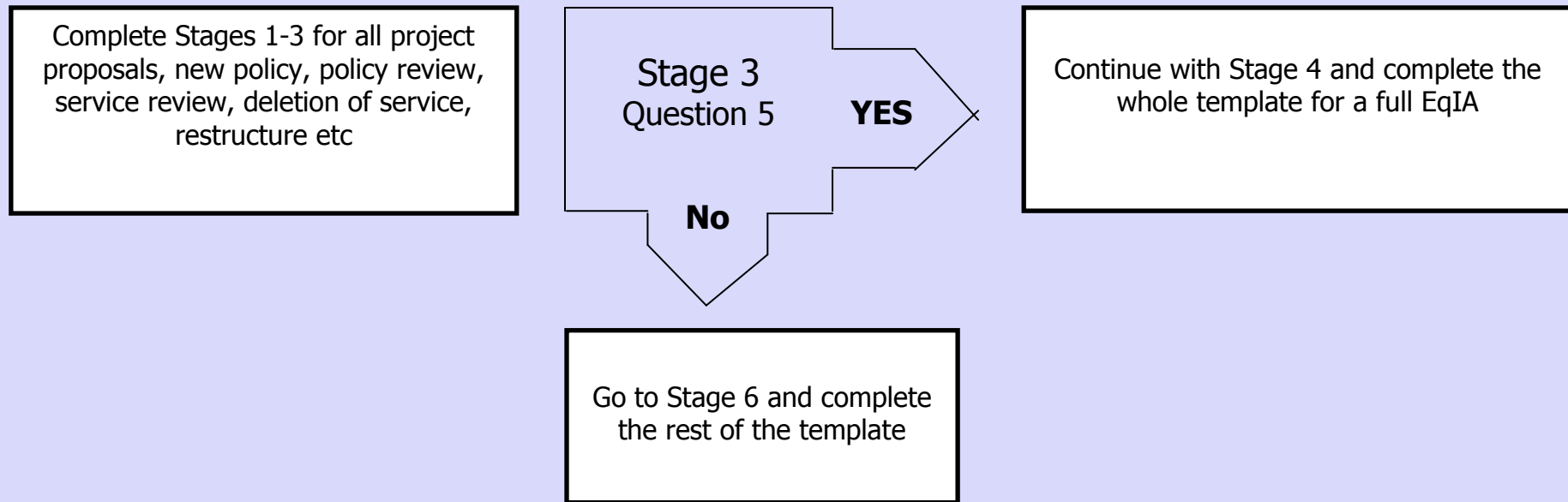


(Appendix B) Equality Impact Assessment

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 checked="" type="checkbox"/>	Portfolio Holder	<input type="checkbox"/>	Other (explain)	<input type="checkbox"/>
Date decision to be taken:	March/ April 2016						
Value of savings to be made (if applicable):	£276k						
Title of Project:	Supporting People – The Bridge						
Reference:	PA_2						
Directorate / Service responsible:	Adult Social Care						
Name and job title of Lead Officer:	Chris Greenway, Head of Safeguarding Assurance & Quality Services						
Name & contact details of the other persons involved in the assessment:	Donna Edwards, Finance Business Partner Rachel Dickinson, Project Manager (Adults) Multi – Agency EqIA focus group (including CCG, CNWL, Users, Carers and interested Partner Organisations, formed March 2016)						
Date of assessment (including review dates):	V1. 5 th August 2015 Draft v1.1 11 th March 2016 v1.2 21 st March 2016 v1.2 25 th March 2016 v1.3 18 th April 2016						

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>This proposal is part of on-going plans to; expand personalisation, choice and personal budgets for clients and carers eligible for support under The Care Act 2014, sees Harrow Council rethinking and redesigning the delivery of day service provision across the Borough and across all client groups.</p> <p>The proposal is not to renew or retender the contract with Rethink Mental Illness running at The Bridge, making a saving of £276k for 2016/2017.</p> <p><u>Background and Context</u> Over the last few years, and following the personalisation agenda, Harrow has seen a number Of clients use their personal budgets in different settings, to purchase non-traditional and non-building based mental health day support.</p> <p>For example, mental health clients across the Borough are choosing to spend their PBs on; adult learning courses, fishing, golf, Reiki, carpentry, horse riding, religious courses and gym membership</p> <p>Many service users also chose to spend their budgets to attend Wiseworks for; IT and desktop publishing, photography and gardening courses.</p>
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This proposal will build on this, and will encourage all users to look at other offers available in the community and to express choice over the way their budget is spent.

The Bridge

The Bridge contract with Rethink Mental Illness was set up following extensive consultation and the merging of two mental health centres (Marlborough Hill and The Bridge)

Until 2010/11, The Bridge was part funded by Harrow Primary Care Trust (now known as Harrow CCG), however this funding was terminated through their earlier savings round, but many users still have health based outcomes which does not mean they have eligible social care needs (under the Care Act 2014). Harrow Council continued to fund the Bridge and the contract with Rethink was set up on the 1st June 2013, and is due to come to its natural end 31st May 2016.

One of the main reasons behind this proposal, is that a large proportion of services provided at The Bridge, can be provided elsewhere; either through the expansion of the Wiseworks service, or by support provided in the community, and every effort will be made by the Council to continue running services at alternative venues. With a number of groups being offered space at Wiseworks, in order to protect the 'community' feel of the Bridge, and allow this to expand and include the users at Wiseworks. Other contracts of similar values would not be able to be re-provided elsewhere to the same extent.

The Bridge is a multi-use community centre run by Rethink Mental Illness to provide day support to service users in Harrow with mental health difficulties. Based on contract monitoring data, the service currently supports 164 clients (with an additional waiting list).

Clients supported have a range of mental illnesses, with depression, bipolar, schizophrenia/ schizoaffective disorder and psychosis being the most common. There is also some support provided to clients with Autistic Spectrum Disorder (and accompanied mental health difficulties)

The building is host to around 30 groups and support services; some of these are volunteer/ peer led, rethink run and/or run by private individuals.

These include (Please note this list is not extensive, as groups change on a regular basis):

Groups:

- Breaking Social Isolation, Depression Management, Increasing Self-confidence, Self harm support group, women's groups, gardening group, lunch club, art groups,

	<p>smoking cessation, Art groups, basic living skills, support for parents, and more groups/ activities on a cyclical basis (eg: Tambala Drums)</p> <ul style="list-style-type: none"> - News group, Café group, More than just a choir, BiPolar Support group, Guitar group, widowed friends, music group, Harrow Support Group, Choir Yoga, WhyFi, toastmasters, guitar group, Recovery Support Group, - Needlecraft, Quiz Group, Jewelry group, Café outings, - Mind PB Art Group, Mind Creative Writing Group (PB), Dawn – Asian Women’s group, Restorative Yoga, Kundalini Yoga, Massage, Carers Support Group (ASAP), ASAP 1:1 Consultations, Hair Dresser, Toastmasters <p>CNWL (OT groups)</p> <ul style="list-style-type: none"> - Worry Workshop, Health Workshop, Mindfulness, Depression, Hearing Voices, Writing Therapy, Healthy living, Mindfulness and relaxation, Walking, Anger Management, lets Get moving, Football group,
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	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	✓	Mental Health	✓

<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>Overall responsibility is with Adult Social Care working in partnership with Bridge service users, carers, related partners groups such as; the CCG, CNWL, Rethink Mental Illness and Mind in Harrow. These partners have been involved in the formulation of this impact assessment since March 2016.</p>
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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)	<p>From the Oct-Dec 2015 monitoring data (Provided by Rethink Mental Illness):</p> <table border="1" data-bbox="465 341 1227 644"> <thead> <tr> <th></th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>0 - 25 years</td> <td>16</td> <td>9.76%</td> </tr> <tr> <td>26 - 40 years</td> <td>31</td> <td>18.90%</td> </tr> <tr> <td>41 - 65 years</td> <td>96</td> <td>58.54%</td> </tr> <tr> <td>Over 65 years</td> <td>21</td> <td>12.80%</td> </tr> <tr> <td>Total</td> <td>164</td> <td></td> </tr> </tbody> </table> <p>Joint Strategic Needs Assessment (JSNA 2015-2020)</p> <table border="1" data-bbox="477 778 1245 1270"> <thead> <tr> <th>Source:</th> <th>Carers in Households (England 2009-10)</th> <th>Carers Survey (Harrow 2012-13)</th> </tr> </thead> <tbody> <tr> <td>% of carers</td> <td></td> <td></td> </tr> <tr> <td>who are female</td> <td>60%</td> <td>67%</td> </tr> <tr> <td>who are older (65+)</td> <td>25%</td> <td>33%</td> </tr> <tr> <td>from BAME</td> <td>8%</td> <td>50%</td> </tr> <tr> <td>in employment</td> <td></td> <td></td> </tr> <tr> <td>(caring < 20 hrs/wk)</td> <td>35%</td> <td>47%</td> </tr> <tr> <td>(caring > 20 hrs/wk)</td> <td>17%</td> <td>27%</td> </tr> <tr> <td>of family member (or co-resident)</td> <td>72%</td> <td>(74%)</td> </tr> <tr> <td>of someone aged 75+</td> <td>50%</td> <td>59%</td> </tr> </tbody> </table>		Number	Percentage	0 - 25 years	16	9.76%	26 - 40 years	31	18.90%	41 - 65 years	96	58.54%	Over 65 years	21	12.80%	Total	164		Source:	Carers in Households (England 2009-10)	Carers Survey (Harrow 2012-13)	% of carers			who are female	60%	67%	who are older (65+)	25%	33%	from BAME	8%	50%	in employment			(caring < 20 hrs/wk)	35%	47%	(caring > 20 hrs/wk)	17%	27%	of family member (or co-resident)	72%	(74%)	of someone aged 75+	50%	59%	<p>A majority of users are of working age. There is potential for an adverse impact on this group.</p> <p>Meaning that when looking at mitigation and attempts to limit the impact on the majority of clients it will be important to ensure that the alternative support provided is suitable for this age group.</p> <p>This may include employment and life skill support of all ranges, to accommodate the breadth of abilities held by users at The Bridge. As well as ensuring the continuation of therapeutic services.</p> <p>It is important that scoping exercises provide adequate support for carers of mental health clients. (This is around 1 in 5 carers in Harrow) The majority of Carers in Harrow are female, while this is the picture nationally, the ratio for femals carers in Harrow is higher than the national average (67%)</p> <p>The JSNA also showed that 18% of carers in Harrow care for someone with Mental Health problems. This is around 1 in 5 and is similar to the number of carers supporting someone with Dementia.</p>
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Disability (including carers of disabled people)	From the Oct-Dec 2015 monitoring data:	Number	Percentage	<p>All service users at The Bridge have a disability. There is potential for an adverse impact on this group. There is a wide variety of mental health diagnoses within the make-up of the clients using the bridge, however the most common primary diagnosis is depression or schizophrenia/ Schizoaffective Disorder/ Psychosis. This information captures the primary support reason for the clients in attendance at the Bridge – there will be a number of clients with dual diagnosis.</p> <p>When assessing and planning the reprovion within the Borough, it will be important to ensure that services are available to support this particular client group, with skills specific to the needs of these diagnoses, with staff qualified to support the needs of this client group.</p> <p>Due to the nature of the clients mental health diagnoses it is more likely that people will suffer social isolation. The focus group has highlighted that people using the Bridge have a sense of community and belonging at the centre and they fear that the proposal going forward will cause the service users to become more socially isolated – having a negative impact on the current and prospective service users.</p> <p>When reprovding groups and services at Wiseworks, extra care and attention will need to be taken to ensure that adequate risk assessments are carried out. In particular, relating to sharp implements and machinery. Wiseworks staff will need to update their risk assessments to ensure the safety of increased numbers of clients using the service.</p> <p>The majority of consultation respondents classified themselves as having a disability, with the most common disability being mental health diagnosis. This is to be expected with the targeted nature of the consultation aimed at those people with a disability.</p>					
	Bipolar Disorder	16	9.76%						
	Depression/ Anxiety Disorder	65	39.63%						
	Schizophrenia / Schizoaffective Disorder / Psychosis	53	32.32%						
	Personality Disorder	21	12.80%						
	Other MH Diagnosis including Autistic Spectrum Disorder	9	5.49%						
	Total	164							
	<p>Harrow Joint Strategic Needs Assessment (JSNA)</p> <p>The JSNA demonstrates that mental health problems including Schizophrenia, bipolar affective disorder and other psychoses prevalence is slightly higher than the England Averages (0.93% compared to 0.84 %) It is also expected that year on year the number of people suffering enduring mental health difficulties will increase.</p> <p>Consultation</p> <p>When asked whether</p> <table border="1"> <tr> <td>146</td> <td>Yes</td> </tr> <tr> <td>49</td> <td>No</td> </tr> <tr> <td>9</td> <td>Prefer not to say</td> </tr> </table>			146	Yes	49	No	9	Prefer not to say
146	Yes								
49	No								
9	Prefer not to say								
Gender Reassignment	At present, none of the service users at the Bridge are			This proposal does not impact upon this group.					

	<p>recorded as having undergone gender reassignment.</p> <p>Consultation</p> <p>Three respondents to the consultation stated that their gender was different to their birth gender.</p>	<p>From a total of 128 responses to this question, only 3 stated that their gender differed from their birth gender. The impact on this particular characteristic is likely to be very low.</p>
<p>Marriage / Civil Partnership</p>	<p>The nature of the service is unrelated to marriage/ civil partnership therefore it is unlikely that there will be any impact on this characteristic.</p>	<p>It is unlikely that this proposal will adversely impact this group. However, the focus group noted that the additional stress and pressure this proposal may put onto the carers and loved ones of the service users at the centre has a potential to put a strain on marriages. This is due to the potential loss of 1:1 key workers in their current format, and as such additional pressures on the carers (who are often husbands/ wives)</p>
<p>Pregnancy and Maternity</p>	<p>The nature of the service is unrelated to pregnancy/ maternity therefore it is unlikely that there will be any impact on this characteristic.</p>	<p>The only element where there may be an impact, is the rethink run support for parenting group. It will be important when sourcing alternative provision in the Borough, that suitable parenting groups are identified.</p>

Race

	Number	Percentage
White	89	54.27%
Black	15	9.15%
Asian	47	28.66%
Mixed	6	3.66%
Other ethnic group	5	3.05%
Unknown (Do not wish to answer)	2	1.22%
Total	164	

Consultation

	Number	Percentage
White	101	66%
Black	6	4%
Asian	39	25%
Mixed	8	5%
Total	155	

There is potential for an adverse impact on this protected characteristic. Scoping exercises will look to ensure that groups and services are available to persons of all race.

The majority of respondents to the consultation were white (66%) this is similar to the racial make up of clients that use the Bridge but not exactly the same.

Religion and Belief	<p>Consultation</p> <table border="1"> <tr> <td>19</td> <td>No Religion</td> </tr> <tr> <td>71</td> <td>Christian (including CofE, RC, Protestant, And other denominations)</td> </tr> <tr> <td>26</td> <td>Buddhist</td> </tr> <tr> <td>22</td> <td>Hindu</td> </tr> <tr> <td>16</td> <td>Jewish</td> </tr> <tr> <td>3</td> <td>Muslim</td> </tr> <tr> <td>1</td> <td>Sikh</td> </tr> <tr> <td>2</td> <td>Any other religion (please describe)</td> </tr> <tr> <td>2</td> <td>Not stated</td> </tr> <tr> <td>1</td> <td>Humanitarian</td> </tr> <tr> <td>9</td> <td>Prefer not to say</td> </tr> </table>	19	No Religion	71	Christian (including CofE, RC, Protestant, And other denominations)	26	Buddhist	22	Hindu	16	Jewish	3	Muslim	1	Sikh	2	Any other religion (please describe)	2	Not stated	1	Humanitarian	9	Prefer not to say	<p>The majority of respondents were Christian; this service supports people of all different religions and belief and as such is not likely to adversely effect any particular religion or belief.</p>
19	No Religion																							
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22	Hindu																							
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1	Sikh																							
2	Any other religion (please describe)																							
2	Not stated																							
1	Humanitarian																							
9	Prefer not to say																							
Sex / Gender	<p>Registered Clients:</p> <p>Male 70 (43.68%)</p> <p>Female 94 (57.32%)</p> <p>Consultation</p> <p>Male 56</p> <p>Female 94</p> <p>Prefer not to say 11</p>	<p>The gender split within the service is fairly even, and as such there is no disproportionate impact on either sex. It is important to note that there are some women's groups run at the Bridge, and as such when we are looking into different options/ reprovision potential; special care will be taken to ensure that this is not lost. In particular, the Bridge runs a number of women's group and extra care must be taken to ensure that these groups are able to continue, and the level of support does not drop.</p> <p>The majority of respondents to the consultation were female, this is not surprising, when the majority of users are female. Coupled with the statistics around the number of female carers in Harrow. As a result, there is an adverse impact on female service users and carers as a result of this proposal.</p>																						
Sexual Orientation		<p>While the information around the sexual orientation of the client group attending the Bridge has not been captured, nationally</p>																						

Consultation.

106	Heterosexual/straight
2	Gay/ lesbian
11	Bisexual
	Other
19	Prefer not to say

gathered statistics by the University of Cambridge (and published in the Journal of General Internal Medicine) stated that 12% of lesbian women and 19% of bisexual women reported mental health problems. This is compared to 6% of heterosexual women. 11% gay men, and 15% bisexual men reported mental health problems, compared to just 5% of straight/ heterosexual males. Meaning that there may be an impact on the group, and special care will need to be taken when looking at the support available in the market for the LGBT community.

The majority of respondents are heterosexual/ straight, however the number of bisexual responses was high. There is therefore likely to be an indirect impact on this characteristic.

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			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
<p>Service users of The Bridge as well as other stakeholders including voluntary sector organisations will be consulted on this proposal.</p> <p>Consultation methods included; face to face meetings, information in hard copy and electronic format; options to give views via email, letter, phone and in person.</p>	<p>Early Key Themes:</p> <p>-Mobility (Physical Disability) Many clients using the Bridge have declared that they have mobility/ physical disability.</p> <p>-Disability Many clients have expressed concerns that they will not have access to therapeutic treatments</p> <p>-Integration of mental health within the community – cohesion between disabled users and the wider community</p>	<p>Alternative locations/ provision will need to be accessible to people in wheelchairs</p> <p>CNWL who run the therapy focused, health groups have confirmed that these courses will continue at alternative locations should this proposal be accepted.</p>

	-Impact on carers many responses outline a worry about the negative the proposal will have on carers, and their ability to continue to look after their loved on/ themselves	Harrow will work with Carers organisations to ensure support is available for mental health carers in the Borough. Alternative proposal to continue with the facility on a community based model.
Multi-Agency Equalities Sub Group, with three structured meetings to build and review the contents of this impact assessment	Key Themes: <ul style="list-style-type: none"> - Concerns around the potential for self-medication - Concerns about the loss of community cohesion, and community support provided at the centre, particularly the 'hub' atmosphere lost at the Bridge. - Concerns about the impact this will have on carers, and the loss of 1:1 support will increase their caring duties. 	Additional specialist support will need to be provided to the current users of the Bridge who will face movement should this proposal go ahead. In particular, this will mean the Local Authority working closely with CNWL and its mental health partners in the community to ensure that adequate support is provided, and support is available to limit the chance of self-medication. The staff at Wiseworks, will be made aware of the concerns about the loss of community cohesion, and community support provided at the Bridge and work will be undertaken to create a community feel at Wiseworks.

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. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 7	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 ✓	Major ✓		
		Y		There is potential for a differential impact on mental	Measures to mitigate the impact include;

Age (including carers of young/older people)				<p>health service users of working age.</p> <p>There is a potential for negative impact on carers, with less support provided at the centre and a lack of 1:1 key worker support there will be increased demand on the support provided by informal carers. Many of the carers of users at The Bridge are elderly themselves, and many of the meetings have suggested that they are concerned that this may impact on their own care needs, and their needs as a carer. (under the Care Act) Including their ability to continue their caring role. Carers from the focus group have identified that the sense of community and support provided by the network at The Bridge helps them to continue their caring role, and have expressed concerns about this being lost if the service is not to continue.</p>	<p>Some service users will have an option to transfer to Wiseworks or other community based provision.</p> <p>Working with the Voluntary sector to develop alternative provision.</p> <p>Provision of information and advice to users to help them find alternative support arrangements.</p> <p>EACH counseling (Project Stride) are in the process of designing a wellbeing program for Bridge clients in order to support their move on from the service. They have the capacity to support clients and provide a coaching based approach to support.</p> <p>In order to fully support Carers, the carers organisations in Harrow will need to be involved in the plans to re provide services, Officers will work with organisations providing support to carers to ensure that their needs are met.</p> <p>Alternative proposal to continue with the facility at The Bridge on a community tender model.</p>
Disability (including carers of disabled people)			Y	<p>All service users have a disability. There is potential for a differential impact on those with a disability and their carers.</p> <p>The focus group has highlighted concerns that the impact on people with a mental disability will be pushed towards relapse, and as such back into primary care or demonstrating negative behaviour such as; anti-social behaviour, drinking and smoking. Having a negative impact on the overall health and wellbeing of persons with a disability, and elongating potential recovery times.</p> <p>The focus group have also highlighted that the atmosphere at the Centre, the friendly and welcoming environment, décor and lay out of the Bridge is particularly welcoming and provides a comfort to the clients at The Bridge. Concerns have highlighted that this will not be replicated at Wiseworks or alternative</p>	<p>Measures to mitigate the impact include;</p> <p>Some service users will have an option to transfer to Wiseworks or other community based provision.</p> <p>Working with the Voluntary sector to develop alternative provision. With a particular focus on the support that can be provided to mitigate people turning to drinking and smoking; the provision of helpline information (eg; SWISH and Sane) to all clients and carers at the service.</p> <p>Work with public health to ensure the stop smoking campaign is visible at the service.</p> <p>Also, work with organisations who support clients with mental health needs, drug and alcohol addiction.</p>

				community locations.	Provision of information and advice to users to help them find alternative support arrangements. Alternative proposal to continue with the facility at The Bridge on a community tender model.
Gender Reassignment				Low / Neutral impact	No specific mitigation required
Marriage and Civil Partnership				The focus group have identified concerns about the strain on relationships this proposal may cause. In particular the expectations on partners, husbands and wives that the potential loss of 1:1 key working and community feel that may occur should the proposal be delivered	Support to carers must be factored in to Borough Scoping exercises to ensure that support is available to carers in order for them to continue their caring role.
Pregnancy and Maternity				Low Impact	No specific mitigation required
Race				A larger proportion of service users who are White. There is potential for a differential impact on this group.	Measures to mitigate the impact include; Some service users will have an option to transfer to Wiseworks or other community based provision. Working with the Voluntary sector to develop alternative provision. Provision of information and advice to users to help them find alternative support arrangements.
Religion or Belief				Low / Neutral impact	No specific mitigation required.
Sex				Low / Neutral impact	No specific mitigation required

Sexual orientation				Some impact due to the prevalence of mental health problems in the LGBT community	When scoping alternative support, it is important to ensure that services are suitable to people of all sexual orientation.		
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? If yes, which Protected Characteristics could be affected and what is the potential impact?				Yes	✓	No	
				A number of proposals under Transforming Adult Social Care will impact Adult social care service users in particular those with a disability and their carers who could experience a number of changes to the way they currently receive services from the Council. The focus group have also highlighted a concern about the impact on people suffering with mental health related disabilities and their carers, and the cumulative impact of a number of changes to the mental health support system, this includes; the redesign of Community Mental Health Teams currently underway with CNWL, National Benefits changes (Especially PIP changes) and the Shifting Settings of Care work that has been underway in Harrow.			
9. Any Other Impact – Considering what else is happening within the				Yes	✓	No	

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?

The focus group identified concerns relating to pressures on the CCG, and delivery of health related outcomes. They also highlighted concerns about people being discharged and not having anywhere to go; which in turn could result in people being involved in antisocial behaviour.

The CCG as part of the focus group, GPs have raised concerns about the health impact of their patients who use the Bridge/ would potentially use the Bridge.

Integration of non-mental health groups (ie public speaking and toast masters) may have an impact on community cohesion. In addition, the Art group goes to the hospital and visits potential service users.

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
Vulnerable Adults over 18	Provide User Groups with alternative venues to continue operating. Consultation with Staff & Service Users. Wellbeing programme designed by EACH Counselling, and ongoing work with the market	Continuous monitoring and reviewing of existing service users, performance and PIs	Chris Greenway	16/17

	to establish where other providers can do more to support people through the transition.			
Disability/ gender	Transfer of eligible clients to Wiseworks or alternative provision. Provide Groups with alternative venues to continue operating. Consultation with Staff & Service Users.	Through continuous monitoring and Business intelligence Surveys and on-going dialogue with voluntary sector providers.	Chris Greenway	16/17
Age	Provide Groups with alternative venues to continue operating – mainly at the Wiseworks facility. The majority of users are of working age, and with national focuses on the importance of employment; Project Stride will be able to provide coaching, training and mentoring to support people with basic skills and employment skills.	Through continuous monitoring and Business intelligence Surveys, and on-going dialogue with voluntary sector providers.	Chris Greenway	16/17

Stage 7: Public Sector Equality Duty

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

The preliminary impact assessment identified a need for further consultation to manage Equality in provisions with the constraints of the budget pressures to minimise risks. All proposals will have a final Impact Assessment undertaken upon mobilisation in order to eliminate the potential for unlawful discrimination. The final impact assessment for this proposal will be compiled with the help of users, carers and related partners; through the formulation of a multi agency sub group.

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.	Following consideration of the consultation results, the Council has identified alternative proposals, including a proposal to continue with the facility on a community run basis and as such it is proposed that a community tender be run to procure a provider to run the service with a view to it being self funding within three years.

Stage 9 - Organisational sign Off			
13. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?			
Signed: (Lead officer completing EqIA)	Chris Greenway	Signed: (Chair of DETG)	
Date:	16 May 2016	Date:	
Date EqIA presented at the EqIA Quality Assurance Group (if required)		Signature of DETG Chair	