

TO: HEALTH AND WELLBEING BOARD  
11 APRIL 2013

---

**LOCAL HEALTHWATCH BRACKNELL FOREST CONTRACT AWARD**  
**Director of Adult Social Care, Health and Housing &**  
**Chief Executive Officer, The Ark Trust Limited**

**1 INTRODUCTION**

- 1.1 Following a procurement process, the contract for Local Healthwatch Bracknell Forest ("LHW") was awarded to the Ark Trust Limited, a local organisation based in Crowthorne, that was able to demonstrate:
- a. Knowledge and understanding of Local Healthwatch placed within the context of Bracknell Forest and therefore aligned most closely with the expressed needs of local stakeholders sourced from independent engagement activity undertaken in 2012
  - b. Knowledge and practical examples of involving supported and vulnerable individuals in decision making from the ground up
  - c. Reflective knowledge, understanding and appreciation of the mechanics and relationships in the local voluntary and community sector landscape and potential barriers to collaborative working
  - d. A clear understanding of the principles of branding and marketing communications using traditional and new media channels
  - e. Existing partnership arrangements covering key health and social care groups and upon which the broader service could be built within a specified timeframe
  - f. Evidence of broad and creative mechanisms for engaging with and securing the views of local people
  - g. Evidence of an ability to support people to lead the lives the way they wish in a non-judgemental way
  - h. A comprehensive approach to safeguarding adults and children and young people

**2 SUPPORTING INFORMATION**

Legal requirement for Local Healthwatch

- 2.1 Subject to the Health and Social Care Act 2012, Local Healthwatch organisations must be established by local authorities responsible for social care to ensure all local people have:
- access to an organisation that will act as their independent consumer champion and ensure they have access to advice and information (signposting) about health and social care services and support so that they can make informed choices relevant to their needs
  - a strong collective voice which is heard by commissioners of services and which will inform the development or improvement of services taking into account the needs and experiences of local people

Procurement process

- 2.2 A procurement team with representatives from Adult Social Care, Health and Housing and Children, Young People and Learning was established and supported by corporate procurement.

- 2.3 A single open tender process was advertised on the South East Business Portal on Friday 1st June 2012. All interested organisations were able to download:
- Invitation to Tender
  - Service Specification
  - All associated appendices
- 2.4 Interested organisations were able to ask for clarifications, in writing, by Friday 11<sup>th</sup> January 2013. No questions were received.
- 2.5 The tender documentation included a set of Entry Level Questions. Potential bidders self-evaluated whether they met the Council's minimum criteria for being able to provide the service before completing and submitting their bids.
- 2.6 The deadline for bids was Monday 21st January 2013. To accommodate issues relating to the weather, this deadline was extended to Wednesday 23<sup>rd</sup> January 2013. A total of 3 bids were returned. Tenders were assessed by the Tender Evaluation Team, details of which are set out in the Confidential Annex to this report. Evaluation criteria had been agreed by the Team prior to the tender invitations, with a price:quality weighting of 50:50. Also agreed were a number of qualitative criteria relating to the three core elements of the service, operational sustainability, accessibility and learning from past experience.
- 2.7 Reference checks have been undertaken in order to ascertain, as far as reasonably possible, the suitability and viability of the three Tenderers. The references for The Ark Trust Ltd were positive recommendations.
- 2.8 Emails were sent on 25 January 2013 to all organisations inviting them to give a presentation to the Council on their vision of LHW, how people would interface with the service, how the service would operate within a network of local networks, and how the service would use commercial and non-commercial opportunities for sustainability followed by questions from the Evaluation Team on their proposals. Presentations took place on 1st February 2013. Following all presentations, the Tender Evaluation Team finalised the tender evaluation.

#### Decision to award contract

- 2.9 As the contract does not exceed £400k in total value, the decision to award the contract is one that falls to the Director and Executive Member for Adult Social Care, Health and Housing in accordance with the requirements of the councils Contract Standing Orders 2012.

#### Next steps

- 2.10 The Council and the Ark have meet to review and revise the initial implementation plan submitted at the point of tender to take into account new secondary legislation and additional requirements of the contract which have come about whilst the procurement process was in train. Subject to signing of contracts, next steps comprise:
- Establishing Transition Managing Team
  - Governance and operational procedures
  - Recruitment of chair, staff and volunteers
  - Agreement of licensing terms for Healthwatch brand and website

- Agreeing operations plans for Business Development Plan, Communications, Training, Engagement, Partnership development, training etc.
- Establishing a Forward Plan

### **3 EQUALITIES IMPACT ASSESSMENT**

3.1 The procurement process was subject to an equalities screening process. Attached in Annex A.

### **4 STRATEGIC RISK MANAGEMENT ISSUES**

#### Funding period and shortfall

4.1 The contract has been awarded for 2 years (from 1st April 2013) with an option to extend for a further year if required. There is budget availability for the funding of the contract from the Local Healthwatch budget and Local Reform & Community Voices grant.

4.2 Please note that there is provision within the contract to vary it according to budget availability and the Ark Trust is aware of this provision. This risk is further mitigated as the incoming provider, classified as a social enterprise, will have trading powers allowing Local Healthwatch to charge for services for which it can develop a market. A business plan is already in development to maximise its commercial and non-commercial income streams.

#### Ongoing change in the NHS and the social care economy

4.3 LHW will develop against a backdrop of ongoing change in the NHS and social care. To mitigate against this, Local Healthwatch will be part of Healthwatch England which will provide central support for the national network of Local Healthwatch organisations. LHW will also be represented on the Bracknell Forest Health and Wellbeing Board directly connected to discussions between the key stakeholders in the health and social care economy and will be expected to be equally and jointly involved in the influencing and informing of decisions relating to local commissioning.

#### Partnership working

4.4 A risk to LHW would be the failure to work effectively with key partners or to involve patients and the public in the development of the service which may result in a service that does not meet the needs of the community or deliver better outcomes for their area. This will be mitigated by independent development work commissioned through RAISE, a regional voluntary and community infrastructure support organisation that has been involved in LHW development from policy to implementation.

4.5 An identified strength of the Ark bid was that it set out an existing, viable arrangements of a manageable size with other local organisations (including advocacy services) that could be developed over time and which covered a range of health and social care groups as follows:

- Pan-disability / Long-term conditions and young people      The Ark (as contract lead)
- Sensory impairment      Deaf positives
- Young people      Kids.org
- Older People      Age Concern Slough and Berkshire East
- Mental Health      SEAP
- Autistic spectrum      Berkshire Autistic Society

## Unrestricted

- Learning disabilities Mencap

4.6 The Ark recognised the need to expand this network over time and it would be hard for any organisation that is committed to person-centred outcomes for the people they engage with to justify any position which does not support or collaborate with LHW as it develops.

### Past iterations of patient and public involvement

4.7 Responsibilities for patient and public involvement under the Local Government Act 2007 have transferred from Local Involvement Networks to Local Healthwatch organisations under the Health and Social Care Act 2012 along with additional responsibilities. This risk is mitigated as the outgoing LINK has been actively involved in the LHW development process and has provided a comprehensive legacy document of learning and analysis to support the development of the incoming provider.

### Delays establishing the service

4.8 The procurement of LHW organisations has taken place against the backdrop of emergent legislation and the establishment of the national Healthwatch England body which has yet to confirm in detail, the working relationship it will have with the LHW network. To mitigate the issues of the past and develop an organisation that is fit for purpose, the desire to establish the service as soon as possible must be balanced against legal, economic, political, technological and environmental factors which have yet to be fully identified and defined. For this reason, the LHW service has been given a maximum 6 month window to become fully operational, the details of which must be set out against a detailed implementation plan.

### Background Papers

Annex 1 – Equality Screening Record

### Contact for further information

Glyn Jones, Adult Social Care, Health and Housing - 01344 351936

Glyn.jones@bracknell-forest.gov.uk

Andrea McCombie Parker, Local Healthwatch Bracknell Forest – 01344 755528

andrea@theark.org.uk

Mira Haynes, Adult Social Care, Health and Housing - 01344 351599

Mira.Haynes@bracknell-forest.gov.uk

## Equalities Screening Record Form

(File reference: LHW Procurement EIA v5 0 UNRESTRICTED.doc)

<b>Date of Screening:</b> <b>19 September 2012</b>	<b>Directorate:</b> <b>ADULT SOCIAL CARE,          HEALTH AND HOUSING</b>	<b>Section:</b> <b>JOINT COMMISSIONING</b>
<b>1. Activity to be assessed</b>	Procurement process for Local Healthwatch Bracknell Forest (LHW)	
<b>2. What is the activity?</b>	<input type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input checked="" type="checkbox"/> Service <input type="checkbox"/> Organisational change	
<b>3. Is it a new or existing activity?</b>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	
<b>4. Officer responsible for the screening</b>	Kieth Naylor, Joint Commissioning Officer: NHS Modernisation Projects	
<b>5. Who are the members of the EIA team?</b>	Kieth Naylor, Joint Commissioning Officer: NHS Modernisation Projects (Adult Social Care, Health and Housing) Lynne Lidster, Head of Joint Commissioning (Adult Social Care, Health and Housing) Kim Helman, Joint Commissioning Officer (Adult Social Care, Health and Housing) Dave Rossiter, Joint Commissioning Officer (Adult Social Care, Health and Housing) Graham Symonds, Policy and Commissioning Manager (Children, Young People and Learning) Service Efficiency Group	
<b>6. What is the purpose of the activity?</b>	<p>To ensure that a new contract for the supply of LHW is established before 1 April 2013 and that it is ready to assume the statutory functions of Local Involvement Networks (LINK) that it will replace.</p> <p>The reasons behind the national decision to replace Local Involvement Networks with LHW organisations is documented nationally and which have been echoed to a greater or lesser extent within Bracknell Forest including:</p> <ul style="list-style-type: none"> <li>• significant variance in effectiveness from area to area</li> <li>• poor demographic representation</li> <li>• limited capacity due to a reliance on the good will of individuals and community groups</li> <li>• lack of public awareness and poor accessibility</li> <li>• lack of national leadership and therefore fragmented action and impact</li> <li>• unclear accountability caused by the tripartite arrangement between Hosts, the local authority and LINK</li> <li>• poor governance and management</li> <li>• internal disputes and poor relationships leading to limited influence in commissioning and service delivery</li> </ul> <p><b>Context</b></p>	

The procurement of the Service will take place within the context of significant change to the NHS as a whole. Because of the bulk of changes will affect social care services, the commissioning lead for the transformation of the NHS has been devolved to local authority social care departments. In Bracknell Forest, the lead is the Adult Social Care, Health and Housing (ASCH&H) department. The project lead has been delegated to the Chief Officer: Older People and Long-Term Conditions, supported by a designated member of the (ASCH&H) Joint Commissioning Team. A project team with representatives from the commissioning teams of both adult and children's social care with responsibility for local authority and joint commissioning with the NHS was identified to establish options and recommend a preferred solution.

#### **Community involvement**

As part of the procurement process, a programme of community engagement and involvement activity was undertaken by independent consultants to gather the views of local stakeholders and their findings are documented in a separate Vision Report available from <http://www.bracknellforestlink.org/LocalHealthwatch> and which has been used extensively in the preparation of the procurement plan and specification for services. The activities took the form of focus groups to elicit the qualities of a good consumer champion for health and social care and a second stakeholder event to elicit views on the potential delivery options for the Service.

Where highlighted through community engagement, specific issues relating to equalities are addressed in the body of the screening report and is supported by other evidence brought to bear by the procurement team. This document should be read in conjunction with the EIA screening record for the LHW service for detailed analysis of need by equalities group and other communities of geography, identity and interest.

#### **Options appraisal**

A number of options were appraised by the community as the principle customer of the service.

##### *Model 1 – A single contract with a supplier established specifically for the delivery of LHW*

Issues of power, control and over concentrated influence permeated the discussions of all options at the stakeholder event and there appears to be widespread tensions around these issues, directed at the local authority and the bigger players in the sector. This model emerged as the least favoured option in stakeholder discussion. There was also concern that a single organisation would not be able to provide all the LHW services adequately or be flexible enough to adapt to the emerging requirements of LHW anticipated over time. The scale of LHW functions and the ongoing discussion around LHW functions, roles and responsibilities would require a more flexible option for delivery to accommodate change.

##### *Model 2 – A single contract with a supplier, LHW delivered as an extension of an existing remit*

The concerns raised around this model echoed those of model 1 with only marginally fewer risks to benefits and the added issue of conflict of interest. This could be a real issue in a small provider market with organisations already delivering health, social care or services with a health related outcome and which would be subject to enter and view powers for which it would be responsible.

##### *Model 3 – A single contract with a supplier that sub-contracts to deliver specialist services*

This model was the only model to secure equal comment relating to benefits and risks. The praise focussed on the potential for provision through a wider range of organisations allowing for small organisations to participate with less pressure to take on a leading role without the burden of immediate changes to governance or constitutions. The option would also provide lead in time for development of sector infrastructure to meet social enterprise criteria and would allow for the setting up of LHW functions over time in a planned, piece-meal basis. This builds in flexibility for the lead organisation particularly as more

	<p>information emerges on the delivery of LHW functions. From a LA contracting perspective and the timeline for procurement, having a single contract to establish and monitor would be desirable in the short- to medium-term. Furthermore, section 183 of the Health and Social Care Act 2012 allows for the primary provider to be a social enterprise without the need for sub-contractors to comply with these regulations, thereby affording the wider sector greater opportunity to support or deliver LHW functions. However, clarity on the accountabilities within the framework would need to be a requirement of the contract and monitoring arrangements, particularly where there may be conflicts of interest.</p> <p><i>Model 4 – A single contract with a consortium arrangement including organisations who could provide specialist services</i></p> <p>The primary risk of this model appears to be the ability of the local market to combine and to work up a collaborative arrangement capable of delivering LHW functions within the timescale. Implications for governance and constitutional arrangements emerged as key concerns from stakeholders which is an alarming echo of the disabling debate around governance which prevented the early development of the LINK.</p> <p><i>Model 5 – Separate contracts with single suppliers required to work in partnership to deliver a Healthwatch brand</i></p> <p>The timescale is too contracted to accommodate this option and it unclear as to the capacity of the market to deliver services in this way. It is one of the highest risk options to the local authority.</p> <p>In addition, the governance, constitutional and operational burdens on voluntary and community sector organisations would be onerous under this model, forcing change with no guarantee of winning bids.</p> <p><i>Model 6 - A pan-Berkshire contract to provide back office and some specialist services with a local delivery arms</i></p> <p>This option was suggested at the stakeholder event and was not subject to the same level of discussion and debate as the other models. It is therefore NOT recommended because it has not been robustly assessed by community stakeholders and furthermore, LHW organisations are at various stages of development and are not yet viable.</p> <p>There is provision within the legislation for LHW organisations to work together and this collaborative approach should be applied in the first instance before considering any joint delivery until such time as models in different localities are established and tested.</p> <p><i>Preferred options</i></p> <p>Having taken into account the general desire of stakeholder groups to ensure the active participation of a wider range of voluntary and community groups in the delivery of LHW functions, models 3, 4 and 5 emerge as leading options, but the onus will be on bidding organisations to highlight their chosen model would deliver the outcomes of the service specification and mitigate risks to delivery.</p>		
<p><b>7. Who is the activity designed to benefit/target?</b></p>	<p>The service is designed for local people who use health and social care services defined in the Health and Social Care Act 2012 as follows:</p> <ol style="list-style-type: none"> <li>a. people who live in the Bracknell Forest area</li> <li>b. people who get health and care services provided in Bracknell Forest</li> <li>c. people from Bracknell Forest who get social care services provided in any other place, and;</li> <li>d. people who are representative of the people mentioned in (a) to (c)</li> </ol>		
<p><b>Protected Characteristics</b></p>	<p><b>Please</b></p>	<p><b>Is there an impact?</b></p>	<p><b>What evidence do you have to support this?</b></p>

	tick yes or no		What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both?  If the impact is neutral please give a reason.	E.g equality monitoring data, consultation results, customer satisfaction information etc  Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
<b>8. Disability Equality</b>	Y	N	Positive  The procurement process identified positive benefits from the new service to people in this group.	The existing LINK has secured good representation from people with disabilities. The LINK database, secured the involvement of people with disabilities and organisations representing people with disabilities in stakeholder engagement and involvement activity. Their comments are captured in the community Vision Report and are in tune with evidence from people with disabilities about their information and advice and support needs.  However, the representation and active involvement of the diversity of disabilities is limited within the LINK. Evidence of under representation has emerged from people with dementia and their carers who need improvements to the accessibility and availability of information about health and social care as an integral part of the care and support package; feedback from the Bracknell Forest Mental Health Strategy Consultation in Summer 2012 demonstrates that people accessing mental health support welcome opportunities to influence service development and want better access to information about support in the local area; "Speaking Up, Speaking Out and Taking Action", the strategy for advocacy in Bracknell Forest highlighted specific issues relating to access to information for people with visual and hearing impairments, people with long-term conditions, people with autism and learning disabilities.  The Provider will be required to monitor and evidence the needs of this group in contract monitoring arrangements.
<b>9. Racial equality</b>	Y	N	Positive  The procurement process identified positive benefits from the new service to people in this group.	The representation of the diversity of different ethnic, linguistic and cultural groups and their active involvement in LINK business cannot be adequately demonstrated compared to the population as a whole.  Although people and organisations representing different



				<p>ethnic, cultural and religious groups participated in the stakeholder event, from this engagement and involvement activity, it was not possible to identify benefits or disbenefits to people purely on the basis of racial equality.</p> <p>Yet it is understood that a gap exists from other evidence. The Joint Strategic Needs Assessment suggests that there will be positive outcomes relating to sexual health for men of African origin is they were to receive better information and also earlier detection of HIV. Council research into advice, information and advocacy provision has indicated issues relating to accessible information for people of different ethnic or linguistic backgrounds, this is specifically the case for the growing number of families from minority ethnic families with children with autism. The involvement of such communities would also help determine the most appropriate communications methods to reach these vulnerable communities.</p> <p>The Provider will be required to monitor and evidence the needs of this group in contract monitoring arrangements.</p>
<b>10. Gender equality</b>	Y	N	<p>Neutral</p> <p>The procurement process was unable to identify benefits from the new service to people on the basis of gender equality alone.</p>	<p>The Provider will be required to monitor and evidence the needs of this group in the Specification and Contract arrangements.</p>
<b>11. Sexual orientation equality</b>	Y	N	<p>Positive</p> <p>The procurement process identified benefits from the new service to people on the basis of sexual orientation and gender re-assignment equality.</p>	<p>The representation of the LGBT communities and their active involvement in LINK business cannot be adequately demonstrated compared to the population as a whole.</p> <p>Engagement and involvement activity did not identify benefits or disbenefits to people purely on the basis of sexual orientation equality.</p> <p>However, the procurement process does reference council research into deficits in relation to advice, information and advocacy provision specifically to older people for health and social care issues in general and men who sleep with men of all ages in relation to early HIV diagnosis.</p>

				The Provider will be required to monitor and evidence the needs of this group in contract monitoring arrangements.
<b>12. Gender re-assignment</b>	Y	N	See comments above for sexual orientation equality	See comments above for sexual orientation equality
<b>13. Age equality</b>	Y	N	Positive The procurement process identified positive benefits from the new service to people in this group.	Older people, particularly those with disabilities or long-term conditions are well represented on the LINK, but people of working age and children and young people are not adequately represented compared to the population as a whole.
<b>14. Religion and belief equality</b>	Y	N	Neutral	There is no evidence at this time to suggest an adverse or positive impact on health improvement or reducing health inequalities is experienced on the basis of religion or belief alone.  The Provider will be required to monitor and evidence the needs of this group in contract monitoring arrangements.
<b>15. Pregnancy and maternity equality</b>	Y	N	Positive The procurement process identified positive benefits from the new service to people in this group.	This group is not well represented on the LINK, although engagement and involvement activity did not specifically identify benefits or disbenefits to people purely on the basis of sexual orientation equality.  Other evidence, from the national outcomes frameworks and the JSNA suggest early interventions and securing the views of individuals to design services appropriate to need could be beneficial in this area specifically in relation to ante- and post-natal healthy lifestyles, breastfeeding, smoking during pregnancy and at birth and post natal depression.  The Provider will be required to monitor and evidence the needs of this group in contract monitoring arrangements.
<b>16. Marriage and civil partnership equality</b>	Y	N	Neutral	There is currently no evidence at this time to suggest an adverse or positive impact on health improvement or reducing health inequalities is experienced on the basis of marriage and civil partnership alone.

		The Provider will be required to monitor and evidence the needs of this group in contract monitoring arrangements.
<p><b>17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carer's/ex-offenders) and on promoting good community relations.</b></p>	<p><b>Carers</b></p> <p>The Provider will be required to evidence need and opportunities for engagement with carers who suffer both financial and social disadvantage because of their caring role and which limits their access to information and their involvement in the commissioning of services which affect them.</p> <p><b>People in prison</b></p> <p>A need to determine how the Service will engage with prison services will be built into the specification and contract in order to meet the needs of people in the criminal justice system who have have inequitable access and varied experiences of health and social care.</p> <p><b><u>Other accessibility consideration relating to the procurement process</u></b></p> <p><b>Promoting and Advertising the Opportunity</b></p> <p>Advertising the opportunity will be key to ensuring that that any organisation has the ability to see when the council is tendering for a particular product or service. The opportunity will be visible on a number of websites, including the South East Business Portal which is accessible, free of charge, to any organisation.</p> <p>As there is a desire to ensure opportunity for the widest range of civic society organisations to deliver or support the delivery of LHW either as a main provider or as a sub-contractor, the specification will be written in a plain English style to make it accessible to organisations that would not normally consider tendering for such work.</p> <p>Limitations on the organisational model put in place by legislation such that the provider must be a social enterprise will be addressed by market development activity to support potential organisations and create capacity in the voluntary and community sector.</p> <p>The social enterprise criteria has been identified as a risk to local bidders coming forward and a voluntary OJEU advert will be placed.</p> <p>Documents in relation to the tender will be available in a number of formats, available free of charge and widely available in online and hard copy formats.</p>	
<p><b>18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?</b></p>	<p>No negative impact has been identified.</p>	
<p><b>19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?</b></p>	<p>No negative impact has been identified.</p>	

<b>20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?</b>	Y	N	No negative impact has been identified
<b>21. What further information or data is required to better understand the impact? Where and how can that information be obtained?</b>	<p>The current LINK arrangements have not been able to demonstrate adequate representation and involvement of different communities in its business.</p> <p>The current legal arrangements for LINKs are to some extent at fault, relying wholly on volunteering and good will, it has not been possible to reach out to the extent that has been desired to ensure that it meets the needs of the widest possible range of stakeholders. Whilst knowledge and experience of health and social care issues has not been wholly at fault, the lack of capacity has extended beyond human resource to limitations in skills and expertise in business areas with failings to create awareness of the service and promote itself.</p> <p>A number of specific actions have been determined to address the issues raised in the screening:</p> <ul style="list-style-type: none"> <li>• The new organisation will be required to use national branding (promoted via central government) to address the issue of identity</li> <li>• Requirements will be placed on LHW organisations to identify and engage with existing networks (and build new ones were required) to extend its reach to the widest and most representative extent to organisations, groups and individuals</li> <li>• Lack of capacity and guidance will be addressed not only by the asset based approach in the point above, but also by the new organisation being part of a nationally coordinated network under Healthwatch England which will be in place to support the development of LHW organisations.</li> <li>• The Service will be legally bound by Equalities Duties and will be monitored against these duties under under the terms of contract to ensure all staff and volunteers have undertaken training relating to the needs of all communities and monitoring arrangements will be put in place that will require the Service to gather data that can be disaggregated by protected characteristics criteria and sub-categories, including carers.</li> <li>• Accountabilities of the Service will be determined by Regulation which will require it to publicly disclose the effort is has made to ensure that the service is accessible to all sectors of the community and the outcomes it has achieved as a result.</li> <li>• Specific requirements will placed on the Provider by virtue of its membership of the Health and Wellbeing Board to provide robust evidence of local need and experience for the purposes of service commissioning and decommissioning</li> <li>• The Provider will also be required to work collaboratively with service commissioners, and will be held to account through the Health and Wellbeing Board for the actions it proposes to take to address the needs of people of all age groups in relation to areas of need identified in the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.</li> <li>• As part of the bidding process, prospective suppliers will be expected to demonstrate a sound understanding of local needs in relation to health and social care.</li> </ul>		

<b>22. On the basis of sections 7 – 17 above is a full impact assessment required?</b>	Y	N	It is a further recommendation of the procurement process to specify that service will be subject to a full Equality Impact Assessment 18 months after the start of the contract to ascertain a detailed analysis of information, advice, signposting, communication, engagement, involvement, etc. needs of local people on the basis of the protected characteristics and other factors as they emerge on the basis of regular reporting.
<b>23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data?</b> Please complete the action plan in full, adding more rows as needed.			
<b>Action</b>	<b>Timescale</b>	<b>Person Responsible</b>	<b>Milestone/Success Criteria</b>
Specific actions for the service are outlined in the service specific EIA			
<b>24. Which service, business or work plan will these actions be included in?</b>	<i>In the service contract and monitoring arrangements.</i>		
<b>25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?</b>	<i>LHW will be provided with access to Council training on equalities.</i>		
<b>26. Chief Officers signature.</b>	<i>Signature:</i>		<i>Date:</i>

When complete please send to [abby.thomas@bracknell-forest.gov.uk](mailto:abby.thomas@bracknell-forest.gov.uk) for publication on the Council's website.