

Appendix A

Harrow Council

**Draft
Service Specification**

Establishment of a Local Healthwatch in Harrow

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1. Introduction

1.1 Context and Vision

The Health and Social Care Act 2012 replaces the current public and patient engagement mechanism, Local Involvement Network (LiNK), with a new body called Local Healthwatch (LHW). The Act requires local authorities with adult social care responsibilities to commission a Local HealthWatch from 1st April 2013.

This is a specification for provision of local Healthwatch in the London Borough of Harrow: hereinafter called Healthwatch Harrow.

The national vision for a local Healthwatch is that 'Your local Healthwatch will be your local consumer voice for health and social care. It will benefit patients, users of services, carers and the public by helping to get the best out of services, improving outcomes, and helping services to be more responsive to what people want and need. Like LiNK, Local Healthwatch organisations will continue to work with communities to influence commissioners to design and provide better health and social care services.'

The vision for HealthWatch Harrow has been built up from national guidance and a range of local consultation activities.

HealthWatch Harrow will be effective and independent and is expected to coordinate and build upon on all of the existing mechanisms for engaging users of health and social care services, both those established by the LiNK, the Council, the NHS and the networks of user-led organisations. It will also be expected to establish relationships that engage communities, patient, service user and carer groups, bringing a strong voice to the Health and Wellbeing Board (which Healthwatch Harrow will be a member of).

Healthwatch Harrow will also be accessible to all who wish to engage with it, ensuring that it is approachable to all ages and all needs. It will be a robust and credible organisation by demonstrating that it has the appropriate level of skills and competencies required to deliver its functions to the highest possible level and to achieve the outcomes required.

1.2 Background Information

Harrow is an outer London Borough in the northwest of the capital. The Council's vision is 'Working Together: Our Harrow, Our Community'.

Harrow is the 12th largest borough in London with a culturally diverse population of 239,100 recorded by the 2011 census, with a predicted increase over the next 10-15 years, particularly amongst the 0-15 age group, and the over 65s.

The most distinctive aspect of Harrow is the diversity of its population. The latest estimate (2011), suggests that 54% of the people living in Harrow are from minority ethnic communities and it is likely that the Census data will show a higher proportion.

We have a working age population of around 135,000 of whom 78% are economically active. Population density ranges from 18 people per hectare (pph) in areas north of the borough to over 100 pph in areas in the south of the borough.

People in Harrow enjoy a comparative high average standard of living, low unemployment, good public transport links into the centre of London and good road links to the rest of the country.

The Council comprises 63 councillors and is run by a Labour administration.

2. Outcomes and Expectations

This specification contains outcomes that Healthwatch Harrow will be expected to achieve and also sets out some principles that should guide how the organisation operates.

The national outcomes sought from Healthwatch have been adopted locally as the basis for the service in Harrow. These outcomes which we would expect Healthwatch Harrow to deliver against can be split into three areas:

1. Engagement and influence – The Consumer Champion
2. Information and Advice - Signposting
3. Complaints Advocacy

Sections 2.1 to 2.3 below outline in more detail the specific outcomes against these three areas.

2.1 Engagement and influence – The Consumer Champion

What should individuals and organisations experience?

Individuals should experience:

- Consistent and systematic engagement with all sections of the local population especially the ‘seldom heard’;
- An organisation which seeks the communities’ views about current health and social care services and any planned changes;
- Consultation and engagement that is part of a wider system;
- An organisation that has due regard to what others are doing;
- An organisation that employs staff and volunteers who reflect the local community who are skilled and informed to deliver Healthwatch Harrow’s objectives;
- An organisation that is easy to contact;
- A welcoming, inclusive, listening organisation; and
- An organisation that provides easily accessible, relevant and understandable information which supports engagement activity.

Organisations (Community, Statutory, Regulator, the Health and Well-being Board and HealthWatch England) should experience:

- An organisation which makes a positive contribution to local strategic planning and service commissioning including through the use of its seat on the Health and Wellbeing Board;
- Clear communication of the local communities' views based on credible evidence, presented in an accessible, relevant way;
- Constructive challenge on behalf of the community when required to assist service change and improvements to quality;
- Informed, robust relationships based on mutual respect and an appreciation of the different roles each organisation plays;
- Judicious use of 'enter and view' powers by collaborative working with other inspection regimes;
- Prompt appropriate contact and reporting of concerns about service quality and safety; and
- Co-ordinated work between local Healthwatches where providers or issues cross borough boundaries.

2.2 Information and Advice – Signposting

There is a flourishing and well-established network of sources of advice and information in existence in Harrow. LHW are not expected to replicate or duplicate existing provision but to co-ordinate current activities to ensure the best possible range of sources of high quality and accurate advice and information. If gaps in provision are identified, LHW will be expected to ensure that these are met either by an already existing organisation or organisations or by direct provision.

What should individuals and organisations experience?

Individuals should experience:

A service which:

- Is easy to find and access;
- Informs them about how they can get more involved in their own health and social care as part of the wider HealthWatch remit and informs them about how they can get involved in HealthWatch to bring about change to health and social care services;
- Provides information through a range of mediums and formats e.g. leaflets, electronic, telephone;
- Communicates general health and social care information through local networks;
- Supports and promotes local public health information and awareness raising activities;
- Provides accurate and accessible information to patients, carers and families, about local health and social care services and can help introduce people to local networks and support groups

Organisations (Community, Statutory, Regulatory, the Health and Wellbeing Board and HealthWatch England) should experience:

- A service which links with other local information sources for health and social care;
- An organisation with extensive local networks;
- An organisation which actively communicates information from local health and social care organisations to the local community through its networks;
- An organisation which provides an early warning system for local health and social care commissioning and provider bodies by identifying issues or gaps in services raised through the signposting service; and
- An organisation which understands the limits of the local HealthWatch information and advice giving function.

2.3 Complaints Advocacy

This role involves making arrangements for supporting local people with any complaints they may wish to make in relation to an NHS services either through a directly provided complaints advocacy service or referral to a third party contracted by the local authority expressly for these purposes. In either case, HealthWatch Harrow will be expected to collate information about the pattern of complaints made about local services and those specialist services in other areas that are accessed by local people to inform the consumer champion role (see section 2.1 above).

3. Principles

HealthWatch Harrow should adopt the following principles to guide their work:

- The health complaints advocacy service will be commissioned and be independent of the Local Authority;
- The Healthwatch organisation itself will be independent and commissioned to co ordinate and performance manage all relevant local advocacy and information advice services rather than directly providing them;
- An outcomes based commissioning process will be used to identify the organisation that will deliver health complaints, advocacy and Healthwatch itself. Organisations will be able to bid independently or in consortia to provide these services;
- The Healthwatch organisation will pay due regard to other regulation, quality assurance and engagement activity in the borough when it plans its own rights of entry and engagement work;
- Develop a clear identity, operating standards and a performance framework;
- Adopt a governance framework that, within the requirement to deliver the outcomes set out above, enables communities in Harrow to shape its policies and activities;
- Conduct its business openly and transparently and report its activities and the impact that they have had to Harrow Council on a regular basis;
- Seek to achieve value for money through delivering its services as efficiently and effectively as possible;

- Promote equality of opportunity and observe the requirements of equalities legislation; and
- Work collaboratively with other agencies.

4. Organisational structure

Healthwatch Harrow will develop and maintain a membership structure for individuals and organisations, as well as patients and communities including children and young people to join and take part in HealthWatch activities.

Legislation requires a Local HealthWatch to be a not for profit organisation, which will be able to employ its own staff, involve volunteers and sub contract if it chooses to do so.

Healthwatch Harrow must comply with both the Data Protection Act 1998 and the Freedom of Information Act 2000 and ensure that HealthWatch Harrow participants are aware of their responsibilities under both of these Acts. It will also be subject to public sector duties such as the Equality Act 2012. Healthwatch must be committed to safeguarding and promoting the welfare of adults, children and young people and expect all staff and volunteers to share this commitment, and to be effectively trained in all aspects of safeguarding legislation and practice. This will include provision for enhanced CRB checks for all staff and volunteers.

Please note that this specification has been prepared in advance of the regulations which the Secretary of State will make under the Health and Social Care Act 2012 in relation to:

- The criteria to be satisfied by the bodies with which local authorities may make contractual arrangements under Section 221 of the Health and Social Care Act 2012;
- The requirements to be placed in relation to contracts between the local authority and the local HealthWatch and the local HealthWatch and any subcontractors;
- The duties on service–providers to respond to reports and recommendations made by local HealthWatch;
- The duties on service–providers to allow entry to authorised representatives of local HealthWatch; and
- The acknowledgement of the referral of matters to local authority overview and scrutiny committees.

Therefore this specification may be updated to take account of any regulations made by the Secretary of State which may cause any deviation from what is currently set out.

5. Access and Eligibility

HealthWatch Harrow should be accessible to all people who are entitled to receive health or adult social care services in Harrow, or anyone who cares for or represents anyone who has access to health or social care services in Harrow. Accessibility in this context means maintaining an office in Harrow in a location that is convenient for public transport, maintaining a web presence and publicising a staffed telephone number.

HealthWatch has a duty to assist local health and social care commissioners and providers, and other voluntary and community stakeholders, by providing feedback, research, and experiences of health and social care, to improve services.

6. Funding

The total funding for the contract is estimated to be in the region of: £450,000 over the period of the contract (1st April 2013 – 31st March 2015). This figure is based on the allocation illustration given by Department of Health during 2011 and will be subject to variation. In particular, Harrow Council is considering spending reductions in respect of all of its services of up to 15% over the period of this contract and would expect tenders to factor this background into their submission. We anticipate an exact contract value to be released in December 2012.

The indicative budget for HealthWatch Harrow will be published at the tender stage.

7. Length of contract

The length of the contract will be 1st April 2013 to 31st March 2015. Harrow Council may give written notice to extend the contract for one year.

8. Contract Monitoring

The contract will be monitored regularly by Harrow Council. Healthwatch Harrow will report on its activities and finances on at least a quarterly basis throughout the term of the agreement and as reasonably specified as part of a performance management review process set by the Council.

Healthwatch Harrow's annual reports on expenditure, activity and achievements must be sent to the Department of Health as well as the Council.

Healthwatch Harrow will be expected to report, quarterly, on its activities, value for money and on its financial position. All funds provided as a result of the contract awarded are to be spent on contract fulfilment.

Healthwatch Harrow will need to be able to demonstrate to Harrow Council its performance against key performance indicators.

Healthwatch Harrow will also be required to benchmark its performance against national quality indicators to be developed by the Department of Health and to provide this data when reporting to Harrow Council on its performance.

Healthwatch Harrow will ensure effective robust and secure data management and record-keeping of HealthWatch information which may include personal information.

Healthwatch Harrow will ensure relevant staff and volunteers have a CRB check at appointment and at appropriate intervals thereafter.

9. Delivery Model and Governance Structure

Healthwatch Harrow will be a body corporate. We do not have a preference for the model used by Healthwatch Harrow. However, if more than one organisation is involved in a bid, this should be explained clearly in the response to the tender, and only the Lead Organisation should be involved in submitting the bid. Partnership bids will therefore not be accepted, but bids from a lead provider clearly demonstrating any subcontracting will be acceptable.

Healthwatch Harrow will be expected to structure itself to carry out the functions and achieve outcomes detailed in this specification.

10. Potential Indicators of Success

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

- 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;
- 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 diverse section of the local community.
- It has an evidence base of how people perceive the health and social care services they receive;
- It has established constructive and open relationship with health and social care commissioners and providers;
- It has a focus on partnership, outreach, networking, and relationship building;
- It has a thriving body of trained and skilled volunteers working to deliver its vision and functions;
- It has a constructive and open relationship with the Council;
- HealthWatch Harrow can provide evidence that it is regarded by key local organisations as a credible partner, scrutineer and holder to account.
- It encourages other organisations to get feedback from user experience.
- It creates better value for money from services.