

Equality Analysis Assessment (EAA) Equality impact of proposed changes to preventative health services currently being commissioned by Public Health	
Name of proposal	Public Health Savings (Staying Healthy Services)
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Other stakeholders	Lewisham Clinical Commissioning Group (CCG) Children and Young People's (CYP) Joint Commissioning Lewisham and Greenwich NHS Trust (LGT)
Start date of Equality Analysis	20 th July 2016
End date of Equality Analysis	The assessment will need to inform decision-making so the end date should take this into account.
Step1: Identify why you are undertaking an Equality Analysis	
<p>This Equality Analysis is being undertaken to examine the impact of changes to preventative services on those with protected characteristics living in Lewisham. The changes to these services are being driven by the need to achieve £4.7 million in savings from the public health budget.</p> <p>The preventative health services (or 'Staying Healthy' services) facing changes are (1):</p> <ul style="list-style-type: none"> • The Stop Smoking Service (SSS) <p>This is an addiction treatment service, which assists dependent smokers to quit and is delivered by Lewisham and Greenwich Healthcare. The primary role of the Stop Smoking Service is to deliver high quality, evidence-based stop smoking interventions to dependent smokers living in Lewisham. This includes an intensive service for highly dependent smokers provided through group and one to one sessions, and support for moderately dependent smokers through GPs & pharmacies including a hub based model in each neighbourhood.</p> • The Community Health Improvement Service (CHIS) <p>This service is delivered by Lewisham and Greenwich Trust and provides a range of health promotion activities targeted at those with poorer health outcomes. It provides behaviour change and healthy lifestyle support through: the Lewisham Lifestyle Hub (LLH) delivering motivational interventions and referrals of those identified as at risk following an NHS Health check; Health Trainers providing one to one and group motivational interviewing and lifestyle coach support and the Healthy Walks programme, which trains walk leaders, develops, promotes and ensures regular health walks to increase participation and uptake of physical activity. It also engages, develops and empowers communities through community development for health improvement and neighbourhood based activities including outreach, participatory budgeting/small grants, networks, negotiating and developing referral pathways into preventative lifestyle activities and interventions, and linking providers of preventative initiatives with community groups.</p> 	

- **The Children's Weight Management Service**

The service delivers a range of age-specific evidence-based family interventions for overweight and obese children. The service includes specialist support (dietician, psychologist and physical activity specialist) for obese children with co-morbidities or with complex needs. The service also delivers a range of bespoke workforce training sessions. The children's weight management service supports the mandatory National Child Measurement Programme which identifies that Lewisham has consistently high prevalence of childhood obesity.

- **The Breastfeeding Support Service**

This service manages the community breastfeeding groups and provision of a breastfeeding peer support service. This includes training new breastfeeding peer supporters and providing on-going supervision to all active volunteer peer supporters. The peer supporters support mothers attending the community breastfeeding groups and on the postnatal ward.

- **The NHS Health Checks programme**

This service is commissioned to identify 40-74 year olds with a high risk of developing cardiovascular and other conditions. This includes direct commissioning of health checks provided by GPs, pharmacies and To Health (outreach); a call/recall system (every 5 years) and IT. This is a mandatory programme, assessing risk and facilitating early intervention.

Step 2: Identify the changes to your service

The following changes to Staying Healthy services have been proposed (as outlined in the public health savings consultation document presented to Mayor and Cabinet in July 2016 (1)):

1) Changes to the Stop Smoking Service:

The Council proposes the re-design and potential re-commissioning of the service to incorporate different delivery models including a greater use of digital and telephone support for less heavily dependent smokers; face to face support from specialists for heavily dependent smokers such as pregnant women, smokers with mental health problems and/or long term conditions and more efficient and effective prescribing of stop smoking medication. The number of smokers able to access the service is likely to reduce.

2) Changes to the Community Health Improvement Service (CHIS):

The Council proposes the potential reconfiguration or removal of the services currently delivered by CHIS. This may encompass the following:

- Removal of the health trainer programme, potentially mitigated by the existing community nutrition and physical activity service delivered by GCDA and by expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers).
- Removing the community development element, mitigated by the council investing in health-focussed grants across all 4 Neighbourhoods in Lewisham.

- The removal of the lifestyle hub, mitigated by including advice and onward referral with in the Healthchecks delivery specified in the re-commissioning of the NHS Health Checks programme.
- Priority will be given to supporting emerging neighbourhood delivery models and alignment with wellbeing community development programmes such as Well London, which is an external funding stream.

3) Changes to the children’s weight management service:

The Council proposes to integrate the service through investment into a new contract for school nursing. This would require serving notice on the existing service.

The Council also proposes the potential removal of the specialist element of the service: in this scenario children with complex needs would be offered the core programme in the same way as other children. The service will provide a limited range of age-specific targeted programmes with focus on children under the age of 12 with a reach reduced to under 200 families.

4) Changes to the breastfeeding support service

The Council proposes to incorporate this service within a new contract for health visiting. This would require serving notice on the existing service.

5) Changes to the NHS Health Checks programme

The Council proposes the redesign and potential re-commissioning of the programme, including different delivery models for follow-up for those identified as at risk following an NHS Health check. We are aiming for a better integrated pathway, targeting of at risk populations and more effective follow-up for those identified as at risk.

Step 3: Assessment of data and research

A thorough assessment of the data and research required to perform this EAA was undertaken at the outset of the work.

The following data sources were identified:

- 1) **2011 Census Data** –used to determine the prevalence of having a protected characteristic in the Lewisham population.
- 2) **Service monitoring data** for all of the services listed above, including age, gender, ethnicity and deprivation data (where available) to determine the current reach of service to different population groups.
- 3) **Peer-reviewed research** – used to determine the expected health impacts of services on the population and specific population groups (where available).
- 4) **Stakeholder Consultation** – as described below.

Step 4: Consultation

Overview of consultation:

The public health savings consultation for the proposed changes to Staying Healthy services was approved by the Mayor and Cabinet on 13th July 2016 and took place between 25th July 2016 and 22nd August 2016.

The consultation involved three elements:

1. Online engagement with the public and service users through an online consultation survey delivered via Uengage. This survey aimed to:
 - a) Identify service areas which are considered priorities
 - b) Obtain views on different ways in which services could be accessed with less or no funding for that area
 - c) Obtain views on how the council could facilitate this
2. Online engagement with healthcare and professional stakeholders through an online consultation survey delivered via Uengage.
3. A number of stakeholder meetings with the public and professionals:
 - a. Attendance by officers at 4 GP neighbourhood meetings
 - b. Attendance by officers at Local Medical Committee meeting
4. Conversations at Lewisham People's Day to discuss proposals and get feedback on existing services

The findings from all of these elements of the consultation exercise have been used to inform this EAA.

Consultation Results:

a) Residents/Service User Online Consultation

There were 195 responses to the resident online consultation survey, with 148 (76%) of these responses coming from Lewisham residents. All subsequent analyses have been based on responses from Lewisham residents only. All electoral wards were represented in the Lewisham resident responses (where postcode was given).

i) Demographic Information

Age and Sex

The majority of resident respondents were female (73%) and aged over 45 years (69%), where this question was answered. According to the 2011 UK Census (2), women made up 51% of the Lewisham population and the comparative age composition of the borough can be seen in Table 1 below.

Table 1: Age composition of survey respondents in comparison to overall Lewisham population

Age Band	Respondent Percentage (%)	Lewisham Population Percentage (2015) (%)
18-24	1	8.7
25-34	12	20.1
35-44	18	17.3
45-54	25	13.5
55-64	24	8.3
65-74	17	4.9
75+	2	4.4

Disability

Of the respondents that answered the question about disability (138 respondents), 14% stated that they had some form of disability. The 2011 Census gave us a proxy figure for disability from the question 'To what extent are your day to day activities limited?' Taking all respondents who stated their day to day activities were limited to some extent gives Lewisham a borough figure of 14.4%.

Gender reassignment

One hundred and twenty-seven respondents answered the transgender question in the survey, with 6% of respondents stating that their current gender was different from the gender than they were assigned at birth. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Pregnancy and Maternity

Only 1% of respondents answering the question on pregnancy (136 respondents) stated that they were currently pregnant or on maternity leave. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Ethnicity/Race

White British (59%) was the most commonly stated ethnic group of those responding to the question about ethnicity (140 respondents). Only 10% of respondents were Black Caribbean, 7% White other, 5% Black African and 4% Irish. According to the 2011 UK Census (2), in Lewisham 41.5% of residents were estimated to be of White British ethnicity, 11.2% Black Caribbean, 11.6% Black African, 10.1% White Other and 1.9% White Irish ethnicity.

Religion/Belief

No religion (42%) and Christianity (42%) were the most commonly stated religious beliefs among respondents to the question about religion (137 respondents). A minority of respondents stated that they were Muslim (1%), Jewish (1%) or Buddhist (1%), and 13% followed another religion or preferred not to say. In the 2011 Census (2), 52.8% of Lewisham residents were estimated to be Christian, 27.2% of no religion, 6.4% Muslim, 1.3% Buddhist, and 0.2% Jewish.

Sexual Orientation

The majority of respondents to this question, 80% of the 136 respondents, stated that they were heterosexual, with 6% stating that they were gay or lesbian and 2% stating that they were bisexual. Just over 11% of respondents preferred not to state their sexual orientation in response to this question. We do not have a reliable comparator data source for this protected characteristic at local authority level.

Marriage and Civil Partnership

There was not a question about this protected characteristic in the survey.

N.B. Due to the small sample size of the resident respondents to the online consultation and the representation of those with protected characteristics in the sample as described above, the consultation results outlined below should be interpreted with caution since they may not be entirely representative of all resident viewpoints within the borough.

ii) General comments

In the free text sections of the survey the main themes that emerged from general comments were:

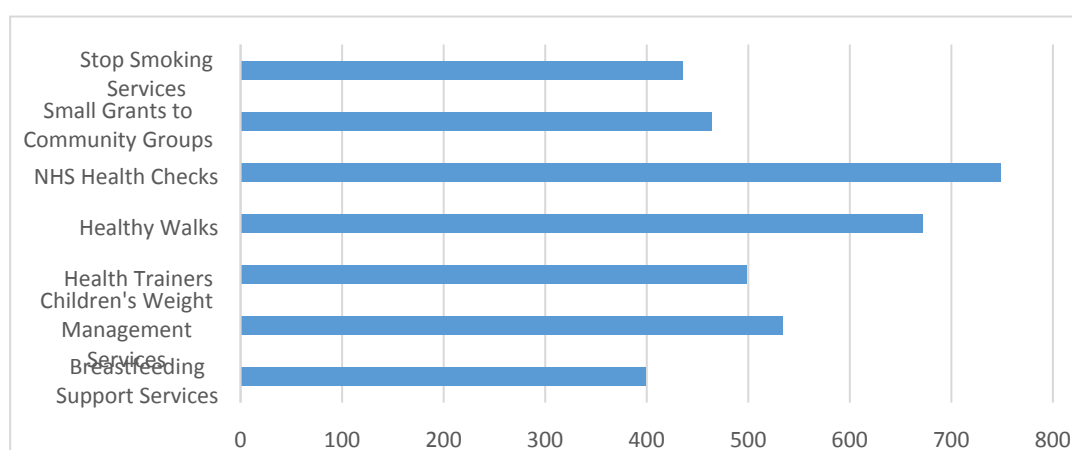
- Objection to ranking or prioritising services ('all services are important')
- Some understanding of the changes and what has been proposed ('proposals very well thought through')
- Opposition to changes for several reasons (likely negative effect on most vulnerable residents/lack of investment in prevention)
- Some concern about the accessibility of the consultation (language and lack of computer literacy mentioned as possible barriers)
- Taking personal responsibility for health (people 'should be able to rise to the challenge' and 'take personal responsibility for their own wellbeing')

iii) Service specific feedback

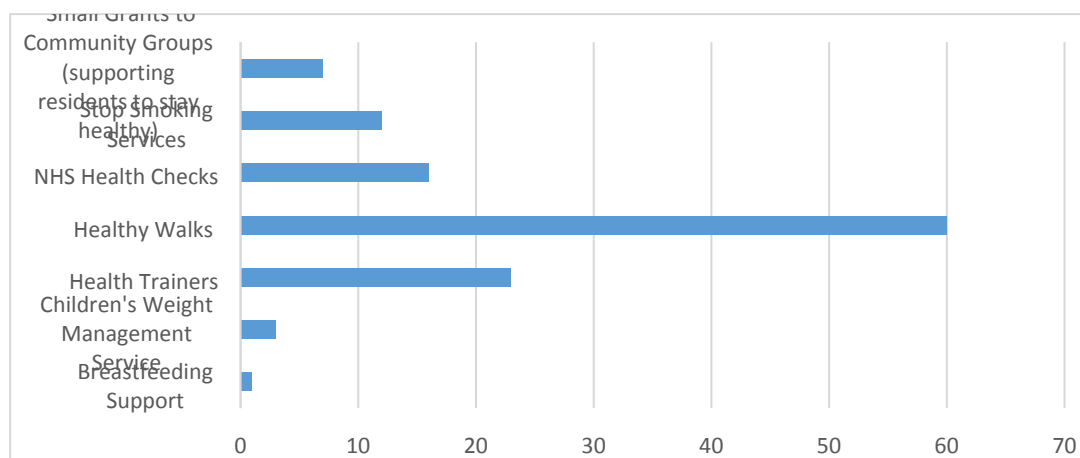
In the online consultation questionnaires for both residents and professionals, respondents were asked to rank their most preferred service out of the following 7 services: Breastfeeding support services, children's weight management services, health trainers, healthy walks, NHS Health Checks, small grants to community groups and Stop smoking services. In order to fully capture the priorities of respondents, the rankings were weighted (i.e. 7 points were accrued for each respondent ranking a service 1st, 6 for 2nd, 5 for 3rd and so on) and then summed to produce a final summary score for each service. This process was performed for the resident and professional questionnaires respectively.

Of the 146 resident respondents who performed the service ranking exercise in the survey, NHS Health Checks was ranked as their most preferred 'Staying Healthy' service. A breakdown of the summary score ranking by service can be seen in Figure 1 below.

Figure 1: Summary score ranking of 'Staying Healthy' services by resident respondents



There was some correlation between the summary score rankings and the reported use of 'Staying Healthy' services, which can be seen in Figure 2 below, particularly for the Healthy Walks programme.

Figure 2: Number of resident respondents' using 'Staying Healthy' services

The Stop Smoking Service (SSS)

Though not the most highly ranked service by residents (ranked 6th most preferred), the importance and value of the service in the community was demonstrated in free text comments in the online consultation. The a number of respondents also perceived that the proposed changes to SSS would have a mostly negative (43%) rather than positive (12%) impact.

The acceptability of a redesigned SSS delivery format including a combination of face-to-face, telephone and text for low-risk smokers may be high amongst residents since 30% of respondents most favoured this delivery model in comparison to individual face-to-face (27%), group (25%), website (11%), online (4%) or telephone support (3%) models. Since the evidence base demonstrating increased benefit of using the combination delivery format in comparison to the current model is yet to be established, a local evaluation of this revised format for smokers in low-risk groups should be undertaken if employed.

The Community Health Improvement Service (CHIS)

Resident respondents ranked the 'Healthy Walks' component of CHIS as their 2nd most preferred 'Staying Healthy' service, with the 'Health Trainer' component being ranked 4th and 'Small grants'/community development elements 5th most preferred. However, respondents felt that the proposed changes to all 3 components of CHIS would have a mostly negative impact rather than a positive one. Some very passionate responses for the 'Healthy Walks' programme were received with some respondents commenting that the service was good for both physical and mental health and for increasing social connections.

The Children's Weight Management Service

This service was ranked as the 3rd most preferred service by resident respondents with a large majority of respondents feeling that the proposed changes to the service would have a negative impact (44%). Several comments made about the child weight management service represented the view that efforts to address

childhood obesity should be focused on schools.

The Breastfeeding Support Service

Resident respondents ranked the service as their least preferred service, however, the value of the service in terms of its potential health impacts was recognised by residents in some free text comments. When asked about the likely impact of the proposed changes, resident respondents largely felt that the changes would have a negative impact (38%) in comparison to having a positive impact (10%) or none at all (21%).

The NHS Health Checks programme

Resident respondents ranked NHS Health Checks as their most preferred service and felt that the changes would have a negative impact on the service (47%) in comparison to those who felt that there would be no impact (11%) or a positive impact (19%).

b) Healthcare and Professional Online Consultation

There were 87 responses to the professional online consultation survey, with 70% of respondents being healthcare professionals and 26% responding on behalf of an organisation where respondent type was stated. A further 4% of respondents placed themselves in the 'other' category.

i) Respondent Type

Of the healthcare professional respondents, 27% were GPs, 20% pharmacists, and 6% health visitors where roles were stated. The remaining proportion of this group was made of a range of allied health professionals, specialist practitioners, and community workers. Of those responding on behalf of organisations, 30% were responding on behalf of a GP practice, 41% on behalf of another NHS organisation, 20% on behalf of a voluntary sector organisation and 10% a range of other professional organisations where the organisation was given.

ii) General comments

In the free text sections of the survey, the main themes that emerged from the general comments include the following:

- Concern from GPs that any reduced service capacity resulting from the proposed changes will place increased burden on primary care, increasing work load while being unfunded.
- General concerns that the cuts will impact those of low socio-economic background the most, leading to an increase in health inequality.
- Concern that this will not save money in the long term, ('Prevention is always better than cure') and that these measures will result in an increased burden.
- General agreement that if cuts are made, they should be approached in an evidence-based fashion, protecting the most cost-effective services.

iii) Service Specific Feedback

The Stop Smoking Service (SSS)

SSS were ranked as the most preferred service by professional respondents in comparison to other services, with many respondents commenting on the effectiveness and strong evidence base for the service. The cost-effectiveness, particularly in the long run was also mentioned multiple times alongside concern that cuts to this service would disproportionately affect those in lower socio-economic groups, since they are more likely to smoke and the SSS supports the 'hardest to reach' and most vulnerable Lewisham residents.

The Community Health Improvement Service (CHIS)

Professional respondents ranked 'Healthy Walks' as their least preferred service. This was similar for the 'Health Trainer' component, which was ranked as their 6th most preferred service. The 'Small grants'/community development element of the service, was ranked as the 5th most preferred service.

The Children's Weight Management Service

Respondents to the professional online consultation also ranked the children's weight management service as their 3rd most preferred service, however concerns were expressed about the potential negative impacts of the changes most notably that childhood obesity affects those of lower socio-economic status the most, and that any reduction in capacity of the service would increase health inequalities.

The Breastfeeding Support Service

Respondents to the professional consultation survey also recognised the importance of breastfeeding support being a vital early intervention and that not providing support for mothers would lead to poor outcomes for children in the long-term. However, professional respondents only ranked the service as their 4th most preferred 'Staying Healthy' service.

The NHS Health Checks programme

Professional respondents ranked NHS Health Checks as their 2nd most preferred service with respondents commenting that more pharmacies should be used to provide health checks. The benefit of identifying those with risk factors early was also recognised in further comments.

c) Feedback from stakeholder meetings

The feedback from stakeholder meetings was largely consistent with the findings from the online surveys.

From the stakeholder meetings with professionals the following additional themes were identified:

- Recognition about how difficult it is for local authorities regarding austerity and current cutbacks.
- Concern about impact the savings will have on primary care, both in terms of demand and cost shifting.
- Disappointment that cuts are being made to prevention services when they

are vital underpinning services to support the transformation of health and social care.

At the People’s Day community event, the largest proportion of participants engaging with the consultation display (24%) ranked the NHS Health Checks programme as the most important public health service out of 7 options listed. This was closely followed by the Healthy Walks programme (19%). When asked about their preference for delivery of support to stay healthy, face to face support was overwhelmingly ranked as preferable to online or telephone support. Online support was ranked as being marginally favourable to telephone support.

N.B. Further consultation results specifically for the Breastfeeding support services and Children’s Weight Management Services are available as part of the consultation into changes currently being made to Children’s and Young People’s services in Lewisham.

Step 5: Impact Assessment

The findings of the consultation, census data from 2011, service monitoring to date and peer-reviewed research evidence, have been brought together in this section to inform the impact assessment. For each service, the impact of the proposed changes has been classified as **positive, negative or equivocal** for each of the nine protected characteristics.

Overall consultation response on equalities

In the online consultation, the overall perceived impact of the proposed changes on the protected characteristic groups in Lewisham was given by both resident and professional respondents. The responses are summarised in Figures 3 and 4 below.

Figure 3: Summary of resident online consultation responses for equalities impacts

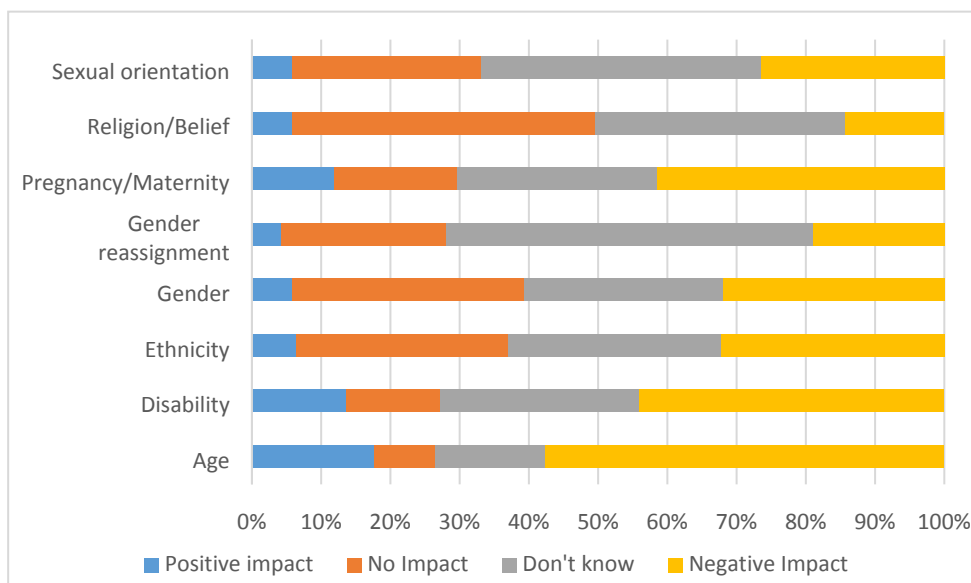
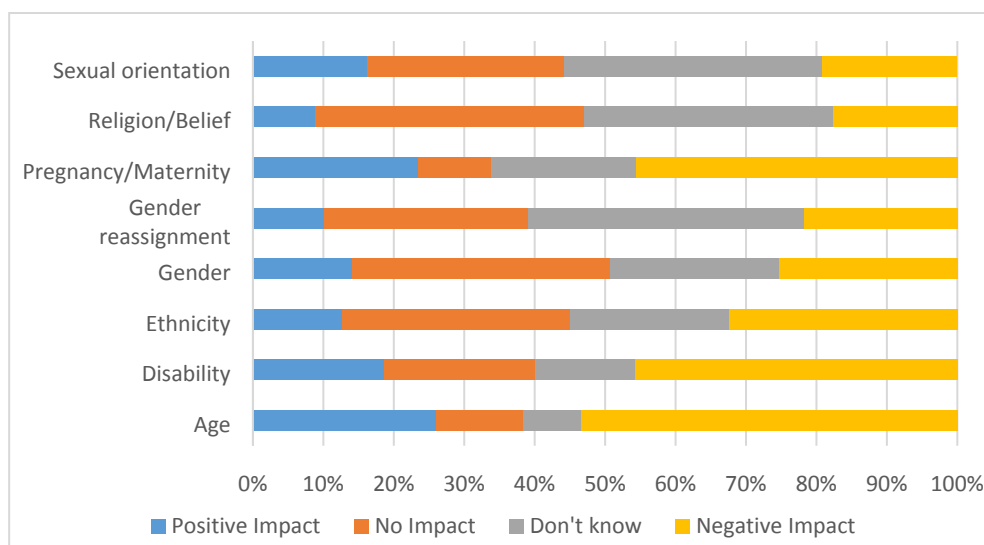


Figure 4: Summary of professional online consultation responses for equalities impacts



For both residents and professionals, it was felt that there would be a positive impact, no impact or unclear impact of the proposed changes for most of the protected characteristic groups. However, it was felt that the protected groups that would be most negatively impacted by the proposed changes were Age, Disability and Pregnancy/Maternity. The potential reasons for these perceptions have been outlined in the impact assessment for by service area below in the relevant service sections.

Respondents were most uncertain about the potential impacts for the Gender Reassignment, Sexual Orientation and Religion/Belief protected characteristic groups, with some respondents commenting that they did not feel that they had enough information to make this judgement on potential impacts.

NB The impact on the marriage/civil partnership characteristic was not measured in this part of the survey.

Impact assessment by service

1. The Stop Smoking Service (SSS)

The current stop smoking service in Lewisham reaches 3,500 smokers each year (7.2% of the estimated 48,500 smokers locally), with approximately 50% of these smokers quitting smoking successfully at 4 weeks after starting a smoking cessation programme. This demonstrates good reach of the service against the NICE benchmark of smoking cessation services reaching 5% of smokers in the population (3). A health equity audit of the SSS performed in 2013 revealed that:

- Younger smokers and female smokers over 60 appeared to be underrepresented in those accessing the service.
- Indian men, Chinese men, white Irish men and black Africans of both genders were least represented in users of the SSS in the context of the estimated number of smokers.

Positive impacts of changes to this service:

Disability

In the proposed changes to the service, specialist support will focus specifically on the most heavily dependent smokers in the borough including those with mental health conditions and/or long term conditions. The evidence based specialist support provided by the service will therefore aim to target the groups that most require it. Since this is the only element of specialist support to be retained by the service, there may be a relative positive benefit for smokers in the disability protected characteristic group.

Negative impacts of changes to this service:

Ethnicity/Race

Since all smokers may no longer be able to access the more targeted specialist support as proposed, there may be a disproportionately negative impact of the changes for those that particularly benefitted from universal specialist support, namely Black African smokers (4). Black African smokers in Lewisham have been shown to be more likely to use and be successful using the one to one specialist sessions provided by community advisors than other ethnicities.

The new delivery model for all smokers will consist of a combination of face-to-face, telephone and text support which will mitigate against this negative impact since all smokers entering the service will have a face-to-face meeting to determine the level of support required. If deemed to be in need of additional support this will be identified and addressed following the initial meeting.

Equivocal impacts of changes to this service:

Age, Sex, Religion/Belief, Pregnancy/Maternity, Gender Reassignment, Sexual Orientation and Marriage/Civil Partnership

Although male and older users (those aged 50-59 years) of the SSS have been shown to be more successful than women and younger users (those aged between 15-19 years) respectively in quitting smoking (4), the elements of the service that these users tend to be most successful with (e.g. GPs for male service users) are not due to face any changes in the savings proposals. There will therefore be no disproportionate impact on these protected characteristic groups.

Since data is not routinely available for pregnancy/maternity, religion/belief, gender reassignment, sexual orientation and marital status from users of the SSS, it is unclear if the proposed changes will have any disproportionate impact on residents in these protected characteristic groups.

2. Breastfeeding support services

The community breastfeeding groups that are run through the breastfeeding support services support see approximately 900 new women a year. In the most recent quarter (Jan-March 2016), 131 new women attended one of 6 community groups (5). The six groups are located throughout the borough and all wards of the borough are represented by attendees of the groups.

Positive impacts of changes to this service:

Age

The majority of mothers attending the Lewisham breastfeeding groups in the latest quarterly monitoring report for 2016 were aged between 30 and 39 years (74%), which is consistent with previous reporting periods (5). Since younger mothers are not as well represented in attendees to the groups the proposed changes will present an opportunity to seek to support younger mothers and has already been incorporated into new contracts for the service.

Ethnicity/Race

The breastfeeding support services in Lewisham are predominantly attended by 'White British' or 'White Other' women (49% and 19% of attendees respectively for the first quarter of 2016) (5). This is not representative of the current ethnic mix within the borough. The proposed redelivery of the service through health visiting therefore presents an opportunity for the service to improve its reach and engage with BME groups in the population and may therefore have a positive impact on this protected characteristic group in Lewisham.

Negative impacts of changes to this service:

Pregnancy/Maternity

The capacity of the breastfeeding service in Lewisham is to be retained and so there are no anticipated negative impacts of the proposed changes to any of the protected characteristic groups. However, it should be noted that both residents and professionals expressed concern that the Pregnancy/Maternity protected characteristic group will be negatively affected by changes to this service, with some respondents commenting that 'changes to breastfeeding support may have a negative effect on breastfeeding education/ awareness in pregnant women' and that 'women will have poorer support with breastfeeding'.

Equivocal impacts of changes to this service:

Sex, Religion/Belief, Gender Reassignment, Sexual Orientation and Marriage/Civil Partnership

This service is exclusively for females (i.e. new mothers), however, the impact for those in this protected characteristic group overall will be equivocal since the capacity of the service is to be unchanged.

Similarly to other services, data is not routinely available for religion/belief, gender reassignment, sexual orientation and marital status for users of breastfeeding support services, therefore the impact of the proposed changes on residents in these protected characteristic groups cannot be fully determined. Although as mentioned earlier there are no anticipated negative impacts on these groups due to the retention of overall capacity of the service in the proposals.

3. NHS Health Checks

In 2015/16, approximately 5,400 NHS Health Checks were carried out across the borough, with the majority of checks being carried out (71%) in GP surgeries. For the same period, 54% of those having a health check were female. Reach into some BME groups is particularly good (further information is provided below). However, uptake rates in Lewisham overall are slightly below the national average (34% in Lewisham compared with 45% in England as a whole) (6).

Positive impacts of changes to this service:

Ethnicity/Race

As mentioned above, the programme in Lewisham currently has a good reach in terms of ethnic representation among attendees of health checks (e.g. in 2015/16 the rate of health checks in Black Africans was 20.7/1000 in comparison to 19.7/1000 for White residents in Lewisham) (6). A contributory factor to this reach is the provision of health checks by pharmacy and community outreach providers in Lewisham. The continued use of pharmacy providers in the programme in the proposed changes will therefore enable this positive element of the programme to be preserved for this protected characteristic. However, some of this may be offset by the reduction in community health checks in the proposed changes that may also have been successful in reaching residents in this group. Were this the case the impact will be reduced but still positive overall.

Negative impacts of changes to this service:

It is hoped that the capacity of the NHS Health Check programme is to be retained and so there are no anticipated negative benefits of the proposed changes to any of the protected characteristic groups.

Equivocal impacts of changes to this service:

Age, Sex, Disability, Religion/Belief, Pregnancy/Maternity, Gender Reassignment, Sexual Orientation and Marriage/Civil Partnership

This service is targeted at those aged between the ages of 40 and 74, and there is a slightly higher proportion of women having health checks than men in the borough, however since capacity of the service is to remain the same the impact on those in the age and sex protected characteristic groups is thought to be equivocal.

Data is not routinely available for pregnancy/maternity, religion/belief, gender reassignment, sexual orientation and marital status from those undergoing an NHS Health Check, therefore the specific impact of the proposed changes on residents in these protected groups cannot be determined. However as mentioned above there are no anticipated negative impacts on these groups due to the retention of overall capacity of the service in the proposals.

4. Community Health Improvement Service (CHIS)

CHIS provides a number of services which include:

- The Healthy Walks programme:

For the 2015/16 period, an average of 300 people per month participated in regular walks (at least once per week), with a total of 314 new walkers joining across the year (7). The programme in Lewisham has been able to engage with a significantly higher percentage of participants with long term health conditions or disabilities compared to other 'Walking for Health' schemes nationally and those based in London (19% for Lewisham, compared to 10-11% for the national and London averages) (8). A third of the scheme's participants are from BME groups, which is much better when compared to other London based schemes (8).

- The Health Trainer service:

For the 2015/16 period there were 13 registered health trainers providing one-to-one support, over a total of 698 lifestyle support sessions. There were 491 referrals into the scheme in the same period with the majority of referrals coming from health professionals (71.3%). Of the total number of referrals, 166 (33.4%) people referred received one-to-one lifestyle support from health trainers, with 109 (65.6%) people achieving a lifestyle change and 59 (35.5%) people achieving 30 minutes of physical activity per week (7). In the same period, the service reached predominantly women (75% of those referred were female) and had good reach to ethnic groups (45% of those referred were of Black African and Caribbean ethnicity) (9).

- Lewisham Lifestyle Hub (LLH):

For the 2015/16 period, there were 957 referrals received by the hub, with most referrals coming from pharmacies (55%). The majority of those being referred to the hub were female (67%) and aged between 40 and 59 years (82%), although these age groups are reflective of those having NHS health Checks in the borough (who largely make up those referred to the hub). The hub has good reach into BME groups with 14% of those referred in this period being African, 11% Caribbean, and 8% White British (9).

- Community Development component: In 2016, 17 organisations were awarded participatory budgeting funding to run projects in Lewisham. A total of 628 people participated in these project activities and 66% of these participants reported an increase in mental wellbeing after being involved in project activities (9). Improved physical health, including maintained or increased fitness and energy, weight loss, a sense of physical well-being and more effective management of chronic health problems like back pain and diabetes, were identified as outcomes. Participants with severe pain and mobility difficulties reported how becoming more physically active had helped them to manage their conditions, with what they described as life changing effects (10).

Positive impacts of changes to this service:

There are not expected to be any overall positive impacts for any of the protected

characteristic groups.

Negative impacts of changes to this service:

Age, Sex and Ethnicity/Race

The LLH, Health Trainer and Healthy Walks components of CHIS have managed to achieve good reach to BME groups, particularly Black African and Caribbean groups as mentioned above and the LLH and Health Trainer components have a majority of females being referred to their services. These services are also mostly for those in the NHS Health Check eligibility age group (40-74 years). These groups could therefore be disproportionately affected by changes to this component of CHIS, however the single referral route into CHIS is the NHS Healthchecks programme, and the reach of this will be retained so any impact is unlikely.

With reference to the latest CHIS Annual report and monitoring data it was not possible to readily assess the potential equalities impact of the community development work of CHIS, although historical and verbal reports confirm that the CD work of CHIS was very effective at reaching BME and more deprived communities.

Equivocal impacts of changes to this service:

For the Healthy Walks programme, some demographic data is available for service users but it is insufficient to determine use by protected characteristic groups, however there are no planned changes to delivery of this service.

Data is not routinely collected for pregnancy/maternity, religion/belief, gender reassignment, sexual orientation and marital status from those using the different elements of CHIS. It is therefore unclear how any of these protected characteristics will be impacted by changes to this service.

5. The Children's weight management service

The service delivers a range of age-specific evidence-based family interventions for 375 overweight and obese children in Lewisham, which suggests that the service reaches approximately 4% of the estimated 9,000 obese children (under 16's) in the borough (1). In the first year of contract there were 151 initial assessment for the specialist service, 187 children accessing the service and 72 completers to date. The service is predominantly attended by female children in borough and has representative attendance from children from BME backgrounds as further described below (11).

Positive impacts of changes to this service:

There are no anticipated overall positive impacts for any of the protected characteristic groups.

Negative impacts of changes to this service:

Disability

The additional support currently offered in addition to the MEND element of the service for those with additional comorbidities and needs is to be removed in the

proposed changes. Those in this protected characteristic group with need of the service may therefore be disproportionately affected by no longer having access to additional support. The incorporation of the service into school nursing may help to mitigate this negative health impact by maintaining close links with children with complex needs to provide some additional support where required.

Ethnicity/Race

This service currently has good reach to BME groups with 71.4% attending the service in the last quarter of 2015 being from a BME background (11). Although the capacity of the service will be reduced, the new service will ensure that the reach to BME groups will reflect the Lewisham population to minimise any disproportionate impact to this group

Sex

The weight management service has predominantly female attendees, with 72% of those attending the service in the last quarter of 2015 being female (11). The high proportion of females reflected the provision of a targeted programme for postnatal women in the service, to mitigate for the removal of this service provision women will have access to an extended commercial weight management programme.

Age

The integration of school nursing into the service may mean better follow up of those in overweight/obese groups requiring MEND since the National Child Measurement Programme (NCMP) taking place in schools initially helps to identify overweight and obese children in need of the service. However, since there will be reduced capacity of the service to provide additional support to children, this may be offset any new benefit for young people overall. Additionally respondents to both the residents and professional online surveys felt that young people would be disproportionately negatively affected by changes to this service as highlighted in the overall consultation equalities impact summary above.

Equivocal impacts of changes to this service:

Data is not routinely collected for pregnancy/maternity, religion/belief, gender reassignment, sexual orientation and marital status from those using this service and so it is unclear how any of these protected characteristics will be impacted by changes to this service.

References:

1. Public Health Savings Consultation Document. Executive Directors of Community Services at Lewisham Council. (June 2016)
2. 2011 UK Census. Office for National Statistics (ONS). Available at: <http://www.ons.gov.uk/census/2011census/2011ukcensuses/ukcensusesdata> Accessed through Public Health Information Portal at: <http://portal.lewishamjsna.org.uk/Demography.html> <Accessed on 23rd August 2016>
3. Miller J, Iyasere E, Scott G, Thomas L, Waites D. Briefing paper for Lewisham CCG: Investing in Stop Smoking, Alcohol and Healthy Weight Services saves the health service money. June 2016.
4. Pringle, E. Health Equity Audit of Lewisham's Stop Smoking Service. Lewisham Public

- Health. January 2013.
5. Lewisham Quarterly Report on NCT Services. Lewisham Council, May 2016.
 6. Under-75 CVD Public Health Performance Dashboard. Lewisham Public Health. July 2016.
 7. Public Health Community Health Improvement Service (CHIS) Performance Checkpoint Report 2015-16.
 8. Walking for health team response to Lewisham Public Health Consultation. August 2016.
 9. Lewisham Community Health Improvement Service (CHIS) Annual Report. April 2016.
 10. North Lewisham Health Improvement Programme: evaluation report, Lewisham Public Health 2013
 11. Children's Weight Management Service Quarterly Monitoring data. Lewisham Public Health 2015-16.

Step 6: Decision/ Result

The final results of the EAA by service can be summarised in the following table:

Service	Equality Impact
The Stop Smoking Service (SSS)	Positive: Disability Negative: Ethnicity/Race Equivocal: All other
Breastfeeding Support Services	Positive: Age, Ethnicity/Race Negative: Pregnancy/Maternity Equivocal: All other
NHS Health Checks	Positive: Ethnicity/Race Negative: Nil Equivocal: All other
Community Health Improvement Service (CHIS)	Positive: Nil Negative: Age, Sex, Ethnicity/Race Equivocal: All other
The Children's weight management service	Positive: Nil Negative: Age, Sex, Ethnicity/Race, Disability Equivocal: All other

Step 7: Equality Analysis Action Plan

The following mitigations in the way of an action plan will be undertaken for the anticipated negative impacts identified:

Service	Mitigation Action
The Stop Smoking Service (SSS)	Ethnicity/Race Careful monitoring of users of the service following the introduction of the proposed changes will have to be performed in addition to an evaluation of the new service model to mitigate against any negative impacts for this protected characteristic group.
Breastfeeding Support Services	Pregnancy/Maternity

	It will be important to ensure that awareness of the continued reach and capacity of the service is communicated effectively within the borough, particularly through channels that will reach potential users of the service.
NHS Health Checks	Nil required
Community Health Improvement Service (CHIS)	<p>Age, Ethnicity/Race</p> <p>The introduction of the National Diabetes Prevention Programme in Lewisham will help to provide an avenue for all of those that are found to be 'pre-diabetic' following an NHS Health Check to receive evidence-based behavioural support to prevent the onset of diabetes. Since those from BME backgrounds are considered to be at greater risk of developing Type 2 Diabetes, this programme will help to mitigate any negative impact realised from the removal of the LLB for those identified as being at high risk in this population group.</p> <p>As mentioned above, the existing community nutrition and physical activity service delivered by GCDA and the expansion of the existing commercial weight management offer (e.g. weightwatchers vouchers) may also mitigate against the proposed changes to CHIS. The community development nature of the community nutrition and physical activity service will target black African and black Caribbean communities.</p>
The Children's weight management service	<p>Age, Disability, Ethnicity/Race, Sex</p> <p>Close monitoring of service use and health outcome data following the introduction of the proposed changes, particularly to capture data on these protected characteristics among service users will be vital to identify if any negative impacts on these groups are realised and to work to mitigate them when/if they arise.</p>
Sign Off	
Detail the date that your Equality Analysis was signed off by your DMT.	