

Croydon Council

Equality Analysis Form

Stage 1 Initial Risk Assessment - Decide whether a full equality analysis is needed

At this stage, you will review existing information such as national or local research, surveys, feedback from customers, monitoring information and also use the local knowledge that you, your team and staff delivering a service have to identify if the proposed change could affect service users from equality groups that share a “protected characteristic” differently. You will also need to assess if the proposed change will have a broader impact in relation to promoting social inclusion, community cohesion and integration and opportunities to deliver “social value”.

Please note that the term ‘change’ is used here as shorthand for what requires an equality analysis. In practice, the term “change” needs to be understood broadly to embrace the following:

- Policies, strategies and plans
- Projects and programmes
- Commissioning (including re-commissioning and de-commissioning)
- Service Review
- Budgets
- Staff structures (including outsourcing)
- Business transformation programmes
- Organisational change programmes
- Processes (for example thresholds, eligibility, entitlements, and access criteria)

You will also have to consider whether the proposed change will promote equality of opportunity; eliminate discrimination or foster good relations between different groups or lead to inequality and disadvantage. These are the requirements that are set out in the Equality Act 2010.

1.1 Analysing the proposed change

1.1.1 What is the name of the change?

Croydon proposes to development a new, innovative integrated healthy lifestyles service, known as **the Live Well Croydon Programme**.

Live Well Croydon has two main projects, the first is a new online behaviour change platform, called ‘**Just Be...**’, which will improve people’s access to information on improving health and wellbeing. This website will be supported by integrating our existing lifestyle services to develop a person-centred, holistic lifestyle service, targeted at residents with the greatest needs know as ‘**MI Change**’.

To embed these emerging services we will work in collaboration with a wider range of Council programmes and services, as well as partners across the Borough (i.e. CVA, CP FC) that will support independence, growth and healthy liveability for our residents

1.1.2 Why are you carrying out this change?

As part of the ongoing efficiency agenda Croydon, like many areas in England, is rethinking its wellbeing and lifestyle services. These are services which aim to support service users to make healthy behaviour changes, such as quitting smoking, or being more physically active. The services form part of the support that Croydon borough and its partners provide to enable people to lead healthy and happy lives. The Council is developing an integrated lifestyle service, delivered through a single point of access, that:

- is focused on outcomes and is evidence based in its delivery
- provides information and advice about living well
- offers a wide range of interventions such as digital and online approaches, telephone and email support as well as group and 1 to 1 support in person
- enables community development, peer support and volunteering
- targets people who are at higher risk
- works with partners to develop a broader healthy culture.
- Delivers tiered, holistic interventions according to individual and local community needs supporting people and their families to:
 - Stop smoking
 - Lose weight
 - Drink less alcohol
 - Increase physical activity
 - Mental health and emotional wellbeing
- In 2015-16 public health funded a range of healthy lifestyles services to support an increase in healthy behaviours among eligible people in Croydon at a cost of £1.5m. These were weight management, smoking cessation, alcohol prevention and early intervention, physical activity and the NHS Health Check programme.
- In the longer term our vision is that this healthy lifestyles approach could incorporate a wider range of programmes, support and council run services that together support independence, growth and healthy liveability in the borough e.g. Peoples Gateway
- To develop an integrated service we will be decommissioning our current service contracts across these lifestyle services.

1.1.3 What stage is your change at now?

Public Health and Regeneration and Districts Centres have established a Programme Board and are in discussions about an internally provided service.

‘Just Be...’

‘Just Be...’ is on course to be launched in June 2016.

The service is still in development, but numerous meetings have been conducted with service commissioners to shape the service and to understand the needs of residents accessing current lifestyle services. In April 2016, Public Health conducted three focus groups with residents, to

better understand the digital needs of our residents, with the intention to inform what services would best support behavioural change. Public Health has also met with colleagues across the Council including 'Gateway' to better understand opportunities for aligning Croydon's online platforms. We also intend to engage with the Digitally Enabling Programme to ensure there is capacity in the community to access and utilise web-based support. We are also in discussion with the My Account team to aligning data capturing protocols to build online databases of our residents and their health needs. My Account will also support marketing support at those who need it the most.

MI Change

Public Health and Regeneration and District Centres are co-creating and exploring delivery of an internally provided service.

The targeted aspect of the MI Change service will focus resource on high risk groups; the reach of this element will therefore be small to ensure demand and the offer is appropriate, but the impact will be great since it will address clustered unhealthy behaviours in groups that experience ill health from a younger age. This approach offers an opportunity to address inequalities in longevity and realise short term as well as long term council cost savings, which are detailed in section seven of this report.

To embed MI Change, our vision is that it will work in collaboration with a wider range of programmes and council run services that together support independence, growth and healthy liveability, such as Gateway which can support targeting individuals and families. We also intend to strengthen partnership working across the Borough and build on and assets such as the CVA's health champion's volunteer programmes.

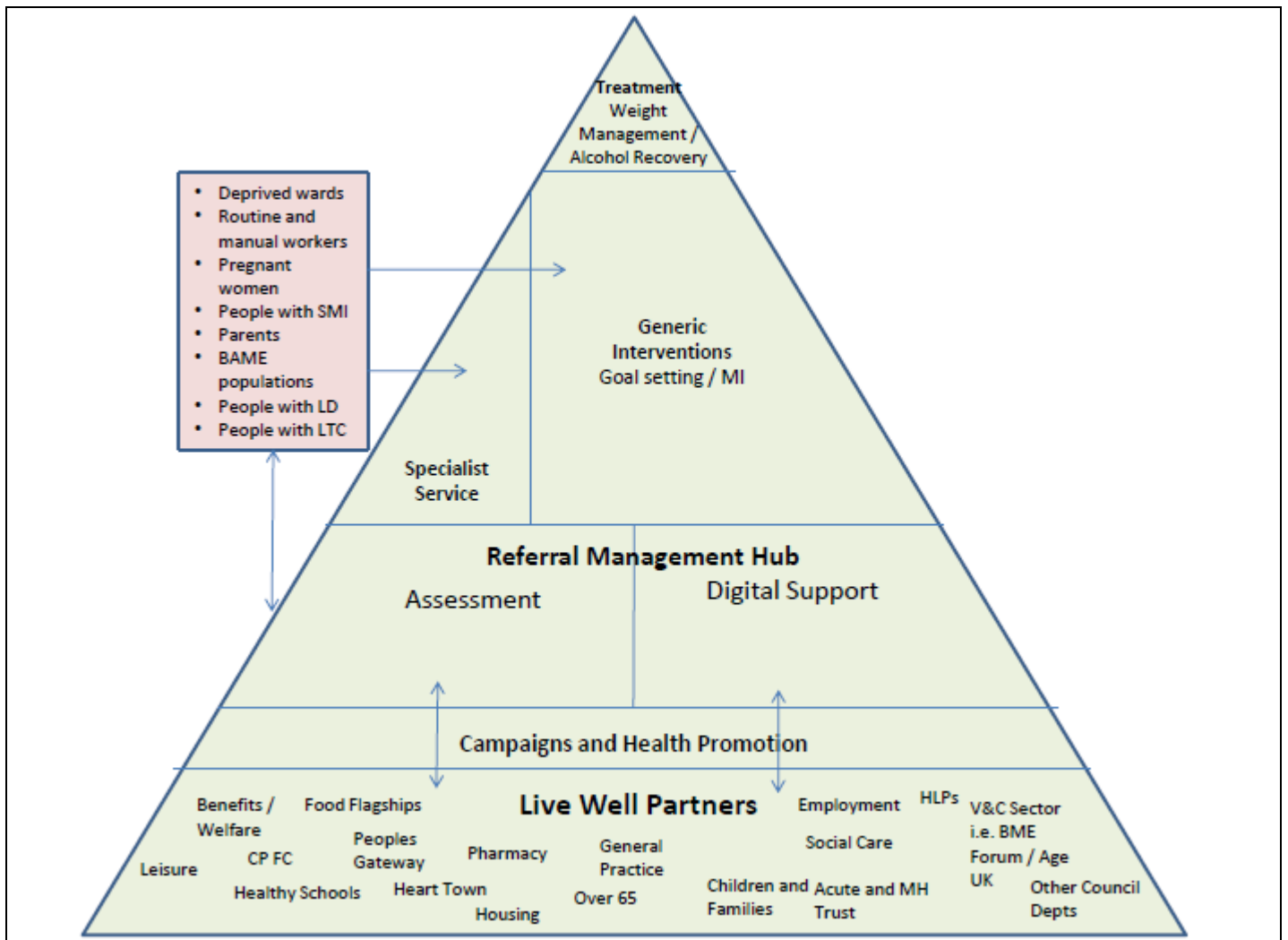
The service is due to launch on 1 October 2016.

1.2 Who could be affected by the change and how

1.2.1 Who are your internal and external stakeholders?

Healthy behaviours such as being active, a good diet, not smoking and maintaining a healthy weight are important ways to help maximize health and well-being alongside factors such as good quality housing, employment and safe neighborhoods. As such the service will need to interface with, and complement, other services, such as People's Gateway, Social Care, Primary Care and the Voluntary and Community Sector. The Pyramid below provides an overview of a number of our Live Well partner organisations, that we would expect to interface with the referral management hub.

- The service model will have two distinct elements:
 - 'Just Be...' - A universal offer for the general population which is likely to be delivered through use of digital technologies
 - 'MI Change' - Targeted Interventions for those people identified as the highest need who can access specialist support (smoking cessation services for pregnant women) or generic interventions, such as motivational interviewing



1.2.2 What will be the main outcomes or benefits from making this change for customers / residents, staff, the wider community and other stakeholders?

Our aim is:

A place where people are less stressed, it's easy to be active, to eat healthy food, drink sensibly and fewer young people start smoking

Through delivery of our aim, we intend to:

Achieve

Impact

Deliver outcomes

<ul style="list-style-type: none"> • Improved population health and wellbeing • Reduced inequalities • Cut cost of local public services • Improve the environment 	<ul style="list-style-type: none"> • Healthy Life Years Gained • Reduced inequalities in Life expectancy • Premature deaths prevented 	<ul style="list-style-type: none"> • Higher levels of wellbeing • Decrease in smoking • More people are physically active • More people have a healthy weight • More people drink sensibly • More people have an NHS Health Check
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1.2.3 Does your proposed change relate to a service area where there are known or potential equalities issues?
Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response
If you don't know, you may be able to find more information on the Croydon Observatory (<http://www.croydonobservatory.org/>)

Yes. The basis of this integrated lifestyle service is to reduce health inequalities and to support targeted residents identified as in most need of lifestyles support.

We are currently undertaking modelling of the following priority groups:

- Learning disabilities
- Parents
- Pregnant women
- Those from BAME Communities
- People with Long-term conditions
- People with serious mental illness
- Routine and manual workers
- Residents in most deprived wards
- Those with protected characteristics

The aim of the modelling is to develop several options on how we best target priority populations and how these options impact the Live Well program outcomes. This will also support development of service performance indicators and activity targets for the service.

We also know evidence suggests that some populations groups such as Men or some BAME groups have trouble accessing services, and we aim to build a new service which improves access for all population groups.

1.2.4	<p>Does your proposed change relate to a service area where there are already local or national equality indicators?</p> <p>You can find out from the Equality Strategy http://intranet.croydon.net/corpdept/equalities-cohesion/equalities/docs/equalitiesstrategy12-16.pdf). Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response</p>
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Yes.

Current service provision has targets to engage with specific local indicators e.g. weight management services.

We will continue to build targets in the new model to build / maintain provision.

National 'slope index of inequality in life expectancy' guidance was developed for use by public health teams and those working on the health inequality agenda in the NHS, or Local government. We will use this guidance as we build the new service model to support addresses any uncertainty that exists in interpreting the measures of inequalities. Improving the health of the poorest fastest' is also central to the vision of the Public Health Outcomes Framework.

1.2.5	<p>Analyse and identify the likely <u>advantage</u> or <u>disadvantage</u> associated with the change that will be delivered for stakeholders (customers, residents, staff etc.) from different groups that share a "protected characteristic"</p>
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	Likely Advantage 😊	Likely Disadvantage ☹️
Disability	As we develop the service model, we will ensure that all new service providers facilities are accessible for people with physical and learning difficulties i.e. routes of access and service provision.	
Race/ Ethnicity	Services will be designed accounting for cultural values and beliefs for behaviour change.	
Gender	<p>The evidence suggests that fewer men access current healthy living provision, our new model will deliver in a way to be acceptable for men and encourage access to services.</p> <p>Services within the new model will also be targeted, such as services for pregnant women and new mothers, (neo / post natal). The service will include specialist</p>	

	services of support for these target groups.	
Transgender	Services will be designed and will be accessible regardless of gender identity.	
Age	<p>The Live Well Croydon service is aimed at adults 18+ / of working age, since it is a primary prevention service. When appropriate services will be accessible for those aged 16+ such as specialist smoking cessation services.</p> <p>Separate lifestyle services are already commissioned for under 18s and over 65s.</p> <p>The Live Well Croydon model will strengthen working alongside existing services.</p>	
Religion /Belief	Services will be designed accounting for religious and cultural values and beliefs.	
Sexual Orientation	Services will be designed and accessible regardless of sexuality.	
Social inclusion issues	Service model will aim to reduce social isolation and promote community cohesion e.g. large borough wide community events and through work targeting more vulnerable groups e.g. lone parents.	
Community Cohesion Issues		
Delivering Social Value	Services will be designed ensuring we deliver our commitment to social value, such as adhering to the SCC social values framework. We also intend to work with the community to empower them through peer support and volunteering which is central foundation to service delivery.	

1.2.6 In addition to the above are there any other factors that might shape the equality and inclusion outcomes that you need to consider?

For example, geographical / area based issues, strengths or weaknesses in partnership working, programme planning or policy implementation

We are also considering referral pathway mapping to better establish links with relevant Council, health and community services that work with target populations e.g. People's Gateway.

1.2.7 Would your proposed change affect any protected groups more significantly than non-protected groups?

Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response. For a list of protected groups, see Appendix.....

Yes.

To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage, therefore we propose to develop a service which targets our resources to those who need it the most.

As identified in the Annual Director of Public Health Report, the following groups have been identified as our priority groups to focus our resources:

- Learning disabilities
- Parents
- Pregnant women
- Those from BAME Communities
- People with Long-term conditions
- People with serious mental illness
- Routine and manual workers
- Residents in most deprived wards
- Those with protected characteristics

As part of the service, a universal offer will be available but with less intensive behavioural change support.

1.2.8 As set out in the Equality Act, is your proposed change likely to help or hinder the Council in advancing equality of opportunity between people who belong to any protected groups and those who do?

The proposed model will enhance the Councils approach to engaging with those from protected groups.

As per the model in Section 1.2.1 we will be engaging with those organisations directly responsible for working with and supporting those protected groups such as the BME forum or Age UK to ensure they have an understanding of the emerging service but also to support referral into the model where appropriate.

Through the modelling work we will better understand our priority groups including those with protected characteristics to ensure a model is built to support those clients in most need of lifestyle support and reduce health inequalities.

We can also build in Key Performance Indicators in the service spec to ensure we engage with those people from protected groups effectively with the greatest impact.

1.2.9 As set out in the Equality Act, is the proposed change likely to help or hinder the Council in eliminating unlawful discrimination, harassment and victimisation in relation to any of the groups that share a protected characteristic?

Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response.

The currently commissioned services do not impact upon the Councils approach to working with unlawful discrimination, harassment or victimisation; therefore a new model will continue to not hinder the Council's approach.

We will also ensure that new providers have local provisions to support all service users and their staff.

1.2.10 As set out in the Equality Act, is your proposed change likely to help or hinder the Council in fostering good relations between people who belong to any protected groups and those who do not?

In practice, this means taking action to increase integration, reduce levels of admitted discrimination such as bullying and harassment, hate crime, increase diversity in civic and political participation etc.

Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response

This project will enhance the Councils role to better support protected groups.

As previously stated the proposed new model intends to greater engage with local partners and improve relationships that can influence service delivery for those protected groups.

We intend to take in depth modelling of our priority groups to ensure we best support all protected groups, so that we can deliver tiered, holistic interventions according to individual and local community needs.

1.3 Decision on the equality analysis

If you answer "yes" or "don't know" to ANY of the questions in section 1.2, you should undertake a full equality analysis. This is because either you already know that your change or review could have a different / significant impact on groups that share a protected characteristic (compared to non-protected groups) or because you don't know whether it will (and it might).

Decision	Guidance	Response
Yes, further equality analysis is required	<p>Please state why and outline the information that you used to make this decision. Also indicate</p> <ul style="list-style-type: none"> • When you expect to start your full equality analysis • The deadline by which it needs to be completed (for example, the date of submission to Cabinet) • Where and when you expect to publish this analysis (for example, on the council website). <p>You must include this statement in any report used in decision making, such as a Cabinet report.</p>	<p>The Live Well Croydon service is in development and due to launch October 2016.</p> <p>A full EA will be conducted as we finalise the service model.</p> <p>The EA will be published on the Council's website,</p>
Officers that must approve this decision	Name and position	Date
Report author	Matt Phelan, Public Health Principal	30 March 2016
Director	Chris Barrett, Director of Health Integration	30 March 2016

1.4 Feedback on Equality Analysis (Stage 1)

Please seek feedback from the your departmental lead for equality (the Strategy and Planning Manager / Officer)

Tracy Stanley, Strategy & Planning Manager (Adults) and Matt Phelan, Public Health Principal met on 11th April 2016 to discuss the draft equality analysis. Following this further amendments were

made, taking feedback into account.

Name of Officer	Tracy Stanley, Strategy & Planning Manager (Adults)	18.05.16
Date received by Officer	09.05.16	Please send an acknowledgement
Should a full equality analysis be carried out?	Yes – as above, a full equality analysis should be conducted as the service model is finalised.	Note the reasons for your decision

Stage 2 Use of evidence and consultation to identify and analyse the impact of the change

Use of data, research and consultation to identify and analyse the probable Impact of the proposed change

This stage focuses on the use of existing data, research, consultation, satisfaction surveys and monitoring data to predict the likely impact of proposed change on customers from diverse communities or groups that may share a protected characteristic.

Please see Appendix 2 (section 2) for further information.

2.1	Please list the documents that you have considered as a part of the equality analysis review to enable a reasonable assessment of the impact to be made and summarise the key findings.
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	This section should include consultation data and desk top research (both local and national quantitative and qualitative data) and a summary of the key findings.
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2.2	Please complete the table below to describe what the analysis, consultation, data collection and research that you have conducted indicates about the probable impact on customers or staff from various groups that share a protected characteristic.
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Group's with a "Protected characteristic" and broader community issues	Description of potential advantageous impact	Description of potential disadvantageous impact	Evidence Source

2.3	<p>Are there any gaps in information or evidence missing in the consultation, data collection or research that you currently have on the impact of the proposed change on different groups or communities that share a protected characteristic? If so, how will you address this?</p> <p>Please read the corporate public consultation guidelines before you begin: http://intranet.croydon.net/finance/customerservices/customerserviceprogramme/stepbystepguide.asp.</p>
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2.4	If you really cannot gather any useful information in time, then note its absence as a potential disadvantageous impact and describe the action you will take to gather it.
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	Please complete the table below to set out how will you gather the missing evidence and make an informed decision. Insert new rows as required
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Group's with a "Protected characteristic" and broader community issues	Missing information and description of potential disadvantageous impact	Proposed action to gather information

Stage 3 Improvement plan

Actions to address any potential disadvantageous impact related to the proposed change

This stage focuses on describing in more detail the likely disadvantageous impact of the proposed change for specific groups that may share a protected characteristic and how you intend to address the probable risks that you have identified stages 1 and 2.

3.1	Please use the section below to define the steps you will take to minimise or mitigate any likely adverse impact of the proposed change on specific groups that may share a protected characteristic.
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Equality Group	Potential disadvantage or	Action required to address issue or minimise adverse impact	Action Owner	Date for completing
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(Protected Characteristic)	negative impact e			action

3.2 How will you ensure that the above actions are integrated into relevant annual department or team service plans and the improvements are monitored?

3.3 How will you share information on the findings of the equality analysis with customers, staff and other stakeholders?

Section 4 Decision on the proposed change

4.1 Based on the information in sections 1-3 of the equality analysis, what decision are you going to take?

Decision	Definition	Yes / No
We will not make any major amendments to the proposed change because it already includes all appropriate actions.	Our assessment shows that there is no potential for discrimination, harassment or victimisation and that our proposed change already includes all appropriate actions to advance equality and foster good relations between groups.	
We will adjust the proposed change.	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the proposed change. We are going to	

	take action to make sure these opportunities are realised.	
We will continue with the proposed change as planned because it will be within the law.	<p>We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the proposed change.</p> <p>However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned.</p>	
We will stop the proposed change.	The proposed change would have adverse effects on one or more protected groups that are not justified and cannot be lessened. It would lead to unlawful discrimination and must not go ahead.	

4.2	Does this equality analysis have to be considered at a scheduled meeting? If so, please give the name and date of the meeting.
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4.3	When and where will this equality analysis be published? An equality analysis should be published alongside the policy or decision it is part of. As well as this, the equality assessment could be made available externally at various points of delivering the change. This will often mean publishing your equality analysis before the change is finalised, thereby enabling people to engage with you on your findings.
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4.4	When will you update this equality analysis? Please state at what stage of your proposed change you will do this and when you expect this update to take place. If you are not planning to update this analysis, say why not
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4.5	Please seek formal sign of the decision from Director for this equality analysis? This confirms that the information in sections 1-4 of the equality analysis is accurate, Comprehensive and up-to-date.
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Officers that must approve this decision	Name and position	Date
Head of Service / Lead on equality analysis		
Director		

Email this completed form to equalityandinclusion@croydon.gov.uk , together with an email trail showing that the director is satisfied with it.
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