

Equality Impact Assessment (EIA)

Document control

Title of activity:	<i>Prevention of Obesity Strategy 2016-2019</i>
Type of activity:	<i>Strategy</i>
Lead officer:	<i>Claire Alp Health Improvement Specialist (Schools) Public Health Children, Adults and Housing</i>
Approved by:	<i>Mark Ansell Consultant in Public Health Public Health Children, Adults and Housing</i>
Date completed:	<i>8th March 2016</i>
Scheduled date for review:	<i>In line with strategy review date (expected to be March 2019)</i>

The Corporate Policy & Diversity team requires **5 working days** to provide advice on EIAs.

Did you seek advice from the Corporate Policy & Diversity team?	Yes
Does the EIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	No

1. Equality Impact Assessment Checklist

The Equality Impact Assessment (EIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service. It also helps the Council to meet its legal obligation under the [Equality Act 2010 and the Public Sector Equality Duty](#).

Please complete the following checklist to determine whether or not you will need to complete an EIA. Please ensure you keep this section for your audit trail. If you have any questions, please contact the Corporate Policy and Diversity Team at diversity@havering.gov.uk

About your activity

1	Title of activity	<i>Prevention of Obesity Strategy 2016-2019</i>
2	Type of activity	<i>Strategy</i>
3	Scope of activity	<i>The strategy outlines the approach of the Havering Health and Wellbeing Board to the prevention of obesity. It sets out how people living and working in Havering will be encouraged and supported to increase levels of physical activity and healthy eating.</i>
4a	Is the activity new or changing?	Yes
4b	Is the activity likely to have an impact on individuals or groups?	Yes
5	If you answered yes:	<i>Please complete the EIA on the next page.</i>
6	If you answered no:	<i>Please provide a clear and robust explanation on why your activity does not require an EIA. This is essential in case the activity is challenged under the Equality Act 2010.</i> <i>Please keep this checklist for your audit trail.</i>

Completed by:	<i>Claire Alp Health Improvement Specialist (Schools) Public Health Children, Adults and Housing</i>
Date:	<i>8th March 2016</i>

2. Equality Impact Assessment

The Equality Impact Assessment (EIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service. It also helps the Council to meet its legal obligation under the [Equality Act 2010 and the Public Sector Equality Duty](#).

For more details on the Council's 'Fair to All' approach to equality and diversity, please visit our [Equality and Diversity Intranet pages](#). For any additional advice, please contact diversity@haverling.gov.uk

Please note the Corporate Policy & Diversity Team require **5 working days** to provide advice on Equality Impact Assessments.

Please note that EIAs are public documents and must be made available on the Council's [EIA webpage](#).

Understanding the different needs of individuals and groups who use or deliver your service

In this section you will need to assess the impact (positive, neutral or negative) of your activity on individuals and groups with **protected characteristics** (this includes staff delivering your activity).

Currently there are **nine** protected characteristics (previously known as 'equality groups' or 'equality strands'): age, disability, sex/gender, ethnicity/race, religion/faith, sexual orientation, gender reassignment, marriage/civil partnership, and pregnancy/maternity/paternity.

In addition to this, you should also consider **socio-economic status** as a protected characteristic, and the impact of your activity on individuals and groups that might be disadvantaged in this regard (e.g. carers, low income households, looked after children and other vulnerable children, families and adults).

When assessing the impact, please consider and note how your activity contributes to the Council's **Public Sector Equality Duty** and its three aims to:

- eliminate discrimination, harassment and victimisation;
- advance equality of opportunity, and
- foster good relations between people with different protected characteristics.

Guidance on how to undertake an EIA for a protected characteristic can be found on the next page.

Guidance on undertaking an EIA

Example: Background/context							
<p><i>In this section you will need to add the background/context of your activity. Make sure you include the scope and intended outcomes of the activity being assessed; and highlight any proposed changes.</i></p> <p style="text-align: right;"><i>*Expand box as required</i></p>							
Example: Protected characteristic							
<p><i>Please tick (✓) the relevant box:</i></p>	<p>Overall impact: <i>In this section you will need to consider and note what impact your activity will have on individuals and groups (including staff) with protected characteristics based on the data and information you have. You should note whether this is a positive, neutral or negative impact.</i></p> <p>It is essential that you note all negative impacts. This will demonstrate that you have paid ‘due regard’ to the Public Sector Equality Duty if your activity is challenged under the Equality Act.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>						
<table border="1"> <tr> <td>Positive</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neutral</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Negative</td> <td><input type="checkbox"/></td> </tr> </table>		Positive	<input type="checkbox"/>	Neutral	<input type="checkbox"/>	Negative	<input type="checkbox"/>
Positive		<input type="checkbox"/>					
Neutral	<input type="checkbox"/>						
Negative	<input type="checkbox"/>						
<p>Evidence: <i>In this section you will need to document the evidence that you have used to assess the impact of your activity.</i></p> <p><i>When assessing the impact, please consider and note how your activity contributes to the three aims of the Public Sector Equality Duty (PSED) as stated in the section above.</i></p> <p><i>It is essential that you note the full impact of your activity, so you can demonstrate that you have fully considered the equality implications and have paid ‘due regard’ to the PSED should the Council be challenged.</i></p> <ul style="list-style-type: none"> - <i>If you have identified a positive impact, please note this.</i> - <i>If you think there is a neutral impact or the impact is not known, please provide a full reason why this is the case.</i> - <i>If you have identified a negative impact, please note what steps you will take to mitigate this impact. If you are unable to take any mitigating steps, please provide a full reason why. All negative impacts that have mitigating actions must be recorded in the Action Plan.</i> <p style="text-align: right;"><i>*Expand box as required</i></p>							
<p>Sources used: <i>In this section you should list all sources of the evidence you used to assess the impact of your activity. This can include:</i></p> <ul style="list-style-type: none"> - <i>Service specific data</i> - <i>Population, demographic and socio-economic data</i> <p><i>Suggested sources include:</i></p> <ul style="list-style-type: none"> - <i>Service user monitoring data that your service collects</i> - <i><u>Havering Data Intelligence Hub</u></i> - <i><u>London Datastore</u></i> - <i><u>Office for National Statistics (ONS)</u></i> <p><i>If you do not have any relevant data, please provide the reason why.</i></p> <p style="text-align: right;"><i>*Expand box as required</i></p>							

The EIA

Background/context:

The Prevention of Obesity Strategy 2016-19 outlines the approach of the Havering Health and Wellbeing Board to preventing obesity. The health and economic drivers for addressing the obesity epidemic are clear, and the benefits to length and quality of life significant. The strategy sets out a vision for how Havering, as a place and community, will support its residents to eat healthily, be active and achieve a healthy body weight.

All actions in the plan fall under the overarching corporate goal that “people will be safe, in their homes and in the community”, and the associated strategic outcome to “promote healthier lifestyles to help residents live well for longer”.

Three key themes are identified, with associated objectives developed under each theme:

- Shaping the environment to promote healthy eating and physical activity;
 - Ensure strategic spatial plans are consistent with efforts to increase levels of healthy eating and physical activity
 - Continue programme of work to create ‘healthy streets’
 - Continue to improve the public transport offer
 - Maintain and improve access to high quality green space
 - Improve the ‘cyclability’ of Havering
 - Further improve schools as healthy environments
 - Ensure environment provided for clients/ staff in public sector premises supports healthy choices
- Supporting a culture that sees physical activity and healthy eating as the norm;
 - Ensure key decisions are consistent with healthy living ethos
 - Continue to ensure that workplaces support healthy choices
 - Continue to ensure the ethos of local education and community setting supports and encourages healthy choices
 - Coordinated programme of campaigns and marketing across partnership
- Prompting individuals to change, primarily through self help
 - Increase and import self-help capacity particularly regarding healthy eating
 - Ensure that residents and professionals working with them are aware of relevant (self-help) resources
 - Ensure care and support provided to vulnerable residents addresses wider health needs including healthy eating and physical activity
 - Ensure obese women are effectively supported during pregnancy
 - Increase rates of breastfeeding
 - Ensure care pathway is in place for obese children and adults

The outcomes associated with these actions will make it easier for residents to maintain or achieve a healthy bodyweight and enjoy the additional benefits that result from eating healthily and being physically active. Outcomes are listed in full in the action plan included within the strategy.

**Expand box as required*

Age: Consider the full range of age groups		
<i>Please tick (✓) the relevant box:</i>	Overall impact: The Prevention of Obesity Strategy has taken account of the needs of different age groups. Actions planned will have a positive impact on people of all ages, with a particular focus on improving outcomes for children by supporting them to be a healthy weight. An obesity care pathway will be developed to support obese children and adults. <i>*Expand box as required</i>	
Positive		✓
Neutral		
Negative		
Evidence:		
<p>Prevalence of obesity increases with age. National Child Measurement Programme data demonstrates that in 2014/15, 23.7% of children in Reception Year (aged 4-5) in Havering were overweight or obese, whilst amongst Year 6 children (aged 10-11) prevalence is 35.9%. Data collected for the adult population shows a further increase in prevalence, projecting that in 2012-14 65.6% of Havering adults were overweight or obese.</p> <p>As reported in Havering's Obesity Needs Assessment:</p> <ul style="list-style-type: none"> • maternal obesity is a risk in the short term to the health of both mother and baby, and also increases the risk that the child and possibly the child's children may be obese; • breastfeeding reduces the risk of childhood obesity • a child is more likely to be overweight if he or she has one or more overweight parents; • obese children are between two and ten times more likely to be obese in adulthood; • weight is more difficult to lose once gained; and • attitudes and behaviours established during childhood shape lifestyle in later life. <p>The Foresight report recommends a lifecourse approach to tackling obesity. The evidence supports a focus on early years and children as a starting point for this approach.</p> <p>The Prevention of Obesity Strategy therefore covers all age groups of the population, but places emphasis on giving children the best start in life by focusing on the early years. Interventions in schools also impact the wider school community (staff, parents). Adults will also be supported by workplace health initiatives. People not in work (elderly, unemployed) will benefit from community activities. Most importantly, all age-groups will benefit from the focus on shaping the local environment and public realm. As a result, intended outcomes are expected to positively impact all age groups whilst aiming specifically to address the increase in obesity levels from birth through childhood.</p> <p><i>*Expand box as required</i></p>		
Sources used:		
National Child Measurement Programme Public Health Outcomes Framework Havering Obesity Needs Assessment <i>*Expand box as required</i>		

Disability: Consider the full range of disabilities; including physical, mental, sensory and progressive conditions

<i>Please tick (✓) the relevant box:</i>		<p>Overall impact: The strategy will be published electronically so that it is fully accessible to people who are partially sighted or blind.</p> <p>The Prevention of Obesity Strategy has taken account of people living with disabilities and long term conditions. Actions planned are inclusive of the whole population, including people with disabilities and long term conditions.</p> <p>Reducing obesity prevalence, the overarching aim of the strategy, reduces the risk of developing long term conditions associated with obesity.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>
Positive	✓	
Neutral		
Negative		

Evidence:

According to the latest ONS Annual Population Survey, 18% of working age people living in Havering have disclosed that they have a disability or long term illness.

As noted in the Havering Obesity Needs Assessment, a person is more likely to be overweight or obese if he or she has a physical disability, long-term health problem or learning disability. A child is more likely to be overweight if he or she has a limiting illness, particularly a learning disability. Actions planned are inclusive of the whole population, including people with disabilities and long term conditions. The settings in which actions will take place (e.g. schools, community facilities) provide equity of access for people with disabilities and reasonable adaptations will be made as appropriate.

Additionally, as also noted in the Obesity Needs Assessment, being overweight or obese increases the risk of developing limiting long-term illness (e.g. type 2 diabetes and osteoarthritis) and mental illness (e.g. anxiety and depression). In England in 2014, 30% of obese adults had a limiting longstanding illness, compared to 19% of healthy weight peers. In 2010, high body mass index accounted for 8.6% of all disability adjusted life years. Planned actions are intended to decrease prevalence of overweight and obesity, and thus decrease risk of developing limiting long-term illnesses.

**Expand box as required*

Sources used:

This Is Havering: A Demographic and Socio-economic Profile
Havering Obesity Needs Assessment
Health Survey for England 2014

**Expand box as required*

Sex/gender: Consider both men and women

<i>Please tick (✓) the relevant box:</i>		<p>Overall impact: Overweight and obesity affect both men and women. Prevalence of overweight is higher amongst men, whilst obesity tends to be higher amongst women. Planned actions in the Prevention of Obesity Strategy are inclusive of men and women. Particular focus is placed on supporting women who are pregnant in light of evidence that maternal obesity is a threat to both mother and child.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>
Positive	✓	
Neutral		
Negative		

Evidence:

The Health Survey for England demonstrates that more men (65%) than women (58%) are overweight or obese. However, when obesity is separated out, prevalence tends to be higher for women (27%) than men (24%), particularly among younger adults. Morbid obesity is twice as common in women (3.6%) as it is in men (1.8%).

Obesity amongst women of childbearing age is a particular concern in light of growing evidence that maternal obesity is a threat to the health of both mother and child.

Compared to men, women living in disadvantaged communities are more likely to be overweight or obese.

In line with the national 'This Girl Can' campaign, specific promotion of physical activities to women and girls is being carried out at local level.

**Expand box as required*

Sources used:

Havering Obesity Needs Assessment

**Expand box as required*

Ethnicity/race: Consider the impact on different ethnic groups and nationalities

Please tick (✓)
the relevant box:

Positive

✓

Neutral

Negative

Overall impact:

The Prevention of Obesity Strategy has taken account of the needs of different ethnic groups. Planned actions are inclusive of all groups. Settings where some planned activities will take place, e.g. schools, will be responsible for meeting needs of people for whom English is an additional language in line with their existing policies.

**Expand box as required*

Evidence:

83% of Havering residents are recorded as White British, higher than both London and England averages. It is projected that this will decrease to 79% by 2030.

The Havering Obesity Needs Assessment states that a person is more likely to be overweight or obese if he or she is from a Black or Asian ethnic background. A child is least likely to be overweight if he or she is from a White or Chinese ethnic group.

Planned actions in the Prevention of Obesity Strategy are inclusive of all ethnic groups.

**Expand box as required*

Sources used:

Havering Obesity Needs Assessment

**Expand box as required*

Religion/faith: Consider people from different religions or beliefs including those with no religion or belief	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input type="checkbox"/>
Neutral	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>
<p>Overall impact: Planned actions are inclusive of people from all religions or beliefs, including those with no religion or belief. There are no known inequalities in healthy weight between different religions.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Evidence: The Havering Obesity Needs Assessment identifies groups at greater risk of becoming overweight or obese. People of different religions are not identified as an at risk group.</p> <p>Actions planned in the obesity strategy will benefit people from all religions or beliefs, including those with no religion or belief.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Sources used: Havering Obesity Needs Assessment</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	

Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input type="checkbox"/>
Neutral	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>
<p>Overall impact: Planned actions are inclusive of people from all sexual orientations. There are no known inequalities in healthy weight between people of different sexual orientations.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Evidence: The Havering Obesity Needs Assessment identifies groups at greater risk of becoming overweight or obese. Sexual orientation is not identified as having any impact on inequalities related to healthy weight.</p> <p>Actions planned in the obesity strategy will benefit people from all sexual orientations.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Sources used: Havering Obesity Needs Assessment</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	

Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth		
<i>Please tick (✓) the relevant box:</i>		Overall impact: Planned actions are inclusive of people seeking, undergoing, or who have undergone gender reassignment surgery or whose gender identity is different from their gender at birth. There are no known inequalities in healthy weight for people who have undergone gender reassignment.
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
<i>*Expand box as required</i>		
Evidence: The Havering Obesity Needs Assessment identifies groups at greater risk of becoming overweight or obese. People who are seeking gender reassignment surgery or whose gender identity is different from their gender at birth are not identified as an at risk group. Actions planned in the obesity strategy will benefit people from all genders.		
<i>*Expand box as required</i>		
Sources used: Havering Obesity Needs Assessment		
<i>*Expand box as required</i>		

Marriage/civil partnership: Consider people in a marriage or civil partnership		
<i>Please tick (✓) the relevant box:</i>		Overall impact: Planned actions are inclusive of people who are married or in a civil partnership. There are no known inequalities in healthy weight for people who are in a marriage or civil partnership.
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
<i>*Expand box as required</i>		
Evidence: The Havering Obesity Needs Assessment identifies groups at greater risk of becoming overweight or obese. Sexual orientation is not identified as having any impact on inequalities related to healthy weight. Actions planned in the obesity strategy will benefit people whether or not they are in a marriage or civil partnership.		
<i>*Expand box as required</i>		
Sources used: Havering Obesity Needs Assessment		
<i>*Expand box as required</i>		

Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>
<p>Overall impact: Maternal obesity presents a risk in the short term to the health of both mother and child. It also increases the risk that the child and possible the child's children may be obese. Actions planned in the obesity strategy therefore focus on ensuring obese women are effectively supported during pregnancy.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Evidence: The Havering Obesity Needs Assessment identifies groups at greater risk of becoming overweight or obese. Children of women who are obese in pregnancy are more likely to become overweight or obese, and women who are obese in pregnancy are also at increased risk of ill health or complications during pregnancy.</p> <p>The risk of ill-health increases with increasing BMI but many of the complications of obesity can be reduced by weight loss. Actions planned in the obesity strategy will support women, along with the rest of the population, to be a healthy weight and also focus on ensuring obese women are effectively supported during pregnancy.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Sources used: Havering Obesity Needs Assessment</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	

Socio-economic status: Consider those who are from low income or financially excluded backgrounds	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input checked="" type="checkbox"/>
<p>Overall impact: A person is more likely to be overweight or obese if he or she lives in a disadvantaged community. Obesity prevalence in children is strongly correlated with disadvantage with children more likely to be overweight if they are from a lower income family.</p> <p>Overall the strategy will have a positive impact on people from all socioeconomic backgrounds. Improvements to the public realm and built environment will benefit people universally. Targeted work will ensure children eligible for free school meals are identified, are encouraged to take up this entitlement and that the meal they receive is healthy. However, there is some stigma attached to the uptake of free school meals and steps to reduce any discrimination attached to this are provided in the action plan below.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	

Evidence:

The Havering Obesity Needs Assessment identifies an association between obesity and area deprivation (IMD 2010) with 22% of adults in quintile 1 (least disadvantaged) recorded as obese rising to 29% in quintile 5 (most disadvantaged). Obesity prevalence in children is strongly correlated with disadvantage, with prevalence in the most deprived decile being about twice that in the least deprived for both Reception and Year 6 children.

Prevalence of deprivation varies across Havering: 12.9% of children in Havering are eligible for and claiming free school meals which is less than the average for London (21.2%) and England (16.0%), however at school level the proportion varies from 1.9% to 46.8%.

Actions planned in the obesity strategy will support children and families from all socioeconomic backgrounds. Improvements to the public realm and built environment will benefit people universally. Targeted work will ensure children eligible for free school meals are identified, take up this entitlement and that the meal they receive is healthy.

There is some stigma attached to the uptake of free school meals and in order to reduce any discrimination attached to this, Havering Catering Services is working to eliminate the 'dinner tickets' given to free school meal children by introducing a cashless system. The aim is for this to be in place in all schools by the end of the 2016/17 school year.

Vulnerable families and children are supported by actions focused on improving outcomes for looked after children and families accessing the Early Help service offer.

**Expand box as required*

Sources used:

Havering Obesity Needs Assessment

**Expand box as required*

Action Plan

In this section you should list the specific actions that set out how you will address any negative equality impacts you have identified in this assessment.

Protected characteristic	Identified negative impact	Action taken to mitigate impact*	Outcomes and monitoring**	Timescale	Lead officer
Socio-economic status	Improving identification of children eligible for free school meals could expose these children to the stigma sometimes attached to being in receipt of a free meal.	Havering Catering Services is introducing a cashless system in all primary schools which will eliminate 'dinner tickets' given to free school meal children. With the cashless system, accounts are pre-credited, and the source of this credit is not known to other children.	Havering Catering Services will be monitoring the implementation of the cashless system on a termly basis.	The aim is for the cashless system to be in place in all schools by the end of the 2016/17 school year.	Dennis McKenzie (Havering Catering Services)

* You should include details of any future consultations you will undertake to mitigate negative impacts

** Monitoring: You should state how the negative impact will be monitored; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

Review

This EIA will be reviewed on an annual basis for the duration of the strategy (2016-2019). The next review will be March 2017.