

Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)



Name of proposal	Decommissioning of weight management services (Adults and Children and Families) at the end of contract (September 30 th 2019)
Directorate and Service Area	People
Name of Lead Officer	Sally Hogg

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?

The proposal being considered with regard to the provision of Weight management Services by Bristol City Council is to:

Decommission the service provision of Weight Watchers, Slimming World and Alive and Kicking as a saving in the context of the overall public health budget. Evidence states that focusing on individual weight management will never stem the growing concern around obesity without taking into account the environment and way we live our lives e.g. the way we eat, work, play etc.

We therefore intend to develop a whole system approach to healthy weight, where there is a concerted and systematic approach to tackling obesity in children and adults through changing the environment e.g. making it easier to access healthy food, physical activity and other activities, transport systems etc. and working with health professionals, schools, businesses, partners in planning and transport to make it easier to live a healthier life, particularly in deprived areas of the city. This means joining up many of the initiatives that already exist and developing plans and partnerships across the city, therefore influencing and creating the conditions for a changing environment.

Step 2: What information do we have?

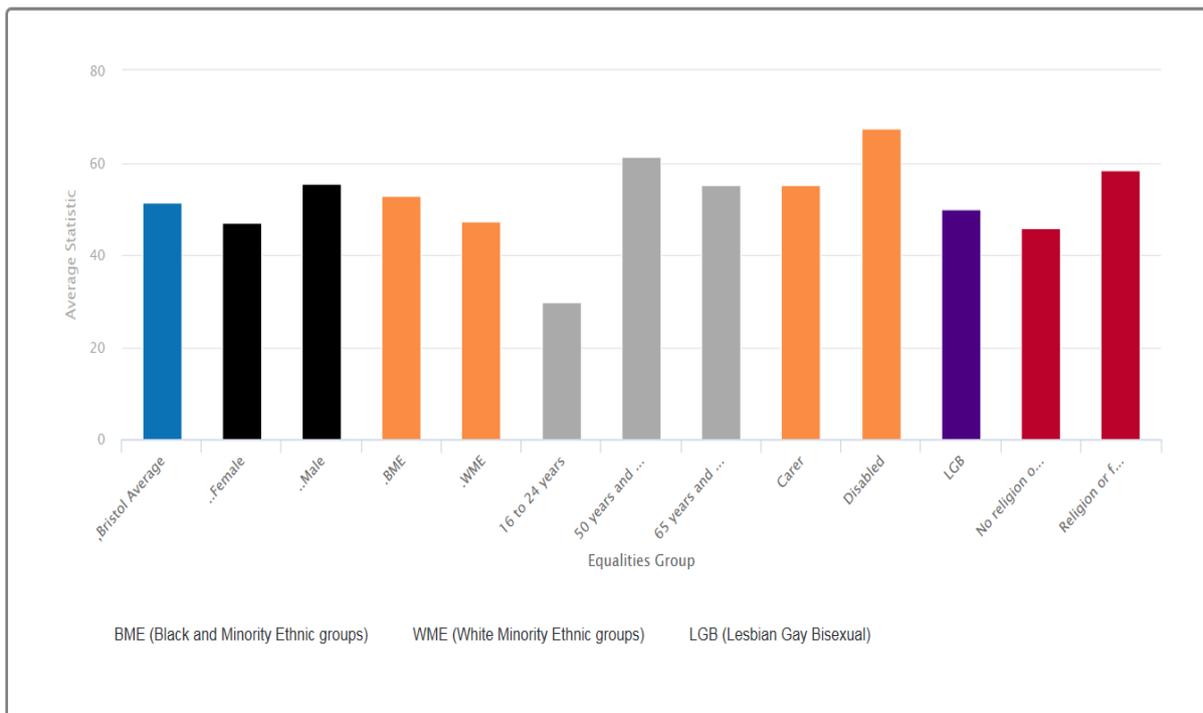
Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

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

Obesity is a complex problem with different but often interlinked causes. No single measure is likely to be effective on its own in tackling obesity, and all evidence is moving away from focus on weight management in individuals to a whole system approach. The burden of adult and childhood obesity is being felt the hardest in more deprived areas - low income households are more than twice as likely to be obese than those in higher income households and this inequality gap is increasing. Adults and children from black and minority ethnic families are also more likely than white families to be overweight or obese.

In Bristol 24% of children in reception are overweight, with some children being very seriously overweight. This rises to 33% in Year 6 (based on 2016-17 figures). Children who are deemed overweight or obese, including feedback following participation in the National Weight Management Programme are offered a 12 week programme of a family based intervention. In 2017/18 there were 334 referrals and 198 completers for the Alive and Kicking programme, weighted towards more deprived areas.. The evidence base for multicomponent child weight management is still weak and evidence of long term impact is still inconclusive.

The current adult weight management services are 12 week programmes and have been available through referral from GPs and pharmacists and through self-referral. 2,829 adults started the programme in 2017/18 with 1,565 (56%) completing the programme which mainly appealed to women, with only 12.5% of referrals coming from males in 2017/18. There is no evidence that weight loss is sustainable. Age ranges varied with most participants being in the 30-59 age groups. Referrals were less from the least deprived areas of the city with most referrals coming from the most deprived wards (Please note this is general data and cannot be attributed to individual deprivation).



Percentage of people who say they are overweight or obese (Bristol 2018 Quality of Life Survey)

Bristol Average	51.3%
Female	41.7%
Male	55.6%
BME (Black and Minority Ethnic Groups)	52.9%
WME (White Minority Ethnic Groups)	47.3%
16 to 24 years	29.9%
50 years and over	61.3%
65 years and over	55.1%
Carer	55.3%
Disabled	67.6%
LGB	50.0%
No religion or faith group	45.9%
Religion or faith group	58.4%

2.2 Who is missing? Are there any gaps in the data?

Evidence suggests although some population groups with protected characteristics experience the poorest health outcomes, many of these groups are not accessing existing services. Most of the data extracted around these population groups is national as local data is limited in identifying BAME and many other groups with protected characteristics. Despite equality monitoring being included in existing contracts this data is poorly recorded (or often not recorded at all) which makes it difficult to identify if we are reaching the populations with the poorest health outcomes. Qualitative data is limited and often excludes those communities who do not currently use our services.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

We held a public consultation on the proposal. This was targeted to ensure that protected groups had an opportunity to make comments. The majority of respondents agreed with the proposal.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?

Decommissioning the services will have a disproportionate impact on women and potentially those who live in the more deprived areas of the city. However commercial slimming programmes are widely available throughout Bristol, and there is evidence to suggest that if we pay for something we are more likely to make the most of it. We wish to work towards a city that supports people to make healthy choices the easy choice - Sugar Smart, Bristol Eating Better Awards, Couch to 5K and moving people from inactivity to activity. Childhood obesity is linked to poor health outcomes in adulthood and it is crucial that we change our environment and work with settings – children’s centres, schools etc. as part of a whole system approach. Alive and Kicking had a modified programme for children with additional needs. This part of the service will be taken on by the Specialist School Nursing

team. The current arrangements took no heed of people with protected characteristics.
3.2 Can these impacts be mitigated or justified? If so, how? Future arrangements will focus on areas of inequality – working with the whole system around food provisions, healthier high streets, accessible fruit and vegetables and the ability to cook a meal from scratch. Focus will be on areas of the city with different cultures and need. This is demonstrated in the One City Plan timeline from 2019 to 2050, to reduce childhood obesity and long term health effects from unhealthy lifestyles such as heart disease, some cancers and diabetes.
3.3 Does the proposal create any benefits for people with protected characteristics? N/A
3.4 Can they be maximised? If so, how? We will be engaging with communities through focus groups to establish what will support people to lead healthier lives and to influence all areas of the city to support people to do so through cycling, walking, growing , food accessibility etc.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal? We know that there are currently low levels of access to our services and poorer health outcomes for groups with deprivation and protected characteristic and wish to ensure that any future provision is focused on those areas by changing the environment.
4.2 What actions have been identified going forward? We will refocus on a population-wide approach to address obesity.
4.3 How will the impact of your proposal and actions be measured moving forward? Our focus will be changing the environment which will necessitate asking people what will support them to lead healthier lives.

Service Director Sign-Off: 	Equalities Officer Sign Off:  Duncan Fleming
Date: 7/3/2019	Date: 15/5/2019