



# Equality Impact Assessment Record Form 2012-16 V3

This form is to be used for recording the Equality Impact Assessment (EIA) of Council activities. It should be used in conjunction with the guidance on carrying out EIA in **Annex 2** of the Equality Scheme. The activities that may be subject to EIA are set out in the guidance.

EIA is particularly important in supporting the Council to make fair decisions. The Public Sector Equality Duty requires the Council to have regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.

Using this form will help Council officers to carry out EIA in an effective and transparent way and provide decision-makers with full information on the potential impact of their decisions. The purpose is to avoid inadvertent disadvantage or discrimination resulting from decisions.

EIA is not a fixed process – it will vary according to the scale and type of activity. The form and guidance are designed to cover all eventualities. Officers should not be discouraged by the form, but should use their discretion in using it flexibly according to the activity they are assessing.

EIA does not happen at a single point in time. It is an ongoing and integral part of the development of the activity or proposal. This EIA template should be kept open and live as a planning document, and updated as the activity or proposal progresses.

## Section 1 – Service Details and Summary of EIA Activity

<b>Title of activity:</b>	Dis-continuation of Public Health grant contribution to Tier 3 Specialist Childhood Obesity Services.
<b>Lead Officer responsible for this EIA:</b>	Catherine Parker, Public Health Portfolio Lead
<b>Telephone:</b>	01325 406202
<b>Service Group:</b>	People
<b>Service or Team:</b>	Public Health
<b>Assistant Director accountable for this EIA</b>	Miriam Davidson, Director of Public Health
<b>Who else will be involved in carrying out the EIA:</b>	Nathalie Carter, Public Health Practitioner

### What stage has the EIA reached?

This table provides a 'cover note' of progress to be maintained as the EIA is developed over time. Stage categories 1-3 listed below refer to the funnel model. Note the stage reached and any consultation or engagement carried out. Simple activities may not need all these stages. Provide details of population/individuals affected in Section 2

Stage	Date	Summary of position
<b>Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified</b>	November 2014	Desktop assessment Whole population of Darlington, 105,600 (ONS, 2011 census) as there may be an impact on the families of the children eligible for this service.
<b>Stage 2: Further Assessment. Target Population likely to be affected identified</b>	November 2014	Officer assessment Children living in the borough of Darlington 21,456 children aged 0-16 (ONS, 2013 Mid-year data) from all demographic groups.
<b>Stage 3: Further Assessment. Individuals likely to be affected identified</b>	November 2014	Meetings held between Public Health Durham and Darlington, and Durham and Darlington Clinical Commissioning groups (see page 13).  The users of the service:  The service is designed for children and young people with Body Mass Index (BMI):

		<ul style="list-style-type: none"> <li>• Under 2 years old with a BMI over 98th centile or</li> <li>• Over 2 years old with a BMI over 98th centile with suspected co-morbidities or</li> <li>• Over 2 years old with a BMI over 99.6th centile for which initial community interventions have failed.</li> </ul> <p>In the 18 month period April 2013-September 2014 this consisted of 32 patients, 135 attendances; average of 1.8 patients per month and 7.5 attends per month (Service demand by Clinical Commissioning Group (CCG)- 18 Month period April 2013-September 2014).</p>
<b>Stage 4: Analysis of Findings</b>	November 2014	Further to service review and taking account of a range of factors outlined in section two of this EIA, it is the intention that public health funding from both Durham County Council and Darlington Borough Council will cease for this service 31st March 2015.
<b>Stage 5: Sign-Off</b>	December 2014	Director of Public Health
<b>Stage 6: Reporting and Action Planning</b>	December 2014	Initial transitional arrangements have been proposed by the provider. In agreement with the commissioner this includes referrals to the service ceasing in December 2014 to reduce the numbers in treatment at the end of March 2015.

## Section 2 – The Activity and Supporting Information

### Details of the activity (including the main purpose and aims)

Public Health are discontinuing grant contribution to the Tier 3 Childhood Obesity Service. Negotiations are underway with Durham and Darlington Clinical Commissioning Group to agree how this service can continue under their funding.

The service is likely to continue through the same provider, in the same building. Clinical audit has suggested that most patients following initial multidisciplinary assessment go on to have the majority of their care provided either by a dietician or a psychologist. The provider have advised that that waiting times for a paediatric dietician at Darlington Memorial Hospital is six weeks for new patient and ten weeks for review. This could mean that using existing pathways results delayed access to specialist support for children and young people.

The key changes to this service are:

- A multi-disciplinary team (MDT) will no longer provide this service.
- The clinic and room providing this service may change.
- The dietetic and psychological pathway may change.

The paediatric weight management service is a secondary care service that provides specialist weight management intervention and aims to reduce the prevalence of clinical obesity and obesity related co-morbidities in children and young people aged 0-16 years. The service is designed for children and young people with BMI:

- Under 2 years old with a BMI over 98th centile or
- Over 2 years old with a BMI over 98th centile with suspected co-morbidities or
- Over 2 years old with a BMI over 99.6th centile for which initial community interventions have failed.

The objectives of the service are to:

- Work with children and families to support them in making long-term lifestyle changes;
- Provide an appropriate childhood /family intervention to support children and young people who require specialist care beyond what can be provided by the community care service;
- Work in partnership with other agencies responsible for children's weight management and engage children and their families through promoting Level 1 and 2 activities; and
- Address any access issues that may act as a barrier to children and their families who are eligible to undertake the service.

The service is delivering clinically led interventions at tier 3 of the obesity pathway (Clinically led Multi-Disciplinary Teams). This falls out with the scope of public health commissioning responsibilities within local authorities.

At tiers 1 and 2 (Tier 1: Behavioural interventions including prevention and brief advice Tier 2: Time limited weight management services including lifestyle services) public health investment could have greater reach across the population by focusing on early intervention and taking a

targeted approach with high risk and vulnerable families.

Further to the Childhood Obesity service review and taking account of the above factors it is the intention that public health funding from both Durham County Council and Darlington Borough Council Public Health grants will cease for this service 31st March 2015.

**Who will be affected by the activity?**

**See the guidance on carrying out equality impact assessment within the Equality Scheme 2012-16. Provide details of the groups and numbers of people affected below, updating the table as the EIA develops and the understanding of who will be affected emerges in more detail.**

**Whole population**

Whole population of Darlington, 105,600 (ONS, 2011 census) as there may be an impact on the families of the children eligible for this service.

**Target population**

Children living in the borough of Darlington, 21,456 children aged 0-16 (ONS, 2013 Mid-year data) from all demographic groups.

**Individuals**

The users of the service,

The service is designed for children and young people with a BMI:

- Under 2 years old with a BMI over 98th centile or
- Over 2 years old with a BMI over 98th centile with suspected co-morbidities or
- Over 2 years old with a BMI over 99.6th centile for which initial community interventions have failed.

In the 18 month period April 2013-September 2014 this consisted of 32 patients, 135 attendances; average of 1.8 patients per month and 7.5 attends per month (Service demand by CCG- 18 Month period April 2013-September 2014).

## What data, research and other evidence or information is available which is relevant to the EIA?

### 1. Strategic context:

- a) Health and Social Care Act 2012
- b) Outcome Frameworks – Public Health and NHS
- c) 'Fair Society Healthy Lives' (The Marmot Review)
- d) NICE guidance PH6 Behaviour Change: the principles for effective interventions (2007)
- e) NICE guidance PH49 Behaviour change: individual approaches (2014)
- f) Local Authority Circular RING-FENCED PUBLIC HEALTH GRANT Annex C – Categories for reporting local authority public health spend (January 2013)

### 2. Local Strategic Context:

- a) Health and Wellbeing Board
- b) Health and Social Care delivery plan
- c) One Darlington Perfectly Placed – Darlington Sustainable Community Strategy
- d) Children and Young People's Plan

### 3. Data sources:

- a) Darlington Health Profile (Public Health England, 2013)
- b) Single Needs Assessment for Darlington, 2011-12 and refresh 2013
- c) Director of Public Health Annual Report 2013
- d) Darlington Social Norms Healthy Behaviours Survey (2013)
- e) ONS Census, 2011, 2013
- f) Provider data

## Section 3: Officer Assessment

Use this table to record your views on potential impact on Protected Characteristics. As the activity and the assessment develop your views may change – record them here.  
It is important to be searching and honest about this – many Council activities are planned to be of positive benefit to identified target groups but can often have the potential for inadvertent effects on other groups.

It should be acknowledged that although low in number, specialist support is required for the individuals and their families accessing this service.

Protected Characteristics	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact
	P	N	NA	H	M	L	nil	
Age	P	N	NA	H	M	L	nil	<p><b>Negative:</b> The age eligibility criteria for this service is children aged 0-16 years. Thereby the withdrawal of Public Health funding for this service will have an impact on this age group</p> <p>The impact will be that these children will no longer be able to access a multi-disciplinary team and will receive support from different staff. These children may need to access support via a new pathway and in the same building, but in a new clinic. This may result in longer waiting times.</p> <p>This change may have a short term impact on the physical and emotional wellbeing of these children during the transition period.</p> <p><b>Positive:</b> The positive impact of this change is the potential for reinvestment of this element of the Public Health grant. Any reinvestment would focus on a service reaching a larger proportion of the 0-16 population.</p> <p>Public Health investment could have greater reach across the population by focusing on early intervention and taking a targeted approach with high risk and vulnerable families.</p>
Disability	P	N	NA	H	M	L	nil	<p><b>Negative:</b> Co-morbidity is one of the eligibility criteria's for this service. Thereby the withdrawal of Public</p>

							<p>Health funding for this service will have an impact on children with a disability.</p> <p>The impact will be that these children can no longer access this service in the same way will no longer be able to access a multi-disciplinary team and will receive support from different staff. These children may need to access support via a new pathway and in the same building, but in a new clinic.</p> <p>This change may have a short term impact on the physical and emotional wellbeing of these children during the transition period. If a new service is put in place, the new commissioner will need to ensure the clinic is accessible.</p> <p><b>Positive:</b> The positive impact of this change is the potential for reinvestment of this element of the Public Health grant. Any reinvestment would focus on a service reaching a larger proportion of the 0-16 population.</p> <p>Public Health investment could have greater reach across the population by focusing on early intervention and taking a targeted approach with high risk and vulnerable families.</p>
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General comments: Due to the small numbers of people accessing this service, 32 over the period April 2013-September 2014, it is not possible to assess if there is a greater impact by race, sex, sexual orientation, gender reassignment, religion, pregnancy or maternity. No additional impact has however been identified.



## Section 3: Officer Assessment – continued

**The Council must have due regard to disabled people’s impairments when making decisions about ‘activities’. This list is provided only as a starting point to assist officers with the assessment process. It is important to remember that people with similar impairments may in reality experience completely different impacts. Consider the potential impacts and summarise in the Disability section on the previous page. Officers should consider how the ‘activity’ may affect a disabled person.**

Public health investment could have greater reach across the population by focusing on early intervention and taking a targeted approach with high risk and vulnerable families. This positive impact would be applicable to all groups in addition to potentially negative impacts described below:

<b>Mobility Impairment</b>	<b>P</b>	<b>N</b>	NA	H	M	L	nil	<b>Negative:</b> There may be a slight negative impact due to the need to access different service pathways and getting used to new surroundings. Any new provision will need to be accessible for eligible children across the Borough.
<b>Visual impairment</b>	<b>P</b>	<b>N</b>	NA	H	M	L	nil	<b>Negative:</b> There may be a slight negative impact due to the need to access different service pathways and getting used to new surroundings. Information should be provided in plain text.
<b>Hearing impairment</b>	<b>P</b>	<b>N</b>	NA	H	M	L	nil	<b>Negative:</b> There may be a slight negative impact due to the need to access different service pathways and getting used to new hearing loops where accessed.
<b>Learning Disability</b>	<b>P</b>	<b>N</b>	NA	H	M	L	nil	<b>Negative:</b> Change in venue or staff may be unsettling as could be change of personnel. Information should be provided in plain text such as Easy Read
<b>Mental Health</b>	<b>P</b>	<b>N</b>	NA	H	M	L	nil	<b>Negative:</b> Change in venue or staff may be unsettling and/or increase levels of anxiety due to change of personnel.

<b>Long Term Limiting Illness</b>	<b>P</b>	<b>N</b>	NA	H	M	L	nil	<b>Positive and Negative:</b> there may be a combination of all the positive and negative impacts detailed above.
<b>Multiple Impairments</b>	<b>P</b>	<b>N</b>	NA	H	M	L	nil	<b>Positive and Negative:</b> There may be a combination of all the positive and negative impacts detailed above.

### Cumulative Impacts

The officer responsible for this EIA should seek input from the Corporate Equalities Group on the potential for this activity to combine with other recent, current or proposed activities, both Council and in the external environment, to result in more severe impacts on people with Protected Characteristics through their cumulative effects. The Corporate Equalities Group will advise on the content for this section of the EIA.

#### Change activities

#### Potential cumulative impacts

There are no other change activities that would, in addition to these changes, have a cumulative impact on people with Protected Characteristics; therefore, this section does not apply.

## Section 4: Engagement Decision

The decision about who to engage with, and how and when to engage, is the key to effective EIA. Please see Annex 2 of the Equality Scheme for guidance on the engagement decision.

<b>Is engagement with affected people with Protected Characteristics required, now or during the further development of the activity?</b>	<b>NO</b>
<b>If YES, proceed to the next section. If NO, briefly summarise below the reasons why you have reached this conclusion.</b>	
Initial transitional arrangements have been proposed by the provider. In agreement with the commissioner this includes referrals to the service ceasing in December to reduce the numbers in treatment at the end of March. Where available the agreement in being sought for the CCG to fund additional psychological support for this group and to ensure existing dietetics pathway are available will be communicated to all current service users by the provider.	

**If you have come to the conclusion that engagement is not required, seek ratification from the Corporate Equalities Group through your service Equalities Co-ordinator.**

**If engagement is not required but the officer assessment has identified changes that should be made to the activity, please complete Sections 7 and 8. If not the assessment can be signed-off at Section 9.**

**Any reports to decision-makers during the development of the activity, for example feasibility or options appraisal reports, should include content on the latest thinking and findings of the EIA even though, like the activity, further development of the EIA may be required before final reporting.**

**The findings of the officer assessment should be included in any reports to decision-makers. These may be feasibility or options appraisal reports where the activity is at an early stage of development, but it is essential that any equality findings are taken into account in formal decisions at all stages of development of the activity.**

## Section 5 – Involvement and Engagement Planning

<b>Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No</b>
Yes, there may be a greater impact by age and disability due to the eligibility criteria for the service.
<b>Will the differential treatment advance equality for people with Protected Characteristics? Yes/No</b>
No
<b>Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No</b>
No, however transitional arrangements will be agreed with the existing provider.

**From the above, prepare a simple plan using the template overleaf for involving and engaging with the organisations, groups and individuals likely to be affected by the activity.**

**There may be several stages of involvement and engagement, particularly for more complex activities. Initially it may be possible to identify and engage only with stakeholder and representative organisations for the people with Protected Characteristics who may be affected. Further development of the activity may be required before the individuals who will be affected can be identified.**

**The Involvement and Engagement Plan should evolve accordingly, with new engagement proposals added as they are identified.**

## Involvement and Engagement Plan

Which organisations, groups and individuals do you need to involve or engage and how?

Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
December 2014	Darlington Joint Management Team	1st July and 14th October 2014	<p>Paper presented by Public Health. Darlington Joint Management Team considered the proposal and requested further detail on the impact of the removal of this funding on CCG commissioned services based on the</p> <ul style="list-style-type: none"> <li>(i) current levels of activity within the service.</li> <li>(ii) the identification of alternative pathways.</li> <li>(iii) a clear exit strategy from the provider.</li> </ul>
December 2014	<p>Obesity Commissioning Meeting</p> <p>Darlington and Durham Public Health</p> <p>Darlington and Durham Clinical Commissioning Group</p>	8 <sup>th</sup> October 2014	Discussion on how to manage the change in service provision including pathways for individuals accessing the service.
December 2014	<p>Obesity Children's Decommissioning Implications</p> <p>Darlington and Durham Public Health</p> <p>Darlington and Durham Clinical Commissioning Group</p>	<p>21<sup>st</sup> October 2014</p> <p>6<sup>th</sup> November 2014</p>	Discussion on how to manage the change in service provision including pathways for individuals accessing the service.
December 2014	Unit of Planning Meeting, Darlington Borough Council	<p>13<sup>th</sup> November 2014</p> <p>20<sup>th</sup> November 2014</p>	Paper presented by Public Health on Obesity Pathways; Specialist Childhood Obesity Service. Agreement was sought that each organisation liaise around the exit arrangements for the service.
December	Existing service provider	5 <sup>th</sup>	Letter sent by Public Health

2014		December 2014	advising the existing provider of the termination of the contract on 31 March 2015.
December 2014	Public Health Senior Management Team	15 <sup>th</sup> December 2014	Approval of Equality Impact Assessment.
December 2014	Existing Service Provider Clinical Commissioning Group	January 2014	Once the potential changes to this service are clarified, further agreement and assessment of impact will take place.

## Section 6: Engagement Findings

	<b>Date/summary of engagement carried out</b>	<b>Summary of impacts identified</b>
-	As above 'Involvement and Engagement Plan'	No further impacts have been identified which are additional to those summarized in the officer assessment and section three summary of impact.

## Section 6: Engagement Findings – Continued

**Drawing on the engagement findings and your understanding of the effects of the activity, indicate how it will contribute, if at all, to the three strands of the Public Sector Equality Duty.**


<b>a) How will the proposal help to eliminate discrimination, harassment and victimisation?</b>
n/a
<b>b) How will the proposal help to advance equality of opportunity?</b>
n/a
<b>c) How will the proposal help to foster good relations?</b>
n/a

<b>During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.</b>
As stated in the officer assessment and impact summary, transitional arrangements will be agreed with the existing provider.  Additionally through the engagement with the (Clinical Commissioning Group) CCG an agreement in principle is being sought for the CCG to fund additional psychological support for this group and to ensure existing dietetics pathway are available. As such although an MDT will no longer be available both dietetic and psychological support for this group will still be available if agreement is reached.

**This completes the assessment, but there will be further work to do to contribute to the reporting and implementation stages of the activity. First though, it is important to draw a line under the assessment to maintain a separation between assessment of impacts and any proposals to manage those impacts. The assessment should therefore be signed-off at this stage.**



## Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	Name:	Catherine Parker
	Date:	11 <sup>th</sup> December 2014
	Job Title:	Public Health Portfolio Lead
Assistant Director:		
Signed 	Name:	Miriam Davidson
	Date:	15 <sup>th</sup> December 2014
	Service:	Director of Public Health

## Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?	
a)	No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b)	Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c)	Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d)	Negative impact identified - stop activity and provide an explanation why

## Section 9 – Action Plan and Performance Management

The report to decision-makers, and the decision made may require actions to be taken to avoid, minimise or mitigate the negative impacts of the activity. Option C in the table in Section 8, combined with mitigation measures that may have been highlighted during engagement and listed in Section 6 (if adopted) will require action planning to implement them.

Any actions to address equalities impacts should be listed below, with performance management review proposals, to complete the full EIA.

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
Childhood Obesity services may be delivered by different staff, in a different clinic via a new pathway. This may result in longer waiting times. There may be an impact on children's physical health, emotional wellbeing and ease of accessibility to the service.	Initial transitional arrangements have been proposed by the provider. In agreement with the commissioner this includes referrals to the service ceasing in December 2014 to reduce the numbers in treatment at the end of March 2015.	Public Health	March 2015
Childhood Obesity services may be delivered by different staff, in a different clinic via a new pathway. This may result in longer waiting times. There may be an impact on children's physical health, emotional wellbeing and ease of accessibility to the service.	Secure CCG Commitment to commissioning specialist pathways for this group through existing dietetic support and additional psychological input	Public health/ CCG	January 2015

<b>Performance Management</b>	
<b>Date of the next review of the EIA</b>	January 2015
<b>How often will the EIA action plan be reviewed?</b>	March 2015, then N/A as the service will no longer be commissioned by Public Health
<b>Who will carry out this review?</b>	Public Health

