

## Healthwatch re-commissioning Equality Impact Assessment questionnaire

Name of organisation:

Service user/client group that you are reporting on:

Protected characteristic of the service user/client group:

Any specific impairment or condition:

Name of person completing the questionnaire:

Contact details (e-mail or telephone):

What do your staff and volunteers tell you about Healthwatch?

What do your client group/service users tell you about the Healthwatch service?

Do you consider that your client group/service users benefit from having a Healthwatch service, and to what extent?

Is there evidence that your client group/service users have engaged with Healthwatch, and to what extent?

**Please return this form by 28<sup>th</sup> February 2020 to John Reading, Third Sector Manager, Brighton & Hove City Council [john.reading@brighton-hove.gov.uk](mailto:john.reading@brighton-hove.gov.uk)**

**Thank you**