

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

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.

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.

Protected characteristics: Gender Reassignment *

- ☐ Service Users / Stakeholders
- ☐ Employees
- ☐ Wider Community
- ☒ Not Applicable

Please select those directly impacted or affected.

Gender reassignment 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.

Protected characteristics: Marriage and Civil Partnership *

- ☐ Service Users/ Stakeholders
- ☐ Employees
- ☐ Wider Community
- ☒ Not Applicable

Please select those directly impacted or affected.

Marriage and civil partnership 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
- ☐ Employees
- ☐ Wider Community
- ☒ Not Applicable

Please select those directly impacted or affected.

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. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Religion or Beliefs *

- ☐ Service Users / Stakeholders
- ☐ Employees
- ☐ Wider Community
- ☒ Not Applicable

Please select those directly impacted or affected.

Religion or beliefs 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.

Protected characteristics: Sexual Orientation *

- ☐ Service Users / Stakeholders
- ☐ Employees
- ☐ Wider Community
- ☒ Not Applicable

Please select those directly impacted or affected.

Sexual orientation details:

Socio-economic impacts

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

Please indicate any actions arising from completing this screening exercise.

none

Please indicate whether a full impact assessment is recommended

NO ▼

If yes, please continue to complete the remaining questions. If no, please go to the quality control section below.

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

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

Consultation analysis

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

Adverse impact on any people with protected characteristics.

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

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

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

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.

Consulted People or Groups

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

Informed People or Groups

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

Summary and evidence of findings from your EIA *

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.

QUALITY CONTORL SECTION

Submit to the Quality Control Officer for reviewing?

☒

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

Quality Control Officer comments

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

Decision by Quality Control Officer

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

Submit draft to Accountable Officer?

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

Decision by Accountable Officer

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

Date approved / rejected by the Accountable Officer

Reasons for approval or rejection

Please print and save a PDF copy for your records

Version: 14.0

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Save

Cancel