

# Equality Impact Assessment (EqIA)

## Deciding what needs to be assessed

In theory all policies, decisions, services, projects and programmes should be impact assessed. The most practical approach is to assess as the proposal is being developed or as processes, services and policies come up for review making the EQIA part of the development process. Do not be put off by the list below, it does not mean that long and detailed assessments are required every time you are engaged in one of the activities. However, it does mean that you should always consider the equalities implications of your proposals.

### Policy

- New policy development
- Substantial revision of an existing policy or process
- Any change which may have a disproportionate impact on a particular group

### Decision

- Key decision
- Decision for management board/cabinet
- Budget change decision

### Service

- New service
- Service review, including the decommissioning of services
- Any service change which may have a disproportionate impact on a particular group

### Projects and programmes

- All, at planning stage

Further information: [Equality Impact Assessments - a user's guide](#)

## Section one

No.	Question	Response
1.1	<b>Name of policy/decision/service/project/programme being assessed</b>	Expanding Health Coaching Capacity for People Living with Hypertension (\$256 Funding – 2025/26)
1.2	<b>Summary of aims and objectives of the policy/decision/service/project/programme</b>	<p>The programme aims to expand access to health coaching for people living with hypertension in Swindon, particularly those with lifestyle-related risk factors such as obesity and smoking. The objectives are to:</p> <ul style="list-style-type: none"> <li>• Improve health outcomes and reduce cardiovascular disease (CVD) risk</li> <li>• Reach under-served communities through a mixed delivery model (via Primary Care Networks and Swindon Live Well)</li> <li>• Increase patient confidence and activation for self-management</li> <li>• Support reductions in blood pressure, BMI, and smoking rates</li> </ul>
1.3	<b>Who is affected by the policy/decision/service/project/programme?</b> (For example, employees/service users/supplier/contractor)	Service users: Adults diagnosed with hypertension, especially those from groups at higher risk due to lifestyle, socio-economic or demographic factors

1.4	<p><b>What involvement and consultation has been done in relation to this proposal?</b> (For example, with relevant groups and stakeholders)</p>	<p>The proposal was developed with input from the BSW Hypertension Steering Group, including representation from ICB, local authorities, primary care, and prevention leads.</p>
1.5	<p><b>What are the arrangements for monitoring and reviewing the actual impact of the policy/funding activity/event?</b></p>	<p>The programme will be monitored through quarterly reporting to the BSW Hypertension Steering Group. Equality and inclusion will be specifically assessed through:</p> <ul style="list-style-type: none"> <li>• Data monitoring by age, gender, ethnicity, and deprivation quintile</li> <li>• Recording uptake and outcomes (e.g. smoking cessation, BMI reduction) by demographic group</li> <li>• Engagement metrics from under-served communities</li> <li>• Ongoing review of referral practices and feedback from service users and partners to adapt delivery and address any emerging inequalities</li> <li>• Where disparities are identified, mitigation strategies will be developed collaboratively with delivery and community partners.</li> </ul>

## Section two – protected characteristics

Protected characteristic group	Is there a potential for positive or negative impact? Is the impact neutral?	Please explain and give examples of any evidence/data used	Action to address negative impact (for example, adjustment to the proposal)
Disability	Positive	People with physical or mental health disabilities may benefit from health coaching. However, accessibility barriers may exist (e.g.	Ensure coaching is available in accessible formats. Make reasonable adjustments (e.g. offer remote or home-

		cognitive impairment, mobility).	based support where needed).
Gender reassignment	Neutral		
Marriage or civil partnership	Neutral		
Pregnancy and maternity	Neutral		
Race	Positive	Data shows some ethnic minority groups have higher rates of hypertension (e.g. Black African/Caribbean, South Asian communities).	
Religion or belief	Neutral		
Sexual orientation	Neutral		
Sex (gender)	Positive	Men may be underrepresented in health support services despite higher prevalence of unmanaged hypertension.	
Age	Positive	Hypertension risk increases with age. Older adults are a primary target group for the intervention. Data from Swindon	

		JSNA and NHS Digital shows higher prevalence of hypertension in those aged 50+.	
Children in care and care leavers	Positive	Care leavers often face multiple disadvantages, including poorer health outcomes, higher rates of smoking and obesity, and lower health service engagement. National and local data (e.g., from the Children in Care and Care Leavers JSNA) highlights these risks.	

### Section three – evaluation

No.	Question	Explanation/justification
3.1	Is it possible the proposed policy or activity or change in policy or activity could discriminate or unfairly disadvantage people?	There is no intentional discrimination or direct negative impact anticipated from this programme.

No.	Final Decision	Tick the relevant box	Include any explanation / justification required
1	No barriers identified, therefore activity will proceed	x	

<b>2</b>	Stop at some point because the data shows bias towards one or more groups		
<b>3</b>	Adapt or change the event in a way which you think will eliminate the bias		
<b>4</b>	Barriers and impact have been identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice (for example, in extreme cases or where positive action is taken). Therefore, proceed with caution with this knowing that it may favour some people less than others, providing justification for this decision		

## Section four – record keeping

Question	Response
<b>Will this EqIA be published* (*EqIA's should be published alongside relevant event paperwork including cabinet papers):</b>	Yes
<b>Date completed</b>	19/06/2025
<b>Review date (if applicable)</b>	

## Change log

Name	Date	Version	Change made


## Responsibilities

Question	Response	Date completed
<b>Name of person leading this EqIA</b>	Hassan Adam, Live Well Programme Manager	19/06/2025

Question	Response
<b>Names and roles of people involved in the consideration of impact</b>	

Question	Response	Date signed
<b>Name of Director signing EqIA</b>		