
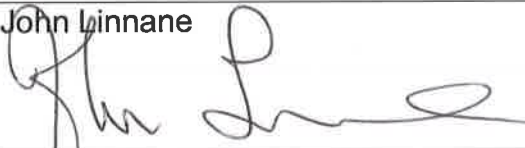
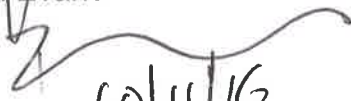


# **EQUALITY IMPACT ASSESSMENT/ ANALYSIS (EqIA)**

## **Public Health Advocacy Services:**

**NHS Complaints Advocacy,  
General Health Advocacy,  
Independent Mental Health Advocacy.**

**Equality Impact Assessment/ Analysis (EqIA)**

<b>Group</b>	<b>Communities</b>
<b>Business Units/Service Area</b>	<b>Public Health</b>
<b>Plan/ Strategy/ Policy/ Service being assessed</b>	<b>Public Health Advocacy Services:</b> NHS Complaints Advocacy, General Health Advocacy, Independent Mental Health Advocacy.
<b>Is this is a new or existing policy/service?</b>  <b>If existing policy/service please state date of last assessment</b>	Existing Service
<b>EqIA Review team – List of members</b>	Paula Mawson Charlotte Gath Emily Fernandez
<b>Date of this assessment</b>	August 2016
<b>Signature of completing officer (to be signed after the EqIA has been completed)</b>	Paula Mawson 
<b>Are any of the outcomes from this assessment likely to result in complaints from existing services users and/ or members of the public?</b> If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible.	YES / NO
<b>Name and signature of Head of Service (to be signed after the EqIA has been completed)</b>	John Linnane 
<b>Signature of GLT Equalities Champion (to be signed after the EqIA is completed and signed by the completing officer)</b>	Phil Evans  10/11/16

**A copy of this form including relevant data and information to be forwarded to the Group Equalities Champion and the Corporate Equalities & Diversity Team**



# Form A1

## INITIAL SCREENING FOR STRATEGIES/POLICIES/FUNCTIONS FOR EQUALITIES RELEVANCE TO ELIMINATE DISCRIMINATION, PROMOTE EQUALITY AND FOSTER GOOD RELATIONS



High relevance/priority



Medium relevance/priority



Low or no relevance/ priority

**Note:**

1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
2. Summaries of the legislation/guidance should be used to assist this screening process

Business Unit/Services:	Relevance/Risk to Equalities									
	State the Function/Policy /Service/Strategy being assessed:	Gender	Race	Disability	Sexual Orientation	Religion/Belief	Age	Gender Reassignment	Pregnancy/ Maternity	Marriage/ Civil Partnership (only for staff)
NHS Complaints Advocacy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
General Health Advocacy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Independent Mental Health Advocacy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities? <b>If yes please explain how.</b>										YES
Public Health funds three Advocacy Services to enable some of the most vulnerable people living in Warwickshire to be aware of and protect their rights whilst receiving NHS funded health care. Two of the services are statutory services: NHS Complaints and Independent Mental Health Advocacy (helps to support and protect people on statutory mental health act sections in-hospital). As such, all of these services impact on social inequalities. General Health Advocacy is targeted to individuals with particularly complex needs who need additional support to voice their needs, particularly at the point of discharge from hospital.										YES
Are your proposals likely to impact on a carer who looks after older people or people with disabilities? <b>If yes please explain</b>										YES

**how.**

By continuing to fund and commission these services, carers will be assured that their family members have access to support to enable them to exercise their rights and be heard in relation to their treatment, care or complaints, thus supporting carers.

## Form A2 – Details of Plan/ Strategy/ Service/ Policy

### Stage 1 – Scoping and Defining

(1) What are the aims and objectives of Plan/Strategy/Service/Policy?

Public Health funds three Advocacy Services which are complimentary to those funded and commissioned via the People Group:

NHS Complaints Advocacy is a statutory service which local authorities have responsibility for the commissioning of. Its purpose is to support individuals who wish to make and resolve a complaint about healthcare provided or funded by the NHS.

General Health Advocacy is a non-statutory service that is targeted to individuals with particularly complex needs, including people with physical disabilities or learning disabilities, who are receiving health services. Its purpose is to enable individuals who would find it difficult to communicate their needs, to be involved in planning their care, treatment or discharge.

The intention with NHS Complaints Advocacy and General Health Advocacy is to align the future commissioning of these services with Healthwatch Warwickshire, and as such, this EqIA should be read in conjunction with the Healthwatch EqIA.

Independent Mental Health Advocacy (IMHA) is focused on people receiving mental health treatment. Statutory IMHA is commissioned for people who are detained under certain sections of the Mental Health Act, and it exists to enable people to understand the legal provisions that they are subject to and the rights and entitlements they are entitled to whilst they are detained. This element of provision is enhanced with two non-statutory elements: In-hospital IMHA which is available to all mental health inpatients to enable them to express their views and participate in their care / treatment planning and discharge, and Community IMHA which is available to people receiving mental health treatment in community settings who require support and safeguards in order to remain within the community and become as independent as possible.

The savings plans outlined in the OOP2 should all be achievable through service re

design and re-alignment to achieve efficiencies, and as such it is not expected that availability or access to services will change for service users.

(2) How does it fit with Warwickshire County Council's wider objectives?

The services contribute to 3 of the County Council's outcomes:

- Our communities and individuals are safe and protected from harm and are able to remain independent for longer
- The health and wellbeing of all in Warwickshire is protected
- Resources and services are targeted effectively and efficiently whether delivered by the local authority, commissioned, or in partnership

(3) What are the expected outcomes?

Patients accessing NHS funded or provided healthcare will feel supported to:

- contribute to their care, treatment or discharge planning;
- be aware of their rights and entitlements whilst detained under the mental health act
- make and resolve a complaint about NHS funded healthcare.

(4) Which of the groups with protected characteristics is this intended to benefit? (see form A1 for list of protected groups)

All people with protected characteristics should benefit from opportunities to access advocacy services.

**Stage 2 - Information Gathering**

(1) What type and range of evidence or information have you used to help you make a judgement about the plan/ strategy/ service/ policy?

Examples of information used to help future planning for the commissioning of these services includes:  
 -Performance management data from existing services.  
 -Local Government Association Advocacy Services guidance  
 -Social Care Institute for Excellence Guidance

(2) Have you consulted on the plan/ strategy/ service/policy and if so with whom?

A consultation and engagement plan for Advocacy Services and Healthwatch Warwickshire is in production, and will be actioned through Autumn 2016.

(3) Which of the groups with protected characteristics have you consulted with?  
 Consultation will include people with protected characteristics, particularly people with disabilities.

**Stage 3 – Analysis of impact**

(1) From your data and consultations is there any adverse or negative impact identified for any particular group which could amount to discrimination?  
 If yes, identify the groups and how they are affected.

RACE	DISABILITY	GENDER
NO	NO	NO
MARRIAGE/CIVIL PARTNERSHIP	AGE	GENDER REASSIGNMENT
NO	NO	NO
RELIGION/BELIEF	PREGNANCY MATERNITY	SEXUAL ORIENTATION
NO	NO	NO

(2) If there is an adverse impact, can this be justified?

All service providers will be expected to produce, implement and review an Equality Impact Assessment for the advocacy services and this will be monitored through performance management data and contract review meetings with commissioners to ensure that people with protected characteristics are able to access and utilise the services commissioned.



<p>(3) What actions are going to be taken to reduce or eliminate negative or adverse impact? (this should form part of your action plan under Stage 4.)</p>	<p>As part of the tendering process, providers will be required to demonstrate their understanding of equality and diversity and their response will be assessed within the quality criteria, including the requirement for an equalities policy. Throughout the life of the contract, providers will be expected to deliver the service in line with the Public Sector Equality Duty, in which all providers are required to meet the General Equality Duty aims which are:</p> <ul style="list-style-type: none"> <li>- Eliminate unlawful discrimination</li> <li>- Advancing Equality of opportunity</li> <li>- Fostering good relations</li> </ul>
<p>(4) How does the plan/strategy/service/policy contribute to promotion of equality? If not what can be done?</p>	<p>These services are particularly targeted to the most vulnerable in our communities and will therefore take account of accessibility in terms of where it is delivered, times of delivery, appropriate venues to meet customer need and communication needs and preferences.</p>
<p>(5) How does the plan/strategy/service/policy promote good relations between groups? If not what can be done?</p>	<p>The service is available for all groups, and equitable access will be provided regardless of any protected characteristics. Services are provided within hospital or general community settings and as such there may be opportunities to foster good relations between group – eg challenging stigma towards people with mental health problems.</p>
<p>(6) Are there any obvious barriers to accessing the service? If yes how can they be overcome?</p>	<p>Providers will need to demonstrate that they can provide provision to meet the communication needs of different individuals particularly when they are unwell eg ensure access to an interpreter, ability to communicate effectively with people with learning disabilities.</p>
<p>(7) What are the likely positive and negative consequences for health and wellbeing as a result of this plan/strategy/service/policy?</p>	<p>The purpose of the delivery of these services is to improve population health and wellbeing (please see response to question 3 for full details), by allowing people to participate in their care and treatment planning and discharge, and by helping them to make and resolve complaints about NHS funded care.</p>

<p>(8) What actions are going to be taken to reduce or eliminate negative or adverse impact on population health? (This should form part of your action plan under Stage 4.)</p>	<p>By aligning the commissioning of NHS Complaints Advocacy and General Health Advocacy to Healthwatch Warwickshire, we intend to strengthen the links to ensure that population health in Warwickshire is more protected, not less.</p> <p>In relation to Mental Health Advocacy, the provider is expected to be an active member of the Warwickshire Mental Health Co-production and Participation Group, facilitated by Public Health, which aims to identify emerging population level issues with service provision and raise such issues with the Arden Mental Health Commissioners group. As such, this should ensure that population health is protected by these services.</p>
<p>(9) Will the plan/strategy/service/policy increase the number of people needing to access health services? If so, what steps can be put in place to mitigate this?</p>	<p>These services should not increase the number of people accessing health services, but it should enable those already are to participate more fully in their care planning, treatment and discharge thus maximising the outcomes they achieve.</p>
<p>(10) Will the plan/strategy/service/policy reduce health inequalities? If so, how, what is the evidence?</p>	<p>Advocacy Services are commissioned to protect and support the most vulnerable members of our communities, and as such, they form part of a planned response to reducing health inequalities.</p>

**Stage 4 – Action Planning, Review & Monitoring**

## EqIA Action Plan

If No Further Action is required then go to – Review & Monitoring

(1) Action Planning – Specify any changes or improvements which can be made to the service or policy to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.

Action	Lead Officer	Date for completion	Resource requirements	Comments
Consultation on proposed models	Paula Mawson /Emily Fernandez	January 2017	TBC	
Service specification	Paula Mawson	April 2017	TBC	
Invitation to Tender	Paula Mawson / Emily Fernandez	June 2017	TBC	

(2) Review and Monitoring  
 State how and when you will monitor policy and Action Plan

The plan will be reviewed bi-monthly as part of the project documentation until a new provider has been appointed. We will agree appropriate review periods post contract award with the provider.

Please annotate your policy with the following statement:

**‘An Equality Impact Assessment/ Analysis on this policy was undertaken on (date of assessment) and will be reviewed on (date three years from the date it was assessed).’**

