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Title of report: Healthy Behaviours Partnership Agreement

Report : Through a partnership agreement with Suffolk District & Borough Councils and Suffolk County Council, Ipswich Borough Council will deliver services that support individuals with smoking cessation, adult weight management and physical activity. These services are funded by Suffolk County Council Public Health to enable their commitment for provision to be available for these 3 areas. This new model replaces what had previously been commissioned and had been delivered by One Life Suffolk.

Through this new partnership, District and Borough Councils have led the design and mobilisation of a new service model. The service is facilitated by a referral, triage and assessment model. Referrals are accepted by residents, healthcare professionals and strategic community partners. A digital platform will promote evidenced based, quality assured information for residents to self-serve their behaviour change goals, whilst also facilitating the referral mechanism.

Sitting at the core of the directly delivered service is a supported behaviour change intervention delivered by staff specifically trained in this area. The core model is further supplemented by delivery of evidence-based interventions that facilitate sustainable behaviour change for each of the 3 thematic areas. The design of the new model has been completed in collaboration with experts in health, public health and service specialists.

The new model aims to integrate the roles that District and Boroughs already play to provide universally accessible services that meet these agendas and enhance the provision to provide more specialist support. District and Boroughs have access to strategic community based assets to be able to deliver an effective place-based offer and elevates the roles of sport and leisure assets (such as sports centres) as wider health and wellbeing assets.

Within Ipswich Borough Council, the Sport and Leisure service will be responsible for delivering the Healthy Behaviour services, entitled Feel Good Suffolk. Other service areas also supporting the offer include Customer Services, Community Support, Parks and Cemeteries, Housing. These services are intending to benefit individuals that currently smoke, are overweight or obese or are physically inactive. The services provide time-limited free access to interventions, as determined by the evidence for each intervention type.

What evidence/data is being used to support this equality analysis? Please select all that

apply.: Customers complaints/comments, Findings from surveys, focus groups & consultations, Information from statutory partners (e.g police), Information from voluntary & community sector (e.g ISCRE, ICVS), Published data - e.g Census, State of Ipswich report, Analysis of service data (e.g I-card)

Service area: Sports & Leisure

Corporate Manager: Robin Payne

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Links to supporting documents where available:

Please upload any supporting documents:

What is proposed?: The delivery of healthy behaviour services that meet the outcomes for supporting individuals with behaviour change, reducing the number of smokers, people who are overweight or obese and physically inactive. This is facilitated by a referral based service, allowing individuals to receive interventions that help to meet these outcomes.

Why are the changes being introduced?: To ensure provision is available to residents have access to a service that supports with the intended outcomes. To facilitate a requirement of Suffolk County Council Public Health to deliver services that meet these outcomes and to draw on the strengths possessed by District and Borough Councils to reach the relevant communities and deliver an effective place-based offer.

What evidence is being used to support this Equality Impact Assessment, and how is it being used?: The following have all been assessed and used as evidence to support the Equality Impact Assessment. These are used to identify the needs for the service, the design of the service model to ensure equal and equitable provision and informing the indicators and interventions required to achieve the intended outcomes.

Stakeholder, community a public engagement (led by Public Health)

OneLife Suffolk Service Specification, KPI Reports and Contract Reports

Population Health Management Data

Active Lives Survey results

Sport and Physical Activity Strategy (Ipswich Borough Council) and strategy report

Evaluations of interventions for Adult Weight Management, Smoking Cessation and Physical Activity

English indices of deprivation 2019 - GOV.UK (www.gov.uk)

Public health profiles - OHID (phe.org.uk)

Labour Market Profile - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

Local Health - Small Area Public Health Data - OHID (phe.org.uk)

Census 2021 - Office for National Statistics (ons.gov.uk)

Joint Strategic Needs Assessment - Suffolk County Council (healthysuffolk.org.uk)

How will this change be implemented?: The new service will be integrated within the Sport and Leisure service, building capacity within existing resources and developing new job roles to recruit to, to enable the interventions. There will be capacity built in to the service by the procurement of specialist services. The new services will be funded by Suffolk County Council Public Health.

Age: No impact

Please provide an explanation of this impact and actions to mitigate any adverse impact, or further promote positive impact.: The services are available to anyone over the age of 18 for Adult Weight Management and Physical Activity services and over the age of 12 for some Smoking Cessation Services. Dedicated provision is made available through the Children Families and Learning directorate within Suffolk County Council for weight management and physical activity, providing an alternative pathway for services for people under the age of 18.

To enable positive engagement with the service, by means of offering choice and preference to individuals, referrals are enabled both through self-referral or referred by professional. This enables people to self-service without requiring a professional referral, whilst also providing support to individuals that require an interaction to enable a referral to take place. People who prefer not to use digital platforms or face digital exclusion, are able to telephone a customer service advisor to complete a referral form.

Older people might be less likely to drive, therefore relying on lifts or public transport. The service is able to offer advice on sourcing community transport schemes and provision is programmed to be well distributed across the Borough and located near to public transport locations.

People with age-related health conditions affecting vision and hearing will have access to documents in easy-read formats and staff will be trained in how to use adaptations effectively to enable participants with hearing loss to participate.

Disability: No impact

Please provide an explanation of this impact and actions to mitigate any adverse impact, or further promote positive impact.: Any form of disability does not exclude an individual from participating in the programme. There are several access points into the service to enable a referral including through self-referral, completed with a relevant professional or over the telephone.

To promote these opportunities to people with disabilities, the following has been embedded within the service design and operating procedures:

Capture relevant information through the referral process enabling conversations on further support available to the individual.

Ask if people are able / have difficulty with transport, and signpost information on local community

transport support.

Ask if the person has any specific needs regarding access and mobility and providing the correct venue/support where appropriate.

Give people information on accessibility and adaptations available at the time of booking appointments.

Reassure that a carer can accompany the person if needed.

Account for extra appointment time with a disabled person due to their disability.

Ensure there is appropriate equipment for classes.

Information shared should explain the theory/rationale for the information, decision, or action so that people can make an informed choice.

Information on sources of information for queries e.g., helpline – NB (1) many older and disabled people will rely on the advice of their family and friends, so communication mechanisms need to be in place to inform support networks (2) Ensure that carers can be contacted if the participant does not understand or hear what is being asked when being booked into a class.

Be alert to people using wheelchairs or walking aids to ensure they have enough space to manoeuvre.

Ensure people with invisible illnesses/conditions are identified and support or adaptations are offered.

Marriage & Civil Partnership: No impact

Please provide an explanation of this impact and actions to mitigate any adverse impact, or further promote positive impact.: Marital status is not a required information and does not impact entry onto services.

Race: No impact

Please provide an explanation of this impact and actions to mitigate any adverse impact, or further promote positive impact.: It's evidenced that BAME communities might be less likely to engage or participate in these types of health promotion services. To help encourage participation from these groups:

Involve local community groups and faith leaders to represent the views of local ethnic minority groups in design and delivery of services, and feedback on services – wherever possible through co-production.

Consider use of community venues to hold sessions to encourage residents/community members to attend.

Information available in leaflets and online in a sufficiently wide range of languages to meet the needs of local communities. Alternatives should be offered as some people may be able to read a

second language.

Sufficient time should be allowed in classes to enable communication with people who need interpreting services

Reassure that a carer / relative / friend can accompany the participant needed.

Set standards which encourage the use of formal interpreters rather than informal interpreters.

When arranging appointments, staff and volunteers should not use a participant's child as a translator. Children should not be asked to be involved in adult issues and may not translate accurately if they do not understand the conversation.

Ensure staff are trained in cultural competence education to help to remove the cultural barriers that people encounter.

Communicate through trusted sources where services can provide adaptations for people's cultural needs

Pregnancy & Maternity: No impact

Please provide an explanation of this impact and actions to mitigate any adverse impact, or further promote positive impact.: Women who are pregnant are eligible for all services and all facilities being used are listed as breastfeeding friendly locations. Participants will be able to access most of the service offer by telephone as an alternative mechanism to access face to face services. Babies and children will be able to attend with their parent where the intervention is based on individual appointments.

Religion or Belief: No impact

Please provide an explanation of this impact and actions to mitigate any adverse impact, or further promote positive impact.: Religious beliefs have been taken into consideration within the intervention programming to ensure provision is available around prayer times and allowances for women from some religions / cultures to have a chaperone for privacy, or to be treated by somebody from the same gender.

Information will be available in a variety of languages – local public health will be able to advise on any other relevant communities.

Communications should be treated sensitively to religious beliefs and culture.

No prescriptive uniforms to take part in the activity. Participants can attend in what feels comfortable to them so long as it doesn't cause any increased risks to their safety whilst participating.

Gender Reassignment: No impact

Please provide an explanation of this impact and actions to mitigate any adverse impact, or further promote positive impact.: Transgender people and non-binary people who have had negative experiences of health and care services may be reluctant to engage with the service. Transgender and non-binary people often report incorrect use of pronouns in the service based

settings, and staff not using their correct / preferred name.

To ensure a positive experience and ensure preconceptions around gender inclusivity do not become a barrier to participating in these services:

Provide sufficient areas for privacy and dignity for discussions

Ensure confidentiality between participant and provider delivering the service

Ensure people have the choice to specify the gender they prefer e.g. she/her, he/him, they/them.

Ensure referrals capture a participants' preferred names and pronouns

Choosing locations/spaces to deliver with available gender neutral changing/spaces available.

No prescriptive gendered uniforms to take part in the activity. Participants can attend in what feels comfortable to them so long as it doesn't cause any increased risks to their safety whilst participating.

Sex: No impact

Please provide an explanation of this impact and actions to mitigate any adverse impact, or further promote positive impact.: Sex does not impact entry to the available services.

Sexual Orientation: No impact

Please provide an explanation of this impact and actions to mitigate any adverse impact, or further promote positive impact.: LGBTQI+ people who have had negative experiences of health and care services may be reluctant to engage with the services.

To encourage positive experiences within these services:

Ensure that referrals capture a participant's preferred name and pronoun

Training of staff in sensitive practice towards the LGBTQI+ community

Use neutral language in documentation

I can confirm the report does meet Ipswich Borough Council's equality objectives: I can confirm the report does meet Ipswich Borough Council's equality objectives

The report helps us to 'eliminate unlawful discrimination, harassment & victimisation' in the following way(s): The range of services provided allow for anyone with a protected characteristic to be supported to make a positive behaviour change for each of the areas in scope for this project (Adult Weight Management, Smoking Cessation. The service utilises several methods for interaction and adaptations have been embedded within operating procedures to ensure people with protected characteristics are not disadvantaged by their protected characteristic. The Equality and Diversity policy for Ipswich Borough has been applied to ensure there is no tolerance of unlawful discrimination, harassment and victimisation.

The report helps us to 'advance equality of opportunity...' in the following way(s): Service

operating procedures and design principles have been created by design to remove or reduce disadvantages suffered by people because of a protected characteristic, as demonstrated by the mitigations placed for the different protected characteristics. Adaptations against standard service delivery is in place to meet specific needs of those with protected characteristics. The service is supplemented by a County-wide campaign that encourages all people that demonstrate the behaviours the service aims to positively affect change.

The policy helps us to 'foster good relations...' in the following way(s):The service has a core aim to work with local communities to meet their local service need that sits within scope of the project. This encourages by design fostering good relations with local leaders from different communities. The service also must work with external health agencies and develop good relations to ensure professional referrals can be accessed and administered.

The new provisions will be reviewed in the following way(s):An evaluation framework is embedded within the service design at each delivery layer. The referral form uses evidence-based research that can identify who the service engages with at entry point and where to direct communications and marketing to service a range of users to access the provision. Verified evaluation methods are further embedded into the delivery of interventions. Within the Governance Structure for Feel Good Suffolk, Strategic Directors and operational leads meet regularly to review the evaluation and refine the service to better meet the needs and demands from within the system
