

## Equality & Health Impact Assessment (EqHIA)

### Document control

<b>Title of activity:</b>	<i>Consultation on Variation of Street Trading Licensing Policy</i>
<b>Lead officer:</b>	<i>Keith Bush, Public Protection Manager</i>
<b>Approved by:</b>	<i>Barry Francis, Director of Neighbourhoods</i>
<b>Date completed:</b>	<i>02/06/2020</i>
<b>Scheduled date for review:</b>	<i>Decision regards consultation for change to policy. Review of EqHIA is required following potential consultation prior to any implementation taking account of any response to the consultation or other relevant factors.</i>

Please note that the Corporate Policy & Diversity and Public Health teams require at least **5 working days** to provide advice on EqHIAs.

<b>Did you seek advice from the Corporate Policy &amp; Diversity team?</b>	Yes
<b>Did you seek advice from the Public Health team?</b>	No
<b>Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?</b>	No

Please note that EqHIAs are **public** documents and must be made available on the Council's [EqHIA webpage](#).

**Please submit the completed form via e-mail to [EqHIA@haverling.gov.uk](mailto:EqHIA@haverling.gov.uk) thank you.**

# 1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact [EqHIA@haverling.gov.uk](mailto:EqHIA@haverling.gov.uk) for advice from either the Corporate Diversity or Public Health teams. Please refer to the Guidance in Appendix 1 on how to complete this form.

## About your activity

1	Title of activity	<i>Public Consultation on a draft street trading licensing policy.</i>		
2	Type of activity	<i>Consultation on policy. This EqHIA also reviews potential impacts of the policy as it stands if the consultation goes ahead.</i>		
3	Scope of activity	<p><i>Formal consultation with the public, businesses and strategic stakeholders regarding changes to street trading licensing. This change is to look to extend designated trading areas, and to clarify uses for which licenses may be sought. This includes A boards, Shop Fronts, Stalls and Tables and Chairs outside catering and retail business premises.</i></p> <p><i>The outcome of the consultation is to establish whether the council wishes to proceed with this change to licensing.</i></p> <p><i>The outcome of changes to licensing, should this be agreed, is to:</i></p> <ul style="list-style-type: none"> <li><i>a) Regulate the use of the highway for street trading. The effect of this is to maintain safe pedestrian access for all including those with impaired vision, mobility difficulties, wheelchair users, and pram / pushchair users.</i></li> <li><i>b) Maintain safety and aesthetic standards in public areas by requiring applicants to consider how their proposed use of the highway may improve the aesthetic, and to apply for planning consent where applicable before granting licenses.</i></li> <li><i>c) Businesses using the highway without a street trading licence, or in breach of the conditions of their street trading licence could be subject to Fixed Penalty Notices.</i></li> </ul>		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	If the answer to <u>any</u> of these questions is 'YES', please continue to question 5.	If the answer to <u>all</u> of the questions (4a, 4b & 4c) is 'NO', please go to question 6.
4b	Does this activity have the potential to impact (either positively or negatively) upon	Yes		

	people (9 protected characteristics)?			
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	No		
5	If you answered YES:	<b>Please complete the EqHIA in Section 2 of this document.</b> Please see Appendix 1 for Guidance.		
6	If you answered NO:	N/A		

<b>Completed by:</b>	<i>Nichola Lund, Metrology Partnership Manager, Public Protection, Neighbourhoods Directorate.</i>
<b>Date:</b>	<i>10/12/2019, revised 02/06/2020.</i>

## 2. The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

Background/context:
<p>Havering currently licenses a small number of streets and specific 'designated' pitches for street trading. These are generally small retail pitches not linked to other premises, for instance, flower sellers, food vans and similar. The suggested extension of the current street trading policy to include licensing of A Boards, tables and chairs, stalls and shop fronts outside retail and food establishments will require the council to pass a resolution to vary and extend the designated streets in Havering to include all streets in the borough as areas from which traders can request a street trading licence.</p> <p>It is envisaged that the fees for the street trading licenses will be based on cost recovery for the grant, implementation and enforcement of each type of license, and charged accordingly. It will be necessary for the applicant to check if planning permission is needed, and if so, to ensure this is granted prior to application.</p> <p>Potential identified impacts of this change are:</p> <ul style="list-style-type: none"> <li>• Maintain clearance for pedestrians and wheeled conveyances on the highway for users with and without mobility restrictions.</li> <li>• Confirm which areas can have tables and chairs and that this complies with Planning requirements, providing a level playing field for all businesses.</li> </ul>

- Potential uptake is unknown and could mean that outside seating is not available for customers at premises who do not choose to pay for licensing. It is likely that other premises would be available. Details of uptake rates were sought from neighbouring local authorities operating comparable schemes, but these were very variable.

*\*Expand box as required*

## Who will be affected by the activity?

Businesses – many businesses already operate with tables and chairs, A Boards and shop front usage on the highway. While this is an offence outside of the designated licensing area, this has not been enforced under the London Local Authorities Act in recent times. Businesses will now be required to pay for use of the highway or may be subject to a fixed penalty notice. The types of business affected range from multi-site chain pubs and restaurants to small independent retail and cafes with a much lower turnover.

Residents and visitors using the highway – setting standards for using tables and chairs on the highway will ensure that we are able to maintain clearance for pedestrians and persons using wheelchairs and pushchairs and prams. The applicant for a license is encouraged to consider planting and greenery as part of the usage, and this has a positive contribution to air quality and local aesthetic.

Residents and visitors using the licensed premises – some residents and visitors may choose to sit outside due to steps preventing them accessing some eateries and restaurants. These residents may be affected with regards to their choices if some businesses choose not to pay for licences for tables and chairs. Information regarding initial uptake is being sought from neighbouring and similar boroughs showed variable uptake and retention.

Smokers\* - residents and visitors may choose to sit outside to smoke or vape. ONS data\* has been reviewed to take account of the percentage of the population who smoke, and what the breakdown by protected characteristics is. The data from 2018 shows that 14.4% of the population in England smoke, of which 16% were male and 13% were female; of these that the highest proportion worked in manual and routine occupations (25% of these workers compared to 10% of those in managerial and professional roles) which is likely to be indicative of lower income earners; and that the highest prevalence of smoking according to ethnicity is among Polish nationals, followed by persons defining themselves as mixed race. There is a higher rate of smokers among unemployed, and those with no qualifications. Data on all protected characteristics were available via this data set.

Local authority – staff will be required to undertake new works and licensing schemes, and we will need to ensure this can be met without negatively impacting on current staff resource and wellbeing.

The consultation should take account of the varied population using outdoor seating in cafes and restaurants, and of the diversity of business owners who may wish to use the highway for any of the licensed purposes to ensure that all persons are appropriately and effectively consulted.

*\*Expand box as required*

### Protected Characteristic - Age:

Please tick (✓) the relevant box:

**Positive**

**Neutral**

✓

**Negative**

#### Overall impact:

The impact of the consultation is neutral.

The impact of any *policy changes* going forward *may be positive* regarding maintenance of clear footways for those developing age related mobility problems, and a clear direction as to the legality of tables and chairs on the highway may encourage more businesses to provide extra seating. Increasing the aesthetic may contribute to a better living and working environment, and may contribute to economic development in those areas.

A low uptake by business may contribute to a reduction in the number of seats available outside which may be a *negative impact* for those looking for seating where mobility to access premises might be an issue.

#### Evidence:

*(Please add in any additional evidence and use the evidence below that is relevant for your particular impact assessment, please delete unnecessary data)*

The estimated population of the London Borough of Havering is 256,039.

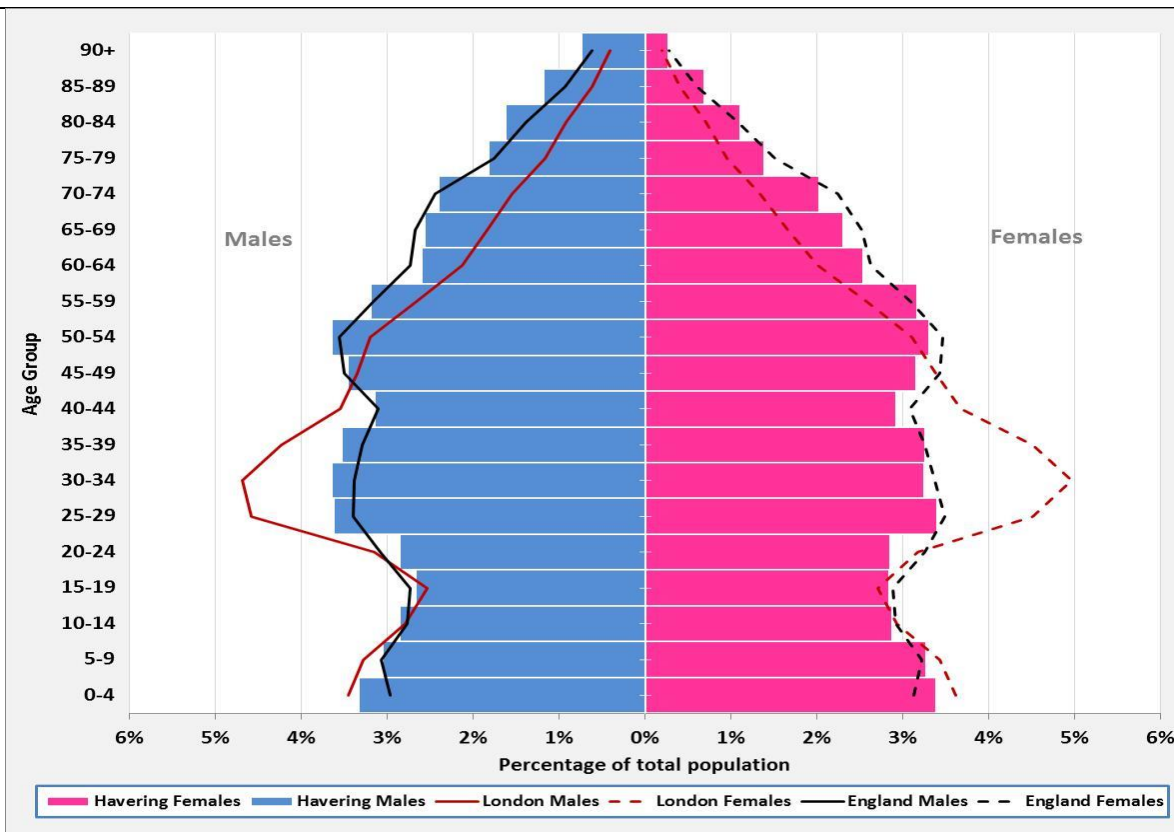
- It has the oldest population in London with a median age of approximately 40 years old, as recorded in the 2011 census.
- The Borough experienced a net population loss of 6.3% from 1983 to 2002 but the population has increased year on year from 2002, with a 13.7% increase from 2002 to 2017.
- As well as increases in the number of births in Havering, there has been an increase in the general fertility rate from 58 (per 1,000 women aged 15-44) in 2004 to 68 in 2017. This equates to an additional 10 births per 1,000 women aged 15-44 within the period.
- From 2011 to 2016, Havering experienced the largest net inflow of children across all London boroughs. 4,580 children settled in the borough from another part of the United Kingdom during this six year period.
- It is projected that the largest increases in population will occur in children (0-17 years) rising from 58,500 in 2018 to 72,100 in 2033 and older people age groups (65 years and above) from 46,900 in 2018 to 61,400 in 2033.

- The life expectancy at birth for people living in Havering is 80.1 years for males and 84.2 years for females.
- The life expectancy at age 65 years in Havering is 18.9 years for males and 21.6 years for females.

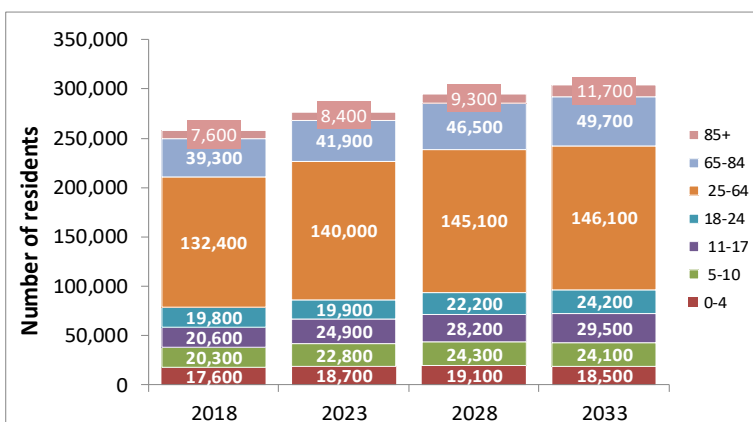
The table below shows the breakdown of current (mid-2017) population by gender and five-year age bands.

AGE BAND (YEARS)	MALE	FEMALE	PERSONS
00-04	8,671	8,553	17,224
05-09	8,371	7,820	16,191
10-14	7,359	7,306	14,665
15-19	7,277	6,833	14,110
20-24	7,316	7,308	14,624
25-29	8,688	9,295	17,983
30-34	8,325	9,355	17,680
35-39	8,344	9,038	17,382
40-44	7,491	8,078	15,569
45-49	8,064	8,879	16,943
50-54	8,463	9,333	17,796
55-59	8,103	8,183	16,286
60-64	6,504	6,664	13,168
65-69	5,903	6,577	12,480
70-74	5,191	6,158	11,349
75-79	3,539	4,672	8,211
80-84	2,836	4,157	6,993
85-89	1,756	3,032	4,788
90+	706	1,891	2,597
<b>All Ages</b>	<b>122,907</b>	<b>133,132</b>	<b>256,039</b>

The population pyramid compares the population figures for Havering with London and England by five-year age bands. The pyramid shows a much older age structure for the population of Havering compared to London but similar to England.



### Projected Population Increases by Age group



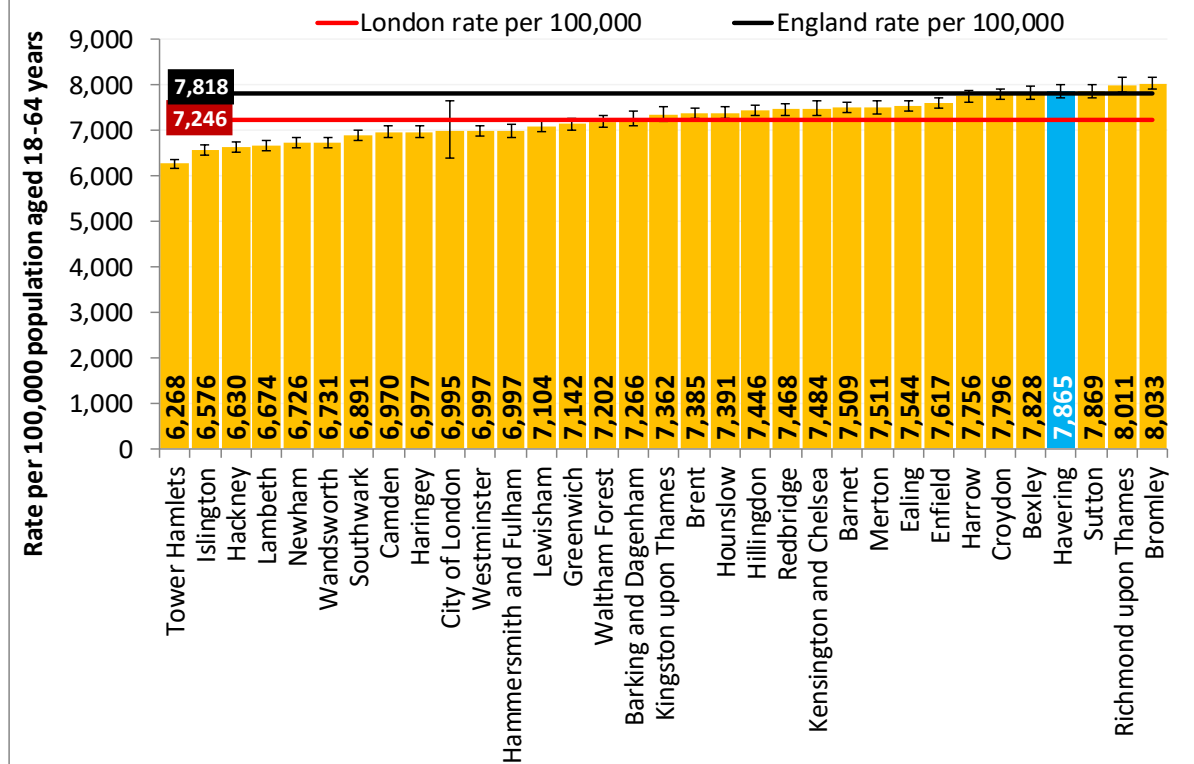
Age Group	Percentage change from 2018 to		
	2023	2028	2033
0-4	6%	9%	5%
5-10	12%	20%	19%
11-17	21%	37%	43%
18-24	1%	12%	22%
25-64	6%	10%	10%
65-84	7%	18%	26%
85+	11%	22%	54%

**Sources used:**

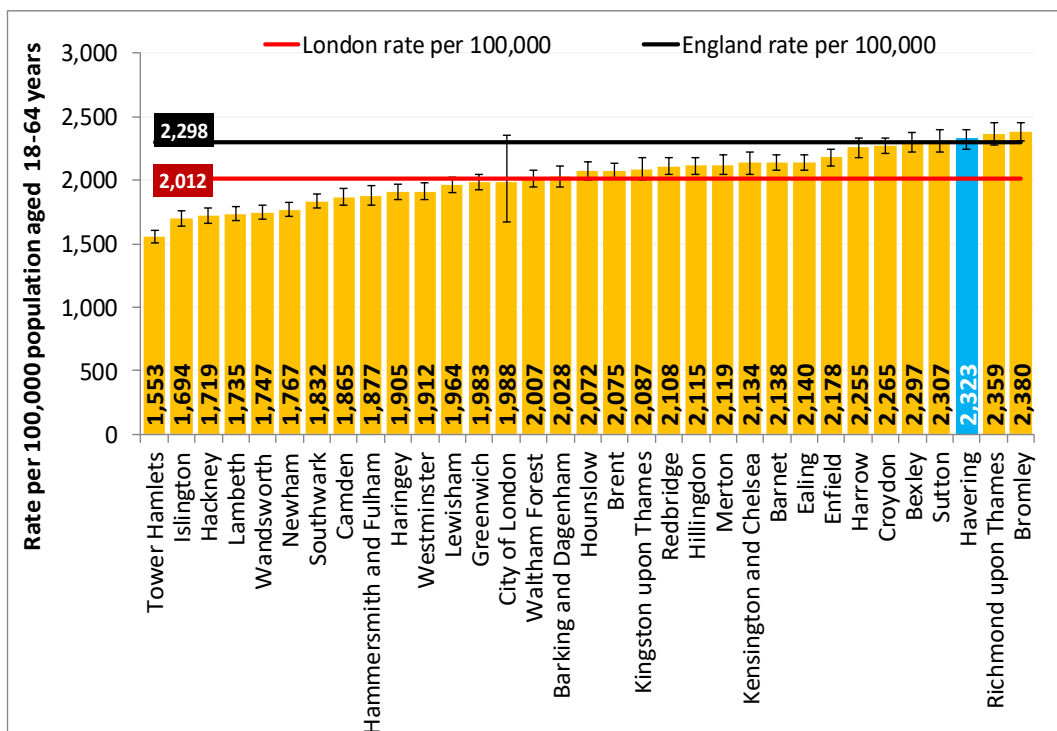
- This is Havering 2018 version 4.1 (August 2018) *produced by public health intelligence*
- Mid-year population estimates 2017; Office for National Statistics (ONS)
- GLA 2016 based Demographic Projections – Local Authority population projections Housing Led Model



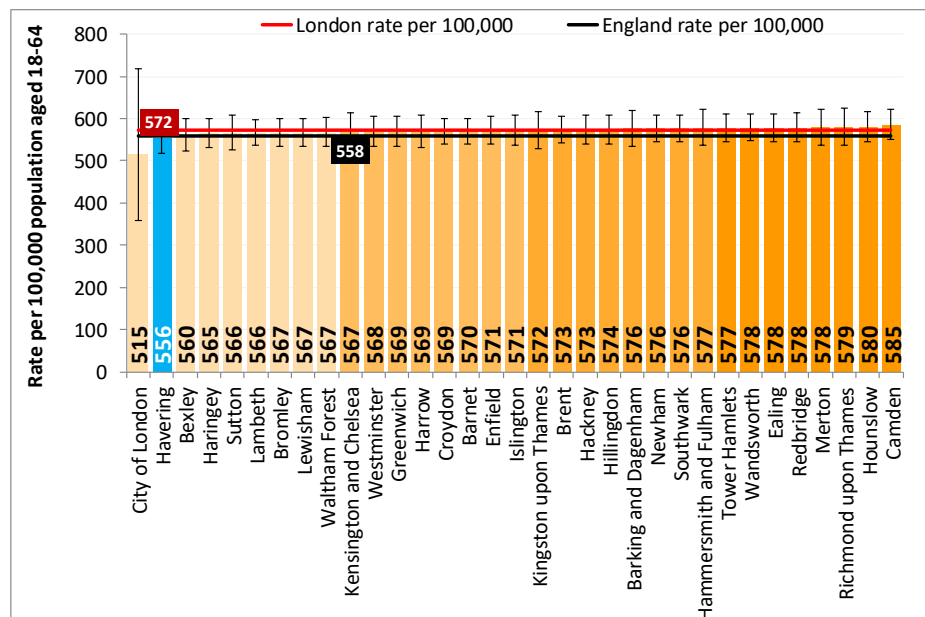
Protected Characteristic - Disability:		
Please tick (✓) the relevant box:		<b>Overall impact:</b>
Positive	✓	The overall impact of the consultation is positive.
Neutral		The impact of any <i>policy changes</i> going forward <i>will be positive</i> regarding maintenance of clear footways for persons with sight or mobility problems, and a clear direction as to the legality of the use of the highway may encourage more businesses to provide extra external seating which may be positive for persons who might not otherwise be able to access those premises.
Negative		<p>A low uptake by business may contribute to a reduction in the number of seats available outside which may be a <i>negative impact</i> for those looking for seating where mobility to access premises might be an issue.</p> <p><b>Physical Disability: As above</b></p> <p><b>Mental Disability and those with learning difficulties: Neutral</b></p> <p>For the definition of 'eligible', please see section 2 (background/context)</p>
<b>Evidence:</b> <i>(Please add in any additional evidence and use the evidence below that is relevant for your particular impact assessment, please delete unnecessary data)</i> <ul style="list-style-type: none"> <li>According to the latest ONS Annual Population Survey (Jan 2015-Dec 2015), 19% of working age people living in Havering have disclosed that they have a disability or long term illness. This is a similar proportion to England (20%).</li> <li>The estimated number of people in Havering aged 18-64 living with moderate physical disabilities was 11,870 in 2017 – a rate of 7,865 per 100,000 population aged 18-64 years. This rate is one of the highest among London local authorities. It is statistically similar to England but significantly higher than the London average.</li> </ul>		



- In 2017, 3,506 adults (aged 18-64 years) were estimated to be living with serious physical disabilities in Havering. The estimated rate of serious physical disabilities in Havering (2,323 per 100,000 population aged 18-64 years) is similar to England but significantly higher than London average and one of the highest rates of London local authorities. The rationale for this is likely due to the relatively older population in Havering compared to other London boroughs.



- About 817 adults (aged 18-64 years) are estimated to be living with moderate or severe learning disabilities in Havering in 2015 and hence likely to be in receipt of health and social care services.
- The 2017 estimated rate of moderate or severe learning disabilities in Havering (556 per 100,000 persons aged 18-64 years) is similar to England. Havering is estimated to have the 2nd lowest rate of moderate or severe learning disabilities among London local authorities.



## Mental Health Statistics

- At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time
- One in ten children between 5 and 16 years has a mental health problem, and many continue to have mental health problems in adulthood.
- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three quarters before their mid-20's.
- Self-harming in young people is not un-common (10-13% of 15-16 year olds have self-harmed).
- Almost half of all adults will experience at least one episode of depression during their life-time.
- One in ten new mothers experience postnatal depression.
- About one in 100 people has a severe mental health problem.
- Some 60% of adults living in hostels have a personality disorder.
- Some 90% of all prisoners are estimated to have diagnosable mental health problem (including personality disorder) and / or substance misuse problem.

## Sensory Impairment

### Sight

- The estimated number of people living with sight **loss** in **England** is 1.7 million.
- Only 17 per cent of people experiencing sight loss are offered emotional support in response to their deteriorating vision.
- Only 27 per cent of blind and partially sighted people of working age are in employment – a fall from 33 per cent in employment in 2006.
- 39 per cent of blind and partially sighted people of working age say they have some or great difficulty in making ends meet.
- 35 per cent of blind and partially sighted people say that they sometimes, frequently or always experience negative attitudes from the public in relation to their sight loss.
- 31 per cent of people are rarely or never optimistic about the future.

### Hearing

- There are 11 million people with hearing loss across the UK, that's around one in six of us.
- By 2035, we estimate there'll be around 15.6 million people with hearing loss across the UK - that's one in five.
- There are 50,000 children with hearing loss in the UK. Around half are born with hearing loss while the other half lose their hearing during childhood.
- An estimated 900,000 people in the UK have severe or profound hearing loss.
- We estimate that there are at least 24,000 people across the UK who use British Sign Language (BSL) as their main language (although there are likely to be more that we don't know about).
- More than 40% of people over 50 years old have hearing loss, rising to 71% of people over the age of 70.
- Around one in 10 UK adults has tinnitus.

### Sources used:

- This is Havering 2018 version 4.1 (August 2018) *produced by public health intelligence*
- Projecting Adult Needs and Service Information System (PANSI, 2017); calculations uses Mid-year population estimates 2017; Office for National Statistics (ONS); *produced by public health intelligence*
- Mental Health JSNA January 2015
- Royal National Institute for the Blind
- Action on Hearing Loss
- Disability and Social Participation (ONS) 02/12/19

## Protected Characteristic - Sex/gender:

Please tick (✓) the relevant box:

Positive

Neutral

Negative

☐
☒
☐

**Overall impact: Neutral**

For the definition of 'eligible', please see section 2 (background/context)

No differential impact has been identified on the grounds of this protected characteristic. The draft Street Trading Policy proposal applies equally to all traders operating in Havering irrespective of sex/gender.

## Evidence:

*(Please add in any additional evidence and use the evidence below that is relevant for your particular impact assessment, please delete unnecessary data)*

MALE		FEMALE		TOTAL
122,907	48.0%	133,132	52.0%	256,039

The table below shows the breakdown of current (mid-2017) population by gender and five-year age bands.

AGE BAND (YEARS)	MALE	FEMALE	PERSONS
00-04	8,671	8,553	17,224
05-09	8,371	7,820	16,191
10-14	7,359	7,306	14,665
15-19	7,277	6,833	14,110
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55-59	8,103	8,183	16,286
60-64	6,504	6,664	13,168
65-69	5,903	6,577	12,480
70-74	5,191	6,158	11,349
75-79	3,539	4,672	8,211
80-84	2,836	4,157	6,993
85-89	1,756	3,032	4,788
90+	706	1,891	2,597
All Ages	122,907	133,132	256,039

## Sources used:

- This is Havering 2018 version 4.1 (August 2018) *produced by public health intelligence*

**Protected Characteristic - Ethnicity/race:** Consider the impact on different ethnic groups and nationalities

Please tick (✓) the relevant box:

**Positive**

**Neutral**

**Negative**

**Overall impact:**

The impact of the consultation is neutral, although we should ensure that persons from all ethnicities / race are able to access and respond to the consultation.

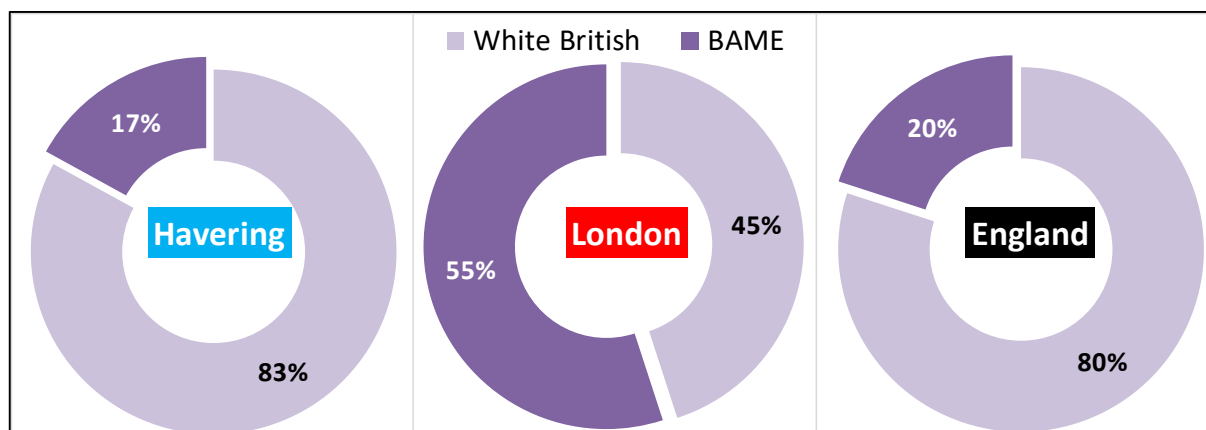
A review of the premises currently the highway shows a wide mix of traders including large national chains and small local chains, to small independent traders. The mix is very broad and does not appear to show a high proportion of traders of one type of ethnicity who would be affected differently to other traders.

For the definition of 'eligible', please see section 2 (background/context)

**Evidence:**

*(Please add in any additional evidence and use the evidence below that is relevant for your particular impact assessment, please delete unnecessary data)*

- Havering is one of the most ethnically homogenous places in London, with 83% of its residents recorded as White British in the 2011 census, higher than both London and England.
- However, the ethnically homogenous characteristic of Havering is gradually changing due to its growing cultural diversity.
- About 90% of the borough population were born in the United Kingdom.
- The Borough's white population is projected to decrease from the current 84% to 78% in 2032.
- The BME population, notably those from Black African heritage (though many of whom are likely to be British born) is projected to increase from 4.1% in 2017 to 5.3% of the Havering population in 2032.



## Ethnicity - GLA Datastore - cis ethnicity dashboard 2011 census

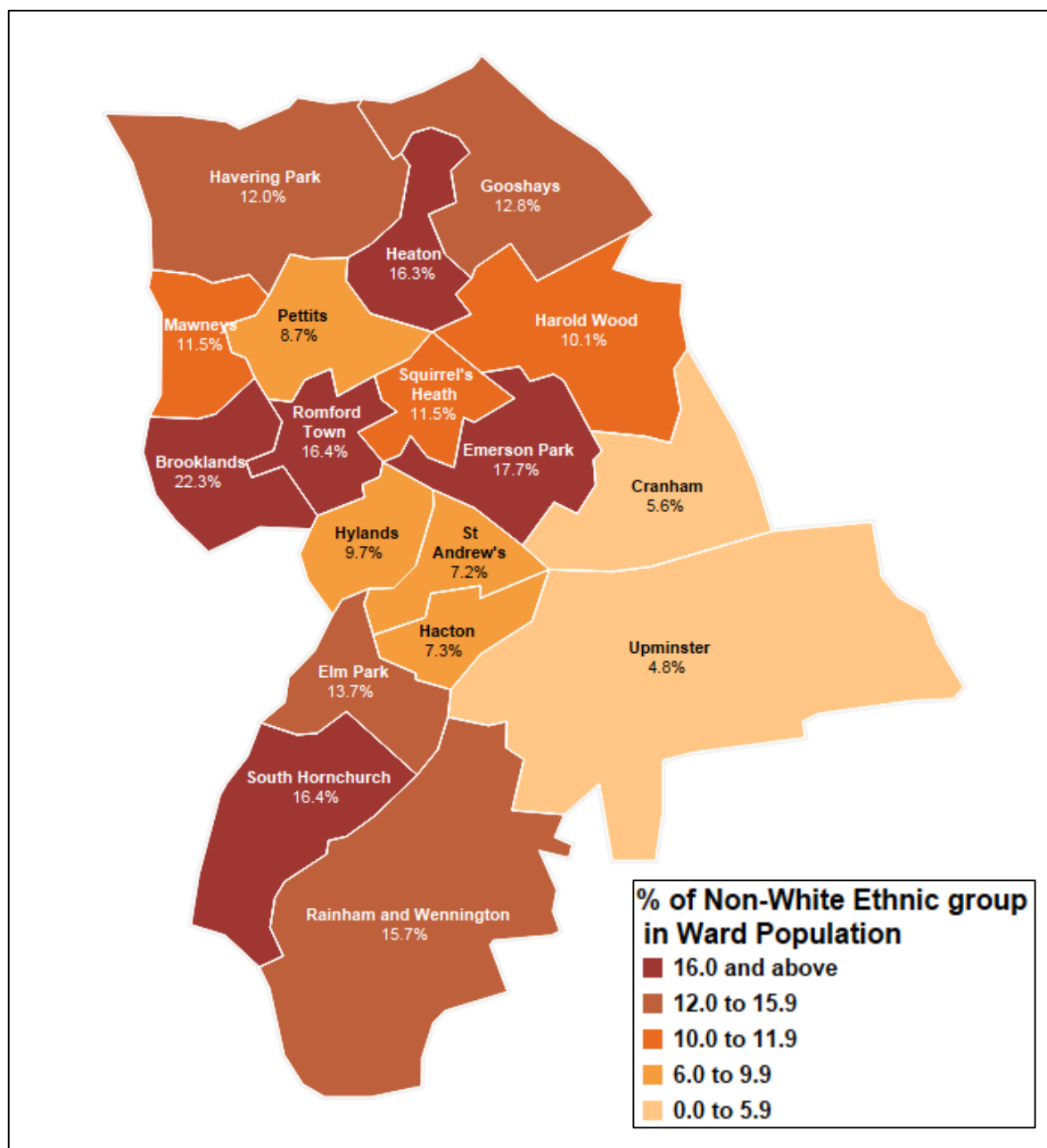
	Data	%
White British	197,615	83.3%
White Irish	2,989	1.3%
Gypsy	160	0.1%
Other White	7,185	3.0%
White and Black Caribbean	1,970	0.8%
White and Black African	712	0.3%
White and Asian	1,154	0.5%
Other Mixed	1,097	0.5%
Indian	5,017	2.1%
Pakistani	1,492	0.6%
Bangladeshi	975	0.4%
Chinese	1,459	0.6%
Other Asian	2,602	1.1%
Black African	7,581	3.2%
Black Caribbean	2,885	1.2%
Other Black	1,015	0.4%
Arab	311	0.1%
Any other ethnic group	1,013	0.4%
<b>Totals</b>	<b>237,232</b>	

## Country of Birth - GLA - 2011 Census

Country of Birth	Number	%
UK Born	212,840	89.7%
Non UK Born	24,392	10.3%
<b>Havering</b>	<b>237,232</b>	<b>100.0%</b>

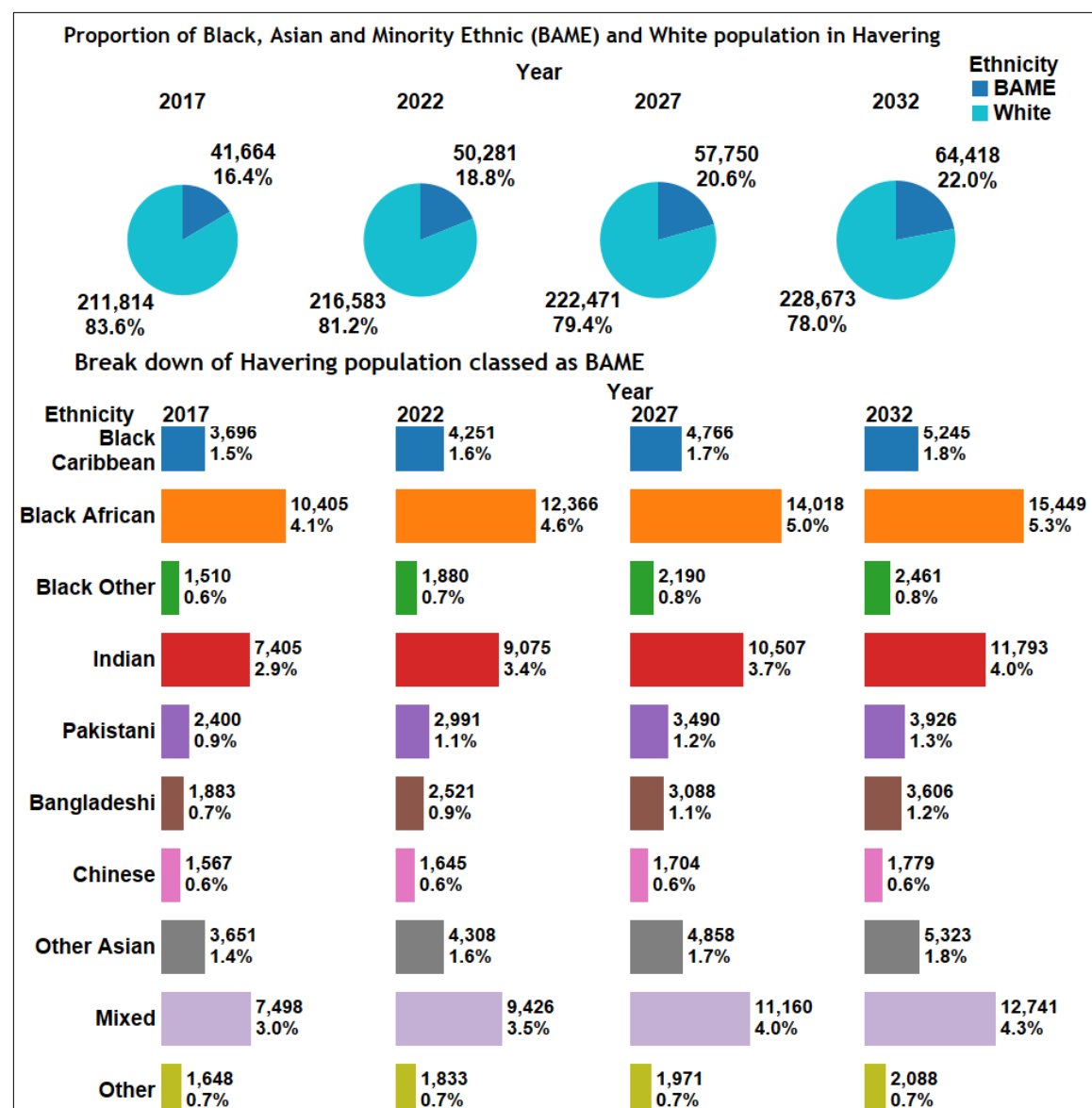
Country of Birth	Number	%
UK Born	212,840	89.7%
Ireland	2,503	1.1%
India	2,301	1.0%
Nigeria	2,241	0.9%
Lithuania	1,065	0.4%
Poland	925	0.4%
Philippines	759	0.3%
Ghana	678	0.3%
Pakistan	653	0.3%
Zimbabwe	647	0.3%
South Africa	621	0.3%
Other	11,999	5.1%
<b>Total</b>	<b>237,232</b>	<b>100.0%</b>

## Percentage of Non-white ethnic group by ward from 2011 census





## Ethnicity population projections 2017 - 2032



## English as First Language (2011 Census)

- Havering number of Households 97,199
- Number of people aged 16 and over in household that have English as main Language 91,739
- At least one person aged 16 and over in household that have English as main Language 2,504
- No people aged 16 and over in household but at least one person aged 3-15 that have English as main Language 684
- No people in household have English as main Language 2,272
- From 2011 census 10,461 people in Havering main language is not English

**Sources used:**

- This is Havering 2018 version 4.1 (August 2018)
- 2011 Census
- Internal Survey of Havering business premises using tables and chairs on the highway.

**Protected Characteristic - Religion/fait**

*Please tick (✓)  
the relevant box:*

**Positive**
☐
**Neutral**
☒
**Negative**
☐
**Overall impact:**

The consultation would be neutral.

No differential impact has been identified on the grounds of this protected characteristic. The draft Street Trading Policy proposal applies equally to all traders operating in Havering irrespective of faith/religion.

**Evidence:**

*(Please add in any additional evidence and use the evidence below that is relevant for your particular impact assessment, please delete unnecessary data)*

**Religion and Belief 2011 Census**

Faith	Number	%
Christian	155,597	65.6%
Buddhist	760	0.3%
Hindu	2,963	1.2%
Jewish	1,159	0.5%
Muslim	4,829	2.0%
Sikh	1,928	0.8%
Other Religion	648	0.3%
No Religion	53,549	22.6%
No Response	15,799	6.7%
<b>Totals</b>	<b>237,232</b>	<b>100.0%</b>

**Sources used:**

- 2011 Census

Protected Characteristic - Sexual orientation		
Please tick (✓) the relevant box:		<b>Overall impact:</b>  The impact of the consultation would be neutral.  The policy if adopted would be neutral in impact on the basis of sexual orientation. Havering LGBT Forum will be consulted on the draft policy as part of the consultation process.
Positive	<input type="checkbox"/>	
Neutral	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
<b>Evidence:</b>  Managers seeking the views of this group are encouraged to undertake consultation directly or via the Havering LGBT Forum. Write to:  <a href="mailto:info@haveringlgbtforum.co.uk">info@haveringlgbtforum.co.uk</a> .		
<b>Sources used:</b>  There is insufficient data available to measure accurately the potential effect of these proposals in relation to sexual orientation.  It is not believed that the Draft Policy Street Trading Policy will have an impact in relation to this protected characteristic.		

**Protected Characteristic - Gender reassignment:** Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

*Please tick (✓)  
the relevant box:*

**Positive**

☐

**Neutral**

☒

**Negative**

☐

**Overall impact:**

The impact of the consultation would be neutral.

The policy if adopted would be neutral in impact on the basis of gender reassignment.

**Evidence:**

Managers seeking the views of this group are encouraged to undertake consultation directly or via the Havering LGBT Forum. Write to:

[info@haveringlgbtforum.co.uk](mailto:info@haveringlgbtforum.co.uk)

**Sources used:**

There is insufficient data available to measure accurately the potential effect of these proposals in relation to gender reassignment.

It is not believed that the Draft Policy Street Trading Policy will have an impact in relation to this protected characteristic.

<b>Protected Characteristic - Marriage/civil partnership:</b> Consider people in a marriage or civil partnership		
<i>Please tick (✓) the relevant box:</i>		<b>Overall impact:</b> The impact of the consultation would be neutral.  The policy if adopted would be neutral in impact on the basis of marriage or partnership.
<b>Positive</b>	<input type="checkbox"/>	
<b>Neutral</b>	<input checked="" type="checkbox"/>	
<b>Negative</b>	<input type="checkbox"/>	
<b>Evidence:</b>  In 2017 it is estimated that: <ul style="list-style-type: none"> <li>• Single 27,558,916</li> <li>• Married 24,249,371</li> <li>• Civil Partnered 99,695</li> <li>• Divorced 3,696,837</li> <li>• Widowed 3,139,776</li> </ul>		
<b>Sources used:</b> <ul style="list-style-type: none"> <li>• Office for National Statistics (ONS) – Dataset Population estimates by marital status and living arrangements, England and Wales</li> </ul>		

Protected Characteristic - Pregnancy, maternity and paternity		
Please tick (✓) the relevant box:		<b>Overall impact:</b>
Positive		The impact of the consultation is neutral.
Neutral	✓	The impact of any policy changes going forward <i>may be positive</i> regarding maintenance of clear footways for persons with prams, pushchairs and small children, and a clear direction as to the legality of tables and chairs on the highway may encourage more businesses to provide extra external seating which may be positive for persons who might otherwise have difficulty accessing those premises.
Negative		A low uptake by business may contribute to a reduction in the number of seats available outside which may be a <i>negative impact</i> for those looking for outside seating where indoor access to premises might be an issue due to space for prams / pushchairs.
<b>Evidence:</b>  2016 Data for Havering <ul style="list-style-type: none"> <li>• All Conceptions – 4,475</li> <li>• Percentage all conceptions leading to abortion – 24.9%</li> <li>• Conceptions under 18 – 106</li> <li>• Percentage under 18 leading to abortion – 67%</li> <li>• Conceptions under 16 – 13</li> <li>• Percentage under 16 leading to abortion – 69.2%</li> </ul> 2017 Data for Havering <ul style="list-style-type: none"> <li>• Fertility rate 1.91 children per woman</li> <li>• Live births 3,393</li> </ul>		
<b>Sources used:</b> <ul style="list-style-type: none"> <li>• Office for National Statistics (ONS)</li> </ul>		

**Health & Wellbeing Impact:** Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity? Please use the Health and Wellbeing Impact Tool in Appendix 2 to help you answer this question.

Please tick (✓) all the relevant boxes that apply:

**Positive**

✓

**Neutral**

✓

**Negative**

✓

**Overall impact:**

The impact of the consultation is neutral.

The impact of any adoption of changes to policy will be better known following public consultation and any subsequent policy review.

The impact on staff required to manage and implement the new policy *could be negative* in terms of mental and physical welfare if provision is not made to adequately resource this new policy. Staff may be classed as financially vulnerable in this review.

The impact on residents and businesses using the licensing scheme going forward there may be a *positive impact* going forward in light of the current social distancing requirements, as the use of outside space, enables adherence to social distancing and allows for more ventilation to minimise risk of Covid 19 infection. This therefore supports both the reopening of hospitality businesses and also the safe return of hospitality staff to work and to keep customers safe.

**Do you consider that a more in-depth HIA is required as a result of this brief assessment?** Please tick (✓) the relevant box

Yes

No ✓ ☐

**Sources used:**

## Socio – Economic impact:

Please tick (✓)  
the relevant box:

**Positive**

**Neutral**

✓

**Negative**

### Overall impact:

The impact of the consultation will be neutral.

There are potentially positive impacts in increasing visibility of smaller businesses through outdoor seating areas which may benefit small independent traders. Also through provision to customers who may wish to smoke, vape or may not be able to access the business premises due to steps or space for pushchairs or prams.

Potentially, small operators may feel that they do not wish to pay for licensing this outdoor space, which could negatively affect their income through loss of revenue. However, it is envisaged that the potential revenue would outweigh the cost of the licence.

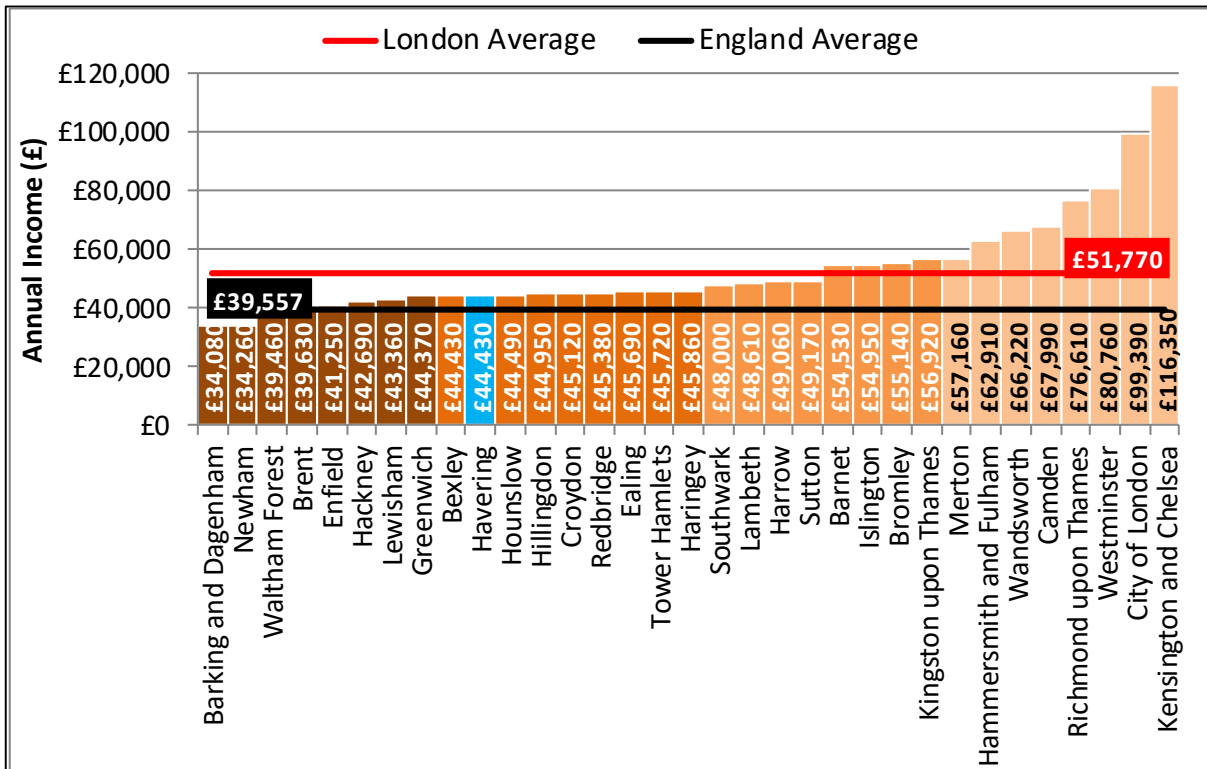
The requirement to consider the improvement of the local aesthetic as part of the application process may contribute towards a positive socio-economic impact, both in encouraging people to work, shop and eat in the area, with a related impact on jobs and income to the area.

### Evidence:

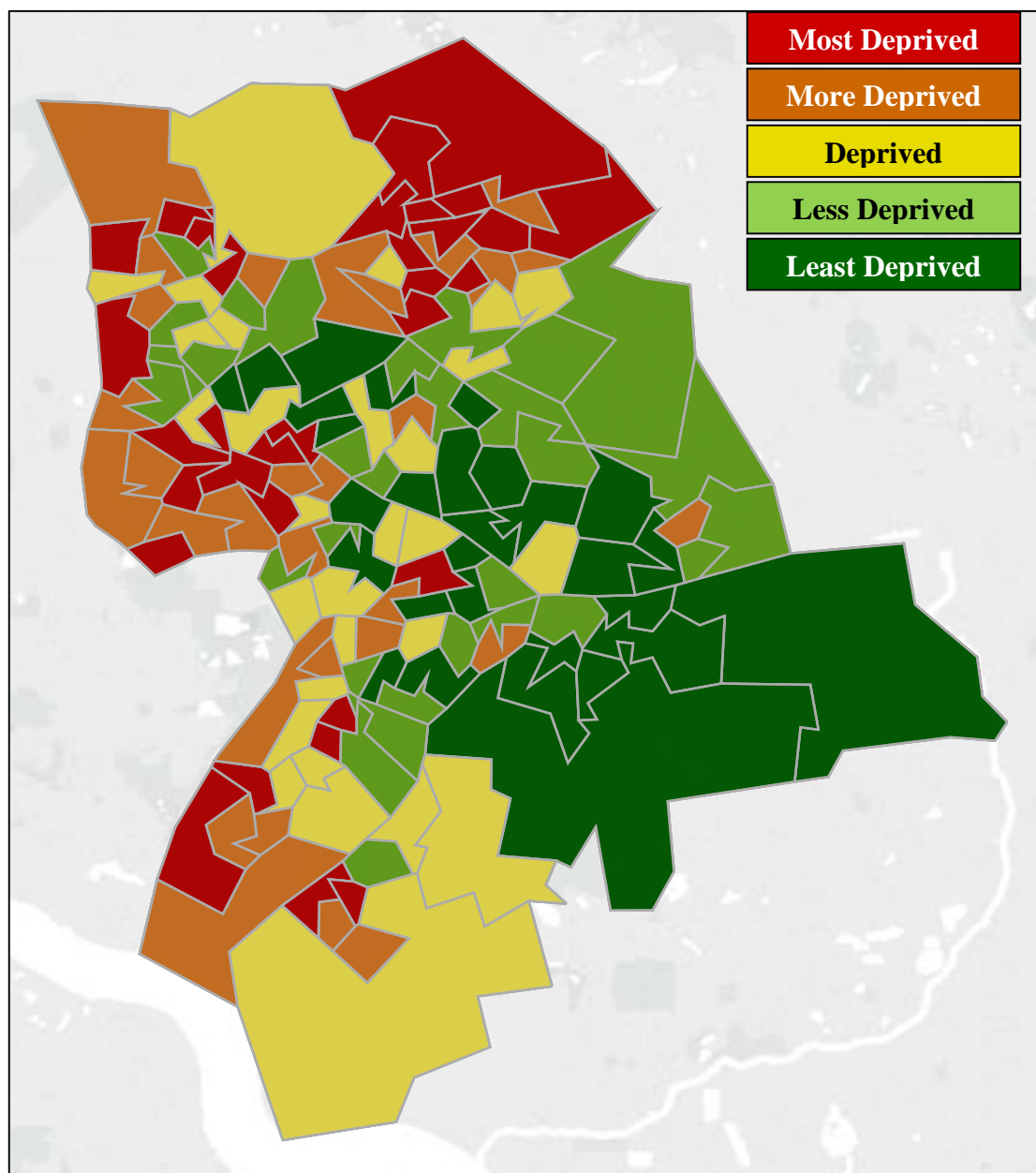
- The average gross income per household in Havering (£44,430, as measured in 2012/13) is low in comparison to the London average (£51,770) and slightly higher than the England average (£39,557).
- 77% of households in Havering have at least one car and compared to other local authorities in London, Havering has the second highest proportion of households (32.8%) with 2 or more cars.
- Majority of children in Havering are not poor, but around 8,800 live in income-deprived households. Gooshays and Heaton wards have the highest proportion of children living in poverty.
- About 77.9% of working age residents in Havering were in employment between April and June 2018. Overall employment rate in Havering is higher than London (74.6%) and England (75.9%)
- The proportion of working age residents in Havering claiming out-of-work benefits (6.8%) is significantly lower than England (8.4%).



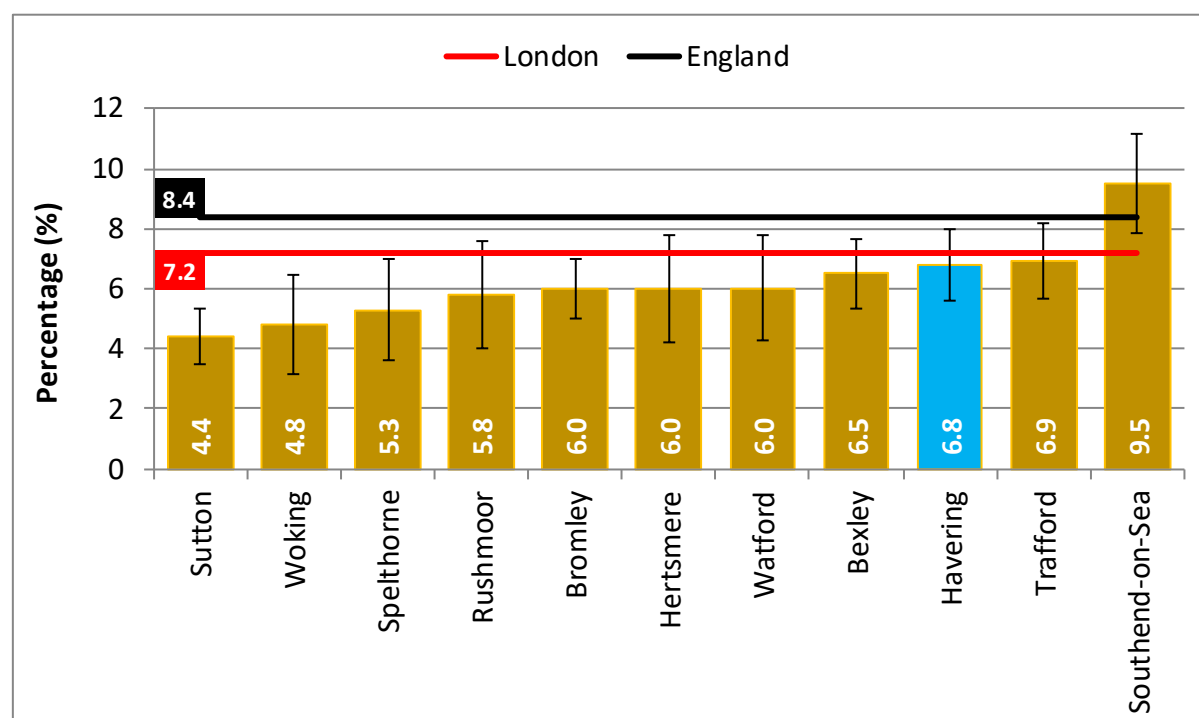
## Income 2012/13



Income deprivation affecting Children, quintiles within Havering LSOA, 2015



Proportion of working age residents claiming out-of-work benefits in Havering and ONS statistical comparator group, November 2016



Sources used:

- This is Havering 2018 version 4.1 (August 2018) *produced by public health intelligence*

### 3. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:

	1. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u>	➔	<b>Proceed with implementation</b> of your activity
	2. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u>	➔	<b>COMPLETE SECTION 4:</b> <b>Complete action plan</b> and finalise the EqHIA
	3. The EqHIA identified some <u>major concerns</u> and showed that it is <u>impossible to diminish negative impacts</u> from the activity to an acceptable or even lawful level	➔	<b>Stop and remove</b> the activity or <b>revise</b> the activity <b>thoroughly</b> . <b>Complete an EqHIA on the revised proposal.</b>

## 4. Action Plan

The real value of completing an EqHIA comes from the identifying the actions that can be taken to eliminate/minimise negative impacts and enhance/optimize positive impacts. In this section you should list the specific actions that set out how you will address any negative equality and health & wellbeing impacts you have identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

<b>Protected characteristic / health &amp; wellbeing impact</b>	<b>Identified Negative or Positive impact</b>	<b>Recommended actions to mitigate Negative impact* or further promote Positive impact</b>	<b>Outcomes and monitoring**</b>	<b>Timescale</b>	<b>Lead officer</b>
Race/ ethnicity	Consultation - Neutral	Ensure consultation designed to be accessible			
Age	Consultation - Neutral	Ensure consultation designed to be accessible			
Disability	Consultation - neutral	Ensure consultation designed to be accessible			

Add further rows as necessary

\* You should include details of any future consultations and any actions to be undertaken to mitigate negative impacts

\*\* Monitoring: You should state how the impact (positive or negative) will be monitored; what outcome measures will be used; the known (or likely) data source for outcome measurements; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

## 5. Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

**Review:** The EqHIA should be reviewed after consultation in light of feedback, and subsequently in light of any changes to the policy prior to going to Cabinet. Dates for these cannot be confirmed ahead of process.

**Scheduled date of review:**

**Lead Officer conducting the review:** TBC

*\*Expand box as required*

**Please submit the completed form via e-mail to [EqHIA@havering.gov.uk](mailto:EqHIA@havering.gov.uk) thank you.**

# Appendix 1. Guidance on Undertaking an EqHIA

**This Guidance can be deleted prior to publication.**

## What is it?

The Equality & Health Impact Assessment (EqHIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service, whilst at the same time ensuring a person's chance of leading a healthy life is the same wherever they live and whoever they are. We want to ensure that the activities of the Council are 'fit for purpose' and meet the needs of Havering's increasingly diverse communities and employees. This robust and systematic EqHIA process ensures that any potential detrimental effects or discrimination is identified, removed, or mitigated and positive impacts are enhanced.

## When to Assess:

An EqHIA should be carried out when you are changing, removing or introducing a new service, policy, strategy or function; for simplicity, these are referred to as an "activity" throughout this document. It is best to conduct the assessment as early as possible in the decision-making process.

### Guidance: Equality & Health Impact Assessment Checklist

The Checklist in Section 1 asks the key questions,

**4a) Are you changing, introducing a new, or removing a service, policy, strategy or function?**

**4b) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?**

**4c) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?**

- If the answer to ANY of the questions 4a, 4b or 4c of the Checklist is 'YES' then you must carry out an assessment. e.g. Proposed changes to Contact Centre Opening Hours  
'YES' = you need to carry out an EqHIA
- If the answer to ALL of the questions, 4a or 4b of the Checklist is NO, then you do not need to carry out an EqHIA assessment. e.g. Quarterly Performance Report  
'NO' = you DO NOT need to carry out an EqHIA. Please provide a clear explanation as to why you consider an EqHIA is not required for your activity.

## Using the Checklist

The assessment should take into account all the potential impacts of the proposed activity, be it a major financial decision, or a seemingly simple policy change. Considering and completing this EqHIA will ensure that all Council plans, strategies, policies, procedures, services or other activity comply with relevant statutory obligations and responsibilities. In particular it helps the Council to meet its legal obligation under the [Equality Act 2010 and the Public Sector Equality Duty](#) and its public health duties under the [Health and Social Care Act 2012](#).



## Having Due Regard

To have due regard means that in making decisions and in its other day-to-day activities, the Council must consciously consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups
- Reduce inequalities in health outcomes

## Combining Equality and Health Impact Assessment:

[Equality Impact Assessments \(EIAs\)](#) provide a systematic way of ensuring that legal obligations are met. They assess whether a proposed policy, procedure, service change or plan will affect people different on the basis of their 'protected characteristics' and if it will affect their human rights. Currently there are **nine protected characteristics** (previously known as 'equality groups' or 'equality strands'): age, disability, sex/gender, ethnicity/race, religion/fait, sexual orientation, gender reassignment, marriage/civil partnership, and pregnancy/ maternity/paternity.

An activity does not need to impact on all 9 protected characteristics – impacting on just one is sufficient justification to complete an EqHIA.

[Health Impact Assessments \(HIAs\)](#) consider the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health and wellbeing of the population. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity by assessing the distribution of potential effects within the population, particularly within vulnerable groups. 'Health' is not restricted to medical conditions, or the provision of health services, but rather encompasses the wide range of influences on people's health and wellbeing. This includes, but is not limited to, experience of discrimination, access to transport, housing, education, employment - known as the 'wider determinants of health'.

This [Equality and Health Impact Assessment \(EqHIA\)](#) brings together both impact assessments into a single tool which will result in a set of recommendations to eliminate discrimination and inequality; enhance potential positive impacts and mitigate where possible for negative impacts. In conducting this EqHIA you will need to assess the impact (positive, neutral or negative) of your activity on individuals and groups with **protected characteristics** (this includes staff delivering your activity), **socio-economic status** and **health & wellbeing**. Guidance on what to include in each section is given on the next pages.

### Guidance: What to include in background/context

In this section you will need to add the background/context of your activity, i.e. what is the activity intending to do, and why?

Make sure you include the scope and intended outcomes of the activity being assessed; and highlight any proposed changes. Please include a brief rationale for your activity and any supporting evidence for the proposal. Some questions to consider:

- What is the aim, objectives and intended outcomes?
- How does this activity meet the needs of the local population?
- Has this activity been implemented in another area? What were the outcomes?
- Is this activity being implemented as per best practice guidelines?
- Who were the key stakeholders in this activity?

\*Note that the boxes will expand as required

## Guidance: Who will be affected by the activity?

The people who will be affected may be

**Residents:** pay particular attention to vulnerable groups in the population who may be affected by this activity

**Businesses/ manufacturing / developers / small, medium or large enterprises**

**Employees:** e.g. Council staff for an internal activity, other statutory or voluntary sector employees, local businesses and services

\*Note that the boxes will expand as required

## Guidance: What to include in assessing a Protected Characteristic e.g. AGE

Please tick (✓) the relevant box:

**Positive**

**Neutral**

**Negative**

**Overall impact:** In this section you will need to consider and note what impact your activity will have on individuals and groups (including staff) with protected characteristics based on the data and information you have. You should note whether this is a positive, neutral or negative impact.

**It is essential that you note all negative impacts. This will demonstrate that you have paid 'due regard' to the Public Sector Equality Duty if your activity is challenged under the Equality Act.**

\*Note that the boxes will expand as required

**Evidence:** In this section you will need to document the evidence that you have used to assess the impact of your activity.

When assessing the impact, please consider and note how your activity contributes to the three aims of the Public Sector Equality Duty (PSED) as stated in the section above.

It is essential that you note the full impact of your activity, so you can demonstrate that you have fully considered the equality implications and have paid 'due regard' to the PSED should the Council be challenged.

- If you have identified a **positive impact**, please note this.
- If you think there is a **neutral impact** or the impact is not known, please provide a full reason why this is the case.
- If you have identified a **negative impact**, please note what steps you will take to mitigate this impact. If you are unable to take any mitigating steps, please provide a full reason why. All negative impacts that have mitigating actions must be recorded in the **Action Plan**.
- **Please ensure that appropriate consultation with affected parties has been undertaken and evidenced**

**Sources used:** In this section you should list all sources of the evidence you used to assess the impact of your activity. This can include:

- Service specific data
- Population, demographic and socio-economic data. Suggested sources include:
  - o Service user monitoring data that your service collects
  - o [Havering Data Intelligence Hub](#)
  - o [Office for National Statistics \(ONS\)](#)

If you do not have any relevant data, please provide the reason why.

\*Note that the boxes will expand as required

## Guidance: What to include in assessing Health & Wellbeing Impact:

Please tick (✓) all the relevant boxes that apply:

**Positive**

**Neutral**

**Negative**

**Overall impact:** In this section you will need to consider and note whether the proposal could have an overall impact on, or implications for, people's health and wellbeing or any factors which determine people's health.

How will the activity help address inequalities in health?

Include here a brief outline of what could be done to enhance the positive impacts and, where possible, mitigate for the negative impacts.

\*Note that the boxes will expand as required

**Do you consider that a more in-depth HIA is required as a result of this brief assessment?** Please tick (✓) the relevant box

Yes ☐ No ☐

**Evidence:** In this section you will need to outline in more detail how you came to your conclusions above:

- What is the nature of the impact?
- Is the impact **positive** or **negative**? It is possible for an activity to have **both positive and negative impacts**. Consider here whether people will be able to access the service being offered; improve or maintain healthy lifestyles; improve their opportunities for employment/income; whether and how it will affect the environment in which they live (housing, access to parks & green space); what the impact on the family, social support and community networks might be
- What can be done to mitigate the negative impacts and/or enhance the positive impacts?
- If you think there is a **neutral impact**, or the impact is not known, please provide a brief reason why this is the case.
- What is the likelihood of the impact? Will the impact(s) be in weeks, months or years? In some cases the short-term risks to health may be worth the longer term benefits.
- Will the proposal affect different groups of people in different ways? A proposal that is likely to benefit one section of the community may not benefit others and could lead to inequalities in health.

**Please use the Health & Wellbeing Impact Tool in Appendix 2 as a guide/checklist to assess the potential wider determinants of health impacts.**

This tool will help guide your thinking as to what factors affect people's health and wellbeing, such as social support, their housing conditions, access to transport, employment, education, crime and disorder and environmental factors. It is not an exhaustive list, merely a tool to guide your assessment; there may be other factors specific to your activity.

Some questions you may wish to ask include:

- Will the activity impact on people's ability to socialise, potentially leading to social isolation?
- Will the activity affect a person's income and/or have an effect on their housing status?
- Is the activity likely to cause the recipient of a service more or less stress?
- Will any change in the service take into account different needs, such as those with learning difficulties?
- Will the activity affect the health and wellbeing of persons not directly related to the service/activity, such as carers, family members, other residents living nearby?
- If there is a short-term negative effect, what will be done to minimise the impact as much as possible?

- Are the longer-term impacts positive or negative? What will be done to either promote the positive effects or minimise the negative effects?
- Do the longer term positive outcomes outweigh the short term impacts?

\*Note that the boxes will expand as required

**Sources used:** In this section you should list all sources of the evidence you used to assess the impact of your activity. This could include, e.g.:

Information on the population affected

- Routinely collected local statistics (e.g. quality of life, health status, unemployment, crime, air quality, educational attainment, transport etc.)
- Local research/ Surveys of local conditions
- Community profiles

Wider Evidence

- Published Research, including evidence about similar proposals implemented elsewhere (e.g. Case Studies).
- Predictions from local or national models
- Locally commissioned research by statutory/voluntary/private organisations

Expert Opinion

- Views of residents and professionals with local knowledge and insight

\*Note that the boxes will expand as required

## Guidance: Outcome of the Assessment

On reflection, what is your overall assessment of the activity?

The purpose of conducting this assessment is to offer an opportunity to think, reflect and **improve** the proposed activity. It will make sure that the Council can evidence that it has considered its due regard to equality and health & wellbeing to its best ability.

It is not expected that all proposals will be immediately without negative impacts! However, where these arise, what actions can be taken to mitigate against potential negative effects, or further promote the positive impacts?

Please tick one of the 3 boxes in this section to indicate whether you think:

1. all equality and health impacts are adequately addressed in the activity – proceed with your activity pending all other relevant approval processes
2. the assessment identified some negative impacts which could be addressed – please complete the Action Plan in Section 4.
3. If the assessment reveals some significant concerns, this is the time to stop and re-think, making sure that we spend our Council resources wisely and fairly. There is no shame in stopping a proposal.

\*Note that the boxes will expand as required

## Guidance: Action Plan

For each protected characteristic/health & wellbeing impact where an impact on people or their lives has been identified, complete one row of the action plan. You can add as many further rows as required.

State whether the impact is Positive or Negative

Briefly outline the actions that can be taken to mitigate against the negative impact or further enhance a positive impact. These actions could be to make changes to the activity itself (service, proposal, strategy etc.) or to make contingencies/alterations in the setting/environment where the activity will take place.

For example, might staff need additional training in communicating effectively with people with learning difficulties, if a new service is opened specifically targeting those people? Is access to the service fair and equitable? What will the impact on other service users be? How can we ensure equity of access to the service by all users? Will any signage need changing? Does the building where the service being delivered comply with disability regulations?

## Guidance: Review

Changes happen all the time! A service/strategy/policy/activity that is appropriate at one time, may no longer be appropriate as the environment around us changes. This may be changes in our population, growth and makeup, legislative changes, environmental changes or socio-political changes.

Although we can't predict what's going to happen in the future, a review is recommended to ensure that what we are delivering as a Council is still the best use of our limited resources. The timescale for review will be dependent on the scale of the activity.

A major financial investment may require a review every 2-3 years for a large scale regeneration project over 10-15 years.

A small policy change may require a review in 6 months to assess whether there are any unintended outcomes of such a change.

Please indicate here how frequently it is expected to review your activity and a brief justification as to why this timescale is recommended.

## Appendix 2. Health & Wellbeing Impact Tool

Will the activity/service/policy/procedure affect any of the following characteristics? Please tick/check the boxes below

The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES <input type="checkbox"/> NO <input type="checkbox"/>	Personal circumstances YES <input type="checkbox"/> NO <input type="checkbox"/>	Access to services/facilities/amenities YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Diet <input type="checkbox"/> Exercise and physical activity <input type="checkbox"/> Smoking <input type="checkbox"/> Exposure to passive smoking <input type="checkbox"/> Alcohol intake <input type="checkbox"/> Dependency on prescription drugs <input type="checkbox"/> Illicit drug and substance use <input type="checkbox"/> Risky Sexual behaviour <input type="checkbox"/> Other health-related behaviours, such as tooth-brushing, bathing, and wound care	<input type="checkbox"/> Structure and cohesion of family unit <input type="checkbox"/> Parenting <input type="checkbox"/> Childhood development <input type="checkbox"/> Life skills <input type="checkbox"/> Personal safety <input type="checkbox"/> Employment status <input type="checkbox"/> Working conditions <input type="checkbox"/> Level of income, including benefits <input type="checkbox"/> Level of disposable income <input type="checkbox"/> Housing tenure <input type="checkbox"/> Housing conditions <input type="checkbox"/> Educational attainment <input type="checkbox"/> Skills levels including literacy and numeracy	<input type="checkbox"/> to Employment opportunities <input type="checkbox"/> to Workplaces <input type="checkbox"/> to Housing <input type="checkbox"/> to Shops (to supply basic needs) <input type="checkbox"/> to Community facilities <input type="checkbox"/> to Public transport <input type="checkbox"/> to Education <input type="checkbox"/> to Training and skills development <input type="checkbox"/> to Healthcare <input type="checkbox"/> to Social services <input type="checkbox"/> to Childcare <input type="checkbox"/> to Respite care <input type="checkbox"/> to Leisure and recreation services and facilities
Social Factors YES <input type="checkbox"/> NO <input type="checkbox"/>	Economic Factors YES <input type="checkbox"/> NO <input type="checkbox"/>	Environmental Factors YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Social contact <input type="checkbox"/> Social support <input type="checkbox"/> Neighbourliness <input type="checkbox"/> Participation in the community <input type="checkbox"/> Membership of community groups <input type="checkbox"/> Reputation of community/area <input type="checkbox"/> Participation in public affairs <input type="checkbox"/> Level of crime and disorder <input type="checkbox"/> Fear of crime and disorder <input type="checkbox"/> Level of antisocial behaviour <input type="checkbox"/> Fear of antisocial behaviour <input type="checkbox"/> Discrimination <input type="checkbox"/> Fear of discrimination <input type="checkbox"/> Public safety measures <input type="checkbox"/> Road safety measures	<input type="checkbox"/> Creation of wealth <input type="checkbox"/> Distribution of wealth <input type="checkbox"/> Retention of wealth in local area/economy <input type="checkbox"/> Distribution of income <input type="checkbox"/> Business activity <input type="checkbox"/> Job creation <input type="checkbox"/> Availability of employment opportunities <input type="checkbox"/> Quality of employment opportunities <input type="checkbox"/> Availability of education opportunities <input type="checkbox"/> Quality of education opportunities <input type="checkbox"/> Availability of training and skills development opportunities <input type="checkbox"/> Quality of training and skills development opportunities <input type="checkbox"/> Technological development <input type="checkbox"/> Amount of traffic congestion	<input type="checkbox"/> Air quality <input type="checkbox"/> Water quality <input type="checkbox"/> Soil quality/Level of contamination/Odour <input type="checkbox"/> Noise levels <input type="checkbox"/> Vibration <input type="checkbox"/> Hazards <input type="checkbox"/> Land use <input type="checkbox"/> Natural habitats <input type="checkbox"/> Biodiversity <input type="checkbox"/> Landscape, including green and open spaces <input type="checkbox"/> Townscape, including civic areas and public realm <input type="checkbox"/> Use/consumption of natural resources <input type="checkbox"/> Energy use: CO2/other greenhouse gas emissions <input type="checkbox"/> Solid waste management <input type="checkbox"/> Public transport infrastructure