

Equality Impact Assessment	Please enter responses below in the right hand columns
TEMPLATE UPDATED SEPT 2015 Date	September 2018
<p>Sign-off path for EIA (please add/delete as applicable) If you are conducting an EIA on a Cabinet decision, it should come to Corporate EIA panel for sign off.</p> <p>There is no corporately set sign off path for EIAs. It is up to you to decide the level of risk (legal, community, political, equalities) and to think about the appropriate level of scrutiny and challenge. If you are not sure email equalities@lambeth.gov.uk Places where an EIA can be signed off are listed.</p>	<ul style="list-style-type: none"> • Head of Equalities (email equalities@lambeth.gov.uk) • Director (this must be a director not responsible for the service/policy subject to EIA) • Strategic Director or Chief Exec • Directorate Management Team (Children, Health and Adults, Corporate Resources, Neighbourhoods and Growth) • Procurement Board • Corporate EIA Panel • Cabinet
Title of Project, business area, policy/strategy	Commissioning intentions for the re-design of Weight Management Services
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London Borough of Lambeth Equality Impact Assessment

Please enter responses below in the right hand columns.

1.0 Introduction

1.1 Business activity aims and intentions

In brief explain the aims of your proposal/project/service, why is it needed? Who is it aimed at? What is the intended outcome? What are the links to the political vision, and outcomes?

This EIA assesses the impact of planned changes to the funding and delivery of Adult Weight Management services in Lambeth.

Evidence suggests that lifestyle factors are strongly associated with developing preventable illnesses and diseases such as cardiovascular disease, diabetes, chronic obstructive pulmonary disease (COPD), hypertension, Kidney disease and some cancers, of which obesity/ weight is a prominent factor.

Weight management services are aimed at those who are overweight or obese and who as a result are at risk of developing/are already living with these obesity related illnesses. Weight management services focus on reducing someone's weight and Body Mass Index (BMI) and changing their behaviour surrounding diet and exercise – e.g. enabling them to eat a healthier diet and build exercise into their lifestyle within the recommended levels.

Currently LB Lambeth Public Health commissions the Lambeth Early Intervention and Prevention Service (LEIPS). This contract was originally commissioned by Lambeth CCG in 2010 and has not been reviewed or updated since. Its aims were to address health outcomes and inequalities which are closely linked to lifestyle behaviours including physical activity, maintaining a healthy weight and self-management. Since this service was commissioned there have been significant changes in the context surrounding it, namely:

- a) Local demographics (e.g. age, ethnicity, socioeconomic background) of residents and subsequently the change in local needs

b) Advances in best practice evidence surrounding obesity and physical activity (specifically weight management)

Furthermore the current service does not have a clear delineated obesity care pathway. Therefore the development of a new pathway adhering to Public Health England (PHE) guidance will be more in line with the council's and CCG's commitment to improving health and addressing health inequalities through targeting key populations

The council's proposal is to commission a best practice, evidence led adult weight management service inclusive of a universal, Tier 1 and Tier 2 service offer, to be in place by 1st April 2019. The service will consist of the following elements:

- i) A universal service offer available for those who may have less complex needs. For instance, this will include an online resource with information regarding healthy living, nutrition and physical activity and how to access existing community-based services, working with Local Care Networks and reinforcing national campaigns such as NHS One You.
- ii) Tier 1 capacity building training for General Practice and other health and social care staff to be able to effectively raise the issue of unhealthy weight and deliver Brief Interventions through the Making Every Contact Count (MECC) approach.
- iii) A structured and evidence based Tier 2 weight management service, focussed at those priority groups where we know health inequalities and higher rates of morbidity and multi morbidity lie. The service will as a requirement provide:
 - A structured and evidence based physical activity intervention; consisting of group based physical activity sessions, with the offer of 1:1, personalised support where this is required / someone is in need of this additional support.
 - Classroom based education sessions focussed around diet and nutrition.

Overall the proposal will ensure an integrated and improved local obesity care pathway in Lambeth aligned with Clinical Commissioning Group (CCG) commissioned Tier 3 and Tier 4 services.

Following the review of the local context this re-commissioning exercise will improve outcomes and make best use of all available technical, clinical, financial and human resources and assets. Our benchmarking of these proposals has indicated that we can broadly maintain current capacity and deliver better value. As such it is proposed that we focus on those interventions considered to achieve the highest impact, which are aligned to best evidence and meet the biggest local needs and priorities. Furthermore, this provides an opportunity to improve monitoring of outcomes data which will in turn contribute to a more effective and improved health intelligence source locally.

There will be a structured programme as per the above which will be targeted towards those in greatest need.¹ From reviewing Lambeth health needs data we know that locally people from Black and Asian ethnic groups and people who live in more socioeconomically deprived areas have relatively higher proportions of multi morbidities. This will also include people in the age brackets of 45-64, as data shows us that these groups have the highest number of 2 or more modifiable risk factors (e.g. higher BMI, smoking status). Currently the services are not capturing those in greatest need as well as it could and so we are proposing to provide brief intervention to General Practice staff as the sole referral route in recognition of this to opportunistically engage with those most at risk.

Overall this EIA indicates that there should be positive impacts upon certain equalities groups as a result of implementing these proposals – Race, Gender, Age, Disability, Socioeconomic Factors and Health.

¹ We have arrived at this definition through reviewing our local needs and health data. The 3 main causes of premature death in Lambeth are cancer, cardiovascular disease (CVD) and respiratory disease. A large proportion of these are thought to be preventable. From looking at the data available, we know that there are health inequalities which exist locally, with certain population groups at a higher risk of developing a multi-morbidity (more than one long term condition, such as diabetes for example).

The re-design of these services will be an opportunity to develop a fit for purpose local obesity care pathway, in partnership with Lambeth CCG which takes into account local needs and priorities particularly in relation to addressing health inequalities, is evidence based and in line with national, clinical and policy guidance. The service development has taken into account key consultation feedback recognising we still need to have a weight management service including practical and psychosocial support. It will ensure the new service offer is embedded within the wider network of health, social care and community assets throughout the borough.

The proposals as set out in this EIA will form part of a wider system re-design and re-commissioning project across Health Improvement services to be in place by 2019/20. This project aims to improve services through ensuring they are best targeted at those who most need them and ensuring care pathways are properly aligned and integrated across the system, working closely with stakeholders including the CCG, Locality Care Networks, GP Federations, Local Pharmaceutical Committee and Patient Participation Group networks in Lambeth. It will allow us to ensure that we are operating as efficiently as possible across the health and care system within which these services are positioned; fully utilising other resources which already exist to support people maintain their health and wellbeing.

We will also be investing in a role across the Community which aims to raise people's awareness of healthy lifestyles and provide some access to community based initiatives and community resources. We will be working in partnership with the CCG to extend the Community Connectors role within the Borough, with focus upon the most deprived areas.

2.1 Evidence

Any proposed business activity, new policy or strategy, service change, or procurement must be informed by carrying out an assessment of the likely impact that it may have. In this section please include both data and analysis which shows that you understand how this decision is likely to affect residents that fall under the protected characteristics enshrined in law and the local characteristics which we consider to be important in Lambeth (language, health and socio-economic factors).

IF YOUR PROPOSAL ALSO IMPACTS ON LAMBETH COUNCIL STAFF YOU NEED TO COMPLETE A STAFFING EIA.	
Protected characteristics and local equality characteristics	<p>Impact analysis For each characteristic please indicate the type of impact (i.e. positive, negative, positive and negative, none, or unknown), and: <i>Please explain how you justify your claims around impacts.</i> <i>Please include any data and evidence that you have collected including from surveys, performance data or complaints to support your proposed changes.</i> <i>Please indicate sources of data and the date it relates to/was produced (e.g. ‘Residents Survey, wave 10, April 12’ or ‘Lambeth Business Survey 2012’ etc.)</i></p>
Race	<p>Positive Health needs data shows that adults from BME backgrounds are at higher risk of obesity and other lifestyle related illnesses and health conditions. There is a higher prevalence rate of obesity within certain ethnic groups, namely Black Caribbean and Black African and Bangladeshi.</p> <p>Approximately 25% of Lambeth’s population is of Black African, Black Caribbean or Black British heritage and the proportion of adults of mixed ethnicity and Asian/Asian British descent continues to grow. We know that these BME populations are more at risk of developing certain long term health conditions as a result of being overweight or obese, including diabetes, cardiovascular and hypertension.</p> <p>Data collected from the Lambeth Early Intervention and Prevention Service (LEIPS) for 2017/18 shows that the ethnic group with the highest proportion of referrals were Black with Black British – Caribbean and Black British – African making up the highest numbers (450 and 320 respectively). There was also a significant number of White – British (400)</p>

	<p>referred to the service during 2017/18. There were lower numbers of White – any other background of around 150.</p> <p>The new weight management service will be designed to ensure that resources are targeted effectively at those local populations which are more at risk of obesity and associated health conditions – which in this case will relate to BME populations including Black African and Black Caribbean.</p> <p>The Tier 2 weight management programme will be designed and commissioned to actively recruit clients from at risk populations onto the programme and the service will be tasked with achieving an increased representation from these populations accessing the service. Furthermore the eligibility criteria for the new service will be tailored to take into account the differential health impacts as set out below:</p> <ul style="list-style-type: none"> • Adults (aged 18 or over) with a BMI of between 30-35kg/m² and who have one or more obesity related co-morbidity • BAME adults (aged 18 or over) with a BMI of 27.5kg/m² and who have one or more obesity related co-morbidity • Adults (aged 18 or over) with a BMI of between 35 - 39.9kg/m² <p>Note that the current service does not have specific eligibility criteria tailored to at risk groups.</p>
<p>Gender</p>	<p>Positive</p> <p>Data collected from LEIPS for 2017/18 shows that the ratio of female to male referrals was around 75%-25%.</p> <p>Local needs data shows that Men have the largest absolute numbers and relative percent of having 2 or more uncontrolled risk factors (e.g. smoking or BMI status). The new service specification asks the provider to test out innovations (where evidence can be developed to support its effectiveness) for example online or app based interventions where we know men are more likely to engage.</p>

	<p>Furthermore the universal online resource will provide a wide range of information and interventions that will appeal specifically to interest groups such as men for example signposting to the Man v Fat programme in Lambeth.</p> <p>The Tier 1 function will also seek to engage with those most at risk populations via brief intervention in order to promote healthy weight and signpost to services to help engage and support populations to take positive action.</p>
Gender re-assignment	<p>None</p> <p>There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.</p>
Disability	<p>Positive</p> <p>If we use Long Term Conditions (LTCs) as a proxy indicator for disabilities, in Lambeth we have increasing numbers of adults living with LTCs (19.3% of the population have one or more long term condition²) and high numbers of avoidable admissions for people with certain LTCs particularly: Diabetes, Cardio Vascular Disease (CVD), asthma, and epilepsy (taken from NHS Lambeth Clinical Commissioning Group, Healthier Together Strategy).</p> <p>Disease prevalence models suggest that there are high numbers of undetected cases of diabetes, hypertension and heart disease in the Lambeth population (Lambeth CCG, Healthier Together Strategy). We know that people with disabilities are at higher risk of cardio-vascular disease and diabetes.</p> <p>The key LTCs prevalent amongst those referred to LEIPS during 2017/18 were: Pre-diabetes (16%), Diabetes (60%), Hypertension (22%), Hypercholesterolemia (8.6%), Sleep Apnoea (1.2%) a Hyperlipidemia (3%).</p>

² July 2018 analysis of Lambeth DataNet database

	<p>The Tier 2 weight management programme will be designed and commissioned to actively recruit clients from at risk populations onto the programme and the service will be tasked with achieving an increased representation from these populations accessing the service. Furthermore the eligibility criteria for the new service will be tailored to take into account the differential health impacts as set out below:</p> <ul style="list-style-type: none"> • Adults (aged 18 or over) with a BMI of between 30-35kg/m² and who have one or more obesity related co-morbidity • BAME adults (aged 18 or over) with a BMI of 27.5kg/m² and who have one or more obesity related co-morbidity • Adults (aged 18 or over) with a BMI of between 35 - 39.9kg/m² <p>Note that the current service does not have specific eligibility criteria tailored to at risk groups.</p>
<p>Age</p>	<p>Positive</p> <p>Lambeth has a smaller proportion of older adults resident (aged 65 and above) when compared to other London Boroughs and a larger proportion who are younger (age 20-39). Health needs data shows us that obesity and surrounding health risks generally increase with age.</p> <p>Data for 2017/18 shows that the largest group referred to LEIPS were aged between 45-59 (total of 670 people) followed by those aged between 30-44 (a total of 470 people). Needs data shows that in Lambeth the age brackets of 45-64 have the highest proportion of people with 2 or more modifiable risk factors (e.g. smoking status, Body Mass Index status). Therefore these findings indicate that people are broadly accessing the service in line with need.</p> <p>We know that particular groups, especially Black African & Caribbean populations and those in routine and manual occupations are developing key LTCs at an earlier age than the general population. Through targeting this service at these groups who suffer the greatest health burden we are addressing these issues at an earlier stage. We will also</p>

	<p>work closely with referrers and the provider to target key groups with modifiable risk factors as it is clear that the earlier they access services the better the outcome.</p> <p>It is likely that the NHS Health Checks programme will facilitate a significant number of referrals of working aged adults and above (40+) to the service as we know the health risks significantly increase from this age.</p>
Sexual orientation	<p>None</p> <p>There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.</p>
Religion and belief	<p>None</p> <p>There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.</p>
Pregnancy and maternity	<p>None</p> <p>The Tier 2 service will not accept referrals from women who are pregnant, this is in line with NICE guidance which advises against this for clinical reasons. However once these women are no longer pregnant and if they meet the eligibility criteria, they can then access the service. There is also an existing service commissioned by the Council's Children's Services (called LEAP) which provides an obesity, diet and nutrition programme for pregnant women and their families.</p>
Marriage and civil partnership	<p>None</p> <p>There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.</p>
Socio-economic factors	<p>Positive</p> <p>There is no socioeconomic data available at the service level currently.</p>

	<p>Local data shows us that people living in more socioeconomically deprived areas including routine and manual workers and the unemployed suffer the worst healths. Health needs data shows us that obesity increases in people from lower socioeconomic groups and lower income groups have a higher risk of obesity and related health conditions (e.g. routine and manual occupations). Data also shows us that adults from more socioeconomically deprived areas have higher rates of multi-morbidities, which include diseases such as diabetes and Cardio Vascular Disease (CVD). These multi-morbidities are exacerbated by being overweight or obese and this can contribute to further escalation or advancement of these diseases.</p> <p>Therefore this offer is targeted at these at risk populations. Early intervention prevents further deterioration of existing issues and prevents the development of significant health issues in future. Poor health has an economic impact even for people who are relatively better off. By providing information and support this offer promotes independence and self-management of health. Improving health outcomes will help people to go back into work and reduce the burden of ill health on them and the community.</p> <p>The Tier 1 function will also seek to engage with those most at risk populations via brief intervention in order to promote healthy weight and signpost to services to help engage and support populations to take positive action. The Tier 2 weight management provider will publicise and advertise the service and work closely with GPs as the sole referrer to maximise referrals into the service.</p>
Language	<p>None</p> <p>We are expecting the new provider to work with Lambeth’s diverse community providing interventions through a variety of communication channels that take into account different communication needs including language, visual or hearing impairment. This has been built into the service specification.</p>

	<p>We currently don't collect data around language and communications needs but the new service will do.</p>
<p>Health</p>	<p>Positive</p> <p>Local data shows us that the largest preventable burden of ill health includes diabetes, COPD, Chronic Kidney Disease (CKD) and lung cancer (Lambeth CCG Healthier Together Strategy 2014/15 – 2018/19) and that there are risk factors which contribute to increasing the chance of developing one or more of these conditions, which includes obesity or being overweight.</p> <p>The latest Public Health data on the detected prevalence of ill health in Lambeth's population in this area is as follows: morbid obesity (3.1%), diabetes (5.4%), depression (8.1%), CKD (1.9%), Coronary Heart Disease (1.5%), COPD (1.1%) and hypertension (9.5%). However we know that there is differential distribution across the population of the burden of ill health for key target groups. For example 32% of Black patients, 13% of South Asian patients and 26% of White patients are morbidly obese and over 75% of Black and South Asian patients compared to 52% of White patients are diagnosed with diabetes.</p> <p>The burden of ill health associated with obesity & unhealthy weight massively impacts individuals, their families & the wider community including local health and social care system.</p> <p>The eligibility criteria for the Tier 2 service is quite strict in terms of BMI so this may mean that there are overweight patients who would benefit from this service but don't qualify. The mitigation for this is through the universal offer maximising assets and community resources and Tier 1 upstream intervention to minimise the risk of obesity and developing conditions associated with unhealthy weight. For those key groups most at risk Tier 2 will help them to manage and improve their health. We will also work closely with the CCG to ensure a joined up pathway so that service users have access to treatment most appropriate to their needs including where appropriate referral to the newly commissioned Tier 3 pilot weight management service.</p>

<p>2.2 Gaps in evidence base <i>What gaps in information have you identified from your analysis? In your response please identify areas where more information is required and how you intend to fill in the gaps. If you are unable to fill in the gaps please state this clearly with justification.</i></p>	<p>As set out above, there are numerous gaps in data/ evidence base locally:</p> <ul style="list-style-type: none"> • Language • Sexual orientation • Socioeconomic factors • Marriage and civil partnership • Pregnancy and maternity • Religion and belief <p>Monitoring arrangements will be put in place with the new provider that includes a minimum data set to collect equality related data.</p>
<p>3.0 Consultation, Involvement and Coproduction</p>	
<p>3.1 Coproduction, involvement and consultation <i>Who are your key stakeholders and how have you consulted, coproduced or involved them? What difference did this make?</i></p>	<p>Key Stakeholders for consultation include the following:</p> <ul style="list-style-type: none"> • Service users • Healthwatch • Patient Participation Group • Providers • GP Federations • Local Pharmacy Committee • Lambeth Clinical Commissioning Group • Commissioning colleagues from within LBL Council <p>We have carried out an extensive programme of clinical and stakeholder consultation and engagement as part of development of plans since 2016. This has included public consultation, involvement of both clinical leads and senior leaders and review of feedback from service users. This activity has included workshops, consultation events, briefings, an online public health and LEIPS specific survey and the establishment of a joint working group across the council and CCG which included clinicians to agree the overall pathway in Lambeth and key elements within it.</p>

In the most recent survey with the general public feedback has on the whole been in support of these proposals with 49% of the online public health questionnaire being in strong support, 15% tending to support and 13% strongly opposing the proposals.

With regards to the specific elements of the proposed new service 77% of respondents strongly supported or tended to support our proposal to provide information, advice and signposting to health and wellbeing resources in the borough via a website, 75% strongly supported or tended to support our proposal to provide brief intervention training to health and social care staff and 77% strongly supported or tended to support our proposal to offer weight management services to those most in need.

Comments received during the online consultation were focused around maximising the use of existing community assets, taking a holistic and joined up approach to managing excess weight and related conditions and ensuring all services take a positive and non-critical approach to tackling the issue of unhealthy lifestyles.

Concerns were raised about whether this service represents the best use of the council's limited resources, what the definition of those most in need is and how the council will ensure accessibility to the service for traditionally more excluded groups.

In light of the consultation feedback received, we plan to mitigate against any negative impacts through ensuring that the service provider delivers a programme which adheres to NICE guidance and is tailored to the needs and issues of the local population of service users across Lambeth. This will include ensuring the sessions, materials and communications are suitable and attractive to our most at risk groups: black and minority ethnic residents and those living with one or more obesity related co-morbidities.

Our understanding of those residents most at risk is derived from feedback from stakeholders, local needs including the Joint Strategic Needs Assessment and through reviewing provider activity and performance.

<p>3.2 Gaps in coproduction, consultation and involvement</p> <p><i>What gaps in consultation and involvement and coproduction have you identified (set out any gaps as they relate to specific equality groups)? Please describe where more consultation, involvement and/or coproduction is required and set out how you intend to undertake it. If you do not intend to undertake it, please set out your justification.</i></p>	<p>The current proposals will be enacted by 1st April 2019 and in line with contract notice requirements. In spite of the relatively tight timelines available for undertaking consultation with Stakeholders, it is considered that a comprehensive and robust consultation was achieved satisfactorily and no further consultation is required. We have carried out an extensive programme of clinical and stakeholder consultation and engagement as part of development of plans over the last two years. This has included the development of the obesity pathway in line with the CCG and with the involvement of both clinical leads and senior leaders. We undertook an online survey to get a representative sample of the general public's views on these proposals who were overall largely in support.</p>
<p>4.0 Conclusions, justification and action</p>	
<p>4.1 Conclusions and justification</p> <p><i>What are the main conclusions of this EIA? What, if any, disproportionate negative or positive equality impacts did you identify at 2.1? On what grounds do you justify them and how will they be mitigated?</i></p>	<p>It is considered that the impacts associated with the changes will have some positive impacts upon certain equalities groups. As set out above, Race, Gender, Socioeconomic Factors, Age, Disability and Health and no impact is noted for the remaining equalities groups. There are no negative impacts considered to be associated with the commissioning of this service.</p> <p>The service offer proposed will see a more targeted and focussed service in place for our most in need populations. It will offer a structured and evidence based pathway built upon a much better understanding of local need and best practice clinical guidance. The pathway will focus on those most at risk of poor health associated with obesity and unhealthy weight.</p> <p>The pathway will also include a lower support service offer for the general population and those where there is not the need for a structured intervention or any additional support. This will include relevant advice and guidance/ online support and signposting to activities and resources already available within the Borough such as walking groups and sports facilities. We propose to train GPs to make brief interventions opportunistically raising the issue of weight loss and referring or signposting to the most</p>

	<p>appropriate service. The evidence supports the effectiveness of this earlier intervention in achieving weight loss and preventing the development / deterioration of key LTCs.</p> <p>The Tier 2 weight management programme will be designed to meet the needs of our most at risk population groups. The best practice and evidence based service will provide physical activity sessions and education sessions focussed around diet and nutrition to improve outcomes for service users. Furthermore the eligibility criteria for the new service will be tailored to take into account the differential health impacts as set out above.</p> <p>We will work closely with Lambeth CCG to create a joined up approach across the patient pathway to ensure maximised use of local community resources, primary care, early identification and structured weight management interventions for those most in need.</p>
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4.2 Equality Action plan
Please list the equality issue/s identified through the evidence and the mitigating action to be taken. Please also detail the date when the action will be taken and the name and job title of the responsible officer.

Equality Issue	Mitigating actions
Worsening of health inequalities	Regular ongoing monitoring of the service in terms of quality, performance and outcomes will take place to ensure that intended outcomes are being achieved and the service is aligned to best practice guidance. The service will be specifically targeted at our most at risk groups in order to tackle health inequalities.
Gaps in service provision	Development of an online resource to provide quality assured information, advice and signposting to community based assets with the aim of improving people’s health and wellbeing.

5.0 Publishing your results

The results of your EIA must be published. Once the business activity has been implemented the EIA must be periodically reviewed to ensure your decision/change had the anticipated impact and the actions set out at 4.2 are still appropriate.

EIA publishing date	
EIA review date	

Assessment sign off (name/job title):	
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All completed and signed-off EIAs must be submitted to equalities@lambeth.gov.uk for publication on Lambeth's website. Where possible, please anonymise your EIAs prior to submission (i.e. please remove any references to an officers' name, email and phone number).