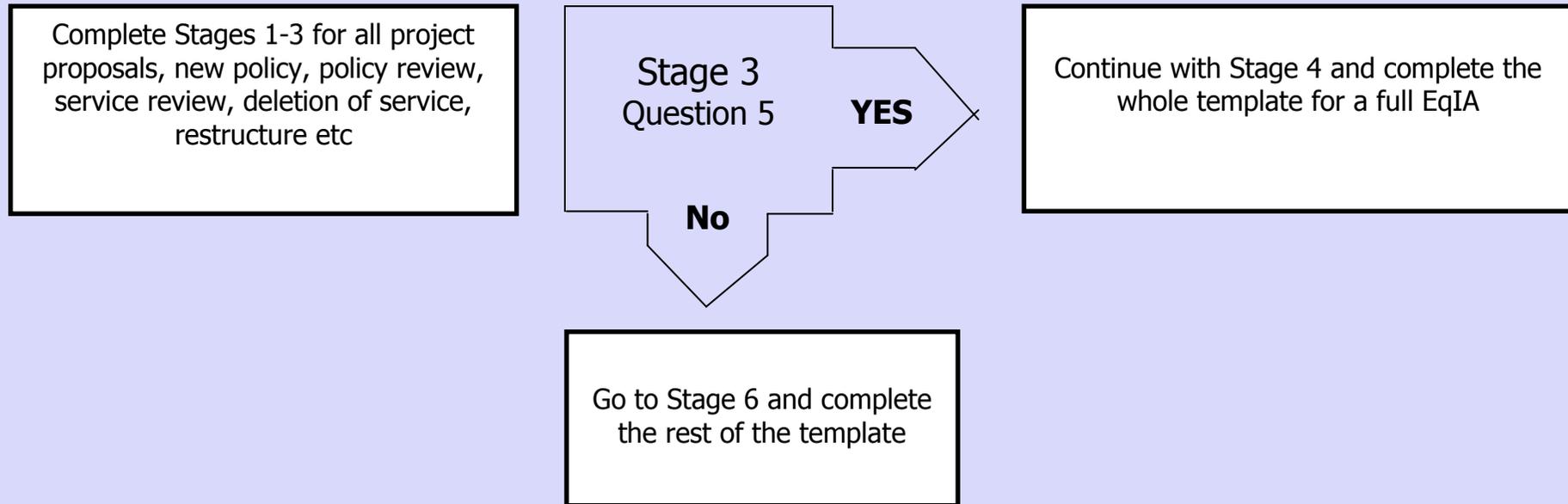


Equality Impact Assessment Template

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

Type of Decision: Tick ✓	<input type="checkbox"/>	Cabinet	<input type="checkbox"/>	Portfolio Holder	<input type="checkbox"/>	Other (explain)	<input type="checkbox"/>
Date decision to be taken:							
Value of savings to be made (if applicable):	A total savings of £100k over 2 years						
Title of Project:	Health Checks – reduction in activity						
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:	Carol Yarde – Interim Business Manger Public Health						
Date of assessment (including review dates):	August 2015						

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>The proposal is to reduce the NHS Health Checks budget by two thirds over two years, leaving a smaller service in 2017-18 – which will focus on the highest risk groups.</p> <p>Public Health will review the current provision, which is currently delivered by GPs, to ensure that services are appropriately targeted in the most deprived wards in the borough (Wealdstone, Roxbourne, Greenhill and Marlborough).</p> <p>We will be exploring other service delivery models for this programme as the current model is reliant on GPs.</p>
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2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)	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? How have they been involved in the assessment? 	Partners include: GPs, Harrow CCG, Harrow Local Medical Committee Barnet and Harrow Joint Public Health Services have overall responsibility. GPs, as the sole provider of this service, regularly submit data which has been used as part of this 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)	Health Check quarterly activity data. JSNA 2015	Ensuring those from high risk groups receive a Health Check will enable local authorities to narrow the health inequalities gap. The higher the take up rates for the programme, the greater the reach and impact of the programme and the more likely the programme is to tackle health inequalities. Councils are required to provide for 100% of the eligible

		<p>population to have a health check, with guidance suggesting that a 50-75% target should be aimed for over 5 years; an annual suggested target of 20%. During 2014/15, Harrow reduced its target to 10% (6,300) of the eligible population to ensure that it delivered the programme within the restricted budget. The consequence of a reduction in funding is that the service will not be promoted to a large proportion of the eligible population. The risk of this is that life threatening conditions will remain undetected until the late stages of the disease, resulting in poorer outcomes for patients. Early diagnosis means that cost effective interventions, some related to simple lifestyle adjustments, can reduce the burden on the health and social care system.</p> <p>Harrow would not be in position to increase the take up of Health Checks with reduced resources.</p> <p>Together diabetes, heart, kidney disease and stroke make up a third of the difference in life expectancy between the most deprived areas and the rest of the country. Addressing these differences is a key aim of the programme. People with diabetes have about twice the risk of developing a range of CVD compared with those without diabetes. Of those registered with a GP, about 8.3% have diagnosed diabetes. One GP practice sees prevalence as high as 16.2%; the England average is 6.2%. South Asians are at 3 and a half times the risk of diabetes as white people (age and sex standardised) and are higher risk at lower BMI and younger age (about 10 years earlier). South Asian communities also have higher rates of coronary heart disease; about twice as high as for white people.</p> <p>A higher proportion of women in Harrow are receiving health checks, and the difference in uptake between men and women is most noticeable between 40 and about 60 years of age. This is despite risk being highest among men and may relate to how checks are accessed. In contrast, Asian men and women are having the highest number of health checks compared with any other ethnic group which is in line with their increased risk.</p>
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		<p>Similarly, people in deprived areas are more likely to be at risk of cardiovascular disease but national data show they are also more likely to receive a health check. Local data mirrors this picture. However there is more targeted work to do in the most deprived parts of the borough.</p> <p>With diabetes prevalence in Harrow set to increase by 45% in the next 20 years and an ageing population, increasing the proportion of eligible residents being offered and receiving health checks at a more rapid rate is crucial in having an impact on premature mortality.</p> <p>There is evidence of inequity of provision in Harrow. Health checks are generally delivered by GP practices and there is wide variation in uptake between them. Alternative models of delivery are being considered and discussions should include ways in which alternatives could increase offer and uptake, especially among those most at risk. Importantly, clear referral pathways and financial provision for this should be in place to maximise risk reduction efforts.</p>
Disability (including carers of disabled people)		Health Checks for people with LDD are available and funded outside of this programme.
Gender Reassignment		All of the above would be relevant to this group.
Marriage / Civil Partnership		All of the above would be relevant to this group.
Pregnancy and Maternity		All of the above would be relevant to this group.
Race		All of the above would be relevant to this group.
Religion and Belief		All of the above would be relevant to this group.
Sex / Gender		All of the above would be relevant to this group.
Sexual Orientation		All of the above would be relevant to this group.

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. 7 individuals agreed with this proposal and 5 disagreed.	

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)		✓		The impact is that less people will take up a health check, leading to poorer health outcomes.	A mitigating measure is to focus resources on groups will higher health needs or at risk of future health conditions to address current health inequality. This includes targeting specific wards.
Disability (including carers of disabled people)					
Gender					

Reassignment					
Marriage and Civil Partnership					
Pregnancy and Maternity					
Race					
Religion or Belief					
Sex					
Sexual orientation					
8. Cumulative Impact – Considering what else is happening within the				Yes	No x

<p>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>				
<p>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?</p> <p>If yes, what is the potential impact and how likely is it to happen?</p>	Yes		No	x

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	Target resources to those wards with health inequality, as health checks in these wards are likely to have the most impact.			

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Stage 7: Public Sector Equality Duty

<p>10. How do your proposals meet the Public Sector Equality Duty (PSED) which requires the Council 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 	
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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)

<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>	
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<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 listed in the Action Plan above.</p>	x
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<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>	
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<p>12. If your EqIA is assessed as outcome 3 explain your justification with full reasoning to continue with your proposals.</p>	
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Stage 9 - Organisational sign Off

<p>13. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?</p>	
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Signed: (Lead officer completing EqIA)	Audrey Salmon – Head of Public Health Commissioning	Signed: (Chair of DETG)	Carol Yarde – Interim Public Health Business Manager
Date:	24.8.15	Date:	2.1.16
Date EqIA presented at the EqIA Quality Assurance Group (if required)		Signature of DETG Chair	