

INITIAL EQUALITY IMPACT ASSESSMENT

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|--|--|--|--------------------|------------------------|----------------|
| Name of the activity being assessed | 1. Introduction of a Nominal Charge for Re:Fresh Activities 2. Decommissioning of specialist exercise services where nominal charge is not agreed | | | | |
| Directorate / Department | Public Health | Service | Re:Fresh Programme | Assessment lead | Beth Wolfenden |
| Is this a new or existing activity? | <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | Responsible manager / director for the assessment | | Shirley Goodhew | |
| Date EIA started | 13/04/2016 | Implementation date of the activity | | 01/07/2016 | |

SECTION 1 - ABOUT YOUR ACTIVITY

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| How was the need for this activity identified? | <p>The Public Health grant has been reduced and therefore budget pressures have compelled the Public Health Department to scrutinise all current services and make commissioning decisions going forward. The Culture Leisure and Sport (CLS) department delivers a number of commissions which require scrutiny in order to make the necessary savings of £238k.</p> <p>Considering all options, the option of introducing a nominal fee (may be £1.50 max) for adult users of the re:fresh programme, whilst, firstly, maintaining a free walking programme for all and, secondly, a continued free leisure offer for pregnant and post-natal mums (up to 1 year) as well as children and young people, may prevent the need to decommission a number of other specialist exercise services delivered by CLS which may have a far wider impact on service users.</p> |
| <p>What is the activity looking to achieve?</p> <p>What are the aims and objectives?</p> | <p>The main aim of this activity is to maintain the full provision of the range of services delivered by CLS, whilst enabling service users access to a heavily subsidised programme of physical activity which in turn will help make efficiencies that have become a necessity in light of the budget cuts. The total amount for the re:fresh commission of £183,500 from total savings required of £238,000 will be saved. The introduction of a nominal charge for adults users of the re:refresh programme will help protect funding for other specialist services within the CLS commissions that meet the needs of the Blackburn with Darwen (BwD) population and are aligned with neighbouring Clinical Commissioning Group (CCG) locality areas recently re tendered by Lancashire County Council (LCC).</p> <p>Objective:</p> <ul style="list-style-type: none"> • To make savings in line with the reduction of the Public Health grant • To protect specialist services • Ensure the service is still available and accessible for all, regardless of any changes |
| Services currently provided (if applicable) | <p>The service is currently provided by CLS and provides a programme of free activity across BwD. Activities include:</p> <ul style="list-style-type: none"> • Swimming • Gym |

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| | <ul style="list-style-type: none"> • Community Classes • Court activities • Walking • Cycling • Sporting activities e.g. 5 a side football | | | | | | |
| <p>Please outline recommendations that have been identified for implementation following a review of the activity.</p> | <p>There is a need to introduce a nominal fee for identified activities in order to protect other health services delivered by CLS, particularly the flagship Well Being Service along with the retention of the specialist exercise programmes, which may impact widely on public health outcomes in the future.</p> <p>If the concept of introducing a nominal charge is not approved in this financial year then there is a risk that this may be the only option in the next round of budget cuts without affecting the Well Being Service. There would also be the need to remove all the specialist services leaving a very limited offer in terms of weight management, health improvement and condition management for residents. This would destabilise BwD's position on a Lancashire wide footprint in the redesign and consequent delivery of health and social care services through the NHS 5 Year Forward View and potential Lancashire combined authority.</p> <p>It is proposed that by introducing a nominal charge to re:refresh activities, along with a move to a non-advisor based Stop Smoking Service (separate EIA completed), this will offset the required savings. This is based on the least impact on health outcomes for residents, retaining a balanced prevention offer and ensuring flexibility for 2017/18 and beyond. A population level free leisure programme is not sustainable in the current climate and if the fee is nominal, it will minimise impact on those with low incomes</p> | | | | | | |
| <p>Type of activity</p> | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> Budget changes</td> <td style="width: 33%;"><input checked="" type="checkbox"/> Decommissioning</td> <td style="width: 33%;"><input type="checkbox"/> New activity</td> </tr> <tr> <td><input checked="" type="checkbox"/> Change to existing activity</td> <td><input type="checkbox"/> Commissioning</td> <td><input type="checkbox"/> Other [please state here]</td> </tr> </table> | <input checked="" type="checkbox"/> Budget changes | <input checked="" type="checkbox"/> Decommissioning | <input type="checkbox"/> New activity | <input checked="" type="checkbox"/> Change to existing activity | <input type="checkbox"/> Commissioning | <input type="checkbox"/> Other [please state here] |
| <input checked="" type="checkbox"/> Budget changes | <input checked="" type="checkbox"/> Decommissioning | <input type="checkbox"/> New activity | | | | | |
| <input checked="" type="checkbox"/> Change to existing activity | <input type="checkbox"/> Commissioning | <input type="checkbox"/> Other [please state here] | | | | | |

SECTION 2 - UNDERSTANDING YOUR CUSTOMER**Who else will be involved in undertaking the equality analysis and impact assessment?**

Please identify additional sources of information you have used to complete the EIA, e.g. reports; journals; legislation etc.

Public Health are working with CLS to identify the budget impacts on the introduction of a nominal fee to identified re:refresh activities. BwD have been in a relatively unique position offering free leisure since 2008 and the uptake has been excellent, with a stable level of use over the previous two years 2013-15. However, there has been a reduction in use this last financial year due to the changes in operational hours at Shadsworth and Daisyfield centres. BwD Leisure also offers paid memberships and a pay as you go offer, of which the uptake of has increased over the same time period.

ISNA Summary Review 2014-15

<http://bwdhub.org.uk/wp-content/uploads/Summary-Review-2014.pdf>

PHOF Health Improvement Data

<http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000042/pat/6/par/E12000002/ati/102/are/E06000008>

Fair Society Healthy Lives Marmot Review 2010

<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

PH27 Weight management before during and after pregnancy

<https://www.nice.org.uk/guidance/PH27/chapter/Introduction>

PH41 Physical activity: walking and cycling

<https://www.nice.org.uk/Guidance/PH41>

PH54 Exercise Referral Schemes

<https://www.nice.org.uk/guidance/ph54>

PH17 Physical Activity for Children and Young People

<https://www.nice.org.uk/guidance/ph17>

PH47 Weight Management: lifestyle services for overweight or obese children and young people

<https://www.nice.org.uk/Guidance/PH47>

PH35 Type 2 Diabetes Prevention: populations and community level interventions

<https://www.nice.org.uk/Guidance/PH35>

PH42 Obesity: Working with local communities

<https://www.nice.org.uk/Guidance/PH42>

PH25 CVD Prevention

<https://www.nice.org.uk/guidance/PH25>

CG43 Obesity Prevention
<https://www.nice.org.uk/guidance/CG43>

Sporting Future: A new strategy for an active nation
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf

Briefing Paper for Public Health SPT on Monday 16th November 2015 re:refresh Annual Report 2014-15

Briefing Paper for Public Health SPT on Monday 16th November 2015
re:refresh Annual Report 2014-15

This paper pulls together some of the key achievements and challenges from the 2014-15 re:refresh annual report.

Background
 Since 2008 re:refresh has delivered an innovative cultural and targeted approach to increase levels of participation through a programme of free leisure and increased access to activities, as well as provide appropriate support, advice and opportunities to enable citizens to improve their health and wellbeing.

In 2014-15, working with existing resources the programme was introduced to areas that it remained to be proven whether contributing to the public health priorities for the borough. These changes represented the most significant contribution to the delivery of the re:refresh programme. The impact on the development of the annual programme of the re:refresh programme is a significant one. It has resulted in a significant increase in activity levels, a 10% increase in health inequalities and demonstrated a significant number of activity hours. A 10% increase in health inequalities and demonstrated a significant number of activity hours. A 10% increase in health inequalities and demonstrated a significant number of activity hours. A 10% increase in health inequalities and demonstrated a significant number of activity hours.

For the full report re:refresh has consistently demonstrated its ability, through specialist, experienced staff and diverse resources to engage with and support and people to make healthy choices and to encourage more people to improve their own health and to take action.

re:refresh
re:refresh Programme Evaluation 2014-15 Performance Summary

Over 2000 hours of participation have been recorded in 2014-15. This has led to the highest and highest average. Active People Survey shows that Blackburn with Darwen has achieved the participation rate 1.8% compared to the target of 1.5% for the region for 2014-15.

Additional People Participating
 • 1000 more adults participating, exceeding the year's target of 1,000.
 • 100% more adults participating in 2014-15.

and Cost Effectiveness
 • 100% of 1000 more participants with a level 1 and 2 compared to 1000 in 2013/14, an increase of 100%.

Who are you consulting with? How are you consulting with them? (Please insert any information around surveys and consultations undertaken)

A consultation took place in 2010 (enclosed below) which suggested that the introduction of a nominal fee would be largely acceptable. Overall most service users would continue to do something if free leisure was no longer available and 1 in 3 would continue as usual. The introduction of a nominal fee may affect the total number of visits per week but not the overall numbers attending a minimum of once a week. Whilst this consultation took place 6 years ago, in the current climate of budget cuts and service cuts the introduction of a nominal charge appears to be largely palatable.

BwD re:refresh programme evaluation



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| <p>Who does the activity impact upon?*</p> | <p>Service users</p> | <p><input checked="" type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> | <p><input type="checkbox"/> Indirectly</p> | <p>The introduction on a nominal fee for this service directly impacts on service users that benefit from the free leisure offer via the re:refresh programme because a large proportion of free activity sessions for adults will become chargeable. However it can be argued that the decommissioning of specialist exercise services will have a greater impact on the most vulnerable residents in the borough due to the disease profile in the most deprived areas of BwD and the ageing population. If these services were no</p> |
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| | | | | | longer available it could place the older adults in the borough at risk of injurious falls, with huge cost implications for hip replacement surgery and increased social care requirements |
| | Members of staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Indirectly | Decommissioning the specialist exercise services would result in around 12 staff redundancies. These staff are highly qualified, highly skilled, experienced and motivated individuals. Should the services be stopped these staff would be lost and any possible future development of the services through the proposed health and social care redesign would be compromised in BwD having to buy in staff from other local authorities. |
| | General public | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Indirectly | General public who do not currently access the re:refresh programme of leisure may be discouraged from accessing should the £1.50 fee be approved. However, this section of the population may always be in the pre contemplation stage of the model of behaviour. Those who move into the contemplation stage who may find that cost is a barrier can still access the walking and cycling programme for free. Evidence now suggests that the key to long term behaviour change and improved health outcomes is encouraging active transport and this would still be available free of charge through the re:refresh programme. Decommissioning the specialist services will prevent the general public from accessing when they may be most in need in the future. No one can anticipate when they may be diagnosed with diabetes, suffer a back injury or have an injurious fall and require specialist long term support in rehabilitation and condition management. |
| | Carers or families | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Indirectly | Carers of dependents with long term conditions will be unable to access the specialist services if they are decommissioned and this may affect the dependent's and the carer's quality of life if physical ability is not maximised through specialist exercise. Families with weight related problems will not be able to access specialist support and may progress into the healthcare system with weight related long term conditions such as diabetes. |


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| | Partner organisations | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Indirectly | <p>CLS commissions are interdependent internally and also have external interdependencies. Should the specialist services be decommissioned pressure will be placed on the Wellbeing Service by having no onward referral and signposting to these specific interventions. The CCG commissioned clinical exercise programmes (cardiac rehabilitation, exercise after stroke and pulmonary rehabilitation) will also become destabilised and may struggle to operate as effectively as they do with the interdependent services in place.</p> <p>CCG commission the Tier 3 weight management service which is the tier up from the CLS commission, therefore to remove this would leave a large gap in service provision for people with a BMI 25-35. These service users may access the re:refresh scheme but would not receive any specialist support around diet and behaviour change which is integral to weight loss and long term weight maintenance.</p> <p>Imposing a nominal charge will not require decommissioning specialist services and will not destabilise these services and ensure the long term viability of the Well Being Service and other interdependent CLS programmes both Public Health and CCG commissioned</p> | | |
| <p>Does the activity impact positively or negatively on any of the protected characteristics as stated within the Equality Act (2010)?*</p> <p>The groups in blue are not protected characteristics (please refer to p. 3 of the guidance notes)</p> | Positive impact | <input checked="" type="checkbox"/> Age | <input type="checkbox"/> Disability | <input type="checkbox"/> Gender reassignment | <input type="checkbox"/> Marriage & Civil Partnership | <input checked="" type="checkbox"/> Pregnancy & maternity | <input type="checkbox"/> Vulnerable groups |
| | | <input type="checkbox"/> Race | <input type="checkbox"/> Religion or belief | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Deprived communities | <input type="checkbox"/> Carers |
| | Negative impact | <input checked="" type="checkbox"/> Age | <input checked="" type="checkbox"/> Disability | <input type="checkbox"/> Gender reassignment | <input type="checkbox"/> Marriage & Civil Partnership | <input checked="" type="checkbox"/> Pregnancy & maternity | <input type="checkbox"/> Vulnerable groups |
| | | <input checked="" type="checkbox"/> Race | <input type="checkbox"/> Religion or belief | <input checked="" type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation | <input checked="" type="checkbox"/> Deprived communities | <input type="checkbox"/> Carers |
| | Don't know | <input type="checkbox"/> Age | <input type="checkbox"/> Disability | <input type="checkbox"/> Gender reassignment | <input type="checkbox"/> Marriage & Civil Partnership | <input type="checkbox"/> Pregnancy & maternity | <input type="checkbox"/> Vulnerable groups |
| | | <input type="checkbox"/> Race | <input type="checkbox"/> Religion or belief | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Deprived communities | <input type="checkbox"/> Carers |

*If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.

Does the activity contribute towards meeting the Equality Act's general Public Sector Equality Duty? *Refer to p.3 of the guidance for more information*
A public authority must have 'due regard' (i.e. consciously consider) to the following:

| DUTY | DOES THE ACTIVITY MEET THIS DUTY? EXPLAIN |
|--|--|
| <p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act <i>(i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)</i></p> | <p>This activity will not directly eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the 2010 Equality Act, however, neither will it contribute to this. Budget reductions are unavoidable and should the specialist services be decommissioned the disadvantages may be much greater than the introduction of a nominal fee for adults accessing the re:refresh programme. As there will be a blanket charge across all activities for adults (except ante and post-natal mums) there is no discrimination against a particular group of individuals.</p> |
| <p>Advance equality of opportunity between those who share a protected characteristic and those who do not <i>(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)</i></p> | <p>There is the potential that certain groups may no longer access the re:refresh programme should the nominal fee be imposed, but there will continue to be a positive impact for children and young people and for ante and post-natal mums who will be able to continue to access free of charge. Advancing the opportunity for these groups to access free of charge will positively impact on the health and wellbeing of the borough in years to come, through a strong prevention ethos of education around the benefits of physical activity on health and wellbeing and promoting long term behaviour change in our children and young people.</p> <p>The population level walking and cycling programme will remain free of charge for all.</p> <p>Decommissioning the specialist exercise programmes will place those most at need of specialist support and rehabilitation at risk of not accessing the evidence based support for rehabilitation and improved quality of life particularly older adults at risk of or who have suffered an injurious fall which has or may result in hip replacement surgery and increased burden on social care.</p> |
| <p>Foster good relations between people who share a protected characteristic and those who do not <i>(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)</i></p> | <p>The 2012 Blackburn with Darwen Residents Survey states that 41% of respondents are likely to regularly meet and talk to people of a different ethnic group at sports or fitness activities highlighting the importance of sport and physical activity as a vehicle for promoting community cohesion. Should the nominal fee not be imposed the free programme would be significantly reduced and place some facilities at risk of further reduced hours or possible closure. The 'at risk' facilities are situation in BwD's most deprived and diverse areas. The closure of these facilities would have far reaching consequences for the health and wellbeing of these vulnerable communities and reduced the opportunity to foster good relations across the community. A reduced programme and the decommissioning of specialist exercise services would reduce access for older adults for whom many rely on the weekly social contact that the sessions provide to reduce isolation.</p> |

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| ASSESSMENT | Is a full EIA required? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please explain how you have reached your conclusion <i>(A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts)</i> | | | |
| <p>As this activity relates to the potential decommissioning of three specialist exercise services and the introduction of a nominal fee for adults accessing the re:refresh programme, which is likely used by a number of individuals with protected characteristics, it has been concluded that a full EIA is required.</p> | | | |

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| Assessment Lead Signature |  | Date | 29/04/2016 |
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SECTION 3 – ANALYSIS OF IMPACT

Does the activity have the **potential** to:

- **positively** impact (benefit) any of the groups?
- **negatively** impact/exclude/discriminate against any group?
- **disproportionately** impact any of the groups?

Explain how this was identified – through evidence/consultation.

Any negative impacts that are identified within the analysis need to be captured within the action plan in **Section 4**

N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision

| Characteristic | Positive | Negative | Don't know | Reasons for positive and/or negative impact Please include all the evidence you have considered as part of your analysis | Action No. |
|---|-------------------------------------|-------------------------------------|--------------------------|--|-------------------|
| Age | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Decommissioning the specialist exercise services would affect people of all ages and whilst there will be a free leisure offer this would be a reduced service and may affect specific groups by the nature of the sessions cut back e.g. reducing community classes will affect mainly older adults or reducing gym sessions will mainly affect young people from BME backgrounds. Whilst introducing a nominal fee will affect all adults there will still be a free walking and cycling programme for all and access for children and young people in our care will remain unaffected. | 1 |
| Disability | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | CLS provide the Motivate project for people with disabilities and this will not be affected by the activities proposed however decommissioning the specialist services may affect some service users who are registered as disabled and may wish to access a specialist programme for rehabilitation or support with weight loss | 2 |
| Gender reassignment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | As previously mentioned, all adults may have to pay a blanket charge of £1.50 for re:refresh activities, whilst ante and post-natal women and children and young people will continue to receive the service free of charge. These charges will be relevant and consistent regardless of gender reassignment and it is not anticipated that this characteristic will face are direct or indirect discrimination as a result. | |
| Marriage & Civil Partnership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | |
| Pregnancy & Maternity | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | As the nominal charges will not apply to ante and post-natal mums there will be no negative impact for this group however the potential decommissioning of the specialist weight | 3 |

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| | | | | management programme will impact on the maternal healthy weight pathway which gives healthy eating support and advice to expectant mums referred by healthcare professionals. These women will be unable to benefit from the support available to help them make changes to their diet that will benefit both their own health and the health and early development of their baby to give the best start in life. | |
| Race | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>BME ladies who access the ladies only sessions due to cultural sensitivity may be adversely affected by the introduction of a nominal charge, but the walking and cycling programme, which includes ladies only walks and Sky Breeze rides will remain unaffected by the proposed charges. However, should a blanket charge not be enforced, these sessions could be lost all together.</p> <p>Other than BME ladies the nominal fee is a blanket charge and does not discriminate against any particular group. The alternative option with the budget cuts of severely reducing or ceasing certain categories of activity may discriminate against particular groups e.g. removing or reducing gym access would affect BME males in the main.</p> <p>The decommissioning of specialist exercise services will have a wider reaching effect across all races.</p> | 4 |
| Religion or Belief | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No equality impacts are anticipated for this characteristic as it is a blanket charge | |
| Sex | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>Ladies who access the ladies only sessions due to personal preference or cultural sensitivity may be adversely affected by the introduction of a nominal charge but the walking and cycling programme, which includes ladies only walks and Sky Breeze rides will remain unaffected by the proposed charges.</p> <p>However no gender should be affected more than another in mixed-gender activities as this charge is relevant to all, regardless of the activity they will be participating in.</p> | 5 |
| Sexual orientation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No equality impacts are anticipated for this characteristic as it is a blanket charge. | |
| Vulnerable Groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No equality impacts are anticipated for this characteristic. The service will remain available to all residents under the same terms and conditions across all groups. | |
| Deprived Communities | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>Blackburn with Darwen is the 12th most deprived borough in England. Nearly half of the Borough's Lower Super Output Areas are in the worst two national deciles. There is a strong correlation between 'deprivation and obesity' and 'deprivation and life expectancy'. There is also a strong correlation between obesity and BME communities and deprivation further compounds this. A large number of the BME community in BwD live in the most deprived areas.</p> <p>The introduction of a nominal fee may become a barrier for adults from the most deprived areas who may simply not be able to afford to pay the £1.50 fee. This may have a further impact on the health outcomes within the most deprived in BwD. However, if the option to decommission services was taken there may be an even greater impact on deprived communities in being unable to access specialist support and advice when they require it.</p> | 6 |

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| | | | | <p>Two of the borough leisure facilities are in two of the most deprived communities and have been the subject of reviews over the years and as a result have reduced opening hours. The majority of use at these facilities is via the re:refresh programme and if the charge is not agreed in this round of budget cuts there will be significant cuts to the free leisure programme next year which would almost inevitably result in the closure of Shadsworth and Daisyfield leisure centres.</p> <p>Pressure will also be placed on the clinical CLS services as more residents may potentially suffer heart attacks and strokes with no access to the specialist prevention services which address the management of obesity, hypertension and diabetes all of which are major risk factors for Cardiovascular Disease (CVD). There would be a substantial pressure placed on the Well Being Service via the Health Trainer element of the service whose work is largely with those from the most deprived communities.</p> <p>Maintaining free leisure provision for children and young people in our care will help to address obesity and reduce the prevalence of diabetes and CVD in the longer term as the young people are able to make sport and physical activity a part of their lifestyle.</p> | |
| Carers | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>As there would be a blanket charge this group would not be directly disadvantaged should a nominal fee be introduced.</p> <p>Decommissioning specialist services may affect carers as there will not be a service available for the person being cared for which will limit physical benefits brought about by being physically active and having the specialist advice and support required for their individual condition. Further pressure will be placed on the CLS clinical programmes which may also lead to long waiting lists and reduced access to rehabilitation opportunities</p> <p>Re:refresh will remain free for children and young people in our care even in the event of the nominal fee being agreed but there would be a disadvantage to this group if weight management services for children were decommissioned reducing opportunities for children being looked after.</p> | 7 |
| Other [please state] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| <p>Does the activity raise any issues for community cohesion?</p> <p>Does the activity contribute positively towards community cohesion?</p> | <p>No</p> <p>In the event that the nominal fee is introduced the activity will exist at its current level and impact positively on community cohesion. The re:refresh programme will be very heavily subsidised and will encourage attendance from all through the wide range of activities available in a variety of venues across the borough</p> <p>If a charge is not agreed there would be an extensive reduction in provision through the specialist programmes and a reduction in activity through re:refresh which would impact greatly on community cohesion. The 2012 Blackburn with Darwen Residents Survey stated that 41% of respondents are likely to regularly meet and talk to people of a different ethnic group at sports or fitness activities highlighting the importance of the re:refresh programme as a vehicle for promoting community cohesion.</p> |
| <p>Does the activity raise any issues in relation to human rights as set out in the Human Rights Act 1998?</p> | <p>No</p> |
| <p>Does the activity support / aggravate existing departmental and/or corporate risk?</p> | <p><i>Is the activity on the departmental risk register? If it is not, should it be?</i></p> <p>No</p> |

CONCLUSIONS OF THE ANALYSIS

Action following completion of the impact assessment

*It is important that the correct option is chosen depending on the findings of the analysis.
The action plan must be completed as required.*

No major change in the activity
 Adjust activity
 Continue with activity
 Stop and reconsider activity

Please explain how you have reached your conclusion

The activities identified are as a result of the unprecedented financial challenges being faced, as a result of this, savings need to be made. As the CLS services are not mandated, they have been identified as an opportunity to relieve these budgetary pressures. Whilst some negative impacts have been identified in terms of the introduction of a nominal fee for adults to access the re:refresh programme, there would be more far reaching negative impacts by decommissioning three specialist exercise programmes and reducing the re:refresh offer with the increased likelihood that a charge would almost certainly have to be introduced in April 2017.

There will be some unavoidable impacts on some of the most deprived communities, however work will be done via the Healthy Communities Partnership funding to mobilise, empower and educate the community on the benefits of active travel, physical activity and in increasing access to the universal activity programme. The HCP programme will be the key to rolling out the planned Physical Activity campaign into communities across the borough through the strong networks already in place. This would not be possible should the introduction of the nominal fee not be agreed as this project would also be compromised.

The proposed nominal fee of £1.50 is very heavily subsidised compared to our neighbours in Blackpool (£3 per gym session, £2 per swim), Preston (£2.70

Active +) and Burnley (£3.50 per session) and even more so when compared to the standard adult price of activities within leisure facilities e.g. swim £4.05 and gym and fitness classes £ 5.80 per activity. The universal walking and cycling programme will continue to be available free of charge across the life course. Re:refresh will continue to be free for children and young people and for ante and post-natal mums to encourage the best possible start in leading a healthy lifestyle and improving the long term health profile of the borough.

ACTION PLAN

| Action No. | What is the negative / adverse impact identified? | Actions required to reduce / mitigate / eliminate the negative impact | Resources required | Responsible officer(s) | Target completion date |
|------------|--|--|--|--|------------------------|
| 1 | <p>Adults paying a nominal fee for activities within the re:refresh programme</p> <p>Decommissioning specialist exercise services for all ages</p> | <p>Monitor the use of the re:refresh programme by adults across the borough by activity to compare the use pre and post fee introduction</p> <p>Promote the free walking and cycling programme through the re:refresh programme, health practitioners, Wellbeing Service, HCP and network of volunteers</p> <p>Further develop the universal walking and cycling activity programme to meet the needs of adults in BwD</p> <p>Increasing Health Trainer (HT) support through the Wellbeing Service for referrals to receive 1-1 support in the absence of specialist exercise services which can only be done with funding from CCG</p> <p>Signposting to online weight management support through validated, evidence based tools</p> | <p>Development and promotion of the universal activity programme by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in the borough to promote physical activity in a wider context including active travel</p> <p>Increased capacity in Wellbeing Service by seeking support from CCG</p> <p>Review of evidence based online sources of support</p> | <p>Beth Wolfenden</p> <p>Richard Brown</p> <p>Mark Warren</p> <p>Alison Abbott</p> | Ongoing |
| 2 | Decommissioning specialist exercise services for service users with a registered disability | <p>Referral back to clinical services e.g. physiotherapy, Musculoskeletal (MSK), for support and rehabilitation</p> <p>Promote the free walking and cycling programme, where appropriate, through the re:refresh programme, health practitioners, Wellbeing Service, HCP and network of volunteers</p> <p>Further develop the universal walking and</p> | <p>Development and promotion of the universal activity programme by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in the borough to promote physical activity in a wider context including active</p> | <p>Beth Wolfenden</p> <p>Richard Brown</p> <p>Mark Warren</p> <p>Alison Abbott</p> | Ongoing |

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| | | <p>cycling activity programme to meet the needs of service users with disabilities in BwD</p> <p>Increasing HT support through the Wellbeing Service for referrals to receive 1-1 support in the absence of specialist exercise services which can only be done with funding from CCG</p> <p>Referral into Tier 3 weight management services for those BMI >35</p> <p>Signposting to online weight management support through validated, evidence based tools</p> | <p>travel</p> <p>Increased capacity in Wellbeing Service by seeking support from CCG</p> <p>Review of evidence based online sources of support</p> | | |
| 3 | Decommissioning weight management service as part of the maternal healthy weight pathway | Signposting to online weight management support through validated, evidence based tools | Review of evidence based online sources of support | Beth Wolfenden Amy Greehalgh | Ongoing |
| 4 | Introduction of nominal fee for BME ladies to access ladies only classes | <p>Promotion of ladies only free universal walking and cycling activities</p> <p>Further develop the universal walking and cycling activity programme to meet the needs of BME ladies in BwD</p> | <p>Development and promotion of the universal activity programme to meet the needs of BME ladies by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in the borough to promote physical activity in a wider context including active travel</p> | Beth Wolfenden Richard Brown Mark Warren | Ongoing |
| 5 | Introduction of nominal fee for ladies accessing re:refresh activities due to cultural sensitivity or personal preference | <p>Promotion of ladies only free universal walking and cycling activities</p> <p>Further develop the universal walking and cycling activity programme to meet the needs of ladies in BwD</p> | <p>Development and promotion of the universal activity programme to meet the needs of ladies by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in</p> | Beth Wolfenden Richard Brown Mark Warren | Ongoing |

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| | | | the borough to promote physical activity in a wider context including active travel | | |
| 6 | <p>Introduction of a nominal fee for adults in the most deprived communities</p> <p>Decommissioning specialist exercise services including weight management</p> | <p>Monitor the use of the re:refresh programme by adults across the borough by activity to compare the use pre and post fee introduction</p> <p>Promote the free walking and cycling programme through the re:refresh programme, health practitioners, Wellbeing Service, HCP and network of volunteers</p> <p>Further develop the universal walking and cycling activity programme to meet the needs of adults in BwD</p> <p>Increasing HT support through the Wellbeing Service for referrals to receive 1-1 support in the absence of specialist exercise services which can only be done with funding from CCG</p> <p>Signposting to online weight management support through validated, evidence based tools</p> | <p>Development and promotion of the universal activity programme by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in the borough to promote physical activity in a wider context including active travel</p> <p>Increased capacity in Wellbeing Service by seeking support from CCG</p> <p>Review of evidence based online sources of support</p> | <p>Beth Wolfenden</p> <p>Richard Brown</p> <p>Mark Warren</p> <p>Alison Abbott</p> | |
| 7 | <p>Impact on carers through the decommissioning of specialist exercise services including weight management</p> | <p>Referral back to clinical services e.g physiotherapy, MSK, for support and rehabilitation</p> <p>Promote the free walking and cycling programme, where appropriate, through the re:refresh programme, health practitioners, Wellbeing Service, HCP and network of volunteers</p> <p>Further develop the universal walking and cycling activity programme to meet the needs of service users with disabilities in BwD</p> <p>Increasing HT support through the Wellbeing</p> | <p>Development and promotion of the universal activity programme by service redesign</p> <p>Redesign the HCP to be a model which mobilises the community and workforce in the borough to promote physical activity in a wider context including active travel</p> <p>Increased capacity in Wellbeing Service by</p> | <p>Beth Wolfenden</p> <p>Richard Brown</p> <p>Mark Warren</p> <p>Alison Abbott</p> | |


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| | | <p>Service for referrals to receive 1-1 support in the absence of specialist exercise services which can only be done with funding from CCG</p> <p>Signposting to online weight management support through validated, evidence based tools</p> <p>Signposting to carers support services via the Wellbeing Service to assist in reducing carer burden</p> | <p>seeking support from CCG</p> <p>Review of evidence based online sources of support</p> | | |
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MONITORING AND REVIEW


The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework.

Monitoring arrangements for the completion of EIAs will be undertaken by the Corporate Equality & Diversity Group and the oversight of the action plans will be undertaken by the Management Accountability Framework.

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| If applicable, where will the EIA Action Plan be monitored? | <p><i>e.g. via Service Management Team; Service Leadership Team; Programme Area Meetings</i></p> <p>Via contract review meeting with CLS.</p> |
| How often will the EIA Action Plan be reviewed? | <p><i>e.g. quarterly as part of the MAF process</i></p> <p>Quarterly as part of contract review meetings.</p> |
| When will the EIA be reviewed? | <p><i>It should be reviewed at least every 3 years to meet legislative requirements</i></p> <p>12 months.</p> |
| Who is responsible for carrying out this review? | Beth Wolfenden |

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| SIGNATURE OF EIA LEAD OFFICER |  |
| DATE COMPLETED | 29/04/2016 |

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|--|---|
| SIGNATURE OF DEPARTMENTAL E&D LEAD |  |
| DATE SIGNED | 29/04/2016 |
| <i>This signature signifies the acceptance of the responsibility to publish the completed EIA as per the requirements of the Equality Act 2010</i> | |

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| SIGNATURE OF HEAD OF SERVICE / DIRECTOR |  |
| DATE SIGNED | 15/06/2016 |
| <i>This signature signifies the acceptance of the responsibility and ownership of the EIA and the associated Action Plan (if applicable)</i> | |