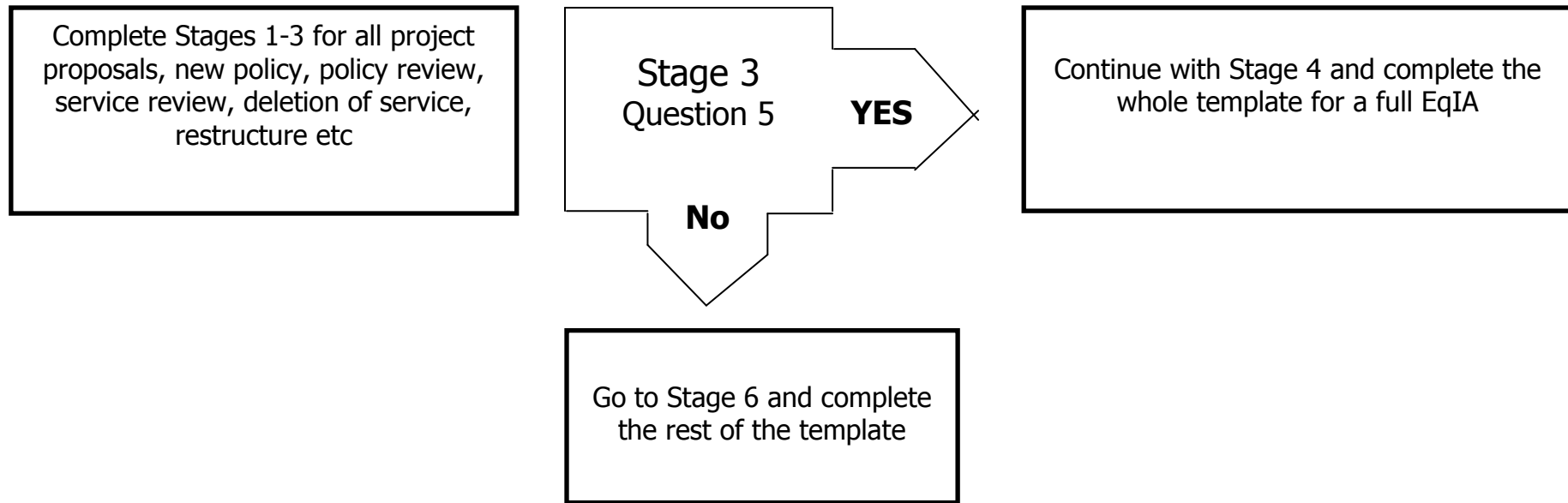


Equality Impact Assessment Template

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.
- Legal will NOT accept any report 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:	17 November 2016						
Value of savings to be made (if applicable):	TBC						
Title of Project:	Procurement arrangements for public health services for children and families						
Directorate / Service responsible:	People Directorate / Public Health						
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:	Jonathan Hill-Brown, Public Health Commissioning Manager, jonathan.hill-brown@harrow.gov.uk						
Date of assessment (including review dates):	16 September 2016						
Stage 1: Overview							
1. What are you trying to do? (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)	The existing contract for Health Visiting services that was novated from NHS England to LB Harrow on 1 October 2015 needs to be extended as Cabinet agreed that the contract would run till April 2017. At the same time Cabinet approval is being sought to go out to tender for the service by 30 September 2018.						
2. Who are the main groups / Protected Characteristics that may be affected by your proposals? (✓ all that apply)	We are not proposing to make any changes at this stage so nobody will be affected by the proposals which are to continue the service as is.						
	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				
3. Is the responsibility shared with another directorate, authority or organisation? If so: <ul style="list-style-type: none"> • Who are the partners? • Who has the overall responsibility? 	The Health Visiting contract is managed by the Public Health team. The key partners are the CCG and LB Harrow's Early Intervention Service/Children's Centres. They have been made fully aware of this proposal.						

- 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 should 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)	The service is responsible for about 20,300 children under the age of 5.	It is a universal service that covers all children in Harrow under 5. It achieves a coverage of 99% of new birth visits. For KPIs where performance is poor we are seeking more equalities data in order to ascertain what, if any, impact there is in terms of race or disability. We have had assurances that all children classed as 'vulnerable' are seen as part of the 12month and 24 month checks. (These are the KPIs where performance is currently poor.)
Disability (including carers of disabled people)	Currently no evidence. We are seeking to change the reporting so that more data can be collated on this.	The current service is performing well for the New Birth Visits but not so well for the other checks up to age 2. For these KPIs where universal coverage is not being achieved we are seeking the additional data to see if particular groups are not receiving a service.
Gender Reassignment	n/a	
Marriage / Civil Partnership	n/a	
Pregnancy and Maternity	The Health Visiting service obviously impacts on all mothers who have recently had a child and live in	

	Harrow.	
Race	Currently no evidence. We are seeking to change the reporting so that more data can be collated on this.	The current service is performing well for the New Birth Visits but not so well for the other checks up to age 2. For these KPIs where universal coverage is not being achieved we are seeking the additional data to see if particular groups are not receiving a service.
Religion and Belief	Currently no evidence. We are seeking to change the reporting so that more data can be collated on this.	The current service is performing well for the New Birth Visits but not so well for the other checks up to age 2. For these KPIs where universal coverage is not being achieved we are seeking the additional data to see if particular groups are not receiving a service.
Sex / Gender	n/a	
Sexual Orientation	The service does not currently collate data on whether the mother is in a same sex relationship. Not clear whether this would be possible or desirable for the service to request this information of mothers.	

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	No	No	No	No	No	No	No	No	No

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, complete a FULL EqIA.

- **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
There has not been wide consultation at this stage as there are no significant changes proposed until the service is retendered. When that process starts in 2017 there will be full involvement of all partners and users and a new EqIA will be completed.		

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 ✓		
Age (including carers of young/older people)				No impact.	
Disability (including carers of disabled people)				Not known.	
Gender Reassignment				n/a	
Marriage and Civil Partnership				n/a	
Pregnancy and Maternity				n/a	

Race				Not known.				
Religion or Belief				Not known.				
Sex				n/a				
Sexual orientation				n/a				
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	No
					As a) no significant changes are proposed to reduce or change this service and b) this is a universal service and will remain the judgement is that this will not have any impact on any particular Protected Characteristic. We are looking to make changes to the current requirements/specification to ensure that we have better equalities data that will inform any future Equalities Impact Assessment. We will also look at the profile of staff to review whether it reflects the profile of the local population.			
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?

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
	<p>We do not receive equalities impact data for this contract and this is the first consequence of completing this Equalities Impact Assessment. It will be a part of the new specification that is being drafted now.</p> <p>When the service is retendered a new EqIA will be drawn up in consultation with users and partners, informed by the data that will be available as a result of the gaps that have become apparent in drawing up this EqIA.</p>			

Stage 7: Public Sector Equality Duty

<p>10. How do your proposals meet the Public Sector Equality Duty (PSED) to:</p> <ol style="list-style-type: none"> 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 	<p>This is a universal service and we are confident that all new born children are being seen by a health visitor within 30 days of birth with only very few exceptions e.g. they are still in the Special Care Baby Unit. After this point performance for the checks when the child is older is worse and we currently do not know if any groups are affected by this. It is our aim to improve performance so that as many children as possible are seen and that no particular groups are left behind.</p>
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Stage 8: Recommendation

<p>11. Which of the following statements best describes the outcome of your EqIA (✓ tick one box only)</p>	
<p>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.</p>	<p>✓</p>
<p>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 included in the Action Plan to be addressed.</p>	
<p>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)</p>	
<p>12. If your EqIA is assessed as outcome 3 explain your justification with full reasoning to continue with your proposals.</p>	

Stage 9 - Organisational sign Off

13. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?	Chair of DETG and Public Health Representative.		
Signed: (Lead officer completing EqIA)	Jonathan Hill-Brown	Signed: (Chair of DETG)	Johanna Morgan
Date:	16 September 2016	Date:	8 November 2016
Date EqIA presented at Cabinet Briefing (if required)		Signature of DETG Chair (following Cabinet Briefing if relevant)	