

Equality Impact Assessment

| Directorate: Wellbeing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Service: Public Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Officer/s completing assessment: Fatima Ndanusa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Assessment: 01/02/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of service/function or policy being assessed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | <p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>Review and reduction of Public Health contracts by £156,000</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | <p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>Public Health Team</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | <p>Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.</p> <table border="1"> <thead> <tr> <th rowspan="2">Protected Characteristic</th> <th colspan="3">Differential Impact</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>Age:</td> <td></td> <td></td> <td>N/A</td> </tr> <tr> <td>Disability:</td> <td></td> <td></td> <td>N/A</td> </tr> <tr> <td>Gender Reassignment:</td> <td></td> <td></td> <td>N/A</td> </tr> <tr> <td>Marriage and Civil Partnership:</td> <td></td> <td></td> <td>N/A</td> </tr> <tr> <td>Pregnancy and maternity:</td> <td></td> <td></td> <td>N/A</td> </tr> <tr> <td>Race:</td> <td></td> <td></td> <td>N/A</td> </tr> <tr> <td>Religion and Belief:</td> <td></td> <td></td> <td>N/A</td> </tr> <tr> <td>Sex:</td> <td></td> <td></td> <td>N/A</td> </tr> <tr> <td>Sexual orientation:</td> <td></td> <td></td> <td>N/A</td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td>N/A</td> </tr> </tbody> </table> | | | Protected Characteristic | Differential Impact | | | Yes | No | N/A | Age: | | | N/A | Disability: | | | N/A | Gender Reassignment: | | | N/A | Marriage and Civil Partnership: | | | N/A | Pregnancy and maternity: | | | N/A | Race: | | | N/A | Religion and Belief: | | | N/A | Sex: | | | N/A | Sexual orientation: | | | N/A | Other | | | N/A |
| Protected Characteristic | Differential Impact | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age: | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disability: | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender Reassignment: | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marriage and Civil Partnership: | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pregnancy and maternity: | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race: | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religion and Belief: | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sex: | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sexual orientation: | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 4. | <p>What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.</p> <p>There will be a general positive impact for all population groups, including those with protected characteristics. This is because the reduction in Public Health contracts is as a result of efficiency savings, more streamlined and joined-up services leading to better quality and more efficient public health services for the population.</p> |
| 5. | <p>What are the likely negative impacts for the group/s identified in (3) above? If so then are any particular groups affected more than others and why?</p> <p>There are no negative impacts as this is not a reduction in front line services.</p> |
| 6. | <p>Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc).</p> <p>Latest Public Health evidence on what works, Monitoring data from relevant contracts, Negotiations with providers and information sharing with partners and other Public Health peers have been used to inform this decision and realise these savings.</p> |
| 7. | <p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results e.g. have the staff forums/unions/ community groups been involved?</p> <p>N/A – as there has not been a reduction to front line services.</p> |
| 8. | <p>Have you considered the impact the policy might have on local community relations?</p> <p>N/A – contracts are with providers and do not negatively impact on service provision as mentioned above.</p> |
| 9. | <p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact?</p> <p>N/A – as no negative impacts have been identified. However ongoing performance monitoring of contracts including reviewing agreed service outcomes will help identify any unexpected negative impact and an action plan will be put in place to address these where applicable.</p> |
| 10. | <p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented).</p> <p>Continuous performance and quality management of commissioned services</p> |

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| What course of action does this EIA suggest you take? More than one of the following may apply | ✓ |
| Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken | ✓ |
| Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers identified? (Complete action plan). | |
| Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan). | |
| Outcome 4: Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan). | |

Action Plan and Timetable for Implementation

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

| Action | Target Groups | Lead Responsibility | Outcomes/Success Criteria | Monitoring & Evaluation | Target Date | Progress to Date |
|--------|---------------|---------------------|---------------------------|-------------------------|-------------|------------------|
| | | | | | | |

Name:
Signed:(Person completing the EIA)

Name: ...Fatima Ndanusa.....

Signed:(Policy Lead if not same as above)

Date: