

## Equality Impact Assessment (EqIA) for Policies, Procedures and Services

<b>Proposal name</b>	<b>Walsall Wellbeing Service</b>		
<b>Directorate</b>	Adult Social Care and Public Health		
<b>Service</b>	Public Health		
<b>Responsible Officer</b>	Joe Holding		
<b>Proposal planning start</b>	01/07/2021	<b>Proposal start date (due or actual date)</b>	01/11/23
<b>1</b>	<b>What is the purpose of the proposal?</b>	<b>Yes / No</b>	<b>New / revision</b>
	<a href="#">Show which category the proposal is and whether it is new or a revision.</a>		
	Policy	<b>No</b>	
	Procedure	<b>No</b>	
	Guidance	<b>No</b>	
	Is this a service to customers/staff/public?	<b>Yes</b>	<b>New</b>
	If yes, is it contracted or commissioned?	<b>Yes</b>	<b>New</b>
	Other - give details		
<b>2</b>	<b>What is the business case for this proposal? Please provide the main purpose of the service, intended outcomes and reasons for change?</b>		
	<p>The Wellbeing Service will help to address variations in the fundamentals of wellbeing (e.g. employment, debt, housing) and healthy behaviours (e.g. smoking) across the Walsall population through resourcing and delivering universal (proportionate to the degree of need) and targeted support. This will improve engagement in positive wellbeing action and access to effective support, leading to reduced health inequalities and improved wellbeing outcomes for Walsall residents. The service will provide a combination of direct support and signposting to existing community groups, services, and infrastructure (e.g., parks and green spaces, active travel network).</p>		





**Aim**

To improve the physical, mental, social and financial wellbeing of people in Walsall



**Objectives**

- 1) To work within Walsall Together's wellbeing programme, adapting provision aligned to the partnership's strategic direction
- 2) Deliver a frontline personalised wellbeing service to:
  - a) Support residents in the fundamentals of wellbeing
  - b) Deliver direct provision to encourage and sustain healthy behaviours
- 3) Monitor, evaluate and improve quality of provision



**Outcome**

A Walsall Wellbeing Service integrated into local systems, reducing health inequalities and improving wellbeing for the residents of Walsall

The Wellbeing Service includes the following elements of provision:

- Wellbeing Service (support across the fundamentals of wellbeing)
- Healthy Behaviours with direct provision of stop smoking and weight management support
- NHS Health Checks

The service will be delivered by a commissioned provider and is due to start in November 2023. The contract will be for 5 years with an option of 2 x 12 month extensions.

**3 Who is the proposal likely to affect?**

People in Walsall	Yes / No	Detail
All	Yes	The Wellbeing Service will take a universal and targeted approach to provision. Universal support will provide a level of intervention that is proportionate to the client's need and level of disadvantage. Target groups have been identified based on national and local evidence for each element of the service: <ul style="list-style-type: none"> <li>• <b>Wellbeing Service (support across the fundamentals of wellbeing)</b> <ul style="list-style-type: none"> <li>➤ Racialised Communities</li> <li>➤ People with learning disabilities</li> <li>➤ People with mental health issues</li> <li>➤ People from low socio-economic groups</li> <li>➤ Men</li> <li>➤ Adult carers</li> <li>➤ Unemployed</li> </ul> </li> </ul>
Specific group/s	Yes	
Council employees	No	
Other (identify)	No	

			<ul style="list-style-type: none"> <li>• <b>Healthy Behaviours (Stop smoking)</b> <ul style="list-style-type: none"> <li>➤ Racialised Communities</li> <li>➤ People from more socioeconomically deprived backgrounds</li> <li>➤ Men</li> <li>➤ Individuals working in routine and manual occupations</li> <li>➤ Individuals with long term conditions</li> <li>➤ People living with a known mental health condition</li> </ul> </li> <li>• <b>Healthy Behaviours (weight management support)</b> <ul style="list-style-type: none"> <li>➤ Racialised Communities</li> <li>➤ People from more socioeconomically deprived backgrounds</li> <li>➤ Men</li> <li>➤ People living with poor mental health</li> <li>➤ People living with physical and learning disabilities</li> </ul> </li> <li>• <b>NHS Health Checks</b> <ul style="list-style-type: none"> <li>➤ Males</li> <li>➤ People from more socioeconomically deprived backgrounds</li> <li>➤ Black and Other Ethnic Groups (mixed backgrounds, other Asians that are not South Asians and other ethnic groups)</li> </ul> </li> </ul>
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<b>4</b>	<p><b>Please provide service data relating to this proposal on your customer’s protected characteristics.</b></p> <p>The Wellbeing Service will replace the existing Healthy Lifestyle Service. The Wellbeing Service will be different to the Healthy Lifestyle service because it will have a greater focus on the fundamentals of wellbeing. Smoking cessation support will be integrated within the service, rather than a standalone contract which is the case at present. The healthy families element of the current healthy lifestyle service will be moved to a wider programme of activities which are aligned to the Family Hubs partnership.</p> <p>The Healthy Lifestyle Service has engaged the following clients:</p>																								
	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="8">Age Groups</th> </tr> <tr> <th>Under 18</th> <th>18-25</th> <th>26-35</th> <th>36-45</th> <th>46-55</th> <th>56-65</th> <th>65+</th> <th>Not known</th> </tr> </thead> <tbody> <tr> <td>2%</td> <td>6%</td> <td>16%</td> <td>19%</td> <td>20%</td> <td>20%</td> <td>14%</td> <td>4%</td> </tr> </tbody> </table>	Age Groups								Under 18	18-25	26-35	36-45	46-55	56-65	65+	Not known	2%	6%	16%	19%	20%	20%	14%	4%
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	<p>A reasonable spread across adult age groups with greatest proportion of service users in</p>																								

the 46-55 and 56–65 cohort. In general, self-reported general health (ONS, 2021) declines with age so as expected (and shown in the table above) access to Walsall’s healthy lifestyle service increases as residents get older. The only exception to this trend is the 65+ group which drops by 6% compared to 56-65.

This has been recognised in the new Wellbeing Service specification through tailored marketing and support focused on different life course groups. For over 60s, examples include falls prevention support, relevant screening advice (e.g., Bowel Cancer Screening, AAA screening, Breast cancer screening) and signposting to bereavement services.

<b>Gender</b>	
Male	26%
Female	67%
Not Stated	7%

Men are under-represented in the Healthy Lifestyle Service. This is similar to the national pattern with men less likely to access other health services such as weight management. An all party parliamentary group identified:

*“despite men being more likely to be overweight, (with serious consequences from the visceral fat men tend to deposit) there are few drivers to get men’s weight assessed by GP’s and fewer men engaging with weight loss services<sup>1</sup>”*

The new Wellbeing Service has identified men as a priority group across all of the elements of provision (see section 2). This is stated within the specification and will be monitored through performance review. Public Health commissioners will work in conjunction with partners (e.g. ICB) to develop referral routes that promote a greater balance between male and female residents.

<b>Ethnicity</b>	
White: English/Welsh/ Scottish/ Northern Irish/ British	56.9%
White: Irish	0.3%
White: other white	2.8%
Mixed/ multiple ethnic group: White and Black Carribean	1.6%
Mixed/ multiple ethnic group: White and Black African	0.3%
Mixed/ multiple ethnic group: White and Asian	0.3%
Mixed/ multiple ethnic group: Other mixed	0.1%
Asian/ Asian British: Indian	6.0%
Asian/ Asian British: Pakistani	5.5%
Asian/ Asian British: Bangladeshi	1.4%
Asian/ Asian British: Other Asian	0.8%

<sup>1</sup> NHS Digital (2020) Statistics on Obesity, Physical Activity and Diet, 2020 cited in All-Party Parliamentary Group (2022) The Case for a Men’s Health Strategy ‘For a Healthier, Happier and a More Productive Society for All, [appg report - the case for a mens health strategy final.pdf \(menshealthforum.org.uk\)](https://www.menshealthforum.org.uk/wp-content/uploads/2022/03/appg-report-the-case-for-a-mens-health-strategy-final.pdf)

Black/ African/ Caribbean/ Black British: Caribbean	2.1%
Black/ African/ Caribbean/ Black British: African	2.1%
Black/ African/ Caribbean/ Black British: Other Black	0.0%
Asian/ Asian British: Chinese	0.0%
Other ethnic group: any other ethnic group	0.9%
Not stated	18.9%
Not known	0.0%

Exact comparison across ethnic groups is not possible as categorisation differs between the Healthy Lifestyle Service and the 2021 Walsall borough census data.

In general, the Healthy Lifestyle service has reasonable engagement across ethnic groups. The Healthy Lifestyle service has slight under representation compared to the borough profile for the largest minority ethnic groups in Walsall, namely Indian and Pakistani. This is 6% and 5.5% in the Healthy Lifestyle Service compared to 8% to 6.9% respectively.

Elements of the Wellbeing Service will target certain ethnic groups. For example, for NHS Health Checks, this will include residents categorised as mixed backgrounds, other Asians (except South Asians) and other ethnic groups. These groups have been identified through locally produced and published research that has shown they are less likely to engage in an NHS Health Check<sup>2</sup> in Walsall.

Disability	
Yes	No
20%	80%

In 2021, 9.4% of Walsall residents were identified as being disabled and limited a lot<sup>3</sup> by their condition. The Healthy Lifestyle Service has increased representation from those that classed themselves as disabled. This is expected due to the older age profile of the service and the nature of support being provided. Many residents access the healthy lifestyle service to help manage an existing condition (e.g. weight loss to manage arthritis).

**5 Please provide details of all engagement and consultation undertaken for this proposal. (Please use a separate box for each engagement/consultation).**

<sup>2</sup> Ogunlayi F et al (2022) A cross-sectional study examining the equitability of invitation, uptake and coverage for NHS Health Check, [cross-sectional study examining the equitability of invitation, uptake and coverage for NHS Health Check | Journal of Public Health | Oxford Academic \(oup.com\)](#)

<sup>3</sup> ONS (2021) How Life has Changed in Walsall: Census 2021 [How life has changed in Walsall: Census 2021 \(ons.gov.uk\)](#)

## Consultation Activity

<b>Type of engagement/consultation</b>	Residents Survey 2020	<b>Date</b>	11/2020
<b>Who attended/participated?</b>	<b>General Public</b> (2,378 responses)		
<b>Protected characteristics of participants</b>	<b>Age</b>		
	16-34	34-65	65+    Unspecified
	28%	45%	24%    2%
	<b>Disability</b> (Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?)		
	Yes a little	Yes a lot	No    Prefer not to say
	26%	53%	20%    1%
	<b>Gender</b>		
	Male	Female	Prefer not to say
	47%	50%	3%
	<b>Ethnicity</b>		
	White	85%	
	Mixed	1%	
	Black or Black British	2%	
	Asian	5%	
	Chinese	<1%	
	Gypsy/ Traveller/ Roma	<1%	
	Any other ethnic background	1%	
	Prefer not to say	5%	

### Feedback

The residents survey included a validated mental wellbeing questionnaire. The following groups were identified as (on average) having low mental wellbeing scores (7 -19):

- Individuals who were limited a lot by a health condition/ illness

- Individuals with bad general health
- Unemployed or unable to work

The following groups were identified as (on average) being significantly more likely to show low mental wellbeing scores than average:

- Individuals with bad general health (63%)
- Individuals who were limited a little (38%) or a lot (58%) by health condition/illness (38%)
- Unemployed (43%) or unable to work (50%)
- Age 25-34
- Health condition or illness (39%)
- Looking after home/ family dependents (37%)
- Male (30%)

Note that the survey was conducted during the Covid-19 pandemic, therefore responses may have been impacted by personal circumstances and conditions (e.g. Government restrictions) at that time.

<b>Type of engagement/consultation</b>	Qualitative research into influence of factors on mental wellbeing in Walsall	<b>Date</b>	10/2021
<b>Who attended/participated?</b>	Focused on residents who are unemployed or have caring responsibilities (selected due to lower wellbeing scores – see Residents Survey 2020)		
<b>Protected characteristics of participants</b>	<p>A total of 27 residents were interviewed: 14 were unemployed (mean age 34 years; n=7 female, n=6 male and n=1 transgender) and 13 were carers (mean age 65 years; n=10 female, n=3 male).</p> <p>Focus groups were also conducted with community leaders from across Walsall. Three online focus groups were conducted with a total of 37 participants (ranging between 9 and 18 in each group), representing education, faith, housing, statutory and voluntary organisations.</p>		

**Feedback**

<b>Compounding Factors (Unemployed)</b>	<b>Qualitative Evidence</b>
Low self-esteem/poor self-image	<i>“makes you feel like a nobody”</i>
Feelings of helplessness	<i>“I feel like a lost cause, and I know I’m not but it isn’t easy”</i>
Financial insecurity, high levels of debt	<i>“Hole of debt is getting deeper and deeper and the risk of returning to crime and doing something stupid just to make some money is always there. I fight it everyday but it feels like there is</i>

	<i>no other way”</i>
Lack of opportunities for self-improvement	<i>“More education is needed to develop financial knowledge, understand bills, a mortgage etc”</i>
Digital exclusion	<i>“blended model that meets everybody's needs. It is important to recognise both the strengths and limitations of the digital era”</i>
<b>Compounding Factors (Carers)</b>	<b>Qualitative Evidence</b>
Lack of recognition of carers	<i>“other people see the children getting older and think x should now be going to work but they don’t realise how much is involved in becoming a carer”</i>
Social isolation	<i>“no access to support outside the home” (NB: due to Covid restrictions)</i>
Burden of caring responsibilities/ concerns for cared for individual	<i>if I am taken ill or when I am no longer here, how can you feel assured that he is going to be looked after and not end up on the street”</i>
Long term financial security	<i>“the financial impact of becoming a carer is significant, with both adults on the home having to stop working, one due to a disability and one to become a carer. Two full time salaries were replaced with surviving on benefits”</i>
Lack of time for self-care.	<i>“I would love to go out on a whim, but I can’t. A lack of spontaneity in life is hard”</i>
<b>Compounding Factors (Both Groups)</b>	<b>Qualitative Evidence</b>
Poor housing	<i>“Broader issues - litter, people drinking in the street, but also internally in housing e.g. damp. These two environments can interact so that people can feel unhappy and anxious within their homes and when they leave their homes they can feel equally unsafe, threatened or unhappy”</i>
Unsafe communities	<i>“I feel apprehensive when out on the street and refuse to walk the streets at night.”</i>



Lack of access to services/support	<i>"It's having the right wellbeing services available to you, not just programmes but the right access to the right services, for example things like yoga, Tai Chi that improve wellbeing."</i>
<b>Enabling Factors (Both Groups)</b>	
Strong community networks and cohesive communities	<i>"All the gardens are kept nice, even where there is a bit of grass that doesn't really belong to anyone, that will be cut, just to keep the neighbourhood nice"</i>
Family support	<i>"if I woke up one morning feeling a bit down, I'd just phone mom. Not that I feel like that, but I know she is there if I needed her"</i>
Access to green spaces	<i>"I enjoy using green areas such as Walsall arboretum and Sutton park."</i>
Access to appropriate support (statutory, VCS and faith sector)	<i>"the Dementia Café and Carers Association are lifelines where x feels supported and able to share her experiences"</i>
Enjoyment of the local community and environment;	<i>"where communities are passionate they can have an impact - for example community litter pickers, can give a sense of pride - which lifts aspirations - which lift wellbeing."</i>
Availability of 'meaningful activities', hobbies and/or volunteering	<i>"we have meetings and have a cuppa and we welcome everyone. The pastoral work I do is great. Over Covid I brought food to people and made sure everyone was coping and managing."</i>

<b>Type of engagement/consultation</b>	We are Walsall 2040 Survey	<b>Date</b>	24/06/22
<b>Who attended/participated?</b>	General Public (1490 responses)		

**Protected characteristics of participants**

NB: Percentages may not total 100 due to rounding

**Age**

16-34	34-65	65+	Prefer not to say
30%	48%	23%	<1%

**Disability** (Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?)

Yes a little	Yes a lot	No	Prefer not to say
32%	49%	20%	0

**Gender**

Male	Female	In another way	Prefer not to say
49%	51%	<1%	<1%

**Ethnicity**

White	82%
Mixed Ethnic Groups	1%
Black	2%
Asian	12%
Prefer not to say	3%

**Feedback**

In general the following was seen as the most (top 3) important factors for improving wellbeing:

- Environment - Access to quality open green spaces, such as parks
- Feeling connected to families and friends
- Financial security

The following groups stated that **access to good quality food** was one of the most important factors (i.e. within the top 3 and above at least of one of those factors referred to in the general response) for positive wellbeing;

- Females
- Individuals with life limiting conditions
- Mixed, Black, and Asian ethnic groups

Mixed ethnic groups stated that **physical security (good quality housing, feeling safe at home and in the community)** was one of the most important factors (i.e. within the top 3 and above at least of one of those factors referred to in the general response) for positive wellbeing.

In general the following was seen as the most (top 3) important factors for positive wellbeing that most needs improving:

- Housing
- Financial Security
- Leisure (creative activities, culture and sports)

The following groups stated that **access to transport that is affordable, accessible and sustainable** was one of the most important factors (i.e. with the top 3 and above at least of one of those factors referred to in the general response) for positive wellbeing that most needs improving:

- 65+ age groups
- Asian ethnic groups

The following groups stated that **good quality food** was one of the most important factors (i.e. in the top 3 and above at least of one of those factors referred to in the general response) for positive wellbeing that most needs improving:

- Female
- 16-34 year olds
- Individuals without life limiting conditions
- Mixed ethnic groups

In general the following was the preferred (top 3) channel for accessing information, advice and support from the council and other public bodies in the future:

- Face to Face
- Website
- E-Mail

The following groups stated that **telephone** was the preferred channel for accessing information, advice and support from the council and other public bodies in the future (i.e. in the top 3 and above at least of one of those factors referred to in the general response):

- 65+
- Individuals with any life limiting conditions
- Black ethnic groups

The following groups stated that via a **leaflet** was the preferred channel for accessing information, advice and support from the council and other public bodies in the future (i.e. in the top 3 and above at least of one of those factors referred to in

the general response):

- Female
- 65+ age groups
- Mixed and Asian Ethnic Groups

16-34 year olds stated that **virtually online** was the preferred channel for accessing information, advice and support from the council and other public bodies in the future (i.e. in the top 3 and above at least of one of those factors referred to in the general response)

<b>Type of engagement/consultation</b>	Wellbeing Service stakeholders' consultation survey	<b>Date</b>	24/06/22
<b>Who attended/participated?</b>	Stakeholders		
<b>Protected characteristics of participants</b>	33 responses were provided across a wide range of organisations including Health Watch, NHS and Walsall Council.		

#### Feedback

- 31 out of 33 stakeholders either strongly agreed or agreed with the single point of access approach (NB: the proposed service model included telephone and digital access to a range wellbeing related support)

*“Residents need to be aware of all the programs and services available to them, to stream line this would be a huge advantage”*

- Majority of response were positive regarding the proposed principals underpinning the service (e.g. focused on wellbeing, targeting certain groups). There were some suggestions regarding other target groups.

*“Key target groups to include unemployed, living in deprived communities, carers, residents in poor health, and men (identified through national and local research). - Query adults with Learning disabilities also”*

- Majority of response were positive regarding the referral principals underpinning the service (e.g. access through a range of referral routes including NHS Health Checks). Highlighted need for access to up to date directory of services.

*“Strongly agree. Triage process must be timely and robust though - no pass the parcel. Triage assessors must have in-depth knowledge of services - commissioned/ voluntary / community to ensure all support is accessible based upon holistic needs assessment”*

- Majority of responses were positive regarding the delivery principals underpinning the service (e.g. “Digital first” alongside in person advice and

support available to those that require it, effective links and referral pathways with other services, such as housing, to provide an integrated approach to wellbeing). A number of responses refer to barriers of a digital offer to certain groups (e.g. elderly).

*“Although I have some reservations about Digital first, it does align with the current policy within the Local Authority and makes alot of sense. I really like the focus on shared decision making, connecting individuals with community assets and this is in line with the work we are currently doing building group capacity to manage assets effectively.”*

<b>Type of engagement/consultation</b>	Walsall Together/ Resilient Communities	<b>Date</b>	20/07/22
<b>Who attended/participated?</b>	Stakeholders		
<b>Protected characteristics of participants</b>	Wide range of Stakeholders represented on Resilient Communities including One Walsall, WHG, Walsall Council and Health Watch.		
<b>Feedback</b>			
In general, the group gave support to the Wellbeing Service proposal as its fits alongside the health inequalities and mental health and wellbeing (e.g. mental wellbeing strategy) ongoing work.			

## 6 Concise overview of all evidence, engagement and consultation

The consultation has highlighted certain groups who are at risk of poor wellbeing. This (alongside national and local evidence) has been used to determine target groups for the Wellbeing Service – highlighted in section 3.

The consultation has shown that certain factors play an important role in residents’ wellbeing. For most residents, this includes connections with family and friends, having sufficient money to meet their needs and access to pleasant environments such as quality parks and green spaces. Certain groups identified access to good food (e.g. females) as both an important factor that contributes to their wellbeing but also needs improving. Residents from mixed ethnic backgrounds felt that physical security (good quality housing, feeling safe at home and in the community) was an important factor contributing to positive wellbeing.

The Wellbeing Service will provide universal support across all of these factors including other fundamentals of wellbeing (also known as the wider determinants of health). For example, signposting to debt advice for those that need it or providing information on local leisure opportunities. .

The service will also provide targeted provision that will require further tailoring of support. The information gathered through this engagement and knowledge of wellbeing needs of certain groups will enable mechanisms of support to be proactively developed. Clients who access the service will always receive an individualised assessment but having local insight ensures that the service is focused on developing support that is proportionate to the likely wellbeing needs of Walsall residents. For example, ensuring staff are trained in providing advice on affordable and sustainable healthy food as this has been identified by female residents as an important factor that affects their wellbeing.

The Wellbeing Service will take a life course approach to provision. This means that support and promotion will be relevant and targeted to individuals at different stages of their life. For example, financial security was stated as one of the most important factors for positive wellbeing across all age groups. However, promotional resources will be appropriately tailored (e.g. living on a reduced income following retirement for older residents).

Support for health behaviours (e.g. weight management and stop smoking) and NHS Health Checks will be developed in line with the latest evidence (NICE Guidance on Delivering and Commissioning Tier 2 Weight Management Services) and approved protocols (e.g. NHS Health Check Best Practice Guidance For Commissioners and Providers). However, in line with the findings from the consultation, the format of this support will be flexible (if appropriate) to cater for the needs of different residents. For example, face to face, e-mail, digital support (e.g. website), leaflets (preferred by certain groups such as Mixed and Asian ethnic groups) and telephone (preferred by certain groups such as 65+ age groups).

The Wellbeing Service provider will be required (written into the service specification) to report engagement and outcomes by target groups (see section 3) and sub-groups (i.e. those that can suffer inequality such as those with protected characteristics). This will be monitored through performance management and service developments implemented as appropriate.

The Wellbeing Service will comply with and/or support the following Walsall Council Equality Objectives:

- Promote inclusion and commit to understanding the individual experience
- Engage and empower local communities to resolve equality issues
- Strive to have a diverse workforce at all levels
- Treat people and agencies that we work with, fairly, justly and with respect, by being open, inclusive, and collaborative
- Find ways to support those who are disadvantaged or excluded

<b>7</b>	<b>How may the proposal impact each protected characteristic or group? The impact may be positive, negative, neutral or not known. Give reasons and if action is needed.</b>			
	<b>Characteristic</b>	<b>Impact</b> Yes / No	<b>Reason</b>	<b>Action needed</b> Yes / No
	<b>Age</b>	No	The service will only be accessible to residents aged 18+ (apart from	No

		<p>smoking cessation that will be 12+). The format of support will be flexible to cater for all age groups. For example, older age groups may be digitally excluded, however face to face support will be available to ensure accessibility.</p> <p>Support for children and young people's wellbeing will be out of scope for the Wellbeing Service but will be part of a wider programme of activities which are aligned to the Family Hubs partnership.</p>	
<b>Disability</b>	No	<p>Service provision will be tailored to the needs of individuals accessing the service. This means that:</p> <ul style="list-style-type: none"> <li>• advice and support are appropriate</li> <li>• digital technology will be accessible (e.g. adjustable font size, subtitles on videos)</li> <li>• Venues for face to face support will be checked for accessibility suitability</li> </ul> <p>Residents with learning disabilities and mental health issues have been identified as target groups for certain elements of the service.</p>	No
<b>Gender reassignment</b>	No	<p>Those who identify as Transgender can be at risk of poor wellbeing due to stigmatisation. Transgender individuals are also more likely to smoke than cisgender individuals. Therefore, transgender people may be positively, though disproportionately, affected by the Wellbeing Service</p>	No
<b>Marriage and civil partnership</b>	No	<p>Positive health and wellbeing outcomes (e.g. quitting smoking) are more likely if there is support from significant others. The Wellbeing</p>	No

		Service will enable support across all elements to take place with a choice of one to one, paired (e.g. alongside partners) or group formats. This will enable significant others to support partners and/ or benefit from the Wellbeing Service personally.	
<b>Pregnancy and maternity</b>	No	Support (where appropriate) will be tailored to pregnant women. National Institute of Health and Care Excellence state that weight loss is not recommended during pregnancy, therefore Tier 2 weight management programmes will not be appropriate. Other advice and support will be provided (e.g. leaflets on physical activity whilst pregnant). Pregnant smokers will be signposted to face-to-face smoking cessation (specifically designed for pregnant women) through Walsall Healthcare Trust.	No
<b>Race</b>	No	Walsall Mental Wellbeing Strategy identifies people of “other than white” having lower life satisfaction scores (key component of wellbeing) than the white population. Therefore, racialised communities are a target group for the Wellbeing Service. Racialised communities is not a very specific term, therefore over the course of the contract, service data will be analysed to have a clearer picture on the groups that require more targeted support.  Racialised communities have also been identified as target groups for other elements of the service. For	No



		<p>example, certain ethnic groups (e.g. South Asian, Chinese, Black African and African-Caribbean) are at higher risk of conditions (such as Type 2 Diabetes) which can be prevented through healthy behaviours (e.g. stopping smoking, weight management).</p> <p>Written information will be available in different languages and interpretation made available if required.</p>	
<b>Religion or belief</b>	No	<p>Research shows that people who have greater religious beliefs have better mental health and wellbeing compared to those with less religious beliefs. Therefore, subject to clients following a religion, their belief is likely to be complimentary to other positive actions that are taken whilst being supported through the Wellbeing Service.</p> <p>Service delivery will be flexible to religious beliefs (e.g. appropriately tailored healthy eating advice).</p>	No
<b>Sex</b>	No	<p>Local research shows that men have lower mental wellbeing in Walsall compared to the average. It is also known that uptake of support services (e.g. weight management) both nationally and locally are lower for men compared to women.</p> <p>Therefore men are a target group for certain elements of the Wellbeing Service and delivery will be tailored appropriately. For example, local research and</p>	No

		experience of previous delivery has shown that choice of venues for support programmes (e.g. Walsall Football Club) and focus of support (e.g. gym based physical activity as part of weight management programme) can have a positive impact on male engagement.	
<b>Sexual orientation</b>	No	<p>LGBT+ people are at a greater risk of poor mental health and wellbeing and more likely to smoke compared to heterosexual people.</p> <p>The Wellbeing Service will be required to report on engagement and outcomes broken down by protected characteristics (including sexual orientation). This will be monitored and provision developed if required.</p>	No
<b>Armed Forces</b>	No	In line with The Armed Forces Covenant, clients who serve or who have served in the armed forces, and their families, will be treated with fairness and respect.	No
<b>Care responsibilities</b>	No	Residents with caring responsibilities have been identified through local surveys as being at risk of poor wellbeing. Subsequently qualitative research (detailed in section 5) has been commissioned to identify factors that enable (e.g. signposting to local meaningful activities) or compound (e.g. long term financial concerns) wellbeing. Support mechanisms will be developed through the wellbeing service to ensure these needs are met.	No
<b>Health, Social</b>	No	Less affluent groups and	No

	<b>and economic inequalities</b>		those with physical and mental conditions will be targeted through the Wellbeing Service. Programme delivery will be tailored according to the needs of the individual by suitably trained staff in line with robust evidence and best practice.	
	<b>Other (Give Detail)</b>	N/A		
	<b>Further information</b>	N/A		
<b>8</b>	<b>Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details.</b>			(Delete one) <b>Yes</b>
	<p>The Wellbeing Service will be complemented by the following:</p> <ul style="list-style-type: none"> <li>Wellbeing Outcomes Framework project (being developed through Walsall Together) – this will provide a consistent set of wellbeing measures for evaluating outcomes across Walsall. The project will also commission a directory with a definitive list of services and community activities (that supports wellbeing) that are available across the borough.</li> </ul> <p>The Wellbeing Outcome Framework will be a mechanism for analysing progress towards improved population wellbeing. Simultaneously it will be integrated it into all partnership activity to reduce health inequalities. The directory will be used through the Wellbeing Service to signpost clients to support that meets individual needs.</p> <ul style="list-style-type: none"> <li>Digital Stop Smoking App – a pilot for a digital stop smoking app is due be launched shortly. This will be additional to face to face smoking cessation support offered through the Wellbeing Service providing choice to residents. An EQIA has been completed for this proposal.</li> </ul>			
<b>9</b>	<b>Which justifiable action does the evidence, engagement and consultation feedback suggest you take?</b>			
	<b>A</b>	<b>No major change required</b> When no potential for discrimination or adverse impact is identified and all opportunities to promote equality have been taken.		

B	<p><b>Adjustments needed to remove barriers or to better promote equality</b>  Are you satisfied that the proposed adjustments will remove the barriers identified?</p>
C	<p><b>Continue despite possible adverse impact</b>  For important relevant proposals, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.  Consultation may suggest a change of action, but some actions will be required regardless of consultation e.g. budget savings. Mitigating actions may be required to minimise impact identified through consultation.</p>
D	<p><b>Stop and rethink your proposal</b>  Actual or potential unlawful discrimination is identified; the proposal will need reviewing immediately. You may need to consult with appropriate officers including your executive director, finance or Equality, Safety and Wellbeing.</p>

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome
Nov 23 to Dec 24	Engagement and outcome monitoring broken down by target groups and sub-groups (including those with protected characteristics)	Lead Public Health commissioner of the Wellbeing Service	Dec 2024	TBC

Update to EqIA	
Date	Detail
Use this section for updates following the commencement of your proposal.	

**Contact us**

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