

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: Re- procurement of a Local Healthwatch Service	
Date of Equality Analysis (EA): 17/7/23	
Directorate: Adult Care Housing and Public Health	Service area: Strategic Commissioning
Lead Manager: Joanne Bell – Strategic Commissioning Manager	Contact number: 01709 823942
Is this a:	
<input type="checkbox"/> Strategy / Policy	<input checked="" type="checkbox"/> Service / Function
	<input type="checkbox"/> 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)
Jacqueline Clark	Rotherham MBC	Head of Prevention Early Intervention – Strategic Commissioning
Jo Bell	Rotherham MBC	Strategic Commissioning Manager -
Scott Matthewman	Rotherham MBC	Assistant Director – Strategic Commissioning

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)

Proposed re-tender of a local Healthwatch (a statutory service)

The Health and Social Care Act 2012 makes provision for a national Healthwatch England and for a local Healthwatch. This is a statutory service.

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.

A 3 year contract with an option for extension of up to a further 12 months is proposed to start on 1st April 2024

Funding is proposed at £165,000 per annum.

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.

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 these groups in their engagement activity.

The current provider of the Healthwatch services collates data on equality and diversity.

Rotherham has a steadily growing population which reached a level of 265,800 in 2021. Rotherham has 140,874 people of working age (53%). This is lower than the English average (55.7%).

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 52,096 people aged 65+ including 6,113 people aged 85+

In 2021, 5.3% of Rotherham residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, up from 4.1% in 2011. The 1.2 percentage-point change was the largest increase among high-level ethnic groups in this area.

In 2021, 91.0% of people in Rotherham identified their ethnic group within the "White" category (compared with 93.6% in 2011), while 1.4% identified their ethnic group within the "Mixed or Multiple" category (compared with 1.0% the previous decade).

The percentage of people who identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group") increased from 0.5% in 2011 to 1.1% in 2021.

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 Census In 2021, 43.7% of Rotherham residents described their health as "very good", increasing from 41.8% in 2011. Those describing their health as "good" rose from 34.2% to 34.4%. These are age-standardised proportions.

The proportion of Rotherham residents describing their health as "very bad" was 1.6% (similar to 2011), while those describing their health as "bad" fell from 6.2% to 5.4%.

These data reflect people's own opinions in describing their overall health on a five point scale, from very good to very bad.

Census 2021 was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived and rated their health, and therefore may have affected how people chose to respond.

Monitoring:

The service specification requires the provider to monitor the use of the service, act if it is not reaching all the communities and ensure hard to reach groups or those with protected

<p>characterises have an equal voice in shaping health and social care services in the borough.</p>	
<p>Are there any gaps in the information that you are aware of?</p> <p>No</p>	
<p>What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics?</p> <p>The incumbent service provider is required to routinely collect/collate specific data around the protected characteristics of people accessing the service and the trend data enables the service to consider demand and gaps in delivering the service to people with protected characteristics.</p>	
<p>Engagement undertaken with customers. (date and group(s) consulted and key findings)</p>	<p>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.</p>
<p>Engagement undertaken with staff (date and group(s) consulted and key findings)</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>4. The Analysis - of the actual or likely effect of the Policy or Service (Identify by protected characteristics)</p>
<p>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)</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>

Healthwatch currently use a range of access channels and referrals to ensure that this duty is discharged.

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.

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

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

No.

Healthwatch is designed to remove barriers and will do this by ensuring their engagement activities reach all communities. An effective local Healthwatch. 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.

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

The remit of a Local Healthwatch service is to give local residents a voice and to improve health and social care services.

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)

There are no negative impacts on community relations to note.

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:
Re- procurement of a Local Healthwatch Service
Directorate and service area:
Adult Care – Strategic Commissioning
Lead Manager:
Summary of findings:
The remit of a Local Healthwatch service is to give local residents a voice and to improve health and social care services. There are no negative impacts on community relations to note.

Action/Target	State Protected Characteristics as listed below	Target date (MM/YY)
The procurement exercise will ensure that the provider undertakes their duties in relation to the Equalities Act. The service specification will require equalities training and equality monitoring to be undertaken.	A, D, S, GR, R, RoB, SO, PM, CPM. C	31 December 2023

***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 Adult Care, Housing and Public Health.	
Cllr Roche	Cabinet Member – Adult Social Care and Health	

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	31 July 2023
Report title and date	Re-procurement of a local Healthwatch Service – 18 September 2023
Date report sent for publication	
Date Equality Analysis sent to Performance, Intelligence and Improvement equality@rotherham.gov.uk	1 August 2023