SPECIFICATION OF SERVICES (Draft)

THURROCK LOCAL HEALTHWATCH

Commissioner lead: JFB
Date of full service commencement: 01 April 2013
Length of service contract: 3 years (To be confirmed)
Date of service review: 12 months (6 monthly interim reviews)

Document Control

Version History

VERSION	DATE	COMMENTS
1.0	August 2012	
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1.2	November 2012	Comments from GC / KJ

Review and Approval

DEPARTMENT	NAME	ROLE	DATE
Healthwatch Steering Group Executive	Janice Forbes-Burford		

Distribution

Draft for potential providers comments.
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Contents

Introduction

Purpose of the Service

1.1.1   Part of the Health and Social Care Act 2012[1] Local Healthwatch is at the heart of a health and care service that is centred around patients and users. Local Healthwatch will gather people's views on, and experiences of, the health and social care system (whether current users or not). In this way, community views will have real influence with those who commission and on those who provide services, about what users, carers and citizens need and want from them. This can help them to be more responsive to what matters to service users and the public, and enable them to design services around their needs.

1.1.2   Establishing a successful Local Healthwatch organisation, rooted in communities and responsive to their needs will mean working differently in many cases. It will also mean working much more collaboratively so that the Local Healthwatch organisation can operate as part of existing local community networks independently of all Local Authority and NHS commissioning and provision. The LHW must ensure it can have maximum reach across the diversity of the local community, including voluntary sector organizations, and draw on all the information, advice and local knowledge which already exists.

1.1.3   Local Healthwatch will strengthen the collective voice of local people across both health and social care, through contributing to Joint Strategic Needs Assessments and joint health and wellbeing strategies – on which local commissioning decisions will be based – through its seat on the Health and Well-Being Board.

1.1.4   The development of this service specification is based on a commitment from Thurrock Council to ensure that Local Healthwatch is fit for purpose and as such designed with and for the people and organizations that make up the vibrant area of Thurrock. Through the extensive engagement work undertaken to inform the specification we have heard strong messages that people do not want a new organisation to be created that takes over or re-creates existing services that are already well respected and trusted as doing a 'good job'. People want an organisation that can make good use of existing skills and expertise and build on existing locally recognised successes.

1.1.5   People have described how Local Healthwatch should be 'the voice of the people', co-ordinating information from peoples' views and experiences, using its powers, described by many as its 'teeth' to make sure these views and experiences are able to influence the people and organisations who make the decisions. There is a clear message that Local Healthwatch should not be a 'talking shop'.

Strategic Objectives of the Service (Refer to Section 3 – Outcomes)

1.2.1   Gathering views and understanding the experiences of all people (from birth to death) who use services, their carers and the wider community.

1.2.2   Making people's views known, including those from excluded and under represented communities

1.2.3   Promoting and enabling the involvement of people in the commissioning and provision of local Health and Social Care services and how they are monitored

1.2.4   Recommending investigation or special review of provider services, either via Local Healthwatch England, or directly to the Care Quality Commission (CQC)

1.2.5   Providing non clinical advice, signposting and information to all service users about access to services and support in making informed choices

1.2.6   Through its annual report, making the views and experiences of people known to Local Healthwatch England and providing a steer to help it carry out its role as national champion on behalf of the Secretary of State and of Parliament

NB: Recommended reading: Health and Social Care Act c7 Part 5, Chapter 1.

Service Requirements

Service Lines

2.1.1   Thurrock Local Healthwatch as an independent corporate body, will establish an effective **Operating Model and Governance** and operate through three core service lines.

2.1.2   Information and Advice - Provision of information and non-clinical advice to the public about accessing health and social care services and choice in relation aspects of those services

2.1.3   Community Research and Engagement – Promotion of and support for the active engagement of local people in the commissioning, provision and monitoring of local health care and social care services, by obtaining the views of people about their needs for and experiences of local services and ensuring that they are enabled to be involved in these.

2.1.4   Evidence, Insight and Influence - Provision of effective systems and processes, including research and analysis capability, to facilitate establishing evidence, providing reports and making recommendations about how those services could or should be improved, both for use locally to inform the JSNA and Health and Well being Strategy and all providers and commissioners as well as nationally through its Annual Report to Local Healthwatch England

Service Requirements

2.2.1   The requirements of Local Healthwatch are shown below:

2.2.2   Service Operating Model and Governance

2.2.3   Clear lines of representation and accountability with community representatives integral to its leadership, covering demography, ethnicity, disability gender, and geography.

2.2.4   Built on existing success with a managed transition from the existing LINks.

2.2.5   Efficient and effective use of resources which are focussed on the delivery of high quality services through the development of clear financial plans.

2.2.6   Led by people with the appropriate skills, knowledge and professional experience.

2.2.7   Information and Advice

2.2.8   Provides access to its health and social care Information and Advice Service through a range of accessible routes including social media, internet, telephone and face to face.

2.2.9   Utilises existing access points, skills and expertise particularly within the voluntary and community sector to exercise its statutory duties across Thurrock.

2.2.10 Displays a solid understanding of health and social care in the context of 'well-being' including housing, employment, education and finance, for children, young people, family and all adult services.

2.2.11 Although entirely independent, will contribute as part of a wider network to identify and, where appropriate, to complement what information already exists and how best to access it, in order to exercise its statutory duties.

2.2.12 Provides a range of high quality health and social care information and non-clinical advice in accessible formats about service providers and health and social care professionals, including information about quality and performance, waiting times and feedback from other patients, as part of its essential monitoring duty on behalf of Thurrock citizens.

2.2.13 Community Research and Engagement

2.2.14 Linked across the community through partnerships, LHW will actively promote itself to the local population to ensure inclusivity and collaborate with and draw on existing expertise and best practice.

2.2.15 Collaborates with existing arrangements to avoid duplication where possible, in particular through the developing Public Involvement Network which underpins the work of the Health and Wellbeing Board in Thurrock.

2.2.16 Stakeholders will understand the value of Local Healthwatch and seek to utilise its expertise when appropriate.

2.2.17 Accessible within local communities engaging with people through their experiences of and interest in the local health and social care services and through their interest in particular health or social care topics or pathways.

2.2.18 Works in collaboration with other Local Healthwatch organizations, regionally and nationally.

2.2.19 A proven track record in ensuring and enabling accessible community engagement methods and techniques.

2.2.20 Evidence, Insight and Influence

2.2.21 A well developed and regularly reviewed knowledge of the local health and social care landscape and infrastructure including how and where decisions are made.

2.2.22 Provides consistent representation through evidence and insight in influencing improvement in commissioning and service provision locally.

2.2.23 Systematic methods with the use of appropriate IT systems of gathering and assimilating views, data and feedback from local and national sources, where information exists and targeting gaps.

2.2.24 Clear decision making processes for assessing information and data and prioritising actions and work programmes to utilise resources effectively and appropriately.

2.2.25 Clear processes to ensure high quality monitoring of Health and Social care services e.g. Enter and View eg: in Hospitals, Care homes and other contexts, wherever patients or service users are being treated or cared for.

Cross-Cutting Themes

2.3.1   The following areas represent cross cutting themes which will be important to address to ensure the delivery of an independent, effective, efficient and fully representative Local Healthwatch for Thurrock

- **Training and Skills**

- **Communications**

- **Equality and Diversity**

- **Sustainability**

- **Quality Assurance**

Outcomes

The Contract holder will <u>work towards</u> achieving the following key outcomes:

Service Operating Model and Governance

#	Outcome	Measure
3.1.1	A joined up organisation – linked across the community providing a central team and a single point of contact for all agencies and partners as well as communities.	*Measured by number of partners in network and their geographical and topic coverage with evidence of how people are using and accessing the service based on stakeholder and client feedback.*
3.1.2	Proactive in its inclusion of people and communities with clear evidence of systems and processes that do not exclude people by creating barriers to their involvement or engagement in it.	*Measured by evidence of diverse representation of communities of place and interest in all levels of the organisation mapped against local demographics from the census and public health data.*
3.1.3	A model of Board level decision-making that supports scrupulous prioritisation of issues.	*An audit trail that clearly demonstrates how priorities are identified and what criteria are used to assess those priorities against one another to determine which are taken forward by the Local Healthwatch.*

Information and Advice

#	Outcome	Measure
3.2.1	Finger on the pulse of the latest information and news	*Knows where to direct people, with capacity and systems in place to provide and publish up to date local, regional and national data to support its comments and actions.*
3.2.2	Provides a high quality service.	*Continuous evaluation of Local Healthwatch service user experience benchmarked against service quality standards that will be agreed in consultation with local stakeholders and Local Healthwatch service users.*
3.2.3	Recognisable and relevant to local people with a high profile supported by the clear Local Healthwatch brand and identity which makes it as easy as possible for people to find and use.	*Measured by an annual 360 degree review to show awareness is continuously raised amongst professionals, communities and stakeholders who will understand what Local Healthwatch does and what it has to offer and that it is bringing demonstrable improvement to peoples experiences of health and care services.*
3.2.4	Demonstrates clear differentiation between different levels and layers of information, advice, and	*Clear service definitions tested and evaluated to protect the interests of the vulnerable and to provide a high quality*

#	Outcome	Measure
	advocacy	*service that fully meets the needs of the people who use it.*
3.2.5	Effective and influential relationships with commissioners, providers, the Council's Health and Well Being Board and the Health and Adult Social Care Overview and Scrutiny Committees and Children's Board.	*Fully understands the local health and care landscape with specific involvement and contributions on the Health and Well Being Board with evidence of how these relationships ensure Local Healthwatch is respected as a key decision maker.*
3.2.6	Well-scoped understanding of local commissioners and providers and evidenced plans for working with them and not duplicating functions.	*Knows where to direct people, with capacity and systems in place to provide and publish up to date local, regional and national data to support its comments and actions.*

1.1. Community Engagement and Research

#	Outcome	Measure
3.3.1	Proactively supports local people and patients, community and user groups, to become engaged in health and social care issues, using appropriate existing routes as well as LHW	*Evidenced through an annual survey to determine the levels of awareness and engagement with Local Healthwatch amongst Thurrock residents.*
3.3.2	Establish community engagement to enable patients and local communities to engage in shared decision making with regard to commissioning and to monitoring of health and social care provider services.	*A programme of work in place specifically aimed at recruiting and training people from excluded and under-represented communities to build skills and confidence to actively participate.*
3.3.3	Prioritises seeking out, supporting and presenting the views of those that are less well heard, complementing and supporting existing routes	*Leads by example and is not tokenistic in the way it engages with the public and service users. Others use Local Healthwatch as a source of expertise on community engagement. Evidence of effective local networks that are used to facilitate access to targeted groups who are identified on an equalities impact assessment plan.*
3.3.4	Has a well developed understanding of the communities of Thurrock and the skills and methods required to engage them effectively. Reaches out to the community through networking and engagement using effective strategic planning techniques.	*Has in place a community engagement strategy in plan. Works with other local voluntary and community groups to access and understand local views and experiences of health and care services. Evidences how these views are impacting on decision making through improved services.*
3.3.5	Monitoring services through planned and rigorous Enter and View activity	*Has in place clear cycle of engagement to identify and prioritise a schedule of Enter and View activity based on a clear programme of work.*

1.2. Evidence, Insight and Influence

#	Outcome	Measure
3.4.1	Influences commissioning and service developments through the presentation of qualitative information and evidence drawn from the experiences, feedback and views of local people	*The use of Local Healthwatch evidence, information and reports at the Health and Well Being Board, within the Joint Strategic Needs Assessment and within the Clinical Commissioning Group business planning cycles.*
3.4.2	A rigorous, recognised and respected member of the Health and Wellbeing Board.	*Active involvement on the Board and clear and transparent lines of representation and accountability to and from the Health and Well Being Board. Evidence through the annual 360 degree review of the perceived impact of LHW on the Health and Well Being Board.*
3.4.3	Uses information and evidence to challenge and question the quality of services.	*Using its powers including to 'Enter and View' services to seek further information and clarification and to make reports and recommendations to support improvements. Demonstrated by improvements made.*
3.4.4	Has capacity, infrastructure (Including IT) and skills to assimilate, understand and interpret different kinds of data and information, including all relevant legislation.	*Presents information as evidence to support recommendations locally and to Local Healthwatch England and/or the CQC.*
3.4.5	Makes findings and recommendations publicly available in accessible formats and mediums.	*Findings and recommendations are published and presented in plain English using SMART principles with a clear review process in place and a process for stakeholders to influence.*

1.3. Training and Skills

#	Outcome	Measure
3.6.1	Employees and volunteers given a programme of induction and on-going training.	*Evaluated induction training provided within a month of joining the service. Training in the statutory duties and functions of the Local Healthwatch and the Independent Advocacy Service*
3.6.2	Appropriately trained and qualified staff and volunteers to be in the right place at the right time to provide a high quality service.	*Evaluated ongoing training and skills programme in place to ensure all staff and employees are adequately skilled.* *All staff and volunteers involved in working directly with the public in the deliver of Local Healthwatch services will undergo a CRB check.*

#	Outcome	Measure
3.6.3	A proactive role in enabling high quality user involvement and community engagement through the provision of training, skills and support, empowering local people to whom LHW is accountable.	*A training plan in place offering learning and skills development opportunities to local communities and professional stakeholders.*
3.6.4	Networked at a regional and national level.	*Attendance and engagement in regional and national networks.*

Communication

#	Outcome	Measure
3.7.1	A consistent brand identity across localities and with neighbouring Local Healthwatch Organisations, ensuring a high profile that makes it as easy as possible for people to find it and use it.	*Established and effective relationships with neighbouring Local Healthwatches with cross-boundary working protocols in place with direct and immediate neighbours.*
3.7.2	The purpose of Local Healthwatch easily communicated and understood and recognisable and relevant to local people who understand and know what it does and can do for them.	*Published regular updates, news and bulletins in a range of accessible places and formats to keep people informed of progress, actions and impact including how they can interact with the services.*
3.7.3	Accessible website, including social media routes for engagement; as well as more traditional routes of publicity and marketing	*A current Communications plan and strategy with audience/stakeholder analysis.* *Evidence of meaningful engagement and communications through social media activity provided.*

1.4. Equality and Diversity

#	Outcome	Measure
3.8.1	Services provided for excluded groups, vulnerable people and those with protected characteristics in Thurrock in a fully accessible way.	*Evidence of an Equality and Diversity Policy with a process for unmet need to be continuously assessed*
3.8.2	Reducing the inequalities of health care and social care outcomes experienced in some communities	*A system to continuously consider and review local health inequalities against socio-economic and demographic data with evidence of how Local Healthwatch is using this information to reduce health inequalities.* *Information re equalities standards published on website to meet Equality Act 2010 requirements*
3.8.3	The service must be delivered in a way that ensures it is accessible to all clients as an independent	All premises and services intended for public use to be Disability Discrimination Act compliant including, physical

	organisation, respecting their confidences as needed.	environments and modes of communication (e.g. audiotapes, symbols etc). Availability of an effective translation service.

1.5. Sustainability

#	Outcome	Measure
3.9.1	Thurrock Local Healthwatch as an independent and sustainable organisation.	*A clear and deliverable plan to develop Local Healthwatch with evidence of how this is improving the ability of Local Healthwatch to meets its strategic objectives.*

Value for Money

#	Outcome	Measure
3.10.1	Services provided using the principles of value for money.	*Those being economy, efficiency and effectiveness, where:* Economy relates to minimising the costs of resources used within the service, but having regard to quality. Efficiency relates to the relationship between output, in terms of services or other results, and the resources used to produce them. Effectiveness relates to the extent to which objectives have been achieved. The relationship between the intended impacts and actual impacts of an activity.

1. Service Standards

Legal obligations, policies and procedures

4.1.2   Local Healthwatch service providers will develop and maintain the following policies and procedures:

- Equal opportunities
- Confidentiality
- Health, Safety and Wellbeing (including hospital, home, other *provider and* prison visits)
- Financial Management
- Staff and volunteer recruitment and selection (including CRB checks)
- Staff and volunteer supervision and support (including staff access to appropriate training and confidential, external counselling support)
- Communicating trends and concerns to *Local Healthwatch* England/CQC/individual Trusts and CCGs and Council

- Grievance and disciplinary procedures
- Training and development
- Service monitoring, review and evaluation
- Complaints procedure, including arrangements for independent advocacy for clients who require it
- Service prioritisation
- Freedom of information
- Data protection and information governance
- Adequate reimbursement for participants and volunteers
- Suitable insurance and indemnity for its staff, participants and volunteers and members of the public with which it may work

Quality Assurance and Service Reporting Requirements

Thurrock Council is committed to ensuring that Local Healthwatch is created, supported and continuously developed to ensure it meets the needs of the people it is established to serve.

Essential to that commitment is the ability of the organisation to take responsibility for assessing and improving its performance in partnership with a full range of stakeholders including, people who use the service, organisations that it works with in partnership or as part of local networks, people whose role is to scrutinise the delivery of public services and people who commission the service.

#	Outcome	Measure
4.2.1	The service must implement a rigorous and robust process of performance review to inform the development and progression of success measures and to ensure it operates to the highest possible standards as monitored by stakeholders.	*A process for implementing a performance development plan that can reflect changing priorities that is publicly available for review and comment.*
4.2.2	The service must collect anonymised monitoring data on service delivery, process and outcomes as required by the council's contract managers.	*Quarterly (tba) reports against performance measures should be submitted to the contract managers in line with the published reporting schedule and the co-produced performance development plan.*
4.2.3	The service must publish an annual report and audited accounts.	*Submitted to the contract managers and Local Healthwatch England by the end of March each year.*
4.2.4	Involvement and reach for all populations covered by protected characteristics within the [2]Equality Act 2010	*Published Equalities Impact Assessment*

4.2.5   Organisations delivering *Local* Healthwatch will need to demonstrate how their structures and management systems monitor their own performance against the Local Healthwatch Vision, the Outcomes and Measures and against the following general principles:

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[2]   http://www.legislation.gov.uk/ukpga/2010/15/contents

4.2.6   Local Healthwatch Leadership
Leaders develop the mission, vision and values of the service and *lead* a culture that supports their delivery*. They are expected to be* personally involved in ensuring that the service's management system is developed, implemented and continuously improved*.*

4.2.7   Local Healthwatch policy and strategy
Policy and strategy are based on the present and future needs and expectations *of the* people of Thurrock and of stakeholders *and on relevant legislation, reviewed and updated deployed through key processes and procedures that are communicated and implemented.*

4.2.8   Local Healthwatch people
People resources are planned, *well* managed and enabled to improve.
*K*nowledge and competencies are identified, developed and sustained*, rewarded recognised and cared for.*

4.2.9   *Local Healthwatch* stakeholders and resources
External relationships are *appropriately* managed against the prime statutory functions of the *Local Healthwatch.* Finances are *effectively* managed with buildings, equipment and materials maintained. Technology, information and knowledge are *actively* managed.

4.2.10 Local Healthwatch processes and procedures
Processes and procedures are systematically designed and managed *with review processes in place to ensure* improvement. Services are designed and developed based on client needs and expectations.

Council Responsibilities to Uphold

4.3.1   The Health and Social Care Act 2012[3] and the associated Policy Guidance for Local Healthwatch set out clearly the expectations for commissioning and maintaining an effective, efficient and representative Local Healthwatch. The Local Government Association has a Local Healthwatch Implementation Programme that will help inform the Council in its legal duty to establish a Local Healthwatch.[4]

Transition Arrangements

5.1   Thurrock Council wishes to support a managed transition to Local Healthwatch from existing services and to support this aim will work towards letting a contract for Local Healthwatch in December 2012. This will allow a 3 month development and transition phase to take place ensuring Local Healthwatch is able to commence at full strength from April 1st 2013.

5.2   We would seek potential providers to seek advice in relation to TUPE implications that may apply.

Duration and Value of the Contract

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[3]   http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
[4]   http://www.local.gov.uk/Local Healthwatch

6.1   It is anticipated that the contract period will be for a 3 year period with the option to extend for A 1 year period. The aim is to use the Local Healthwatch start up funds made available by the DH for 2012/2013 prior to the formal contract date for organisational development

6.2   Funding for Local Healthwatch will be made available to Thurrock Council by the Department of Health through the Department for Communities and Local Government Formula Grant, funding will not be ringfenced.

6.3   The exact value of the contract will not be known by Thurrock Council until the 2012 Comprehensive Spending Review is completed at the end of the year. However, it is not anticipated that there will be any great variation form the figures currently published. These are as follows;

Funding	Baseline	Transfer of PALS funding	Additional	TOTAL
Year 1 2013/14	£112,000	£37,357	£10,000	£159,357
Year 2 2014/15	£112,000	£37,357	£10,000	£159,357
Year 3 2015/16	£112,000	£37,357	To be confirmed	£149,357
Year 4 2016/17	£112,000	£37,357	To be confirmed	£149,357
Potential contract value of 3 yrs + potential 1 yr extension				**£617,428**

Department of Health have published some figures as part of the consultation on the allocation of funding for Local Healthwatch which are available here http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129404.pdf

6.4   National discussions are ongoing in relation to the allocation of funding and we would advise caution in assessing the funding levels.

Glossary

Glossary of terms

The following terms shall have the following meanings:

LHW	Local Healthwatch
HWBB	Health and Well Being Board
CQC	Care Quality Commission
CCG	Clinical Commissioning Group
DH	Department of Health
LINk	Local Involvement Network
NHS	National Health Service
LA	Local Authority
IT	Information Technology
GP	General Practitioner
SMART	Smart, Achievable, Action Based, Realistic, Timely
CRB	Criminal Record Bureau
PCT	Primary Care Trust
GMC	General Medical Council