

Equality Impact Assessment For employees and/or communities

This EIA form will assist you to ensure we meet our duties under the Equality Act 2010 to take account of the needs and impacts of the proposal or function in relation to people with protected characteristics. Please note, this is an ongoing duty. This means you must keep this EIA under review and update it as necessary to ensure its continued effectiveness.

Section 1: Proposal details

Directorate / Service Area:		Person undertaking the assessment:	
People & Communities		Name:	Charlotte Knight
Proposal being assessed:		Job Title:	Commissioning Officer
Re Commissioning of Healthwatch Services		Contact details:	Charlotte.knight@peterborough.gov.uk
Business Plan Proposal Number: (if relevant)		Date commenced:	12/01/2022
		Date completed:	27/01/2022
Key service delivery objectives:			
<p><i>Include a brief summary of the current service or arrangements in this area to meet these objectives, to allow reviewers to understand context.</i></p> <p>The Health and Social Care Act 2012 established Healthwatch as an independent organisation to ascertain what individuals like about Local Authority services, gain insight into what can be improved within health and social care and provide information and signposting to local communities.</p> <p>Healthwatch then feeds back this valuable information to those commissioning services in order to drive forward change and ensure that services are reflective of service users wants and needs. The Act established Healthwatch England nationally and required each Local Authority area to have their own local Healthwatch or arrange for a corporate body that is a social enterprise to deliver an effective Healthwatch Service in their local area.</p> <p>This proposal to is to approve a 5-year (3+2) grant agreement with Healthwatch Cambridgeshire and Peterborough to deliver their statutory functions and Partnership Boards. The grant agreement would establish Peterborough City Council as the Lead Authority and work in conjunction with Cambridgeshire County Council would be governed via a Delegation and Partnership Agreement.</p>			
Key service outcomes:			
<p><i>Describe the outcomes the service is working to achieve</i></p> <p>The service proposal will embed the following outcomes:</p> <p>Communities at the heart of everything that we do:</p> <ul style="list-style-type: none"> • The statutory activities and Partnership Boards carried out by Healthwatch provide a vital bridge between the Local Authority and our communities and 			

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service users. The recommissioning of Healthwatch will provide a voice to our communities, in particular service users with protected characteristics, and allow them to continue to be an integral part of the commissioning, scrutiny and management of health and social care services.

- Healthwatch gain the views of service users and local communities in respect of their needs for and experiences of local care services and make these views known to those responsible for commissioning, providing and managing the services as well as reporting to Healthwatch England. This allows for a community focused position to be taken when commissioning new ideas and ensures that those with protected characteristics are at the forefront of conversations.

A good quality of life for everyone:

- Healthwatch Partnership Boards allow for our service users to outline factors that the Local Authority can improve upon in order to provide a good quality of life for everyone. This is particularly important when considering those with protected characteristics such as disability, race and age who may be underrepresented in other forums.
- Engagement with Healthwatch focus groups and Partnership Boards provides the ability to test out new ideas (such as Independent Living Services) that can enhance individuals quality of life.
- The ability of Healthwatch to signpost services will increase the quality of the lives of service users in need.

Cambridgeshire: a well-connected, safe, clean, green environment:

- The statutory activities undertaken by Healthwatch provide an essential link between Local Authority and Service users and promote a well-connected community who share ideas and work collaboratively for the better of their population.

Protecting and caring for those who need us:

- Healthwatch provides a voice for those who may feel that they are at a disadvantage by way of a protected characteristics and allows the Local Authority to commission services or improve already established services in order to care for those who need care and support.

What is the proposal?

Describe what is changing and why

This proposal supports the Local Authority's statutory obligation to commission a Healthwatch service to ensure that service users and communities are involved in decisions around health and social care provisions. In order to do this, it is proposed that: -

- a) Approve the approach for a 5-year grant agreement with Healthwatch Cambridgeshire and Peterborough to deliver the statutory function and Partnership Boards across Cambridgeshire.

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b) The committee is being asked to approve the spend for Cambridgeshire County Council of £1,786,480.

What information did you use to assess who would be affected by this proposal?

For example, statistics, consultation documents, studies, research, customer feedback, briefings, comparative policies etc.

Service users from across will be positively impacted by this proposal as they will continue to be involved in the commissioning, provision and scrutiny of local health and care services.

Commissioners have carried out the following activities to ensure that the statutory Healthwatch function is compliant and will continue to deliver statutory requirements:

- Attended Healthwatch Commissioners Event
- Ensured compliance with Healthwatch England: Commissioning and Effective Local Healthwatch
- Engaged with the Regional Coordinator for Healthwatch England to ensure specification meets requirements
- Liaised with other Local Authorities to ensure best practice in procurement options and monitoring arrangements.

In addition, the following activities have been carried out to develop an updated service specification for the Adult Social Care Partnership Boards work:

- The current service specification for the Partnership Boards work has been reviewed by Healthwatch Cambridgeshire and Peterborough as well as a working group made up of representatives from Adults and Safeguarding and Adults Commissioning.
- New service outcomes are being developed, co-produced with experts by experience Partnership Board members, which will be based on the use of 'I' and 'We' statements taken from the Making it Real themes, co-produced by Think Local Act Personal. Making it Real is a framework to support good, personalised care and support for providers, commissioners and people who access services. The six themes describe what good looks like from an individual's perspective and what organisations should be doing to live up to those expectations. More information in relation to Making it Real can be found here: [Making it Real - Think Local Act Personal](#)

Are there any gaps in the information you used to assess who would be affected by this proposal?

If yes, what steps did you take to resolve them?

As Healthwatch Cambridgeshire and Peterborough and Healthwatch England are commissioned to carry out a statutory function, full service specifications are prepared and monitored to ensure that Local Authority's are well informed in respect of activities carried out.

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However, in light of COVID-19 some of the functions carried out by Healthwatch Cambridgeshire and Peterborough have been impacted which could result in an information gap. In particular, Partnership Boards which were held in person, were moved to virtual meetings. Some attendees of Partnership Boards found it difficult to play a full part in discussions due to technical difficulties. Therefore, it could be said that there are gaps in the information fed back to Healthwatch since the start of the pandemic. However, Healthwatch Cambridgeshire and Peterborough have worked hard to ensure that service users are still able to contact them and attend virtual meetings to mitigate this issue.

Who will be affected by this proposal?

A proposal may affect everyone in the local authority area / working for the local authority or alternatively it might affect specific groups or communities. Describe:

- If the proposal covers all staff/the county, or specific teams/geographical areas;*
- Which particular employee groups / service user groups would be affected;*
- If minority/disadvantaged groups would be over/under-represented in affected groups.*

Consider the following:

- What is the significance of the impact on affected persons?*
- Does the proposal relate to services that have been identified as being important to people with particular protected characteristics / who are rurally isolated or experiencing poverty?*
- Does the proposal relate to an area with known inequalities?*
- Does the proposal relate to the equality objectives set by the Council's Single Equality Strategy?*

The proposal has the ability to affect everyone in both Local Authority areas via engagement with Healthwatch Peterborough and Cambridgeshire together with attendance at Partnership Boards. Partnership Boards are currently held for those with protected characteristics such as physical disability and visual impairment.

This allows those from under-represented groups and those who are rurally isolated or experiencing poverty to be present and part of conversations that will influence the health and care services that impact upon their lives. This has the ability to have a significant impact on those affected persons as any issues or comment raised to Healthwatch will feed back into the commissioning, scrutiny and management of the health and social care services used by the affected persons.

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Section 2: Scope of Equality Impact Assessment

Scope of Equality Impact Assessment					
<i>Check the boxes to show which group(s) is/are considered in this assessment. Note: * = protected characteristic under the Equality Act 2010.</i>					
*	Age	<input checked="" type="checkbox"/>	*	Disability	<input checked="" type="checkbox"/>
*	Gender reassignment	<input checked="" type="checkbox"/>	*	Marriage and civil partnership	<input checked="" type="checkbox"/>
*	Pregnancy and maternity	<input checked="" type="checkbox"/>	*	Race	<input checked="" type="checkbox"/>
*	Religion or belief (including no belief)	<input checked="" type="checkbox"/>	*	Sex	<input checked="" type="checkbox"/>
*	Sexual orientation	<input checked="" type="checkbox"/>	 		
	Rural isolation	<input checked="" type="checkbox"/>		Poverty	<input checked="" type="checkbox"/>

Section 3: Equality Impact Assessment

The Equality Act requires us to meet the following duties:

Duty of all employers and service providers:

- *Not to directly discriminate and/or indirectly discriminate against people with protected characteristics.*
- *Not to carry out / allow other specified kinds of discrimination against these groups, including discrimination by association and failing to make reasonable adjustments for disabled people.*
- *Not to allow/support the harassment and/or victimization of people with protected characteristics.*

Duty of public sector organisations:

- *To advance equality of opportunity and foster good relations between people with protected characteristics and others.*
- *To eliminate discrimination*

For full details see the [Equality Act 2010](#).

We will also work to reduce poverty via procurement choices.

Research, data and/or statistical evidence
<i>List evidence sources, research, statistics etc., used. State when this was gathered / dates from. State which potentially affected groups were considered. Append data, evidence or equivalent.</i>
<ul style="list-style-type: none"> - Attendance at Healthwatch Commissioning Event - Legal? - Other LA's - Quality framework - "Commissioning an effective Healthwatch"
Consultation evidence

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State who was consulted and when (e.g. internal/external people and whether they included members of the affected groups). State which potentially affected groups were considered. Append consultation questions and responses or equivalent.

The following activities were carried out by way of consultation: -

- Attendance at the Healthwatch Commissioners Event
- Compliance was confirmed with Healthwatch England's document "*Commissioning and Effective Local Healthwatch*"
- Engagement was undertaken with the regional Co-ordinator for Healthwatch England to ensure that the service specification meets requirements.
- Other Local Authorities have been liaised with to ensure best practice in procurement options and monitoring arrangements.
- A working group made up of representative from Adults and Safeguarding Adults was established to review the current service specification for the Healthwatch Partnership Boards.

Based on consultation evidence or similar, what positive impacts are anticipated from this proposal?

This includes impacts retained from any previous arrangements. Use the evidence you described above to support your answer.

The recommissioning of Healthwatch Services will ensure that service users become involved in commissioning activities to ensure best value and outcomes are achieved for all connected parties.

Healthwatch Services also ensure that those with protected characteristics are heard, represented and involved in conversations about services that impact upon their lives. This gives those people the ability to feedback what works for them or what needs to be changed. This in turn may afford those with a protected characteristic a significant positive impact on their life. For example, an individual who feels lonely and isolated in their rural location may engage with Healthwatch who could signpost local groups and service to help battle loneliness, this then has the potential to positively influence the isolated individual's life.

Furthermore, attendance at the Partnership Boards run by Healthwatch allows those with protected characteristics to be present in feedback of Local Authority service where they may usually be underrepresented. For example, those with visual impairments are able to attend the Healthwatch Partnership Board for Visual Impairments whereby information is given in inclusive formats. This may not always be available to those with visual impairments and therefore the recommissioning of Healthwatch services will have a positive impact.

More generally, the recommissioning of Healthwatch will ensure that the services commissioned by the Local Authority are reflective of service users' needs and wants. This in turn promotes a well-connected community that is able to share ideas and work collaboratively for the better of their population.

Based on consultation evidence or similar, what negative impacts are anticipated from this proposal?

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This includes impacts retained from any previous arrangements. Use the evidence you described above to support your answer.

The uncertainty of the COVID-19 pandemic has drawn attention to some potential negative impacts. For example, Healthwatch's various Partnership Boards have all been moved to virtual meetings via zoom. It could be argued that the moving to virtual meetings has made some meetings and Partnership Boards less accessible for those with protected characteristics. For example, those who are rurally isolated may not be able to confidently rely on an internet connection to ensure their attendance at meetings. Additionally, those with hearing impairments may struggle to grasp the full content of meetings when internet transcriptions are not always accurate. If these examples were to happen, then Healthwatch risks having an inaccurate representation of communities and risks missing out on important service user input.

Oppositely, if meetings resumed in person, some service users may feel a degree of trepidation about attending meetings in person or may be shielding. Again, this may lead to a lack of diversity in feedback obtained by Healthwatch meaning that the Local Authority's commissioning intentions are not reflective of the communities wants and needs, especially the wants and needs of those with protected characteristics.

How will the process of change be managed?

Poorly managed change processes can cause stress / distress, even when the outcome is expected to be an improvement. How will you involve people with protected characteristics / at risk of poverty/isolation in the change process to ensure distress / stress is kept to a minimum? This is particularly important where they may need different or extra support, accessible information etc.

Although there will not be a great deal of change as we are seeking to recommission a service that is already established, the local authority will ensure that a high standard of service is being received.

Healthwatch Cambridgeshire and Peterborough develop an annual work plan which identifies the priorities for further review based on the feedback they receive in relation to local health and social care services. More recently regular meetings have been introduced between Healthwatch and the Head of Adults Commissioning and Senior Commissioner to ensure that the planned activity aligns with and can influence procurement plans.

The Local Authority will also continually monitor the service specification and ensure that Healthwatch Peterborough and Cambridgeshire upholds its statutory duties.

How will the impacts during the change process be monitored and improvements made (where required)?

How will you confirm that the process of change is not leading to excessive stress/distress to people with protected characteristics / at risk of isolation/poverty, compared to other people impacted by the change? What will you do if it is discovered such groups are being less well supported than others?

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It is envisaged that there will be little impacts during the change process as this is a service that is already established and running.

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Section 4: Equality Impact Assessment - Action plan

See notes at the end of this form for advice on completing this table.

Details of disproportionate negative impact (e.g. worse treatment / outcomes)	Group(s) affected	Severity of impact (L/M/H)	Action to mitigate impact with reasons / evidence to support this or Justification for retaining negative impact	Who by	When by	Date completed
Service users who are rurally isolated may not be able to attend meetings/Partnership Boards when they take place in person	Service users who are rurally isolated.	M	The Council should work to ensure that all Healthwatch is taking these factors into account when speaking to service users and establish the best way that conversations can happen affectively.	Healthwatch	Throughout the duration of the Grant Agreement	N/A
Service users may be unable to attend meetings/partnership boards if they cannot afford to attend in person or do not have access to technology	Poverty	M	Healthwatch should ensure that each service user is fully able to engage with them in order for feedback to the Council to be inclusive and reflective of the local community.	Healthwatch	Throughout the duration of the Grant Agreement	N/A
Service users with disability may find Healthwatch's statutory activities inaccessible. For example, those with hearing impairments may not have access to technology or may not	Disability	H	Healthwatch should ensure that all of its services are accessible to those with disability, whether that means providing content in accessible formats such as Braille or ensuring that those who have hearing impairments are content with transcription services or	Healthwatch	Throughout the duration of the Grant Agreement.	N/A

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Details of disproportionate negative impact (e.g. worse treatment / outcomes)	Group(s) affected	Severity of impact (L/M/H)	Action to mitigate impact with reasons / evidence to support this or Justification for retaining negative impact	Who by	When by	Date completed
be able to rely upon transcription services accurately.			asking whether they require a BSL interpreter.			

Section 5: Approval

Name of person who completed this EIA:	Martin Kemp	Name of person who approves this EIA:	
Signature:		Signature:	
Job title:	Quality Manager Social & Education Transport Team	Job title: <i>Must be Head of Service (or equivalent) or higher, and at least one level higher than officer completing EIA.</i>	
Date:	11/11/21	Date:	

Guidance on completing the Action Plan

If our EIA shows that people with protected characteristics and/or those at risk of isolation/poverty will be negatively affected more than other people by this proposal, complete this action plan to identify what we will do to prevent/mitigate this.

Severity of impact

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To rate severity of impact, follow the column from the top and row from the side and the impact level is where they meet.

		Severity of impact				Priority and response based on impact rating		
		Minor	Moderate	Serious	Major	High	Medium	Low
Likelihood of impact	Inevitable	M	H	H	H	<i>Amend design, methodology etc. and do not start or continue work until relevant control measures are in place. Or justify retaining high impact</i>	<i>Introduce measures to control/reduce impact. Ensure control measures are in use and working. Or justify retaining medium impact</i>	<i>Impact may be acceptable without changes or lower priority action required. Or justify retaining low impact</i>
	More than likely	M	M	H	H			
	Less than likely	L	M	M	H			
	Unlikely	L	L	M	M			

Actions to mitigate impact will meet the following standards:

- Where the Equality Act applies: achieve legal compliance or better, unless justifiable.
- Where the Equality Act does not apply: remove / reduce impact to an acceptably low level.

Justification of retaining negative impact to groups with protected characteristics:

There will be some situations where it is justifiable to treat protected groups less favourably. Where retaining a negative impact to a protected group is justifiable, give details of the justification for this. For example, if employees have to be clean shaven to safely use safety face masks, this will have a negative impact on people who have a beard for religious reason e.g. Sikhism. The impact is justifiable because a beard makes the mask less effective, impacting the person's safety. You should still reduce impact from a higher to a lower level if possible, e.g. allocating work tasks to avoid Sikhs doing tasks requiring face masks if this is possible instead of not employing Sikhs.