

SSA EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate	Adult Social Care & Public Health
Service Area	Public Health, Health Improvement
Service/policy/function being assessed	Tier 2 Adult Weight Management
Which borough (s) does the service/policy apply to	Richmond
Staff involved in developing this EINA	JoAnn Taylor-Villanueva, Senior Public Health Lead
Date approved by Directorate Equality Group (if applicable)	
Date approved by Policy and Review Manager All EINAs must be signed off by the Policy and Review Manager	Andrew Hagger, 17 August 2022
Date submitted to Directors’ Board	

1. Summary

<p>Please summarise the key findings of the EINA.</p> <p><i>INTRODUCTION</i></p> <ul style="list-style-type: none">The aim of this procurement exercise is to appoint a single service provider for the provision and delivery of a Tier 2 Adult Weight Management service. <p>There is currently no AWM Programme in Richmond. The previous offer in Richmond was via the Lifestyle Prevention Service contract delivered by MyTime Active which the Council terminated in 2017 due to low demand and not reaching those most in need.</p> <p><i>NEW PROGRAMME</i></p> <ul style="list-style-type: none">A new service is being procured and it will have a targeted focus on health inequalities and under-represented groups. Black, Asian and minority ethnic populations are over-represented in populations who are obese. People with learning disabilities are also at increased risk of being overweight or obese compared to the general population.¹The programme will be co-developed and deliver an evidence-based programme for at-risk groups and people living in deprived areas; Black and ethnic minorities and people with learning disabilities.There will also be a link to existing Tier 1 community-based lifestyle offers. In addition, communication will be tailored to meet the needs of the particular groups at risk groups, such as by programmatic approaches.The service will include engagement with referrers to develop strategies to motivate at-risk groups to take up the referral to the AWM service and also to see the benefits of achieving a healthier weight. This service will contribute to reduce

¹ [Obesity and weight management for people with learning disabilities: guidance](#). Public Health England. 2020

not only the number of overweight or obese adults but also reduce health inequalities by ensuring access to under-represented populations who do not take up AWM services.

2. Evidence gathering and engagement

a. What evidence has been used for this assessment? For example, national data, local data via DataRich or DataWand

Evidence	Source
Health Checks Data – Richmond	Health checks reports and JSNA Richmond
Public Health England Guidance for people with learning disabilities	Obesity and weight management for people with learning disabilities: guidance - GOV.UK (www.gov.uk)
South West London Obesity Data	Obesity dashboard, Health Insights, South West London Integrated Care System (password protected system)
Obesity Profile according to Public Health Outcomes Framework	Office of Health Improvement and Disparities, Fingertips , Public Health Data
Population data	ONS, Census 2021 Data Rich

b. Who have you engaged and consulted with as part of your assessment?

Individuals/Groups	Consultation/Engagement results	Date	What changed as a result of the consultation
Kingston and Richmond Local Medical Committee	<ul style="list-style-type: none">- There is a real need for weight management services- Coordinate pathways for patients with the GPs	5/7/2022	<ul style="list-style-type: none">• Train healthcare workers and referrers to be enablers to motivate patients to adopt lifestyle behaviour change and take up the AWM service
Richmond LD Partnership Board Meeting	<ul style="list-style-type: none">- Carers would like support to help people with learning disabilities	11/07/2022	<ul style="list-style-type: none">• Carers to be included in the programme for people with learning disabilities.
Richmond Borough Community Sector COVID-19 response groups	<ul style="list-style-type: none">- Consider people seen by social prescribers who discuss emotional eating- Connect with the data from social prescribers as weight loss is seen as one of the top three concerns	13/7/2022	<p>Ensure the dietary discussions include aspects of emotional eating</p> <p>Ensure the programme adequately addressing issues within the context of the cost-of-living increases</p>

	<ul style="list-style-type: none">- Consider the cost-of-living increases when discussing food and dietary changes		
Richmond Co-Production Group	<ul style="list-style-type: none">- The service should look at holistic measures to judge the success of the service.	18/7/2022	<ul style="list-style-type: none">• In addition to anthropometric and physical activity data, the service will collect other measures including well-being measures to assess the effectiveness of the service.

3. Analysis of need

Potential impact on this group of residents and actions taken to mitigate impact and advance equality, diversity and inclusion

Protected group	Findings																
Age	By age																
	<table><tr><th></th><th>Obesity by age band of those with a weight recorded at a GP Practice, by adult obese patient population</th><th>Obesity within age bands (compared to all patients in those age bands with a recorded weight at a GP Practice)</th><th>Borough population</th></tr><tr><td>19-49</td><td>36.15</td><td>7.56%</td><td>40.3%</td></tr><tr><td>50-64</td><td>32.37%</td><td>13.6%</td><td>19.5</td></tr><tr><td>65+</td><td>31.49%</td><td>15.03%</td><td>16.1%</td></tr></table>		Obesity by age band of those with a weight recorded at a GP Practice, by adult obese patient population	Obesity within age bands (compared to all patients in those age bands with a recorded weight at a GP Practice)	Borough population	19-49	36.15	7.56%	40.3%	50-64	32.37%	13.6%	19.5	65+	31.49%	15.03%	16.1%
		Obesity by age band of those with a weight recorded at a GP Practice, by adult obese patient population	Obesity within age bands (compared to all patients in those age bands with a recorded weight at a GP Practice)	Borough population													
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	Data source: Health Insights, South West London Integrated Care System (password protected system) as of August 2022, Borough data from Data Rich																
Of the population living with obesity, the spread is uniform across age groups. As a proportion of the patient population, it is higher among people aged 50 and above. The service will offer a remote offer as well as the NHS digital weight loss app across all age groups. Older people (aged 65 and above) will be offered face-to-face social interaction and not to rely solely on a digital or remote offer.																	
Disability	Richmond disability figures																

	<table><tr><th>Sex</th><th>Total Borough Population</th><th>Adult Social Care Learning Disabilities Service Users</th></tr><tr><td>All Male</td><td>49%</td><td>61%</td></tr><tr><td>All Female</td><td>51%</td><td>39%</td></tr><tr><td>Grand Total</td><td>450</td><td>100.0%</td></tr></table> <p>People with learning disabilities are also at increased risk of being overweight or obese compared to the general population². In Richmond, 1 in 4 people with learning disabilities are living with obesity among the patients with a recorded weight at their GP (26% compared to 11% of the general patient population with a recorded BMI categorised as obese)³.</p> <p>A co-produced weight management offer will be conducting during the life of the contract to ensure it is truly accessible and appropriate for this population.</p>	Sex	Total Borough Population	Adult Social Care Learning Disabilities Service Users	All Male	49%	61%	All Female	51%	39%	Grand Total	450	100.0%
Sex	Total Borough Population	Adult Social Care Learning Disabilities Service Users											
All Male	49%	61%											
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Sex	<table><tr><td></td><td>Of patients living with obesity by gender of those with a weight recorded at a GP Practice</td><td>Borough population</td></tr><tr><td>Female</td><td>52.56%</td><td>52%</td></tr><tr><td>Male</td><td>44.44%</td><td>48%</td></tr></table> <p>The programme will be promoted among referrers and targeted communications will be included to appeal to females and males, taking into consideration of any variation in service delivery preferences found during patient consultations prior to the launch of the service.</p>		Of patients living with obesity by gender of those with a weight recorded at a GP Practice	Borough population	Female	52.56%	52%	Male	44.44%	48%			
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Female	52.56%	52%											
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Gender reassignment	Gender reassignment was not recorded during the current service provision. Data is not available for the borough although research suggests about 20 per 100,000 population have undergone gender												

² [Obesity and weight management for people with learning disabilities: guidance](#). Public Health England. 2020

³ Health Insights Data. SW London. Data accessed on June 2022.

	<p>reassignment, which would equate to around 40 people in Richmond.⁴</p> <p>Limited national surveys collect gender identity data, specifically information about those whose gender identity is different from their sex registered at birth; as a relatively new topic, statistics or data are limited.⁵</p> <p>All providers will abide by the Public Sector Equality Duty (2011) and the Council Equality Policy in their contract.</p>		
Marriage and civil partnership	Borough figures		
	Marital and civil partnership status	Percentage of borough population	London
	Same-sex partnership	.4%	.4%
	Married	47.3%	39.8%
	Separated	2.2%	3.2%
	Single	36.7%	44.1%
	Widow	5.4%	5%
	Divorced	7.9%	7.4%
<p>Source: ONS, Census 2021</p> <p>There are no additional provisions based on marriage or civil partnership status. All providers will abide by the Public Sector Equality Duty (2011) and the Council Equality Policy in their contract.</p> <p>The only related consideration to marriage and civil partnership related to this service is assist the provider to identify the support to the service user to improve uptake and maintenance, seen as a critical factor for the success of the programme.⁶</p>			
Pregnancy and maternity			
		Percentage who are pregnant and obese	
	Richmond	10.9%	
	London	17.8%	
	England	22.1%	
<p>Source: Fingertips, Public Health Data in 2018, Public health profiles - OHID (phe.org.uk), Data Rich</p>			

⁴ [Information on Prevalence, Incidence and Monitoring – Gender Identity Research & Education Society \(gires.org.uk\)](#)

⁵ [Exploring existing data on gender identity and sexual orientation - Office for National Statistics \(ons.gov.uk\)](#)

⁶ Middleton KM, Patidar SM, Perri MG. The impact of extended care on the long-term maintenance of weight loss: a systematic review and meta-analysis. *Obes Rev.* 2012 Jun;13(6):509-17. doi: 10.1111/j.1467-789X.2011.00972.x. Epub 2011 Dec 29. PMID: 22212682.

	<p>This is in line with the Richmond GP data that 10% of the population are obese. They do not appear to be over-represented among the population living with obesity.</p> <p>There is no data available regarding the number of people with this protected characteristic who are in receipt of care and support in learning disability accommodation services.</p> <p>Although there is specific National Institute for Health and Care Excellence Guidance (PH27) for weight management before, during and after pregnancy, the guidance recommends a trained health professional caring for them during pregnancy provide the support for weight loss that is not in the scope of this service.</p> <p>Service provision for families will not be covered as NICE Quality standard QS94 involves the family under children and young people. https://www.nice.org.uk/guidance/qs94/chapter/Quality-statement-6-Family-involvement-in-lifestyle-weight-management-programmes</p>																				
Race/ethnicity	<table><tr><th>Ethnicity</th><th>Percentage of obese patient population where obesity is recorded by GP practices</th><th>Percentage of borough population</th></tr><tr><td>White</td><td>82.6%</td><td>83.6%</td></tr><tr><td>Black</td><td>3.3%</td><td>1.5%</td></tr><tr><td>Asians</td><td>7.21%</td><td>7.3%</td></tr><tr><td>Mixed</td><td>2.6%</td><td>3.6%</td></tr><tr><td>Other</td><td>4.29%</td><td>1.6%</td></tr></table> <p>Black adults and adults from ‘other’ ethnicity are over-represented in the obese population relative to their representation in the overall borough population. The new service will continue to work with referrers to ensure these population are reached, which includes minority ethnic groups. All eligible people across ethnicities will continue to access the service.</p> <p>The service has adjusted the eligibility for BMI for this group. The eligibility covers adults with a BMI ≥ 27.5 kg/m2 for black African, African-Caribbean and Asian groups who are at higher risk of obesity-related health conditions such as cardiovascular disease. The service will continue to be accessible to all races and ethnicities who meet the eligibility criteria.</p>			Ethnicity	Percentage of obese patient population where obesity is recorded by GP practices	Percentage of borough population	White	82.6%	83.6%	Black	3.3%	1.5%	Asians	7.21%	7.3%	Mixed	2.6%	3.6%	Other	4.29%	1.6%
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Religion and belief, including non belief	<table><tr><th colspan="2">Borough figures</th><th rowspan="2">London</th></tr><tr><th>By religion</th><th>Percentage of borough population</th></tr></table>			Borough figures		London	By religion	Percentage of borough population													
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	Christian	55.3%	48.4%
	Muslim	3.3%	12.4%
	Hindu	1.6%	5%
	Jewish	.8%	1.8%
	Buddhist	.8%	1%
	Sikh	.8%	1.5%
	Other religion	.5%	.6%
Resource: DataWand, ONS			
65.2% of residents stated a religion, broken down above 28.4% of residents stated 'no religion' 8.5.% of residents did not state a religion			
Community settings will be sought including faith-based institutions who have halls for hire. All venues will be required to allow people of all religions or non-belief be permitted to access the service.			
Sexual orientation	Although sexual orientation is currently collected on several Office for National Statistics (ONS) surveys, the sample sizes are not large enough to provide robust local-level estimates for service planning. All providers will abide by the Public Sector Equality Duty (2011) and the Council Equality Policy in their contract.		
Across groups i.e older LGBT service users or Black, Asian & Minority Ethnic young men.	Sub-groups based on a combination of protected factors such as age and ethnic group and disability will be considered based on service levels, especially the modules on physical activity based on the Chief Medical Officer's recommendations by age group and disability ⁷ .		

Data gaps

Data gap(s)	How will this be addressed?
This is a new service.	The provider will collect data on all protected characteristics. They will be added to data entry forms and recorded when consented. Data will be documented if consented and monitored throughout the programme on client feedback should any issues arise requiring action.

4. Impact

Protected group	Positive	Negative
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⁷ [UK Chief Medical Officers' Physical Activity Guidelines \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/644444/UK_Chief_Medical_Officers'_Physical_Activity_Guidelines.pdf)

Age	<ul style="list-style-type: none">• to address barriers to access/under-representation the service will identify appropriate physical activities according to age cohorts of service users	<ul style="list-style-type: none">- Because of the nature of physical activities in small groups, some age groups will not benefit from all age-appropriate activities and be signposted to community-based support that may not be monitored by the provider to ensure quality or frequency, however, the provider will provide regular feedback and monitoring to ensure the physical activity is in line with the agreed goals
Disability	<ul style="list-style-type: none">• To address the access, this service will include addressing the needs identified with user groups and the voluntary sector serving them such as including carers• To advance equality of opportunity since no structured weight management programme currently exists locally for people with learning disabilities	<ul style="list-style-type: none">• The service will start out small to test the delivery model so only a small group will benefit from the service. However, this will be mitigated in future as training will be available on the programme once it has been evaluated and reached its intended outcomes.
Sex	To address the under-representation of men in the traditional weight management services, during the engagement process they will be referred into the service and into other identified men-only weight management programme.	If the targeted number of men accessing the service is not achieved, the service-level data will be evaluated on client feedback and necessary adjustments will be made.
Gender reassignment	The service will be offered to all regardless of gender reassignment.	Data will be documented if consented and monitored throughout the programme on client feedback should any issues arise requiring action.
Marriage and civil partnership	To foster good relations between groups especially for people living with learning disabilities, their	

	spouse or partner will be included in the service provision. The support at home will be included in the advice during the sessions.	
Pregnancy and maternity	There is an exclusion for this group as it is not recommended to promote weight loss during pregnancy.	If healthcare providers are not able to address weight loss when a woman is preparing for pregnancy, this can cause increased health risks to themselves and on the baby they may conceive. Public Health will discuss with healthcare providers as part of a whole systems approach to promoting a healthy weight but not this service.
Race/ethnicity	People who are Black, Asian or from an ethnic minority will benefit from the service with eligibility based on a lower BMI. They are at a higher risk of an obesity-related disease at a lower BMI.	Data will be documented if consented and monitored throughout the programme on client feedback should any issues arise requiring action.
Religion and belief, including non belief	Data is not currently available to support making special provisions for this group, however the service will be offered to all religions and non-belief.	Data will be documented if consented and monitored throughout the programme on client feedback should any issues arise requiring action.
Sexual orientation	Data is not currently available to support making special provisions for this group, however the service will be offered to all regardless of sexual orientation.	Data will be documented if consented and monitored throughout the programme on client feedback should any issues arise requiring action.

5. Actions to advance equality, diversity and inclusion

Action	Lead Officer	Deadline
The physical activity sessions. Will provide a differentiated offer to people of different ability and by age where appropriate. This will be developed in conjunction with the Adult Social Care staff overseeing work with older people and with the Environment and Culture Directorate.	JoAnn Taylor-Villanueva	March 2024

Target: The service provides face-to-face and remote options with differentiated physical activity sessions by age cohorts (19-49, 50+)		
The programme will be offered to people with learning disabilities. Currently, there is no structured programme for people with learning disabilities. Co-production and testing of evidence-based delivery models will be the first stage of creating an appropriate offer. This will be developed in conjunction with commissioning leads for people with learning disabilities (in Adult Social Care). Target: At least 80% of participants with learning disabilities receive reasonable adjustments to support them during the active intervention.	JoAnn Taylor-Villanueva	March 2024
The programme will reach people who are Black or from an ethnic minority group. We will work with the Council-wide community champions covering key areas of inequality to ensure targeted healthy weight messaging and activities are co-produced with the identified communities and groups. Target: At least 40% of participants enrolled in the new service are from the identified at-risk groups, including black or minority ethnic populations	JoAnn Taylor-Villanueva Dami Gbadebo	March 2024
All protected characteristics will try to be recorded in the initial assessment of potential service users by the provider. Target: Provider to create form to collect and report on data consented on a quarterly basis.	JoAnn Taylor-Villanueva	June 2023

6. Further Consultation

Consultation planned	Date of consultation
Co-design sessions with potential users of the lifestyle services including adult weight management, run by Healthwatch Richmond	August / September 2022
NHS patient groups	Autumn 2022