

**Adult Social Care and Health Overview and Scrutiny Committee  
15 February 2012**

**Shaping Local HealthWatch in Warwickshire  
– Further Progress Report  
*Draft***

**Summary**

This report sets out the current position and plans around the development of local HealthWatch in Warwickshire.

**Recommendations**

The Adult Social Care and Health Overview & Scrutiny Committee is requested to:

- (1) Note the current position and plans around the development of local HealthWatch in Warwickshire
- (2) Comment on the revised timescales for the development of local HealthWatch in Warwickshire
- (3) Comment on the draft specification for local HealthWatch in Warwickshire

**1.0 Background**

- 1.1 As described in the last progress report presented on 7 December 2011, Warwickshire County Council will have the responsibility to establish an effective local HealthWatch organisation in Warwickshire which will act as a “consumer champion” for all users of health services and adults who access and use social care.
- 1.2 The role of the new organisation was fully described in the previous report. It will be an important point of entry and source of information for those Warwickshire residents who have concerns or queries in relation to health and social care and a key agency involved in patient and public engagement.
- 1.3 On 4 January 2012, the Government announced the following changes to the implementation of the Health and Social Care Bill, which affect the establishment of local HealthWatch:
  - a new start date for local Healthwatch
  - funding made available for the Healthwatch pathfinders

- new funding of £3.2m for start up costs for Local Healthwatch.
- 1.4 The new date for establishing Local Healthwatch is now April 2013. The change has been implemented following feedback from a number of local authorities and justified by the need to align it closer to the establishment of other new bodies such as the health and well being boards and the abolishment of Primary Care Trusts. The extension will also enable Healthwatch England (which will be established in October 2012) to provide the leadership and guidance to local Healthwatch organisations.
  - 1.5 Additional funding will be made available in Quarter 4 of 2011-12 through a Government formula grant to those local authorities who have been given a pathfinder status. The funds to be made available to Warwickshire are estimated at approximately £3,000 and are planned to be spent on a specific project around engagement with Clinical Commissioning Groups as well as engagement and sharing best practice with other HealthWatch leads/providers at a regional level.
  - 1.6 New funding of £3.2m will be made available nationally in 2012/13 for start up costs in setting up local Healthwatch. It will include costs such as staff recruitment/ training, office set up costs, and branding; the funding will be allocated as part of the Department of Health learning disabilities and health reform grant in 2012/13. The level of funding to be made available to Warwickshire is yet to be determined.
  - 1.7 It is clear that the County Council's responsibilities for the Local Involvement Network will continue through to April 2013, and its funding will remain unchanged.
  - 1.6 Warwickshire County Council's HealthWatch Transition plans have been revised to incorporate the above changes.

## **2.0 Current Position and Plans**

- 2.1 A draft service specification of Warwickshire HealthWatch has been developed to reflect key stakeholders' and the public needs and aspirations for the new function. It has been created in such a way as to promote inclusiveness and equality, encourage partnerships and creativity and stimulate innovative and efficient ways of working (see Appendix I).
- 2.2 The service specification has been developed following a thorough and extensive engagement process which commenced in May 2011 and was closed in November 2011. Detailed information on the engagement activities undertaken by the County Council's Localities and Partnerships Team was provided in the previous progress report.
- 2.2 The work on determining best legal and procurement HealthWatch models based on the service specification has also commenced. Following professional procurement advice, it is clear that the best approach to be taken will involve a tendering process under local procurement rules in response to

a specific service specification and pre-qualification questionnaire to be finalised upon obtaining further feedback from the Health and Adult Social Care Overview & Scrutiny Committee, HealthWatch Transition Team<sup>1</sup> and final legal advice. The best provider will then be selected which can demonstrably meet all criteria and evolve into fully operational local HealthWatch organisation within the allowable parameters for its legal form and status. This is now likely to commence in summer 2012.

- 2.3 This approach has been benchmarked with 8 other local authorities in the country through a research work jointly commissioned from the Patient and Public Involvement Solutions Ltd., a well-established and long running company specialising in supporting statutory agencies in developing public engagement strategies and bodies, with strong connections with the Department of Health. Findings from this research depict a clear similarity in the development plans. They have been summarised in a report which will be shared with the Department of Health, the Care Quality Commission and local key stakeholders. Copy of this report is available on request.
- 2.3 Next steps in establishing local HealthWatch in Warwickshire have been revised and are presented in the table below.

<b>ACTIONS</b>	<b>TIMESCALES*</b>
Meeting with HealthWatch Transition Team to discuss service specification and next steps	Feb 2012
Appropriate legal and procurement HW models determined	Feb 2012
Funding available from April 2013 identified	Mar 2012
Finalised service and contract specification	Mar 2012
Procurement commencement	Mar 2012
Shadow HW established	Oct 2012
Review of the Shadow HW's work and future work programme developed	Mar 2013
Transition into fully operational HW	Apr 2013

*\* The above is an indicative timeline; dates are subject to potential delays in democratic and procurement processes as well as confirmation of funding from central Government.*

<sup>1</sup> HealthWatch Transition Team is made of representatives of key stakeholders and was established in May 2011 to provide feedback and drive the engagement work around the development of local HealthWatch in Warwickshire.

### **3 Key risks and issues for consideration**

- 3.1 Level of funding available for LINK in 2012-13 will remain the same as in previous years, which presents a challenge for funding a shadow form of local HealthWatch. LINK's costs are monitored closely and it is yet to be determined what level of activity the shadow form should perform. To assess this, further engagement with key stakeholders has been planned in February 2012.
- 3.2 An issue of transfer of funds from the existing Primary Care Trust's Patients Advice and Liaison Service (PALS) to cover for the signposting and advice element of HealthWatch's service still remains. Discussions are underway with the Arden Cluster to identify the level of funding which will be transferred to the County Council in respect of the PALS function currently undertaken by the Cluster.
- 3.3 Another issue which relates to the actual function and remit of Warwickshire HealthWatch is that current proposals risk ignoring the voice of child social care users. The Health and Social Care Bill sets out plans to establish local and national HealthWatch organisations to gather views of patients and use their feedback to promote better outcomes in health for all and in social care for adults only. Similarly to the above, the Bill does not include provision of advocacy support services to social care users, but requires local HealthWatch organisations to provide advocacy services only to patients of the NHS. This issue has been fed back through the HealthWatch Regional Network to the Department of Health and we are awaiting further guidance.
- 3.4 It has been made clear throughout the engagement process and a high level Equality Impact Assessment that there is a need to ensure close coherence with advice, information and advocacy arrangements secured through adult social care.
- 3.5 A further Equality Impact Assessment on the service specification is to be conducted in February 2012 to identify other risks and actions to reduce the risks in relation to the service specification.

### **2 Conclusions and Next Steps**

- 4.1 Work on the development of local HealthWatch in Warwickshire is progressing well. Our progress and plans have been noted by the Department of Health and the Care Quality Commission, with whom we are building good working relationships.
- 4.2 In order to continue this progress and ensure best outcomes in health and social care for all in Warwickshire, the Committee is asked to consider the revised plan to establish Warwickshire HealthWatch, as specified above, and to give views on the draft service specification.

- 4.3 Further progress reports will be presented to the Committee over the next 12 months.

## Background Papers

1. Shaping Local HealthWatch in Warwickshire – Progress Report from 7 December 2011.
2. HealthWatch Transition Plan – Department of Health. March 2011:  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_126325.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_126325.pdf)

## Appendices

Appendix I – Warwickshire HealthWatch Service Specification – Draft, version 1.1

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# Warwickshire HealthWatch Service Specification

*Draft*

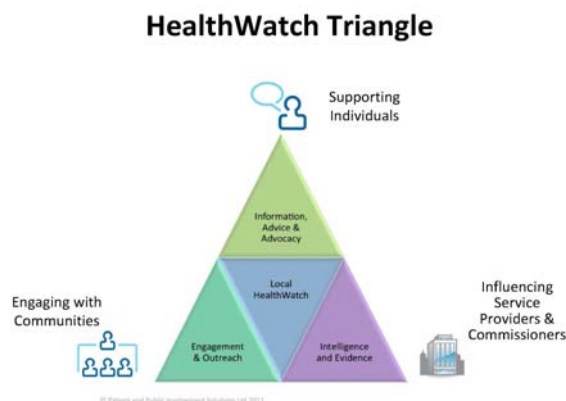
Version:	1.1
Date:	24 Jan 2012
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DRAFT

*Working for  
Warwickshire*

## 1.0 Background

- 1.1 The government's vision for HealthWatch is that it will be the independent consumer champion for the public to promote better outcomes in health for all and in social care for adults – locally and nationally.
- 1.2 At the national level, HealthWatch England will be a statutory committee within the Care Quality Commission, which will:
- Be independent of Government through being a committee of CQC
  - Provide leadership, guidance and support to local HealthWatch organisations
  - Be able to escalate concerns about health and social care services raised by local HealthWatch organisations
  - Provide advice and information to the Secretary of State, NHS Commissioning Board, Monitor and the English local authorities
  - Present an annual report to Parliament
- 1.3 Local HealthWatch will act as a point of contact for individuals, community groups and voluntary organisations around their experiences of health and social care. It will influence local commissioning decisions by representing the views of local stakeholders at the Health and Wellbeing Board and influence national policies by informing HealthWatch England about the views and experiences of local people. The specific role of the new service will be to:
- Collect and analyse consumer feedback on local health and social care
  - Give consumers a chance to suggest ideas to care professionals that may help improve services
  - Investigate specific issues and concerns and make recommendations to care professionals
  - Provide quality information and support to individuals to help them make choices
  - From April 2013, provide independent advocacy support to people who wish to make an NHS complaint
- 1.4 There are three main functions of a local HealthWatch, and they can be summarised in the form of a triangle.



## 2.0 Role of Warwickshire HealthWatch

2.1 More specifically the role of and service provision of Local HealthWatch will include:

- 2.1.1 Ensuring robust involvement, proactively engaging with people from all communities, in all health and social care issues and decisions. This includes seldom heard and underrepresented communities and groups.
- 2.1.2 Presenting the views and experiences of local service users to local decision makers, including elected members and overview and scrutiny committees local Clinical Commissioning Groups, HealthWatch England and Care Quality Commission.
- 2.1.3 Through presentation of robust evidence, being part of the decision making processes on the Health and Wellbeing Board and other commissioning boards, as appropriate.
- 2.1.4 Through sharing its intelligence around health and care issues and needs, being part of the Joint Strategic Needs Assessment process.
- 2.1.5 Signposting – providing information to patients and public who need to access health and care services and promote choice in line with health and social care public information and advice guidelines and policies.
- 2.1.6 Undertaking robust research and obtain and analyse the views of patients and public in relation to specific health or care issues, using appropriate, recognised statistical and qualitative research methods. Presenting findings in a manner appropriate to recipients, including professional reports.
- 2.1.7 Working in partnership with other agencies and established groups with health and social care interests, to ensure a coordinated approach to engagement and involvement activities and to avoid duplication.
- 2.1.8 Developing an annual work plan to reflect current local priorities identified through engagement with patients and public as well as collaborative work with voluntary and community groups, local authorities, health agencies and other partners. Working with the commissioner to ensure effective monitoring of the delivery of these priorities.
- 2.1.9 Identifying good and bad practice in the delivery of care services in Warwickshire, supporting the care providers in promoting good practice and holding them to account by reporting and making robust recommendations.
- 2.1.10 Facilitating formal consultation activities by statutory organisations with regard to health and adult social care.



### 3.0 Title of Contract

3.1 Warwickshire HealthWatch Contract

### 4.0 Contract Duration

4.1 1<sup>st</sup> October 2012 to 31<sup>st</sup> March 2013 for shadow form of Warwickshire HealthWatch; 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014 for full statutory form of Warwickshire HealthWatch – the contract will be renewed upon fulfilment of basic shadow functions, as specified in Section 6.0.

### 5.0 Definitions

5.1 **Advocacy** is providing the support someone needs to be able to express their views, to communicate their choices and to receive services or to participate in decision making.

5.1.1 Advocacy should help people to:

- Make clear their own views and wishes
- Express and present their views effectively and faithfully
- Access advice and accurate information
- Negotiate and resolve conflict

5.1.2 A **Patient Advocate** acts as a support structure and if legally contracted to do so may act as a patient's representative in their complaint against a health care provider. The Independent Patient Advocate is a vital instrument for both patient and healthcare providers in the optimal resolution of a complaint.

5.2 **Consultation** is the dynamic process of dialogue between individuals or groups, based upon a genuine exchange of views and, with the objective of influencing decisions, policies or programmes of action.

5.3 **Engagement** is the actions and processes taken or undertaken to establish effective relationships with individuals or groups so that more specific interactions can then take place. It is also the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well being of those people.

5.4 **Involvement** is about effective interactions between planners, decision makers, individual and representative stakeholders to identify issues and exchange views on a continuous basis.

## 6.0 Scope of Specification

- 6.1 The overall aim is to deliver impartial HealthWatch services via a single point of entry, but using multiple channels, also recognising existing mechanisms, to ensure accessibility for anybody within Warwickshire who wishes to obtain information or advice about available care services or share their views about care they received.
- 6.2 According to the Health and Social Care Bill, which currently is making its way through parliament, Local HealthWatch must a body corporate which will be able to employ its own staff.
- 6.3 The commissioning organisation – Warwickshire County Council – is inviting a consortium or a single provider which operates to the benefit of the local community and have a distinct local knowledge and identity to tender to deliver this service.
- 6.4 The following services are currently not within the scope of local HealthWatch specification:
- Representing views of child social care users or their representatives in relation to social care received by the children
  - Advocacy services to those who wish to make a social care complaint
- 6.5 The appointed Provider will adhere to the Service Principles (Section 7.0) and Role of Warwickshire HealthWatch Board (Section 9.0).
- 6.6 The appointed Provider will ensure during the shadow period that Warwickshire HealthWatch will take necessary steps to become a corporate body.
- 6.7 The appointed Provider will demonstrate during the shadow period that it is working to deliver all of the specified Warwickshire HealthWatch functions from 1<sup>st</sup> April 2013 when local HealthWatch organisations will become statutory bodies. Performance indicators and targets are detailed in Section 10.0. An appropriate refund may be required by the commissioning organisation in case of the contract over running.
- 6.8 The appointed Provider will recruit Warwickshire HealthWatch staff and proactively help and support local volunteers to ensure effective Warwickshire wide community engagement, involvement and participation.
- 6.9 The appointed Provider will supply necessary tools and mechanisms to ensure effective management of Warwickshire HealthWatch activity and flow of information and intelligence. It will effectively promote the public image and profile of Warwickshire HealthWatch.

- 6.10 The appointed Provider will ensure that it can provide a comprehensive service to the local people and communities via a number of outlets and channels in each District and Borough of the county.
- 6.11 The appointed Provider will ensure that the Warwickshire HealthWatch Board is recruited through a robust transparent process as per details in Section 9.0.

## **7.0 Service Principles**

- 7.1 The principles that have been developed collaboratively with patients, public and partners to provide a framework for the Warwickshire HealthWatch (WHW) provider in effective delivery of its functions are as follows:
  - 7.1.1 WHW should be impartial and trusted in the local community. It will be commissioned and performance managed by the Local Authority in such a way as to preserve its ability to independently carry out its functions, and the County Council as the funder will support its development as an independent organisation which is able to add real value to the decisions that are made about health and social care services on behalf of local residents.
  - 7.1.2 The structure of WHW must be simple and its activities focussed. WHW will be able to demonstrate high quality prioritising and decision-making through the use of clear processes and an evidence base not influenced by the vested interests of other organisations, groups or individuals.
  - 7.1.3 WHW must be a well-managed high quality organisation with knowledge and integrity at its core. It must have a strong, visible and respected leadership. Those involved in its leadership will have clearly defined roles and responsibilities and be held to account for their performance. They will have appropriate skills, knowledge and experience to ensure WHW is able to reflect and meet the needs of all residents across the areas it covers.
  - 7.1.4 WHW must be well-known. It will have a high profile supported by a clear brand and identity that makes it as easy as possible for people to find it and access its services. The name HealthWatch will be recognised as having a national identity, but locally it will be made clear that social care is within its remit.
  - 7.1.5 WHW should be inclusive of all sections of the community, it should be a representative voice of the population it will serve. It will champion and support local patient and user groups and it will avoid structures that make it harder for people to become involved.
  - 7.1.6 WHW must be recognised as an important point of access to information and support to access health and social care services,

the statutory route for the public, patients, service users and carers to express views and/ or seek advice about health and care.

- 7.1.7 WHW will work effectively with other statutory organisations, supporting and influencing them in their decision making in relation to planning, improving, or commissioning care services. It will have consistent representation on partnerships influencing policy and service change locally. It will be a recognised part of the Health and Wellbeing Board with a significant contribution to the Joint Strategic Needs Assessment (JSNA) and will do this through the presentation of intelligent and robust data and evidence.
- 7.1.8 WHW will have a good understanding of local voluntary and community groups and organisations, with whom it will cooperate to improve care and health outcomes for Warwickshire residents.
- 7.1.9 WHW must reach out to those groups and individuals who want to contribute and allow them to express their aspirations and views.
- 7.1.10 WHW will be a key agency working to ensure a coordinated approach to engagement activities around care services, so that it is able to provide robust, accurate and timely information in relation to their performance, good and bad practices and the needs of the local population.
- 7.1.11 WHW will have a robust recruitment process in place for its staff and volunteers, it will provide robust training to them and will manage their activities effectively which will enable care users have their voices heard and make appropriate choices in relation to their care needs.
- 7.1.12 From April 2013, WHW will provide quality advocacy services and will be clear about the level and type of support it will provide to ensure best outcomes for care users.

## **8.0 Service specification**

- 8.1 The elements of the service specification outlined below have been identified through an extensive engagement process with other agencies and the public as the most important to form an effective local HealthWatch in Warwickshire.

### **8.2 Leadership**

- 8.2.1 WHW will be led by people with appropriate skills and experience, with clear roles and responsibilities.
- 8.2.2 The Board will be represented by Executive and non-Executive leadership with the Executive bringing specific skills and day to day leadership, and the non-Executive bringing public accountability

and probity to the organisation. The Board as a whole will be responsible collectively for delivering the HealthWatch contract.

- 8.2.3 Robust terms of reference, including the processes for appointing members to the Board will be required to ensure its effective performance.
- 8.2.4 Recognition will be made within the Board of both communities of place and interest.
- 8.2.5 Board members will be selected to meet specific areas of expertise and knowledge and will provide strong leadership. Areas of expertise should include strategic leadership, community engagement, financial, HR, social research and legal.
- 8.2.6 All members of the Board will be appropriately skilled to fulfil their duties and continuous training and development will be provided to Board members.
- 8.2.7 The Board will be responsible for supporting the ethos and strategic direction of WHW and will be held to account through the contract with Warwickshire County Council for the effective delivery of it in line with this contract specification.

### **8.3 Management and organisation**

- 8.3.1 The management and operational staff of HealthWatch should be skilled and have a solid overview of the County's health and well-being issues.
- 8.3.2 With the use of an effective IT system WHW will fulfil a role in gathering and coordinating appropriate information from multiple sources, including through its own activities, to build an evidence based picture of the experiences and views of local people in relation to health and social care.
- 8.3.3 WHW will develop and deliver a robust programme of activity, with clear interfaces and a timetable of influence. It will have robust decision making processes and protocols in place which will be operated in a transparent way. Its programme will be developed in such a way, so that its outcomes can feed into existing health and care planning and commissioning decision making as well as scrutiny processes.
- 8.3.4 Success will be measured through a focus on outcomes and impact on service planning and commissioning decisions.
- 8.3.5 WHW will be regularly monitored and tested through feedback reviews and a robust performance management process will be implemented with outcomes which will be published.

- 8.3.6 WHW will deliver on its plans and contracts through the appointment of specific officers/ staff who will bring the required level of skill and expertise. Day to day operations of WHW will be measured on their effectiveness and in their ability to provide timely information and evidence to impact and influence service decisions.
- 8.3.7 A learning and development programme will be implemented to support management and staff to deliver the plan effectively.
- 8.3.8 Volunteers will play an important role in supporting the delivery of WHW services. Volunteers will be identified and appointed to specific roles. All volunteers will be well trained and be drawn from communities of place and interest and to represent the local demography.

#### **8.4 Brand and communications**

- 8.4.1 WHW will build on a national brand/ image as indicated by HealthWatch England.
- 8.4.2 WHW will be supported by Warwickshire County Council to become recognised as the “consumer champion” for health and social care and statutory agencies and partners will be encouraged to signpost people to HealthWatch. To support this WHW will develop a reciprocal engagement process with statutory partners through the establishment of an advisory group and/ or reciprocal Board membership.
- 8.4.3 WHW will communicate its services effectively, in a timely manner and in accessible formats via various media, as appropriate.
- 8.4.4 WHW will become well known through being available and visible within existing places that the public use to gain advice and information.
- 8.4.5 Transparent engagement with the population of Warwickshire will be achieved through a well publicised website and regularly published feedback.

#### **8.5 Equality and access**

- 8.5.1 WHW will be representative through its contact with patients and the public, through the delivery of its services and its engagement and outreach with the people of Warwickshire.
- 8.5.2 WHW will understand the specific requirements of communities in Warwickshire and will describe how they will be met. WHW will be held to account for meeting the needs of the population of Warwickshire through evidencing how commissioning strategies and plans have been influenced as a result of their experiences and views being heard and represented.

8.5.3 All material published by WHW will be accessible and user friendly.

8.5.4 WHW will engage with people and enable people to access it through multiple routes, including:

- Web via an interactive online tools, social media, WHW community
- Email and/ or other mechanisms for engaging directly with large numbers of people
- Face to face through presence within existing places that the public use to gain advice and information
- Phone by providing a single point of contact for people to seek advice and information.

8.5.5 WHW will be connected through existing community groups and organisations who may form a part of WHW and be responsible for delivering some of WHW services and be available through existing “front doors” (physical, telephone and online) in the community.

8.5.6 There will be clear roles for volunteers who will support the effective delivery of a range of WHW services within the community such as community researchers, community information assistants, community interpreters, etc.

## **8.6 Influence and independence**

8.6.1 WHW will be open and transparent with all key decisions published in an accessible and easy to understand way.

8.6.2 Influence will be achieved through the analysis and presentation of timely evidence based information. Processes must be developed to ensure decision making and prioritisation is objective. WHW will also be knowledgeable about the statutory sector decision making processes and timetables and will develop effective relationships with the statutory sector and engage with it on a regular basis.

8.6.3 Information presented by WHW must be obtained through an impartial process and objectively represent the views of the local population.

## **9.0 Service provider’s responsibilities**

9.1 The Provider will:

- 9.1.1 Demonstrate high standards of governance both organisationally and professionally. It will be a corporate body which will proactively work to achieve a corporate body status for the local HealthWatch in Warwickshire by the end of March 2013, and provide appropriate support for this to be

realistically achieved. It will ensure that the local HealthWatch Board is recruited transparently with clear roles and responsibilities for its members, that it has an independent chair and representatives from all districts in the county.

- 9.1.2 Provide a comprehensive service to the community as specified in section via a number of outlets and channels available in each District of the county. These outlets and channels should include discrete children and young people's and "seldom heard" engagement mechanisms and will be proactively supported by community engagement officers or local HealthWatch volunteers.
- 9.1.3 Promote the values and principles of engagement and have relationships with the voluntary and community sector. It will build good working relationships and partnerships with health and social care providers and commissioners and other statutory bodies through a communication and engagement strategy.
- 9.1.4 Build the capacity of individuals, groups, organisations to enable them to be fully involved in service improvement, development, planning and review in accordance with the local HealthWatch's principles. This will require a programme of tailored training for local HealthWatch volunteers and staff in relation to their specific roles such as providing information and advice, signposting, advocacy, gathering stories, enter the view work, peer reviews, etc.
- 9.1.5 Identify structures and processes which local HealthWatch should feed into, benefit from, or work with in order to effectively deliver on its outcomes. This will include working with Social Care and Health Overview & Scrutiny functions, Joint Strategic Needs Assessment group, Clinical Commissioning Groups, NHS Trusts' Quality Accounts and Equality Delivery Systems working groups as well as regionally and nationally other local HealthWatch organisations, HealthWatch England and Care Quality Commission.
- 9.1.6 Develop and deliver quarterly action plans as part of the annual business plan, to take the patients' and public views forward and identify their needs for care and health.
- 9.1.7 Develop protocols on how various parts of the health and social care system will work together to ensure best health and care outcomes for the local population.



- 9.1.8 Work with/ commission local organisations to carry out tasks identified by the local HealthWatch Board as part of the organisation's programme of work.
- 9.1.9 Work to ensure appropriate processes are developed for action, prioritising and allocating resources and funding. It will make best use of existing resources and capacity across various agencies and organisations and it will encourage volunteering initiatives.
- 9.1.10 Provide professional financial and administrative infrastructure to support all functions of local HealthWatch and to ensure the organisation carries out its tasks to high quality standards. The Provider will be accountable to Warwickshire County Council for its financial probity.
- 9.1.11 Be accountable for its performance to Warwickshire County Council and provide information required by the commissioner for performance management and audit purposes. Failure to provide information without reasonable explanation will lead to a notice being served on the Provider for non-compliance with a request from a commissioning organisation for information.

## **10.0 Commissioner's responsibilities**

10.1 The Commissioner (Warwickshire County Council) will:

10.1.1 Monitor the contract and the Provider's work with partners and the local HealthWatch Board to effectively performance manage the Provider. Monitoring will include:

- bimonthly contract monitoring meetings
- quarterly reports from the Provider on the quality of services provided, financial status and performance indicators and targets as well as delivery on actions as per HealthWatch's annual plan
- annual report summarising achievements of local HealthWatch in Warwickshire
- feedback from staff, volunteers, service users and other stakeholders
- inspection of documentation
- site visits

10.1.2 Support the Provider to ensure a robust and effective development of the local HealthWatch and its activity.

10.1.3 Involve local HealthWatch and provide support to it through the Council's existing contact and engagement activities with

communities and encourage other partners and stakeholders to provide similar support and involvement.

10.1.4 Help reduce any barriers to accessing relevant information regarding participation, developing, planning, commissioning and review and support local HealthWatch in their activity within the authority.

10.1.5 Provide a nominated person to manage the relationship with local HealthWatch on behalf of the local authority.

## **11.0 Performance indicators and targets**

11.1 The Provider will meet with the Commissioner at the beginning of each quarter to agree service development and targets for the forthcoming three months. The Provider will be expected to provide details of service users accessing the service, the progress of their support and issues relating to individual groups or service users and overall service provision.

11.2 The Provider will also be expected to report on engagement activities undertaken, and the outcomes from those on individuals, or service delivery and input into strategic processes and likely long term changes in services as well as national policies.

11.3 The Provider will monitor their service delivery and achievements to the following performance indicators<sup>1</sup>:

- Number of people accessing and taking up the services offered by Warwickshire HealthWatch, including the number of people supported to exercise their statutory right to advocacy
- Demand management and response times
- Service user profile, including all strands of 9 protected characteristics<sup>2</sup> to reflect demographics in the local population vs. access to services and community needs
- Diversity of local HealthWatch representation to reflect local communities and their needs
- Increase in people being heard – the extent to which people feel confident to speak up for themselves and to be heard as a result of the local HealthWatch's intervention
- Increase in awareness of services available and people's rights – the extent to which people are able to access services appropriately as a result of support received from local HealthWatch

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<sup>1</sup> The indicators may have to be amended to reflect the national guidance which is expected to be published in Spring 2013.

<sup>2</sup> Introduced by the Equality Act 2010 and including: age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

- Increase in choice and control – the extent to which people feel they are involved in planning their own care/ support and are in control of their own decisions as a result of support received from local HealthWatch
- Changes in health and care service provision attributable to local HealthWatch activity
- Changes in strategy and policy decisions attributable to the evidence provided by local HealthWatch.

## **12.0 Measuring success**

12.1 Performance management of this contract will focus on three strands:

- Delivery of outcomes for the local community
- Quality of services delivered to the local community
- Number of people served and services delivered

12.2.1 There will be ongoing work involving service users, carers, providers and commissioners to develop/ agree specific tools and mechanisms that will be used to measure outcomes.

## **13.0 Policies and procedures**

13.1 The Provider will adhere to/ have as a minimum written policies and procedures covering the following:

- Communication, engagement and information exchange with partners and public
- Complaints policy
- Criminal Record Bureau checks for employees and volunteers
- Data Protection Act compliant
- Disability Discrimination Act 1995 compliant
- Employment policy
- Equal opportunities
- Equality Act 2010 compliant
- Health and Safety
- Lone working
- User involvement
- Other relevant national policies compliant, as required.

## **14.0 Interfaces**

14.1 The Provider will identify any existing interfaces with its specific activities, policies and plans that may have not been described in this document and will develop protocols and procedures for engaging with these interfaces, as appropriate.