

## 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.

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

APPEND

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 EqIA 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 EqIA?**

There are resources available on the SharePoint site, including example EqIAs. You can also get support from the EqIA Champion in your Team/Directorate, see the SharePoint site for details. You can email any queries to the EqIA inbox [equalities@westminster.gov.uk](mailto:equalities@westminster.gov.uk) . Finally further support is available for strategic and crosscutting EqIAs from Andre Johnsen – Community Equalities Manager ([ajohnsen@westminster.gov.uk](mailto:ajohnsen@westminster.gov.uk) ). If your EqIA focuses on workforce changes or development, then contact Jennifer Samuels ([jsamuels2@westminster.gov.uk](mailto:jsamuels2@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><b>Healthy Lifestyles Service Re-Procurement.</b></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 31<sup>st</sup> of December 2023. The objectives of the service are to reduce risk factors associated with cardiovascular disease (CVD) and lifestyle related cancers. lifestyle related cancers (namely: smoking, drinking above recommended limits, unhealthy eating habits, inactivity, obesity, diabetes, high blood pressure and raised cholesterol) in residents of the Westminster.</p> <p>The service is comprised of four areas:</p> <ul style="list-style-type: none"> <li>- The Stop smoking Service.</li> <li>- The Healthy Lifestyle service: physical activity and adult weight management groups</li> <li>- Training</li> <li>- Digital Platform</li> </ul> <p>Key Outcomes:</p> <ul style="list-style-type: none"> <li>- Reduce smoking amongst adults.</li> <li>- Increase physical activity and reduce sedentary behaviours.</li> <li>- Increase healthy eating.</li> </ul> <p>The new Healthy Lifestyle service will provide a range of new areas:</p> <ul style="list-style-type: none"> <li>• Build on learning from the healthy lifestyle's programmes covering healthy lifestyles for adults.</li> <li>• Personalised Health Coaching approach working in partnership with partners such as Health and VCS</li> <li>• Targeted support for adults with learning Disabilities, Mental Health, and Physical Disabilities</li> <li>• Targeted support for the Black, Asian and Minority Ethnic communities to access, engage and to champion services.</li> <li>• Targeted support for people living in areas of deprivation.</li> <li>• Increased flexibility of hours of support – moving from Monday to Friday to 7 days week.</li> <li>• Potential development of a peer support programme to support initiatives and programmes.</li> </ul>
--	---

## APPEND

	<ul style="list-style-type: none"> <li>Training programme to be delivered to the voluntary sector to support awareness, delivery and championing of programmes supporting developing resilience.</li> </ul>
Name of person completing this EqIA	Name: Clive Hornsby Position: Markets Manager Email: clive.hornsby@rbkc.gov.uk Telephone No: 07850751314
Name of Director	Gareth Wall
Team	Integrated Commissioning
Directorate	ASC
Contact Email	clive.hornsby@rbkc.gov.uk
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)
<b>Does your programme have the potential to disproportionately affect men, women or those who identify as non-binary?</b>	<b>No</b>	<b>Positive</b>
<b>Does your programme have the potential to disproportionately affect people of a particular race or ethnicity?</b> This includes refugees, asylum seekers, migrants and gypsies and travellers.	<b>No</b>	<b>Positive</b>
<b>Does your programme have the potential to disproportionately affect people with a disability?</b> Consider physical and learning disabilities and mental health conditions.	<b>No</b>	<b>Positive</b>
<b>Does your programme have the potential to disproportionately affect people of certain sexual orientations?</b>	<b>No</b>	<b>Positive</b>

<b>Does your programme have the potential to disproportionately affect people of different age groups?</b> Consider children and elderly populations.	<b>No</b>	<b>Positive</b>
<b>Does your programme have the potential to disproportionately affect those undergoing or intending to undergo the process of gender reassignment?</b>	<b>No</b>	<b>Positive</b>
<b>Does your programme have the potential to disproportionately affect those due to pregnancy or maternity?</b> 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.	<b>No</b>	<b>Positive</b>
<b>Does your programme have the potential to disproportionately affect people of different faiths and beliefs?</b>	<b>No</b>	<b>Positive</b>
<b>Does your programme have the potential to disproportionately affect people on low incomes or living in poverty?</b>	<b>No</b>	<b>Positive</b>
<b>Does your programme have the potential to disproportionately affect people living in the most deprived areas of WCC?</b>	<b>No</b>	<b>Positive</b>

**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.**

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.

The Integrated Healthy Lifestyles Service aims to deliver targeted, evidenced-based interventions that reduce key risk factors for cardiovascular disease (CVD) and lifestyle related cancers (namely: smoking, drinking above recommended limits, unhealthy eating habits, inactivity, increasing physical activity levels, obesity, diabetes, high blood pressure and raised cholesterol) amongst Westminster residents.

- Data on services users or people potential impacted

The Integrated 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+.

Our [Borough Story](#) describes the population health and wellbeing of residents in Westminster, as well as the health inequalities experienced by different population groups encompassing those with protected characteristics.

Our borough is home to 205,100 residents, with 45% identifying themselves as from a global majority background. Whilst the number of children living in the borough is expected to decline in the next 20 years, the number of people aged 65 or over is expected to increase. There are 153,400 residents of working age (75%) and 25,000 aged 65 and over (12%). There are 26,700 children under 16 (13%) living in the borough.

A lot of residents move in and out of the borough each year: 22% did not live at the same address as the year before, which is among the highest in England. International migration is also the

highest in England: more than 20,000 Westminster residents arrived in the UK within the past 2 years, which is 10% of the borough's total population.

Nationally, we know unhealthier lifestyles are more prevalent in older people, people with disabilities, people with mental health conditions and men. Someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is four times as likely to die over the next 10 years than someone who does none of these things.

In Westminster, 1 in 8 adults smoke, half of adults are overweight or obese, 1 in 4 residents drink more than is recommended, and over 1 in 4 feel anxious. Over 30% of residents have one or more long term conditions in our borough.

As well as health disparities between different locations in the borough, we see different health outcomes among residents from different ethnic backgrounds, with people from a global majority background more likely to have diabetes, be overweight, be impacted by mental health, and suffer from hypertension. The prevalence of smoking and obesity is highest in deprived communities.

48% of residents are male. Men are generally more likely to engage in unhealthy behaviours. National findings show they are:

- 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%).

While 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.

The service will contribute to a reduction in healthy inequalities by delivering services that are accessible and acceptable to all residents in the borough, with specific consideration for communities that experience health inequalities, such as residents who live in deprivation, those from a global majority background, those with learning disabilities and physical disabilities, and those with mental health issues.

- Consultation information with service users and how this has evidenced a positive impact.

As part of the re-procurement of the service, focus groups were held with residents to design the outcome measures for the services and to shape the service offer. The revised specification also builds on the satisfaction and feedback process but expects ongoing co-design and coproduction of services as part of an iterative contract. An innovation fund is being made available to support co-designed or co-produced projects throughout the contract term, initiated by residents to be delivered to support healthy lifestyles.

User feedback includes:

*“The MECC training is indispensable for health and social care workers and as such should be incorporated in diverse healthcare environments. The trainer gave clear and practical examples when explaining concepts - many of which were new to me. With his examples, I got a clear picture and was able to tailor it to my own experiences on the job.”*

*“The (Adult Weight Management) service was fantastic, and I really learnt a lot. The handouts you gave me were really easy to understand. Tracking my weight has really helped me to lose weight. You have been great Siobhan, thank you so much.”*

*“This (Smoking Cessation) is a great programme and one I would recommend to anyone who sincerely wants to stop smoking cigarettes/tobacco.*

- 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.

The Provider 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.

The services are tailored to ensure individuals needs and preferences are considered when accessing and joining programmes of support. This includes for example:

- Acknowledging cultural preferences, diet and lifestyle as part of the weight management programmes.
- Flexible times of activities, contacts and support sessions, including virtual to work around people’s preferences and commitments.
- Delivering services from local community settings that residents feel comfortable and find accessible. Venues from which services will be delivered will be accessible for those with any mobility issues.
- Engaging with local, voluntary and community organisations providing services for people with learning and physical disabilities.
- Promoting appropriate and inclusive services, activities, messages, imagery, and resources for target groups in accessible formats.
- Dedicated support to residents from a global majority background through the health check coordinator, linking in with partner and relevant community organisations for promotion, training and awareness sessions.
- Recognising the importance of language and gender and taking this into consideration when planning delivering communication campaigns.
- Working 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.
- Delivering stop smoking services to pregnant residents in maternity settings and community settings (the service will additionally target any members of the household that smoke).
- Ensuring the service’s communication plan will take into consideration cultural factors including religious celebrations and will convey culturally sensitive messages.
- Feedback surveys and questionnaires collected by the provider as part of the evaluation and feedback loops of the service, experience and areas to improve on.
- Coaching approach of delivery so residents are taught the skills to understand their health needs and manage them but also have the information and support to access appropriate services where and when needed.

### **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 of WCC for each protected characteristic. Additional Census data can also be

accessed from the WCC 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.

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)																
<b>Age</b>	<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 1279 756 1559"> <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>	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																		
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%																	
<b>Disability</b>	<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																

## APPEND

<b>Gender reassignment</b>	Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. 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	Positive
<b>Marriage and Civil Partnership</b>	54.4% of Westminster Adults have never been married, a 3% increase since the last census, despite this figure now including same-sex marriages.	Positive
<b>Pregnancy and maternity</b>	General trends in census data show less births on average in Westminster over the past decade.	Positive
<b>Race</b>	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 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.	Positive
<b>Religion/belief</b>	Westminster is generally more Religious (73%) compared to London (63%) and England (53%). The most common religions are Christianity (37%) and Islam (20%).	Positive
<b>Sex</b>	48% of residents are male.	Positive
<b>Sexual Orientation</b>	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.	Positive
<b>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.</b>		
<b>Socio-economic and Geographical</b>	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.	Positive



APPEND

	<p>Church Street is the London ward with the highest amount of deprivation (73.4%, meanwhile Knightsbridge &amp; 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>In Westminster those of working age with a routine and manual occupation are three times as likely to smoke compared to those with other occupations.</p> <p>Adult obesity rates are highest in the more deprived wards of the boroughs, ranging from 3% in Lancaster Gate to 9% in Queen's Park.</p>	
<b>Other Groups</b>	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**

Director/ Head of Service Name	
Contact Email	
Date of sign off	
<p><b>Review</b>  <b>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.</b></p>	
Date of 1 <sup>st</sup> Review	
Name of Reviewer	
Director signature	
Date of 2 <sup>nd</sup> Review	
Name of Reviewer	
Director signature	

APPEND

Date of 3 <sup>rd</sup> Review	
Name of Reviewer	
Director signature	