Equality Impact Assessment Screening Tool

Equality Impact Assessments help the Council to comply with its public sector duty under the Equality Act 2010 to have due regard to equality implications. EIAs also help services to be customer focussed, leading to improved service delivery and customer satisfaction.

The Council understands that whilst its equalities duty applies to all services, it is going to be more relevant to some decisions than others. We need to ensure that the detail of Equality Impact Assessments (EIAs) are proportionate to the impact of decisions on the equality duty, and that in some cases a full EIA is not necessary.

This tool assists services in determining whether plans and decisions will require a full EIA. It should be used on all new policies, projects, functions, staff restructuring, major development or planning applications, or when revising them.

Full guidance on the Council's duties and EIAs and the full EIA template is available at <u>Equality Impact Assessments.</u>

Proposal/Project/ Policy Title	Commissioning of Healthy Weight Support in Barking & Dagenham		
Service Area	People & Resilience		
Officer completing the EIA Screening Tool	Philip Williams		
Head of Service	Fiona Russell – Director: Care, Community & Health		
Date	14/05/2024		
Brief Summary of the Proposal/Project/Policy Include main aims, proposed outcomes, recommendations/ decisions sought.	We are looking to change our strategic approach to weight management in Barking & Dagenham. We want to move from individual level interventions to a population level approach that will help many more people in the borough maintain a healthy weight. As such, achieving greater equity in accessing support is a key driver for this change in approach. Our current weight management programmes only reach a tiny fraction of our population and as a council we can no longer justify continuing these programmes in their current form as the primary vehicle for tackling unhealthy weight in the borough. We want to focus our funding on developing a different, innovative & more preventative community approach where redesigned & targeted weight management programmes may still have a place but will no longer be the primary component. To do this we need to build a whole borough partnership around food, activity & the environment that supports the work on healthy weight. We also need to gain deeper insights &		

understanding of the complex factors leading to unhealthy weight across our many different communities and use this to design a new approach that actually works for people tailoring interventions to local population groups and cultures. reaching into underserved communities, better targeting interventions and evolving a realistic approach to weight management that recognises the way people live their lives. To support us in achieving this we are seeking to commission a provider who will act as an enabler in this process of change using their expertise in engaging with communities and their experience of developing innovative healthy weight initiatives to create a new approach. The 'whole system' preventative model of support we want to see in place at the end of this process should recognise environmental & societal factors be locality based, self-sustaining, built on community strengths, providing upstream interventions wherever possible, and based on a systemic, partnership approach that harnesses the connective reach of our VCFS sector, local groups & organisations to work with & within local communities. The provider will also develop Healthy Weight Navigator roles providing assessment & specialist advice & support that will help people to think about what they want to achieve, the barriers they face and what will work best for them in making lifestyle changes & tailoring their own programme of healthy weight support from the options available. They will also be expected to deliver limited structured weight management programmes, innovatively designed to engage those who due to disability or circumstances cannot access mainstream activities and interventions (even with reasonable adjustments and/or additional support). All of this represents a radical shift in healthy weight support in the borough, and this approach was endorsed at Health & Wellbeing Board and ICB Sub-Committee (Committees in Common) on 12/03/24 and at Health Scrutiny Committee on 27/03/24

Protected characteristic	Impact	Description
Age	Positive impact (L)	This proposal will provide more universal support for residents of all ages and aims to reach a much greater number of people in the borough across the life-course, enabling them to make multiple small changes to their diet, activity & lifestyle that will lead to healthier weight. There will though be some more specific, targeted activities and support that will be tailored to be appropriate to the age of the recipient.

Disability	Positive impact (L)	We want the new healthy weight approach we are developing to be inclusive - providing a targeted support to those who have additional needs - including mental health or learning disability – engaging with representative groups & specialist services on an ongoing basis to ensure that the healthy weight support is easy to access, flexible, attractive and responsive to the needs. Not applicable.
Gender re-assignment	Not applicable (N/A)	Not applicable.
Marriage and civil partnership	Not applicable (N/A)	
Pregnancy and maternity	Positive impact (L)	Pregnant women and women planning on getting pregnant have been identified as a priority group in B&D. Currently over 1 in 4 women in early pregnancy are obese (27.4%), the highest in London.
Race	Positive impact (L)	The intention in designing the new approach to healthy weight is to work with communities to properly find out what works for them. The highest rate of overweight or obese in B&D is in Black adults (67%) and there is higher obesity in Black children than Asian or white, however this is not reflected in use of current services & something we would want to see changed through making our support more relevant to specific groups.
Religion	Positive impact (L)	Our aim is to work with all faith communities in designing new support interventions and services to ensure they are culturally appropriate and accessible.
Sex	Positive impact (L)	There is currently a 10% higher rate of obesity in women than men (32%) however this is not reflected in numbers accessing services and an aim of the change programme will be to ensure that any gender barriers to accessing support are addressed.
Sexual orientation	Positive impact (L)	The aim of the changes being proposed is to be more equitable &

service/policy/project/proposal to the general public? What is the potential risk to the Council's reputation?		public (M) High risk to reputation (H)
Socio-Economic Disadvantage ¹	Positive impact (L)	needs of specific groups, including LGBTQ+ people, so that any barriers to access are removed People affected by deprivation are notably more likely to be overweight or obese. The 2021 Health Survey for England showed that obesity prevalence was lowest among adults living in the least deprived areas (20%) and highest in the most deprived areas (34%). This is in part due to the higher costs of healthy food options, and the wide availability, low-cost, and low-preparation time of unhealthy (high sugar, high fat) food options. Our new approach has the clear aim of improving B&D's obesogenic environment and having a real impact on the drivers of unhealthy weight in the borough. Medium visibility to the general
		responsive in tailoring healthy weight support when appropriate to the

If your answers are mostly H and/or M = Full EIA to be completed

If after completing the EIA screening process you determine that a full EIA is not relevant for this service/function/policy/project you must provide explanation and evidence below.

This screening tool has identified that a full EIA is not required. The change in our strategic approach to tackling unhealthy weight in the Borough will have a positive impact and provide wider benefits to more of our residents across B&Ds many different communities including those most disadvantaged.

The approach has been agreed through Committees in Common and Health Scrutiny for which a screening assessment was completed. This procurement report and service specification sets out in more detail how the strategic aims will be achieved through the commissioning of a Community Healthy Weight Delivery Partner to work collaboratively with ourselves, our communities and our partners to deliver the changes needed.

¹ Socio-Economic Disadvantage is not a protected characteristic under the Equality Act. London Borough of Barking and Dagenham has chosen to include Socio-Economic Disadvantage as best practice.