

Equality Impact Assessment [version 2.9]



Title: Commissioning of Healthy Weight Service utilising asset-based community development (ABCD) approaches following 1 year pilot co-design phase	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input checked="" type="checkbox"/> New <input 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.

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

The DH&SC will grant money for Local Authority Public Health Depts to commission a Tier 2 weight management service. The amount is currently unknown, but it is expected in Spring 2022. The aim of this proposal is to use the grant for the commissioning of a 3 year asset-based community development (ABCD), in line with NICE and Government guidance, and will build on the current pilot work to co-design models that support healthy weight in our communities and reduce health inequalities. It will also include targeted work with families and children, where budget allows.

Key **aims** of the future 3 year service will be to effectively embed support for healthier weight into our most at risk communities, thus reducing the health inequalities associated with excess weight and obesity.

The Community Asset Based approach used in our existing pilot service will also form the basis of future services, ensuring providers use learning from the 'deep listening' pilot work and utilise existing community networks, working closely with the Communities Team and other partners to develop and shape programmes appropriate for that community.

Any service or intervention we develop, or commission, will also reflect the following principles/ambitions;

- A whole systems approach that recognises the wider determinants of healthy weight
- A life course approach; involving adults, families, children, and pregnant and postpartum women in programmes
- A family-based approach
- A preventative approach
- A co-produced approach, monitoring emerging evidence, evaluation and innovation

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?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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 our pilot service and will form the basis of future services, ensuring providers use 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 line with DH&SC (was Public Health England) requirements, 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 with overweight and obesity. 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?

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
https://www.bristol.gov.uk/documents/20182/3849453/JSNA+2019+-+Community+Assets+%28updated+Aug+19%29.pdf/d677de2e-64a0-1539-9675-a411b3abc54b	The Joint Strategic Needs Assessment identifies the higher risk populations in Bristol.
https://www.gov.uk/government/publications/obesity-weight-management-and-people-with-learning-disabilities/obesity-and-weight-management-for-people-with-learning-disabilities-guidance	Weight management guidance for disabled people.
https://www.bristol.gov.uk/documents/20182/34772/HW%20Strategy%20Document_2013_web.pdf/9dcfd365-4f01-46be-aaf3-0874d75c7c33	Reducing health inequalities as part of the One City Deal.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf	Disproportionate effect of COVID 19 on Black, Asian and minority ethnic adults.
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: PMC2667420. Available at https://pubmed.ncbi.nlm.nih.gov/19320986/	Co-morbidities associated with overweight and obesity.

Quality of life profiles for Lawrence Hill, Easton, Ashley, Filwood, Hartcliffe and Withywood (linked text).	Ward profiles – Quality of life profiles																																																																						
JSNA 2021/22 - Healthy Weight Children (bristol.gov.uk)	Joint Strategic Needs Assessment – Healthy Weight (children) profile																																																																						
Quality of Life 2020-21 – Open Data Bristol	<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). 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="660 533 1520 1973"> <thead> <tr> <th>Quality of Life Indicator</th> <th>% overweight or obese</th> </tr> </thead> <tbody> <tr><td>16 to 24 years</td><td>30.7</td></tr> <tr><td>50 years and older</td><td>57.2</td></tr> <tr><td>65 years and older</td><td>57.4</td></tr> <tr><td>Female</td><td>42.9</td></tr> <tr><td>Male</td><td>49.7</td></tr> <tr><td>Disabled</td><td>67.2</td></tr> <tr><td>Black Asian & Minority Ethnic</td><td>48.9</td></tr> <tr><td>White Minority Ethnic</td><td>34.5</td></tr> <tr><td>White British</td><td>47.7</td></tr> <tr><td>Asian/Asian British</td><td>37.0</td></tr> <tr><td>Black/Black British</td><td>76.3</td></tr> <tr><td>Mixed Ethnicity</td><td>46.0</td></tr> <tr><td>White</td><td>46.1</td></tr> <tr><td>Lesbian Gay or Bisexual</td><td>45.9</td></tr> <tr><td>No Religion or Faith</td><td>43.5</td></tr> <tr><td>Christian Religion</td><td>51.8</td></tr> <tr><td>Other Religions</td><td>52.1</td></tr> <tr><td>Carer</td><td>54.5</td></tr> <tr><td>Full Time Carer</td><td>61.8</td></tr> <tr><td>Part Time Carer</td><td>52.3</td></tr> <tr><td>Single Parent</td><td>55.5</td></tr> <tr><td>Two Parent</td><td>49.5</td></tr> <tr><td>Parent (all)</td><td>50.2</td></tr> <tr><td>No Qualifications</td><td>63.7</td></tr> <tr><td>Non-Degree Qualified</td><td>60.0</td></tr> <tr><td>Degree Qualified</td><td>39.0</td></tr> <tr><td>Rented (Council)</td><td>73.1</td></tr> <tr><td>Rented (HA)</td><td>56.7</td></tr> <tr><td>Rented (Private)</td><td>39.0</td></tr> <tr><td>Owner Occupier</td><td>46.0</td></tr> <tr><td>Most Deprived 10%</td><td>60.2</td></tr> <tr><td>Bristol Average</td><td>46.5</td></tr> </tbody> </table> <p style="text-align: right;"><i>Source: Quality of Life in Bristol 2020-21</i></p> <table border="1" data-bbox="660 2049 1492 2139"> <thead> <tr> <th>Quality of Life Indicator</th> <th>% overweight or obese</th> </tr> </thead> <tbody> <tr> <td>Ashley</td> <td>36.1</td> </tr> </tbody> </table>	Quality of Life Indicator	% overweight or obese	16 to 24 years	30.7	50 years and older	57.2	65 years and older	57.4	Female	42.9	Male	49.7	Disabled	67.2	Black Asian & Minority Ethnic	48.9	White Minority Ethnic	34.5	White British	47.7	Asian/Asian British	37.0	Black/Black British	76.3	Mixed Ethnicity	46.0	White	46.1	Lesbian Gay or Bisexual	45.9	No Religion or Faith	43.5	Christian Religion	51.8	Other Religions	52.1	Carer	54.5	Full Time Carer	61.8	Part Time Carer	52.3	Single Parent	55.5	Two Parent	49.5	Parent (all)	50.2	No Qualifications	63.7	Non-Degree Qualified	60.0	Degree Qualified	39.0	Rented (Council)	73.1	Rented (HA)	56.7	Rented (Private)	39.0	Owner Occupier	46.0	Most Deprived 10%	60.2	Bristol Average	46.5	Quality of Life Indicator	% overweight or obese	Ashley	36.1
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Avonmouth & Lawrence Weston	50.5
Bedminster	43.8
Bishopston & Ashley Down	36.1
Bishopsworth	54.5
Brislington East	52.5
Brislington West	51.0
Central	35.0
Clifton	31.5
Clifton Down	28.9
Cotham	24.9
Easton	42.5
Eastville	48.4
Filwood	62.5
Frome Vale	42.3
Hartcliffe & Withywood	68.0
Henbury & Brentry	52.7
Hengrove & Whitchurch Park	65.4
Hillfields	54.7
Horfield	55.1
Hotwells & Harbourside	33.7
Knowle	48.6
Lawrence Hill	49.4
Lockleaze	52.5
Redland	30.5
Southmead	64.9
Southville	35.8
St George Central	57.7
St George Troopers Hill	54.5
St George West	45.5
Stockwood	57.1
Stoke Bishop	49.0
Westbury-on-Trym & Henleaze	41.5
Windmill Hill	35.1
Bristol Average	46.5

*Source: Quality of Life in Bristol
2020-21*

Additional comments:

Overweight & Obesity in Adults and Children in Bristol

In Bristol more than half of adults and more than a third of children leaving primary school are living with overweight or obesity.

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:

1. People living with a disability
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 3 years of data show stark differences by ethnicity and gender for year 6 pupils, with female Black and Black British pupils (47%) significantly more likely than any other broad ethnic female group (apart from those of mixed ethnicity), to have excess weight. Asian and Asian British male year 6 pupils (47%) and Black or Black British male year 6 pupils (45%) also have significantly higher prevalence than any other broad ethnic group.
3. Deprivation: 64% of adults living in the 10% most deprived areas of the city have excess weight, compared with 40% in the 10% least deprived areas. In year 6 pupils, around 43% 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.

[JSNA 2020/21 Healthy Weight Data Profile](#) and [JSNA 2021/22 - Healthy Weight Data Children's Profile](#)

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?

The pilot co-design phase is currently ongoing, establishing relationships with and engaging with the community to influence the co-design of this service with the 'test and learn' approach.

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

The 1 year pilot co-design phase has initiated discussions with local communities which will support the co-design of this service. It is proposed that the service will take an asset-based community development approach to embed co-design and continuous learning into the service. The Neighbourhoods and Communities Team Managers will also be consulted, involved in the selection of provider and guiding of the co-design of 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, 2021](#)) and [Belonging Strategy](#) (Bristol One City, 2021). It also aligns with themes 1, 4 and 5 of the Corporate Strategy.

A goal of whole-systems approach to healthy weight, embedded across the city, ensuring environments support healthy choices and are accessible and affordable for everyone, by 2033.

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?

Initial consultations have been carried out with Primary Care Networks prior to this proposal. Major outcomes of the proposal will focus on further consultations, community asset mapping and other community and partner engagement. The service will aim to be embedded within local communities and 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 ‘test and learn’ 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?

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

Consider sub-categories (different kinds of disability, ethnic background etc.) 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.

GENERAL COMMENTS (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.	
PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	1 in 4 (23.0%) of children in reception year in Bristol (4-5 years old) and 1 in 3 (33.9%) of year 6 pupils (10-11 year olds) have excess weight (are overweight or obese) (2019/20). Data for 2016/17 to 2018/19 indicated a prevalence of around 17% for pupils living in the least deprived 20% of the city, compared to 28% 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.
Age: Older People	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%) have excess weight compared to the city average (49%). People aged 65+ may be less likely to be comfortable using digital services
Mitigations:	The service will target older people. See general mitigations above.
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	Significantly more disabled adults (69%) have excess weight compared to the city average (49%). Disabled people are likely to face significant additional barriers to accessing services – including physical barriers and communication barriers etc.
Mitigations:	The service will target disabled people and use a range of accessible formats. See general mitigations above.
Sex	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Potential impacts:	Men (54%) are more likely to have excess weight than women (44%), but women are more likely to be obese (BMI ≥ 30)
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
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Pregnancy / Maternity	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.
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.
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Race	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	38% of White minority ethnic adults had excess weight compared to 77% of Black adults, both of which differ significantly to the city average (49%). Some groups may face additional language and cultural barriers to accessing appropriate services.
Mitigations:	The service will target Black, Asian and minority ethnic communities, and White 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
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	64% of adults living in the 10% most deprived areas have excess weight, significantly above the city average (49%). This compares to 40% of adults with excess weight living in the 10% least deprived areas.
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
Carers	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Other groups [Please add additional rows below to detail the impact for other relevant groups as appropriate e.g. Asylums and Refugees; Looked after Children / Care Leavers; Homelessness]	
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 ethnic minority 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 production 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 9.6 years for men and 7.2 years for women ([Bristol JSNA 2020/2021](#)).

Step 4: Impact

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

Summary of significant negative impacts and how they can be mitigated or justified: N/A

Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:

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

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 (3 year)

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

Monitoring and evaluation of the test and learn process as well as the outcomes achieved is a priority of this project. 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.

A bid has been made for National Institute for Health & Care Reform (NIHCR) funding to run an evidence-based test and learn evaluation, including effectiveness of the programme and long-term behaviour change effects on the 1 year co-design phase. The evaluation is expected to be university based in partnership with Bristol City Council. We require the awarded provider to work collaboratively with the evaluation and support their requirements if/when they develop. The provider will also be required to link with relevant evaluation supported by the proposed Bristol based Healthy Weight Health Integration Team.

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

Step 5: Review

Equality and Inclusion Team Review: <i>Reviewed by Equality and Inclusion Team</i>	Director Sign-Off: 
Date: 24/1/2022	Date: 31/1/2022