



## Equality Impact Assessment Template



### Simple Guide and tips

An Equality Impact Assessment (EIA) will help you analyse your policies and practices to make sure they do not discriminate or disadvantage people. However, EIAs also will help to improve or promote equality, access, participation in public life and good relations.

Your EIA should be started during the early stages of your project. Early consideration of equality matters will ensure that your policy, service or function will evolve in line with consideration of equality matters. However, not everything we do will have equality implications, only policies and practices that are relevant to equality need to be put in focus. If you decide after an initial assessment that a policy or practice is not relevant to equality, then you should make a note of this. When completing a full EIA make certain the assessment is proportionate to the matters at hand. An EIA is not an end in itself – it is simply a way of ensuring and showing that due regard has been paid to our equality duty.

Where final decisions are made by councillors, in order to show that due regard has been given to the three aims of the equality duty at the time the decision is made, your assessment will need to be included within the report for Committee. The significance of your policy or practice to equality matters may help you make this decision.

All equality impact assessments are based around four core questions. There may well be others that contribute to the assessment, but the core ones remain throughout.

1. **What is the purpose of the policy?**
2. **How is it seeking to achieve this?**
3. **Who benefits and how? (and who, therefore, doesn't and why?)**
4. **What are any 'associated aims' attached to the policy?**



Stage 1 EIA tracking	
Title of EIA	Health and Wellbeing Strategy 2025-2028
Lead Officer	Rachel Epton
Division	Housing and Community – Community Development
Diversity, Equity & Inclusion Group - Review Date	18 <sup>th</sup> June 2025
Publication Date (if applicable)	1 <sup>st</sup> July 2025
EIA Review Date (if applicable)	Whilst the strategy is not subject to change once agreed at Community & Wellbeing Committee on 8 <sup>th</sup> July 2025, the EIA will be reviewed 12-months from the date of publication. This will be to ensure any impacts and decisions taken in respect of stage 5 and stage 6 are reviewed.



## Stage 2 Details of service, policy or function to be assessed and the potential impact on people with a protected characteristic.

Provide an overview of the policy, service or other function being introduced or reviewed.

Please include the aim or purpose of the policy, service or function etc., any context, changes proposed and the desired outcome. You will need to start to think about the equality implications and whether there is potential for impact on residents, service users and staff (as applicable) with one or more of the protected characteristics.

The Council has drafted its new Health and Wellbeing Strategy 2025-2028 (HWBS)

The purpose of this strategy is to support the health and wellbeing of residents in the borough, with a focus on improving the mental and emotional wellbeing through:

- Increasing activity levels across the borough
- Creating opportunities for residents of the borough
- Supporting residents to build a connection with others

And whilst the Council will deliver a Strategy that serves all residents, our efforts will focus on:

- Children and young people (CYP)
- Older residents
- Those residents impacted by the wider determinants of health and,
- Those whose life circumstance may disproportionately impact on their health and wellbeing.

The strategy makes a commitment to working with those who may experience the worst health and wellbeing outcomes due to health inequalities; inequalities that are primarily attributed to circumstance and socio-economic factors. The HWBS is aimed at redressing this by bringing about opportunities for those who face such challenges and as such, is anticipated to not pose any negative impacts in regard to protected characteristics.



Stage 3 Relevant information, data, consultation and engagement activities	
List all data (including source) and other information relevant to the full equality impact assessment	<p>The HWBS has been underpinned by several data sources. All sources have provided insights as to the level of need in the borough and steer the Council's strategic priorities. Data sources have included:</p> <p><b>Surrey's Joint Strategic Needs Assessment:</b>  <a href="#">Joint Strategic Needs Assessment   Surrey-i</a></p> <p><b>Office of National Statistics:</b>  <a href="https://www.ons.gov.uk">https://www.ons.gov.uk</a></p> <p><b>Public Health Fingertips:</b>  <a href="#">Fingertips   Department of Health and Social Care</a></p> <p><b>Surrey-i:</b>  <a href="https://www.surreyi.gov.uk">https://www.surreyi.gov.uk</a></p> <p><b>Polimapper:</b>  <a href="https://polimapper.co.uk">https://polimapper.co.uk</a></p> <p>The author of the strategy has further considered <i>Surrey's Children and Young People's Emotional Wellbeing and Mental Health Strategy 2022-2027</i>, and reports produced by Carers UK, the Mental Health Foundation and the Marmalade Trust.</p> <p>Local data sources have also been gathered and relied upon. In particular a piece of work undertaken by Surrey Downs Health and Care Partnership that has helped the Council identify areas of loneliness in the borough, and correlate this with the prevalence of mental health. Data from the Digital Inclusion Network has also been considered.</p>
Specify all engagement activities undertaken	<p><b>Committee:</b>  The (draft) Health and Wellbeing Strategy has been presented to the Community and Wellbeing Committee on two occasions; January 2025 and March 2025. It has received the support of the committee on both occasions.</p> <p><b>Professional consultation:</b>  The views of Community and Voluntary Sector (CVS) have been taken into consideration in the development of the strategy. Views have been gathered via the CVS during a forum held on December 2024, and through a Neighbourhood Board Partnership Forum (NHBPF) held in January 2025. During this meeting the key themes of</p>



the strategy were presented to CVS partners and Primary Care Network representatives with the views of those in attendance reflected in the strategy. In addition to this, the Council also chairs the Neighbourhood Board, a board that brings together Primary Care Networks and community partners. This Board has helped shape the strategy through direct insights and data, ensuring we work to priorities that will have the greatest impacts.

**Public Consultation:**

The HWBS was taken to Public Consultation. This commenced on Friday 4<sup>th</sup> April and closed on Friday 16<sup>th</sup> May 2025 (6-weeks) and asked residents to what extent they agreed or disagreed with each priority area. There was also the opportunity for residents to comment freely where they felt they'd like to see additions to the strategy.

The Public Consultation was made available on-line and promoted via social media channels. As to ensure there was an opportunity for those who are digitally excluded to complete the questionnaire, the questionnaire was promoted and available in hard copy at the following venues:

- Epsom Town Hall
- Epsom Methodist Church
- Rainbow Leisure Centre
- The Wells Community Centre
- The Community and Wellbeing Centre
- Bourne Hall

The Community Development Manager also held drop-ins at each of the above venues. These commenced on 11<sup>th</sup> April and ended on 1<sup>st</sup> May. An evening session was held on 24<sup>th</sup> April at Rainbow Leisure Centre between 5-7pm.

In addition to this, the Public Consultation was also sent directly to CVS partners, inclusive of Good Company Sunnybank Trust, Age Concern, We Power On, Citizens Advice, Central Surrey Voluntary Action, Surrey Lifelong Learning, Step Forward, Mary Francis Trust, Love me Love my Mind, Buddy Up, My Time for Young Carers, and North Surrey Domestic Abuse Service. It was also circulated to the borough's faith groups, veterans lead, family centres, Town and Country Housing, Schools, and Active Surrey.

The Council also reached out to Nescot's and University of Creative Arts (UCA), offering to hold focus groups. Unfortunately, this did not come to fruition.



## **Results of the Consultation:**

Please note, that whilst the total number of respondents, was 114, the percentages provided below are based on the number of respondents are answered each question.

### **Closed questions:**

- 1) 92% of respondents agreed or strongly agreed with mental and emotional health being the overall aim of the strategy
- 2) 92% of respondents agreed or strongly agreed with improving access to physical activity
- 3) 91% of respondents agreed or strongly agreed with creating opportunity in the borough
- 4) 86% of respondents agreed or strongly agreed with supporting resident to build a connection
- 5) 71% of respondents agreed or strongly agreed with focusing on children and young people
- 6) 76% of respondents agreed or strongly agreed with focusing on those impact by socio-economic factors
- 7) 65% of respondents agreed or strongly agreed with the groups impact by circumstance
- 8) 76% of respondents agreed or strongly agreed that digital exclusion can have an impact of health inequality
- 9) 56% of respondents knew someone who would benefit from improving their digital skills
- 10) 65% of respondents felt that there were other groups that could be targeted in the strategy.

### **Open questions:**

- 11) 66 people (57%) provided an answer in respect of what other groups should be considered - older residents, those with disability and the isolated featured the most heavily amongst respondents.
- 12) 24 people (21%) provided an answer when asked why they had either disagreed or strongly disagreed with any of the questions. This is a low response rate, however there was a general theme relating to serving older residents and those with disability.
- 13) 59 people (52%) provided an answer in respect of what they would add to the strategy. The strongest themes were that of consideration to the needs of older, isolated and disabled residents. The creation of opportunity through access – to venues, employment, volunteering and activities – also featured.



**Demographics:** For those who provided their information in regard to equality monitoring:

50% were over 61-years old  
21% were aged between 51-60-years old  
20% were aged between 41-50-years old  
9% were aged between 31-40-years old

76% were female  
19% were male  
4% preferred not to identify gender  
0.5% were non-binary  
0.5% reported to be other.

90% of respondents were White (English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish traveller, Rome or other white background)  
6% of respondents were Asian or British Asian (Indian, Pakistani, Bangladeshi, Chinese, or any other Asian background)  
2% of respondents were Black, Black British, Caribbean or African  
1% of respondents were mixed or multiple ethnic groups (White and Black Caribbean) (White and Black African) (White and Asian) (Any other mixed or multiple ethnic background)  
1% of respondents reported as another ethnic group (Arab, any other ethnic group)

23% of respondents considered themselves to have a disability

1% of respondents reported being a veteran or currently serving in the armed forces.





## Stage 4 Impact on residents, service users and staff with protected characteristics

Undertake a full analysis which details all positive and negative impact arising from the policy, service or other function. If there will be no impact, make this clear by completing the relevant box. Please ensure that you evidence your conclusions with reference to the appropriate source.

Protected Characteristic	Potential Positive Impact	Potential Negative Impact	No Impact
<i>Age</i>	<p>The strategy makes a commitment of benefiting residents of all ages and in targeting those impacted by the wider determinants of health and by circumstance; this will span the life cycle. The strategy does however make reference to children and young, and as a result of the people consultation, now explicitly refers to older persons (please refer to stage 5). As such, the strategy will benefit those of non-working age to engage in activity, create opportunity and support meaningful connections.</p> <p>Whilst we cannot exhaust examples here, whereby we improve the digital skills of those over 65-years of age, or support children and young people facing multiple disadvantage to develop a skill, the strategy has the potential for positive impact.</p>		
<i>Disability</i>	<p>The strategy refers to targeting those impacted by circumstance, and therefore those whose health and wellbeing may be adversely affected. This includes those with learning disabilities and with long-term health conditions. Following the public</p>		





	<p>consultation the Council has now explicitly included those with physical disabilities.</p> <p>Whilst we cannot exhaust examples here, whereby we can improve access to activity, opportunity and connection, the strategy has the potential for positive impact.</p>		
<i>Gender Reassignment</i>		<p>The UK Supreme Court has recently ruled that the definition of sex as stated in the Equality Act 2010 should be interpreted as 'biological' sex only. This means that a person's legal sex is the one that was recorded at their birth.</p> <p>There is currently a public consultation as to the codes of practice that should be implemented as a result of this ruling.</p> <p>There is a potential negative impact on the transgender community in the borough, in respect of the projects that are to be delivered against this strategy. An example of such may be in the delivery of women/men only groups</p>	<p>The strategy would not be seen to have a positive or negative impact on those who have been through gender reassignment. The strategic priorities and areas of focus do not discriminate against this protected characteristic</p>
<i>Pregnancy and Maternity</i>	<p>Whilst not named or targeted as a group, the strategy refers to creating opportunity and building connections for residents in the borough. For new parents and those returning to work the strategy has the potential for positive impact</p>		
<i>Race</i>			<p>The strategy would not be seen to have a positive or negative impact based on the race of a resident. The strategic priorities and areas of focus do not discriminate</p>



			against this protected characteristic
<i>Religion and Belief</i>			The strategy would not be seen to have a positive or negative impact on those who have a religion or belief. The strategic priorities and areas of focus do not discriminate against this protected characteristic
<i>Sex</i>			The strategy would not be seen to have a positive or negative impact on residents based on their sex. The strategic priorities and areas of focus do not discriminate against this protected characteristic
<i>Sexual Orientation</i>			The strategy would not be seen to have a positive or negative impact on based on the sexual orientation of an individual. The strategic priorities and areas of focus do not discriminate against this protected characteristic
<i>Marriage and Civil Partnerships</i>			The strategy would not be seen to have a positive or negative impact on those who



			are married or who have entered a civil partnership. The strategic priorities and areas of focus do not discriminate against this protected characteristic
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## Stage 5 Decision

Specify the full details of your decision.

Include any changes made to the proposal, steps taken to eliminate or minimise any negative impact(s), any additional mechanisms put in place to meet the needs of particular groups or to help foster good relations etc.

The consultation results evidence a high level of agreement and public support towards the overall Health and Wellbeing Strategy.

- In respect of the Strategy's priorities (Q1-4), on average, 90% of respondents *agreed or strongly agreed* with those identified
- In respect of the Strategy's areas of focus (Q5-7) on average, 70% of respondents *agreed or strongly agreed* with those identified.

The Council takes the views of its residents and the partners they work alongside seriously and wishes to evidence and reflect on the following:

In respect of responses to Q7 and Q10, that evidenced the lowest levels of agreement:

- 7. 65% of respondents agreed or strongly agreed with the groups impact by circumstance
- 10. 65% of respondents felt that there were other groups that could be targeted in the strategy.

These indicate the need for the Council to re-consider elements of the Strategy. The Council also reviewed the feedback regarding the other groups being highlighted by respondents as being older residents, those with physical disabilities, and those who are isolated.

The Council up-holds the position that issues relating to isolation will be addressed in its strategic intention to support residents to build connections and as such no changes in this regard are required.



	<p>In respect of those with disabilities, the strategy reflects its intention to focus on those residents with a learning disability. The Council has however responded in being more explicit and incorporating those with disabilities into long-term health conditions.</p> <p>The Council has responded to the feedback in respect of the inclusion of older residents by the addition of older residents in the strategy. The Council accepts that by doing so we will also further bolster our commitment to addressing those impacted by isolation, disability and digital exclusion.</p> <p>In addition to this, during the drop-in held at the Community and Wellbeing Centre, the Council received the feedback that the use of acronyms may discriminate against some residents, and as such a glossary has also been included.</p> <p>In respect of the UK Supreme Court ruling on the legal definition of sex within the Equality Act 2010, the Council will need to review its own practices in relation to this post the results of the public consultation.</p>
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## Stage 6 EIA – Action Plan

Please specify any action that will be taken to support implementation of your decision

Issue Identified	Action required	Implementation Date	Responsible Officer
As reflected and evidenced in Stage 5	To consider and include in strategy people with physical disabilities and older residents.	28 <sup>th</sup> May 2025	Rachel Epton.
Impact of the UK Supreme ruling on the legal definition of sex with the strategy.	To review the EIA post of the results if the public consultation and consider the codes of practice implemented.	1st July 2026	Rachel Epton

## Stage 7 EIA Sign Off



EIA needs to be signed off by Head of Service.

If an EIA is going to be submitted with a proposal to a committee/corporate project board for decision making, the EIA needs to be approved by Head of Service and Strategic Management Team first.

<b>Head of Service: Rod Brown</b>	<b>Date:30.06.2025</b>
<b>Strategic Management Team: Reviewed by Chief Executive</b>	<b>Date: 28.06.2025</b>
<b>Name of Committee: Community and Wellbeing Committee – being held 8<sup>th</sup> July 2025</b>	<b>Date:</b>