

INITIAL SCREENING – STAGE 1 (See Guidance information page 5)

As a public authority we need to ensure that our strategies, policies, functions and services, current and proposed have given due regard to equality and diversity.

Please complete the following questions to determine whether a Full EINA is required.

Name of policy, strategy or function: Sport & Physical Activity/Health & Wellbeing Service	Ref:
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Responsible Officer: Karen Creavin Directorate: Places	Role: Chairperson of EINA Task Group Assessment Date: 7/07/16
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Is this a: Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input type="checkbox"/> Service <input checked="" type="checkbox"/>
Is this: New or Proposed <input type="checkbox"/> Already exists and is being reviewed <input type="checkbox"/> Is Changing <input checked="" type="checkbox"/>

1. What are the main aims, objectives of the policy, strategy, function or service and the intended outcomes and who is likely to benefit from it

The Wellbeing Service on encouraging Birmingham people to be physically active and involved in their local communities. The new Wellbeing Centres, hubs, parks and other services will be well placed to tackle the barriers many people can face when trying to be healthy and happy.

Wellbeing Service to be externalised in to a Community Benefit Society (Mutual).

- Be a new organisational vehicle that will deliver Government and Public Health outcomes.
- Support the work that the council commissions, deepening the delivery of the outcomes.
- Greater flexibilities around accessing potential funding sources from being a social enterprise.
- Limit the BCC liabilities around the asset base by transferring some of the existing asset base within the service into the new entity.

With Six Health & Wellbeing Centres (former leisure centres) and Six Health & Wellbeing Hub sites (mixture of community centres or park buildings).

With all the assets situated in the most marginalised and deprived communities and individuals within them, thus deepening the delivery of the outcomes.

Consultation

2. Explain how the main aims of the policy, strategy, function or service will support the current Equality Duties? (Due to be replaced April 2011)

- | | | | |
|--------------------------------------|-------------------------------------|---|-------------------------------------|
| 1. Promote equality of opportunity? | <input type="checkbox"/> | 5. Promote positive attitudes towards disabled people? | <input type="checkbox"/> |
| 2. Eliminate discrimination? | <input checked="" type="checkbox"/> | 6. Encourage participation of disabled people? | <input checked="" type="checkbox"/> |
| 3. Eliminate harassment? | <input type="checkbox"/> | 7. Consider more favourable treatment of disabled people? | <input type="checkbox"/> |
| 4. Promote good community relations? | <input checked="" type="checkbox"/> | | |

BCC Health & Wellbeing service principles are to target the most disadvantaged communities with revised new opportunities in order to tackle health inequalities.

- Free Big Birmingham Bikes providing access to adapted bikes and planning to deliver organised rides.
- Level Water 1v1 swimming lessons for children age from 4-11, with physical or visual disability who cannot swim ten metres. Free
- Grouped Disability Swimming lessons @ Tiverton/Laurel Road

Capital investment strategy for Health & Wellbeing Centres refurbishments include disability access improvements.

- Handsworth HWB centre having a lift installed and changing room facility improvements made that included suitable lockers and showering facilities.
- Kingstanding HWB centre having a designated changing facilities for disabled and suitable lockers and showering facilities.

3. Does your policy, strategy, function or service affect:

Service users	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Employees	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Wider community	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Please provide an explanation for your 'Yes' or 'No' answer

Service Users will be affected in relation to benefiting from a service increasingly delivering activities aimed at the wider community and the most disadvantaged in order to tackle health inequalities.

Government statement 'Healthy Weight, Healthy Lives' elaborate update

Sport England's Active People Survey statistics show Birmingham has 1.1 million residents, our physical activity needs include

- 28% of Adults & 24% of 10 – 11year olds are obese
- Around 79% of Adults are not regularly physically active.
- For females this is higher at 84%

(Adults aged 16 yrs+ who are not carrying out 3x30 min sessions or more of moderate intensity activity per week)
'26% of adults who are inactive have stated that they want to do more sport.'

The Wellbeing service has been delivering the following services since June 2015:

- **Big Birmingham Bikes:** 3,500 bikes have been distributed to people in deprived communities over the past 12 months. The bikes are GPS tracked and the recipients have received learn to ride courses, cycle maintenance courses, and regular led rides. As well as these give away bikes, the scheme has adapted bikes, running regular sessions across a range of communities for children and adults with physical disabilities and mobility issues. Further to this there are 22 bikes hubs around the city where citizens can hire free bikes for individual and group rides.
- **Active Parks:** there are over 80 active parks across the city operating a wide range of free activities for citizens in their local parks. The project is co-created and produced with the community, and activities range from conservation volunteering, to tennis lessons, to Tai chi, to walk/jog/run groups to mother and baby sessions.
- **Parklives:** as part of the active parks programme, Coca Cola GB have sponsored us to deliver specific free fun family activity sessions in our parks, again in co-creation with volunteers and the community, delivering their national parklives programme.
- **Active Streets:** Since May 2015 we have been working with local residents in key communities to activate and ignite community cohesion and stimulate active citizenship. We have set up a light touch, free road closure programme for streets wanting to close to traffic, either as a one off or on a regular basis up to once a week. Through a single temporary road closure order, streets can close to traffic to promote play, activity and cohesion. To date over 40 roads have closed, with more expected to come on line this year as the scheme rolls out across the whole city.
- **RunBirmingham:** Sport England have funded us to coordinate and deliver a system wide running initiative aimed at transforming the running offer for active and inactive citizens, with a focus on the inactive. Since June 2015 over 15,000 new runners have undertaken beginners running programmes with the initiative, including the fit to run course and the couch to 5k programme.
- **Wellbeing centres-** these are the former leisure centres in the deprived parts of the city that were retained by the local authority and have been rebranded and reprogrammed as wellbeing centres. They include Handsworth, Small Heath, Nechells, Saltley, Shard End and Kingstanding. Most of the activities offered through the sites are free to users, and there is an emphasis on wider wellbeing rather than the standard leisure offer.
- **Wellbeing Hubs-** these are former community centres or tenants halls where there is a more limited wellbeing and activity offer, again in co-creation and co-production with the community.
- **National data pilot:** we have undertaken a 12 month project with Sport England where we are piloting data capture innovation. So far an initial data trawl by EE and Digital Radish has identified the percentage of people in the city accessing the internet, and identified a range of insights about their use of the internet, their search topics, positivity scores for their free text, and correlations between internet use, health, happiness, and take up of activities in our open spaces. This work will inform national industry developments and we are currently prototyping a mapping tool and single customer view.
- **Wellbeing steering group:** there is a multi-agency steering group that has been meeting six weekly to shape and steer the work of the service and ensure the effective development of key partnerships.

- **Active citizenship work:** prototyping is underway to develop a model for active citizenship, using volunteering and co-creation with key communities that moves communities beyond physical activities but that builds on the notion that *‘a demanding task builds a community’*.
- **Be Active +: A doctors referral scheme**
- **Active Communities:** Developing opportunities that remove barriers to access with Health & Wellbeing Centres by making opening times change during specific times, for example when EID takes place key sites open their facilities for 24 hours on certain days to accommodate.

Employees are affected within the service, by being given the option to TUPE into the HWB externalised service or opt to remain within Birmingham City Council and follow the process of being re-deployed as part of the Priority Movers process. There will be further scope to limit the investment needed in the building assets that transfer out with the new organisation, and a necessary part of the due diligence exercise prior to final sign off will be the development of a robust capital asset programme by the new mutual organisation. Sport England have already invested £10,000 in some consultancy support to begin to develop a business plan and the groundwork for a capital investment plan.

Birmingham has seen a statistically significant increase in participation since 2005/2006, with the Be Active scheme having significant impact on this increase. Be Active allocates free hours to local leisure centres based on local deprivation level. Every £1 spent on the Be Active Scheme generates £16 benefit to the health economy. There are over 463,706 people registered more than 1 in 3 of the population.

It is estimated that Be Active has nearly 140,000 active users per year. The benefits generated by the scheme are likely to exceed its cost by £445.2 million. The benefits included in this analysis are the health care cost savings, health related quality of life gains, and productivity gains to employers associated with the improved physical activity and reduced smoking generated by Be Active. In addition, the scheme provides an increased opportunity for shared experience. It was estimated that, through this effect, active users of the scheme experience a 6 per cent increase in life satisfaction – a measure of subjective well being (SWB).

BCC Health & Wellbeing service will continue to maintain open access to all its facilities and work programmes to the citizens of Birmingham and work in partnership with our neighbouring councils. A wide range of activities are available, including swimming, sports hall provision, fitness gyms, fitness classes, thai chi, lead bike rides, lead walks and runs are just some opportunities available.

4. Are there any aspects of the policy, strategy, function or service, including how it is delivered, or accessed, that could contribute to inequality? (including direct or indirect discrimination to service users or employees)

Yes ☐

No ☒

Please provide an explanation for your 'Yes' or 'No' answer

The Health & Wellbeing Service will continue to provide and increase its service to the residents of Birmingham, creating new and opportunities existing opportunities in order to tackle health inequalities.

5. Will the policy, strategy, function or service, have a adverse (negative) impact upon the lives of people, including employees and service users?

Yes ☐

No ☒

Please provide an explanation for your 'Yes' or 'No' answer

6. Is an Equality Impact Needs Assessment required?

If your answer to question 2 has identified potential adverse impact and you have answered '**yes**' to any of the following questions 3, 4, or 5, then you should carry out a Full EINA.

Does the Policy, Strategy, Function or Service require a Full Equality Impact Needs Assessment (EINA)? **Yes** ☐ **No** ☒

If a Full EINA is required, before proceeding you should discuss the scope of the assessment with service managers in your service area as well as the Directorate EINA Contact Officer.

If a Full EINA is Not required, please sign the declaration below and forward a copy of the Initial Screening to your Directorate EINA Contact Officer

DECLARATION

A Full EINA is not required, the Initial Screening has demonstrated that the Policy, Strategy, Function or Service is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

Chairperson:

Summary statement:

Sign-off Date:

Quality check: The screening document has been checked using the agreed audit arrangements in the Directorate:

<p>Name: (Officer/Group carrying out the Quality Check)</p> <p>Directorate:</p> <p>Contact number:</p>	<p>Date undertaken:</p>	<p>Screening review statement:</p>
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EINA Task Group Members

<u>Name</u>	<u>Role on Task Group</u> (e.g. service user, manager or service specialist)	<u>Contact Number</u>
1. Chairperson		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

FULL EINA – STAGE 2 (See Guidance information page 6 - 9)

Step 1– Scoping the Equality Impact Needs Assessment (EINA)

Building on the material included at the Initial Screening stage, you should begin the EINA by determining its scope. The EINA should consider the impact or likely impact of the policy, strategy, function or service in relation to all areas of our remit. The EINA should be proportionate to the significance and coverage of the policy, strategy, function or service.

1. What data, research and other evidence or information is available which will be relevant to this EINA? Please tick all that apply

Service Targets	<input type="checkbox"/>	Performance Targets	<input type="checkbox"/>	Service Take-up	<input type="checkbox"/>
User Satisfaction	<input type="checkbox"/>	Press Coverage	<input type="checkbox"/>	Census Data	<input type="checkbox"/>
Workforce Monitoring	<input type="checkbox"/>	Community Intelligence	<input type="checkbox"/>	Previous EINA	<input type="checkbox"/>
Complaints & Comments	<input type="checkbox"/>	Information from Trade Unions	<input type="checkbox"/>	Staff Survey	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>				

Please provide details on the available evidence/information you have selected?

2. Have you identified any gaps in relation to the above question? Yes ☐ No ☐
If 'Yes' please detail including what additional research or data is required to fill these gaps? Have you considered commissioning new data or research?

If 'No' proceed to Step 2.

Step 2 – Involvement and Consultation (See Guidance information page 7)

Please use the table below to outline any previous involvement or consultation with the **appropriate** target groups of people who are most likely to be affected or interested with this policy, strategy, function or service. (See Appendix 3 - for details on each target group)

Target groups	3. Describe what you did, with a brief summary of the responses gained and links to relevant documents, as well as any actions
Age	
Disability	
Gender	
Race	
Religion or belief	
Sexual orientation	

4. Who are the main stakeholders and what are their requirements?

5. Amongst the identified groups in the previous question, what does your information tell you about the potential take-up of resulting services?

Step 3 – Assessing Impact and Strengthening the Policy

(See Guidance information page 7)

6. What will be done to improve access to, and take-up of, or understanding of the policy, strategy, function or service?

Step 4 – Procurement and Partnerships

(See Guidance information page 8)

7. Is this project due to be carried out wholly or partly by contractors?

Yes ☐

No ☐

If 'yes', have you done any work to include equality considerations into the contract already? Specifically you should set out how you will make sure that any partner you work with complies with equality legislation.

Step 5 – Making a Decision (See Guidance information page 8)

8. Summarise your findings and give an overview of whether the policy, strategy, function or service will meet the authority's responsibilities in relation to equality and support the council's strategic outcomes?

Step 6 – Monitoring, Evaluating and Reviewing

(See Guidance information page 8 and 9)

Before finalising your action plan you must identify how you will go about monitoring the policy/function or the proposals, following the assessment, and include any changes or proposals you are making.

9. What structures are in place to monitor and review the impact and effectiveness of the new policy, strategy, function or service?

Step 7 – Action Plan (See Guidance information page 9)

Any actions identified as an outcome of going through the Steps 1 – 6, should be mapped against the headings within the Action Plan.

10. Taking into consideration the responses outlined in the Initial Screening Stage and Steps 1-6 of the Full Assessment, complete the action plan below.

	Ref (if appropriate)	Actions	Target date	Responsible post holder and directorates	Monitoring post holder and directorates (if appropriate)
Involvement and Consultation					
Data Collection					
Assessment and Analysis					
Procurement and Partnership					
Monitoring, Evaluation and Reviewing					

Step 8 – Sign-Off (See Guidance information page 9)

The final stage of the EINA process is to formally sign off the document as being a complete, rigorous and robust assessment

The policy, strategy or function has been fully assessed in relation to its potential effects on equality and all relevant concerns have been addressed.

Chairperson of EINA Task Group

Name:	Job Title:	Directorate	Sign-off Date:
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Concluding statement:

Quality Check and Review by the Directorate EINA Contact Officer:

Name:	Directorate Team:	Review Date:
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Summary of strengths and area(s) for improvement:

Service Director or Senior Officer (sign-off)

Name:	Job Title:	Date:
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