

 <p>Brent</p>	<p align="center">Cabinet 1 June 2015</p> <p align="center">Report from the Chief Operating Officer</p>
<p align="right">Wards Affected: ALL</p>	
<p>Authority to award contract for a Local Healthwatch Service for Brent</p>	

Appendix 1 is Not for Publication

1.0 Summary

1.1 In accordance with the Council's Contract Standing Order ('CSO') No 88 this report seeks approval to award the contract for Local Healthwatch for Brent for a period of one (1) year with an option to extend for a period of one (1) year to the successful Tenderer following a procurement process. The report summarises the procurement process and procedure undertaken by the Council for the contract.

2.0 Recommendations

That the Cabinet approve the award of the contract for the delivery of a local Healthwatch service for Brent (Healthwatch Brent) from 1st July 2015 for a term of one year with an option to extend by a further one year period to CommUNITY Barnet.

3.0 Detail

Background

3.1. There is a statutory requirement under part 5 of the Health and Social Care Act 2012 for all Local Authorities to setup a local Healthwatch and Complaints Advocacy Service by April 2013. The Act requires the Council to:

- establish a local Healthwatch to act as the new consumer champion for publically funded health and social care;
- take over responsibility for ensuring the provision of a Health Care Complaints and Advocacy service.

3.2. The aim of local Healthwatch is to act as the consumer voice for health and social care. It aims to benefit patients, users of services, carers and the public by helping to get the best out of services, improving outcomes, and helping services to be more responsive to what people want and need. There are seven statutory functions under the guidance from the Department of Health and LGA, relating to Healthwatch and the complaints advocacy services:

Function 1	Gathering views and understanding the experiences of people who use services, carers and the wider community
Function 2	Making people's views known
Function 3	Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinised
Function 4	Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)
Function 5	Providing advice and information about access to services and support for making informed choices
Function 6	Making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion
Function 7	NHS Complaints Advocacy – this function has been commissioned by a separate pan-London agreement.

3.3. The current Local Healthwatch contract covers functions 1 to 6 and is due to expire on 30 June 2015. Function 7 is delivered through a separate contract with Voiceability and was not part of the tender.

3.4. Local Healthwatch is funded by local authorities and held to account by them for the ability to operate effectively and be value for money. The 2012 Act provides that the body contracted to be the local Healthwatch must be a 'body corporate' (i.e. a legal entity).

The tender process

- 3.5 The new contract will be let using a bespoke set of terms and conditions for a period of one year with a possible one year extension.
- 3.6 The opportunity was advertised using the Council's Electronic Tendering Facility (the London Tenders Portal) on 30th January 2015 using a single stage 'open' procedure, whereby Tenderers were invited to submit their tenders alongside their pre-qualification questionnaires. Tenderers were provided with an outline specification and details of the tender approach.
- 3.7 The Tenderers' financial viability and technical ability were evaluated using the pre-qualification questionnaires and the tenders of those who achieved a pass were then evaluated.
- 3.8 The tendering instructions stated that the contract would be awarded on the basis of the most economically advantageous offer to the Council and that in evaluating tenders, the Council would have regard to the following:
- Quality assessment, including:
 - proposed delivery model and proposals in relation to governance arrangements
 - approach to and experience of community engagement and representation
 - approach to gathering the views and experiences of residents to inform commissioning
 - proposals for raising the impact and influence of Healthwatch in the borough
 - proposed model for delivering an information, advice and signposting service
 - approach for the recruitment of Healthwatch members and volunteers
 - proposal for delivering key functions of the contract
 - specific health and safety matters relevant to the contract
 - The tender price for providing the service.
- 3.9 Tenderers were required to submit additional information providing details of their proposed arrangements for performing the contract. Individual method statements were submitted addressing each of the quality criteria listed in 3.8.

Evaluation process

- 3.10 The tender evaluation was carried out by a panel of officers from the Chief Operating Officer's Department and Adult Social Care. An Officer from Brent Clinical Commissioning Group was also in attendance. The evaluation panel was facilitated by the Senior Category Manager, Procurement.

- 3.11 All tenders had to be submitted electronically no later than 12 noon on 16th March 2015. Tenders were opened on 16th March 2015 and four valid tenders were received. Each member of the evaluation panel read the tenders using evaluation sheets to note down their comments on how well each of the award criteria was addressed.
- 3.12 Following evaluation of the pre-qualification questionnaire, three Tenderers were invited to attend presentation and clarification meetings on 27th March 2015, where they presented their submission and the panel asked, and received answers to, some clarification questions. The panel met following the clarification meetings on 27th March 2015 and each submission was marked by the whole panel against the award criteria.
- 3.13 The names of the Tenderers are contained in Appendix 1. The scores received by the tenderers are included in Appendix 2. It will be noted that Tenderer A was the highest scoring tenderer. Officers therefore recommend the award of the contract to Tenderer A, namely CommUNITY Barnet of Barnet House, 7th Floor, 1255 High Road, Whetstone, London.
- 3.14 The contract will commence on 1st July 2015 subject to the Council's observation of the voluntary standstill period noted in paragraph 5.3. below.

4.0 Financial Implications

- 4.1 The Council's Contract Standing Orders state that contracts for supplies and services exceeding £250,000 or works contracts exceeding £500,000 shall be referred to the Cabinet for approval of the award of the contract.
- 4.2.0 The estimated value of this contract is £149,110 per annum and £298,220 (excluding any inflationary uplift), over a period of two years should the option to extend for an additional twelve (12) months stands.
- 4.2.1 It is anticipated that the cost of this contract will be met from the Healthwatch and Advocacy budget within the Chief Operating Officer's Department. Any decision to revise or change the term of this contract should be carefully considered, in light of the cost implication and funding availability.
- 4.2.2 It is pertinent that a favourable payment term is established over the life span of the contract agreement to both parties, to ensure the contract can be fully executed in a cost effective manner.

5.0 Legal Implications

- 5.1 The Health and Social Care Act 2012 and regulations subsequently issued under it govern the establishment of Local Healthwatch, its functions and the responsibilities of Local Authorities to commission Local Healthwatch services.
- 5.2 The value of the contract over its lifetime as mentioned in paragraph 4.1 of this report is over £250,000 and in effect, regarded as High Value Contract under the CSO and Financial Regulations, in that Cabinet approval to award the contract must be sought. Given the value of the contract over its lifetime is higher than the EU threshold for Services, the procurement and award of the contract is governed by EU procurement legislation.
- 5.3 The procurement process for the contract was commenced under the Public Contracts Regulations 2006 ("PCR 2006") and as such, the PCR 2006 continue to apply to the procurement despite the introduction of the Public Contracts Regulations 2015 in February 2015. Under the PCR 2006, health and social services fall within Part B of Schedule 3 of the PCR 2006. Procurement of such services, are not subject to the full EU procurement regulation, except that there must be a technical specification contained in the contract documents and contracting authorities must adhere to the EC Treaty principles of non discrimination and transparency. As mentioned in the body of the report in compliance with the partial application and the Treaty principle, the Council invited tenders and a procurement process was undertaken. Whilst not formally required by the PCR 2006 to, given the regulations are only of partial application, the Council Officers intend to voluntarily observe the a 10 calendar day standstill period under the EU Regulations before the contract is awarded. The successful Tenderer will be issued with a letter of acceptance following the standstill period and the contract can commence.

6.0. Diversity Implications

- 6.1 Members are referred to the Equalities Impact Assessment at Appendix 3 and will note that the contract for the delivery of a local healthwatch service will have positive equalities impact for protected characteristics.
- 6.2. The aim of local Healthwatch is to act as the consumer voice for health and social care. It aims to benefit patients, service users, carers and the public through promoting and supporting the involvement of people in the commissioning and provision of services. In so doing, it helps to make services more user driven with improved outcomes. Healthwatch Brent will be representative of Brent's diverse community, including the nine groups with characteristics protected under the Equality Act 2010. Through the requirements set out in the service specification and ongoing contract monitoring arrangements, the council will make provisions to ensure that these groups are represented equally by local

Healthwatch and that any additional provisions that may be required are put in place.

- 6.3. There is a requirement that the local Healthwatch service will have a large membership that represents the demographics of the area and all sections of the local community and ensures their voices are heard. This membership will have a direct influence over the policy, plans and priorities of Healthwatch Brent. This will ensure that the service is fully inclusive of the nine protected groups and that the health needs and inequalities that these groups may be experiencing are articulated through the service and subsequently relayed to local health stakeholders. In so doing, this will work towards achieving Brent's five core equalities objectives.

7.0 Staffing/Accommodation Implications (if appropriate)

- 7.1 This service is currently provided by an external contractor and there are no implications for Council staff arising from retendering the contract. TUPE will apply to some of the staff of the existing provider. Tenderers were provided with information relating to the terms of employment of the staff and their tenders were submitted taking the implications of this into account. Three staff will transfer from the current provider to the new provider.

8.0 Public Services (Social Value) Act 2012

- 8.1 Healthwatch will act as the consumer champion for local people and will directly contribute to the quality of life and life chances of Brent's residents. The Borough Plan 2015-2019 highlights key priorities and the outcomes that will measure success. The delivery of a local Healthwatch service will contribute to the following priorities:

- Better lives
 - enabling people to live healthier lives and reducing health inequalities
- Better locally
 - making sure that everyone has a fair say in the way services are delivered, that they are listened to and taken seriously
 - building partnerships – between local service providers and between local services and residents – to find new ways of providing services that are more finely tailored to individual, community and local needs.

- 8.2 In addition to the priorities outlined above, and in considering the economic, social and environmental benefits, the procurement of a local healthwatch service for Brent will also contribute to the following areas under social value:

- Working with Brent's diverse community and voluntary sector

- Implementing the council's commitment to the London Living Wage

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APPENDIX 2
BRENT HEALTHWATCH CONTRACT
TENDER EVALUATION GRID

Table 1

	Contractor A	Contractor B	Contractor C
Total Lot Price	£149,110.00	£149,998.00	£150,000.00
Price Score	100.00%	99.41%	99.41%
Weighted Price Score (40%)	40.00%	39.76%	39.76%

Table 2

Criteria	Weighting	Contractor		
		A	B	C
Delivery model	15%	11.25%	7.50%	7.50%
Governance	10%	7.50%	7.50%	7.50%
Community engagement and representation	15%	15.00%	7.50%	7.50%
Gathering the views and experiences of residents to inform commissioning	13%	9.75%	6.50%	6.50%
Impact and influence	13%	13.00%	6.50%	6.50%
Information, advice and signposting service	8%	6.00%	6.00%	6.00%
Recruitment of members and volunteers	8%	6.00%	6.00%	4.00%
Delivery of key functions of the contract	12%	12.00%	3.00%	9.00%
Health and Safety	6%	4.50%	4.50%	4.50%
Total Quality Score		85.00%	55.00%	59.00%
Weighted Quality Score (60%)		51.00%	33.00%	35.40%
Weighted Price Score (40%) from Table 1 above		40.00%	39.76%	39.76%
Total Score		91.00%	72.76%	75.16%

APPENDIX 3

EQUALITIES IMPACT ASSESSMENT

Healthwatch Brent

Department

Assistant Chief Executive's Service

Person Responsible

James Curtis

Created

8th April, 2015

Last Review

31st March, 2013

Status

Screened

Next Review

8th April, 2016

Impact Assessment Data

What effects could your policy have on different equality groups and on cohesion and good relations?

Age – impact: positive

The aim of local Healthwatch is to act as the consumer voice for health and social care. It aims to benefit patients, service users, carers and the public through promoting and supporting the involvement of people in the commissioning and provision of services. In so doing, it helps to make services more user-driven with improved outcomes.

Healthwatch Brent will be representative of Brent’s diverse community, including the nine groups with characteristics protected under the Equality Act 2010. Through the requirements set out in the service specification and ongoing contract monitoring arrangements, the council will make provisions to ensure that these groups are represented equally by Healthwatch Brent and that any additional provisions that may be required are put in place.

Point 10.2 of the service specification states that Healthwatch Brent is required to “nurture partnerships with local service user groups (and existing VCS networks) and other local Healthwatch organisations to ensure high quality feedback and research.” Developing partnerships with local service user groups will ensure that residents with characteristics protected under the equality act are engaged as part of the research and feedback function. As such, this will ensure that they are able to articulate their health needs through the service and subsequently work towards addressing any health inequalities that may impact upon them.

Function three of the service specification makes provisions for “promoting the involvement of people in the commissioning and provision of local care services and how they are scrutinised.” To facilitate this, Healthwatch Brent will operate an ‘enter and view’ policy which enables residents to visit the service with staff and observe for themselves first hand how it operates. Enter and view will ensure that all groups with characteristics protected under the equality act are engaged in the provision and scrutiny of local care services. By reflecting the demography of Brent, enter and view

will also work towards addressing any health inequalities that may impact upon the groups protected by the equality act in the borough.

There is a requirement that Healthwatch Brent will have a large membership that represents the demographics of the area and all sections of the local community, ensuring that their voices are heard. This membership will have a direct influence over the policy, plans and priorities of Healthwatch Brent. This will ensure that the service is fully inclusive of the nine protected groups and that the health needs and inequalities that these groups may be experiencing are articulated through the service and subsequently relayed to local health stakeholders. In so doing, this will work towards achieving Brent's five core equalities objectives.

As outlined in Brent's 2014 Joint Strategic Needs Assessment (JSNA), the 25-49 year old age cohort currently has the highest number of people providing unpaid care (12,413 people). In addition to this, 27% of residents aged over 65 live alone, increasing the risks of loneliness and isolation and associated health problems. There are a number of provisions within Healthwatch Brent to ensure that residents of all ages are fully engaged by the service:

Function five of the service specification states that "continuous dialogue with members and the local community" is a key aim of Healthwatch – this would ensure that all age groups are involved in the commissioning and provision of local services. Likewise, under the organisational description (section 11.1) it states that "Healthwatch Brent will develop and maintain a membership comprising of individuals and organisations as well as patients and communities including children and young people to join and take part in Healthwatch activities." This would ensure that all age groups, specifically young people, are engaged and given the opportunity to provide input on the commissioning and delivery of local health services and any health inequalities that may affect them. The two provisions detailed above would therefore, have positive equalities outcomes for this protected characteristic.

Outcome two of the performance monitoring report, which forms part of the service specification, states that "Healthwatch Brent has clear systems and processes that ensure full engagement of the diverse community, including Outcome four of the performance monitoring report states that "resident's gain access to Healthwatch through a range of avenues and opportunities", which would ensure that provisions are made for elderly residents who may require additional assistance to gain access to venues and provide input into Healthwatch. This would have a positive equalities impact on elderly residents who may require additional support, as it would allow them to engage with the service in a more robust and effective manner.

Disability – impact: positive

Currently, four per cent of Brent's residents have been assessed as permanently sick or disabled; this is projected to increase to 12% by 2020 (JSNA, 2014). There are a number of provisions set out in the service specification to ensure residents with disabilities voices' are heard within Healthwatch Brent:

Function five of the service specification states that "continuous dialogue with members and the local community" is a key aim of Healthwatch – this would ensure that residents with disabilities are involved in the commissioning and provision of local services. Likewise, under the organisational description (section 11.1) it states that "Healthwatch

Brent will develop and maintain a membership comprising of individuals and organisations as well as patients and communities including children and young

people to join and take part in Healthwatch activities.” Both provisions would make the service inclusive of residents with disabilities, giving them the opportunity to provide input on health policy and any health inequalities that may affect them, thus having a positive equalities outcome.

Outcome two of the performance monitoring report states that “Healthwatch Brent has clear systems and processes that ensure full engagement of the diverse community, including engagement with a targeted range of groups on issues of health and social care.” The report goes on to add that, “this will be measured by the number of outreach events and their attendance as well as the demographics of members and volunteers.” This would further ensure that residents with disabilities are engaged and that health issues and inequalities specifically relating to them are discussed and then fed back to local commissioners via the service. As such, this would have a positive equalities impact on disabled residents.

Outcome four of the monitoring report states that “resident’s gain access to Healthwatch through a range of avenues and opportunities”, which would ensure that provisions are made for residents who may require additional assistance to gain access to venues and/or provide input to the service. This would have a positive equalities impact on disabled residents as it would allow them to access the service and engage with it in a more robust fashion.

Finally, outcome five states that “residents feel and state that the information, advice and signposting they receive is helpful, timely, appropriate and accessible.” This would help to ensure that the service is clearly signposted to residents with learning difficulties for example and that they are provided with any additional support necessary to access and engage with the service. This would have a positive equalities impact for this protected characteristic.

Gender identity and expression – impact: positive

Whilst Brent-only figures are unavailable, national statistics reveal a number of health inequalities for transgender people. A 2007 study cited by NHS England found that 34% of transgender people had considered suicide compared with a figure of only 6% for the general public. Other studies have shown significantly higher rates of mental illness, substance abuse and self harm than the rest of the general public. There are a number of provisions within the service specification to ensure that the service is fully inclusive of transgender residents:

Function five of the service specification states that “continuous dialogue with members and the local community”, is a key aim of Healthwatch – this would ensure that transgender residents are involved in the commissioning and provision of local services. Likewise, under the organisational description (section 11.1) it states that “Healthwatch Brent will develop and maintain a membership comprising of individuals and organisations as well as patients and communities including children and young people to join and take part in Healthwatch activities.” This would ensure that a broad cross-section of Brent’s population is engaged and given the opportunity to provide input on health policy and any health inequalities that may affect them, thus having a positive equalities outcome.

Outcome two of the performance monitoring report states that “Healthwatch Brent has clear systems and processes that ensure full engagement of the diverse community, including engagement with a targeted range of groups on issues of health and social care.” Furthermore, the performance monitoring report states that “this will be

measured by the number of outreach events and their attendance, as well as the demographics of members and volunteers.” Targeted engagement of all sections of Brent’s diverse community would ensure that transgender residents are engaged and health issues and inequalities relating specifically to them are conveyed and fed back to local health commissioners and stakeholders. This would then have a positive equalities outcome for this protected group outcome four of the monitoring report states that “resident’s gain access to Healthwatch through a range of avenues and opportunities”, this would ensure that provisions are made for transgender residents who may require additional support to feel secure and comfortable enough to provide input to Healthwatch. This would have a positive equalities impact on transgender residents as it would allow them to access the service and engage with it to a greater extent and in a more effective fashion.

Finally, outcome five states that “residents feel and state that the information, advice and signposting they receive is helpful, timely, appropriate and accessible.” This would help to ensure that the service is clearly signposted to transgender residents and that appropriate messages are conveyed to transgender residents informing them that the service is fully inclusive and that any additional provisions can be made to help them engage with the service. As such, this would have a positive equalities impact for this protected characteristic.

Marriage and Civil Partnership – impact: positive

Brent council recognises that under the public sector equality duty, it is unlawful to discriminate against people who are married or in a civil partnership, as such Healthwatch will be fully inclusive of residents of all marital or partnership status:

Function five of the service specification states that “continuous dialogue with members and the local community” is a key aim of Healthwatch – this would ensure that residents who are married and in civil partnerships are engaged by the service. Likewise, under the organisational description (section 11.1) it states that “Healthwatch Brent will develop and maintain a membership comprising of individuals and organisations as well as patients and communities including children and young people to join and take part in Healthwatch activities.” This would ensure that residents of all marital and partnership status within Brent are engaged and given the opportunity to provide input to the commissioning and provision of local services and any health inequalities that may affect them, thus having a positive equalities outcome.

Outcome two of the performance monitoring report states that Healthwatch Brent must have “clear systems and processes that ensure full engagement of the diverse community including engagement with a targeted range of groups on issues of health and social care.” Furthermore, the performance monitoring report states that “this will be measured by the number of outreach events and their attendance as well as the demographics of members and volunteers.” As such, residents of all marital status would be engaged by the service and any health inequalities and input that they may have fed back via the service.

Outcome four of the monitoring report states that “resident’s gain access to Healthwatch through a range of avenues and opportunities”, which would ensure that provisions are made for residents who may require additional assistance to gain access to venues and/or provide input to Healthwatch. This would have a positive equalities impact on residents of all marital and partnership status as it would allow them to access the service and engage with it in a more robust fashion.

Outcome five states that “residents feel and state that the information, advice and signposting they receive is helpful, timely, appropriate and accessible.” This would ensure that the appropriate messages are conveyed to residents of all marital and partnership status who may require additional assurances that Healthwatch is a safe environment and that the service is fully inclusive. This would have a positive equalities impact for this protected characteristic as residents as it would allow them to engage with the service in a more effective manner.

Pregnancy and maternity – impact: positive

Figures from the Office for National Statistics (ONS) show higher than average infant mortality rates for BAME groups, many of which are prevalent in Brent. Overall, Asian and Black ethnic groups accounted for 17% of infant deaths in 2005, whereas the figure for white British residents was 4.5%. Consequently, there are significant health inequalities for expecting and recent mothers from BAME backgrounds. As part of the public sector equality duty, Brent council recognises that it is unlawful to discriminate against people who are pregnant or have recently had a baby. Brent also recognises that it is a woman’s right to breastfeed in public without interference and will not allow pregnancy or maternal status to interfere with an individual’s recruitment, training or development while at Brent. There are a number of provisions detailed in the service specification to ensure that Healthwatch is fully inclusive of this protected group:

Outcome two of the performance monitoring report states that Healthwatch Brent must have “clear systems and processes that ensure full engagement of the diverse community, including engagement with a targeted range of groups on issues of health and social care.” Furthermore, the performance monitoring report states that “this will be measured by the number of outreach events and their attendance as well as the demographics of members and volunteers.” Likewise, under the organisational description (section 11.1) it states that “Healthwatch Brent will develop and maintain a membership comprising of individuals and organisations as well as patients and communities including children and young people to join and take part in Healthwatch activities.” This would ensure that expecting and recent mothers are engaged effectively and that their input and any information about local health inequalities affecting them are relayed to relevant local commissioners and stakeholders, thus having a positive equalities outcome for this protected group.

Outcome four of the monitoring report states that “resident’s gain access to Healthwatch through a range of avenues and opportunities” this would ensure that consideration is given to any additional assistance that may be required to gain access to venues, attend events and/or provide input to the service (for example, breastfeeding or childcare arrangements). Therefore, outcome four would have a positive equalities impact for this protected characteristic.

Finally, outcome five states that “residents feel and state that the information, advice and signposting they receive is helpful, timely, appropriate and accessible.” This would ensure that the appropriate messages are conveyed to expecting and recent mothers who may require additional assurances that Healthwatch is a safe environment and that the service is fully inclusive. This would then have a positive equalities impact for this protected characteristic.

Race – impact: positive

There are significant health inequalities in Brent that impact disproportionately on Black, Asian and Minority Ethnic (BAME) groups in the borough. According to the 2014 JSNA, Brent's black-African and black-Caribbean population are more susceptible to Glaucoma than the white British population. Similarly, south-Asian ethnic groups are more susceptible to diabetes than the white British population. There are a range of provisions detailed in the service specification to ensure that the service is fully inclusive of BAME residents:

Function five of the service specification states that “continuous dialogue with members and the local community” is a key aim of Healthwatch – this would ensure that BAME residents are fully involved in the commissioning and provision of local services. Likewise, under the organisational description (section 11.1) it states that “Healthwatch Brent will develop and maintain a membership comprising of individuals and organisations as well as patients and communities including children and young people to join and take part in Healthwatch activities.” This would ensure that BAME residents are engaged and given the opportunity to provide input on health policy and any health inequalities that may affect them, thus having a positive equalities outcome.

Outcome two of the performance monitoring report states that Healthwatch Brent must have “clear systems and processes that ensure full engagement of the diverse community including engagement with a targeted range of groups on issues of health and social care.” Furthermore, the performance monitoring report states that “this will be measured by the number of outreach events and their attendance as well as the demographics of members and volunteers.” This would ensure that residents from BAME backgrounds are engaged effectively and that their input and any information about local health inequalities affecting them is relayed to relevant local commissioners and stakeholders, thus having a positive equalities impact.

Outcome four of the monitoring report states that “resident’s gain access to Healthwatch through a range of avenues and opportunities”, this would ensure that provisions are made for residents who may require additional assistance to gain access to venues and/or provide input to Healthwatch. This would have a positive equalities impact on disabled residents as it would allow them to access the service and engage with it in a more robust fashion.

Finally, outcome five states that “residents feel and state that the information, advice and signposting they receive is helpful, timely, appropriate and accessible.” This would ensure that the appropriate messages are conveyed to BAME residents, who may require additional assurances that Healthwatch is a safe environment and that the service is fully inclusive of them. As such, this would have a positive equalities outcome for BAME residents as it would allow them to access the service and engage with it to a greater extent and in a more effective manner.

Religion or belief – impact: positive

There may be health inequalities affecting certain religious groups in the borough, in addition to this, different faith groups in the borough may require additional provisions to access the service. Brent also recognises that many faith groups have a diverse range of religious customs and practices and that Healthwatch may need to operate flexibly to accommodate their religious or cultural practices. Healthwatch has a

number of provisions built into the service specification to ensure that the service is fully inclusive of all faith groups:

Function five of the service specification states that “continuous dialogue with members and the local community” is a key aim of Healthwatch – this would ensure that all faith groups are involved in the commissioning and provision of local services. Similarly, under the organisational description (section 11.1) it states that “Healthwatch Brent will develop and maintain a membership comprising of individuals and organisations as well as patients and communities including children and young people to join and take part in Healthwatch activities.” This would ensure that residents from all faith groups within Brent are engaged and given the opportunity to provide input into health policy and any health inequalities that may affect them. As such, this would have a positive equalities outcome for this protected characteristic.

Outcome two of the performance monitoring report states that Healthwatch Brent must have “clear systems and processes that ensure full engagement of the diverse community including engagement with a targeted range of groups on issues of health and social care.” Furthermore, the performance monitoring report states that “this will be measured by the number of outreach events and their attendance as well as the demographics of members and volunteers.” As such, Healthwatch will engage with all faith groups in the borough to ensure that they are able to articulate any health inequalities that they may be experiencing and are subsequently able to feedback information about policy and local services to commissioners and relevant stakeholders.

Outcome four of the monitoring report states that “resident’s gain access to Healthwatch through a range of avenues and opportunities”, which would ensure that adequate provisions are made for residents who may require additional assistance to gain access to venues and/or provide input to Healthwatch. This would have a positive equalities impact on residents from all faith groups as it would allow them to access the service and engage with it in a more robust fashion.

Finally, outcome five states that “residents feel and state that the information, advice and signposting they receive is helpful, timely, appropriate and accessible.” This would help to ensure that the service is clearly signposted to residents of all faith groups and that they are provided with any additional support that they may require to access and engage with the service. This would have a positive equalities impact for this protected characteristic.

Sex – impact: positive

Men and women have a variety of different health needs. In addition to this, there are a number of health inequalities in the borough that must be taken into account. The 2014 JSNA estimates that over 5,000 women and children in Brent are at risk of, or have already undergone female genital mutilation. The JSNA also points out that women are more likely to develop cancer than men in Brent, although female life expectancy in the borough is longer than male. The service specification makes the following provisions for the inclusion of members of both sexes:

Function five of the service specification states that “continuous dialogue with members of the local community” is a key aim of Healthwatch – this would ensure that both sexes are engaged by the service. Similarly, under the organisational description (section 11.1) it states that “Healthwatch Brent will develop and maintain a

membership comprising of individuals and organisations as well as patients and communities including children and young people to join and take part in Healthwatch activities.” This would ensure that residents of both sexes are engaged and given the opportunity to provide input on health policy and any health inequalities that may affect them.

Outcome two of the performance monitoring report states that Healthwatch Brent must have “clear systems and processes that ensure full engagement of the diverse community including engagement with a targeted range of groups on issues of health and social care.” Furthermore, the performance monitoring report states that “this will be measured by the number of outreach events and their attendance, as well as the demographics of members and volunteers.” As such, Healthwatch will engage with residents of both sexes on issues directly relating to them to ensure that they articulate any health inequalities and concerns that they may have through the service, subsequently feeding back information local health services to commissioners and relevant local stakeholders. This would have a positive equalities outcome.

Outcome four of the monitoring report states that “resident’s gain access to Healthwatch through a range of avenues and opportunities”, which would ensure that provisions are made for residents who may require additional assistance to gain access to venues and/or provide input to Healthwatch. This would have a positive equalities impact on both sexes as it would allow them to access the service and engage with it in a more robust fashion.

Finally, outcome five states that “residents feel and state that the information, advice and signposting they receive is helpful, timely, appropriate and accessible.” This would help to ensure that the service is clearly signposted to residents of all both sexes and that they are provided with any additional support that they may require to access and engage with the service. This would therefore, have a positive equalities impact for this protected group.

Sexual orientation – impact: positive

According to the LGBT charity Stonewall, at a national level, LGB people have a substantially higher risk of mental illness, self-harm and suicide than non-LGB people; this would suggest that there are significant health inequalities affecting Brent’s LGB residents. Healthwatch Brent has a number of provisions detailed in the service specification to make the service fully inclusive of LGB residents:

Function five of the service specification states that “continuous dialogue with members and the local community” is a key aim of Healthwatch – this would ensure that Brent’s LGB residents are engaged by the service. Likewise, under the organisational description (section 11.1) it states that “Healthwatch Brent will develop and maintain a membership comprising of individuals and organisations, as well as patients and communities including children and young people to join and take part in Healthwatch activities.” This would ensure that LGB residents in Brent are involved in the commissioning and provision of local services and any health inequalities that may affect them, thus having a positive equalities outcome.

Outcome two of the performance monitoring report states that Healthwatch Brent must have “clear systems and processes that ensure full engagement of the diverse community including engagement with a targeted range of groups on issues of health and social care.” Furthermore, the performance monitoring report states that “this will be measured by the number of outreach events and their

attendance as well as the demographics of members and volunteers.” Outcome two would ensure that Brent’s LGB residents affected by health inequalities in the borough are engaged effectively and given the appropriate support to articulate their health needs and concerns through local Healthwatch. Therefore, this would have a positive equalities impact for this protected characteristic.

Outcome four of the monitoring report states that “resident’s gain access to Healthwatch through a range of avenues and opportunities”, which would ensure that provisions are made for residents who may require additional assistance to gain access to venues and/or provide input to Healthwatch. This would have a positive equalities impact on LGB residents as it would allow them to access the service and engage with it in a more robust fashion.

Finally, outcome five states that “residents feel and state that the information, advice and signposting they receive is helpful, timely, appropriate and accessible.” This would ensure that the appropriate messages are conveyed to LGB residents, who may require additional assurances that Healthwatch is a safe environment and that the service is fully inclusive. This would have a positive equalities impact on LGB residents as it would allow them to access the service and engage with it to a greater extent and in a more effective manner.

Other (please specify) (select all that apply)

N/A

Please provide a brief summary of any research or engagement initiatives that have been carried out to formulate your proposal.

What did you find out from consultation or data analysis?

Were the participants in any engagement initiatives representative of the people who will be affected by your proposal? How did your findings and the wider evidence base inform the proposal?

The equalities impact assessment was a desktop exercise based on a review of the service specification and key functions of local Healthwatch.

Supporting documentation in the service specification.

Could any of the impacts you have identified be unlawful under the Equality Act 2010? Prohibited acts include direct and indirect discrimination, harassment, victimisation and failure to make a reasonable adjustment.

No

What actions will you take to enhance the potential positive impacts that you have identified?

This will be managed through contractual monitoring arrangements and assessment of performance against outcomes as outlined in the service specification:

1. Residents are fully aware of Healthwatch Brent and it has a high profile across the borough;
2. Healthwatch Brent has clear systems and processes that ensure full engagement of the diverse community, including engagement with a targeted range of groups on issues of health and social care;

3. Residents feel and state that Healthwatch Brent has accurately reflected their views;
4. Residents gain access to Healthwatch through a range of avenues and opportunities;
5. Residents feel and state that the information, advice and signposting they receive is helpful, timely, appropriate and accessible;
6. Healthwatch Brent secures patient and public involvement in health and social care, leading to improved patient and user experience;
7. Healthwatch Brent fulfils the key functions of a local Healthwatch;
8. Healthwatch Brent has established constructive and open relationships with health and social care commissioners, providers and the Health and Wellbeing Board, influencing the policy, planning, commissioning and delivery of health and social care in Brent.

What actions will you take to remove or reduce the potential negative impacts that you have identified?

Healthwatch Brent will have a positive outcome for all nine groups protected by the Equality Act 2010. This will be managed through on-going contractual monitoring arrangements.

Please explain how any remaining negative impacts can be justified?

N/A