Equality Impact Assessment – Ref Number: 1238

PART A Introductory Information

Proposal name

Cessation of Destination Marketing Organisation membership

Brief aim(s) of the proposal and the outcome(s) you want to achieve

Sheffield City Council pays an annual membership fee to be part of the Destination Marketing Organisation (DMO) – previously this was 'Welcome to Yorkshire' (WtY) which has now been disbanded and a new DMO is being formed. Benefits of DMO membership include opportunities to engage in regional tourism initiatives and marketing opportunities, driving business to the city/ surrounding area. Membership covers SCC owned attractions which benefit from enhanced promotion as a result of the membership e.g. online features and ensures amplified coverage for Sheffield businesses in general.

The proposal is to end our membership of a DMO to save the membership fee. The situation is complicated by a review of DMOs published last year. Membership has not historically been a criterion to bid for funding, e.g. from VisitBritain, however funding of DMOs and their role in the visitor economy strategy has been subject to recent review and recommendations (de Bois review, published Sept 21). Recommendations have yet to be adopted or rejected. However, it should be noted that the demise of WtY and the de Bois review has prompted a South Yorkshire Combined Mayoral Authority (SY-MCA) response to consider how the MCA and 4 local authorities are better prepared to remain within the DMO landscape whether or not recommendations are adopted.

Known outcome - scenario 1 – DMO as is: The outcome would be to reduce pressure on the council's budget at the expense of visitor economy. DMO would cease to promote Sheffield as a destination and the value of the visitor economy would fall.

Potential outcome – scenario 2 – de Bois recommendations adopted and alter DMO funding and remit. The outcome would be to reduce pressure on the council's budget at the expense of visitor economy. DMO would cease to promote Sheffield as a destination. No longer a member of the DMO, Sheffield may be excluded from bidding for funding and not have a seat at the table as DMOs gain a stronger role in regional strategy for visitor economy. Rejoining may be on less preferential terms than current.

Potential outcome – scenario 3 – SY-MCA supports sub-regional DMO activity (possibly to reflect some of the aforementioned review) but requires some partnership working and financial input. The loss of this budget would negate our ability to enter into a partnership with the SY-MCA and/or other local authorities.

Proposal type ■ Budget	○ Non Budget		
If Budget, is it E ○ Yes	Entered on Q Tier′ ● No	?	
If yes what is the	e Q Tier reference		
		_	

-	O 22/23	● 23/24	O 24/25	O other			
Development Leader Individual Executive Officer De Council (e	ec ee (e.g., ee (e.g., et & Skill Coop Ex e Director ecisions (e.g., Budge	s kec Membe /Director Non-Key) get and Hou	r using Reve	which comr enue Accou Committee)	nt)	Economi	C
Lead Comm	ittee Me	mber	Martin	Smith			
Lead Direct Diana Buck		oposal					
Person filli	ng in thi	s EIA form					
Lorna Jacks	son / Emr	ma France					
EIA start da	te	16/8/2	22				
Equality Le	ead Offic	er					
	Robinson			O Ed Sexton			
Annemarie Johnston Dealing Management				Louise Nunn Beverley Law			
O Dasiiii	O Bashir Khan O Beverley Law						
Lead Equali	ty Objec	tive (<u>see fo</u>	or detail)				
Understa Commun	nding	Workford Diversity	in pr	eading the celebrating omoting clusion			the cycle nprove life es
Portfolio, Service and Team							
Is this Cros	Is this Cross-Portfolio Portfolio/s						
○ Yes		No	City Futi				
Is the EIA joi ○ Yes	nt with ar	nother orga No	•	.g. NHS)? ease specify	y		_

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Consultatio	n
Is consultation O Yes	n required? (Read the guidance in relation to this area) ■ No
If consultation	n is not required, please state why
Ending of a subs	cription membership.
	n has already been carried out, please provide details of the qualities analysis
Are Staff who ● Yes	may be affected by these proposals aware of them? ○ No
Are Customer O Yes	s who may be affected by these proposals aware of them? No
If you have sa	id no to either please say why
No direct custor	mer impact.

Initial Impact

Under the Public Sector Equality Duty we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

For a range of people who share protected characteristics, more information is available on the <u>Council website</u> including the <u>Community Knowledge Profiles</u>.

Identify Impacts

Identify which characteristic the proposal has an impact on tick all that apply

○ Health	○ Transgender
○ Age	○ Carers
○ Disability	O Voluntary/Community & Faith Sectors
 Pregnancy/Maternity 	○ Cohesion
○ Race	○ Partners
O Religion/Belief	O Poverty & Financial Inclusion
○ Sex	O Armed Forces
Sexual Orientation	O Other

Cumulative Impact	
Does the Proposal have a ○ Yes No	a cumulative impact?
O Year on Year	Across a Community of Identity/Interest
O Geographical Area	O Other
If yes, details of impact	
Local Area Committee Ar ● All	• • •
If Specific, name of Local C	Committee Area(s) impacted
Initial Impact Overview	
Based on the information impact?	about the proposal what will the overall equality
budget, via offering a reduct ending of the membership w	scription to a DMO reduces pressure on the council tion in funding for a non-statutory service through with the DMO. Although this budget proposal could have for the city in terms of opportunities lost, the overall to be neutral.
ls a Full impact Assessm	ent required at this stage? O Yes • No
<u>•</u>	minor, in that it will impact on a particular ou must complete a full impact assessment below.

Part B

Full Impact Assessment

Health			
			npact on health and well-being nants of health)?
○ Yes	O No	if Yes, complete	e section below
Staff ○ Yes	O No	Customers O Yes	○ No
Details of	impact		
Comprehe	ensive Health	ı Impact Assessı	ment being completed
○ Yes	O No	·	·
Please atta	ach health imp	oact assessment a	as a supporting document below.
Public Hea	alth Leads ha	as signed off the	health impact(s) of this EIA
O Yes O	No		
Name of H	lealth Lead C	Officer	
Age			
Impact on		•	on Customers
O Yes O Details of i		O Yes	O No
Details Of	шрасі		
Disability			
		_	
Impact or ○ Yes	n Staff ○ No	Impac Yes	t on Customers S O No
Details of	impact		

Sex Impact on Staff O Yes O No Details of impact		Impact on Customers ○ Yes ○ No
Pregnancy/Mate Impact on Staff O Yes Details of impact	ernity O No	Impact on Customers ○ Yes ○ No
Race Impact on Staff O Yes Details of impact	O No	Impact on Customers ○ Yes ○ No
Religion/Belief Impact on Staff O Yes Details of impact	O No	Impact on Customers ○ Yes ○ No

Sexual Orientat	ion	
Impact on Staff O Yes	O No	Impact on Customers ○ Yes ○ No
Details of impact		
Gender Reassig	ınment (Tı	ransgender)
	jo (1 .	-
Impact on Staff O Yes	O No	Impact on Customers ○ Yes ○ No
Details of impact		
Carers		
Impact on Staff ○ Yes	O No	Impact on Customers ○ Yes ○ No
Details of impact		
Poverty & Finar	ncial Inclus	sion
Impact on Staff		Impact on Customers
○ Yes	○ No	○ Yes ○ No
Details of impact		
Cohesion		
Impact on Staff	○ M -	Impact on Customers
O Yes	○ No	○ Yes ○ No

Details of impact		
Partners		
Impact on Staff O Yes	O No	Impact on Customers ○ Yes ○ No
Details of impact		
Armed Forces		
Impact on Staff ○ Yes	O No	Impact on Customers ○ Yes ○ No
Details of impact		
Other Please specify		
Impact on Staff O Yes	O No	Impact on Customers ○ Yes ○ No
Details of impact		
Action Plan and Sup What actions will y include an Action	ou take to	mitigate any equality impacts identified? Please
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Supporting Ev	vidence (Please detail all your evidence used to support the EIA)
Detail any cha	nges made as a result of the EIA
Following miti	igation is there still significant risk of impact on a protected . ○ Yes ○ No
If yes, the EIA	will need corporate escalation? Please explain below
Sign Off – P	art B (EIA Lead to complete)
	e agreed and signed off by the Equality lead Officer in your corporately. Has this been signed off?
○ Yes	O No
Date agreed	DD/MM/YYYY
Name of EIA le	ad officer
Review Date	DD/MM/YYYY

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