

Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA [guidance](#), for further information about undertaking and completing the assessment. For further advice and guidance, please contact your [Departmental Equalities Group](#) or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
Name of policy being assessed:	Healthy Weight Strategy for Leicestershire 2021- 2026
Department and section:	Public Health
Name of lead officer/ job title and others completing this assessment:	Mike Sandys, Director of Public Health Elizabeth Orton, Consultant in Public Health Rebecca Symes, Specialty Registrar in Public Health, Sai Lanka, Foundation Year 2 Doctor
Contact telephone numbers:	0116 232 3232
Name of officer/s responsible for implementing this policy:	Elizabeth Orton, Consultant in Public Health
Date EHRIA assessment started:	15/08/2020
Date EHRIA assessment completed:	To be completed

Section 1: Defining the policy

Section 1: Defining the policy

You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

1 What is new or changed in this policy? *What has changed and why?*

The Healthy Weight Strategy 2021-2026 sets out our partnership priorities and approach to promote a healthy weight and tackle obesity in Leicestershire. The strategy is a commitment to working together with a range of sectors, including food, health, education, planning, transport, sport and leisure, and economic development to support our communities to start, live and age well, and develop in a way which facilitates healthy behaviours and a healthy weight.

The prevalence of overweight and obesity in the UK has risen dramatically since 1993. Whilst the increase has slowed down since 2001, the trend is still upwards, emphasising the need for effective action. In Leicestershire 60.6% of adults were either overweight or obese in 2017/18. The prevalence of children in reception year who were either overweight or obese in 2018/19 was 22.6% for England and 19.6% for Leicestershire.

This strategy was driven by the recommendations within the Leicestershire Joint Strategic Needs Assessment 2018-2021 Chapter on Obesity: Physical Activity, Healthy Weight & Nutrition. There is a recognised need for a local obesity strategy.

Obesity is a complex and multifaceted problem that requires coordinated, effective action to change the food, physical activity and social environments from 'obesogenic' to ones which promote a healthy weight. To take effective action to reverse obesity at a population level, we need to work together with partners in a 'whole systems' approach to create an environment that facilitates healthy choices and supports individuals to achieve and maintain a healthy weight.

The strategy has 3 delivery themes and 5 associated strategic objectives:

1. Promoting a healthy weight environment

Strategic objective 1: Improve the awareness and availability of health and sustainable food and drink in sectors

Strategic Objective 2: Support settings to prevent obesity and increase healthy weight in adults, children and families

2. Supporting individuals to achieve and maintain a healthy weight

Strategic Objective 3: Co-ordinate healthy weight pathway including prevention, self-management and supported weight management

3. Prioritising healthy weight through systems leadership

Strategic objective 4: Develop a workforce that is confident and competent

	<p>talking about and promoting healthy weight</p> <p>Strategic objective 5: Working with partners and stakeholders to support the development of a whole systems approach to healthy weight</p>
2	<p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>The Main focus of this strategy will be on Healthy Weight and Nutrition, whilst making links to the Leicester-Shire & Rutland (LRS) Physical Activity and Sport Strategy 2017-2021. This strategy sets out a long-term vision for physical activity and sport across Leicester, Leicestershire and Rutland and encompasses everything from supporting the least active residents to build activity into their everyday lives, through to the development of future Olympians, Paralympians and World Champions.</p> <p>The proposed Healthy Weight Strategy is also closely aligned with:</p> <ul style="list-style-type: none"> • Leicestershire Food Plan • Leicestershire Corporate Strategy 'Working together for the benefit of Everyone' • Leicestershire County Council's Strategic Plan 2018- 2022 • Leicester and Leicestershire Local Industrial Strategy • Leicester, Leicestershire and Rutland (LLR) Wellbeing@workprogramme,
3	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>This strategy is aimed at all Leicestershire residents. Our vision is a future where everyone in Leicestershire can eat well, be physically active and develop in a way which facilitates a healthy weight.</p> <p>Through a strong evidence base this strategy will tailor its approach to address the needs of the population and key stages where people are more at risk of obesity across the life course. Whilst recognising that there are people in all population groups who are not a healthy weight, this strategy will focus on areas in Leicestershire with the highest prevalence of childhood and adult obesity.</p> <p>We will work together with a range of sectors to make lasting changes to the food, physical activity and social environment to promote a healthy weight. Our aim is to increase the number of adults, children and families who are a healthy weight in Leicestershire by 2026. This in turn will lead to reduction in obesity-related disease such as type 2 diabetes and cardiovascular disease. We aim to support our communities to start, live and age well.</p>
4	<p>Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)</p>

	Yes	No	How?
Eliminate unlawful discrimination, harassment and victimisation	✓		This strategy is for all Leicestershire residents. Our vision is a future where everyone in Leicestershire can eat well, be physically active and develop in a way which facilitates a healthy weight. We aim to minimise disadvantage suffered by people due to their protected characteristics. Examples are outlined in the EHRIA screening questions below, including anticipated positive impacts of the strategy. The planned consultation will help us address any possible barriers we have identified and formulate ways to mitigate these.
Advance equality of opportunity between different groups	✓		This strategy will tailor its approach to address the needs of the population and key stages where people are more at risk of obesity across the life course. Additional interventions and considerations may be needed when engaging with some of our communities. More details of this are given below and will be included in the full EHRIA report. The planned consultation will enable us to gain a better understanding of any barriers/disadvantages faced by different groups and how we can mitigate these to promote equality.
Foster good relations between different groups	✓		This strategy promotes social and community projects and aims to improve community cohesion. Promoting a healthy weight environment is a key delivery theme and requires Active Design - a combination of 10 principles that promote activity, health and stronger communities.

Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

Section 2: Equality and Human Rights Impact Assessment Screening

The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to [Section 3](#) on Page 7 of this document.

Section 2			
A: Research and Consultation			
5.	Have the target groups been consulted about the following?	Yes	No*
	a) their current needs and aspirations and what is important to them;		✓
	b) any potential impact of this change on them (positive and negative, intended and unintended);		✓
	c) potential barriers they may face		✓
<i>NB – consultation is currently being planned</i>			
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?		✓
<i>NB – consultation is currently being planned</i>			
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?		✓
<i>NB – consultation is currently being planned</i>			
8.	*If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary.		
Consultation for this Healthy Weight Strategy is currently being planned by the Health Weight Strategy working group and in collaboration with the Communities, Policy and Resilience department. This will include members of the Equalities Challenge Group in this consultation and members of the public with protected characteristics.			

Section 2			
B: Monitoring Impact			
9.	Are there systems set up to:	Yes	No
	a) monitor impact (positive and negative, intended and unintended) for different groups;	✓	
	b) enable open feedback and suggestions from different communities	✓	
<i>NB this is also an area we wish to strengthen during the development of this strategy.</i>			
Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.			
Section 2			
C: Potential Impact			

10.	Use the table below to specify if any individuals or community groups who identify with any of the ' protected characteristics ' may <u>potentially</u> be affected by this policy and describe any positive and negative impacts, including any barriers.		
	Yes	No	Comments
Age	✓		Nutritional needs change with age. The strategy aims to have a positive impact on a wide variety of age groups throughout the life course. This ranges from nursery/school-based support in younger age groups to work-based support in adults and support for older adults through adult social care. The importance of antenatal support and breastfeeding is also recognised. Key settings identified in the strategy to promote a healthy weight environment include care homes, workplaces, nurseries and schools, encompassing a wide range of age groups.
Disability	✓		People with disabilities (including those with learning disabilities, dementia and cognitive impairment) may have additional communication needs. Adaptations may be needed to enable these groups to access services outlined in this strategy. This is particularly relevant given the high levels of obesity in those with learning disabilities. Physical disabilities may also limit people engaging in active travel. This a key area of development for the strategy and consultation will enable us to strengthen this area.
Gender Reassignment		✓	People are supported in this strategy regardless of their gender and there are no issues foreseen following reassignment.
Marriage and Civil Partnership		✓	It is not anticipated that people would be differentially affected by this strategy based on their marriage or civil partnership status. People are supported in this strategy regardless of their marriage or civil partnership

			status.
Pregnancy and Maternity	✓		The strategy outlines the importance of antenatal services, infant feeding and Unicef's UK Baby Friendly Initiative. There is also an emphasis on developing the Maternity Services workforce to be confident and competent talking about and promoting healthy weight. These are likely to have positive effects on those who are pregnant and engaging with maternity services.
Race	✓		People will be supported in this strategy regardless of race or ethnicity. However, culture/ethnicity-specific diets need to be considered. Barriers to accessing support and services may include language/communication difficulties and cultural acceptability. Some groups e.g. South Asian communities have a higher risk of diabetes and these additional needs require consideration. Additional interventions and considerations may be needed when engaging with some of our communities. This a key area of development for the strategy and consultation will enable us to strengthen this area.
Religion or Belief	✓		People will be supported in this strategy regardless of religion or belief. There may be some connections with Race section above, including the need to consider culture/ethnicity-specific diets.
Sex		✓	People are supported in this strategy regardless of their sex. We do not foresee any differential impacts based on sex.
Sexual Orientation		✓	People are supported in this strategy regardless of their sexual orientation. We do not foresee any differential impacts based on sexual orientation.
Other groups e.g. rural isolation, deprivation, health	✓		The strategy is anticipated to have positive impacts on deprived communities through

	<p>inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</p>			<p>work with the Leicestershire Food Plan to tackle food poverty. The policy aims to improve the awareness and availability of healthy and sustainable food and drink in sectors. Key settings for this include care homes, workplaces, nurseries and schools, which stretch across urban and rural areas. Delivery of weight management services are predominately telephone and digital-based so travel to access these is not required.</p>
	<p>Community Cohesion</p>	<p>✓</p>		<p>The strategy is anticipated to positively impact community cohesion through initiatives such as social and community food projects, providing opportunities for social contact through food.</p>
<p>11.</p>	<p>Are the human rights of individuals <u>potentially</u> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? (Please tick)</p> <p>Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]</p>			
	<p>Yes</p>	<p>No</p>	<p>Comments</p>	
<p>Part 1: The Convention- Rights and Freedoms</p> <p><i>This refers to the European Convention on Human Rights, and is reflected in the Human Rights Act 1998, which sets out the legal responsibilities of public bodies under UK law.</i></p> <p><i>The Rights are underpinned by the concepts of fairness, dignity and respect.</i></p>				
<p>Article 2: Right to life</p>	<p>✓</p>		<p>This strategy will facilitate healthy behaviours and support people to maintain a healthy weight. The aim is to improve quality of life and reduce the impact of long-term health conditions.</p>	
<p>Article 3: Right not to be tortured or treated in an inhuman or degrading way</p>		<p>✓</p>		
<p>Article 4: Right not to be subjected to slavery/ forced labour</p>		<p>✓</p>		

	Article 5: Right to liberty and security		✓	
	Article 6: Right to a fair trial		✓	
	Article 7: No punishment without law		✓	
	Article 8: Right to respect for private and family life		✓	
	Article 9: Right to freedom of thought, conscience and religion		✓	
	Article 10: Right to freedom of expression		✓	
	Article 11: Right to freedom of assembly and association		✓	
	Article 12: Right to marry		✓	
	Article 14: Right not to be discriminated against	✓		People with protected characteristics will not be discriminated against. Where there may be disadvantages/barriers, this will be mitigated. The planned consultation will enable us to plan these mitigations.
Part 2: The First Protocol				
	Article 1: Protection of property/ peaceful enjoyment		✓	
	Article 2: Right to education		✓	
	Article 3: Right to free elections		✓	
Section 2				
D: Decision				
12.	Is there evidence or any other reason to suggest that:	Yes	No	Unknown
	a) this policy could have a different affect or adverse impact on any section of the community;	✓		
	b) any section of the community may face barriers in benefiting from the proposal	✓		
13.	Based on the answers to the questions above, what is the likely impact of this policy			
	No Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Negative Impact or Impact Unknown <input checked="" type="checkbox"/>

Note: If the decision is ‘Negative Impact’ or ‘Impact Not Known’ an EHRIA Report is required.

14.	Is an EHRIA report required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is required for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report is required, continue to [Section 3](#) on Page 7 of this document to complete.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to [Section 4](#) on Page 14 of this document to complete.

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think thoroughly about the impact of this policy and to critically examine whether it is likely to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council’s Equality Strategy.

Section 3

A: Research and Consultation

When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

15.	Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you now explored the following and <u>what</u> does this information/data tell you about each of the diverse groups?
	a) current needs and aspirations and what is important to individuals and community groups (including human rights);

	<p>b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);</p> <p>c) likely barriers that individuals and community groups may face (including human rights)</p>
<p>The strategy aims to promote an integrated whole system approach to healthy weight. As a population there are people of all backgrounds who are not a healthy weight. It is in everyone's interests to support healthy living habits. As we know, being an unhealthy weight has a detrimental effect on many physical conditions such as Diabetes and cardiac disease. It is also important to remember the impact on mental health, especially confounded with the effect of the COVID-19 pandemic. Therefore, by actively supporting the population in achieving a healthy weight you will be protecting their right to life. Overall, we believe the Healthy Weight Strategy can have a positive impact on everyone.</p> <p>We acknowledged that there may be universal barriers to accessing services and experiencing a positive impact from the strategy. But also, we anticipated that there will be individuals and community groups that may face unique barriers. A review of the protected characteristics and general literature allowed us to form a list of some groups or communities that may be affected differently by the strategy. These include:</p> <ul style="list-style-type: none"> • People with disabilities • Persons living in deprived areas • Digitally excluded • Black and minority ethnic (BAME) groups <p>We then identified local diverse community groups that fall under these categories and from there held consultations to further explore the impact this strategy may have on its members. We will discuss the findings of the consultation with members of some of these groups in the subsequent sections.</p>	
16.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?
As per section 15, sufficient research and data collection has been acquired to have a good understanding on the affects of the strategy on target groups.	
When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.	
17.	Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you further consulted with those affected on the likely impact and <u>what</u> does this consultation tell you about each of the diverse groups?
<p>Consultations were conducted in many different ways to help ascertain the likely impact on the wide range of intended service users. Methods of data collection included focus groups via Zoom video calls, an online questionnaire, dedicated email address and Confers online forum. Several groups were identified whom the policy may have a different affect or adverse impact due to protected characteristics. These included:</p> <ul style="list-style-type: none"> • Members of the Jewish community (11 members) 	

- Hindu ladies' community group (60 members)
- Leicestershire Equalities Challenge Group (13 members)
- Oadby, Wigston and Blaby Locality Learning Disability Group (LECG) (4 members)

The online questionnaire received 46 responses, the Confers public forum 6 responses and the dedicated email address 4 responses.

Consultations helped identify potential barriers to service that members of the population may face which lead to considerations in strategy design. Barriers that were highlighted across the consultation methods were:

- High cost of healthy food, exercise facilities or weight management support
- Digital exclusion e.g. elderly population who do not have internet access
- Lack of knowledge regarding opportunities
- Inaccessible support and resources for people with disabilities
- Difficulty in accessing services due to rural living
- Inadequate representation of culture specific healthy diets
- Unhealthy food habits due to external stressors such as isolation and low mood
- Stigma and judgement in relation to weight and unhealthy habits.

The individual groups also presented some unique barriers specific to that population. The Hindu ladies group mentioned the difficulties that may arise from a language barrier in their community. They advised production of translated services to promote engagement. Furthermore, they discussed obstacles regarding dietary advice received in the past, explaining it was not culturally specific. Therefore, this led to difficulties following any nutrition advice or plan provided. Both the Jewish community and Hindu ladies group mentioned difficulties with unhealthy eating habits around festivities. The LECG expressed concerns regarding inaccessible support and resources for people with disabilities.

18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
	We feel that our consultation process has adequately allowed us to develop an understanding of barriers that may policy may produce on target groups. Using this information, we will make amendments to our strategy to better facilitate a more inclusive approach to healthy weight.

Section 3

B: Recognised Impact

19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.	
		Comments
	Age	As discussed in the screening section, we believe we can make a positive impact on all age groups and this is something that is reflected in our strategy. With interventions

		<p>aimed at all stages in a person's life including working with maternity services, schools and adult social services. The Office for National Statistics released a report in 2019 discussing the UK's digital divide. It showed that of the UK's population of internet non-users, 79% of these were of 65 years of age or older. Our data reinforced that the population we consulted also had concerns regarding 'Digital exclusion'. Difficulties accessing online services can limit engagement with healthy weight services. We have amended the draft strategy to emphasise the need for mixed approaches to services so that they are not wholly reliant on digital means of communication, including ensuring resources and services are accessible through face-to-face contact, telephone consultations, physical information for example spread at community events and even advertising through radio.</p>
	Disability	<p>Evidence shows that people with disabilities have an increased risk of obesity. Recent NHS data revealed that 37% of people with learning disabilities are classified as obese as opposed to 30.1% in people without a learning disability (NHS Digital). People with disabilities are likely to face barriers in accessing services. These may include, difficulties with communication (learning disabilities, audio-visual impairments) and limitations with physical activity. It is vital to ensure health programmes are accessible, this may require resources to be adapted. For example, production of BSL translations and braille versions of resources. PHE guidance on obesity and weight management for people with learning disabilities suggests use of abstract images to ensure information and resources are accessible. It also advised one of the main barriers to participation in physical activity in people with learning disabilities is a lack of understanding of its benefits. Therefore, health promotion is vital to ensure maintenance of healthy lifestyle changes. The revised strategy places more emphasis on reaching people with disabilities and ensuring accessibility.</p>
	Gender Reassignment	<p>As per the screening, people will be supported in this strategy regardless of gender reassignment. We did not encounter any further concerns in regard to this.</p>
	Marriage and Civil Partnership	<p>As per the screening people will be supported regardless of their Marriage or Civil Partnership status. We did not encounter any further concerns in regard to this.</p>

	Pregnancy and Maternity	<p>Obesity during pregnancy is associated with an increased risk of gestational diabetes amongst other complications. Gestational diabetes in itself is a significant risk factor for the development of type 2 diabetes later in life. Research shows barriers to healthy weight in pregnancy can include lack of knowledge regarding what is safe in pregnancy restricted physical activity. UHL is working strongly to empower the maternity workforce to have discussions regarding healthy weight before/during/after pregnancy. Our ongoing ante-natal programme aims to provide advice on infant feeding, weaning and food in very young children to ensure a healthy start to life. Furthermore, we have developed a pregnancy weight loss service as part of the Leicestershire Weight Management Service. The strategy includes reference to weight management across the life course, including during and around pregnancy.</p>
	Race	<p>The Public Health Interventions Advisory Committee noted there was evidence that people from Black, Asian and other minority ethnic groups may have the same risk of mortality and diabetes at a lower BMI threshold compared to white populations. The 'Active Lives Survey' 2017/18 revealed 62.0% of adults 18 or over were classified as overweight or obese. However, in those from black ethnic backgrounds, the figure was 72.8%. This data shows that attention needs to be paid to ensure that members of the BAME community are readily involved in our healthy weight services due to their increased risk of unhealthy weights and its complications. Consultation data showed that language barriers can be a significant hurdle regarding access to resources. With Leicestershire containing a very diverse population, it is important the appropriate translated of resources are available. Furthermore building on learning from hubs which have been established to support vulnerable people during the Coronavirus pandemic will be vital to allow maximum engagement. Such diverse engagement has been included in the revised strategy.</p>
	Religion or Belief	<p>There are lots of different factors related to race and/or culture than can influence the impact of the strategy on an individual. For example, there are often specific dietary practices in religions which need to be taken into consideration when providing dietary advice. Furthermore, there can often be</p>

		<p>culture specific barriers in relation to physical activity. Research shows being physically active can be seen as less important to personal beliefs than activities such as group socialising. Consultation feedback showed members of the Hindu ladies' community preferred exercising in social groups and restrictions secondary to the COVID-19 pandemic has restricted this. The need for consideration of how to mitigate these factors when providing healthy weight services has been highlighted in the strategy. Use of culture/belief specific dietary advice would help promote concordance with changes in habit.</p>
	Sex	<p>As per the screening people will be supported regardless of their sex. We did not encounter any further concerns in regard to this.</p>
	Sexual Orientation	<p>As per the screening people will be supported regardless of their sexual orientation. We did not encounter any further concerns in regard to this.</p>
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	<p>As discussed in previous protected characteristics, there can be issues with 'digital exclusion'. This broad term also applies with those who are rurally isolated or living in deprived/disadvantaged communities. The local authority has learnt a considerable amount about how to support people who are digitally excluded during the Covid-19 pandemic. Lessons are being gathered about ways in which we can support those that are digitally excluded in the light of this, for example First Contact Plus is supporting digitally excluded people who are Clinically Extremely Vulnerable and vulnerable to access digital platforms or fill in digital forms.</p> <p>Health Survey 2018 showed that the highest mean BMI and highest prevalence of obesity was found in the most deprived areas.</p> <p>Figures showed 35% of men and 37% of women living in the most deprived areas were obese compared to 20% of men and 21% of women in the least deprived areas.</p> <p>Consultation data showed that people often found healthy foods and alternatives to be higher in cost than unhealthy options. We know that poor diet is a risk factor for obesity which can lead to contribute to co-morbidities such as coronary heart disease and type 2 diabetes, leading to a reduced life expectancy. One of the main themes of the strategy is the promote a healthy weight environment. More emphasis has been made on including the promotion of programmes to</p>

		increase access to fruit and veg but also piloting approaches for community projects to help access and support people to be able to grow and benefit from locally-grown fresh healthy food.
	Community Cohesion	This strategy is likely to have a positive impact on social cohesion but also use it as a base to help encourage healthy living. Consultation data showed that the social aspect of exercising is an important facilitator. A community and social approach are core factors to the strategy.

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
	Part 1: The Convention- Rights and Freedoms	
	Article 2: Right to life	This strategy aims to help prevent obesity but also help people achieve and maintain a healthy weight. In the process, we will empower people to develop life long positive habits in relation to this. A by product of this is an improvement in the overall well-being of the population with reductions in morbidity and mortality related to unhealthy weight.
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	None
	Article 4: Right not to be subjected to slavery/ forced labour	None
	Article 5: Right to liberty and security	None
	Article 6: Right to a fair trial	None
	Article 7: No punishment without law	None
	Article 8: Right to respect for private and family life	None
Article 9: Right to freedom of thought, conscience and religion	None	

	Article 10: Right to freedom of expression	None
	Article 11: Right to freedom of assembly and association	None
	Article 12: Right to marry	None
	Article 14: Right not to be discriminated against	None
	Part 2: The First Protocol	
	Article 1: Protection of property/ peaceful enjoyment	None
	Article 2: Right to education	None
	Article 3: Right to free elections	None
Section 3		
C: Mitigating and Assessing the Impact		
Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.		
21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.	
<p>The strategy already aims to mitigate members of protected characteristics who are likely to be disadvantaged in achieving a healthy weight. The consultation process appropriately identified diverse groups whom this may apply to. The data highlighted areas in which work could be done to further minimise any inequities. These have been discussed in section 17 and 19 of the assessment.</p> <p>Adverse impacts are more likely to occur in the following groups:</p> <ul style="list-style-type: none"> • Members of lower socioeconomic status • People with disabilities • Black, Asian and other minority ethnic groups • Members of the population who are 'Digitally excluded' <p>Any adverse impacts in these groups is not justifiable and should be mitigated through consideration in the design and implementation of the healthy weight strategy as set out above.</p>		
N.B.		
i) If you have identified adverse impact or discrimination that is <u>illegal</u> , you are required to take action to remedy this immediately.		
ii) If you have identified adverse impact or discrimination that is <u>justifiable or legitimate</u> , you will need to consider what actions can be taken to mitigate its effect on those groups of people.		
22.	Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative	

	<p>impact or discrimination.</p> <ul style="list-style-type: none"> a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why
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Overall the research around healthy living and the consultation data both highlighted similar barriers that the population may face. Specific groups which may encounter barriers disproportionately and so may not experience the same level of positive impact are discussed in section 21.

Barriers identified and ways to minimise their negative impact are also discussed in section 19. They include:

- Digital exclusion – utilising local community opportunities for face to face discussions and to access resources and services, using telephone consultations to support individuals, use of radio to spread awareness and physical print outs can help mitigate this.
- Language barrier – translated versions of resources, raise awareness by working with places of worship and community centres
- People with disabilities – BSL and braille versions, abstract images, health promotion, involvement of carers
- Access and cost of healthy food options – healthy start food vouchers, social prescribing of fruit and veg
- Underlying causes of unhealthy food habits e.g. mental health services, self-help

Section 3

D: Making a decision

23.	Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.
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The proposed healthy weight strategy will have a positive impact on the health Leicestershire. Whilst it will help the whole population it will also aim to also target resources to areas of greatest need. As per the EHRIA, it is clear there are certain groups who are at risk of inequalities due to barriers to resources and services. By way of design, the strategy aims to mitigate these as much as possible. By monitoring prevalence of healthy weight (as outlined in the outcomes section of the strategy) and including demographic data, we will be able to assess the response to the introduction of the strategy.

Section 3

E: Monitoring, evaluation & review of your policy

24.	<p>Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?</p> <p>As outlined in the Outcomes section of the strategy document, there are a set of key performance indicators that allow us to monitor the prevalence of healthy weight. These include:</p>
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	<ul style="list-style-type: none"> • Breastfeeding initiation. • Breastfeeding at 6-8 weeks. • Child excess weight in 4-5-year olds. • Child excess weight in 10-11-year olds. • Proportion of the population meeting the recommended '5-a-day' on a 'usual' day. • Average number of portions of fruit consumed daily at aged 15 years. • Average number of portions of vegetables consumed daily (adults). • Proportion of the population meeting the recommended '5-a-day' at age 15. • Average number of portions of fruit consumed daily at age 15. • Average number of portions of vegetables consumed daily at age 15. • Percentage of adults (aged 18+) classed as overweight or obese - current method. • Percentage of adults (aged 16+) classed as overweight or obese. <p>The implementation of the strategy will be monitored at the strategic, place and neighbourhood levels through a range of partners.</p>
25.	<p>How will the recommendations of this assessment be built into wider planning and review processes?</p> <p>The results of this EHRIA, the review of evidence and consultation data form a fundamental part in adjustments made to the strategy and its implementation. By assessing the outcomes listed in section 24, we can monitor for inequalities. From here further changes can be made and can help support future planning and work around healthy living.</p>

**Section 3:
F: Equality and human rights improvement plan**

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when
Ensure access to information, resources and services is available to equally.	Implementation of the strategy should consider people’s ethnic/cultural backgrounds.. Then mitigate communication barriers with appropriate adjustment to resources. More emphasis will be placed on increasing reach and ensuring accessibility to people with disabilities.	Eliminate impact of communication barriers.	<i>(name recorded)</i>	<i>(date)</i>
Reduce the effect of digital exclusion	System partners should ensure there are alternative delivery methods for sign posting and resources apart from digital. For example, community radio, telephone, physical copies. A mixed approach	Ensure signposting and access to resources are not solely by digital means	<i>(name recorded)</i>	<i>(date)</i>

	will ensure we are not entirely reliant on digital communication.			
Enable people from deprived areas to have access to fresh food.	A core element of the strategy is to support the use of Healthy start vouchers, community fruit and veg growing and sharing, increase availability of fresh food at food banks. Encourage food outlets to provide affordable healthy food options.	Increase the proportion of population in deprived areas meeting the '5 a day' minimum on a usual day. (adults and aged 15)	<i>(name recorded)</i>	<i>(date)</i>

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your [Departmental Equalities Group](#) and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to louisa.jordan@leics.gov.uk, Members Secretariat, in the Chief Executive's department for publishing.

Section 4

A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening

Equality and Human Rights Assessment Report

1st Authorised Signature (EHRIA Lead Officer): Adrian Allen, Public health.....

Date: 10/3/21.....

2nd Authorised Signature (DEG Chair):

Date: