

1. Topic of assessment

EIA title:	Re-tendering the local Healthwatch and Independent Complaints Advocacy Services
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EIA author:	Saba Hussain – Strategic Partnerships Manager
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2. Approval

	Name	Date approved
Approved by		

3. Quality control

Version number		EIA completed	
Date saved		EIA published	

4. EIA team

Name	Job title (if applicable)	Organisation	Role
Justin Newman	HWB & Innovation Lead	Surrey County Council	Lead Manager
Saba Hussain	Strategic Partnerships Manager	Surrey County Council	Supporting Lead Manger
Kashif Mirza	Policy Manager	Surrey County Council	EIA Team

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5. Explaining the matter being assessed

<p>What policy, function or service is being introduced or reviewed?</p>	<p>Part of the Health and Social Care Act 2012¹ established Healthwatch England at the national level and requires local authorities to establish Local Healthwatch (LHW) in their areas. Local Healthwatch is at the heart of a health and care service that is centred on patients and users.</p> <p>The Health and Social Care Act 2012 also places a duty on Local Authorities to commission a local independent NHS Complaints Advocacy Service</p> <p>From 1 April 2013, one year contracts/grants were awarded for these services both with options for extending by one further year (this option was taken for both services). The existing arrangements come to an end on 31 March 2015. From April 2015 new arrangements should be in place to ensure both the Healthwatch and Independent Complaints Advocacy Services are fully operational and effective in Surrey.</p>
<p>What proposals are you assessing?</p>	<p>Following a full options appraisal and co-design meeting with key stakeholders, it was agreed to go out to market for an integrated Healthwatch service.</p> <p>The integrated service will amalgamate the Healthwatch service and Independent Complaints Advocacy service (ICAS) which are currently delivered by Healthwatch Surrey and the NHS Complaints Advocacy Service (ICAS is currently delivered by an independent organisation called Support Empower Advocate Promote - SEAP) at the same funding level as previous years (depending on final budget decisions)</p> <p>The service being commissioned will include: 1) All aspects of the local Healthwatch service for Surrey. This includes 3 key service lines:</p>

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¹ <http://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/1/crossheading/local-healthwatch-organisations/enacted>

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- Information, Signposting and Advice - Provision of information and non-clinical advice to the public about accessing health and social care services and choice in relation aspects of those services;
- Community Research and Engagement – Promotion of and support for the active engagement of local people in the commissioning, provision and monitoring of local health care and social care services, by obtaining the views of people about their needs for and experiences of local services and ensuring that they are enabled to be involved in these;
- Evidence, Insight and Influence - Provision of effective systems and processes, including research and analysis capability, to facilitate establishing evidence, providing reports and making recommendations about how those services could or should be improved, both for use locally to inform the Joint strategic needs assessments (JSNA) and Health and Well being Strategy and all providers and commissioners as well as nationally through its Annual Report to Local Healthwatch England.

2) All aspects of the independent NHS complaints advocacy service for Surrey. Local authorities are required to commission: 'the provision of assistance for individuals making or intending to make an NHS complaint (which includes a complaint to the Health Service Ombudsman)'.
The NHS complaints process covers:

- All NHS Trusts and NHS Bodies including NHS Foundation Trusts
- Family Health Services provided for the NHS by GPs, Dentists, Opticians or Pharmacists.
- Clinical Commissioning Groups
- Private health care establishments if the treatment has been paid for by the NHS
- All other health services commissioned by NHS funding

By amalgamating the two services and ensuring they are delivered through a single provider, it is anticipated both the resources and funding will be utilised in the most efficient way, remove unnecessary

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	<p>duplication and maximise the impact of the service. It will also lead to more effective management of the Contract.</p>
<p>Who is affected by the proposals outlined above?</p>	<p>Any person living in Surrey and using health and social care services in Surrey.</p> <p>The proposals will also affect current providers of Local Healthwatch (LHW) and the Independent Complaints Advocacy Service (ICAS) if there is a loss of the current contract.</p>

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6. Sources of information

Engagement carried out

Ongoing engagement was carried out with existing providers, service users, interested stakeholders and counterpart commissioners of these services. This engagement helped shape the options analysis and decision to move towards an integrated service through a single provider. See below:

- Work with existing providers and interested stakeholders (users and voluntary, community and faith based networks, CCGs, Health and Wellbeing Board, Health Scrutiny Committee, other advocacy providers, ASC services etc) has helped identify areas that are working well and areas that may require improvement or where there may be gaps. All of this information has been fed in to the final specification and shaped the decision making of an amalgamated contract for both services.
- Officers from the council have met quarterly with other commissioners from the South East of England, Healthwatch England and the Local Government Association to ensure awareness is maintained and knowledge built up about best practice, latest requirements and recommendations from a national perspective. This helped sense check existing delivery models and both the quality and effectiveness of the services provided. Linking in with Healthwatch England has also ensured the national perspective is linked in to local planning and similarly the local insight feeds the national context.
- A Concept Day was held in August to co-design and refine the details within the specification. Over 20 individuals attended the meeting. Please see list below:

Nicky Hall – Disability Initiative

Hilary Lombard – Sight for Surrey

Carol Pearson – Surrey Coalition Disabled People

Nick Markwich – Surrey coalition of Disabled People

Dilip Agarwal – Adult Social Care

Fiamma Pather –Your Sanctuary

Don Illman – E&M Surrey MH Stakeholder Group

Iain Wilson – Support Empower Advocate Support (SEAP)

Julie Abson – SEAP

Marie Casey – SEAP

Clive Wood – Surrey Disabled People's Partnership

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Sylvia Webb – Carers for the hard of Hearing
 Alan Webb – Carers for the Hard of Hearing
 Monica Vidal – Voluntary Action South West Surrey
 Yvonne Osprey – Surrey Disabled People’s Partnership
 Sheila Moran – The Sunnybank Trust
 Gillian Trippner – NE Hants & Farnham CCG
 Sheila Lychoilt – Relatives and Residents Association
 Mike Rich – Healthwatch Surrey
 Matthew Parris – Healthwatch Surrey
 Paul Charlesworth – Healthwatch Surrey
 Sue Zirps – Age UK

Data used

On 9 June 2010 the Secretary of State for Health, Andrew Lansley MP, announced a full public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust following identification of serious failings.

Surrey has a complicated health landscape and it is critical there are support structures to enable service users to navigate the system. For example, in addition to the county council, there are 6 clinical commissioning groups, 11 district and borough councils, 5 acute hospital trusts and a mental health trust, 3 community care providers, over a hundred GP surgeries and more than 200 pharmacies and many more other providers of care and support across the voluntary, community and faith sector.

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7. Impact of the new/amended policy, service or function

7a. Impact of the proposals on residents and service users with protected characteristics

Protected characteristic ²	Potential positive impacts	Potential negative impacts	Evidence
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² More information on the definitions of these groups can be found [here](#).

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Age	Commissioning the services is a statutory requirement. By bringing the services together at the same level of funding, there should be a positive impact here as identified in point 5 above, driving an efficient, seamless service for the user.	There will be no negative impacts.	The Healthwatch and Independent Complaints Advocacy Services have been commissioned since April 2013 and in the first year, Healthwatch Surrey recorded over 5,000 health and social care issues and enquires and Independent Complaints Advocacy supported over 300 cases. Commissioning the services at equivalent or similar funding will ensure effective continuation of the services.
Disability	As above	As above	As above
Gender reassignment	As above	As above	As above
Pregnancy and maternity	As above	As above	As above
Race	As above	As above	As above
Religion and belief	As above	As above	As above
Sex	As above	As above	As above
Sexual orientation	As above	As above	As above
Marriage and civil partnerships	As above	As above	As above
Carers³	As above	As above	As above

7b. Impact of the proposals on staff with protected characteristics

Protected	Potential positive	Potential negative	Evidence
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³ Carers are not a protected characteristic under the Public Sector Equality Duty, however we need to consider the potential impact on this group to ensure that there is no associative discrimination (i.e. discrimination against them because they are associated with people with protected characteristics). The definition of carers developed by Carers UK is that 'carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. This includes adults looking after other adults, parent carers looking after disabled children and young carers under 18 years of age.'

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characteristic	impacts	impacts	
Age	N/A	N/A	N/A
Disability	N/A	N/A	N/A
Gender reassignment	N/A	N/A	N/A
Pregnancy and maternity	N/A	N/A	N/A
Race	N/A	N/A	N/A
Religion and belief	N/A	N/A	N/A
Sex	N/A	N/A	N/A
Sexual orientation	N/A	N/A	N/A
Marriage and civil partnerships	N/A	N/A	N/A
Carers	N/A	N/A	N/A

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8. Amendments to the proposals

Change	Reason for change
It is likely there will be no change to the original proposal apart from ensuring the services are delivered through one provider.	This was recommended through the ongoing consultations and through the co-design Concept Day workshop in August.

9. Action plan

Potential impact (positive or negative)	Action needed to maximise positive impact or mitigate negative impact	By when	Owner
There should be a positive impact for the service user through provision of an effective and efficient service. In an already complicated landscape there will be one organisation that will deliver the statutory duties placed on the County Council relating to Healthwatch and ICAS,	The service will go out to open market with the new contract and services being in full operation by April 1 2015.	<p>The indicative timetable is:</p> <p>Invitation to tender (ITT) issued: 29 September 2014</p> <p>Deadline for ITTs to be returned: 29 October 2014</p> <p>Panel evaluations: 5 November 2014 Panel tender presentations: 10 November 2014</p> <p>Cabinet approval: 16 December 2014</p> <p>Contract award: 12 January 2015</p> <p>Contract start date: 1 April 2015</p>	Susie K

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10. Potential negative impacts that cannot be mitigated

Potential negative impact	Protected characteristic(s) that could be affected
N/A	

11. Summary of key impacts and actions

Information and engagement underpinning equalities analysis	Wide engagement has been carried out with key stakeholders, including existing providers, counterpart commissioners, users of the services etc which has helped underpin the equalities analysis.
Key impacts (positive and/or negative) on people with protected characteristics	Overall there will be a positive impact on all people living in Surrey and more so with some protected groups and proactive work will identify which groups are using the services.
Changes you have made to the proposal as a result of the EIA	No change has been made as a result of the EIA as generally there has been on overall positive impact identified across all areas.
Key mitigating actions planned to address any outstanding negative impacts	N/A
Potential negative impacts that cannot be mitigated	N/A