

Specification for the Delivery of Healthwatch Derby

DRAFT

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Summary

The provider of Local Healthwatch will, building on the existing excellent relationships and infrastructure in Derby, develop an innovative, modern and engaging network of community participation and involvement.

Local Healthwatch will bring together the best parts of the existing Local Involvement Network (LiNK) legacy, the Health and Wellbeing Network and current third sector organisations. Local Healthwatch will extend this network by linking in with patient participation groups, hospital groups, childrens groups, social care providers, voluntary organisations, neighbourhoods and communities.

Local Healthwatch will operate through excellent modern communications fully embracing social media and interactive web based tools to engage interactively and accessibly with all interested members of the population. Through these communication and networking methods Local Healthwatch will coordinate the consumer voice for health and social care, champion that voice and liaise in partnership with commissioners and providers of services towards improved health and wellbeing objectives. Local Healthwatch will also elevate patients' voices to the Health and Wellbeing Board ensuring that consumers are given the opportunity to participate in decision making.

Local Healthwatch will deliver 3 principle functions: Engage, Inform and Assist. These functions are described in the specification below.

1. INTRODUCTION AND CONTEXT

Derby, located at in the East Midlands has a population of approximately 240,000. Derby is well known as the gateway to the peak district and the heart of the rail industry in the UK. Derby actually boasts the most technologically advanced industries in the UK.

The city has a well-established, vibrant and thriving voluntary sector that organises and provides a wide range of valuable services.

Unemployment is lower than the national average and house prices below the national average, but on average people here are more prosperous compared with other parts of the UK. However, the city has some of the most deprived wards in the country and a 10 year life expectancy differential between some of its wards.

2. LEGISLATIVE BACKGROUND

The Government's health and social care reforms are centred on the fundamental principle that patients and the public must be at the heart of everything our health and social care services do.

As part of this intent the Health and Social Care Bill currently going through parliament has provision in it for the establishment of Local Healthwatch.

Local Healthwatch is being established as a new independent consumer champion for patients, carers and all those using health and social care services, as well as the wider public. Local Healthwatch is seen as an evolution from the existing work done by LINKs.

Its purpose will be to help achieve the aims described in the Government's white paper *Liberating the NHS* where:

- people are at the heart of all health and social care services
- health and social care outcomes in England are among the best in the world
- there is promotion of the joining up of local NHS services, social care and health improvement
- they will help ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care.

3. SERVICE SPECIFICATION SUMMARY

This specification details a service requirement for an organisation to: establish and run a fully-functioning Local Healthwatch from 1st April 2013 to 31st March 2016.

4. DEFINITIONS

The Council	Derby City Council
Local Healthwatch	Local Healthwatch in the following sections always refers to the Derby Local Healthwatch unless stated otherwise.
LINK	Local Involvement Network
Clinical Commissioning Group	The emerging and future governing body that will lead NHS commissioning following the current NHS reforms.
Healthwatch England	Refers to the national Healthwatch body established by the Health and Social Care Act 2012 as part of CQC.

5. OUR VISION FOR LOCAL HEALTHWATCH

5.1 Local Healthwatch is being created to build on the role of existing LINKs and to exceed it through the introduction of an innovative modern and proactive service for people. It will be an effective and powerful local consumer voice for all aspects of health and social care. It is important to note that although the organisation will be

called Healthwatch Derby, it will be equally concerned with social care issues and will aspire to;

- Be a strong community champion giving local people a voice that improves and enhances health and social care provision on behalf of the people of Derby.
- It will be a network of networks that builds on the work of LINk.
- It will work in partnership and utilise and maximise the skills and expertise of current and future service providers of all sectors and with the commissioners and decision makers to ensure and improve the standards of health and social care.
- Providing innovative ways to engage with and include the views of all people living and working in the city. Ensuring the voices of the seldom heard are included, in order to tackle inequalities, empower the community and help deliver sustainable interventions.
- Providing robust, evidence based local intelligence that helps influence key decision making for health and social care both for the city and nationally.
- It will be an independent respected and credible organisation that is accountable, open and transparent. Championing the public and patient experience across the whole pathway of health and social care, willing to challenge service providers and commissioners when the need arises.
- It will ensure that it is accessible and provides up to date good quality information, signposting and advice, in an open and timely manner.

The Derby Local Healthwatch will:

1. Undertake 3 core operational functions:
 - **Influencing** – helping to shape the planning of health and social services by:
 - co-ordinating and representing local voices
 - scrutinising the quality of service provision
 - having a seat and championing the consumer voice on the local Health and Wellbeing Board
 - informing the commissioning decision-making process
 - providing local, evidence-based information
 - participating with commissioners in evaluating service change
 - ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA).

- **Signposting** – providing information to help people access and make choices about services by:
 - empowering people by helping them understand choice
 - providing advice to enquirers on where and how they can access information about choice
 - assisting people in identifying help and support to pursue NHS complaints advocacy.
 - **Watchdog** – advocating and holding commissioners and providers to account by:
 - championing quality and supporting people or groups to pursue and resolve issues
 - approaching commissioners and providers of services on people's behalf and seeking responses to particular concerns raised
 - alerting Healthwatch England to concerns about specific care providers.
2. Act as a network working proactively to bring together and enhance the existing infrastructure of local engagement and support drawing input and participation from it and coordinating common outputs.
 3. Proactively outreach to communities utilising methods that are inclusive and accessible to all groups e.g. adults, children, minorities, users, carers and patient groups.
 4. Deliver information and stimulate choice through signposting information to the public.
 5. Work in collaboration with health and social care commissioners to promote self-care and the preventative message.
 6. Establish a common agenda of priorities and work alongside partners achieving excellent professional relationships and working systems.
 7. Establish methods for working regularly with commissioners on developing plans for service change and evaluating plans from the consumer perspective.
 8. Identify through recruitment and selection suitable candidates to take up membership roles on the Health and Wellbeing Board and establish a credible and proactive representation of the consumer voice on the Health and Wellbeing Board.
 10. The Local Healthwatch will act as the Host organisation for the Derby LINK from 1st October until the LINK is formally abolished. This is to ensure a smooth handover from the LINK to Local Healthwatch, and that the many positive aspects of the LINK's work are retained.

5.2 Our Operating Model and Plans for Local Healthwatch

Our operating model to deliver this vision is depicted in the diagram below. The model seeks to build as much as possible on existing work whilst providing a clear

and simple "way in" for the public to access the core elements of the Local Healthwatch service.

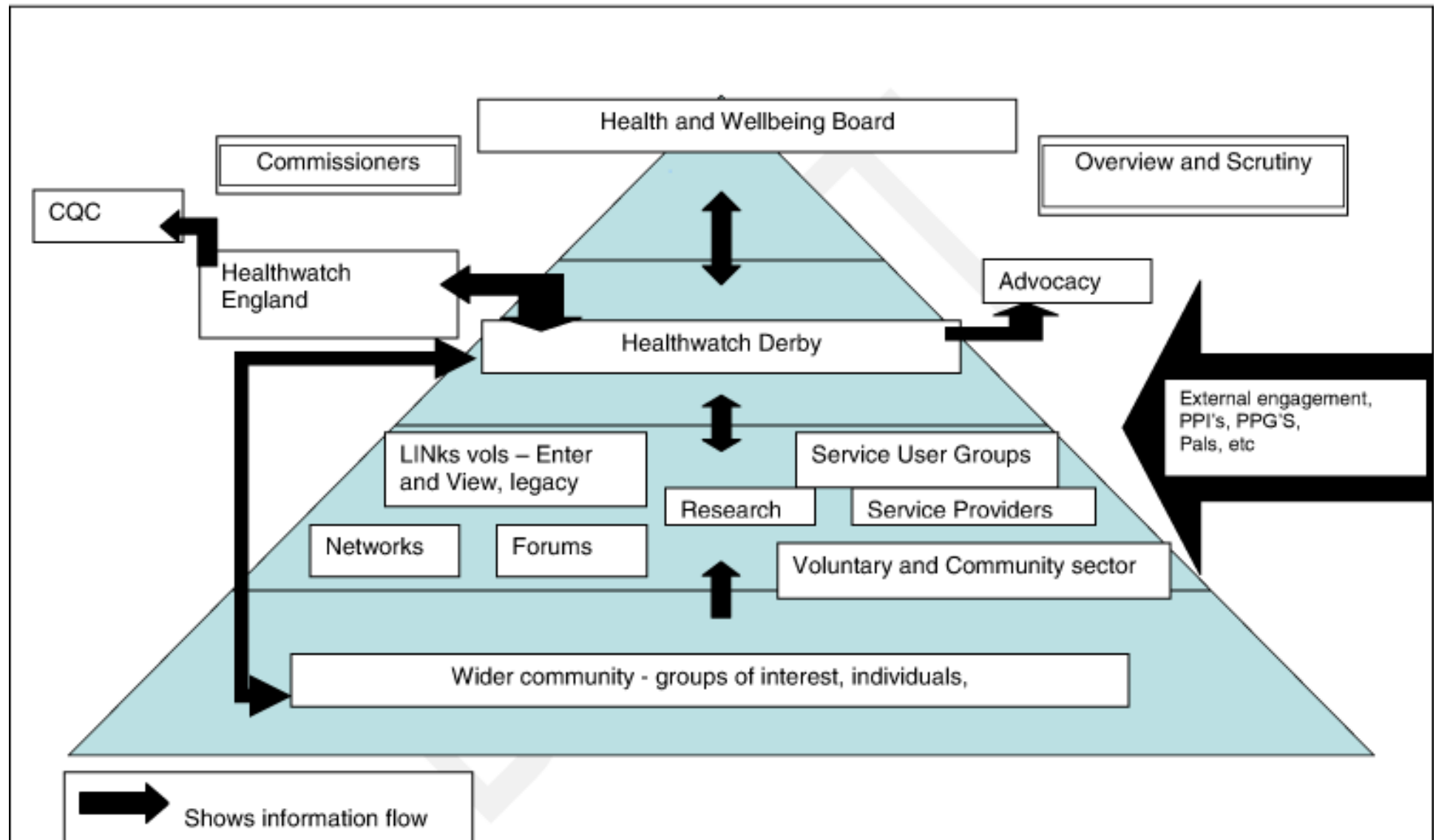
Healthwatch Derby will be expected to continue to operate those activities which are already currently carried out relevant to the role of LINK and build on those activities to secure the vision for Local Healthwatch and develop its implementation. Specifically the provider will:

1. Work further with our Clinical Commissioning Group and GP community to establish links in each GP practice through practice based patient participation groups, coordinating and supporting these groups to be an integral part of Local Healthwatch.
2. Coordinate key stakeholders including the third sector, advocacy groups, providers and local communities to work together under the Local Healthwatch network.
3. Identify the priority aspects of LINK activity, the beneficial elements of the LINK legacy and the positive and contributory skills of LINK leaders and carry those chosen elements forward into Local Healthwatch.
4. Further develop our operating model to link with the Health and Wellbeing Board, commissioners, service providers and the Council's Wellbeing and Policy Review Scrutiny panel in a clear way.
5. Work with NHS commissioners throughout the current NHS reforms and be responsive to future and changing models of NHS leadership as they emerge throughout 2012 – 2014.

The result of this will be that Local Healthwatch will become:

- a strong local consumer voice on views and experiences to influence better health and social care outcomes
- a respected, authoritative, influential, credible and highly visible body within the health and social care community and on the Health and Wellbeing Board.

Healthwatch Derby Operating Model



6. THE PRINCIPLES ON WHICH THE DERBY LOCAL HEALTHWATCH WILL BE BASED ARE:

6.1 Establish and manage

Fulfil regulatory requirements

- Demonstrate ability to respond to operational regulations.
- Demonstrate ability to deliver all existing LINK duties and selected responsibilities.

Operate an appropriate and proportionate organisation.

- Put in place a lean but effective core administration.
- Identify the mechanisms for wider involvement.
- Identify the mechanisms for an operating structure.

Create an effective and inclusive brand.

- Clear confidence of role as champion of people using health and social care services.
- Ensure equal weighting for social care.
- Include wellbeing and prevention promoting self-care.

Quickly establish professional working relationships.

- Achieve proactive relationships with all key commissioner and provider partners, enabling effective influence on the Health and Wellbeing Board.
- Identify mechanisms for sustaining these as ongoing relationships.

6.2 Promote and communicate

Demonstrate innovation of approach.

- Major emphasis on internet communications and modern social media ensuring interactive and engaging portals for two-way communication and participation.
- Have a lesser but proportionate emphasis on print and broadcast media and ensure appropriate mechanisms for all groups.

Actively publicise.

- Identify promotion strategy and methods for continuous public communications.
- Identify new mechanisms for distribution of information and 2 way conversations through public venues and other forums.

Inform.

- Deliver regular communications on purpose, opportunities for public access and achievements.

6.3 Involve and engage

Adults and Children.

Bridge the gap between adults and children through liaising with existing infrastructures re: children's engagement and identifying how these messages and the messages from adult engagement can be coordinated where necessary and promoted individually where appropriate.

Act as a local network.

Avoid duplication and maximise current capacities by co-ordinating and drawing together existing health and social care involvement structures, identifying methods for ensuring the participation of all partners.

Ensure inputs from network participants.

Proactively encourage input from individuals and specialist groups using innovation and methods appropriate to engaging different audiences and participants.

Extend and increase membership.

Embed GP patient participation groups.
Embrace the health and wellbeing network.
Include foundation trust members and linkages into hospitals.
Include linkages into social care providers.
Increase public participation.

Proactively reach out to all communities.

Focus on reducing inequalities through targeting seldom heard and hard to reach groups
Establish continuous links to children and young people's structures.
Identify how to have a presence or access points in community venues.
Identify how to promote involvement in non-traditional venues or events.

6.4 Empower and enable workforce

Incorporate and build on the LINK's successes.

Determine how to select and bring forward individuals from the existing LINK and continue to support selected streams of current work where advantageous to do so.

Establish effective workers and leaders.

Identify how volunteers will be selected for key roles.
Identify how volunteers will be trained and have continuous development.

6.5 Perform and deliver

Justify public mandate.

Articulate a confidence of aims and priorities.

Be accountable and report on activity and achievements.

Work to a common agenda.

Work with commissioners and members to identify how priorities for the annual work plan will be sourced.

Identify how priorities will be negotiated and agreed with local partners.

Advocacy

Identify methods for advocacy and how group and individual issues will be pursued with local providers.

6.6 Develop and Grow

Extend scope of involvement.

Identify how the health and wellbeing network can be delivered through Local Healthwatch.

Identify how members can be sustained and enabled to participate.

Identify a vision for growth of Local Healthwatch's influence and activity.

Establish a strong role on the Health and Wellbeing Board, ensuring a large scope of influence on the commissioning agenda and decision making.

7. THE OUTCOMES FROM LOCAL HEALTHWATCH will include:

- Robust and transparent governance arrangements are established achieving clear accountabilities and strong performance management processes.
- Health and social care services are demonstrably influenced by the delivery of the consumer voice coordinated through Local Healthwatch leading to service developments that build on the patient and service user experience.
- People in Derby have easy access to the support, advice and information they need when making health and social care choices assisted through Local Healthwatch systems that coordinate and signpost to existing datasets.
- The presence of an influential independent body that champions quality and provides consumers with a strong voice demonstrated through activity measures that show achievements and user satisfaction.
- Proactive and effective outreach is in place promoting involvement in Local Healthwatch and participation by all in the community and with existing health and social care structures.
- Greater participation from minority communities and seldom heard groups is demonstrated.
- Membership of Local Healthwatch increases through embedding and working closely with GP patient participation groups, foundation trust members, neighbourhood leaders and other partners.
- Derby consumer voice for health and social care is effectively championed at Health and Wellbeing Board meetings.
- Local Healthwatch engages with the public and reports to the Health and Wellbeing Board, ensuring that consumers have the opportunity to influence and co-design policy and commissioning decisions.
- Successful professional relationships are in place with Derby City Health and Wellbeing Board, commissioning leaders and local providers.

- Local Healthwatch is well recognised as an effective and inclusive brand, championing health and social care issues.
- Reports and information to accountable bodies are delivered to professional standards.

8. STRUCTURE

The structure of Local Healthwatch has been kept flexible in order to best meet the requirements of local people and is designed to develop so that it continues to deliver what works best for local people.

There are however a number of Government guidelines that must be fulfilled. Local Healthwatch will:

- include (on a voluntary basis) individuals, groups and organisations with an interest in their local health and social care services
- encourage the involvement of all sections of the local community especially those who are difficult to involve or seldom heard
- facilitate the bringing together of diverse groups in the area, and representatives of other networks
- be flexible enough in its structure to encourage individuals and groups to participate when they want
- represent local consumer voices at the Health and Wellbeing Board
- be an independent body and separate arm of the regulator, so as to be a strong voice and consumer champion.

9. ACCOUNTABILITY

Local Healthwatch will be an independent body accountable to the people active in the organisation as well as the wider local community. Local Healthwatch will also be expected to be an accountable member of the Health and Wellbeing Board. Local Healthwatch will be responsible for developing a local agenda driven by the priorities and interests of local people, accountable to its local community.

Evidence must be provided that the programme of activity is based on local priorities that meet local needs.

Local Healthwatch will also be accountable to the Council for value for money purposes and be required to maintain clear and accurate accounts, which must be submitted to the Council annually and periodically as requested by the Council.

10. FUNDING

The total value of the funding agreement is ??? over the period of the agreement, i.e. 1st April 2013 – 31st March 2016.

Local Healthwatch will be accountable to the Council and the public to demonstrate effective spend of its budget.

From time to time additional funding may become available to carry out specific projects. If and when this occurs, the work will always be within the confines of this specification, and will be covered by a written variation to this agreement.

11. INCLUSION AND DIVERSITY

- 11.1 Local Healthwatch must be inclusive and diverse in its make-up and will need to operate in different formats and methods of involvement and communication.
- 11.2 Local Healthwatch must provide a service appropriate to people's needs and not shall discriminate on the grounds of their disability, race, culture, religion, faith or belief, sexual orientation, age, gender or socio-economic situation, in terms either of participation or of obtaining and representing people's views and experiences.
- 11.3 The premises from which Local Healthwatch operates and any proposed venues for meetings arranged by Local Healthwatch must be fully accessible and compliant with all prevailing Equalities legislation and must maintain a safe and clean working environment in compliance with all relevant Health and Safety at Work legislation. Local Healthwatch will be subject to public sector duties as detailed in the Equality Act 2010.
- 11.4 Local Healthwatch must comply with both the Data Protection Act 1998 and the Freedom of Information Act 2000 and ensure that Local Healthwatch participants are aware of their responsibilities under both of these Acts.
- 11.5 Local Healthwatch must be committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment, and to be effectively trained in all aspects of safeguarding legislation and practice.

12. TIMESCALE

The agreement for providing the services described in section 5 above will be in place no later than 1st April 2013.

The agreement shall be in place for the period 1st April 2013 to 31st March 2016, subject to meeting annual performance measurements.

13. SERVICE MONITORING, KEY DELIVERABLES AND SUCCESS CRITERIA

- 13.1 Local Healthwatch will report on its activities and finances to the Council on at least a three-monthly basis throughout the term of the agreement and more frequently and as reasonably specified as part of a performance management review process.
- 13.2 The Local Healthwatch's annual reports on expenditure, activity and achievements must be sent to the Department of Health.
- 13.3 Local Healthwatch will be expected to report on its activities and on its financial position in relation to the funding agreement with the Council. All funds provided as a result of the arrangement are to be spent on Local Healthwatch activities in line with this specification. No funds may go towards any costs incurred which are not specification related.
- 13.4 Service reviews will also take into account feedback and recommendations from Local Healthwatch's governance arrangements.

- 13.5 Meetings, the frequency of which will be agreed between the Council and Local Healthwatch, will be organised by the Council to review information gathered through the monitoring process, to review the specification. Representatives of Local Healthwatch's governance arrangements will be full partners in this process.
- 13.6 Local Healthwatch will need to be able to demonstrate to the Council its performance against the specification by the fulfilment of key performance indicators.
- 13.7 Local Healthwatch will also need to benchmark its performance against national quality indicators to be developed by the Department of Health.
- 13.8 Local Healthwatch will be accountable to the Council. Local Healthwatch is required to undertake regular reviews or audits of its service and development plans.
- 13.9 Local Healthwatch must have a written complaints procedure which should include a role for a person who is independent of the organisation, as either an investigator or decision-maker at an appeal stage.
- 13.10 Where Local Healthwatch's own management reporting, stakeholder feedback, review process or other management activities reveal the need for remedial action, it must produce an action plan within one month of being formally notified by the Council, with a timetable to be agreed with the Council, outlining:
- Detailed information on issues and associated risks
 - Appropriate solutions, including financial analysis
 - Responsible owners for all remedial actions required
 - Timescales for all remedial actions to be implemented
 - Monitoring arrangements to ensure remedial actions are completed
- 13.11 Local Healthwatch should have its own internal quality assurance system, which should include standard setting, monitoring, management and review processes, to ensure the required service quality is maintained. Local Healthwatch will be required to confirm how improvement will be communicated on completion.
- 13.12 Local Healthwatch must be a credible voice on the Health and Wellbeing Board, participating fully in discussion, influencing agenda planning and taking an active role in at least 4 meetings each year. It should attend all Board meetings, elevating patients' voices to the Board and effectively representing their views in a clear and evidenced manner.

14. INDICATORS OF SUCCESS

Local Healthwatch will need to demonstrate to the Council its performance against the agreement by the fulfilment of Key Performance Indicators (KPIs), to be agreed between both parties with reference to all relevant legislation, regulation and

guidance. Local Healthwatch targets will be based around ongoing Local Healthwatch activities (2013 – 2016).

The KPIs will focus on qualitative aspects such as quality of interaction, the building of relationships, influence and achievements, as well as quantitative measures, for example number of people reached and reports made.

15. GOVERNANCE STRUCTURE

Local Healthwatch will be expected to structure itself according to the following:

- establish a panel of Authorised Representatives to exercise the statutory Local Healthwatch function of entering and viewing specified health and social care premises;
- ensuring that such persons are receiving appropriate training and Criminal Records Bureau clearance in line with relevant policy guidance;
- effective organisation of meetings, giving at least 5 clear working days' notice of meetings, making appropriate arrangements for those able to attend, and recording, making available and communicating the outcomes, agreements and actions of all meetings;
- maintenance of a record of meetings convened including a breakdown of attendance/attendees/representation;
- statutory consultation deadlines met and copies of reports are made available;
- Local Healthwatch and the relevant Council policy development and Scrutiny panels develop an ongoing working relationship;
- Local Healthwatch members are aware of and have the opportunity to attend Board meetings of NHS bodies in their area and/or have the opportunity to meet Non-Executive Directors of trusts and CCG's;
- Local Healthwatch is able to convey its views to health and social care commissioners and providers, and through the relevant Policy Development and Scrutiny panels;
- Local Healthwatch is a credible voice on the Health and Wellbeing Board, influencing plans and policy decisions;
- Local Healthwatch is able to provide commentary on the performance of the local NHS Trusts against the standards in the Healthcare Commission's Annual Health Check;
- user representatives on strategy and planning teams are appropriately briefed and supported and able to contribute effectively;
- audit and accounting requirements (including reporting) are met;
- complaints are investigated according to the complaints policy;
- hold a minimum of 3 public meetings each calendar year, at times and places which take into account the circumstances of different sections of the local community (e.g. those who have limited access to public transport; those who are in full-time employment; those who are carers). It

is therefore expected that some public meetings will be held at evenings and/or weekends.

16. POTENTIAL INDICATORS OF A SUCCESSFUL LOCAL HEALTHWATCH

The following are potential success criteria to be discussed and developed by the Council and Local Healthwatch:

- People know of its existence, what its role is and perceive it as a credible local organisation;
- People are able to gain access to it through the avenues and opportunities that suit them;
- People know what it is doing and why, and are able to comment on it;
- It has reached out widely and deeply into the community and can show evidence of its effectiveness of this;
- Local Healthwatch policy/strategy on equality and diversity and community engagement is in place;
- It has an open and transparent mechanism setting out how its governance structure reflects local demographics;
- It knows what local peoples' needs are for health and social care services – it will have an evidence base, which encompasses views from a wide and diverse section of the local population;
- It has an evidence base of how people in its area perceive the health and social care services they have received;
- It has identified areas in which health and social care services can be improved for users and potential users of services – and has made recommendations to the bodies responsible for those services;
- It has established constructive and open relationships with health and social care commissioners and providers;
- It has a focus on partnership, outreach, networking, relationship building and making common cause;
- It has established an agreed number of contacts in key areas such as GP practices, hospitals and social care service providers and these contacts are participating in Local Healthwatch;
- It has a constructive and open relationship with the Council;
- It has a constructive and open relationship with relevant Policy Development and Scrutiny panels, with health and social care regulators, and with local voluntary and community sector organisations;
- It is rated by key local organisations as a credible partner, scrutiniser and holder to account.

17. LOCAL HEALTHWATCH DELIVERY MODELS

Following are some models for the delivery of Local Healthwatch. We do not have a preference for the model used, and we are open to organisations using organisational arrangements other than those shown below.

- Single supplier – all Local Healthwatch services delivered by a single organisation;
- Sub-contractor – the supplier sub-contracts some or all of its services to other suppliers;
- Consortia – two or more organisations work in a formal or informal arrangement to deliver Local Healthwatch services