

**Tameside & Glossop Strategic Commission
Equality Impact Assessment (EIA) Form**

Subject / Title	Health Improvement Offer
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Team	Department	Directorate
Health Improvement	Population Health	Population Health

Start Date	Completion Date
25 July 2019	Ongoing Last Reviewed 29.03.2021

Project Lead Officer	Anne Whittington
Contract / Commissioning Manager	Linsey Bell
Assistant Director/ Director	Debbie Watson

EIA Group (lead contact first)	Job title	Service
Anne Whittington	Acting Consultant in Public Health	Population Health
Linsey Bell	Commissioning and Contracts Officer	Adults
Liz Harris	Programme Manager	Population Health
Debbie Watson	Assistant Director of Population Health	Population Health

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- *those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

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<p>1a.</p>	<p>What is the project, proposal or service / contract change?</p>	<p>The proposal is for the transformation and commissioning intentions of the Health Improvement service offer currently delivered across 3 areas: oral health; smoking cessation; community wellness. The current Health Improvement offer for Tameside residents is universal, but targeted to those with the greatest health needs. It is delivered through a holistic, integrated service. The offer provides:</p> <ul style="list-style-type: none"> • 1:1 lifestyle advice and support (including smoking cessation and weight management) • Oral health promotion to schools, nurseries, care homes, and others • Community NHS Health Checks • Community development • Training and development in brief advice and intervention to health and social care staff • Support to health improvement campaigns <p>The new service will continue with a holistic offer including smoking cessation, weight management, NHS Health Checks and general wellbeing support. It will offer a mixed digital and face-to-face offer, as well as group consultations alongside one-to-one support where required. The new service will place stronger emphasis on smoking cessation to increase system capacity. Community engagement and development will be an important element of the service, and will increase community readiness to engage with health improvement messages, particularly within communities with the strongest health inequalities and the least access to healthcare. This will have the dual effect of generating demand for and activity in the service, and changing attitudes, knowledge and understanding on a population level. If re-commissioned, the contract period will be for up to 5 years commencing 1 April 2022. An alternative option being proposed is to bring the service in-house.</p> <p>It is proposed that a new model is designed to meet the local population health needs, based on the evidence available and changes in demand.</p>
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1b.	What are the main aims of the project, proposal or service / contract change?	<p>The main changes to the service are:</p> <ul style="list-style-type: none"> • To meet population need and the increased demand on smoking cessation services which will be generated by local innovations, by increasing the smoking cessation capacity in the system. There may also be a need to flex the service to respond to demand as required. • To contribute towards a whole system approach to tackling obesity. • To scale up the impact of weight management intervention by taking a population health approach. • To shift towards a community asset-based approach. • To reduce duplication by improving alignment with other services, groups and facilities in Tameside. • To increase community readiness for change through engagement, health campaigns and community action. <p>The new services will be delivered with a cost saving of £185,800 compared to the current budget. This means that some reduction in activity is highly likely. Bringing the service in-house should also allow maximum use of the budget for the service through reduction in on-costs and will permit greater flexibility and control over the service to meet changing demand and population needs.</p> <p>The preferred option is to bring the service in-house rather than re-commissioning but the service delivered will utilise the same service design.</p>
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1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.				
Protected Characteristic	Direct Impact / Relevance	Indirect Impact/R elevance	Little / No Impact/ Relevan ce	Explanation
Age			✓	The service is for all persons 12+ (smoking cessation) and 16+ (community wellness). There will be no change to the age the service is directed toward and therefore this group is not anticipated to be heavily impacted by the proposed changes.
Disability	✓			The service is open to all and the new service providers are expected to make provision for disabilities. However, there will likely be a change in the service and therefore possible relevance to people with disabilities. Consultation respondents included those who identified as having a long-term health condition or disability who commented that they had benefitted from the service. The consultation also highlighted that the evolution of digital consultations

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				could have positive impacts on access but would not be suitable for all.
Ethnicity	✓			There may be a change to the weight management offer as the current service does have a targeted approach to support ethnic communities. However we aim to maintain this and work with more community assets. Consultation respondents included those from minority ethnic groups who commented that they had benefitted from the service.
Sex			✓	The future service is for all adults, but aims to target harder to reach groups and therefore this group is not anticipated to be impacted by the proposed changes.
Religion or Belief			✓	The new service will be open to adults of any or no religion and therefore this group is not anticipated to be impacted by the proposed changes.
Sexual Orientation	✓			The future service is for all adults, but aims to target harder to reach groups and the new service intends to increase accessibility for the LGBT+ community through working with other organisations and the community.
Gender Reassignment	✓			The future service is for all adults, but aims to target harder to reach groups and the new service intends to increase accessibility for the LGBT+ community through working with other organisations and the community.
Pregnancy & Maternity			✓	The service is for all adults. There is also a separate smoking cessation service for Pregnancy and Maternity, which will remain unchanged and therefore this group is not anticipated to be impacted by the proposed changes.
Marriage & Civil Partnership			✓	The future service is for all adults, regardless of partnership status and therefore this group is not anticipated to be heavily impacted by the proposed changes.
Other protected groups determined locally by Tameside and Glossop Strategic Commission?				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Carers	✓			The future service is for all adults, but aims to target harder to reach groups and have a direct positive impact. Consultation respondents included those who identified as carers who commented that they had benefitted from the service.
Military			✓	The future service is for all adults, but aims to

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Veterans				target harder to reach groups and therefore this group is not anticipated to be impacted by the proposed changes.
Breast Feeding			✓	The future service is for all adults, and the new provider is expected to be welcoming and non-judgemental, including for those breast-feeding.
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? <i>(e.g. vulnerable residents, isolated residents, low income households, those who are homeless)</i>				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Socio economic deprivation and areas of high deprivation	✓			The future service is for all adults, but aims to target harder to reach groups and have a direct positive impact. Smoking rates are higher amongst those in routine and manual jobs and therefore a higher proportion of those on lower income are more likely to benefit from the smoking cessation element of the service.

Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		✓	
1e.	What are your reasons for the decision made at 1d?	<p>The new service offer will extend access to more of the population across Tameside and aims to have a direct positive impact on the community, by targeting groups with inequalities in health outcomes. The aim is to maintain and extend current work with people in groups at higher risk of health inequalities, and to work with more community assets. The service is open to anyone who meets the criteria.</p> <p>However, with the planned cost saving of £185,800 per year, some reduction in activity is highly likely, with potentially greater impact if re-commissioned to an external provider.</p>	

If a full EIA is required please progress to Part 2.

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PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary

The contract for the Health Improvement Service, is currently held by Pennine Care, who have a commitment to Equality and therefore have policies, procedures and processes in place to ensure importance is given to equality, diversity and inclusion. The definitions for equality, diversity, and inclusion are as follows:

- **Equality** is making sure everyone is treated fairly and given an equitable chance to access opportunities. The notion of equality or equal opportunities is not about treating everyone the same, it's about levelling the playing field to address the different needs individuals may have, in order to achieve the same outcomes.
- **Diversity** is recognising and valuing individuals as well as group differences. It also means treating people as individuals, placing positive value on the diverse aspects they bring as a result of belonging to a certain personal cultural, linguistic religious, faith or background characteristic.
- **Inclusion** is seen as a universal human right. The aim of inclusion is to embrace all people irrespective of any of the protected characteristics giving equal access and opportunities and getting rid of discrimination and intolerance. This means removal of barriers.

The contract is either going out to tender or will be brought in house. It is expected that the new provider or the Council will continue to meet these high standards with an even stronger focus on having a direct positive impact by reaching out to individuals and groups who are at risk of/experience health inequalities. However, with the reduction in budget, it is likely that some reduction in activity will occur, particularly if re-commissioned externally. In addition, with the shift in focus away from one-to-one support for Healthy Weight and towards a Community Wellness model, there may be some people who would prefer a one-to-one service, but have to wait longer to access this.

2b. Issues to Consider

- Age
- Disability
- Ethnicity
- Sex
- Religion or belief
- Sexual orientation
- Gender reassignment
- Pregnancy and maternity
- Marriage and civil partnership
- Carers
- Military Veterans
- Breast feeding
- Socio-economic deprivation

2c. Impact/Relevance

Age

The service is committed to making sure that no one is discriminated against because of their age. The service is accessed on the basis of need, not age. The service is available to all adults (16+), and for children and young people from age 12 for smoking cessation (as this is the limit below which nicotine-replacement treatment is not licenced). For children below these ages, other

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services are in place, and the new service provider will develop strong links with these services and refer to them when necessary.

Access will be maintained for all age groups currently served. The proactive approach to risk stratification should ensure the service is targeted towards those at risk of/with long term conditions. The service operates from a range of community based locations and this provides flexibility as where a service is located as this can act as a barrier to those accessing the service. It is also considered that older people find familiarity important. The new service will work in partnership with local communities.

Disability

This broad category includes people with physical and sensory impairments, mental health problems and long-term conditions (including learning disabilities). There is no need for a person to have a medically diagnosed cause for their impairment. The current service is committed to ensuring that the protections of the Disability Discrimination (Amendment) Act 2005. The service is not specifically defined as being for people with disabilities; however, the service gives support and makes reasonable adjustments. The new service will work proactively in partnership with the community assets and organisations to ensure those with physical and/or mental health disabilities are directly offered access to the service, and supported to access it. Offering the service in a range of locations and via different methods of delivery is thought to be beneficial for people with a disability. However, assessment of the location/method of delivery to the needs of the person is given consideration e.g. ramp access, toilet facilities, parking, noise levels, social distancing, digital access. It is also important to consider appointment times and length of the appointment.

This consideration is more important now than ever due to the ongoing COVID-19 pandemic. It is reasonable and likely that some individuals may have different needs now compared to before the pandemic, and these may require reasonable adjustments to be made for them to access services. For the Smoking Cessation offer, the new service is expected to build upon the knowledge and experience developed throughout the past year, and make more use of virtual offers, which may be of use to people who would prefer to remain socially distanced from others. The Community Wellness offer is expected to develop a range of approaches for a diverse range of Tameside residents, and this includes those who are less able to travel and/or meet face to face with others.

Ethnicity

It is important to consider both the concepts of race and ethnicity. Race describes physical characteristics, while ethnicity encompasses cultural traditions such as language and religion, playing pivotal and socially significant roles in individual's lives. These aspects of our identity inform how we see ourselves and the world, how others see us, and how we relate to each other. In the current provision there is an objective to engage with groups who are at higher risk of health inequalities, including those from BME communities. In the 12 months to March 2021 the Be Well service saw 82% of its clients from White British Backgrounds, and 11% of clients from BAME backgrounds, the largest group of which being Pakistani/ Pakistani British (2.5%). This is broadly in keeping with the latest demographic data from Tameside as a whole.

The new services will also have a focus on meeting the needs of individuals and communities who traditionally have lower access to services. An example of this would be providing specialist help and support for addiction to tobacco in different forms e.g. chewing smokeless tobacco, such as paan. The service also provides accessible support for residents whose first language is not English.

The current provider has a sub-contract with Diversity Matters North West to improve their reach into certain ethnic communities. The new service will need to ensure access for these communities is not impacted by changes to the service.

Sex

The new service will continue to provide support regardless of sex. It will be expected to provide a broader range of options improving accessibility to all. An example of access being improved is

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offering the service in more community venues benefiting men as they are more likely to access services in non-medical settings.

Religion or belief

The new service will provide support regardless of religion or belief. There is no anticipated change to this. To improve accessibility for people from all religions, some communities may need gender-sensitive support, for example, providing women-only sessions or groups. Promotion of the service and health advice could be delivered in settings such as religious organisations to improve accessibility.

Sexual orientation

It is estimated that between 5 and 10 percent of the UK population define themselves as gay or lesbian. It is recognised that people who are lesbian, gay or bisexual may experience prejudice, discrimination and disadvantage as a result of their sexual orientation. Research shows that sexual orientation and gender identity play an important role in health inequalities, resulting in poor experience in the provision, and take up of health services by the LGBT+ community. Research also shows that due to fear of discrimination, homophobia and ignorance; older gay, lesbian and bisexual people are five times less likely to access services than the general older population. People from LGBT+ groups are more likely to smoke than the rest of the population. The current service recorded only 3.6% of those service users who disclosed a sexuality as being from an LGBT+ group. However, as a further 25% of all service users did not disclose a sexuality, it is difficult to interpret these data.

The new service has a recognised duty to work with the LGBT+ community to make the service accessible and implementation of an improved specialist smoking cessation service will increase support and access that would be beneficial. The new service will work with organisations such as the LGBT Foundation to ensure the service is meeting the needs of the local population.

Gender reassignment

Data relating to gender identities is not well understood. The Equality Act 2010 provides a legal framework to protect the rights of individuals with 'protected characteristics' and advance equality of opportunity for all. To be protected, there is no need to have undergone treatment or surgery and the person can be at any stage in the transition process – proposing to, or undergoing a process to reassign your gender, or have completed it. The new service will be accessible to people of all gender identities. It will be respectful when using pronouns to ensure they are consistent with how the person identifies.

As above, the new service has a recognised duty to work with the LGBT+ community to make the service accessible and implementation of an improved specialist smoking cessation service will increase support and access that would be beneficial. The new service will work with organisations such as the LGBT Foundation to ensure the service is meeting the needs of the local population.

Pregnancy and maternity

There is a specialist smoking cessation service for pregnant women outside this contract. However, the new service may see women who are referred for ongoing support following their pregnancy and it also may see the family members of pregnant women to support their stop smoking effort during pregnancy, to help the pregnant woman to quit. The Service may also see people in or around pregnancy for advice on healthy diet and being active. There are no anticipated negative impacts as a result of the change of service.

Marriage and civil partnership

The new service will see everyone, regardless of marital or civil partner status. There are no anticipated negative impacts as a result of the change of service.

Carers

Being a carer can be rewarding and fulfilling. However, it can also be physically and emotionally

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exhausting and can lead to negative health consequences, as well as social isolation. Being a carer may also make accessing services more difficult, as it may be harder to commit to activities and sessions. The new services are expected to continue to see carers and further develop links with other services and work in partnership, e.g. with Tameside Carers' Centre. In addition, the new services are expected to provide support at various times and days, and to do more work on remote/virtual ways of providing support. There may therefore be a positive impact on this population.

Military Veterans

The new service will see everyone, including military veterans. Specific groups of veterans may also have different health needs. For example, there is evidence that: older veterans (those born before 1960) appear to be at higher risk of smoking-related cancers and cardiovascular diseases; and veterans who left service early appear to be at higher risk of a range of poor outcomes, including mental illness, alcohol and substance misuse, homelessness, and unemployment. The new service will align to the principles of the Tameside Armed Forces Covenant and the new service will make stronger links and work in partnership with Tameside Armed Forces Community (TASC) to ensure it is meeting the needs of this group.

Breast feeding

The new service will see everyone, including those who are breastfeeding. There are no anticipated negative impacts as a result of the change of service. The service will have an awareness of where it is delivering sessions, and will support people to breast feed.

Socio-economic deprivation

Deprivation is a key determinant of health. Socioeconomic deprivation can lead to low mental and physical wellbeing, in addition to a higher risk of engaging in unhealthy behaviours such as smoking, excess alcohol consumption and poor diets, which has further negative impacts on mental and physical health. In Tameside, 37% of people are in the lowest 20% socio-economic status nationally. For Health Checks, in the year 2019/21, Be Well saw 24% of clients from this socioeconomic group. The new services will be expected to be proactive in targeting services to areas of deprivation, improving access for people from these areas. An example of this will be the new specialist smoking cessation targeting people in routine and manual work, who are more likely to be smokers.

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2d. Mitigations (Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)	
Assess providers ability to give fair and equitable access	As a core component of the new service will be its ability to engage with people at high risk of health inequalities, this will be rigorously assessed through the re-commissioning process or process to bring in-house, including assessment of any provider's ability to give fair and equitable access to people with protected characteristics. This will review how they would identify and remove barriers in order to be inclusive; and how they will reach out to those at risk/of experience health inequalities.
Ensuring equitable access to services	<p>The Equality Impact Assessment is an ongoing process that will be reviewed regularly at Contract Performance meetings or throughout in-house service delivery.</p> <p>Due to the reduction in the contract value, it is likely that some reduction in activity will occur across both the Smoking Cessation and the Community Wellness services. To mitigate this, the service will place strong emphasis on upskilling front-line workers in other job roles and organisations to increase the system's capacity for brief advice and interventions and to create a community of healthy behaviour change.</p> <p>In addition, due to the move away from one-to-one services for healthy weight and towards the Community Wellness offer, this may impact more on some people who prefer the one-to-one approach. To mitigate this, the service will be expected to support a range of community and direct options to ensure a diverse range of offers is available to people in Tameside, and that services are delivered in a non-judgemental and welcoming way.</p>
Ensuring positive outcomes are maintained	Any positive impacts that are identified will be recorded, and monitored.
Any negative equalities impacts are continuously identified throughout the procurement and contract period	Any negative impacts that are identified will be recorded, and appropriate action is taken to address these

2e. Evidence Sources
<p>Food Consultation, 2019</p> <p>Public consultation on the Health Improvement Service conducted over 12 weeks from 18th February 2021 to 13th May 2021.</p> <p>BHA for equality in health and social care. Tackling Inequalities in Health and Social Care. Available online at: http://1.thebha.org.uk/health-and-well-being/</p> <p>Age UK. Transgender issues and later life. Available online at: https://www.ageuk.org.uk/globalassets/age-uk/documents/factsheets/fs16_transgender_issues_and_later_life_fcs.pdf</p> <p>DH (2011). NO HEALTH WITHOUT MENTAL HEALTH: A cross-government mental health</p>

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outcomes strategy for people of all ages. Analysis of the Impact on Equality (AIE). Available online at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/138255/dh_123989.pdf

Equality and Human Rights Commission. Gender reassignment discrimination. Available online at: <https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination>

Equality and Human Rights Commission. 'Is Britain Fairer?': Key facts and findings on sexual orientation. Available online at: <https://www.equalityhumanrights.com/sites/default/files/is-britain-fairer-findings-factsheet-sexual-orientation.pdf>

LGBT Foundation. Available online at: <https://lgbt.foundation/>

Pennine Care NHS Foundation Trust. Available online at: <https://www.penninecare.nhs.uk/protectedcharacteristics>

Public Health England. Public Health Matters: health inequalities. Available online at: <https://publichealthmatters.blog.gov.uk/category/priority2/health-inequalities-priority2/>

Public Health England. Public Health Matters: What do PHE's latest inequality tools tell us about health inequalities in England? Available online at: <https://publichealthmatters.blog.gov.uk/2019/06/18/what-do-phes-latest-inequality-tools-tell-us-about-health-inequalities-in-england/>

Tameside MBC. Armed Forces Covenant. Available online at: <https://www.tameside.gov.uk/armedforcescovenant>

Tameside MBC. Tameside's partnership approach to improving recording of military service in primary care records. Available online at: https://www.tameside.gov.uk/TamesideMBC/media/EmploymentandSkills/TASC-GP-Recording-of-Military-Service-document-2019-V4_2.pdf

Tameside MBC. Tameside Carer's Centre. Available online at: <https://www.tameside.gov.uk/carers/centre>

Thomson R. and Katikireddi S (2019) Improving the health of trans people: the need for good data. *Lancet*; 4(8)

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2f. Monitoring progress		
Issue / Action	Lead officer	Timescale
Ensuring equitable access to services	Anne Whittington, Liz Harris	Quarterly
Ensuring positive outcomes are maintained	Anne Whittington, Liz Harris	Quarterly
Any negative equalities impacts of the proposal are continuously identified throughout the procurement and contract period (or bringing in-house) – any negative impacts are identified and appropriate action is taken to address these	Anne Whittington, Liz Harris, Linsey Bell	Ongoing

Signature of Contract / Commissioning Manager	Date
Signature of Assistant Director / Director	Date