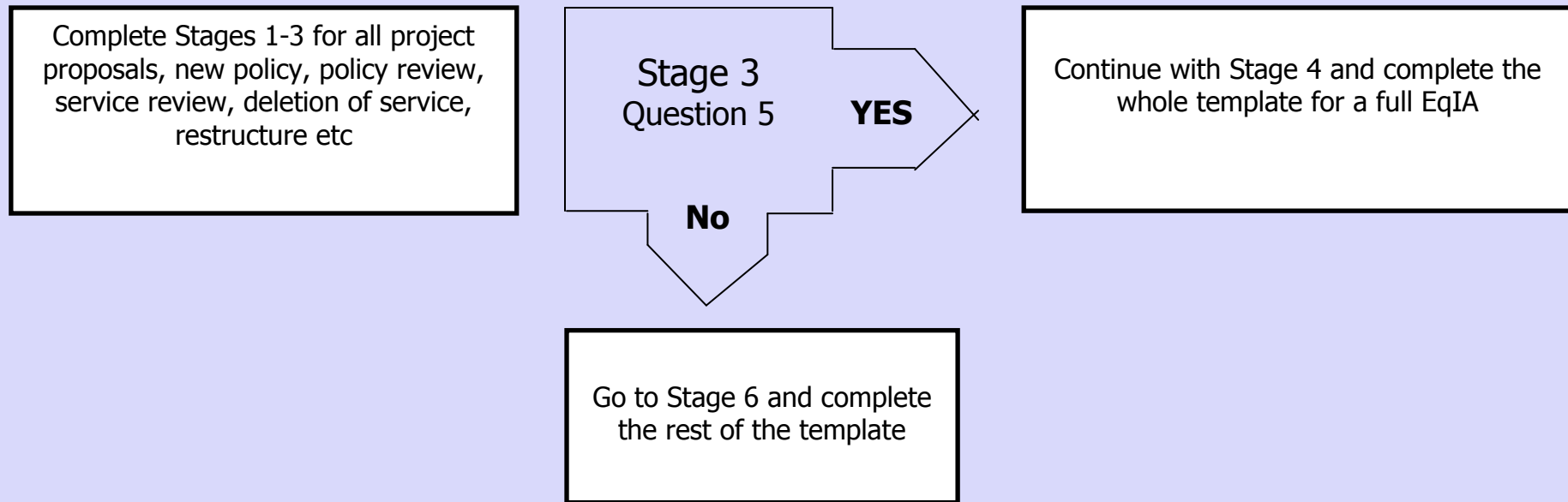


# Equality Impact Assessment Template

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):	£232k						
Title of Project:	<b>Wider Health Improvement – cessation of projects</b> (Healthy Eating Project, Dental Public Health, Breastfeeding, Public Health promotion, obesity)						
Directorate / Service responsible:	Public Health						
Name and job title of Lead Officer:	Andrew Howe						
Name & contact details of the other persons involved in the assessment:	Carol Furlong Sarah Crouch						
Date of assessment (including review dates):	21.8.15						
<b>Stage 1: Overview</b>							
<b>1. What are you trying to do?</b>  (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 proposal includes the following areas of activity in 16-17: Healthy Eating Project £19,000 Dental Public Health £10,000 Breastfeeding £65,000 Public Health promotion fund £111,000 Obesity £37,500						
<b>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</b>	Residents / Service Users	x	Partners	x	Stakeholders	x	
	Staff	x	Age	x	Disability		
	Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity	x	
	Race	x	Religion or Belief	x	Sex		x
	Sexual Orientation		Other				
<b>3. Is the responsibility shared with another directorate, authority or organisation? If so:</b> <ul style="list-style-type: none"> <li>• Who are the partners?</li> <li>• Who has the overall responsibility?</li> </ul>	No, but partner organisations help to deliver this programme.						

- 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)	Harrow JSNA, Harrow Obesity Needs Assessment and Strategy for young people and adults, ADPH report on physical activity, Public Health Outcomes Framework for Harrow, National Drug and Alcohol Strategies for England, relevant NICE guidance. Harrow Dental Health profile.	<ul style="list-style-type: none"> <li>• Older populations will cease having access to 'health champions' which aims to promote intergenerational community support, reduce isolation, provide 1:1 support and signposts to activities and services.</li> <li>• Physical activity rates decline as we age. Older people will cease having access to tailored community dance programmes which may lead to reduced mobility, increase in falls and physical illhealth, increased social isolation and mental ill health, more demand for social care and health services.</li> <li>• Families will cease being able to access affordable fruit and vegetables and learn about healthy eating approaches.</li> <li>• Carers will have no longer have access to all lifestyle services to improve and safeguard their own health</li> <li>• Preventative campaigns targeted at older people drinking more than the recommended levels of alcohol at home will cease. National strategies particularly recommend targeting this group for long term health impact.</li> <li>• No preventative campaigns will be undertaken to target children and young people starting to use substances who may go on to become dependent as adults. There</li> </ul>

		<p>are higher rates of substance misuse, mental health problems and involvement with the Criminal Justice System in Children Looked After by Harrow Council.</p> <ul style="list-style-type: none"> <li>Over 35% of children in Harrow have decayed, missing or filled teeth and over 12% have high levels of plaque present on upper front teeth, indicating a lack of tooth brushing, compared to only 1.7% nationally. This means Harrow's children have some of the poorest rates of oral health in the country. The 'Now You Have Teeth' programme has identified that around 65% of parents of children under the age of 2 had never taken their child to the dentist for a check up and that only 4 in 10 knew that they should start brushing their child's teeth after the first tooth has erupted.</li> </ul>
Disability (including carers of disabled people)	Harrow JSNA, Harrow Obesity Needs Assessment and Strategy for young people and adults, ADPH report on physical activity, Public Health Outcomes Framework for Harrow, National Drug and Alcohol Strategies for England, relevant NICE guidance.	There are significant inequalities with people with physical and learning disabilities suffering poorer health and wellbeing than the general population. People with learning disabilities are at particular risk of obesity. Public Health programmes aim to benefit the whole population and ensure equality of access to all health promoting services.
Gender Reassignment	Harrow JSNA, Harrow Obesity Needs Assessment and Strategy for young people and adults, ADPH report on physical activity, Public Health Outcomes Framework for Harrow, National Drug and Alcohol Strategies for England, relevant NICE guidance.	There is a higher prevalence of drug and alcohol use in transgender communities however, stigma which prevents individuals accessing treatment services. There will be no preventative campaigns addressing such stigma.
Marriage / Civil Partnership		
Pregnancy and Maternity	Harrow JSNA, Harrow Obesity Needs Assessment and Strategy for young people and adults, ADPH report on physical activity, Public Health Outcomes Framework for Harrow, National Drug and Alcohol Strategies for England, relevant NICE guidance.	Substance use in pregnancy presents a significant risk of harm to the mother, unborn child and to their development in the early years. At present, we know there are very low levels of referrals to community substance misuse services from maternity services, despite there being an identified need. There will be no work or campaigns to prevent substance misuse in this group or improve liaison between hospital and community services.

		<p>Staying active and maintaining a healthy diet are important in maintaining mother and baby health – the obesity pathway includes specific interventions and work to ensure access from pregnant mothers. Maternity has been shown to be a high risk time for weight gain and obesity related health problems. This work will cease.</p>
Race	<p>Harrow JSNA, Harrow Obesity Needs Assessment and Strategy for young people and adults, ADPH report on physical activity, Public Health Outcomes Framework for Harrow, National Drug and Alcohol Strategies for England, relevant NICE guidance.</p>	<p>Obesity is linked to ethnicity with an increased prevalence in some Asian communities and an associated increased risk of diabetes. These ethnic groups also have much lower rates of physical activity. The detrimental health impact of obesity affects this group at lower BMI and waist circumference thresholds. Targeted interventions to promote healthy lifestyles to specific ethnic groups will cease. For example, our efforts to encourage South Asian older women to participate in more physical activity (e.g. as part of the Harrow Walks - Muslim Women Walk group) will cease, resulting in no focus or encouragement, for those groups where poor diet and low exercise is found. In addition, the Community Dance initiative is particularly targeted at BME groups to encourage their participation in more physical activity in the form of cultural dance options.</p> <p>BME groups, particularly younger people are underrepresented in substance misuse services. Preventative campaigns addressing stigma which might prevent such groups accessing services will cease.</p>
Religion and Belief	<p>Harrow JSNA, Harrow Obesity Needs Assessment and Strategy for young people and adults, ADPH report on physical activity, Public Health Outcomes Framework for Harrow, National Drug and Alcohol Strategies for England, relevant NICE guidance.</p>	<p>There is evidence that women, particularly from Muslim cultures, may feel inhibited to engage in lifestyle services which aren't women-only and do not cater for their specific needs. Targeted/tailored interventions to promote healthy lifestyles to specific religious groups will cease.</p>
Sex / Gender	<p>Harrow JSNA, Harrow Obesity Needs Assessment and Strategy for young people and adults, ADPH report on physical activity, Public Health Outcomes Framework for</p>	<p>There are overweight and obese people in all population groups but obesity and physical inactivity is particularly</p>

	Harrow, National Drug and Alcohol Strategies for England, relevant NICE guidance.	related to social disadvantage.  For women, prevalence of obesity increases with greater levels of deprivation. Rates of physical activity in women are also lower. For both men and women, obesity prevalence decreases with increasing educational attainment. Muslim women in the borough may be disproportionately affected by the withdrawal of obesity and physical activity related services since they report that traditional exercise classes and the associated norms are not culturally appropriate for them to participate in.
Sexual Orientation	Harrow JSNA, Harrow Obesity Needs Assessment and Strategy for young people and adults, ADPH report on physical activity, Public Health Outcomes Framework for Harrow, National Drug and Alcohol Strategies for England, relevant NICE guidance.	There is a higher prevalence of substance misuse in LGB communities and stigma may mean these groups are reluctant to access substance misuse services. There will be no preventative campaigns addressing such stigma.

### 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	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	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
If this proposal is taken forward, a programme of consultation will need to be undertaken		

#### 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	What measures can you take to mitigate the impact or advance equality of opportunity?

	✓	Minor ✓	Major ✓	occur. <b>Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 7</b>	E.g. further consultation, research, implement equality monitoring etc <b>(Also Include these in the Improvement Action Plan at Stage 6)</b>
Age (including carers of young/older people)			x	Increase in proportion of children with decayed missing and filled teeth.	
Disability (including carers of disabled people)			x		
Gender Reassignment		x			
Marriage and Civil Partnership					
Pregnancy and Maternity			x		
Race			x		



Religion or Belief			x		
Sex			x		
Sexual orientation		x			

<p><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?</p> <p>If yes, which Protected Characteristics could be affected and what is the potential impact?</p>	<b>Yes</b>	<b>x</b>	<b>No</b>	
	<p>Cumulative detrimental impact on all of the protected characteristics other than marriage/civil partnership.</p> <p>The stress placed on households by the current economic climate, including unemployment and the impact of reforms to welfare benefits, may exacerbate new or existing health conditions and make it more difficult for people to adopt a healthy lifestyle. Cuts to the Public Health budgets may compound this situation.</p>			
<p><b>9. Any Other Impact</b> – 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>	<b>Yes</b>	<b>x</b>		
	<p>All engagement around health and wellbeing will cease which is likely to create considerable discontent amongst residents. Health inequalities may widen with those of lower socio-economic status being disproportionately impacted by poorer health. It is very likely that this proposal will have an impact on local health services which will then have an impact on social care.</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
It is not possible to mitigate the action if all services and funding for these programmes cease.				

### 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

These proposals do not meet the public sector equality duty.

### 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. <b>(Explain this in Q12 below)</b>	
<b>12.</b> If your EqIA is assessed as <b>outcome 3</b> explain your justification with full reasoning to continue with your proposals.	The EQIA is assessed as Outcome 3 as no mitigation to the impacts caused by ceasing the programmes mentioned is possible without a budget to do so.

**Stage 9 - Organisational sign Off**

<b>13.</b> Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?			
Signed: (Lead officer completing EqIA)	Carol Yarde	Signed: (Chair of DETG)	Carol Yarde
Date:	24.8.15	Date:	24.8.15
Date EqIA presented at the EqIA Quality Assurance Group (if required)		Signature of DETG Chair	