

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

<p><b>Under the Equality Act 2010 Protected characteristics</b> 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</p>	
<p><b>Name of policy, service or function. If a policy, list any associated policies:</b></p>	<p>Re-Tendering of a Local Healthwatch service.</p>
<p><b>Name of service and Directorate</b></p>	<p>ACH&amp;PH – Strategic Commissioning</p>
<p><b>Lead manager</b></p>	<p>Jacqueline Clark</p>
<p><b>Date of Equality Analysis (EA)</b></p>	<p>June 2019</p>
<p><b>Names of those involved in the EA (Should include at least two other people)</b></p>	<p>Jacqueline Clark – Head of Prevention Early Intervention – ACH - Rotherham MBC Joanne Bell, Strategic Commissioning Manager, RMBC</p>
<p><b>Aim/Scope</b> (who the Policy /Service affects and intended outcomes if known) See page 7 of guidance step 1</p> <p><b>Proposed re-tender of a local Healthwatch (a statutory service)</b></p> <p>The Health and Social Care Act 2012 makes 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 3 year contract with an option for extension of up to a further 12 months is proposed to start on 1<sup>st</sup> April 2020</p> <p>Funding is proposed at £90,000 per annum.</p>	
<p><b>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.</b></p> <p>The Healthwatch Service Specification requires that the service is open to all groups it therefore can apply to the whole population. It is a major function of a local Healthwatch to ensure equal access to services, both their own service and that provided by health and social care organisations in the Borough. They must monitor the access to their service by people according to their protected characteristics and specifically target hard to reach groups in their engagement activity.</p> <p>The current provider of the Healthwatch services holds limited data on equality and</p>	

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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. The intention is to address the paucity of Equalities data with mandatory requirements in the revised service specification for regular information to be provided to the Council.

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

Healthwatch service users will 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.

In response to the Council’s budget consultation in February 2019 a number of responses pertaining to Healthwatch were received. These came via social media and through face to face events with the Council Leader/Chief Executive. All of the responses asserted opposition to the level of proposed cut to the Healthwatch budget. 45 letters were received (including one with 28 signatures) from a range of individuals and services supporting people of all ages including children and young people. The majority of the adverse

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	<p>impacts cited related to the potential loss of advocacy support and negative consequences that this would have on the wider community requiring support to make an NHS complaint.</p> <p>A detailed response was received from Healthwatch England. This provided constructive feedback with regard to expected Healthwatch functions and outlined challenges to potential organisational delivery within the financial envelope in the original proposal. The benchmarking information provided by Healthwatch England also helped inform the revision to the depth of the proposed reduction in the budget.</p>
<p><b>Engagement undertaken with staff about the implications on service users (date and group(s) consulted and key findings)</b> See page 7 of guidance step 3</p>	<p>The proposed procurement of a local Healthwatch function has no detrimental effect on service users. The service is there to support the voice of the public. An effective service will be an asset to the whole community and will involve volunteers in supporting the Service.</p>
<p>The Analysis</p>	
<p><b>How do you think the Service meets the needs of different communities and groups?</b> 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>The service is open to all and the service specification requires that a local Healthwatch engage with underrepresented and hard to reach groups, these include those with a sensory and or physical disability, ethnic minorities and carers. The role of the service is to gather the views of residents of the borough and act on their behalf to effect changes and improvements in the local provision of health and social care services. Engagement activities must reach those hard to reach groups and not discriminate against any person.</p> <p>Healthwatch currently use a range of access channels and referrals to ensure that this duty is discharged. Examples include sensory service users and engagement with the Roma Community.</p>	
<p><b>Analysis of the actual or likely effect of the Policy or Service:</b> See page 8 of guidance step 4 and 5</p> <p>The tender method statement and the service specification requires that the service fully understands its role in promoting equality and diversity. This is the context of the provision of the service and it must describe how it will monitor and evidence engagement and adherence to equality requirements. Evidence of how hard to reach groups will be accessed will also be a key factor in determining suitability.</p>	

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The revised service specification will expect the successful organisation to provide clear and robust equality monitoring data.

**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

Healthwatch is designed to remove barriers and will do this by ensuring their engagement activities reach all communities. An effective local Healthwatch will act on information gathered from local people about what is stopping them accessing services and effect the necessary change assuring health and social care services are accessible to all.

**What affect will the Policy/Service have on community relations?** Identify by protected characteristics

None

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**

**Time Period - Oct 2019 to March 2023**

**Manager:** Joanne Bell    **Service Area:** ACH&PH Strategic Commissioning    **Tel:** 01709 823942

**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)	
Ensure the revised Service Specification includes the requirement to monitor and record who is using the service and make the necessary steps to address any lack of engagement/access to the service.	A, C, D, G, RE	October 2019	
Monitor performance and take up of a the service from people with protected characteristics	A, C, D, G, RE	April 2020 to end of contract	
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.

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

<b>Completed equality analysis</b>	<b>Key findings</b>	<b>Future actions</b>
<p>Directorate: Adult Care, Housing and Public Health</p> <p>Function, policy or proposal name: Re-Procurement of a local Healthwatch Service</p> <p>Function or policy status: Changing (new, changing or existing)</p> <p>Name of lead officer completing the assessment: Joanne Bell</p> <p>Date of assessment: 21/6/19</p>	<p>The remit of the service is to collect and act upon the views and experience of the users of health and social care services to improve those services.</p> <p>Current equality data is not complete or sufficiently collected, analysed or acted on by the current provider.</p> <p>Therefore RMBC cannot be confident that the service is engaging with all client groups as it should be.</p>	<p>This data will be required to be collected, analysed and acted on in the revised Service Specification.</p>