

# Appendix 1: SSA EQUALITY IMPACT AND NEEDS ANALYSIS

<b>Directorate</b>	<b>Adult Social Care &amp; Public Health</b>
<b>Service Area</b>	<b>Public Health, Health Improvement</b>
<b>Service/policy/function being assessed</b>	<b>Tier 2 Adult Weight Management</b>
<b>Which borough (s) does the service/policy apply to</b>	Wandsworth
<b>Staff involved in developing this EINA</b>	<b>JoAnn Taylor-Villanueva, Senior Public Health Lead</b>
<b>Date approved by Directorate Equality Group (if applicable)</b>	TBC
<b>Date approved by Policy and Review Manager</b>	Jamie Fisher on behalf of Andrew Hagger, 29 July 2022

**1. Summary**

*INTRODUCTION*

- 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 (AWM) service.
- This service will contribute to reduce 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.
- The current AWM service in Wandsworth is delivered by commercial providers Slimming World and Weight Watchers through Service-Level Agreements (SLAs). Both commercial providers offer their services in the borough and honour GP referral vouchers, a health care provider or self-referred to the Council.
- The service has been in place since 2013.
- In 2021 a review of the users of the service found that they were predominately women (82%), they were white (42%), black (28%) or Asian (14%), and users had the biggest representation from Latchmere followed by West Hill, Queenstown, Roehampton, and Putney Heath. This was done prior to the Ward boundaries changing.
- The evaluation of the service concluded that changes were needed, and the service no longer was fit for purpose. It found that the service did assist some participants to reduce their weight. The evaluation identified that referrals, data collection, delivery and contract management needed improvement. Lastly, activity performance monitoring and reporting was problematic as the available data was incomplete.

**NEW PROGRAMME**

- 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.<sup>1</sup>
- The programme will be co-developed with stakeholders. 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. It will deliver an evidence-based programme for at-risk groups; Black, Asian and minority ethnic groups and people with learning disabilities and people living in deprived areas.
- There will be a link to existing Tier 1 community-based lifestyle offers.
- Communication will be tailored to meet the needs of the particular at-risk groups.

**2. Evidence gathering and engagement**

Evidence	Source
Health Checks Data– Wandsworth	Wandsworth Health checks Annual Report (2021/22) and JSNA
Wandsworth Tier 2 Adult Weight Management Service Level Data	Tier 2 Adult Weight Management Programme in Wandsworth. Evaluation Report – May 2021. Healthy Dialogues on behalf of Public Health, Wandsworth Council.
Public Health England Guidance for people with learning disabilities	<a href="https://www.gov.uk/government/guidance/obesity-and-weight-management-for-people-with-learning-disabilities">Obesity and weight management for people with learning disabilities: guidance - GOV.UK (www.gov.uk)</a>
South West London Obesity Dashboard	Health Insights, South West London Integrated Care System (accessed July 2022)
Obesity data according to Public Health Outcomes Framework	Office of Health Improvement and Disparities, <a href="#">Fingertips</a> , Public Health Data (accessed July 2022)

Individuals/Groups	Consultation/Engagement results	Date	What changed as a result of the consultation
Merton and Wandsworth Diabetes Steering Group	- Consider offering different types of weight management	22/04/2022	Ensure not only one type of service is offered

<sup>1</sup> [Obesity and weight management for people with learning disabilities: guidance](https://www.gov.uk/government/guidance/obesity-and-weight-management-for-people-with-learning-disabilities). Public Health England. 2020

	programmes to meet the different needs of patients		
Wandsworth Borough Community Sector COVID-19 response groups	<ul style="list-style-type: none"> <li>- Consider the cost-of-living increases when discussing food and dietary changes</li> </ul>	14/6/2022	Ensure the programme adequately addressing issues within the context of the cost-of-living increases
Wandsworth Co-Production Group	<ul style="list-style-type: none"> <li>- Social support needed, especially for older people it needs to be in person</li> <li>- Request that service can meet needs of different groups – by language and disabilities</li> <li>- Consider that some people are used to cooking a certain way and recognise their skills so they can share ideas between participants after learning nutritional information</li> <li>- Consider venues like schools, youth centres, church halls and other community centres</li> </ul>	7/7/2022	<ul style="list-style-type: none"> <li>• Include follow up via various methods to increase support after the intervention</li> <li>• Ensure differentiated offer by disabilities and other protected characteristics where service need is documented</li> <li>• Build in element of participants sharing their experience, especially in food preparation</li> <li>• Use community assets after assessment of suitable accessible venues</li> </ul>
Wandsworth People with Learning Disabilities (LD) Action Group - Priority 3 - What I do, Supported Employment and Wellbeing Opportunities	<ul style="list-style-type: none"> <li>- There are not enough physical activities for people with LD and tailored for different types of groups – such as by gender or by age which would be preferred.</li> <li>- Carers and people with LD are reluctant to go on transport to group activities because people providing activities are perceived as not COVID safe.</li> <li>- Transport to activities is a challenge</li> <li>- Small changes for people with LD can be threatening, it needs to be introduced with careful consideration.</li> <li>- In organisations and healthcare providers, there is an emphasis on 'choice' for people with learning</li> </ul>	26/7/2022	<ul style="list-style-type: none"> <li>• Groups for people with learning disabilities will need to consider other protected characteristics such as gender and age when crafting different options</li> <li>• Offer remote offer</li> <li>• Craft messaging on behaviour change to be sensitive to resistance, especially for diet changes</li> <li>• Support carers to provide nutritional advice in the language of 'choice'</li> <li>• Train healthcare workers and referrers to not blame families for</li> </ul>

	<p>disabilities so hard to persuade them to make a healthier choice.</p> <ul style="list-style-type: none"> <li>- GPs have blamed families and carers for the excess weight of people with learning disabilities, difficult to take the advice if being blamed</li> </ul>		<p>excess weight but as enablers for change</p>
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**3. Analysis of need**

Protected group	Findings				
Age	By age				
		Service users <sup>2</sup>	Obesity by age band of those with a weight recorded at a GP Practice, by adult obese patient population (registered)	Obesity within age bands (compared to all patients by age bands with a recorded weight at a GP Practice) (registered)	Borough population (resident)
	19-49	55%	47.12	8.29%	56%
	50-64	39.5%*	30.05%	19.43%	13.8%
	65+	5.9%**	22.3%	20.23%	9.7%
<p>* for service level data it was available in age bands 50-59 and 60-69 for this figure.                      ** service level data include only from 70 and above for this figure                      Data source: Health Insights, South West London Integrated Care System (password protected system) as of July 2022, Borough data from Data Rich</p> <p>The majority of obese cases are seen among people between 19-49 which is line with the population pyramid of Wandsworth, with a</p>					

<sup>2</sup> Tier 2 Adult Weight Management Programme in Wandsworth. Evaluation Report – May 2021. Healthy Dialogues on behalf of Public Health, Wandsworth Council.

	<p>median age of 33.7 years<sup>3</sup>. The service will offer a remote offer as well as the NHS digital weight loss app for those working which are predominantly this age cohort. Older people’s needs will be met to increase their likelihood to feel included through face-to-face social interaction and not to rely solely on a digital or remote offer.</p>															
<p><b>Disability</b></p>	<p>Learning and physical disability were not recorded during the current service provision.</p> <table border="1" data-bbox="456 584 1046 940"> <tr> <td data-bbox="456 584 802 860"></td> <td colspan="3" data-bbox="802 584 1046 860">Percentage of people with a long-term health problem /disability* by gender in Wandsworth</td> </tr> <tr> <td data-bbox="456 860 802 898">Female</td> <td colspan="3" data-bbox="802 860 1046 898">48.3%</td> </tr> <tr> <td data-bbox="456 898 802 940">Male</td> <td colspan="3" data-bbox="802 898 1046 940">51.7%</td> </tr> </table> <ul style="list-style-type: none"> <li>Data was not available by Learning Disability within the Datawand population explorer tool based on the Census 2011</li> </ul> <p>People with learning disabilities are also at increased risk of being overweight or obese compared to the general population<sup>4</sup>. In Wandsworth, 1 in 3 people with learning disabilities are living with obesity among the patients with a recorded weight at their GP (35% compared to 11% of the general patient population with a recorded BMI categorised as obese)<sup>5</sup>.</p> <p>A co-developed weight management offer will be conducting during the life of the contract to ensure it is truly accessible and appropriate for this population.</p>					Percentage of people with a long-term health problem /disability* by gender in Wandsworth			Female	48.3%			Male	51.7%		
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<p><b>Sex</b></p>	<p>During the evaluation of the programme between 2013-2020, service users were predominately women (82%).</p> <table border="1" data-bbox="456 1603 1377 1879"> <tr> <td data-bbox="456 1603 644 1879"></td> <td data-bbox="644 1603 833 1879">Service users</td> <td data-bbox="833 1603 1021 1879">Obesity by gender of those with a weight recorded at a GP Practice</td> <td data-bbox="1021 1603 1177 1879">Obesity by gender who received a Health Check</td> <td data-bbox="1177 1603 1377 1879">Borough population</td> </tr> </table>					Service users	Obesity by gender of those with a weight recorded at a GP Practice	Obesity by gender who received a Health Check	Borough population							
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<sup>3</sup> JSNA Wandsworth, People, 2021.  
<sup>4</sup> [Obesity and weight management for people with learning disabilities: guidance](#). Public Health England. 2020  
<sup>5</sup> Health Insights Data. SW London. Data accessed on June 2022.

	Female	82%	57.8%	18.56%	52%																					
	Male	18%	42.2%	18.46%	48%																					
	<p>The uptake was low in the current service as men are disproportionately under-represented who are living with obesity (18% using the service compared to 42.2% living with obesity). To increase uptake among men the programme will be promoted among referrers and targeted communications will be included to appeal to more males. The Council’s culture team manages an adult weight management programme for men called Guys Get Active that men will be signposted to as well.</p>																									
<b>Gender reassignment</b>	<p>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 reassignment, which would equate to around 65 people in Wandsworth.<sup>6</sup></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.<sup>7</sup></p> <p>All providers will abide by the Public Sector Equality Duty (2011) and the Council Equality Policy in their contract.</p>																									
<b>Marriage and civil partnership</b>	<p>Borough figures</p> <table border="1"> <thead> <tr> <th>Marital and civil partnership status</th> <th>Percentage of borough population</th> <th>London</th> </tr> </thead> <tbody> <tr> <td>Same-sex partnership</td> <td>.6%</td> <td>.4%</td> </tr> <tr> <td>Married</td> <td>32.6%</td> <td>39.8%</td> </tr> <tr> <td>Separated</td> <td>2.5%</td> <td>3.2%</td> </tr> <tr> <td>Single</td> <td>54.2%</td> <td>44.1%</td> </tr> <tr> <td>Widow</td> <td>3.7%</td> <td>5%</td> </tr> <tr> <td>Divorced</td> <td>6.5%</td> <td>7.4%</td> </tr> </tbody> </table> <p>Marital status was not recorded during the current service provision. 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>					Marital and civil partnership status	Percentage of borough population	London	Same-sex partnership	.6%	.4%	Married	32.6%	39.8%	Separated	2.5%	3.2%	Single	54.2%	44.1%	Widow	3.7%	5%	Divorced	6.5%	7.4%
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<sup>6</sup> [Information on Prevalence, Incidence and Monitoring – Gender Identity Research & Education Society \(gires.org.uk\)](http://gires.org.uk)

<sup>7</sup> [Exploring existing data on gender identity and sexual orientation - Office for National Statistics \(ons.gov.uk\)](http://ons.gov.uk)

	<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. Given the relatively high percentage of single people in the borough, service providers will help participants to identify a relevant support network.<sup>8</sup></p>											
<p><b>Pregnancy and maternity</b></p>	<p>Not recorded during the current service provision. According to Fingertips, Public Health Data in 2018, 10.8% of pregnant women in Wandsworth are obese compared to 17.8% in London and 22.1% in England.</p> <table border="1" data-bbox="459 622 1114 824"> <thead> <tr> <th></th> <th>Percentage who are pregnant and obese</th> </tr> </thead> <tbody> <tr> <td>Wandsworth</td> <td>10.8%</td> </tr> <tr> <td>London</td> <td>17.8%</td> </tr> <tr> <td>England</td> <td>22.1%</td> </tr> </tbody> </table> <p>This is in line with the Wandsworth 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 are no reliable or definitive figures available locally regarding this data in populations with a learning disability. However, it has been reported that more women with learning disability are becoming mothers. Research is limited in this area (<i>British Medical Journal 2017</i>).</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. <a href="https://www.nice.org.uk/guidance/qs94/chapter/Quality-statement-6-Family-involvement-in-lifestyle-weight-management-programmes">https://www.nice.org.uk/guidance/qs94/chapter/Quality-statement-6-Family-involvement-in-lifestyle-weight-management-programmes</a></p>					Percentage who are pregnant and obese	Wandsworth	10.8%	London	17.8%	England	22.1%
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<sup>8</sup> 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.

			where obesity is recorded by GP practices	
	White	42%	59%	60.5%
	Black	28%	18.82%	10.7%
	Asian	14%	13.66%	10.9%
	Mixed	4.7%	5.02%	5%
	Other	4.2%	3.51%	2.1%
	Unknown	6.4%		
	<p>Black and Asian adults are over-represented in the obese population relative to their representation in the overall borough population. Since these populations currently access the current service, the new service will continue to work with referrers to ensure these populations are reached. All eligible people across ethnicities will continue to access the service.</p> <p>The service has adjusted the eligibility for BMI for this group according to NICE guidance (PH53)<sup>9</sup>. The eligibility covers adults with a BMI <math>\geq 27.5</math> kg/m<sup>2</sup> 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>			
<b>Religion and belief, including non belief</b>	Borough figures			
	By religion		Percentage of borough population	London
	Christian		53%	48.4%
	Muslim		8.1%	12.4%
	Hindu		2.1%	5%
	Jewish		.5%	1.8%
	Buddhist		.8%	1%
	Sikh		.3%	1.5%
Other religion		.4%	.6%	
	<p>Resource: DataWand, ONS</p> <p>65.2% of residents stated a religion, broken down above                  27% of residents stated 'no religion'                  7.9% of residents did not state a religion</p> <p>Religion was not recorded during the current service provision.</p> <p>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.</p>			

<sup>9</sup> NICE Guidelines. [Weight management: lifestyle services for overweight or obese adults Public health guideline \[PH53\]](#), Published: 28 May 2014



<p><b>Sexual orientation</b></p>	<p>Sexual orientation was not recorded during the current service provision. 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.</p> <p>All providers will abide by the Public Sector Equality Duty (2011) and the Council Equality Policy in their contract.</p>
<p><b>Across groups i.e older LGBT service users or Black, Asian &amp; Minority Ethnic young men.</b></p>	<p>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<sup>10</sup>.</p>

**Data gaps**

Data gap(s)	How will this be addressed?
<p>The protected characteristics of disability was often not recorded or known. The service will specifically work with the voluntary and community sector to deliver the programme to people with learning disabilities.</p>	<p>The provider will collect data on disability as a required data point.</p>
<p>Religion</p>	<p>Other protected characteristics will be added to the data entry forms and recorded when consented. It is not envisioned that these protected characteristics will be impacted adversely by the service.</p>
<p>Gender reassignment</p>	
<p>Marriage and civil partnership</p>	
<p>Pregnancy and maternity</p>	
<p>Sexual orientation</p>	

**4. Impact**

Protected group	Positive	Negative
<p><b>Age</b></p>	<ul style="list-style-type: none"> <li>to address barriers to access/under-representation the service will identify appropriate physical activities according to age cohorts of service users</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>

<sup>10</sup> [UK Chief Medical Officers' Physical Activity Guidelines \(publishing.service.gov.uk\)](https://www.gov.uk/government/publications/uk-chief-medical-officers-physical-activity-guidelines)

		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
<b>Disability</b>	<ul style="list-style-type: none"> <li>To address the access/under-representation the service will include addressing the needs identified with user groups and the voluntary sector serving them such as including carers</li> <li>To advance equality of opportunity since no structured weight management programme currently exists locally for people with learning disabilities</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Sex</b>	To address the under-representation of men in the current service provision, during the engagement process they will be referred into the service and into other identified men-only weight management programme.	If a significant increase in the 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.
<b>Gender reassignment</b>	Data is not currently available to make special provisions for this group, however 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.
<b>Marriage and civil partnership</b>	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.	
<b>Pregnancy and maternity</b>	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.
<b>Race/ethnicity</b>	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.
<b>Religion and belief, including non belief</b>	Data is not currently available to make 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.
<b>Sexual orientation</b>	Data is not currently available to make 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**

<b>Action</b>	<b>Lead Officer</b>	<b>Deadline</b>
The physical activity sessions will be developed to meet the needs of the population of different ages and abilities. This will be co-produced in conjunction with the Adult Social Care staff overseeing work with older people and with the Environment and Community Services Directorate. Target: The service provides face-to-face and remote options with differentiated physical activity sessions by age cohorts and ability (19-49, 50+)	JoAnn Taylor-Villanueva	March 2024
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).	JoAnn Taylor-Villanueva	March 2024

<p>Target: At least 80% of participants with learning disabilities receive reasonable adjustments to support them during the active intervention.</p>		
<p>The programme will continue to reach people who are Black, Asian 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.</p> <p>Proxy Baseline: 42% of participants were either Black or Asian in the current service provision</p> <p>Target: At least 40% of participants enrolled in the new service are from the identified at-risk groups, including black, Asian or minority ethnic populations</p>	<p>JoAnn Taylor-Villanueva</p> <p>Dami Gbadebo</p>	<p>March 2024</p>
<p>Officers will aim to include all protected characteristics in the initial assessment of potential service users by the provider.</p> <p>Target: Provider to create form to collect and report on data consented on a quarterly basis.</p>	<p>JoAnn Taylor-Villanueva</p>	<p>June 2023</p>