Appendix 1b.

PART B – Equality Analysis Form

As a public authority we need to ensure that all our strategies, policies, service, and functions, both current and proposed, have considered equality and diversity.

This form:
- Can be used to prompt discussions, ensure that due regard has been given and remove or minimise disadvantage for an individual or group with a protected characteristic.
- Involves looking at what steps can be taken to advance and maximise equality as well as eliminate discrimination and negative consequences.
- Should be completed before decisions are made, this will remove the need for remedial actions.

Note – An Initial Equality Screening Assessment (Part A) should be completed prior to this form.

When completing this form consider the Equality Act 2010 protected characteristics Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups e.g. parents, single parents and guardians, carers, looked after children, unemployed and people on low incomes, ex-offenders, victims of domestic violence, homeless people etc. – see page 11 of Equality Screening and Analysis Guidance.

1. Title
Equality Analysis title: Rothercare Future Model
Date of Equality Analysis (EA):   04 July 2024

Directorate: Adult Care, Housing and Public Health	**Service area:** Provider Services, Adult Care and Integration
Lead Manager: Deborah Ramskill – Interim Head of Provider Services	**Contact:** Deborah Ramskill Deborah.Ramskill@rotherham.gov.uk

Is this a:

[ ] **Strategy / Policy**   [X] **Service / Function**   [ ] **Other**

If other, please specify

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2. Names of those involved in the Equality Analysis (Should include minimum of three people) - see page 7 of Equality Screening and Analysis Guidance		
Name	Organisation	Role (e.g. service user, managers, service specialist)
Deborah Ramskill	RMBC	Head of Provider Services
Jacqueline Clark	RMBC	Head of Prevention Early Intervention – Strategic Commissioning
Tony Sanderson	RMBC	Project Manager
Claire Green	RMBC	Programme Manager

3. What is already known? - see page 10 of Equality Screening and Analysis Guidance

Aim/Scope (who the Policy/Service affects and intended outcomes if known)
This may include a group/s identified by a protected characteristic, other groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

Rotherham's Adult Care, Housing and Public Health directorate sees the future delivery of care being around personalised outcomes and proactive and preventative services, enabled by digital intervention and technology. This aligns with the Rotherham's Adult Social Care vision to:

'Enable every resident with care and support needs to live their best lives, with the people they value, close to home and with access to the right support at the right time.'

To achieve this vision there needs to be a significant increase in the amount and types of assistive technology that is deployed to enable people to remain independent within their own home for longer and reduce pressure across the health and social care system.

Assistive technology refers to environmental and personal sensors which monitor a person's safety and well-being and voice activated technology. The types of technology in scope include standalone technology to assist people with their activities of daily living (mobility, nutrition, communication) and environmental sensors (smoke, carbon monoxide, extreme temperature, door), personal sensors (fall detectors, location trackers, medication prompts) which interface with 24/7 monitoring services to mobilise a response or, if appropriate, the emergency services.

Adult Social Care has an ambition to fully utilise the benefits and opportunities provided by assistive technology to enable individuals to live healthy, fulfilled, and independent lives within their homes.

The Council intends to:

·   Increase awareness of assistive technology and its benefits.
·   Explore new ways to support people to prevent, reduce and delay the need for formal care Expand the provision of assistive technology across formal and informal care sectors.·

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Assistive Technology has a strong evidence base demonstrating its ability to increase wellbeing, reduce more costly health and care interventions and maintain people's independence for longer. Benchmarking against other local authorities has indicated that greater investment in assistive technology delivers significant efficiencies, especially in terms of cost avoidance (LGA. 2018).

Assistive Technology links seamlessly with wider council policies and strategies:

The Rotherham Council Plan 2022-25[1]

One of the four guiding principles in The Rotherham Council Plan 2022-25, is a focus on prevention and to intervene early to prevent problems from worsening. Under our theme *'people are safe, healthy and live well,'* our aim is for everyone to live independently, safely and healthily in their community for as long as possible – and to work with our partners to achieve this.

The Rotherham Joint Health and Wellbeing Strategy 2025[2]

The strategy includes 4 aims including:
'All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life' and *'all Rotherham people live well for longer.'*
One of the underlying principles is to 'prevent physical and mental ill health as a primary aim; but where there is already an issue, services intervene early to maximise impact.'

Rotherham Adult Social Care Strategy 2024-2027[3]

Types of support can include access to preventative services including assistive technology, aids and adaptations, provision of information and advice, targeted support for unpaid carers, short-term intensive support through our enablement services or more long-term support such as home care, access to day opportunities or care provided in care and nursing homes

Digitalisation of the Rothercare Service [4]

The increase in assistive technology provision over the years has increased the number of connections and calls to Rothercare. This has resulted in increased service activity with greater levels of complexity and involvement leading to a delivery pressure across the current Rothercare service.

[1] Council Plan 2022-25 – Rotherham Metropolitan Borough Council
[2] Rotherham Joint Health and Wellbeing Strategy 2025
[3] Rotherham Adult Social Care Strategy 2024-2027
[4] Digitalisation of the Rothercare Service

Rothercare Community Alarm Service

The Rothercare service is available 24 hours a day, 365 days a year and referrals to the service are processed through the Council's Adult Social Care Customer Contact Team. At present circa 5,600 households have the Rothercare community alarm installed and around 1,200 customers join the service each year with a service growth of around 3% per annum.

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Customers accessing the service do not require assessed eligible need under the Care Act 2014.

Approach

A service review has been carried out and we are looking at a revised model. The Council's assistive technology offer is delivered by an in-house dedicated service branded as Rothercare. This is currently an 'end to end' service which manages referrals, installation of equipment, monitoring and responding to alerts. The service also procures all technical aspects including the hardware/software (alarm receiving centre, box/pendant, licences, and peripheral technology).

Whilst the service is intrinsic to a strength-based approach in supporting people towards independent living, the service is only partially successful. A recent review of the service has identified opportunities to address operational challenges and remodel the assistive technology offer to optimise success and cost avoidance.

The service is available 24 hours a day, 365 days a year and referrals to the service are processed through the Council's Adult Social Care Customer Contact Team. At present circa 5,600 households have the Rothercare community alarm installed and around 1,200 customers join the service each year with an attrition rate of approximately 900 customers per annum. Customers accessing the service do not require assessed eligible need under the Care Act 2014.

Subject to Cabinet approval, Rothercare will continue to deliver the referral/triage/monitoring and response service whilst the assistive technology elements (assessment, installation, recycling, disposal and maintenance and procurement of assistive technology equipment) are delivered by a technology partner.

This analysis builds on a previous assessment which focussed on a formal 90-days public consultation in 2023 which gathered feedback on Rothercare, including the digitalisation of the service which is driven by a national requirement to replace the Public Switch Telephone Network (PSTN) with a fully digital infrastructure and network in all Alarm Receiving Centres.

What equality information is available? (Include any engagement undertaken)

Rothercare Community Alarm Service

There data recorded by the service in relation to protected characteristics is as follows:

Of 7,631 adults recorded on the Jontek system as of 09 July 2024, the following information is available:

- 1,460 (19%) of customers are aged between 18-64 years and 6171 (81%) customers are aged 65 and over.
- 4,625 (61%) of customers are female and 2916 (38%) are male.

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The Rothercare service is available to all adult residents of Rotherham, regardless of tenure type, age, or level of disability/frailty. However, the majority of customers receive the service qualify under VAT exemption eligibility as they are declared disabled.

Demand for adult social care services in Rotherham has increased significantly since 2021 with overall customer numbers increasing by 11%, with older adult services, such as home care and residential care, increasing the most. The use of assistive technology is identified as a way of managing demand on higher cost interventions and providing valuable support to customers. Assistive Technology can reduce dependence on formal care by supporting the avoidance of premature admission to care homes, reducing the amount of home care required and galvanises a strength based approach to care. This will realise an anticipatory model of care by utilising non-intrusive devices to prevent the deterioration in people's needs living at home or within supported environments. As such, this type of technology contributes to efficient use of resources across health and social care services.

An assessment of the support needs of the Rotherham population has been undertaken.

The majority of the customers receiving the Rothercare service are over the age of 65. Published data indicates the population aged 65 and over in Rotherham is estimated at 55,400 in 2023, this is predicted to increase by 3.2% to 57,100 by 2025 and by 11.5% to 61,800 by 2030. (Projecting Older People Population Information -POPPI June 2023).

Support needs

In 2023 it was estimated that the number of people aged 65 and over who need help with at least one self-care activity, was 15,788. This number is expected to increase by 3.4% to 16,354 by 2025 and by 13.5% to 17,867 by the year 2030 (POPPI May 2023).

People receiving service:

There are approximately 2,126 older people receiving service (June 2023). Based on Office of National Statistics - ONS projections this number is predicted to rise by 9.8% to 2,210 people by the year 2027.

The primary need for people aged 65 and over in residential/nursing care homes are:

- ·   66.1% Physical support,
- ·   22.0% Support with memory and cognition,
- ·   9.5% Mental health support,
- ·   2.3% Learning disability support,
- ·   1.0% Sensory support and
- ·   1.1% Social support.

The age of older people being admitted into care homes is also slowly increasing from an average of 83 years in 2015/16 to 85 years in 2018/19. In 2022/23 the average age for admission into a care home has decreased slightly to 84 years.

In March 2023, there are 2,260 older people (aged 65 years and over) registered with GP practices in Rotherham who have received a dementia diagnosis (Source: NHS Digital)

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The Council currently supports 411 older people who have a primary need of memory/cognition and who may be diagnosed with dementia (Source: Insight). According to ONS data this number is expected to increase by 23% over the next 10 years to 480 older people. Of the 411 older people currently receiving service the majority (315 or 77%) are living in a care home indicating more needs to be done to support people to remain in the community.

Learning Disability & Autism

The population of people living with a primary need of a learning disability in Rotherham was estimated to be 5222 in 2023. This number is predicted to increase by approximately 100 people every 5 years, with an overall increase of 5% by 2032.

The population of people predicted to have Autism Spectrum Disorders (ASD) in Rotherham in 2023, is 1553 people aged 18-64 and 514 people aged 65 and over. By 2030 the overall number will increase, this is expected to be driven by an increase in the number of older autistic people receiving a diagnosis as the number of younger autistic people remains static.

There are approximately 753 people with a primary need of a learning disability receiving a service (June 2023). Based on ONS predictions, this number will remain relatively static over the next 10 years.

Mental ill-health

The Council currently supports 357 people who have a primary need of mental health. 214 of which are aged 64 and under. This indicates an approximate 9% increase since January 2022. A review of the care and support provision for people experiencing mental ill health in Rotherham was undertaken in 2020 and this indicated that the market in Rotherham was undeveloped and reliant there was a reliance on the residential care model.

Physical Disability

Rotherham has a high rate per 100,000 population of 18-64 Physical Disability customers at 274.5, for the Yorkshire and Humber Region as a whole this figure is 217.7. Neighbouring authorities of Barnsley (145.0) and Doncaster (226.3) Sheffield (204.5) have significantly lower rates (ref: Short And Long Term - SALT Return 15/16). Rotherham's current figure is 270.02. Currently there are 431 people (age 18-64) with a primary need of physical disability accessing services.

Unpaid Carers

In Rotherham, there is a predicted 31,500 unpaid carers, meaning at least 12% of people living in Rotherham fulfil an unpaid caring role. As Rotherham's ageing population increases, it is predicted that more people will identify as an unpaid carer. Additionally, findings from Carers UK July 2021 suggest there has been a large increase in new carers since the start of the pandemic.

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Consultation

In relation to Rotherham residents, the 90-day public consultation was accessible borough-wide in a range of formats, including online, public drop-in sessions and home visits for those who are most isolated. The consultation breadth covered all age ranges aged 18+ and included representation from people within the full range of protected characteristics. The consultation included the availability of an online questionnaire, with paper version available.

This was also promoted through Libraries and Neighbourhood Hubs, with assistance to complete online forms. A series of drop-in sessions were attended across the borough by customers of Rothercare, family carers and members of the public. Individual letters were sent to all current Rothercare customers and home visits were offered to support some customers. The consultation was widely promoted via social media channels, poster and banner campaigns and public events such as The Rotherham Show 121 people participated in total during the 90 days.

Support of our strategic approach and service delivery in relation to digitalisation was determined from the consultation. Feedback from people regarding the service and how it should be developed for the future, in response to the national digital agenda was received and has informed a proposed model.

The need for additional consultation has been identified and events such as the Rotherham Show have been planned to promote Rothercare reach out to the wider community for their views and opinions.   Additional consultation has also been identified within the action plan.

How will you ensure this work helps to reduce health inequalities and / or digital exclusion?

Through assistive technology, inequality can be significantly reduced by enabling persons with a disability to participate in all areas of life. With assistive technology, there will be more accessible access to communities and transport systems for all people, especially those with disabilities.

Research tells us that amongst the groups most affected by digital exclusion are disabled people and people with limiting health conditions, older people, people who face severe and multiple disadvantages (e.g., mental ill health).

17% of over 65-year-olds said they lacked a suitable device to download a Covid-19 contract tracing app (Health Foundation 2020). 66% of all adults had never used the internet or apps to manage their health before the Covid-19 pandemic (Lloyds 2020). People facing digital exclusion experienced more loneliness and isolation during lockdown (British Red Cross 2021).

People without digital skills are the group already most likely to experience health inequalities. The pandemic has accelerated the use of digital technology, but also exacerbated digital exclusion and the digital divide.

RMBC have invested in areas to support digital inclusion such as Rotherham Digital, whose focus is Digital Inclusion. Our client groups include individuals who will fall into groups

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traditionally most affected by digital exclusion, and who do not have the access, skills and confidence to benefit fully from digital technology in everyday life.

Of 2,297 individuals receiving a service from Rotherham Sight and Sound: 993 are hearing impaired, 1,345 visually impaired, 11 dual sensory loss.

Targeted intervention will be undertaken with groups who are:

- Older people.
- Unpaid carers.
- Digitally excluded.
- Living with disabilities.
- Experiencing barriers to digital inclusion due to disability/language/deprivation/education.
- Belonging to communities of interest.

Work to explore digital inclusion with partners such as Rotherham Digital and Ability Net will break down barriers and improve the quality of life of people who are unable to exploit technology or the internet.

Are there any gaps in the information that you are aware of?

Data relating to some protected characteristics is not available for customers of staff, including Gender Reassignment, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity and other socio-economic groups.

Where gaps have been identified these gaps have been captured within the action plan. At a service level work will be undertaken to understand how data can be collated in core systems to further evidence the requirements of its client base.

What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?

Impact according to protected characteristics will continue to be monitored through data available on the Council's systems for customers and staff, including:

- Information collected as part of the referral process and service reviews.
- Data regarding customers is captured on the Rothercare Jontek Alarm Receiving Centre (ARC) system.
- Monthly performance data and highlight reports are completed.
- Customer surveys are carried out to gather customer feedback on service quality.
- If approved for a new service delivery model, the new provider would provide additional demographic insights that currently remain unexplored.

Engagement undertaken with customers (date and group(s)	A 90-day public consultation took place between 5 August 2023 and 13 November 2023. A summary of the responses:

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consulted and key findings)	**What would people like from the Rothercare service in the future?** Many respondents who are residing in designated Council properties would prefer to have individual choice of whether they require a service from Rothercare rather than the current mandatory charge being applicable to their property irrespective of whether they use the service. Most respondents who are required to have a landline solely to enable the use of Rothercare are unhappy with this and would welcome a digital/Wi-Fi offer. **Would people like RMBC to continue providing the Rothercare?** 88%, people responded that they would like the Council to continue providing the service. Almost 25% of respondents said that they would not know what to do in an emergency if Rothercare was not available. **What is the most important principle of the service?** Of those that responded, support to enable people to live independently in their own homes was considered the most important, followed by customer choice around having the service and the level and type of support received. **What are the main benefits of the Rothercare service?** 40% of respondents considered that the main benefit is the reassurance that someone will be there to help in the event of an emergency. Other recognised benefits included: • Someone being able to help if people are ill or have a fall or injury. • Peace of mind for carers, family, and friends. • People feeling safe in their own homes. • Respondents commented that they would like a new service to provide virtual support via a video link, provide specific carer support and offer daily welfare-calls. **Value for money** 84% of respondents said that the Rothercare service provides value for money. **How much would people be willing to pay for the service?** Most respondents were generally satisfied with the current cost of the service with the majority not opposed to a reasonable increase in cost. Respondents who pay the Rothercare mandatory charge and don't want the service were very unhappy that they must pay for services they do not require.

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	Charging for Rothercare in the future Respondents were clear that the service should be choice based and only people who require a service should have to pay for it. **Overall consultation opinion** The golden thread throughout responses was that Rothercare provides an excellent service which is respected and valued, giving peace of mind and reassurance to support people to live independently in their own homes across the borough. People also commented that the service provides excellent value for money. See the Cabinet Report from 22 January 2024 for further details. **Weekly Service Charge:** The weekly charge for the Rothercare service (2024-25) is £3.50 per week (excluding VAT). The service costs and associated charge to customers have not been revised for an extensive period. Additional services costs are as a result of the UK's telecom infrastructure upgrade. The current charge is insufficient to cover the costs of the sim cards (a component of digital boxes) which are a requirement to connect and operate the service. It is proposed that the weekly charge will increase from the current weekly charge of £3.50 to £4.50 excluding VAT (2025/26) for a 12 month period. The proposed increase of the weekly charge to £4.50/week will not address the rising service cost entirely and it is proposed to subsidise the service to keep the financial impact to individuals to a minimum to avoid the exclusion of customers who require the service. A transitional increase in the weekly charge (in addition to inflation increase) will be applied in consequent years which will be an important step to sustain this critical service and balance income and expenditure without a need for further subsidy.
Engagement undertaken with staff (date and group(s)consulted and key findings)	Two workshops have been facilitated to engage the wider adult care and integration workforce during the review, as follows: | Event Details	Date	Target Audience
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Workshop – Town Hall	29 May 2024	Heads of Service, Provider Services, industry experts, Commissioners, Occupational Therapists.
Workshop – Riverside House	1 July 2024	Principal Social Worker and Head of Professional Practice, Commissioners, Occupational Therapists, Performance, Finance.	

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<td>In addition, engagement has taken place with senior managers within the service. Outcomes from the co-production events have been reviewed and no explicit objections to the hybrid model were presented. Queries raised on process and handoffs have been captured and will be addressed as part of the procurement exercise. Further co production events will be undertaken to refine the contract specification, if approved.

Further customer engagement events have been planned, including the Rotherham Show on the 7th and 8th September 2024 to understand people's views. People engaged will not all be current Rothercare customers so we will be able to understand any future needs for the service.

Feedback from these events will further inform service decisions and allow valuable insights into service delivery.</td>
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4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)
How does the Policy/Service meet the needs of different communities and groups? (Protected characteristics of Age, Disability, Sex, Gender Reassignment, Race, Religion or Belief, Sexual Orientation, Civil Partnerships and Marriage, Pregnancy and Maternity) - see glossary on page 14 of the Equality Screening and Analysis Guidance) The new model has been designed to ensure Rothercare has the capacity to fulfil its core function to provide a responsive community alarm service to vulnerable people in Rotherham. Allowing an external partner to deliver assistive technology will ensure more people receive the most effective and personalised solutions for them and keep them independent in their own home and community for longer. Assistive Technology (AT) and the delivery of AT will equally meet the needs of the different communities and groups. Specialist assessment and access to advancing technology will meet the needs of people. Combined, the model will maximise people's independence by preventing, reducing, or delaying the need for statutory care and support. In 2026 Rothercare will undertake a procurement exercise to procure an Alarm Receiving Centre (ARC). Within the specification for the ARC, wider consideration will be given to how data can be captured, and analysis can be undertaken to ensure that communities are not underrepresented. The new model will include the identification of the types of technology required and will include an assessment of protected characteristics of individual customers. This will

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support an equality analysis of the service to be undertaken to identify where unintentional discrimination has occurred.

Does your Policy/Service present any problems or barriers to communities or Groups?

The service is available to all Rotherham residents, including groups such as partially sighted, hard of hearing, learning disabilities and ethnic minorities.

SMS messaging can be utilised to ensure that customers who are hard of hearing can be communicated with in the event of an alarm activation.

Digital inclusion will be considered, and support mechanism developed in line with the external provider, Ability Net, Rothercare and Rotherham Digital.

Does the Service/Policy provide any positive impact/s including improvements or remove barriers?

Changes to how the service is delivered will impact positively, the new model will:
- Improve the Council's personalisation offer by ensuring people receive the right support that helps them live independently and stay connected to their communities.
- Strengthen the Council's prevention offer by proactively delivering personalised care and support through digital intervention and technology.
- Supports the Council to broaden its digital offer, to maximise people's independence.
- Introduces expertise, resource, and capacity to provide people with bespoke, digital solutions to meet needs.
- Improve access to supply and ensures fast deployment of equipment.
- Improve the quality of life of unpaid carers by providing peace of mind.
- Allows people to utilise technology, and so start breaking down the digital divide.

What affect will the Policy/Service have on community relations?

It is anticipated that the proposal will have a positive impact on the boroughwide community and the relationship with the Council as it demonstrates commitment to the future of this service which is respected and valued.

The model is modern and in line with the national digital agenda; it has been designed on feedback gathered from the community, including people that use the service and it is hoped that informed changes to delivery will be recognised by the community.

All the current outdated analogue equipment is being upgraded with digital equipment to all current Rothercare customers. New technologies will be made available by the external provider, which will broaden the client groups, which in turn will benefit from assistive technology.

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Please list any **actions and targets** that need to be taken as a consequence of this assessment on the action plan below and ensure that they are added into your service plan for monitoring purposes – see page 12 of the Equality Screening and Analysis Guidance.

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5. Summary of findings and Equality Analysis Action Plan

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 - See page 11 of the Equality Screening and Analysis guidance.

Title of analysis:	
Rothercare Future Model	
Directorate and service area:	
Adult Care, Housing and Public Health.	
Lead Manager:	
Deborah Ramskill, Interim Head of Provider Services, ACHPH	
Summary of findings:	
The equality analysis has been completed to ensure that people who use the services of Rothercare, their families and carers can fully access the service and it is inclusive to all irrespective of protected characteristics. This provides the benefits of independent living, personal assurance and safety and supports health and wellbeing.	

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Ensure that further consultation and engagement outcomes are reported in a clear, representative, and balanced form.	A, D, C	December 2024
Establish a system to record protected characteristics of people using the Rothercare service.	A, D, C	December 2024
Ensure that the information captured above is used to develop the service and ensure it is inclusive.	A, D, C	January 2025
Work is undertaken by Rothercare to mitigate any gaps in recording peoples characteristics	A,D,C,O	January 2025

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Implement a transitional increase in the weekly charge and utilise subsidy to assuage negative financial impact and monitor the impact of the increase in to prevent exclusion of people who may require the service.	A,D,S,RE,C,O	March 2027
Work is undertaken by Rothercare to undertake engagement events with hard to reach community groups	A,D,S,RE,SO,C,O	February 2025

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

6. Governance, ownership and approval

Please state those that have approved the Equality Analysis. Approval should be obtained by the Director and approval sought from DLT and the relevant Cabinet Member.

Name	Job title	Date
DLT	Adult Care, Housing and Public Health DLT	09 July 2024
Cllr Baker-Rogers	Cabinet Member for Adult Social Care & Health	9 September 2024
Ian Spicer	Strategic Director, Adult Care, Housing & Public Health	6 September 2024

7. Publishing

The Equality Analysis will act as evidence that due regard to equality and diversity has been given.
If this Equality Analysis relates to a **Cabinet, key delegated officer decision, Council, other committee or a significant operational decision** a copy of the completed document should be attached as an appendix and published alongside the relevant report.
A copy should also be sent to equality@rotherham.gov.uk For record keeping purposes it will be kept on file and also published on the Council's Equality and Diversity Internet page.

Date Equality Analysis completed	16/08/2024
Report title and date	Future Rothercare Model
Date report sent for publication	16 September 2024

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Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	16 August 2024

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