

Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	New Commissioning Strategy
Lead officer:	Laura Neilson, Assistant Director Age Well
Approved by:	Barbara Nicholls, Strategic Director People
Version Number	V0.1
Date and Key Changes Made	15 th July 2025
Scheduled date for next review:	15 th July 2026

Did you seek advice from the Corporate Policy & Diversity team? Please note that the Corporate Policy & Diversity and Public Health teams require at least 5 working days to provide advice on EqHIAs.	Yes
Did you seek advice from the Public Health team?	No
Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website? See Publishing Checklist.	No

Please submit the completed form via e-mail to READI@haverling.gov.uk thank you.

1. Equality & Health Impact Assessment Checklist

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

About your activity

1	Title of activity	New Commissioning Strategy		
2	Type of activity	New Strategy		
3	Scope of activity	This EQHIA has been carried out to gather a detailed understanding of the potential effects on our population through the introduction of a new commissioning strategy.		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	If the answer to <u>either</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 from different backgrounds?	Yes		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	Yes		
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:	N/A		

Completed by:	Laura Wheatley, Portfolio Manager Live and Age Well
Date:	15 th July 2025

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

Background/context:

The interim adults commissioning strategy sets out our approach to the planning and commissioning of services for adults in Havering over the next 12 months. The focus is on responding to identified local needs, with an emphasis on prevention and enabling individuals to live healthy, independent lives for as long as possible.

The strategy covers

- Commissioning principles
- Overarching priorities
- Key commissioning intentions for 2025/2026

Context

Havering's population has grown significantly over the past decade and now stands at approximately 268,145 residents. The borough has a notably high proportion of people aged 65 and over and the lowest proportion of working-age adults in London, increasing pressure on local services. It also has the highest rate of unpaid carers in London at 8.7%, above both the London and national averages. Household deprivation has risen by 4%, with marked disparities in health, disability, and deprivation between communities.

Despite rising demand, funding for health and social care is based on outdated population data, leaving Havering under-resourced. Overcrowding and limited access to affordable housing further impact residents' wellbeing, while demographic pressures continue to strain health and care services. These challenges underscore the urgent need for all partners to maximise the efficiency and effectiveness of available resources.

Structure

In 2024, the LBH commissioning team integrated with the ICB place-based team to form the Havering Integrated Commissioning team, structured around three portfolios: Start Well, Live Well, and Age Well. Over the past year, the team has worked jointly to review commissioned services, reduce duplication, coordinate delivery, and improve outcomes for residents. However, in response to national NHS financial pressures, NHS North East London is undergoing a restructure to cut running costs by 50%, which will significantly impact Place and end the current integrated commissioning model.

The Council is planning a parallel restructure of its commissioning team, to be completed by December 2025. Despite these changes, integrated working practices are now well embedded, and both organisations remain committed to collaboration to drive service efficiency and improve outcomes for Havering residents.

Overarching Priorities

1. **Financial Sustainability** – Ensuring value for money through service reviews, joint commissioning and innovative funding models
2. **Community Engagement** – Embedding lived experience into service design through ongoing dialogue with residents and stakeholders
3. **Prevention** – Shifting from crisis response to proactive, community-based support across all life stages
4. **Integrated Neighbourhood Teams** – Launching a new model of care to deliver holistic, localised support for complex needs

5. Market Management - Strengthening the care market through data-driven planning, provider engagement, and new frameworks.

Key Commissioning Intentions

Supported Housing – Expanding and improving supported housing to promote independence and reduce out-of-borough placements.

Direct Payments – Enhancing personalisation by increasing uptake and sustainability of self-directed care.

Complex Needs Care – Increasing local capacity for specialist residential and nursing care.

Preventative Services – Recommissioning services to improve accessibility, integration, and community resilience.

Hospital Discharge – Streamlining discharge pathways through integrated hubs, Discharge to Assess (D2A), reablement and Home First models.

Support for Carers – Expanding identification and support for unpaid carers through training, outreach, and digital tools.

Dementia Care – Improving diagnosis, access to support, and community awareness through a coordinated approach.

Who will be affected by the activity?

The introduction of a new commissioning strategy will have implications for a diverse range of stakeholders across the health and social care landscape. Primarily, service users—including carers and individuals accessing community support—will be directly impacted by changes in service provision, access pathways, and eligibility criteria. Particular attention must be given to populations who have historically experienced health inequalities, such as ethnic minorities, people with disabilities, older adults, LGBTQ+ communities, and those from socio-economically disadvantaged backgrounds. Any alteration in commissioning may affect the availability, quality, or suitability of services for these groups, potentially exacerbating or alleviating existing inequities.

Additionally, the workforce delivering commissioned services can be affected. This includes not only frontline health and social care professionals but also administrative and support staff within provider organisations. Changes in commissioning arrangements may alter job roles, required competencies, or employment conditions, influencing staff morale, retention, and the overall capacity to deliver equitable care. Commissioners, local authorities, and third-sector partners will also be impacted, as they adapt to new contractual, financial, and collaborative frameworks. It is essential that the EQHIA process engages with all these groups to ensure that the new strategy supports health equity, mitigates adverse impacts, and maximises positive outcomes for all affected stakeholders.

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

Please tick (✓) the relevant box:

Positive ☒

Neutral ☐

Negative ☐

Overall impact:

The new commissioning strategy will deliver a positive impact on Havering's population.

Evidence:

The 2021 Census data showed that the biggest growth has been seen in 25 to 39 year olds (an increase of 26.5%) in Havering seeing the second highest growth of all local authorities in the country. Havering also continues to have a high proportion of residents aged over 65 (17.6%). This is the second highest proportion in London and only marginally lower than Bromley's figure

of 17.7%. Havering is also becoming a younger borough; the median age has reduced from 40 in 2011 to 39 in 2021. Meanwhile the median age increased in London from 33 in 2011 to 35 in 2021, and England from 39 in 2011 to 40 in 2021.

Recent PANSI data shows that there are approximately 30,395 individuals aged 18-64 in Havering, demonstrating that these services are only reaching 45% of our 18+ population. With the rise in the 18-64 age group predicted to increase from 39,226 in 2021 to 44,717 by 2031, prevention services need to be remodelled to address the growing demand.

Recent JSNA data shows that there are approximately 46,200 individuals aged 65+ in Havering, demonstrating that these services are only reaching 4% of our older population. With the rise in the 65-84 age group predicted to increase from 39,226 in 2021 to 47,894.00 by 2031 (22%), and 85+ from 7,051 in 2021 to 7,864 in 2031, prevention services need to be remodelled to address the growing demand.

The new commissioning strategy will have a positive impact on the protected characteristic of Age by proactively addressing the evolving demographic profile of Havering. By remodelling prevention services to meet the needs of both a growing younger population and a substantial older population, the strategy ensures that people of all ages are better supported. Enhanced, targeted interventions will help close existing service gaps, ensuring improved access, equity, and quality of care for residents across all age groups. This approach supports healthy ageing and wellbeing, while also enabling younger adults to access the resources and support they need as Havering continues to grow and diversify.

Sources used:

- Office for National Statistics (ONS), Census 2021
- Projecting Adult Needs and Service Information System (PANSI) prevalence rate
- Havering's Joint Strategic Needs Assessment (JSNA) 2025 'Living Well & Ageing Well'

Protected Characteristic - Disability: Consider the full range of disabilities; including physical, mental, sensory, progressive conditions and learning difficulties. Also consider neurodivergent conditions e.g. dyslexia and autism.

Please tick (✓) the relevant box:

Positive ☒

Neutral ☐

Negative ☐

Overall impact:

The new commissioning strategy will deliver a positive impact on Havering's population.

Evidence:

The 2021 Census data showed that 15.3% of Havering residents have disabilities, similar to London (15.6%) but lower than England (17.7%). 29,742 households in Havering had at least one person with a disability.

In Havering 6.3% of people meet the Equality Act definition of Disabled where their day-to-day activities are "limited a lot". This is in comparison to 5.8% London average and 7.3% of people nationally. In Havering an estimated 38,449 residents reported having a disability in 2021. The neighbourhoods in Havering that have the highest number of households where at least one member is disabled were Hornchurch Marshes, Rush Green and Harold Hill East. In 2021, there were 570 people per 100,000 aged 65 and over in Havering who were permanent residents in nursing/care homes: higher than both London (377) and England (506).

Healthcare and social care play a crucial role in maintaining and improving an individual's health by providing services to prevent, diagnose, and treat illnesses, injuries, diseases and disability.

The needs of people with a disability, learning disability or autism who meet Care Act eligibility criteria are met via the local authority social care teams. For those adults 18 + known to Adult

Social Care in 2024/2025, 1,820 are recorded as having a disability and 1,683 are receiving services. For those adults 65+ known to Adult Social Care in 2024, 5,963 are recorded as having a disability as a primary support reason and 6,120 are receiving services. (This includes long and short-term support as well AT, equipment and adaptations).

The introduction of the new commissioning strategy is expected to have a significant positive impact on individuals with disabilities in Havering. By building on up-to-date local data and targeting resources to where needs are most acute, the strategy aims to enhance access to services and improve outcomes for disabled residents. With a focus on person-centred support, increased service provision, and collaboration across health and social care, the strategy will help reduce disparities and promote inclusion, ensuring that people with disabilities benefit from tailored interventions and greater opportunities for independence and wellbeing.

Sources used:

- Office for National Statistics (ONS), Census 2021
- Adult Social Care data
- Projecting Adult Needs and Service Information System (PANSI) prevalence rate

Protected Characteristic – Sex / gender: Consider both men and women

Please tick (✓) the relevant box:

Positive	
Neutral	✓
Negative	

Overall impact:

The new commissioning strategy will deliver a neutral impact on Havering's population.

Evidence:

The 2021 Census data showed that males account for 48.2% of Havering's population, while females made up 51.8% of the total. Within the 65+ population, the rate of growth for females is a lot lower than that for males in this age group. The number of males aged 65+ has increased by 15.5%, which is only slightly lower than the increase for London (17.4%). The growth of the female aged 65+ demographic in Havering was just 4.8%, which is considerably lower than the growth in London (13.8%).

The new commissioning strategy is anticipated to have a neutral impact on the protected characteristic of sex/gender. While census data indicates some differences in population growth between males and females, particularly within the 65+ age group, the strategy has been designed to ensure equitable access to services and resources regardless of sex or gender. No specific provisions within the strategy favour or disadvantage individuals on the basis of their gender, and careful consideration has been given to maintaining fairness and inclusivity throughout. Consequently, the implementation of the strategy is not expected to result in any differential impact relating to sex or gender.

Sources used:

- Office for National Statistics (ONS), Census 2021

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

Please tick (✓) the relevant box:

Positive	
Neutral	✓
Negative	

Overall impact:

The new commissioning strategy will deliver a neutral impact on Havering's population.

Evidence:

The 2021 Census data showed that White British remains the most common ethnic group in Havering, with 66.5% (174,232) of the population identifying in this group, 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. London remains the most ethnically diverse region of England and saw an 8.1% percentage point decrease in people who identified as White British from 44.9% in 2011 to 36.8% in 2021.

The new commissioning strategy is designed to be inclusive and equitable, ensuring that individuals from all ethnic backgrounds have equal access to services and opportunities. It does not target or prioritise any particular ethnic group, but rather applies consistent criteria and standards across the board. As a result, the strategy is expected to have a neutral impact on the protected characteristic of ethnicity, maintaining fairness and promoting diversity in line with statutory requirements and best practice guidance in the UK.

Sources used:

- Office for National Statistics (ONS), 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:

Positive	
Neutral	✓
Negative	

Overall impact:

The new commissioning strategy will deliver a neutral impact on Havering's population.

Evidence:

The 2021 census data showed just over half of Havering's population identified as Christian (52.2%), while a significant proportion reported having no religion (30.6%). Minority religions included Muslim (6.2%), Hindu (2.5%), Sikh (1.7%), Jewish (0.5%), and Buddhist (0.4%). An additional 0.4% identified with other religions, and 5.5% of respondents did not answer the question about religious belief.

In light of the borough's diverse religious makeup, the new commissioning strategy has been carefully assessed to ensure it will have a neutral impact on the religion or faith protected characteristic. There is no evidence to suggest that the proposals will advantage or disadvantage individuals or groups based on their religious beliefs. The strategy is designed to be inclusive and equitable, upholding the principle of equal treatment for all residents regardless of faith or belief.

Sources used:

- Office for National Statistics (ONS), Census 2021

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

Please tick (✓) the relevant box:

Positive	
Neutral	✓
Negative	

Overall impact:

The new commissioning strategy will deliver a neutral impact on Havering's population.

Evidence: <i>The 2021 census data showed that the vast majority of respondents, 91.07%, identified as straight or heterosexual. Smaller proportions reported as gay or lesbian (0.95%), bisexual (0.73%), or other sexual orientations (0.27%), while 6.98% of people chose not to answer the question on sexual orientation.</i>	
<i>It is anticipated that the new commissioning strategy will have a neutral impact on individuals with the protected characteristic of sexual orientation. The strategy has been developed to ensure equitable access to services for all residents, regardless of sexual orientation, and there are no changes proposed that would adversely affect any specific group. Monitoring and evaluation processes will remain in place to uphold this commitment to fairness and inclusivity.</i>	
Sources used: <ul style="list-style-type: none"> Office for National Statistics (ONS), Census 2021 	

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>	Overall impact: <i>There is no information available to make an assessment on the impact of the new commissioning strategy on this protected characteristic.</i>
Positive	
Neutral	
Negative	
Evidence: <i>Data on gender reassignment is not available.</i>	
Sources used: <ul style="list-style-type: none"><i>Not Applicable</i>	

Protected Characteristic – Marriage / civil partnership: Consider people in a marriage or civil partnership	
Please tick (✓) the relevant box:	Overall impact: <i>The new commissioning strategy will deliver a neutral impact on Havering's population.</i>
Positive	
Neutral	
Negative	
Evidence: <i>The 2021 census data showed 47% of residents are married or in a registered civil partnership, while the remaining 53% have other marital statuses. Among these, 36.9% have never married, 1.9% are separated but still legally married, 7.8% are divorced, and 6.4% are widowed.</i> <i>The new commissioning strategy is designed to be inclusive and equitable, ensuring that individuals are treated fairly regardless of their marital or civil partnership status. An assessment of the proposals indicates that there will be a neutral impact on people with this protected characteristic, as the strategy does not introduce measures that would advantage or disadvantage any group based on their relationship status.</i>	
Sources used: <ul style="list-style-type: none">Office for National Statistics (ONS), Census 2021	

Protected Characteristic - Pregnancy, maternity and paternity: Consider those who are pregnant and those who are taking maternity or paternity leave

Please tick (✓) the relevant box:		Overall impact: <i>There is no information available to make an assessment on the impact of the new commissioning strategy on this protected characteristic.</i>
Positive		
Neutral		
Negative		
Evidence: <i>Data on pregnancy, maternity and paternity is not available.</i>		
Sources used: <ul style="list-style-type: none"> • <i>Not Applicable</i> 		

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

Please tick (✓) the relevant box:		Overall impact: <i>There is no information available to make an assessment on the impact of the new Living Well Community Wellness and Empowerment Service on this protected characteristic..</i>
Positive		
Neutral		
Negative		
Evidence: <p><i>The 2021 census data showed a varied distribution of socio-economic status across different levels. The largest proportion of individuals falls within levels L4-6 (Skilled trades, administrative, and intermediate occupations) at 20.1%, followed by L7 (Lower managerial, administrative, and professional occupations) at 14.9% and L12 (Semi-routine occupations) at 10.8%. Levels L1-3 (Higher managerial, administrative, and professional occupations) and L8-9 (Small employers and own account workers) both represent 12.5% each, while L13 (Routine occupations) accounts for 9.6% of the population. Levels L14.1-14.2 (Never worked and long-term unemployed) comprise 8.2%, L15 (Full-time students) stands at 6.2%, and the smallest group is found in levels L10-11 (Lower supervisory and technical occupations) at 5.1%. This distribution highlights the diversity in socio-economic circumstances within Havering.</i></p> <p><i>In light of this data, it is anticipated that the new commissioning strategy will have a neutral impact on individuals with the protected characteristic of socio-economic status. The strategy has been designed to ensure that services remain accessible and equitable across all groups, regardless of the socio-economic level. There are no anticipated advantages or disadvantages for any particular category, and the diverse socio-economic landscape of Havering will continue to be reflected and respected in the commissioning process.</i></p>		
Sources used: <ul style="list-style-type: none"> • <i>Office for National Statistics (ONS), Census 2021</i> 		

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 tick (✓) all the relevant boxes that apply:		Overall impact: <i>The overall impact of the strategy is a substantial improvement in health and</i>
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Positive	<input checked="" type="checkbox"/>	<i>wellbeing for disadvantaged, vulnerable, and at-risk groups. By enhancing access to vital services, promoting preventive measures, and empowering individuals and communities, the strategy fosters more equitable, lasting health outcomes and contributes to the reduction of health disparities across diverse populations.</i>
Neutral	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	

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:

This assessment considers how the new commissioning strategy may affect health and wellbeing outcomes, with a focus on equality, inclusion and reducing disparities for disadvantaged, vulnerable and at-risk groups. The EQHIA framework guides this analysis, aiming to identify both positive and potential negative impacts and to ensure that health inequalities are addressed throughout the commissioning process.

In the immediate term, the commissioning strategy is expected to improve access to essential health and wellbeing support, particularly for those who experience barriers due to socio-economic status, ethnicity, disability or other factors. Targeted activities – such as enhanced access to social care, mental health support, and nutrition initiatives – can address acute needs and begin to reduce inequalities. The provision of culturally competent and accessible support is essential to reach and benefit diverse populations quickly and effectively. Over the longer term, the strategy aims to tackle health inequalities at their root by embedding prevention, health education and empowerment into all commissioned services. This approach supports better physical and mental health outcomes for the most disadvantaged, promoting greater independence, higher quality of life, and a reduction in the prevalence of issues such as social isolation and reduced mobility. Sustainable investment in factors like early adulthood support, stable housing, and community resilience is key to breaking cycles of disadvantage and supporting long-term equity.

Commissioned activities should actively promote positive health and wellbeing, in line with EQHIA principles. Programmes in arts, sport and digital inclusion, co-designed with people who use services and local communities, can strengthen social networks, reduce isolation and build resilience. Partnering with voluntary and community sector organisations helps tailor provision to those least likely to engage with mainstream support, supporting equitable access and outcomes. The EQHIA process highlights the importance of recognising and responding to the varied needs within at-risk groups, including refugees, people with disabilities, older adults, LGBTQ+ communities, and others. Staff training in cultural competence and trauma-informed care underpins equitable delivery. Monitoring and evaluation should include measures of wellbeing, participation, and a sense of belonging, ensuring ongoing responsiveness to those most affected by health inequalities.

Embedding EQHIA principles within the new commissioning strategy helps ensure that both short and long-term impacts are considered, and that reducing health inequalities remains central. By prioritising innovation, collaboration, and sustained engagement with disadvantaged communities, the strategy can achieve meaningful, equitable improvements in health and wellbeing for all.

Sources used

- Health & Wellbeing Screening Tool

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 checked="" type="checkbox"/> <ul style="list-style-type: none"> <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 	Personal circumstances YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <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 	Access to services/facilities/amenities YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <ul style="list-style-type: none"> <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 checked="" type="checkbox"/> to Healthcare <input checked="" 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"/> <ul style="list-style-type: none"> <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 	Economic Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <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 	Environmental Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <ul style="list-style-type: none"> <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

4. 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:

✓	<p>1. The initial screening exercise showed a strong indication that there will be no impacts on people and need to carry out an EqHIA.</p> <p>2. The EqHIA identified <u>no significant concerns</u> OR the identified <u>negative concerns</u> have already been <u>addressed</u></p>		<p>Proceed with implementation of your activity</p>
	<p>3. The EqHIA identified some <u>negative impact</u> which still needs <u>to be addressed</u></p>		<p>COMPLETE SECTION 5: Complete action plan with measures to mitigate the and finalise the EqHIA</p>
	<p>4. 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</p>		<p>Stop and remove the activity or revise the activity thoroughly. Complete an EqHIA on the revised proposal.</p>

5. Action Plan

The real value of completing an EqHIA comes from 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 mitigate or reduce any **negative** equality and/or health & wellbeing impacts, identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; if required, will amend the scope and direction of the change; 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
N/A	N/A	N/A	N/A	N/A	N/A

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).

6. 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:

This EqHIA will be reviewed 12 months after the strategy launches.

Scheduled date of review: 15th July 2026

Lead Officer conducting the review:

Laura Neilson, Assistant Director Age Well

Please submit the completed form via e-mail to READI@havering.gov.uk thank you.