

APPENDIX 4

Introduction – *Local HealthWatch outline commissioning framework*

1	Service Specification
1.1	Title of Service Local Healthwatch
1.2	Vision
	<p>Local HealthWatch will be the independent consumer champion for health and social care.</p> <p>Local HealthWatch will be representative of the diverse communities served by local government. It will provide intelligence - including evidence from people's views and experiences - to influence the policy, planning, commissioning and delivery of publicly-funded health and social care. It will also provide information and advice to help people access and make choices about services as well as provide – directly or through an agreed third party arrangement – independent complaints advocacy to support people if they need help to complain about NHS services.</p> <p>Local HealthWatch will be a robust and credible player in the local health and social care economy by demonstrating that it has the appropriate level of skills and competencies required to deliver its statutory functions to the highest possible level. It will gain the trust of the general public as well as other health and social care stakeholder groups by being responsive and acting on concerns when things go wrong.</p> <p>It will operate effectively and efficiently so that the local authority can demonstrate value for money against an agreed set of outcomes</p> <p><i>[insert local tailoring]</i></p>
1.3	Key Attributes <p>Local HealthWatch will be:</p> <ul style="list-style-type: none"> • Independent - a free-standing body which is respected for its independence and trusted by residents and stakeholders. • Clearly recognised – a body with a clear identity which is strong and distinctive from existing local organisations. It will embrace and utilise the local HealthWatch brand developed at national level. • User-focused – relentlessly championing the voice of the user in the health and social care system

APPENDIX 4

	<ul style="list-style-type: none"> • Inclusive – an organisation which finds ways to work with the many different patient and service user representative groups across the local authority area • Well-connected – able to signpost people to good quality information to help them make choices about health and social care; with access to established networks to gather comprehensive patient views. • Evidence based – a body which uses evidence to underpin its priorities and target its efforts • Technically competent – an organisation that can demonstrate the relevant skills and competencies required to deliver its functions • Influential – able to make an impact on the local commissioning of health and social care; complement other inspection regimes; and support patients and residents with signposting to information about the quality of local health services • Flexible – an organisation which can work in partnership with key decision-makers (including the local authority, Clinical Commissioning Groups and other bodies at strategic level) while still being able to listen to individual patient concerns, represent them effectively, and challenge those same decision-making bodies when necessary. • Self-aware – an organisation which actively seeks feedback on its own performance and critically assesses its strengths and weaknesses. • Accountable – working to a clear set of standards against which the local authority and the residents it serves can appreciate its success. • Good value for money – an organisation that makes the best use of its resources by seeking to avoid duplication with other bodies in the local authority area, and where possible, working creatively with them to deliver the most cost effective solutions to achieve its chosen priorities.
1.4	Who is Local Healthwatch for
	Local Healthwatch is for anyone who is legally entitled to access health or adult social care services in <i>[insert locality here]</i> or anyone who cares for or represents anyone who has access to health or social care services in <i>[insert locality here]</i> .

APPENDIX 4

	<p>HealthWatch has a duty to assist local health and social care commissioners and providers, and other community stakeholders, by providing feedback, research, and information on local people's views and experiences of health and social care, to improve services.</p>
1.5	Access to the Service
	<p>Local HealthWatch will be accessible to all, across the [insert locality] and will actively seek the views and experiences of local people, including 'seldom heard' groups, using a variety of media:</p> <ul style="list-style-type: none">• Website and other Digital/ Online Services (including access to surveys)• Telephone (including out of hours contact)• Office Accommodation• Community Outreach Services• Mail Address (including a freepost facility where necessary) <p>Local HealthWatch will make full use of existing and well-established information and support systems and networks.</p>
2	Service Delivery
2.1	Functions
	<p>Function One: Gathering views and understanding the experiences of patients and the public</p> <p>Local HealthWatch will:</p> <ul style="list-style-type: none">• Ensure systematic and ongoing engagement with all sections of the local population so that a wide cross-section of views are represented in respect of local health and social care.• Seek the community's views about the current provision of health and social care (including use of high quality research) and use this to identify the need for changes or additions to services.• Demonstrate an ability to analyse and channel high quality user feedback and public views on services to relevant commissioners so that they can inform the whole commissioning cycle <p>Function Two: Making people's views known</p> <p>Local HealthWatch will:</p> <ul style="list-style-type: none">• Communicate the local community's views to health and social

APPENDIX 4

care commissioners in a credible and accessible fashion.

Function Three: Promoting and supporting the involvement of people in the commissioning and provision of local care services and how they are scrutinized

Local HealthWatch will:

- Give input to new or proposed services.
- Use the broad range of stakeholder engagement techniques to maximise opportunities for local people to have their say
- Exercise their enter and view powers judiciously by working collaboratively with other inspection regimes

Function Four: Recommending investigation or special review of services via HealthWatch England or directly to the Care Quality Commission (CQC)

Local HealthWatch will:

- Continuously evaluate existing health and social care services, making recommendations for special reviews or investigations to the Care Quality Commission through Healthwatch England based on robust local intelligence.

Function Five: Providing advice and information (signposting) about access to services and support for making informed choices

Local HealthWatch will:

- Influence or provide advice and information (signposting) services to ensure that all sections of the local population have access to good quality impartial advice and advocacy relating to health and social care services available to them.
- Establish and maintain a database of existing local networks and support systems.

Function Six: Making the views and experiences of people known to HealthWatch England (and to other local Healthwatch organisations) and providing a steer to help it carry out its role as national champion

Local HealthWatch will:

- Ensure local intelligence gathering systems complement those established by HealthWatch England

Function Seven: NHS Complaints Advocacy

Local HealthWatch will:

APPENDIX 4

	<ul style="list-style-type: none">• <i>Make arrangements for supporting local people with any complaints they may wish to progress in relation to NHS service provision either through:</i><ul style="list-style-type: none">▪ <i>a directly provided complaints advocacy service; or</i>▪ <i>Referral to a third party contracted by the local authority expressly for these purposes</i> • Accountabilities <p>Local HealthWatch will be accountable to:</p> <ol style="list-style-type: none">1. Local service users and resident taxpayers in the local authority area2. The commissioning local authority in terms of value for money3. HealthWatch England in terms of quality standards: <p>Tools available to Local HealthWatch for ensuring accountability include:</p> <ul style="list-style-type: none">• an annual meeting, open and accessible to local stakeholders/ members• an annual report• audited accounts available for public inspection
2.2	Partnerships <p>Local HealthWatch will:</p> <ul style="list-style-type: none">• Work closely with the commissioning local authority, which will support HealthWatch in its role.• Represent local people through its role on the local Health and Wellbeing Board (e.g. to assist in developing the joint health and well being strategy).• Work closely with the national body, HealthWatch England, and the two will work together to deliver a strong public voice.• Foster a broad range of relationships with local health and social care commissioners and with provider agencies in the voluntary and private sectors (and hospitals).• Nurture partnerships with local service-user groups (and existing VCS networks) and other LHWOs to ensure high quality feedback and research.

APPENDIX 4

2.3	Outcomes
	<p>Local HealthWatch will make a positive contribution to the successful local achievement of outcomes set out in national frameworks for the NHS, primary care, adult social care and public health. Particular attention will be paid to:</p> <ul style="list-style-type: none"> • Improved patient and user experience). • Improved communication. • Improved satisfaction with health in local area. • Greater patient and public involvement in health and social care. • Strong relationship with commissioners and H&WBs. • Improved access to services. • Improved people's understanding of their rights (consumer champion). • High public Awareness/Profile of Healthwatch. • Good image/trust of Healthwatch with the public.
2.4	Resources
	<p>The local authority will ensure that adequate resources are provided to Local HealthWatch in line with guidelines from the Department of Health and other key local decision makers (e.g. Health & WBs).</p>

3	Governance
3.1	Powers & Limitations
	<p>What powers will the group have to achieve its aims?</p> <p>Decision Making</p> <p>Participation</p> <p>Resource Management</p>
3.2	What is the legal status of the group?
3.3	How is the membership of the group defined?

APPENDIX 4

	(e.g. board/associate/volunteer members).
3.4	<p>How will the group be run? And what structures will exist?</p> <p>Arrangements for sub-committees and community Forums</p>
3.5	Arrangements for sub-contracting work (e.g. for advice/guidance/advocacy).
3.6	<p>What specific duties and responsibilities will exist?</p> <p><i>[Nomenclature to differ by authority].</i></p> <p>Chair of the Executive Vice Chair Executive Members Associate Members Staff</p>
3.7	<p>What procedures will exist for managing group meetings?</p> <p>Executive Meetings General Meetings Sub Committees and Community Forums</p>
3.8	What is the approach to dispute resolution?
3.9	<p>What is the code of conduct for the group?</p> <p>Nolan Principles of Public Life</p>
3.10	How will the group manage its money and assets? (financial and non-financial)
3.11	What is the groups approach to reporting, Communications and information sharing?
3.12	Amendments to the Constitution
3.13	Dissolution of the group