

Commissioning an effective local Healthwatch

Local authority commissioners' resource pack

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About this resource

This document:

- Explains the key statutory requirements relating to Healthwatch.
- Outlines local authorities' role in commissioning local Healthwatch for their area.
- Explains Healthwatch England's role and how this relates to both local authorities and local Healthwatch.
- Sets out how commissioners can use the Healthwatch Quality Framework to commission and monitor local Healthwatch.
- Identifies ways that commissioners can set clear expectations on outcomes and impact to ensure their Healthwatch is effective.
- Provides a checklist to support local authorities when developing a tender specification, contract or grant agreement.

Introduction

English local authorities have a legal duty to commission local Healthwatch. They also have a broader leadership role in health and care, promoting wellbeing and tackling health inequalities through their public health function. Healthwatch contributes to the bigger picture by supporting local authorities and their partners to achieve health and care strategic aims and ambitions by bringing people's voices into the heart of commissioning and delivery.

The information here is Healthwatch England's interpretation of the legislation and guidance.

Since 2012, as new obligations and queries arise, we continually develop our resources on compliance and best practice. It is not intended to be, nor should it be, used as legal advice.

Parts of this resource are advisory, based on local authorities learning from their experience of over a decade of commissioning local Healthwatch. Other areas are linked to legislation and are therefore required for compliance so your provider can be granted the licence to use the trademark. We have set out which elements are advisory in the text below.

This document may be subject to change. The latest version will be available on the Healthwatch network website, and we will notify you of any changes.

Additionally, we have provided local Healthwatch with a [Guide to Running a Healthwatch](#), which includes guidance on the legislation and regulations affecting running a Healthwatch, which you can refer to.

Background to Healthwatch

The Health and Social Care Act 2012 established Healthwatch, nationally as Healthwatch England and locally, through the requirement to have a local

Healthwatch in each local authority area (upper tier or those with statutory adult social care responsibility). Local Healthwatch became operational in April 2013 when it replaced its predecessors Local Involvement Networks (known as LINKs).

There are currently 152 local Healthwatch across England, collectively referred to as the network. Local Healthwatch finds out what people like and what could be improved about services and shares these views with those who commission and provide health and care and have the power to make change happen. Healthwatch also helps people find the information they need about services in their area.

Nationally and locally, Healthwatch has the power to make sure that those in charge of health and social care services listen to and act on what people want from care. As well as seeking the public's views, Healthwatch encourages health and social care services to involve people in decisions that affect them.

Healthwatch principles

Healthwatch is set apart from the statutory structures and voluntary and community sectors they work within. They perform public functions, fulfil statutory duties and should receive public funding for this function. This role is recognised in law, for instance, as Healthwatch have specific requirements under the Freedom of Information Act and Healthwatch legislation (such as to reply within 30 days).

Their core purpose of making sure the views of the public shape the health and care services they need **requires** them to be:

- **Independent in purpose** - amplifying people's voices and experiences of the most pressing and challenging health and social care issues.
- **Independent in voice** - speaking up on behalf of sometimes unpopular causes or marginalised groups who face disadvantage or discrimination.
- **Independent in action** - designing and delivering activities that best meet the needs of the people they serve.

If Healthwatch is to hold others to account, it should operate with integrity, accountability and transparency to have credibility with the communities they serve. Local authorities **should** ensure their contractual requirements protect Healthwatch's independence, while appropriate contract monitoring enables Healthwatch to demonstrate that they uphold Healthwatch principles.

The role of Healthwatch England

The legislation sets out the role of Healthwatch England, which includes the following:

- Providing Healthwatch providers with general advice and assistance in the arrangements of and carrying out of the statutory activities.
- Making recommendations of a general nature to local authorities about the making of arrangements of the statutory activities.

- Giving written notice of Healthwatch England's opinion to local authorities where we have concern that the statutory activities are not being carried out properly.¹
- Providing information and advice on the views of the people in relation to health or social care services and the views of local Healthwatch on improving standards to:
 - The Secretary of State
 - NHS England
 - English local authorities
 - Care Quality Commission (CQC)
- Granting a licence to a local Healthwatch organisation for the authorised use of the Healthwatch trademark.

Healthwatch England support to local authorities

Healthwatch England provides guidance and information to individual local authorities (typically to officers working in commissioning, contract monitoring and procurement) on specification development and commissioning approaches.

We do this on a confidential basis, acknowledging the commercially sensitive nature of some of the information that is shared with us and will not share anything with the incumbent or potential provider of Healthwatch without prior agreement from the authority.

We strongly **advise** local authorities to share their draft specifications with us as early as possible to check their compliance with statutory requirements, trademark licence terms, and brand values. We can share learning from other authorities and broker connections if appropriate.

In line with our statutory duty, we will inform you verbally or in writing to propose action where we believe that the authority's arrangements for local Healthwatch need to be amended.

Healthwatch England support to local Healthwatch

Healthwatch England provides local Healthwatch with a range of advice, information and resources to deliver an effective Healthwatch service.

The support for local Healthwatch is coordinated by the Healthwatch England regional manager who will provide one-to-one tailored support to complete our Quality Framework, support with opportunities and challenges and signpost to our broader support offer. You can find your regional manager here: [Our staff | Healthwatch](#)

Additional support is delivered through:

- Guidance and resources through our network site

¹ Section 45A (4) of The Health and Social Care Act 2008 and section 181 (4) of the Health and Social Care Act 2012

- Access to an online community where local Healthwatch and Healthwatch England can answer questions and share good practice.
- A programme of [training and events](#)

Commissioning effective local Healthwatch

1. Understanding the legal requirements relating to Healthwatch

We **advise** that local authorities ensure that they are familiar with the legislation before commissioning processes so that they are assured that Healthwatch is effective.

The core legislative basis for Healthwatch

The [Local Government and Public Involvement in Health Act 2007](#), amended by the [Health and Social Care Act 2012](#), outlines the main legal requirements for the provision of Healthwatch. This is underpinned by many other regulations that detail activities undertaken.

The law refers to the roles of:

- Local authorities are required to make provisions for Healthwatch statutory duties to be effectively fulfilled.
- Providers of Healthwatch services.
- Healthwatch England, whose main role is to provide advice and support to every local Healthwatch and to provide general recommendations to local authorities on making contractual arrangements for the delivery of Healthwatch duties.

Legislative frameworks are often complex. It is important to consider what legislation states about Healthwatch, local authorities and Healthwatch England. It says:

- What they should do (duties)
- What they may do (powers)
- What is prohibited

Additional key legislation which Healthwatch should follow

Healthwatch is subject to a wide range of other legislation, and we have identified some of the key areas below.

[The Health and Care Act 2022](#) does not change the statutory functions of local Healthwatch but does amend the Local Government and Public Involvement Act 2007 to replace the Clinical Commissioning Group (CCG) with the Integrated Care Board regarding the duty to respond to local Healthwatch reports.

Statutory guidance places a requirement on Integrated Care Systems to collaborate with local Healthwatch, e.g. [guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](#).

Safeguarding vulnerable adults

As well as considering how local health and care organisations deal with safeguarding as part of their service provision, Healthwatch should also have appropriate policies and procedures to ensure safeguarding. Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012, sets out regulated activity.

Schedule 2 of the Care Act (2014) sets out how Healthwatch are involved in local Safeguarding Arrangements. The key areas are:

- being consulted on the Safeguarding Adults Board strategic plan.
- being sent a copy of the Safeguarding Adults Board annual report.

That's the minimum requirement for local Healthwatch involvement, but some do contribute in other ways, e.g. being commissioned to gather people's views on their experiences of the safeguarding process.

<http://www.legislation.gov.uk/ukpga/2014/23/schedule/2>

Equality and human rights

Healthwatch has an important role in promoting and protecting equality and human rights for everyone who uses health and social care services. As a private body delivering public functions, Healthwatch is subject to the Public Sector Equality Duty as provided in the Equality Act 2010 and the state's obligations under the Human Rights Act 1998.² **We advise local authorities to use their contract monitoring or grant agreement to ensure Healthwatch meet their public duties under the Equality Act** and are effective at reaching and working with people who have protected characteristic and other seldom-heard sections of their community.

Data Protection Act 2018

Healthwatch collects, store and use very sensitive data about people. For GDPR purposes, this includes special category data. Please refer to the [Data management and protection section below](#).

Freedom of Information Act

Local Healthwatch is considered a 'public authority' for the purposes of the Freedom of Information Act 2000 and is specifically included in this Act, although only in respect of information held in connection with arrangements made under section 221(1) or arrangements made in pursuance of those arrangements. The Act provides the public a right to access information held by public bodies unless certain exemptions apply. It also requires local Healthwatch to have a publication scheme in relation to their statutory activities.³ Our [Guide to Running a Healthwatch](#) includes

² Section 149 Equality Act 2000; Section 6 Human Rights Act 1998

³ Paragraph 35E Schedule 1 to the Freedom of Information Act 2000; Section 19 of the Freedom of Information Act 2000

an example published by the Information Commissioner's Office(ICO), which you could refer your Healthwatch to.

The statutory role of a local authority

Every English local authority **has a duty** to make provisions for the delivery of Healthwatch statutory activity in their local area. This means establishing a contractual arrangement (e.g. contract or grant agreement) with an independent organisation that **should be a social enterprise**⁴ that delivers Healthwatch activity.

Local authorities are accountable for commissioning the following eight core statutory activities:⁵

1. Promoting and supporting the involvement of people in the commissioning, the provision, and scrutiny of local care services.
2. Enabling people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
3. Obtaining the views of people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England.
4. Making reports and recommendations about how local care services could or ought to be improved. These are usually directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
5. Providing advice and information about access to local care services so people can make choices about local care services.
6. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved and sharing these views with Healthwatch England. (See [Sharing information with Healthwatch England](#))
7. Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making recommendations direct to CQC); and to make recommendations to Healthwatch England to publish reports about issues.
8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

⁴ [Legal forms for social enterprise: a guide - GOV.UK \(www.gov.uk\)](#)

⁵ Section 221 of the Local Government and Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012
<https://www.legislation.gov.uk/ukpga/2007/28/section/22>

Local authorities are **required** to:

- ensure the arrangements are “effective” and “represent value for money”, and
- to publish a report in relation to their findings on provision in their area.

2. Deciding on the financial envelope for funding effective local Healthwatch

This section sets out **advisory** information for commissioners about funding, contract terms and the procurement route. It draws on our learning from commissioners and the experience of providers of Healthwatch.

Where does the funding for local Healthwatch come from?

There are two central government funding sources for local Healthwatch core contracting:

1. **The Local Government Finance Settlement** provides the majority of the central government's funding to local authorities to fund local Healthwatch.

The funding assumed available within the government settlement is based on the money local authorities historically received for Local Involvement Network (LINKs), along with other related grants were rolled into the new local government system introduced in 2013-14.⁶

2. **The Local Reform and Community Voices Grant (LRCV)** introduced in 2013/14 by The Department of Health and Social Care (DHSC, in its previous form, the Department of Health) provides the second funding stream. The Local Reform and Community Voices Grant is a separate section 31 grant. Each year the Department of Health and Social Care publishes the grant allocations in a letter to Local Authorities. Annually. The latest, and previous, letters are on the Department's website.

The directions are set out:

"Local authorities have a duty under the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) to ensure that an effective local Healthwatch is operating in their area, delivering the activities set out in the legislation. The Local Reform and Community Voices grant provides one element of the non-ringfenced funding provided for local Healthwatch, with the larger proportion being rolled into the local government settlement from 2011 to 2012"

Healthwatch England reports Healthwatch funding each year to the Secretary of State. You can find the latest report on the Healthwatch England website.

⁶ [Briefing for the Health and Social Care Committee on funding for Healthwatch \(parliament.UK\)](https://www.parliament.uk/briefing-papers/SB16011)

Healthwatch England reports back to DHSC where funding levels do not align with the directions set out by the DSHC grant letter referenced above.

Other sources of funding

Although the changes brought about by the Health and Care Act 2022 do not change the statutory functions of local Healthwatch, they do place additional burdens on local Healthwatch resources. As such, many Integrated Care Boards have made the case for additional financial support to cover their costs. Healthwatch England has provided [a guide](#) to help local authorities and local Healthwatch to discuss resourcing with their ICS.

Some local authorities have been able to mobilise other opportunities to resource local Healthwatch, e.g. from money targeted at communities facing inequality.

Healthwatch providers (as social enterprises) can generate additional income to their core local authority contract funding, provided such work which falls within the defined s221(1) activities so as not to infringe the terms of the Healthwatch trademark licence. For example, a Healthwatch may be commissioned to carry out work to carry out a specific thematic area. Local Authorities ordinarily ensure that the independence of local Healthwatch is maintained.

Factors to consider when establishing the level of funding at which Healthwatch can be effective?

Local authorities **should** ensure that the funding level for the local Healthwatch contract will not undermine the “effectiveness” of the local Healthwatch.

Where a change in funding levels could result in a significant shift in the effectiveness of their Healthwatch, local authorities should consider their obligations to consult members of the public and other key stakeholders (e.g. ICS).

Some key **considerations** for local authorities:

1. Does the funding allocation reflect was initially allocated by the central government to fund an effective Healthwatch in 2013 plus inflationary adjustment?
2. Does the funding allocation enable local Healthwatch to have sufficient lead officer skills, experience and capacity to fulfil its statutory duties and meet the demands for representation at boards and committees to influence local decisions?
3. Does the funding allocated enable Healthwatch to recruit and retain appropriately experienced staff and support volunteers to deliver the statutory activities of an effective Healthwatch, e.g. are salary levels comparable to the market?
4. Does the funding allocated enable Healthwatch providers to sustain a legally-compliant organisation with sufficient professional support, advice and indemnity to comply with the requirements of the Charity Commission or Companies House (e.g. insurance, audit)?
5. Does the funding allocated enable Healthwatch to retain physical (e.g. offices and telephony) and digital presence within the community (e.g.

website, social media and communications channels) to effectively deliver their statutory activity?

6. Does the funding allocated enable Healthwatch to engage and develop trusting relationships with communities that face the gravest inequality and digital exclusion or are otherwise seldom heard (e.g. rural communities)?
7. Does the funding allocated enable the Healthwatch to collaborate effectively with other local Healthwatch within their ICS and effectively collaborate with their integrated care board, partnership and other key forums?
8. Does the funding allocated enable Healthwatch to remain effective in the face of rising costs, e.g. inflation and salary uplifts?
9. Will changes to funding allocated create inequality, and have you assessed this decision through an equality impact assessment?

Healthwatch England would advise local authorities against using funding formulae (such as per capita calculations) to establish local Healthwatch funding allocations as it risks exacerbating inequality.

Some local authorities have discussed and aligned their commissioning plans with neighbouring local authorities and commissioned providers across local authority boundaries, e.g. within an integrated care system. Whilst this might provide some economies of scale, Healthwatch England would caution against this being used as an opportunity to decrease funding where this will impact the individual effectiveness of a Healthwatch.

3. Understanding the market of providers of effective local Healthwatch

What determines whether and when to go out to competitive tender?

Each local authority will need to decide about a process of securing a provider for their Healthwatch in line with their policy and informed by procurement law, local procurement strategies, financial standing orders etc.

When deciding to go out to market, a local authority will be clear on its motivations. In our experience, local authorities' decision to go out to market may be influenced by factors such as:

- The supplier's current performance against the contract or grant agreement or as shaped by the quality framework.
- Local market availability, capacity and capability.
- Co-operation with neighbouring authorities to commission jointly.
- Resources required to go out to competitive tender vs expected outcome.
- The capacity of potential bidders (who are likely to be small social enterprises) to bid for tenders.

- The risk of losing the goodwill, knowledge and expertise of existing provider and their volunteer base.
- The transition between one provider and a new one and the potential disruption caused by the time to re-establish the Healthwatch work plan and activity.

A local authority considers how its procurement timetable prevents any risk of a break in service and takes precautionary action (e.g. extension of the current contract).

Whilst most Healthwatch contracts are procured using open or restricted procedures, increasing numbers of local authorities have used (or are considering) other options such as a single supplier negotiated procedure or grant funding.

Local authorities using grant funding for their local Healthwatch report that it has been a cost-effective way to contract without lengthy, costly processes. The National Audit Office provides advice about the legal basis for providing grants.

However, some local Healthwatch report that one-year grants limit their ability to plan for longer-term impact and retain staffing, therefore in granting funds (and contracting), it is advisable that local authorities follow the [NAO guidance](#) on principles of good commissioning: “Ensuring long-term contracts and risk sharing, wherever appropriate, as ways of achieving efficiency and effectiveness”.

Who are the providers of local Healthwatch?

Every local authority in England should arrange for a corporate body that is a social enterprise to deliver an effective Healthwatch in their area. This is usually done by issuing a contract or a grant agreement to a provider organisation with a specification for how the service will be delivered, including the statutory activities and local requirements.

There **should** only be one contractual arrangement in a local authority area, and this should cover all the statutory activities as set out earlier in this document.

Your contract or grant agreement **should** be with one provider or a lead provider if a consortium.

There are broadly two delivery models:

- **‘Standalone’** - an organisation (i.e. the legal entity that holds the contract) set up solely to run a specific Healthwatch.
- **‘Hosted’** - an organisation that provides a range of services, including a Healthwatch and/or it may solely deliver two or more Healthwatch contracts.

For hosted providers or standalone organisations that deliver Healthwatch for two or more local authorities (known as multiple Healthwatch providers) there are some special considerations we **advise** authorities to make:

- Does the provider deliver health and care services which may give rise to actual or perceived conflicts of interest that compromise the independence of Healthwatch?

- Are the funding levels such that the provider can deliver a locally-based Healthwatch provision?
- How will the governance of Healthwatch in your local authority area involve local people in its decision-making, e.g. is there a local Healthwatch advisory board?
- Will the Healthwatch advisory board have transparency and control over Healthwatch funds?

The Quality Framework provides valuable context to consider what you require from a provider for governance, leadership, financial sustainability, local connections etc. More detail on the Quality Framework is set out below.

What is a social enterprise?

Local Healthwatch should be provided by an organisation which is a social enterprise as defined by the legislation:⁷

- Regardless of the organisation's legal structure, it can only be a social enterprise if a person reasonably considers that it acts for the benefit of the community in England.
- Certain political activities are also prevented, by legislation, from falling within this definition.⁸
- The organisation should either fall into one of the following three categories:
 - Companies limited by guarantee and registered as a charity.
 - Community Interest Companies (CIC).
 - Charitable Incorporated Organisations (CIO).

Or have a constitution which:

- Ensures that over 50% of its distributable profits in each financial year will be used for Healthwatch activities.
- Contains a statement or condition that the local Healthwatch is carrying out its activities for the benefit of the community in England.
- Contains specified provisions relating to the distribution of assets if the body is dissolved or wound up.⁹

⁷ s.222(8) of the Local Government and Public Involvement in Health Act 2007 (LGPIHA) and attendant regulations (reg 35 to 38 of the [NHS Bodies and Local Authorities \(Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch\) Regulations 2012](#)).

⁸ [Regulation 36](#)

⁹ [Regulation 35\(2\)](#) specifies that the provisions which must be included are ones which: (a) require that the residual assets of the body be distributed to those members of the body (if any) who are entitled to share in any distribution of assets on the dissolution or winding up of that body according to those members' rights and interests in that body; (b) in the case of a company not limited by guarantee and registered as a charity in England and Wales, provide that no member shall receive an amount which exceeds the paid-up value of the

Depending on the legal entity, Healthwatch should comply with additional appropriate legislation, including the Companies Act (2006) and the Charities Act (2011). Contracting usually reflects the need for compliance with registration requirements.

Further information on the various legal forms organisations take can be found at [National Council for Voluntary Organisations \(NCVO\)](#).

Selecting the most economically advantageous tender: striking a balance between price and quality.

You are likely to be involved with determining the evaluation criteria for a procurement exercise.

The ongoing pressures on local government finances may mean that 'price' will feature highly in deciding how to set the price/quality ratio for scoring tenders. However, the effectiveness of Healthwatch is dependent on several factors, such as strong leadership, effective staff teams, a solid volunteering base, good governance, credible evidence/information and quality of local relationships. All of which contribute to the quality of delivery and ability to influence.

How you reflect the scoring value you give to 'quality' in your procurement processes will need careful consideration. Suppose the price is the distinguishing feature in a competitive process. In that case, it is important to ask questions that will help you to determine whether the price will compromise effectiveness or ability to influence.

For instance, consider a provider's ability to manage multiple Healthwatch contracts – do they have enough management capacity to allow leadership and influence across all individual areas? What is their reserves position? What is the view of the other local authorities which contract with them? Is there any dependent risk arising from potential future changes in other Healthwatch contracts that they manage? There are benefits and risks associated with multiple providers - what is important is identifying and mitigating them.

[How to support a smooth transition between providers](#)

Local authorities can ensure their contract or grant agreement supports a smooth and effective transition by including clear provisions in line with our guide. [When a Healthwatch changes provider](#)—for example, ensuring that resources, websites, social media channels, data and insight are transferred to a new provider. This will ensure a continuous and uninterrupted Healthwatch service for the public.

The trademark licence terminates when the contract between the local authority and the Healthwatch provider ends, and the provider can no longer use the Healthwatch brand after that. Suppose the outgoing provider's legal company name includes 'Healthwatch'. In that case, it can technically remain in business but cannot use the Healthwatch brand, which should solely be used by the incoming

shares which the member holds in the company; and (c) designate another social enterprise company to which any remaining residual assets of the body will be disturbed after any distribution to members of the body.

provider. However, such a situation could confuse members of the public and stakeholders, so we strongly advise discussing this with outgoing providers.

4. Developing a contract specification or grant agreement

There is some diversity of approaches taken to develop the documentation surrounding the commissioning of local Healthwatch, e.g. contract specifications.

However, there are other things that are advisable for local authorities based on good practice to ensure the quality of delivery and value for money.

Things that Local Authorities should set out through contracting:

Local Authorities should set out some things in a specification or agreement, without which we cannot issue the licence to use the Healthwatch brand. These are set out below.

We **strongly advise** you share your contract specification with Healthwatch England as early as possible to prevent the need to alter documents or vary contracts during or after procurement processes.

1. All statutory activities

Your specification **should** set out the requirement on the provider to deliver all eight of the Healthwatch statutory activities (set out above in section 1, 'The statutory role of a local authority').

2. Enter and View

Enter and view is not a statutory Healthwatch activity but a legal power of entry. It is one way Healthwatch can carry out engagement activity and whether and when to use it is a decision for Healthwatch. The board should set out decision processes for the use of these powers.

3. Sharing information with Healthwatch England

The legislation (via one of their statutory activities) requires local Healthwatch to share their information with Healthwatch England to ensure we can discharge our duties. Healthwatch England has arrangements in place to enable compliance by Healthwatch. Your contract **should** state that sharing information with Healthwatch England is a requirement. The data shared with Healthwatch England is most useful where a local Healthwatch uses Healthwatch England's [taxonomy](#) and gathers and follows our guidance on using [demographic data](#).

Another example of information we need, is our annual Healthwatch survey to enable us to report to Parliament on Healthwatch activity.

4. Annual report

By law, every local Healthwatch should publish its annual report by 30 June, so your contract or grant agreement **should** specify this. The annual report outlines how Healthwatch has met its statutory responsibilities for the financial year that ended 31 March.¹⁰ **Your specification, contract or grant agreement requiring this and monitoring this output prevents a lack of compliance.** Healthwatch England produces guidance to Healthwatch providers on meeting requirements for producing an annual report.

The report should be prepared by the provider who has held the local Healthwatch contract in the relevant reporting period, regardless of whether they continue to hold the contract at the end of that period. Where the change of providers takes place partway through the financial year, all providers should contribute to the annual report.

The annual report should be made publicly available, and Healthwatch should provide a copy to each of the following:

- Healthwatch England
- Your local authority
- NHS England
- Any integrated care board which is wholly or partly in your local authority area
- Any overview and scrutiny committee of your local authority
- The CQC.

5. Trademark licence

Local authorities **should** make provision within contracts for the Healthwatch trademark licence.

Your contractual arrangement **should** require the Healthwatch provider to apply to Healthwatch England for the trademark licence. This allows the provider to use the Healthwatch brand for your area.

What is the Healthwatch trademark licence?

As Healthwatch England is an independent statutory committee of the CQC, legally, the CQC owns the trademark for the Healthwatch logo and text. Section 45D of the Health and Social Care Act 2008 gives Healthwatch England the discretion to grant a licence to Healthwatch providers to use the local Healthwatch name and logo when carrying out its statutory functions. The Healthwatch logo and text are both trademarked in the UK.

To operate under the Healthwatch brand, the Healthwatch provider should sign and abide by a trademark licence issued by Healthwatch England.

Before a trademark agreement is signed, Healthwatch England may need assurance from the local authority that contract specifications, contract terms

¹⁰ Section 227 of the Local Government and Public Involvement in Health Act 2007.

and monitoring arrangements do not conflict with Healthwatch brand requirements. An example may be specifying arrangements that inadvertently impact a Healthwatch's ability to act independently.

A provider can apply for a trademark licence once your local authority has published the contract award and you have notified the successful provider (e.g. issued contract award/grant agreement letter). This enables the trademark licence to be in place when the contract starts, thus avoiding delays in using the brand. There is a different brand licence for local Healthwatch that subcontract work associated with its statutory functions and powers, so you need to ensure they apply for the appropriate licence agreement.

If a Healthwatch provider holds contracts for multiple local Healthwatch, they will need to sign one agreement for each local authority area. This means they will need to have a separate contract and use separate logos for each local Healthwatch they manage.

6. State what the Healthwatch brand can be used for

The Healthwatch brand should only be used when carrying out activities prescribed in s.221 (1) (the 'statutory activities'). The Healthwatch brand cannot be used for any additional work which is not classed as statutory activity or power. This does not preclude the provider from using the brand for activity funded by sources other than from the local authority, provided such activity falls within s.221 (1) prescribed definitions.

7. Sub-contracting

Your Healthwatch provider may arrange for some (but not all) of their statutory activities to be carried out by another organisation on their behalf. Your contract or grant agreement **should** reflect any sub-contracting arrangements, but overall responsibility for discharging the activities and compliance with the brand licence agreement remains with the Healthwatch contract holder.

8. Use of the correct naming convention for your Healthwatch

Your specification and contract **should** reflect that the law requires each local Healthwatch to be named after the individual local authority area it covers (i.e. Healthwatch plus the name of the local authority area).¹¹ This ensures that people can identify with their local Healthwatch and that the name remains consistent (and does not change, for example, when providers change).

Where two or more local authorities jointly commission one provider for their Healthwatch, the individual Healthwatch names (and identity) should be retained to remain compliant with the terms of the brand licence granted by

¹¹ Section 222 (2A) Local Government and Public Involvement in Health Act 2007

Healthwatch England. Changing the name of the Healthwatch is not permitted.

9. Good governance, independence and transparency

Good governance within a local Healthwatch is vital. With such a broad remit, limited resources and a requirement to demonstrate independence, your Healthwatch **should** be transparent in its decisions and operations.

This is not only a legal requirement under both Healthwatch legislation and the Freedom of Information Act but also one aspect of the Nolan principles of public life:¹²

“Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.”

Good governance ensures the organisation is legally compliant, well run and efficient, with a clear strategic direction and focused on making a difference. It is important for building credibility when representing and promoting the views of people who use health and care services.

10. The requirement to set out the policy on conflicts of interest

People involved in Healthwatch may be involved in other activities or have personal interests which create, or appear to show, a conflict of interest with their Healthwatch duties. Therefore, every local Healthwatch **should** have a transparent conflict of interest policy publicly available and be able to demonstrate how they manage such conflicts.

It is also worth noting that **conflicts of interest, potential or actual, are important factors in Healthwatch demonstrating independence and transparency**. Your contract or grant agreement will need to reflect this by requiring, for example, a conflict of interest policy or a register of interests. Directors, trustees or advisory board members of Healthwatch should be capable of demonstrating how they manage any conflicts of interest that might arise from them having roles in other organisations that may be subject to challenge or scrutiny by Healthwatch. This is particularly true for local council officers and councillors who serve on boards or advisory groups.

11. Decision-making

Decision-making is an important test of a Healthwatch's ability to uphold its independence, integrity and accountability to the public. Local authorities

¹² <https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-publiclife--2>

should make provision for this, and your contract or grant agreement will need to ensure that Healthwatch establishes and publishes procedures for its decision-making in relation to “relevant decisions”.¹³ The procedures should include the following:¹⁴

- Who can make decisions?
- How lay persons or volunteers can be involved in these decisions.
- How to deal with breaches of any procedure, including the circumstance in which a violation would be referred to the local authority.

The decision-making procedure should be followed and published before making any relevant decisions. After a relevant decision has been made, local authority arrangements should also require Healthwatch to publish a written statement outlining the decision and why it was taken.¹⁵

Your contract or grant agreement specifying that your Healthwatch publishes these procedures, decision-making processes, and minutes from meetings on its website will help them to comply with requirements.

Any amendments to procedures should be published as soon as practicable. Healthwatch is required to report any breaches in procedures to the local authority.

Relevant decisions include:

- How to undertake Healthwatch activities.
- Which health and social care services Healthwatch covers with their activities.
- The amounts spent on Healthwatch activities.
- Whether to request information.
- Whether to make a report or a recommendation.
- Which premises to Enter and View and (where not an unannounced visit) when those premises will be visited.
- Whether to refer a matter to an overview and scrutiny committee.
- Whether to report a matter concerning Healthwatch activities to another person.

¹³ Regulation 40, The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012

¹⁴ Regulation 40(4), The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012

¹⁵ Regulation 40(1), The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012

- Any decisions about subcontracting.

Local Healthwatch meetings, including board or advisory group meetings, should be open to the public, where items on the agenda consider and make decisions about their statutory activities.¹⁶

Where you have a contract or grant agreement with an existing social enterprise to provide Healthwatch (i.e. operates under a hosted model), you will want to make sure there is transparency of decision-making between Healthwatch (e.g. advisory group) and the hosting organisation and the arrangements for complying with the procedures set out above.

12. Data management and protection

In fulfilling their statutory functions, local Healthwatch collect, store and use very sensitive data about people, which could cause them distress if it is revealed.

- For S221 activities, local Healthwatch can rely on their statutory function (“public task”) as the lawful basis for collecting personal data and health and social care as their lawful basis for collecting special category data.

Healthwatch England provides [detailed guidance and templates](#) on data processing and protection for local Healthwatch providers.

Your contract/grant agreement **should** make it clear who will act as the data controller and set out arrangements for the transfer of data between an existing provider and a new provider where there is a change in contracting arrangements.

Your contract arrangements should ensure that local Healthwatch has

- a data protection officer. This is required because all the data Healthwatch collect is special category data.
- Correct policies and procedures are in place and implemented by staff and volunteers.
- Measures to securely store and manage data.
- Agreements are in place when local Healthwatch share data with other organisations.
- Procedures if a local Healthwatch has a data breach. Failure to take appropriate steps following a ruling from the Information Commissioner's Office is grounds for terminating the Healthwatch trademark licence.
- Processes to deal with people's requests to access, correct and stop processing their data.

¹⁶ Section 1 and Schedule 2 paragraph 1 to The Public Bodies (Admission to Meetings) Act 1960

13. Involving lay people and volunteers

Local authority arrangements **should** also make provision for involving lay people and volunteers in Healthwatch decision-making and their activities, as defined in the regulations.¹⁷

Careful consideration will be given to this requirement where a local authority commission a Healthwatch operating under a hosted model, and decision-making may be split between an advisory group and the board of the hosting organisation.

A **layperson** is:

- Not a health or social care professional.
- Not an employee of a Healthwatch organisation.

A **volunteer** is an unpaid person (except for travel or other expenses) and is (a) a member or director of, or otherwise participates in, the governance of the organisation or contractor, (b) is engaged in carrying out relevant section 221 activities by that organisation or contractor.

14. Public sector equality duty

Your contract or agreement **should** reflect the need for the local Healthwatch to comply with the public sector equality duty.

15. Freedom of Information

Healthwatch are considered 'public authorities' for the purposes of freedom of information legislation.

What should not be in contract specifications or agreements

1. Setting out requirements for Healthwatch work which compromises independence and decision-making

In line with the legislation and regulations, specifications and contracts do not compromise the independence or ability of Healthwatch to make decisions – something that Healthwatch England considers when issuing the trademark licence.

Healthwatch should be able to determine its priorities and work plan; therefore, specifications should not prescribe what issues Healthwatch needs to address, nor require Enter and View activity. A good local Healthwatch will be able to demonstrate how they use local information to determine their priorities as part of their work plan.

Careful consideration is given to decision-making for Healthwatch, which operate under a 'hosted' model, where its crucial to have clarity of roles and

¹⁷ Regulation 34 and 40(1)(g) The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012

responsibilities, including setting out arrangements for delegated authority to an advisory board.

2. Requirement to use Enter and View

Local authorities cannot specify the requirement to use Enter and View powers in their specifications, and contracts or grant agreements do not ordinarily set targets around Enter and View activity as this compromises the independence of the Healthwatch.

3. Rules for Independent Health Complaints Advocacy contracts

Local authorities have a duty to commission an Independent Health Complaints Advocacy (IHCA) service ie. as the information they gather, and share, contribute to the broader picture of people's experience of NHS services. Your contracts for these services encourage them to build a good relationship and share relevant intelligence.

Holders of a local Healthwatch contract can bid for an IHCA contract. However, if the IHCA contract is not awarded to the local Healthwatch provider, the IHCA provider should refrain from subcontracting any of the IHCA activities to the local Healthwatch.

Although the Healthwatch brand can be used to make local people aware of advocacy services (for example, by having information about a service on a Healthwatch website), the Healthwatch brand guidelines and licence does not allow for an advocacy service to call itself 'Healthwatch Advocacy'.

The Local Government Association recommends that providers and commissioners adopt the common term 'Independent Health Complaints Advocacy' for their service. This is a recommendation that Healthwatch England supports to help avoid public confusion.

Local authority should monitor contracts to ensure that where local Healthwatch also provides Independent Health Complaints Advocacy IHCA, this does not impact the capacity of local Healthwatch to deliver their core Healthwatch functions.

Healthwatch England is not responsible for supporting the IHCA, but we would raise concerns if it impacted Healthwatch activity.

What is good practice to include in contract specifications or agreements

Based on our experience supporting and advising local Healthwatch and commissioners, we suggest that contracts and specifications include the following providers' requirements.

1. Collaboration between Healthwatch

Specifications and contracts helpfully allow and encourage collaboration between Healthwatch. There are several reasons why Healthwatch will want to

collaborate, including joint work relating to shared services and sharing best practice and learning with an area served by another Healthwatch.

Collaboration and coordination are also required to benefit the local population where integrated care systems cover several Healthwatch. The role of Healthwatch will be to:

- Promote the involvement of local people in health and care planning decisions.
- Provide information to people about services and proposed changes.
- Use their evidence (the voice of local people) to influence decision-makers.
- Monitor the quality of communications, engagement and consultation.

2. Equality, diversity and inclusion

To support the fulfilment of their public sector equality duty, Healthwatch England has been working with local Healthwatch to consider equality, diversity and inclusion at a local level. This includes how their staff, board and volunteer base reflect the population and how they assure themselves that they are reaching people who face the gravest inequalities through their engagement. You can read our guidance to local Healthwatch on improving the quality of [demographic data](#) and our [Equality Diversity and Inclusion Roadmap](#).

3. Involvement of people with lived experience and volunteers

Healthwatch should involve lay people and volunteers in their governance and decision-making arrangements. Such arrangements should be transparent so that a member of the public can understand how these conditions are met as set out above. However, it is good practice to include standards through which the quality of management can be assured through the Quality Framework (see below) or another recognised form of volunteering standard, such as [Investing in Volunteers](#).

Healthwatch holds the system accountable for ensuring that people with lived experience have a say in their decision-making. It is good practice to reflect that in the design, delivery and setting of recommendations, Healthwatch, as far as practicable, involves people with lived experience of an issue they have prioritised, and those people are engaged in the Healthwatch's decision-making through the use of participatory approaches.

4. Requirement to use the Quality Framework

The Healthwatch Quality Framework provides a shared understanding (between Healthwatch providers, local authority commissioners and Healthwatch England) of the key ingredients of an effective Healthwatch. Many local Healthwatch will have already completed a self-assessment checklist.

The Quality Framework can be used by local authorities to inform the commissioning of an effective Healthwatch.

In your specification for the local Healthwatch service, you may wish to include language which requires local Healthwatch to undertake quality assurance activity using this framework. For example:

“The provider should ensure that they complete the Healthwatch Quality Framework self-assessment and develop an action plan within year one of the contract starting and thereafter complete the annual review with Healthwatch England.”

During your commissioning process for local Healthwatch, the Quality Framework explains why different aspects of running Healthwatch are important. This gives you the information you can use to inform options papers/reports on future commissioning (making the case). It helps you think through the implications, for example, governance arrangements, understand the need for staff and volunteer recruitment and retention and decision-making about delivery models or contract length.

In evaluating tender proposals from potential providers, the Quality Framework can help you set evaluation criteria that will identify providers' risk or support needs or the delivery models they propose.

What does the Quality Framework look like?

The Quality Framework comprises six domains and includes a series of questions and prompts that you can use to understand and evidence effectiveness.

The six domains are:

- **Leadership and governance** – this domain acknowledges the importance of having clear goals and a rationale for Healthwatch work priorities, which is vital given their broad remit and challenging resources. Strong leadership and governance help Healthwatch navigate a complex environment while maintaining independence and accountability.
- **People** - recognises the key resource of Healthwatch: its board/advisory group members, staff and volunteers who need the right knowledge, skills and support to deliver an effective, consistent Healthwatch service.
- **Sustainability and Resilience** - focuses on a business model that enables Healthwatch to plan and operate effectively and adapt to the local population's changing needs.
- **Collaboration** - recognises the value of working collaboratively and in partnership, of learning from other Healthwatch and of being part of a national network for the benefit of the people served by the local Healthwatch.
- **Engagement, Involvement and Reach** - focuses on the main statutory activities: how Healthwatch reaches out to all sections of the local community, gathering people's views, providing advice and information and involving people in their work.
- **Influence and impact** - focuses on the Healthwatch purpose: the difference they make by ensuring those in charge of health and care services hear people's voices and that their views shape the support they need.

5. Commissioning for outcomes and impact

Local authorities are required by the legislation to report “The impact of those activities on the commissioning, provision and management of the care services (within the meaning of section 221 (6) of the Act(a) (local arrangements in relation to health services and social services) to which those activities relate, and on improvements to those services.”

Healthwatch England sees many examples of specifications which set out the requirements for measurable outputs for local Healthwatch.

While these help ensure that activity is happening at scale, often the numbers do not reflect the real difference that Healthwatch activity is having. Large numbers of outputs may not lead to tangible improvements in health and care. Large numbers may not be the priority where local Healthwatch will reach people who are seldom heard and face the deepest inequality. Therefore, it is important to commission for local Healthwatch outcomes and impact, not just for outputs.

To do this, local authorities should acknowledge that the health and social care system is complex, and change takes time to achieve, which might be in a different year than the activity has taken place. It is also important to ensure that Local Authorities should refrain from threatening independence in setting outcomes by placing expectations on Healthwatch to work on particular issues. However, it is acceptable to direct Healthwatch to consider their contribution to broader objectives such as tackling health inequalities.

Local Healthwatch outcomes and impact are made on a spectrum, and requirements in contracts or specifications reflect this.

Examples of local Healthwatch outcomes include:

Statutory function	Outputs	Outcome Indicators	Evidence
Promoting and supporting the involvement of people in the commissioning, the provision, and scrutiny of local care services.	Number of people reached through engagement activity	Engagement practice across the Local Authority is improved due to LHW sharing their expertise and holding commissioners and providers to account.	Stakeholder survey Case study examples
Enabling people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.		People who have shared their views with Healthwatch can articulate how this influenced change.	Stakeholder survey

<p>Obtaining the views of people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England.</p>		<p>Healthwatch has regularly gathered the experiences of local people about their health and care services (aligned with the communities' priorities), and there is evidence that this has been communicated to decision-makers effectively.</p>	<p>Stakeholder survey</p>
<p>Making reports and recommendations about how local care services could or ought to be improved. These are usually directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.</p>	<p>The number of reports or briefings published.</p>	<p>There is evidence that decisions taken by commissioners and service providers are made with a better understanding of local people's experience.</p> <p>Recommendations made by local Healthwatch have been formally responded to by commissioners and providers who set out actions to be taken.</p>	<p>Published responses Case study examples Stakeholder survey Published responses.</p>
<p>Providing advice and information about access to local care services so people can make choices about local care services.</p>	<p>Number of people supported through advice and information</p>	<p>More people have accessed the health and care services they need as a result of being more aware of their rights and knowing how to navigate services due to Healthwatch information, advice and signposting services.</p>	<p>Satisfaction survey Case studies</p>

<p>Formulating views on the standard of provision and whether and how the local care services could and ought to be improved and sharing these views with Healthwatch England.</p> <p>Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making recommendations direct to CQC); and to make recommendations to Healthwatch England to publish reports about issues.</p> <p>Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.</p>		<p>Evidence of regularly communicating with Healthwatch England through:</p> <ul style="list-style-type: none"> - Involvement in peer networks and online - Formally sharing data through the research inbox or upload to the data store. - All reports are included in Healthwatch England reports library 	<p>Local Healthwatch work is acknowledged in Healthwatch England publications.</p>
		<p>Evidence of good relationships with the CQC on a local level:</p> <ul style="list-style-type: none"> - Regular communications - Involvement in providing evidence where appropriate to provider inspections - Promoting upcoming inspections and reports. 	<p>Local Healthwatch work is acknowledged in CQC reports.</p>
<p>Good governance</p>	<p>Number of board members and published decision-making policy, board minutes</p>	<p>Board can demonstrate that the decisions it has taken reflect its decision-making policy and have been meaningfully influenced by local people.</p>	<p>Review of board minutes.</p>
<p>Equality, diversity and inclusion</p>	<p>Number of volunteers and</p>	<p>Demographic data demonstrates that people who have</p>	<p>EDI data shared.</p>

	demographic data	<p>shared their experience with local Healthwatch or accessed information and signposting services reflect the population who face the greatest inequality.</p> <p>Demographic data demonstrates that the volunteer base of local Healthwatch reflects the diversity of the local population.</p>	
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5. Monitoring and evaluation

Local authorities develop an approach to monitoring and evaluation which is proportionate to the resource available to their local Healthwatch and linked to both the outcome indicators and the Quality Framework. Where local Healthwatch provider is also subject to contract monitoring by other commissioners (e.g. for work within integrated care systems), it may be helpful to take an integrated approach to contract management.

Methods of monitoring and evaluation might include:

- Analysis of local Healthwatch data on demographics and outputs, outcomes and impact from delivery of their activity
- Stakeholder perceptions surveys to establish stakeholders' value of the role of local Healthwatch and the extent to which they have influenced or improved services
- Consideration of performance against the domains of the Quality Framework

Monitoring the quality and sustainability of your local Healthwatch

Local Healthwatch uses the Quality Framework as part of its annual review and business planning process to assess the effectiveness and identify areas for improvement.

In monitoring the effectiveness of your contract for delivering local Healthwatch, the Quality Framework helps you see what it takes to run an effective Healthwatch by taking a whole organisation approach rather than simply focusing on the delivery of statutory activities.

It supports you to discharge your duty to report on the effectiveness of your contractual arrangement. There is no expectation that local authorities can see the full detail of the self-assessment undertaken by local Healthwatch. Still, it may be

helpful for commissioners to discuss and review progress on the Quality Framework action plans in monitoring meetings with providers.

The full framework documents and more information about the quality framework are available on [Healthwatch England website](#).

Case studies setting out the benefits of using the Quality Framework in contract monitoring are also available:

[Read Healthwatch Worcestershire's story](#)

[Read Healthwatch Northumberland's story](#)

[Read Healthwatch Haringey's Story](#)

Financial reporting

As Healthwatch receive public funds, they will be required to account for its income and expenditure – something reinforced by the Information Commissioner's model publication scheme, which sets out a checklist of information to support compliance with the Freedom of Information Act. Healthwatch England provides a financial reporting template that local Healthwatch use in developing their annual report. However, monitoring arrangements will also consider legal compliance with Charity Commission or Companies House requirements.

6. Support for you in commissioning an effective local Healthwatch

Healthwatch England has significant experience supporting local authorities with their role in commissioning effective local Healthwatch and can share example documents and broker connections between you and other commissioners.

Local authorities in return keep us informed of any changes in commissioning (e.g. an upcoming tender process, funding changes or quality concerns).

We usually hold a commissioner's events and share a regular newsletter.

Please get in touch with the [regional manager](#) for more information on the support provided.

Concerns about the quality or effectiveness of local Healthwatch

When a local authority has concerns about the quality or effectiveness of a local Healthwatch, they first discuss these in a formal review meeting with the contractor.

However, it is **advisable** to share concerns in confidence with Healthwatch England to enable us to fulfil our support role for local authorities and local Healthwatch.

Reporting a break in service

If there is a risk that a break in service may occur, the local authority **should notify Healthwatch England as soon as possible** so that we can advise how to manage this. Healthwatch England is required to inform the Department of Health and Social Care of any such risks.

Appendices

Appendix 1: Healthwatch Commissioner self-assessment checklist

Consideration for commissioning	Legislative requirement?	Guidance	Checked?	Comments
Is the organisation a body corporate and a social enterprise?	Yes Section 222(2) Local Government Public Involvement in Health Act 2007	Further guidance on the social enterprise requirement can be found at page 5 of the Guide to Running Healthwatch		
Is the organisation able to carry out the necessary statutory activities in your Local Authority area?	Yes Section 221(1) and (2) Local Government Public Involvement in Health Act 2007	Further guidance on statutory activities can be found at page 12 of the Guide to Running Healthwatch		
Is the organisation able to meet the terms of the HWE Trademark License Agreement?	Yes Regulations 40(1)(f) and 43(1) The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012	Further guidance on the HWE Trademark can be found at page 7 of the Guide to Running Healthwatch etc etc A copy of the Trademark License Agreement can be found at 'X'.		
Have you considered enter and view powers?	No	Although they are not required to use them, authorised representatives acting on behalf of a local Healthwatch provider have a statutory power to enter health and		

		<p>care premises for the purposes of obtaining feedback as part of their statutory functions.</p> <p>Further guidance on enter and view powers and requirements linked to that power can be found at page 12 of the Guide to Running Healthwatch etc..</p>		
Have you considered reporting obligations?	<p>Yes</p> <p>Section 227 Local Government Public Involvement in Health Act 2007</p>	<p>Reporting obligations support the exercise of HWE's own statutory reporting duties.</p> <p>Further guidance on reporting requirements can be found at page 16 of the Guide to Running Healthwatch</p>		
Have you considered decision-making obligations?	<p>Yes</p> <p>Regulation 40(1) The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012</p>	<p>Further guidance on decision-making processes and obligations can be found at page 9 of the Guide to Running Healthwatch</p>		
Have you considered data sharing provisions?	<p>Yes</p> <p>Section 221 Local Government Public Involvement in</p>	<p>Further guidance in the context of Healthwatch provision can be found within the Guide to Running Healthwatch</p>		

	Health Act 2007: requires data sharing between the local Healthwatch provider and HWE/CQC	Guidance regarding Freedom of Information considerations and data sharing/processing requirements more generally can be found on the Information Commissioners Office ('ICO') website .		
Have you considered your own duties to respond to reports and recommendations from a local Healthwatch provider?	Yes Regulation 44 The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012			
Have you considered how the Nolan Principles and public sector equality duties ('PSED') will be met?	PSED: Yes Section 149 Equality Act 2000 Nolan Principles: No	Further guidance on PSED and how to comply can be found on the Equality and Human Rights Commission's website . Those working within the public sector are expected to adhere to The Seven Principles of Public Life (the 'Nolan Principles'). Further information can be found here .		
Have you considered how conflicts of	Yes	Both Local Authorities and Healthwatch		

interest will be managed?	Section 222A Local Government Public Involvement in Health Act 2007	providers must have regard to any conflicts guidance issued by the Secretary of State. In addition, Nolan Principles require holders of public office to act with integrity and objectivity.		
Have you taken into account 'Independence of Voice'?	No	Although not a statutory requirement, 'Independence of Voice' is a core principle of Healthwatch.		
Have you considered the interplay between your Independent Health Complaint Advocacy service and local Healthwatch?	No	Although not a requirement relating to Healthwatch provision, Local Authorities are required to commission an Independent Complaint Advocacy Service. See page 8 of the Guide to Running Healthwatch for more information .		
Safeguarding/ Have you considered the obligations (re: local Healthwatch) on the Safeguarding Adults Board?	Adult Safeguarding Boards: Yes Schedule 2, Parts 3 and 4 Care Act 2014	The Care Act 2014 places a statutory requirement on Local Authorities to Consult LHW when preparing the annual Safeguarding Adults Board strategic plan and must send a copy of the Safeguarding Adults Board annual report to your local		

		Healthwatch provider.		
Have you considered local Healthwatch representation on your Health and Wellbeing Board?	Yes Section 194 Health and Social Care Act 2012			
Have you considered any transition between local Healthwatch providers?	No	Although transition arrangements are not a legal requirement, Local Authorities have a continuing statutory duty to ensure local Healthwatch provision in their Local Authority area (Section 221 Local Government Public Involvement in Health Act 2007).		
Have you considered collaboration, e.g. between local Healthwatch providers?	No	Although not a statutory requirement, the introduction of ICSs could result in collaboration between local Healthwatch providers.		
Have you considered the involvement of lay persons and volunteers in the provision of local Healthwatch?	Yes Regulation 40(1) The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012			
Have you considered the HWE Quality Framework tool?	No	Quality Framework can be found here: Quality Framework Healthwatch		

		Network website (staff)		
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Quality Framework on a page

Context	Healthwatch operates in very different environments, which will affect its ability to make a difference for local people.	
Enablers	Leadership and decision-making	
	<p>What is your approach to strategy and business planning?</p> <p>What is your approach to the decision-making process?</p> <p>How do you demonstrate your independence and ability to hold health and social care services accountable?</p> <p>How would you describe your governance processes?</p>	<p>How does the Board/Advisory group oversee your effectiveness and management of resources?</p> <p>How does your Healthwatch approach safeguarding, confidentiality and data security?</p> <p>What is your approach to your equality duty?</p>
	People	Sustainability and Resilience
	<p>How do you ensure staff and volunteers understand your approach and what people should expect from you?</p> <p>To what extent do people understand their organisational roles and responsibilities and feel supported and valued?</p> <p>How do you induct, recruit, support and develop your staff?</p> <p>To what extent do volunteers feel supported, valued and involved in your work?</p>	<p>How do you understand and influence the commissioning process?</p> <p>How do you develop and sustain relationships with key individuals?</p> <p>How do you monitor your finances?</p> <p>How do you consider potential changes in relation to your sustainability?</p> <p>How do you provide a suitable working environment for staff and volunteers?</p> <p>If you generate additional income, how do you plan, manage and account for it?</p>
Approach	Collaboration	
	<p>How do you prioritise and work with key local and regional partners?</p>	<p>How do you collaborate with other Healthwatch?</p> <p>How do you work with Healthwatch England and CQC?</p>
Core work	Engagement, involvement and reach	
	<p>How do you understand, prioritise and reach different sections of your community?</p> <p>How do you gather the views of local people?</p>	<p>How do you involve local people in the work of Healthwatch and support partners to involve local people?</p> <p>How do you provide local people with the Healthwatch statutory advice and information they need to navigate and access health and social care services?</p>
Purpose	Influence and impact	

To what extent are you known and trusted as a credible voice on behalf of local people?

To what extent would stakeholders in the local health and care system recognise Healthwatch as a system leader and credible partner?

How do you help local people and stakeholders understand what Healthwatch does and the value you bring?

How do you know whether you've had an impact?