

Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	Live Well Havering website
Lead officer:	Sophie Blow, Digital Programme Manager
Approved by:	
Date completed:	9 th May 2024
Scheduled date for review:	9 th May 2027

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

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

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

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 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	Well Havering website		
2	Type of activity	New microsite		
3	Scope of activity	This will be a microsite owned by the health and care partnership. It will be a virtual one stop shop of all things health and wellbeing.		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes / No	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 people (9 protected characteristics)?	Yes / No		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes / No		
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		
6	If you answered NO:			

Completed by:	Sophie N'Tinu
Date:	9 May 2024

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

Background/context:

Havering has an increasingly diverse population. Historically and still one of the oldest populations in London, it now has the second largest growing youngest population in the UK and the highest in London, with an increase of 19.7% in those aged 0–14 years. We have also seen a 26.5% growth in 25–39 years. This mix of customers and communities creates both challenges and opportunities for all those needing or wanting to engage with us.

Dependent on the type of engagement or in order to reach a wide range of stakeholders, we may consider the use of different forms of engagement, this may include, but is not limited to, telephone, door knocking, on-the street, focus groups, forums, workshops, Citizen Panels, open days, drop-in events, exhibitions, roadshows and public meetings. For example, if we require the views and opinions of the children and young people in the borough, we may look to use schools as a way to engage.

Who will be affected by the activity?

This includes, and is not limited to, Havering Council, NELFT and health partnership members of staff, members of the public and wider community, our residents, businesses, partners, voluntary and community sector, service users, other service providers, Politicians, Elected Members, Local Representatives and staff. For the purpose of this document, these groups will be referred to collectively as 'stakeholders'.

Protected Characteristic - Age: Consider the full range of age groups

<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive	✓	The number of people that live in Havering has increased over the last decade from 237,232 in 2011 to 262,052 in 2021. This is a 10.5% increase compared to a 7.7% increase across London and a 6.6% increase across England.
Neutral		
Negative		The number of children aged under 18 has seen an increase of 15.2% (from 50,827 to 58,550), greatly outpacing the 4.8% and 3.9% increases in London and England, respectively. Havering now has a higher proportion of children aged 0-17 (22.3%) than 80% of local authorities in England. This increase is slightly lower than the latest ONS projections (2018). The ONS predicts that the 0-17 population will grow to 61,350 by 2031. Furthermore, Havering still has one of the highest proportions of older people aged 65+ in London (second after Bromley). The combined impact of having both a large older population and now a large (and growing) young population is that Havering now has the lowest proportion of working-age adults in London.

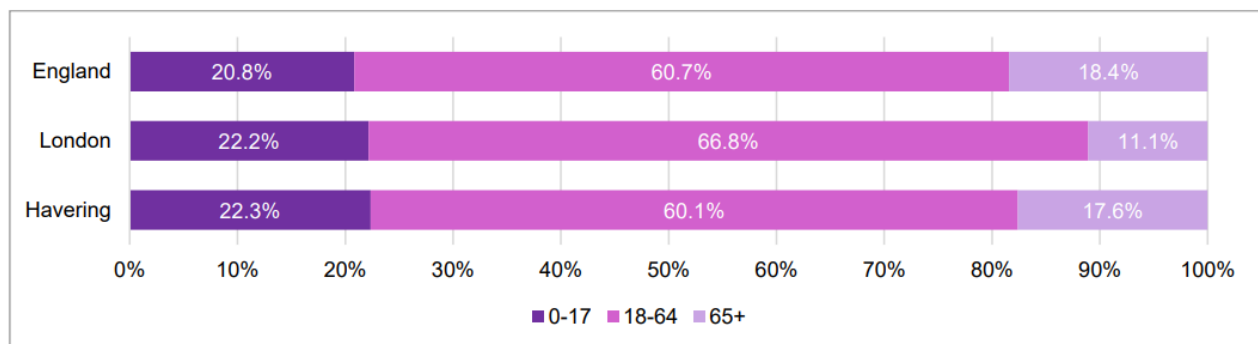
Despite the changing demographics and the increasingly diverse population in Havering, Joy should have a positive effect on all age ranges who are able to find and connect into support services listed on the directory.

Joy gives people of all ages the power to self-refer and contact services, rather than create barrier to entry for residents seeking support.

Furthermore, engagement activities are an important way of identifying the impacts of proposals on these individuals.

Evidence:

Figure 3: Comparing Havering aged 0-17, 18-64 & 65+ populations to London and England



Source: Office for National Statistics (ONS), Census 2021

Mosaic UK 7 Group	Name of Mosaic Group	Number of households in Havering assigned to each Mosaic Group	% households which are "Not" or "Not Very Internet Savvy"	% households which are "Fairly" or "Very Internet Savvy"	Rough estimate of household numbers - "Not" or "Not Very Internet Savvy"	Rough estimate of household numbers - "Fairly" or "Very Internet Savvy"	Average age of household
A	City Prosperity	382	9%	91%	34	348	44
B	Prestige Positions	9104	11%	89%	1001	8103	53
C	Country Living	437	14%	86%	61	376	56
D	Rural Reality	88	13%	87%	11	77	50
E	Senior Security	16101	21%	79%	3381	12720	74
F	Suburban Stability	11882	12%	88%	1426	10456	50
G	Domestic Success	15470	7%	93%	1083	14387	43
H	Aspiring Homemakers	15500	5%	95%	775	14725	37
I	Family Basics	7075	10%	90%	708	6368	38
J	Transient Renters	1277	10%	90%	128	1149	36
K	Municipal Tenants	3991	15%	85%	599	3392	47
L	Vintage Value	4444	21%	79%	933	3511	71
M	Modest Traditions	2108	16%	84%	337	1771	53
N	Urban Cohesion	9841	15%	85%	1476	8365	48
O	Rental Hubs	9796	7%	93%	686	9110	37
TOTALS		107496			12640	94856	

Mosaic UK 7 Group	Name of Mosaic Group	Number of households in Havering assigned to each Mosaic Group	% residents who are "Not" or "Not Very Internet Savvy"	% residents who are "Fairly" or "Very Internet Savvy"	Average age of household
J	Transient Renters	1277	10%	90%	36
H	Aspiring Homemakers	15500	5%	95%	37
O	Rental Hubs	9796	7%	93%	37

I	Family Basics	7075	10%	90%	38
G	Domestic Success	15470	7%	93%	43
A	City Prosperity	382	9%	91%	44
K	Municipal Tenants	3991	15%	85%	47
N	Urban Cohesion	9841	15%	85%	48
D	Rural Reality	88	13%	87%	50
F	Suburban Stability	11882	12%	88%	50
B	Prestige Positions	9104	11%	89%	53
M	Modest Traditions	2108	16%	84%	53
C	Country Living	437	14%	86%	56
L	Vintage Value	4444	21%	79%	71
E	Senior Security	16101	21%	79%	74

Source: Mosaic

Sources used:

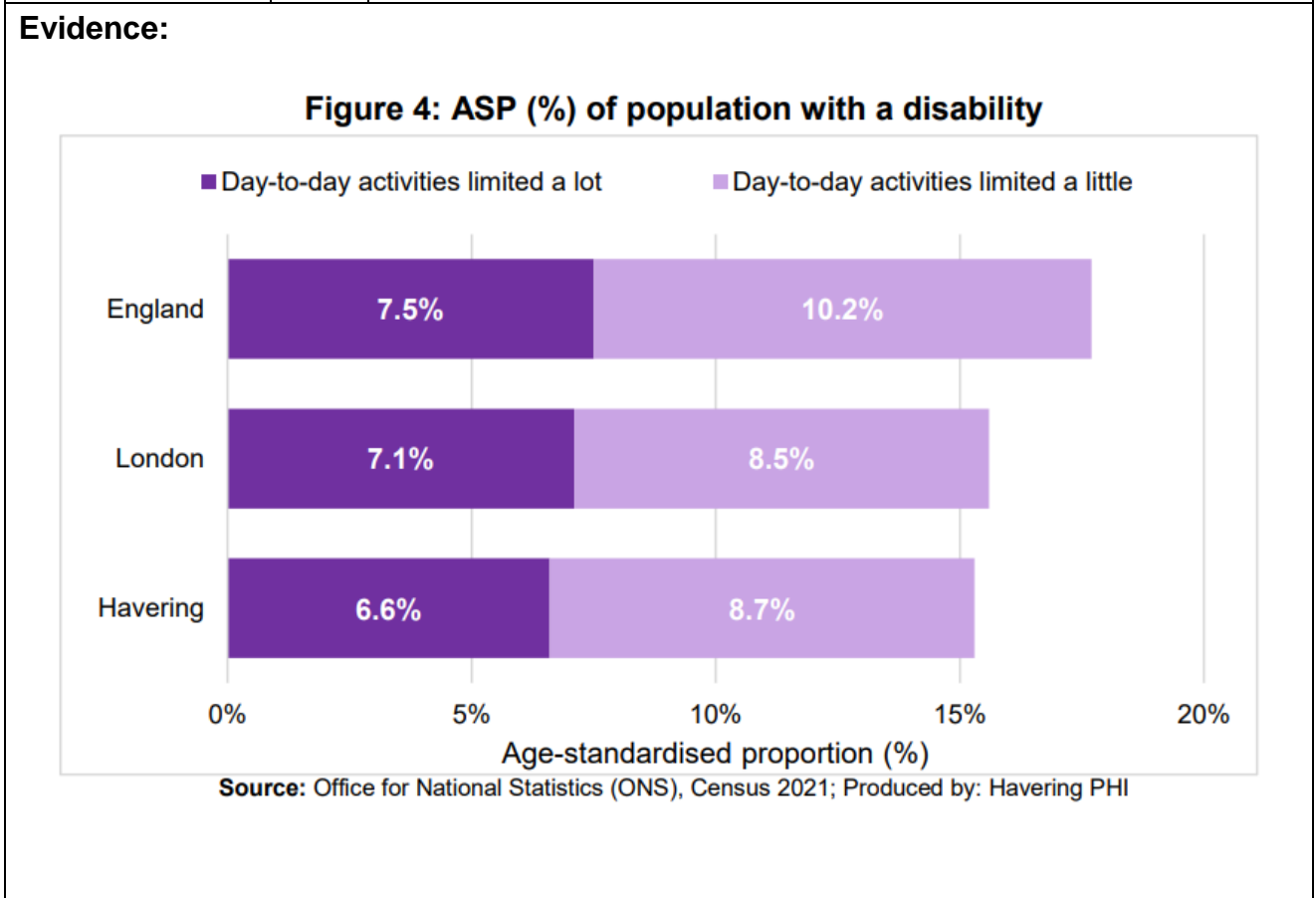
Census 2021

Mosaic Augmentation Tool

Protected Characteristic - Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions

<i>Please tick (✓) the relevant box:</i>		<p>Overall impact: In Havering an estimated 38,449 residents reported having a disability in 2021. This is an age-standardised proportion (ASP) of 15.3%, which is slightly lower than London (15.6%) and lower than England (17.7%). In Havering, an ASP of 6.6% reported that their day-to-day activities were limited a lot and 8.7% reported their day-to-day activities were limited a little, due to a disability (see figure 4 below).</p> <p>29,742 households in Havering had at least one person with a disability. Of these households, 6,181 had two or more members with a disability.</p> <p>Joy gives disabled residents access to information about services that can support them. This gives residents the ability to seek their own support rather than relying on health and care professionals to connect them into support services.</p> <p>Equally, frontline workers already supporting residents with disabilities are able to find and connect them into support services they may not have been aware of previously.</p> <p>Services who support disabled residents can better promote the work they do and can support more residents.</p> <p>Joy has accessibility software that enables users to reformat the pages to suit their accessibility needs, such as changing the formatting of the cursor, background colour of the pages and more.</p> <p>Joy also has functionality, such as an accessibility filter, that enables residents to find services that meet their accessibility needs.</p>
Positive	✓	
Neutral		
Negative		

	<p>The only accessibility that Joy doesn't currently provide is the information on the directory in easy read and British Sign Language.</p> <p>We are looking into ways that we can improve accessibility of the site going forwards to ensure this can be integrated into the system.</p> <p>Furthermore, engagement activities are an important way of identifying the impacts of proposals on these individuals.</p>
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Sources used:

Census 2021

[Census 2021 Briefing #9: Health Disability and Unpaid Care](#)

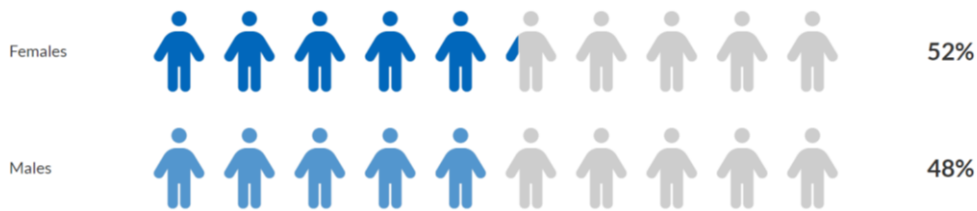
Protected Characteristic - Sex/gender: Consider both men and women	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>
<p>Overall impact:</p> <p>Havering has 135,668 females (52%) and 126,384 males (48%) in the borough. 93.67% of Havering residents identify as the same gender as when they were born.</p> <p>The policy sets out to support a process of informed and transparent decision-making and planning by improving the quality and effectiveness of community engagement undertaken by or on behalf of the Council and it is</p>	

not anticipated that a person's sex / gender will affect how a person, group or business engages with the council. It is therefore not considered likely that there will be a disproportionate impact of these proposals on this protected characteristic group. Furthermore, engagement activities are an important way of identifying the impacts of proposals on these individuals.

Evidence:



Population by sex for Havering (2021)



Gender Identity	Number	Percentage
Gender identity the same as sex registered at birth	196,462	93.67%
Gender identity different from sex registered at birth but no specific identity given	528	0.25%
Trans woman	228	0.11%
Trans man	212	0.10%
Non-binary	60	0.03%
All other gender identities	39	0.02%
Not answered	12,201	5.82%
Total	209,730	100.00%

Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering PHI

Sources used:

[Census 2021 Briefing #6: Sexual Orientation and Gender Identity](#)

[Havering Data Intelligence Hub](#)

Census 2021

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

Please tick (✓) the relevant box:

Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>

Overall impact:

Havering is becoming more diverse. In 2021, White British remains the most common ethnic group in Havering, with 66.5% (174,232) of the population, down from 83.3% (197,615) in 2011. The next most common ethnic group is Asian, accounting for 10.7% (28,150) of the population, up from 4.9% (11,545) in 2011.

In 2021, 87.8% (230,091) of usual Havering residents identified with at least one UK national identity (English, Welsh, Scottish, Northern Irish, British and

Cornish). This is a decrease from 93.6% (222,066) in 2011. The figure for London in 2021 is 73.1% and England 90.3%. People who identified with at least one UK and one non-UK identity accounted for 1.8% (4,843) of the Havering population in 2021; this is an increase from 0.7% (1,680) in 2011. Those selecting a non-UK identity only accounted for 10.3% (27,118) of the Havering population in 2021, which is an increase from 5.7% (13,486) in 2011. Among those who described a non-UK national identity, the most common response was those describing “Romanian” as their national identity 2.0% (5,346) up from 0.2% (434) in 2011. The most common responses in 2011 were Irish 0.9% (2,037) and Lithuanian 0.5% (1,147).

90.1% of residents aged 3 and over describe their main language as English, next main languages Romanian 2.3% and Lithuanian 0.9%. 4.8% of households have no members where their main language is English.

Although there are a number of residents who identify as non-UK, it is not considered likely that introducing this software will have a disproportionate impact on this protected characteristic group, as Joy seeks to ensure there is equal access to these activities for all.

Joy gives residents of all backgrounds access to information about culturally relevant and sensitive services that can support them. This gives residents the ability to seek their own support rather than relying on health and care professionals to connect them into support services. Residents can find out about services that are run by their communities, in their native language. This will give residents access to services that provide more relevant support to their lived experiences.

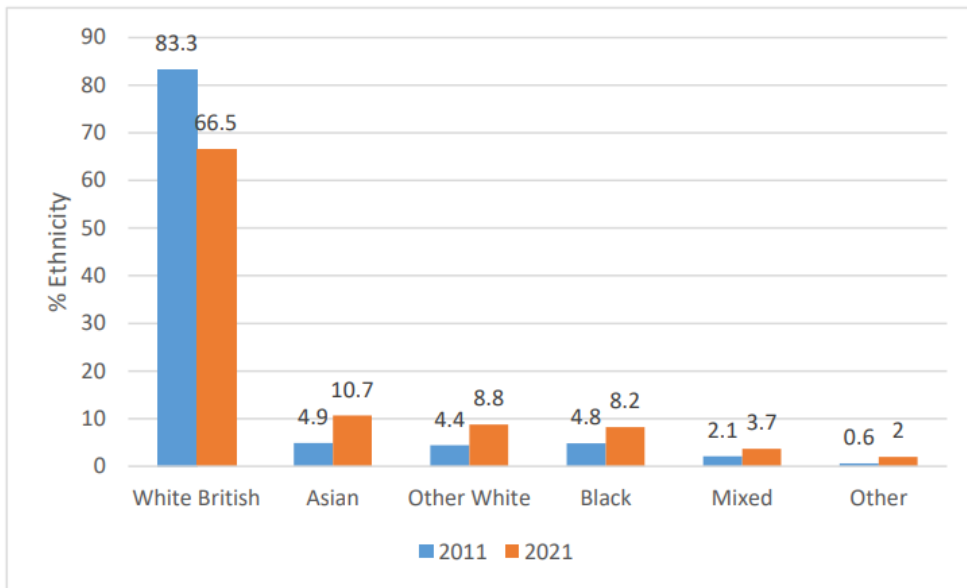
Equally, frontline workers already supporting residents from different communities are able to find and connect them into support services they may not have been aware of previously, that are more culturally relevant.

Services who support different communities can better promote the work they do and can support more residents.

Furthermore, the various engagement activities are an important way of identifying the impacts of proposals on these individuals.

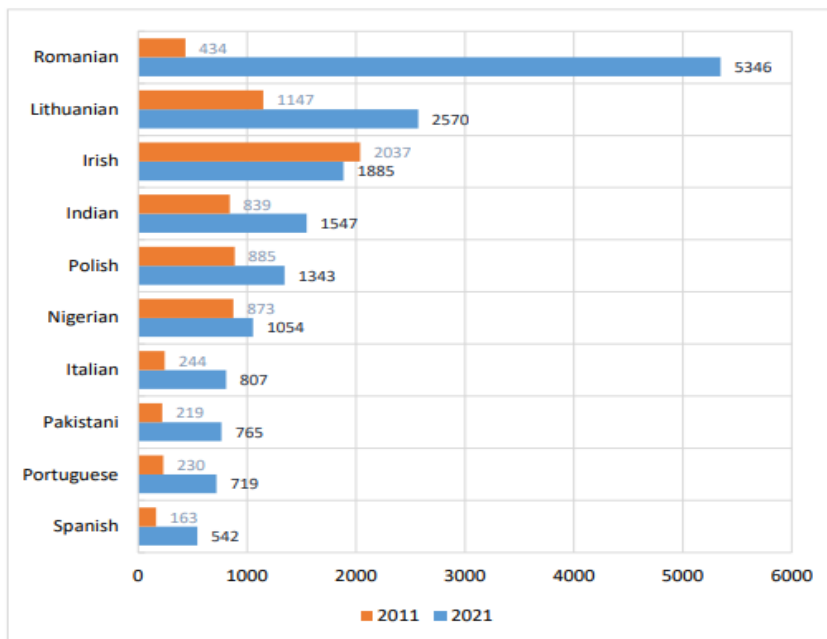
Evidence:

Figure 1 – Havering population in 2011 and 2021 by main ethnic group



Source: Office for National Statistics (ONS), Census 2011 & 2021; Produced by: Havering PHI

Figure 6 – Top 10 national identity excluding British



Sources used:

Census 2021

Protected Characteristic - Religion/faith: Consider people from different religions or beliefs including those with no religion or belief

Please tick (✓) the relevant box:

Overall impact:

Positive	✓	<p>The religion question is voluntary in the Census, but 94.5% of usual residents answered the question in 2021. The most commonly reported religion in Havering is Christian, with 52.2% of the total population in 2021 describing themselves as Christian. This is a reduction from 65.6% in 2011. No religion was the second most common response, with 30.6% identifying in this category, up from 22.6% in 2011. Other religions accounted for 11.7% of the total Havering population, which is an increase from 5.1% in 2011.</p> <p>Joy gives residents of all faiths access to information about culturally relevant and sensitive services that can support them. This gives residents the ability to seek their own support rather than relying on health and care professionals to connect them into support services. Residents can find out about services that are run by places of worship that are relevant to their beliefs.</p> <p>Equally, frontline workers already supporting residents from different communities are able to find and connect them into support services they may not have been aware of previously, that are more culturally relevant to the resident's faith.</p> <p>Faith groups can better promote the work they do and can support more residents.</p>
Neutral		
Negative		
Evidence:		
Not available		
Sources used:		
Census 2021		

Protected Characteristic - Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual		
<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive	✓	
Neutral		
Negative		
		<p>The Census question on sexual orientation was a voluntary question asked of those aged 16 years and over. The number of people responding was very high with 93% (195,099) of Havering residents answering the question. In total, 91.07% (191,007) of Havering residents identified as straight or heterosexual. In total, 1.95% (4,092) Havering residents identified as one of the LGB+ orientations ("Gay or Lesbian", "Bisexual" or "Other sexual orientation"). In total, 6.98% (14,631) Havering residents did not answer the question.</p> <p>Joy gives residents of all sexual orientations access to information about services that can support them. This gives residents the ability to seek their own support rather than relying on health and care professionals to connect them into support services. Residents can find out about services that are run to support residents of their sexual orientation and can find more community-specific services, e.g. LGBTQIA+ run services.</p>

	Equally, frontline workers already supporting residents are able to find and connect them into support services they may not have been aware of previously for people of different sexual orientations.
	Services supporting specific communities can better promote the work they do and can support more residents.

Evidence:

Figure 1: Detailed breakdown of sexual orientation in Havering for residents aged 16 and over

Sexual Orientation	Number	Percentage
Straight or Heterosexual	191,007	91.07%
Gay or Lesbian	1,993	0.95%
Bisexual	1,540	0.73%
Pansexual	436	0.21%
Asexual	56	0.03%
Queer	21	0.01%
All other sexual orientations	46	0.02%
Not answered	14,631	6.98%
Total	209,730	100.00%

Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering PHI

Sources used:

Census 2021

[Census 2021 Briefing #6: Sexual Orientation and Gender Identity](#)

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	
<i>Please tick (✓) the relevant box:</i>	
Positive	✓
Neutral	
Negative	
<p>Overall impact:</p> <p>The Census question on gender identity was also a voluntary question, asked of those aged 16 years and over. It was added to provide the first official data on the size of the transgender population in England and Wales. The question asked was “Is the gender you identify with the same as your sex registered at birth?” The number of people responding was very high with 94.2% (197,529) Havering residents answering the question. In total, 93.67% (196,462) Havering residents answered “Yes” and 0.51% (1,067) answered “No”. 5.82% (12,201) Havering residents did not answer the question.</p> <p>Joy gives all residents access to information about services that can support them. This gives residents the ability to seek their own support rather than relying on health and care professionals to connect them into support services. Residents can find out about services that are run to support transgender people and that are LGBTQIA+ led organisations to get support.</p>	

	<p>Equally, frontline workers already supporting residents are able to find and connect them into support services they may not have been aware of previously for transgender residents.</p> <p>Services supporting transgender residents can better promote the work they do and can support more residents.</p> <p>Furthermore, consultation and engagement activities are an important way of identifying the impacts of proposals on these individuals.</p>
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Evidence:

Figure 3: Detailed breakdown of gender identity in Havering for residents aged 16 and over

Gender Identity	Number	Percentage
Gender identity the same as sex registered at birth	196,462	93.67%
Gender identity different from sex registered at birth but no specific identity given	528	0.25%
Trans woman	228	0.11%
Trans man	212	0.10%
Non-binary	60	0.03%
All other gender identities	39	0.02%
Not answered	12,201	5.82%
Total	209,730	100.00%

Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering PHI

Sources used:

Census 2021

[Census 2021 Briefing #6: Sexual Orientation and Gender Identity](#)

Protected Characteristic - Marriage/civil partnership: Consider people in a marriage or civil partnership	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>

Overall impact:

Joy gives all residents access to information about services that can support them. This gives residents the ability to seek their own support rather than relying on health and care professionals to connect them into support services. Residents can find out about services that are run to support people of all relationship statuses and run groups specific designed for married couples and those in civil partnerships.

Equally, frontline workers already supporting residents are able to find and connect them into support services they may not have been aware of previously for people of different relationship statuses.

Services supporting married couples and those in civil partnerships can better promote the work they do and can support more residents.

Furthermore, consultation and engagement activities are an important way of identifying the impacts of proposals on these individuals.

Evidence:
Sources used:

Protected Characteristic - Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave	
<i>Please tick (✓) the relevant box:</i>	Overall impact:
Positive	<input checked="" type="checkbox"/> <p>Joy gives all residents access to information about services that can support them. This gives residents the ability to seek their own support rather than relying on health and care professionals to connect them into support services. Residents can find out about services that are run to support parents and groups run by parents themselves.</p>
Neutral	
Negative	<p>Equally, frontline workers already supporting parents are able to find and connect them into support services they may not have been aware of previously.</p> <p>Services supporting and / or run by parents can better promote the work they do and can support more residents.</p> <p>Furthermore, consultation and engagement activities are an important way of identifying the impacts of proposals on these individuals.</p>
Evidence:	
Sources used:	

Socio-economic status: Consider those who are from low income or financially excluded backgrounds

<i>Please tick (✓) the relevant box:</i>		Overall impact: 59.5% of residents in Havering have a job, an increase from 58.9% in 2011. 3.6% of residents are unemployed, which is the fourth lowest rate in London but an improvement from the rate of 5.0% in 2011. 21.0% of residents are retired - the highest rate in London, which is in line with or high older person population. Joy gives all residents access to information about services that can support them. This gives residents the ability to seek their own support rather than relying on health and care professionals to connect them into support services. Residents can find out about services that are run to support people on low incomes and can easily access those through Joy. If a resident doesn't have internet access or skills, Joy will be made available in areas where there is free PC and wifi access, e.g. in libraries and other community hubs. Frontline workers will also be trained to use Joy to make referrals for people on their behalf if they are unable to do so for themselves. Equally, frontline workers already supporting residents are able to find and connect them into support services they may not have been aware of previously for people on low incomes. Services supporting people on low incomes can better promote the work they do and can support more residents. Furthermore, consultation and engagement activities are an important way of identifying the impacts of proposals on these individuals.
Positive	✓	
Neutral		
Negative		

Evidence:

Table 1 Reasons for economic inactivity, Havering, London and England, 2021

Reason for economic inactivity	England and Wales	London	Havering
Economically inactive: Long-term sick or disabled	4.2%	3.6%	3.1%
Economically Inactive: Looking after home or family	4.8%	6.0%	5.1%
Economically inactive: Other	3.1%	4.1%	3.0%
Economically inactive: Retired	21.6%	12.9%	21.0%
Economically inactive: Student	5.6%	7.2%	4.6%

Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering Insight Team

Sources used:

Census 2021

[Census 2021 Briefing #5: Labour Market, Industry and Occupation, and Travel to Work](#)

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:

In Havering an estimated 219,777 residents had ‘good’ or ‘very good’ health in 2021. This is an age standardised proportion (ASP) of 83.0%, which is higher than London (81.9%) and England (81.7%). However, in Havering, an ASP of 48.2% residents had ‘very good’ health compared to 49% in London.

22.78% of those residents who completed the ONS annual population survey in 2020/21 self-reported their wellbeing as high anxiety.

Joy gives all residents access to information about health and wellbeing services that can support them. This gives residents the ability to seek their own support rather than relying on health and care professionals to connect them into support services. This will reduce demand in emergency health services and GP practices, reducing the need for a GP to connect residents into many services.

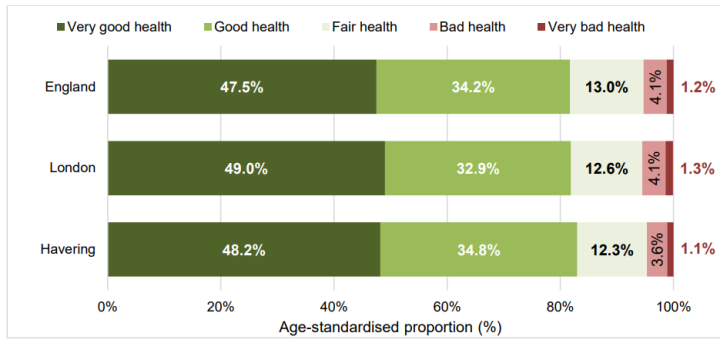
This transparent health and wellbeing mapping will enable us to better promote key health and wellbeing interventions and encourage uptake of these. We will get great data on who is accessing what services to identify inequity and inefficiencies in the system.

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

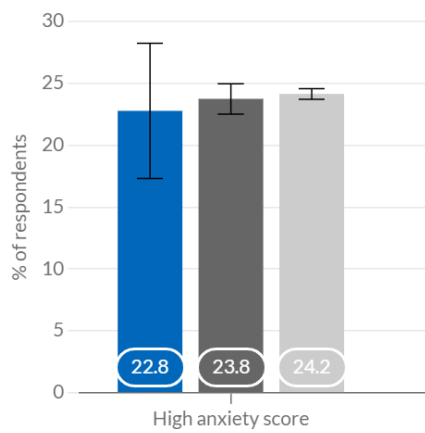
Evidence:

Figure 1: ASP (%) reported health of the population



Source: Office for National Statistics (ONS), Census 2021; Produced by: Havering PHI

Self-reported wellbeing (2020/21)



Sources used:

Census 2021

[Census 2021 Briefing #9: Health Disability and Unpaid Care](#)

3. Health & Wellbeing Screening 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 checked="" type="checkbox"/>	Access to services/facilities/amenities YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	Economic Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Environmental Factors YES <input type="checkbox"/> NO <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Amount of traffic congestion	<input type="checkbox"/> Air quality <input type="checkbox"/> Water quality <input checked="" type="checkbox"/> Soil quality/Level of contamination/Odour <input type="checkbox"/> Noise levels <input checked="" type="checkbox"/> Vibration <input checked="" 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 checked="" type="checkbox"/> Solid waste management <input type="checkbox"/> Public transport infrastructure

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>	➔	Proceed with implementation of your activity
	2. The EqHIA identified some <u>negative impact</u> which still needs to be <u>addressed</u>	➔	COMPLETE SECTION 4: Complete action plan 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	➔	Stop and remove the activity or revise the activity thoroughly . Complete an EqHIA on the revised proposal.

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
All Protected Characteristics	Positive	Groups and services for all communities will be promoted on Joy for residents to seek culturally relevant support on a range of health and wellbeing issues.	Analysis on which communities are seeking support on which services to ensure all of Havering's communities are using Joy and are able to connect into support. Analysis to identify any barriers to access to support services.	Ongoing	Sophie Blow
Health and Well-being	Positive	An improved and transparent process for engagement activities should enhance health and well-being rather than cause a negative impact. Health and Well Being activity is included in the strategy.	Analysis on the change in wellbeing pre- and post- wellbeing intervention will be conducted. We'll collect case studies to evidence the impact of Joy on resident health and wellbeing.	Ongoing	Sophie Blow
Residents who are unable or unwilling to engage online	Negative	Development of a PDF summary of the services on Joy to be distributed in key community locations. Joy to connect people into digital upskilling and training opportunities. Frontline workers across Havering will be trained to use Joy to support residents by referring them into other services. This will enable residents to	Analysis on the number of frontline workers making referrals on behalf of residents.	Ongoing	Sophie Blow

		ask people working in the community to connect them into the appropriate support.			
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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 in three years.
Scheduled date of review:	11/04/27
Lead Officer conducting the review:	Sophie Blow, Digital Programme Manager

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 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