight or obese</th> </tr> </thead> <tbody> <tr> <td>16 to 24 years</td> <td>27.1</td> </tr> <tr> <td>50 years and older</td> <td>56.5</td> </tr> <tr> <td>65 years and older</td> <td>57.0</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Female</td> <td>44.1</td> </tr> <tr> <td>Male</td> <td>50.0</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Disabled</td> <td>63.2</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Black Asian &amp; Minority Ethnic</td> <td>50.8</td> </tr> </tbody> </table>	Quality of Life Indicator	% overweight or obese	16 to 24 years	27.1	50 years and older	56.5	65 years and older	57.0			Female	44.1	Male	50.0			Disabled	63.2			Black Asian & Minority Ethnic	50.8
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White Minority Ethnic	41.3
White British	47.5
Asian/Asian British	48.5
Black/Black British	59.6
Mixed Ethnicity	48.0
White	46.8
Lesbian Gay or Bisexual +	47.7
No Religion or Faith	42.1
Christian Religion	53.2
Other Religions	57.8
Carer	53.2
Full Time Carer	59.8
Part Time Carer	51.0
Single Parent	53.9
Two Parent	46.4
Parent (all)	47.4
No Qualifications	65.2
Non-Degree Qualified	55.9
Degree Qualified	42.2
Rented (Council)	65.0
Rented (HA)	46.8
Rented (Private)	40.0
Owner Occupier	47.9
Most Deprived 10%	57.0
<b>Bristol Average</b>	<b>47.2</b>

Quality of Life Indicator	% overweight or obese
Ashley	29.2
Avonmouth & Lawrence Weston	55.2
Bedminster	42.6
Bishopston & Ashley Down	36.5
Bishopsworth	54.1
Brislington East	59.9
Brislington West	49.8
Central	41.9
Clifton	33.1
Clifton Down	33.4
Cotham	37.3
Easton	41.9
Eastville	46.9

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<a href="#">Ward profiles Microsoft Power BI</a>	<p>Collates various data sources for each ward.</p> <p>This data is used to underpin targeting of services e.g. deprivation.</p>																																												
<p><b>Additional comments:</b></p> <p>Overweight and obesity is a serious health concern that increases the risk of many other health conditions, including Type 2 Diabetes, cardiovascular disease, joint problems, mental health problems, and some cancers. There are key population groups (adults and children) with significantly increased risk of overweight and obesity:</p> <ol style="list-style-type: none"> <li>1. Disabled people</li> <li>2. Ethnicity - the prevalence of overweight and obesity (and type 2 diabetes, which is associated with obesity) is much greater amongst adults from Black African, African Caribbean and South Asian background. The most recent 2 years of data show stark differences by ethnicity and gender for year 6 pupils, with female Black and Black British pupils (48%) were on average more likely to a statistically significant extent to be overweight or obese than the Bristol schools average for female pupils in year.</li> <li>3. Deprivation: 57% of adults living in the 10% most deprived areas of the city have excess weight, compared with 42.6% in the 10% least deprived areas. In year 6 pupils, around 44% of children living in the 20% most deprived areas of city are overweight or obese, compared to well under half that for those living in the least deprived 20% of the city.</li> </ol> <p><a href="#">JSNA 2023.24 - Healthy Weight (bristol.gov.uk)</a> and <a href="#">JSNA 2023.24 - Healthy Weight Children (bristol.gov.uk)</a></p>																																													

## 2.2 Do you currently monitor relevant activity by the following protected characteristics?

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input type="checkbox"/> Gender Reassignment
<input type="checkbox"/> Marriage and Civil Partnership	<input type="checkbox"/> Pregnancy/Maternity	<input checked="" type="checkbox"/> Race
<input checked="" type="checkbox"/> Religion or Belief	<input checked="" type="checkbox"/> Sex	<input checked="" type="checkbox"/> Sexual Orientation

## 2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

The ongoing insight work involves establishing relationships with and engaging with the community to influence the co-design of this service.

There are gaps in overall diversity data at a local and national level for some characteristics e.g. gender reassignment – especially where this has not historically been included in statutory reporting e.g. for sexual orientation. As council we rarely monitor marriage and civil partnership. There is a corporate approach to diversity monitoring for service users and our workforce, however the quality of available evidence across various council service areas is variable. No robust data on gender identity exists. Gaps in data will exist as it becomes out of date or is limited through self-reporting.

## 2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to [Managing a change process or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

The current service has included a co-design phase which has built relationships and initiated discussions with local communities to understand need and co-design services which will continue to inform service development. It is proposed that the service will take an asset-based community development approach to embed co-design and continuous learning into the service.

Weight management is one of the three priorities areas for the 'healthy body' aims of the [Bristol Health and Wellbeing Strategy 2020-25](#), as well as featuring among the aims within the Healthier People & Places programme of the One City Plan ([Bristol One City, 2023](#)) and [Belonging Strategy](#) (Bristol One City, 2021). It also aligns with themes 1, 4 and 5 of the Corporate Strategy.

The One City Plan aims to use the collective power of Bristol's key organisations by supporting partners, organisations, and citizens to help solve key challenges, which includes improving the mental and physical health of all residents. The weight management service aims to align with this approach.

The adoption of the [Local Authority Healthy Weight Declaration in February 2020](#), together with NHS Partner Pledges, has continued to benefit this whole-systems working. In particular, the workstreams set up to support healthy eating and food equality, are foundational in our approach to supporting healthy weight - linking to community anchor organisations and developing a community-led approach.

## 2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

The proposed service will continue to build on the learning and knowledge gained so far, to co-design services embedded within local communities. The service will be able to demonstrate links with local VCSE and statutory partners, notably the new Integrated Care Provider networks and other NHS weight management services.

The Community Asset Based approach to service delivery will ensure utilising client, partner, and stakeholder feedback to continually improve delivery, with the service including co-production with members of the target population. Monitoring and evaluation of the service will be carried out in partnership with commissioners or third parties appointed by commissioners. Furthermore, where a referred service user is not eligible for the service, alternative provision should be sought wherever possible. The provider will develop strong relationships with statutory and community partners who may be able to offer support to those who may not be eligible for this service and will refer or signpost accordingly.

The proposal also aligns with the Council's Corporate Plan. This outlines the Bristol City Council's commitment to working with partners to empower communities and individuals, increase independence and support those who need it.

## Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](https://www.bristol.gov.uk/equality-impact-assessments-eqia/)

### 3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the 'Action Plan' Section 4.2 below.

<b>GENERAL COMMENTS</b> (highlight any potential issues that might impact all or many groups)	
While we have not identified any direct negative impact from the proposal, we are aware from the evidence above of existing disparities for Bristol citizens based on their characteristics and circumstances. We will aim to address this where possible by ensuring service delivery is informed by accessible and inclusive co-design principles and ongoing engagement to meet the needs of Bristol's diverse citizens.	
<b>PROTECTED CHARACTERISTICS</b>	
<b>Age: Young People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	1 in 5 (21.5%) of children in reception year in Bristol (4-5 years old) and 1 in 3 (35.2%) of year 6 pupils (10-11 year olds) have excess weight (are overweight or obese) (2019/20). Data for 2022/23 indicated a prevalence of around 15.2% for reception aged pupils living in the least deprived 20% of the city, compared to 26.5% for those living in the most deprived 20% of the city.
Mitigations:	The service will target Bristol Wards with a high proportion of people living in the most deprived areas, taking a whole family approach and targeting children and young people. See general mitigations above.



<b>Age: Older People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Quality of Life survey shows more people aged 65 and over (56.9%) have excess weight compared to the city average (47.2%). People aged 65+ may be less likely to be comfortable using digital services (23/24).
Mitigations:	The service will target older people. See general mitigations above.
<b>Disability</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Significantly more Disabled adults (63.2%) have excess weight compared to the city average (47.2%). Disabled people are likely to face significant additional barriers to accessing services – including physical barriers and communication barriers etc (23/24).
Mitigations:	The service will target Disabled people and use a range of accessible formats. See general mitigations above.
<b>Sex</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Men (50%) are more likely to have excess weight than women (44.1%), but women are more likely to be obese (BMI ≥ 30) (23/24).
Mitigations:	The service will target overweight and obesity in men and obesity in women using a range of communication methods to meet the needs of a wide range of Bristol citizens. See general mitigations above.
<b>Sexual orientation</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Pregnancy / Maternity</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	In Bristol the % of women with obesity (BMI over 30) booking maternity care has gradually increased from 18.8% in 2013 to 20.2% in 2020 (21/22).
Mitigations:	Following NICE and The Office of Health Improvement & Disparities (OHID) guidance the service will be appropriate for women before, during and after pregnancy and their families. The service takes a whole family approach to supporting parents and children.
<b>Gender reassignment</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Race</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	41.3% of White Minority Ethnic adults had excess weight compared to 59.6% of Black adults, both of which differ significantly to the city average (47.2%). Some groups may face additional language and cultural barriers to accessing appropriate services (23/24).
Mitigations:	The service will target Black, Asian and Minority Ethnic communities, (e.g. Polish community). Service delivery will be in a range of accessible formats to meet the needs of a wide range of Bristol citizens
<b>Religion or Belief</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>Marriage &amp; civil partnership</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>OTHER RELEVANT CHARACTERISTICS</b>	
<b>Socio-Economic (deprivation)</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	57.0% of adults living in the 10% most deprived areas have excess weight, significantly above the city average (47.2%). This compares to 42.6% of adults with excess weight living in the 10% least deprived areas (23/24).
Mitigations:	The service will target Bristol Wards with a high proportion of people living in the most deprived areas. Service delivery will be in a range of accessible formats to meet the needs of a wide range of Bristol citizens.
<b>Carers</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	

Mitigations:	
<b>Other groups</b> [Please add additional rows below to detail the impact for any other relevant groups as appropriate e.g. asylum seekers and refugees; care experienced; homelessness; armed forces personnel and veterans]	
Potential impacts:	
Mitigations:	

### 3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our [Public Sector Equality Duty](#) to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

The ambition of this service is to reduce health inequalities caused by excess weight and obesity between groups where inequalities exist, for example our most and least deprived communities, and between Black, Asian and Minority Ethnic populations and White citizens in Bristol.

This proposal takes the necessary steps to meet the needs of people from protected groups as it will be targeted specifically at people with particular protected characteristics. It also encourages people from protected groups to participate in "public life or in other activities where their participation is disproportionately low". The community conversations and co-design has the potential to foster good relations between people who share a protected characteristic and those who don't.

This proposal also aims to contribute towards the gap in life expectancy between the most deprived and least deprived groups in Bristol is currently 16.3 years for men and 16.7 years for women ([JSNA healthy life expectancy \(bristol.gov.uk\)](#)).

## Step 4: Impact

### 4.1 How has the equality impact assessment informed or changed the proposal?

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

<b>Summary of significant negative impacts and how they can be mitigated or justified:</b>
<b>Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:</b>
This proposal specifically aims to address the negative impacts of unhealthy weight and will highlight priority groups who may experience inequalities.

### 4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
Using this Equality Impact Assessment tool has highlighted the importance of community involvement and stakeholder engagement. We will ensure that the previously outlined co-production actions are adhered to and emphasised.	Service provider	Contract length (5 years (+2 +2 years))

Improvement / action required	Responsible Officer	Timescale

### 4.3 How will the impact of your proposal and actions be measured?


How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

Regular monitoring meetings will be held with the provider to make sure that community engagement is met.

The provider must use validated tools when evaluating the service and adhere to the specifications set out by DH&SC for use of this funding.

### Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the [Equality and Inclusion Team](#) before requesting sign off from your Director<sup>1</sup>.

<b>Equality and Inclusion Team Review:</b> <b><i>Reviewed by Equality and Inclusion Team</i></b>	<b>Director Sign-Off:</b> 
Date: 25.06.2024	Date: 01/7/2024

<sup>1</sup> Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.