

Integrated Health and Wellbeing Service Equality Impact Analysis Summary and Action Plan

Assessment of overall impacts and any further recommendations¹ - include assessment of cumulative impacts (where a change in one service/policy/project may have an impact on another)

The current service and proposed new service model do not explicitly exclude any protected characteristic. Whilst the service is only available to those 16+ (or 12 years+ for stop smoking support), there are alternative services available for children and young people that can support health related behaviour change.

There may be less explicit barriers experienced by individuals with protected characteristics in terms of their engagement with the existing Integrated Health and Wellbeing Service (IHWS); however we are unable to accurately understand and effectively address these due to current limitations in equalities monitoring information captured and limited feedback received from specific protected characteristic groups.

Taking into consideration available data/feedback and the actions proposed in the EqIA to advance equity, there is an anticipated positive or neutral impact for individuals across all protected characteristic groups. This takes into account both the overall service model and the specific proposed change to 'how' residents may receive health related behaviour change support.

The findings of the public consultation, previous service user survey and engagement meetings highlight the need to provide a service that reflects both proportionate universalism* and personalised care. Alongside a need to improve the capture of equalities monitoring information as part of the current and future IHWS; this EqIA has identified a need to consider how to support those who may experience digital exclusion to access and utilise online support programmes (where these are offered and meet the needs of the individual), as well as practical support to enable those who would be eligible for/would benefit from face to face support to access this (where this is their preferred support method).

Given that for a number of protected characteristics, we received no specific information or feedback; the new service should ensure that community centred approaches and regular meaningful engagement is undertaken with the local population (including those with protected characteristics) to co-design, review and refine the service to enable it to meet identified needs and provide local behaviour change interventions that maximise awareness, engagement and outcomes.

* 'Proportionate universalism' is term that describes actions or interventions that are implemented for the whole (local) population, but with a scale and intensity proportionate to need



Prioritised Action Plan²

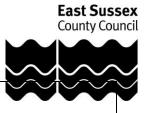
Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
Gaps in equalities monitoring by current IHWS (ALL)	Requirement for information in relation to all protected characteristics to be reported by the provider on a quarterly basis. This will include a breakdown by service arm.	Better understanding of who is accessing the Integrated Health and Wellbeing Service and who is engaging in each service arm.	Targets will be set and information will be reviewed by the lead commissioner and discussed at regular contract review meetings. Mitigation will be monitored through an EqIA provider action plan.	For entirety of contract which will commence on 1st April 2024 (plus work to be undertaken during 23/24 as part of current contract).
	Requirement to ensure that all staff (including volunteers) participate in training around equalities monitoring (and collection of this data).	Improved confidence and motivation of staff and volunteers to collect equalities monitoring information leading to reduction in data gaps.	Reduction in instances where equalities monitoring information is coded as 'Not recorded/known' Targets will be set and information will be reviewed by the lead commissioner and discussed at regular contract review meetings	For entirety of contract which will commence on 1st April 2024 (plus work to be undertaken during 23/24 as part of current contract).
	Requirement for new service to effectively support/address digital exclusion in order to enable service users to engage and utilise digital based interventions, where these	Digital exclusion experienced by service users is reduced (i.e. through increase digital skills/access to digital	This will be monitored via a number of mechanisms as part of the contract, to include:	For entirety of contract which will commence on 1st April 2024



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Provision of online support programmes and impact on those experiencing digital exclusion (ALL – but more likely to affect older adults, those with a disability, those living in rural areas, etc)	 are deemed appropriate. Actions may include: Provision of IT/digital skills training to those who might benefit from such support; Development of robust pathways with existing digital skills training providers in order to help address digital exclusion of service users; Development of strong links with organisations that support individuals to gain access to digital technology (to reduce barriers to engaging in digital health related behaviour change support); and Pro-active work to address other known enablers and barriers to digital inclusion such motivation, trust and useability. 	technology/increased trust in utility of online programmes) Increase in number of individuals who commence and fully participate within an online support programme. Broader benefits to individuals as a result of reduced digital exclusion.	 Number of individuals accessing support to address digital exclusion. Number of individuals who commence and engage in online support programmes. Relationships and pathways developed with relevant partners and organisations. Service user feedback 	
Ability to access face to face support, where eligible (ALL, but more likely to affect those living in rural areas/areas with public transport limitations)	Requirement as part of new service to ensure that those who are eligible for face to face support but unable to easily access service locations due to financial/public transport limitations (and would prefer face to face to online delivery) are supported to access face to face support. Actions may include: • Provision of outreach support to take 'service' to residents;	Increase in number of individuals eligible for face to face support (and preferring this support method) receiving a face to face service. Strengthened personalised care (service meets needs of individual).	This will be monitored via a number of mechanisms as part of the contract, to include: • Volume and outcomes of outreach support • Number of individuals who are provided with financial assistance to access face to face support; • Relationships and pathways developed	For entirety of contract which will commence on 1st April 2024



	 Financial assistance to enable individuals to attend face to face service locations; Development of strong links with community transport services to facilitate access for service users. 		with relevant partners and organisations; • Service user feedback • Service outcomes	
Received limited information from consultation methods that was specific to certain protected characteristics (leading to partial understanding of how service model and proposed change may impact on those with protected characteristics) (ALL, particularly those less represented in public consultation/engagement responses)	Requirement for new service to build and strengthen relationships with services and organisations (associated with all protected characteristics) in order to contribute towards improving outcomes amongst priority groups. Require for new service to use community centred approaches and work effectively with the local population (included protected characteristic groups) to co-design, review and refine the service to enable it to meet identified needs, provide an equitable service and deliver behaviour change interventions that maximise awareness, engagement and outcomes. As part of the re-commissioning of the IHWS, the provider will be required to consider all protected characteristics in the design, delivery and evaluation of service.	Increased engagement of service users with protected characteristics (particularly those facing the greatest health inequalities).	This will be monitored via a number of mechanisms as part of the contract, to include: • Record and details of engagement mechanisms in place and feedback from these • Service user engagement (commencement and completion) by relevant protected characteristic groups • Relationships and pathways developed with relevant partners and organisations • Service user feedback • Service outcomes	For entirety of contract which will commence on 1st April 2024.



During the tender process, commissioners will consider the impact of potential contract award on protected characteristics. Should contract award negatively impact on any particular characteristic, commissioners will work with the successful provider to address this in the service model/during mobilisation process. Where this is not possible, the commissioner will seek to develop mitigation plans through other/additional commissioning activity.

EqIA sign-off: (for the EqIA to be final an email must be sent from the relevant people agreeing it, or this section must be signed)

Staff member competing Equality Impact Analysis: Nicola Blake Date: 16th March 2023

Directorate Management Team rep or Head of Service: Date: 27th March 2023

Equality lead: Kaveri Sharma Date: 24th March 2023

