

Equality Impact Assessment (EQIA)

Deciding what needs to be assessed

In theory all policies, decisions, services, projects and programmes should be impact assessed. The most practical approach is to assess as the proposal is being developed or as processes, services and policies come up for review making the EQIA part of the development process. Don't be put off by the list below, it does not mean that long and detailed assessments are required every time you are engaged in one of the activities. However, it does mean that you should always consider the equalities implications of your proposals.

Policy	New policy development
	Substantial revision of an existing policy or process
	Any change which may have a disproportionate impact on a particular group
Decision	Key decision
	Decision for management board/cabinet
	Budget change decision
Service	New service
	Service review, including the decommissioning of services
	Any service change which may have a disproportionate impact on a particular group
Projects & Programmes	All, at planning stage

Further information: [Equality Impact Assessments - a users guide](#)

Section One

Question		Response
1.1	Name of policy/decision/service/project/programme being assessed	Swindon Healthwatch Decommissioning
1.2	Summary of aims and objectives of the policy/decision/service/project/programme	To decommission the Swindon Healthwatch Service when the contract comes to an end on the 28th of February 2027. The annual contract value is £109,700 and is jointly funded through the Better Care Fund. Swindon Healthwatch is a statutory service, though the NHS Modernisation Bill (as it stands) looks to remove this. While there is a possibility that the Bill will be amended as it goes through Parliamentary processes, current expectation is that the national and local Healthwatch services will be abolished (guidelines on replacement of services that gather user/patient feedback are pending). Options to re-tender are limited as options to extend have been previously utilised. A tender exercise would be highly unlikely to result in any market interest and therefore a

		competitive tender. SBC would, in effect be going out to tender for a service that may or may not exist on the 1st of March 2027. A decision was made at the Swindon Locality Commissioning Executive Group on the 27th of July 2026 to not renew the Swindon Healthwatch Contract with The Care Forum – activating a decommissioning process. The Health and Social Care Act 2012 established Healthwatch, nationally as Healthwatch England and locally through the requirement to have a local Healthwatch in each local authority area. Their core purpose is to make sure the views of the public shape the health and care services they need. Local Authorities that currently provide Adult Social Care services are required to make contractual arrangement with an organisation to provide a local Healthwatch service.
1.3	Who is affected by the policy/decision/service/project/programme? (e.g. employees/service users/supplier/contractor)	<u>Directly affected groups:</u> • Local Healthwatch employees and volunteers – this is approximately 3 part-time members of staff and up to twelve volunteers¹. Staff are aware of the national move to abolish the service but there is uncertainty over whether the Bill can be amended and what, if any future there may be for them in any alternative provision. National guidance on this is pending. • Residents who use health and social care services will lose an independent voice with which to engage with and provide feedback on services that affect them. They will have access via alternative ICB and SBC engagement and feedback mechanisms such as; ○ Community Connections (faith-based community connections groups) ○ Swindon Hub (charity engaging people with care and support needs, including seldom-heard voices) ○ Community Hubs/ Community Champions and Community Connectors ○ New SBC ‘Working Together’ role. ○ Learning Disability Partnership Board ○ Contracted provider feedback ICB engagement and feedback mechanisms such as’ ○ Patient Advice and Liaison Service (PALS) ○ User Surveys ○ People and Communities Engagement Team ○ Patient Participation Groups (PPG) ○ Targeted work with communities facing health inequalities.

¹ Q4 Performance Report – Healthwatch Swindon 2025-26

		• These lists are not meant to be exhaustive but to give a sense of what is currently available. It is noted that those run by SBC or ICB are not ‘independent’ in the same way that Healthwatch is. • Both SBC and Health providers have established complaints procedures and members of the public can also access the Care Quality Commission directly to share concerns. • People who need advice and signposting. Healthwatch Swindon provides information on accessing services such as GPs, dentists, mental health support and social care. It provides independent advice to individuals who may struggle to navigate a complex landscape across health and social care. In 2025-26, 7989² people contacted Healthwatch Swindon for advice and information. • People who wish to provide feedback, raise concerns or influence service development. In 2025-26 239³ people shared their experiences of health and social care services with Healthwatch Swindon. • Seldom heard and minority populations. Recent Healthwatch Swindon work has engaged LGBTQIA+, Afghan women, young people, Survivors of trafficking and refugees and other communities facing health inequalities. These groups may have fewer opportunities to share their experiences without a local Healthwatch service. <u>Indirectly affected groups:</u> • Health and Social care providers will lose benefits from Healthwatch intelligence and feedback. • Commissioners, Councillors and System leaders will lose the Healthwatch provided insight from public experience to inform priorities and planning. In 2025-26 Healthwatch Swindon published eight reports across a range of subject matter. People currently in receipt of health and/or social care will not have current care services impacted by the decision. Demographic data on the people impacted⁴ The service is open to all who use Swindon’s Health and social care services. General population demographics have therefore been used as a baseline. Swindon has a population of 233,410 with 62% aged 18-64 and 16% aged over 65yrs. 43,300 identify as other than white
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² [Annual report 2025/2026: Speaking up for better care | Healthwatch Swindon](#)

³ [Healthwatch Swindon Annual report 2025-26.](#)

⁴ Swindon JSNA 2024 [JSNA infographic - Swindon JSNA](#)

		and 17,000 follow a religion other than Christianity. 5,300 identify as other than 'straight' or heterosexual'. 45% have a long-term health condition with at least 1 in 10 of these having two or more long-term health conditions. 18,300 residents provide some form of unpaid care.
1.4	What involvement and consultation has been done in relation to this proposal? <i>(e.g. with relevant groups and stakeholders)</i>	Swindon Healthwatch have been consulted and expressed concern about impact on staff morale and retention. Formal consultation with people with protected characteristics would not be possible, and inappropriate prior to informing Healthwatch staff of our decision to decommission the service. Further clarity may arise following expected national guidance in the autumn. SBC and ICB are committed to ensuring the voices of people who use the services and seldom heard voices are incorporated into service design and development. Further triangulation of existing feedback mechanisms could be carried out to provide assurance to any groups effected.
1.5	What are the arrangements for monitoring and reviewing the actual impact of the policy/funding activity/event?	The arrangements for monitoring and reviewing the actual impact have not yet been designed or agreed. These arrangements will be planned once Government provide clarity and timescales around the future of any statutory requirements on service-user feedback.

Section Two

Protected Characteristic Group	Is there a potential for positive or negative impact? Is the impact neutral?	Please explain and give examples of any evidence/data used	Action to address negative impact (e.g. adjustment to the proposal)
Disability	Negative People living with disability are more likely to access health and social care services and may face barriers in accessing mainstream consultation and engagement mechanisms	In 2025-26, 41% of those providing feedback (91 of 240) identified as having a long-term health condition or disability.	Use of the Swindon advocacy service to ensure people living with disability are involved in care plans and can feedback on services they receive. SBC can also access responses to the 'You Said, We Did' surveys that are completed.
Gender Reassignment	Neutral We have not identified any negative impacts based on gender	Potential for negative impact through reduced opportunities to identify	Use Swindon Community Connections and other

	reassignment; In 2025-26 63% of those providing feedback identified with the gender assigned at birth and in 32% of cases it was answered 'unknown'.	and escalate concerns relating to access and experience. People who are transgender may experience barriers in accessing healthcare and may be less likely to engage in mainstream engagement activities.	existing Community forums to encourage feedback.
Marriage or Civil Partnership	Neutral We have not identified any negative impacts based on marriage of civil partnership; however, we hold limited data on this characteristic for those who have engaged with Healthwatch Swindon.	No disproportionate impact identified	Use Swindon Connect and other existing Community forums to encourage feedback.
Pregnancy and Maternity	Neutral We have not identified any negative impacts based on pregnancy and maternity; in 2025-26 only 2 people who provided feedback were identified as either currently pregnant or had given birth in the last 26 weeks.	Potential for negative impact as pregnant women and new parents are regular users of health services. There may be reduce opportunities to influence maternity and family health services.	There are several avenues for patients to feedback to health services in regard to their experiences of maternity services, including PALs and formal complaints processes.
Race	Neutral We have not identified any negative impacts based on race; however, we hold limited data on this characteristic for those who have engaged with Healthwatch Swindon.	The removal of Healthwatch Swindon may reduce visibility of issues affecting ethnically diverse communities and migrant populations. Healthwatch Swindon has engaged with communities who may experience barriers to healthcare access, including Afghan women and refugees.	Continue to build relationships with Swindon Connect and other religious community groups to encourage engagement and feedback.
Religion or Belief	Neutral We have not identified any negative impacts based on religion or belief; however, we hold limited data on this characteristic for those who have engaged with Healthwatch Swindon. Healthwatch Swindon data shows that approximately 50% of those who provided feedback in 2025-26, identified as white British. The data around this though is inconclusive as a lot of responses on ethnicity were classed as 'unknown'.	Faith Communities may lose an independent route through which concerns can be shared.	Use Swindon Connect and other existing Community forums to encourage feedback.
Sexual Orientation	Negative Potential for negative impact through reduced opportunities to identify and escalate concerns. Healthwatch Swindon has undertaken targeted engagement with LGBTQIA+ communities to understand healthcare experiences and inequalities. Decommissioning may reduce opportunities for these	There is inconclusive data from Healthwatch Swindon as to the sexual orientation of those they engage with (approx. 50% are heterosexual, with one or two classified as pan or bisexual. The majority are classed as 'unknown').	Use Swindon Connect and other existing Community forums to encourage feedback.

	voices to be independently represented within local systems.	Healthwatch Swindon data shows that of the 240 people who provided feedback in 2025-26, 1 person identified as non-binary.	
Sex (gender)	Neutral While Healthwatch Swindon data shows that females are most likely to contact them to provide feedback we have not identified any negative impacts based on gender.	Data from Healthwatch Swindon suggests that the majority of those who engaged were female though notes that for almost half of respondents the sex was 'unknown'.	N/A
Age	Neutral While older people may be disproportionately affected due to higher levels of health and social the numbers engaging with Healthwatch Swindon are very low comparative to the population size.	2025-26 data on those providing feedback is inconclusive as many respondents were categorised as 'unknown'.	N/A
Children in Care and Care Leavers	Neutral We have not identified any negative impacts based on religion or belief; however, we hold limited data on this characteristic for those who have engaged with Healthwatch Swindon.	Healthwatch Swindon has completed specific engagement with young people and provided routes for younger people to contribute to service design. The loss of the service may reduce opportunities for young people to influence health services.	To utilise alternative current mechanisms to engage with young people who use health services.

Section Three- Evaluation

3.1	Is it possible the proposed policy or activity or change in policy or activity could discriminate or unfairly disadvantage people?	Yes, the proposed changes could disadvantage groups with protected characteristics under the Equality Act 2010. Data on those who have engaged with and been engaged through Healthwatch Swindon is not detailed enough to draw more exact conclusions. The service engages with anyone using health or social care which covers a significant proportion of the local population. Healthwatch has targeted people with protected characteristics in some of its engagement work. Therefore, to lose the service will remove some of the opportunity to engage – unless accommodated through other means.
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Final Decision:	Tick the relevant box	Include any explanation / justification required
1. No barriers identified, therefore activity will proceed.		
2. Stop at some point because the data shows bias		

towards one or more groups		
3. Adapt or change the event in a way which you think will eliminate the bias		
4. Barriers and impact have been identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice (e.g. in extreme cases or where positive action is taken). Therefore, proceed with caution with this knowing that it may favour some people less than others, providing justification for this decision.	X	

Section Four – Record Keeping

Will this EqlA be published* (*EqlA's should be published alongside relevant event paperwork including cabinet papers:	Yes
Date Completed	26/08/2026
Review date (if applicable)	

Change Log			
Name	Date	Version	Change Made

Helen Mullinger	12/08/2026	V1	N/A
Joy Kennard	24/08/2026	V2	Minor amendments to text plus comments

For the Record			
Name of person leading this EQIA	Helen Mullinger	Date Completed	27/08/2026
Names and roles of people involved in the consideration of impact	Grace Lynch, Director of Commissioning, Improvement and Assurance Emma Higgins, ICB Helen Mullinger, Community Commissioner		
Name of Director signing EQIA	Grace Lynch	Date Signed	