

ESTABLISHING HEALTHWATCH HILLINGDON

Cabinet Member(s)	Councillor Philip Corthorne
Cabinet Portfolio(s)	Social Services, Health and Housing
Officer Contact(s)	Kevin Byrne – Head of Policy and Performance
Papers with report	Appendix 1. Summary of consultation responses Appendix 2. Equality Impact Assessment

1. HEADLINE INFORMATION

Summary	<p>The Health and Social Care Act 2012 requires local authorities to establish local Healthwatch organisations in their areas from 1 April 2013. Hillingdon Healthwatch will become the new local health and social care, consumer champion and will represent the views of all local residents. Hillingdon Healthwatch will also replace Hillingdon Local Involvement Network (LINK). This report, therefore, sets out the approach proposed to be taken in Hillingdon to establish Healthwatch and seeks delegated authority to take forward necessary decisions.</p> <p>In addition, under the Act the former NHS Independent Complaints Advocacy Support (ICAS) service will also become a statutory function of the Local Authority from 01 April 2013. This report also outlines proposals to carry out this function.</p>
Contribution to our plans and strategies	<p>The provision of an effective voice for local people in regard to health and social care services supports Hillingdon's vision "Putting our residents first".</p>
Financial Cost	<p>The funding for Hillingdon Healthwatch will be subject to Hillingdon Council's budget setting process. Proposed budgets are not ring fenced. It is anticipated that the budgeted costs of Hillingdon Link will be added to new money promised from Government in the spending settlement to deliver the Patient Advice and Liaison support (PALS) service.</p> <p>The Department of Health have indicated that an estimated budget of £59,584 will be made available to the Council for the commissioning of the NHS ICAS service. The final amount made available will not be ring fenced and will be confirmed in January 2013.</p>
Relevant Policy Overview Committee	Social Services, Health and Housing and External Services
Ward(s) affected	All

2. RECOMMENDATIONS

- 1) **That Cabinet approves the next steps identified below for setting up Healthwatch in Hillingdon and delegates authority for decisions be taken to the Leader of the Council and Cabinet Member for Social Services, Health and Housing, in consultation with the Deputy Chief Executive and Corporate Director for Central Services on the following:**
 - a) **Establishing a new independent corporate body to undertake the statutory functions envisaged in the Health and Social Care Act 2012.**
 - b) **Establishing appropriate governance arrangements for the new organisation.**
 - c) **Recruitment of the first Healthwatch Hillingdon Board, noting the appointment of Jeff Maslen as designated Chairman of Healthwatch Hillingdon following a full and open competition.**
 - d) **To enter into an agreement with Hillingdon Healthwatch, once established, for a period of two years with options to extend for up to a further two years.**
- 2) **That Cabinet note that discussions have begun with other local authorities on a joint procurement venture to procure the NHS ICAS service;**
- 3) **That Cabinet authorises the Deputy Chief Executive and Corporate Director of Central Services, in consultation with the Cabinet Member for Social Services, Health and Housing, to approve such arrangements as are necessary to procure the NHS ICAS service.**
- 4) **That Cabinet notes the outcome of the public consultation at Appendix 1.**

Reasons for recommendation

The proposals for establishing Healthwatch Hillingdon are based on legal requirements.

The commissioning of the NHS Independent Complaints Advocacy Service (ICAS) in England will become the responsibility of local authorities from 1 April 2013. This will occur as part of the changes arising from implementation of the Health and Social Care Act 2012. There are opportunities for a more effective and efficient service if delivered across London and officers are discussing a potential pan-London recruitment process, which, if viable, will require a quick sign up to ensure procurement timetables are reached.

Alternative options considered / risk management

The statutory guidance and regulations available so far from the Department of Health are broadly permissive, allowing local areas to establish local Healthwatches as best suit local need. The main alternative option would be to enter into a fully competitive and open tender for an organisation to deliver the functions. In Hillingdon, our aim in establishing Healthwatch is to ensure that it is a locally based, effective and well led organisation with strong governance and representative of local people. The Council is also keen to demonstrate continuity of service from Link, whilst recognising that Healthwatch is to be a new independent body. The Council felt, therefore, that designing a new organisation for Hillingdon and funding this through a grant would achieve these objectives better.

The alternative option for ICAS would be to delegate the commissioning of NHS ICAS to Healthwatch Hillingdon or to commission provision from Healthwatch Hillingdon. This is allowed under the Health and Social Care Act 2012, however Healthwatch Hillingdon will be a fledgling

organisation in 2013 and provision of the ICAS services would require new skills and knowledge as well as potential requirements for insurance or indemnity. It was not considered appropriate to delegate this function until the local Healthwatch has been successfully established.

Policy Overview Committee comments

None at this stage.

3. INFORMATION

3.1 Supporting Information

The Government, through the Health and Social Care Act 2012 has required that, from April 2013, Local Involvement Networks (Links) will be replaced by local Healthwatch. Each local authority is required to shape its own local Healthwatch arrangements to reflect local circumstances. In addition a national body Healthwatch England has been established as a committee of the Care Quality Commission to provide policy advice and support to local Healthwatches and to champion issues at a national level. Local Healthwatches will be statutory organisations which will be funded through and accountable to local authorities.

Healthwatch Hillingdon will take over the statutory role of the current Hillingdon Link including :

- Promoting involvement of local people in the commissioning, development and assessment of local health and social care services;
- Monitoring health and social care services through use of “enter and view” visits and listening to users and carers;
- Obtaining the views of users of health and social care services on the effectiveness of services;
- Influencing commissioners of health and social care services so that plans meet local needs, including through the Healthwatch Hillingdon Chairman having a seat at Hillingdon’s Health and Wellbeing Board.

In addition Healthwatch Hillingdon will:

- Support individuals to exercise choice by signposting them to services, and
- Report concerns about the quality of local health and social care services to Healthwatch England

Designing the new organisation

There are three key elements to the design of the new Local Healthwatch organisations:

- The operating model – how the organisation manages the delivery of the services, who is involved and how that is controlled on a day to day basis
- The governance structure – how the organisation is controlled at a strategic level and who should have a say on the decisions
- The legal form – this is driven by decisions made regarding the operating model and the governance structure.

Healthwatch Hillingdon – Operating Model Options

There are a number of options regarding the operating model for Healthwatch Hillingdon. There is flexibility in that Healthwatch Hillingdon could choose to employ staff and engage volunteers

itself or to consider contracting out elements of its work. Under the consultation exercise concluded over the Summer (see below and appendix 1) the Council sought views from residents as to what Healthwatch should do and how it should operate. The results from the consultation were not entirely conclusive but there was significant support for building on the momentum of what Hillingdon Link has developed to date, particular the experience and knowledge of the staff. There was also a preference for the option of establishing a new independent organisation. It is envisaged that Healthwatch Hillingdon would be free to consider how to enter into new arrangements and sub contracts but in the specification there would also be recognition of the need for continuity particularly in regard to knowledge and experience.

Governance structure

The proposed model for Healthwatch Hillingdon is a Board, similar to charity trustees or health boards non- executive directors, which would in turn be free to employ staff and uses volunteers to carry out its activities. The Council, in conjunction with Hillingdon Link, has already advertised for a Chairman for the Board and conducted a recruitment process (following the Nolan principles of standards in public life). As a result of this process Jeff Maslen was selected by a panel to be the designated Chairman for Healthwatch Hillingdon. The next step will be to embark on a similar approach to identify members for the Healthwatch Hillingdon board.

Healthwatch must be fully representative of local communities and the specification will set out the need to ensure that Healthwatch Hillingdon is representative. It is also assumed that Healthwatch Hillingdon would develop an appropriate membership system and structure to enable local people to have a say in how the organisation is run.

The Council has led on the recruitment of the Board and will register Healthwatch as an organisation and entity in its own right. An advantage of this approach is that the local authority takes the lead in designing and setting up the new organisation and also putting in governance in place. The organisation is then handed over to the new Board and becomes independent. The Board would then be responsible for leading and shaping the development of the new Healthwatch organisation moving forwards.

Legal Form

The Department of Health guidance stipulates that Local Healthwatches are required to be a corporate body in their own right, meaning it is independent from the local authority and NHS. The legal definition of a Body Corporate is a legal entity such as an association or company. This can mean charities, companies with limited or unlimited liability, companies limited by guarantee, charter companies, co-ops, community interest companies, social enterprise or some other bodies. For Healthwatch Hillingdon we intend that the organisation will be not-for-profit, social enterprise possibly through becoming a company limited by guarantee. There is also scope for the new organisation to be a linked in some way to an existing one, for example as an independent operating arm.

Healthwatch Branding



The Care Quality Commission (CQC) have produced distinct branding for local authorities to use when setting up Healthwatch in their local area as shown above. The aim is to make sure that the Healthwatch brand quickly becomes a familiar sight in local communities. However, execution of the branding can be flexible locally. The visual logo produced by CQC is flexible enough to allow each organisation to cultivate its own particular personality to reflect the needs of its own local area, which will be diverse and unique to that place. Healthwatch England is providing the supporting materials that will make this possible.

NHS ICAS

Until 31 March 2013 the Department of Health will continue to commission and manage the contract for the NHS Independent Complaints Advocacy Services (ICAS). ICAS is a service to assist persons making or intending to make complaints in relation to the provision of NHS services or the exercise of functions by NHS bodies. The service is commissioned on a national basis from three service providers - POHWER, Carers Federation and SEAP (Support, Empower, Advocate & Support).

On 01 April 2013, responsibility for commissioning the NHS ICAS will transfer to local authorities under the Health and Social Care Act 2012. Local authority officers with responsibility for the commissioning of Local Healthwatch services in London have been meeting to explore options and share good practice. They have identified collaboration on the provision of a pan London NHS Complaints Advocacy service as an appropriate way to secure best value provision and to mitigate the risks of taking on this new commissioning responsibility in its initial years.

Council officers would like to secure a service based on the existing DH specification (with minor variations only to acknowledge essential changes such as the new relationship with local Healthwatch organisations). This would optimise the prospects of securing a provider with appropriate experience and specialist skills. However, there are other local authorities who prefer an enhanced or extended service.

At the time of preparing this report, officers across London were engaged in finalising details regarding the service specification, length of the proposed contract, costing of the service and procurement route to be followed.

It is likely that a decision on the procurement process will need to be formally confirmed and a Participation Agreement signed before the end of October 2012. Authorisation is therefore requested for a decision on the procurement of the service to be delegated to the Deputy Chief Executive and Corporate Director for Central Services acting in consultation with the Cabinet Member for Social Services, Health and Housing. The procurement process is likely to be triggered before the end of November 2012 in order to ensure that a service provider is in place prior to 01 April 2013.

Equality implications

The purpose of a Local Healthwatch is to ensure that all parts of the community have the opportunity to make a contribution to the shaping and scrutiny of health and social care services in Hillingdon. Healthwatch organisations will be subject to the public sector equality duty under the Equality Act 2010 and the Freedom of Information Act will apply. An impact assessment has been completed and is attached at appendix 2.

Maintaining a smooth transition for NHS ICAS at a time of change within the NHS will ensure that people who need support to challenge NHS services continue to receive it to the same

standard as commissioned by the DH for the last five years. An Equalities Impact Assessment will be carried out once a service specification is finalised and prior to the start of the procurement exercise.

Financial Implications

The current indications from the Department of Health are that funding will be set out in the local government grant settlement later this year. The funding stream will not be ring-fenced, and Council's have discretion over the amounts they actually allocate to this responsibility. Whilst it will be for local authorities to decide the level of funding, it would be important to ensure that sufficient funding is made available to ensure that an appropriate level of service is provided to the Hillingdon residents. The current government funding for LINk will continue for the transition period until 1st April 2013. It is envisaged that the budget for Healthwatch Hillingdon will include the current budget and an additional amount for delivering the PALS signposting element.

The Department of Health has indicated that new money will be made available in the December spending settlement for the delivery of ICAS services. As part of a pan-London procurement exercise Hillingdon would be asked to contribute £2k up front to cover administration, insurance and website development. We anticipate this should be funded in due course from the "new burdens" money issued at the spending settlement.

Consultation Exercise

A consultation survey was undertaken over the Summer to gather views from residents as to the approach and scope of Healthwatch in Hillingdon. In total 138 responses were received. The key points are summarised at Appendix 1.

The implications for ICAS have been discussed with Hillingdon Link and raised at the borough's shadow Health and Wellbeing board.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The recommendation will enable the Council to progress the establishment of Healthwatch in Hillingdon as required by statute by 1 April 2013.

An impact assessment has been completed to gauge the potential impact. This is at Appendix 2

Consultation Carried Out or Required

Over the Summer of 2012 Hillingdon Council consulted with residents about the plans for Healthwatch in Hillingdon, 138 residents responded to the consultation. A summary report is included in this Cabinet agenda. The headline messages received were that Healthwatch in Hillingdon will need to be:

- Independent of the Council and other interests
- Able to meet the diverse needs of Hillingdon
- Networked into Hillingdon's voluntary sector
- Accessible and promoted
- Able to build on the knowledge and expertise of Hillingdon Link

5. CORPORATE IMPLICATIONS

Corporate Finance

Corporate Finance have reviewed and concur with the financial implications set out in the report.

Legal

The Health and Social Care Act 2012 (the "Act") amends the Local Government and Public Involvement in Health Act 2007 to make provisions about Local Healthwatch, which concerns health and social care services.

In relation to setting up a Local Healthwatch, and subject to any secondary legislation and regulation that may be published by the Secretary of State prior to April 2013; the following sections of the Act should be noted:

1. Section 182 of the Act requires the Council to contract with a Local Healthwatch organisation, which must be a social enterprise independent of the local authority and NHS, to involve patients, service users and the public in the commissioning, provision and scrutiny of health and social services.
2. The Council must adhere to the requirements under Section 183 of the Act, including complying with the Regulations issued by the Secretary of State and guidance on conflicts of interest issued by the Secretary of State.
3. Sections 186-187 of the Act details that the Local Healthwatch will have similar rights and duties in relation to providing information and visiting health and social care premises as the rights currently held by Local Involvement Networks (LINKs).
4. Section 188 of the Act details the transition arrangements which may be set by the Secretary of State, including the transfer of property and staff from LINKs to the Local Healthwatch. It is probable that the transfer of staff will be managed in the same way as a TUPE process.

The Cabinet is asked to agree the proposed approach for the setting up of Healthwatch Hillingdon including the establishment of Healthwatch Hillingdon as a not-for-profit, social enterprise possibly through becoming a company limited by guarantee. It is confirmed that this proposed structure will comply with S182 of the Act. The delegation of the decisions outlined elsewhere in this report to the Cabinet Member for Health, Social Care and Housing in discussion with the Deputy Chief Executive and Corporate Director for Central Services will ensure that there is no delay in finalising the numerous decisions associated with the establishment of Healthwatch Hillingdon as a not-for-profit organisation. This in turn will ensure that a smooth transition to Healthwatch Hillingdon takes place.

Under the Equality Act 2010, the Council has a duty to demonstrate that it has paid 'due regard' to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and those who do not.

An Equality Impact Assessment which considers the effect of these Healthwatch Hillingdon proposals on different groups protected from discrimination by the Equality Act is attached to this report. This Impact Assessment must be considered and given due regard when detailed decisions are made in the process of establishing Healthwatch Hillingdon.

Section 185 of the Health and Social Care Act 2012 provides that each local authority must make such arrangements as it considers appropriate for the provision of independent complaints advocacy services in relation to its area. Any procurement exercise carried out in order to procure the independent complaints advocacy service must comply with the Public Contract (Amended) Regulations 2009.

6. BACKGROUND PAPERS

NIL

Healthwatch Consultation Summary

A range of people took part

The consultation survey received 138 responses. One third (33%) of respondents are aged 65+, one third (32%) have a disability in their household, and one quarter (25%) are carers.

A single contract with one organisation is the preferred option

Three fifths (60%) support the proposal that the Healthwatch contract should be with a single organisation providing all services as part of their existing work. Reasons given for this included that a single contract would be easier to manage, it avoids duplication, provides a consistent approach, and would be more accountable.

Two fifths (38%) support the proposal for sub-contracts with different organisations providing services. Reasons given for this included that it would encourage cohesion by bringing organisations together, residents could approach the organisation they trust, and that a range of organisations can bring diversity and localised knowledge better suited to residents' needs.

Healthwatch needs to be independent

Most respondents (57%) think Healthwatch should be 'independent'. Other popular characteristics include being 'accessible' (46%), 'representative of the local community' (43%), 'easy to contact' (41%), and 'works in partnership with local organisations' (40%).

Knowing they can make a difference will encourage people to volunteer

Respondents would be most likely to get involved with Healthwatch if they knew that they could make a real difference (70%). Holding meetings at flexible times (45%) and limiting the amount of time it takes up (28%) would also help.

Two thirds (63%) of respondents would be interested in being part of a group that plans and checks health social care services, while 44% would provide information and advice to residents and 38% would share their experiences of services.

GPs and hospitals the biggest areas of interest

The areas of health and social care services that respondents are most interested in hearing about are GPs (53%), Hospital services (51%), voluntary sector services (40%), and Mental Health services (31%).

From online to face-to-face: A range of media will be needed

The most commonly used sources of information about Health and Social Care services are GPs (46%), Hillingdon LINK (37%), voluntary organisations (36%), and the NHS website (33%).

Website/Email (54%) is the most common suggestion for providing information and advice to people, followed by regular drop-in meetings at places like libraries and community halls (51%), joining up with other information and advice providers (45%), and leaflets (45%).

Local newspapers (51%) and newsletters (43%) are the most common suggestions for how best to communicate the work of Healthwatch to local people.



Impact Assessment

STEP A) Description of what is to be assessed and its relevance to equality

What is being assessed? Please tick ✓

Review of a service ✓ Staff restructure Decommissioning a service

Changing a policy Tendering for a new service A strategy or plan

This Impact Assessment is assessing the transition from Hillingdon LINKs to a Local Healthwatch service. The Health and Social Care Act 2012 sets out that Local Healthwatch will be established in April 2013. The aim is to set up local Healthwatch in Hillingdon; a local and national patients' champion to make sure that patient's voices are heard about the issues they have in accessing, using and benefitting from health and social care. This should give an opportunity to address equality issues since patients with protected characteristics and their representatives will be able to use this channel to voice problems and suggestions for improving the care they need and receive. Given the range of functions that Local Healthwatch will need to deliver, the new organisation will need to ensure that the volunteers reflect the diversity of the borough.

Who is accountable? e.g. Head of Service or Corporate Director

Kevin Byrne – Head of Policy, Performance and Partnerships

Date assessment completed and approved by accountable person

5th October 2012

Names and job titles of people carrying out the assessment

Ruby Ali – HIP Strategic Improvement Manager

A.1) What are the main aims and intended benefits of what you are assessing?

LINks will transform into Healthwatch to strengthen patient and public voice, which is central to the aims of the Government's health and social care reforms. The main functions of Healthwatch will be to.

- Get more adults, children and young people involved in planning and checking health and social care services.
- Get people involved in sharing their experiences in Hillingdon of health and social care services
- Make sure the people who make decisions know about what residents think, and how we they might improve health and social care services
- Influence the commissioning and provision of services
- Provide information, support and advice to patients, service users and carers to help them choose the right services for them
- Ensure that Local Healthwatch is representative of local people and those who use services.

Hillingdon Healthwatch will be for the benefit of all residents in Hillingdon. Healthwatch Hillingdon will be required to operate within the context of current equalities legislation.

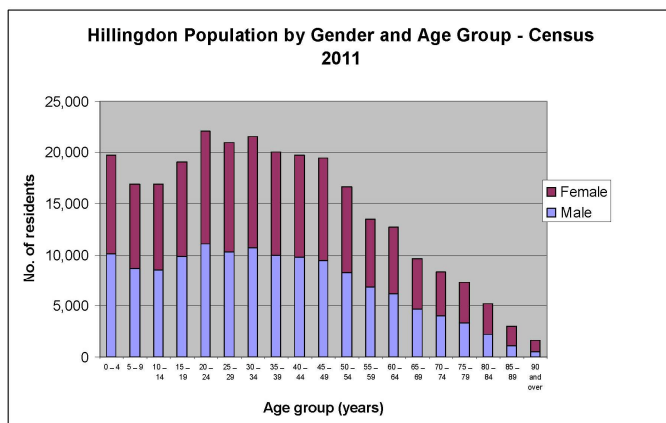
The intended benefits of Local Healthwatch are:

- To inform the policies of Hillingdon and Partners across the voluntary and statutory sector in the improvement of health of residents of Hillingdon
- To reduce health inequalities, by providing sound information on health and social care services to enable residents to make informed choices
- To provide suitable advice and information about access to health and social care services to enable residents to make informed choices
- To provide access to a variety of opportunities to enable local people to contribute their views and ensure those views are made known.

A.2) Who are the service users or staff affected by what you are assessing? What is their equality profile?

Data taken from the first batch of Census 2011 data for Hillingdon.

Gender/Age



Hillingdon Population: (Source: Census 2011)

Overall: 273,900

Male: 135,800

Female: 138,100

Median age group: 35-39 years

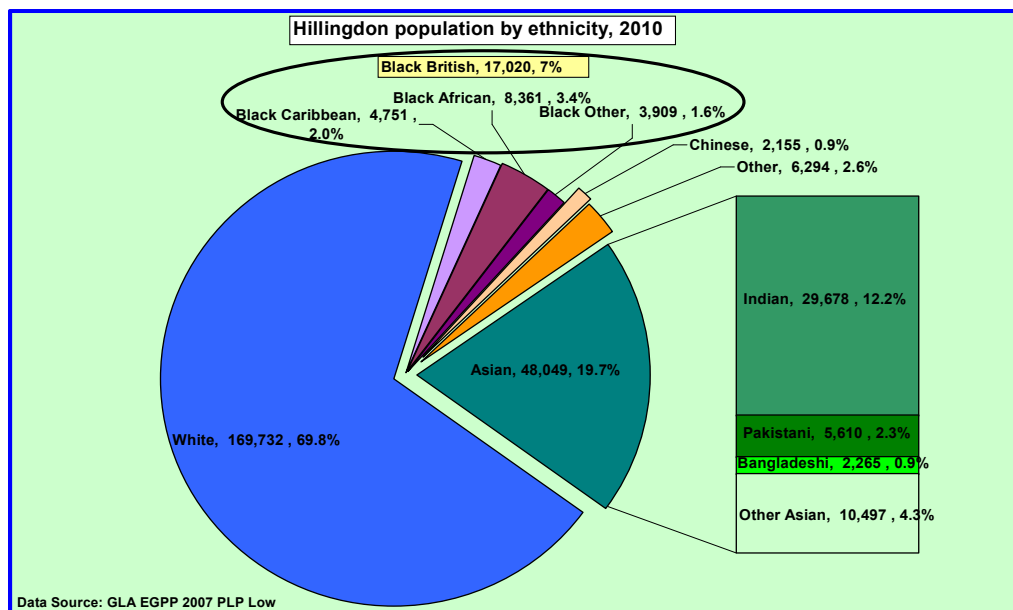
Paul Kent (ext 7446)

Data taken from Hillingdon Profile 2008:

Religion/Belief	Hillingdon
Christian	64.10%
Buddhist	0.39%
Hindu	4.61%
Jewish	0.81%
Muslim	4.63%
Sikh	4.55%
Other religions	0.40%
No religion	13.37%
Religion not stated	7.13%

Data taken from GLA 2010 Round Ethnic Group Projections SHLAA 2011

Ethnicity



Households needing support – Disability – Data Source Hillingdon Profile 2008

16% of all households in Hillingdon have one or more people with an identified support need. This is higher than the national average of 11.3%. The main support needs groups are:

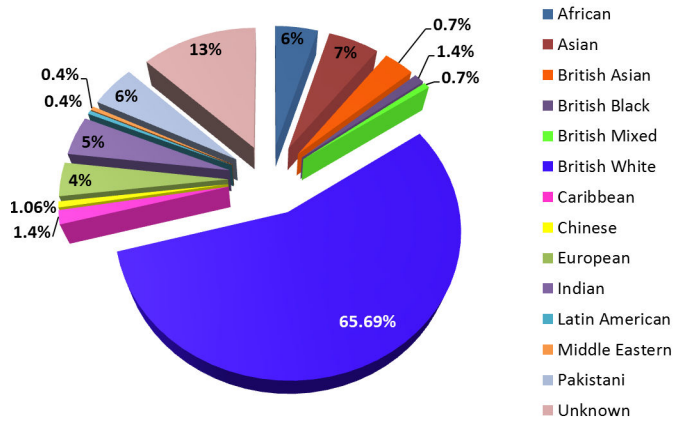
1. Physical disability	58%
2. Frail elderly	27%
3. Severe sensory disability	18%
4. Mental health problem	7%
5. Learning disability	3%
6. Vulnerable people and children leaving care	1%

2. Information on the equalities profile of the LINK membership is illustrated here. Data taken from the Hillingdon LINK Annual Report 2011-12.

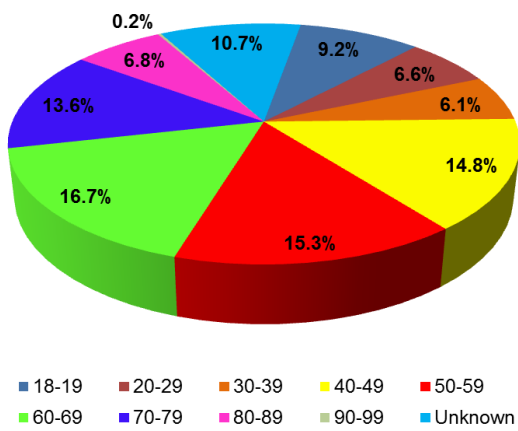
MEMBERSHIP

The membership has grown slightly from 771 at the end of March 2011 to 819 by the end of March 2012, this includes 130 organisation members.

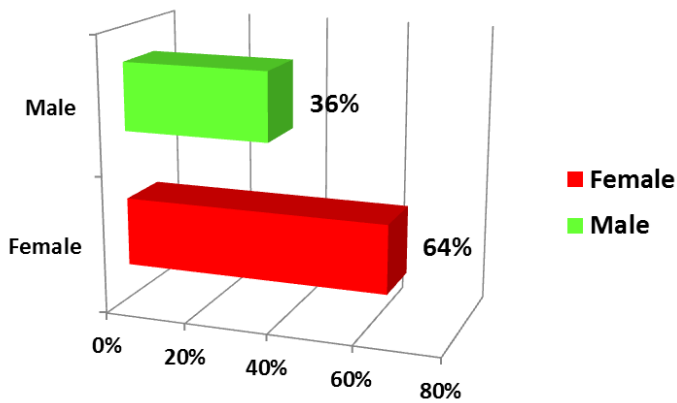
By ethnic group



By age



By Gender



A.3) Who are the stakeholders in this assessment and what is their interest in it?

Stakeholders	Interest
The Public (Residents, Health patients, carers etc). Local voluntary community groups	They are all potential users of the Hillingdon Healthwatch service, and could also be volunteers of Local Healthwatch and possibly have a seat on the Healthwatch Board.
LINK and potentially Healthwatch Members	To ensure strong governance of new organisation and ability to influence strategic direction and decisions.
GP Consortia	The GP consortia will be expected to work closely with Healthwatch on embedding patient and public engagement in commissioning decisions. This relationship will be crucial when communicating to patients and the public on how commissioning and service delivery will change at a local level.
Health and Wellbeing Board	The Healthwatch Chairman will have a seat on the Health and Wellbeing Board. Health and Wellbeing Board members will need to champion local Healthwatch at outside meetings.
Council Elected Members	Members will have an interest in ensuring that there are robust transition arrangements in place from LINK to Healthwatch. Also that Hillingdon Healthwatch is able to reach residents from hard to reach communities, and are able to influence and challenge health and social care services.
Corporate Directors	Corporate Directors will have an interest in ensuring there are robust transition arrangements in place for LINK to transform into Local Healthwatch. Also that the Healthwatch Board is representative of the local community in which it serves.
LBH Officers	Officers will be responsible for establishing Hillingdon Healthwatch, an effective Healthwatch Board and

LINK	<p>evaluate and monitor Hillingdon Healthwatch's performance.</p> <p>LINks interest will be to work constructively with Hillingdon Council to manage the transition to Hillingdon Healthwatch.</p>
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A.4) Which protected characteristics or community issues are relevant to the assessment? ✓ in the box.

Only tick the boxes which relate to the data you have in A2.

Age	✓	Religion or belief	✓
Disability	✓	Sex	✓
Gender reassignment		Sexual Orientation	
Marriage or civil partnership		Community Cohesion	
Pregnancy or maternity		Community Safety	
Race/Ethnicity	✓	Other – please state	

STEP B) Consideration of information; data, research, consultation, engagement

B.1) Consideration of information and data - what have you got and what is it telling you?

Age and Gender - Data taken from the first batch of Census 2011 data.
The data from the first batch of Census 2011 data is telling us that Hillingdon's population is 273,900 overall. Of that there are 135,800 are Male, and 138,100 are Female. The Median age group is 35-39 years.

Data Source JSNA 2011
Population of older age groups (50+) in Hillingdon is larger when compared with London but similar to (in some age bands) or smaller than England.

People aged 65+
There are a total of 34,385 people over the age of 65 in Hillingdon, out of which 14,797 (43%) are men, and 19,588 (57%) are women. Older People's (65+) population is predicted to increase by 7.1% in the next 5 years compared with 5% overall increase in Hillingdon's population.

People aged 85+
The biggest percentage increases in Hillingdon is expected to occur in those aged between 65 – 69 and 85 and over. The projected overall increase in the population of persons aged 85+ is 8% in the next five years compared with 5% in Hillingdon's total population. The total number of people aged 85+ is 4,716, out of which 1,529 (32.4%) are men and 3,187 (67.6%).

Information taken from Hillingdon LINK End of Year Report 2011-2012
Knowledge about the age of residents is important because need for specific

services varies by age; for example the need for chronic disease management will be greater in the population of older people while need for sexual health and maturity services will be greater in the younger population.

Disability – Data taken from Hillingdon Profile 2008

Disability

16% of all households in Hillingdon have one or more people with an identified support need. This is higher than the national average of 11.3%.

Ethnicity - Data Source: JSNA 2011

Black and minority ethnic (BME) communities make up approximately 32% of population of Hillingdon in 2011, an increase of 12% compared to 2001 which had 20% ethnic minorities. The largest ethnic minority community is Asian (20%), of which the Indian category alone forms 12% of the total population. The Black African population is 4% of the total population.

Hillingdon has a large BME population, a growing older population and an increase in births. It is important that the membership of Hillingdon Healthwatch Board and wider members are representative of Hillingdon's population and that the service users who engage with Healthwatch are representative.

Consultation

B.2) Did you carry out any consultation or engagement as part of this assessment?

Please tick NO

YES

If no, explain why:

If yes, what did you do or are planning to do? What were the outcomes?

Consultation was undertaken on establishing Local Healthwatch in Hillingdon during the Summer. Consultation took place with all residents and stakeholders of Hillingdon. The consultation was carried out via an on-line and paper survey. The headline messages received were that Healthwatch in Hillingdon will need to be:

- Independent of the Council and other interests
- Able to meet the diverse needs of Hillingdon
- Networked into Hillingdon's voluntary sector
- Accessible and promoted
- Able to build on the knowledge and expertise within Link

B.3) Provide any other information to consider as part of the assessment

Legal context

The Council has a statutory duty to ensure that Healthwatch in Hillingdon is delivering the functions as detailed in the Health and Social Care Act 2012. Local Healthwatch will also be subject to equalities legislation as in the Equality Act 2010,

Freedom of Information Act and Data Protection Act.

Financial context

The Department of Health has provided Local Authorities with an un-ringfenced grant for delivering the Local Healthwatch service.

National Policy context

To deliver on the aims of the Health and Social Care Act 2012, Healthwatch England will be set up as a statutory committee of the Care Quality Commission (CQC), with a role in representing, at a national level, people using health and social care services. This will give people a real influence over policy, service planning and delivery. Each local authority will have to establish a health and wellbeing board covering health, public health and adult social care. The board will need to include a Local Healthwatch representative, to ensure that feedback from patients and service users can influence and shape commissioning plans. Currently the Chairman of Hillingdon Healthwatch is a member of the Shadow Health and Wellbeing Board.

C) Assessment

What did you find in B1? Who is affected? Is there, or likely to be, an impact on certain groups?

Fill in the tables to reflect your findings

C.1) Describe any **NEGATIVE** impacts (actual or potential):

Equality Group	Impact on this group and actions you need to take
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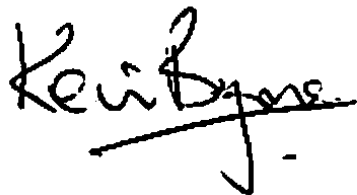
There are no potentially negative impacts identified in the transition of LINK to Healthwatch. As the transition takes place, all stakeholders will be kept informed and feedback from the consultation will be considered to ensure that no particular group is adversely affected. During the transition all service users will be kept up to date on how they can access the new Healthwatch service and have their voice heard. The diversity of membership of Healthwatch and service users will be monitored to ensure it is representative.

C.2) Describe any **POSITIVE** impacts

Equality Group	Impact on this group and actions you need to take
All residents of Hillingdon	The proposed changes will promote and support the involvement of all local people in decisions about how where and when health and social care services are provided and enable local people to monitor and review any decisions that get made. The Voluntary Sector have in-depth understanding of particular equality groups, especially the vulnerable, and how to engage with these groups effectively. The voluntary sector will share this knowledge so it can be used by Healthwatch to ensure that they reach out to all sectors of the community in Hillingdon.

D) Conclusions

Hillingdon Healthwatch will be a strengthened consumer voice that can promote patient and public involvement, and seek views on local health and social care services that can be fed back into local commissioning. This should give an opportunity to address equality issues since patients with protected characteristics and their representatives will be able to use this channel to voice problems and suggestions for improving the care they need and receive.

A handwritten signature in black ink that reads "Kevin Byrne". The signature is written in a cursive style with a long horizontal stroke underlining the name.

Signed and dated:.....5th October 2012

Name and position:.....Kevin Byrne, Head of policy and performance.....