

## 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? ( <b>Note:</b> 'proposal' includes a new policy, policy review, service review, function, strategy, project, procedure, restructure)	The cessation of the Physical Disability Partnership Board (PDPB), as a result of the introduction of the Health and Wellbeing Board																																				
Which Directorate / Service has responsibility for this?	Adults Directorate																																				
Name and job title of lead officer	Visva Sathasivam, Chair of the Physical Disability Partnership Board																																				
Name & contact details of the other persons involved in the EqIA:	<p><b>Members of the Physical Disability Partnership Board (non council)</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Wendie Dove</td> <td>Service User, Bentley NRC</td> </tr> <tr> <td>William Gregory</td> <td>Service User, Bentley NRC</td> </tr> <tr> <td>Alan Kennedy</td> <td>Service User, Bentley NRC</td> </tr> <tr> <td>Maureen McGrath</td> <td>Service User, Bentley NRC</td> </tr> <tr> <td>Rohit Moorji</td> <td>Service User, Bentley NRC</td> </tr> <tr> <td>Sally Schwarz</td> <td>Service User, Bentley NRC</td> </tr> <tr> <td>Lorna Solomon</td> <td>Service User, Bentley NRC</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Andrew Cox</td> <td>Middlesex Association for the Blind</td> </tr> <tr> <td>Angela Dias</td> <td>Harrow Association of Disabled People</td> </tr> </table> <p><b>Members of the Physical Disability Partnership Board (council officers)</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Amanda Dade</td> <td></td> </tr> <tr> <td>Zinnat Daya</td> <td></td> </tr> <tr> <td>Keith Holmes</td> <td></td> </tr> <tr> <td>Julia Redican</td> <td></td> </tr> <tr> <td>Shaun Riley</td> <td></td> </tr> <tr> <td>Visva Sathasivam</td> <td></td> </tr> <tr> <td>Peter Singh</td> <td></td> </tr> <tr> <td>Sue Spurlock</td> <td></td> </tr> <tr> <td>Una Taylor</td> <td></td> </tr> </table>	Wendie Dove	Service User, Bentley NRC	William Gregory	Service User, Bentley NRC	Alan Kennedy	Service User, Bentley NRC	Maureen McGrath	Service User, Bentley NRC	Rohit Moorji	Service User, Bentley NRC	Sally Schwarz	Service User, Bentley NRC	Lorna Solomon	Service User, Bentley NRC	Andrew Cox	Middlesex Association for the Blind	Angela Dias	Harrow Association of Disabled People	Amanda Dade		Zinnat Daya		Keith Holmes		Julia Redican		Shaun Riley		Visva Sathasivam		Peter Singh		Sue Spurlock		Una Taylor	
Wendie Dove	Service User, Bentley NRC																																				
William Gregory	Service User, Bentley NRC																																				
Alan Kennedy	Service User, Bentley NRC																																				
Maureen McGrath	Service User, Bentley NRC																																				
Rohit Moorji	Service User, Bentley NRC																																				
Sally Schwarz	Service User, Bentley NRC																																				
Lorna Solomon	Service User, Bentley NRC																																				
Andrew Cox	Middlesex Association for the Blind																																				
Angela Dias	Harrow Association of Disabled People																																				
Amanda Dade																																					
Zinnat Daya																																					
Keith Holmes																																					
Julia Redican																																					
Shaun Riley																																					
Visva Sathasivam																																					
Peter Singh																																					
Sue Spurlock																																					
Una Taylor																																					
Date of assessment:	July 2013																																				

## Stage 1: Overview

1. What are the aims, objectives, and desired outcomes of your proposals?

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

### Background

Approximately ten years ago as a result of the National Service Frameworks five adult Partnership Boards were established and have continued to be in place. The original requirements have now dissipated and this has caused a lack of focus and structure for the Boards.

For the last few years the adult Partnership Boards have undertaken some good work but they have started to lack some direction and purpose. The original frameworks have also evolved or been deleted and the number of partnership and working groups have grown which is impacting on capacity to service and attend the meetings and achieve work programmes.

The existing membership of the Boards has been static and there is often duplication of members across the various groups and with agenda items.

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)

The PDPB last met in 2012, The bi monthly meetings to date in 2013 have all been cancelled.

### Aim of the proposal

The aim of the proposal is to determine any adverse impacts of the cessation of the existing PDPB. The current functions of the PDPB 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 QAQ (Quality Assurance Quadrant)

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 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
- Poverty

	<ul style="list-style-type: none"> <li>• Mental health and wellbeing</li> <li>• Supporting parents and the community to protect children and maximise their life chances</li> <li>• Dementia</li> </ul> <p>The current draft Commissioning Intentions Priorities include:</p> <ol style="list-style-type: none"> <li>1. Services for older people</li> <li>2. Dementia strategy</li> <li>3. Children's services</li> <li>4. Autism strategy</li> <li>5. Services for carers</li> <li>6. Safeguarding adults</li> </ol> <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><b>2. What factors / forces could prevent you from achieving these aims, objectives and outcomes?</b></p>	<ul style="list-style-type: none"> <li>• Findings of EqIA –any gaps or differential impacts on individuals or groups which cannot be mitigated</li> </ul>
<p><b>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.</b></p>	<ul style="list-style-type: none"> <li>• Current PDPB members listed on page 1</li> </ul> <p>The PDPB collectively represents adults with physical disabilities and younger people transitioning from children's services In Harrow, as well as voluntary organisations for and on behalf of people with physical disabilities. The views of carers are being represented through the Carers Partnership Board.</p> <p>In the past the PDPB has formed sub groups for distinct areas of work such as Work Skills &amp; Opportunities, Personalisation and Reablement &amp; Health</p>
<p><b>4. Is the responsibility shared with another department, authority or organisation? If so:</b></p> <ul style="list-style-type: none"> <li>• Who are the partners?</li> </ul>	<p>No. The Adults Directorate has overall responsibility for the Physical Disability Partnership Board. The Board is chaired and facilitated by Visva Sathasivam,, Head of Adult Social Care</p>

<ul style="list-style-type: none"> <li>Who has the overall responsibility?</li> </ul>	
<p><b>4a.</b> How are/will they be involved in this assessment?</p>	<p>Each PDPB member was invited to feedback their initial views to populate the first draft EQIA between the 1<sup>st</sup> and 13<sup>th</sup> August 2013.</p> <p>A subsequent full PDPB meeting took place on 14<sup>th</sup> August to discuss the first draft and provide comments for the second draft of the EQIA.</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>The age profile of adults with physical disabilities in Harrow is shown in the following table</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>18 - 24</td> <td>31</td> </tr> <tr> <td>25 - 34</td> <td>55</td> </tr> <tr> <td>35 - 44</td> <td>90</td> </tr> <tr> <td>45 - 54</td> <td>147</td> </tr> <tr> <td>55 - 64</td> <td>210</td> </tr> <tr> <td>65 - 74</td> <td>416</td> </tr> <tr> <td>75 - 84</td> <td>921</td> </tr> <tr> <td>85+</td> <td>1197</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>3067</b></td> </tr> </tbody> </table>	Age Group	Count	18 - 24	31	25 - 34	55	35 - 44	90	45 - 54	147	55 - 64	210	65 - 74	416	75 - 84	921	85+	1197	<b>Grand Total</b>	<b>3067</b>
Age Group	Count																				
18 - 24	31																				
25 - 34	55																				
35 - 44	90																				
45 - 54	147																				
55 - 64	210																				
65 - 74	416																				
75 - 84	921																				
85+	1197																				
<b>Grand Total</b>	<b>3067</b>																				

<p>Disability (including carers of disabled people)</p>	<p>The age profile of adults with physical disabilities in Harrow is shown in the following table</p>
---	---

	<table border="1"> <thead> <tr> <th>Service User Sub Group</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td><b>Physical disability, frailty and sensory impairment</b></td> <td><b>3067</b></td> </tr> <tr> <td>    of which: Deaf / Hearing Impairment</td> <td>100</td> </tr> <tr> <td>    Dual Sensory Loss</td> <td>7</td> </tr> <tr> <td>    Physical disability, frailty and/or temporary illness</td> <td>2292</td> </tr> <tr> <td>    Visual Impairment</td> <td>88</td> </tr> <tr> <td>    Not Stated</td> <td>580</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>3067</b></td> </tr> </tbody> </table>	Service User Sub Group	Count	<b>Physical disability, frailty and sensory impairment</b>	<b>3067</b>	of which: Deaf / Hearing Impairment	100	Dual Sensory Loss	7	Physical disability, frailty and/or temporary illness	2292	Visual Impairment	88	Not Stated	580	<b>Grand Total</b>	<b>3067</b>				
Service User Sub Group	Count																				
<b>Physical disability, frailty and sensory impairment</b>	<b>3067</b>																				
of which: Deaf / Hearing Impairment	100																				
Dual Sensory Loss	7																				
Physical disability, frailty and/or temporary illness	2292																				
Visual Impairment	88																				
Not Stated	580																				
<b>Grand Total</b>	<b>3067</b>																				
Gender Reassignment	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																				
Marriage / Civil Partnership	<p>The marital status of adults with physical disabilities in Harrow is shown in the following table</p> <table border="1"> <thead> <tr> <th>Marital Status</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Civil Partnership - Same Sex</td> <td>1</td> </tr> <tr> <td>Cohabiting</td> <td>14</td> </tr> <tr> <td>Divorced</td> <td>96</td> </tr> <tr> <td>Married</td> <td>635</td> </tr> <tr> <td>Not Stated</td> <td>1270</td> </tr> <tr> <td>Separated</td> <td>36</td> </tr> <tr> <td>Single</td> <td>245</td> </tr> <tr> <td>Widowed</td> <td>770</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>3067</b></td> </tr> </tbody> </table>	Marital Status	Count	Civil Partnership - Same Sex	1	Cohabiting	14	Divorced	96	Married	635	Not Stated	1270	Separated	36	Single	245	Widowed	770	<b>Grand Total</b>	<b>3067</b>
Marital Status	Count																				
Civil Partnership - Same Sex	1																				
Cohabiting	14																				
Divorced	96																				
Married	635																				
Not Stated	1270																				
Separated	36																				
Single	245																				
Widowed	770																				
<b>Grand Total</b>	<b>3067</b>																				
Pregnancy and Maternity	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																				
Race	<p>The ethnicity status of adults with physical disabilities in Harrow is shown in the following table</p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td><b>Asian or Asian British</b></td> <td><b>1012</b></td> </tr> <tr> <td>Any other Asian background</td> <td>209</td> </tr> </tbody> </table>	Ethnicity	Count	<b>Asian or Asian British</b>	<b>1012</b>	Any other Asian background	209														
Ethnicity	Count																				
<b>Asian or Asian British</b>	<b>1012</b>																				
Any other Asian background	209																				

Bangladeshi	6
Chinese	3
Form not completed	2
Indian	742
Pakistani	49
Sri Lankan	1
<b>Black or Black British</b>	<b>202</b>
African	55
Any other Black background	18
Caribbean	128
Somali	1
<b>Mixed background</b>	<b>29</b>
Any other mixed background	8
White and Asian	16
White and Black African	1
White and Black Caribbean	4
<b>Not Stated</b>	<b>28</b>
Did not wish to reply	21
Form not completed	7
<b>Other Ethnic background</b>	<b>63</b>
Any other ethnic group	63
<b>White or White British</b>	<b>1733</b>
Any other White background	86
Did not wish to reply	1
English	1515
Irish	128
Polish	2
Scottish	1
<b>Grand Total</b>	<b>3067</b>

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 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								
Religion and Belief	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								
Sex / Gender	<p>The gender of adults with physical disabilities in Harrow is shown in the following table</p> <table border="1"> <thead> <tr> <th>Gender</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>2129</td> </tr> <tr> <td>Male</td> <td>938</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>3067</b></td> </tr> </tbody> </table> <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>	Gender	Count	Female	2129	Male	938	<b>Grand Total</b>	<b>3067</b>
Gender	Count								
Female	2129								
Male	938								
<b>Grand Total</b>	<b>3067</b>								
Sexual Orientation	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><b>6. Is there any other (local, regional, national research, reports, media) data sources that can inform this assessment?</b></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"> <li>• Long term conditions</li> <li>• Cancer</li> <li>• Worklessness</li> <li>• Poverty</li> </ul>								



	<ul style="list-style-type: none"> <li>• Mental health and wellbeing</li> <li>• Supporting parents and the community to protect children and maximise their life chances</li> <li>• Dementia</li> </ul> <p>The current draft Commissioning Intentions Priorities include:</p> <ol style="list-style-type: none"> <li>1. Services for older people</li> <li>2. Dementia strategy</li> <li>3. Children's services</li> <li>4. Autism strategy</li> <li>5. Services for carers</li> <li>6. Safeguarding adults</li> </ol> <p>A number of task and finish groups have also been established recently to address particular service areas:</p> <ol style="list-style-type: none"> <li>a) Winterbourne Task and Finish Group (this fits to (6) above)</li> <li>b) Adults Safeguarding Board (this fits to (6) above)</li> <li>c) Autism Project Board - (this fits to (4) above)</li> </ol>
--	---

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	
---	-----	--	----	--

**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](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>
<p>The PDPB members</p> <p>Comments of the PDPB included: Angel Dias, Chief Executive, HAD</p>	<p>Face to face or telephone meetings</p> <p>Service Users fed back their views during a group meeting on 7<sup>th</sup> August 2013</p> <p>Full group meeting on 14/8/13</p>	<p>I think the Partnership Boards will be more useful in looking at single issues such as employment and transport, my concern is more around the consideration of the more specific needs of people with physical disabilities, which may in time fall off the [Partnership Board] agenda</p>	<p>Through established groups and initiatives including:</p> <p>The Local Account Group has representation from service users with physical and sensory 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 physical and sensory disabilities are also delivered through the Carers Revival groups, the Safeguarding</p>



more of new developments and initiatives.

**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	None identified		
Disability (including carers of disabled people)			<p>There are currently seven people with a physical disability that are members of the PDPB, all are service users at Bentley Day Centre and therefore the representation of the wider population of people with physical and sensory disabilities in Harrow is limited.</p> <p>There are few organisations that are able to represent the views of people with physical disabilities at a strategic level, other than Harrow Association of Disabled People</p> <p>The Board offers a voice to people with physical disabilities and provides a platform for their involvement in new initiatives within Adult Social Care</p> <p>The Board meetings are an important source of information sharing between agencies and people</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 physical and sensory disabilities when collecting evidence, information submissions and consultations, .</p> <p>These three points are being mitigated through established groups and initiatives including:</p> <p>The Local Account Group has representation from service users with physical and sensory 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 physical and sensory</p>

			<p>with physical and sensory disabilities.</p> <p>Service users and carer representatives may need training and the costs of travel should be met if they are involved in Health and Wellbeing Boards, sub groups and task and finish groups</p> <p>Board members who are currently service users fed back that their experience of the Board meetings was that often officers and professionals spoke with each other, rather than to the service user members. The topics discussed were not presented in such a way that service users present could easily understand. There is a concern that when considering issues the needs of different groups of people are understood, including people with physical and learning disabilities, as well as carers and people with mental health</p>	<p>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>Buildings used for meetings will be accessible and travel expenses can be claimed, appropriate training will be offered as and when identified</p>
Gender Reassignment	None identified	None identified		
Marriage and Civil Partnership	None identified	None identified		
Pregnancy and Maternity	None identified	None identified		
Race	None identified	None identified		
Religion or Belief	None	None		

	identified	identified		
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.  
**Example:**  
A local authority is making changes to four different policies. These are funding and delivering social care, day care, and respite for carers and community transport. Small changes in each of these policies may disadvantage disabled people, but the cumulative effect of changes to these areas could have a significant effect on disabled people's participation in public life. The actual and potential effect on equality of all these proposals, and appropriate mitigating measures, will need to be considered to ensure that inequalities between different equality groups, particularly in this instance for disabled people, have been identified and do not continue or widen. This may include making a decision to spread the effects of the policy elsewhere to lessen the concentration in any one area.

People with physical and sensory 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.

**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.

(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)

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the	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</i>
---	--	--	---

Equality Act 2010			<i>in the Improvement Action Plan at Stage 5)</i>
The council will ensure that the views of people with physical and sensory disabilities are not diminished when the PDPB 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 physical and sensory 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 physical and sensory disabilities in key service development and strategic plans for Adults Services</p> <p>Reduced stigma through positive representation of people with physical and sensory disabilities</p>

**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 EqlA ( tick one box only)

**Outcome 1** – No change required: when the EqlA 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 EqlA. *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 EqlA 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 EqlA 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 EqlA.

Area of potential adverse impact e.g. Race, Disability	Action proposed	Desired Outcome	Target Date	Lead Officer	Progress
There are currently seven people with a physical disability that are members of the PDPB, all are service users at Bentley Day Centre and therefore the representation of	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 physical and	To ensure the representation of the views of hard to reach people with physical and sensory disabilities	On going	Visva Sathasivam	



<p>the wider population of people with physical and sensory disabilities in Harrow is limited.</p>	<p>sensory disabilities when collecting evidence, information submissions and consultations.</p>				
<p>There are few organisations that are able to represent the views of people with physical disabilities at a strategic level, other than Harrow Association of Disabled People</p> <p>The Board offers a voice to people with physical disabilities and provides a platform for their involvement in new initiatives within Adult Social Care</p> <p>The Board meetings are an important source of information sharing between agencies and people with physical and sensory disabilities.</p>	<p>These three points are being mitigated through established groups and initiatives including:</p> <p>The Local Account Group has representation from service users with physical and sensory 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 physical and sensory disabilities are also delivered through the Carers Revival groups, the Safeguarding Board and the QAQ (which consider quality assurance for internally delivered</p>	<p>To ensure that people with physical and sensory disabilities continue to have representation and involvement at a strategic level.</p> <p>Continued engagement and information sharing.</p>	<p>On going</p>	<p>Visva Sathasivam</p>	

	services through surveys and other means)				
Service users and carer representatives may need training and the costs of travel should be met if they are involved in Health and Wellbeing Boards, sub groups and task and finish groups	Buildings used for meetings will be accessible and travel expenses can be claimed, appropriate training will be offered as and when identified	The removal of any potential physical, monetary and training barriers for the involvement of people with physical and sensory disabilities within Health and Wellbeing Boards, sub groups and task and finish groups	On going	Visva Sathasivam	

### 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>	Effective monitoring of sub groups/task and finish groups at regular intervals			
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 of sub groups/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 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><b>19. Summary of the assessment</b></p> <p><b>NOTE:</b> 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>Over the years, the PDPB has proved to be very useful in facilitating the sharing of information across for its members on legislation, policy health, safeguarding and other issues.</p> <p>All of the board members have reported that the time is right for the cessation of the board. 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 physical and sensory 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 physical and sensory disabilities in Harrow.</p>
--	--

<p><b>20. How will the impact assessment be publicised? E.g. Council website, intranet, forums, groups etc</b></p>	<p>Council Website          The completed EQIA will be sent to all PDPB members</p>
--	---

**Stage 8 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)**

**The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.**

<p><b>21. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?</b></p>	<p>Carol Yarde, September 2013</p>
--	------------------------------------

<p>Signed: (Lead officer completing EqIA)</p>		<p>Signed: (Chair of DETG)</p>	
---	--	--------------------------------	--

<p>Date:</p>		<p>Date:</p>	
--------------	--	--------------	--