

## EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for, and you wish to retain this detail.

### Section A

#### 1. Name of Activity (EQIA Title):

Physical Activity Service for Older People (Postural Stability Service)

#### 2. Directorate

Adult Social Care and Health

#### 3. Responsible Service/Division

Public health

### Accountability and Responsibility

#### 4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Linda smith

#### 5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Sarah Crouch

#### 6. Director of Service

Note: This should be the name of your responsible director.

Dr. Anjan Ghosh

### The type of Activity you are undertaking

#### 7. What type of activity are you undertaking?

Activity Type - ☒ if yes

☒ **Service Change** – operational changes in the way we deliver the service to people

☒ **Service Redesign** – a revised approach from two service providers to a new wider spread, flexible and varied activity community provider operating model [via grant application funding].

☒ **Project / Programme** includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.

☒ **Commissioning/Procurement** – requires commissioning activity needing commercial judgement.

☒ **Strategy / Policy**

Other

**8. Aims and Objectives and Equality Recommendations** – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Public Health Kent conducted a public consultation on proposed changes to the Postural Stability Service in Kent, delivered in recent years by two organisations. The proposal is to transform the current service by encouraging a broader range of organisations to apply for grants to fund evidenced based, desirable activities closer to where people live, particularly those groups of people known to be at higher risk of being inactive. Grants of variable amounts will be given related to the scope, nature, and suitability of proposals, and which will include funds for training and for the delivery of new 12-week classes.

The overarching aim of the new offer is to reach more people aged over 50 years to improve access to activities closer to home especially for those who would benefit the most and are the most inactive. This is important to improve health outcomes, wellbeing, social connectivity, reduce the incidence of falls and related hospital admissions, and to

delay the onset of disability and retain independence for longer without the need for health and care support.

The new service proposes to offer more varied evidenced based and culturally acceptable activities to build strength and balance in older adults, closer to home in more locations across Kent.

It is anticipated that the new offer will:

- Address current inequitable service e.g. long wait times. [Health inequality].
- low representation from target groups / places in Kent. E.g. men in north Kent, women in Thanet, women in urban areas, certain ethnicities e.g. Black and Asian and residents within areas of multiple deprivation. [Addressing health inequalities].
- Address actual and projected increasing demand due to increased need and size of older population in Kent.
- Sustainable physical activity related behaviour change.
- Impact of social, cultural, and environmental barriers to engagement such as people with long-term health conditions, mental health issues, loneliness, and social isolation.
- Create stronger partnerships with community and voluntary sector (VCSE) and helping to build community resources.
- Adding to the knowledge base of what helps and hinders older adults' participation in physical activity.
- Help to increase public awareness of the importance of physical activity for good health and wellbeing.

The Postural Stability Service commenced in 2015 and is delivered in recent years by two organisations. In East Kent, the service was provided by Kent Community Health Foundation Trust (KCHFT) (ceased in March 2025), and in West Kent by Involve. From April 2025, KCHFT has opted to not be a provider of this service. This means that until a decision is made on the future of the Postural Stability Service, and the new model is in place residents in East Kent wanting support will be signposted to other providers of local activities via links on the KCHFT webpage e.g. to the websites of Active Kent and Medway, County, District and Borough Councils. They will also have the option to receive a video disc of exercises from KCHFT or view these online.

Section B – Evidence	
<b>9. Do you have data related to the protected groups of the people impacted by this activity?</b> <i>Answer: Yes/No</i>	Yes
<b>10. Is it possible to get the data in a timely and cost-effective way?</b> <i>Answer: Yes/No</i>	Yes
<b>11. Is there national evidence/data that you can use?</b> <i>Answer: Yes/No</i>	Yes <a href="#">Active Lives   Adult Data</a> <a href="#">Adult physical activity - NHS England Digital</a> <a href="#">Physical Activity   Fingertips   Department of Health and Social Care</a> <a href="#">Physical activity - Kent Public Health Observatory</a>
<b>12. Have you consulted with Stakeholders?</b>	Yes

### 13. Who have you involved, consulted, and engaged with?

KCC has undertaken a range of engagement activities with members of the public, older adults including stakeholder and community voluntary organisations to understand the factors which help and stop them from being more physically active and the kinds of things they would like to see in any new service offer.

- Mapping of alternative / related provision in Kent.
- Extensive stakeholder, citizen, community, and partner engagement events held [2023-24].
- Community, voluntary sector discussions with key organisations, alliances across Kent [September 2024].

Through this engagement they told us that activities should:

- Vary, depending on the age of adults e.g. if people are retired or still working.
- Be closer to home [i.e. local and/or easily reached by public transport]
- Be low cost (no price points were mentioned).
- Include a social element e.g. time for tea, biscuits, and chat afterwards.
- Fit in with their everyday routine.
- Not require membership fees.
- Be available to try before fully committing to them.
- Consider group classes rather than the gym.

We built on the above engagement activities through a public consultation, which ran from 6<sup>th</sup> November – 17<sup>th</sup> December 2024. Feedback was captured via a consultation questionnaire which was available on KCC's engagement website (<https://letstalk.kent.gov.uk/postural-stability>). Hard copies of the consultation material were also available on request. Large print formats were available from the consultation webpage and consultation material and the webpage included details of how people could contact KCC to ask a question, request hard copies or an alternative format. A Word version of the questionnaire was provided on the webpage for people who did not wish to complete the online version.

During the consultation period we undertook targeted engagement activities to gain insight from protected groups identified in this EQIA and from those who may find it more challenging to engage with the consultation, such as older adults without access to digital media.

Activities to raise awareness of the consultation and encourage participation, included the following:

- Media release – <https://news.kent.gov.uk/articles/have-your-say-on-proposed-new-service-to-help-kents-over-50s-get-active-and-age-well>.
- Poster and postcards displayed in current providers premises, Kent Libraries and Gateways.
- Posts on KCC's Facebook, X (formerly Twitter), Instagram, Nextdoor and LinkedIn channels tagging current providers.
- Links to consultation webpage from Kent.gov. service page.
- Promotion through internal staff comms channels and directorates.
- Promoted to towns and parish councils through the Kent Association of Local Councils (KALC).
- Promoted through Kent's Resident e-Newsletter.
- Invitation to those registered with Let's talk Kent who have expressed an interest in 'Public Health and Wellbeing' and 'Adult Social Care' (9,240).
- Promoted via Kent community hospitals.
- Promotion to Armed Forces Network and Kent Equality Council.
- Email to stakeholders, including integrated care board and Healthwatch.
- Promoted via Community Wardens.
- Promoted via Active Kent networks.
- Promoted via District and Borough councils.

Consultees were asked to provide the views on KCC's equality analysis in their own words. The comments have been reviewed and grouped into themes.

34 people (24% of consultees), commented on this section. Of these, 26% of those answering highlighted that classes must remain inclusive.

**14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No**

No

**15. Do you have evidence/data that can help you understand the potential impact of your activity?**

Answer: Yes/No

Yes.

National guidance / Research evidence base  
Programme examples from other areas.

**Uploading Evidence/Data/related information into the App**

**1. Population data**

Physical activity varies with age and life stage. People tend to get less active with age especially older age. Kent has an ageing and a steadily increasing population growing by 9.4% between 2010-2020, with the 2022 mid-year estimates reporting 1,593,200 people currently living in Kent. This is above both the average for the southeast [7.5%] and England [7.4%]. Forecasts show that the number of people aged 65 and older is expected to rise by 44.9% between 2019-39, with the proportion of people aged under 65, is forecast to increase by 12.2%.

[2022 Mid-year population estimates: Age and Sex profile \(kent.gov.uk\)](https://www.kent.gov.uk/mid-year-population-estimates).

A soon-to-be published KCC Health Needs Assessment for physical activity of Kent adults aged 50 and older, reports with similar findings to England, Kent data released for 2021/22 by [Active Lives | Sport England](#) for older adults participation in twice weekly Strength, Muscle Exercise [SME] and Balance guidelines activity, tells us:

- Only 27.5% reported participating in activity to guidance
- Women are less likely to participate than men
- Only 15% of adults met both guidelines: 17% of men and 14% of women
- Men in Gravesham were least likely to participate [38%]
- Women in Thanet were least likely to participate [32%]
- Residents in areas of IMD 1-3 participating in twice weekly MSE:
  - 55-74 years: 32%
  - 75 years and older: 21%
- Rural setting residents [30%] were slightly more likely to participate in SME than those in urban areas [29%]
- For men, there is minor difference for men between rural and urban settings
- For women, those living in an urban area are less likely to participate in this type of activity [39.5%] than those in a rural setting [43%]

**2. Current services**

The KCC Postural Stability Service is provided mostly in a community setting such as community halls. The service can be accessed through a referral from a health professionals or a self-referral, which can be made through [KCC website](#)

We know that for those who use it, the current service is clearly valued but it is not reaching enough people. The current service has about 500 people at the start of course each year. About 250 people do not finish the classes. The service is not currently reaching all those aged over 50 who could potentially use and benefit from this service.

**Section C – Impact**

**16. Who may be impacted by the activity? Select all that apply.**

Service users/clients - Answer: Yes/No

Yes

Residents/Communities/Citizens - Answer: Yes/No

Yes

Staff/Volunteers - Answer: Yes/No

Yes

**17. Are there any positive impacts for all or any of the protected groups because of the activity that you are doing?**

Answer: Yes/No

Yes
<b>18. Please give details of Positive Impacts</b>
<p>Individuals:</p> <ul style="list-style-type: none"> <li>It will address health inequalities via increasing provision of local and timely service access to exercise classes especially for at-risk groups.</li> <li>There is a large and compelling evidence of positive benefits of exercise on health and wellbeing of adults even frail adults. E.g. it will prevent or delay the onset of dementia, disability, and frailty and discourage sedentary lifestyles.</li> <li>Activity increases healthy life expectancy, lengthens the period of independence, wellbeing, and resilience for individuals. This means that they will have a reduced need of health and social care, will be less likely to have an emergency hospital admission resulting from a fall, and enjoy a better quality of life with more social connections. <a href="#">Benefits of exercise - NHS</a>, <a href="#">Health matters: getting every adult active every day - GOV.UK</a>.</li> </ul> <p>Community organisations:</p> <ul style="list-style-type: none"> <li>Will strengthen relationships with VCSE sectors and build / strengthen community assets.</li> <li>It may encourage new community groups to engage especially from underrepresented communities.</li> <li>It gives community organisations an opportunity to broaden their funding and bidding experience by accessing match-funding.</li> </ul>
<b>Negative Impacts and Mitigating Actions</b>
The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.
<b>19. Negative Impacts and Mitigating actions for Age</b>
a) Are there negative impacts for Age? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Age
c) Mitigating Actions for Age
d) Responsible Officer for Mitigating Actions – Age
<b>20. Negative Impacts and Mitigating actions for Disability</b>
a) Are there negative impacts for Disability? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Disability
Mitigating Actions for Disability
Responsible Officer for Mitigating Actions – Disability
<b>21. Negative Impacts and Mitigating actions for Sex</b>
a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Sex
c) Mitigating Actions for Sex
d) Responsible Officer for Mitigating Actions - Sex

<b>22. Negative Impacts and Mitigating actions for Gender identity/transgender</b>
a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Gender identity/transgender
c) Mitigating Actions for Gender identity/transgender
d) Responsible Officer for Mitigating Actions - Gender identity/transgender
<b>23. Negative Impacts and Mitigating actions for Race</b>
a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Race
c) Mitigating Actions for Race
d) Responsible Officer for Mitigating Actions – Race
<b>24. Negative Impacts and Mitigating actions for Religion and belief</b>
a) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Religion and belief
c) Mitigating Actions for Religion and belief
d) Responsible Officer for Mitigating Actions - Religion and belief
<b>25. Negative Impacts and Mitigating actions for Sexual Orientation</b>
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Sexual Orientation
c) Mitigating Actions for Sexual Orientation
d) Responsible Officer for Mitigating Actions - Sexual Orientation
<b>26. Negative Impacts and Mitigating actions for Pregnancy and Maternity</b>
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Pregnancy and Maternity
c) Mitigating Actions for Pregnancy and Maternity
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
<b>27. Negative Impacts and Mitigating actions for marriage and civil partnerships</b>
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No
b) Details of Negative Impacts for Marriage and Civil Partnerships

<b>c) Mitigating Actions for Marriage and Civil Partnerships</b>
<b>d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships</b>
<b>28. Negative Impacts and Mitigating actions for Carer's responsibilities</b>
<b>a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No</b> <i>(If yes, please also complete sections b, c, and d).</i>
<b>No</b>
<b>b) Details of Negative Impacts for Carer's Responsibilities</b>
<b>c) Mitigating Actions for Carer's responsibilities</b>
<b>d) Responsible Officer for Mitigating Actions - Carer's Responsibilities</b>