

TEMPLATE 2 - Full Equality Impact Assessment (EqIA)

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this form and assessment.

What are the proposals being assessed? (Note: 'proposal' includes a new policy, policy review, service review, function, strategy, project, procedure, restructure)	The cessation of the Learning Disability Partnership Board (LDPB), as a result of the introduction of the Health and Wellbeing Board
Which Directorate / Service has responsibility for this?	Community Health and Wellbeing, Adult Social Care
Name and job title of lead officer	Jonathan Price, Head of Provider Services. Tel: 020 8424 1963
Name & contact details of the other persons involved in the EqIA:	Veronica Patel, Project & Change Manager. Tel: 020 8416 8148 Una Taylor, Service User Engagement Officer. Tel: 020 84241022 Deven Pillay, Chief Executive, Harrow Mencap. Tel: 020 8869 8484 David House, LDPB Vice Chair Carol Yarde, Head of Community, Health and Wellbeing Transformation
Date of assessment:	22 July 2013 – Comments from Deven Pillay, with Veronica Patel and Jonathan Price 24 July 2013 – Comments from David House, with Veronica Patel and Jonathan Price 1 August 2013 – Consultation with LDPB members 6 August 2013 – Comments from Sue Spurlock
Stage 1: Overview	
1. What are the aims, objectives, and desired outcomes of your proposals?	Approximately 10 years ago as a result of the National Service Frameworks a number of Adult Services Partnership Boards were established and have continued to be in place. The original requirements have

(Explain proposals e.g. reduction / removal of service, deletion of posts, changing criteria etc)

now dissipated which has caused a lack of focus and structure for the Boards.

The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

A decision was therefore made to disband the existing LDPB and reconstitute task and finish groups based on the health and wellbeing boards priorities.

The introduction of the Health and Wellbeing Board has been seen by the Partnership Boards as an opportunity to review their purpose and direction

The original five adult Partnership Boards were

Older People (governed by the old National Service Framework for Older People and chaired and facilitated by the PCT/CCG)

Mental Health – (facilitated by the PCT)

Learning Disability – (governed by the ‘Valuing People Framework’ chaired and facilitated by the Council)

Physical Disability – (chaired and facilitated by the Council)

Carers Partnership – (chaired and facilitated by the Council)

Aim of the proposal

The aim of the proposal is to determine any adverse impacts of the cessation of the existing LDPB. The current functions of the LDPB would be delivered through established structures within Adults Services such as the Local Account Group and engagement activities delivered through the Carers Revival groups, the Safeguarding Board and the Quality Assurance Quadrant (QAQ).

Also delivery will be ensured through existing task and finish groups or by establishing new groups around either the Joint Health and Wellbeing Strategy priorities or Joint Commissioning Intentions. The sub groups would be made up of stakeholders, service users and patients.

The Health and Wellbeing Board have some really important joint outcomes to achieve which may not

happen if:

- There is a blurring of Boards purpose
- Too many duplicate meetings
- The Partnership Boards are not governed by the Health and Wellbeing Board

Harrow Council's Safeguarding Assurance & Quality Services team has developed a new Local Account Group. This group consists of users who undertake surveys and mystery shopping. This group was formed post Winterbourne View and in response to the changes to CQC. This group takes on the role of bringing together users feedback and providing an avenue for users to influence service delivery. They along with Healthwatch Harrow will ensure voices are heard.

The Board needs to ensure that the right people are engaged to assist with the delivery of the priorities and also inform the Board of new issues which need to be considered when shaping future commissioning priorities. This includes key stakeholders such as the Public Health Team.

Officer capacity is limited and therefore any groups which are in place need to have a clear purpose and be adequately supported by the Council, the Clinical Commissioning Group and the Voluntary and Community sector. This commitment is central to success.

The recently adopted Health and Wellbeing Board (HWB) Terms of Reference outline the establishment of sub groups, which are based on the Board's priority areas rather than specific client groups. The HWB Terms of Reference state that the sub groups will be reviewed each year and expected to achieve specific outcomes. The sub groups will also have a role to ensure the views of patients and service users are included.

The Health and Wellbeing Board has seven priorities as outlined in the Joint Health and Wellbeing Strategy and also six joint commissioning intentions for 13/14:

Joint Health and Wellbeing Strategy priorities:

- Long term conditions
- Cancer
- Worklessness

	<ul style="list-style-type: none"> • Poverty • Mental health and wellbeing • Supporting parents and the community to protect children and maximise their life chances • Dementia <p>The current draft Commissioning Intentions Priorities include:</p> <ol style="list-style-type: none"> 1. Services for older people 2. Dementia strategy 3. Children's services 4. Autism strategy 5. Services for carers 6. Safeguarding adults <p>A number of task and finish groups have also been established recently to address particular service areas:</p> <p>Winterbourne Task and Finish Group (this fits to (6) above) Adults Safeguarding Board (this fits to (6) above) Autism Project Board - (this fits to (4) above)</p>
<p>2. What factors / forces could prevent you from achieving these aims, objectives and outcomes?</p>	<p>Findings of EqIA –any gaps or differential impacts on individuals or groups which cannot be mitigated</p>
<p>3. Who are the customers? Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.</p>	<ul style="list-style-type: none"> • Current members of the LDPB • Harrow Mencap • Service Users • LD community in Harrow • Schools & Colleges

<p>4. Is the responsibility shared with another department, authority or organisation? If so:</p> <ul style="list-style-type: none"> Who are the partners? <p>Who has the overall responsibility?</p>	<p>No. Council led and resourced</p>
<p>4a. How are/will they be involved in this assessment?</p>	<p>Adults Social Care, Harrow Council will collate information and draft full EqIA in consultation with representatives of the customers identified in point 3 above.</p>

Stage 2: Monitoring / Collecting Evidence / Data

5. What information is available to assess the impact of your proposals? Include the actual data, statistics and evidence (including full references) reviewed to determine the potential impact on each equality group (protected characteristic). This can include results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys, workforce profiles, service users profiles, local and national research, evaluations etc

(Where possible include data on the nine protected characteristics. Where you have gaps, you may need to include this as an action to address in the action plan)

<p>Age (including carers of young/older people)</p>	<p>Demographic profile of LD service users in Adult Social Care Services</p> <table border="1" data-bbox="638 853 1075 1125"> <thead> <tr> <th>Age Band</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>18 - 24</td> <td>90</td> </tr> <tr> <td>25 - 34</td> <td>126</td> </tr> <tr> <td>35 - 44</td> <td>81</td> </tr> <tr> <td>45 - 54</td> <td>94</td> </tr> <tr> <td>55 - 64</td> <td>54</td> </tr> <tr> <td>Grand Total</td> <td>445</td> </tr> </tbody> </table> <p>The number of service users that attend LDPB is variable. 8 service users came to the consultation meeting and completed equalities monitoring forms. 4 are between 25 and 44 years old, 3 between 45 and 64 years old and 1 over 65 (but under 75).</p>	Age Band	Count	18 - 24	90	25 - 34	126	35 - 44	81	45 - 54	94	55 - 64	54	Grand Total	445
Age Band	Count														
18 - 24	90														
25 - 34	126														
35 - 44	81														
45 - 54	94														
55 - 64	54														
Grand Total	445														

	Older people and young people are both under represented at the current LDPB.														
Disability (including carers of disabled people)	<p>Demographic profile of LD service users in Adult Social Care Services:</p> <p>Total of 445 under Adult Social Care however of these 71 also have a physical disability as a secondary category.</p> <p>All service users attending LDPB have a disability.</p>														
Gender Reassignment	<p>Whilst Harrow Council's Frameworki database system is set up to collect this monitoring information, there is very little information held currently on this protected characteristic.</p> <p>The number of service users that attend LDPB is variable. 8 service users came to the consultation meeting and completed Equalities monitoring forms. 6 completed the question on gender reassignment and of these 6, all responded to say they their gender identity was the same as the gender assigned at birth.</p>														
Marriage / Civil Partnership	<p>The number of service users that attend LDPB is variable. 8 service users came to the consultation meeting and completed Equalities monitoring forms. 7 responded that they were not married.</p> <p>Demographic profile of LD clients in Adult Social Care Services</p> <table border="1"> <thead> <tr> <th>Marital Status</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Divorced</td> <td>1</td> </tr> <tr> <td>Married</td> <td>2</td> </tr> <tr> <td>Not Known</td> <td>1</td> </tr> <tr> <td>Not Stated</td> <td>220</td> </tr> <tr> <td>Single</td> <td>221</td> </tr> <tr> <td>Grand Total</td> <td>445</td> </tr> </tbody> </table>	Marital Status	Count	Divorced	1	Married	2	Not Known	1	Not Stated	220	Single	221	Grand Total	445
Marital Status	Count														
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Married	2														
Not Known	1														
Not Stated	220														
Single	221														
Grand Total	445														
Pregnancy and Maternity	<p>Whilst Harrow Council's Frameworki database system is set up to collect this monitoring information, there is very little information held currently on this protected characteristic</p> <p>The number of service users that attend LDPB is variable. 8 service users came to the consultation</p>														

meeting and completed Equalities monitoring forms. 7 responded to say they had not been pregnant and/or on maternity leave in the last 2 years.

Demographic profile of LD clients in Adult Social Care Services

Ethnicity	Count
Asian or Asian British	166
Any other Asian background	38
Bangladeshi	3
Form not completed	4
Indian	104
Pakistani	17
Black or Black British	31
African	10
Any other Black background	2
Caribbean	19
Mixed background	8
Any other mixed background	2
White and Asian	2
White and Black Caribbean	4
Other Ethnic background	22
Any other ethnic group	21
Arab	1
(blank)	
White or White British	218
Any other White background	9
Did not wish to reply	1
English	194
Form not completed	1
Irish	13
Grand Total	445

Harrow has one of the most ethnically diverse populations in the country; ONS estimates show that Harrow now has the fourth highest proportion of residents from minority ethnic groups, compared to a ranking of

Race

eighth in 2001.

The Greater London Authority (GLA) Datastore, estimates that in 2013, 60% of the total population of Harrow or 57% of people aged 18 and over are from a BAME (Black and minority ethnic) group. By 2018 BAME groups will make up 65% of the total population and 61% of people aged 18 and over; by 2023 the proportion will increase to 68% and 65%, respectively

The number of service users that attend LDPB is variable. 8 service users came to the consultation meeting and completed Equalities monitoring forms. The results showed that 1 was Indian, 1 White, English, 1 White English and Irish, 1 Albanian, 1 Sri Lankan. The white population of services users is fairly represented at LDPB but other groups are underrepresented particularly the Asian or British Asians.

Whilst Harrow Council’s Frameworki database system is set up to collect this monitoring information, there is very little information held currently on this protected characteristic.

The number of service users that attend LDPB is variable. 8 service users came to the consultation meeting and completed Equalities monitoring forms. 4 stated that they were Christian (all denominations), 1 Hindu, 1 Jewish, 1 No religion, 1 Zoroastrian. This would indicate more Hindus are required to represent and there are no representative of the next largest group which is Islam.

Demographic profile of LD clients in Adult Social Care Services

Religion	Count
Buddhism	1
Catholic	9
Christian (all denominations)	189
Hinduism	105
Islam	58
Jainism	1
Judaism	28
No Religion / Atheist	13
Not Known	6
Not Stated	28

Religion and Belief

	<table border="1"> <tr> <td>Other Religion</td> <td>6</td> </tr> <tr> <td>Sikh</td> <td>1</td> </tr> <tr> <td>Grand Total</td> <td>445</td> </tr> </table>	Other Religion	6	Sikh	1	Grand Total	445		
Other Religion	6								
Sikh	1								
Grand Total	445								
Sex / Gender	<p>The 2011 census results show that women outnumber men in all age groups over 34-39, and this difference becomes greater in the over 75s. The Greater London Authority (GLA) Datastore, estimates that in 2013 the male to female ratio of people aged 65 or over is 45%/55% in Harrow changing to 46%/54% by 2023; the 2013 male to female ratio of people aged 75 or over is 39%/61% in Harrow changing to 44%/56% by 2023; the 2013 male to female ratio of people aged 90 or over is 33%/67% in Harrow changing to 44%/56% by 2023.</p> <p>The number of service users that attend LDPB is variable. 8 service users came to the consultation meeting and completed Equalities monitoring forms. 3 were female and 5 male. This is representative to the LD service users in Adult Social Care.</p> <p>Demographic profile of LD clients in Adult Social Care Services</p> <table border="1"> <thead> <tr> <th>Gender</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>197</td> </tr> <tr> <td>Male</td> <td>248</td> </tr> <tr> <td>Grand Total</td> <td>445</td> </tr> </tbody> </table>	Gender	Count	Female	197	Male	248	Grand Total	445
Gender	Count								
Female	197								
Male	248								
Grand Total	445								
Sexual Orientation	<p>Whilst Harrow Council's Frameworki database system is set up to collect this monitoring information, there is very little information held currently on this protected characteristic</p> <p>The number of service users that attend LDPB is variable. 8 service users came to the consultation meeting and completed Equalities monitoring forms. All attendees stated that they were heterosexual.</p>								
<p>6. Is there any other (local, regional, national research, reports, media) data sources that can inform this assessment?</p> <p>Include this data (facts, figures, evidence, key findings) in this section.</p>	<p>The Health and Wellbeing Board has seven priorities as outlined in the Joint Health and Wellbeing Strategy and also six joint commissioning intentions for 13/14:</p> <p>Joint Health and Wellbeing Strategy priorities:</p> <ul style="list-style-type: none"> • Long term conditions 								

- Cancer
- Worklessness
- Poverty
- Mental health and wellbeing
- Supporting parents and the community to protect children and maximise their life chances
- Dementia

The current draft Commissioning Intentions Priorities include:

1. Services for older people
2. Dementia strategy
3. Children's services
4. Autism strategy
5. Services for carers
6. Safeguarding adults

A number of task and finish groups have also been established recently to address particular service areas:

- a) Winterbourne Task and Finish Group (this fits to (6) above)
- b) Adults Safeguarding Board (this fits to (6) above)
- c) Autism Project Board - (this fits to (4) above)

7. Have you undertaken any consultation on your proposals? (this may include consultation with staff, members, unions, community / voluntary groups, stakeholders, residents and service users)	Yes		No	
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NOTE: If you have not undertaken any consultation as yet, you should consider whether you need to. For example, if you have insufficient data/information for any of the protected characteristics and you are **unable** to assess the potential impact, you may want to consult with them on your proposals as how they will affect them. Any proposed consultation needs to be **completed before** progressing with the rest of the EqIA.

Guidance on consultation/community involvement toolkit can be accessed via the link below

http://harrowhub/info/200195/consultation/169/community_involvement_toolkit

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different equality groups (protected characteristics)?	What action are you going to take as a result of the consultation? This may include revising your proposals, steps to mitigate any adverse impact. <i>(Also Include these in the Improvement Action Plan at Stage 5)</i>
Deven Pillay, Chief Executive, Harrow Mencap	A meeting was held in order to explain the purposes of the EqIA. The requirements were then fully discussed and views of Harrow Mencap incorporated into document	<p>There was concern that the views of young adults and some religions & races are not currently represented on the LDPB.</p> <p>A 'Task and Finish' approach which are issues based could lead to a dissipation of LD voice.</p> <p>Concerns about the level of influence such an approach will have on users setting the strategic agenda and opportunity for co design.</p>	<p>As the task and finish groups are put together representative organisations groups and members of the current LDPB will be contacted to participate in the new sub groups to ensure these groups are fairly represented and the make up of the groups reflect the LD population in Harrow as well as the focus of the group. It is anticipated that this will be an improvement on the current make up of the board.</p> <p>'Engagement strategy to be written to set out communication channels and mechanisms.</p>
David House, LDPB Chair and members	A meeting was held in order to explain the purposes of the EqIA. The requirements were then fully discussed and views of the Vice Chair of the Vice Chair of the LDPB incorporated into document.	<p>The main concern was that the views of the Disability group would not be fully heard due to the dissipation of the LDPB.</p> <p>It also recognised that the LDPB does some good work but the</p>	If representation is required at conferences/forums etc to ensure that this continues to be provided. This will be done by using existing members of the group who already represent at events as well giving new members opportunities to do so.

	<p>After the LDPB a workshop was held with all members, facilitated by Una Taylor, Jonathan Price and Veronica Patel. The closure of the LDPB explained and the intended direction required by the Health and Wellbeing board. Comments were taken on board and incorporated into the EqIA.</p>	<p>focus had been lost and there is no arrangement for feedback to a higher level.</p>	<p>Feedback and influence will continue through established groups and initiatives including:</p> <p>The Local Account Group has representation from service users with learning disabilities. The group meets on a monthly basis and helps to co produce key service development and strategic plans for Adults Services, as well as the annual local account. The group is also involved in mystery shopping exercises to improve services. Engagement activities that help to represent the views of people with learning disabilities are also delivered through the Carers Revival groups, the Safeguarding Board and the QAQ (which consider quality assurance for internally delivered services through surveys and other means)</p> <p>The Chairs and members of sub groups and task and finish groups, will have experience of ensuring the views of a range of service users and client groups are sought. Whilst representation of all groups cannot be assured, the views of hard to reach groups will be sought by contacting a</p>
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			range of voluntary organisations, through existing networks that can provide information on their behalf. This includes the established existing groups and initiatives above.
Sue Whiting	Telephone conversation and email correspondence with Jonathan Price	No comments received	No comments received
Sue Spurlock, Manager, Safeguarding Adults Services	Face to face discussion and email correspondence with Jonathan Price	Overall concern on how briefings and messages will take place with closure of the board.	Through established groups and initiatives including: The Local Account Group has representation from service users with learning disabilities. The group meets on a monthly basis and helps to co produce key service development and strategic plans for Adults Services, as well as the annual local account. The group is also involved in mystery shopping exercises to improve services. Engagement activities that help to represent the views of people with learning disabilities are also delivered through the Carers Revival groups, the Safeguarding Board and the QAQ (which consider quality assurance for internally delivered services through surveys and other means)

			<p>The Chairs and members of sub groups and task and finish groups, will have experience of ensuring the views of a range of service users and client groups are sought. Whilst representation of all groups cannot be assured, the views of hard to reach groups will be sought by contacting a range of voluntary organisations, through existing networks that can provide information on their behalf. This includes the established existing groups and initiatives above.</p>
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Stage 3: Assessing Impact and Analysis

8. What does your information tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?

Protected Characteristic	Positive	Adverse	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur.	What measures can you take to eliminate or reduce the adverse impact(s)? E.g. consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 5)
Age (including carers of young/older people)		None identified	Positive: Younger adults and older people are more likely to be part of smaller task and finish groups as action to be taken to encourage their participation in groups with focused priorities.	<p>More involvement will be possible in groups that are meaningful to them and are focused on specific tasks.</p> <p>Ensure older people from the Older People (OP) group being disbanded are included and fairly represented within the newly established sub groups. Older people will also be approached via existing groups, forums and services in Harrow to</p>

<p>Disability (including carers of disabled people)</p>			<p>Positive: The tasks will be led by the Health and Wellbeing more and mechanisms should be out into place to put actions into place and monitor outputs.</p> <p>Negative: Lack of a central voice to represent the feelings and thought of the group.</p>	<p>participate.</p> <p>A remit of Health and Wellbeing Boards, sub groups and task and finish groups is to seek the views of a range of service users, carer groups and voluntary organisations including people with learning disabilities when collecting evidence, information submissions and consultations, .</p> <p>The lack of a central voice is being mitigated through established groups and initiatives including:</p> <p>The Local Account Group has representation from service users with learning disabilities. The group meets on a monthly basis and helps to co produce key service development and strategic plans for Adults Services, as well as the annual local account. The group is also involved in mystery shopping exercises to improve services. Engagement activities that help to represent the views of people with learning disabilities are also delivered through the Carers Revival groups, the Safeguarding Board and the QAQ (which consider quality assurance for internally delivered services through surveys and other means)</p>
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Gender Reassignment	None identified	None identified		
Marriage and Civil Partnership	None identified	None identified		
Pregnancy and Maternity	None identified	None identified		
Race		None identified	Action to be taken to encourage participation from races not adequately represented in groups with focused priorities	The new sub groups will ensure representative people from the LDPB being disbanded are included and fairly represented within the newly established sub groups. People from different races will also be approached via existing groups and forums in Harrow to participate.
Religion or Belief		None identified	Action to be taken to encourage their participation in groups with focused priorities	The new sub groups will ensure the religions and beliefs in Harrow are fairly represented within the newly sub groups by approaching representatives within the current LDPB to join the sub groups as well existing forums to encourage new members.
Sex	None identified	None identified		
Sexual Orientation	None identified	None identified		
Other (please state)	None identified	None identified		
9. Cumulative impact – Are you aware of any cumulative impact? For example, when conducting a major review of services. This would mean ensuring that you have sufficient relevant information to understand the cumulative effect of all of the decisions.			People with learning disabilities are experiencing significant cumulative impact from changes in wider society and in local or national public policy, including the economic position, London's housing market, welfare reform, housing policy changes, personalisation of social care, changes in access to NHS services etc. The proposals to create a new group focused on having measurable impact will support addressing these multiple impacts. Particular areas of	

		responsibility include issues around housing, finance, information and support as well as care and health issues.	
<p>10. How do your proposals contribute towards the requirements of the Public Sector Equality Duty (PSED), which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.</p> <p>(Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)</p>			
Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups	Are there any actions you can take to meet the PSED requirements? <i>(List these here and include them in the Improvement Action Plan at Stage 5)</i>
The council will ensure that the views of people with learning disabilities are not diminished when the LDPB ceases	<p>Sub groups and task and finish groups will seek the views and evidence of a wide range of groups and individuals, as appropriate throughout their work</p> <p>The Local Account Group and engagement activities delivered through the Carers Revival groups, the Safeguarding Board and the QAQ, will ensure that the views and concerns of people with learning disabilities are acted upon. This will be at a strategic and service delivery level within adult services</p>	The Group will guide and delivery public engagement which will work to bring people from different parts of the community together	<p>Co-design approach involving a wide range of people with learning disabilities in key service development and strategic plans for Adults Services</p> <p>Reduced stigma through positive representation of people with learning disabilities</p>

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11. Is there any evidence or concern that your proposals may result in a protected group being disadvantaged (please refer to the Corporate Guidelines for guidance on the definitions of discrimination, harassment and victimisation and other prohibited conduct under the Equality Act)?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No									

If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)

If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.

If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. (select outcome 4)
If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. (select outcome 4)

Stage 4: Decision

12. Please indicate which of the following statements best describes the outcome of your EqIA (tick one box only)

Outcome 1 – No change required: when the EqIA has not identified any potential for unlawful conduct or adverse impact and all opportunities to enhance equality are being addressed.

Outcome 2 – Minor adjustments to remove / mitigate adverse impact or enhance equality have been identified by the EqIA. *List the actions you propose to take to address this in the Improvement Action Plan at Stage 5*

Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to enhance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. **(explain this in 12a below)**

Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)

12a. If your EqIA is assessed as **outcome 3** or have ticked

'yes' in Q11, explain your justification with full reasoning to continue with your proposals.

Stage 5: Making Adjustments (Improvement Action Plan)

13. List below any actions you plan to take as a result of this impact assessment. This should include any actions identified throughout the EqIA.

Area of potential adverse impact e.g. Race, Disability	Action proposed	Desired Outcome	Target Date	Lead Officer	Progress
Age	<p>Take measures to approach young adults and older people and encourage participation in the new sub groups by approaching existing groups and forums as well as members of current LDPB being disbanded.</p> <p>To mitigate through established groups and initiatives including:</p> <p>The Local Account Group has representation from service users with learning disabilities. The group meets on a monthly basis and helps to co produce key service development and strategic plans for</p>	<p>Improve representation of young adults and older people in LD community within the new sub groups</p> <p>Continued engagement and information sharing.</p>	Ongoing	Jonathan Price	

	<p>Adults Services, as well as the annual local account. The group is also involved in mystery shopping exercises to improve services. Engagement activities that help to represent the views of people with learning disabilities are also delivered through the Carers Revival groups, the Safeguarding Board and the QAQ (which consider quality assurance for internally delivered services through surveys and other means)</p>				
Disability	<p>Send appropriate representation at national and regional conferences and forums.</p> <p>Ensure good Communications and engagement strategy is put in place and quality of output of sub groups</p>	<p>Make sure the new model does provide good instruction, focus and feedback.</p> <p>Make the new sub groups provide better focus than existing LDPB.</p>	Ongoing	Jonathan Price	

	<p>To mitigate through established groups and initiatives including:</p> <p>The Local Account Group has representation from service users with learning disabilities. The group meets on a monthly basis and helps to co produce key service development and strategic plans for Adults Services, as well as the annual local account. The group is also involved in mystery shopping exercises to improve services. Engagement activities that help to represent the views of people with learning disabilities are also delivered through the Carers Revival groups, the Safeguarding Board and the QAQ (which consider quality assurance for internally delivered services through surveys and other means)</p>	<p>Continued engagement and information sharing.</p>			
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Race	<p>To mitigate through established groups and initiatives including:</p> <p>The Local Account Group has representation from service users with learning disabilities. The group meets on a monthly basis and helps to co produce key service development and strategic plans for Adults Services, as well as the annual local account. The group is also involved in mystery shopping exercises to improve services. Engagement activities that help to represent the views of people with learning disabilities are also delivered through the Carers Revival groups, the Safeguarding Board and the QAQ (which consider quality assurance for internally delivered services through surveys and other means)</p>	<p>Improve representation in new sub groups so that views and needs of all races are fairly considered within new priorities.</p> <p>Continued engagement and information sharing.</p>	Ongoing	Jonathan Price	

Religion or Belief	<p>To mitigate through established groups and initiatives including:</p> <p>The Local Account Group has representation from service users with learning disabilities. The group meets on a monthly basis and helps to co produce key service development and strategic plans for Adults Services, as well as the annual local account. The group is also involved in mystery shopping exercises to improve services. Engagement activities that help to represent the views of people with learning disabilities are also delivered through the Carers Revival groups, the Safeguarding Board and the QAQ (which consider quality assurance for internally delivered services through surveys and other means)</p>	<p>Improve representation in new sub groups so that views and needs of all religions and beliefs are fairly considered within new priorities.</p> <p>Continued engagement and information sharing.</p>	Ongoing	Jonathan Price	

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Stage 6 - Monitoring

The full impact of the decision may only be known after the proposals have been implemented, it is therefore important to ensure effective monitoring measures are in place to assess the impact.

14. How will you monitor the impact of the proposals once they have been implemented? How often will you do this? <i>(Also Include in Improvement Action Plan at Stage 5)</i>	Equalities monitoring of the sub groups are to be undertaken every 6 months to ensure the protected characteristics are not adversely impacted and that as much as possible fairly represented.			
15. Do you currently monitor this function / service? Do you know who your service users are?	Yes		No	
16. What monitoring measures need to be introduced to ensure effective monitoring of your proposals? <i>(Also Include in Improvement Action Plan at Stage 5)</i>	Monitor the make up the task and finish groups and that outputs take protected characteristics into account			
17. How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 5)</i>	Data gathered will be shared with partners and the Health and Wellbeing board using protocols to be implemented by the board			
18. Have you received any complaints or compliments about the policy, service, function, project or proposals being assessed? If so, provide details.	No			

Stage 7 – Reporting outcomes

The completed EqIA must be attached to all committee reports and a summary of the key findings included in the relevant section within them.

EqIA's will also be published on the Council's website and made available to members of the public on request.

<p>19. Summary of the assessment</p> <p>NOTE: This section can also be used in your reports, however you must ensure the full EqIA is available as a background paper for the decision makers (Cabinet, Overview and Scrutiny, CSB etc)</p> <p>What are the key impacts – both adverse and positive? Are there any particular groups affected more than others? Do you suggest proceeding with your proposals although an adverse impact has been identified? If yes, what are your justifications for this? What course of action are you advising as a result of this EqIA?</p>	<p>It is recognised that the current LDPB has done some excellent work in facilitating the sharing of information across for its members on legislation, policy, health, safeguarding and other issues. The decision to close the board has been met with some apprehension however the LDPB recognises that the replacement of the board has provided some opportunity to make some positive changes.</p> <p>The work carried out through the recently established Local Account Group and engagement activities delivered through the Carers Revival groups, the Safeguarding Board and the QAQ, will ensure that the views and concerns of people with learning disabilities are acted upon. This will be at a strategic and service delivery level within adult services.</p> <p>The Health and Wellbeing Board, sub groups and task and finish groups will also deliver the actions that are needed to make improvements for people with learning disabilities in Harrow.</p>		
<p>20. How will the impact assessment be publicised? E.g. Council website, intranet, forums, groups etc</p>	<p>Council website Sent to all LDPB members</p>		
<p>Stage 8 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)</p>			
<p>The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.</p>			
<p>21. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?</p>	<p>Carol Yarde, Sept 2013</p>		
<p>Signed: (Lead officer completing EqIA)</p>		<p>Signed: (Chair of DETG)</p>	

Date:		Date:	
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