

APPENDIX 1.



WCC Equality Impact Assessment (EqIA)

EqIAs evidence that you have considered the impact or potential impact on groups in our community who share protected characteristics. These are characteristics that are protected against discrimination by the Equality Act 2010. We are required by law under the Public Sector Equality duty (PSED) which is contained in Section 149 of the Equality Act and requires public authorities to have due regard to several equality considerations when exercising their functions.

Completing an EQIA is the simplest way to demonstrate that the Council has considered the equality impacts of its decisions and it reduces the risk of legal challenge. EQIAs should be carried out at the earliest stages of policy or project development or a service review, and then updated as the policy or review develops. EQIAs must be undertaken when it is possible for the findings to inform the final decision.

When do I need to complete an EqIA? You need to complete an EqIA when:

- Planning or developing new services including business services, policies, strategies, practices and plans
- Reviewing, amending or substantially changing existing services, policies, strategies, practices and plans
- Considering a change management process or organisational review, particularly those that could involve relocating staff or rationalisation of posts
- Reviewing or introducing forms, leaflets, guidance, codes of practice such as changes to how residents access services
- When considering and developing a tender document for procurement of services

Who should complete an EqIA?

The person completing the EqIA should have detailed knowledge of the proposal or project. They should be able to identify the impact on those with protected characteristics be they residents, workforce, visitors or others. They should also have knowledge or access to any consultations and where relevant, have knowledge of the area of the Borough that is impacted. The ownership and responsibility for an EqIA lies at Head of Service level and above, however, managers and staff play a key role in the assessment process as they will be involved in implementing the necessary actions identified and integrating equalities into planning. As a rule, any work that needs a decision e.g. Lead Member decision or Leadership Team should be signed off by the Executive Director. Anything that is not going through a formal decision-making process can be signed off by Head of service.

At what point do I need to complete an EqIA?

You need to complete an EqIA at the very beginning when considering your proposal and therefore before a decision is taken.

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Please note an EqlA is a live document which means it must be regularly reviewed and updated considering new evidence or information.

It is important to consider equalities issues at every stage of the process. You may not have all the data you need at the beginning, or you may not have finalised what your project will look like. However, an EqlA is there to help guide your thinking on how your work might affect different groups in our community and support your planning and consultation work.

Where can I get support to complete an EqlA?

There are resources available on the SharePoint site, including example EqlAs. You can also get support from the EqlA Champion in your Team/Directorate, see the SharePoint site for details. You can email any queries to the EqlA inbox equalities@westminster.gov.uk.

SECTION 1: Programme details

<p>Name of the policy, project, service, or strategy being assessed, and a brief overview of its aims and objectives</p>	<p>Healthy Lifestyles Service Re-Procurement.</p> <p>The EQIA is to assess the re-procurement of the Health Lifestyle Service. The service will increase equity of access and outcome, providing a person-centred understanding, support to access relevant services, to ensure that the service model and design do not perpetuate or create inequalities.</p> <p>The Healthy Lifestyles Service began 1 January 2019 and is coming to an end on the 31st of December 2023. The objectives of the service are to reduce risk factors associated with cardiovascular disease (CVD) and lifestyle related cancers (namely: smoking, drinking above recommended limits, unhealthy eating habits, inactivity, obesity, diabetes, high blood pressure and raised cholesterol) in residents.</p> <p>The service is comprised of four areas:</p> <ul style="list-style-type: none">- The Stop smoking Service.- The Healthy Lifestyle service: physical activity and adult weight management groups- Training- Digital Platform <p>Key Outcomes:</p> <ul style="list-style-type: none">- Reduce smoking amongst adults.- Increase physical activity and reduce sedentary behaviours.- Increase healthy eating. <p>The new Healthy Lifestyle service will provide a range of new areas:</p> <ul style="list-style-type: none">• Build on learning from the healthy lifestyle's programmes covering healthy lifestyles for adults.• Personalised Health Coaching approach working in partnership with partners such as Health and VCS• Targeted support for adults with learning Disabilities, Mental Health, and Physical Disabilities• Targeted support for the Black, Asian and Minority Ethnic communities to access, engage and to champion services.• Targeted support for people living in areas of deprivation.
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	<ul style="list-style-type: none"> Increased flexibility of hours of support – moving from Monday to Friday to 7 days week. Potential development of a peer support programme to support initiatives and programmes. Training programme to be delivered to the voluntary sector to support awareness, delivery and championing of programmes supporting developing resilience.
Name of person completing this EqIA	Position: Markets Manager
Name of Director	Gareth Wall
Team	Integrated Commissioning
Directorate	ASC
Contact Email	
Where is this EqIA stored. (This is to ensure colleagues can pick this up in your absence.)	Shared Drive
Is this EqIA accompanying a report that is going through a formal decision process? If so which meeting, is it going to for decision?	Yes the EQIA is accompanied by an EDR

SECTION 2: EqIA Screening – Do you need to complete a full EqIA?

Please complete the checklist below, including impact to help determine if a full EqIA is necessary.

Please see table in Section 3 for a breakdown of the protected characteristics

Question	Answer (Yes, No, Unclear)	Impact (Positive, Negative or Neutral)
Does your programme have the potential to disproportionately affect men, women or those who identify as non-binary?	No	Positive
Does your programme have the potential to disproportionately affect people of a particular race or ethnicity? This includes refugees, asylum seekers, migrants and gypsies and travellers.	No	Positive
Does your programme have the potential to disproportionately affect people with a disability?	No	Positive

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Consider physical and learning disabilities and mental health conditions.		
Does your programme have the potential to disproportionately affect people of certain sexual orientations?	No	Positive
Does your programme have the potential to disproportionately affect people of different age groups? Consider children and elderly populations.	No	Positive
Does your programme have the potential to disproportionately affect those undergoing or intending to undergo the process of gender reassignment?	No	Positive
Does your programme have the potential to disproportionately affect those due to pregnancy or maternity? The Equality Act protects women or birthing people from discrimination from when you become pregnant until your right to maternity leave ends and you return to work. If you do not have the right to maternity leave this is 2 weeks after the child is born.	No	Positive
Does your programme have the potential to disproportionately affect people of different faiths and beliefs?	No	Positive
Does your programme have the potential to disproportionately affect people on low incomes or living in poverty?	No	Positive
Does your programme have the potential to disproportionately affect people living in the most deprived areas?	No	Positive

If you have assessed the impact to any of the above questions to be Negative or Unclear, then you will need to complete Sections 3, 4.

If you have assessed the impact as Positive, explain the rational for this below and then go to Section 5.

<p>Please use this space to outline service user data showing who is impacted by this decision, any consultation that has been conducted with these groups and how they will be positively impacted.</p>
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SECTION 3: Assessing the Impact

Please use this section to assess the impact of the programme on those with protected characteristics. Please answer the following questions in your assessment for each characteristic.

- 1. How many people currently use the service? Or who and how many people will be affected by the policy or strategy?** We have provided data from the latest census on the population for each protected characteristic. Additional Census data can also be accessed from the Census Dashboard. Please add data about your service users/populations in the relevant boxes.
- 2. What consultation have you completed to gather feedback from service users? Or what other relevant data have you gathered to support your work?** Include the findings in each relevant group.

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For more information on consultation please refer to the [12 principles of good governance and consultation in the Constitution](#). You can also speak with the Consultations Team for further advice.

3. **How will you ensure that the policy, project, service, or strategy will be accessible to all groups? and how will you address or break down any barriers to achieving this.**
Explain if your proposal takes steps to meet the needs of people from protected groups, where these are different from the needs of other people; and encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low?
4. **How is this group impacted and determine whether the proposed activity will have a positive, neutral or negative impact.**
5. **If the impact is negative, what mitigations will you put in place to reduce the impact?**
6. **If the impact is positive, what actions have you taken to achieve a positive impact?**

Protected characteristic	Analysis	Impact (Positive, Negative or Neutral)																
Age	<p>2021 census: 75% of Westminster is working age (+6 over the London average). Our last census data saw a change in under 5 year olds by -30% but an increase in 11 – 16 year olds by and 20 – 24 year olds by 5% and 11% respectively. Relative to the rest of London, Westminster has 6% more young people (16 – 34 years).</p> <p>The age breakdown of our population is:</p> <table border="1" data-bbox="320 1178 756 1462"> <thead> <tr> <th>Westminster</th> <th></th> </tr> </thead> <tbody> <tr> <td>0 – 4 years</td> <td>4%</td> </tr> <tr> <td>5 - 9</td> <td>4%</td> </tr> <tr> <td>10 - 15</td> <td>5%</td> </tr> <tr> <td>16 – 24 years</td> <td>13.9%</td> </tr> <tr> <td>25 – 34 years</td> <td>21.6%</td> </tr> <tr> <td>35 – 64 years</td> <td>37.4%</td> </tr> <tr> <td>65+ years</td> <td>12%</td> </tr> </tbody> </table> <p>The Healthy Lifestyle service will work with adults and the young adults age group and will not exclude anyone within the age range. The stop smoking service will see residents aged 12+ and the healthy lifestyles service will see residents aged 18+.</p> <p>An increase in the adult population is projected over the next 20 years (WCC: 11% increase).</p>	Westminster		0 – 4 years	4%	5 - 9	4%	10 - 15	5%	16 – 24 years	13.9%	25 – 34 years	21.6%	35 – 64 years	37.4%	65+ years	12%	Positive
Westminster																		
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Disability	<p>2021 census: 18% of residents in the borough said they had a long-term condition or disability that limited their life in some way. With the highest proportions in Church Street (21%), Westbourne (19%), and Queen’s Park (18%), these rates are three times higher than our most affluent wards. It is important to bear in mind these same wards are the most likely to have unpaid carers (8-10% of residents). These same wards have a life expectancy of 76 years, 18 years less than the most affluent wards.</p>	Positive																

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	<p>In Westminster 15.8% of residents classed themselves as disabled.</p> <p>The Healthy Lifestyles Programme will promote appropriate and inclusive services, activities, messages, imagery, and resources for the target groups in accessible formats.</p> <p>Venues from which services will be delivered will be accessible for those with any mobility issues.</p> <p>It will engage with local, voluntary and community organisations providing services for people with learning and physical disabilities.</p> <p>This will be a universal service and also target residents with learning and physical disabilities. The service will flex and adapt to meet the needs of residents and refer to other specialist services if more appropriate based on individual needs.</p>	
Gender reassignment	<p>Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary.</p> <p>In Westminster 0.75% (1,329) of people do not identify with the same sex as their registered birth. This is lower than the London figure of 0.91% but higher than the England figure of 0.55%. In Westminster this was 9% which should be kept in mind when considering these results because the trans population may actually be higher than reported</p> <p>The Healthy Lifestyles Programme recognises the importance of language and gender and takes into consideration when planning delivering communication campaigns, the programme is open to all.</p>	Positive
Marriage and Civil Partnership	<p>54.4% of Westminster Adults have never been married, a 3% increase since the last census, despite this figure now including same-sex marriages.</p> <p>The healthy Lifestyles programme is aware of its responsibility to ensure that prospective partners are compliant with the Equality Act 2020. The programme is open to all, irrespective of circumstantial differences</p>	Positive
Pregnancy and maternity	<p>General trends in census data show less births on average in Westminster over the past decade.</p> <p>The Healthy Lifestyles Programme will deliver stop smoking services to pregnant residents in maternity settings and community settings. The service will additionally target any members of the household that smoke.</p> <p>The service will flex as evidence is made available regarding adult weight management in pregnancy and the post-partum period.</p>	Positive
Race	<p>In 2021, 28% of the population were 'White:British', and 25% was 'White:European or Other'. The next largest ethnic groups identified as 'Indian and Bangladeshi' (17%), 'Arab' (8%), and 'Black' (8%) and 7% of residents identifying with more than one ethnicity. When considering ethnicity and data it is important to</p>	Positive

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	<p>note there can be major disparities within census groupings. For instance, Indian and Bangladeshi communities have great variance between them in outcomes but often are considered as one grouping in data.</p> <p>In Westminster 44.9% of residents are from the BAME community. There are 413 residents 63% of the community who use the service in WCC.</p> <p>Residents from a Black ethnic background have almost 3 times the rates of obesity than those from a White background. It is also higher in those with a mixed Asian or other ethnic background. However, almost half of those with obesity are white as this is the largest population group.</p> <p>The new service will see high levels of residents from BAME groups to reduce health inequalities experienced and reduce development of long-term health conditions.</p> <p>The prevalence of smoking and obesity is highest in deprived communities and black and mixed ethnic groups.</p>	
Religion/belief	<p>Westminster is generally more Religious (73%) compared to London (63%) and England (53%). The most common religions are Christianity (37%) and Islam (20%).</p> <p>The Healthy Lifestyles Programme is secular in its delivery. Its communication plan will take into consideration cultural factors including religious celebrations and will convey culturally sensitive messages.</p>	Positive
Sex	<p>The Healthy Lifestyles Programme will address the gender gap which is evident in the levels of physical activity, health checks between male and female. Men are generally more likely to engage in unhealthy behaviours. National findings show they are:</p> <ul style="list-style-type: none"> • more likely to smoke (men: 16% vs women 13%) • more likely to drink more than is recommended (men: 55% vs women: 15%) • men aged 65 plus are less likely to eat 5 portions of fruit and vegetables per day (men aged 65+: 58%, women aged 65+: 66%). <p>However, men are more likely to be active and participate in sport, more could be done to ensure those with identified need engage with our services. For example, encouraging men to access lifestyle services is a national challenge. While local efforts to engage men have been successful, there remains a gap between need and service use in both boroughs.</p>	Positive
Sexual Orientation	<p>2021 census information on sexual orientation is only captured for people aged 16 and above. Approximately 5% of Westminster residents identify as LGBT+, slightly higher than the London average, and almost double the national average with the West End and Soho having the highest proportion (11%). It is important to note 9% of residents do not respond to this question, thus, numbers are under-reported.</p>	Positive

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	The current Healthy Lifestyles Programme works with partners in the voluntary and community sector who promote diversity and give advice and support on how to best support LGBTQ+ people to feel safe and welcomed. This data is recorded to gather intelligence on the health needs of residents with protective characteristics. Services can be then targeted and designed if there is unmet need. The newly commissioned service will continue to collect this data and build upon service provision where needed.	
<p>In addition to the nine protected characteristics, where relevant we ask that you also think about the socio-economic and geographical considerations of our residents. Some data has been included below for your reference.</p>		
<p>Socio-economic and Geographical</p>	<p>Westminster has the highest economic disparity in the country The unemployment rate is 4%, same as the London figure, but higher than that of England at 2.9%. The LSOA with the highest unemployment rate is in the Westbourne ward, in this LSOA the unemployment rate is 10%, more than twice the Westminster average.</p> <p>Church Street is the London ward with the highest amount of deprivation (73.4%, meanwhile Knightsbridge & Belgravia has the lowest (28.9%). Additionally, in Westminster's most deprived wards, over 50% of children live below the UK poverty line.</p> <p>We know the economic capacity is the greatest determinant of health, thus a critical component to addressing inequality in the borough.</p> <p>In Kensington and Chelsea those of working age with a routine and manual occupation are twice as likely to smoke (19.3%) compared to those with other occupations (borough average 10.5%). Data for Westminster is not published because of data quality reasons.</p> <p>Obesity prevalence is highest in the more deprived wards of the boroughs. In Westminster, from 3% in Lancaster Gate to 11% in Queen's Park. These remain the highest when looking at the data by age group, ethnic group and gender.</p>	Positive
<p>Other Groups</p>	Please consider groups that may be affected by your work, such as Migrants, English as Second Language Speakers, Carers and Members of the Armed Forces etc.	

SECTION 4: Action Plan

Have you identified the need to reduce or remove any negative impacts, conduct work with those from protected groups to participate where their participation is disproportionately low, or fill any data gaps? If so, complete the Action Plan below to show the work that is planned.

Issue identified	Planned Action	Lead Officer and Timeframe

SECTION 5: Sign-off

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Director/ Head of Service Name	Gareth Wall
Contact Email	GWall@westminster.gov.uk
Date of sign off	
Review It is important to consider equalities issues at every stage of the process. Remember an EqIA is a live document which means it must be regularly reviewed and updated considering new evidence or information, for example, have you now completed your consultation or has there been news on funding. Please ask your Director or Head of Service to sign-off at every review stage. You can have as many reviews as are appropriate for your work.	
Date of 1 st Review	
Name of Reviewer	
Director signature	
Date of 2 nd Review	
Name of Reviewer	
Director signature	
Date of 3 rd Review	
Name of Reviewer	
Director signature	