



## Stage 2 Full Equality Impact Assessment

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<b>Directorate:</b>	<b>Resources</b>
<b>Date of Completion:</b>	<b>12 April 2013</b>

### Name of Policy/Strategy/Service/Function Proposal

**Healthwatch Consultation – Healthwatch will be the new independent consumer champion for both health and social care issues.**

### The Aims, Objectives and Expected Outcomes:

The aims and objectives of Healthwatch are twofold:-

1. To provide a voice for local service users and carers in the commissioning of services and in doing so champion equality of health and care access and provision.
2. To meet the requirements of the Health and Social Care Act 2012

The expected outcomes are:

1. That Healthwatch will build on the work of LINKS (Local Involvement Networks) the current consumer champion.
2. That Healthwatch will provide a variety of opportunities to enable local people to contribute their views and will ensure those views are made known.
3. That Healthwatch will provide suitable advice and information about access to services and support for people to make informed choices.
4. That an appropriate NHS complaints advocacy service is commissioned. If this is not Healthwatch, that Healthwatch provides a timely, appropriate signposting function to the NHS complaints advocacy service.

The main beneficiaries of the service will be all users of health and social care services on the Isle of Wight and it will therefore impact positively on all people with protected characteristics.

The service fits with the councils corporate priorities;

- Keeping children safe
- Supporting older and vulnerable residents
- Delivery of budget savings through changed service provision.

This is a new service and has come about as a result of government legislation. It builds on the

work and functions of the LINK and the NHS independent complaints advocacy service. Oversight and monitoring of the latter is a new council function.

## Scope of the Equality Impact Assessment

Data was collected from the key stakeholders;

- Colleagues within the adult social care directorate
- Volunteers from the LINK
- Staff from Help and Care (the host organisation)
- The public.

Stakeholder sessions were held for both LINK volunteers and Help and Care. Attendees were given the opportunity to raise any concerns, contribute valuable learning and highlight areas of work which potentially need to still be focused on by Healthwatch when they are in place.

The public consultation ran from 15/06/12 until 16/7/12. The resultant report can be found by clicking [here](#).

In summary when people want to find information and advice about health and social care services on the Isle of Wight they tend to visit their GP, search the internet, ask family and friends or visit the hospital.

Respondents stated they would like to see any information on websites or leaflets being easier to find, more up to date and in a style that is easy to read and understand, without any jargon. They would like a central point of contact providing a seamless service for advice and information with one phone number to access all information and services. Respondents would also like this to be answered by someone in a polite manner, who has correct, up to date information and advice, or who can signpost to the relevant service and return calls when they say they will. It was also suggested there should be drop-in centres, a Healthwatch Isle of Wight representative/advocate that can be seen face to face.

Respondents would prefer Healthwatch Isle of Wight to provide information and advice through local GP's surgeries, by a website, by post or by leaflets. They particularly wanted details of dementia and respite care, how to complain, who to speak to, details of social activities and community groups, how to find information, signposting and face to face sessions.

Respondents thought that the vision for Healthwatch Isle of Wight was right but that the service would need to be well advertised and involve knowledgeable and experienced people. One of the barriers to people using the current services is that they do not know who to contact to 'have their say'.

It was felt that voluntary and community organisations should work together and that Healthwatch Isle of Wight staff/volunteers should visit other organisations to publicise their work and develop close working relationships.

The majority of respondents felt that the NHS complaints advocacy should be a separate service, staffed by knowledgeable advocates and totally independent of health services.

Healthwatch Isle of Wight should be one single place with a seamless service where Islanders can go to get advice and information.

Of those who responded 69% were female, 21% were over 65 and 24% were under 25. 34% were single, 29% were married, 33% described themselves as disabled, 60% as heterosexual (36%

preferred not to say), 65% stated they were not undertaking gender reassignment (35% preferred not to say) and 82% described themselves as white-British.

Regular monitoring meetings will be held with the providers of both Healthwatch and the NHS complaints advocacy service. Healthwatch will be expected to develop an outcome focused work plan against which progress can be monitored.

Sources of evidence for monitoring arrangements will include:

- Monthly and annual Healthwatch performance reports including equality monitoring data
- Monthly and annual NHS complaints advocacy service performance reports including equality monitoring data
- Regular financial reports from the provider organisations
- User feedback
- Complaints data
- Published research, local or national
- Feedback from consultations and focus groups
- Feedback from individuals or organisations, other council departments, partner organisations (such as NHS and CCG)

## **Analysis and assessment**

Given the available information this assessment concluded there is a risk of negative impact on certain groups with protected characteristics (see action plan below for further detail). However given that the primary aim of Healthwatch is to provide a voice for local service users and carers in the commissioning of services and in doing so champion equality of health and care access and provision the likelihood of this risk is deemed to be low.

As can be seen from the action plan below and from the recommendations the results of this EIA and the public consultation have helped inform the contract development and discussions with Healthwatch.

## **Recommendations**

The contract and operational discussions with Healthwatch reflect the equality and diversity issues detailed in this EIA.

## Action/Improvement Plan

The table below should be completed using the information from your equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Remove or lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact

Area of impact	Is there evidence of negative positive or no impact?	Could this lead to adverse impact and if so why?	Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group or any other reason?	Please detail what measures or changes you will put in place to remedy any identified impact (NB: please make sure that you include actions to improve all areas of impact whether negative, neutral or positive)
Age	Possible negative impact	If events or information for service access or promotion of service are held at venues or in formats which would make it difficult for some to attend/access on the grounds of age.		The service provider must ensure that if any events are held these are at venues/at a time of day that make them accessible to all. Similarly all information should be available in easy to access formats.
Disability	Possible negative impact	If events or information for service access or promotion of service are held at venues or in formats which would make it difficult for some to attend/access on the grounds of disability.		The service provider must ensure that if any events are held these are at venues/at a time of day that make them accessible to all. Similarly all information should be available in easy to access formats.
Gender Reassignment	Possible negative impact	If events or information for service access or promotion of service are held at venues which would make it difficult for some to attend on the grounds of gender reassignment.		The service provider must ensure that if any events are held these are at venues that make them accessible to all.

Area of impact	Is there evidence of negative positive or no impact?	Could this lead to adverse impact and if so why?	Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group or any other reason?	Please detail what measures or changes you will put in place to remedy any identified impact (NB: please make sure that you include actions to improve all areas of impact whether negative, neutral or positive)
Marriage & Civil Partnership	No impact			
Pregnancy & Maternity	Possible negative impact	If service access or events for promotion of service are held at venues or times which would make it difficult for some to attend on the grounds of Pregnancy & Maternity.		The service provider must ensure that if any events are held these are at venues and at a time of day that makes them accessible to all.
Race	Possible negative impact	If events or information for service access or promotion of service are held on days/at venues or in formats which would make it difficult for some to attend/access on the grounds of race		The service provider must ensure that if any events are held these are on days/at venues/at a time of day that make them accessible to all. Similarly all information should be available in easy to access formats.
Religion / Belief	Possible negative impact	If events for service access or promotion of service are held on days/at venues which would make it difficult for some to attend on the grounds of religion or belief		The service provider must ensure that if any events are held these are on days/at venues/at a time of day that make them accessible to all.
Sex (male or female)	Possible negative impact	If events for service access or promotion of service are held at venues which would make it difficult for some to attend on the grounds of sex.		The service provider must ensure that if any events are held these are on at venues that make them accessible to all.
Sexual Orientation	Possible negative impact	If events for service access or promotion of service are held at venues which would make it difficult for some to attend on the grounds of sexual orientation.		The service provider must ensure that if any events are held these are at venues that make them accessible to all.

Area of impact	Is there evidence of negative positive or no impact?	Could this lead to adverse impact and if so why?	Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group or any other reason?	Please detail what measures or changes you will put in place to remedy any identified impact (NB: please make sure that you include actions to improve all areas of impact whether negative, neutral or positive)
HR & workforce issues	No impact	TUPE does not apply		
Human Rights implications if relevant	No impact			

Please remember - actions should have SMART targets and be reported to the Diversity Board (this should be done via your Directorate representative) and incorporated into your service/team Plans and /or objectives of key staff

**Summary****Date of Assessment:**

4 December 2012

**Signed off by Director**

Ian Anderson

**Review date**

April 2015

**Date published**

12 April 2013