

1. Topic of assessment

EIA title:	Health Improvement Programme - Behaviour Change Unit
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EIA author:	Helen Atkinson
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2. Approval

	Name	Date approved
Approved by	Ruth Hutchinson	05/04/2013

3. Quality control

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4. EIA team

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Lisa Andrews	Public Health Lead	Surrey County Council	NHS Health Checks
Victoria Heald	Public Health Development Worker	Surrey County Council	Physical Activity for Adults
Liz Labrum	Public Health Lead	Surrey County Council	Smoking Cessation
Karen Simmonds	Public Health Lead	Surrey County Council	Wider Tobacco Control
Jackie Sowerbutts	Public Health Consultant (Dental)	Surrey County Council	Dental Public Health
Maya Twardzicki	Public Health Lead	Surrey County Council	Public Mental Health
Nicola Mundy	Public Health Lead	Surrey County Council	Birth defect reduction initiatives

5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Health Improvement is a key domain of Public Health work. In Surrey, the Behaviour Change Unit within the Public Health Directorate will take a lead role in delivering Health Improvement work. Existing services are being continued in 2013/14, there will not be any changes in this period.</p> <p>The Behaviour Change Unit will lead on a wide range of initiatives and programmes aimed at helping people to take control and improve their own health and well-being. These initiatives seek not just to prevent ill health, but go beyond that and positively improve both physical and psychological well-being.</p> <p>Programmes range from those aimed at helping people to stop smoking, reduce alcohol intake or improve their diet, through to initiatives focused more on improving psychological well-being and reducing social isolation. In that sense, Health Improvement work focuses not just on health related behaviours, but on the wider psychosocial factors that may influence those behaviours.</p> <p>Specific outcomes against which progress within this work programme can be gauged are set out in the Public Health Outcomes Framework. Within this Framework, the work of the Behaviour Change unit can be seen as most closely related to Domain One (“Improving the Wider Determinants of Health” and Domain Two (“Health Improvement”).</p>
<p>What proposals are you assessing?</p>	<p>Set out below are the key elements of the Health Improvement programme that will be delivered in 2013/14 with the Behaviour Change Unit. In many cases, this work builds on previously established programmes and successes. However, there is a clear focus on new and evolved initiatives that are up to date and responsive to the recent changes in the health and social care system.</p> <p>NHS Health Check Programme</p> <p>Cardiovascular Disease (CVD) is a major cause of mortality and long-term morbidity. Early detection can not only reduce the impact on individuals but also healthcare costs. NHS (vascular) Health Checks are an evidence based vehicle for increasing early detection. NHS Health Checks are for all people aged between 40-74 years that do not already have a diagnosed condition. The Health Checks programme is mandatory and is a deliverable within the Public Health Outcomes Framework.</p> <p>68348 Health Checks need to be offered across primary care, commissioned outreach and community groups and 34172 Health Checks need to be delivered across primary care, commissioned outreach and community groups, also in key settings including prisons, acute hospitals, mental healthcare settings, community outreach and primary care. The programme does have a focus on tackling health inequalities and as such providers of the service will</p>

be encouraged to target those most at risk of developing CVD. This will include South Asian communities who are more predisposed to developing diabetes.

Physical activity for adults

In Surrey 88% of adults don't participate in enough physical activity to benefit their health (5 x 30 minutes) and 42.5% of people in Surrey don't do any physical activity at all (0 x 30 minutes). This data is broken down by age, disability, ethnicity, gender and socio-economic class:

Age

Aged 55+ are least active with 59.7% participating in no activity at all (0 x 30 minutes) and 92% do not participate in the recommended levels of physical activity to benefit their health (5 x 30 minutes).

Disability

People who have a limiting disability are less active with 66.4% participating in no activity at all (0 x 30 minutes), however, 87% do not participate in the recommended levels of physical activity to benefit their health which is similar to all adults (5 x 30 minutes).

Ethnicity

There are no differences in ethnicity

Gender

Women are less active with 49.7% participating in no activity at all (0 x 30 minutes) and 89% do not participate in the recommended levels of physical activity to benefit their health (5 x 30 minutes) which is similar to all adults.

Socio-economic class

NS SEC 3 and NS SEC 5-8 are the two least active groups based on socio-economic class.

Surrey Exercise Referral and Weight Management Scheme is a project that aims to improve the health and well-being of inactive patients by encouraging a programme of prevention, improvement and / or medical management of individual health conditions.

Let's Get Moving is a behaviour change brief intervention for physical activity within Primary Care. It is an evidence-based physical activity care pathway that provides additional support to inactive patients.

Public Health input is provided to Surrey County Council's Olympic Legacy Plans in particular with a focus on increasing participation in cycling through the expansion of existing exercise referral schemes

to include indoor and outdoor cycling.

Stop smoking services and interventions

Smoking is a major contributor to premature death and chronic illness. It kills 1400 Surrey residents each year and it is one of the most significant causes of inequalities. Aside from the human impact, the costs of smoking extend to healthcare and societal resources. Efforts in Surrey to tackle the impact of smoking include extensive provision of Stop Smoking Support, interventions aimed at preventing smoking uptake and work focused on reducing the exposure to second-hand smoke.

Effective promotion is key to all aspects of the Tobacco programme, both in relation to the dangers of smoking and of the availability of stop smoking support. This will take place across a range of settings and contexts, including the NHS Health Checks programme, and in a range of workplaces, healthcare settings and schools & youth services. Specific work will target priority groups such as pregnant women and young people

Wider tobacco control

The tobacco control programme is coordinated by the Smokefree Surrey Alliance. The Surrey Tobacco Control Strategy has four strategic priorities, specific projects are aligned to each priority (an EIA of the strategy was undertaken at the time it was drafted):

a) Strategic Priority 1 - Reducing uptake of smoking in children and young people

- Ongoing project with Babcock 4S to continue to promote Surrey tobacco control education toolkit.
- Alliance funded underage sales project with Surrey Trading Standards. Working with a pilot school in north Leatherhead looking at a community approach to tackle underage smoking with a multi agency/local community partnership.
- Development of advocacy section on Alliance website hosted by local borough council.

b) Strategic Priority 2 - Tackling health inequalities and helping smokers to stop

- Including hard to reach groups eg; routine and manual workers; pregnant smokers; young people; Gypsies, Romas and Travellers
- Working with health champions in Runnymede and other D&Bs, Surrey Community Action (GRT) to promote stop smoking

c) Strategic Priority 3 -- Reducing exposure to secondhand smoke

- A funded project with four borough councils across the county looking at smokefree compliance in work vehicles.
- A project with Surrey Fire and Rescue Service, reviewing the Home Fire Safety Check and Visit and incorporating some smokefree messages around smokefree homes, with the aim of reducing the incidence of fatal fires in Surrey (the majority of which are caused through smokers' materials).

d) Strategic Priority 4 - Combating illicit tobacco

A group of Alliance partners - trading standards, D&B's environmental

health, police, HMRC - are working on developing an action plan to tackle illegal; tobacco in the county.

Dental Public Health

The Local Authority has a statutory responsibility to provide a range of activities within Dental Public Health that support the population to improve their oral health. Dental decay is an entirely preventable disease. The relevant Public Health Outcomes Framework indicator is the disease missing filled teeth of 5 year olds.

An Oral health promotion programme means a health promotion and disease prevention programme the underlying purpose of which is to educate and support members of the public about ways in which they may improve their oral health.

Oral health promotion programmes can be more effective in terms of cost and their effects on the population if targeted. This means targeting oral health promotion to certain identified population subgroups. In relation to dental health a certain subgroup could be children. This is because dental disease starts in childhood and evidence shows that if you can instil positive oral health messages early on this can prevent decay in later life.

Reviews into the effectiveness of oral health promotion have concluded that strategies should involve the local community, agencies and health workers therefore oral health promotion can be integrated into general health promotion encouraging inter departmental working within local authorities.

The aim is to:-

- Work with stakeholders to identify their requirements for support and resources.
- Resources are identified and developed and made available to a wide range of interested parties
- Information on improving oral health is available to the public within Surrey through the County Council
- The Oral Health promotion strategy is completed within the next 6 months i.e. by August 2013; EIA's being produced as part of developing the strategy- may need to update/do more in the future.

It is important to meet with stakeholders to discuss how this strategy can best be used by their particular group. The potential number of stakeholders is large so this needs to be carefully prioritised. This will become clearer as the strategy develops.

Dental access is critical to the health needs of the population. Access in Surrey to NHS services is one of the worst in the country at 46% of the population using an NHS dentist within the last 24 months. Additional funding was received from DH to help improve access to NHS dentistry in the period to March 2013. The overall aim was to work with existing NHS practices to encourage them to accept more

new patients and provide care at a time when capacity within the system is stretched as practices run out of contract activity to see patients. In Surrey there is a strong public perception that there are no NHS dentists in Surrey.

More work needs to be done to explore the barriers to access and how these can be addressed.

Public mental health

This is a multi-agency and multi-faceted pilot project to raise awareness about mental health problems and reduce the associated stigma and discrimination in Redhill and Merstham. These are areas of high mental health need and socio-economic deprivation compared to most other Surrey Districts and Boroughs and the Merstham estate has the highest level of Common Mental Health Disorders of any super output area in Surrey. This work aligns with the Surrey CC Mental Health PVR which included the recommendation “to improve knowledge and awareness of mental health and address stigma and discrimination.”

Aims of the Pilot:

- improve public understanding of and positive attitudes towards mental
- reduce the stigma and discrimination experienced by people with a mental health problem
- increase the confidence and ability of people with mental health problems to address discrimination

The aims will be achieved through: a comprehensive programme of mental health awareness training with local employers and providers of services; mental health ambassadors sharing their experiences through the training, “Human Library” events; a project identified by the local community; creative/arts based approaches using cast and contributions from people with experience of mental health problems; media communication and local monitoring of stigmatising reporting.

Birth defect reduction initiatives

Foetal alcohol spectrum disorder (FASD) can be caused if a woman drinks alcohol during pregnancy. FASD is an umbrella term that covers foetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorders (ARND), alcohol-related birth defects (ARBD), foetal alcohol effects (FAE) and partial foetal alcohol syndrome (pFAS).

Public Health will work to develop a programme to raise awareness of the issues of consuming alcohol when pregnant.

<p>Who is affected by the proposals outlined above?</p>	<p>Health Improvement work aims to reach a wide range of people. There is a specific focus on those groups who may be vulnerable to poor health and well-being, either because of an increased susceptibility to ill health or because of poor access to health services. In this sense, Health Improvement work seeks to reduce inequalities and increase the cost-effectiveness of initiatives through effective targeting towards those most in need.</p> <p>The groups targeted or most likely to be affected by each of the Health Improvement work streams are set out below.</p> <p>NHS Health Check Programme NHS Health Checks are for all people aged between 40-74 years that do not already have a diagnosed condition. The programme does have a focus on tackling health inequalities and as such providers of the service will be encouraged to target those most at risk of developing CVD. This will include South Asian communities who are more predisposed to developing diabetes.</p> <p>Physical activity for adults Surrey Exercise Referral and Weight Management Scheme targets inactive adult patients within Primary and Secondary care who have at least one medical condition that can be managed with physical activity.</p> <p>Let's Get Moving targets inactive adults living in Stanwell, Spelthorne, a Priority Place identified by Surrey County Council. This is to target areas of higher levels of inactivity and where greatest health improvement benefits will be seen.</p> <p>Stop smoking services and interventions Adults over the age of 16 and young people resident in Surrey.</p> <p>Wider tobacco control Some projects are targeted at children and young people and families; others disadvantaged groups and some at the wider population. Some projects are specifically targeted at children and young people, others are for the wider public, and some are targeted at specific groups eg; fatal fires project, looking at smokers who have been shown by evidence to be more exposed to fatal fires.</p> <p>Dental Public Health The whole population needs to have access to good NHS dental services and dental health advice. Oral health promotion programmes can be more effective in terms of cost and their effects on the population if targeted. Evidence shows that targeting Oral Promotion towards young children will reduce the risk of dental disease in adulthood. Children and young mothers would be a priority group but widely available information about dental health and dental access should be available to all people especially those from poorer socio-economic groups.</p>
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Public mental health

The target group is people living and working in Redhill and Merstham – because these are areas of high mental health need compared to most other Surrey Districts and Boroughs. No group is being excluded from the project and we are linking with staff working with groups that are at higher risks of mental health problems and hard to reach, so that they can promote the project to them and encourage them to participate:

- Black and Minority Ethnic Groups – information about the project is being sent to the Forum;
- have met with the lead for Travellers and , Lesbian, Gay, Bisexual and Transgender groups);
- presentation on the project to the Gypsy, Roma, Traveller Forum

Birth defect reduction initiatives

Pregnant women, no exclusions.

6. Sources of information

Engagement carried out

Public Health staff will deliver Health Improvement initiatives in partnership with a variety of statutory bodies, service providers, community organisations, commercial businesses and public / patient representatives. Each work stream has been developed in conjunction with these partners and engagement will continue as work streams develop and are re-commissioned. Engagement has been carried out to help design the programme and its delivery. Brief details are set out below.

NHS Health Check Programme

The Surrey Health Checks steering group has representatives from Public Health, CCG's, GPs and Pharmacists and has oversight of service delivery. This steering group has been consulted on the service specification for the delivery of health checks.

Physical activity for adults

Most leisure providers in Surrey are contracted to provide exercise referral and weight management schemes by the borough or district council. A steering group of all partners including the boroughs and districts, the main leisure providers and healthcare professionals takes place and the service delivery and changes to protocols are consulted through this group.

Stop smoking services and interventions

- Department of Health and Strategic Health Authority :

Consultation with and discussion on targets and evidence based performance monitoring.

- LMC (General Practice), and CCGs.
- LPC (Pharmacists)
- Acute Trusts; RSCH and ASPH
- Children Centres
- DC Leisure Centres

Consultation with above bodies and organisations on terms and implementation of contract for the provision of practice-based stop smoking support. Each contract has been negotiated accommodate the environment, patient or client type of each and ensure good clinical practice and performance in their particular setting. Each contractor. Each provider to conform with national legislation on Equal Opportunities and or NHS Community Care Act of 2001 as appropriate. All providers agree to have identified and appropriate staff trained to deliver stop smoking treatment programmes also agree to periodic performance management meetings and skills update and supervision sessions for their trained staff. Bank Staff providing direct Stop Smoking support have been trained by Surrey Stop Smoking Services and are employed under the terms conditions and policies of Surrey CC.

- SCC Comms : Have been involved in the planning of supporting promotion of Surrey Stop Smoking Services and have shaped the messages and choice of communication platform and use of appropriate imagery to avoid stereotypes and reflect diversity.

- SCC and Surrey Districts and Boroughs: Influence and support how stop smoking interventions are delivered at the various county council workplaces. Also how often and where public engagement events and activity are carried out

Various Surrey employers : Influenced frequency and location of work-based stop smoking support and healthy workplace events themed on stop smoking.

Patients have influenced the evolvement of service delivery in particular the extent of telephone service provided. For example as demand has grown the telephone service has expanded. Public clinic leads will also use satisfaction feedback surveys at the end of a support programme and feedback on quality of support, venue is acted upon.

Wider tobacco control

Consultation takes place at stakeholder meetings with key organisations: Trading Standards, Surrey Fire and Rescue Service, Borough and District authorities, Surrey Police, Crimestoppers, and Surrey Community Action.

Dental Public Health

The people/groups/organisations that will be engaged are the local primary care dental community the Local Authority Communications team and the Special Care services and Acute Trusts. In the past the following groups were set up; Local Dental Committee (which still remains), Local Dental Committee Interface, Oral Health Advisory Committee and Local involvement networks. This has strengthened communication and the approach to the dental care services delivered in Surrey. Currently we are working on sending out questionnaires to Sure Start centres as part of our Oral Health Promotion Strategy. The potential number of stakeholders is large so this needs to be carefully prioritised. This will become clearer as the strategy develops. As an initial starting point the Sure Start centres across Surrey will all receive a questionnaire in order to understand their needs for resources to support Oral Health Information. Out of Hours is available through the Surrey Dental Helpline which is accessed through NHS111.

Information about self-care is in development and will be available on the health pages of the County Council website so that it is more accessible to the public. A similar approach will be used with the Boroughs.

Public mental health

A wide range of organisations including mental health and carers charities, users of mental health services and carers have been consulted about and engaged with this project. A Steering Group guides the work through regular meetings/email and includes:

- Surrey County Council (Adult Social Care and Public Health)
- Surrey and Borders Partnership NHS Foundation Trust
- NHS First Steps
- Child & Adolescent MH Services
- Surrey Police
- MH charities Lets Link & Woking Mind
- Surrey Chamber of Commerce
- Service Users
- Libraries
- Diocese of Guildford

A meeting was also held to engage key organisations in the pilot project areas of Redhill and Merstham to gather their input/suggestions and assistance on the project. Organisations who attended included: Reigate & Banstead Council (Community

Development, Engagement & Business Support), Surrey and Borders Partnership NHS Foundation Trust, Richmond Fellowship, YMCA, Heads Together Youth Counselling, Child & Adolescent MH Services, Public Health, Adult Social Care CCG, East Surrey Domestic Abuse Support, The Hub, Raven Housing Outreach/Parashoot.

Birth defect reduction initiatives

A population of babies at risk is currently being identified. Public Health are working with health provider services and other Surrey County Council staff to identify the population, as well as leading experts in the area.

Data used

In designing Health Improvement work streams a wide range of data and information sources have been considered. These have ranged from local quantitative data resources such as Surrey i and Health Needs Assessments through to nationally published evidence reviews of need and effectiveness (eg – Stop Smoking related NICE Guidance and Cochrane Collaboration reviews

7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ¹	Potential positive impacts	Potential negative impacts	Evidence
<p>Age</p>	<p>Wider Tobacco Control: Tobacco Control projects have a specific emphasis on the protection of young persons.</p> <p>Smoking cessation: Smoking among 15 year olds is a specific priority due to the inclusion of this indicator in the Public Health Outcomes Framework. Department of Health (DoH) monitoring data records uptake of service by age group.</p> <p>Dental: Dental health improvement affects all ages. The key measurement is the dental health of 5 year olds which is one of the reasons why young children and their carers are a specific target group. Children and young people will benefit from this service because if you target the younger population this prevents poorer oral health in later life, therefore focusing on prevention.</p> <p>Health Checks:</p>	<p>NHS Health Checks: Those outside of the age criteria (40-74) are not offered an NHS Health Check. This exclusion criterion is set nationally by the Department of Health.</p> <p>Dental: Children and young people may receive a higher level of service than older age groups</p>	<p>Stop Smoking: Data on age range groups are included on number of each age group treated is recorded and reported to DoH every quarter. (18 and under, 18-34, 35-44, 45-59 and 60 and over.</p> <p>Dental: “Delivering better oral health- an evidence based toolkit for prevention.”</p> <p>Health Checks: DH Best Practice Guidance for Health Checks</p> <p>Physical activity for adults: Surrey exercise and weight management referral scheme protocol and evaluation report.</p> <p>Assessment process for Ambassador Scheme part of the project, will identify and address the needs of all individuals with protected characteristics who meet the scheme criteria.</p>

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¹ More information on the definitions of these groups can be found [here](#).

Those inside of the age criteria (40-74) are offered an NHS Health Check. This inclusion criterion is set nationally by the Department of Health.

Physical activity for adults: Exercise referral and weight management schemes are for all adults aged 16 years and over with no top age limit. Therefore no adult is excluded from taking part in Exercise referral and weight management schemes based on age.

Public Mental Health Project includes all ages from young people to older people It does NOT exclude any of the other protected characteristics below
The following potential positive impacts of the project apply to ALL the protected characteristics listed below:
-Improved understanding of mental health
-More positive attitudes towards people with mental health problems
-Less stigma & discrimination experienced by people with mental health problems.

Disability

Smoking Cessation:
 Potential positive impacts for all protected characteristics:
 -Improved understanding of mental health
 -More positive attitudes towards people with mental health problems
 -Less stigma & discrimination experienced by people with mental health problems.

Wider tobacco control:
 Specific emphasis on the protection of vulnerable adults within Tobacco Control work with Surrey Fire & Rescue Service.

Smoking cessation:
 Telephone support for smokers with mobility problems can be arranged for all who wish to quit. A specialist service is also provided for users with mental health issues. Support available to all. Immediate health benefits.

Dental:
 Information is freely available on which practices are more suitable. The Surrey dental helpline holds this information which is updated on a regular basis. Patients with severe disabilities are able to access

Dental:
 Many dental practices are not fully accessible to people with disabilities. However this is mitigated as information is available as to which practices are accessible.

Learning disabilities are being covered in a separate project by Surrey & Borders Partnership NHS Trust.

Stop Smoking: Face to Face support can be provided by each contracted provider. Or telephone support for smokers with mobility problems can be arranged for all who wish to quit. Telephone support can be arranged via a contracted provider or directly by Surrey Stop Smoking Service. Specialist service provided for users with mental health issues.

Health Checks:
 DH Best Practice Guidance for Health Checks

Physical activity for adults:
 Surrey exercise and weight management referral scheme protocol and evaluation report.

Mental health service users with disabilities are represented on the steering group.

No exclusions for this population group have been agreed. Assessment process for Ambassador Scheme part of the project, will identify and address the needs of all individuals with protected characteristics who meet the scheme criteria.

	<p>the Special Care dental services within Surrey</p> <p>Health Checks: No one is excluded from having a health check based on disability</p> <p>Physical activity for adults: No adult is excluded from taking part in exercise referral and weight management schemes based on disability. Provides specially trained staff to deal with numerous disabilities and long term conditions where the adult may not have had access to this previously.</p> <p><i>Public Mental Health Project</i> has potential positive impacts for people with disabilities (mental, physical, sensory)</p>		
<p>Gender reassignment</p>	<p>Smoking: Support available to all. Immediate health benefits.</p> <p>Dental: No affect on dental services</p> <p>Health Checks: No exclusions made based on gender reassignment</p> <p>Physical activity for adults: No adult is excluded from taking part in exercise referral</p>	<p>None</p>	<p>Smoking cessation: No exclusions for this population group have been agreed. No claims of exclusion from this population group have been received or made to Surrey Stop Smoking Services</p> <p>Health Checks: DH Best Practice Guidance for Health Checks</p> <p>Physical activity for adults: Surrey exercise and weight management referral scheme protocol and evaluation report.</p> <p>No exclusions for this population group have been</p>

	<p>and weight management schemes based on gender reassignment.</p> <p><i>Public Mental Health Project</i> -Improved understanding of mental health -More positive attitudes towards people with mental health problems -Less stigma & discrimination experienced by people with mental health problems.</p>		<p>agreed. Assessment process for Ambassador Scheme part of the project, will identify and address the needs of all individuals with protected characteristics who meet the scheme criteria</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 52</p> <p>Pregnancy and maternity</p>	<p>Smoking cessation: Immediate health benefits to mother and baby. Smoking in pregnancy is a specific priority due to the inclusion of this indicator in the Public Health Outcomes Framework. Immediate health benefits to mother and baby.</p> <p>Dental: NHS dentistry is free to all pregnant and nursing mothers.</p> <p>Birth defects: Immediate and long term health benefits to mother and baby</p> <p>Health Checks: No exclusions made based on gender reassignment.</p>	<p>Physical activity for adults: Ante-natal exercise is not included as standard as part of the exercise referral training required for running a scheme and therefore is not a standard inclusion or exclusion criteria. Schemes where the instructor has this qualification will provide access for ante and post natal adults.</p>	<p>Smoking cessation: Specific support is available to this patient group directly via Surrey Stop Smoking Service. Evidence of number treated is recorded and reported to DoH every quarter.</p> <p>Birth defects: If a large population is identified this data will be fed into the commissioning cycle of the CCGs.</p> <p>Health Checks: DH Best Practice Guidance for Health Checks</p> <p>Physical activity for adults: Surrey exercise and weight management referral scheme protocol and evaluation report.</p> <p>No exclusions for this population group have been agreed. Assessment process for Ambassador Scheme part of the project, will identify and address the needs of all individuals with protected characteristics who meet the scheme criteria</p>

	<p><i>Public Mental Health Project</i></p> <ul style="list-style-type: none"> -Improved understanding of mental health -More positive attitudes towards people with mental health problems -Less stigma & discrimination experienced by people with mental health problems. 		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 53</p> <p>Race</p>	<p>Smoking cessation: Stop Smoking support delivery strategy recognises that BME groups are a priority target. Main information on stop smoking support available is other languages. Department of Health (DoH) monitoring data records uptake of service by ethnic group.</p> <p>NHS Health Checks: The Health Checks programme does have a focus on tackling health inequalities and as such providers of the service will be encouraged to target those most at risk of developing CVD. This will include South Asian communities who are more predisposed to developing diabetes.</p> <p>Smoking Cessation: Stop Smoking support delivery strategy recognises that BME</p>		<p>Department of Health (DoH) monitoring data records uptake of service from ethnic groups</p> <p>Health Checks: DH Best Practice Guidance for Health Checks</p> <p>Physical activity for adults: Surrey exercise and weight management referral scheme protocol and evaluation report.</p> <p>Details of the project and Ambassador Scheme have been sent and publicised to Surrey Minority Ethnic Forum and a phone meeting held with the Forum lead</p> <p>Presentation on the project made to the Gypsy, Roma, Traveller Forum and project promoted on their website</p>

	<p>groups are a priority target.</p> <p>Dental:No affect on dental service provision</p> <p>Physical activity for adults:</p> <p>No adult is excluded from taking part in exercise referral and weight management schemes based on race</p> <p><i>Public Mental Health Project</i></p> <ul style="list-style-type: none"> -Improved understanding of mental health -More positive attitudes towards people with mental health problems -Less stigma & discrimination experienced by people with mental health problems. 		
<p>Religion and belief</p>	<p>Support available to all. Immediate health benefits</p> <p>Dental: No affect on dental service provision</p> <p>Physical activity for adults: No adult is excluded from taking part in exercise referral and weight management schemes based on race. Appropriate adjustments are made where necessary for</p>	<p>None</p>	<p>Work with all partners are in accordance with local and national policies on inclusion for all religious groups and beliefs</p> <p>Health Checks: DH Best Practice Guidance for Health Checks</p> <p>Physical activity for adults: Surrey exercise and weight management referral scheme protocol and evaluation report.</p> <p>The Diosece of Guildford is represented on the steering group as a link to faith groups</p>

	<p>female only sessions.</p> <p><i>Public Mental Health Project</i> -Improved understanding of mental health -More positive attitudes towards people with mental health problems -Less stigma & discrimination experienced by people with mental health problems.</p>		<p>No exclusions for this population group have been agreed. Assessment process for Ambassador Scheme part of the project, will identify and address the needs of all individuals with protected characteristics who meet the scheme criteria</p>
<p>Page 55</p> <p>Sex</p>	<p>Support available to all. Immediate health benefits</p> <p>Dental: No affect on dental service provision although women are more likely to access services on a regular basis than men</p> <p>Health checks: No exclusions made based on sex</p> <p>Physical activity for adults: No exclusions made based on sex</p> <p><i>Public Mental Health Project</i> -Improved understanding of mental health -More positive attitudes towards people with mental health problems -Less stigma & discrimination experienced by people with mental health problems.</p>	<p>Some differences in smoking rates between male and female</p>	<p>Action included in general targets and performance required by each contracted provider.</p> <p>Health Checks: DH Best Practice Guidance for Health Checks</p> <p>Physical activity for adults: Surrey exercise and weight management referral scheme protocol and evaluation report.</p> <p>No exclusions for this population group have been agreed. Assessment process for Ambassador Scheme part of the project, will identify and address the needs of all individuals with protected characteristics who meet the scheme criteria</p>

<p>Sexual orientation</p>	<p>Support available to all. Immediate health benefits</p> <p>Dental: No affect on dental service provision</p> <p>Health checks: No exclusions made based on sexual orientation</p> <p>Physical activity for adults: No exclusions made based on sexual orientation</p> <p><i>Public Mental Health Project</i> -Improved understanding of mental health -More positive attitudes towards people with mental health problems -Less stigma & discrimination experienced by people with mental health problems.</p>	<p>None</p>	<p>Smoking cessation: No exclusions for this population group have been agreed. No claims of exclusion from this population group have been received or made to Surrey Stop Smoking Services</p> <p>Health Checks: DH Best Practice Guidance for Health Checks</p> <p>Physical activity for adults: Surrey exercise and weight management referral scheme protocol and evaluation report.</p> <p>A meeting about the project was held with the Health Promotion Gay Men’s Development Worker to help publicity of the project to this population group</p> <p>No exclusions for this population group have been agreed. Assessment process for Ambassador Scheme part of the project, will identify and address the needs of all individuals with protected characteristics who meet the scheme criteria</p>
<p>Marriage and civil partnerships</p>	<p>Support available to all. Immediate health benefits</p> <p>Dental: No affect on dental service provision</p> <p>Health checks: No exclusions made based on marriage and civil partnerships</p> <p>Physical activity for adults: No exclusions made based</p>	<p>None</p>	<p>Smoking cessation: No exclusions for this population group have been agreed. No claims of exclusion from this population group have been received or made to Surrey Stop Smoking Services</p> <p>Health Checks: DH Best Practice Guidance for Health Checks</p> <p>Physical activity for adults: Surrey exercise and weight management referral scheme protocol and evaluation report.</p> <p>No exclusions for this population group have been</p>

	<p>on marriage and civil partnerships</p> <p><i>Public Mental Health Project</i></p> <ul style="list-style-type: none"> -Improved understanding of mental health -More positive attitudes towards people with mental health problems -Less stigma & discrimination experienced by people with mental health problems. 		<p>agreed. Assessment process for Ambassador Scheme part of the project, will identify and address the needs of all individuals with protected characteristics who meet the scheme criteria</p>
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7b. Impact of the proposals on staff with protected characteristics

Protected characteristic	Potential positive impacts	Potential negative impacts	Evidence
Page 57 Age	Job satisfaction of improving others health. Satisfaction of improving peoples knowledge about accessing NHS dentists and improving their oral health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Disability	Job satisfaction of improving others health. Satisfaction of improving peoples knowledge about accessing NHS dentists and improving their oral health	Limitations in mobility or communication	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Gender reassignment	Job satisfaction of improving others health. Satisfaction of improving peoples knowledge about accessing NHS dentists and improving their oral health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Pregnancy and maternity	Job satisfaction of improving others health. Satisfaction of improving	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.

	peoples knowledge about accessing NHS dentists and improving their oral health		
Race	Job satisfaction of improving others health. Satisfaction of improving peoples knowledge about accessing NHS dentists and improving their oral health	Language barriers if English not first language	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Religion and belief	Job satisfaction of improving others health. Satisfaction of improving peoples knowledge about accessing NHS dentists and improving their oral health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Sex	Job satisfaction of improving others health. Satisfaction of improving peoples knowledge about accessing NHS dentists and improving their oral health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Sexual orientation	Job satisfaction of improving others health. Satisfaction of improving peoples knowledge about accessing NHS dentists and improving their oral health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.
Marriage and civil partnerships	Job satisfaction of improving others health. Satisfaction of improving peoples knowledge about accessing NHS dentists and improving their oral health	None	No adverse reports or complaints received at provider performance management meetings or skills update and supervision sessions.

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8. Amendments to the proposals

Change	Reason for change
N/A	

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
Involvement of service users in development and commissioning of services.	As services are commissioned or recommissioned to ensure service users with protected characteristics are consulted and involved.	Ongoing	
Monitoring and collection of data on groups with protected characteristics to inform future provision.	To continue to collect data and monitor the impact of commissioned services on certain groups.	Ongoing	

10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
Those outside of the NHS Health Check age criteria are not screened	Age
Physical activity for adults: Ante-natal exercise is not included as standard as part of the exercise referral training required for running a scheme and therefore is not a standard inclusion or exclusion criteria. Schemes where the instructor has this qualification will provide access for ante and post natal adults.	Pregnancy and maternity

11. Summary of key impacts and actions

Information and engagement	Public Health staff will deliver Health Improvement initiatives in partnership with a variety of statutory bodies, service
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underpinning equalities analysis	<p>providers, community organisations, commercial businesses and public / patient representatives. Each work stream has been developed in conjunction with these partners and engagement will continue as work streams. Engagement has been carried out to help design the programme and its delivery.</p> <p>In designing Health Improvement work streams a wide range of data and information sources have been considered. These have ranged from local quantitative data resources such as Surrey i and Health Needs Assessments through to nationally published evidence reviews of need and effectiveness (eg – Stop Smoking related NICE Guidance and Cochrane Collaboration reviews</p>
Key impacts (positive and/or negative) on people with protected characteristics	<p>Positive impacts for young people are expected from Tobacco Control projects which will target young people, specifically those at age 15. Health benefits are also expected for pregnant women and BME groups who will be provided with additional support to stop smoking.</p> <p>Positive impacts are expected for people with mental health issues as a result of the programmes.</p> <p>Potential negative impacts are identified for those who are outside the age criteria for an NHS Health Check (age 40-74).</p>
Changes you have made to the proposal as a result of the EIA	N/A
Key mitigating actions planned to address any outstanding negative impacts	To ensure ongoing monitoring and evaluation of services in regards to groups with protected characteristics. To continue to consult and involve service users as part of the commissioning process.
Potential negative impacts that cannot be mitigated	Those outside of the NHS Health Check age criteria are not screened