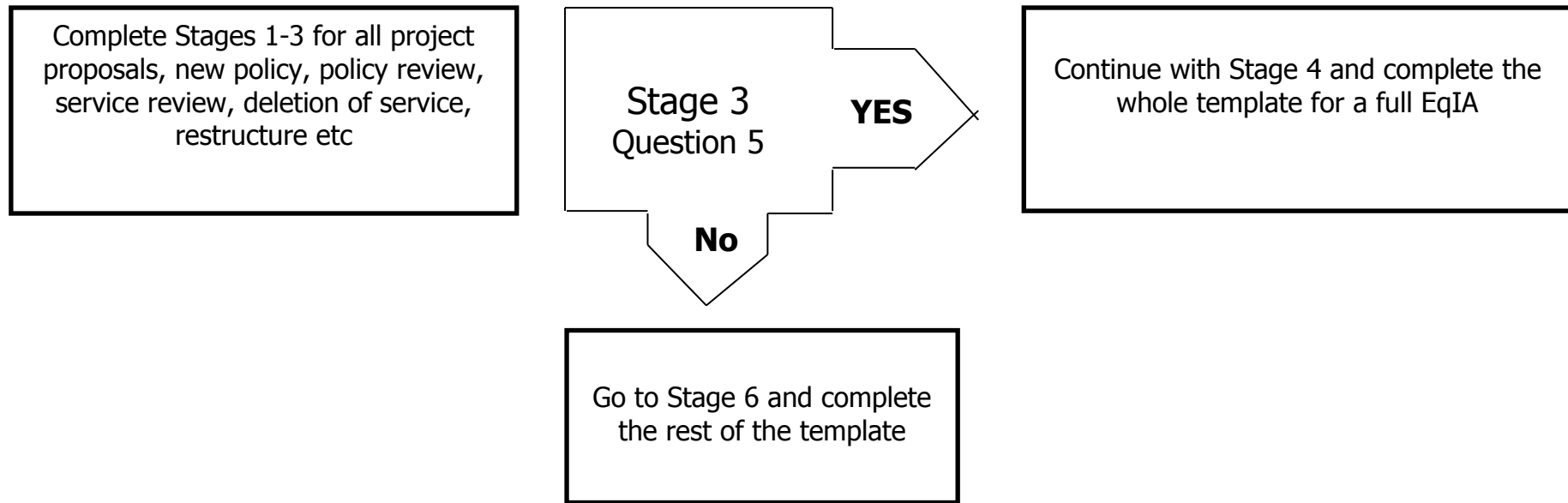


# Equality Impact Assessment Template

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

|   |   |         |  |                  |  |                 |  |
|---|---|---------|--|------------------|--|-----------------|--|
| <b>Type of Decision: Tick ✓</b>   |   | Cabinet |  | Portfolio Holder |  | Other (explain) |  |
| Date decision to be taken:  |   |         |  |                  |  |                 |  |
| Value of savings to be made (if applicable):                            | £20k  |         |  |                  |  |                 |  |
| Title of Project:   | CHW 06 Reduction in budget of Harrow Stop Smoking Service |         |  |                  |  |                 |  |
| 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: | Carole Furlong, Consultant in Public Health               |         |  |                  |  |                 |  |
| Date of assessment (including review dates):                            | 18/6/15   |         |  |                  |  |                 |  |

## Stage 1: Overview

|  |  |   |                                |   |                         |   |       |   |                    |   |            |   |
|--|--|---|--------------------------------|---|-------------------------|---|-------|---|--------------------|---|------------|---|
| <p><b>1. What are you trying to do?</b></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 reduction in budget of Harrow Stop Smoking Service of £20,000 has been identified through efficiency savings within the budget. This has been achieved through a combination of negotiated savings on consumables, a small reduction in promotional material costs, and through a reduction in the expected number of smoking quitters in line with a reduction in smoking prevalence in Harrow.</p> <p>The smoking prevalence in Harrow is one of the lowest in the country and has been decreasing year on year. The 2014-5 budget was based on a smoking prevalence of 14% and the 2015-6 budget on a smoking prevalence of 12.8%.</p> |   |                                |   |                         |   |       |   |                    |   |            |   |
| <p><b>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</b></p>  | Residents / Service Users  | x | Partners                       | x | Stakeholders            | x | Staff | x | Age                | x | Disability | x |
|  | Gender Reassignment  | x | Marriage and Civil Partnership |   | Pregnancy and Maternity | x | Race  | x | Religion or Belief | x | Sex        | x |
|  | Sexual Orientation   | x | Other                          |   |                         |   |       |   |                    |   |            |   |
| <p><b>3. Is the responsibility shared with another directorate, authority or organisation? If so:</b></p> <ul style="list-style-type: none"> <li>Who are the partners?</li> <li>Who has the overall responsibility?</li> <li>How have they been involved in the assessment?</li> </ul> | <p>Pharmacies and GP practices</p>   |   |                                |   |                         |   |       |   |                    |   |            |   |

## 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)     | Well documented evidence base       | Impact of smoking on children of smokers; low birth weight; infant mortality; respiratory illness and asthma; increased likelihood of children becoming smokers   |
| Disability (including carers of disabled people) | Well documented evidence base       | Low birth weight due to smoking is linked to learning disability<br>People with mild to moderate learning disability and low risk perception who smoke are less likely to quit without support<br>People with mental health problems especially those with drug and alcohol problems are more likely to smoke than general population and less likely to quit without support.<br>Smoking rates in people with HIV reported higher than average.<br>Smoking further depresses immune system of people with HIV. |
| Gender Reassignment                              | Cancer research UK policy statement | Evidence that smoking rates are higher in LGBT than average rates.  |
| Marriage / Civil Partnership                     | No evidence available               |   |
| Pregnancy and Maternity                          | Well documented evidence base       | Low birthweight babies<br>Increased risk of infant mortality  |
| Race   | Well documented evidence base       | Some BME groups have higher smoking rates than average (e.g. Bangladeshi, Turkish and some Eastern Europeans)   |
| Religion and Belief                              | No evidence available               |   |

|                    |                                     |  |
|--------------------|-------------------------------------|--|
| Sex / Gender       |                                     |  |
| Sexual Orientation | Cancer research UK policy statement | Evidence that smoking rates are higher in LGBT than average rates. |

### 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                   |                                | x                       | x    |                     |     | x                  |
| No  |                        |                               |                     | 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?<br>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 |
|--|--|---|
| None   |  |   |
|  |  |   |

| 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<br>✓ | Adverse Impact |            | Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur.<br><br><b>Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 7</b>   | 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) |
|   |                      | Minor<br>✓     | Major<br>✓ |  |   |
| Age (including carers of young/older people)  |                      | ✓              |            | Impact of smoking on children of smokers; low birth weight; infant mortality; respiratory illness and asthma; increased likelihood of children becoming smokers  |   |
| Disability (including carers of disabled people)  |                      | ✓              |            | Low birth weight due to smoking is linked to learning disability<br>People with mild to moderate learning disability and low risk perception who smoke are less likely to quit without support<br>People with mental health problems especially those with drug and alcohol problems are more likely to smoke than general population and less likely to quit without support.<br>Smoking rates in people with HIV reported higher than average. Smoking further depresses immune system of people with HIV. |   |
| Gender Reassignment   |                      | ✓              |            | Evidence that smoking rates are higher in LGBT than average rates.   | (Cancer research UK policy statement)   |
|   |                      | ✓              |            |  |   |

|   |  |   |  |   |                                       |    |  |
|---|--|---|--|---|---------------------------------------|----|--|
| Marriage and Civil Partnership  |  |   |  |   |                                       |    |  |
| Pregnancy and Maternity   |  | ✓ |  | Low birthweight babies<br>Increased risk of infant mortality  |                                       |    |  |
| Race  |  | ✓ |  | Some BME groups have higher smoking rates than average (e.g. Bangladeshi, Turkish and some Eastern Europeans)   |                                       |    |  |
| Religion or Belief  |  | ✓ |  |   |                                       |    |  |
| Sex   |  | ✓ |  |   |                                       |    |  |
| Sexual orientation  |  | ✓ |  | Evidence that smoking rates are higher in LGBT than average rates.  | (Cancer research UK policy statement) |    |  |
| <b>8. Cumulative Impact</b> – 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?<br><br>If yes, which Protected Characteristics could be affected and what is the potential impact? |  |   |  | Yes   | <b>x</b>                              | No |  |
|   |  |   |  | Although smoking rates are decreasing, changes in income due to welfare reform or increases in council tax are likely to increase stress within the population. 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. We will need to monitor the smoking prevalence data to see if this is happening locally. |                                       |    |  |
| <b>9. Any Other Impact</b> – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy,  |  |   |  | Yes   | <b>x</b>                              | No |  |

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 it to happen?

Access to the stop smoking services will not be affected by the budget reduction. There will be no reduction in the number of pharmacies that deliver the stop smoking services and will be an additional two pharmacies brought into the scheme to target areas where service coverage is low. A reduction in advertising may impact on some groups disproportionately. The reduction in the expected number of quitters may also affect some groups more than others if they are less likely to access the services.

Smoking disproportionately affects certain groups. These include babies, children and young people, pregnant women, people with a disability, the LGBT community, some BAME groups and people in routine and manual social groups where smoking rates are higher. This would increase health inequalities within the borough.

## 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, Disability, Pregnancy and Maternity, Race and Sexual Ordination | Work plans will have to be revisited to ensure that remaining budget is used effectively to address those protected characteristic groups that have been identified as having high levels of smokers. | To be agreed  | Carole Furlong    | To be agreed |
|  |   |   |                   |              |
|  |   |   |                   |              |

### Stage 7: Public Sector Equality Duty

|   |                 |
|---|-----------------|
| <p><b>10.</b> How do your proposals meet the Public Sector Equality Duty (PSED) which requires the Council to:</p> <ol style="list-style-type: none"> <li>1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010</li> <li>2. Advance equality of opportunity between people from different groups</li> <li>3. Foster good relations between people from different groups</li> </ol> | <p>As above</p> |
|---|-----------------|

### Stage 8: Recommendation

|   |          |
|---|----------|
| <p><b>11.</b> Please indicate which of the following statements best describes the outcome of your EqIA ( ✓ tick one box only)</p>  |          |
| <p><b>Outcome 1</b> – 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.</p>   |          |
| <p><b>Outcome 2</b> – 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.</p>  | <p>✓</p> |
| <p><b>Outcome 3</b> – 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. <b>(Explain this in Q12 below)</b></p> |          |
| <p><b>12.</b> If your EqIA is assessed as <b>outcome 3</b> explain your justification with full reasoning to continue with your proposals.</p>  |          |

### Stage 9 - Organisational sign Off

|  |                       |                                |                    |
|--|-----------------------|--------------------------------|--------------------|
| <p><b>13.</b> Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?</p> |                       |                                |                    |
| <p>Signed: (Lead officer completing EqIA)</p>  | <p>Carole Furlong</p> | <p>Signed: (Chair of DETG)</p> | <p>Carol Yarde</p> |



|   |         |                         |         |
|---|---------|-------------------------|---------|
| Date:   | 19.6.15 | Date:                   | 25.6.15 |
| Date EqIA presented at the EqIA Quality Assurance Group (if required) |         | Signature of DETG Chair |         |