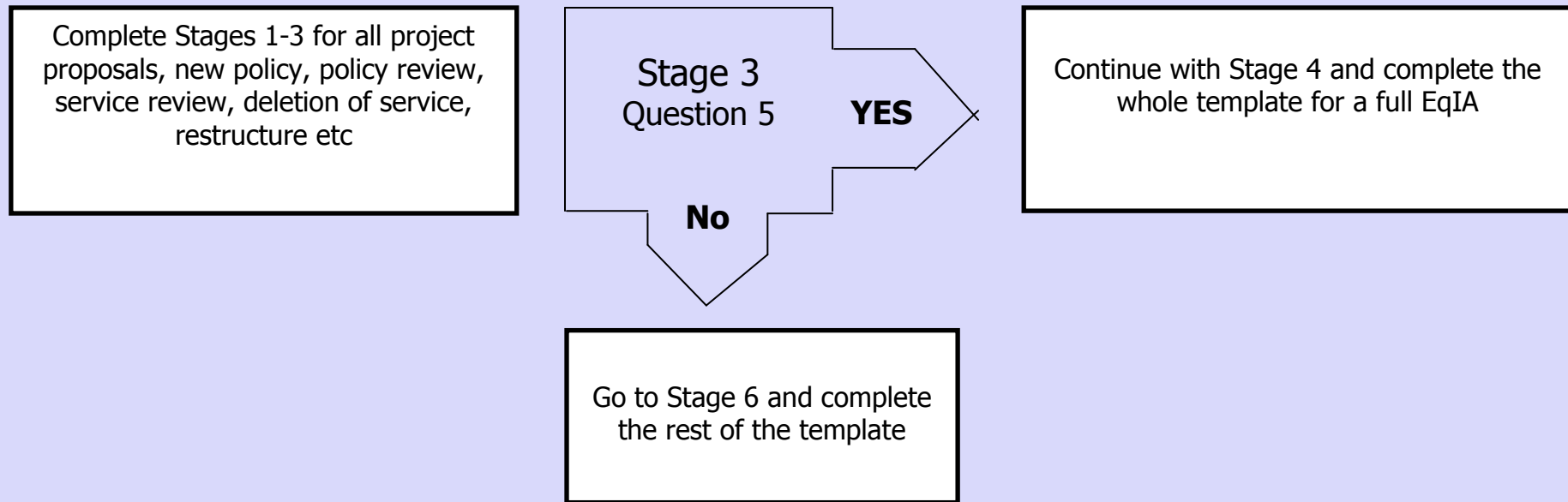


# Equality Impact Assessment Template

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):	£76,000						
Title of Project:	Physical activity – cessation of service						
Directorate / Service responsible:	People Directorate – Public Health						
Name and job title of Lead Officer:	Audrey Salmon, Head of Public Health Commissioning and Sarah Crouch PH Consultant						
Name & contact details of the other persons involved in the assessment:	Carol Yarde – Interim Business Manager Public Health						
Date of assessment (including review dates):	August 2015 updated following consultation Jan 2016						

## 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><b>All Physical Activity Initiatives commissioned or delivered by Public Health will cease.</b></p> <p><b>This will include the following programmes:</b></p> <ul style="list-style-type: none"> <li>• <b>Physical Activity – walks</b></li> <li>• <b>Exercise on referral programme</b></li> <li>• <b>Mental health personal trainers</b></li> <li>• <b>Projects and campaigns</b></li> <li>• <b>Health Trainers</b></li> </ul>					
<p><b>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that</b></p>	Residents / Service Users	✓	Partners	✓	Stakeholders	✓
	Staff	✓	Age	✓	Disability	✓

apply)	Gender Reassignment	✓	Marriage and Civil Partnership	✓	Pregnancy and Maternity	✓
	Race	✓	Religion or Belief	✓	Sex	✓
	Sexual Orientation	✓	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>Partners include voluntary and community sector providers, Everyone Activity (Harrow Leisure Centre), Aspire, etc.</p> <p>Public Health has overall responsibility as the commissioners and/or coordinators of this service.</p> <p>When we reduced the funding available to these services – providers and delivery partners assisted us in making better use of limited services.</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)	<b>JSNA 2015</b>	<p>The cessation of these services may have an adverse impact on particular protected characteristics, as the above projects are available to residents who were identified as at risk who needed to increase their physical activity.</p> <p>Nationally, on average only a third of adults take enough physical activity according to guidelines. In Harrow this is even lower. Areas within the south east of the borough have the highest levels of inactivity. Data from a recent meta-analysis found that compared with individuals of normal weight, unfit individuals had twice the risk of mortality regardless of BMI. Other evidence suggests regular physical activity can improve diabetes control<sup>i</sup>. South Asian populations are at higher risk of</p>

		<p>type 2 diabetes at lower BMI and there is some evidence that levels of physical activity are lower among South Asian groups than the general population; which may contribute to increased risk of diabetes and coronary heart disease.</p> <p>Physical Activity not only offers the opportunity for people to improve their health but also has huge potential social and economic benefits. Increasing physical activity levels is a long term commitment with the need for a consistent approach, providing people with the opportunity to undertake physical activity that fits into their everyday lives. It needs to be recognised that some groups in society including disabled people, older people, people with mental health conditions and some ethnic minority groups are less likely to be active than others will be adversely affected if this proposal is accepted.</p> <p>Reducing the proportion of adults with excess weight and increasing the proportion of physically active adults are two of the outcome measures in the local Health and Well Being Strategy Implementation Plan and highlighted as a priority in the Harrow Health Profile for 2014 (produced by Public Health England). This also reflects the Public Health Outcomes Framework 2013-16 for England (Indicators 2.06i and ii, and 2.12).</p> <p>In addition, Harrow has an aging inactive population and the provision of services such as exercise on referral ensures people can access opportunities to improve their health without the fear factor of not fitting into a local facility. This fear of fitting in means many older people are not willing to access main stream physical activity initiatives and need that initial supported environment in order to make a sustained lifestyle change. Inactivity in the older population leads to increased isolation due to lack of mobility and an increased burden on social services.</p>
Disability (including carers of disabled people)		<p><b>As above.</b></p> <p><b>In addition, people with disabilities whether physical or mental are less likely to participate in physical activity. Physical activity in any form is a great way to keep you physically healthy as well as improving your mental</b></p>

		<p>wellbeing. With programmes such as Exercise on Referral and Mental Health personal trainers programme we are able to offer these vulnerable people the required levels of support and guidance to undertake physical activity in a safe controlled environment thereby increasing the chances of a sustained lifestyle change. Removal of initiatives will lead to potential isolation for clients. People with mental health problems are less likely to receive the physical healthcare they're entitled to. Mental health service users are statistically less likely to receive the routine checks that might detect symptoms of these physical health conditions earlier. They are also less likely to be offered support to reduced increase activity levels. Removal of these initiatives will further reduce available support.</p> <p>Please see appendices 1, 2, 3, 4 &amp; 5</p>
Gender Reassignment		As above.
Marriage / Civil Partnership		As above.
Pregnancy and Maternity		As above.
Race		As above.
Religion and Belief		<p>As above.</p> <p>In addition, the ability to provide services to people in line with religious / cultural requirements such as single sex facilities is key to engagement with certain population groups. Through the Exercise on Referral programme we have been able to develop facilities to incorporate such sessions. Removal of exercise on referral could potentially isolate certain population groups by adding barriers to their introduction to physical activity.</p>
Sex / Gender		As above.

Sexual Orientation	As above.
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### 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		✓							
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 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
Harrow Council Public Health Consultation ran from the 16 Nov 2015 until the 16 Jan 2016. In addition to an on line an paper consultation	A total of 15 individual responses were received and a full report detailing the outcome from the consultation is appended to	None

document and questionnaire being widely circulated and send directly to stakeholders three focus groups were organised on different days of the week and at different times of the day.	this EqIA. 5 individuals agreed with this proposal and 8 disagreed.  A formal response together with supporting evidence was received from Lead Occupational Therapist, Harrow Mental Health Service; CNWL and is appended to this EqIA.	

### 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.  <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 <b>(Also Include these in the Improvement Action Plan at Stage 6)</b>
		Minor ✓	Major ✓		
Age (including carers of young/older people)					
Disability (including carers of disabled people)		✓		Evidence provided as consultation feedback have shown benefits for most participants including improved mood and activity levels.  Please see appendices 1, 2, 3, 4 & 5	

Gender Reassignment							
Marriage and Civil Partnership							
Pregnancy and Maternity							
Race							
Religion or Belief							
Sex							
Sexual orientation							
<b>8. Cumulative Impact</b> – Considering what else is happening within the				Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>



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?

**Due to other savings proposals across the Council and particularly in Adult Social Care there may be a cumulative impact on those currently using this service.**

**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?

If yes, what is the potential impact and how likely is it to happen?

Yes	✓	No	
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**Due to other savings proposals across the Council and particularly in Adult Social Care there may be a cumulative impact on those currently using this service.**

**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
Disability	Promote other activities e.g Health Walk scheme	Numbers of participants	Public Health	End Sept 2016

**Stage 7: Public Sector Equality Duty**

**10.** How do your proposals meet the Public Sector Equality Duty (PSED) which requires the Council to:

<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>	
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### Stage 8: Recommendation

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

<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.	
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<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.	x
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<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>	
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<b>12.</b> If your EqIA is assessed as <b>outcome 3</b> explain your justification with full reasoning to continue with your proposals.	
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### Stage 9 - Organisational sign Off

<b>13.</b> Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?	
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Signed: (Lead officer completing EqIA)	Audrey Salmon, Head of Public Health Commissioning and Sarah Crouch PH Consultant	Signed: (Chair of DETG)	Carol Yarde, Interim Public Health Business Manager
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Date:	24.8.15	Date:	25.1.16
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Date EqIA presented at the EqIA Quality Assurance Group (if required)		Signature of DETG Chair	
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<sup>i</sup> D. Umpierre, P. A. B. Ribeiro, C. K. Kramer et al., “Physical activity advice only or structured exercise training and association with HbA1c levels in type 2 diabetes: a systematic review and meta-analysis” *Journal of the American Medical Association*, vol. 305, no. 17, pp. 1790–1799, 2011.