
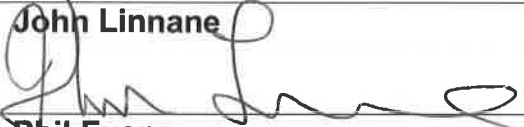
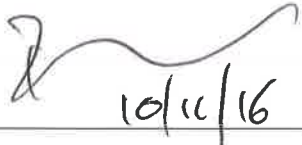


EQUALITY IMPACT ASSESSMENT/ ANALYSIS (EqIA)
Healthwatch Warwickshire.

Equality Impact Assessment/ Analysis (EqIA)

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



Working for Warwickshire

Form A1

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



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												
		Gender	Race	Disability	Sexual Orientation	Religion/Belief	Age	Gender Reassignment	Pregnancy/ Maternity	Marriage/ Civil Partnership (only for staff)				
State the Function/Policy /Service/Strategy being assessed:														
Healthwatch Warwickshire		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities? If yes please explain how.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Public Health funds Healthwatch Warwickshire to act as the consumer voice for health and social care service users in Warwickshire. By the very nature of this service, it has an impact on social inequalities, supporting service users to have their say on the health and social care system, often working with vulnerable groups who have an issue with a service or who struggle to navigate the system.														
Are your proposals likely to impact on a carer who looks after older people or people with disabilities? If yes please explain how.														
By continuing to fund Healthwatch, carers will be assured that their family members will continue to act as the consumer voice, support them to be involved in commissioning of health services and provision of care services and receive signposting to advice and information with regard to access to services.														
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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 Warwickshire currently funds the Healthwatch service. The core functions of Healthwatch Warwickshire include:

- Gathering views and experiences of service users of health and social care.
- Making these views known, both locally and nationally as appropriate.
- Promoting and supporting involvement in commissioning of health services and provision of care services.
- Where appropriate, recommend investigation or special review of services via Healthwatch England to the CQC.
- Provide or signpost to advice and information with regard to access to services.
- Enable access to NHS Complaints Advocacy Services.

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

(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?

The expected outcomes have developed and changed since the initiation of the contract. Currently, Healthwatch report against impacts made against the Quality Statements, as issued by Healthwatch England:

- Strategic Context and Relationships – Having a strong understanding of the

	<p>strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch.</p> <ul style="list-style-type: none"> • Community Voice and Influence – Local Healthwatch enable local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services. • Making a Difference Locally – A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them. • Informing People – A core part of the role of local Healthwatch is to provide advice about local health and social care services to the public. • Relationship with Healthwatch England – Local Healthwatch work with Healthwatch England to enable people’s experiences to influence national commissioning, delivery, and the re-design of health and social care services.
<p>(4) Which of the groups with protected characteristics is this intended to benefit? (see form A1 for list of protected groups)</p>	<p>All people with protected characteristics should benefit from opportunities to access Healthwatch services.</p>
<p><u>Stage 2 - Information Gathering</u></p>	
<p>(1) What type and range of evidence or information have you used to help you make a judgement about the plan/ strategy/ service/ policy?</p>	<p>Examples of information used to help future planning for the commissioning of these services includes:</p> <ul style="list-style-type: none"> -Performance management data from existing services. Healthwatch England guidance -Local Government Association Advocacy Services guidance -Social Care Institute for Excellence Guidance
<p>(2) Have you consulted on the plan/ strategy/ service/policy and if so with whom?</p>	<p>A consultation and engagement plan for Healthwatch Warwickshire and Advocacy Services is in production, and will be actioned through Autumn 2016.</p>

Consultation will include people with protected characteristics, particularly people with disabilities.

(3) Which of the groups with protected characteristics have you consulted with?

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 Healthwatch 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.

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:

- Eliminate unlawful discrimination
- Advancing Equality of opportunity
- Fostering good relations

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.

Healthwatch are particularly skilled in targeting the seldom heard, who are often the most vulnerable groups, therefore the existing services have a strong equalities focus and this will be a key requisite when Public health shape the new tender specification.

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 or people accessing cancer services in and out of hospital services.

Providers will need to demonstrate that they can provide services to meet the communication needs of different individuals or their carers, particularly when they are unwell e.g ensure access to an interpreter, ability to communicate effectively with people with learning disabilities.

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 service users to assert themselves in the health and social care system, giving them a voice and supporting them to influence the commissioning of health and social care services that affect them personally.

(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.)

(4) How does the plan/strategy/service/policy contribute to promotion of equality? If not what can be done?

(5) How does the plan/strategy/service/policy promote good relations between groups? If not what can be done?

(6) Are there any obvious barriers to accessing the service? If yes how can they be overcome?

(7) What are the likely positive and negative consequences for health and wellbeing as a result of this plan/strategy/service/policy?

(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.)

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.

Healthwatch Warwickshire is involved in several strategic functions at a county level, for example, Health and Wellbeing Board and Adult Health overview and Scrutiny. This is agreed under both legislation and a shared MOU which outlines the expectations on the interactions of each of the groups/organisations. All of these functions operate at a population level and their ultimate aim is to reduce adverse impact on their health and wellbeing needs of the general population.

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.

(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?

The Healthwatch service should not increase the number of people accessing health services, but it should enable those who already are to participate more fully in their care planning, treatment and discharge thus maximising the outcomes they achieve, or directly influencing the commissioned services they access.

(10) Will the plan/strategy/service/policy reduce health inequalities? If so, how, what is the evidence?

The Healthwatch service is 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.

Following the retender and the proposed combination of Healthwatch and NHS Complaints Advocacy and General Health Advocacy, this strengthens Public Health's position in terms of reducing health inequalities.

Stage 4 – Action Planning, Review & Monitoring

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.

EqIA Action Plan

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).

