



**Open Report on behalf of Martin Samuels, Executive Director of Adult Care and Community Wellbeing**

Report to:	<b>Executive</b>
Date:	<b>04 June 2024</b>
Subject:	<b>Healthwatch Lincolnshire Recommissioning</b>
Decision Reference:	<b>I032481</b>
Key decision?	<b>Yes</b>

**Summary:**

The Lincolnshire Healthwatch service aims to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided, playing a key role in ensuring provision is continuously improving and the views of Lincolnshire residents are championed. There is evidence that the work of Healthwatch has influenced both local and national health and care services for the good.

Under the Health and Social Care Act 2012, upper tier English authorities have a legal duty to continuously commission an independent organisation to deliver the Healthwatch service in their area. However, the act allows flexibility for councils to choose the commissioning route that offers the best value for money in their communities.

Lincolnshire County Council currently commissions the delivery of the local Healthwatch service through a Grant Funding Agreement (GFA) with HWLincs. The existing agreement for the Lincolnshire Healthwatch Service has been in place since 2019 and expires on 30<sup>th</sup> September 2024 with no further extensions available.

It is proposed that a competitive procurement should be undertaken for services contract to be awarded to the successful provider for the Lincolnshire Healthwatch Service to start on 1<sup>st</sup> October 2024.

To support decision making about the future scope, commissioning, and procurement of these services a comprehensive review of the current agreement has been undertaken. The review included learning from service delivery, performance against target measures and an analysis of current demand intelligence. The review findings have been considered alongside current legislation, national guidance, the results of a market engagement and a desktop benchmarking exercise to inform the proposed commissioning approach.

The current model performs well, and effective elements will be retained in addition to some changes and refinements to the model, which are reflected in the recommendation, including:

- A longer initial contract term of 5.5 years, with a further two years optional extension. The additional half year on the initial period aligns the agreement to Healthwatch England, LCC and NHS planning periods.
- Introduction of a strong liaison forum for the Council and NHS organisations to work together with the provider to inform the Healthwatch workplan – whilst retaining the independence of the service.

This report provides a summary of the current service, statutory responsibilities and re-commissioning work to date. It outlines the future budget and proposed delivery model options and seeks approval from the Executive to procure a new agreement commencing 1<sup>st</sup> October 2024.

### **Recommendation(s):**

That the Executive:

1. Approves a procurement to be undertaken for a Provider to deliver a local Healthwatch Service, with the new service commencing on 1 October 2024 for a period of five years and six months with the possibility of a further two-year extension at the initial annual cost of £310,000.
2. Delegates to the Executive Director of Adult Care and Community Wellbeing in consultation with the Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners the authority to take all decisions necessary to deliver the procurement up to and including the award and entering into the final contract for the local Healthwatch Service and any other documentation necessary to deliver the procurement.

### **Alternatives Considered:**

#### 1. Commissioning at a lower budget

To commission a local Healthwatch service solely using the DHSC Local Reform and Community Voices Grant funding, currently £198,454 per year. DHSC guidance suggests that the grant provides one element of funding and that to secure an effective local Healthwatch, additional funds from Council core budgets are needed. The market engagement identified that the current budget allocation of £299,600 is not sustainable if it remains static. Therefore, a reduced budget would present a risk of the Council being unable to fulfil its statutory requirements and threaten the ability to secure a suitable provider. Where a change in funding levels could result in a significant shift in the effectiveness of local Healthwatch, local authorities should consider their obligations to consult members of the public and other key stakeholders.

2. To deliver the core statutory activities plus additional functions

The proposed budget is considered sufficient to fund the revised model. Further funding, and hence a higher budget would be required for additional functions. However, an enhanced model with additional functions may run a risk of encroaching on other commissioned and directly provided services which are established to engage effectively with people who use health and care services.

3. To do nothing

Lincolnshire County Council has a statutory responsibility under the Health and Social Care Act 2012 to commission a local Healthwatch service in its area. Failing to do so would leave the Council in breach of its legal duties.

These alternatives have been considered unsuitable in delivering the required outcomes of the service.

**Reasons for Recommendation:**

1. The option will ensure the Council is able to meet its statutory duties under the Health and Social Care Act 2012, while maximising the grant funds provided for Healthwatch from DHSE and ensuring competition in the commissioning exercise. The grant funding level will enable the provider to ensure the needs of people across the county are heard.
2. The current agreement is coming to an end on 30 September 2024 and all available extension options have been utilised. The Council therefore needs to commence procurement to facilitate both the bidding process and a mobilisation period that is sufficient to allow potential new entrants to the market to mobilise effectively and commence the new service in October 2024.
3. Competitive Market – The market engagement and previous recommissioning demonstrate that there is a competitive market for this service.
4. Independence - A level of independence from the local authority is required for the provider to satisfactorily discharge its legal functions. Following legal advice, appropriate drafting can be incorporated into the contract to allow the provider to maintain and protect their independence, whilst also ensuring LCC will be able to continue monitoring the service with appropriate performance indicators, quarterly reports and other suitable management and oversight measures.
5. The alternatives considered have been deemed unsuitable in delivering the required outcomes of the service.

**1. Background**

- 1.1. Healthwatch Lincolnshire was established in October 2013 when the service became a statutory responsibility of the Council under the Health and Social Care Act 2012. The Council must make arrangements with a corporate body that is a social enterprise to deliver an effective service.

- 1.2. Healthwatch Lincolnshire is an independent service which gives citizens and communities (whether current users of health and care services or not) a stronger voice to influence and challenge how health and social care services are provided within their locality. It also gathers peoples' views and experiences of the local health and social care system. It is a member of the Integrated Care Partnership, as part of the Integrated Care System, and Health and Wellbeing Board. Local Healthwatch organisations are overseen by the national body, Healthwatch England.
- 1.3. The service can help commissioners and service providers to be more responsive to what matters to people who use care and health services, as taking account of their views supports the design and delivery of services around local needs. The local service also engages with Healthwatch England to ensure that local views are heard in national policy development.

## **2. Current Service Summary**

- 2.1. The current local service has been delivered by HWLincs under the brand of Healthwatch Lincolnshire since 1<sup>st</sup> October 2019 and expires on 30<sup>th</sup> September 2024.
- 2.2. The focus of the service is on the statutory activities that Local Healthwatch organisations are required to undertake:
  - a. Promoting and supporting the involvement of people in the commissioning, the provision, and scrutiny of local care services.
  - b. Enabling people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
  - c. Obtaining the views of people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing, or scrutinising local care services and to Healthwatch England.
  - d. Making reports and recommendations about how local care services could or ought to be improved. These are usually directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
  - e. Providing advice and information about access to local care services so people can make choices about local care services.
  - f. 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.
  - g. Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making recommendations direct to CQC); and to make recommendations to Healthwatch England to publish reports about issues.
  - h. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

- 2.3. The local service is independent and impartial, giving a voice to people who may not wish to engage directly with the council or health services to have their views known. It works with statutory organisations to obtain responses to queries or complaints raised and supports improvements as a result. It has a structured connection with the Care Quality Commission (CQC) and adds intelligence to the inspection of regulated health and care services.
- 2.4. In Lincolnshire, over the last year the service has:
- Supported 3,600 people to find the right services through its signposting service.
  - Provided service user views on the pharmacy needs assessment, ensuring local people's views influence provision of pharmacy services across the county.
  - Worked with the Council and NHS organisations on a review of cost-of-living pressures.
  - Gained insight into how well Health and Care Services are delivering the Accessible Information Standard (AIS)
  - Engaged with the public to review NHS Dental access across the county, resulting in Healthwatch England using the findings to influence changes to 111 support to those needing dental care.
  - Engaged on a large-scale mental health services review.
  - Reviewed A&E access in the County to influence future ICB investment plans.
- 2.5. The service has been delivered via a Grant Funding Agreement (GFA) since the requirement to provide a local Healthwatch service was established in 2013. This has supported the service to be independent and scrutinise LCC, amongst other bodies, in respect of health and social care service delivery. However, it is important going forward the LCC has protections within a services contract to drive performance through key performance indicators and other suitable management and oversight measures whilst at the same time maintaining the provider's independence via appropriate contract drafting such as conflict of interest processes.
- 2.6. Local Healthwatch services are delivered across the country. Although limited, the last procurement evidenced interest from providers in other areas. To ensure that the service was awarded to the provider that offered the best value for money in Lincolnshire, during the last recommissioning process a further competitive process was conducted. The GFA was awarded to the highest scoring bidder.

### **3. Service Review**

- 3.1. The service has been reviewed over the last six months. The benchmarking, engagement, service review, demand and financial modelling have now been completed and conclusions from this work have informed the proposed future delivery model.
- 3.2. The Lincolnshire Healthwatch Service has performed well overall and throughout the contract term since its inception in 2019 and has established a stronger presence in the

community by engaging with members of the public, CQC, LCC Adult Care, NHS Lincolnshire and Healthwatch England while fulfilling their statutory duties.

3.3. Performance and service operations were impacted by the pandemic and ensuing restrictions. This necessitated an adapted delivery, a risk-based approach to working and changing to meet different service demands. Because of this, Key Performance Indicators (KPIs) results from 2019-2020 to 2020-2021 might not be a fair representation of the service demand and delivery. However, even during that time of changes, the service remained as low risk, and it has not been necessary to instigate any improvement plans, or performance measures throughout the life of the grant agreement.

3.4. There are currently five KPIs associated with the service. The KPIs include measures of the number of people signposted to health or social care services or provided with information, the number of people sharing their views and experiences on health and social care in Lincolnshire, the number of people reached through social media engagement, website or distribution lists and the number of volunteering hours provided to the service from the local community. All targets are currently being achieved and the majority of the KPIs have returned to or are exceeding target levels following the disruption of the pandemic.

3.5. Current performance against KPIs for the incumbent provider:

<b>Number of people sharing their views &amp; experiences with Healthwatch Lincolnshire on Health and Social Care</b>	<b>Quarter 1</b> Oct–Dec 2023	<b>Quarter 2</b> Jan–Mar 2023	<b>Quarter 3</b> Apr–Jun 2023	<b>Quarter 4</b> Jul–Sept 2023	<b>Total</b>
Annual target - 1500	387	1781	343	201	2712
					Exceeding Target

<b>Number of people provided information with and signposting</b>	<b>Quarter 1</b> Oct–Dec 2023	<b>Quarter 2</b> Jan–Mar 2023	<b>Quarter 3</b> Apr–Jun 2023	<b>Quarter 4</b> Jul–Sept 2023	<b>Total</b>
Annual target - 1428	1327	951	1022	899	4199
					Exceeding Target

<b>Volunteer hours</b>	<b>Quarter 1</b> Oct–Dec 2023	<b>Quarter 2</b> Jan–Mar 2023	<b>Quarter 3</b> Apr–Jun 2023	<b>Quarter 4</b> Jul–Sept 2023	<b>Total</b>
Annual target - 1414	506	326.75	435	476.5	1744.25

					Exceeding Target
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Number of people signed up to a distribution list	Quarter 1 Oct–Dec 2023	Quarter 2 Jan–Mar 2023	Quarter 3 Apr–Jun 2023	Quarter 4 Jul–Sept 2023	Total
Annual target - 2000	2217	2238	2255	2249	2249
					Exceeding Target

	Quarter 1 Oct–Dec 2023	Quarter 2 Jan–Mar 2023	Quarter 3 Apr–Jun 2023	Quarter 4 Jul–Sept 2023
<b>Website page views</b>	9,719	7,167	7,534	7,194
<b>Facebook post reach</b> (Facebook reach is the number of unique people who saw our content)	25,192	79,246	78,945	92,952
<b>Facebook engaged users</b> (The number of unique users who engaged with the page and/or content, including clicking links reactions and comments)	825	1916	(Data no longer available)*	(Data no longer available)*

*\*During April-June 2023 Facebook removed the ability of page owners to access data on the number of unique users who engaged with the page and/or content.*

- 3.6. Given the strong performance against targets within the current agreement, the performance measures and target levels are being reviewed as part of the recommissioning process to ensure that those included as part of the future service are achievable and relevant to the outcomes LCC would like to see, are sufficiently challenging to incentivise the provider and continue to maximise the impact of the service.
- 3.7. The current model is well established and meeting the statutory requirements. It is aligned to Healthwatch England guidelines and is consistent with the services provided in other local authority areas. The current model is considered to meet the needs of the local population, with evidence of effective outcomes published every quarter and consistent achievement of the performance measures included within the GFA.

#### **4. Demand and Financial Modelling**

- 4.1. Demand modelling has shown an increase of the number of people accessing health and social care services. Recent trends suggest this will increase the number of people contacting Healthwatch services to provide feedback about their experiences with health and care services and/or requiring further information and signposting. Aligned to this, it is expected that demand will continue to increase each year as the population's awareness of the service and the service's reach continues to grow, which may result in added pressure on the provider's capacity and resources.
- 4.2. Healthwatch England advises local authorities against using funding formulae (such as per capita calculations) to establish local Healthwatch funding allocations as it risks exacerbating inequality. The cost of delivering a service in a large county such as Lincolnshire with a mix of urban, rural and coastal areas and relatively low population density due to its rurality is not directly comparable to urban areas.
- 4.3. The current service is meeting the statutory requirements and market engagement has indicated that there is likely to be interest in and competition to deliver the future service. The budget has remained static throughout the period of the current arrangement, and in order to support competition and sustain a responsive, professional service, an increase in the budget to reflect current inflation (3.5%) is considered prudent.

#### **5. Budget and Cost Implications**

- 5.1. The service is funded from the DHSC Local Reform and Community Voices Grant and Public Health Grant, and currently set at a combined value of £299,600 pa.
- 5.2. It is proposed that the annual budget from 2024/25 will be £310,000, giving a maximum total value £2,325,000 if the full length of 5 ½ + 2 years is utilised.
- 5.3. The DHSC has produced guidance for local authorities on the funding of Healthwatch services which states that the Local Reform and Community Voices grant provides one element of the non-ringfenced funding for local Healthwatch services with the larger proportion having been rolled into the local government finance settlement.
- 5.4. In line with this DHSC guidance, the Public Health Grant contribution is used to supplement the DHSC grant. This is consistent with the approach taken in Lincolnshire since the commencement of the Lincolnshire Healthwatch service in 2013.
- 5.5. The budget is similar in make up to the previous arrangement, but with an increase of 3.5% or £10,400 from the Public Health Grant allocation, which acknowledges inflationary cost pressures which were highlighted during the market engagement. This will be reviewed annually by LCC to ensure the budget is sufficient to ensure a sustainable service. If any further increase in budget is required during the period of the new arrangement, it will be funded from the Public Health Grant.



## **6. Proposed Changes to Current Arrangements**

- 6.1. It is proposed to commission a suitable enterprise to provide the Healthwatch function in the county, over a maximum duration of 7 ½ years (5 ½ +2), to ensure that the eight core Healthwatch activities required are carried out.
- 6.2. The half year on the initial period aligns the agreement to Healthwatch England, LCC and NHS planning and reporting purposes. This new alignment is expected to improve the yearly planning of the service, improve its relationship with stakeholders, and allow the service to align its priorities to health and social care needs.
- 6.3. In response to stakeholder engagement, there will be strengthened regular liaison meetings involving the commissioner, statutory health and care organisations and the provider. This will ensure that the workplan for Healthwatch is carried out with a focus on the priorities for health and social care.

## **7. Risks and Dependencies**

- 7.1. The option being proposed for the future delivery of the Lincolnshire Healthwatch Service is in line with best practice and national guidance. Some key factors were identified that could impact on the commercial viability and attractiveness of the future service:
  - 7.1.1. Delivery Cost Pressures - If LCC is not able to commission a provider to fulfil the requirements of the Healthwatch service, it will be in breach of the Health and Social Care Act 2012. The market engagement identified that the current budget allocated for the service is not sustainable if it remains static. The proposal to make an inflationary increase to the budget and to review it annually thereafter is intended to mitigate this.
  - 7.1.2. Duration of the arrangement – Through research and engagement with the market, it is understood that the market for Healthwatch services is limited. Taking account of the market’s feedback regarding the limited attractiveness of a shorter duration, and the need to align the term with local and national Healthwatch reporting requirements, a 5 ½ + 2 years duration is proposed for the new arrangement.

## **8. Commercial Model**

- 8.1. A competitive process will be conducted to enable the selection of the best provider solution for Lincolnshire in the longer term, and a services agreement will be awarded to the successful provider.
- 8.2. A services contract is the most suitable delivery mechanism because it supports the requirement to effectively manage and oversee the service. The service contract will include safeguards such as a conflict of interest process to ensure the service maintains independence from the Council. The successful applicant will be expected to carry out

a range of in person and virtual engagement activities, establishing a signposting service and developing relationships with NHS and care services.

- This meets the Council's statutory responsibility to provide a Local Healthwatch services.
- The model will align to Healthwatch England guidelines.

8.3. Delivery for the Lincolnshire Healthwatch Service agreement will be by way of a single provider of a countywide service; however, the competition phase will not preclude bids from consortia and sub-contracting models, which should help to maximise the level of competition.

8.4. Payment for the Healthwatch Lincolnshire will be made quarterly by way of a fixed sum (block payment) for the delivery of the services. It is proposed that the budget will be reviewed annually in recognition of inflationary cost pressures, and to support the sustainability of the service. Any future inflationary increases will be funded from earmarked Public Health grant.

## **9. Procurement Implications**

9.1. The Procurement is being undertaken utilising an Open Procedure method under the Public Contracts Regulations 2015 to award a GFA. A Contract Notice will be published in June 2024 and a Contract Award Notice will be issued on any award to a successful bidder.

9.2. In undertaking the procurement, the Council will ensure the process utilised complies fully with the Principles of Openness, Fairness, Transparency and Non-discrimination.

9.3. The procurement process shall conform with all information as published and set out in the Contract Notice.

9.4. All time limits imposed on bidders in the process for responding to the Contract Notice and Invitation to Tender will be reasonable and proportionate.

9.5. Subject to the maximum available budget and a commitment to deliver the service requirements, which have been summarised at section 4, the final cost of the service will be determined via competition.

9.6. The tender evaluation will focus on a combination of service cost and quality, and the capability of a provider and any organisations they may wish to form subcontracting arrangements with, to deliver the required volume of service and quality outcomes across the county.

## **10. Public Services Social Value Act**

10.1. In January 2013 the Public Services (Social Value) Act 2013 came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the

economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.

- 10.2. Ways will be explored of securing social value through the way the procurement is structured. The operation of sub-contracting and consortium arrangements will be explored as a means of ensuring a role for local small to medium-sized enterprises (SMEs) in the delivery of the services. Evaluation methodologies will incentivise the delivery of a skilled and trained workforce.
- 10.3. Under section 1(7) of the Public Services (Social Value) Act 2013 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. Best practice recently adopted elsewhere has been reviewed. This and the market consultation carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

## **11. Legal Issues**

### **11.1. Equality Act 2010**

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

11.2. The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

11.3. Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.

- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- 11.4. The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- 11.5. Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.
- 11.6. Compliance with the duties in section 149 may involve treating some persons more favourably than others.
- 11.7. The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision-making process.

*The Lincolnshire Healthwatch service ensures the views, needs and concerns of local people across Lincolnshire are gathered, heard, and acted upon in relation to the provision, access and quality of local health and care.*

*An Equality Impact Assessment (EIA) has been undertaken and is available at Appendix A. The changes the service provisions will likely see wider engagement with most populations identified in the EIA.*

11.8. Joint Strategic Needs Assessment (JSNA and the Joint Health and Wellbeing Strategy (JHWS)

*Healthwatch is a statutory member of the Health and Wellbeing Board and, as such, are directly involved in the production and governance associated with both the JSNA and JHWS in Lincolnshire.*

*The Healthwatch Lincolnshire service can assist the achievement of the aims outlined in the Joint Health and Wellbeing strategy, specifically to ensure a focus on issues and needs which will require partnership and collective action across a range of organisations to deliver. The service specification will require the provider to demonstrate that it is supporting the council and NHS partners in delivering the outcomes identified in the strategy.*

11.9. Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions

on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area.

*This service is unlikely to directly contribute to the furtherance of the section 17 matters.*

## **12. Conclusion**

- 12.1. Healthwatch Lincolnshire is an established, independent voice for people in health and social care. When operating well, it can ensure that peoples voices are heard and influence the commissioning and delivery of health and social care services in the county. Through its established links to Healthwatch England and the Care Quality Commission, it can mean that Lincolnshire people can influence national policies. Its information signposting service supports people who otherwise would need to visit council or NHS services.
- 12.2. Re-procuring the service supports the Council in fulfilling its statutory duties under the Health and Social Care Act 2012. The proposed model is aligned to Healthwatch England guidelines and is consistent with the services provided in other local authority areas.
- 12.3. Revised performance measures will also help to ensure that the required service levels, outcomes and impact are optimised. A strengthened regular liaison meeting with the provider will ensure that the service focuses on health and care priorities.
- 12.4. The arrangement term will support investing in long-term planning, outcomes, and innovation. The allocated budget will ensure the service is sustainable while also being attractive to the market. The contractual agreement will allow the council to exit the agreement without fault if there are any changes to legislation.

## **13. Legal Comments:**

The proposal to procure the health watch Lincolnshire service as detailed in this report is within the Council's powers and by virtue of The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 (as amended) and is an executive function and therefore within the remit of the Executive to consider and determine.

## **14. Resource Comments:**

The service is funded from the DHSC Local Reform and Community Voices Grant and Public Health Grant.

It is proposed that the annual budget from 2024/25 will be £310,000, giving a maximum total value £2,325,000 if the full length of 5 ½ + 2 years is utilised.

The annual budget will comprise:

- £198,454 from the Local Reform and Community Voices grant paid to LCC by DHSC. DHSC advise additional funds from Council core budgets are also utilised to fund the service.
- £111,546 from the ringfenced Public Health Grant

## 15. Consultation

### a) Has Local Member Been Consulted?

N/A

### b) Has Executive Councillor Been Consulted?

Yes.

### c) Scrutiny Comments

The report will be considered by the Adults and Community Wellbeing Scrutiny Committee on 24 April 2024 and the comments will be reported to the Executive.

### d) Risks and Impact Analysis

Equality Impact Assessment attached as Appendix 1.

## 16. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Equality Impact Assessment

## 17. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Theo Jarratt, who can be contacted on [Theo.Jarratt@lincolnshire.gov.uk](mailto:Theo.Jarratt@lincolnshire.gov.uk).

# Equality Impact Assessment

## Background information

Details	Response
<b>Title of the policy, project or service being considered</b>	Lincolnshire Healthwatch Recommissioning
<b>Service area</b>	Adult Care and Community Wellbeing
<b>Person or people completing the analysis</b>	Theo Jarratt
<b>Lead officer</b>	
<b>How was the Equality Impact Analysis undertaken?</b>	Consulting with stakeholders Guidance on commissioning Healthwatch service Healthwatch England EIA
<b>Is this a proposed change to an existing policy, service, project or is it new?</b>	New
<b>Version control</b>	V1.0
<b>Is it LCC directly delivered, commissioned, recommissioned, or decommissioned?</b>	Recommissioned
<b>Describe the proposed change</b>	<p>Service to be recommissioned from October 2024.</p> <p>The recommissioning of the service allows the opportunity for the new service to focus on equalities considerations from the start of the arrangement. We will ensure that;</p> <ul style="list-style-type: none"> <li>• Make up of Healthwatch board, staff and volunteers represents the local community it represents</li> <li>• The provider will collect equalities data to ensure there is transparency over those engaged</li> <li>• Engagement and publicity campaigns are undertaken in an accessible way, so all members of the Lincolnshire population have the opportunity to have their voice heard</li> </ul>

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics. If there is no positive impact, please state '*no positive impact*'.

Protected characteristic	Response
<b>Age</b>	The service will provide channels to engage with the service regardless of age. This will include consideration of what events / channels are most suitable for those of a younger / older age.
<b>Disability</b>	The service will ensure that people are able to engage through multiple channels, taking into account physical and non-visible disabilities. The provider will be expected to provide information in accessible formats and to ensure that events and venues used for engagement activity are accessible.
<b>Gender reassignment</b>	The service has the opportunity to work with local health and care services to ensure voices of those with gender reassignment are heard in a sensitive and discrete way. The service also gives an opportunity for the health and care services to better understand the needs of people who have undergone or are undergoing gender reassignment.
<b>Marriage and civil partnership</b>	No positive impact.
<b>Pregnancy and maternity</b>	The service has the opportunity to engage with the public about issues relating to pregnancy and maternity.
<b>Race</b>	The service can utilise learning from national Healthwatch to ensure considerations are taken into account when engaging with the population to maximise participation and ensure representative feedback.
<b>Religion or belief</b>	No positive impact.
<b>Sex</b>	Ability to represent and promote involvement by both male and females in health and care services.
<b>Sexual orientation</b>	Ability to represent and promote involvement by people with different sexual orientation in health and care services.

**If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.**



<b>Positive impacts</b>

## Adverse or negative impacts

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below.

<b>Protected characteristic</b>	<b>Response</b>
<b>Age</b>	Potential for the service to focus on those issues that are of importance to older people. Service should ensure involvement and representation of all ages and put in place strategies to ensure this.
<b>Disability</b>	Strategies to ensure engagement and positive representation in communications will ensure any negative impacts are mitigated.
<b>Gender reassignment</b>	No perceived adverse impact.
<b>Marriage and civil partnership</b>	No perceived adverse impact.
<b>Pregnancy and maternity</b>	No perceived adverse impact.
<b>Race</b>	Strategies to ensure engagement and positive representation in communications will ensure any negative impacts are mitigated.
<b>Religion or belief</b>	No perceived adverse impact
<b>Sex</b>	Strategies to ensure engagement and positive representation in communications will ensure any negative impacts are mitigated.

Protected characteristic	Response
Sexual orientation	No perceived adverse impact

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Negative impacts

## Stakeholders

Objective(s) of the EIA consultation or engagement activity
Healthwatch Lincolnshire  Healthwatch England

## Who was involved in the EIA consultation or engagement activity?

Detail any findings identified by the protected characteristic.

Protected characteristic	Response
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	
Religion or belief	
Sex	
Sexual orientation	
Are you confident that everyone who should have been involved in producing this version of the Equality	

Protected characteristic	Response
<p><b>Impact Analysis has been involved in a meaningful way?</b></p> <p>The purpose is to make sure you have got the perspective of all the protected characteristics.</p>	
<p><b>Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?</b></p>	<p>The commissioner will measure the impact of the service in terms of achieving quality and diversity aims in the specification of the service.</p>

## Further details

Personal data	Response
Are you handling personal data?	No
If yes, please give details	

Actions required	Action	Lead officer	Timescale
Develop specification to ensure equalities and inclusion central to the service.	Develop specification	Theo Jarratt	June 2024

Version	Description	Created or amended by	Date created or amended	Approved by	Date approved
V1	EIA drafted		19/03/2024		

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