

## Bristol City Council Equality Impact Assessment Form

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



Name of proposal	Alive Bristol and the Healthy Weight Declaration
Directorate and Service Area	Public Health, ACE
Name of Lead Officer	Sally Hogg, Consultant in Public Health

### 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?

For Bristol City Council to adopt the Local Authority Declaration on Healthy Weight by February 2020. The Declaration gains commitment to promoting healthy weight and implementing policies which influence the whole city. We are also seeking Partner Pledges from local NHS organisations. Priorities include working with food businesses and public sector food procurement; influencing the built and natural environments; commissioning high quality leisure facilities and physical activity programmes; developing whole settings approaches for schools, early years, health and care settings; partnership with Feeding Bristol.

Potential long-term impacts:

- Reduced levels of overweight and obesity across the city
- Reduced inequalities in health e.g. between the most and least deprived areas of the city
- Reduced impact on health and social care
- Reduced impact on the wider economy from reduced productivity and people unable to work
- Improved sustainability in the food system
- Increased active travel

## 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?

The proposal seeks to reduce levels of unhealthy weight for the whole population of Bristol, as well as targeting groups experiencing higher prevalence, particularly deprived communities.

The current picture - all data from 2018 Bristol JSNA:

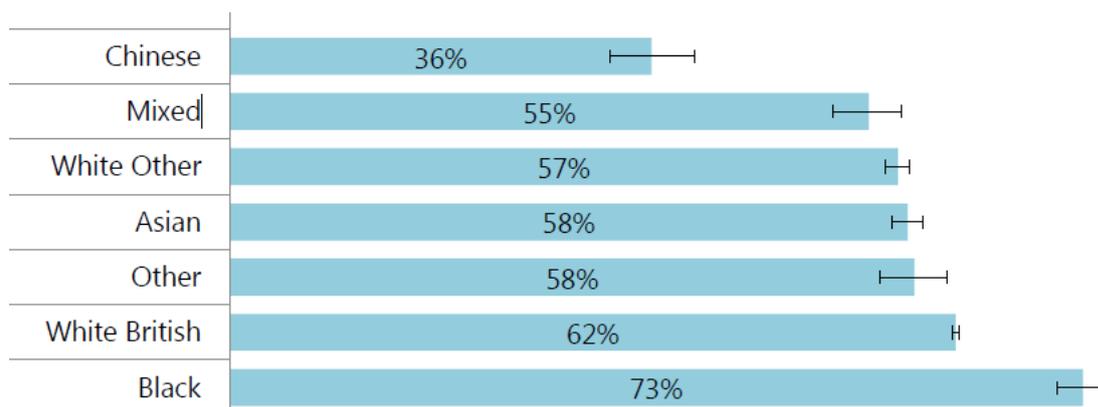
A third of children and over half of adults in Bristol are overweight or obese and there are wide social inequalities; adults in the 10% most deprived areas of the city are 2.5 times more likely to be obese than the 10% least deprived.

National data on other inequalities:

**Gender:** male prevalence of excess weight (68%) significantly higher than females (55%)

**Age:** prevalence of excess weight increases with age up to 65-74 years

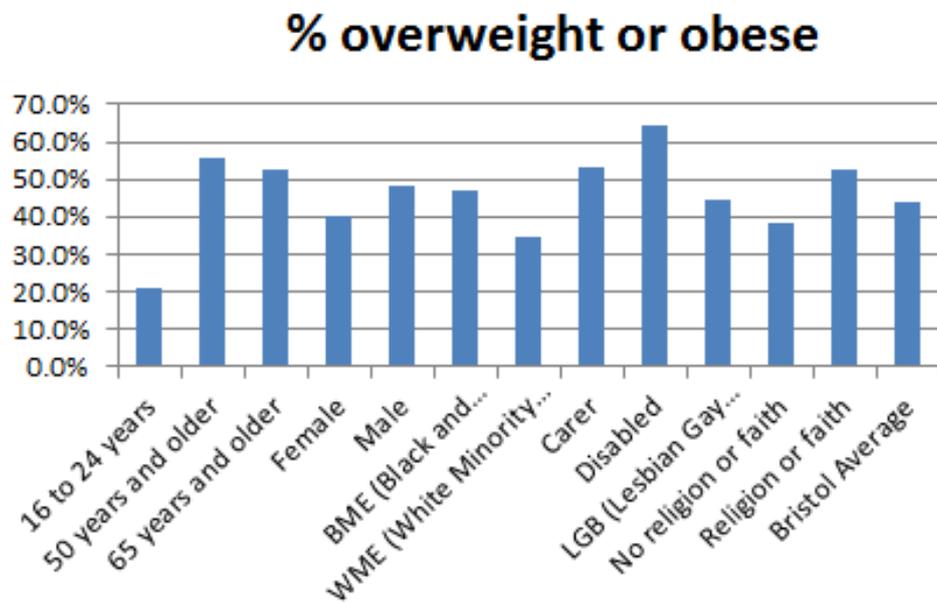
**Ethnic group:** the table below highlights differences between broad ethnic groups in excess weight based on BMI. This alone may not accurately reflect actual body fat and/or fat distribution, or levels of associated health risks for some Black, Asian and minority ethnic groups.



**Disability:** higher prevalence of obesity among disabled people. Those with Learning Difficulties and severe mental illness are also more likely to be of unhealthy weight

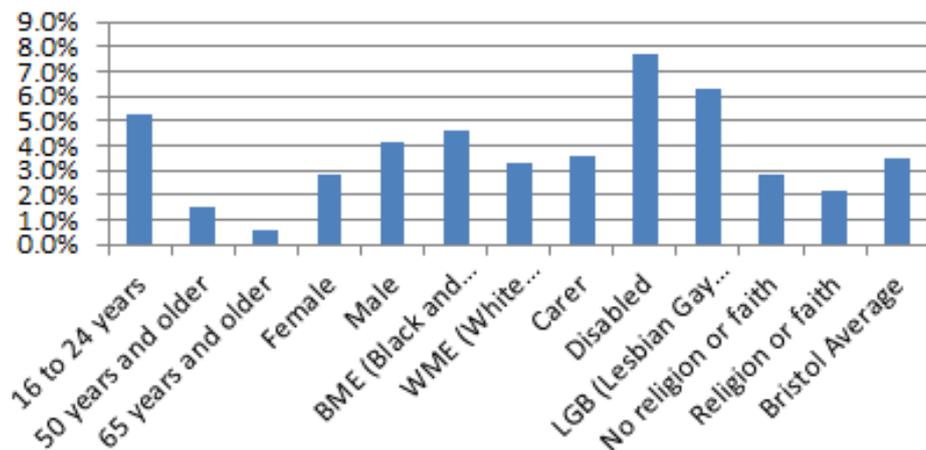
The 2018/19 Bristol Quality of Life survey also provides useful self-reported

data:



Carers, disabled people, and those with a religion or faith were significantly more likely to report being overweight or obese. The latter may be partly attributable to ethnicity as a confounding factor.

### % households which have experienced severe food insecurity



The high variation in the data may suggest low reliability, however the higher percentages for disabled and LGB people in particular is noted.

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

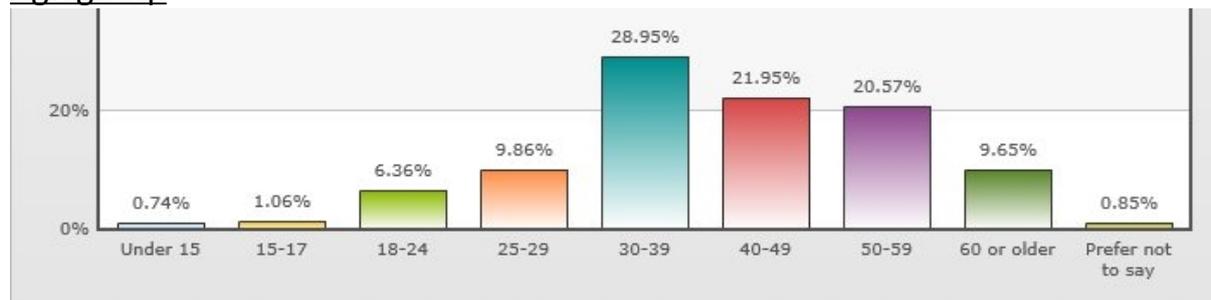
There is no national data available relating to gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief, or sexual orientation.

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

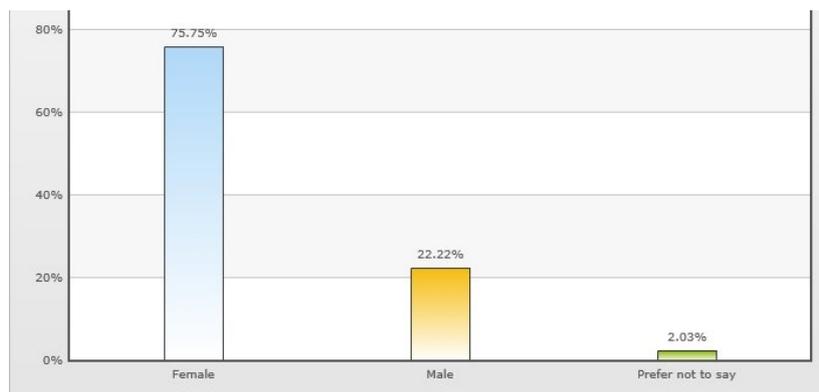
Ongoing insight work is being carried out by our community partners.

A 'Sugar Smart' survey was carried out in 2017, the findings of which support the actions being proposed. However, the data on response rates from equalities groups highlights the work needed to target and tailor communications:

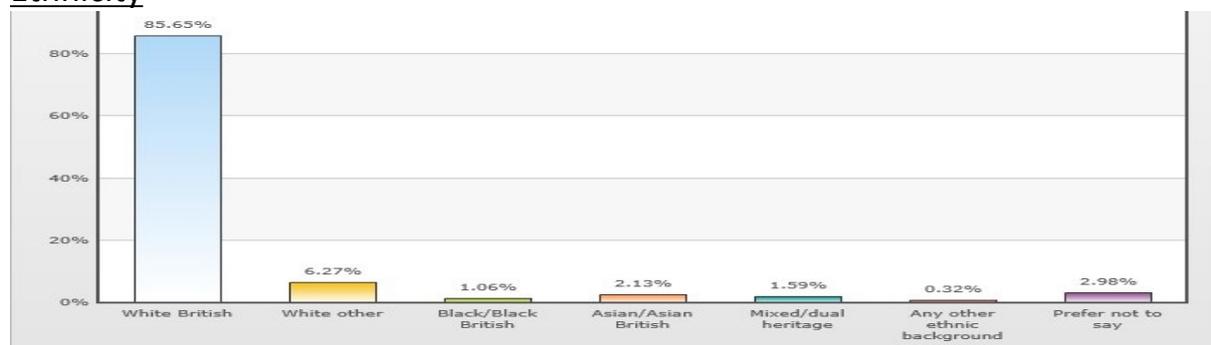
### Age group



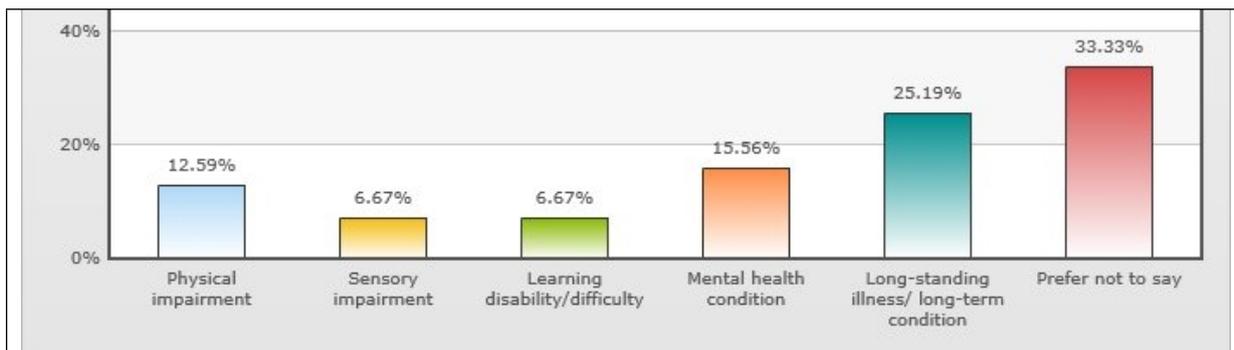
### Gender



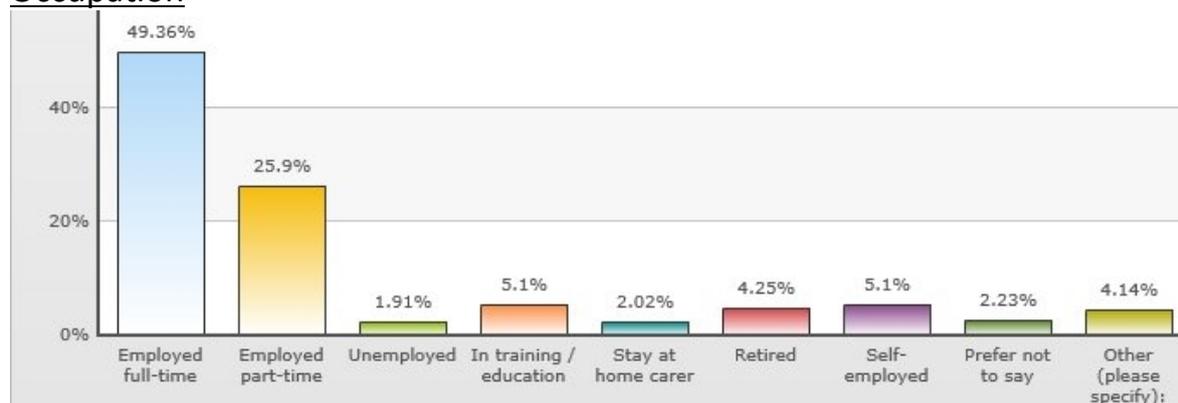
### Ethnicity



### Disability



### Occupation



### 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?

The proposal seeks to reduce inequalities in overweight and obesity by tackling structural and environmental causes, for example the food environment. Evidence suggests that community centred ways of working also help reduce health inequalities, and our programme includes partnership-working with community teams and organisations (Public Health England. A guide to community-centred approaches for health and wellbeing. 2015).

However, as the above data suggests, there is the potential for interventions to increase inequalities for some groups if they are not targeted and tailored appropriately. It is possible also that communications do not reach some groups, or that the messaging may not be appropriately tailored.

#### 3.2 Can these impacts be mitigated or justified? If so, how?

We will ensure that interventions and communications are appropriately targeted and tailored, drawing on data and insight work by our community partners.

3.3 Does the proposal create any benefits for people with protected characteristics?

With appropriate targeting and tailoring, we expect inequalities to be reduced for people with protected characteristics.

3.4 Can they be maximised? If so, how?

As above.

#### 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?

The proposal itself hasn't changed; however we are thinking more about how our strategy and action plan can include a focus on targeting and tailoring interventions and communications so they are accessible and culturally appropriate.

4.2 What actions have been identified going forward?

Reviewing strategy and action plan to strengthen focus on target groups.

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

Ongoing diversity data monitoring

Service Director Sign-Off:  
Christina Gray, Public Health &  
Wellbeing

Date:  
22.08.19

Equalities Officer Sign Off:  
*Reviewed by Equalities and  
Community Cohesion Team*

Date: 22/8/2019