

Appendix B - Equality Impact Assessment (EqIA)

Equality Impact Assessment (EqIA) Template

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 assessment.

It will also help you to look at the EqIA Template with Guidance Notes to assist you in completing the EqIA.

Type of Project / Proposal:	Tick ✓	Type of Decision:	Tick ✓
Transformation		Cabinet	✓
Capital		Portfolio Holder	
Service Plan		Corporate Strategic Board	
Other		Other	
Title of Project:	The re-procurement of major Public Health Contracts.		
Directorate / Service responsible:	Barnet and Harrow Joint Public Health Services (B&HJPHS)		
Name and job title of lead officer:	Audrey Salmon, Head of Public Health Commissioning		
Name & contact details of the other persons involved in the assessment:	Bridget O'Dwyer, Senior Commissioning Manager, Substance Misuse Services (SMS) (Bridget.O'Dwyer@harrow.gov.uk) Robert Maragh, Interim Public Health Commissioner Manager, Children's (Robert.maragh@harrow.gov.uk) Annie Roy, Interim Public Health Commissioner, Sexual Health – (annie.roy@harrow.gov.uk) Carole Furlong – Public Health Consultant (carole.furlong@harrow.gov.uk)		
Date of assessment:	16 October 2014		
Stage 1: Overview			
1. What are you trying to do? (Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)	As part of the Public Health England (PHE) Requirements laid out in the Health and Social Care Act 2012, Local Authorities are responsible for commissioning health and social care services for residents. When Public Health was transferred from the NHS to the Local Authority in 2013, Harrow Council assumed		

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	<p>responsibility for the following contracts:</p> <ul style="list-style-type: none"> • Substance Misuse Treatment and Recovery Service • Contraceptive and Sexual Health Services • School Nursing Services • Smoking Cessation Services <p>It was agreed as part of the transfer that these contracts would be extended until 2015 to enable B&HJPHS to:</p> <ul style="list-style-type: none"> • undertake needs assessments to understand local needs • review service provision • develop new service specifications based on best practice <p>The re-procurement of the above services will enable the Council to:</p> <ul style="list-style-type: none"> • discharge its duties in relation to the Health and Social Care Act 2012 • commission services which deliver better outcomes for local residents in relation to their health and wellbeing • Achieve best value and efficiencies in the way services are delivered. 					
<p>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</p>	Residents / Service Users	✓	Partners	✓	Stakeholders	✓
	Staff		Age	✓	Disability	✓
	Gender Reassignment	✓	Marriage and Civil Partnership	✓	Pregnancy and Maternity	✓
	Race	✓	Religion or Belief	✓	Sex	✓
	Sexual Orientation	✓	Other			
<p>3. Is the responsibility shared with another directorate, authority or organisation? If so:</p> <ul style="list-style-type: none"> • Who are the partners? • Who has the overall responsibility? • How have they been involved in the assessment? 	<p>B&HJPHS has overall responsibility; however it has co-designed these services to ensure that the new services are responsive to local needs.</p> <p>Substance Misuse Service (SMS) partners: L.A. Services (Children/Families, Young People, Adults, Safeguarding, Police, Criminal Justice, general and mental health acute and community, Service Users, PHE, Service and voluntary services</p>					

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Barnet & Harrow SMS is wholly funded by the Public Health grant and has lead responsibility for re-procurement of the service.

A recent SMS Needs Assessment included contribution from all partners

Sexual Health – partner organisations include our secondary care NHS Trusts as well as local primary care GPs and pharmacies. Secondary and community Trusts include North West London Hospital NHS Trust in Harrow and the Royal Free NHS Foundation Trust and Central London Community Health (CLCH) in Barnet.

The service reviews and assessment of needs for contraceptive and sexual health services (CaSH) will be undertaken in conjunction with our key provider organisations utilising their supporting patient assessment of need and access to the services alongside our own local needs assessment and epidemiology reports for the two boroughs.

GPs will be consulted with to fully identify patient access into primary care to ensure that sexual health services developed in primary care best meet the needs with full equity of access for local residents.

School Nursing An independent Review of the School Nursing Service was carried out with full consultation and consideration for equalities. An EQIA was completed. In addition the specification draws heavily on the national specification for school nursing and this work included extensive consultation with professionals, children and their families.

The population is growing through a mix of natural growth and intergenerational migration in both boroughs. Barnet has the second highest number of 0-19s in London.

The population in both boroughs is becoming more diverse, with significant numbers of migrants and also families not having English as their first language.

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	<p>This presents issues for accessing a range of services including early help and NHS provision. In addition the displacing of families from inner London to boroughs such as Harrow increase levels of deprivation. Children who are part of families where there is mental health, substance misuse and domestic violence issues may be vulnerable as school nurses are often the first port of call of counselling, advice, information and support. It is a requirement of the WLA specification that SNS target provision to children and families with additional needs which includes young carers, looked after children & young people, disabled children and young people etc.</p> <p>Following the award from the procurement process it will be essential to review the EQIA as part of the implementation plan and exit strategies.</p> <p>Stop Smoking – partner agencies include primary care services (pharmacists, GPs) and community services, voluntary and community sector and wider council services.</p>
Stage 2: Evidence / Data Collation	
<p>4. What evidence / data have you reviewed to assess the potential impact of your proposals? Include the actual data, statistics reviewed in the section below. This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys; complaints etc. Where possible include data on the nine Protected Characteristics.</p> <p>(Where you have gaps (data is not available/being collated), you may need to include this as an action to address in your Improvement Action Plan at Stage 7)</p>	
<p>Age (including carers of young/older people)</p>	<p>The review of all these services has and will continue to engage a range of stakeholders. The need assessments that were undertaken highlighted gaps in service provision and recommended service improvement based on best practice.</p> <p>For example: <u>The Substance Misuse and School Nursing Services</u> – A comprehensive needs assessment was</p>

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undertaken which engaged a range of partners and key stakeholders. Contraceptive and Sexual Health (CasH) and Genitourinary Medicine (GUM) Services – A needs assessment was undertaken as part of the Sexual Health Strategy which will be presented at the Health and Wellbeing Board in November. This review has identified the need for further consultation with high risk groups and key stakeholders.

B&HJPS are currently leading a collaborative project with 20 London Boroughs which is led by the West London Alliance, to reduce the spiralling costs of GUM services.

The re-procurement of these services will not lead to reduction in provision as the intention is to achieve better outcomes for all residents (but particularly those at risk) and better value for money. Therefore no group will be adversely affected by these proposals.

As part of the tendering process, bidders will be required to demonstrate their understanding of equality and diversity and their response will be assessed within the quality criteria.

Throughout the life of the contract, providers will be expected to deliver the service in line with the Council's Equalities Policy.

Re-procurement of SMS – Positive Impact: In Harrow there is a distinct increase (drug treatment) in 45-60+ age group and a decrease in 18-29 age groups in treatment. The new Young Persons' treatment model will increase age range to avoid 'cliff edge' of support at 18. Carers support will be expanded further within the new treatment and recovery pathway.

Re-procurement of Sexual Health Services – Positive Impact:

The re-procurement will support the delivery of a robust sexual health, family planning services that are better targeted at high risk population while providing value for money for the council.

The proposed re-procurement will lead to the expansion of services in the primary care and community settings to provide better access for all, especially high risk groups such as young people, black and ethnic minorities, heterosexual women and men who have sex with men.

Re-procurement of Stop Smoking Service – Positive Impact: Smoking disproportionately affects certain groups. These include babies, children and young people, pregnant women, people with a disability, the LGBT community and some BAME groups. Therefore the procurement of the stop smoking

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	<p>services would have a greater impact on these groups and on the people in routine and manual social groups where smoking rates are higher. It is likely that people in routine and manual groups will be affected by these changes more than others. Smoking rates are higher in these groups. Although it seems counterintuitive, times of financial hardship often show an increase in smoking rates. This would increase the pressures on health and social care.</p> <p>Re-procurement of SNS – Positive Impact: The independent review highlighted specific changes which have informed a provider development programme currently being implemented in both boroughs. This includes improving communications and IT interoperability aimed at better access and delivery of accurate and age appropriate health promotion information to children and young people(C&YP). The development of the new specification will be enhanced in a number of ways including incorporating national pathways for Looked After Children(LAC), Young Carers, Safeguarding, Transition from health visiting to school nursing, Youth Justice, Domestic Abuse, Emotional Health & Wellbeing and Sexual Health.</p> <p>The procurement of SNS will require the delivery of the Healthy Child Programme(HCP) (5-19), which is universal programme based on a collection of evidence based practice, It offers C&YP a schedule of health and development reviews, screening tests, immunisation, health promotion guidance and tailored support for children and their families with additional needs. The HCP aims to:</p> <ul style="list-style-type: none"> • Helps parents develop and sustain a strong bond with children • Encourage care that keeps children healthy and safe • Protect C&YP from serious disease, through screening and immunisation • Reduce childhood obesity by promoting healthy eating and physical activity • Identify health issues early, so support can be provided in a timely manner • Make sure C&YP are prepared for and supported in education settings • Identify and help C&YP with problems that might affect their chances later in life
Disability (including carers of disabled people)	<p>SMS – Positive Impact: diversity data to be collected to better understand specific issues relating to disability/ substance misuse and understanding the root causes, the treatment pathway will be able to offer more effective treatment. Diversity data to be collected.</p> <p>Sexual Health Services – Positive Impact: Commissioned providers of sexual health services will be required to ensure all services are accessible to all disability groups including Learning Disability with</p>

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	<p>appropriate adaptations in service delivery to support these groups.</p> <p>Stop Smoking Services – as above</p> <p>School Nursing Services – Positive Impact: A Young Carers pathway in in place and is being reviewed against national guidance. As part of contract monitoring quality audits will be undertaken ensure the service is compliant with the Children’s Disability Charter and other good practice. Specific KPIs will be put in place and monitored to ensure universal and special needs access. The interface between SNS and Children’s Community Nursing Services is undergoing a review and report into the Children and Families Commissioning Board.</p>
Gender Reassignment	<p>SMS – Positive Impact: the new treatment pathway should offer client specific services such as peer support groups and counselling.</p> <p>Sexual Health – same as age above.</p> <p>Stop Smoking Services – as above</p> <p>School Nursing Services – same as above</p>
Marriage / Civil Partnership	<p>SMS – Positive Impact: no data is systematically collected across the treatment system however the new treatment pathway will deliver a service to meet holistic requirements of service users.</p> <p>Sexual Health – same as age above.</p> <p>Stop Smoking Services– as above</p> <p>School Nursing Services – Same as above. In addition the SNS will be required to improve liaison and profile with child and adolescence mental health services as well as improve support and information, advice and guidance.</p>
Pregnancy and Maternity	<p>SMS – Positive Impact: The Service will jointly work with maternity (community and hospital), psychiatric, forensic, A&E services and L.A. Children & Families’ and safeguarding teams plus other relevant parties.</p>

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	<p>Sexual Health – same as age above.</p> <p>Stop Smoking Services– as above</p> <p>School Nursing Services – Positive impact same as above.</p>
Race	<p>SMS – Positive Impact: the new treatment pathway will deliver a service to meet requirements of service users who may experience barriers to treatment due to cultural/religious practices.</p> <p>Sexual Health – same as age above.</p> <p>Stop Smoking Services – as above.</p> <p>School Nursing Services – Same as above.</p>
Religion and Belief	<p>SMS – Positive Impact: see above</p> <p>Sexual Health – same as age above.</p> <p>Stop Smoking Services – as above</p> <p>School Nursing Services – Same as above.</p>
Sex / Gender	<p>SMS – Positive Impact: The new treatment pathway should be safe and attractive to women, particular more vulnerable women such as those experiencing domestic violence or sexual exploitation.</p> <p>Sexual Health – same as age above</p> <p>Stop Smoking Services – as above</p> <p>School Nursing Services – Same as above.</p>
Sexual Orientation	<p>SMS – Positive Impact: Sexual orientation monitoring of service users in order to understand the experiences of the Lesbian, Gay and Bisexual (LGB) people and offer LGB specific services such as peer support groups and counselling.</p>

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	<p>Sexual Health – same as age above</p> <p>Stop Smoking Services – as above.</p> <p>School Nursing Services – Same as above.</p>		
Socio Economic	<p>SMS – Positive Impact: Substance misuse goes hand in hand with poor health, homelessness, family breakdown and offending and extends much larger into society. Those who experience substance misuse may be unable to find or keep regular employment which means the person must find another way to fund their addiction. It follows that money spent on drug enforcement and crime reduction is money not spent on public infrastructure or given to the public in the form of lower taxes. Another economic effect from substance misuse is the lost human productivity, such as lost wages and decreased production that results from illnesses and premature deaths related to drug abuse. If the affected person has a family of their own, they may have to seek L.A. assistance to support to support them and their dependents both financially, housing and children & families support agencies</p> <p>Sexual Health - There is considerable geographic variation in the distribution of sexually transmitted infections (STIs) in Harrow. In 2012, the highest rates of STIs were seen in 1st and 2nd most deprived areas of Harrow indicating a positive correlation between STIs and socio-economic deprivation. The re-procurement of sexual health services through primary and community services in these areas will improve access to services in these areas.</p> <p>Stop Smoking Services – as above.</p> <p>School Nursing Services – Positive Impact: See Age, as above. One of the specific outcomes for the SNS is to assist with reducing child poverty in both boroughs and specific metrics will be developed with families in conjunction with officers leading on anti-poverty initiatives and strategies</p>		
5. What consultation have you undertaken on your proposals?			
Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation

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			with the affected groups, revising your proposals).
<p>Substance Misuse Services L.A. Services (Children/Families, Young People, Adults, Safeguarding, Police, Criminal Justice, general and mental health acute and community, Service Users, Carers, PHE, Service and voluntary services, G.P's</p>	<p>On-line and paper surveys (i.e.: G.P.s, Young People, Service Users) one to one multi-agency meetings, Programme Board meetings, CCG bulletins, Provider meetings</p>	<p>Current data voids covering key priority areas have been identified by recent Needs Assessment which has informed the development of recording methods to inform planning:</p> <ul style="list-style-type: none"> • Alcohol screening in primary care • Alcohol screening in A&E • Crime data – drug and alcohol related • Children and families services alcohol/drug data • Vulnerable adults drug/alcohol data • Dual Diagnosis • Domestic Violence • Needle exchange data • Blood Borne Virus (BBV) uptake and completion • Drug & alcohol related deaths 	<p>Needs Assessment have recommended a re-procurement of a new treatment and recovery pathway? Draft Service specifications have been drafted and a Market engagement Event will take place on 2.11.14. Current Service contracts have been extended until 30.9.15 with service commencing 1.10.15.</p>
<p>Sexual Health Services Secondary Care NHS providers</p>	<p>Utilising their patient experience and service review findings</p>	<p>The results of these patient surveys are highlighting differences in previous service element when sexual health was commissioned through the NHS and now with the local authority.</p>	<p>Further consultation with providers and local GPs and discussions with local CCG and NHS England to ensure complete patient pathway for residents in accessing these services</p>

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		For example access to cervical screening in a local family planning clinic which is now no longer the responsibility of public health. The same with Chlamydia screening which is part of sexual health services but commissioned as a service through NHS England rather than local authorities	
Smoking Cessation Consultation is yet to be undertaken to develop the service specification.			
School Nursing Service C&YP, Families and face to face discussions with a rang of stakeholders including nurses and health visitors, safeguarding, primary and secondary health care practitioners, carers, PHE, voluntary and independent sector agencies	Focus groups and survey monkey	C&YP report that the SNS is important to them. The communication amongst health practitioners is in need of improvement. Communications systems needs improving	Views have are being used to shape the service specification A provider development programme is now in place A review between SNS and CCNT is be carried out Pathways are being reviewed KPIs are being reviewed to better reflect the experiences of C&YP
6. What other (local, regional, national research, reports, media) data sources that you have used to inform this assessment? List the Title of reports / documents and websites here.	Substance Misuse Barnet Adults Substance Misuse Needs Assessment 2014 (exempt from publication) Barnet Young People’s Needs Assessment 2014 (exempt from publication) Harrow Adults Substance Misuse Needs Assessment 2014 (exempt from		

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publication)

Harrow Young People's Substance Misuse Needs Assessment 2014 (exempt from publication)



Barnet adult needs
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Public Health England (PHE) Business Plan [2014 to 2015 business plan](#)

<https://www.gov.uk/government/publications/phe-business-plan-2014-to-2015>

National Drug Treatment Monitoring Service

<https://www.ndtms.net/>

Sexual Health

Harrow Sexual Health Strategy – 2014 informed by national guidelines and epidemiology.

School Nursing Service _ JSNA for both Barnet and Harrow as well as Children and Young People's Plans for both boroughs

The Healthy Child Programme 5-19 years was developed nationally and is based on relevant evidence bases. Full details can be found within:

- Healthy Child Programme – 5-19 years (DH, 2009 – amended August 2010)
- Healthy Child Programme – The two year review (DH, 2009)

The evidence base and key policy documents include:

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- Allen, G. (2011a) Early Intervention: The Next Steps. HM Government: London
- Allen, G. (2011b) Early Intervention: Smart Investment, Massive Savings. HM Government: London
- Department of Health (2013) Getting it right for children and young people : Overcoming cultural barriers in the NHS so as to meet their needs
- Department of Health (2012) The Children and young people's Health Outcomes Strategy
- Department of Health (2012) Improving outcomes and supporting transparency, Part 1: A public health outcomes framework for England, 2013-2016
- Department of Health (2012) Improving outcomes and supporting transparency, Part 2: Summary technical specifications of public health indicators)
- Department of Health (2011) Healthy lives, healthy people: our strategy for public health in England
- Department of Health (2011) Healthy lives, healthy people: update and way forward (DH, 2011)
- Department of Health (2011) Healthy lives, healthy people: a call to action on obesity in England
- Department of Health (2011) National Child Measurement Programme
- Department of Health (2011) You're welcome: quality criteria for young people friendly health services
- Department of Health (2010) Achieving equity and excellence for children. How liberating the NHS will help us meet the needs of children and young people
- Department of Health (2010) Equity and excellence: Liberating the NHS and

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	<p>Liberating the NHS: Legislative framework and next steps</p> <ul style="list-style-type: none"> • Field, F. (2010) The Foundation Years: preventing poor children becoming poor adults. HM Government: London.
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Stage 3: Assessing Potential Disproportionate Impact

7. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

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

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, continue with the rest of the template.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.

NO - If you have ticked 'No' to all of the above, then go to **Stage 6**

- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 7

Stage 4: Collating Additional data / Evidence

8. What additional data / evidence have you considered in relation to your proposals as a result of the analysis at Stage 3?

(include this evidence, including any data, statistics, titles of

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documents and website links here)			
9. What further consultation have you undertaken on your proposals as a result of your analysis at Stage 3?			
Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).

Stage 5: Assessing Impact and Analysis

10. What does your evidence 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	Adverse ✓	Positive ✓	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 9	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 7)
Age (including carers of young/older)				

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people)				
Disability (including carers of disabled people)				
Gender Reassignment				
Marriage and Civil Partnership				
Pregnancy and Maternity				
Race				
Religion or Belief				

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Sex									
Sexual orientation									
11. Cumulative Impact – Considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic? If yes, which Protected Characteristics could be affected and what is the potential impact?					Yes		No	SMS ✓	
11a. Any Other Impact – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion? If yes, what is the potential impact and how likely is to happen?					Yes		No	SMS ✓	
12. Is there any evidence or concern that the potential adverse impact identified may result in a Protected Characteristic 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) available on Harrow HUB/Equalities and Diversity/Policies and Legislation									
	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									

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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 6: Decision

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

Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality are being addressed.	✓
Outcome 2 – Minor adjustments to remove / mitigate adverse impact or advance equality have been identified by the EqIA. <i>List the actions you propose to take to address this in the Improvement Action Plan at Stage 7</i>	
Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance 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 13a 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)	

13a. If your EqIA is assessed as **outcome 3 or you have ticked 'yes' in Q12**, explain your justification with full reasoning to continue with your proposals.

Stage 7: Improvement Action Plan

14. 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.	Action required to mitigate	How will you know this is achieved? E.g.	Target Date	Lead Officer	Date Action included in
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Race, Disability	Performance Measure / Target			Service / Team Plan

Stage 8 - Monitoring

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

15. How will you monitor the impact of the proposals once they have been implemented? What monitoring measures need to be introduced to ensure effective monitoring of your proposals? How often will you do this? *(Also Include in Improvement Action Plan at Stage 7)*

The Project board for each service will continue to meet each month for six months to monitor post implementation phase. Contract Performance meetings to be held each month for initial six months of new treatment and recovery pathway. B&HJPHS Programme Boards for each service areas and B&HJPHS Performance Board to receive regular updates on transition and performance activity against national and local Performance KPIs.

16. How will the results of any monitoring be analysed, reported and publicised? *(Also Include in Improvement Action Plan at Stage 7)*

As above

17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.

No

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Stage 9: Public Sector Equality Duty

18. How do your proposals contribute towards 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 Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups

Stage 10 - 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.

19. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?			
Signed: (Lead officer completing EqIA)	Audrey Salmon	Signed: (Chair of DETG)	Carole Yarde
Date:	20/10/2014	Date:	20/10/2014
Date EqIA presented at the EqIA Quality Assurance Group		Signature of ETG Chair	