

# Equality Impact Assessment [version 2.12]



Title: Tier 2 Targeted Community Based Healthy Weight Services	
<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. 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.

Key aims of the 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 Provider will deliver a range of targeted healthy weight services to meet the needs of early years, children, families and adults and result in significant reduction of health inequalities, with improved health outcomes for weight, physical activity and mental health.

We want a provider to build on the experience and learning from the pilot phase, with the ultimate ambition of enabling communities to work alongside a weight management provider to fully participate in future service delivery, adopting an asset based systems and community development approach.

The service will be based on the following principles:

- A whole systems approach that tackles the wider determinants of healthy weight
- A 'life course' and 'family-based' approach; ideally starting pre-conception and with support for pregnant women (mothers who are overweight in pregnancy are more likely to have children who grow up to be overweight)
- A preventative approach, based on the latest evidence/ emerging evidence and innovation
- A co-produced approach with local communities and the ICS, including Family Hubs and the Locality Partnerships.
- Strengths-based; focused on building confidence, self-esteem and overall wellbeing, non-stigmatising
- Focused on reducing health inequalities, potentially targeted at areas of highest prevalence but with a universal element based on the principle of proportionate universalism
- An approach based on robust monitoring and evaluation to assess impact

## 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 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?

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](#)

<b>Data / Evidence Source</b> [Include a reference where known]	<b>Summary of what this tells us</b>																								
<a href="#">JSNA 2020.21 - Healthy Weight (bristol.gov.uk)</a>	The Joint Strategic Needs Assessment identifies the higher risk populations in Bristol.																								
<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>	Weight management guidance for disabled people.																								
<a href="https://www.bristol.gov.uk/documents/20182/34772/HW%20Strategy%20Document_2013_web.pdf/9dcfd365-4f01-46be-aaf3-0874d75c7c33">https://www.bristol.gov.uk/documents/20182/34772/HW%20Strategy%20Document_2013_web.pdf/9dcfd365-4f01-46be-aaf3-0874d75c7c33</a>	Reducing health inequalities as part of the One City Plan.																								
<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>	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 <a href="https://pubmed.ncbi.nlm.nih.gov/19320986/">https://pubmed.ncbi.nlm.nih.gov/19320986/</a>	Co-morbidities associated with overweight and obesity.																								
Quality of life profiles for <a href="#">Lawrence Hill</a> , <a href="#">Easton</a> , <a href="#">Ashley</a> , <a href="#">Filwood</a> , <a href="#">Hartcliffe</a> and <a href="#">Withywood</a> (linked text).	Ward profiles – Quality of life profiles																								
<a href="#">JSNA 2021/22 - Healthy Weight Children (bristol.gov.uk)</a>	Joint Strategic Needs Assessment – Healthy Weight (children) profile																								
<a href="#">Bristol Quality of Life dashboard 2021/22</a>	<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="890 1585 1444 2116"> <thead> <tr> <th data-bbox="890 1585 1257 1659">Quality of Life Indicator</th> <th data-bbox="1257 1585 1444 1659">% overweight or obese</th> </tr> </thead> <tbody> <tr> <td data-bbox="890 1659 1257 1704">16 to 24 years</td> <td data-bbox="1257 1659 1444 1704">30.7</td> </tr> <tr> <td data-bbox="890 1704 1257 1749">50 years and older</td> <td data-bbox="1257 1704 1444 1749">57.2</td> </tr> <tr> <td data-bbox="890 1749 1257 1794">65 years and older</td> <td data-bbox="1257 1749 1444 1794">57.4</td> </tr> <tr> <td data-bbox="890 1794 1257 1839">Female</td> <td data-bbox="1257 1794 1444 1839">42.9</td> </tr> <tr> <td data-bbox="890 1839 1257 1883">Male</td> <td data-bbox="1257 1839 1444 1883">49.7</td> </tr> <tr> <td data-bbox="890 1883 1257 1928">Disabled</td> <td data-bbox="1257 1883 1444 1928">67.2</td> </tr> <tr> <td data-bbox="890 1928 1257 1973">Black Asian &amp; Minority Ethnic</td> <td data-bbox="1257 1928 1444 1973">48.9</td> </tr> <tr> <td data-bbox="890 1973 1257 2018">White Minority Ethnic</td> <td data-bbox="1257 1973 1444 2018">34.5</td> </tr> <tr> <td data-bbox="890 2018 1257 2063">White British</td> <td data-bbox="1257 2018 1444 2063">47.7</td> </tr> <tr> <td data-bbox="890 2063 1257 2107">Asian/Asian British</td> <td data-bbox="1257 2063 1444 2107">37.0</td> </tr> <tr> <td data-bbox="890 2107 1257 2116">Black/Black British</td> <td data-bbox="1257 2107 1444 2116">76.3</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
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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
<b>Bristol Average</b>	<b>46.5</b>

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

Quality of Life Indicator	% overweight or obese
Ashley	36.1
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
	<b>Bristol Average</b>	<b>46.5</b>
	<i>Source: Quality of Life in Bristol 2020-21</i>	

**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: 65% of adults living in the 10% most deprived areas of the city have excess weight, compared with 38% 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 18% of the city.

[JSNA 2020.21 - Healthy Weight \(bristol.gov.uk\)](#) and [JSNA 2021/22 - Healthy Weight Children \(bristol.gov.uk\)](#)

**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 pilot phase which 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?

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 2 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?

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.

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 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 \(EqIA\) \(sharepoint.com\)](#)

#### 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 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 reception aged pupils living in the least deprived 20% of the city, compared to 28% for those living in the most deprived 20% of the city (21/22)
Mitigations:	The service will target Bristol Wards with a high proportion of people living in the most deprived areas, taking a whole family approach.
<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%) have excess weight compared to the city average (46%). People aged 65+ may be less likely to be comfortable using digital services (21/22)
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 (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. (21/22)

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 (54%) are more likely to have excess weight than women (44%), but women are more likely to be obese (BMI ≥ 30) (21/22)
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
<b>Sexual orientation</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" 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.
<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:	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 (21/22)
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
<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:	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 (21/22)
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 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 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

### 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.

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.

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

### 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>Director Sign-Off:</b>
Date:	Date:

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<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.