

Healthwatch Harrow

“To establish Healthwatch Harrow as an organisation rooted in Harrow that is open to all and make a real difference to people’s lives through championing the health and wellbeing of Harrow residents”.

Performance Monitoring Framework London Borough of Harrow

1. Introduction

This framework sets out reporting arrangements on Healthwatch Harrow for the London Borough of Harrow for 2013/14. Progress will be monitored and reported on a by exception basis.

The report is in three parts:

Part 1: Narrative on general progress, organisational development, networking, projects and any difficulties;

Part 2: Delivery against the indicators set out below;

Part 3: Recommendations

2. Reporting Cycle

HiB will submit quarterly reports as below:

- 12th July 2013
- 11th October 2013
- 10th January 2014
- 11th April 2014

3. Purpose

To provide a holistic and integrated account of progress **and**:

- Support the on-going development of the Hub and Spokes Model and the data collection framework (DCF)
- Capture information, statistics, feedback and views from as wide an audience as possible about the health and social care consumer journey and experience and specifically about the availability and access to health and social care services, understanding of the presenting need, quality and standards of provision including waiting times for assessment and/or intervention, cleanliness, catering, sufficiency of staff and effectiveness in terms of outcomes
- Provide analytical reports for stakeholders, partners and statutory bodies and the Annual Report
- Identify gaps in provision; and
- Improve and shape provision and delivery.

4. Delivery Outcome

4.1 Engagement and Influence

This section provides data relating to how HH engaged and influenced people in the borough. It shows qualitatively and quantitatively information on the % of people who have heard of HH and contacted it for information or raised a concern. It includes how many times HH has been effective in ensuring the voice of local people has been heard by service providers, commissioners and monitoring bodies such as HealthWatch England, HWBB and CCG.

4.2 Information and Advice ~ Signposting

This section relates to amount of people who have requested information and have been signposted to the appropriate provider. It indicates amount of queries, concerns and enquirer satisfaction. It also indicates if any provider had been informed about inaccurate information on their website.

4.3 Organisational Development

This section relates to HiB's partner organisations who have reported improved co-ordination between IAG providers and the public. It also relates to finance management, policy and procedures as well as training.

Please refer to **table on pages 3 to 8**.

5. Recommendations

To make any recommendations relating to the contract, performance measures or other matters relating to the contract. Recommendations relating to the provision of health and social care will be made as and when they arise and not delayed to a performance monitoring report. The Performance report will refer to health and social care recommendations and any recommendations made to Healthwatch England or the CQC and others.

4. Delivery

Outcome 1 Engagement and Influence

Function	Outcome	Performance Measure	Target	Performance
4.1 Promote Healthwatch Harrow (HH)	<p>a) People in Harrow know about HH, what it does and how to contact it</p> <p>(performance measure will be data collected from Council's residents panel but include local data collected from CRISPI list)</p> <p>CRISPI = concerns, request for information, signposting, intelligence</p>	- % of people who have heard of HH (see outcome)	<p>End of 1st year 20%; end of second year 40%</p> <ul style="list-style-type: none"> Year one will be benchmark, Year two onwards will be based on year one plus % agreed 	
		- % of people who recognise HH as an effective and inclusive brand, championing health and social care issues (info from CRISPI list)	<ul style="list-style-type: none"> 50% of those who have heard of it 	
		- No of people who have contacted HH (info from CRISPI list)	<ul style="list-style-type: none"> People who have contacted HH in Y1 will be set as a benchmark, Y2 onwards will be based on Y1 plus 15% 	
		- % of service users satisfied or very satisfied with the service they received (snap survey plus local checks)	<ul style="list-style-type: none"> 70% of callers, enquirers in the first year 80% of caller, enquirers in the second year People who have contacted HH in Y1 will be set as a benchmark Year two onwards will be based on year one plus % agreed 	

Function	Outcome	Performance Measure	Target	Performance
4.2 Promote and involve the involvement of people in the monitoring, commissioning and provision of local care services	a) Health and Social care services are demonstrably influenced by the delivery of the consumer voice through HH leading to services that build on the patient and service user experience;	<ul style="list-style-type: none"> - No of Enter and View visits - Enter and View visits prioritised on evidence from collective issues received from the public - Evidence of recommendations made to providers/commissioners following visits - Evidence of responses to recommendations 	<ul style="list-style-type: none"> - Target to increase in Y2 and Y3 after a bench mark is set for Y1 - Evidence that prioritisation methodology is responsive to public concerns - % of concerns raised that become formal recommendations - File of responses to recommendations 	
	b) Membership of HH increases through embedding and working closely with patient participation groups, neighbourhood groups and other partners;	<ul style="list-style-type: none"> - No of HH Members (people on DB, circulation list, stakeholder circulation etc) - No and diversity of organisations participating in HH 	<ul style="list-style-type: none"> - People receiving information from HH - Organisations representing from both health and social care interests 	
	c) People who want to take part in HH activities are treated fairly and are able to take as full a part as they want;	<ul style="list-style-type: none"> - Evaluation of community engagement/outreach events which demonstrate that participants views have been heard - No of volunteers trained for Enter and View visits 	<ul style="list-style-type: none"> - Internal analysis of satisfaction with event feedback forms - Y1 target ~15; Y2 target ~25 	
	d) Successful professional relationships are in place with Harrow Health and Wellbeing Board, commissioning leaders	<ul style="list-style-type: none"> - HH representation at health and social care user and engagement groups, partnership boards and provider forums 	<ul style="list-style-type: none"> - No of user groups attended - No of meetings attended - No of events attended 	

Function	Outcome	Performance Measure	Target	Performance
	and local providers	- Minutes of HWB / CCG demonstrate evidence of HH involvement	- Attend 90% of meetings	
	e) HH has a focus on partnership, outreach networking, relationship building and achieving common cause	- Participate in Quality Accounts - Participate / promote consultations. - Surveys questionnaires and social media responses	- Accountability through the publication of an Annual Report describing how HH has encouraged the user voice and how this has informed commissioning and service improvement	
4.3 Obtain the views of people about their needs for and experience of local health and care services and make those views known to those involved in the commissioning, provision and scrutiny of health and care services.	a) Ensure proactive and effective engagement is in place promoting involvement in HH and participation by all sections of the community and with existing health and social care structures	- HH membership (based on snap poll) indicating demographics showing age, gender, ethnicity and disability	- Baseline and movement towards reflecting the borough 18+ demographic profile	
	b) Identification from customer experience and an analysis of signposting requests of gaps in service provision	- Recommendations for gaps to be addressed by changing commissioning intentions - Inclusion of unmet needs identified in future JSNA	- % of recommendations that lead to changes - No of issues reported to be included in JSNA	
	c) User experience reported to HWBB	- Minutes of HWBB giving evidence of HH reporting people's experience and views	- No of issues noted by HWBB	
	d) Analysis of complaints advocacy cases to identify areas for service	- Anonymised advocacy data included in HH analysis of performance of	- Data received and analysed every quarter	

Function	Outcome	Performance Measure	Target	Performance
	improvement (collate info from PALS etc reports)	health and social care services		
4.4 Establish relationship with Healthwatch England to assist it in undertaking its role as national champion and identifying areas of concern for special investigation	a) Make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern	- Evidence of reports to and feedback from Healthwatch England	- Y1 based on recommendations made to HWE	

Outcome 2 Information and Advice – Signposting

Function	Outcome	Performance Measure	Target	Performance
5.0 Provide information and advice to the public about accessing health and social care services and choice in relation to aspects of these services	a) Find it easy to access information and advice about health and social care	- No of enquiries - Source of enquiry - Nature of enquiry - Onward referral destination - User satisfaction	- Y1 to be benchmark target plus 25% more for Y2 and Y3 - 90% for Y1 - 80% for Y1, 90% for Y2 and 95% for Y3	
	b) People in Harrow know about HH, what its role is and it is perceived to be a credible organisation	- See Outcome 4.1		
	c) People get the information that they require	- % signposting and information requests that are fully answered	- 80% for Y1, 90% for Y2 and 95% for Y3	

Function	Outcome	Performance Measure	Target	Performance
5.1 Establish a library of data and information sources and expertise in interrogating them to be able to answer signposting and advice queries	a) Signposting and Advice enquiries are answered promptly and fully using provider and secondary information sources	- % signposting and information requests that are fully answered	- 80% for Y1, 90% for Y2 and 95% for Y3	
5.2 Providers are informed of out of date information on their websites and in other public information settings	a) Publicly available information is up to date and correct	- No of occasions that providers are notified of out of date or incorrect information	- monitor databases on ad-hoc and intelligence gathered basis (Y1 to be base target)	

Outcome 3 – Organisational development

Function	Outcome	Performance Measure	Target	Performance
6.0 Improve co-ordination of information and guidance regarding health and social care	a) Networking between providers enables signposting to more detailed information about specialist care to be available to the public	- % Partner organisations who report improved co-ordination between IAG health and Social care providers in public and voluntary sectors via HH	- 80% based on count in Y1, 90% for Y2 and 95% for Y3	
6.1 Financial Management		- Budget/activity spend		
6.2 Staff training and development	a) Staff trained as required	- % of identified training undertaken		
6.3 Volunteer training and development	a) Volunteers effective	- % of identified training undertaken		
6.4 Complaints	a) Complaints policy in place, complaints analysed and	- % complaints responded to within time limits; analysis		

Function	Outcome	Performance Measure	Target	Performance
	acted upon	of complaints undertaken at least twice a year, action taken to address patterns (if any).		
6.5 Policies in place	a) Equalities, whistleblowing and other relevant policies to be in place	- Policies to be in place within 6 months of contract commencement and reviewed annually thereafter	- September 2013 Review date September 2014	
6.6 Procedure for Enter and View	a) Procedure in place	- Process in place within 3 months of contract commencement	- June 2013	
6.7 Governance	a) Minutes of Board meetings b) Chair	- Minutes of Board and other* meetings to be available - Chair appointed by October 2013 * only minutes approved by the DB for public awareness	- Five working days after approval on HH website - October 2013	
6.8 Newsletters	a) Newsletters and other communications to members and supports	- Evidence by being added to mailing lists	- On going	
6.9 DBS checks	a) Relevant staff and volunteers have DBS checks	- Statement that DBS checks have been undertaken	- On going and as required	
6.10 Service plan in place	a) Service plan outlining activities for the year to be prepared	- Service plan in place by September 2013 for the period to September 2014 and updated every six months	- September 2013	

