

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:

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- 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	Healthier Food and Drink Advertising Policy
Date of Assessment	10 th April 2024
Assessment Lead Officer Name	Guy Kilminster
Directorate/Service	Adults, Health and Integration / Public Health
Details of the service, service change, decommissioning of the service, strategy, function or procedure.	<p>Please provide a summary of your proposal. It should include: -</p> <ul style="list-style-type: none"> • A new Policy is proposed that will restrict the advertising of unhealthy foods on Council owned advertising hoardings, buildings, vehicles etc. • The levels of overweight and obesity across England are a significant concern to Government and in Cheshire East there are high and increasing numbers of both children and adults affected. Evidence suggests that the advertising of unhealthy food and drink (those that are high in fat, salt or sugar) impacts upon levels of consumption. By replacing the advertising of such products with adverts for the healthier options offered by the company, people’s food choices can be influenced for the better. • Across Cheshire and Merseyside the local authorities have agreed to implement this policy as part of their response to the ‘All Together Fairer’ report and the prioritisation of reducing health inequalities across the geography. <p>The Government’s Policy paper of July 2020 sets out the challenges faced, the implications and issues in relation to the numbers of people overweight or obese. Tackling obesity: empowering adults and children to live healthier lives - GOV.UK (www.gov.uk)</p> <p>Latest figures for England and Cheshire East are set out below:</p> <ul style="list-style-type: none"> • 63.8 per cent of adults aged 18 years and over in England were estimated to be overweight or living with obesity (2021/22)

	<ul style="list-style-type: none"> • 63% of adults in Cheshire East are estimated to be overweight or obese (2022/23) • 22% of adults in Cheshire East are estimated to be obese (2022-23) • 21.3% of reception aged children (4-5yrs) in England are estimated to be overweight (including obesity) (2022-23) • 21.2 % of reception aged children (4-5yrs) in Cheshire East are estimated to be overweight (including obesity) (2022-23) • 36.6 per cent of year 6 children in England are estimated to be overweight (including obesity) (2022/23) • 32.1% of year 6 children (10-11yrs) in Cheshire East are estimated to be overweight (including obesity) (2022-23) <p>The evidence base in relation to the introduction of the policy is set out in this report: ‘Creating health promoting environments through outdoor advertising’.</p> <div style="text-align: center;">  <p>FINAL Champs report - Outdoor Adv</p> </div>
<p>Who is Affected?</p>	<p>All Cheshire East residents will be affected by the introduction of the Policy, although there may be limited recognition of this as changes will be subtle. There will be less exposure to the advertising of food and drink that is high in fat, salt and sugar, though this will only be on hoardings, signs or vehicles owned/operated by the Council.</p>
<p>Links and impact on other services, strategies, functions or procedures.</p>	<p>The introduction of the policy links to the three of the four strategic outcomes of the Cheshire East Joint Local Health and Wellbeing Strategy:</p> <ul style="list-style-type: none"> • Cheshire East is a place that supports good health and wellbeing for everyone • Our children and young people experience good physical and emotional health and wellbeing • That more people live and age well, remaining independent...

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	<p>It also links to the Corporate Plan priority to reduce health inequalities.</p> <p>It may impact upon the advertising/sponsorship revenue of the ANSA, although evidence from elsewhere indicates that this is unlikely as advertisers continue to advertise and just swap from unhealthy foods to healthier options in the advert.</p>
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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 Public Sector Equality Duty is a legal requirement contained within the Equality Act 2010 which requires public authorities and others carrying out public functions to have due regard to the need to:-</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation • Advance equality of opportunity between people who share a protected characteristic and those who do not • Foster good relations between people who share a protected characteristic and those who do not <p>The above aims may be more relevant to some proposals than others, and they may be more relevant to some protected characteristics than others. However, it is advisable that the proposal be assessed against each of the above aims.</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>Please include details (including weblinks) of the information you have used to inform your proposal. This should include information relating to relevant protected characteristics which are covered in the Equality Act 2010. These are: - age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religious or faith groups, sex and sexual orientation. In many cases a proposal will be relevant to more than one protected characteristic.</p>

You should consider the information and research already available locally, regionally and nationally. This can include equality monitoring information, Public Sector Equality Duty (PSED) information, performance monitoring reports, inspection reports and desktop research (local, regional and national).

Age

The proposed policy will have an effect on the whole population, not discriminating between age groups. We do not anticipate any negative impact of the proposed policy and, therefore, do not foresee any group being disadvantaged by age.

Disability:

There are links between obesity and disability in childhood and adulthood. Disabled children have a higher risk of obesity, which increases with age, and are at greater risk of developing associated conditions as adults (e.g. diabetes, cardiovascular disease or mobility issues). In adults, there is a two-way relationship between obesity and disability; i.e. disabled adults are more likely to be at risk of obesity, while obese adults may develop complications leading to disabilities because of being obese.

We expect that the proposed policy will have a positive impact on disabled and non-disabled individuals. All age groups and adults with disabilities are also expected to benefit from the policies.

Pregnancy and maternity

Women who are obese when they become pregnant have increased risks to their own and their babies' health. They are more likely to experience complications in labour and their children have increased risks of obesity in childhood and adulthood, and other health conditions later in life including heart disease, diabetes, and asthma. Maternal obesity is also associated with an increased risk of infant mortality.

Although maternal obesity rates are not routinely monitored in England, we do know that obesity in pregnant women has increased, which is likely to increase the risks passed on to children. Between 1989 and 2007, maternal obesity (the proportion of pregnant women with a BMI greater than 30) has doubled from 7.6% to 15.6%. PHE analysis found that almost 50% of all women of childbearing age in England are either overweight or obese and therefore they and their children are at greater risk during and after the pregnancy.

	<p>The policy would affect the eating behaviour of all age groups, including women at childbearing age. Therefore, we can expect a positive impact from the proposed policies on maternal obesity rates, and a knock-on positive impact on the associated risks with maternal obesity.</p> <p>Race PHE (2017/18) have found notable differences in obesity prevalence across racial groups for both children (Figure 1) and adults (Figure 2)</p>
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Figure 1 Obesity prevalence in [children](#) by ethnicity (NCMP (2016/17))

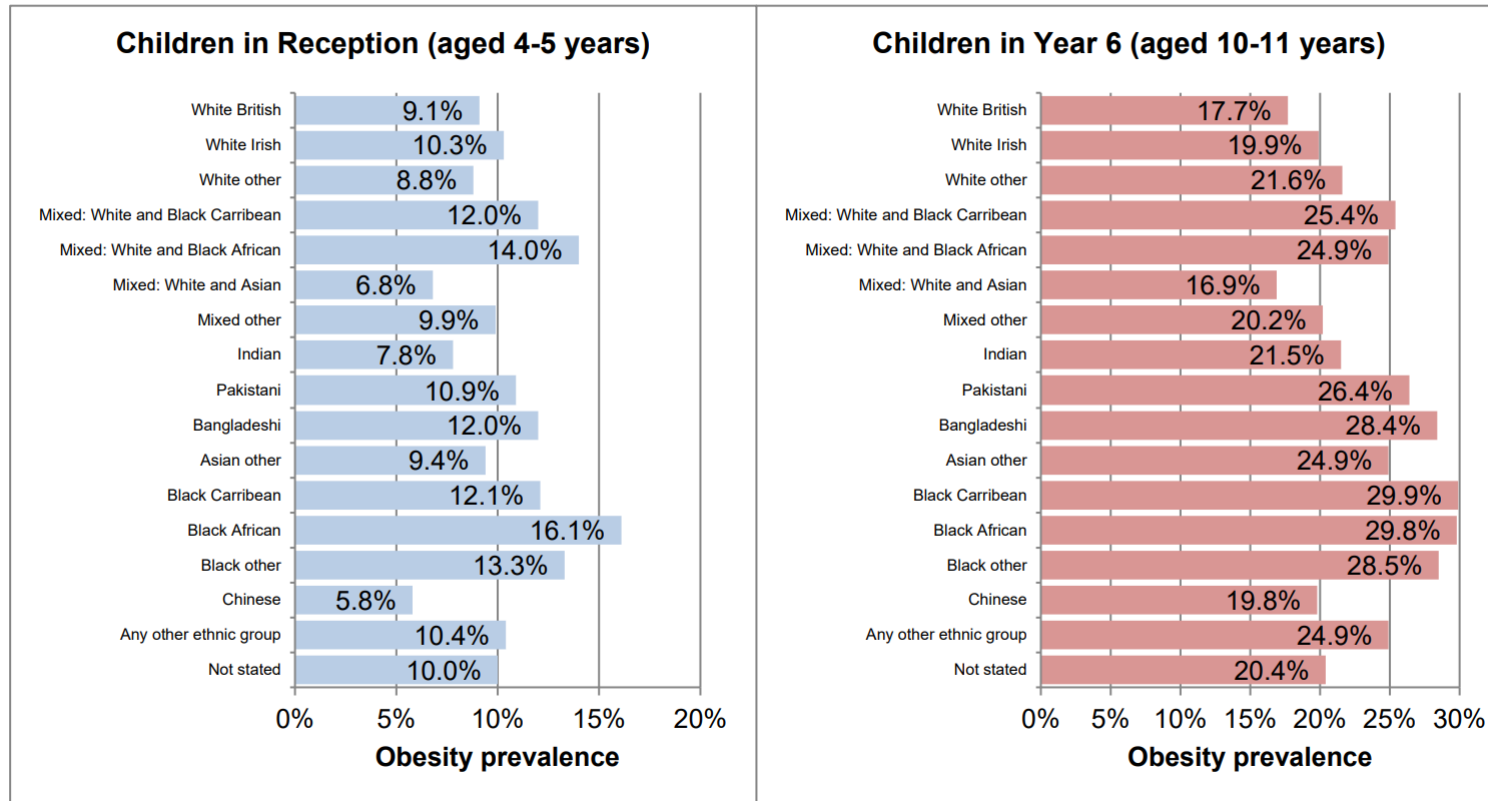
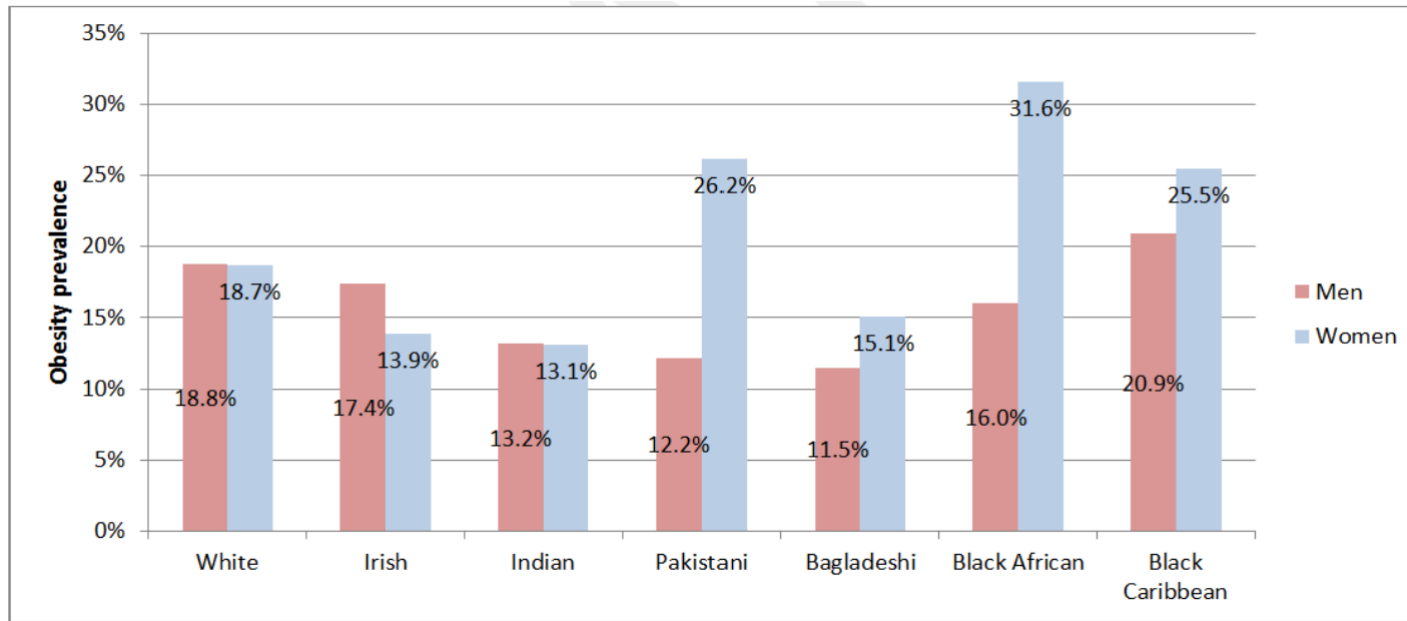


Figure 2 Obesity prevalence in adults by ethnicity (HSE 2006-2010 (five-year average))



Boys in Year 6 from all minority ethnic groups are more likely to be obese than White British boys, with boys of Pakistani ethnicity having the highest prevalence of obesity at 34.1%, followed by other Asian ethnicities with 30.8%. For girls in Year 6, obesity prevalence is highest for children from Black Caribbean (31.5%) and Black African (29.4%) ethnic groups.

Differences in weight between racial groups arise due to various factors such as environmental factors, health behaviours, socio-economic status, access to health care, social marginalisation, or discrimination. The fact that ethnic differences persist even when controlling for deprivation and controlling for interaction suggests that cultural and genetic differences within some ethnic minority groups may account for the increased likelihood of children from these groups becoming obese or overweight.

	<p>People from different ethnic groups have different levels of risk to develop conditions associated with obesity and being overweight. For the same level of BMI, people of African ethnicity appear to carry less fat and people of Asian ethnicity generally have a higher percentage of body fat than people of the same age and gender.</p> <p>Some ethnic minority groups (especially those of Asian descent) are at risk of type 2 diabetes and cardiovascular disease at a lower BMI than other groups. The proposed policies are targeted at children from all ethnicities and are therefore expected to have a positive effect on all ethnic groups.</p> <p>The policy does not differentiate by race. However, some ethnic groups experience higher obesity prevalence and the potential for a reduction in obesity may be higher. The reasons for differences in obesity prevalence across ethnicities are various and it is difficult to state how different groups will benefit from the policy. If the causes of obesity in each ethnic group are the same, then they would expect to have a similar impact. If causes are genetic or specific to lifestyles that are adopted by some socioeconomic groups, then these may not be impacted equally by this policy.</p> <p>Sex</p> <p>There are differences in obesity prevalence depending on gender. These differences have various underlying possible reasons. As this policy is focused on tackling overweight and obesity, we have considered whether there is a differential impact expected on girls and boys. There is little data to identify the difference in girls’ and boys’ diets. National Diet and Nutrition Survey (NDNS) data for example, cannot be reliably analysed by gender. (NDNS cannot be analysed reliably by gender because of its small sample size and the persistent problem of under-reporting that is common to all diet diaries.) Nevertheless, there is no evidence to suggest that the proposed policy has different effects depending on sex.</p>
Gaps in your Information	N/A

3. What did people tell you?

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<p>What did people tell you</p>	<p>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?</p>
<p>Details and dates of the consultation/s and/or engagement activities</p>	<p>No consultation or engagement has been undertaken locally in relation to this Policy with the general public.</p> <p>Appropriate local authority officers have been consulted. The issue re. potential loss of income was raised.</p>
<p>Gaps in consultation and engagement feedback</p>	<p>N/A</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	All ages will benefit from the implementation of the policy	N/A	Positive impact
Disability	Children and adults with a disability are more likely to be overweight or obese.	N/A	Positive impact
Gender reassignment	N/A	N/A	Positive impact
Pregnancy and maternity	Almost 50% of all women of childbearing age in England are either overweight or obese	N/A	Positive impact
Race/ethnicity	There are notable differences in obesity prevalence across racial groups.	N/A	Positive impact
Religion or belief	N/A	N/A	Positive impact

Sex	N/A	N/A	Positive impact
Sexual orientation	N/A	N/A	Positive impact
Marriage and civil partnership	N/A	N/A	Positive impact

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>	N/A


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	This will be determined once the Policy is approved.
Date and responsible officer for the review of the EIA	Guy Kilminster, Corporate Manager Health Improvement, 20 th April 2024

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:	Matt Tyrer
Signature	
Date	12/08/2024

8. Help and Support

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