

Cabinet BACKGROUND PAPERS

DATE: Thursday 10 April 2014

AGENDA - PART I

CHILDREN AND FAMILIES

- KEY 9. ELMGROVE PRIMARY SCHOOL AND NURSERY (Pages 1 - 24)**

Background Papers to the Report of the Interim Director of Children's Services.

CHILDREN AND FAMILIES/ENVIRONMENT AND ENTERPRISE

- 10. SCHOOL EXPANSION PROGRAMME (Pages 25 - 38)**

Background Paper to the Joint Report of the Report of the Interim Director of Children's Services and Corporate Director of Environment and Enterprise.

COMMUNITY, HEALTH AND WELL-BEING

- 13. RESPONSE TO NHS HEALTH CHECKS SCRUTINY REVIEW (Pages 39 - 82)**

Background Paper to the Report of the Director of Public Health.

RESOURCES

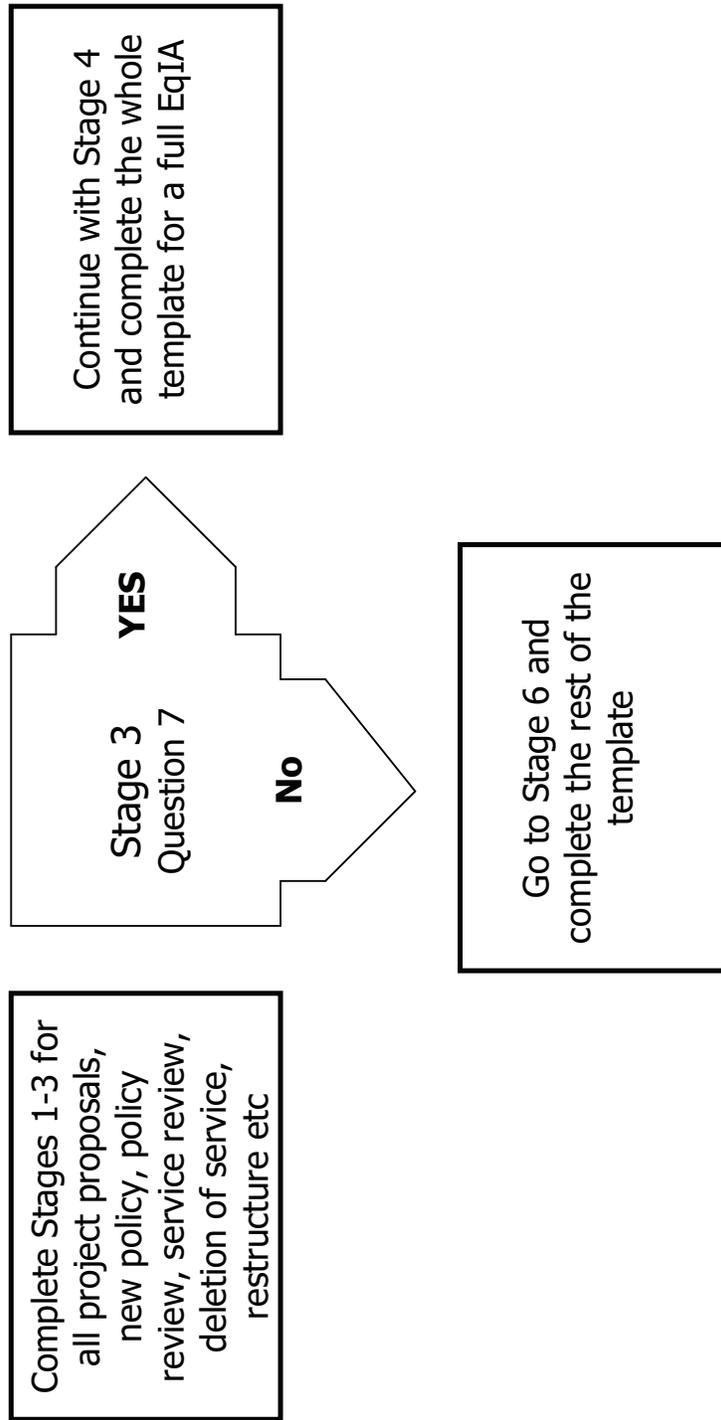
KEY 16. ELECTION PRINT PROCUREMENT (Pages 83 - 116)

Background Paper to the Report of the Director of Legal and Governance Services.

AGENDA - PART II - Nil

Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process. There is now just one Template. Project Managers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.



Equality Impact Assessment (EqIA) Template

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this assessment.

It will also help you to look at the EqIA Template with Guidance Notes to assist you in completing the EqIA.

Type of Project / Proposal:	Tick ✓	Type of Decision:	Tick ✓
Transformation		Cabinet	✓
Capital		Portfolio Holder	
Service Plan		Corporate Strategic Board	
Other		Other	
Title of Project:	Permanent expansion of the following community school: Elmgrove Primary School and Nursery Kenmore Avenue Harrow, HA3 8LU		
2	At its meeting on 10 April 2014, Harrow Cabinet is recommended to approve the statutory proposals to expand permanently the school by one form of entry (30 pupils), which will fill incrementally from the point of admission into the school.		
Directorate / Service responsible:	Children & Families		
Name and job title of lead officer:	Adrian Parker, Head of Education Strategy and School Organisation Service		
Name & contact details of the other persons involved in the assessment:	Johanna Morgan, Education Lead Officer, School Organisation Chris Melly, Senior Professional, School Organisation Darren Aisthorpe, Headteacher of Elmgrove Primary School and Nursery		
Date of assessment:	14 March 2014		
Stage 1: Overview			
1. What are you trying to do? (Explain proposals e.g. introduction of a new service or	It is proposed to permanently expand Elmgrove Primary School and Nursery from 1 September 2015 to become a four form of entry school (120 places) from its current three forms of entry (90 places).		

<p>policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)</p>	<p>Education school expansion statutory processes are being undertaken. In February 2014, the Portfolio Holder for Children and Schools considered the outcome of the consultation about the proposed expansion that was conducted in January 2014 and decided to publish statutory proposals to effect the expansion. The statutory proposals were published from 13 February to 13 March 2014. No comments or objections were received during the representation period. On 10 April 2014, Harrow Cabinet will determine the statutory proposals.</p> <p>The permanent expansion of Elmgrove Primary School and Nursery is proposed as part of the Primary School Expansion Programme within Harrow Council's School Place Planning Strategy. Cabinet agreed its School Place Planning Strategy in February 2010 to meet the increasing demand for school places that is primarily birth rate driven. In July 2011, Cabinet agreed on a Primary School Expansion Programme as part of the School Place Planning Strategy. The strategy aims to secure sufficient primary school places through the creation of additional permanent places, supplemented by planned bulge classes and contingency bulge classes, opened if required.</p>					
<p>3</p> <p>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</p>	Residents / Service Users	✓	Partners / Schools	✓	Stakeholders	✓
	Staff	✓	Age	✓	Disability	✓
	Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity	
	Race		Religion or Belief		Sex	
	Sexual Orientation		Other			
<p>3. Is the responsibility shared with another directorate, authority or organisation? If so:</p> <ul style="list-style-type: none"> • Who are the partners? • Who has the overall responsibility? • How have they been involved in the assessment? 	<p>There is a statutory responsibility on the local authority to ensure sufficient school places in its area. Children & Families is the lead directorate, though the school expansion programme has to be delivered corporately with the involvement of officers from other directorates e.g. Environment and Enterprise, Finance, Performance, Legal.</p> <p>The school expansion programme will be delivered in partnership between the local authority and schools.</p>					

Stage 2: Evidence / Data Collation

4. What evidence / data have you reviewed to assess the potential impact of your proposals? Include the actual data, statistics reviewed in the section below. This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys; complaints etc. Where possible include data on the nine Protected Characteristics.

(Where you have gaps (data is not available/being collated), you may need to include this as an action to address in your Improvement Action Plan at Stage 7)

<p>e (including carers of young/older 4 ople)</p>	<p>The Greater London Authority (GLA) prepares the pupil projections for Harrow Council. The GLA uses a range of information and data to prepare the projections including the number of births, number of pupils in Harrow schools, migration to Harrow and new housing development. Across London the population is growing, and the main reason for this is increasing birth rate. The demand for Reception class places (for pupils reaching 5 years of age) in Harrow schools is increasing:</p> <ul style="list-style-type: none"> • In January 2006 there were 2,224 Reception aged pupils in Harrow schools; • In January 2009 there were 2,571 Reception aged pupils in Harrow schools; • In January 2013 there were 2,879 Reception aged pupils in Harrow schools; • In January 2019 it is projected there will be 3,437 Reception aged pupils in Harrow schools. <p>In September 2012 there were a total of 2,550 permanent Reception class places in Harrow's primary sector schools. In order to ensure sufficient school places to meet the predicted increased demand in the next few years there is a need to increase the number of permanent school places, in the primary sector initially and in the secondary sector in due course. Phase 1 of the primary school expansion programme was implemented in September 2013 with 8 schools in the borough permanently increasing their Reception intakes. Statutory processes for Phase 2 permanent expansions are under way to permanently expand a further 14 schools by September 2015. Phase 3 is being planned for permanent expansions from September 2016. Full information about the projected demand for school places and the planning to increase school places across Harrow can be viewed in the 21 November 2013 Cabinet papers (item 725 School Expansion Programme Appendix C) at http://www.harrow.gov.uk/www2/feList/Documents.aspx?CId=249&MIId=61433&Ver=4</p>
<p>Disability (including carers of disabled people)</p>	<p>See Appendix A of this EqIA for data about the profile of pupils attending the school.</p> <p>Elmgrove Primary School and Nursery has specialist resourced provision for children with physical impairment. The proposed new build classroom block at the school would be two-storey. The new block would connect to an existing two-storey block at the school which has a lift in place. The new build classroom block would therefore be accessible.</p> <p>An increase in children of school age can be expected to include increased numbers of children with disability and special educational needs. The total number of statements of special educational need in</p>

	<p>Harrow has increased by 93 (or 9%) between 2006 and 2011 calendar years. In addition, the percentage of children with a statement placed in a special school (Harrow, other local authority, independent or non-maintained) has increased from 35% to 43% during the same period. This represents continued pressure and demand for more special school places. On 18 July 2013, Harrow Cabinet approved the Special School SEN Placements Planning Framework for bringing forward proposals over the next 3-5 years to increase provision for children and young people with special educational needs.</p> <p>See Appendix A of this EqIA for data about the profile of pupils attending the school.</p> <p>See Appendix B of this EqIA for the profile of respondents to the statutory consultation.</p>
Gender Reassignment	Not applicable in the context of the expansion of this school.
Marriage / Civil Partnership	Not applicable in the context of the expansion of this school.
Pregnancy and Maternity	Not applicable in the context of the expansion of this school.
Race	<p>This is a community school which draws pupils from its local area and the pupil profile reflects the ethnicity of its area. The January 2013 School Census demonstrates that the school has an ethnically diverse pupil population. See Appendix A of this EqIA for data about the profile of pupils attending the school.</p> <p>See Appendix B of this EqIA for the profile of respondents to the statutory consultation.</p> <p>See Appendix C of this EqIA for the ethnic groups in the main wards from which children attend the school.</p>
Religion and Belief	<p>This is a community school which draws pupils from its local area and the pupil profile reflects the religions and beliefs of its area.</p> <p>See Appendix B of this EqIA for the profile of respondents to the statutory consultation.</p>
Sex / Gender	This is a community school which draws pupils from its local area and the pupil profile reflects the gender of its area. See Appendix A of this EqIA for data about the profile of pupils attending the school.
Sexual Orientation	Not applicable in the context of the expansion of this school.
Socio Economic	Not applicable in the context of the expansion of this school.
5. What consultation have you undertaken on your proposals?	
Who was consulted?	What do the results show about the impact on different groups / Protected Characteristics?
What consultation methods were used?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).

<p>Statutory consultation was held with the school, its community and interested parties about the expansion proposal between 7 January and 28 January 2014.</p>	<p>Consultation information was widely distributed including to neighbouring Local Authorities, local MPs, Councillors, Union representatives, Diocesan Bodies, voluntary organisations, and Harrow Youth Parliament. Information was put on the Harrow Council website, together with a facility for online response to the consultations. The Council distributed letters to local residents to inform them of the consultation and to invite them to consultation meetings at the school. Each school distributed information and response forms to their school communities and parents, and arranged open consultation meetings for parents and residents to enable discussion about the proposals.</p>	<p>Consultation about the proposal to expand Elmgrove Primary School and Nursery was held between Tuesday 7 January and 28 January 2014. All requirements for consultation in relation to the proposals that were applicable at the time were complied with. Officers and architects attended an open consultation meeting at the school about the expansion proposal to give presentations and answer questions.</p> <p>Consultation responses</p> <p>158 responses were received to the consultation. Respondents were primarily parents/carers, staff and residents. A number of comments were included with the responses and are summarised in section (d) below. Officer response to the comments is in section (e).</p> <p>The responses made to the first consultation question indicate strong agreement with the Council's approach to creating additional school places in Harrow. The Governing Body also agrees with the approach to creating additional school places in Harrow as outlined in the consultation paper.</p> <p>Question 1: "Do you agree with the approach to creating additional school places in Harrow?"</p> <table border="1" data-bbox="730 976 941 1480"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>135</td> <td>85.44%</td> </tr> <tr> <td>No</td> <td>16</td> <td>10.13%</td> </tr> <tr> <td>Not Sure</td> <td>7</td> <td>4.43%</td> </tr> <tr> <td>Total</td> <td>158</td> <td>100.00%</td> </tr> </tbody> </table> <p>The responses made to the second consultation question indicate strong overall agreement with the Council's proposal to expand Elmgrove Primary School and Nursery including agreement across all the stakeholder groups. The Governing Body agrees in principle with the expansion of Elmgrove to four-form entry and will keep its initial position of support under review as further information emerges. The letter sets out five areas of concern for consideration by officers to provide the Governing Body with additional information and assurance: funding; traffic; building work; the adjacent park; and kitchen. Officers will attend the Governing Body Resources Committee on 3 March to discuss these concerns and to update the governors on other matters.</p> <p>Question 2: "Do you agree with the approach to permanently expand Elmgrove Primary School and Nursery?"</p> <table border="1" data-bbox="1291 966 1380 1480"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>125</td> <td>79.11%</td> </tr> </tbody> </table>	Response	Number	Percentage	Yes	135	85.44%	No	16	10.13%	Not Sure	7	4.43%	Total	158	100.00%	Response	Number	Percentage	Yes	125	79.11%	<p>Harrow Cabinet considered the outcomes of the statutory consultations at its meeting on 21 November 2013, and decided to publish statutory proposals to expand the schools.</p> <p>Measures are being put in place to address the traffic and congestion issues arising from the creation of additional school places. These measures include:</p> <ul style="list-style-type: none"> Transport Assessments at Phase 2 expansion schools and Transport Statements at additional special educational needs places provision. Mott MacDonald, an independent company, has been procured to complete this work by the end of February 2014. Appointment of a Transport and Travel Planner Officer for the expansion projects to develop and implement effective travel strategies in conjunction with the schools. There will be a communication strategy for the Phase 2 expansion projects to raise the profile of school travel planning. An additional Communications Officer has been engaged to give this work a high profile. <p>The consultation responses</p>
Response	Number	Percentage																						
Yes	135	85.44%																						
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No	23	14.56%													
Not Sure	9	5.70%													
No Response	1	0.63%													
Total	158	100.00%													

	<p>Officer responses to the consultation comments are given below under five main headings that encompass the themes. It should be noted that proportionately more written comments were made by those not agreeing with the proposed expansion than by those that agreed.</p> <p>Traffic and congestion issues</p> <p>The concerns expressed about traffic congestion, parking and road safety in the area are fully recognised. Increased traffic and congestion at the start and end of the school day is a characteristic of many schools and has been the major consistent theme of concern in the consultation responses about expansion proposals in the school expansion programme consultations. To minimise the impact of the additional pupils attending the schools proposed for expansion in Phase 2 of the school expansion programme, including this proposal, a cross-council approach is being implemented. This approach brings officers together from Children and Families, Enterprise and Environment and Communications to co-ordinate work.</p> <p>Additional resource is being committed to ensure an appropriate profile to all the Phase 2 school expansion projects in particular.</p> <ul style="list-style-type: none"> • Transport Assessments are being undertaken at each of the schools proposed for expansion. The assessments will provide an independent view of the proposals by reviewing baseline information about current traffic volumes and current issues and make recommendations about any impact as well as setting out any actions required. This assessment will take account of the consultation responses already received. • Appointment of a Transport and Travel Planner Officer for the expansion projects to develop and implement effective travel strategies in conjunction with the schools. This position also coordinates inputs and actions from other council departments to assist the change process. This is a key role in influencing and engaging with all stakeholders to change attitudes to travel through the review and the development of School Travel Plans in order to minimise the use of private car travel to the school, particularly by parents. This role also liaises with the Highways, Traffic Management and Enforcement teams to ensure that any necessary engineering work and enforcement action, including Safer Neighbourhood Teams, is provided in line with the travel plans developed. This officer is also involved in the pre-planning engagement activities and input into the planning applications. • There is a communication strategy for the Phase 2 expansion projects which includes raising the profile of school travel planning. An additional Communications Officer has been appointed to give communication and engagement work a high profile <p>This proposal would require a building programme, for which planning permission would be needed. If an application is submitted, a decision on this would be a matter</p>	
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	<p>for the Planning Committee. This committee would consider highways and traffic concerns and the impact of the development on the local area. Residents and parents who believe they would be impacted by the development are entitled to make representations to the planning committee during the statutory planning consent timescales.</p> <p>Size of school and maintaining high education standards There is no evidence to suggest that the size of the school affects the ability of the teachers and staff to provide a high quality education to all pupils. A key principle identified by officers and representative primary headteachers in the work to develop expansion proposals was the maintenance of high quality education standards, and all schools, with council support as necessary, will work to ensure high education standards are promoted through the expansions. The governing body and senior leadership team of the school would ensure appropriate structures are in place to manage the increased numbers of pupils and deliver the curriculum. Suitable accommodation and facilities would be provided to accommodate the increased pupil numbers. Revenue funding is based on pupil numbers and the funding for increased numbers of pupils can enable opportunities for schools to be creative in use of resources to promote pupils' learning.</p> <p>Space at the school Architects would work with the school to ensure the space and facilities at the school meet the requirements for the numbers of pupils. Initial site feasibility work has demonstrated potential developments that offer the required additional accommodation and a number of advantages to the school, including: new larger classrooms for the junior phase; improved circulation in the school; removal of temporary units; new kitchen; new two storey teaching block that would be well-placed strategically for long-term development of the school site in the future.</p> <p>Local school places Harrow Council is proposing school expansions across the borough to ensure that additional school places are available as close as possible to where the increased demand is. First and second preferences by parents for Reception places at the school are at the proposed increased intake of 120 places.</p> <p>Support to children with special needs There are no plans to change existing provision for pupils with special educational needs at Elmgrove Primary School and Nursery. The school is a mainstream school that makes appropriate provision for pupils with SEN who attend mainstream schools. The school has specialist resourced provision for children with physical impairment and would continue to build on existing good practice within the school.</p>	
<p>6. What other (local, regional, national research, reports, media) data sources that you have used to inform this The GLA School Roll Projections Service draws on a range of available national and regional data to inform its projections.</p>		

assessment?
List the Title of reports / documents and websites here.

A regional approach is an important aspect of meeting the needs of children and young people with special educational needs. Contacts are being developed with free school proposers, and with neighbouring local authorities through the West London Alliance, to inform work to meet the need.

Stage 3: Assessing Potential Disproportionate Impact

7. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	✓	✓	✓	✓	✓	✓	✓	✓	✓

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, continue with the rest of the template.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.

10

NO - If you have ticked 'No' to all of the above, then go to **Stage 6**

- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 7

Stage 4: Collating Additional data / Evidence

8. What additional data / evidence have you considered in relation to your proposals as a result of the analysis at Stage 3?

(include this evidence, including any data, statistics, titles of documents and website links here)

Note: Please go to Stage 6.

9. What further consultation have you undertaken on your proposals as a result of your analysis at Stage 3?

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups /	What actions have you taken to address the findings of the

			Protected Characteristics?	consultation? (This may include further consultation with the affected groups, revising your proposals).
Note: Please go to Stage 6.				
Stage 5: Assessing Impact and Analysis				
10. What does your evidence tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?				
Protected Characteristic	Adverse	Positive	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 9	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 7)
11 Age (including carers of young/older people)	✓	✓	Note: Please go to Stage 6.	
Disability (including carers of disabled people)				
Gender Reassignment				

Marriage and Civil Partnership									
Pregnancy and Maternity									
Race									
Religion or Belief									
Sex									
Sexual orientation									
11. Cumulative Impact – Considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?							Yes	No	
If yes, which Protected Characteristics could be affected and what is the potential impact?							Note: Please go to Stage 6.		
11a. Any Other Impact – Considering what else is happening within the							Yes	No	

Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion?	Note: Please go to Stage 6.						
If yes, what is the potential impact and how likely is to happen?							
12. Is there any evidence or concern that the potential adverse impact identified may result in a Protected Characteristic being disadvantaged? (Please refer to the Corporate Guidelines for guidance on the definitions of discrimination, harassment and victimisation and other prohibited conduct under the Equality Act) available on Harrow HUB/Equalities and Diversity/Policies and Legislation							
Yes							
No							
If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)							
<p>13. The analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.</p> <ul style="list-style-type: none"> If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. (select outcome 4) If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. (select outcome 4) 							
Stage 6: Decision							
13. Please indicate which of the following statements best describes the outcome of your EqIA (✓ tick one box only)							
Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality are being addressed.							✓
Outcome 2 – Minor adjustments to remove / mitigate adverse impact or advance equality have been identified by the EqIA. <i>List the actions you propose to take to address this in the Improvement Action Plan at Stage 7</i>							
Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. (Explain this in 13a below)							

<p>Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)</p>	
<p>13a. If your EqIA is assessed as outcome 3 or you have ticked 'yes' in Q12, explain your justification with full reasoning to continue with your proposals.</p>	

Stage 7: Improvement Action Plan

14. List below any actions you plan to take as a result of this Impact Assessment. This should include any actions identified throughout the EqIA.			
Area of potential adverse impact e.g. Race, Disability	Action required to mitigate	How will you know this is achieved? E.g. Performance Measure / Target	Date Action included in Service / Team Plan
		Target Date	Lead Officer
Age. Insufficient school places for children in Harrow.	Work has been undertaken to maximise funding from the Government to create additional school places. This has included applications to the Priority School Building Programme and the Targeted Basic Need Programme, as well as work to maximise the annual basic need allocations.	Delivery, affordability and value for money will be monitored by the corporate Programme Board. Key milestones will be reported with RAG ratings to monitor progress.	1 September 2015. Chris Spencer, Corporate Director Children & Families, through the Programme Board. 1 September 2013

<p>Disability. Mobility access to the first floor of the proposed new build two-storey classroom block.</p> <p>Insufficient education provision to meet the needs of children with special educational needs.</p>	<p>The proposed new build two-storey classroom block at the school would connect to an existing two-storey block at the school which has a lift in place.</p> <p>This area of potential adverse impact of the increased number of children in the borough has been considered. Harrow Cabinet agreed its Special School and SEN Placements Planning Framework in July 2013, and successful applications have been made to the Government's Targeted Basic Need Programme for funds to expand the places in Harrow's special schools and to create more additionally resourced provision places in Harrow's mainstream schools.</p>	<p>Access issues will be considered throughout the design and construction processes.</p> <p>Completion of the projects to expand Harrow's special schools and to create units for more additionally resourced provision places in Harrow's mainstream schools.</p>	<p>1 September 2015.</p> <p>1 September 2015.</p>	<p>Mark Sperring, Head of Capital Project Team</p> <p>Chris Spencer, Corporate Director Children & Families, through the Programme Board.</p>	<p>18 February 2014 (access issues raised at weekly update meeting)</p> <p>1 March 2013</p>
<p>15 Residents / Service users. Many concerns about the impacts of traffic congestion.</p>	<p>Measures are being put in place to address the traffic and congestion issues arising from the creation of additional school places. See Section 5 above.</p> <p>The consultation responses have been sent to Mott MacDonald and the Transport and Travel Planner Officer for inclusion in their work.</p>	<p>Traffic Assessments and School Travel Plans will be submitted as part of the Planning Applications.</p>	<p>18 June 2014.</p>	<p>Mark Sperring, Head of Capital Project Team.</p>	<p>November 2013.</p>

Stage 8 - Monitoring

The full impact of the proposals may only be known after they have been implemented. It is therefore important to ensure effective monitoring measures are in place to assess the impact.

15. How will you monitor the impact of the proposals once they have been implemented? What monitoring measures need to be introduced to ensure effective monitoring of your proposals? How often will you do this? (*Also Include in Improvement Action Plan at Stage 7*)

The School Organisation Officer Group, comprised of representatives from relevant corporate departments, meets monthly and will monitor the impact of proposals and the continuing levels of need.

<p>Regular reports are presented to Cabinet on school organisation matters, including quarterly update reports on the school expansion programme. These reports are published on the Harrow Council website.</p> <p>The School Expansion Stakeholder Reference Group has been established and meets monthly. The School Expansion Stakeholder Reference Group is a cross party representative group to provide advice and guidance on the implementation of the school expansion programme. The meetings are minuted.</p> <p>The Programme Board of senior corporate officers and the constructor meets regularly to monitor the construction programme to ensure appropriate accommodation is provided at the schools for the additional pupils.</p>	<p>16. How will the results of any monitoring be analysed, reported and publicised? (<i>Also Include in Improvement Action Plan at Stage 7</i>)</p>
<p>A range of views and comments were received in support and opposed to the expansion proposal (see section 2 in Stage 5 above). 61% of consultation responses agreed with the approach to creating additional school places in Harrow.</p>	<p>17. Have you received any complaints or compliments about the proposals being assessed? If so, provide details.</p>
<p>16 Page 9: Public Sector Equality Duty</p>	
<p>18. How do your proposals contribute towards the Public Sector Equality Duty (PSED) which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.</p> <p>(Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)</p>	<p>18. How do your proposals contribute towards the Public Sector Equality Duty (PSED) which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.</p>
<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010</p>	<p>Advance equality of opportunity between people from different groups</p>
<p>Foster good relations between people from different groups</p>	<p>By acting to ensure all children in Harrow have access to a high quality school place, Harrow is promoting equality of opportunity for all children and young people.</p>
<p>By acting to ensure all children in Harrow have access to a high quality school place, Harrow is promoting equality of opportunity for all children and young people.</p>	<p>By acting to ensure all children in Harrow have access to a high quality school place, Harrow is promoting equality of opportunity for all children and young people.</p>

Stage 10 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)

The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.

The corporate Equality Impact Assessment Quality Assurance Group.

19. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?

Signed: (Lead officer completing EqIA)	<i>Chris Melly</i>	Signed: (Chair of DETG)	<i>Richard Segalov</i>
Date:	14 th March 2014	Date:	
Date EqIA presented at the EqIA Quality Assurance Group	3 rd February 2014 (Sample EqIAs presented to inform the EqIAs on all 15 of the Phase 2 expansion schools)	Signature of ETG Chair	

October 2013 School Census	Elmgrove Primary School and Nursery
AGE as at 31st August 2013	
3	7.1%
4	12.9%
5	16.9%
6	12.6%
7	12.6%
8	12.7%
9	12.7%
10	12.4%
11	0.0%
Grand Total	715
GENDER	
Female	52%
Male	48%
Grand Total	715
ETHNICITY	
Bangladeshi	0.6%
Indian	12.2%
Asian Other	15.7%
Pakistani	5.5%
Black African	9.4%
Black Caribbean	3.4%
Black Other	0.6%
Chinese	0.3%
Mixed other	3.2%
Mixed White/Asian	1.1%
Mixed White Black African	1.5%
Mixed White Black Caribbean	2.2%
Any Other Ethnic minority	2.7%
Refused	0.6%
White British	6.3%
White Irish	0.3%
White Irish Traveller	0.8%
White Other	15.5%
Unknown	18.3%
Grand Total	715
SEN	
No SEN	76.1%
School Action	17.8%
School Action Plus	3.6%
Statement of SEN	2.5%
Grand Total	715

Source: Collect export: Final Oct 2013 Schools & academies.xls

Monitoring information

When completing their responses to the statutory consultations from 16 September 2013 to 18 October 2013, respondents were invited to provide information about how they perceive their social identity to assist with monitoring the effectiveness of the consultation outreach. Anonymous information was requested under the following categories: disability; ethnic group; and religion. The following tables show the responses received under these categories.

Respondents by Disability	Number	Percentage
Not Disabled	709	85.11%
Yes, affecting mobility	19	2.28%
Yes, affecting hearing	4	0.48%
Yes, affecting vision	5	0.60%
Yes, a learning disability	0	0.00%
Yes, mental ill-health	2	0.24?%
Yes, another form of disability	3	0.36%
Not Stated	91	10.92%%

Ethnic Group	Number	% of total response
Asian Or Asian British	202	24.54%
Black or Black British	13	1.58%
Other Ethnic Group	12	1.46%
Mixed ethnic background	7	0.85%
White	234	28.43%
Did Not Specify	355	43.13%

Respondents by Religion	Number	Percentage
Buddhism	9	1.09%
Christianity	227	27.58%
Hinduism	208	25.27%
Islam	107	13.00%
Jainism	19	2.31%
Judaism	9	1.09%
Sikh	6	0.73%
Zoroastrian	0	0%
Other	24	2.92%
No Religion	61	7.41%
Not Stated	153	18.59%

Background Paper - Governing Body response to the statutory proposals

Email from the Chair of the Governing Body of Elmgrove Primary School and Nursery sent on 14 March 2014

Our response is to confirm the response to the initial consultation, and to thank you and Mick for attending our recent Resources GB meeting. In particular:

- Your explanation of the funding was particularly helpful and I think addressed our concerns.
- We acknowledge there unfortunately isn't sufficient time to consider solutions that involve re-shaping the park.
- We note traffic impact and the amount of useable hard surface play space during and after the build remain unresolved questions at this stage.

Response from the Governing Body to the statutory consultation

27th January 2014

Dear Mr Parker,

Thank you for your consultation about the permanent expansion of Elmgrove Primary School and Nursery ("the School") published 7 January 2014. This letter constitutes the formal response of the Governing Body of the School. We understand that the transfer of the Targeted Basic Needs funding referred to in the consultation has now been approved.

Consultation Question 1

Do you agree with the approach to creating additional school places in Harrow?

The Governing Body acknowledges the need for additional school places and recognises the difficult constraints faced by Harrow Council in meeting that need. Elmgrove already experiences directly the effects of the current under-supply of local school places, with 12 of our 22 classes comprising more than 30 pupils as a result of allocations under the Fair Access Protocol.

We agree with the approach outlined in the consultation paper. We would encourage Harrow Council to be creative and ambitious in seeking out the best long term solutions even if they require an greater level of initial co-ordination. Specifically we suggest that Officers and Councillors consider carefully whether there is scope to sensitively reconfigure "open spaces" in order to achieve the best outcomes for pupils and local residents. Indeed there may be such options at Elmgrove.

Consultation Question 2

Do you agree with the proposal to permanently expand Elmgrove Primary School?

The Governing Body agrees in principle with the expansion of Elmgrove to four-form entry. Our wish is for a properly equipped Elmgrove to play a proportionate role educating the increasing number of children in Harrow. We note that almost all of Harrow's primary schools are working with you and playing their part.

The details of how Elmgrove would be expanded are still being developed and potential problems (e.g. traffic) are as yet unquantified. The Governing Body will keep its initial position of support under review as further information emerges. There are five areas of concern set out below which we would like you to consider and provide us with additional information and assurance. We would be grateful if you and/or your colleagues could join our Resources Committee meeting at 7:30pm on 3 March to discuss these matters and to update us more generally on how the consultations are progressing.

1. **Funding:** Thank you for explaining that the build would be funded initially by an expected grant of £2 million from the Targeted Basic Needs Program, and additionally as required from the annual basic needs allocation to the Council. We would like to better understand the nature of these allocations and what risks there are of the funds either becoming unavailable or proving to be insufficient as work progresses.
2. **Traffic:** We have traffic concerns, considering both School relations with local residents, and the safety of pupils and their families. In our view there is already a significant traffic problem on the highways adjacent to the School and we see expansion as an opportunity to rectify the existing problem rather than just maintaining the status quo post-expansion. We welcome the independent review of traffic that has been commissioned and look forward to seeing the findings as part of the statutory consultation phase.

We encourage the Council to consider a full and creative range of options as part of the independent review. These might include reconfiguration of the highways adjacent to the school and the park and/or introducing a "shuttle service" from nearby car-parks. We would welcome the introduction of bike lanes to improve safety for pupils who cycle to school.

Elmgrove has made its own efforts to curb traffic volume and poor behaviour by drivers – there is frequent communication to parents and alternative modes of transport are encouraged. We welcome fresh ideas as to how the School can make a further difference but we have observed that the enforcement is what makes the biggest difference. If no other "magic bullet" can be identified by the independent experts, then at the very least we believe the Council should make a binding commitment to have enforcement officers present in the area at the start and end of each school day.

3. **Building work:** Our goal and expectation during any building work is that the School is operationally indifferent to the building work underway. We would commit appropriate school resources to liaise and jointly plan with those involved in the build and would expect the same commitment from the Council and its contractors.

A specific concern is that we retain sufficient useable outdoor space for sport and play throughout the whole of the build. Elmgrove has developed an excellent programme of sporting activities which, among many other benefits, has seen a marked improvement in pupil behaviour at lunch and playtimes for those who require

further support and guidance. We do not wish to see any of this good work undone as a result of reduced capacity in the rear playground. Members of our Senior Leadership Team will discuss this with the Project Team in the coming weeks and we would like you to work together to find a way of maintaining appropriate playground capacity throughout the build.

4. **Park:** We assume lorries and other traffic will access the building site through the adjacent park. We would like to offer the practical suggestion that the area of the park used for access is given over permanently to the school grounds, with the reduction in open space being offset by allocating part of the school's back field to the park. This would make the side extension much simpler and more viable, the MUGA would not need to be moved, no play-space would be lost during the build, it could facilitate a widening of the highway and pavement adjacent to the park to ease congestion, and ultimately pupils would be able to make excellent use of the space gained with little impact to school from the grounds lost at the back. The area of the park affected is not overlooked so objection from local residents would seem unlikely. We have asked the Senior Leadership Team to discuss feasibility when they meet the Project Team.

5. **Kitchen:** The proposed relocation and improvement of school kitchen facilities is very welcome. We look forward to seeing this included in the final plans.

Thank you for the engagement with the Governing Body and other stakeholders to date and for the professional consultation documents and meetings. We look forward to working with you further on this matter.

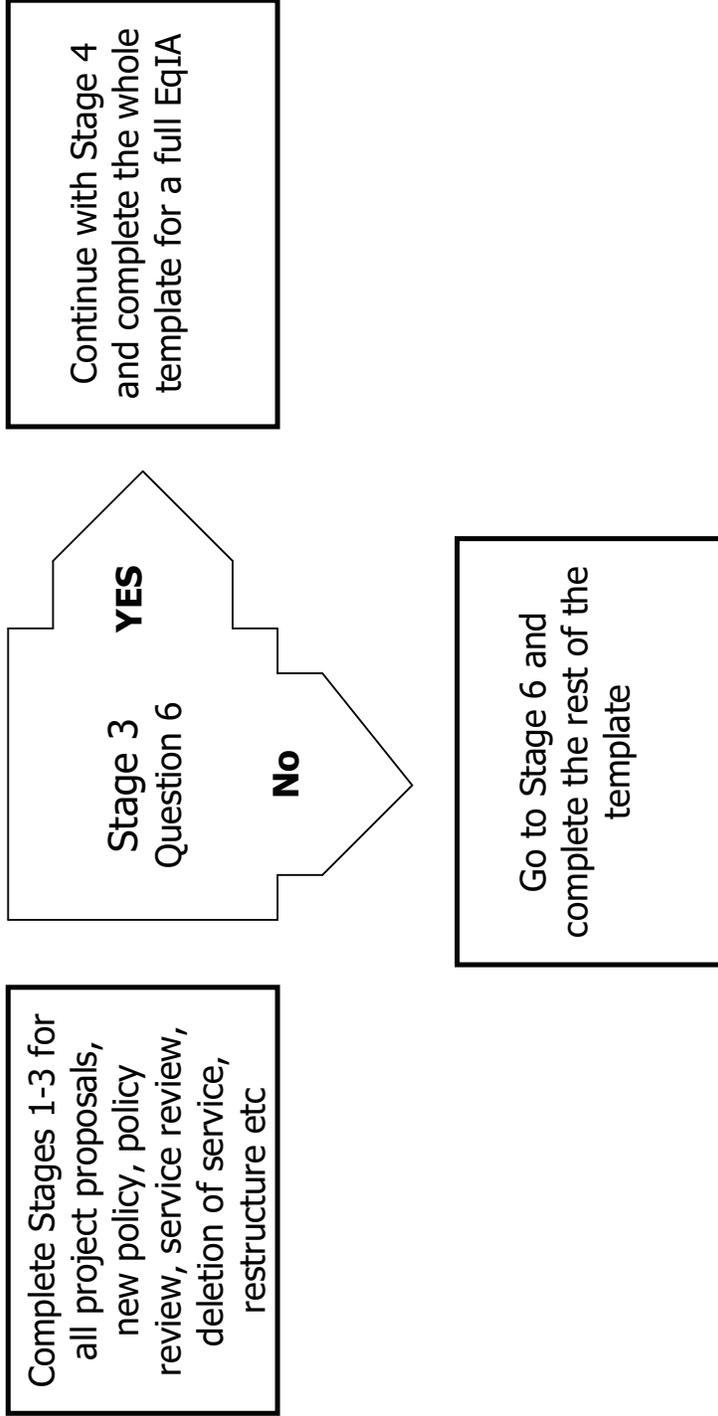
Yours sincerely

Chris Roberts
Chair of Governors, Elmgrove Primary School and Nursery

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Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process. There is now just one Template. Project Managers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.



Equality Impact Assessment (EqIA) Template

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this assessment.

It will also help you to look at the EqIA Template with Guidance Notes to assist you in completing the EqIA.

Type of Project / Proposal:		Tick ✓	Type of Decision:	Tick ✓
Transformation			Cabinet	✓
Capital			Portfolio Holder	
Service Plan			Corporate Strategic Board	
Other	Implementation of the Council's school expansion programme and approval of the Secondary School Place Planning Strategy.	✓	Other	
<p>26 Name of Project:</p>		<p>School Expansion Programme. Cabinet agreed its School Place Planning Strategy in February 2010 to meet the increasing demand for school places that is primarily birth rate driven. In July 2011, Cabinet agreed a school expansion programme as part of the School Place Planning Strategy. The local authority has a statutory responsibility to provide sufficient school places for its area The local authority has a statutory duty to provide sufficient school places in its area. There is no change to policy involved in this proposal.</p>		
Directorate / Service responsible:		Children and Families Directorate Education Strategy & School Organisation		
Name and job title of lead officer:		Johanna Morgan, Education Lead - School Organisation		
Name & contact details of the other persons involved in the assessment:		Chris Melly, Senior Professional – School Organisation.		
Date of assessment:		30 October 2013		

Stage 1: Overview

1. What are you trying to do?

(Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)

In September 2013 the first phase of 8 primary school expansions was implemented. In July 2013, Cabinet agreed Phase 2 of the primary school expansion programme be moved to the statutory process for permanent expansion. The report to November Cabinet will request Cabinet to agree to the publication of statutory notices to expand permanently schools that were the subject of statutory consultations this Autumn.
It is expected that there will be a need for a third phase of primary school expansions to meet demand for places from 2016 onwards.
The increased demand for primary school places will progress through to the secondary schools from around 2016 and the Secondary School Place Planning Strategy will ensure plans are in place to provide sufficient high school places.

Residents / Service Users	✓	Partners		Stakeholders	✓
Staff	✓	Age		Disability	✓
Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity	
Race		Religion or Belief		Sex	
Sexual Orientation		Other			

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- ### 3. Is the responsibility shared with another directorate, authority or organisation? If so:
- Who are the partners?
 - Who has the overall responsibility?
 - How have they been involved in the assessment?

No.

However, there is close working with the other directorates on the delivery of the school expansion programme because of the need to deliver additional accommodation in schools and the implications for local residents especially in relation to traffic congestion issues.

Stage 2: Evidence / Data Collation

- ### 4. What evidence / data have you reviewed to assess the potential impact of your proposals? Include the actual data, statistics reviewed in the section below. This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys; complaints etc. Where possible include data on the nine Protected Characteristics. (Where you have gaps (data is not available/being collated), you may need to include this as an action to address in your Improvement Action Plan at Stage 7)

Statutory consultation was held from Monday 16 September 2013 until Friday 18 October 2013

Age (including carers of young/older people)	<p>The School Expansion Programme will ensure sufficient school places for the increasing numbers of children and young people in Harrow. The current school expansions are in the primary phase, though additional children will progress through to the secondary phase from around 2016. The latest school roll projections confirm that a third phase of permanent primary school expansions will be required to meet the demand from 2016. These latest projections inform the Secondary School Place Planning Strategy and will continue to inform school place planning across the education phases.</p> <p>In July 2013 Cabinet approved the Special School SEN Placements Planning Framework for bringing forward proposals over the next 3-5 years to increase provision for children and young people with special educational needs. The Framework has been informed by the responses to the consultation on the Framework in Autumn 2012.</p> <p>The expansion building works will be DDA compliant and wherever possible the building projects will seek to address any access issues at the schools should any exist. No disability issues have been raised in the consultation responses to phase 2 of the school expansion programme.</p> <p>124 of the 732 respondents to the phase 2 expansion consultation that completed monitoring information stated having disability.</p>																					
Disability (including carers of disabled people)	<p>Not applicable.</p>																					
Gender Reassignment	<p>Not applicable.</p>																					
Marriage / Civil Partnership	<p>Not applicable.</p>																					
Pregnancy and Maternity	<p>Not applicable.</p>																					
Race	<p>Not applicable. Harrow's maintained schools are inclusive of children from all races, and this would continue in expanded schools. Harrow's schools have considerable experience of migration into Harrow of children from BME communities, and providing additional support to the children and their families. Responses about ethnic origin in the phase 2 consultation responses were as follows:</p> <table border="1" data-bbox="954 604 1344 1444"> <thead> <tr> <th>Ethnic Group</th> <th>Number</th> <th>% of total response</th> </tr> </thead> <tbody> <tr> <td>Asian Or Asian British</td> <td>202</td> <td>24.54%</td> </tr> <tr> <td>Black or Black British</td> <td>13</td> <td>1.58%</td> </tr> <tr> <td>Other Ethnic Group</td> <td>12</td> <td>1.46%</td> </tr> <tr> <td>Mixed ethnic background</td> <td>7</td> <td>0.85%</td> </tr> <tr> <td>White</td> <td>234</td> <td>28.43%</td> </tr> <tr> <td>Did Not Specify</td> <td>355</td> <td>43.13%</td> </tr> </tbody> </table> <p>No comments in relation to Race were made in the consultation responses.</p>	Ethnic Group	Number	% of total response	Asian Or Asian British	202	24.54%	Black or Black British	13	1.58%	Other Ethnic Group	12	1.46%	Mixed ethnic background	7	0.85%	White	234	28.43%	Did Not Specify	355	43.13%
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White	234	28.43%																				
Did Not Specify	355	43.13%																				

Religion and Belief	Not applicable. There is no change to the school category as a result of expansion. School place planning in Harrow includes liaison with faith schools and diocesan bodies. A Hindu ethos school permanently expanded in September 2013. Phase 2 of the school expansion programme includes proposals to permanently expand two Catholic primary schools in the borough.
Sex / Gender	Not applicable. There is no change to co-educational school category as a result of expansion.
Sexual Orientation	Not applicable.
Socio Economic	Not applicable.
<p>29 What other (local, regional, national research, reports, media) data sources that you have used to inform this assessment? List the Title of reports / documents and websites here.</p>	<p>Experience from implementing the first phase of the school expansion programme has been drawn upon in conducting the phase 2 expansions consultation including the information contained in the consultation documentation to inform consultees (e.g. FAQs). This enabled issues raised in previous consultations about school size, maintaining high education standards, ethos, funding, etc to be addressed to ensure as complete information as possible was available for consideration. The Greater London Authority (GLA) prepares the pupil projections for Harrow Council. The GLA use a range of information and data to prepare the projections including the number of births, number of pupils in Harrow schools, migration to Harrow and new housing development. Across London the population is growing, and the main reason for this is increasing birth rate. The demand for Reception class places (for pupils reaching 5 years of age) in Harrow schools has been increasing beyond available permanent school places since 2009 and is projected to peak around 2019. Full information about the projected demand for school places and the planning to increase school places across Harrow can be viewed at http://www.harrow.gov.uk/info/200086/nursery_school_and_college/1000/school_expansion_programme/3 The majority of Harrow's primary schools will be involved in the school expansion programme either through permanent expansion or temporary additional classes required to meet the full extent of the demand and any fluctuations that arise, and to allow some flexibility and choice in the school system.</p> <p>The consultation about the phase 2 expansion asked two questions:</p> <ul style="list-style-type: none"> • Do you agree with the approach to creating additional school places In Harrow? • Do you agree with the approach to permanently expand <i>*named school*</i> (Note: the respondent would specify which school proposal their response related to) <p>The responses made to the first consultation question indicate broad agreement with the Council's approach to creating additional school places In Harrow.</p>

Response	Number	Percentage
Yes	507	61.60%
No	211	25.64%
Not Sure	105	12.76%
Total	823	100.00%

The comments made by respondents to this question include the following main themes: Harrow is already over populated and over crowded; new schools should be built to meet the increased demand rather than expanding existing schools that are pressed for capacity; there has been too much development in the borough which exceeds the available infrastructure, for example roads, to support the increased population. Officer response to the comments made are as follows. Harrow's Area Action Plan has been subject to extensive consultation and provides a strategic framework for future sustainable development in the borough. Harrow Council will do all that it can to create new schools, but the reality is that there is very little land available to the Council for this. A new primary school will be established at the Kodak development and the Harrow Teachers' Centre site has been identified for additional secondary school provision in the borough's area planning. The Council will work with proposers of free schools to support appropriate new provision wherever possible. The design work to provide additional teaching space at schools that are expanded will seek to consolidate existing spaces and to address any issues with the current running of the school as far as possible. The travel and traffic issues arising from increased numbers of pupils in schools are recognised and are addressed in the Cabinet in a detailed section on Traffic and Congestion issues. A cross-council approach is being implemented, bringing officers together from Children and Families, Enterprise & Environment and Communications to co-ordinate work. Additional resource is being committed to ensure an appropriate profile to the Phase 2 expansion projects in particular:

- Transport Assessments on each school;
- appointment of a Transport and Travel Planner for the expansion projects to develop and implement effective travel strategies in conjunction with the schools as well as coordinating inputs and actions from other council departments to assist the change process;
- there will be a communication strategy for the Phase 2 expansion projects to raise the profile of school travel planning. An additional communications officer will be engaged to give this work a high profile.

The overall responses to the second consultation question by school were:

Numbers	Yes	No	Not Sure	Total
Aylward	29	28	7	64
Belmont	31	14	8	53
Cannon Lane	16	92	10	118
Grange	50	16	5	71
Kenmore Park	43	10	5	58
Newton Farm	43	15	7	65
Norbury	56	12	9	77
Pinner Wood	9	19	6	34
Priestmead	79	19	16	114
St Anselm's	4	43	2	49
St John Fisher	5	42	7	54
Whitchurch	41	17	8	66
	406	327	90	823

The comments made by respondents to the second consultation question are broadly to the same themes as the responses to the first question with more detail specific to each school. The comments for each school are summarised in the Cabinet report in Appendix B together with officer comment.

Stage 3: Assessing Potential Disproportionate Impact

6. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	✓	✓	✓	✓	✓	✓	✓	✓	✓

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, continue with the rest of the template.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.

NO - If you have ticked 'No' to all of the above, then go to **Stage 6**

- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 7

Stage 4: Collating Additional data / Evidence

7. What additional data / evidence have you considered to further assess the potential disproportionate impact of your proposals? (include this evidence, including any data, statistics, titles of documents and website links here)

Full EqIA not required.

It is proposed that Equality Impact Assessments will be undertaken on schools that Cabinet decides will have statutory proposals published and include the involvement of school representatives to ensure that equalities implications are fully considered in the planning.

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What consultation have you undertaken on your proposals?

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? (This may include further consultation with the affected groups, revising your proposals).
Full EqIA not required.			

Stage 5: Assessing Impact and Analysis

9. What does your evidence tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?

Protected Characteristic	Adverse ✓	Positive ✓	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 9	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 7)
Age (including carers of young/older people)	Full EqIA not required.			
Disability (including carers of disabled people)				
Gender Reassignment				
Marriage and Civil Partnership				
Pregnancy and Maternity				

	carers)	carers)	Partnership		
Yes					
No					

If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)

If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is proportionate to achieve the aims of the proposal.

- If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. **(select outcome 4)**
- If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. **(select outcome 4)**

Stage 6: Decision

12. Please indicate which of the following statements best describes the outcome of your EqIA (✓ tick one box only)

Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality are being addressed. ✓

Outcome 2 – Minor adjustments to remove / mitigate adverse impact or advance equality have been identified by the EqIA. *List actions you propose to take to address this in the Improvement Action Plan at Stage 7*

Outcome 3 – Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. **(Explain this in 12a below)**

Outcome 4 – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)

12a. If your EqIA is assessed as **outcome 3 or you have ticked 'yes' in Q11**, explain your justification with full reasoning to continue with your proposals.

Stage 7: Improvement Action Plan

13. List below any actions you plan to take as a result of this Impact Assessment. This should include any actions identified throughout the EqIA.

Area of potential	How will you know	Target Date	Lead Officer	Date Action
-------------------	-------------------	-------------	--------------	-------------

adverse impact e.g. Race, Disability	Action required to mitigate	this is achieved? E.g. Performance Measure / Target	included in Service / Team Plan
<p>None. The equality impact assessment indicates that the equalities impact of Cabinet's decision will be effectively neutral. Harrow's schools are successful and inclusive and provide a diversity of provision through the spread, size and category of schools across the borough, and the school expansion programme will build on positives that already exist in Harrow's schools.</p>	<p>Not applicable.</p>	<p>Not applicable.</p>	<p>Not applicable.</p>

Stage 8 - Monitoring

The full impact of the proposals may only be known after they have been implemented. It is therefore important to ensure effective monitoring measures are in place to assess the impact.

14. How will you monitor the impact of the proposals once they have been implemented? What monitoring measures need to be introduced to ensure effective monitoring of your proposals? How often will you do this? (*Also Include in Improvement Action Plan at Stage 7*)

Monitoring will occur through the usual school performance monitoring arrangements. The School Organisation Officer Group, comprised of representatives from relevant departments, meets monthly and will consider any relevant monitoring information arising from expansions.

15. How will the results of any monitoring be analysed, reported and publicised? (*Also Include in Improvement Action Plan at Stage 7*)

Reports about school place planning and related school organisation matters are submitted to Cabinet regularly. These reports are published on the Harrow Council website.

16. Have you received any complaints or compliments about the

The responses to the phase 2 school expansion proposals are noted in Section 4 above.

proposals being assessed? If so, provide details.

Stage 9: Public Sector Equality Duty

17. How do your proposals contribute towards the Public Sector Equality Duty (PSED) which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.

(Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010	Advance equality of opportunity between people from different groups	Foster good relations between people from different groups
The school expansion programme ensures there are sufficient local high quality school places for all the children in the borough.	Harrow's maintained schools are inclusive of all children from all groups, and this would continue in expanded schools.	Harrow's maintained schools are inclusive of all children from all groups, and this would continue in expanded schools.

Stage 10 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)

The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.

37 Which group or committee

considered, reviewed and agreed the EqIA and the Improvement Action Plan?

Joint Chairs of DETG.

Signed: (Lead officer completing EqIA)	Johanna Morgan	Signed: (Chair of DETG)	Richard Segalov
Date:	30 October 2013	Date:	4 November 2013
Date EqIA presented at the EqIA Quality Assurance Group	4 November 2013	Signature of ETG Chair	Mike Howes

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NHS Health Checks Scrutiny Review

Final Report

January 2014



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Appendix A – Community Engagement Report

1. Executive Summary

1.1 Aim of Review

- 1.1.1 The aim of this Scrutiny Review was to review the current delivery model and performance of the NHS Health Checks Programme in Barnet and Harrow, consider the views of key stakeholder and residents on the programme, analyse options and make recommendations to inform the commissioning strategy in both boroughs.

1.2 Background to NHS Health Checks

- 1.2.1 The NHS Health Checks programme is a national risk assessment and management programme which assesses an individual's risk of heart disease, stroke, kidney disease, dementia and alcohol misuse with the objective of reducing death rates and the burden of disease from these conditions. It is a mandatory service provided by local authority public health teams.
- 1.2.2 The eligible cohort are aged 40 to 74 – approximately 91,000 people in Barnet and 64,000 people in Harrow. Public Health England expect 20% of the eligible population to be invited each year over a five year rolling programme with an update of approximately 75%. In Barnet this equates to 18,200 per year and 13,650 Health Checks completed. In Harrow this equates to 12,800 per year and 9,600 Health Checks completed.

1.3 Summary of Services / Existing Contracts

- 1.3.1 Currently in Barnet, 44 of 70 GP practices are signed up to deliver NHS Health Checks. However, 14 out of the 44 have not delivered any checks. At the time of the review, it was not possible to obtain the number of GP practices in Harrow signed up to deliver NHS Health Checks due to data transfer issues. Contracts in Barnet and Harrow have been transferred from primary care trusts and so continue to be delivered on that basis, although the Public Health team are reviewing performance and developing options for the checks to be delivered in the future.

1.4 Activity Levels and Current Performance

- 1.4.1 In 2012/13, Barnet and Harrow performed below the Department of Health target for performance – offering a Health Check to 20% of the eligible population. However, it should be noted that in 2012/13 Health Checks were still commissioned by primary care trusts and there remains scope to improve performance during the final years to the five year programme.
- 1.4.2 During the review, undertaking an analysis of performance for both boroughs was problematic as a result of the transfer of data from the primary care trusts to local authorities.

1.5 Strategic Direction and Policy Drivers

- 1.5.1 Public Health England and the Department for Health have placed an emphasis on the NHS Health Checks programme as a platform to provide a significant opportunity to tackle avoidable deaths, disability and reduce health inequalities in England. Barnet and Harrow are one of five NHS Health Checks Scrutiny Development areas and findings from this review will link into this national programme.
- 1.5.2 Locally, NHS Health Checks are priorities identified in the Corporate Plans and Health & Well Being Strategies of both Barnet and Harrow councils.

1.6 Best Practice

- 1.6.1 Barnet and Harrow currently deliver NHS Health Checks primarily through GP practices. The review considered a number of different areas nationally that were high performing or provided Health Checks through alternative or targeted delivery models. Consideration of best practice examples assisted the Scrutiny Review to make recommendations regarding delivery models to inform the future commissioning strategy.

1.7 Evidence

- 1.7.1 In addition to considering best practice and current performance, the review considered the views of key stakeholders including residents who were eligible for checks, specific sections of the community, commissioners, providers and other interested groups.

1.8 Return on Investment

- 1.8.1 The review has been conducted using the Centre for Public Scrutiny Return on Investment Model which seeks to quantify what the return on investment would be for a specific course of action being taken as a result of the scrutiny review.
- 1.8.2 The economic argument behind the NHS Health Checks screening programme is that the early detection of certain conditions or risk factors enables early intervention which can take the form of medical treatment or lifestyle changes. Treating conditions in their early stages or managing risk factors will:
- i. be much more cost effective than treating chronic conditions; and
 - ii. result in an overall improvement in the health and wellbeing of the general population.

1.9 Recommendations

1.9.1 Findings and recommendations are intended to inform the future commissioning and management of the NHS Health Check Programme in Barnet and Harrow.

	Theme	Recommendation and Rationale
1	Health Checks Promotion	It is recommended that Public Health England develop a national communications strategy to promote awareness and advantages of Health Checks, supported by local campaigns. The campaign should seek to incentivise people to undertake a Health Check (e.g. by promoting positive stories relating to proactive management of risk factors or early diagnosis as the result of a check).
2	Providers / Flexible Delivery	Health Checks should be commissioned to be delivered through alternative providers (e.g. pharmacies, private healthcare providers etc.) and at alternative times (e.g. evenings / weekends), and in different locations (e.g. mobile unit at football grounds, shopping centres, work places, community events etc. or via outreach (e.g. at home or targeting vulnerable groups)) to make Health Checks more accessible.
3	Treatment Package	All elements of the Health Check should be delivered in a single session to streamline the process and make the experience more attractive. Commissioners should investigate feasibility of tailoring treatment options to specific communities.
4	Referral Pathways	The patient pathway should clearly define the referral mechanisms for those identified as:- <ul style="list-style-type: none"> • Having risk factors; and • Requiring treatment
5	Restructure Financial Incentives	Barnet and Harrow have different payment structures. It is recommended that contracts are aligned (preferably in accordance with a standard contract agreed via the West London Alliance) and that Health Check providers are paid on completion only.
6	Resources	Public Health England and local authorities must consider the cost of the whole patient pathway and not only the risk assessment or lifestyle referral elements of the Health Check. Health Checks are currently not a mandatory requirement for GPs (delivered by Local Enhanced Service contracts) meaning that they may not be incentivised to deliver and nor have the capacity (human resources and physical space) to deliver. Nationally, Public Health

		England and NHS England should consider the cost of the whole pathway and on that basis a whole system review is recommended.
7	Targeting	It is recommended that the Health Checks commissioning strategy should deliver a 'whole population' approach (offering checks to eligible population cohort), complemented by targeting of specific groups or communities particularly:- <ul style="list-style-type: none"> • men (who statistically have a lower up-take than women); • faith communities (who statistically have a high prevalence of certain diseases); and • deprived communities (where there is a statistical correlation between deprivation and a low uptake of Health Checks)
8	Screening Programme Anxiety	It is recommended that Public Health England, clinicians and local commissioners give consideration to managing potential public anxiety in participating in a screening programme.
9	Barriers to Take-Up	Commissioners are recommended to research the reasons for the public not to participate in the Health Checks programme to identify what the barriers to take-up are. On the basis of the research findings, targeted engagement with under-represented groups is recommended.
10	Learning Disabilities	It is recommended that Public Health England, clinicians and local commissioners give consideration to incorporating adults with learning difficulties into the Health Checks programme before age 40 due to their overrepresentation in the health system

2. Scope

- 2.1 Public Health England (PHE), the Local Government Association (LGA) and NHS England launched the NHS Health Check Implementation Review and Action Plan in July 2013. The purpose of the review was to consider progress made with the NHS Health Checks programme since its launch in 2009 and consider how to use the programme as a platform to provide a significant opportunity to tackle avoidable deaths, disability and reduce health inequalities in England.
- 2.2 PHE, the LGA and NHS England recognise that the involvement of local commissioners and providers is key to successful implementation of the NHS Health Checks programme.
- 2.3 In Spring 2013, the Secretary of State for Health launched a call to action to reduce avoidable premature mortality and the NHS Health Check programme has been identified as one of the 10 main actions which will assist in reducing premature mortality and focus on improving prevention and early diagnosis.
- 2.4 The *Global Burden of Disease* report (2013) highlighted the need to reverse the growing trend in the number of people dying prematurely from non-communicable diseases. Public Health England estimate that each year NHS Health Checks can prevent 1,600 heart attacks and save 650 lives, prevent 4,000 people from developing diabetes and detect at least 20,000 cases of diabetes or kidney disease earlier. As such, there is a national recognition that PHE should support local authorities to commission successful NHS Health Check programmes.
- 2.5 Further information on the economic case and health benefits of the NHS Health Checks Programme are set out in detail in the DoH and PHE Health Checks Implementation Review and Action Plan.¹
- 2.6 Within the Health Checks Implementation Review and Action Plan, Issue 3 (Providing the NHS Health Check) states that 'PHE will collaborate with the Centre for Public Scrutiny to work with several test bed sites to explore approaches to effective commissioning of the programme.'
- 2.7 In accordance with the national programme, the Centre for Public Scrutiny (CfPS) launched a programme in April 2013 to support local authority scrutiny functions to review their local approach to NHS Health Checks using its Return on Investment model. A joint bid for support was made by the London Boroughs of Barnet and Harrow (who have a shared Public Health function) and the bid was successful. Members from both Barnet and Harrow supported the review of NHS Health Checks as it provided an opportunity to

¹ DoH and PHE Health Checks Implementation Review and Action Plan
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224805/NHS_Health_Check_implementation_review_and_action_plan.pdf

consider the local approaches to the check following the recent transfer of public health functions from the NHS to local authorities (from 1 April 2013).

2.6 The scope of the Barnet and Harrow joint review was agreed as follows:

- Identify ways in which NHS Health Checks can be promoted within each borough under the leadership of the Joint Director of Public Health;
- Explore the extent to which NHS services promote the NHS Health Checks to eligible residents;
- Consider the capacity of GPs, local pharmacies or other suitable settings to undertake Health Checks;
- Determine the extent to which secondary services are available to those who have been identified as having undetected health conditions or identified as being at risk of developing conditions without lifestyle changes;
- Identify examples of best practice from across England to inform the approach of Barnet and Harrow to commissioning and monitoring the NHS Health Checks Programme;
- Explore whether GPs could be organised on a cluster basis to deliver NHS Health Checks in each borough; and
- Utilise the CfPS Return on Investment model to undertake an analysis of the cost/benefit of developing the NHS Health Checks Programme. The outcomes from this will influence the recommendations

2.7 The review took place between September and December 2013. This report includes the context, background, policy context, best practice examples, performance, methodology and key findings and recommendations.

3. Background

3.1 NHS Health Checks

- 3.1.1 The NHS Health Check is a health screening programme which aims to help prevent heart disease, kidney disease, stroke, diabetes and certain types of dementia. Everyone between the age of 40 and 74 who has not already been diagnosed with one of these conditions or have certain risk factors will be invited (once every five years) to have a check to assess their risk. Once the risk assessment is complete, those receiving the check should be given feedback on their results and advice on achieving and maintaining a healthy lifestyle. If necessary individuals should then be directed to either council-commissioned public health services such as weight management services, or be referred to their GP for clinical follow up to the NHS Health Check including additional testing, diagnosis, or referral to secondary care.
- 3.1.2 There is a statutory duty for councils to commission the risk assessment element of the NHS Health Check programme and this will be monitored by the Public Health Outcomes Framework². Health Checks were previously commissioned by the primary care trusts which were abolished with the implementation of the Health and Social Care Act 2012.
- 3.1.3 The Public Health Outcomes Framework focuses on two high-level outcomes:
1. Increased life expectancy
 2. Reduced differences in life expectancy and healthy life expectancy between communities
- 3.1.4 The Health Checks programme requires collaborative planning and management across both health and social care. Health and Well Being Boards are therefore vitally important in the local oversight of this mandated public health programme³.
- 3.1.5 As part of the Health Checks programme, local authorities will invite eligible residents for a health check every five years on a rolling cycle. Health Checks can be delivered by GPs, local pharmacies or other suitable settings. In Harrow and Barnet Health Checks are currently delivered exclusively at GP surgeries.
- 3.1.6 The tests comprise a blood pressure test, cholesterol test and Body Mass Index Measurement. Following the test, patients will be placed into one of three categories of risk: low, medium or high. Patients are offered personalised advice based on the outcome of their check.

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf

³ www.healthcheck.nhs.uk

3.2 Funding

3.2.1 The public health funding allocation is ring-fenced, to be spent only on public health functions. In Barnet, the current contractual liabilities do not cover all of the mandatory functions for councils in respect of public health. Historically in Barnet there has been no permanent budget line to cover NHS Health Checks. In Barnet and Harrow the 2013/14 commissioning plans allocate approximately £0.5m towards the provision of NHS Health Checks in each borough.

3.2.2 LB Barnet and LB Harrow Health Check Budget:

Barnet

- November 2012 – 31 March 2013 – £150,000
- 1 April 2013 – 31 March 2014 – £500,000

Harrow

- 1 April 2012 – 31 March 2013 – £456,000
- 1 April 2013 – 31 March 2014 – £456,000

3.2.3 Figures are based on national calculator costs of implementation and an enhanced programme offering. In Barnet, this represents a large increase in investment compared to 2012/13. The final cost will depend on negotiations with providers on the unit cost of the health check element of the budget.

3.3 Commissioning

3.3.1 Year 1 – the joint Public Health team have been limited during year 1 (2013/14) due to the transfer of existing contracts from primary care trusts to the local authorities. Whilst this has constrained the service delivery options, this has enabled the Public Health team to carry out a data base-lining exercise which will be used to support de-commissioning or re-commissioning decisions.

3.3.2 Year 2 – the joint Public Health team have an opportunity from year 2 (2014/15) onwards to develop a commissioning strategy for NHS Health Checks in Barnet and Harrow based on findings of this scrutiny review.

3.3.3 At present, Barnet and Harrow have different payment mechanisms. Barnet GPs are paid for both offers and completions, whilst Harrow GPs are paid on completion only. At present, Barnet GPs may be incentivised to make offers only as they will receive payment for this element of the check. The Scrutiny Review are recommending that the financial incentives be restructured to maximise the impact of the programme locally (see recommendation 5).

3.4 Link to Corporate Priorities and Health & Well Being Strategies

- 3.4.1 In Barnet, the Corporate Plan 2013 – 2016 has a corporate priority “To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health” and priority outcome of working with the local NHS to encourage people to keep well by increasing the availability of health and lifestyle checks for those aged between 40 and 74, and promoting better use of green space and leisure facilities to increase physical activity.
- 3.4.2 The Barnet Health and Well-Being Strategy (Keeping Well, Keeping Independent) 2012 – 2015 identifies that, in relation to lifestyle factors, that statutory agencies need to “Increase both the offer and take-up of health and lifestyle checks in primary care to all people aged between 40 and 74 years to help reduce risk factors associated with long term conditions.” A target of delivering a “Year on year increase based on the 2009/10 baseline of people aged between 40 and 74 who have received an NHS Health Check. In five years our coverage should be 80%.”
- 3.4.3 In Harrow, the Corporate Plan 2013 – 2015 has a corporate priority of “Supporting residents most in need, in particular, by helping them find work and reducing poverty” and a outcome of delivering “...an efficient public health service with the resources available, to positively influence residents’ health and wellbeing.”
- 3.4.4 The Harrow Health and Well-Being Action Plan 2013 – 2016 has under the objective of “Early identification of cardiovascular disease and diabetes through the health checks programme” the following targets:
1. Promote uptake of health checks including use of social marketing (June 2013)
 2. Evaluate outcomes and referrals onto other services as a result of health checks programme (March 2014)
 3. Implement a programme of activity to provide health checks to Harrow residents who are not yet registered with GPs (September 2013)

3.5 Marmot Review

- 3.5.1 Sir Michael Marmot was commissioned by the Government to review what would best reduce health inequalities in England⁴. The review proposed that health interventions should be offered to everyone (and not just the most deprived) but that it must be ‘proportionate to the level of disadvantage’ – the principle of ‘proportionate universalism.’

⁴ <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

4. Context

National Context

4.1 Purpose and Rationale

- 4.1.1 The purpose of the NHS Health Check has been outlined in sections 1 and 3 above.
- 4.1.2 The rationale for the NHS Health Check programme is to identify those who are at a higher risk of developing certain illnesses at a stage where the illness may still be prevented and/or future complications of an illness could still be avoided. The NHS Health Checks screening programme is expected to have beneficial effects on people's health, as well as saving money in the health and social care economy in the future as costly interventions will be prevented. Public Health England recommends that 20% of the eligible population should be invited each year and that councils should aim for 75% of those offers to be taken-up.
- 4.1.3 Local authorities took over responsibility for the NHS Health Check from 1 April 2013. Nationally, the check is most likely to be offered in GP surgeries and local pharmacies. However, a number of areas have offered and/or delivered health checks via different providers and in other suitable and accessible locations in the community. Examples of alternative delivery models are explored in section 5 of this report.

4.2 Responsibilities

- 4.2.1 Local authorities are responsible for commissioning the Health Checks programme and have a statutory obligation to provide the patients GP with the outcomes and data of an individual's Health Check. Local authorities are responsible for commissioning the checks and for monitoring the amount of invitations and take-up. Clinical Commissioning Groups (CCGs) are responsible for ensuring that there is appropriate clinical follow-up such as additional testing, referral to secondary care and on-going treatment. The connection between these two aspects of the programme is essential in making it successful.

4.3 Budget, Potential Savings and Take-Up

- 4.3.1 The Department of Health (DoH) has estimated that the NHS Health Check programme is likely to be cost effective in the long-term. The programme is underpinned by cost-benefit modelling which considers cost in relation to quality adjusted life years (QALY – the number of years added by the intervention) which shows that it is extremely cost effective. The programme is also likely to generate significant social care savings as a result of a

reduction of people accessing care through ill health. The cost calculations include two components:

- The cost of the check itself plus any follow-on tests or monitoring; and
- The cost impact of the interventions that are provided as a result of the NHS Health Checks.

Modelling conducted by the Department for Health when the programme began in 2008/09 proposed that a basic NHS Health Check would cost in the region of £23.70. This does not include the cost of lifestyle and other follow-up services provided by local authorities and health to reduce the health risks identified by the check.

- 4.3.2 The estimated savings to the NHS budget nationally are around £57 million over four years, rising to £176 million over a fifteen-year period. It is estimated that the programme will pay for itself after 20 years as well as having delivered substantial health and well-being benefits⁵.
- 4.3.3 A substantial number of people will need to receive the NHS Health Check and subsequent support for the programme is necessary in order to achieve its estimated savings. Current data shows that this expected to be a significant challenge. A study analysing data from the NHS Health Checks programme in 2011/12, published in the Journal of Public Health⁶ in August 2013, concluded that coverage was too low currently to make the programme pay for itself. An article in PulseToday found that national figures for 2012/13 showed that overall uptake (the proportion of people invited who received the check) was 49%, having fallen back from 51% the previous year⁷. This data indicates that significant steps will need to be taken at a local and national level to improve take-up. Local authorities have a legal duty to seek continuous improvement in the percentage of eligible individuals taking up their offer of a NHS Health Check as part of their statutory duties. The higher the take up rates for the programme, the greater the reach and impact of the programme and the more likely the programme is to tackle health inequalities.
- 4.3.4 The NHS Health Checks website offers a 'Ready Reckoner' tool which can be used to identify the potential service implications, health benefits and cost savings of NHS Health Checks per local authority. The tool uses 2010 population data from Office for National Statistics to base its estimates on and presumes that 20% of the eligible population is invited to a health check each year, and that the 75% of these people will take up the offer of a health

⁵ DoH and PHE Health Checks Implementation Review and Action Plan
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224805/NHS_Health_Check_implementation_review_and_action_plan.pdf

⁶ <http://jpubhealth.oxfordjournals.org/content/early/2013/07/22/pubmed.fdt069.abstract?sid=0cf9fa5e-eb55-4946-8f48-0d696fbd20e2>

⁷ http://www.pulsetoday.co.uk/clinical/therapy-areas/cardiovascular/less-than-half-of-patients-attend-nhs-health-checks-show-official-figures/20003835.article#.UI_vX9K-qK4

check⁸. The extent to which Barnet and Harrow are achieving this performance will be explored in detail in section 6

Indicative Costs and Savings for Barnet

4.3.5 Applying the Ready Reckoner Tool⁹ for Barnet, it is estimated that the total cost of providing NHS Health Check for one year based on national estimates would be £673,408 (against an approved budget of £500,000 for 2013/14). The workforce requirements to undertake NHS Health Check in this year would be 4,243 hours of time to invite people to Health Check and arrange appointments, 5,039 hours of contact time for the Health Check tests and 3,536 hours of contact time for feedback on the results.

4.3.6 The estimated total cumulative costs and savings that will arise due to the interventions put in place following an NHS Health Check are:

	Costs	Savings	Net savings
1 st year after checks	£ 673,408	£ 107,397	£ (566,011)
5 th year after checks	£ 1,373,409	£ 705,042	£ (668,367)
10 th year after checks	£ 1,679,593	£ 1,475,877	£ (203,716)
15 th year after checks	£ 2,056,281	£ 2,014,528	£ (41,753)
20 th year after checks	£ 2,367,931	£ 2,419,419	£ 51,487

Indicative Costs and Savings for Harrow

4.3.7 Applying the Ready Reckoner Tool estimation for Harrow is that the total cost of providing NHS Health Check for one year based on national estimates would be £458,726 (against an approved budget of £456,000). The workforce requirements to undertake NHS Health Checks in this year would be 2,874 hours of time to invite people to Health Check and arrange appointments, 3,424 hours of contact time for the Health Check tests and 2,395 hours of contact time for feedback on the results.

4.3.8 The estimated total cumulative costs and savings that will arise due to the interventions put in place following an NHS Health Check are:

	Costs	Savings	Net savings
1 st year after checks	£ 458,726	£ 73,347	£ (385,380)
5 th year after checks	£ 936,550	£ 481,750	£ (454,800)
10 th year after checks	£ 1,141,916	£ 1,005,487	£ (136,429)
15 th year after checks	£ 1,396,064	£ 1,369,713	£ (26,352)
20 th year after checks	£ 1,604,439	£ 1,642,587	£ 38,147

⁸http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources/ready_reckoner_tools

⁹Total costs and savings will vary across Local Authorities, depending on demographic factors. More detailed information about the health benefits can be found when using the Ready Reckoner Excel tool.

4.3.9 The Ready Reckoner tool provides some indicative data on the potential costs and savings in each borough. Whilst the tool highlights that the NHS Health Checks programme will take 20 years to provide net savings, these savings will be across the whole health economy and will result in improved health and well-being for people more generally.

4.4 Approaches to Implementation

4.4.1 The NHS Health Check Programme is most beneficial when it reaches people that would not otherwise be identified as being at risk, for example people who are unlikely to visit their GP's regularly now. Reaching these groups is difficult, but will be an essential aspect of successfully implementing the NHS Health Checks programme in Barnet and Harrow.

4.4.2 The health and financial benefits associated with the programme will not accrue until people's risk of diseases has been reduced. This reduction can be achieved by medication, but also by changes in lifestyle such as increasing exercise, following a healthy diet and giving-up smoking. These changes in lifestyle are often difficult to achieve for people, even when they are provided with support services. There is, therefore, a balance to be achieved between medical interventions and encouraging people to take ownership of their own health and well-being. In line with other public health programmes (such as the Smoke Free initiative), the NHS Health Checks programme commissioned in Barnet and Harrow should seek to achieve a balance between intervention and individual responsibility for healthy lifestyle choices. Measuring the impact of the programme should have a medium to long-term perspective to ensure that lifestyle changes are maintained by individuals on an on-going basis.

4.4.3 The NHS Health Check Implementation Review and Action Plan describes commissioners' and providers' experiences with implementing the NHS Health Checks Programme. The review identifies that several commissioners considered that successful implementation had been driven by a 'mixed model' for delivery. GP's were central to the successful delivery of the Programme as they hold patients records and are a trusted source of care for most patients. However, GP services can be supplemented by a variety of other providers as follows:

- Community Teams – commissioned to make contact with those who are typically resistant to presenting in a doctor's surgery by visiting community centres, shopping centres, leisure centres, church groups, markets, football clubs and work spaces.
- Health Buses – used in supermarket car parks and other public spaces, both for walk-ups and by people notified by their GP's that the service would be available at that time and place.
- Private Providers – commissioned to provide Health Checks in collaboration with GP's who are sometimes able to provide a room in their surgeries.

- Pharmacies – used with mixed success, as they sometimes lack private space to perform the checks and can have difficulties in targeting the right audiences.

4.4.4 Public Health England is currently working on providing a repository of local case studies to support local implementation which will be published on the NHS Health Checks website.

4.5 Experts Views on NHS Health Checks Screening Programme

4.5.1 Whilst it is anticipated that there will be significant potential health and financial benefits as a result of the NHS Health Checks programme, there is a limited amount of peer reviewed evidence to support the success of mass screening programmes. Whilst PHE and DoH advocate the programme and are promoting and investing in it, a number of health care professionals have expressed concern regarding the effectiveness of the programme.

4.5.2 Dr Richard Vautrey, Deputy Chairman of the British Medical Association's GPs Committee, has said that “Last year they were talking about taking money from disease prevention, now they want to do this. We are very suspicious. Previous screening programmes have been introduced after much consideration and analysis of evidence. It doesn't seem like this is.”¹⁰

4.5.3 Professor Nick Wareham, Director of the Medical Research Council Epidemiology Unit, has said that the current programme may not represent the best use of resources. Instead, the advisor to Public Health England urged public health leaders to target high-risk individuals as the evidence suggested this was likely be cost-effective.¹¹

4.5.4 A study by NHS Heart of Birmingham, published in BMJ Open in March 2013¹² suggested that the NHS Health Checks Scheme programme overlooks a third of patients at high risk of having or developing diabetes, as patients with high HbA1c levels, but with normal or low body weight were not identified for further tests.¹³

4.5.6 The Chair of the Royal College of General Practitioners, Professor Clare Gerada, has backed a call from Danish researchers for the NHS Health Checks programme to be scrapped.^{14 15} The Danish research evaluated screening programmes run in a number of countries and concluded that general health checks failed to benefit patients and could instead cause them unnecessary worry and treatment.

¹⁰ <http://news.bbc.co.uk/1/hi/health/7174763.stm>

¹¹ <http://www.pulsetoday.co.uk/clinical/therapy-areas/cardiovascular/reconsider-age-based-approach-to-health-checks-urges-public-health-england-adviser/20004268.article#UIPsGtK-qK4>

¹² <http://bmjopen.bmj.com/content/3/3/e002219.long>

¹³ <http://www.pulsetoday.co.uk/clinical/therapy-areas/diabetes/health-checks-scheme-fails-to-identify-a-third-of-patients-at-risk-of-diabetes/20002241.article#UmAebdK-qK4>

¹⁴ <http://www.pulsetoday.co.uk/clinical/therapy-areas/cardiovascular/gerada-scrap-health-checks-programme/20004025.article#UIPjQNK-qK4>

¹⁵ <http://www.bbc.co.uk/news/health-23765083>

- 4.5.7 Barbara Young, Chief Exec of Diabetes UK, expresses support for the programme by stating that "...while the £300 million it costs to run might sound like a lot of money, diabetes and other chronic conditions are expensive to treat. This means that once you factor in the savings in healthcare costs, the NHS Health Check is actually expected to save the NHS about £132 million per year."¹⁶
- 4.5.8 Despite the concerns outlined above, the NHS Health Checks programme has been identified by the Secretary of State as an important vehicle for improving prevention and early diagnosis and the initiative is supported nationally by, PHE, DoH and the LGA. In addition, Health Checks are corporate priorities for both Barnet and Harrow councils and there is a significant opportunity for both authorities to utilise the data from this review to inform their commissioning strategies to deliver best value for money.

¹⁶ <http://www.bbc.co.uk/news/health-23765083>

5. Performance

5.1 Targets

- 5.1.1 There are no nationally prescribed targets in relation to NHS Health Checks. However, PHE suggest that health and well-being boards should aim to offer checks to 20% of their eligible population every year and for 75% of those offered checks to take them up. NHS Health Checks is a rolling five-year programme meaning that 100% of the eligible population should have been offered a check at the end of the period. In relation to quarterly performance, a local authority that has offered the Check to 5% of the population in quarter 1 and sustain that over the following three quarters will have offered a check to 20% of the eligible population at the end of the year.
- 5.1.2 High performing areas are those that both **offer** to a high proportion of the eligible population cohort and then achieve a high **transfer rate** (i.e. converting the Health Checks offered into Health Checks received).

5.2 Performance Data

Outcomes – 2012/13

- 5.2.1 NHS England data¹⁷ identifies that Health Checks in Barnet and Harrow in 2012/13 scored slightly lower than the London average, but close to the national average. Data for all London boroughs has been included in Table 1 for comparison purposes:

¹⁷ <http://www.england.nhs.uk/statistics/statistical-work-areas/integrated-performance-measures-monitoring/nhs-health-checks-data/>

Table 1 – Number of eligible people that have been offered and received NHS

Name	Number of people eligible for a NHS Health Check	Number of people who were offered a NHS Health	Number of people that received a NHS	Percentage of eligible people that were offered a
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Health Checks (April 2012 – March 2013) (England and London)

		Check	Health Check	NHS Health Check
England	15,609,981	2,572,471	1,262,618	16.5%
London	2,082,748	429,027	194,035	20.6%
Havering PCT	69,304	6,529	4,771	9.4%
Kingston PCT	53,678	7,661	5,668	14.3%
Bromley PCT	100,037	23,117	9,042	23.1%
Greenwich Teaching PCT	63,098	15,137	6,511	24.0%
Barnet PCT	114,883	18,357	4,758	16.0%
Hillingdon PCT	72,886	6,742	3,783	9.3%
Enfield PCT	79,400	12,746	5,503	16.1%
Barking and Dagenham PCT	41,328	12,821	4,152	31.0%
City and Hackney Teaching PCT	55,561	11,483	6,775	20.7%
Tower Hamlets PCT	48,778	9,365	7,242	19.2%
Newham PCT	40,000	9,500	5,369	23.8%
Haringey Teaching PCT	55,476	12,523	6,461	22.6%
Hammersmith and Fulham PCT	40,050	6,568	4,276	16.4%
Ealing PCT	70,881	15,789	9,931	22.3%
Hounslow PCT	55,297	6,997	4,501	12.7%
Brent Teaching PCT	76,444	15,410	9,505	20.2%
Harrow PCT	76,840	12,477	5,827	16.2%
Camden PCT	49,685	14,761	4,378	29.7%
Islington PCT	42,650	10,167	7,142	23.8%
Croydon PCT	100,197	20,047	2,512	20.0%
Kensington and Chelsea PCT	50,475	7,651	590	15.2%
Westminster PCT	61,800	13,307	7,119	21.5%
Lambeth PCT	92,171	26,592	6,382	28.9%
Southwark PCT	79,294	21,145	6,524	26.7%
Lewisham PCT	72,646	19,279	6,622	26.5%
Wandsworth PCT	57,000	15,984	12,766	28.0%
Richmond and Twickenham PCT	49,856	14,305	4,857	28.7%
Sutton and Merton PCT	113,300	24,184	13,364	21.3%
Redbridge PCT	72,000	12,015	6,286	16.7%
Waltham Forest PCT	62,932	8,301	3,388	13.2%
Bexley Care Trust	64,801	18,067	8,030	27.9%

5.2.2 However, the statistics in Table 1 above should be treated with caution.

There is a significant variation in the national statistics relating to the number of people eligible for an NHS Health Check (114,883 in 2012/13) and locally derived statistics provided by Public Health (91,139 in 2013/14 (see 5.2.3 below)).

Outcomes – Quarter 1 2013/14

5.2.3 The table below summarises the performance information regarding the NHS Health Check Programme for Quarter 1 of 2013/14:

Q1 2013-14	Total eligible population 2013-14	Number of people who were offered a NHS Health Check	Number of people that received a NHS Health Check	Percentage of eligible people that were offered a NHS Health Check of those offered
Barnet	91,139	4,911 (5.4%)	1,520 (1.7%)	31%
Harrow	63,879	1,093 (1.7%)	582 (0.9%)	53.2%
London	1,967,213	94,245 (4.8%)	41,517 (2.1%)	44.1%
England	15,323,148	598,867 (3.9%)	286,717 (1.9%)	47.9%

5.3 Comparative Performance

5.3.1 London Boroughs where a higher percentage of people are offered the health check tend to have a lower percentage of health checks received. At the same time, boroughs where a high percentage of the people received a health check tend to have offered health checks to a relatively low percentage of the population. Boroughs with the highest overall performance are those that both offer checks to a high percentage of their population as well as have a high percentage of checks delivered.

5.3.2 The London Borough of Wandsworth has been identified as an example of a local authority where both the percentage of offers made and the percentage of checks received have been on target.

5.3.3 In quarter 1 2013/14, the top five London Boroughs for **offering** the highest percentage of their eligible population a NHS Health Checks are:

Q1 2013-14	Total eligible population 2013-14	Number of people who were offered a NHS Health Check	Number of people that received a NHS Health Check	Percentage of eligible people that received an NHS Health Check of those offered
Camden	50,399	4,925 (9.8%)	924 (1.8%)	18.8%
Greenwich	60,012	5,605 (9.3%)	1,981 (3.3%)	35.3%
Lambeth	65,181	5,870 (9%)	2,013 (3.1%)	34.3%
Islington	44,687	3,429 (7.7%)	1,840 (4.1%)	53.7%
Westminster	52,589	3,971 (7.6%)	1,479 (2.8%)	37.2%

5.3.4 In quarter 1 2013/14, the top five London Boroughs for highest percentage of people that have **received** the health check after being offered it are:

Q1 2013-14	Total eligible population 2013-2014	Number of people who were offered a NHS Health	Number of people that received a NHS Health Check	Percentage of eligible people that received an NHS Health Check of
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		Check		those offered
Hounslow	61,153	664 (1.1%)	664 (1.1%)	100.0%
City of London	2,266	72 (3.2%)	72 (3.2%)	100.0%
Havering	70,211	1,507 (2.1%)	1417 (2%)	94.0%
Newham	59,455	1,720 (2.9%)	1376 (2.3%)	80.0%
Wandsworth	64,128	3,203 (5%)	2419 (3.8%)	75.5%

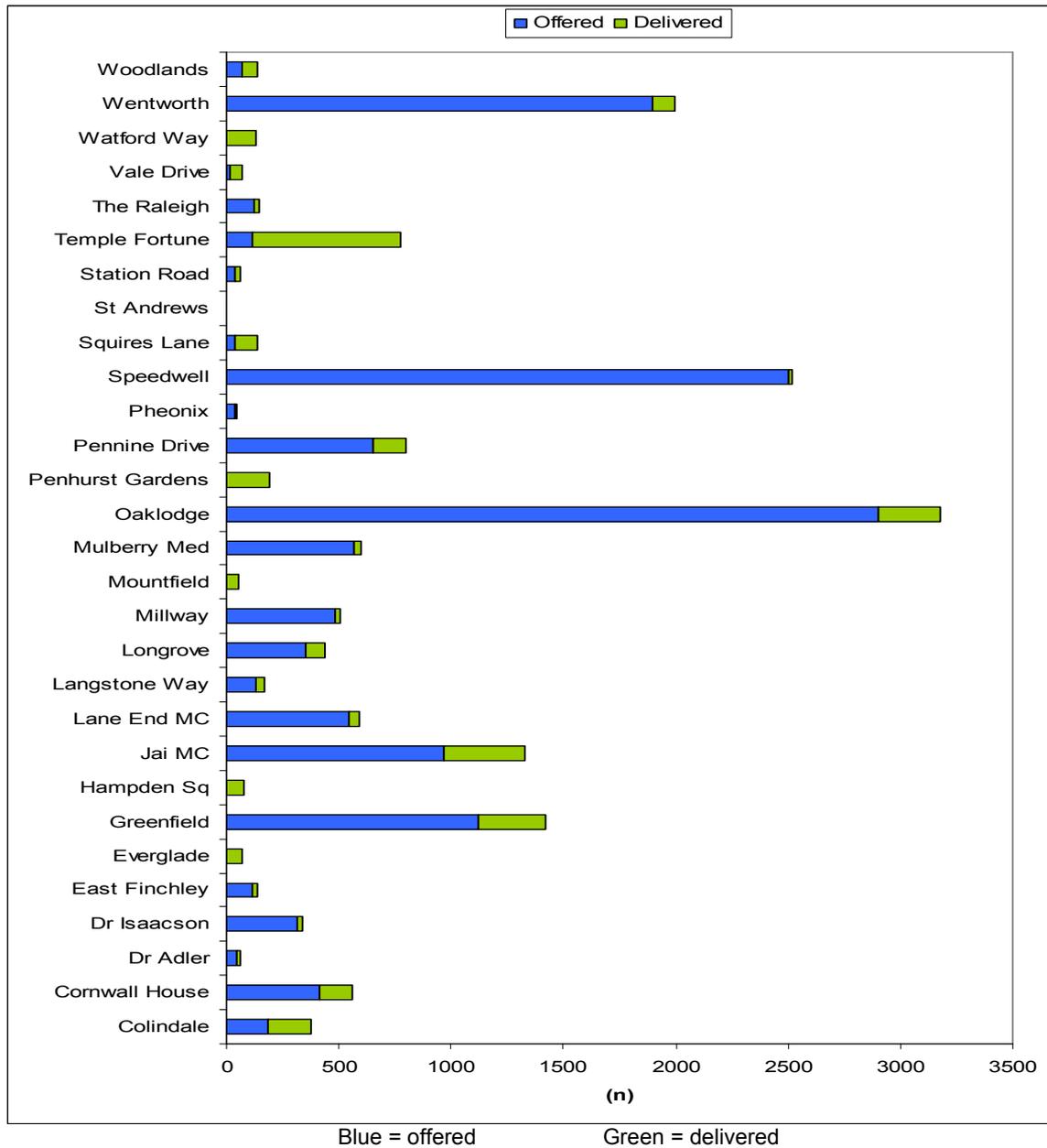
5.3.5 For the NHS Health Checks programme to be successful, commissioners should be seeking to meeting or exceeding both targets to ensure that the reach of the programme is as wide as possible.

5.4 Local GP Practice Performance

5.4.1 As part of the review, the Public Health team provided a breakdown of the performance of individual GP practices in Barnet and Harrow during 2012/13.

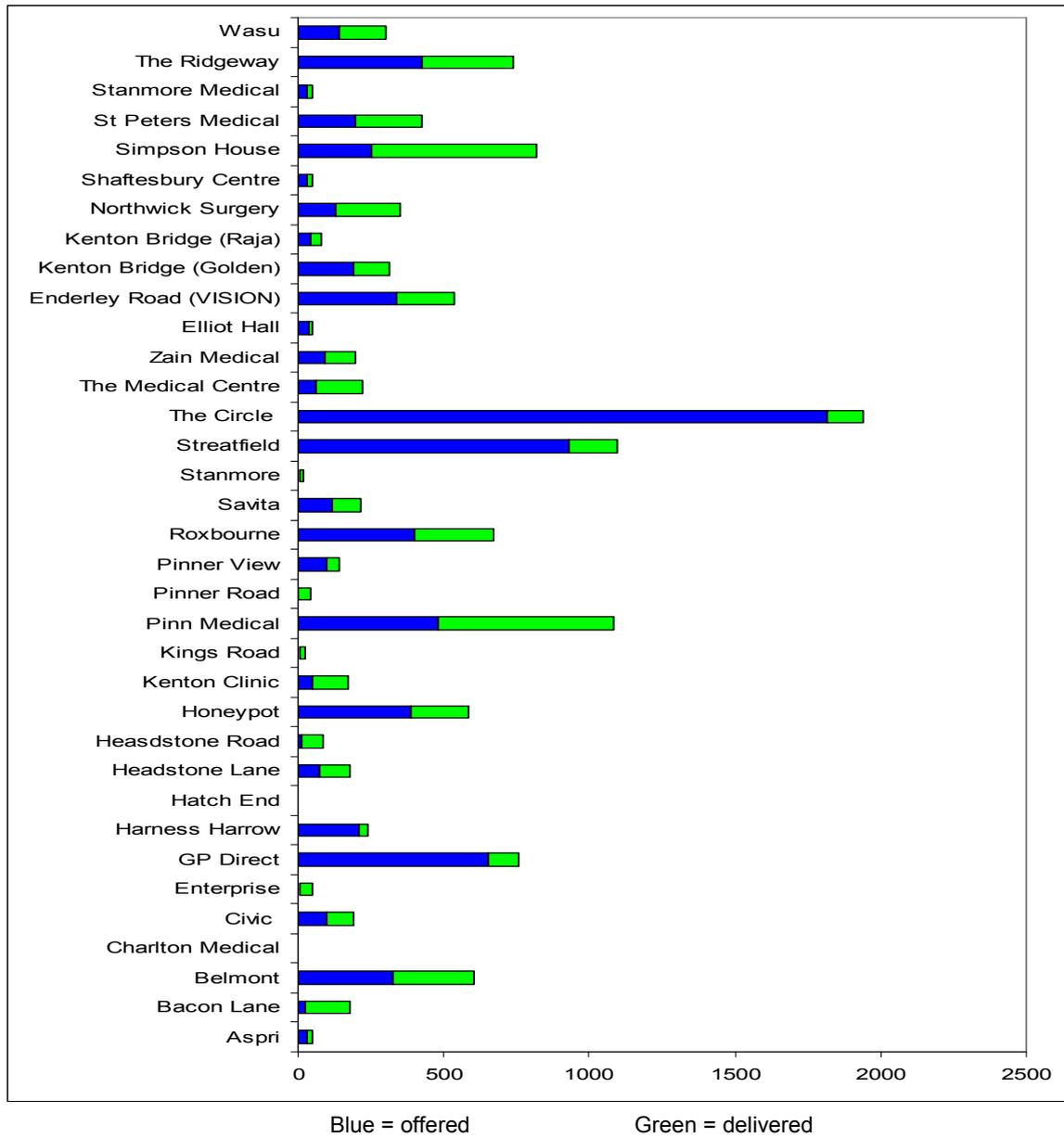
5.4.2 Table 1 provides relevant statistics for Barnet. Due to issues with the data transferred to the council, performance information for Barnet was only available for the period November 2012 to March 2013. Barnet achieved a 19% conversion rate from 'offered' status to 'delivered'. The table shows that larger GP surgeries tended to be the worst performing.

Table 1 – GP surgeries in Barnet performance, Nov 2012 – March 2013



5.4.3 Table 2 shows the statistics for Harrow. Members were advised that Harrow has a 38% conversion rate. As with Barnet, the larger surgeries had the lowest performing rates.

Table 2 – GP surgeries in Harrow performance between April 2012 – March 2013



6. Best Practice

6.1 In conducting the review, Members have explored best practice examples to identify the principal differences between the approach taken in Barnet and Harrow and the approach in high performing areas.

6.2 Haringey

6.2.1 In 2012/13 the activity for NHS Health Check offers in Haringey was 12,523 and 6,461 checks were delivered. This translates to a 52% uptake rate, which is better than the uptake rate for 2011/12 (which stood at 35%).

6.2.2 Haringey's programme is targeted at areas of highest deprivation and CVD mortality: East, Central and part of West Haringey (Stroud Green and Hornsey wards). Over 70% of the Health Checks Programme is delivered by GPs in Haringey. The programme is being supported by behavioural support programmes (e.g. Health Trainers) and these arrangements have been strengthened during 2013/14. Community programmes that ran in 2012/13 included a focus on mental health users and a focus on men.

6.2.3 Haringey identified that to improve uptake they had to:

- increase coverage across eligible practices;
- reduce variation in activity;
- target high risk groups;
- target men;
- improve data quality; and
- improve onward referral mechanisms.

6.2.4 Haringey consider that one of the main reasons for success is that alcohol misuse screening delivered as part of NHS Health Checks programme has encouraged people to take part. They are also planning to deliver some Health Checks at community events in order to expand the reach of the programme.

6.3 Teesside

6.3.1 Teesside have used several techniques to achieve success with delivering NHS Health Checks. Firstly they have invested in a rolling training budget that can be allocated to external providers to help extend the availability of the service. Secondly they have used social marketing techniques to help inform the development of a communications and marketing strategy. By doing this they have made the service more visible. They have delivered Health Checks

under the local identity of 'Healthy Heart Check' which has further helped to make the service more accessible and embedded in local culture.

- 6.3.2 Teesside have targeted certain groups and have created a prioritisation list of certain groups to help tailor the service and to increase take up. They have also invested directly in dedicated primary care informatics (or information management systems), a nurse facilitation team and project management as a way of extending the reach of the service. It is worth noting that death rates from heart disease have reduced at a faster rate in Teesside than England as a whole since the implementation of the Health Checks programme. Health Checks in Teesside have also been provided at particular work places in an effort to make the take-up more substantial.

6.4 County Durham

- 6.4.1 In comparison to national performance, County Durham has been very successful in delivering NHS Health Checks. They promoted Health Checks via a 'Check4Life', campaign which is based on the 'Change4Life' national health and well-being programme. They have utilised the same branding as the Change4Life campaign which has improved recognition locally.
- 6.4.2 County Durham have carried out the service with 'opportunistic screening' (when someone requests that their doctor or health professional undertakes a check, or a check or test is offered by a doctor or health professional) with a focus on predicting and preventing vascular disease risk. Health Checks have been conducted on a 'one-stop-shop' approach in order to make the delivery of these checks more accessible, attractive and patient focussed. They have also promoted the service at road shows, such as 'Health@Work', where Health Checks have been offered in certain work places.
- 6.4.3 In addition to this, County Durham has focussed on the notion of 'Mini Health MOTs', which are targeted at certain groups. This has helped to broaden the scope of the service and has helped to promote the service across the area. In analysing the success of the campaign, County Durham found that 91.3% were very satisfied with the Mini Health MOT, whilst 99.1% would recommend it to others. Intertwined with the NHS Health Checks, it was also reported that 82.2% were very satisfied with the NHS Health Check and that 99.6% would recommend an NHS Health Check to other people. During 2011/12 73.5% of those offered a Health Check in County Durham took the offer. To date 2013/14, 8,509 people have been offered a Health Check and 3,936 people have received one from an eligible population cohort of 164,760.

6.5 Richmond upon Thames

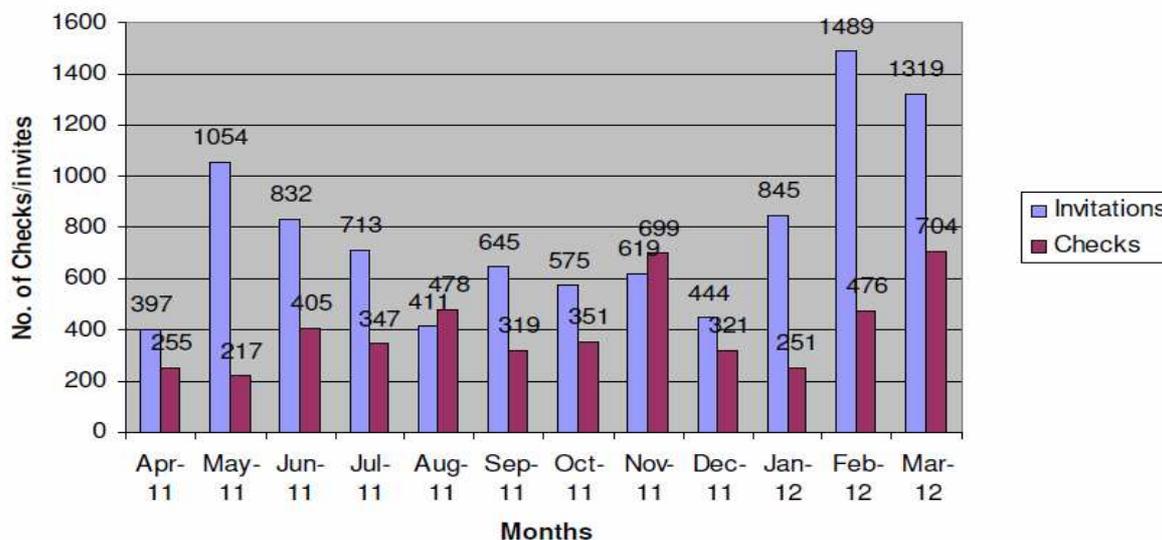
- 6.5.1 The London Borough of Richmond upon Thames has been successful in delivering NHS Health Checks. They have adopted an approach that relies on a strong advertising premise supported by a strong database to record the

number of checks offered and delivered. As a result, Richmond is one of the leading boroughs in London in delivering NHS Health Checks.

- 6.5.2 Richmond works with more than 40 different partners including GPs, pharmacies, outreach and external providers to deliver Health Checks. Lifestyle programmes such as weight management, diabetes prevention and a health trainer service have been specifically commissioned for patients to be referred to.
- 6.5.3 Richmond launched a pilot programme in 2009 in line with the national launch of the NHS Health Checks programme which focussed on delivering Health Checks in the most deprived wards in a pharmacy setting. This helped to make the service accessible both in terms of timing and capacity. The Public Health team also carried out a Health Needs Assessment and selected the top three deprived wards and the six pharmacies which were best suited to run the pilot. Health Checks have been delivered by the *Live Well Richmond* service which also provides an exercise referral scheme in addition to other lifestyle services. This has helped the Health Checks delivery model to become locally known. GPs have been commissioned to deliver targeted invitations based on factors such as age, gender, body mass index, ethnicity, blood pressure/cholesterol levels, physical activity and smoking status.
- 6.5.4 More than 50% of the eligible population have been invited and more than 20% have received a check. More than 200 people have been newly diagnosed with various cardiovascular diseases such as hypertension, diabetes, chronic kidney disease and coronary heart diseases as a result of a health check. In 2011/12, 5,700 health checks were completed in general practice, pharmacy and at community outreach events which exceeded DoH targets.
- 6.5.6 Richmond have delivered a marketing programme which comprises newspaper adverts, a dedicated webpage¹⁸, letters, posters, leaflets and press releases to attract people for a health check. They also emphasised selling through personal sales (pharmacists, GPs and outreach), incentivising GPs, through focus groups and direct invitations.
- 6.5.7 Richmond use iCap, an IT system, to keep track of their Health Check performance. This system has enabled them to target checks where necessary and assists in provide statistical analysis as follows:

¹⁸ <https://www.live-well.org.uk/richmond/>

NHS Health Checks Performance 2011/12



6.6 Enfield – Innovision Health and Well-being Limited

6.6.1 In November 2012, Enfield Council awarded a contract for Community Health Checks to Innovision Health and Well-being Limited. This was done in an effort to allow targeting of health checks to communities that do not traditionally access primary care or who do not respond to invitations from primary care, which should improve the number of health checks being completed.

6.6.2 Innovision deliver health checks in both primary care and community settings. They perform health checks on behalf of GPs in communities and make a focussed effort to understand communities. By doing so, they are able to deliver health checks regularly. In Enfield, for instance, Innovision have noted that there is a large Turkish and Kurdish population and they have targeted Health Checks in those communities' first languages.

6.6.3 In Enfield, Innovision has established relationships with organisations such as ASDA, Tesco, various health centres and sports centres to enable delivery in these settings to encourage those who would not otherwise go to their GP. In an ASDA in Enfield, there is a weekly footfall of around 55,000; Innovision deliver checks in this ASDA on a daily basis. They determined that this was a good site after surveying the local area both in terms of weekly footfall and the regular attendance from specific communities. Innovision are also aiming to deliver Health Checks in all Boots stores in every London Borough that they are operating within (currently Brent, Haringey, Enfield and Islington). In addition, they deliver checks at community events, particularly in deprived areas in order to achieve their commitment of working with deprived communities.

6.6.4 Innovision have an on-line system where Health Check data is inputted to. This enables Public Health to be provided with non-identifiable data and has

subsequently helped with reporting. This system has been used with Enfield and previously Haringey. The Innovision Health Check comprises the follows:

- BMI, weight and blood pressure checks are undertaken immediately
- The check takes 15-20 minutes
- Results of the above are given straight away
- If the patient falls out of the appropriate health range then they are signposted to their GP. GPs receive this information which they can then use as data in the future; the onus is on the GP to contact any patient who has risk factors or is in need of treatment.
- Innovision stress that primary care settings are the only places where advice can be given; those performing checks for Innovision are directly instructed not to give advice
- Checks are tailored to communities and are performed in appropriate settings (such as mosques, restaurants and wherever is possible)

7. Evidence

7.1 The Scrutiny Review recognised the importance of considering quantitative and qualitative evidence from a variety of sources. On that basis, the Group undertook three separate and distinct elements of engagement with key stakeholders as detailed below.

7.2 Community Engagement

7.2.1 The review commissioned a Community Engagement work stream to identify barriers to take-up across both boroughs. The full findings from the Community Engagement element of this project are attached at **Appendix A**. However, a summary of the key recommendations emerging are detailed below:-

- i. Marketing and promotion – people are not familiar with the Health Checks brand and individuals would like to know more about the objectives of the programme. GPs need to be convinced of the value of the programme at a national level.
- ii. Value for money – the economic case for Health Checks needs to be developed in greater detail by Public Health England. In addition, residents were concerned about the overlap with other screening programmes and wanted to see a more joined up approach to supporting wellness. The value of investing in Health Checks over other initiatives was questioned. Residents felt that support to make lifestyle changes should be free and have a long-term focus.
- iii. Innovative approaches to delivery – residents considered that commissioners should take a more flexible approach to delivery (e.g. community teams, a health bus, clinics at flexible times)
- iv. Effective IT – effective and joined up IT systems (across health and social care) would be essential for identifying the target population, collating data and information about individual risks, ensuring that follow-ups timely and evaluating the Health Checks programme. Residents wanted IT systems to provide a joined up and holistic view of their health.
- v. Competency of providers – residents considered that the Health Check should be provided by a registered professional to ensure that advice and support started seamlessly in the context of the discussions relating to risk factors.

7.3 Questionnaire

- 7.3.1 To support the review, Scrutiny Officers conducted a snap survey of Barnet and Harrow residents to gauge awareness and take-up of NHS Health Checks. The survey was promoted locally by both councils communications teams and via local networks, such as Healthwatch. The survey received 47 responses and the detailed findings are detailed in the sections below. Responses to the questions relating to the residents' experience of the checks should be treated with caution due to the relatively small sample size. They do, however, provide some insight into the views of people who have experienced an NHS Health Check:
- 7.3.2 85.7% of respondents were from Barnet and 14.3% of respondents were from Harrow.
- 7.3.3 In response to the question 'Have you ever been offered a Health Check from your GP?' 80.9% stated 'no' and 19.1% stated 'yes'. This highlights that the vast majority of respondents had not been offered a check, despite the Health Check programme having been in place in both boroughs since 2009.
- 7.3.4 Respondents were asked to provide the name of their registered GP surgery. 17 different practices in Barnet and three different practices in Harrow were identified as not offering Health Checks to participants.
- 7.3.5 Of those respondents that had been offered a Health Check, 100% had taken up the offer. Respondents were asked to identify the reasons why they had accepted the offer and their responses are summarised below:
- General health and well-being check
 - Aware of the Health Check programme and wanted to see how it worked in practice.
 - Multiple health issues
 - Precautionary measure
 - Family history of high cholesterol, cardiovascular disease or diabetes
- 7.3.6 When questioned how important they considered regular health checks to be, 71.4% considered that it was very important and 28.6% considered that it was neither important or unimportant.
- 7.3.7 When questioned how beneficial they considered the Health Check that they had received to be, 66.7% considered it was beneficial or very beneficial and 33.3% considered it was not very beneficial or not beneficial at all. Respondents were asked to give reasons for their answer. One respondent stated that they were dissatisfied as they were still waiting for their blood test results following a check completed over a week ago.
- 7.3.8 Respondents were asked whether they considered that there were any areas of the Health Checks process that could be improved. 57.1% answered yes and 42.9% answered no. Respondents were asked to identify specific areas for improvements and the responses are summarised below:

- Consider the option of Integrated Medicine (homeopathy or other natural medicine choices)
- Scans for aneurysm
- Prompt results and more screening around breast cancer, etc.
- Health Checks should consider an individual's mental health too

7.3.9 When respondents were questioned whether they would recommend the Health Check to other people, 85.7% said yes and 14.3% said no. Respondents were asked to give reasons for their answers which are summarised below:

- Early detection of diseases
- Encourage people to make healthy lifestyle choices for them and their families
- Concern for the health and wellbeing of others
- Useful especially for men as they tend not to visit their GPs
- Early detection of health issues and an opportunity to discuss these with health professionals

7.4 Stakeholder Workshop

7.4.1 It was agreed at the outset of the project that engagement with stakeholders was key to understanding the overarching issues. In November 2013, Barnet and Harrow held a Stakeholder Workshop, facilitated by the CfPS Expert Advisor and supported by Scrutiny Officers from Barnet and Harrow. The aim of the workshop was to provide Members of the Scrutiny Working Group and key external stakeholders with the opportunity to:

- Understand the external factors that currently influence the commissioning and delivery of the Health Check in the Barnet and Harrow
- Identify the barriers to delivering the Health Check
- Identify opportunities for effective delivery in the future
- Discuss the improvements in services that could be achieved by change
- Identify and prioritise issues to be considered in the commissioning of the Health Check

7.4.2 The workshop was a deliberative forum which enabled participants to consider relevant information, discuss the issues and options and develop their thinking together before coming to a consensus view. The facilitators used the CfPS Stakeholder Wheel (as shown in Table 3 below) to structure the discussion throughout the workshop and to address the return on investment question of:

What would be the return on investment if we improve take up of the Health Check amongst specific groups?

7.4.3 Based on the discussions that took place, the following recommendations emerged from the Stakeholder Workshop:

	Theme	Recommendation and Rationale
1	Health Checks Promotion	It is recommended that Public Health England develop a national communications strategy to promote awareness and advantages of Health Checks, supported by local campaigns. The campaign should seek to incentivise people to undertake a Health Check (e.g. by promoting positive stories relating to proactive management of risk factors or early diagnosis as the result of a check).
2	Providers / Flexible Delivery	Health Checks should be commissioned to be delivered through alternative providers (e.g. pharmacies, private healthcare providers etc.) and at alternative times (e.g. evenings / weekends), and in different locations (e.g. mobile unit at football grounds, shopping centres, work places, community events etc. or via outreach (e.g. at home or targeting vulnerable groups)) to make Health Checks more accessible.
3	Treatment Package	All elements of the Health Check should be delivered in a single session to streamline the process and make the experience more attractive. Commissioners should investigate feasibility of tailoring treatment options to specific communities.
4	Referral Pathways	The patient pathway should clearly define the referral mechanisms for those identified as:- <ul style="list-style-type: none"> • Having risk factors; and • Requiring treatment
5	Restructure Financial Incentives	Barnet and Harrow have different payment structures. It is recommended that contracts are aligned (preferably in accordance with a standard contract agreed via the West London Alliance) and that Health Check providers are paid on completion only.
6	Resources	Public Health England and local authorities must consider the cost of the whole patient pathway and not only the risk assessment or lifestyle referral elements of the Health Check. Health Checks are currently not a mandatory requirement for GPs (delivered by Local Enhanced Service contracts) meaning that they may not be incentivised to deliver and nor have the capacity (human resources and physical

		space) to deliver. Nationally, Public Health England and NHS England should consider the cost of the whole pathway and on that basis a whole system review is recommended.
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7	Targeting	It is recommended that the Health Checks commissioning strategy should deliver a 'whole population' approach (offering checks to eligible population cohort), complemented by targeting of specific groups or communities particularly:- <ul style="list-style-type: none"> • men (who statistically have a lower up-take than women); • faith communities (who statistically have a high prevalence of certain diseases); and • deprived communities (where there is a statistical correlation between deprivation and a low uptake of Health Checks)
8	Screening Programme Anxiety	It is recommended that Public Health England, clinicians and local commissioners give consideration to managing potential public anxiety in participating in a screening programme.
9	Barriers to Take-Up	Commissioners are recommended to research the reasons for the public not to participate in the Health Checks programme to identify what the barriers to take-up are. On the basis of the research findings, targeted engagement with under-represented groups is recommended.
10	Learning Disabilities	It is recommended that Public Health England, clinicians and local commissioners give consideration to incorporating adults with learning difficulties into the Health Checks programme before age 40 due to their overrepresentation in the health system

7.4.4 Although listed as separate elements above, the Public Health team are recommended to undertake a **whole system review** (offer, appointment, results, advice etc.) to inform the future Health Checks commissioning strategy.

7.4.5 The recommendations at 7.4.3 have been endorsed and adopted by the Scrutiny Review Group.

7.4.5 In addition to the recommendations outlined above, the following have been identified as priority areas for Public Health to consider when commissioning Health Checks in the future:

1. Improve take-up across the board
2. Engage with local Healthwatch to promote
3. Communication – liaise with community leaders

4. Communication – develop and embed a local message articulating the offer
5. Providers and incentives need to be realigned
6. Target Health Checks locally to specific communities
7. Understanding barriers to take up in areas offered
8. Examine the whole system from offer to follow on
9. Communicate the advantages
10. Extent that service providers can encourage take-up (e.g. weekend availability)
11. Follow up with personalised letters and phone calls; state the advantages
12. Improve access based on research
13. Initiate follow-up programmes

8. Return on Investment

- 8.1 When applying to become a CfPS NHS Health Check Scrutiny Development Area, Barnet and Harrow committed to using the CfPS Return on Investment Model (RoI) to conduct the review.
- 8.2 The RoI model seeks to quantify what the return on investment would be for a specific course of action being taken as a consequence of the scrutiny review. As identified in the Stakeholder Workshop section, the RoI question that this review has been seeking to address is

What would be the return on investment if we improve take up of the Health Check amongst specific groups?

- 8.3 The economic argument behind the NHS Health Checks screening programme is that the early detection of certain conditions or risk factors enables early intervention which can take the form of medical treatment or lifestyle changes. Treating conditions in their early stages or managing risk factors will:
- i. be much more cost effective than treating chronic conditions; and
 - ii. result in an overall improvement in the health and wellbeing of the general population.
- 8.4 Public Health England has estimated that over the next four years around £57 million will be saved through Health Checks and that over a 15 year period £176 million will be saved. After 20 years the NHS Health Checks programme is expected to have paid for itself and deliver improvements to the general health and well-being of the population.
- 8.5 The RoI modelling below will seek to analyse cost of this review against the potential financial benefits of implementing the recommendations arising. It is acknowledged that the RoI modelling could be open to challenge as it is based in a number of assumptions. Notwithstanding this, the model does provide a platform to demonstrate the potential financial and social benefits that implementing scrutiny recommendations could deliver if implemented; the model should therefore be considered on that basis.

Return on Investment – Cost of Scrutiny Review vs. Potential Savings

Table 2 (Input Costs)

Input	Scrutiny Officer Review	Public Health	External Engagement	Total
	2 x Scrutiny Officers for 1 day per week for 24 weeks (mid-July to mid-December) = 168 hours Plus 5 days of graduate trainee support = 37 hours Total hours 373 hours x £25 per hour = £9,325	Public Health Officers (including involvement in planning meetings, providing data and attending) Total hours = 10 days or 74 hours x £25 per hour = £1,850	22 days = £13,370	£24,545

Table 3 (NHS Health Checks – Newly Diagnosed Conditions)

	Number of people eligible for a Health Check	Number of Health Checks offered to the eligible population	Number of Health Checks performed	Transfer rate (take up of those offered)	Number of cases of Hypertension diagnosed as a result of a Health Check	Number of cases of Diabetes diagnosed as a result of a Health Check	Number of cases of High Cholesterol diagnosed as a result of a Health Check
Harrow (2012/13)	62,892	12,680 (20.16%)	3,729 (5.93%)	34%	65	32	815
Barnet (2012/13)	69,904	16,820 (24.06%)	3,263 (4.67%)	19%	146	65	750
Richmond (2011/12)	Approximately 19,000	9343 (c. 50+%)	4823 (c. 25%)	51%	152	19	Data not available

8.6 In considering the financial implications of not treating risk factors or diagnosed conditions early, a review of information available on the cost of treating chronic conditions was undertaken. The result of the modelling below should be treated with caution as the financial assumptions have not been fully tested. The findings do however provide an estimation of the potential

savings across health and social care following the roll out of a successful NHS Health Checks programme in Barnet and Harrow.

- 8.7 The British Heart Foundation reports that 103,000 heart attacks occur every year, costing around £2 billion per year to treat or £19,417 per case. Diagnosing conditions such as Hypertension can be argued to prevent heart attacks from occurring later on therefore meaning that for every case diagnosed £19,417 is potentially saved. On this premise, the following amount of money will be saved as a result of Health Checks:

8.7.1 LB Harrow

In 2012-13, 3,729 had health checks (5.93% of the eligible population). This led to 65 cases of hypertension being diagnosed, saving a potential of £1,262,105.

If the uptake was improved to 11.86%, then it is possible that around 130 cases of hypertension could be diagnosed, saving a potential £2,524,210.

8.7.2 LB Barnet

In 2012-13, 3,263 had health checks (4.67% of the eligible population). This led to 146 cases of hypertension being diagnosed, saving a potential of £2,384,882.

If the uptake was improved to 9.34%, then it is possible that around 292 cases of hypertension could be diagnosed, saving a potential £5,669,764.

- 8.8 If the recommendations arising from this review (as set out in the following section) are agreed and implemented, it is anticipated that there will be a significant increase in the uptake of NHS Health Checks in both boroughs, particularly if roll-out of the checks is prioritised based on demographic risk factors.

8.9 Social Return on Investment

- 8.9.1 The Scrutiny Review Group wish to emphasise that the implementation of the recommendations made will deliver social as well and financial benefits. Encouraging people to adopt healthy lifestyles and managing pre-existing conditions before they become chronic will deliver health and well-being benefits in addition to the potential financial savings.

9. Summary Findings and Recommendations

Summary Findings

- 9.1 Following consideration of all the evidence received during the review, Members questioned whether GPs were the correct vehicle for delivering NHS Health Checks. Whilst performance in Barnet and Harrow had been around the national average, there was a lack of awareness of the checks in both boroughs. Best practice examples demonstrated that alternative delivery models could improve up-take by targeting to specific groups and making the checks more accessible.
- 9.2 Data supplied by the Public Health team had indicated that the cohort of patients presenting for health checks were not reflective of the demographics in each borough (e.g. there were a disproportionate number of women from more affluent areas). As such, presentations were not linking with communities identified as being at risk. There should therefore be a focus on hard to reach groups including specific ethnic communities with high risk factors, mental health patients, the homeless and men.
- 9.3 The Group recognised that there should be a balance between interventions and individuals managing their own risk factors. A communications campaign should therefore seek to strike a balance between promoting the checks locally and encouraging people to adopt healthier lifestyles.
- 9.4 Members recognised the importance of ensuring that there was a clearly defined pathway for those identified as being most at risk. Medical interventions should be supported later in the pathway by risk management and reduction elements and a joined up approach would be required to achieve this.
- 9.5 Contracts transferred from primary care trusts were inconsistent and in Barnet did not incentivise completion of the check. The Group considered that when the commissioning strategy was defined, there should be consistent payment by results contracts across both boroughs. Members were supportive of the work being undertaken within the West London Alliance to regularise NHS Health Checks contracts on a sub-regional level.
- 9.5 The Group recognised that greater work was required to understand the whole costs of the NHS Health Check process. Local authorities are responsible for commissioning the check and CCGs are responsible for ensuring an appropriate clinical follow-up. Further evaluation of the post-check care costs is required to provide an accurate cost benefit analysis.
- 9.6 The Group were supportive of the recommendation in the PHE / LGA paper titled *NHS Health Check: Frequently asked questions* (September 2013) that "Health and Wellbeing Boards (HWBs) should ensure that NHS Health Check is reflected in the commissioning plans stemming from locally agreed Joint

Health and Wellbeing Strategies (JHWSs) and that it is resourced to operate effectively. Coordinating the programme with wider strategic decision making by the whole council will avoid duplication, and can help maximise the programme's impact and value for money. It is important to ensure that the risk management and reduction elements of the NHS Health Check (lifestyle interventions such as stop smoking services, weight management courses and drug and alcohol advice) are properly linked to other council services like education, housing and family support.”

Recommendations

- 9.7 The Group agreed that the recommendations arising from the Stakeholder Workshop, as detailed in **section 7.4.3** should form the basis of the recommendations to each council's Cabinet and Health & Well-being Board as recommendations were supported by all of the quantitative and qualitative research undertaken as part of this review.

10. Project Activity

A summary of the meetings in carrying out this scrutiny review is provided below:

Date	Activity
25 July 2013	<p>Approved the Project Briefing to enable the review work to commence in advance of formal committee approvals</p> <p>Approved the composition of the Task and Finish Group (3 Harrow Members and 3 Barnet Members)</p> <p>Approved the consultation / engagement approach</p> <p>Agreed an outline plan for the utilisation of the CfPS Expert Advisor support available</p>
18 September 2013	<p>Received a summary of activity to date</p> <p>Reviewed and agree the Project Plan</p> <p>Received the results of a data mapping exercise undertaken by the public health team (including trend analysis)</p> <p>Agreed the approach to engaging with key stakeholders and residents / patients</p>
2 October 2013	<p>Received a presentation from the CfPS Expert Adviser on the ROI approach</p> <p>Agreed the format of the Stakeholder Workshop</p>
1 November 2013	<p>Stakeholder Workshop attended by Public Health England (London), GPs, Practice Managers, Healthwatch, Diabetes UK, Cabinet Members, Barnet / Harrow Public Health and Barnet CCG</p>
4 December 2013	<p>Results of an online questionnaire on Health Checks (promoted via Engage Space, Twitter / Facebook, Older Adults Partnership Boards and Members)</p> <p>Results of community engagement exercise which includes focus groups (generic, men and deprived areas) and 1:1 interviews</p> <p>Outline report, co-authored by LB Barnet and Harrow Scrutiny Officers</p>

11. Acknowledgements

The Scrutiny Review Group wishes to thank those attendees and witnesses outlined below in addition the officers in the joint public health team who supported them during their work.

Councillors	
Councillor Vina Mithani	Harrow Council
Councillor Alison Cornelius	Barnet Council
Councillor Graham Old	Barnet Council
Councillor Helena Hart	Barnet Council
Councillor Barry Rawlings	Barnet Council
Councillor Ben Wealthy	Harrow Council
Councillor Simon Williams	Harrow Council
Council Officers	
Dr Andrew Howe	Joint Director of Public Health, Barnet and Harrow
Mary Cleary	Interim Senior Public Health Commissioning Manager
Rosanna Cowan	Public Health Commissioner
Dr Matteo Bernardotto	GP VTS Trainee at North West London NHS Trust, Public Health
Andrew Charlwood	Overview and Scrutiny Manager, Barnet Council
Felicity Page	Senior Professional Scrutiny, Harrow Council
Edward Gilbert	Graduate Trainee / Assurance Officer, Barnet Council
Hannah Gordon	Graduate Trainee, Barnet Council
Witnesses	
Brenda Cook	Expert Advisor, Centre for Public Scrutiny
Stephanie Fade	Managing Director, What Matters Cubed
Paul Plant	Deputy Regional Director – London, Public Health England
Christine Gale	Pinner Road Surgery, Harrow
Smita Mody	Pinner View Medical Centre, Harrow
Dr Sue Sumners	Barnet Clinical Commissioning Group Chairman
Councillor Helena Hart	Cabinet Member for Public Health, Barnet Council
Cllr Simon Williams	Health and Wellbeing Portfolio Holder, Harrow Council
Dr Pandya	Savita Medical Centre, Harrow
Roz Rosenblatt	London Regional Manager, Diabetes UK
Rhona Denness	Healthwatch Harrow

Pre-Qualification Questionnaire

Electoral Print and Postage Services

Contract Reference Number: 5000005988

This document has been adopted using the former OGC standard template for Prequalification Questionnaire

1. Introduction

This Pre-Qualification Questionnaire (“PQQ”) has been issued by the London Borough of Barnet (the “Authority”) in connection with a competitive procurement conducted in accordance with the Restricted Procedure under the Public Contract Regulations 2006 (“the Regulations”).

This PQQ sets out the information which is required by the Authority in order to assess the suitability of potential providers in terms of their technical knowledge and experience, capability/capacity, organisational and financial standing to meet the requirement. During the PQQ stage, the intention is to arrive at a shortlist of qualified potential providers to proceed to Tender process against the requirement as advertised in the OJEU Notice.

No information contained in this PQQ, or in any communication made between the Authority and any potential provider in connection with this PQQ, shall be relied upon as constituting a contract, agreement or representation that any contract shall be offered in accordance with this PQQ. The Authority reserves the right, subject to the appropriate procurement regulations, to change without notice the basis of, or the procedures for, the competitive tendering process or to terminate the process at any time. Under no circumstances shall the Authority incur any liability in respect of this PQQ or any supporting documentation.

Direct or indirect canvassing of any members, public sector employee or agent by any potential provider concerning this requirement, or any attempt to procure information from any Members, public sector employee or agent concerning this PQQ may result in the disqualification of the potential provider from consideration for this requirement.

The object of the qualification process is to assess the responses to the PQQ and select potential providers to proceed to the next stage of the Tender procurement process.

In assessing the answers to the following questions, the Authority will be seeking evidence of the potential provider’s suitability to perform the services in terms of its legal status, organisation details, economic and financial standing, technical and professional ability and adherence to the Mandatory and Discretionary Rejection criteria. Qualification criteria will be a combination of both financial and non-financial factors and will be in accordance with Regulations 23 to 26 of the Public Contracts Regulations 2006 as amended.

It is the intention of the Authorities to award a framework agreement for a maximum period of 5 years.

The Council is not bound to short-list any bidder. Bidders may be eliminated at PQQ Stage 1 from the procurement process if they fail to meet any requirement under the PQQ evaluation.

Notification of short-listing, does not imply acceptance of any offer or constitute any indication that a bidder will be awarded a contract.

The Authority will not reimburse any costs incurred by potential providers in connection with the preparation and submission of their responses to this PQQ.

2. Background Information

About the London Boroughs of Barnet, Harrow and Hounslow

The London Borough of Barnet is situated in North London and borders Hertfordshire along its northern edge and (in clockwise order) the London Boroughs of; Enfield, Haringey Camden, Brent and Harrow. The Borough covers an area of 87 km² and contains over 142,000 registered properties. Barnet is the second largest London Borough by population with over 350,000 inhabitants, a figure which is projected to increase some 12% by 2019 (by which time Barnet will have the largest population of any London Borough). Upon publication of the electoral register on 1st December 2011, the borough had 243,000 registered voters and of these, over 43,000 are currently registered to receive a postal vote.

The London Borough of Harrow is situated in North West London and borders Hertfordshire along its northern edge and (in clockwise order) the London Boroughs of; Barnet, Brent, Ealing, and Hillingdon. The Borough covers an area of 50.47 km² and contains over 88,000 registered properties. Harrow is the twenty first largest London Borough by population with over 239,000 inhabitants. Harrow currently has over 181,000 registered voters and of these, over 30,000 are currently registered to receive a postal vote.

The London Borough of Hounslow is situation in South West London and borders Surrey along its western edge and (in clockwise order) the London Boroughs of; Hillingdon, Ealing, Hammersmith & Fulham and Richmond Upon Thames. The Borough covers an area of 56 km² and contains over 98,000 registered properties. Hounslow is the 16th largest London Borough by population with over 263,000 inhabitants, a figure which is projected to increase some 8% by 2019. Hounslow currently has over 185,000 registered voters and of these, over 23,000 are currently registered to receive a postal vote.

The framework provision will include the specific print and postage needs of any elections that are held within the contract period and of the requirements of the Electoral Registration Service including Annual Canvass, Absent Vote Identifier Refreshes and the new print and postage requirements brought about by the introduction of Individual Electoral Registration (IER).

It is anticipated that the successful suppliers will demonstrate that they are able to offer not only market leading value but also a commitment to quality and service that

gives assurance to each authority and their Electoral Registration Officer's and Returning Officer's (EROs/ROs) that they are in the best possible position to deliver their statutory electoral obligations.

3. The Requirement –

The London Boroughs of Barnet, Harrow and Hounslow are collaborating to procure Electoral Print and Postage Services with the aim of ensuring that the provision and distribution of printed materials for electoral registration purposes are of optimal quality achieving best value for the authorities.

The objective of the framework agreement is to:

- Give the authorities and their Electoral Registration Officer's and Returning Officer's(EROs/ROs) a clear and robust arrangement for requesting, obtaining and awarding print and postage contracts for appropriate electoral services activities
- Give the authorities (and their EROs/ROs) a solution which efficiently supports and facilitates the management, delivery and compliance of future elections and other electoral activities within the boroughs
- Offer the authorities (and their EROs/ROs) 'best in class' levels of value-for-money, quality assurance and supplier service for its electoral print and postage requirements.

4. Timetable

OJEU	Notice published 16 th January 2014
PQQ	Questionnaire released 17 th January 2014 Deadline for Expressions of Interest Last Date for Clarification Questions 17 th February 2014 Receive completed PQQs deadline 17 th February 2014
Tender	Issue of Tenders envisaged– 28 th February 2014 Last Date for Clarification Questions – 28 th March 2014 Tender deadline – 4 th April 2014
Contract Award	Contract award envisaged TBC
Alcatel Period	10 days from Contract Award Date
Commence Contract	Contract start envisaged 1 May 2014

5. Authority Named Contact Point

The Authority's named contact point for the procurement is:

Margaret Ejikeme
Central Procurement Team
London Borough of Barnet
North London Business Park
Oakleigh Road North
London N11 1NP

Email: Margaret.Ejikeme@Barnet.gov.uk

6. Instructions for Completion

- 6.1 Recipients are invited to complete the attached PQQ and to submit it, together with any requested supporting information contained within the Contract Notice, to the Authority by the due date for return in accordance with the procedures set out in the paragraph below entitled "Submission of Completed Pre-Qualification Questionnaires".
- 6.2 Potential providers should follow the instructions outlined below when completing this PQQ.
- 6.3 Potential providers should answer all questions as accurately and concisely as possible in the same order as the questions are presented. Where a question is not relevant to the potential provider's organisation, this should be indicated, with an explanation.
- 6.4 All questions should be answered in English.
- 6.5 The information supplied will be checked for completeness and compliance with the instructions before responses are evaluated. Potential providers should not provide any general marketing or promotional material as it will not form part of the evaluation process.
- 6.6 Failure to provide the required information, make a satisfactory response to any question, or supply documentation referred to in responses within the specified timescale, may lead to disqualification. In the event that none of the responses are deemed satisfactory, the Authority reserves the right to terminate the procurement and where appropriate re-advertise the procurement.
- 6.7 The Authority reserves the right to cancel the procurement process at any point. The Authority accepts no responsibility for costs incurred by any potential provider, and will not under any circumstances be liable for any losses or expenses incurred by the potential provider in responding to the PQQ or in participating in any other part of the procurement process.
- 6.8 Potential providers must be explicit and comprehensive in their responses to this PQQ as this will be the single source of information on which responses will be scored and ranked. Potential providers are advised neither to make any assumptions about their past or current supplier relationships with the Authority nor to assume that such prior business relationships will be taken into account in the evaluation procedure.

7. Queries about the procurement

- 7.1 All requests for clarification or further information in respect of this PQQ should be sent via <http://www.barnetsourcing.co.uk> . No approach of any kind in connection with this PQQ should be made to any other person within, or associated with, the Authority.
- 7.2 This PQQ is being provided on the same basis to all potential providers.
- 7.3 The Authority will not enter into detailed discussion of the requirements at this stage.
- 7.4 If the Authority considers any question or request for clarification to be of material significance, both the question and the response will be communicated, in a suitably anonymous form, to all potential providers who have responded, have expressed an interest, or those that show an interest before the closing date for the submission of the PQQ.
- 7.5 All responses received and any communication from potential providers will be treated in confidence but will be subject to 7.4 above.

8. Additional Information

- 8.1 The Authority expressly reserves the right to require a potential provider to provide additional information supplementing or clarifying any of the information provided in response to the requests set out in this PQQ. The Authority may seek independent financial and market advice to validate information declared, or to assist in the evaluation.
- 8.2 Please note that any reference to 'company' in the PQQ refers to 'organisation', whether company, partnership or individual.

9. Sub-contracting

- 9.1 Where a sub-contracting approach is proposed, all information requested should be given in respect of the prime contractor.
- 9.2 It is recognised that arrangements in relation to sub-contracting may be subject to future change. However, potential providers should be aware that where sub-contractors are to play a significant role, any changes to those sub-contracting arrangements may constitute a material change and therefore may affect the ability of the potential provider to proceed with the procurement process or to provide the services.

10. Consortia Arrangements

- 10.1 If the potential provider bidding for a requirement is a consortium, then full details of the consortium must be provided.
- 10.2 If potential providers intend to form a consortium in order to bid for this requirement, potential providers should be aware that each individual organisation will need to submit a separate PQQ.
- 10.3 Potential providers should provide details of the actual or proposed percentage shareholding of the constituent members within the consortium in a separate annex. If a consortium is not proposing to form a corporate entity, full details of alternative proposed arrangements should be provided in the annex. However, please note the Authority reserves the right to require a successful consortium to form a single legal entity in accordance with regulation 28 of the Public Contracts Regulations 2006.
- 10.4 The Authority recognises that arrangements in relation to consortia may (within limits) be subject to future change. Potential providers should therefore respond in the light of the arrangements as currently envisaged. Potential providers are reminded that any future proposed change in relation to consortia must be notified to the Authority so that it can make further assessment by applying selection criteria to the new information provided.

11. Potential provider contact point

- 10.1 Potential providers are asked to include a single point of contact in their organisation for their response to the PQQ. The Authority will not be responsible for contacting the potential provider through any route other than the nominated contact. The potential provider must therefore undertake to notify any changes relating to the contact promptly.

12. Freedom of Information

- 12.1 In accordance with the obligations and duties placed upon public authorities by the Freedom of Information Act 2000 (the 'FOIA'), all information submitted to the Authority may be disclosed in response to a request made pursuant to the FOIA.
- 12.2 In respect of any information submitted by a potential provider that it considers being commercially sensitive the potential provider should:
 - Clearly identify such information as commercially sensitive;
 - Explain the potential implications of disclosure of such information; and
 - Provide an estimate of the period of time during which the potential provider believes that such information will remain commercially sensitive.
- 12.3 Where a potential provider identifies information as commercially sensitive, the Authority will endeavour to maintain confidentiality. Potential providers should note, however, that, even where information is identified as

commercially sensitive, the Authority might be required to disclose such information in accordance with the FOIA. Accordingly, the Authority cannot guarantee that any information marked 'commercially sensitive' will not be disclosed.

13. Submission of Completed Pre-Qualification Questionnaires and supporting information

- 13.1 Suppliers must read through this set of instructions and follow the process to respond to this opportunity. The information and/or documents for this opportunity are available at <http://www.barnetsourcing.co.uk> you must register on this site to respond, if you are already registered you will not need to register again, simply use your existing username and password.
- 13.2 The deadline for submitting your response(s) is 17th February 2014 at 12 PM Please ensure that you allow yourself plenty of time when responding to this invite prior to the closing date and time, especially if you have been asked to upload documents.
- 13.3 If you experience any technical difficulties please contact Nicholas.Lowe@Barnet.gov.uk Please note that completed PQQ's received after the closing date will be rejected.

14. Provider Selection

- 14.1 The Authority will disqualify any potential provider who fails to:
- Comply with the requirements of Regulation 23(1) and/or fails to certify on the Statement of Good Standing that it has fulfilled these requirements
 - Submit its completed PQQ before the deadline
- 14.2 The financial information requested will be used to assess if bidders expressing an interest are financially competent and viable to do business with the Authority. The Authority will use credit checking agencies to assess this; by reference to turnover over the last 3 years, profitability and other standard accounting ratios. Please refer to the PQQ Scoring Matrix which details the scoring for evaluation of financial viability.
- 14.3 The Authority will disqualify any potential provider with a high or maximum financial risk warning.
- 14.4 Please Note that the maximum annual value of each contract awarded by the Council cannot exceed 25% of your annual turnover for the last financial year.
- 14.5 Following evaluation of the Pre-Qualification Questionnaires, a maximum of 5 organisations will be invited to tender. The framework agreement will be set up with a maximum of 3 suppliers.
- 14.6 The Authority may disqualify any potential provider who fails to:
- Comply with the requirements of Regulation 23(4)

- Provides an incomplete response to any question within the PQQ

14.7 The potential providers who are not disqualified in accordance with the above grounds shall be evaluated on the qualification criteria which take into account the economic and financial standing and the technical or professional ability of the potential provider and are in accordance with [Regulations 23-26 of the Public Contracts Regulations 2006](#) (as amended from time to time). A failure under Regulation 23 (1) will lead to automatic exclusion and a failure under Regulation 23 (4) and Regulations 24 to 26 may do so in accordance with the scoring criteria. A shortlist of potential providers will be drawn up and they will be eligible to participate further in the procurement process.

14.8 The Authority may seek independent financial and market advice to validate information declared or to assist in the evaluation. Reference site visits or demonstrations and/or presentations are unlikely to be requested at this stage but the Authority reserves the right to request the same as a part of the PQQ process.

14.9 Where a potential provider has a valid reason for being unable to provide the information requested in relation to economic, financial and insurance matters, other information considered appropriate by the Authority will be accepted.

15. Evaluation Criteria

15.1 The prequalification questionnaire evaluation criteria will be as follows:

Section	Weighting
A. Company Information and Disputes in respect of Regulation 23 Public Contracts Regulations 2006 detailing Statement of Good Standing	All sections completed To be checked and verified Pass / Fail
B. Technical Resources, Quality Assurance, References,.	50% Minimum pass mark of 50% of available marks must be achieved.
C. Financial and Insurance	30% All relevant documents must be returned
D. Health & Safety	10%
E. Environmental Issues	10%
F. Declaration All signed and dated where appropriate	To be checked and verified

16. Scoring

16.1 There are questions in this PQQ that are asked for information only, and others that are scored. The accompanying PQQ scoring matrix shows which questions are for information only and which carry marks. For the latter it also shows the marks available for each question.

16.2 Where a question is scored “up to a maximum of 5 points”, the following table shows the assessment score and relevant criteria that will be applied:

Assessment Score	Score
Question not answered	0
Very poor: fails to demonstrate required capacity, capability, experience and track record.	1
Poor: limited evidence of required capacity, capability, experience and track record.	2
Satisfactory: provides sufficient evidence of required capacity, capability, experience and track record to undertake the services.	3
Good: shows good evidence of required capacity, capability, experience and track record that meets the service requirements.	4
Very good: shows considerable evidence of capacity, capability, experience and track record in all areas.	5

Pre-Qualification Questionnaire

Project Title:

Contract Reference Number:

Section A – Potential Provider Information

Organisation Details

A.1 Full legal name, address and website of the potential provider in whose name the tender will be submitted (the prime or single contractor or organisation acting as lead contact where a consortium bid is being submitted):	
Full Company Name	
Main Address for Correspondence	
Town/City	
Postcode	
Country	
Website (if any)	

A.2 Organisation details	
Name of immediate parent company	
Type of organisation (please indicate):	
i) a public limited company	
ii) a limited company	
iii) a limited liability partnership	
iv) other partnership	
v) Sole Trader	
vi) other (please specify)	

A.3 Name, position, telephone number and e-mail address of main contact for this project.

Name	
Address (if different from above)	
Position	
Telephone Number	
Fax Number (if available)	
E-mail	

A.4 Date and place of formation of the potential provider. Please provide copies of Certificates of Incorporation (where appropriate) and any changes of name, registered office and principal place of business.

Date of formation	
Place of formation	
Date of registration	
Company registration number	
Certificates enclosed	Yes/No
Registered Office	
Principal place of business	

A.5 Ownership structure

A.5.1 Full legal name and address of parent company if applicable:

Company Name	
Address	
Town/City	
Postcode	
Country	
Company registration number	

A.5.2 If the potential provider is a division or subsidiary, what is its relationship with the parent company (ownership, directorship, authority, etc)

Relationship	
--------------	--

A.5.3 Please provide a one-page chart illustrating the ownership structure of

the potential provider including relations to any parent or other group or holding companies.	
Ownership structure enclosed	Yes / No

<p>A.6 Please provide a brief history of the potential provider’s organisation. Brief history of the potential provider’s organisation, no more than 400 words, including details of any parent and associated companies and any changes of ownership over the last 5 years including details of significant pending developments, changes in financial structure or ownership, prospective take-over bids, buy-outs and closures, etc which are currently in the public domain.</p>

<p>A.7 Registration with professional body¹ Where applicable, is the potential provider registered with the appropriate trade or professional register(s) in the EU member state where it is established (as set out in Annex IX B of Directive 2004/18/EC) under the conditions laid down by that member state). Evidence of registration with appropriate professional/trade body Either insert required details or state ‘none’</p>

A.8 Charities or housing association or other registration number (if this applies). Please specify registering body.	
Registering body	
Registration number	

A.9 VAT registration number

A.10 Please list the full names and positions of all directors, partners, associates and the company secretary	
Names and positions	

A.11 Have any of the directors, partners, associates or the company been involved in any company that has:	
a) Been liquidated?	Yes/No
b) Gone into receivership?	Yes/No
c) Been subject to a winding up order?	Yes/No

¹ Potential providers established outside the United Kingdom may provide equivalent information. For a list of acceptable equivalent information please refer to Regulation 23(7) to Regulation 23(9) of the Public Contracts Regulations 2006.

d) Been subject to a sequestration order?	Yes/No
e) Failed to pay taxes?	Yes/No
f) Failed to pay social security contributions?	Yes/No

A.12 Have any of the directors, partners, associates or the company secretary been:

a) Declared personally bankrupt or insolvent?	Yes/No
b) Convicted of a criminal offence relevant to their business or profession?	Yes/No

A.13 Have any of the directors, partners, associates or the company secretary:

a) Been employed by or been an elected Member of the council?	Yes/No
b) Have a relative employed by Barnet Council or who is an elected member of the council?	Yes/No

If you have selected “Yes” to any of the questions above please give details in a separate document clearly marking the response with the question number.

A.14 Has your company suffered a deduction for liquidated and ascertained damages in respect of any contract within the last 3 years?	Yes/No
--	--------

A.15 Has your company ever had a contract terminated or your employment determined for any reason under the terms of a contract?	Yes/No
---	--------

A.16 Has your company ever had a contract not renewed due to failure to perform to its terms?	Yes/No
--	--------

A.17 Has your company ever had a contract ended early by mutual agreement?	Yes/No
---	--------

If you have selected “Yes” to any of the questions above please give details in a separate document clearly marking the response with the question number.

A.18 Is your company registered under the Data Protection Act 1998? If so, what is your DPA registration number?	Yes/No
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Registration number	
---------------------	--

A.19 Subcontracting

All potential providers should answer question A.19.1. Where a potential provider at this stage of the process intends to sub-contract they should also answer questions A.19.2. Where a potential provider becomes aware of the intention to subcontract at later stages in the procurement they are required to notify the Authority of this and provide the information requested below at that

time.		
A.19.1 Please tick the answer below that applies		
a) Your organisation is bidding to provide the services required itself (if ticked, go to question A20)		
b) Your organisation is bidding in the role of prime contractor and intends to use third parties to provide some services		
A.19.2 If your answer to A.19.1 is (b) please indicate in the table below (by inserting the relevant company/organisation name) the composition of the supply chain, indicating which member of the supply chain (which may include the potential provider itself or solely be the potential provider) will be responsible for which elements of the requirement.		
Requirement	Company / Organisation	How much of the requirement would be delivered and what would they directly deliver (%)
A.19.3 Please demonstrate a satisfactory methodology and track record of delivering a supply chain. Please give a brief outline on policy regarding the use of sub-contractors and, if applicable, the extent to which it is envisaged they may be used in any contract. Methodology for procuring supply chain (300 words or fewer)		

A.20 Consortia Is the potential provider a consortium, joint venture, or other arrangement? If so, and if it is available, please provide details of the constitution and percentage shareholdings. (Please refer to the paragraph Consortia and subcontracting in the Introduction to this PQQ).	Yes/No
If yes, please complete the below.	
Organisation	Percentage shareholding

A.21 For completion by Non-UK Businesses only. Registration with Professional Body	
Is your business registered with the appropriate trade or professional	

register(s) in the EU member state where it is established (as set out in Annexes IX A-C of Directive 2004/18/EC) under the conditions laid down by that member state.	

A.22. STATEMENT RELATING TO GOOD STANDING

STATEMENT RELATING TO GOOD STANDING — GROUNDS FOR OBLIGATORY EXCLUSION (IN ELIGIBILITY) AND CRITERIA FOR REJECTION OF CANDIDATES in accordance with Regulation 23 of the Public Contracts Regulations 2006 (as amended).

We confirm that, to the best of our knowledge, the potential provider is not in breach of the provisions of Regulation 23 of the Public Contracts Regulations 2006 (as amended) and in particular that:

Grounds for mandatory rejection (ineligibility)

In some circumstances the Authority is required by law to exclude you from participating further in a procurement. If you cannot answer 'no' to every question in this section your application will not be accepted.

Please answer 'Yes' or 'No' to each question below.

Has your organisation or any directors or partner or any other person who has powers of representation, decision or control been convicted of any of the following offences	
a) conspiracy within the meaning of section 1 of the Criminal Law Act 1977 where that conspiracy relates to participation in a criminal organisation as defined in Article 2 (1) of Council Joint Action 98/733/JHA (as amended)	Yes/No
b) corruption within the meaning of section 1 of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906 (as amended)	Yes/No
c) the offence of bribery	Yes/No
d) fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of	
i) the offence of cheating the Revenue	Yes/No
ii) the offence of conspiracy to defraud	Yes/No
iii) fraud or theft within the meaning of the Theft Act 1968 and the Theft Act 1978	Yes/No
iv) fraudulent trading within the meaning of section 458 of the Companies Act 1985 or section 993 of the Companies Act 2006	Yes/No
v) defrauding the Customs within the meaning of the Customs and Excise Management Act 1979 and the Value Added Tax Act 1994	Yes/No
vi) an offence in connection with taxation in the European Community within	Yes/No

the meaning of section 71 of the Criminal Justice Act 1993	
vii) destroying, defacing or concealing of documents or procuring the extension of a valuable security within the meaning of section 20 of the Theft Act 1968	Yes/No
e) money laundering within the meaning of the Money Laundering Regulations 2003 or Money Laundering Regulations 2007; or	Yes/No
f) any other offence within the meaning of Article 45(1) of Directive 2004/18/EC as defined by the national law of any relevant State	Yes/No

A.23. GROUNDS FOR DISCRETIONARY REJECTION

Important Notice

The Authority is entitled to exclude you from consideration if any of the following apply but may decide to allow you to proceed further.

If you cannot answer 'no' to every question it is possible that your application might not be accepted.

In the event that any of the following do apply, please set out (in a separate annex) full details of the relevant incident and any remedial action taken subsequently. The information provided will be taken into account by the Authority in considering whether or not you will be able to proceed any further in respect of this procurement exercise.

Please answer 'Yes' or 'No' to each question

Is any of the following true of your organisation?	
a) being an individual, is bankrupt or has had a receiving order or administration order or bankruptcy restriction orders made against him or has made any composition or arrangement with or for the benefit of his creditors or appears unable to pay or to have no reasonable prospect of being able to pay, a debt within the meaning of section 268 of the Insolvency Act 1986, or article 242 of the Insolvency (Northern Ireland) Order 1989, or in Scotland has granted a trust deed for creditors or become otherwise apparently insolvent, or is the subject of a petition presented for sequestration of this estate, or is the subject of any similar procedure under the law of any other state	Yes/No
b) being a partnership constituted under Scots Law, has granted a trust deed or become otherwise apparently insolvent. Or is the subject of a petition presented for sequestration of its estate; or	Yes/No
c) being a company or any other entity within the meaning of section 255 of the Enterprise Act 2002 has passed a resolution or is the subject of an order by the court for the company's winding up otherwise than for the purpose of bona fide reconstruction or amalgamation, or had a receiver, manager or administrator	Yes/No

on behalf of a creditor appointed in respect of the company's business or any part thereof or is the subject of similar procedures under the law of any other state?	
Has your organisation?	
a) been convicted of a criminal offence relating to the conduct of your business or profession;	Yes/No
b) committed an act of grave misconduct in the course of your business or profession;	Yes/No
c) failed to fulfil obligations relating to the payment of social security contributions under the law of any part of the United Kingdom or of the relevant State in which you are established;	Yes/No
d) failed to fulfil obligations relation to the payment of taxes under the law of any part of the United Kingdom or of the relevant State in which you are established; or	Yes/No
e) been guilty of serious misrepresentation in providing any information required of you under Regulation 23 of the Public Contracts Regulations 2006?	Yes/No

Section B: Technical Resources and References

B.1 Please enclose an organisation chart	
Organisation chart enclosed?	Yes/No
B.2	
B.2.1 What is the profile of your workforce in the organisation (broken into management and staff)	
<ul style="list-style-type: none"> • Permanent • Temporary agency staff • Consultants/contractors • Other e.g. casual, zero hours 	
B.2.2 Sickness absence in the last year (in days per employee per annum) and the 5 most common reasons why staff have been off sick	
B.2.3 Percentage of appraisals completed within three months of your official deadline	
B.2.4 What is your staff turnover over the last 3 years (as defined by CIPD²). Give the 5 most common reasons for staff leaving voluntarily or involuntarily.	
B.2.5 What accreditation, awards or other forms of independent recognition have you received in the last 3 years relating to employment practices?	
B.3	
B.3.1 Please explain how the Potential Provider and/or its named supply chain members (sub-contractors) would ensure compliance with their statutory obligations under equality legislation in the context of this contract?	

² <http://www.cipd.co.uk/hr-resources/factsheets/employee-turnover-retention.aspx>

B.3.2 Please summarise what actions the Potential Provider and/or its named supply chain members (sub-contractors) have taken in order to implement the Equality Act 2010 into their organisation?

--

B.4 Please detail the measures to ensure safer recruitment and the retention of your employees, including how this provides the most appropriate employee to carry out the required tasks for this contract.

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B.5 Would any bid be based on the Potential Provider either (a) offering a broadly comparable pension scheme as certified by Government Actuaries Department (GAD) certificate or (b) seeking Admitted Body Status of the Local Government Pension Scheme? Please provide evidence of how you have previously complied with the pension requirements for public sector staff transferring into your organisation.

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Quality Assurance

B.6 Is your company accredited to ISO 9001?	Yes/No
If yes, please state:	
a) Registration No	
b) Accreditation Body	
If no, are you working towards accreditation?	Yes/No
Please state your timescale for accreditation	
Please state details of registration with accreditation body	

B.7 If yes, how is the work quality assured of contractors or agency staff? Please provide details

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B.8 Are you able to supply staff checked by the Disclosure, Vetting and Barring Service?

Yes/No

B.9 If yes, are these checks reviewed every 36 months?	Yes/No
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B.10 What quality targets do you monitor?

B.11 Does your company maintain a quality procedure manual? If yes, you may be asked to produce this at a later date	Yes/No
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B.12 How often is your quality procedures manual updated?

B.13 Who is responsible for ensuring the quality assurance information and procedures are valid?

B.14 Does the quality procedures manual address the following (please tick or otherwise indicate)	
<input type="checkbox"/>	Customer/client care
<input type="checkbox"/>	Evaluation of staff performance
<input type="checkbox"/>	Recruitment
<input type="checkbox"/>	Training
<input type="checkbox"/>	Health & safety
<input type="checkbox"/>	Personnel procedures
<input type="checkbox"/>	Complaints procedure
<input type="checkbox"/>	Selecting Suppliers
<input type="checkbox"/>	Selecting sub-contractors
<input type="checkbox"/>	Charging & billing
<input type="checkbox"/>	Quality monitoring
<input type="checkbox"/>	Other (please specify)

B.15 Please provide information relating to the potential provider's experience of contracts for similar services.
Potential providers should provide details of three significant private or public sector contracts for the supply of services which it has performed. Contracts for the supply of services should have been performed during the past three years.

Information should not be given about contracts performed by any envisaged supply chain member or sub-contractor.

The contracts should have been for services similar to those outlined in the Requirement.

Potential providers should ensure that the companies listed would be willing to provide a reference for them and be willing to discuss the potential provider's performance with the Authority. The Authority reserves the right to contact any or all of these companies for a reference and may wish to visit their premises. Reference contact will be by telephone and the Authority will record the reference.

First customer

Customer name and address	
Contact name, telephone number and email address	
Date contract awarded plus, start and finish dates	
Contract reference and description of requirements undertaken (and value of contract). Up to 750 words	
Certificate of Acceptance ³ / Completion attached? (Y/N)	
Names of supply chain members (sub contractors) and/ or consortium members and their role	

Second customer

Customer name and address	
Contact name, telephone number and email address	
Date contract awarded plus, start and finish dates	
Contract reference and brief description of requirements undertaken (and value of contract) Up to 750 words	

³ The certificate of acceptance is a document which contains evidence of confirmation that the particular contract was completed.

Certificate of Acceptance ⁴ / Completion attached? (Y/N)	
Names of supply chain members (sub contractors) and/ or consortium members and their role	
Third customer	
Customer name and address	
Contact name, telephone number and email address	
Date contract awarded plus, start and finish dates	
Contract reference and brief description of requirements undertaken (and value of contract) Up to 750 words	
Certificate of Acceptance ⁵ / Completion attached? (Y/N)	
Names of supply chain members (sub contractors) and/ or consortium members and their role	

B.16 Technical capacity and competence

B16.1

What experience does your organisation have of delivering any or all of the services in scope, reducing costs and improving service levels?

- a) Do you have experience of managing multiple clients under one contract?
- b) Do you have experience of obtaining Royal Mail approval for stationery design in accordance with their standards?
- c) Are you able to courier information to agreed deadlines and security standards?
- d) Do you have the capacity to deliver against the same timetable for all participating authorities?
- e) Please provide details of your experience / technical capacity. Please give up to 3 examples. (up to 750 words)**

B16.2 What is your company’s approach to service and performance management? Please outline your preferred performance management arrangements for a contract of this nature

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B16.3 Please provide an example in which your organisation delivered a smooth transition of service, including the timeframe and the cost incurred.

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B16.4 Regarding the staff that are employed within your organisation, can you identify all those that have a recognised professional qualification in relevance to the service(s) in which you are applying for?

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B.16.5 What professional training and continuous development for your staff is undertaken to ensure that all of your employees are competent to carry out their duties to current standards?

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B.16.6 Does your organisation run apprenticeship schemes including training opportunities? If yes please provide details of training and the apprenticeship trade.

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B.17 Safeguarding

B17.1 Do you have a named, designated person in the organisation responsible for any issues relating to safeguarding?

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B17.2 Do you have clear accountability structure to ensure that all personnel understand their place in the organisation and how they receive support and guidance on safeguarding issues?

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B17.3 Do you have a safeguarding policy that is checked annually and reviewed every three years and ensure it reflects changes in legislation and guidance?

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B17.4 Do you include statement that reflects a clear commitment to safeguarding in job descriptions for those with access to vulnerable groups?

Yes/No

B17.5 Please confirm if induction for all personnel does include information on safeguarding and how to report abuse, and please include policies you have for reporting allegations made and whistleblowing?

Yes/No

B17.6 Do you ensure all personnel know where to access information on safeguarding and who to contact for advice and guidance?

Yes/No

B17.7 Do you have in place a training and development strategy that includes relevant safeguarding policies and procedures, individual's responsibilities for safeguarding, how to recognise and report abuse and any specialist training required relevant to their position.

Yes/No

B17.8 Do you follow safer recruitment principles, with interviews that include questions designed to test attitudes and motivation towards safeguarding?

Yes/No

B17.9 Do you have a code of conduct that promotes safer working practice, with clear expectations of staff behaviour?

Yes/No

Section C – Financial Information

C.1. Introduction

Where a consortium or association is proposed all the information below is requested for each member of the consortium or association.

Where the potential provider is a subsidiary of a parent company or a guarantee will be provided all the information requested in this section applies to the parent company and the guarantor as well.

C2 Name & title of person responsible for financial matters	
C2.1 Please give the name, address & telephone number of your bank & your account number.	
Name	
Address	
Telephone	
Account Number	
C2.2 Please supply a letter of confirmation on the potential provider's headed note paper signed by an authorised signatory, that the council may obtain a bank reference.	
Indicate whether the letter of permission to seek a bank status reference is attached	Yes/No

C3 Please enclose a copy of the Certificate of Incorporation of the Company under the Companies Act 1985 and a certificate of change of name	
Indicate if enclosed	Yes/No
C3.1 Please indicate trading name if applicable to this contract	

Applies to Limited Companies only

C4 Please submit company accounts in statutory forms, including all audit certificates, together with any necessary explanatory notes from the last three full financial years or for the period that is available if trading for less than three years. Indicate if enclosed	
	Company's latest Audited Accounts. Notes: Modified and/or Abbreviated Accounts are not acceptable) Accounts – latest to be no more than 16 months old

	If the above cannot be provided please provide a statement of the organisation's cashflow forecast for the current year and a bank letter outlining the current cash and credit facility position.
	Auditor's Report
	Directors' Report
	Annual Profit and Loss Account and notes thereto
	Balance Sheet & notes thereto
	Cash Flow Statement
	Group Consolidated Accounts
	If part of group – Operating Accounts no more than 16 months old (if applicant is part of a group)

C5 Statement signed by the Director responsible for financial matters setting out any significant changes in the current financial position from the last balance sheet.

Indicate if enclosed	Yes/No
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If the Audit Certificate for the last financial statement has been abnormally delayed, please state the reason(s).

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Applies to Partnerships and Sole Traders Only

C6 Please submit Certified Accounts for the last three full financial years, to include (indicate if enclosed):

	Trading, Profit & Loss Account Notes: Modified and/or Abbreviated Accounts are not acceptable) Accounts – latest to be no more than 16 months old If the above cannot be provided please provide a statement of the organisation's cash flow forecast for the current year and a bank letter outlining the current cash and credit facility position.
	Balance Sheet & notes thereto

C.7 Parent company and/or other guarantees of performance, e.g performance bond may be required if considered appropriate.

Where the potential provider is dependant financially on a parent company to support its application for this procurement, it must indicate in the box below whether a Parent Guarantee is available if requested. If not applicable please state so in the box below.

C.7.1 Where required, Parent Company and/or Guarantee is available?	Yes/No
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C.7.2 If "yes" please provide written confirmation from the Parent Company or Guarantor of their willingness to provide a Guarantee or	Yes/No
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alternative form of security. Indicate if enclosed:	
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<p>C.8 Evaluation The financial statements you provide in this part of the PQQ will be used, in conjunction with other publicly available information, to calculate a number of financial ratios and also to evaluate the overall financial health of all the entities involved in the bid (including parent companies, guarantors, consortia, etc).</p>
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- | |
|--|
| C.8.1 Solvency |
| C.8.2 Debt/Asset Ratio |
| C.8.3 Liquidity |
| C.8.4 Gearing |
| C.8.5 Turnover |
| C.8.6 Total Indebtedness Ratio |
| C.8.7 Short-Term Indebtedness Ratio |
| C.8.8 Profitability |
| C.8.9 Interest Cover |
| C.8.10 Net Worth to Total Assets |
| C.8.11 Overall Financial Health |

<p>C.9 Insurance Please provide evidence of your organisation’s employers' liability insurance, public liability insurance, and professional liability or indemnity (if appropriate), The evidence should include the name of the insurers, policy numbers, expiry dates and limits for any one incident and annual aggregate caps and the excesses under the policies.</p>

C.9.1 Employer’s liability insurance	
Name of insurer	
Address	
Type of insurance	
Policy numbers	
Expiry date	
Limits of indemnity (per occurrence and aggregate)	
Excess (if any)	
C.9.2 Public liability insurance	
Name of insurer	
Address	
Type of insurance	
Policy numbers	
Expiry date	

Limits of indemnity (per occurrence and aggregate)	
Excess (if any)	
C.9.3 Professional Indemnity Insurance	
Name of insurer	
Address	
Type of insurance	
Policy numbers	
Expiry date	
Limits of indemnity (per occurrence and aggregate)	
Excess (if any)	
C.9.4 Other insurance (please provide details)	
Name of insurer	
Address	
Type of insurance	
Policy numbers	
Expiry date	
Limits of indemnity (per occurrence and aggregate)	
Excess (if any)	

Please confirm that if your insurance cover does not currently meet the requirements of the council as stated in the Contract Conditions, you will be prepared to increase the levels accordingly if your organisation is awarded the Contract	
AGREED Signature	
For and on behalf of	

C.10 Disputes	
C.10.1 Are there any material pending or threatened litigation or other legal proceedings connected with similar projects against the potential provider, its parent company and/or any of its named supply chain members (sub-contractors)?	
Legal proceedings pending	Yes/No
<p>If you have answered 'Yes' please give a brief statement (300 words or fewer) – to include a statement on how this may affect delivery of this project and also to include the number of claims, the reasons for them and the details of any Specific Earmarked Reserves Either insert required details or state 'None'</p>	

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<p>C.10.2 Has there been any material litigation or other legal proceedings connected with similar projects against the potential provider, its parent company and/or any of its named supply chain members (sub-contractors) in the last three years?</p>	
<p>Legal proceedings:</p>	<p>Yes/No</p>
<p>If you have answered 'Yes' please give a brief statement (300 words or fewer) – to include a statement of how this may affect delivery of this project. Either insert required details or state 'none'</p>	

Section D – Health and Safety

D1 Is your company registered on the Contractors Health and Safety Scheme (CHAS) database or equivalent?	Yes/No
If yes please give your registration number	

D2 Name & job title of the person responsible for the implementation of the company's safety policy.
Name and job title

The following 3 questions apply only if your company has 5 or more employees

D3 Does your company employ a safety officer or avail itself of a person qualified to advise and assist in carrying out the Company's health and safety responsibilities? If yes, state name, job title, experience and health & safety qualifications.	Yes/No
Name	
Job title	
Experience	
Health and safety qualifications	
If No, indicate how competent advice is provided to the company	

D4 How are the company's health and safety policies and procedures conveyed to the staff?

D5 MANDATORY Requirement. Please enclose a copy of the Company's Health & Safety Policy – covering general policy, organisation & arrangements – as required by Section 2(3) of the Health & Safety at Work Act 1974 & any procedures issued to staff for undertaking risk assessments and developing safe work practices. Indicate if enclosed.	Yes/No
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D6 MANDATORY Requirement. Please enclose a copy of the codes of safe working practices which are relevant to the contract which you are applying, and which is issued to your employees. Indicate if enclosed:	Yes/No
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This question only applies if your company has less than 5 employees.

D7 MANDATORY Requirement. Please enclose written details of the following. Tick if enclosed:	
	Procedures to be followed in cases of emergency
	Procedures for the reporting & recording of accidents, ill health & dangerous occurrences
	First aid & welfare provisions
	Provision of appropriate protective clothing & equipment

All applicants must answer the following questions.

D8 Please enclose completed examples of relevant risk assessments (appropriate to the type of work being applied for). Indicate if enclosed.	Yes/No
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D9 Do you monitor your company's health & safety performance?	Yes/No
If Yes, please provide details of your monitoring arrangements	

D10 How many reportable accidents, conditions of ill-health & dangerous occurrences under RIDDOR has your company had in the last 3 years?	
D10.1 Accidents:	
D10.2 Ill health:	
D.10.3 Dangerous occurrences:	

D11 How many enforcement notices or prosecutions have been served on your company by the Health & Safety Executive or Local Authority in the last three years?	
If you have had any notices or prosecutions, please give details below.	

Section E – Environmental Issues

E.1 Does your organisation have a sustainability and/or environmental management policy?	Yes/No
If yes, please provide a copy of your organisation's main policy document including any information on how it is implemented. Tick if enclosed and reference relevant section / page number	
E.2 Does your organisation's sustainability and/or environmental management policy meet the standards in the Eco-Management & Audit Scheme (EMAS), ISO14001, EN16001 or equivalent? In the event you have EMS Accreditation , a copy of your EMS certificate will suffice	Yes/No
If yes please enclose evidence, including any information on how it is implemented. Tick if enclosed and reference relevant section / page number.	
E.3 Does your organisation have a carbon, climate change or energy efficiency strategy, policy or action plan?	Yes/No
If yes please enclose evidence, including any information on how it is implemented. Tick if enclosed and reference relevant section / page number.	
E.4 Does your organisation have a sustainable procurement strategy?	Yes/No
If yes please enclose evidence, including any information on how it is implemented. Tick if enclosed.	
E.5 Does your organisation have a person responsible for environmental issues?	Yes/No
If yes, please provide name(s) and contact details of relevant employees.	
Name	
Tel	
Email	
E.6 Does your organisation dispose of the waste generated during the manufacture or provision of your product or service?	Yes/No
If yes please give specific details of the different types of waste and how they are disposed of and reference relevant section / page number.	

E.7 Does your organisation use any recyclable or reusable materials?	Yes/No
If yes please give details of the different types of materials used and processes in place to support this and reference relevant section / page number.	

E.8 Does your organisation monitor and regulate the following areas within its operations?	Yes/No
Energy usage / carbon emissions	Yes/No
Water usage	Yes/No
Solid waste	Yes/No
If yes to any of the above, please submit documentary evidence. Indicate if enclosed and reference relevant section / page number .	Yes/No

E.9 Has your organisation been prosecuted in relation to environmental Legislation?	Yes/No
If yes please provide evidence of corrective action taken and reference relevant section / page number. If no please state not applicable.	

Section F: Declaration

I declare that to the best of my/our knowledge the answers submitted in this PQQ are correct and I/we accept the conditions and undertakings requested in the questionnaire. I understand that the information will be used in the process to assess our organisation's suitability for the next stage of the Tender process for the Authority's requirement.

I am signing on behalf of my organisation. I understand that the Authority may reject this PQQ if there is a failure to answer all relevant questions fully or if I provide false or misleading information and could result in exclusion from the List of Selected Tenders.

I also understand that it is a criminal offence, punishable by imprisonment, to give or offer any gift or consideration whatsoever as an inducement or reward to any staff/member of a public body and that such action will empower the council to cancel any contract currently in force and will result in our exclusion from the List of Selected Tenders.

FORM COMPLETED BY

Name:	
Position:	
Signature:	
Date:	

BEFORE RETURNING THE PRE-QUALIFICATION QUESTIONNAIRE PLEASE ENSURE YOU HAVE:

Answered all the appropriate questions in this questionnaire and signed the above undertaking.

RETURNING THE COMPLETED DOCUMENTATION:

The completed PQQ should be uploaded via <http://www.barnetsourcing.co.uk> no later than 12:00 noon on 17th February 2014