

Decision Report – Executive Decision

Forward Plan Reference: FP/23/07/09

Decision Date – 19/12/2023

Key Decision – YES



Decision to award a Contract for a Local Healthwatch.

Executive Member(s): Cllr Dean Ruddle- Lead Member for Adult Services

Local Member(s) and Division: All

Lead Officer: Paul Coles- Deputy Director, Commissioning, Adult Services.

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1. Summary / Background

- 1.1 Somerset Council has a statutory duty under the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) to ensure that an effective local Healthwatch organisation is operating in their area and delivering the activities set out in the legislation.
- 1.2 Somerset Council also have a broader leadership role in health and care, promoting wellbeing and tackling health inequalities through their public health function. Healthwatch contributes to the bigger picture by supporting local authorities and their partners to achieve health and care strategic aims and ambitions by bringing people's voices into the heart of commissioning and delivery.
- 1.3 Somerset Council needs to establish a contractual arrangement with an independent organisation that should be a social enterprise that delivers Healthwatch activity.
- 1.4 Somerset Council is also accountable for commissioning the following eight core statutory activities:
 - Promoting and supporting the involvement of people of Somerset in the commissioning, the provision, and scrutiny of local care services.
 - Enabling people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
 - Obtaining the views of people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England.

- Making reports and recommendations about how local care services could or ought to be improved. These are usually directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Providing advice and information about access to local care services so people can make choices about local care services.
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved and sharing these views with Healthwatch England.
- Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making recommendations direct to CQC); and to make recommendations to Healthwatch England to publish reports about issues.
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

1.5 Somerset Council's current contract for this statutory service expires on 31st March 2024. This decision confirms the successful award of a contract to provide these services, following a rigorous open tender exercise.

2. Recommendations

2.1. The Lead Member for Adults Services / Director of Adult Social Care agrees to:

- a. Endorse the procurement process and approve the contract award and recommendations detailed in Appendix B (Confidential Tender Evaluation Report) for the provision of Local Healthwatch.
- b. Approve the commissioning of a Healthwatch Somerset for an initial period of 3 years with an option to extend by two further periods of up to 2 years each. The lead commissioning officer will have a duty to follow agreed processes for the extension of the contract to be assessed and authorised.
- c. Somerset Council will be entering in a joint commissioning agreement with the ICB who are contributing towards the overall funding of the Somerset Local Healthwatch.
- d. The Executive agrees the case for applying the exempt information provision as set out in the Local Government Act 1972, Schedule 12A and therefore to treat the attached confidential Appendix B in confidence, as it contains commercially sensitive information, and as the case for the public interest in maintaining the exemption outweighs the public interest in disclosing that information.
- e. Agree to exclude the press and public from the meeting where there is any discussion at the meeting regarding the confidential tender evaluation report (Appendix B) (to be treated as exempt information).

3. Reasons for recommendations

- 3.1 Somerset Council has a statutory duty under the Health and Social Care Act 2012 to ensure the provision of a Local Healthwatch service in Somerset.
- 3.2 The current contract for the Local Healthwatch service is due to expire on the 31st of March 2024.

4. Other options considered

- 4.1 No alternative options were considered due to the need for Somerset Council to adhere to its statutory obligation and ensure that such service continue to be operational from the 1st of April 2024. There would be a reputational risk for Somerset Council if no contract was in place.

5. Links to Council Plan and Medium-Term Financial Plan

- 5.1 The service contributes towards Somerset Councils vision to improve lives “A County that provides you with right information, advice and guidance to help you help yourself and targets support to those who need it most”.
- 5.2 The service aligns itself to the ASC strategy 2023-2026 priorities and commitments regarding Prevention and Early help with the sign posting and advice and also supporting commissioning activities to be future focused with the responsibility towards making Health and Social Care existing and future commissioning activities meaningful to people of Somerset.

6. Financial and Risk Implications

- 6.1 Somerset Council has a statutory requirement to provide a Local Healthwatch to the people of Somerset.
- 6.2 Consultation has taken place with the Finance Manager and the financial envelop and the move towards a tendering exercise were signed off as part of the Non- Key Decision Paper.
- 6.3 The Local Healthwatch funding is made up of two pots from the Department of Health and Social Care (DHSC) funding. The first and largest is rolled into the Local Government Settlement. Somerset Council allocates funding to the local Healthwatch via the second smaller pot of the non-ringfenced funding named the Local Reform and Community Voices Grant (LRCV). The allocation of the grant is announced annually by DHSC before the end of the calendar year.
- 6.4 Somerset Council annual allocation via the LRCV grant is a fix amount. No inflation rise will be considered during the lifetime of the contract.
- 6.5 A benchmarking exercise was undertaken as part of the project. Healthwatch England has confirmed that Somerset Council allocation of funding for the local Healthwatch falls within the average spend on Local Healthwatch across the country.

It is important to reinforce however that if Somerset Council followed the guidance attached to the DHSC on how the Local Government Settlement grant and Local Reform and Community Voices grant should be used, the allocation of funding should be significantly higher.

- 6.6 Somerset Council will be entering in a joint commissioning agreement with the ICB. This supports the sustainability of the service but also responds to the ICB's recognition of the value that the service provides to key Health improvement programmes and priorities.
- 6.7 The ICB has agreed an annual contribution for the period of the contract including the potential extension by two further periods of up to 2 years.
- 6.8 There are no inherent risks for the contract being awarded under this decision. The evaluation process included financial checks on providers, as well as an in-built quality assessment. An implementation period of 3 months allows for detailed discussions with the service provider regarding any potential risks and to resolve any TUPE issues if they apply and to ensure that the service to be provided satisfies both SC and ICB.
- 6.9 There is no risk that governance arrangements are incorrect, internal governances to procure and award new contract have been aligned throughout commissioning and procurement process for both SC and ICB.

Likelihood	2	Impact	4	Risk Score	8
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7. Legal Implications

- 7.1 This service has been procured in line with the EU Treaty principles of transparency, non-discrimination, equal treatment and proportionality and in accordance with the Light Touch Regime under The Public Contracts Regulations 2015. Advice has been sought from the SC Commercial and Procurement Team in relation to the tender throughout the recommissioning process.
- 7.2 For this tender exercise, a competitive, above threshold tendering process was delivered from September 2023 (advertised through Find a Tender Service, previously OJEU), to allow sufficient time for the contracts to be awarded in January 2024 including the necessary standstill period, and for the successful provider to put TUPE arrangements in place, as appropriate.

8. HR Implications

- 8.1 There are no relevant HR implications for Somerset Council.

9. Equalities Implications

- 9.1 An Equality Impact Assessment is included within the report (Appendix C).
- 9.2 The reviewed service specification places an emphasis on the need for the future Local Healthwatch Somerset to reach out to all people of Somerset including the groups protected under the Equality Act 2010. The successful provider will place particular attention to ensuring that their workforce and crucially their volunteers are representative of Somerset diversity but also by linking in with community groups.
- 9.3 The reporting Healthwatch Somerset activity and the active review of the EIA will be managed during the length of the contract.

10. Community Safety Implications

- 10.1 There are no anticipated negative impacts on community safety. The contract and service delivery aim to improve by its very nature the experiences of Health and Social Care services for the people of Somerset.
- 10.2 There are no anticipated impact from this service on the public's perception of crime and disorder and anti-social behaviour rates in their neighbourhood in Somerset.
- 10.3 There are no implications on community safety partners from this service.

11. Climate Change and Sustainability Implications

- 11.1 The successful bidder has made a commitment to work collaboratively with SC, communities, and local partners to ensure the fulfilment of the Public Services (Social Value) Act 2012 and the social value priority areas for Somerset are delivered.

12. Health and Safety Implications

- 12.1 The health and safety of Somerset's communities is fundamental to the successful delivery of this contract. The successful bidder has their own Health and Safety plan and as part of the tender process successfully demonstrated how they will ensure positive outcomes in terms of the health and safety of their workforce and the people in receipt of the services.
- 12.2 Volunteers are at the centre of Healthwatch Somerset model in the delivery of the annual workplan and engagement with people of Somerset. The successful provider has evidenced as part of their response great level of experience in the recruitment and the support they provide volunteers in line with Somerset Council policy and guidance.

13. Health and Wellbeing Implications

13.1 The decision aims to have a positive impact on the Health and Wellbeing of the people of Somerset.

14. Social Value

14.1 As part of the procurement process, bidders were asked to submit proposals of how they will deliver against social value as part of these contracts. The successful applicants effectively demonstrated how they will develop and implement plans to deliver the proposals they put forward as part of their submission. These included a variety of outcomes that included, but are not limited to:

- Environmental benefits through reduced travel
- Economic benefits through local recruitment and employment
- Health and wellbeing benefits for local communities
- Reduced isolation through putting people in touch with their local communities.

15. Scrutiny comments / recommendations:

15.1 The report was not considered by Scrutiny Committee.

16. Background

16.1 The current Healthwatch contract is due to terminate on the 31st of March 2024. There is no extension of the contract possible. A Local Healthwatch is a statutory requirement, and a new contract must be in place by the 1st of April 2024.

16.2 A full recommissioning exercise was launched to review the current service specification and this by engaging and consulting with relevant professionals, stakeholders, providers, neighbouring commissioning teams and Healthwatch England.

16.3 A project board followed and scrutinised the progress of the recommissioning plan and intentions. Members from the Board represented Public Health, the Children Commissioning team, the Quality and Contract team, the Adult commissioning team, the Integrated Commissioning Board and the Procurement team.

16.4 It is worth highlighting that the joint commissioning venture of Healthwatch with the ICB is set to become the first example in England- Healthwatch England is as a result following our progress in Somerset with anticipation.

17 Background Papers

None.

Appendices

A – Tender Evaluation Report




B – Tender Evaluation Report CONFIDENTIAL

C - Equality Impact Assessment

Report Sign-Off (if appropriate)

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	23/11/2023
Communications	Peter Eliot	17/11/2023
Finance & Procurement	Nicola Hix	04/12/2023
Workforce	Alyn Jones	23/11/2023
Asset Management	Oliver Woodhams (Charlie Field)	24/11/2023
Executive Director / Senior Manager	Mel Lock	01/12/2023
Strategy & Performance	Alyn Jones	23/11/2023
Executive Lead Member	Cllr Dean Ruddle	15/11/2023
Consulted:	Councillor Name	
Local Division Members	N/A	
Opposition Spokesperson	Cllr Sue Osborne	27/11/2023
Scrutiny Chair	Cllr Gill Slocombe	04/12/2023

- APPENDIX C

Somerset Equality Impact Assessment						
<p>Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or www.somerset.gov.uk/impactassessment</p>						
<p>Organisation prepared for (mark as appropriate)</p>	 Somerset Council		 Somerset		 Somerset NHS Foundation Trust	
<p>Version</p>	<p>1</p>		<p>Date Completed</p>	<p>07/12/ 2023</p>		
<p>Description of what is being impact assessed</p>						
<p>Healthwatch is the statutory body responsible for understanding the needs, experiences and concerns of patients and the public, and to ensure people’s views are put at the heart of health and social care. With its network of local organisations, Healthwatch listens to what people like about services and what could be improved, and shares this insight with a range of commissioners, providers, and regulators.</p>						

The new Service Specification places a particular emphasis on the need for Voices of all people in Somerset to be heard and represented.

The joint commissioning of the new contract supports the wish to see HWS continue their work and improve their networks and ability to reach out to various groups (including the 9 protected groups under the Equality Act 2010) who forms and are part of the Somerset demography and communities.

Evidence

What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset's Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#), should be detailed here

Somerset Intelligence Partnership: Somerset Intelligence forms a link between different organisations to help with the sharing of data and producing intelligence that may otherwise be missed when organisations work individually. The website is managed by Somerset Council on behalf of the partnership and provides facts and figures that tells the story of Somerset. These are drawn from a variety of national, regional and local data sources and together provide a taster of the more comprehensive range of intelligence that can be found elsewhere on the Somerset Intelligence website.

The office for National Statistics; is the UK's largest independent producer of official statistics and the recognised national statistical institute of the UK. It is responsible for collecting and publishing statistics related to the economy, population and society at national, regional and local levels. Data from the office for National Statistics were included in the information provided via

Census 2021: forms part of the information that the office for National Statistics provides. The census takes place every 10 years- It gives us a picture of all the people and households in England and Wales. Somerset Intelligence recently updated their website including information from the latest Census which was in 2021.

Somerset's Joint Strategic Needs Analysis; A Joint Strategic Needs Assessment (JSNA) is built on strong partnership working, already present in Somerset, and is supported by reliable data provided by a range of public sector organisations in the county. The scope of our JSNA provides a solid foundation for commissioning to improve health and social care services and reduce health

inequalities. It enables stronger partnerships between communities, local government, the NHS and other bodies. The latest JSNA publication, 'Somerset: Our County – JSNA Summary 2016', focused specifically on the needs of vulnerable children and young people in our county. The JSNA can be found on the Somerset Intelligence website.

Equality Act 2010; The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

Healthwatch England papers: Healthwatch England is the health and social care champion for people living in England. As an independent statutory body, they have the power to make sure NHS leaders and other decision makers listen to people feedback and improve standards of care. Published reports were used to inform the future service specification.

Healthwatch Somerset performance reports: Healthwatch England delegate their statutory responsibilities to local Healthwatch across the country and Local Authorities have a statutory duty to ensure that they have a Local Healthwatch. Contract management is in place to monitor the performance of the organisation- Data from performance reports were used in the review of the service specification. The future contract management alongside the set KPIs will aim to improve the data collected about the service and the information captured as part of the EIA.

Who have you consulted with to assess possible impact on protected groups and what have they told you? If you have not consulted other people, please explain why?

Engagement and consultation have taken place with key stakeholders, Adult Social Care staff, Somerset Foundation Trust, Integrated Care Board colleagues, Equality Groups organisations.

Consultation with Adult Social Care staff indicated that there was a lack of understanding and awareness of the role of Healthwatch Somerset within operational teams. Senior officers such as Commissioners or Managers were more likely to have a knowledge of the organisation but not always confident on how they could use the support of Healthwatch in their projects. Communication about Healthwatch, its role and responsibilities need to be promoted.

Somerset Foundation Trust: colleagues consulted clearly valued the organisation and their support and regularly commissioned projects to support decision making around their services. One particular project and consultation with people of Somerset supported them to formulate a plan around access to District Nurses services.

Integrated Care Board colleagues: Consultation with ICB colleagues confirmed the value that Healthwatch Somerset brought to the development of Health services and also acknowledged the need to coordinate and improve referral route to the organisation. Further discussion led to agreement that a joint commissioning Healthwatch would support improvement and sustainability of the organisation.

Consultation with Equality groups indicated a disparity of involvement with HW. Some groups were regularly working with Healthwatch Somerset where others suggested that contacts and working relationships had faded over the years- The reviewed service specification reenergises the need to ensure that the voice of all in Somerset is captured as part of projects and regular consultation that Healthwatch Somerset undertakes.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

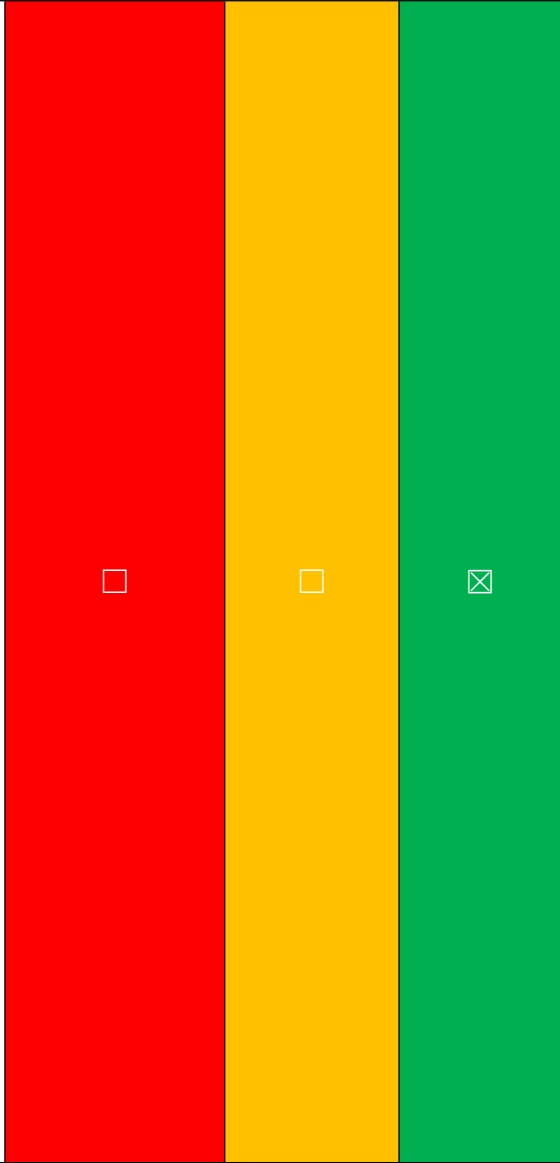
Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
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Age

The population of Somerset was 571,600, an increase of around 41,600 people since 2011. This is a rise of 7.8% since 2011 and a 36.9% rise in 40 years since 1981. For both male and female sexes the largest age groups are among the older age bands. The age bands with the highest population are 50-54 and 55-59. There were 84,700 people in their 50s accounting for nearly 15% of the total population. We traditionally see a thinning of the 'pyramid' in the late teens/early 20s due to people either leaving the county to attend University or to work. We then tend to see a rise in the population aged 40+ however in this census the rebound appears to be faster with the number of people in the 25-29 and 30-34 age bands rising and more similar to those in the 40s.

In recent the last years, the Somerset Health and Wellbeing strategy Key priorities for Somerset has been to strengthen families and communities, and highlight the importance of partnership working, providing the tools for families to help themselves and intervening early when needed.

- The main priorities are for every child and young person in Somerset to have:
- Supported Families: 'strengthening families and building resilient communities'
 - Healthy Lives: 'families making the right choices to support happy healthy lifestyles'
 - Great Education: 'high aspirations, opportunities and achievement for all'
 - Positive Activities: 'getting the most out of life through play, leisure, cultural and sporting opportunities.'



	<p>How can Healthwatch ensure that their service delivers for all ages?</p> <ul style="list-style-type: none"> - Performance and records show that HWS is successful in engaging with older people. Various means of engagement are in place and working well. This group is also represented in HW recruitment via the volunteers. HWS recognises the challenges attached to engaging with younger adults and children. <p>HW needs to strengthen its strategy to:</p> <ul style="list-style-type: none"> - Make themselves relevant as an organisation to young adults in employment or not or in education or not? - Make headway in creating a relationship with schools/colleges and universities? Address the language used; means of engagement- link up and collaborate with community organisation supporting young people. - Develop representation from younger adults and under 18 on their board and in their volunteers group. - Continue to develop the use of social media - Continue to place an emphasis on reaching out to Adults population employed/unemployed. Those who are unwell. <p>Report and alert commissioners on some of the challenges/why not reached? Barriers to engagements.</p>			
Disability	<p>More than 100,000 Somerset residents have their day-to-day activities limited to some extent due to disability or a long-term health condition. This represents 18.7% of Somerset residents, or</p>	□	□	☒

	<p>nearly one in five. These individuals meet the definition of being disabled under the Equality Act.</p> <p>A further 45,000 Somerset residents (7.9% of all residents) have a long-term health condition which does not limit their day-to-day activities.</p> <p>The number of Somerset residents with a disability in 2021 is 6.8% higher than in 2011, although as a proportion of the total Somerset population is broadly unchanged.</p> <p>When expressed as an age-standardised rate to enable comparison between areas of different population structures, Somerset has a rate of disability slightly below the national figure for England (17.4%, compared to 17.7% nationally).</p> <p>HW provider will be expected to make information accessible to all and easy to read formats including access to British Sign language interpreters.</p> <p>The provider will ensure that events and venues for engagement are accessible and that the physical environment support and maximise disabled people participation.</p> <p>As well as recognising the physical needs of disability, the provider will also recognise the impact that disability can have on people 's ability to express themselves, understand information and recognise the need of family, carers and advocacy to reduce barriers to communication and again ensure participation.</p> <p>Developing link with village agents and other community groups re access via provider will also be key to getting a good</p>			
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	<p>understanding of issues face by disabled people and best ways to raise their voices.</p>			
<p>Gender reassignment</p>	<p>The Office for National Statistic tells us following the Census of 2021 that 0.5% of the population indicated that their gender identity was different from their sex at birth. It also identifies that the lowest percentage was the South- West with 0.42%.</p> <p>More than 1,600 Somerset residents stated that their gender identity differs from their sex as registered at birth. This represents 0.35% of the Somerset population aged 16 and over. This is the first time that a question on gender identity has been included in the census, giving the first official data on the size of this population.</p> <p>In this group we recognise, transman, trans woman, individuals that identify as non- binary Trans woman and trans man were the next most commonly identified gender identities, with over 300 Somerset residents identifying in each group. 5.7% of Somerset residents did not respond to the question on gender identity.</p> <p>You don't have to undergo medical treatment or be under medical supervision to be protected under the Equality Act as a transgender person.</p> <p>Individuals experience mean that they may not wish to draw attention to themselves for fear of judgment or discrimination.</p>	<p>□</p>	<p>□</p>	<p>☒</p>

	<p>In creating relevant links with community organisations or support groups, HW needs to establish sounds understanding of the group experience in Somerset and work to maximise their participation.</p>			
<p>Marriage and civil partnership</p>	<p>Marriages and civil partnerships are legal relationships that come with almost identical rights and benefits for the two parties involved.</p> <p>A civil partnership is a legal relationship which is registered between two people, as long as they're not related to each other. Civil partnerships were introduced with the Civil Partnership Act of 2004; in 2005, they became available to same-sex couples who were not yet allowed to marry, giving them similar rights and benefits as those enjoyed by married people.</p> <p>For years, understanding what is a civil partnership for UK residents meant understanding the legal union between a same-sex couple; this changed in 2019 when civil partnerships became available to opposite-sex couples, so now anyone can choose whether to enter a marriage or a civil partnership.</p> <p>The proportion of adults in Somerset who have never married and never registered a civil partnership has increased since 2011. The 2021 census shows that this group accounts for 31% of adults in Somerset. The figure for 2011 was 27.8%. Conversely, the proportion of adults in Somerset who are married has decreased, although this remains the largest group, accounting for 48.6% of adults in Somerset.</p>	<p>□</p>	<p>□</p>	<p>☒</p>

	There are now over 1,000 residents of Somerset who are in a registered civil partnership, an increase of nearly 50% from 2011.			
Pregnancy and maternity	<p>People in this group will encounter challenges in their workplace and may find themselves isolated.</p> <p>It is worth noting the well documented discrepancy in the access to health care for women from a Black Asian and minority ethnic background which leads to higher death rate in newborn babies and mothers.</p> <p>Somerset Foundation Trust has a separate contract in place via the Maternity Voices service. Although we would not expect Healthwatch to discriminate against that group and as for other protected characteristic overlaps will inevitably apply with other protected characteristics- so there would be an expectation for HW to be aware of the challenges faced by this group and create links with Maternity Voices which are likely to be best placed to take issues forward and avoid duplication of activities.</p>	□	⊗	□
Race and ethnicity	<p>94 percent of population is white British highly visible disparity.</p> <p>8.5% of Somerset residents on census day in 2021 were born outside of the UK. This is an increase on the 5.9% born outside the UK at the 2011 census. It should be noted that there have been some significant events in the interim period – notably the UK leaving the European Union, and the COVID-19 pandemic – and the census figures are not able to tell the story of any fluctuations in the years between censuses. The census 2021 does not reflect</p>	□	□	⊗

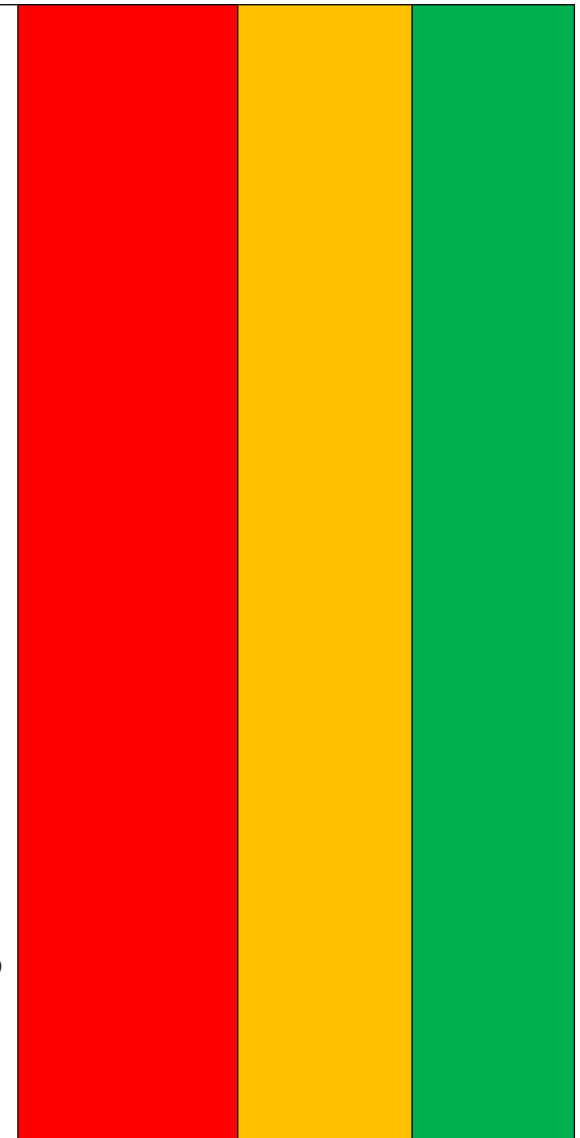
data regarding Ukrainian refugees that have come to Somerset since the start of the war.

European countries account for over half of all Somerset residents born outside the UK. Poland is the most common non-UK country of birth for Somerset residents, with 1.3% of Somerset residents having been born there. This is followed by Romania, which accounts for 0.75% of Somerset residents.

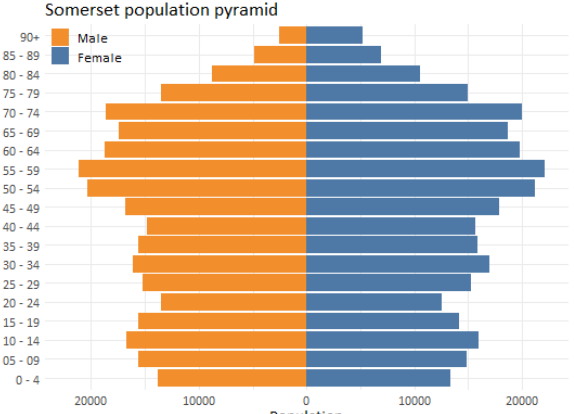
The biggest change over the 10 years since 2011 has been the number of Somerset residents who were born in Romania. There are nearly 4,000 more Somerset residents in 2021 who were born in Romania; a large increase from the 377 recorded at the 2011 census. This increase reflects a national rise of over 500% since 2011 in the number of residents born in Romania. The increase in Somerset has been greater than the national average over this period, which may be in part linked to the increased workforce at Hinkley Point C.

96% of Somerset residents speak English as their main language. This is a much higher proportion than the equivalent figure of 91% for England and Wales.

Polish remains the second most common first language spoken by Somerset residents, with nearly 7,000 Polish speakers. This is also true nationally, with Romanian also being the second common both in Somerset and nationally. The most common non-European main languages for Somerset residents are Malayalam (733 residents) and Tagalog/Filipino (602 residents). Tagalog/Filipino is



	<p>the only one of the top 10 non-English main languages to have seen a small decrease since 2011.</p> <p>The largest increase since 2011 has been amongst those who speak Romanian as their first language (increasing from 291 to 3,583); corresponding with a similar increase in numbers of Somerset residents born in Romania seen in the country of birth dataset.</p> <p>Gypsy and traveller group represent 0.1% of the population- HW has engaged well with that group in supporting access to medical care. Ongoing links need to be protected and nurtured.</p> <p>HW will endeavour to reach out to communities for whom English is not their first language and in doing so will also ensure that cultural backgrounds are understood to maximise participation as well as ensuring that information about their service is accessible in different languages.</p>			
<p>Religion or belief</p>	<p>There has been a large increase since 2011 in the number of Somerset residents with no religion, and a corresponding decrease in the number of Christians. This reflects a similar national trend.</p> <p>Around half of the Somerset population now identify as Christian, with 4 in 10 not identifying with any religion. There have been increases in the number of Somerset residents identifying with other non-Christian major religions since 2011, although these groups remain a small proportion of the Somerset population.</p>	<p>□</p>	<p>□</p>	<p>☒</p>

	<p>The Somerset population as a whole is less likely to identify with a religion than the population of England and Wales (52% in Somerset as no religion or not stated, vs 56.8% nationally).</p> <p>Data from HW future performance report will ensure that the activity for that group is better captured and an emphasis is placed to reach out to community leaders of different religious background and create opportunities for engagement.</p>			
<p>Sex</p>	<p>Somerset population pyramid</p>  <p>Census 2021</p> <p>The population pyramid below shows that for both male and female sexes the largest age groups are among the older age bands.</p> <p>There is a need for future data to be more pertinent for that group to get a better appreciation of engagement in that group. HW will ensure that its own organisation is balanced and both sexes are</p>	<p>□</p>	<p>□</p>	<p>☒</p>

	<p>represented across the organisation as well as ensuring that activities are reaching to both genders.</p>			
<p>Sexual orientation</p>	<p>For the first time in a national census, individuals aged 16 and over were asked a question on their sexual orientation.</p> <p>In Somerset, 90% of residents identified as being Straight or Heterosexual. The next largest groups were Gay or Lesbian (1.2%), Bisexual (1.1%), and Pansexual (0.2%). A total of nearly 12,000 Somerset residents selected a sexual orientation other than Straight or Heterosexual: representing 2.5% of the population aged 16 and over, or around 1 in 40 people. 7.5% of the Somerset population did not respond to this question.</p> <p>Nationally, the proportion of people with a sexual orientation other than Straight or Heterosexual was slightly higher, at 3.2% - or around 1 in 31 people.</p> <p>Consultation with Equality groups indicated that HW had not engaged as well with them in recent years. HW will renew their connection with LGBTQIA+ community led organisations to appreciate individuals access to services, lived experiences and discrimination. This to create an environment where people can feel safe to express themselves without judgment.</p>	<p>□</p>	<p>□</p>	<p>☒</p>

**Armed Forces
(including serving
personnel, families
and veterans)**

Somerset has long-standing links with the armed forces; particularly the major units based here, such as RNAS Yeovilton and Norton Manor Camp (40 Commando). Local organisations, including councils, already have good relationships with these bases in September 2020 and the charities that support in-service and ex-service ('veterans') personnel, their families and dependants.

The [Somerset Armed Forces Covenant Partnership \(SAFCP\)](#) brings together charities, local authorities, other public sector organisations, businesses, communities, individuals and the military in a pledge of support between local residents and the armed forces community in Somerset.

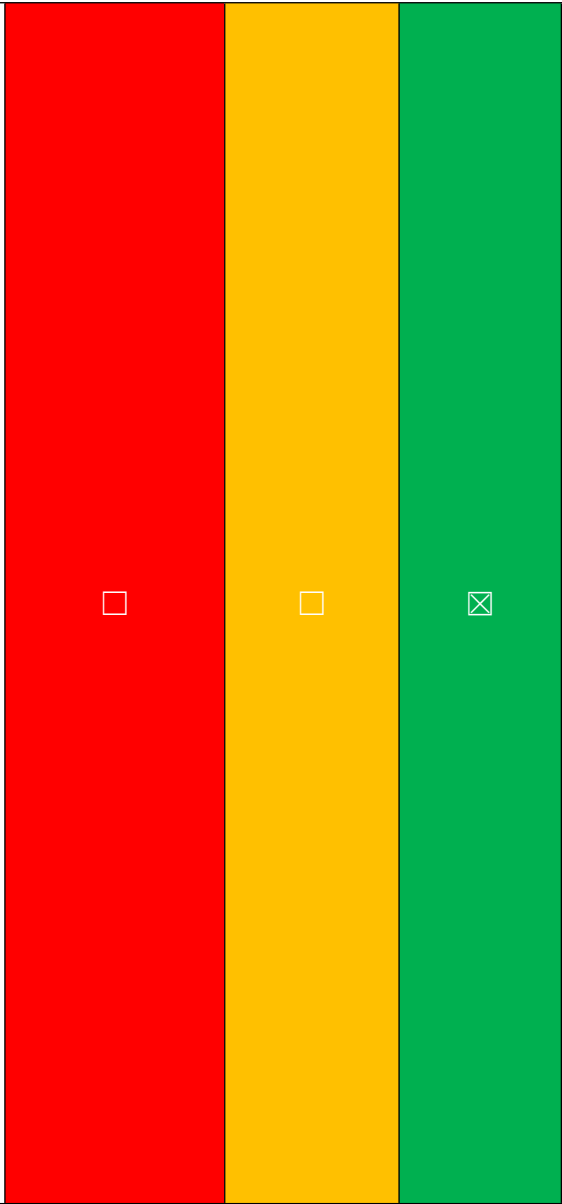
The Somerset Covenant builds on existing relationships between these organisations and provides a more consistent and comprehensive approach to a range of priority areas including education, employment, health and welfare. It supports the key principle of ensuring members of this community experience no disadvantage in accessing timely, comprehensive and effective services.

The 2021 Census reveals that there are 27,902 armed forces veterans living in Somerset. This is the first time that this information has been asked in the census.

The highest number of veterans live in the South Somerset district area, with 9,854, followed by Somerset West and Taunton with 7,923.

Healthwatch will be aware of the issues faced by serving personnel, veterans and their families such as

- Deployed coming back with PTSD -



	<ul style="list-style-type: none"> • Isolation heightened for families. • Impact of children having to regularly move home. <p>Healthwatch will create links to ensure their services are known to this group.</p>			
<p>Other, e.g. carers, low income, rurality/isolation, etc.</p>	<p>Somerset is one of the most rural counties in England. Its population density of 1.5 people per hectare is well below the England average of 4.1 per hectare. In particular, West Somerset's density of 0.5 per hectare is one of the five lowest of any local authority in England.</p> <p>The JSNA 2015 acknowledged some good points about the rurality of Somerset and positive impact such as longer life expectancy, healthier life style, strength and friendliness of communities but also raise the challenges such social isolation, access to services, lack of appropriate housing, poor connection (mobile, broadband system) etc..</p> <p>Nationally, those aged 65-79 have the highest levels of life satisfaction, happiness and sense that what one does in life is worthwhile. However, people aged 85 and over have the lowest sense of any age group that what one does in life is worthwhile (see Subjective Wellbeing)</p> <p>Social isolation and loneliness are key factors contributing to the health and wellbeing of older people in particular.</p> <p>Around 1 in 10 people aged 65 or older are thought to experience chronic loneliness at any given time.</p>	□	□	☒

- With an ageing population, numbers affected are rising to an estimated 12,000 in Somerset
- 1 in 7 Somerset households contain someone aged 65 or older living alone
- Thousands of older people rely on public transport to get out and about, which can be problematic in rural areas
- About 1 in 6 social care users aged 75 or older in Somerset said they had insufficient social contact and/or felt socially isolated.
- Loneliness can affect both mental and physical health and wellbeing and increases the risk of disability, cognitive decline and the onset of dementia

There are a range of opportunities in Somerset for older people who are most at risk, such as Somerset Active Living groups, various social and activity groups and volunteering services.

The Southwest has the highest rate of formal volunteering of any region in England. Many of these volunteers will be over retirement age and contribute substantially to communities and individual's wellbeing and we need to promote and nourish this.

A recent publication from the Campaign to End Loneliness and Age UK, '[Promising Approaches](#)', is very helpful as a guide to solutions to reduce loneliness and social isolation.

There were around 50,000 Somerset residents who were providing unpaid care to a friend or relative at the time of the 2021 census.

	<p>Of those, 26,000 – or 30% - provide more than 50 hours of care each week.</p> <ul style="list-style-type: none"> • When expressed as an age-standardised rate to account for differences in population structure, the proportion of unpaid carers in Somerset is in-line with the national figure. • Numbers of unpaid carers – both locally and nationally – have decreased since the 2011 census. Within Somerset, the number of residents providing unpaid care has decreased by over 13% in the 10-year period. This decrease has not been evenly distributed, with the number of residents providing care for fewer than 20 hours each week dropping by 34%, whilst numbers providing over 20 hours have increased by 25%. 			
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Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
Service Specification to ensure that information and support is provided in a range of format to suit needs, irrelevant of age, ethnicity or race	04/08/2023	Céline Antier	HW Project Board Contract Management	<input type="checkbox"/>
Service Specification to ensure all necessary information on the service is available in different languages and will support people with learning disabilities or with speech, language and other communication needs.	04/08/2023	Céline Antier	HW Project Board Contract Management	<input type="checkbox"/>

The service specification and reporting requirements will include specific information to ensure that the provider does not discriminate against anyone and any minorities groups.	04/08/2023	Céline Antier	HW Project Board Contract management	<input type="checkbox"/>
Healthwatch Somerset to take active steps towards ensuring that all under-represented groups are provided with opportunities to engage meaningfully in projects and consultation by linking with relevant local groups and ensuring their methods of communication are inclusive and accessible	09/01/2024	Celine Antier	Implementation Plan and via contract management	<input type="checkbox"/>
If negative impacts remain, please provide an explanation below.				
Completed by:	Céline Antier			
Date	07/11/2023			
Signed off by:				
Date				
Equality Lead sign off name:	Tom Rutland			
Equality Lead sign off date:	07/12/2023			
To be reviewed by: (officer name)	Céline Antier			
Review date:	December 2024			

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