Appendix 4.

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 given proper consideration to 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: Endorsement of the Health and Wellbeing Strategy 2025	
Date of Equality Analysis (EA): 21/04/25	
Directorate: Adults, Housing and Public Health	**Service area:** Public Health
Lead Manager: Alex Hawley	**Contact number:** 01709 255846
Is this a: [X] **Strategy / Policy** [ ] **Service / Function** [ ] **Other** **If other, please specify**	

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 (eg service user, managers, service specialist)**
Alex Hawley	Rotherham Metropolitan Borough Council / Rotherham NHS Foundation Trust	Acting Director in Public Health
Oscar Holden	Rotherham Metropolitan Borough Council	Corporate Improvement Officer
Sunday Alonge	Rotherham Metropolitan Borough Council	Policy Officer

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, others groups or stakeholder/s e.g. service users, employees, partners, members, suppliers etc.)

The new Health and Wellbeing is an important document that sets out how the Health and Wellbeing Board will coordinate with partner organisations across the Borough to deliver better health outcomes for residents. The strategy enables the board to effectively work in partnership to commission and deliver services to realise these aims.

This strategy provides the medium-term basis for board aims, priorities, meting structure, engagement and monitoring and reporting structure that ensures accountability to the wider organisation and across the range of partner organisations that make up the board.

To inform the strategic priorities and direction of the strategy a series of public and stakeholder consultation and engagement exercises took place from September to December 2024 to seek the views of Rotherham residents and other local stakeholders. Residents were asked several questions around the existing Health and Wellbeing Strategy and how it could change to promote and maintain good health in Rotherham. In addition, stakeholder organisations have been consulted about the effectiveness and focus of the strategy in supporting and enabling the delivery of services in the borough. More detail of the consultation is available in Appendix 2.

The Health and Wellbeing Strategy for the period 2025-2030 will be considered for endorsement by Elected Members at the Cabinet meeting in September 2025.

The new strategy is focussed around four key aims, which are designed to improve the health outcomes of every resident in the borough. This means focussing extra attention where it is needed, ensuring that everyone can achieve their potential. The aims of the strategy are:

- Enable all **children and young people** up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives.
- Support the people of Rotherham to live in good and improving **physical health** throughout their lives, accessing and shaping the services and resources they need to be able to do so.
- Support the people of Rotherham to live in good and improving **mental health** throughout their lives, accessing and shaping the services and resources they need to be able to do so.
- Sustain an environment where detrimental impacts from **commercial and wider determinants of health** are reduced, and opportunities for healthier living are nurtured.

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

A mix of contextual equalities information, such as from the 2021 National Census and Joint Strategic Needs Assessment (JSNA), and public and stakeholder consultation on the Health and Wellbeing Strategy is provided here alongside other suitable sources.

Population and Health and Wellbeing

- 19.6% of the Rotherham population and around 52,228 residents are over 65 years old which is just above the national average, the older population of Rotherham is attributed to having less adults in the 18-25 category as this group typically leave Rotherham for either education or job opportunities. This proportion of the population aged 65 or over is forecast to increase further to around 21% by 2026, with a particularly large increase in the number of people aged over 75.
- The 2021 Census recorded Rotherham as having 56,177 residents with a long-term health problem or disability with 9.8% responding that this limits their activity a lot, above the England average of 7.3%. There was an overall decrease in people with a disability from 12% in 2011 to 9.9% in 2021, but despite this health inequality remains.
- Life expectancy in the most deprived areas of Rotherham is 9.9 years lower for men and 9.5 years lower for women than in the least deprived. Gaps in healthy life expectancy are greater at over 18 years for men and nearly 20 years for women.
- The healthy life expectancy at birth, 2018-2020, in Rotherham is 56.5 years for a female, significantly lower than the England average of 63.9. For a male this is 58.7 years for a male, significantly lower than the England average of 63.1.
- Smoking is still the primary cause of morbidity and early mortality. Although smoking rates remain high (14%), every year more people are successfully quitting
- Despite an increase in physical activity rates to 64% of adults in 2021, conditions such as stroke, heart disease and hypertension remain higher than regional and national comparators
- 40% of 11-year-old children and 72% of adults are overweight or obese
- Adult community substance and alcohol services can support more people and now reach 950 people per year
- Around 800 people engage in problem gambling, and around 3,200 in moderate risk gambling.

Economy

- 22% of Rotherham residents live within the 10% most deprived areas of England and the borough is amongst the 14% most deprived local authority areas in England. 11,904 children were living in “absolute poverty” (DWP, 2022/23).
- According to the Office of National Statistics Annual Survey of Hours and Earnings in 2024, Rotherham women’s gross full-time earnings averaged £570 per week, which equates to 79.6% of men’s full-time earnings locally and 84.7% of women’s full-time earnings nationally.
- On the Index of Multiple Deprivation 2019 (IMD 2019) Rotherham ranks as the 35th most deprived upper tier local authority in England out of a total of 151 authorities.
- In all, 59 Rotherham neighbourhoods (Lower Super Output Areas or LSOAs) rank among the 20% most deprived in England and 36 LSOAs are in the top 10% most deprived

Socioeconomic

- 13,200 Rotherham residents were experiencing long-term sickness between October 2022- September 2023. The recent release of the January-December 2023 data shows that this has increased to 16,100 residents.
- As of January 2024, Rotherham’s Job Seekers Allowance/Universal Credit claimant count (as a proportion of residents aged 16-64) was 4.3%. Although this is lower than the count in January 2021 (6.9%), it has still not returned to the pre-Covid level of 3.6% seen in January 2020.
- Currently, there over 3,700 individuals in Rotherham who are accessing adult social care. Approximately 47% of these people are aged 75 years or older, and around 57% are female. The primary support reason for more than half of users is for 'physical support’.
- The 2021 census shows that over 23,000 people, around 10% of the population, provide some amount of unpaid care. 12,785 people, around 5% of the population, provide over 35 hours of unpaid care per week. Central areas of Rotherham, among some of the more deprived areas of the borough, have the highest proportion of claimants of carers allowance and disability-related benefits.
- Inclusion health is a new profile for the JSNA and covers a range of groups that experience health inequalities, including people in contact with the criminal justice system, vulnerable migrants and refugees, and people experiencing homelessness. For the financial year 2022/23, there were 1,236 households in Rotherham assessed as being owed a prevention or relief duty for homelessness (Department for Levelling Up, Housing and Communities, 2023). Of this, 428 household were assessed as being threatened with homelessness within 56 days, with a homelessness prevention duty being owed as a result.

Children and Young People

- The percentage of eligible 2-year-olds in Rotherham taking up an Early Education place continues to rise, with 89% taking up a place in academic year 22/23. Take-up of early education has a positive impact on outcomes for children and is a priority for the local authority.
- Using data from the Spring School Census in 2024, 4.6% of Rotherham school pupils had a reported Education, Health and Care Plan, which is 0.8% higher than Rotherham's statistical neighbours (3.8%) and slightly above the national average (4.2%). Speech and Language and Social, Emotional and Mental Health needs,

remain the highest identified primary need across all pupils with Special Educational Needs and Disabilities (SEND).

- Data on the rate of children who have been referred to social care (per 10,000 children in each area) and are on a child protection plan shows a continued safe and steady decline. Low child protection rates are good. Rotherham has seen a reduction from a peak in 2017 of 114.3 to 70 at the end of March 2023.
- Data on the rate of young people aged 10-17 years old (per 10,000 young people aged 10-17 in each area) who enter the youth justice system and consequently re-offend shows a decline from the previous reported year (11) and is lower than all comparators.
- Children Centre engagement rates increased between 2015/16 and 2019/20 from 63% to 75%, however due to Covid 19 restrictions they fell to 69% in 2021/22 but have now increased to 73% in 2022/23.
- The prevalence of depression has risen to 17% in 2022, and 25% of school children report issues with mental wellbeing.

Consultation Findings
The consultation mainly focussed on the views of aim sponsors with elements of prior consultations done with members of the public over the course of the current Health and Wellbeing Board's lifespan (2020-2025) incorporated into its evidence base.

Key themes of discussion from Aim Sponsor consultation included:

- Establishing visibility of the board.
- Defining ownership across partnership boundaries and a complex working system.
- Ensuring effectiveness and measuring how the board understands its success.
- The mechanics of the action plan and how the core activities will be driven within it.
- Challenging the board to achieve more.
- Emphasising the importance of avoiding passivity on core issues.

Key feedback collated from previous consultation relevant to equality, diversity and inclusion includes:

- The need for culturally competent care particularly regarding end-of-life support and women's health.
- Accounting for language and communication as there is a need for more information in plain English, to facilitate the securing interpreters (including British Sign Language) for healthcare appointments.
- The need for reasonable adjustments for people with autism spectrum disorder or learning disorders.
- The need to make efforts to include the digitally excluded.
- The role of the board in tackling stigma and discrimination and support more recognition for issues such as substance misuse issues, mental health issues, obesity, and unpaid carers.

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

Consultation Profile
Over the consultation period for this new Health and Wellbeing Strategy an emphasis has been placed on consulting lead officers, sponsors and groups associated with the Health and Wellbeing Board. This has resulted in a limited series of engagement being conducted

with the public. Instead, previous consultations carried out with Rotherham residents under the incumbent Health and Wellbeing Strategy have been utilised for key themes and qualitative data. This approach has been chosen due to the nature of the Board, with its position as a convening body for the Borough that encourages a collaborative approach to health and wellbeing for existing organisations. This more strategic role necessitates more input from medical and health experts and sector leaders than residents as this level of consultation is conducted on an individual organisation level to inform operational decisions. This does, however, leave the consultation without the direct contributions of residents. This will be mitigated by the annual monitoring and reporting process of the board which refers to both quantitative and qualitative outcome reporting on resident data when reporting on progress.

Protected Characteristic Focus Groups
A lack of resident consultation corresponds with there being no input from residents with protected characteristics to entirely represent the equality impacts of the strategy. These groups have not directly contributed to the strategy but are concretely considered throughout. The nature of the strategy ensures that groups with protected characteristics are considered as the betterment of the health and wellbeing outcomes of all residents are crucial to the core purpose of the Health and Wellbeing Board.

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

The Health and Wellbeing Board meetings are usually held six times annually over two to three hours. The agenda for each of these meetings are usually made up of aim sponsors bringing progress updates relevant to their areas that will reference the impact on the health and wellbeing outcomes pf their work on the communities and/or groups being targeted. The meetings also contain standing items that usual have a similar format or feed into another partnership board for the Borough, this ensures that each of the boards are effectively covering our duties are provide the desired level of support for residents.

Progress is reported externally through the Annual Reports that are produced by the Corporate Policy, Performance and Intelligence Service. These report on progress under all four of the strategy aims and monitor the level of impact this progress has on residents including communities and groups depending on their protected characteristics.

The Health and Wellbeing Board reports into the Rotherham Together Partnership which ensures that the impact of board progress and impact on groups with protected characteristics can be effectively monitored externally from the board.

Engagement undertaken with customers. (date and group(s) consulted and key findings)	No new customer engagement has been conducted for this strategy, instead existing relevant consultation held under the previous Health and Wellbeing Strategy has been consulted to gauge resident opinion and needs. Further engagement will largely be carried out by partner organisations and relevant council services when delivering operational services to residents under

	the new strategy to inform Board meetings and future direction setting. The previous consultations utilised include: • Rotherham Maternity and Neonatal Voices Partnership Annual Report (2023-24) • Engagement sessions with BAME women overview report (2023) • SYICS engagement (2022) • Healthwatch transport report (2024) • Healthwatch LD & ASD report (2024) • Rotherham Show (2024) • SY Insights (Healthwatch, 2023/24)
Engagement undertaken with staff (date and group(s)consulted and key findings)	The aims, key themes, and ways of working for the new Strategy were discussed at length at the March 2025 Health and Wellbeing Board. The basis for suggestions were taken from the previous Strategy with the resident consultation findings mentioned above considered. The key themes from this discussion were as follows: • More Board visibility externally. • Increasing understanding of ownership across partnership boundaries/ and easing the complexity of systems working. • Improving the effectiveness of our understanding how do we know if we are succeeding for residents. • Clarifying the mechanics of the action plan to driving the activity. • Challenge health inequalities for directly. • Avoiding passivity in decision making and direction setting. • A strong emphasis on prevention. • Strengthening population and patient resilience • Tackling health inequality and provide help to those that need it most. • Strengthening and making the most of community assets. • Strengthening joined-up approaches. • Tackling difficult challenges. • Taking joint responsibility across the system. • A visible strategy that enables and empowers. A further discussion will take place with ‘system leaders’ for Health and Wellbeing in Rotherham in early June 2025 to decide the new priorities for the new Strategy. All lead officers both internal and external in working for partner organisations who are working

	under the current plan have been consulted to suggest priorities to then be selected from via a nominal approach methods by system leaders.

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 mission of the Health and Wellbeing strategy is to enhance and support the good health and wellbeing of our residents by empowering individuals and communities, building resilience, providing access to resources and opportunities, and tackling health inequalities.

To do this, the Health and Wellbeing Strategy 2025-30 sets out the following four key aims:

1. Enable all **children and young people** up to age 25 to have the best start in life, maximise their capabilities and have influence and control over their lives.
2. Support the people of Rotherham to live in good and improving **physical health** throughout their lives, accessing and shaping the services and resources they need to be able to do so.
3. Support the people of Rotherham to live in good and improving **mental health** throughout their lives, accessing and shaping the services and resources they need to be able to do so.
4. Sustain an environment where detrimental impacts from **commercial and wider determinants of health** are reduced, and opportunities for healthier living are nurtured.

These four aims are designed to support the most vulnerable of Rotherham residents to support improvements in their health and wellbeing outcomes. By specifically addressing improvements to physical health and children and young people the strategy looks to simultaneously promote activity that supports these groups whilst also promoting better support for all through the mental health and commercial and wider determinants of heath activities.

Children and young people
Activities under this aim are specifically supporting children living in poor health, this means supporting workstreams that support children living in or at risk of absolute poverty who suffer from reduced access to health services and reduced outcomes.

All council services will monitor equality implications related to services supporting children and young people. The board will assure that all partner organisations fulfil sufficient equalities analysis and that these are reported back to the board.

Physical health
The physical health aim applies to all residents in the Borough and includes people of all ages. This will encourage residents that below to specific groups with protected characteristics and ensuring access to services is extended equally.

All council services will monitor equality implications related to services supporting children and young people. The board will assure that all partner organisations fulfil sufficient equalities analysis and that these are reported back to the board.

Mental health
The mental health aim applies to all residents in the Borough and includes people of all ages. This will encourage residents that below to specific groups with protected characteristics and ensuring access to services is extended equally.

All council services will monitor equality implications related to services supporting children and young people. The board will assure that all partner organisations fulfil sufficient equalities analysis and that these are reported back to the board.

Commercial and wider determinants of health
This aim will influence the ways in which the council and other partner organisations that contribute to the Health and Wellbeing Board influence the commercial influence over health and legislation, policy and information available for residents. As such the impacts upon wider health are difficult to quantify. There is also an overlap with the Rotherham Social Value Policy which also monitors the impact upon specific groups in keeping with the council's values.

All council services will monitor equality implications related to services supporting children and young people. The board will assure that all partner organisations fulfil sufficient equalities analysis and that these are reported back to the board.

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

Given the core aim of the strategy is to reduce the health inequalities that exist across the Borough and to improve health outcomes for Rotherham residents which a particular focus on those experiencing the worst health outcomes, this strategy is not expected to present any problems or barriers to communities or groups.

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

As previously mentioned, the core aim of the strategy and purpose of the board are to improve health outcomes to the borough. This commitment is set out in strategy and embedded in its priorities, its aims and the Board's ways of working. It will impact some but not all of the protected characteristic groups.

Age
The strategy is aiming to improve the health outcomes for young people and children through its core aim that specifically addresses those with poor health opportunities and

access to services. Having identified the number of children and young people in poverty solutions for improvement will be specifically tailored to this group.

The strategy identifies the need to support the older members of the community in Rotherham, with this being a larger proportion of the population than the national average. This will be done through the physical and mental health aims.

Disability
Disabled residents in Rotherham will be supported through specific initiatives that utilises the council's strengths-based approach and looks to further improve the wrap around support given to improve health outcomes for this group. The strategy will continue and look to create several new programmes and initiatives to support this group.

Gender Reassignment
This group is not specifically targeted in the strategy but will benefit from the overall health improvements that are targeted for the population over the next five years.

Marriage and Civil partnership
This group is not specifically targeted in the strategy but will benefit from the overall health improvements that are targeted for the population over the next five years.

Pregnancy and Maternity
Residents falling into this group will be heavily targeted for further support and improved outcomes by this strategy. The Previous Health and Wellbeing Strategy introduced Baby Packs to support all new mothers which will be continued and several initiative and new schemes will be introduced due to the emphasis this strategy places on improving outcomes in the first 100 days of life.

Race
Ethnic minority communities are not specifically targeted in the strategy will benefit from the overall health improvements that are targeted for the population over the next five years.

Religion or Belief
Religious communities are not specifically targeted in the strategy will benefit from the overall health improvements that are targeted for the population over the next five years.

Sex
Specific initiatives that support women and girls from health and wellbeing threats and challenges such as violence and menstrual problems will be continued and introduced under this strategy that further improve the support for members of this group.

Sexual orientation
Religious communities are not specifically targeted in the strategy will benefit from the overall health improvements that are targeted for the population over the next five years.

What affect will the Policy/Service have on community relations? (may also need to consider activity which may be perceived as benefiting one group at the expense of another)

The only level of impact anticipated here will be increased reputation and publicity with the public and across communities. The Health and Wellbeing Strategy is anticipated to make communities more aware of the heath organisations and resources available to them in their Borough and to prompt further uptake and engagement.

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.

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: Endorsing of the Health and Wellbeing Strategy 2025
Directorate and service area: Adults, Housing and Public Health
Lead Manager: Alex Hawley – Director of Public Health
Summary of findings:
The Health and Wellbeing Strategy addresses health inequalities through its key aims, its ways of working and its strategic priorities. The role of the Board as a strategic convening operation lends itself to it being able to facilitate and encourage wider participation in decreasing inequality and improving access to health and wellbeing services and outcomes across the Borough. will look to continue to support the entirety of Rotherham's population to improve their health outcomes. It will also look to specifically support four of the nine protected characteristic groups through its key aims and ways of working: age, disability, pregnancy and maternity, and sex. Equality and access date will be monitored through the Board's six annual meetings and Annual Reports as well as specific services, initiatives and programmes being monitored individually against a similar criteria of equality monitoring standards.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
Produce a progress report annually, including consideration of the equality implications.	All	Annually

All services to undertake equality analyses where applicable and monitor.	All	Ongoing
Continue to obtain updates from directorates, regarding what has been done to consider equalities when delivering the Year Ahead Delivery Plan actions/activities.	All	Annually

***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
Ian Spicer	Strategic Director of Adults, Housing and Public Health	04/08/2025
Cllr Baker-Rogers	Cabinet Member for Adult Social Care and Health	04/08/2025

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	17/04/2025

Report title and date	Endorsement of the Health and Wellbeing Strategy 2025, 15 September 2025.
Date report sent for publication	04/08/2025
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	17/04/2025