

RMBC - Equality Analysis Form for Commissioning, Decommissioning, Decision making, Projects, Policies, Services, Strategies or Functions (CDDPPSSF)

Under the Equality Act 2010 Protected characteristics are age, disability, gender, gender identity, race, religion or belief, sexuality, civil partnerships and marriage, pregnancy and maternity. Page 6 of guidance. Other areas to note see guidance appendix 1	
Name of policy, service or function. If a policy, list any associated policies:	Healthwatch Rotherham (including NHS Complaints Advocacy Service)
Name of service and Directorate	ACH&PH – Strategic Commissioning
Lead manager	Jacqueline Clark
Date of Equality Analysis (EA)	January 2019
Names of those involved in the EA (Should include at least two other people)	Jacqueline Clark – Head of Prevention Early Intervention – ACH - Rotherham MBC Joanne Bell, Strategic Commissioning Manager, RMBC
<p>Aim/Scope (who the Policy /Service affects and intended outcomes if known) See page 7 of guidance step 1</p> <p>Proposed reduction in funding for Healthwatch Rotherham which includes NHS Complaints Advocacy Service (both statutory functions)</p> <p>The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to make provision for a national Healthwatch England and for a local Healthwatch. This is a statutory service.</p> <p>Healthwatch Rotherham is expected to be the local consumer champion for patients, service users and the public, covering both health and social care for all ages. Their statutory activities should include gathering local views and making these known to providers and commissioners, monitoring and scrutinising the quality of provision of local services, and a seat on the local Health and Wellbeing Board.</p> <p>A two year contract was issued following a competitive tender process during 2017/18 with a contract value of £174,150. The contract had a tapered value for year two, with the current value of £156,735 during 2018/19. The contract has an option to extend for one year to 31 March 2020 subject to agreement on a revised contract value.</p> <p>It is proposed that the contract value is further reduced to circa £137,000 for 2019/20. This can be facilitated through</p> <ul style="list-style-type: none"> (1) a negotiated discussion with the existing provider with the option to extend on a revised contract value/service specification for the one year period. (2) a tender process with a revised service specification and contract value with the award of a 3 year contract <p>The service is statutory and therefore cannot be fully decommissioned.</p>	
<p>What equality information is available? Include any engagement undertaken and identify any information gaps you are aware of. What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics? See page 7 of guidance step 2.</p>	

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The service is open to all groups and the reduction in budget will not affect the groups the service is offered to.

The current service has links with older peoples groups and the deaf community.

It has done little work with any other groups so far but the service is open to all.

Rotherham has a steadily growing population which reached a record level of 263,400 in 2017. The population is growing as a result of natural increase (more births than deaths), net inward migration and increased life expectancy. Rotherham has 161,400 people of working age (61%). This is slightly lower than the English average. Rotherham has an ageing population whereby the number of older people is increasing fastest, and their health and social care needs place increasing pressure on care and support services. There are 51,000 people aged 65+ including 6,000 people aged 85+ whose numbers are projected to increase by a third over the next 10 years.

The population is increasingly diverse, with around one person in 10 from a minority ethnic group. The largest BME group is Pakistani and Kashmiri who numbered 7,900 in 2011. At the time of the 2011 Census, there were 13,147 people born outside the UK and living in Rotherham or 5.1% of the population, compared with 6,473 in 2001. The number has since increased further through migration, especially from Slovakia, Poland and latterly Romania.

Health in Rotherham has long been poorer than average with life expectancy below that in England as a whole, although rising. Life expectancy for males in Rotherham is 1.4 years below the national average and for females the gap is greater at 1.9 years. Health inequalities within the Borough are illustrated by the 9.5 year gap in life expectancy for men living in the most deprived areas and the least deprived, and a 7 year gap for women.

Particular health and lifestyle concerns in Rotherham are obesity, alcohol and smoking related illness, cancer smoking in pregnancy and low breastfeeding initiation. Older people in Rotherham are far more likely to be disabled and be in poor health than average. The 2011 Census showed that 56,588 (21.9%) of Rotherham's population had a long term health problem or disability and 11.3% said their day-to-day activities were limited a lot by long term conditions (8.3% nationally).

Engagement undertaken with customers. (date and group(s) consulted and key findings) See page 7 of guidance step 3

None at this stage of the process.

NHS Complaints Advocacy Service Users will generally be one time users of the service. The service is issue based and a customer uses the service to help resolve an issue/make a complaint

Healthwatch service users would generally benefit through accessing the website for information and indirectly through the work of Healthwatch in improving services through work with local Health and Social care Commissioners.

Engagement undertaken with staff about the implications on service users (date and group(s) consulted and key findings) See page 7 of guidance step 3

None done with current Healthwatch staff at this stage of the process.

Benchmarking with other authorities indicates that productivity could be increased within the existing structure, though the budget reduction will most likely have an adverse impact on the staff deployment. There is however potential to reduce the adverse impact through more effective case

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	<p>allocation and performance management within a revised staffing structure.</p> <p>The function of a Healthwatch service is to utilise volunteers to assess the equality of health and social care services. This is the case in most high performing Healthwatch organisations. The service has historically not used volunteers in this manner. There is therefore an opportunity to train and up-skill volunteers to discharge more of the core Healthwatch functions to partially off-set any staff reductions.</p>
<p style="text-align: center;">The Analysis</p>	
<p>How do you think the Service meets the needs of different communities and groups? Protected characteristics of age, disability, gender, gender identity, race, religion or belief, sexuality, Civil Partnerships and Marriage, Pregnancy and Maternity. Rotherham also includes Carers as a specific group. Other areas to note are Financial Inclusion, Fuel Poverty, and other social economic factors. This list is not exhaustive - see guidance appendix 1 and page 8 of guidance step 4</p> <p>Healthwatch hold limited data on equality and diversity but from information provided to the Council have indicated that 90% of the service users engaging with the NHS Complaints advocacy are white British</p> <p>However the service is open to all and work is undertaken to engage with underrepresented and hard to reach groups.</p>	
<p>Analysis of the actual or likely effect of the Policy or Service: See page 8 of guidance step 4 and 5</p> <p>The current service focusses on the NHS Complaints Advocacy service rather than the Healthwatch function. The balance needs to reflect the statutory functions pertaining to both elements.</p> <p>There is option to extend the contract for one year with the current provider at the reduced budget – this could mean a reduction in the staffing compliment or consideration of relocation to cheaper premises if lease agreements allow, if this cannot be agreed then a tender exercise would need to take place.</p> <p>Does your Service present any problems or barriers to communities or Group? Identify by protected characteristics Does the Service/Policy provide any improvements/remove barriers? Identify by protected characteristics</p> <p>No</p> <p>What affect will the Policy/Service have on community relations? Identify by protected characteristics</p> <p>None</p>	

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Please list any **actions and targets** by Protected Characteristic that need to be taken as a consequence of this assessment and ensure that they are added into your service plan.

Website Key Findings Summary: To meet legislative requirements a summary of the Equality Analysis needs to be completed and published.

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Equality Analysis Action Plan - See page 9 of guidance step 6 and 7

Time Period

Manager: Jacqueline Clark..... Service Area: Strategic Commissioning Tel:...01709 822358.....

Title of Equality Analysis:

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic.

List all the Actions and Equality Targets identified

Action/Target		State Protected Characteristics (A,D,RE,RoB,G,GI O, SO, PM,CPM, C or All)*	Target date (MM/YY)
Name Of Director who approved Plan		Date	

*A = Age, C= Carers D= Disability, G = Gender, GI Gender Identity, O= other groups, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage.

Website Summary – Please complete for publishing on our website and append to any reports to Elected Members, SLT or Directorate Management Teams

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Completed equality analysis	Key findings	Future actions
<div>Directorate:</div> <div>Function, policy or proposal name:.....</div> <div>.....</div> <div>Function or policy status: (new, changing or existing)</div> <div>Name of lead officer completing the assessment:</div> <div>.....</div> <div>Date of assessment:.....</div>		