

## Equality & Health Impact Assessment (EqHIA)

### Document control

|                                   |   |
|-----------------------------------|---|
| <b>Title of activity:</b>         | Strategy for those who provide informal and unpaid care in Havering, 2023 - 2026  |
| <b>Lead officer:</b>              | Emily Plane, Head of Strategy and System Development – BHR, Havering Place based partnership<br>NHS North East London Integrated Care Board |
| <b>Approved by:</b>               | Mariette Mason, Interim Commissioning Portfolio Manager<br>Joint Commissioning Unit   |
| <b>Date completed:</b>            | Friday 2 <sup>nd</sup> June 2023  |
| <b>Scheduled date for review:</b> | June 2024   |

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>  | No  |
| <b>Did you seek advice from the Public Health team?</b>   | Yes |
| <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@havering.gov.uk](mailto:EqHIA@havering.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@havering.gov.uk](mailto:EqHIA@havering.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  | <b>Title of activity</b>  | Strategy for those who provide informal and unpaid care in Havering, 2023 - 2026  |   |  |
| 2  | <b>Type of activity</b>   | Strategy  |   |  |
| 3  | <b>Scope of activity</b>  | <p>Strategy aimed at improving identification of those who provide informal and unpaid care who live in Havering, and improving outcomes across a range of identified areas (that were identified by local Carers themselves) including:</p> <ol style="list-style-type: none"> <li>1. Improved Identification and assessment of informal Carers</li> <li>2. Easier access to information and advice, including wider wellbeing services</li> <li>3. Improved links into primary care and other services, and better coordination of services</li> <li>4. Access to Respite and carers breaks, that is more flexible</li> </ol> <p>NHS England describes a carer as “anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.”</p> |   |  |
| 4a | <b>Are you changing, introducing a new, or removing a service, policy, strategy or function?</b>                                    | Yes   | If the answer to <u>any</u> of these questions is <b>‘YES’</b> , please continue to question 5. | If the answer to <u>all</u> of the questions (4a, 4b & 4c) is <b>‘NO’</b> , please go to question 6. |
| 4b | <b>Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?</b> | Yes   |   |  |
| 4c | <b>Does the activity have the potential to impact (either positively or negatively) upon</b>  | Yes   |   |  |

|          |   |   |  |  |
|----------|---|---|--|--|
|          | <b>any factors which determine people's health and wellbeing?</b> |   |  |  |
| <b>5</b> | <b>If you answered YES:</b>                                       | <b>Please complete the EqHIA in Section 2 of this document.</b> Please see Appendix 1 for Guidance. |  |  |
| <b>6</b> | <b>If you answered NO:</b>  | N/A   |  |  |

|                      |  |
|----------------------|--|
| <b>Completed by:</b> | Emily Plane, Head of Strategy and System Development<br>– BHR, Havering Place based partnership<br>NHS North East London Integrated Care Board |
| <b>Date:</b>         | Friday 2nd June 2023   |

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

|  |
|--|
| <b>Background/context:</b>   |
| <p>Unpaid and informal carers provide invaluable support for loved ones and friends on a daily basis. The recent Covid Pandemic further highlighted the significant role that they play in supporting people to remain well at home. They coordinate care and appointments, provide personal care, and improve the wellbeing of those whom they look after. It is important that health, care and the community and voluntary sector support unpaid carers to continue to provide the invaluable tasks that they carry out every day.</p> <p>NHS England describes a carer as “anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.”</p> <p>In the context of the developing Havering Place based Partnership, which brings together health, care and the community and voluntary sector in Havering with a focus on integrating services and support for local people in a way that is meaningful to them, partners in Havering have jointly undertaken development of the Strategy for those who provide informal and unpaid care in Havering, 2023 – 2026, to ensure that we deliver improved experiences and outcomes for Carers in the Borough.</p> <p><b>Development of the strategy</b><br/>The language that we have used throughout the strategy; ‘those who provide information and unpaid care’ – reflects feedback from local Carers, for many of whom the word ‘carer’ does not resonate with the role that they undertake. The strategy itself highlights</p> |

a significant gap between the number of potential carers in the Borough based on recent census data, and the number actually registered for support with our Carers Hub, and Imago (for young carers). There is a strong focus throughout the strategy on seeking to address this gap.

We have sought to embed our Havering Place based Partnership ethos from the inception of the strategy development; first speaking to those whom the strategy is targeted at supporting, and seeking their views on the key areas they think need to be improved. A real life case study of an informal carer in Havering is the key focus of the strategy, highlighting how services and support need to improve for local carers. The strategy itself is a partnership product, developed by a working group of leads from across the partnership, spanning the Community and Voluntary Sector, Health, Care and the Local Authority.

The strategy builds on the previous strategy (2017-2019) and reflects learning since the Pandemic that a greater focus on support for informal/unpaid Carers is needed. This strategy also takes into account that ways of living and working have changed dramatically since 2019. Following engagement with local carers, it seeks to address shifts in needs of carers, whilst expanding scope of the strategy to range across all ages. This has been an opportunity for carers to design their strategic vision with the Council and wider partners, and directly contribute to the action plan which will be owned and delivered by partners across Havering.

Based on the support local Carers have told us that they need, our main strategic priorities for carers moving forward include:

1. Improved Identification and assessment of informal Carers
2. Easier access to information and advice, including wider wellbeing services
3. Improved links into primary care and other services, and better coordination of services
4. Access to Respite and carers breaks, that is more flexible

We have framed these priorities in the form of 'I' statements in the vision section of the strategy, to clearly articulate how outcomes will materially improve for those providing informal and unpaid care in Havering.

How the partnership will deliver these outcomes is set out in the 'action plan' section towards the end of the strategy.

*\*Expand box as required*

### **Who will be affected by the activity?**

The aim of the strategy is that all of those providing unpaid and informal Care in Havering will see improved identification of the role that they provide, and support/outcomes.

There are currently 1,400 carers registered with the Carers Hub in Havering, and circa 250 young people receiving support from Imago. Census data suggests that as many as 23,000 people could be providing informal and unpaid care in the Borough. These people are from all ages and backgrounds.

One of the key aspirations of the strategy is to ensure that all of those providing this support are aware of the support and advice that is available to them, and to ensure that their own mental and physical wellbeing, as well as their education and employment opportunities, are not adversely affected by their caring role.

| <b>Protected Characteristic - Age:</b> Consider the full range of age groups   |                                     |
|--|-------------------------------------|
| <i>Please tick (✓) the relevant box:</i>   |                                     |
| <b>Positive</b>  | <input checked="" type="checkbox"/> |
| <b>Neutral</b>   | <input type="checkbox"/>            |
| <b>Negative</b>  | <input type="checkbox"/>            |
| <b>Overall impact:</b>   |                                     |
| <i>*Expand box as required</i>   |                                     |
| <b>Evidence:</b>   |                                     |
| <ul style="list-style-type: none"> <li>- Unpaid and informal carers can be from nearly any age group, and increasing numbers of people are providing informal and unpaid care who are aged 6-17 years old, as well as increase in older people providing care to grandchildren and others into their retirement.</li> <li>- The strategy will ensure that everyone providing informal and unpaid care, is aware of the support that is available to them, and can access this</li> <li>- Data suggests that up to 23,000 people across the borough of all ages, currently provide informal and unpaid care. The significant majority of these are not registered with the Carers Hub or receiving support from Imago. The strategy seeks to improve identification of Carers, and ensure that they can access the support that they need.</li> </ul> |                                     |
| <b>Sources used:</b>   |                                     |
| <ul style="list-style-type: none"> <li>- 2021 Census data</li> <li>- General Practice (Primary Care) data on the number of people coded as providing informal care in Havering</li> <li>- Discussion with local Carers of all ages, both 1-1's, focus groups, and borough wide surveys</li> </ul>  |                                     |

| <b>Protected Characteristic - Disability:</b> Consider the full range of disabilities; including physical mental, sensory and progressive conditions |                                     |
|--|-------------------------------------|
| <i>Please tick (✓) the relevant box:</i>   |                                     |
| <b>Positive</b>  | <input checked="" type="checkbox"/> |
| <b>Neutral</b>   | <input type="checkbox"/>            |
| <b>Negative</b>  | <input type="checkbox"/>            |
| <b>Overall impact:</b>   |                                     |
| <i>*Expand box as required</i>   |                                     |

**Evidence:**

- Unpaid and informal carers can be from nearly any background. Primary Care data suggests that a number of those providing informal and unpaid care across the Borough, themselves have a long-term condition or disability.
- The strategy will ensure that everyone providing informal and unpaid care, is aware of the support that is available to them, and can access this
- Data suggests that up to 23,000 people across the borough of all ages, currently provide informal and unpaid care. The significant majority of these are not registered with the Carers Hub or receiving support from Imago. The strategy seeks to improve identification of Carers, and ensure that they can access the support that they need.

**Sources used:**

- 2021 Census data
- General Practice (Primary Care) data on the number of people coded as providing informal care in Havering
- Discussion with local Carers, both 1-1's, focus groups, and borough wide surveys

**Protected Characteristic - Sex/gender: Consider both men and women**

Please tick (✓)  
the relevant box:

**Positive**

✓

**Neutral****Negative****Overall impact:***\*Expand box as required***Evidence:**

- Data suggest that it is usually women who provide informal and unpaid care, however, there is a large proportion of men who also fulfil this role
- The strategy will ensure that everyone providing informal and unpaid care, is aware of the support that is available to them, and can access this
- Data suggests that up to 23,000 people across the borough of all ages, currently provide informal and unpaid care. The significant majority of these are not registered with the Carers Hub or receiving support from Imago. The strategy seeks to improve identification of Carers, and ensure that they can access the support that they need.

**Sources used:**

- 2021 Census data
- General Practice (Primary Care) data on the number of people coded as providing informal care in Havering
- Discussion with local Carers, both 1-1's, focus groups, and borough wide surveys

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

|  |                                     |                        |
|--|-------------------------------------|------------------------|
| <i>Please tick (✓) the relevant box:</i> |                                     | <b>Overall impact:</b> |
| <b>Positive</b>                          | <input type="checkbox"/>            |                        |
| <b>Neutral</b>                           | <input checked="" type="checkbox"/> |                        |
| <b>Negative</b>                          | <input type="checkbox"/>            |                        |
| <i>*Expand box as required</i>           |                                     |                        |
| <b>Evidence:</b>                         |                                     |                        |
| <i>*Expand box as required</i>           |                                     |                        |
| <b>Sources used:</b>                     |                                     |                        |
| <i>*Expand box as required</i>           |                                     |                        |

|  |                                     |                        |
|--|-------------------------------------|------------------------|
| <b>Protected Characteristic - Religion/faith:</b> Consider people from different religions or beliefs including those with no religion or belief |                                     |                        |
| <i>Please tick (✓) the relevant box:</i>   |                                     | <b>Overall impact:</b> |
| <b>Positive</b>  | <input type="checkbox"/>            |                        |
| <b>Neutral</b>   | <input checked="" type="checkbox"/> |                        |
| <b>Negative</b>  | <input type="checkbox"/>            |                        |
| <i>*Expand box as required</i>   |                                     |                        |
| <b>Evidence:</b>   |                                     |                        |
| <i>*Expand box as required</i>   |                                     |                        |
| <b>Sources used:</b>   |                                     |                        |
| <i>*Expand box as required</i>   |                                     |                        |

**Protected Characteristic - Sexual orientation:** Consider people who are heterosexual, lesbian, gay or bisexual

|  |                                     |                        |
|--|-------------------------------------|------------------------|
| <i>Please tick (✓) the relevant box:</i> |                                     | <b>Overall impact:</b> |
| <b>Positive</b>                          | <input type="checkbox"/>            |                        |
| <b>Neutral</b>                           | <input checked="" type="checkbox"/> |                        |
| <b>Negative</b>                          | <input type="checkbox"/>            |                        |
| <i>*Expand box as required</i>           |                                     |                        |
| <b>Evidence:</b>                         |                                     |                        |
| <i>*Expand box as required</i>           |                                     |                        |
| <b>Sources used:</b>                     |                                     |                        |
| <i>*Expand box as required</i>           |                                     |                        |

|  |                                     |                        |
|--|-------------------------------------|------------------------|
| <b>Protected Characteristic - Gender reassignment:</b> 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 |                                     |                        |
| <i>Please tick (✓) the relevant box:</i>   |                                     | <b>Overall impact:</b> |
| <b>Positive</b>  | <input type="checkbox"/>            |                        |
| <b>Neutral</b>   | <input checked="" type="checkbox"/> |                        |
| <b>Negative</b>  | <input type="checkbox"/>            |                        |
| <i>*Expand box as required</i>   |                                     |                        |
| <b>Evidence:</b>   |                                     |                        |
| <i>*Expand box as required</i>   |                                     |                        |
| <b>Sources used:</b>   |                                     |                        |
| <i>*Expand box as required</i>   |                                     |                        |

**Protected Characteristic - Marriage/civil partnership:** Consider people in a marriage or civil partnership



|  |   |                        |
|--|---|------------------------|
| <i>Please tick (✓) the relevant box:</i>   |   | <b>Overall impact:</b> |
| <b>Positive</b>  | ✓ |                        |
| <b>Neutral</b>   |   |                        |
| <b>Negative</b>  |   |                        |
| <i>*Expand box as required</i>   |   |                        |
| <b>Evidence:</b>   |   |                        |
| <ul style="list-style-type: none"> <li>- Those who provide informal and unpaid care can often find themselves at a disadvantage in relation to their own education and career / employment opportunities, as a result of the time commitment related to their caring duties. The strategy seeks to ensure that the impact of the caring duties are mitigated in this respect as much as possible by raising awareness within schools and employers, and raising awareness with the carers themselves around the support available, and their rights.</li> <li>- The strategy will ensure that everyone providing informal and unpaid care, is aware of the support that is available to them, and can access this</li> <li>- Data suggests that up to 23,000 people across the borough of all ages, currently provide informal and unpaid care. The significant majority of these are not registered with the Carers Hub or receiving support from Imago. The strategy seeks to improve identification of Carers, and ensure that they can access the support that they need.</li> </ul> |   |                        |
| <b>Sources used:</b>   |   |                        |
| <ul style="list-style-type: none"> <li>- 2021 Census data</li> <li>- General Practice (Primary Care) data on the number of people coded as providing informal care in Havering</li> <li>- Discussion with local Carers, both 1-1's, focus groups, and borough wide surveys</li> </ul>  |   |                        |

|  |   |                        |
|--|---|------------------------|
| <b>Health &amp; Wellbeing Impact:</b> 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.   |   |                        |
| <i>Please tick (✓) all the relevant boxes that apply:</i>  |   | <b>Overall impact:</b> |
| <b>Positive</b>  | ✓ |                        |
| <b>Neutral</b>   |   |                        |
| <b>Negative</b>  |   |                        |
| <i>*Expand box as required</i>   |   |                        |
| <b>Do you consider that a more in-depth HIA is required as a result of this brief assessment?</b> Please tick (✓) the relevant box   |   |                        |
| Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |                        |
| <b>Evidence:</b>   |   |                        |
| <ul style="list-style-type: none"> <li>- Providing unpaid and informal care can have a significant impact on a person's mental and physical wellbeing. The time commitment can see them becoming isolated from their friends and unable to attend social events. The strategy aims to ensure that unpaid and informal carers are supported as much as possible to mitigate the impact on them of their caring role.</li> </ul> |   |                        |

- The strategy will ensure that everyone providing informal and unpaid care, is aware of the support that is available to them, and can access this
- Data suggests that up to 23,000 people across the borough of all ages, currently provide informal and unpaid care. The significant majority of these are not registered with the Carers Hub or receiving support from Imago. The strategy seeks to improve identification of Carers, and ensure that they can access the support that they need.

**Sources used:**

- 2021 Census data
- General Practice (Primary Care) data on the number of people coded as providing informal care in Havering
- Discussion with local Carers, both 1-1's, focus groups, and borough wide surveys

### 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 to be <u>addressed</u>  | ➔ | <b>COMPLETE SECTION 4:</b><br><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> .<br><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.

| Protected characteristic / health & wellbeing impact | Identified Negative or Positive impact | Recommended actions to mitigate Negative impact* or further promote Positive impact   | Outcomes and monitoring**  | Timescale   | Lead officer   |
|--|--|---|--|---|--|
| Age  | Positive                               | Delivery of the action plan within the strategy   | Dashboard to be developed for the Carers strategy that will be monitored via the Havering Carers Board (to be established in the coming months), with reporting on progress into the Havering Place based Partnership, and Havering Health and Wellbeing Board | Review on an ongoing basis via the Carers Board, reporting into the Havering Place based Partnership, and Havering Health and Wellbeing Board | Emily Plane, Head of Strategy and System Development, BHR<br><br>NHS North East London ICB |
| Disability   | Positive                               | Delivery of the action plan within the strategy. Engage and work closely with local people who experience a disability to ensure that their |  |   |  |

|                           |          |   |  |  |  |
|---------------------------|----------|---|--|--|--|
|                           |          | needs are being met.                            |  |  |  |
| Sex/gender                | Positive | Delivery of the action plan within the strategy |  |  |  |
| Socio-economic status     | Positive | Delivery of the action plan within the strategy |  |  |  |
| Health & Wellbeing Impact | Positive | Delivery of the action plan within the strategy |  |  |  |

**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 will be reviewed yearly, under the oversight of the Havering Carers Board which will be established in the coming months, and will report into the Havering Place based Partnership Board and Havering Health and Wellbeing Board

**Scheduled date of review:** June 2024

**Lead Officer conducting the review:** Emily Plane, Head of Strategy and System Development, BHR, NHS North East London ICB

*\*Expand box as required*

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