Title of proposed EIA *	Public Sector Decarbonisation Scheme Application Highbury
	Please provide the title of your policy or service area.
Reference No	EQUA1198
	Please do not amend. A reference number will automatically be applied once the form is saved.
EA is in support of *	New Service
Review Frequency *	Two Years 🗸
	Please select how regularly you plan to review the assessment.
Date of first review *	01/10/2026
	Based on the review frequency, please enter the date when your first review will take place.
Directorate *	Inclusive Growth
Division	Route to Net Zero
Service Area	
	Please add if applicable
Responsible Officer(s) *	Tonia Clark x
	This is the person responsible for completing, submitting and reviewing the assessment. If you get the message 'The user does not exist or is not unique'. Please enter the full email address.
Quality Control Officer(s) *	Janet L Hinks x
	This is the person responsible for checking the quality of the assessment. If you get the message 'The user does not exist or is not unique'. Please enter their full email address.
Accountable Officer(s) *	Ellie Horwitch-Smith x
	This is the person responsible for making the final decision on the EIA and the policy, plan, procedure etc. If you get the message 'The user does not exist or is not unique'. Please enter their full email address.
Purpose of proposal *	This application to the Salix Public Sector Decarbonisation Scheme i
Data sources	Survey(s)
	Consultation Results
	Interviews
	relevant reports/strategies
	Statistical Database (please specify)
	🗹 relevant research
	Other (please specify)
	What sources of data have been used to produce the screening of this policy/proposal? (Please tick all that apply)
Please include any other sources of data	discussion with committee members and consultants
ASSESS THE IMPACT AGAINST THE PROTECTED CHARACTERISTICS	
	Include how any potential negative impact be removed or mitigated.
Protected characteristic: Age *	Service Users / Stakeholders
	Employees
	Wider Community
	✓ Not Applicable
	Please select those directly impacted or affected.
Age details:	

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Service Users / Stakeholders

Employees

Wider Community

Not Applicable

Please select those directly impacted or affected.

Protected characteristic: Disability *

Disability details:

Protected characteristic: Sex *

Gender details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Service Users / Stakeholders

Employees

UWider Community

Not Applicable

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Gender Reassignment *

Gender reassignment details:

Protected characteristics: Marriage and Civil Partnership *

Marriage and civil partnership details:

Service Users / Stakeholders

Employees

□ Wider Community

Not Applicable

Please select those directly impacted or affected.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Service Users/ Stakeholders

- Employees
- Wider Community

Not Applicable

Protected characteristics: Pregnancy and Maternity *

Pregnancy and maternity details:

Protected characteristics: Race *

Race details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated.

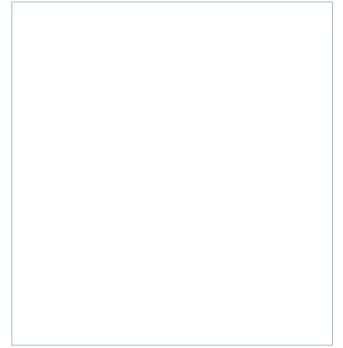
Service Users / Stakeholders

Employees

Wider Community

Not Applicable

Please select those directly impacted or affected.



For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Service Users /	Stakeholders
-----------------	--------------



□ Wider Community

Not Applicable

Protected characteristics: Religion or Beliefs *

Religion or beliefs details:

Protected characteristics: Sexual Orientation *

Sexual orientation details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Service Users / Stakeholders

Employees

Wider CommunityNot Applicable

Please select those directly impacted or affected.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Service Users / Stakeholders

Employees

□ Wider Community

Not Applicable

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

The refurbishment of the Highbury will enable it to be used more by the public and become a resource for the local community

If yes, please continue to complete the remaining questions. If no, please go

none

NO 🗸

impact?

to the quality control section below.

Please indicate whether a full impact assessment is recommended

What data has been collected to facilitate the assessment of this policy/proposal?

What are the main findings from the analysis of the data?

Who was consulted, what are the results of the consultation exercise?

Based on the analysis of the data does the policy/proposal have any adverse

Can the policy/proposal be modified to reduce or eliminate any adverse impact? on any particular group(s)?

How will the effect(s) of this policy/proposal on equality be monitored?

What data is required in the future?

Please describe the data needed to ensure effective monitoring of this policy/proposal?

Are there any adverse impacts on any particular group(s)

If yes, please explain your reasons for going ahead.

Initial equality impact assessment of your proposal

Consultation analysis

Could the policy/proposal be modified to reduce or eliminate any adverse impact?

Adverse impact on any people with protected characteristics.

Socio-economic impacts

Please indicate any actions arising from completing this screening exercise.

Consulted People or Groups

Informed People or Groups

Summary and evidence of findings from your EIA *

QUALITY CONTORL SECTION

Submit to the Quality Control Officer for reviewing?

Please give details on any initial assessment carried out. For a full assessment please complete the rest of the form. AS OF 29/11/2018 YOU ARE NO LONGER REQUIRED TO COMPLETE THIS BOX.

AS OF 29/11/2018 YOU ARE NO LONGER REQUIRED TO COMPLETE THIS BOX

AS OF 29/11/2018 YOU ARE NO LONGER REQUIRED TO COMPLETE THIS BOX

There will be increased use of the building for the community after the refurbishment and the application for funding for ground source heat pumps will not impact adversely on anyone with protected characteristics.

Please add any documents including any consultation or engagement findings. Attach any source data using the attachment button above. Please include how you will mitigate against any negative impacts.

\checkmark

Please tick this box and 'Save' the document once you have finished. Your nominated Quality Control Officer will by notified to review the assessment and decide whether it can proceed for approval or reject it.

Decision by Quality Control Officer

Submit draft to Accountable Officer?

Decision by Accountable Officer

Date approved / rejected by the Accountable Officer

Reasons for approval or rejection

Please untick 'Submit to quality control officer box' before saving.

IMPORTANT: Quality Control Officer - Please untick the above box 'Submit to the Quality Control Officer for reviewing?' before provide your decision.

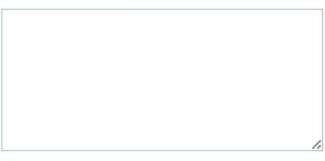
L

Quality Control Officers only - Please tick the box when you are happy for the assessment to be submitted for approval.



IMPORTANT: Accountable Officer - Please untick the above box 'Submit draft to Accountable Officer' before providing your final decision.





~

Please print and save a PDF copy for your records

Version: 14.0 Created at 02/10/2023 10:51 AM by
Tonia Clark Last modified at 02/10/2023 10:52 AM by Workflow on behalf of
Tonia Clark Save Cancel

/,