

Equality Impact Assessment (EIA)

Engagement and our equality duty

Whilst [the Gunning Principles](#) set out the rules for consulting ‘everyone’, additional requirements are in place to avoid discrimination and inequality.

Cheshire East Council is required to comply with the Equality Act 2010 and the Public Sector Equality Duty. The Equality Act 2010 simplified previous anti-discrimination laws with a single piece of legislation. Within the Act, the Public Sector Equality Duty (Section 149) has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, by consciously thinking about equality when making decisions (such as in developing policy, delivering services and commissioning from others)
- advance equality of opportunity between people who share a protected characteristic and people who do not share it, by removing disadvantages, meeting their specific needs, and encouraging their participation in public life
- foster good relations between people who share a protected characteristic and people who do not

The Equality Duty helps public bodies to deliver their overall objectives for public services, and as such should be approached as a positive opportunity to support good decision-making.

It encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people’s needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people’s opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve providing a service in a way which is appropriate for people who share a protected characteristic, such as providing computer training to all people to help them access information and services.

The Equality Act identifies nine 'protected characteristics' and makes it a legal requirement to make sure that people with these characteristics are protected from discrimination:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnerships
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Applying the equality duty to engagement

If you are developing a new policy, strategy or programme you may need to carry out an Equality Impact Assessment. You may be able to ascertain the impact of your proposal on different characteristics through desk-based research and learning from similar programmes, but you also need to carry out some primary research and engagement. People with protected characteristics are often described as 'hard to reach' but you will find everyone can be reached – you just need to tailor your approach, so it is accessible for them.

Contacting the [Equality and Diversity mailbox](#) will help you to understand how you can gain insight as to the impacts of your proposals and will ensure that you help the Council to comply with the Equality Act 2010 and the Public Sector Equality Duty.

Section 1 – Details of the service, service change, decommissioning of the service, strategy, function or procedure

Proposal Title	Recommissioning of Integrated Lifestyle Service (One You Cheshire East)
Date of Assessment	01/03/2024
Assessment Lead Officer Name	Kelly Brighthouse
Directorate/Service	Adults / Integrated Commissioning
Details of the service, service change, decommissioning of the service, strategy, function or procedure.	<p>The service is being recommissioned due the current contract ending on 31/10/2024. The current service is called One You Cheshire East service and is commissioned by Cheshire East Council. It is an integrated lifestyle service that provides evidence-based advice and support programmes for residents to stop smoking, get more physically active, manage their weight and prevent them from falling. The service also provides low level advice relating to mental health and alcohol use and was modified to provide third party delivery for NHS Health Checks. The programmes are free to use and have specific eligibility criteria to access them. The key aim of One You Cheshire East is to ensure that residents live healthier lifestyles, meaning that they live well for longer.</p> <p>The service supports the Council’s statutory responsibility to improve the health of the local population under the Health and Social Care Act 2012. It also supports the strategic outcomes of the Joint Health and Wellbeing Strategy as the strategy identifies the need to increase the number of people who maintain a healthy lifestyle, e.g. are physically active, have good mental wellbeing and enjoy a balanced diet.</p>
Who is Affected?	<p>All Cheshire East residents are affected, in particular those with health and lifestyle needs and eligible to participate in the programmes.</p> <p>The recommission would also affect the current provider and staff of the lifestyle service.</p>

<p>Links and impact on other services, strategies, functions or procedures.</p>	<p>An integrated lifestyle service supports the Council’s Corporate Plan’s aims to reduce inequalities, promote fairness and opportunity for all and support our most vulnerable residents and the priority to reduce health inequalities across the borough.</p> <p>The service also supports the outcomes of the below strategies and plans:</p> <ul style="list-style-type: none">• Joint Health & Wellbeing Strategy 2023 – 2028. The service will support the four strategic outcomes. These are:<ol style="list-style-type: none">1. Cheshire East is a place that supports good health and wellbeing for everyone;2. Our children and young people experience good physical and emotional health and wellbeing;3. The mental health and wellbeing of people living and working in Cheshire East is improved; and4. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place. The service works towards achieving a number of the strategy’s key indicators for success, including reducing the number of adults who are overweight / obese; increasing the number of adults that are physically active and reducing the number of older people who have a fall and need to be admitted to hospital.• Falls Prevention Strategy 2023-25. The service supports the priority to continue to commission and develop borough-wide evidenced based services which reduce the likelihood of falls and their severity.• All Together Active Strategy and action plans. The service supports the aims of All Together Active to encourage and support inactive people to move more and increase opportunities to be physically active.
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<p>How does the service, service change, strategy, function or procedure help the Council meet the requirements of the Public Sector Equality Duty?</p>	<p>The nature of the service involves an aim of reducing health inequalities for a range of people in Cheshire East. This includes particularly those with lower socio-economic status. The process of participating in the service requires assessment against set criteria e.g. smoking status, BMI. The criteria also take account of certain protected characteristics where there may have more impact on health inequalities. For example, having a lower BMI for people from minority ethnic groups as there is higher prevalence of type 2 diabetes in certain ethnic groups.</p>
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Section 2- Information – What do you know?

<p>What do you know?</p>	<p>What information (qualitative and quantitative) and/or research have you used to commission/change/decommission the service, strategy, function, or procedure?</p>
<p>Information you used</p>	<p>A recently commissioned local Lifestyle Survey of a sample of residents from each care community area has provided the demographics data and lifestyle behaviour insight on Cheshire East residents.</p> <p>Performance data from the current service has also been used.</p> <p>The public health outcomes framework has also been accessed to support the need for the service as it reflects the lifestyle behaviours of the Cheshire East population - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework</p> <p>The programmes provided by the service are evidence based and meet NICE (National Institute for Health and Care Excellence) guidelines. For this service the below guidance and quality statements have been used:</p> <ul style="list-style-type: none"> • PH6 - Behaviour change: general approaches • NG209 - Tobacco: preventing uptake, promoting quitting and treating dependence • PH23 - Weight management: lifestyle services for overweight or obese adults • PH47 - Weight management: lifestyle services for overweight or obese children and young people • CG161 – Falls in Older People: assessing risk and prevention

	<ul style="list-style-type: none"> • QS86 – Falls in Older People • PH54 – Physical activity: exercise referral schemes • PH17 - Physical activity for children and young people <p>Other evidence that will inform the programmes: Chief Medical Officers guidelines for physical activity The Eatwell Guide Models of delivery for stop smoking services Department of Health Tobacco Control Plan for England</p> <p>National research on the lifestyle programmes will also inform the approach.</p>
Gaps in your Information	N/a

3. What did people tell you?

What did people tell you	What consultation and engagement activities have you already undertaken and what did people tell you? Is there any feedback from other local and/or external regional/national consultations that could be included in your assessment?
Details and dates of the consultation/s and/or engagement activities	A Lifestyle Survey was sent to residents in October 2023 with a final deadline in January 2024. Respondents were randomly selected and sent a QR code to complete an online survey. Up to 4 household members (18+) could complete the survey. Residents were able to request a paper copy of the survey where they were unable to complete it online. The Lifestyle Survey had 2591 responses with 20.8% response rate of those sampled. Headline results have shown that 52% mostly eat well and stay active; 55% are obese / overweight; 14% are unhappy, anxious and dissatisfied with their lives; 7% smoke, 18% drink 4 or more times a week; 31% do at least 150 minutes of exercise a week; cost and proximity are important to people; and 35% felt their physical has got worse since the pandemic. There are 4 segments that are showing with some responses – smokers, regular drinkers, multi-hurdlers and non-exercisers.

	<p>A focus group with older people was held on 15th March. People aged 60+ were invited to join the focus group to discuss a healthy aging approach to lifestyle services.</p> <p>The Cheshire East self-advocates group for people with learning disabilities was also engaged with on 15th March for feedback on the current service.</p>
Gaps in consultation and engagement feedback	<p>Further consultation is planned to engage with residents from rural communities, ethnic minorities, routine and manual workers and people from deprived socio-economic areas to fill gaps in these areas.</p>

4. Review of information, consultation feedback and equality analysis

Protected characteristics groups from the Equality Act 2010	What do you know? Summary of information used to inform the proposal	What did people tell you? Summary of customer and/or staff feedback	What does this mean? Impacts identified from the information and feedback (actual and potential). These can be either positive, negative or have no impact.
Age	<p>65% of respondents to the survey were over 55.</p> <p>NHS data shows that around 1 in 3 adults over 65 and half of people over 80 will have at least one fall a year.</p> <p>Service provision specifically aims to improve the health outcomes of individuals in the community who require lifestyle/wellness support. This is likely to include proportionally more users from this protected characteristic due to recognised health issues.</p>	<p>Older residents noted the impact of finances and cost of living on being able to live a healthy lifestyle.</p>	<p>There will be a positive impact through participation in the service on this protected characteristic. Service provision specifically aims to improve the health outcomes of individuals in the community who require lifestyle/wellness support.</p> <p>The negative impacts of costs on living a healthy lifestyle will be managed through free service provision for eligible groups.</p>
Disability	<p>23% of respondents to the survey had a long term, limiting health condition.</p>	<p>The lifestyle survey feedback shows that cost and distance from home/work are the most important aspect when choosing a lifestyle service.</p> <p>People with learning disabilities engaged through the self-advocates</p>	<p>Service provision specifically aims to improve the health outcomes of individuals in the community who require lifestyle/wellness support. This is likely to include proportionally more users from this protected characteristic due to recognised health issues. This is likely to have positive</p>

		group recognised that eating more healthy and good nutrition helps to keep a healthy weight. There was also need to access support to keep active.	impacts on this cohort's health outcomes by participating in the service.
Gender reassignment	0.4% of people responding to the survey identified with a different gender to the one they were born with.	No impacts were reported during the consultation process.	However, there are known national issues for individuals who are transgender over access to healthcare and discrimination when receiving it. In addition there are reported health related issues such as difficulties in accessing leisure facilities and higher mental health related issues.
Pregnancy and maternity	Usage figures are available on the number of pregnant women accessing smoking cessation support and the maternal health service	No impacts were reported during the consultation process. However, it is of particular note that studies have found that smoking whilst pregnant can have a significantly harmful impact increasing risk of miscarriage, birth defects and lower birth rate (each year over 500 women in Cheshire East continue to smoke during their pregnancy). Similarly, consumption of alcohol can lead to poor growth, facial abnormalities and learning and behavioural problems. The new service will aim to address these issues in a way which maintains/improves on current provision.	Assessment should include a question to check if a woman is pregnant in order to ensure that access to smoking cessation and substance misuse services can be guaranteed.

<p>Race/ethnicity</p>	<p>5.4% of survey respondents were from a non-white ethnic group.</p>	<p>No impacts were reported during the consultation process.</p> <p>PHE have previously reported that there is no straightforward pattern between levels of obesity and race, although there is evidence that in some instances ethnic groups have better health than the white population. However, it is also noted that some ethnic groups particularly those of South Asian origin (e.g. Bangladesh, Pakistan), are reported to in general undertake less physical activity and consume a less healthy diet thus leading to lower levels of mortality. Assessment may need to take this into account.</p> <p>In addition to this, prevalence of type 2 diabetes is known to be higher amongst ethnic minorities</p>	<p>Assessment should take account of ethnicity in particular in relation to BMI.</p> <p>To ensure individuals from ethnic minorities can hear about and access the service there is a need to ensure marketing materials for are suitable and accessible.</p>
<p>Religion or belief</p>	<p>54.5% of respondents were Christian, 4.4% had another religion or belief, 36.1% had no religion or belief.</p>	<p>No impacts were reported during the consultation process.</p>	<p>There are some issues that may be relevant. For instance, the impact that religion can have on uptake of physical activity e.g. Muslim women wishing to ensure they are 'covered' in accordance with cultural/religious requirements; also the need for flexibility over times services can be accessed so they do not interfere with prayer times.</p>

Sex	55% of respondents were female and 44% male. 1% preferred not to say.	<p>The World Health Organisation reports a number of reasons for women undergoing less physical activity than men. Services should help address these issues by ensuring flexibility of services (due to caring responsibilities), and an appealing type of physical activity services that can be accessed (cultural issues).</p> <p>There is known correlation between gender and level of physical activity (statistics show women exercise less), obesity (the proportion of men with a normal BMI is less than women) and life expectancy [source: JSNA, Health and Social Care Information Centre Statistics on Obesity, Physical Activity and Diet].¹ As such, eligibility criteria should help address this imbalance by providing services according to set eligibility criteria. Income issues will</p>	<p>Physical Activity services should appeal to women and thus not culturally exclude them.</p> <p>Services should be offered at times of day which will maximise uptake e.g. outside times relevant to their caring responsibilities.</p>

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https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CCUQFIAAhUKewi_w8Hml43IAhVIndsKHfP4A3c&url=http%3A%2F%2Fwww.hscic.gov.uk%2Fcatalogue%2FPUB13648%2FObes-phys-acti-diet-eng-2014-rep.pdf&usg=AFQjCNFyYXli-nsdtWbhwcgkXNkb0feDiA&sig2=f2aSFEZyBKa-Triq0WOKug

		also be addressed by the fact that service provision will be free.	
Sexual orientation	3% of survey responses indicated they were LGBTQ+	<p>No impacts were reported during the consultation process for this protected characteristic.</p> <p>However, there are known health issues which this group faces e.g. higher levels of depression, smoking, class A drug use.</p> <p>Research also suggests that gay and bisexual men are less likely to achieve physical activity recommendations than men in general, but that lesbian and bisexual women are more likely to compared with women in general. Evidence shows that older LGBTQ+ people are more likely to be socially isolated, suggesting that they will experience worse outcomes related to falls.</p> <p>Of additional note is that bisexuals overall have lower life expectancy in England than the rest of the population (gay men and women have a slightly higher life expectancy than the rest of population).</p>	The new service should be specifically promoted with local LGBTQ+ groups in order to encourage their members to access it.

Marriage and civil partnership	No data recorded on clients but the service is accessible all Cheshire East residents	No impacts were reported during the consultation process. There were also no impacts uncovered as a result of research work conducted.	The impact of this service is deemed neutral on this protected characteristic.
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5. Justification, Mitigation and Actions

Mitigation	What can you do? Actions to mitigate any negative impacts or further enhance positive impacts
<p>Please provide justification for the proposal if negative impacts have been identified? Are there any actions that could be undertaken to mitigate, reduce or remove negative impacts?</p> <p>Have all available options been explored? Please include details of alternative options and why they couldn't be considered?</p> <p>Please include details of how positive impacts could be further enhanced, if possible?</p>	<p>Service provision specifically aims to improve the health outcomes of individuals in the community who require lifestyle/wellness support. Therefore there will be positive impacts of participating in the service programmes.</p> <p>Physical Activity services should appeal to women and ethnic minorities and thus not culturally exclude them. Physical activity options also need to be sensitive to the needs of transgender individuals. Specific training of all providers may be required.</p> <p>Services should be offered at times of day which will maximise uptake e.g. outside times relevant to caring responsibilities, flexible to not impact on prayer times. Location of service provision should be considered as this was noted as being important when choosing a lifestyle service by people with disabilities.</p> <p>Assessment should take into account the health differences between genders; whether a woman is pregnant to enable referral to smoking and substance misuse services; and BMI and ethnicity</p> <p>Marketing should take account of the particular needs/interests of both genders; suitability for ethnic minorities (e.g. available in other languages); accessibility for people with learning disabilities (e.g. easy read versions).</p>

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6. Monitoring and Review -

Monitoring and review	How will the impact of the service, service change, decommissioning of the service, strategy, function or procedure be monitored? How will actions to mitigate negative impacts be monitored? Date for review of the EIA
Details of monitoring activities	Impacts will be monitored through performance data and contract monitoring meetings.
Date and responsible officer for the review of the EIA	13/03/2024 Kelly Brighthouse

7. Sign Off

When you have completed your EIA, it should be sent to the [Equality, Diversity and Inclusion Mailbox](#) for review. If your EIA is approved, it must then be signed off by a senior manager within your Department (Head of Service or above).

Once the EIA has been signed off, please forward a copy to the Equality, Diversity and Inclusion Officer to be published on the website. For Transparency, we are committed to publishing all Equality Impact Assessments relating to public engagement.

Name	Nik Darwin
Signature	<i>N Darwin</i>
Date	13-03-24

8. Help and Support

For support and advice please contact EqualityandInclusion@cheshireeast.gov.uk