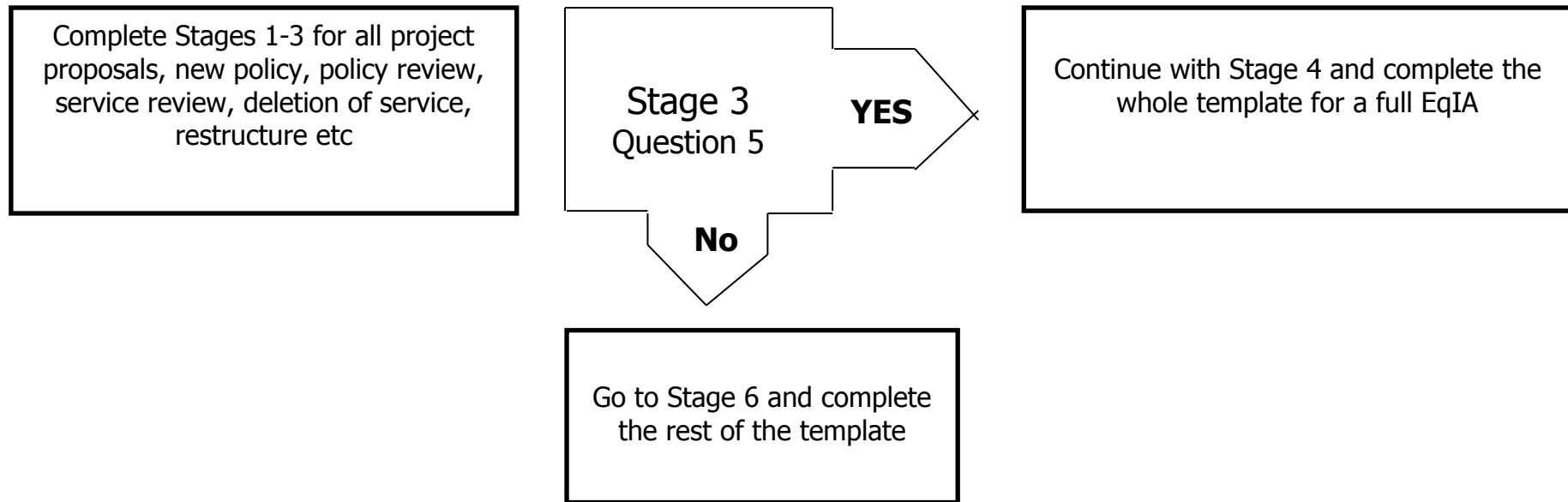


Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process (EqIA). There is now just one Template. Lead Officers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.



- In order to complete this assessment, it is important that you have read the Corporate Guidelines on EqIAs and preferably completed the EqIA E-learning Module.
- You are also encouraged to refer to the EqIA Template with Guidance Notes to assist you in completing this template.
- SIGN OFF: All EqIAs need to be signed off by your Directorate Equality Task Groups. EqIAs relating to Cabinet Reports need to be submitted to the EqIA Quality Assurance Group at least one month before your Cabinet Report date. This group meets on the first Monday of each month.
- Legal will NOT accept any reports without a fully completed, Quality Assured and signed off EqIA.

The EqIA Guidance, Template and sign off process is available on the Hub under Equality and Diversity

Equality Impact Assessment (EqIA) Template

Type of Decision: Tick ✓	<input type="checkbox"/>	Cabinet	<input type="checkbox"/>	Portfolio Holder	<input type="checkbox"/>	Other (explain)
Date decision to be taken:						
Value of savings to be made (if applicable):	£50k					
Title of Project:	CHW 06 Health Checks					
Directorate / Service responsible:	Public Health					
Name and job title of Lead Officer:	Andrew Howe, Director of Public Health					
Name & contact details of the other persons involved in the assessment:	Audrey Salmon, Head of Public Health Commissioning					
Date of assessment (including review dates):						

Stage 1: Overview

<p>1. What are you trying to do?</p> <p>(Explain your proposals here e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)</p>	<p>The proposal is to reduce the budget incrementally by approximately 70% by 2016-17. This proposal will result in the reduction in the number of the eligible population receiving Health Checks from 6300 (10%) to 630 (1%).</p> <p>To ensure that Health Checks are appropriately targeted, GPs (the main provider) will be incentivised through a tiered payment scheme to deliver Health Checks to under-represented groups or those most at risk. In addition to this, the risk management element of the programme, 'Healthwise' will cease and GPs would be encouraged to advise and signpost patients to local services.</p> <p>The NHS Health Checks programme is aimed at 40 -74 years olds who do not have a pre-existing cardiovascular (CV) condition. These proposals will affect all residents that are eligible for Health Checks. The number of local residents eligible for a Health Check is 63,000 and Public Health England expect local authorities to risk assess 50 – 70% of the eligible population over 5 years. Harrow annual target for 2014/15 is 10%; the proposal is to reduce the target to 1% by 2016/17. This proposal would reduce the reach of the programme and as a consequence would have a greater impact on groups that are currently under-represented in the service and have a higher incidence of cardiovascular disease.</p> <p>The withdrawal of the Healthwise programme will impact on all patients who are identified to be at high risk of CV in the next 10 years; but there will be no funded programme for GPs to refer their patients to. External providers of the Healthwise programme will be affected by these proposals as their services will no longer be required.</p>
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2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)	Residents / Service Users	x	Partners	x	Stakeholders	
	Staff		Age	x	Disability	
	Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity	
	Race	x	Religion or Belief		Sex	x
	Sexual Orientation		Other			

3. Is the responsibility shared with another directorate, authority or organisation? If so:

- Who are the partners?
- Who has the overall responsibility?
- How have they been involved in the assessment?

Stage 2: Evidence & Data Analysis

4. What evidence is available to assess the potential impact of your proposals? 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, press reports, letters from residents and complaints etc. Where possible include data on the nine Protected Characteristics.

(Where you have gaps (data is not available/being collated for any Protected Characteristic), you may need to include this as an action to address in your Improvement Action Plan at Stage 6)

Protected Characteristic	Evidence	Analysis & Impact
Age (including carers of young/older people)	An analysis of 2012/13 Health Check data showed a discrepancy in the age distribution of patients who completed a Health Check, when compared with Census 2011 data. The younger age group (40-55) were under-represented on the Health Check programme.	
Disability (including carers of disabled people)	Data not available to assess the impact.	This group will still have access to health checks outside of this programme.
Gender Reassignment	Data not available to assess the impact. But individuals may possess other protective characteristics.	
Marriage / Civil Partnership	Data not available to assess the impact. But individuals may possess other protective characteristics.	

Pregnancy and Maternity	Data not available to assess the impact. But individuals may possess other protective characteristics.	
Race	According to the 2011 Census, 46% of the population is white Caucasians and those of Asian and Black African/Caribbean origin make up 40% and 9% of the local population, respectively. An analysis of 2012/13 Health Check data showed the majority of recipients were of Asian and White origin, which is in line with the general population.	
Religion and Belief	Data not available to assess the impact. But individuals may possess other protective characteristics.	
Sex / Gender	An analysis of 2012/13 Health Check data showed a discrepancy in the gender distribution of patients who completed a Health Check, when compared with Census 2011 data. Whereas males and females make up 51% and 49% respectively; 60% of Health Check recipient were women. This indicates that fewer males were risk assessed as part of the Health Check Programme.	
Sexual Orientation	Data not available to assess the impact. But individuals may possess other protective characteristics.	

Stage 3: Assessing Potential Disproportionate Impact

5. 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	x					x		x	
No		x	x	x	x		x		x

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 6

Stage 4: Further Consultation / Additional Evidence

6. 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? E.g. revising your proposals
No consultation has taken place regarding this in year savings proposal		N/A

Stage 5: Assessing Impact

7. What does your evidence tell you about the impact on the different Protected Characteristics? Consider whether the evidence shows potential for differential impact, if so state whether this is a positive or an adverse impact? If adverse, is it a minor or major impact?

Protected Characteristic	Positive Impact	Adverse Impact	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 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 6)
	✓		Note – Positive impact can also be used to	

		Minor ✓	Major ✓	demonstrate how your proposals meet the aims of the PSED Stage 7	
Age (including carers of young/older people)			✓	<p>An analysis of 2012/13 Health Check data showed a discrepancy in the age distribution of patients who completed a Health Check, when compared with Census 2011 data. The younger age group (40-55) were under-represented on the Health Check programme.</p> <p>Groups that have a high prevalence of CV include older people. They are likely to be disproportionately affected by these proposals.</p>	
Disability (including carers of disabled people)		✓		Data not available to assess the impact.	
Gender Reassignment		✓		Data not available to assess the impact. But individuals may possess other protective characteristics.	
Marriage and Civil Partnership		✓		Data not available to assess the impact. But individuals may possess other protective characteristics.	

Pregnancy and Maternity		✓		Data not available to assess the impact. But individuals may possess other protective characteristics.	
Race			✓	Groups that have high prevalence of CV include people who have a family history and are of South Asian origin. They are likely to be disproportionately affected by these proposals.	
Religion or Belief		✓		Data not available to assess the impact. But individuals may possess other protective characteristics.	
Sex			✓	Groups that have high prevalence of CV include men, who are underrepresented on the programme and are therefore are likely to be disproportionately affected by these proposals.	
Sexual orientation		✓		Data not available to assess the impact. But individuals may possess other protective characteristics.	

<p>8. 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?</p> <p>If yes, which Protected Characteristics could be affected and what is the potential impact?</p>	Yes	✓	No	
	<p>Due to changes in income due to welfare reform or increases in council tax are likely to increase stress and ill health within the population. Therefore groups that have been identified as possibility being disproportionately impact by this proposal may experience a cumulative impact.</p>			
<p>9. 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?</p> <p>If yes, what is the potential impact and how likely is it to happen?</p>	Yes	✓	No	
	<p>As above</p>			

Stage 6 – Improvement Action Plan

List below any actions you plan to take as a result of this Impact Assessment. These should include:

- Proposals to mitigate any adverse impact identified
- Positive action to advance equality of opportunity
- Monitoring the impact of the proposals/changes once they have been implemented
- Any monitoring measures which need to be introduced to ensure effective monitoring of your proposals? How often will you do this?

Area of potential adverse impact e.g. Race, Disability	Proposal to mitigate adverse impact	How will you know this has been achieved? E.g. Performance Measure / Target	Lead Officer/Team	Target Date
Age, Race and Sex	<p>The proposal is to reduce the budget incrementally by approximately 70% by 2016-17. This proposal will result in the reduction in the number of the eligible population receiving Health Checks from 6300 (10%) to 630 (1%).</p> <p>To ensure that Health Checks are appropriately targeted, GPs (the main provider) will be incentivised through a tiered payment scheme to deliver Health Checks to under-represented groups or those most at risk. In addition to this, the risk management element of the programme, 'Healthwise' will cease and GPs would be encouraged to advise and signpost patients to local services.</p>	To be agreed	Audrey Salmon	To be agreed

Stage 7: Public Sector Equality Duty

10. How do your proposals meet the Public Sector Equality Duty

As above

(PSED) which requires the Council to: 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 2. Advance equality of opportunity between people from different groups 3. Foster good relations between people from different groups	
Stage 8: Recommendation	
11. 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 of opportunity are being addressed.	
Outcome 2 – Minor Impact: Minor adjustments to remove / mitigate adverse impact or advance equality of opportunity have been identified by the EqIA and these are listed in the Action Plan above.	✓
Outcome 3 – Major Impact: Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality of opportunity. 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 Q12 below)	
12. If your EqIA is assessed as outcome 3 explain your justification with full reasoning to continue with your proposals.	

Stage 9 - Organisational sign Off			
13. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?	none		
Signed: (Lead officer completing EqIA)	Audrey Salmon	Signed: (Chair of DETG)	Carol Yarde
Date:	19 June 2015	Date:	25 June 2015

Date EqIA presented at the EqIA Quality Assurance Group (if required)		Signature of DETG Chair	
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