

## Cabinet

9 November 2017

### Local Healthwatch Service: Consultation findings and Proposed Service Model

#### Recommendations

That Cabinet

- 1) Agree findings of the consultation process which will inform the Local Healthwatch re-tender.
- 2) Approve the principles of the new service, in order to proceed with the procurement of the new Local Healthwatch Service.
- 3) That the Joint Managing Director (Communities) be authorised to commence an appropriate procurement process and award any contracts for the service on terms and conditions satisfactory to Joint Managing Director (Resources).

#### 1.0 Introduction

- 1.1 The Health and Social Care Act 2012 proposed that Healthwatch would be the new consumer voice and champion for users of publicly funded Health and Social Care services.
- 1.2 Healthwatch exists in two main forms, Healthwatch England and local Healthwatch.
- 1.3 Healthwatch England's vision is to enable the collective views and experiences of people who may use Health and Social Care services to; help shape the delivery of these services, influence the services they personally receive and to hold services to account. The latter point is strengthened by Healthwatch England being a committee of the Care Quality Commission (CQC), enabling Healthwatch England to strengthen the links between patient/public links and regulation.
- 1.4 The local Healthwatch in Warwickshire is Healthwatch Warwickshire (current provider). Healthwatch Warwickshire was originally set up through a consortium of third sector organisations including; Warwickshire CAVA, Warwickshire CAB and Age UK. Each organisation brought with it a particular unique set of skills and experience to enable the further growth and development of what is now Healthwatch Warwickshire, a not for profit

company limited by guarantee, converted to a Community Interest Company in April 2016.

- 1.5 The current Healthwatch contract was awarded to Warwickshire CAVA in January 2013 for two years. Due to the Health and Social Care Act 2012 requiring the service to be delivered by an independent legal entity, the contract was novated over to Healthwatch Warwickshire in April 2013. A contract extension was agreed until March 2018, this has now been superseded by an exemption until October 2018.
- 1.6 The core functions of Healthwatch Warwickshire include:
- Gather views and experiences
  - Make these views known, both locally and nationally as appropriate
  - Promote and support involvement in commissioning of health services and provision of care services
  - Where appropriate, recommend investigation or special review of services via Healthwatch England to the CQC
  - Provide or signpost to advice and information re access to services
  - Make known the views and experiences of people to other local Healthwatch organisations and Healthwatch England; and provide a steer to help it carry out its role as a national champion.
  - Enable access to NHS Complaints Advocacy Services
- 1.5 Through the One Organisational Plan 2017-20, the County Council describes how it will rise to the challenge of making Warwickshire the best it can be. Over the last three years, the County Council has delivered £92 million of savings and is now faced with making further savings of £67 million. This means shaping the future of a very different County Council and different public service provision that can be afforded both now and up to 2020.
- Since 2015/16, Public Health has experienced a significant and recurrent reduction to its ring fenced grant funding from the Department of Health. This is likely to continue until 2020. In addition to local Council savings, the impact of these reductions is significant and a challenge to achieve. In order to meet this challenge, Public health is redesigning its services, ensuring that prevention and early intervention are a major part of the new offer to the public, whilst continuing to commission priority, high quality and value for money services. We must ensure that vulnerable citizens are supported and that services are as efficient and effective as possible.
- 1.6 On 14th October 2016, the Portfolio Holder for Finance and Property authorised the Strategic Director of Communities to proceed with an appropriate procurement process to enable the award of contract(s) for the provision of a Local Healthwatch Service with a contract start date of 1st April 2018.
- 1.7 Since the current Healthwatch contract is subject to OOP 2020 savings and also following the snap election earlier in 2017, a decision was taken to seek an exemption to allow for appropriate consultation on the proposed service.

An exemption was received on 21st December 2016 to exempt the contract until 31st October 2018, upon which time the new contract would have been tendered and awarded.

- 1.8 We are continuing to work closely with our key stakeholders in the public, private and voluntary sector to open up new conversations with us to review and explore a range of options and different ways of working.
- 1.9 This paper provides details of the key findings and outcomes of the consultation process which have informed the proposed service model.

## **2.0 Consultation process**

- 2.1 A 10 week consultation started on 17th July 2017 and ended on 22nd September 2017. The aim of this consultation was to effectively engage with local people including key partners in health and social care, service users and their families and carers to find out their views and experiences of the local Healthwatch service and ensure there were opportunities for them to influence and shape the new service.
- 2.2 The consultation process was framed around a set of seven local Healthwatch functions which are derived from the requirements prescribed in available legislation and guidance:
  - Gather views and experiences
  - Make these views known, both locally and nationally as appropriate
  - Promote and support involvement in commissioning of health services and provision of care services
  - Where appropriate, recommend investigation or special review of services via Healthwatch England to the CQC
  - Provide or signpost to advice and information re access to services
  - Make known the views and experiences of people to other local Healthwatch organisations and Healthwatch England; and provide a steer to help it carry out its role as a national champion.
  - Enable access to NHS Complaints Advocacy Services
- 2.3 A range of consultation methods were used to reach the target audience:
  - Online survey and paper survey
  - Face to face engagement
    - WCC libraries
    - Healthwatch Warwickshire Annual Conference 2017
    - Health and Social Care Conference 2017
    - Making Space Service User Forums
  - Provider engagement event - 18th September 17

### 2.3.1 Survey

A paper and online version of the survey was produced and shared widely through the channels outlined in this report (Appendix A). The online survey was hosted on [warwickshire.gov.uk/ask](http://warwickshire.gov.uk/ask). Prepaid envelopes were distributed with the survey or a box was available when promoting the survey at various events. The completed surveys were inputted and stored securely by WCC, Public Health. A telephone consultation helpline and email address - [phconsultations@warwickshire.gov.uk](mailto:phconsultations@warwickshire.gov.uk) were set up to provide support to respondents.

### 2.3.2 Face to face engagement

During the consultation period the service Commissioner and Officer visited WCC libraries in each of the five district and boroughs and various events to engage with local people. This provided the opportunity to participate in the consultation through either completing the online or paper survey, which was also available to take away and complete at a later date. Making Space also assisted in the face to face promotion of the survey and where appropriate other Commissioners and Officers in Public Health promoted the survey at various venues and events across the county.

### 2.3.3 Provider engagement event

WCC Public Health organised an engagement event for potential providers of the new service to engage and seek their views and experience of the current service and provide the opportunity to share their views on the new service. Both the online and paper surveys were available on the day to complete.

2.4 A WCC marketing and communications plan was produced to ensure consultation was shared widely across the county and an evaluation of this has been produced (Appendix B). Where possible and appropriate, shared consultation activities were carried out in conjunction with other Public Health commissioners who were also conducting consultation activity with similar time frames. This approach helped to avoid over consulting and duplication of engagement with similar stakeholders as well as providing an opportunity for Public Health to promote and share information on a range of services to a wider audience.

2.5 Costs relating to the consultation were met within current Public Health budgets.

2.6 A consultation findings report has been produced (see Appendix C). Section 3.0 of this report outlines the key findings from the consultation

### **3.0 Key findings**

- 3.1 189 people responded to the survey. The findings were analysed separately for the public and partners. All of the detailed findings of the report are available in the Consultation Findings Report (Appendix C).
- 3.2 Some 60% of public respondents were aware of Healthwatch Warwickshire services prior to completing the survey.
- 3.3 Making a contribution to improving local health and social care services was a key reason for people to share their views and experiences about health and social care services.
- 3.4 Online methods of communication were the preferred option for both providing feedback and gaining information about health and social care services. However, face to face communication was still popular, particularly for finding out about health and social care services and for those without access to the internet.
- 3.5 The most popular way in which respondents wanted to hear news about Healthwatch Warwickshire's activities was via electronic newsletter or the Healthwatch Warwickshire website.
- 3.6 Social media was not a popular way to get or feedback information about health and social care.
- 3.7 Respondents would prefer to be involved with Healthwatch Warwickshire by providing online feedback.
- 3.8 GP surgeries and Warwickshire County Council were the most likely organisations for people to seek help and advice from about health and social care services.
- 3.9 Awareness of local advocacy services was low.

### **4.0 Proposal**

- 4.1 This report seeks agreement from Cabinet to use the key findings from consultation process to further influence service specification and will ensure the views of stakeholders are integral to the service design.
- 4.2 The findings from the consultation will be considered with previous findings from the reviews of the service by both [Leeds Beckett University](#) and [Healthwatch Wiltshire](#).

- 4.3 The proposed new service model also responds to the requirements outlined in the Health and Social Care Act 2012, which sets out to explore the most effective ways consumers of health and social care services can access, share their experiences of and influence the health and social care agenda.
- 4.4 The future delivery model will be outcome focused. It will be ambitious and characterised by its ability to motivate and support people to assert themselves and share their experiences, positive or negative, in terms of their experiences of health and social care services.

Due to legislative requirements, Healthwatch activities will include:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
  - Enabling local 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 local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
  - Making reports and recommendations about how local care services could or ought to be improved. These should be 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 choices can be made 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 to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
  - Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.
- 4.5 Taken from the consultation analysis and work with stakeholders, principles of the new service will include:
- Increased focus on collaboration, joining up with other services and partners, including advocacy services.
  - Increased working across geographies to take account of the changing health and social care landscape. To include; county, sub regional, STP footprint and regional working.
  - Stronger patient voice at strategic forums.
  - Active engagement of volunteers.
  - Increased emphasis on prioritisation.

- Focus on universal services.
- Place based focus on health and wellbeing.

4.6 The contract length will be for a maximum of 2 plus 3 years and the contract value will be no more than £217k per annum.

## 5.0 Equality Impact Assessment

5.1 Following the consultation process, the Equality Impact Assessment has been reviewed and updated to reflect the consultation findings and profile of respondents and is awaiting final approval (see Appendix D).

## 6.0 Timescales associated with the decision and next steps

6.1 Following Cabinet's decision, the table below sets out the critical milestones and key deadlines for the tendering and commissioning of the local Healthwatch service.

<b>Milestones</b>	<b>Deadline</b>
Cabinet meeting	9th November 2017
Tender process begins	4th December 2017
Tender process closes	17 <sup>th</sup> January 2017
Tender evaluation period	18 <sup>th</sup> January – 17 <sup>th</sup> February 2017
Contract award	March 2018
Service transition period	April 2018 - October 2018
New service starts	1st November 2018

6.2 Providing feedback to respondents is a vital element of the consultation process and this will be undertaken by ensuring the final consultation report is made publicly available on 'Ask Warwickshire' and widely shared with all stakeholders including service users, public and partners.

## Background papers

None

## Appendices

Appendix A - Copy of the consultation survey

Appendix B - Marketing and communications evaluation

Appendix C - Consultation Findings Report

Appendix D - Equality Impact Assessment (EqIA)

	<b>Name</b>	<b>Contact Information</b>
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Portfolio Holder	Cllr Les Caborn	cllrcaborn@warwickshire.gov.uk

The report was circulated to the following members prior to publication:

Local Member(s): N/A

Other members: Councillors Caborn, Redford, Golby, Parsons, Rolfe



## Local Healthwatch Service Consultation Survey

### Reason for consultation

Warwickshire County Council (WCC) Public Health, currently commission local Healthwatch in Warwickshire. This service is currently provided by Healthwatch Warwickshire. The current service contract is due for renewal and therefore WCC are carrying out a consultation about this service from local people including key partners in health and social care, service users and their families and carers. The consultation period is 17th July – 22nd September 2017.

This survey provides you with an opportunity to share your views and experiences of the local Healthwatch service and comment on possible future provision. The findings will be used to shape the new service which will be implemented in 2018. We really value your input to ensure the service meets your needs. There is a glossary at the end of this survey which you may find useful to refer to.

Healthwatch was launched by the Government in 2013 as part of the Health and Social Care reform in 2012, to ensure people are at the centre of health and social care services. Examples of Health and Social Care services include: GP Practice, Pharmacy, Hospital, Dentist and Residential Care Home. Healthwatch is a mandatory service and exists in two forms, Healthwatch England and local Healthwatch.

Healthwatch England are the independent consumer champion for health and social care. Their job is to make sure that those who run local health and care services, understand and act on what really matters to people. Local Healthwatch services exist in every local authority area. In Warwickshire, this service is called Healthwatch Warwickshire. They are independent organisations with seven key functions:

1. Gather views and experiences of patients and the public
2. Make these views known, both locally and nationally as appropriate
3. Promote and support involvement in commissioning of health services and provision of care services
4. Recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)
5. Provide advice and information about access to services and support for making informed choices
6. Make known the views and experiences of people to other local Healthwatch organisations and Healthwatch England and provide a steer to help it carry out its role as a national champion
7. Access and refer customers to NHS Complaints Advocacy Services

## Warwickshire County Council Privacy Statement

The information/data collected by this survey will be kept strictly confidential and shared only with Warwickshire County Council staff responsible for analysis of the data and those responsible for the commissioning of the local Healthwatch service. All data will be stored securely and erased within four years.

All comments, feedback and information we receive will be used to inform how future local Healthwatch services are delivered. You will not, in any way, be identifiable in the survey analysis from your responses and any comments will be anonymous. The findings from the consultation will be presented to Warwickshire County Council's Cabinet, for their approval to commence a tender process for these services.

Please do not provide any additional correspondence to our surveys as personal information, may be disclosed in accordance with the Freedom of Information Act 2000 and the Data Protection Act 1998. If you want the information that you provide to be treated as confidential, including your contact details, please tell us why, but be aware that, under the Freedom of Information Act, we cannot always guarantee confidentiality.

For further information see [www.warwickshire.gov.uk/privacy](http://www.warwickshire.gov.uk/privacy) or contact our Customer Service Centre on 01926 410410.

### Q.1 I am completing this survey as:

Please select one option only

- A Warwickshire resident
- A previous or current service user of Healthwatch Warwickshire
- A carer/family/friend of someone who has used or may use Healthwatch Warwickshire
- An individual/organisation who works or may work in partnership with Healthwatch Warwickshire **(Please go to q. 2b)**
- Other - Please specify

### Q.2a Please select the district or borough in Warwickshire where you live

Please select one option only

- North Warwickshire Borough
- Nuneaton and Bedworth Borough
- Rugby Borough
- Stratford-on-Avon District
- Warwick District
- I don't live in Warwickshire
- Prefer not to say

**Q.2b Please only answer if you selected the following for Q1 – ‘As an individual/organisation who works or may work in partnership with Healthwatch Warwickshire’, which organisation do you work for?**

Please select one option only

- Clinical Commissioning Group
- Local Authority
- NHS Trust
- Third sector/voluntary sector
- Private sector
- Other - Please specify

*The following questions focus on some of the functions of a local Healthwatch service provided by Healthwatch Warwickshire*

**Q.3 Before starting this survey, how aware were you of the services offered by Healthwatch Warwickshire?**

Please select one option below that best fits your knowledge of Healthwatch Warwickshire

- I am fully aware of the range of services provided by Healthwatch Warwickshire - **go to q. 4**
- I know a little of what Healthwatch Warwickshire do - **go to q.4**
- I have heard of Healthwatch Warwickshire but don't really know what they do - **go to q.4**
- I have not heard of Healthwatch Warwickshire - **go to q.6**

**Q.4 Please indicate how, if at all, you have used the Healthwatch Warwickshire service**

Please select all that apply

- To share my experiences and knowledge to help improve health and social care services - **go to q.6**
- To make a complaint or raise a serious issue about a health or social care service - **go to q.6**
- To get information and advice about health and social care services - **go to q.6**
- I have not used the Healthwatch service - **go to q.5**
- Other please specify - **go to q. 6**

**Q.5 For what reason/s have you not used the Healthwatch Warwickshire service?**

Please select all that apply

- Not needed to contact Healthwatch Warwickshire about anything
- Heard of Healthwatch Warwickshire but don't know what they do
- I would prefer to share my experiences directly with the organisation delivering the health and/or social care service
- Other - Please specify

**Q.6 One of the roles of the local Healthwatch service/Healthwatch Warwickshire is to gather the views and understand the experiences of the public about health and social care services. What would encourage you to share/continue to share your views and experiences, both positive and negative?**

Please select all that apply

- To be reassured the information supplied is confidential and anonymous
- Understand that it may help improve health and social care services
- Feedback on how my views and experiences have made an impact
- Other Please specify

**Q.7a Please indicate how likely you are to use any of the following methods to feedback your experiences of health and social care services**

Please tick to indicate how likely you are to use each method

	Very unlikely	Unlikely	Neither unlikely or likely	Likely	Very Likely
Online feedback form via secure website					
Social Media e.g. Facebook/Twitter					
Email					
Confidential telephone line					
Face to face with an individual					
Organised events					
Paper feedback form					

**Q.7b Please provide any reasons/comments for your answers above**

**Q.8a Please indicate how likely you are to use any of the following methods to find information about local health and social care services**

Please tick to indicate how likely you are to use each method

	Very unlikely	Unlikely	Neither unlikely or likely	Likely	Very Likely
Healthwatch Warwickshire Website					
Social media e.g Facebook/Twitter					
Email					
Telephone					
Face to Face with an individual					
Organised events					

**Q.8b Please provide any reasons/comments for your answers above**

**Q.9a If you were able to access Healthwatch Warwickshire for face to face support, how likely are you to use the following venues?**

Please tick to indicate how likely you are to use each method

	Very unlikely	Unlikely	Neither unlikely or likely	Likely	Very Likely
Libraries					
Community hubs					
Community centres/village halls					
Faith based locations e.g Mosque or Church					

**Q.9b Are there any other venues you would be likely to use to access Healthwatch Warwickshire for face to face support?**

**Q.10 A function of Healthwatch Warwickshire is to make people's views known and seek to influence health and social care decisions. How would you like feedback about this to be shared with you?**

Please select all that apply

- Electronic newsletter
- Social media e.g. Facebook/Twitter
- Reports/articles on the Healthwatch Warwickshire Website
- Public meetings
- Other - Please specify

**Q.11 A function of Healthwatch Warwickshire is to promote and support the involvement of people in the commissioning and provision of health and social care services and how they are delivered. Which ways (if any) would you prefer to be involved?**

Please select all that apply

- Attend focus groups to share views
- Become a Healthwatch Warwickshire volunteer
- Provide feedback online
- Other please specify
- I do not want to be involved

**Q.12 A function of a local Healthwatch is to provide advice and information (signposting) about access to services and support for making informed choices. If you had a question about health and social care services which other organisations might you contact for support and advice?**

Please select all that apply

- Warwickshire County Council
- District/Borough Council
- Citizens Advice Bureau
- Local Councillors
- GP Practice
- Pharmacy
- Hospital
- Other - please specify

**Q.13 A function of Healthwatch Warwickshire is to signpost to, and make the public aware of, local advocacy services. For each of the services listed below please indicate how you were made aware of it (if applicable).**

Select one for each option

	Not aware of this service	Aware of this service - signposted by Healthwatch Warwickshire	Aware of this service - signposted by another source
NHS Complaints (provided by Pohwer)			
General Health Advocacy (provided by Pohwer)			
Independent Mental Health Advocacy (provided by Voiceability)			

**Q.14 Please use the box below to provide any other comments about local Healthwatch services**

**Q.15 How did you hear about this survey?**

Please select one option only

- Website
- Email
- Social media - Facebook/Twitter
- Newsletter
- Library
- Face to face promotion
- Word of mouth
- Other please specify

### **Equality Monitoring Information**

Warwickshire County Council is committed to promoting and achieving equality and fairness for all. The information requested below helps us monitor and understand the profile of our customers, staff and members. It is confidential and anonymous, and it cannot be attributed back to you.

Under the Public Sector Equality Duty section of the Equality Act 2010, we have a legal duty to understand the communities we serve, our customer profile and the profile of our staff and members. This Duty can only be met by effective monitoring of the protected characteristics as identified in the Equality Act 2010.

**What is your gender identity? Please tick one box**

- Male (including trans man)
- Female (including trans woman)
- Other including non-binary

**How old are you? Please tick one box**

- Under 18    18 – 29    30 – 39    40 - 49    50- 59    60 – 69
- 70 - 79    80+

**Do you have a long standing illness or disability? (physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.)? Please tick one box**

- Yes
- No

**What is your religion? Please tick one box**

<b>Buddhist</b>		<b>Sikh</b>	
<b>Christian</b>		<b>Other - please specify</b>	
<b>Jewish</b>		<b>None</b>	
<b>Muslim</b>		<b>Prefer not to say</b>	
<b>Hindu</b>			

**Do you consider yourself to be... (please tick one box)**

<b>Heterosexual or straight</b>		<b>Other</b>	
<b>Gay or lesbian</b>		<b>Prefer not to say</b>	



<b>Bisexual</b>			
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<b>What is your ethnicity? Please tick one box</b>			
<b>White – English/ Welsh/ Scottish/ Northern Irish / British</b>		<b>Asian or Asian British - Pakistani</b>	
<b>White - Irish</b>		<b>Asian or Asian British - Bangladeshi</b>	
<b>White – Gypsy or Irish Traveller</b>		<b>Asian or Asian British - Chinese</b>	
<b>White – Other White</b>		<b>Asian or Asian British - Indian</b>	
<b>Mixed - White and Black Caribbean</b>		<b>Asian or Asian British – Other Asian</b>	
<b>Mixed - White and Black African</b>		<b>Black or Black British - African</b>	
<b>Mixed - White and Asian</b>		<b>Black or Black British - Caribbean</b>	
<b>Mixed – Other Mixed</b>		<b>Black or Black British – Other Black</b>	
<b>Other ethnic group: Arab</b>		<b>Any other Ethnic group.</b>	

**Thank you for taking the time to complete this survey.**

# APPENDIX B

## Marketing and Communications Evaluation

### 1.0 Background

The aim of this consultation activity was to effectively engage with local people including key partners in health and social care, service users and their families and carers to find out their views and experiences of the local Healthwatch service and ensure there were opportunities for them to influence and shape the new service.

A marketing and communications plan was produced in collaboration with other Public Health service consultations to ensure the consultation reached the target audience and ensure a wide response from across the county. The plan was led and delivered by a WCC Marketing and Communication Officer and Commissioners and Officers in Public Health and an overview of the plan is outlined below.

### 2.0 Consultation Methods

A range of consultation methods were used to reach the target audience:

- Online survey and paper survey (Appendix A)
- Face to face engagement
  - WCC libraries
  - Healthwatch Warwickshire Annual Conference 2017
  - Health and Social Care Conference 2017
  - Making Space Service User Forums
- Provider engagement event - 18th September 17

### 3.0 Audience

The key target audiences are outlined below.

- All Warwickshire residents
- WCC staff and councillors
- District & Borough Councils staff and councillors
- 4 NHS Trusts
- 3 CCGS
- Patient Participation Groups
- Healthwatch Warwickshire Service Users, Volunteers and Staff

### 4.0 Channels

Various internal and external channels were used on multiple occasions throughout the consultation as appropriate to ensure the consultation reached a wide audience. Colleagues across WCC and partner organisations also supported the survey through their own channels some of which are outlined in the tables below.

## Internal Channels

<b>Channel</b>	<b>Detail</b>
Intranet headline article	WCC Intranet homepage
Working for Warwickshire	All staff newsletter
MD Briefing	Managing Director's Briefing to all staff
Re:member	Newsletter to all councillors
Your Warwickshire	Newsletter to MP's
Group briefings	Briefings to staff groups - Resources, Communities and Fire & Rescue, People Group
Public Health Matters	Internal Newsletter

## External Channels

<b>Channel</b>	<b>Detail</b>
Ask Warwickshire website	<a href="http://warwickshire.gov.uk/ask">warwickshire.gov.uk/ask</a> and email to all subscribers
Email	Multiple email adverts in Mailchimp, circulated to Public Health masterlist (stakeholders and media)  Warwickshire weekly news and health and wellbeing news sent to email subscribers (members of the public)
Social media	Free posts to Public Health Twitter and Facebook and shared across WCC main accounts
Face to face	Public engagement at libraries and events
Newsletters/Magazines	Examples include, WCAVA grapevine, Healthwatch newsletter, CCG newsletter

Press release	Press notice sent to local media for radio/newspapers
Printed collateral	Posters and postcards - details about the online survey, telephone and email helpline we distributed across the county to GPs, Pharmacies, Libraries.

### Warwickshire County Council Consultation on local Healthwatch

There's still time to [have your say](#) on the local [Healthwatch](#) service in Warwickshire.

[Complete the survey](#)

Warwickshire wants to work closely with service users, their families and key partners within health and social care, to learn about your views and experiences of your local [Healthwatch](#) service, in order to help shape the future provision.

The new service will focus on delivering outcomes that positively impact on an individual's health and wellbeing and on those of society as a whole.



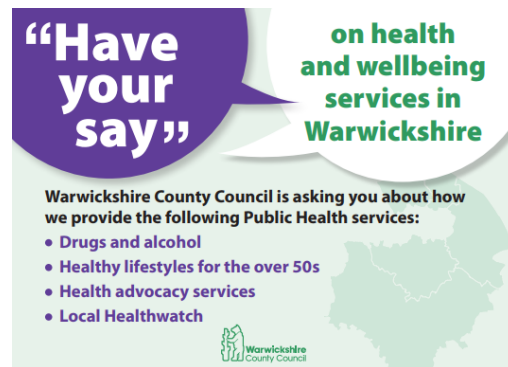
[Have your say](#)

The consultation is open until 22 September 2017. During this time people will [have](#) the opportunity to find out more about the council's proposals, and share their views.

For more information, read the full [press release](#).

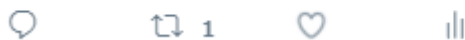


### Warwickshire County Council Consultation on local Healthwatch



**PublicHealthWarks** @WCCPublicHealth · Aug 17

Still time to have your say on the local Healthwatch service in [#Warwickshire](#) [uk.focusvision.com/survey/selfser...](#) [@North\\_Warks\\_BC](#) [@WarksNorthCCG](#)



Examples of the coverage

## 5.0 Conclusion

The consultation was shared widely across the county. The majority of the respondents heard about the survey via email. 189 people from across the five districts and boroughs responded to the online and paper survey. Details of the findings are available in Appendix C.



## Healthwatch Consultation Analysis

### Background

The Healthwatch consultation took place between 17th July and 22nd September 2017. In total there were 189 responses to the survey. Seventy two percent of the surveys were completed online while the remainder were completed as paper copies.

### Key Messages

- Some 60% of public respondents were aware of Healthwatch Warwickshire services prior to completing the survey.
- Making a contribution to improving local health and social care services was a key reason for people to share their views and experiences about health and social care services.
- Online methods of communication were the preferred option for both providing feedback and gaining information about health and social care services. However, face to face communication was still popular, particularly for finding out about health and social care services and for those without access to the internet.
- The most popular way in which respondents wanted to hear news about Healthwatch Warwickshire's activities was via electronic newsletter or the Healthwatch Warwickshire website.
- Social media was not a popular way to get or feedback information about health and social care.
- Respondents would prefer to be involved with Healthwatch Warwickshire by providing online feedback.
- GP surgeries and Warwickshire County Council were the most likely organisations for people to seek help and advice from about health and social care services.
- Awareness of local advocacy services was low.

### About respondents

Respondents to the survey can be grouped into the following categories.

**Table 1. Respondent categories**

Respondent category	Number	%
Public	153	81%
Previous or current service user of Healthwatch Warwickshire	0	0%
Carer/family/friend of someone who has used or may use Healthwatch Warwickshire	8	4%
Individual/organisation who works in partnership with Healthwatch Warwickshire	17	9%
Other	11	6%

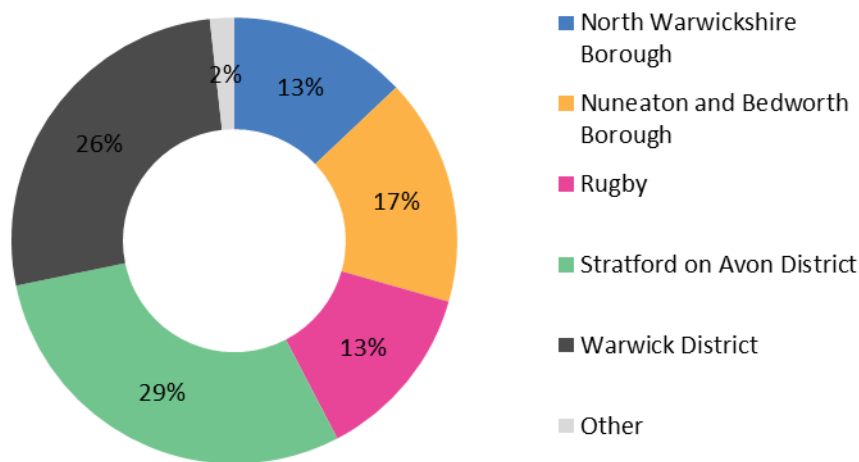


For the purposes of analysis, respondents have been grouped into two categories. Those who identified themselves as either public/carers/friends/family/other have been grouped as 'public' while those who selected 'individual/organisation who work in partnership with Healthwatch Warwickshire', are referred to as 'partners'. The term 'all respondents' refers to both categories.

### Where respondents live

Public respondents were asked in which district/borough they lived. Figure 1. indicates the distribution of respondents around the county.

**Figure 1. Public respondents by place of residence**



### Age of respondents

Around 84% (137) of public respondents were over the age of 50.

**Table 2. Age distribution of all respondents**

	18-29	30-39	40-49	50-59	60-69	70-79	80+
No. of People	0	11	16	40	71	26	0
% of Total	0%	7%	10%	24%	43%	16%	0%

### Partner workplaces

Respondents who identified themselves as an 'Individual/organisation who works in partnership with Healthwatch Warwickshire' were asked which sort of organisation they worked for. The following table summarises workplace locations.



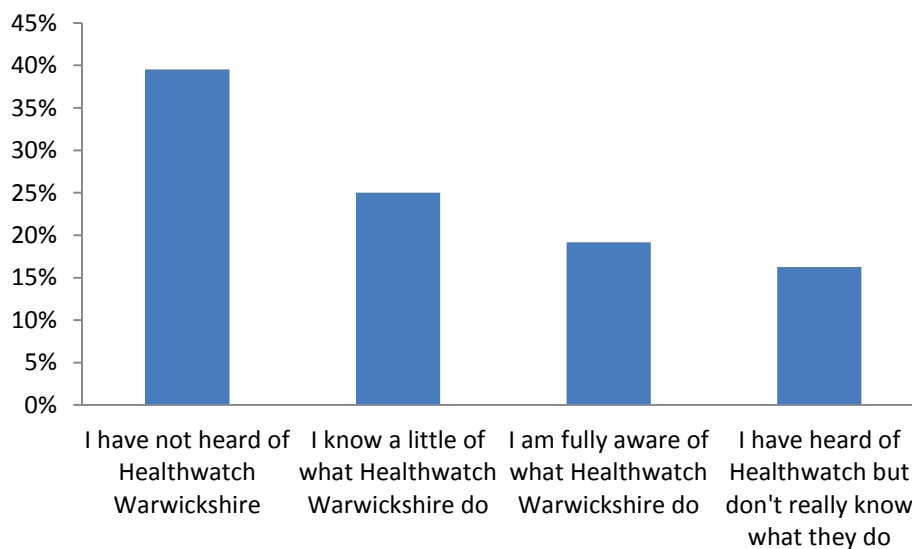
**Table 3. Workplace location for partner respondents**

Workplace	Number	%
Local Authority	9	53%
Other	3	18%
Third/voluntary sector	2	12%
NHS Trust	1	6%
Clinical Commissioning Group	1	6%
Private sector	1	6%

### Awareness of Healthwatch Warwickshire

All respondents were asked how aware they were of the services offered by Healthwatch Warwickshire prior to starting the survey.

**Figure 2. Public level of awareness of Healthwatch Warwickshire prior to survey**



Overall, 60% (104) of public respondents knew something about Healthwatch Warwickshire. One in five respondents were 'fully aware' of Healthwatch Warwickshire's activities. Around 40% (52) of public respondents either knew 'a little' or had heard of Healthwatch but 'don't really know what they do'. The remaining 40% (52) had not heard of Healthwatch Warwickshire. All partners were aware of Healthwatch Warwickshire although not 'fully aware'.

### Use of Healthwatch Warwickshire

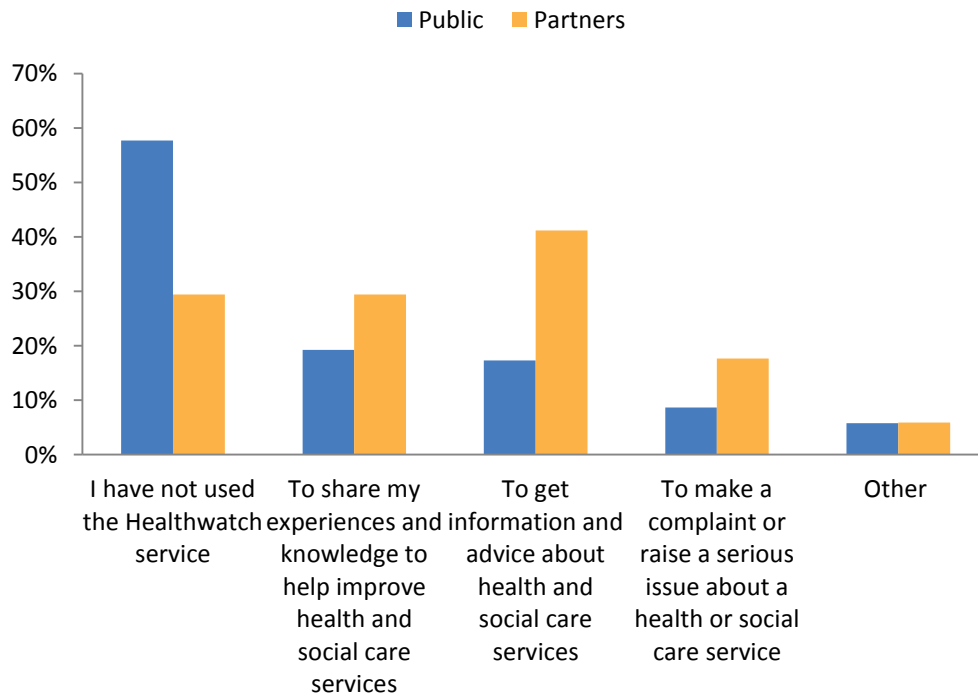
Respondents were asked how, if at all, they had used the Healthwatch Warwickshire service.





Figure 3 highlights both public and partner responses to this question. Over half of the public respondents had not actually used Healthwatch Warwickshire services.

**Figure 3. Reasons for using Healthwatch Warwickshire**



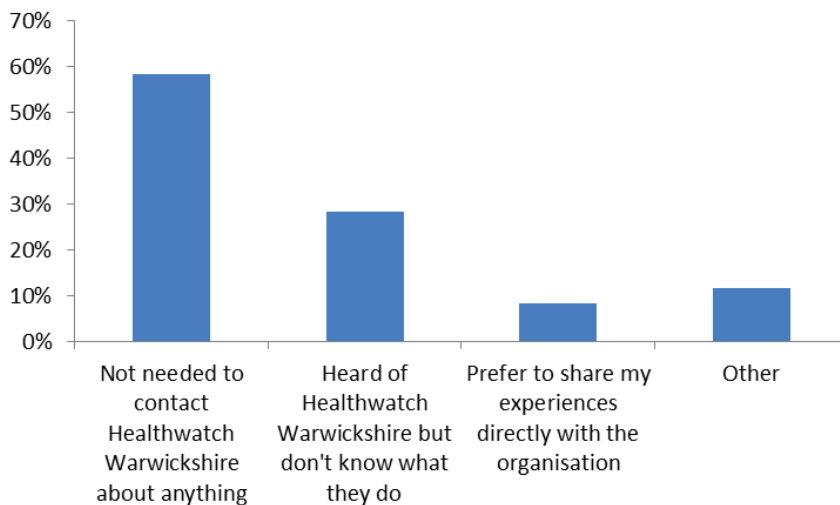
However, for public respondents who had used the service, the most popular reason was to share experiences (46%) while a similar number had used the service to get information and advice. Around 1 in 5 public respondents, who had used the service, had done so to make a complaint.

For partners, the most popular use of the Healthwatch service was to get information and advice followed by sharing experiences. Very few had used the service in making a complaint.

Respondents who **had not** used the Healthwatch Warwickshire service were then asked why they had not. Figure 4 indicates the responses received.



**Figure 4. Reasons for not using the Healthwatch Warwickshire service – Public respondents**

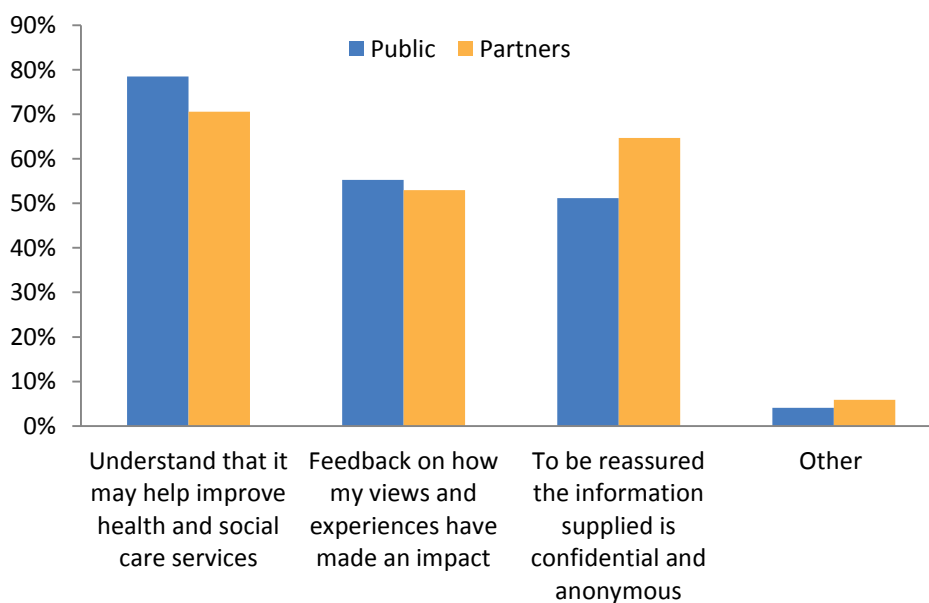


The majority of public respondents had simply not needed to contact Healthwatch about anything or, to a lesser extent, were not sufficiently aware of the activities Healthwatch Warwickshire provided. A limited number of comments were received which indicated respondents had not known about the organisation previously; “Didn’t know they existed when I would have needed them” and “They were unknown to me”.

### Sharing views and experiences

All respondents were asked what would encourage them to share or continue to share their views and experiences (positive and negative) of local health and social care services.

**Figure 5. Motivation to share views and experiences**



For both public and partners, the most popular motivation for sharing views and experiences was a desire to help improve health and social care services. The confidentiality of feedback

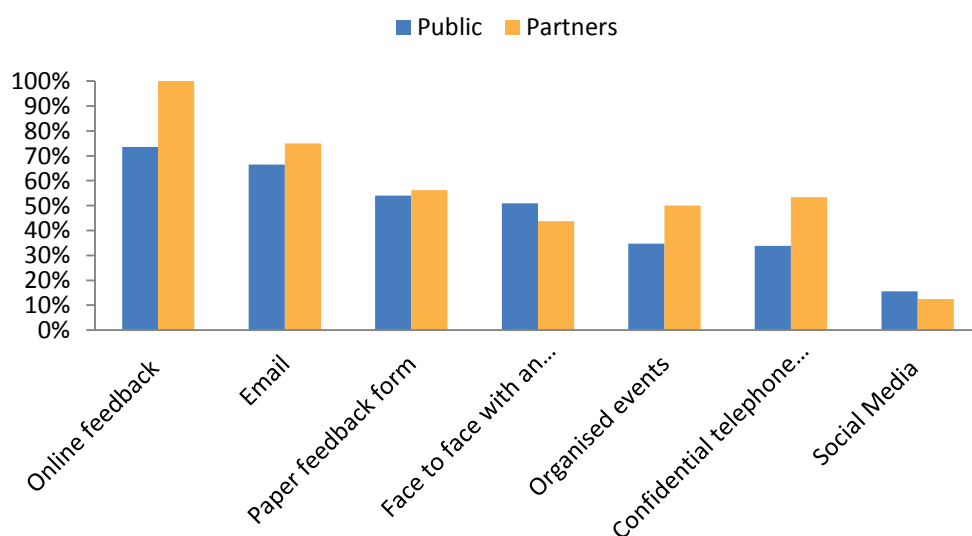


provided was rated important by at least half of the public and slightly more by partners. A similar proportion rated feedback on how views and experiences have made an impact as a motivating factor in sharing their views and experiences of local health services.

## Communication methods to feedback views and experiences of health and social care and find out information

All respondents were asked how likely they were to use a range of communication methods to both feedback their views, or find out about health and social care services. Figure 6 indicates the likelihood of respondents using a range of communication methods\*.

**Figure 6. Preferences to feedback views and experiences of health and social care**



\*Proportion indicating they were either 'very likely' or 'likely' to use the stated method of communication

For both sets of respondents, online feedback and email were the preferred methods of feedback. At least 70% (121) of the public and 100% (17) of stakeholders said they were either 'very likely' or 'likely' to use online feedback. The least popular method for both groups was social media e.g. Facebook, Twitter.

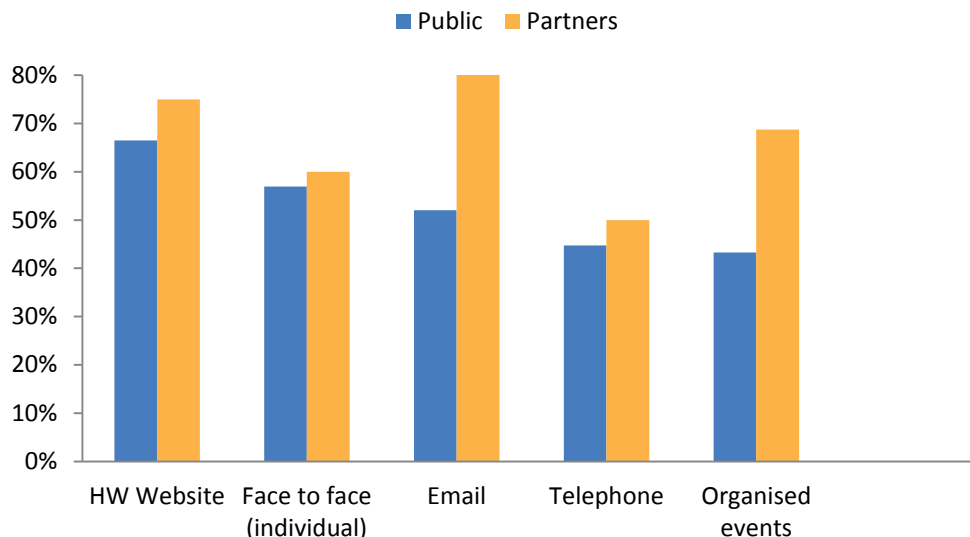
All respondents were asked if they had further comments. Responses to this question could be grouped into three areas:

- General distrust of any social media for feeding back views
- Individuals valued methods that were quick, convenient and secure
- Among the public, there were a limited number who did not have access to the internet or a computer.

Respondents were also asked about their preferences for finding information about local health and social care services. Figure 7 illustrates the range of responses received.



**Figure 7. Preferred methods to obtain information about health and social care services**



*\*Proportion indicating they were either 'very likely' or 'likely' to use the stated method of communication*

For the public, the preferred ways to find information about local health and social care services was the Healthwatch Warwickshire website and face to face point of contact with an individual. Use of email was also acceptable by just over half of public respondents. For partners, email, the Healthwatch Warwickshire website and organised events were the most popular methods of obtaining information. Additional comments in relation to this question could be grouped as:

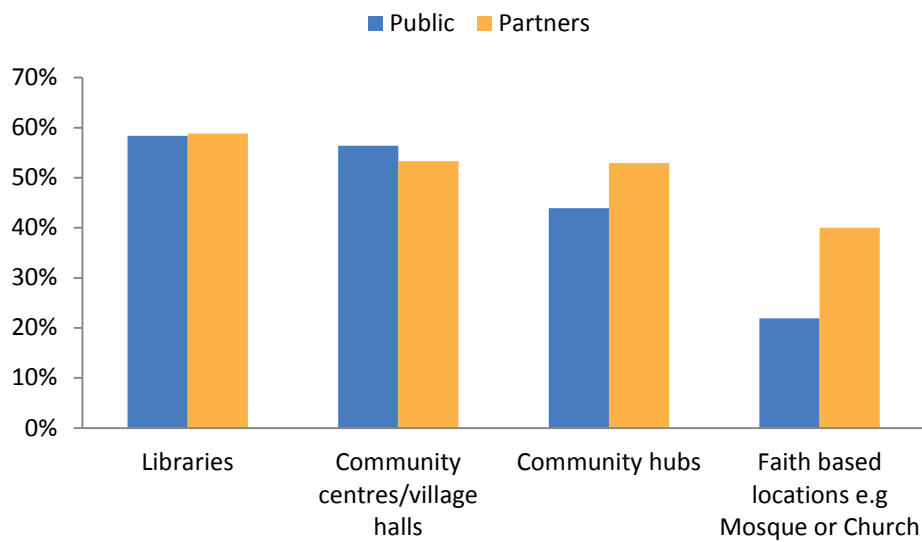
- Preference for online because of convenience. Would also use 'google' and 'nhs choices'
- Face to face perceived as more reliable by the public
- Social media not seen as reliable method for obtaining information
- Minority of public not going to access online provision of information

### **Venues for face to face access to Healthwatch Warwickshire**

Respondents were asked how likely they were to use a number of different venues for face to face access to Healthwatch Warwickshire. Faith based locations were the least popular for both the public and stakeholders. Libraries were the most popular with almost 60% of both groups reporting they were likely or very likely to use them. Community centres were, however, almost as likely to be used especially by the public. Figure 8 highlights the results in more detail.



**Figure 8. Venue preferences\* for face to face access to Healthwatch Warwickshire**



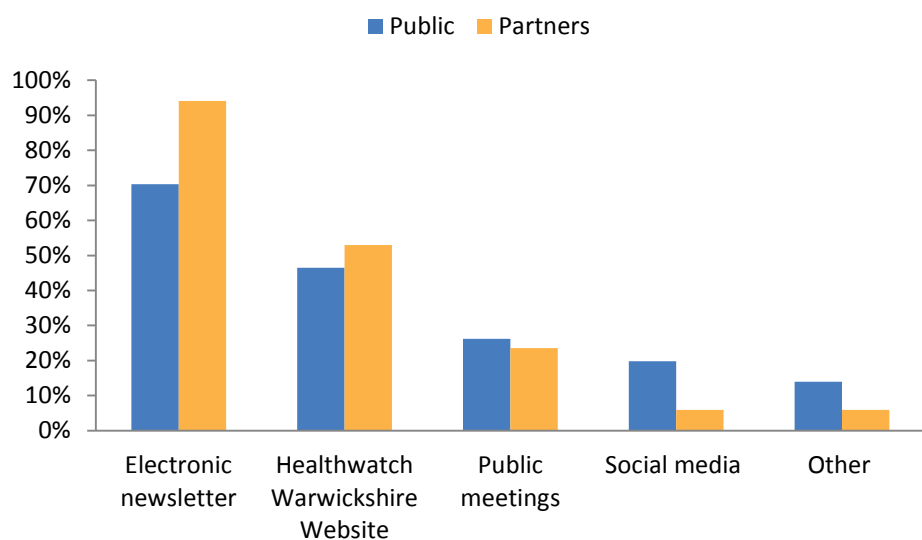
\*Proportion indicating they were either 'very likely' or 'likely' to use the stated venue

Additional suggestions for suitable venues made by respondents included GP surgeries, Citizen Advice Bureau and schools.

### Feedback from Healthwatch Warwickshire

Healthwatch Warwickshire has a role in making people's views known and seeks to influence health and social care decisions. All respondents were asked how they would prefer feedback about this to be shared with them. Figure 9 illustrates respondents' preferences.

**Figure 9. Preference for feedback from Healthwatch Warwickshire**



The most popular methods of feedback for both sets of respondents were electronic newsletter and the Healthwatch Warwickshire website although both were slightly more

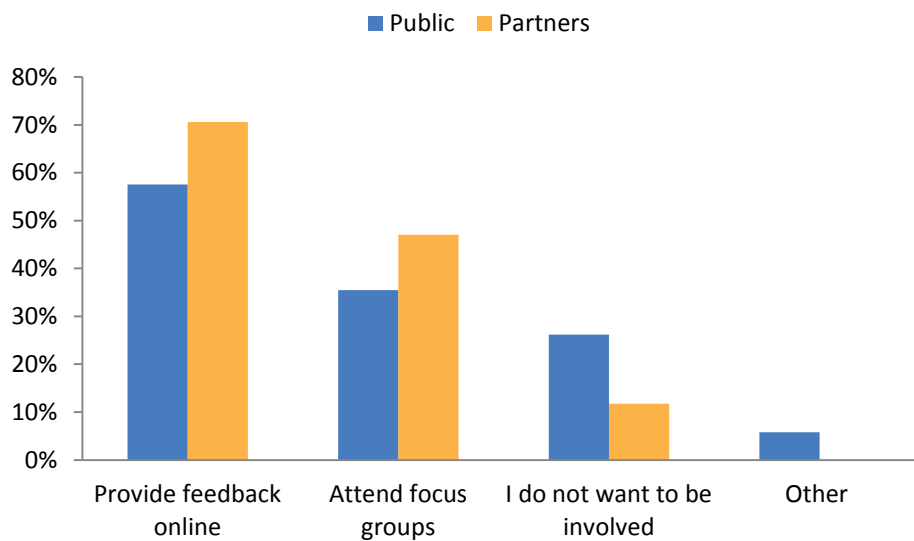


popular with partners. Public meetings and social media were slightly more popular with the public than partners but both were quite low in terms of overall popularity. Less than a third of respondents felt they would like feedback via these methods.

### Involvement in the commissioning and provision of local health services

One role of Healthwatch Warwickshire is to promote and support the involvement of people in the commissioning and provision of health and social care services and how they are delivered. All respondents were asked which, if any, ways they would like to be involved. Figure 10 indicates preferred ways of being involved.

**Figure 10. Preferences for involvement with Healthwatch Warwickshire**



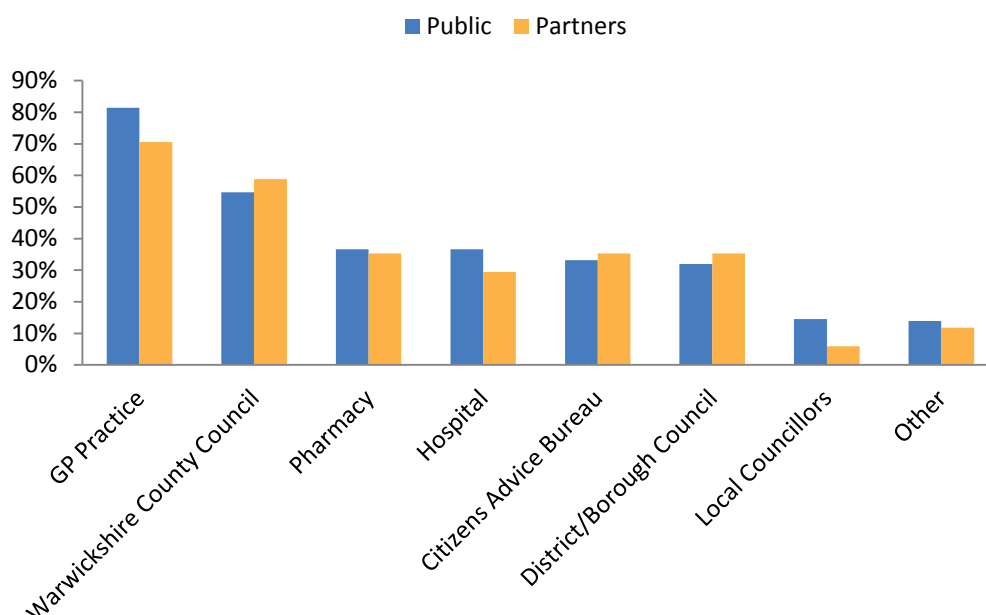
For all respondents the most preferred way of being involved with Healthwatch Warwickshire was to provide feedback online.

### Advice about access to services and support

A further function of a local Healthwatch is to provide advice and information (signposting) about access to services and support for making informed choices. Respondents were asked which other organisation they might contact for support and advice. Figure 11 illustrates the range of organisations selected by respondents.



**Figure 11. Organisations from which respondents may seek advice and information**



The most popular place for respondents to seek advice and information was a GP practice followed by Warwickshire County Council. Organisations listed in 'other' included NHS websites, Age UK/specialist charities and libraries.

### Awareness of local advocacy services

Healthwatch Warwickshire has a role in signposting to, and making the public aware of, local advocacy services. For each of the services in table 4, respondents were asked about their awareness of the service and how they found out about them.

**Table 4. Awareness of local advocacy services**

Service	Not aware of this service		Aware – signposted by Healthwatch		Aware – signposted by another source	
	%	No.	%	No.	%	No.
<b>Public</b>						
NHS Complaints (provided by Pohwer)	62%	102	16%	26	22%	37
General Health Advocacy (provided by Pohwer)	78%	128	12%	20	8%	14
Independent Mental Health Advocacy (provided by Voiceability)	76%	125	8%	14	13%	21
<b>Partners</b>						
NHS Complaints (provided by Pohwer)	31.3%	5	6.3%	1	62.5%	10
General Health Advocacy (provided by Pohwer)	43.8%	7	12.5%	2	43.8%	7
Independent Mental Health Advocacy (provided by Voiceability)	37.5%	6	18.8%	3	43.8%	7



In general, awareness by the public of any of the local advocacy services was low and few respondents knew about the services from any source. For those that were aware, it was a somewhat mixed picture, whereby a slightly higher number had been referred by another source than Healthwatch but could be expected given that there are likely to be more organisations signposting in the ‘other source’ category.

A higher proportion of stakeholders were aware of the local advocacy services although absolute numbers were small.

### **Any other comments about Healthwatch Warwickshire services**

All respondents were asked for any further comments they may have on local Healthwatch services. The following table summarises the key themes that emerged.

**Table 5. General comments about Healthwatch Warwickshire – Key themes**

Top themes	
Level of awareness	<ul style="list-style-type: none"> <li>Concern that the level of awareness about the full range of Healthwatch Warwickshire activities was low</li> </ul>
Quality of service	<ul style="list-style-type: none"> <li>Those who had had direct contact were generally supportive and complimentary about the service provided</li> </ul>
Service duplication/authority	<ul style="list-style-type: none"> <li>Concerns that some functions were similar to other organisations</li> <li>Some lack of clarity on the powers Healthwatch actually have</li> </ul>
Support for the service	<ul style="list-style-type: none"> <li>Broad support for the sort of role Healthwatch Warwickshire have</li> </ul>

### **Conclusion**

While the majority of respondents had heard of Healthwatch Warwickshire, knowledge of the full range of activities in which they are involved was limited. Moreover, awareness of local advocacy services was particularly low, suggesting scope for closer working with Healthwatch Warwickshire and opportunities for further awareness among the public generally.

Online methods of communication were the preferred ways for people to feedback experiences, gain information, hear about and be involved in local health and social care services. However, it is likely that face to face and paper based methods will still have a role to play to ensure the inclusion of those less willing to engage this way or without access to online facilities.

GP practices were seen as a ‘go to’ organisation for information and advice about local health and social care services. As such, they are likely to be a key partner/organisation for a local healthwatch team particularly in terms of raising awareness about the full range of activities available.





# APPENDIX D

**Warwickshire County Council**

## **EQUALITY IMPACT ASSESSMENT/ ANALYSIS (EqIA)**

**Healthwatch Warwickshire.**

## Equality Impact Assessment/ Analysis (EqIA)

<b>Group</b>	<b>Communities</b>
<b>Business Units/Service Area</b>	<b>Public Health</b>
<b>Plan/ Strategy/ Policy/ Service being assessed</b>	<b>Healthwatch Warwickshire</b>
<b>Is this is a new or existing policy/service?</b> <b>If existing policy/service please state date of last assessment</b>	Existing Service

<b>EqlA Review team – List of members</b>	Emily Fernandez Katie Wilson
<b>Date of this assessment</b>	September 2017
<b>Signature of completing officer (to be signed after the EqlA has been completed)</b>	<b>Emily Fernandez</b>
<b>Are any of the outcomes from this assessment likely to result in complaints from existing services users and/ or members of the public?</b> If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible.	YES/ <b>NO</b>
<b>Name and signature of Head of Service (to be signed after the EqlA has been completed)</b>	<b>John Linnane</b>
<b>Signature of GLT Equalities Champion (to be signed after the EqlA is completed and signed by the completing officer)</b>	<b>Phil Evans</b>

**A copy of this form including relevant data and information to be forwarded to the Group Equalities Champion and the Corporate Equalities & Diversity Team**





## Form A1

### INITIAL SCREENING FOR STRATEGIES/POLICIES/FUNCTIONS FOR EQUALITIES RELEVANCE TO ELIMINATE DISCRIMINATION, PROMOTE EQUALITY AND FOSTER GOOD RELATIONS



High relevance/priority



Medium relevance/priority



Low or no relevance/ priority

**Note:**

1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
2. Summaries of the legislation/guidance should be used to assist this screening process

Business Unit/Services:	Relevance/Risk to Equalities																										
State the Function/Policy /Service/Strategy being assessed:	Gender			Race			Disability			Sexual Orientation			Religion/Belief			Age			Gender Reassignment			Pregnancy/ Maternity			Marriage/ Civil Partnership (only for staff)		
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Healthwatch Warwickshire		✓			✓			✓			✓			✓			✓				✓			✓		✓	
<p>Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities? <b>If yes please explain how.</b></p> <p>Public Health funds Healthwatch Warwickshire to act as the consumer voice for health and social care service users in Warwickshire. By the very nature of this service, it has an impact on social inequalities, supporting service users to have their say on the health and social care system, often working with vulnerable groups who have an issue with a service or who struggle to navigate the system.</p>																							YES				
<p>Are your proposals likely to impact on a <b>carer</b> who looks after older people or people with disabilities? <b>If yes please explain how.</b></p>																							YES				

By continuing to fund Healthwatch, carers will be assured that their family members will continue to act as the consumer voice, support them to be involved in commissioning of health services and provision of care services and receive signposting to advice and information with regard to access to services.	
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**Form A2 – Details of Plan/ Strategy/ Service/ Policy**

<b><u>Stage 1 – Scoping and Defining</u></b>	
(1) What are the aims and objectives of Plan/Strategy/Service/Policy?	<p>Warwickshire County Council, Public Health currently funds the Healthwatch service. The 7 core functions of Healthwatch Warwickshire include:</p> <ol style="list-style-type: none"> <li>1. Gathering views and experiences of service users of health and social care.</li> <li>2. Making these views known, both locally and nationally as appropriate.</li> <li>3. Promoting and supporting involvement in commissioning of health services and provision of care services.</li> <li>4. Where appropriate, recommend investigation or special review of services via Healthwatch England to the CQC.</li> <li>5. Make known the views and experiences of people to other local Healthwatch organisations and Healthwatch England; and provide a steer to help it carry out its role as a national champion.</li> <li>6. Provide or signpost to advice and information with regard to access to services.</li> <li>7. Enable access to NHS Complaints Advocacy Services.</li> </ol>
(2) How does it fit with Warwickshire County Council's wider objectives?	<p>The service contributes to the WCC core purpose and two outcomes:</p> <p>Core purpose - we want to make Warwickshire the best it can be.</p> <p>Which is supported by two outcomes:</p> <ul style="list-style-type: none"> <li>● Warwickshire's communities and individuals are supported to be safe, healthy and independent</li> <li>● Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure</li> </ul>
	<p>The expected outcomes have developed and changed since the initiation of the</p>

(3) What are the expected outcomes?	<p>contract. Currently, Healthwatch report against impacts made against the Quality Statements, as issued by Healthwatch England:</p> <ul style="list-style-type: none"> <li>● Strategic Context and Relationships – Having a strong understanding of the strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch.</li> <li>● Community Voice and Influence – Local Healthwatch enable local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services.</li> <li>● Making a Difference Locally – A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them.</li> <li>● Informing People – A core part of the role of local Healthwatch is to provide advice about local health and social care services to the public.</li> <li>● Relationship with Healthwatch England – Local Healthwatch work with Healthwatch England to enable people’s experiences to influence national commissioning, delivery, and the re-design of health and social care services.</li> </ul>
(4) Which of the groups with protected characteristics is this intended to benefit? (see form A1 for list of protected groups)	All people with protected characteristics should benefit from opportunities to access Healthwatch services.
<b><u>Stage 2 - Information Gathering</u></b>	
(1) What type and range of evidence or information have you used to help you make a judgement about the plan/ strategy/ service/ policy?	<p>Examples of information used to help future planning for the commissioning of these services includes:</p> <ul style="list-style-type: none"> <li>● Performance management data from existing services.</li> <li>● Healthwatch England guidance</li> <li>● Local Government Association Advocacy Services guidance</li> <li>● Social Care Institute for Excellence Guidance</li> </ul>



(2) Have you consulted on the plan/ strategy/ service/policy and if so with whom?	A public consultation about the local Healthwatch service completed on the 22 <sup>nd</sup> September 2017. The consultation engaged with key stakeholders including service users, their family and carers, the public and partners in health and social care.		
(3) Which of the groups with protected characteristics have you consulted with?	All groups with protected characteristics had the opportunity to complete the consultation and the equality monitoring information was collected in the survey.		
<b><u>Stage 3 – Analysis of impact</u></b>			
(1) From your data and consultations is there any adverse or negative impact identified for any particular group which could amount to discrimination?  If yes, identify the groups and how they are affected.	RACE  NO	DISABILITY  NO	GENDER  NO
	MARRIAGE/CIVIL PARTNERSHIP  NO	AGE  NO	GENDER REASSIGNMENT  NO
	RELIGION/BELIEF  NO	PREGNANCY MATERNITY  NO	SEXUAL ORIENTATION  NO

(2) If there is an adverse impact, can this be justified?	All service providers will be expected to produce, implement and review an Equality Impact Assessment for the Healthwatch services and this will be monitored through performance management data and contract review meetings with commissioners to ensure that people with protected characteristics are able to access and utilise the services commissioned.		
(3)What actions are going to be taken to reduce or eliminate negative or adverse impact? (this should form part of your action plan under Stage 4.)	As part of the tendering process, providers will be required to demonstrate their understanding of equality and diversity and their response will be assessed within the quality criteria, including the requirement for an equalities policy. Throughout the life of the contract, providers will be expected to deliver the service in line with the Public Sector Equality Duty, in which all provides are required to meet the General Equality Duty aims which are: <ul style="list-style-type: none"> <li>● Eliminate unlawful discrimination</li> <li>● Advancing Equality of opportunity</li> <li>● Fostering good relations</li> </ul>		
(4) How does the plan/strategy/service/policy contribute to promotion of equality? If not what can be done?	<p>These services are particularly targeted to the most vulnerable in our communities and will therefore take account of accessibility in terms of where it is delivered, times of delivery, appropriate venues to meet customer need and communication needs and preferences.</p> <p>Healthwatch are particularly skilled in targeting the seldom heard, who are often the most vulnerable groups, therefore the existing services have a strong equalities focus and this will be a key requisite in the new tender specification.</p>		
(5) How does the plan/strategy/service/policy promote good relations between groups? If not what can be done?	The service is available for all groups, and equitable access will be provided regardless of any protected characteristics. Services are provided within hospital or general community settings and as such there may be opportunities to foster good relations between groups – e.g. challenging stigma towards people with mental health problems		

	or people accessing cancer services in and out of hospital services.
(6) Are there any obvious barriers to accessing the service? If yes how can they be overcome?	Providers will need to demonstrate that they can provide services to meet the communication needs of different individuals or their carers, particularly when they are unwell e.g. ensure access to an interpreter, ability to communicate effectively with people with learning disabilities.
(7) What are the likely positive and negative consequences for health and wellbeing as a result of this plan/strategy/service/policy?	The purpose of the delivery of these services is to improve population health and wellbeing (please see response to question 3 for full details), by allowing service users to assert themselves in the health and social care system, giving them a voice and supporting them to influence the commissioning of health and social care services that affect them personally.
(8) What actions are going to be taken to reduce or eliminate negative or adverse impact on population health? (This should form part of your action plan under Stage 4.)	<p>A requirement in the new specification will be to ensure there is a strong relationship between the Health Advocacy Services and Healthwatch Warwickshire, to ensure that population health in Warwickshire is more protected, not less.</p> <p>In relation to Mental Health Advocacy, the provider is expected to be an active member of the Warwickshire Mental Health Co-production and Participation Group, facilitated by Public Health, which aims to identify emerging population level issues with service provision and raise such issues with the Arden Mental Health Commissioners group. As such, this should ensure that population health is protected by these services.</p> <p>Healthwatch Warwickshire is involved in several strategic functions at a county level, for example, Warwickshire Health and Wellbeing Board and Health Overview and Scrutiny Committee. This is agreed under both legislation and a shared MOU which outlines the expectations on the interactions of each of the groups/organisations. All of these functions operate at a population level and their ultimate aim is to reduce adverse impact on their health and wellbeing needs of the general population.</p>
(9) Will the plan/strategy/service/policy increase the number of people needing to access health services? If so, what steps can	The Healthwatch service should not increase the number of people accessing health services, but it should enable those who already are to participate more fully in their care planning, treatment and discharge thus maximising the outcomes they achieve, or

be put in place to mitigate this?	directly influencing the commissioned services they access.
(10) Will the plan/strategy/service/policy reduce health inequalities? If so, how, what is the evidence?	The Healthwatch service is commissioned to protect and support the most vulnerable members of our communities, and as such, they form part of a planned response to reducing health inequalities.

<b><u>Stage 4 – Action Planning, Review &amp; Monitoring</u></b>																
If No Further Action is required then go to – Review & Monitoring  (1) Action Planning – Specify any changes or improvements which can be made to the service or policy to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.	EqIA Action Plan  <table border="1"> <thead> <tr> <th>Action</th> <th>Lead Officer</th> <th>Date for completion</th> <th>Resource requirements</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Service specification</td> <td>Emily Fernandez</td> <td>December 2017</td> <td>TBC</td> <td></td> </tr> <tr> <td>Invitation to Tender</td> <td>Emily Fernandez</td> <td>December 2017</td> <td>TBC</td> <td></td> </tr> </tbody> </table>	Action	Lead Officer	Date for completion	Resource requirements	Comments	Service specification	Emily Fernandez	December 2017	TBC		Invitation to Tender	Emily Fernandez	December 2017	TBC	
Action	Lead Officer	Date for completion	Resource requirements	Comments												
Service specification	Emily Fernandez	December 2017	TBC													
Invitation to Tender	Emily Fernandez	December 2017	TBC													
(2) Review and Monitoring State how and when you will monitor policy and Action Plan	The plan will be reviewed bi-monthly as part of the project documentation until a new provider has been appointed. We will agree appropriate review periods post contract award with the provider.															

Please annotate your policy with the following statement:

**An Equality Impact Assessment on this policy was undertaken on 26<sup>th</sup> September 2017 and will be reviewed on 26<sup>th</sup> September 2020.**