

Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	Adult Social Care Uplifts 2026-27
Lead officer:	Laura Wheatley Portfolio Manager Live Well & Age Well
Approved by:	Barbara Nicholls Strategic Director of People
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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@havering.gov.uk thank you.

1. Equality & Health Impact Assessment Checklist

About your activity

1	Title of activity	Implementation of Adult Social Care Uplifts 2026-27		
2	Type of activity	Annual fee uplift for Adult Social Care commissioned services.		
3	Scope of activity	This EQHIA has been carried out to consider the impact of the annual fee uplift for Adult Social Care commissioned services.		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	No	If the answer to <u>either</u> of these questions is 'YES', please continue to question 5.	
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	Please use the Screening tool before you answer this question.	If you answer 'YES', please continue to question 5.
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 Well & Age Well
Date:	19 th March 2026

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

Background/context:

Background

The Havering Place Integrated Team undertakes an Annual Uplift Project as part of the strategy to support and sustain the Provider Market. The 2025/26 Uplift Project gave uplifts to 240 Provisions across all provider types, based on detailed research on business demands and pressures.

The services that providers deliver within Havering play an important role in helping to meet the needs of vulnerable adults and supporting the social care and health economies in the borough. The Care Act (2014) places a duty on local authorities to promote the efficient and effective operation of the market for adult care and support as a whole and to ensure that there is sufficient capacity within the social care market to meet its current and future commissioning requirements.

For 2026/27, the Council will continue its efforts towards achieving the median cost of care, with careful attention paid to inflationary pressures. Larger uplifts will be directed towards those areas of the social care market where fee rates require a higher percentage increase, owing to their greater distance from the median cost of care as at October 2022. Conversely, smaller or no uplifts will be applied to care types already at or close to the median cost, supporting the sustainability of rates and ensuring a balanced approach across all care types. We also acknowledge that inflation has likely caused the median cost of care to change significantly since that period.

Havering's Position

Havering Council continues to face significant financial pressures as a result of rising demand and escalating costs for essential services, most notably in social care and temporary accommodation. The budget is finalised at a Full Council meeting, currently scheduled for 4th March. While the Government's £40 million core grant increase over the next three years, resulting from last year's Funding Reform, is welcomed and will provide £40 million in additional government grant by 2028/29, it nonetheless falls short of the funding required to meet both current needs and future obligations, particularly when factoring in inflation. The Government has signalled that councils should work towards being financially sustainable position by 2028/29, so as a council we continue to have to take some really difficult decisions across all services.

We continue to need Exceptional Financial Support (EFS) from government, £180 million in 2026/27, with the accumulative effect reaching £358 million by 2028/29 as it stands. Through income such as council tax and government grants, in 2025/26 we had available to spend £205 million however, we are forecasting to spend £261 million this financial year, with the gap being filled by EFS. The borrowing costs of EFS are projected to reach £25.1 million by 2028/29.

Havering's financial outlook for the coming years is further shaped by increasing borrowing costs, demographic pressures, and the ongoing need to align local spending with national benchmarks. The council anticipates a significant rise in borrowing costs related to EFS, with total financing costs projected to grow from £3 million in 2025/26 to £34 million by 2029/30, amounting to a cumulative £87.3 million over this period. The share of the financial gap covered by borrowing is expected to reach 28% by 2028/29, highlighting the growing reliance on borrowing to manage budgetary constraints and underscoring the need for careful financial planning.

Increasing demographic pressures, particularly in ageing and living well, continue to drive up social care costs. These pressures are compounded by factors such as the National Living Wage (NLW), inflation (CPI/CPIH), legislative changes, workforce challenges, and funding uncertainties. Although the weighted average estimated increase in care fees is projected to fall from 7.64% in 2022/23 to 3.62% in 2026/27, providers continue to face considerable risks. Nationally, of the £4

billion set aside for Adult Social Care by 2028/29, only £500 million is specifically allocated for improvements in pay, terms, conditions, and training, with the majority of funding expected to be raised through council tax.

Adult Social Care unit costs have moved from being slightly below average to now above average when comparing to our statistical neighbours. Benchmarking shows that Havering's costs currently sit above the 20th percentile of the lowest cost councils nationwide. In 2023/24, achieving this benchmark could potentially save £6.1 million, compared to an EFS request of £22.5 million. These potential savings increase to £22 million in 2024/25 and £64 million in 2025/26, while the corresponding EFS requests are £32 million and £88 million, respectively. This demonstrates substantial opportunities for efficiency and cost reduction if local costs can be brought in line with national best practice.

In summary, Havering faces a challenging and complex financial environment, marked by continued cost pressures, rising borrowing, and demographic demands. Proactive alignment with national benchmarks, careful management of structural risks, and a strategic approach to efficiency will all be essential to ensure financial sustainability in the years ahead.

Rationale

The rationale for the proposed uplifts is built upon the essential link between sustaining the care market and the council's financial position in a way that complements rather than compete with one another. The Council faces persistent financial pressures from growing demand and increased costs for vital services to the most vulnerable residents. Prudent financial management remains crucial, however, it must not undermine the Council's statutory duties to provide sufficient, high-quality care now and into the future. Meeting these statutory obligations requires a stable market, supported by uplifts that are more than just additional costs they are strategic investments to prevent market destabilisation, lessen reliance on costly spot purchasing, and help avoid rises in safeguarding or hospital admissions.

As part of its annual uplift review, the Council has evaluated rates for all care types, actively engaging providers and considering broader economic factors such as inflation and wage growth. The approach for 2026/27 seeks to further standardise rates across service types, moving towards the median Cost of Care, while carefully managing available resources. This proactive stance ensures providers are supported and the market remains resilient enough to meet statutory duties and evolving needs.

Benchmarking against comparable local authorities and market data has been incorporated to keep proposed rates competitive and consistent with sector norms. This process validates the Council's position and assures both providers and stakeholders that rates are set fairly and transparently. Ensuring consistency for care types delivered in different settings means providers offering identical services are paid equitably, supporting sustainability and transparency, and guaranteeing statutory responsibilities are met.

Recognising the diversity in service provision and cost pressures, the Council proposes a proportional uplift strategy where some care types may see higher increases than others, and in select cases, some may not receive an uplift at all. This targeted method balances immediate budget constraints with the risk of provider failure, prioritising areas where gaps between actual costs and funding are most pronounced. Such an approach reflects a rational and sustainable method that weighs short-term financial pressures against the overarching need and legal duty for a resilient, deliverable care market.

In the view of the council, the proposed rate increases are sufficient for providers to operate sustainably, even if margins remain modest, without compromising the market's ability to meet current or future demand. By moving towards the median Cost of Care, ensuring rate consistency, and tailoring uplifts to specific care needs, the Council demonstrates its commitment to responsible stewardship investing in a care market that continues to serve residents effectively while maintaining control over spend and meeting statutory obligations.

Who will be affected by the activity?

The uplift to adult social care commissioned services will primarily affect adults aged 18 and over within Havering who rely on these services. This includes older people, individuals with physical or learning disabilities, and those with mental health needs who receive care and support through Council-commissioned providers. Carers and families of service users may also experience indirect impacts, as changes in service provision and funding can influence the quality and continuity of care delivered. Additionally, care providers and professionals working within the adult social care sector will be affected, as the uplift may influence contractual arrangements, workforce stability, and the sustainability of services offered.

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

Please tick (✓)
the relevant box:

Positive	
Neutral	
Negative	✓

Overall impact:

The Adult Social Care fee uplifts for commissioned placements are expected to have a negative impact on this protected characteristic.

Evidence:

Among current residents receiving packages of care, there is a broad spectrum of age groups represented, spanning younger adults (aged 18 and over) through to the elderly population. The proportion of residents within each age band can be specified as follows: 18–64 years: 37.3%, 65–74 years: 12.7%, 75–84 years: 21.4%, and 85+ years: 28.6%. This breakdown provides greater clarity regarding the demographic affected by the proposed fee uplifts.

The overall impact of fee uplifts on the protected characteristic of age is anticipated to be negative, due to older people constituting a significant proportion of those who rely on care and support, currently accounting for 62.7% of individuals receiving assistance. The Council remains committed to market stability and safeguarding continuity of care for all adults, regardless of age. However, the combination of rising employment costs and an inadequate financial settlement may result in some providers choosing to withdraw from care provision or declining new placements from Havering. Such developments could restrict choice, lead to delays in accessing care, or, in the event of provider failure or withdrawal, necessitate a change in care provider or care home. The Council's differentiated approach to uplifts acknowledges the distinct needs across age groups and aims to ensure that assessed needs continue to be met in line with statutory responsibilities.

Where risks to continuity of care are identified for service users of any age, the Council will take appropriate and proportionate steps to ensure that assessed needs continue to be met. This may involve working with providers to stabilise provision, identifying alternative suitable support, or adapting commissioning approaches as required. Any intervention will be based on evidence, time-limited, and focused on safeguarding individuals' well-being.

The Council has given due consideration to the needs of individuals across all adult age groups as a protected characteristic, and to its duties under the Care Act 2014, in developing the proposed approach to fee uplifts for 2026/27.

Whilst the proposal includes differentiated uplifts across the different types of care provision, this approach is designed to ensure market sustainability and that people's assessed needs continue to be met irrespective of age.

The Council has established processes for managing provider failure and a dedicated team responsible for arranging care. Ongoing engagement with the sector will be maintained to ensure

sufficient provision. The Council's Commissioning and Quality teams proactively work with providers to enhance the quality of care and will help identify and resolve any arising issues.

Sources used:

- Adult Social Care data

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 Adult Social Care fee uplifts for commissioned placements are expected to have a negative impact on this protected characteristic.

Evidence:

Among current residents receiving packages of care, there is a varied representation across the following categories: Learning Disability, Mental Health, Physical Support & Frailty (aged 18–64), and Physical Support & Frailty (aged 65+). The proportion of residents within each category can be specified as follows: Learning Disability: 18.8%, Mental Health: 4.4%, Physical Support & Frailty (18–64): 16.7%, Physical Support & Frailty (65+): 60.1%. This revised breakdown provides a clearer understanding of the population affected by the proposed fee uplifts, focusing on the most relevant groups in line with service classifications.

Overall, the impact of fee uplifts on the protected characteristic of disability is expected to be negative, as these factors may undermine market sustainability and continuity of care for disabled residents. People with disabilities represent a substantial proportion of individuals who rely on care and support services. In light of rising employment costs and an inadequate financial settlement, there is a risk that providers may decide to withdraw from care provision or stop accepting placements from Havering. This could potentially restrict choice, lead to delays in accessing care, or, in cases of provider failure or withdrawal, result in changes to care arrangements. The differentiated approach to uplifts, while acknowledging the diverse needs across disability groups, may not fully address these risks, and could adversely affect the ability to meet assessed needs in accordance with statutory duties.

Where risks to continuity of care for disabled people are identified, the Council will take appropriate and proportionate action to ensure assessed needs continue to be met. This may include working with providers to stabilise provision, identifying alternative suitable support, or adjusting commissioning approaches where necessary. Any action taken will be evidence-based, time-limited, and focused on protecting individuals.

The Council has had due regard to the needs of disabled people as a protected characteristic, including individuals with long-term mental health conditions that meet the definition of disability under the Equality Act 2010, and to its duties under the Care Act 2014 in developing the proposed approach to fee uplifts for 2026/27.

While the proposal includes differentiated uplifts across the different care types, this approach is intended to ensure market sustainability and that disabled people's assessed needs continue to be met.

The Council has an established process for managing provider failure. The council has a team dedicated to arranging care. Continuous engagement with the sector will be in place to try and ensure sufficient provision. The Council's Commissioning and Quality teams proactively work with providers to improve quality in care provision and will help identify issues and provide support to resolve them.

Sources used:

- Adult Social Care data

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

Please tick (✓) the relevant box:

Positive	
Neutral	
Negative	✓

Overall impact:

The Adult Social Care fee uplifts for commissioned placements are expected to have a negative impact on this protected characteristic.

Evidence:

Among current residents receiving packages of care, there is a varied representation of both men and women. The proportion of men and women receiving care can be specified as follows: 41.5% men / 58.5% women. This revised breakdown provides a clearer understanding of the population affected by the proposed fee uplifts, focusing on sex and gender in line with service classifications.

The impact of fee uplifts on the protected characteristic of sex / gender is expected to be negative overall, as the Council recognises that uplift decisions may adversely affect market sustainability and continuity of care for residents. Women constitute 58.5% of individuals who draw on Havering arranged care and support, making them particularly vulnerable to changes in care provision. Given the rising employment costs and an inadequate financial settlement, care providers may opt to exit the sector or cease accepting placements from Havering. This could restrict choice, create delays in accessing care, or, in cases of provider failure or withdrawal, result in changes to care arrangements. The differentiated approach to uplifts acknowledges the varying needs across care groups and aims to mitigate these risks, but the overall impact remains negative due to the potential consequences for both men and women, with women being disproportionately affected.

Where risks to continuity of care for either men or women are identified, the Council will take appropriate and proportionate action to ensure assessed needs continue to be met. This may include working with providers to stabilise provision, identifying alternative suitable support, or adjusting commissioning approaches where necessary. Any action taken will be evidence-based, time-limited, and focused on protecting individuals, irrespective of sex or gender.

The Council has had due regard to the needs of men and women as protected characteristics under the Equality Act 2010, and to its duties under the Care Act 2014, in developing the proposed approach to fee uplifts for 2026/27.

While the proposal includes differentiated uplifts across the different care types, this approach is intended to ensure market sustainability and that the assessed needs of both men and women continue to be met.

The Council has an established process for managing provider failure. The Council has a team dedicated to arranging care. Continuous engagement with the sector will be in place to try and ensure sufficient provision for both men and women. The Council's Commissioning and Quality teams proactively work with providers to improve quality in care provision and will help identify issues and provide support to resolve them, ensuring that both sexes are considered equally in all actions.

Sources used:

- Adult Social Care data

Protected Characteristic – Ethnicity / race / nationalities: Consider the impact on different minority ethnic groups and nationalities	
Please tick (✓) the relevant box:	Overall impact: <i>The Adult Social Care fee uplifts for commissioned placements are expected to have a negative impact on this protected characteristic.</i>
Positive	
Neutral	
Negative	✓
Evidence: <i>Among current residents receiving packages of care, there is a varied representation of individuals from different ethnic backgrounds. The proportion of individuals from each ethnic group receiving care can be specified as follows: 85.7% White, 6.5% Black or Black British, 5.6% Asian or Asian British, 1.7% Mixed or Multiple ethnic groups, and 0.5% Other ethnic groups. This detailed breakdown provides a clearer understanding of the population affected by the proposed fee uplifts, focusing solely on ethnicity in line with service classifications.</i> <i>The overall impact of the fee uplifts on the protected characteristic of ethnicity and nationality is expected to be negative. Current data indicates that among individuals receiving care and support, 14.3% are recorded as from non-white ethnic backgrounds. There is concern that a reduction in the choice of providers may erode confidence in the ability of the sector to meet the specific needs of people from non-white ethnic backgrounds. While the Council aims to support market sustainability and maintain continuity of care for all residents, the differentiated approach to fee uplifts may not fully address the unique needs of minority ethnic groups, risking diminished assurance that their assessed needs will continue to be met in line with statutory duties.</i> <i>Where risks to continuity of care for any minority ethnic group or nationality are identified, the Council will take appropriate and proportionate action to ensure assessed needs continue to be met. This may include working with providers to stabilise provision, identifying alternative suitable support, or adjusting commissioning approaches where necessary. Any action taken will be evidence-based, time-limited, and focused on protecting individuals, irrespective of their ethnicity or nationality.</i> <i>The Council has had due regard to the needs of individuals from minority ethnic groups and nationalities as protected characteristics under the Equality Act 2010, and to its duties under the Care Act 2014, in developing the proposed approach to fee uplifts for 2026/27.</i> <i>While the proposal includes differentiated uplifts across the different care types, this approach is intended to ensure market sustainability and that the assessed needs of residents from all ethnic backgrounds and nationalities continue to be met.</i> <i>The Council has an established process for managing provider failure. The Council has a team dedicated to arranging care. Continuous engagement with the sector will be in place to try and ensure sufficient provision for residents from all ethnic groups and nationalities. The Council's Commissioning and Quality teams proactively work with providers to improve quality in care provision and will help identify issues and provide support to resolve them, ensuring that all ethnicities and nationalities are considered equally in all actions.</i>	
Sources used: • Adult Social Care data	

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	☐	<i>There is no information available to make an assessment on the impact of the annual fee uplift for Adult Social Care commissioned services on this protected characteristic.</i>
Neutral	☐	
Negative	☐	
Evidence: <i>Data on religion and faith is not available.</i>		
Sources used: • <i>Not Applicable</i>		

Protected Characteristic - Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual		
<i>Please tick (✓) the relevant box:</i>		Overall impact: <i>There is no information available to make an assessment on the impact of the annual fee uplift for Adult Social Care commissioned services on this protected characteristic.</i>
Positive	☐	
Neutral	☐	
Negative	☐	
Evidence: <i>Data on sexual orientation is not available.</i>		
Sources used: • <i>Not Applicable</i>		

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 annual fee uplift for Adult Social Care commissioned services on this protected characteristic.</i>
Positive	☐	
Neutral	☐	
Negative	☐	
Evidence: <i>Data on gender reassignment is not available.</i>		
Sources used: • <i>Not Applicable</i>		

Protected Characteristic – Marriage / civil partnership: Consider people in a marriage or civil partnership		
<i>Please tick (✓) the relevant box:</i>		Overall impact: <i>There is no information available to make an assessment on the impact of the annual fee uplift for Adult Social Care commissioned services on this protected characteristic.</i>
Positive	☐	
Neutral	☐	
Negative	☐	

Evidence: <i>Data on marriage and civil partnership is not available.</i>
Sources used: • <i>Not Applicable</i>

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 annual fee uplift for Adult Social Care commissioned services on this protected characteristic.</i>
Positive	
Neutral	
Negative	
Evidence: <i>Data on pregnancy, maternity and paternity is not available.</i>	
Sources used: • <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 annual fee uplift for Adult Social Care commissioned services on this protected characteristic.</i>
Positive	
Neutral	
Negative	
Evidence: <i>Data on socio-economic status is not available.</i>	
Sources used: • <i>Not Applicable</i>	

Health & Wellbeing Impact:	
Please tick (✓) all the relevant boxes that apply:	Overall impact: <i>The uplift in commissioned adult social care provision is expected to deliver significant positive impacts for local residents. By ensuring consistent access to high-quality, person-centred support, this initiative promotes improved health and wellbeing, greater independence, and stronger social connections. It also enhances the sustainability and reliability of care services, contributing to a more resilient and supportive community overall.</i>
Positive	
Neutral	
Negative	
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:

The uplift to commissioned adult social care provision across homecare, residential care, and a range of community-based service will vary according to provision type. Nonetheless, each form of uplift is anticipated to yield substantial benefits for the health and wellbeing of local residents. By guaranteeing consistent access to high-quality, person-centred support for adults aged 18 and over, these enhancements collectively address the diverse needs of individuals within the community, particularly those who may be vulnerable or require additional assistance.

While the scale of improvement may differ among service types, each contributes a critical role in enabling service users to maintain and advance their wellbeing, quality of life, and social connections. The provision of care in familiar, supportive environments allows individuals to feel comfortable and secure, which is essential for promoting mental and emotional health. Furthermore, opportunities for increased social engagement foster a sense of belonging and reduce feelings of isolation or loneliness, which can be detrimental to overall health.

From the perspective of care providers, the differentiated uplifts strengthen capacity and operational stability in ways tailored to each service type, equipping them to deliver care in a sustainable and reliable manner. This supports the workforce by improving job security and morale, while also ensuring providers are able to respond effectively to varying levels of demand and changing circumstances. By reinforcing the continuity of care, the initiative minimises disruptions and guarantees that support is readily available whenever needed, thereby reducing the risk of individuals having to rely on acute or statutory interventions that may be less personalised or more costly.

In addition, the approach encourages greater independence among service users, empowering them to make choices about their care and daily routines. Where possible, individuals are supported to live more autonomously, which further enhances their sense of dignity and self-worth. The result is a more resilient community, where people can thrive with the right support, and care providers are better positioned to meet future challenges.

Overall, although uplifts will differ for each carer type, the strategy continues to foster positive outcomes through the development of robust, sustainable care services, expanded opportunities for social participation, and an increased focus on independence and personalised support. It represents a proactive investment in the health and wellbeing of adults, with long-term benefits for individuals, families, and the wider community.

Sources used

- Not Applicable

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

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

5. Action Plan

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
Age	Negative	Where risks to continuity of care are identified for service users of any age, the Council will take appropriate and proportionate steps to ensure that assessed needs continue to be met. This may involve working with providers to stabilise provision, identifying alternative suitable support, or adapting commissioning approaches as required. Any intervention will be based on evidence, time-limited, and focused on safeguarding individuals' well-being.	- Continuity of care is ensured, with service users' needs consistently met and no service interruptions. - Providers maintain stable, reliable service delivery, confirmed by ongoing monitoring and feedback. - Alternative support is promptly arranged when required, with positive user feedback. - Safeguarding and well-being are maintained or improved through regular outcome reviews and incident monitoring. - Interventions are evidence-based, time-limited, and periodically evaluated for effectiveness.	April 2026 – June 2026	Laura Wheatley
Disability	Negative	Where risks to continuity of care for disabled people are identified, the Council will take appropriate and proportionate action to ensure assessed needs continue to be met. This may include working with providers to stabilise provision, identifying alternative suitable support, or adjusting commissioning approaches where necessary. Any action taken will be evidence-based, time-limited, and focused on protecting individuals.	- Continuity of care is ensured, with service users' needs consistently met and no service interruptions. - Providers maintain stable, reliable service delivery, confirmed by ongoing monitoring and feedback. - Alternative support is promptly arranged when required, with positive user feedback. - Safeguarding and well-being are maintained or improved through regular outcome reviews and incident monitoring. - Interventions are evidence-based, time-limited, and periodically evaluated for effectiveness.	April 2026 – June 2026	Laura Wheatley
Sex/Gender	Negative	Where risks to continuity of care for either men or women are identified, the Council will take appropriate and proportionate action to ensure assessed needs continue to be met. This may include working with	- Continuity of care is ensured, with service users' needs consistently met and no service interruptions. - Providers maintain stable, reliable service delivery, confirmed by ongoing monitoring and	April 2026 – June 2026	Laura Wheatley

		<i>providers to stabilise provision, identifying alternative suitable support, or adjusting commissioning approaches where necessary. Any action taken will be evidence-based, time-limited, and focused on protecting individuals, irrespective of sex or gender.</i>	<i>feedback.</i> • <i>Alternative support is promptly arranged when required, with positive user feedback.</i> • <i>Safeguarding and well-being are maintained or improved through regular outcome reviews and incident monitoring.</i> • <i>Interventions are evidence-based, time-limited, and periodically evaluated for effectiveness.</i>		
	Negative	<i>Where risks to continuity of care for any minority ethnic group or nationality are identified, the Council will take appropriate and proportionate action to ensure assessed needs continue to be met. This may include working with providers to stabilise provision, identifying alternative suitable support, or adjusting commissioning approaches where necessary. Any action taken will be evidence-based, time-limited, and focused on protecting individuals, irrespective of their ethnicity or nationality.</i>	• <i>Continuity of care is ensured, with service users' needs consistently met and no service interruptions.</i> • <i>Providers maintain stable, reliable service delivery, confirmed by ongoing monitoring and feedback.</i> • <i>Alternative support is promptly arranged when required, with positive user feedback.</i> • <i>Safeguarding and well-being are maintained or improved through regular outcome reviews and incident monitoring.</i> • <i>Interventions are evidence-based, time-limited, and periodically evaluated for effectiveness.</i>	April 2026 – June 2026	Laura Wheatley

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 prior to the implementation of uplifts annually.

Scheduled date of review: January-March 2027

Lead Officer conducting the review: Laura Wheatley

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