

## Equality Impact Assessment Recommissioning Behaviour Change Services

Stage 1: Action being taken/details of person completing the form	
<b>Details of person undertaking assessment</b>	
Form reference	EQIA-00069
Your name	Rose Earland
Your job title	Senior Public Health Manager – Nutrition & Lifestyles
Your directorate	Adults, Health, and Commissioning
Your service	Public Health
Your team	Behaviour Change
Your email	Rose.earland@cambridgeshire.gov.uk
Proposal being assessed	Behaviour Change Services recommissioning
Business plan proposal number (if applicable)	n/a

Stage 2: Proposal details	
What is the name and description of the policy being assessed?	<p><u>Behaviour Change Services recommissioning</u></p> <p>Behaviour Change Services are commissioned to support improvements in health outcomes and reduction in health inequalities in Cambridgeshire. The current service is an integrated service delivery model that includes primary prevention, secondary prevention along with treatment services. There are three service tiers with different providers delivering the various elements. All providers operate under the public-facing 'Healthy You' brand.</p> <p><b>Public Health Outcomes</b></p> <p>This service contributes to the delivery of key public health outcomes found in the Public Health Outcomes Framework:</p> <ul style="list-style-type: none"> <li>• Healthy life expectancy</li> <li>• Disability free life expectancy</li> <li>• Mortality rate from causes considered preventable</li> <li>• Child excess weight (Reception and Year 6)</li> <li>• Percentage of children aged 5-16 sufficiently physically active</li> <li>• Percentage of adults classified as overweight or obese</li> <li>• Proportion of the population meeting the recommended '5-a-day' on a usual day</li> <li>• Percentage of physically (in)active adults</li> <li>• Smoking prevalence in adults</li> <li>• Admission episodes for alcohol-related conditions</li> <li>• Emergency hospital admissions due to falls in people aged 65 and over</li> </ul>

	<ul style="list-style-type: none"> <li>• Hip fractures in people aged 65 and over</li> <li>• Cumulative percentage of the eligible population aged 40-74 offered/received an NHS health checks</li> <li>• Gap in the employment rate between those with a long-term health condition and the overall employment rate</li> <li>• Gap in the employment rate between those with a learning disability and the overall employment rate</li> <li>• Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate</li> <li>• Inequality in life expectancy at birth</li> <li>• Inequality in life expectancy at 65</li> </ul> <p>The current service contract ends on 30/09/24 and a new service is being recommissioned. The focus now is on developing place-based commissioning with service models that integrate services at a local level.</p> <p>Information from the following sources has been used to assess who would be affected by the new service:</p> <ul style="list-style-type: none"> <li>• Service evaluation - An externally provided, independent evaluation review of the current <i>Healthy You</i> Integrated Healthy Lifestyle Service</li> <li>• Local stakeholder inputs - The views of stakeholders will be sought at an engagement event in December 2024. Representation will include the local NHS, district and city local authorities and the CVS. There are also ongoing discussions with specific partners to explore the opportunities and options.</li> <li>• Behavioural insights research - Sheffield University has been commissioned to undertake behavioural insight research into the main health related behaviours. This work will not be completed until the spring of 2025 but currently there is sufficient insights from the research to inform the re-commission</li> </ul>
<p>What type of policy is this?</p>	<ul style="list-style-type: none"> <li>• New <input type="checkbox"/></li> <li>• Major change <input type="checkbox"/></li> <li>• Minor change <input checked="" type="checkbox"/></li> </ul>
<p>Is this EqIA supporting a committee paper/business case?</p>	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>

### Stage 3: Identifying impacts on affected groups (screening question)

Is it foreseeable that people from any protected characteristic group(s) or people experiencing socio-economic inequalities will be impacted by the implementation of this proposal?

Yes

No

### If you select 'NO' - you will complete a screening form

You will be asked you to provide an evidence-based analysis of your assessment that your plans will have no impacts for people with protected characteristics or our priority group of socio-economic inequalities. You are asked to explain each group in turn. Where the justification is the same, you can avoid duplication by saying for later groups that the explanation under an earlier group applies. For example, you might explain that your EqIA is for a revised procedure which combines two previous procedures which both had robust and effective EqIAs in place, without making any significant changes to them. Therefore, there will be no impact on people from these changes.

If you selected 'YES' for the above screening question, you would go on to complete the full EqIA as below (see stage 4).

### Stage 4: Impact and evidence

From your assessment, using your data/evidence gathered, what is the potential direct or indirect impact of the proposed change on these groups that are protected characteristics in the Equality Act 2010? (Please tick relevant box for each characteristic, and assess whether the policy may produce positive, negative, or neutral impacts.)

#### Age

Neutral impact

Positive impact

Negative impact

#### Disability

Neutral impact

Positive impact

Negative impact

#### Gender reassignment

Neutral impact

Positive impact

Negative impact

### **Marriage/civil partnership**

Neutral impact

Positive impact

Negative impact

### **Pregnancy and maternity**

Neutral impact

Positive impact

Negative impact

### **Race**

Neutral impact

Positive impact

Negative impact

### **Religion/belief**

Neutral impact

Positive impact

Negative impact

### **Sex**

Neutral impact

Positive impact

Negative impact

### **Sexual orientation**

Neutral impact

Positive impact

Negative impact

### Care experienced

Neutral impact

Positive impact

Negative impact

**Other identified groups** - Groups with different socio-economic groups, area inequality(rurality), income, resident status (migrants)/ language barriers. Begin to think intersectional here.

Neutral impact

Positive impact

Negative impact

**You identified positive/negative impacts – please explain each one and supporting evidence:** (This can include relevant national/local data, research, monitoring information, service user feedback, complaints, audits, consultations, EqIAs from other projects or other local authorities, review of customer complaints and feedback and staff surveys; or use of census data):

Disability - A place-based approach will enable better access to local services for individuals with physical disabilities. The learning disabilities needs assessment produced actions to be incorporated into the new service specification. For example, ensuring staff members have relevant training to make reasonable adjustments during sessions for learning disabilities.

Other identified groups:

Area inequality (rurality) - A place-based approach will ensure services are developed locally to better address the needs of the local population, with better use of local community assets and improve access to local residents.

Deprivation/socioeconomic group - The service will target delivery in areas of deprivation and a place-based approach with allow better utilisation of local connections/facilities/assets.

Language barriers - A place-based approach will allow better utilisation of local connections/facilities/assets to make services accessible in languages.

### Stage 5: Mitigating impact actions

Question: Now you have identified the foreseeable impacts of the policy, please repeat any negative or positive impacts for each group and state a) any mitigating actions for each negative impact and/or b) any actions you can take to enhance positive impacts them.

Identified impact on protected group	Action to mitigate or enhance	Officer responsible for action	Completion date
Disability	<p>Enhance – A place-based approach will enable better access to local services for individuals with physical disabilities.</p> <p>The learning disabilities needs assessment produced actions to be incorporated into the new service specification. For example, ensuring staff members have relevant training to make reasonable adjustments during sessions for learning disabilities.</p>	Paul Stokes	31/03/25
Area inequality (rurality)	Enhance – A place-based approach will ensure services are developed locally to better address the needs of the local population, with better use of local community assets and improve access to local residents.	Paul Stokes	31/03/25
Deprivation/socioeconomic group	Enhance – We will target delivery in areas of deprivation and a place-based approach with allow better utilisation of local connections/facilities/assets	Paul Stokes	31/03/25
Language barriers	Enhance – A place-based approach will allow better utilisation of local connections/facilities/assets to make services accessible in languages.	Paul Stokes	31/03/25

Did you engage with an EqlA Super User when developing your EqlA?

Yes

No

### Stage 6: Sign off and approval

To ensure a robust, respectful, and transparent approval process:

- Please do not enter your own details here, even if you are a Head of Service (or equivalent). This is to ensure that someone else reviews your work.
- Please do not enter the details of someone you line manage and/or with less authority than you.

**Please find and select your Head of Service (or equivalent).**