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| **1** | **Summary** |
| **1.1** | This Healthwatch service specification for Anytown lays out the contractual arrangements between the independent provider of local Healthwatch Anytown and Anytown City Council. It sets out the areas of the local Healthwatch service in Anytown and is a key mechanism for ensuring that the provider delivers the service as required to meet statutory duties and requirements, local provision and quality assurance standards. |
| **2** | **Current Service** |
| **2.1** | The Healthwatch service for Anytown is currently provided by Healthwatch Anytown, a community interest company. The current provider delivers the service in line with guidance from Healthwatch England on service requirements and with requirements from Anytown City Council. The existing service is delivered by Healthwatch Anytown CiC within a budget of £xxx,xxx per annum. |
| **3** | **Healthwatch** |
| **3.1** | **Healthwatch England**  Healthwatch England was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. They are a statutory committee of the independent regulator the Care Quality Commission (CQC).  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 on properly.  • 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 * The NHS Commissioning Board * NHS Improvement * English Local Authorities * Care Quality Commission   • Granting a licence to Local Healthwatch organisation for the authorised use of the Healthwatch trademark.  Healthwatch England’s role does not extend to monitoring performance of Healthwatch provision. However, it does have the power to issue a written notice to a local authority if Healthwatch England decides that such provision is not being carried out properly. This includes commissioning proposals and concerns about Healthwatch effectiveness.  [A guide to running Healthwatch | Healthwatch Network](https://network.healthwatch.co.uk/guidance/2020-02-12/guide-running-healthwatch)  Healthwatch England publishes an annual report providing an overview of their recent activity as well as future strategy and aims. The latest annual report can be found [here](https://www.healthwatch.co.uk/report/2024-03-14/value-listening-our-annual-report-2022-23#Download). |
| **3.2** | **Local Healthwatch**  The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.  Local Healthwatch are funded by and accountable to local authorities. Their statutory functions are:   1. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services 2. Enabling local 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 local people regarding their needs for, and experiences of, local care services and importantly to make these views known 4. Making reports and recommendations about how local care services could or ought to be improved within an overall framework that recognises financial constraints. These should be 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 choices can be made 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 7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues 8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.   [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)  The Health and Social Care Act 2012 established Healthwatch, nationally as Healthwatch England and locally by requiring each local authority in England (upper tier or those that have statutory Adult Social Care responsibility) to commission a social enterprise to carry out the delivery of Healthwatch’s statutory activities within their area. Local Healthwatch became operational in April 2013 when they replaced their predecessors Local Involvement Networks.  There are 153 Local Healthwatch across England, collectively referred to as the Healthwatch Network. Local Healthwatch find out what people like and what could be improved about services. They share these views with those who commission and provide health and care and have the power to make change happen.  Healthwatch also help people find information about services in their area. Nationally and locally, Healthwatch have the power to make sure that health and social care decision-makers listen to and act on what people want from care. As well as seeking the public’s views, Healthwatch also encourage health and social care services to involve people in decisions that affect them. Every English local authority has a duty to make provision for the delivery of Healthwatch statutory activity in their local area.  Local Healthwatch's 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 the voice and experiences of the most pressing and difficult issues in health and social care. * **Independent in voice** - speaking up on behalf of sometimes unpopular causes or groups who are marginalised and/or face disadvantages or discrimination. * **Independent in action** - designing and delivering activities that best meet the needs of the people they service.   If Healthwatch are to hold others to account, they themselves must operate with integrity, accountability and transparency to have credibility with the communities they serve.  Quality framework    The Healthwatch [Quality Framework](https://network.healthwatch.co.uk/guidance/2022-08-22/quality-framework) aims to provide a shared understanding of the key ingredients for running an effective Healthwatch. The tool has been designed to be used on a self-assessment basis, with an expectation that it is fully completed on a triannual basis as a minimum. The Quality Framework is made up of six domains. Each domain is accompanied by a series of questions and prompts Healthwatch can use to understand and evidence their effectiveness. |
| **3.4** | **Local Healthwatch in Anytown**  The Healthwatch service in Anytown helps people get the best out of their local health and social care services; whether it’s improving them today or helping to shape them for tomorrow. The Health and Care Act gives Healthwatch the right to scrutinise the system and challenge health and care organisations to ensure they engage with local communities and meet their needs. Local Healthwatch have a dual role in holding to account, acting as a ‘Critical Friend’ both of which require building and maintaining relationships and developing effective behaviours  Healthwatch is all about local voices being able to influence the delivery and design of local services that they use. Through a committed staff team and volunteers, they:   * Provide people with information, advice and support about local health and social care services * Gather views and experiences of local people on the way services are delivered and provided, including those facing health inequalities * Influence local services based on the evidence that they gather and through their position on the Health and Wellbeing Board in the city * Work with other Healthwatch organisations to build a national picture of people’s views on health and social care services * Offer support and guidance to those people that wish to make a complaint about NHS care.   The Healthwatch service in Anytown is made up of local people who want to get involved in improving services. Anyone can join and help influence the work of Healthwatch in the locality.  The Healthwatch service should utilise a range of communication channels (face-to-face, email, social media, paper surveys, telephone, and focus groups) to reach out, listen to, and understand users of Anytown’s health and social care services.  Local Healthwatch in Anytown is required to:   * Work closely with the voluntary, public and private sectors to enable them to provide accessible, high-quality care based on patient/user feedback, evaluation, participation and research. * Employ a partnership approach with key stakeholders and volunteers to applaud, challenge, question and review in the pursuit of best practice in health and social care, informed by the public’s opinion. * Contribute the local voice to the deliberations and strategy of the Health and Wellbeing Board and commissioning bodies. |
| **3.5** | **Governance**  [Decision making](https://network.healthwatch.co.uk/guidance/2020-11-19/helping-you-your-decision-making-process)  As an independent body delivering public services, there is an expectation that Healthwatch providers will operate to the Nolan Principles of selflessness, integrity, objectivity, accountability, openness, honest and leadership. These elements should be reflected in their governance and decision-making arrangements, organisational values, systems and processes.  The procedure for making decisions must be followed and published before any relevant decisions are made. The procedures must include:   * 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 breach would be referred to the local authority.   After a relevant decision has been made, Healthwatch Anytown must publish a written statement outlining what the decision is and the reasons why it was taken**.** Procedures, decision-making processes, and minutes from meetings should all be published on the Healthwatch Anytown website to comply with these requirements. Any amendments to these procedures must be published as soon as practicable. Healthwatch Anytown must report any breaches in procedures to Anytown City Council.  Relevant decisions include:   * How to undertake Healthwatch activities * Which health and social care services Healthwatch cover 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 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 * Any decisions about subcontracting.   Healthwatch Anytown meetings, including board or advisory group meetings, must be open to the public where items on the agenda are considering and making decisions about their statutory activities. More about holding meetings in public can be found on ['A guide to running Healthwatch'](https://network.healthwatch.co.uk/guidance/2020-02-12/guide-to-running-healthwatch).  Equality, diversity and inclusion  Healthwatch Anytown are expected to have an action plan to ensure that their Board, staff and volunteers reflect the diversity of the local population.  Involving people with lived experience and volunteers  There must be provision for involving people with lived experience and volunteers in Healthwatch decision-making and their activities, as defined in the regulations.  A person with lived experienceis someone directly affected by social, health, public health, or other issues and the strategies that aim to address these issues. This gives them insights that can inform and improve systems, research, policies, practices, and programmes.  A volunteeris 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.  Conflicts of interest, potential or actual, are important factors in Healthwatch demonstrating independence and transparency. Directors, trustees or advisory board members of Healthwatch Anytown must 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 the case for local council officers and councillors who serve on Boards or Advisory Groups.  Health and Wellbeing Board  The Health and Social Care Act required local authorities to set up Health and Wellbeing Boards which work to improve the health and wellbeing of their local population. LocalHealthwatch are required to appoint one person to represent it on the Health and Wellbeing Board. It is not stipulated who should be appointed, although typically the representative is a Healthwatch Chair or Chief Officer. It is important that the appointed person describes themselves in a Healthwatch role as opposed to another role they may hold such as an officer of a hosting organisation.  Healthwatch Anytown will need to consider how to get the best out of their involvement on the Board, recognising Healthwatch Anytown is a full member. Healthwatch's role is not limited to reporting on their work, and they can ensure that the public voice is appropriately reflected in all areas of work. This could include Healthwatch undertaking work and presenting views, but it could also mean ensuring that partner organisations build public engagement into their work.  Overview and scrutiny  Healthwatch Anytown may identify issues of broader concern that they have been unable to resolve. In these circumstances, they may decide to refer the issue to the council’s overview and scrutiny process. This may be a separate health overview and scrutiny committee (often shortened to HOSC) or a general committee or board.  When Healthwatch Anytown formally refers an issue to overview and scrutiny, Anytown City Council must:  • Acknowledge receipt of the referral within 20 working days beginning with the date on which the referral was made  • Keep the Healthwatch Anytown informed of any action taken in relation to the matter. |
| **3.6** | **Conflicts of interest and political activity**  Conflicts of interest  People involved in Healthwatch Anytown may be involved in other activities or have personal interests which create, or appear to show, a conflict of interest with their Healthwatch duties. It is therefore essential that Healthwatch Anytown has a transparent conflicts of interest policy publicly available.  Independence and political activity  Healthwatch Anytown should strike a careful balance between being the independent champion for the public as well as a valued part of the health and care system.  Can a Healthwatch take part in political activities?  An organisation will not be permitted to carry out Healthwatch activities unless it meets the statutory definition of a social enterprise, e.g. if a person might reasonably consider that it acts for the benefit of the community in England. The regulations specifically state that the following activities cannot be categorised as “for the benefit of the community in England”:  (a) “the promotion of, or opposition to, changes in—any law applicable in the United Kingdom or elsewhere; or (ii) the policy adopted by any governmental or public authority in relation to any matter”  (b) the promotion of, or opposition (including the promotion of changes) to, the policy  which any governmental or public authority proposes to adopt in relation to any matter;  (c) activities which can reasonably be regarded as intended or likely to (i) provide or affect support (whether financial or otherwise) for a political party or political campaigning organisation; or (ii) influence voters in relation to any election or referendum.  However, the regulations specifically state that these activities can still be categorised as “for the benefit of the community” (and therefore permitted by Local Healthwatch organisations, if “they can reasonably be regarded as incidental to other activities, which a person might reasonably consider to be activities carried on for the benefit of the community in England”.  As the main functions of Local Healthwatch relate to supporting involvement and collecting people’s views to influence services, activities falling under (a), (b) or (c) above could be incidental to those functions. Therefore, provided those activities are undertaken because of the statutory functions (e.g. As a result of views gathered by Healthwatch) and remain ancillary to those functions, Healthwatch may be able to carry out those activities. It is the responsibility of Healthwatch Anytown to demonstrate that any campaigning activity is truly incidental to its other activities and to ensure that it is compliant with all relevant terms of the arrangements with Anytown City Council.  Reputational risk  Healthwatch Anytown will need to consider any reputational risk to prevent any of its activities being perceived to be linked with a political viewpoint, and the potential to impact on people’s willingness to engage with the organisation. Again, demonstrating that any campaigning is based on the views of local people may underpin the case for a Healthwatch undertaking such activity. To achieve this, Healthwatch should not:  • Give support or funding to a political party, nor to a candidate or politician  • Be used as a vehicle for the expression of political views  • Endorse or comment on any party or candidate. Instead it should concentrate on the issues that they are raising as they relate to local people. This not only applies to political parties but also ‘political campaigning organisations’.  During an election period  During an election period, Healthwatch Anytown must be careful not to produce material that could be regarded as “election material”. For example, anything that explicitly advocates a political party or party candidate or advises on voting for or against a particular party or candidate.  Healthwatch England will provide national guidance for elections, but Healthwatch Anytown will need to consider their position if there are any by-elections or similar in their area. [There has been separate guidance issued in relation to pre-election period](https://network.healthwatch.co.uk/guidance/2023-02-06/pre-election-guidance-how-to-remain-impartial)s, which is the period before an election when public authorities are limited in what they can do. Healthwatch Anytown should ensure that they do not schedule anything during that period that might be perceived as political activity. |
| **3.7** | **Healthwatch licence and brand**  What is the Healthwatch trademark licence?  As Healthwatch England is an independent statutory committee of the Care Quality Commission (CQC), legally 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 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 must sign and abide by a trademark licence issued by Healthwatch England.  How to apply for a trademark licence  To apply for a Healthwatch licence the provider organisation should email [enquiries@healthwatch.co.uk](mailto:enquiries@healthwatch.co.uk) or speak to the HWE Regional Manager that covers their region.  If the provider organisation holds contracts for multiple Local Healthwatch, then they will need to sign one agreement for each local authority area. They will need to have a separate contract and use separate logos for each Local Healthwatch that they manage.  What can the Healthwatch brand be used for?  The Healthwatch brand must only be used when carrying out activities prescribed in s.221 of the Local Government and Public Involvement in Health Act 2007 (the “statutory activities”). The Healthwatch brand cannot be used for any additional work which is not classed as a statutory function or power. Healthwatch should carefully consider their trading name and associated branding if they want to carry out activities which fall outside of s221 activities. Healthwatch providers must contact Healthwatch England to discuss such circumstances.  Provider responsibilities  The trademark licence places certain obligations on the Healthwatch provider (the licensee) to act and use the marks in a way which preserves their reputation of the marks and that of the Healthwatch Anytown programme, the National Healthwatch programme, CQC or any Local Healthwatch organisation.  Subcontracting work  If Healthwatch Anytown subcontracts work associated with its statutory functions and powers, they will need to apply for a different trademark licence.  What arrangements should be made when a contract changes hand?  The trademark licence terminates when the contract between the local authority and the Healthwatch provider ends, and the provider is no longer able to use the Healthwatch brand.  Appropriate contractual arrangements should be in place to ensure that when a provider organisation comes to the end of its Healthwatch contract, resources, website, social channels, data and insight are transferred to a new provider. This will ensure a continuous and uninterrupted Healthwatch service for the public.  For more information for both outgoing and incoming Healthwatch providers please see the [HWE transition guidance](https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20072022%20When%20a%20Healthwatch%20changes%20provider.pdf) |
| **4** | **Key Service Outcomes** |
| **4.1** | **Vision, values and identity**  Healthwatch's vision is to have health and care that works for people. People want to have health and social care support that works –helping them to stay well, get the best out of services and manage any conditions they face. Healthwatch's Anytown purpose is to find out what matters to people and to help make sure their views shape the support they need. People's views come first – especially those who find it hardest to be heard.  Local Healthwatch in Anytown need to demonstrate the following:   * Has a clear vision and strategy, which has been developed in partnership with local stakeholders and the wider community. It will have clear priorities, which are based on local evidence. * Has a flexible and sustainable organisational model that is capable of learning and adapting to meet further policy changes around the citizen voice in the NHS and social care. * Is accessible and has a visible presence in the area it serves, with a recognisable local brand as an independent consumer champion, representing the views of people who use, or may use, health and social care services and members of local communities.   Local Healthwatch in Anytown should be aligned with Healthwatch shared values and associated behaviours   1. **Equity**: Embracing inclusivity and compassion, establishing profound connections with the communities we serve, and empowering them. 2. **Collaboration**: Nurturing both internal and external relationships, fostering transparent communication, and partnering to amplify our impact. 3. **Independence**: Championing the public's agenda, serving as purposeful and critical allies to decision-makers. 4. **Truth**: Operating with unyielding integrity and honesty, fearlessly advocating truth to those in power. 5. **Impact**: Pursuing ambitious endeavours to effect meaningful change for individuals and communities while remaining accountable and holding others accountable.   Healthwatch Anytown is also required to allow room for flexibility and for responding in year to newly emerging issues within the work plan. |
| **4.2** | **Outcomes**  Healthwatch Anytown will be monitored on achieving the following outcomes for Anytown:   1. All 8 statutory requirements of Local Healthwatch are met (As set out in Section 221 of the Local Government and Public Involvement in Health Act 2007 as amended by the Health and Social Care Act 2012). 2. Healthwatch Anytown’s work has contributed to positive changes and improvements in local health and social care services and to enabling individual residents to receive the services they need.   The contributions made could be in these areas:   * Governance and oversight of health and social care services. * Strategic planning and decision making at stakeholder meetings such as Health and Wellbeing Board and Health Overview and Scrutiny Committee. * Service design, improvement and quality. * Public involvement and co-creation. * Patient and service user safety and regulatory impact. * Effectiveness of public communications within health and social care. * Developing a greater culture of listening to and taking account of residents’ experiences within the health and social care sector.   Suggestion: Healthwatch England’s reporting template should be used to record outcomes.  Reporting should include:  Rationale for selection of priority  Consideration of tackling health inequalities  What improvement/change has resulted  identifying barriers and blockers to change in situations where Healthwatch Anytown’s activity has not led to improvements in services, to help develop Healthwatch Anytown’s approach to influencing, and so that Anytown City Council can better understand the environment in which the service operates.   1. Local people and stakeholders understand the rationale for selection of Healthwatch Anytown’s priorities and how this aims to make the biggest difference for residents. 2. Local people and volunteers have meaningful opportunities and feel supported to be involved with Healthwatch Anytown decision-making. 3. Local people understand how their views are used by Healthwatch Anytown to shape services and contribute to the influencing of national policy. 4. Local communities, including seldom heard groups and groups with protected characteristics, feel they are listened to and that their views have been shared with and influenced local health and social care services. 5. People using Healthwatch Anytown advice and information service, including those who are seldom heard, get the information they need to make choices about accessing health and social care services, when they need it and in a format that meets their needs (in line with their equality duty). 6. Knowledge is built about health inequalities and how they are experienced by local people and local action is encouraged that will help tackle them. This will include maintaining relationships with the Public Health Intelligence team to share intelligence related to the Joint Strategic Needs Assessment (JSNA) for Anytown. 7. Intelligence from its information and signposting service is used by Healthwatch Anytown to inform commissioners and providers to improve services.   Healthwatch Anytown organisation is seen by local people as open in its governance and representative in its decision making with opportunities for involvement that are welcoming and reflect the demographics of the city. |
| **5** | **Service description** |
| **5.1** | **Engagement, involvement and reach**  It is vital that local communities, including seldom heard groups, feel they are listened to and that their views have been shared with and influenced local health and care services.  Healthwatch Anytown is expected to produce a communications and engagement strategy that actively engages with all Anytown residents and provides engagement mechanisms which are inclusive, appropriate and suitable for all. Healthwatch Anytown will work collaboratively to engage with Anytown's most vulnerable residents. The plan developed needs to include specific methods to reach into seldom heard groups and reflects the Public Sector Equalities duties for Local Healthwatch.  Healthwatch Anytown engagement strategy needs to take account of:   * Existing engagement networks in both statutory and voluntary sectors * The full range of Healthwatch Anytown functions and the opportunities for engagement they provide * The need to be able to utilise or access a wide variety of engagement tools and techniques * The need to use robust and ethical methodologies for engagement and gathering views in line with Healthwatch England guidance * The potential for people to be involved in different ways depending on the time, energy, skills, experience and commitment they have to give * The need to build capacity among volunteers through training and opportunities to gain experience * The need to be representative and to reach out to service users, those who do not currently use services and the public in general * The need to engage both with long-term service users and with those who have short/emergency episodes of care, both in the community and in NHS and social care facilities.   Healthwatch Anytown must be able to plan for and anticipate future changes in the Health and Social Care sector, be aware of the political environment surrounding Health and Social Care in Anytown and work collaboratively to respond to need as change and developments occur.  Engagement and volunteering activities and events with Anytown's communities must be suitable, appropriate and inclusive to represent all populations, especially those of Anytown's most vulnerable or difficult to engage communities.  Healthwatch Anytown will need to:   * Be aware of and proactively link to and complement existing engagement activities across the city * Actively engage with residents in Anytown and present representative information that reflects the different population groups in the city * Ensure its work adheres to a clear set of engagement policies and demonstrate compliance under current equalities legislation. * Healthwatch should use the HWE taxonomy which includes collection and analysis of demographic data. |
| **5.2** | **Signposting and Information**  Healthwatch Anytown is required to provide signposting and information to help support residents in making informed decisions around health and social care provision or services.  The signposting and information service must:   * Impartially illustrate and identify all providers within an open market * Have a strong and up-to-date local knowledge base * Build on existing networks and services, and link in with similar provision * Be impartial, neutral and un-biased * Be proactive, operating a 'no wrong door' approach, in which residents are assisted regardless of their query. Aim to assist in all health and social care related enquiries * Be sensitive to the different information needs of the local population in the ways it is presented, by working on clear needs assessment and a defined rationale that complements existing diversity data * Offer a simple process to all that access it.   Signposting and information need to be provided by a wide variety of methods that are accessible, considers ability and accessibility, and be provided through a range of:   * On-line materials, forums and other tools; utilising social marketing intelligence and appropriate social media activities * Events and activities * A demonstrable presence in Anytown providing accessible provision, such as drop-ins * Telephone provision which is well advertised and accessible with trained personnel, at a standard or reduced rate   Advice services provided by Healthwatch Anytown must demonstrate an in-depth knowledge of the NHS and Social Care structures and provisions; build on existing advisory services; be experienced to know the difference between complaints and concerns, and how to separate them from each other as appropriate.  The information, signposting and advice services offered by Healthwatch Anytown will be a source of information that Healthwatch must use to inform its evidence base to use in its strategies and plans by gathering the views and experiences of individual service users and triangulates this with other sources of information, making effective use of the Healthwatch England Information Hub. The number of contacts with people each month should be broken down by method/media. For example, face-to-face, telephone or social media. If this information is dealt with correctly, it can be used to map trends and consistent issues that can be reported and acted upon as well as shared with other relevant organisations and the Public Health Intelligence team.  HWE have published guidance to help local Healthwatch collect demographic data when providing Information, signposting and advice.  [20220411\_collecting demographic data updated for GDPR.pdf](https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20220411_collecting%20demographic%20data%20updated%20for%20GDPR.pdf) |
| **5.3** | **Engaging with health and social care services**  Healthwatch Anytown are expected to proactively engage with commissioners, providers and other Health and Social Care organisations to work collaboratively across the city, to support each other's agendas, whilst ensuring limited duplications as well as addressing any gaps in services or provisions. Healthwatch Anytown are also in a prime position to share good practice based on local findings and feedback about what has worked well in other Healthwatch areas.  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 (ICB) 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.  Healthwatch Anytown is expected to work in collaboration with a wide range of health and social care services to:   * Influence commissioning at a highly strategic level * Influence commissioning plans for services or health and social care provision * Develop and maintain good working relationships with strategic partners * Play a full role in strategic decision-making ensuring that local people’s views are integral and inform local decision-making about services. |
| **5.4** | **Holding to Account and Influencing**  Local Healthwatch have a dual role in holding to account, both of which require building and maintaining relationships and developing effective behaviours pursuant to their role as a ‘Critical Friend’. They must be:   * Proactive: to influence strategy and service development by bringing live experience to the table * Reactive: to provide feedback and scrutiny on strategy or service delivery.   The Health and Care Act gives Healthwatch the right to scrutinise the system and challenge Health and Care organisations to ensure local population needs or service development engagement have been met. The introduction of Integrated Care Systems and place-based working offers a real opportunity to ensure people and communities are at the heart of health and care. Local Healthwatch should play an important part in advocating for inclusive engagement programmes at all levels of the Integrated Care System by ensuring the involvement of patient and service user voice in service development, monitoring and governance processes. Healthwatch should participate in groups, committees, boards and in a non-voting capacity to contribute insight and a citizen perspective to discussions and, importantly, by holding these bodies to account**.**  Healthwatch Anytown will need to link and collaborate with other Healthwatch providers within the regional area. There should be evidence of learning from other Healthwatch providers which is used to manage local views against wider priorities.  Health inequalities  Healthwatch is the main way that local people have a voice in commissioning, delivering, improving and monitoring health and social care in their area. It has an important role to play in reducing health inequalities. Healthwatch Anytown should ensure that residents from all backgrounds are considered in the development and implementation of transparent decision making. It should be clear what demographics have contributed to its approach to tackling health inequalities.  To tackle health inequalities, Healthwatch Anytown will need to build knowledge about what health inequalities are, how they are caused and how they can be reduced. This knowledge comes from two main sources:   * Official data that show differences and evidence of immediate and underlying causes, along with academic analyses of this information such as such as PHE fingertips, ONS * Local experience and views, drawn from testimony of local people. Local people can provide more detailed observations about how various causes interact and are experienced from day to day.   Building knowledge involves drawing together learning from these different sources, to inform and guide how Healthwatch Anytown uses its influence, encourages local action and holds government to account.  Ways of finding out from local people:   * Dialogue with residents and local workers * Partnerships with the community and voluntary sector, which has existing intelligence about local people’s views.   Healthwatch Anytown can use its role and influence on Health and Wellbeing Boards, within the ICS, Joint Strategic Needs Assessments and other forums where they engage with commissioners and providers of health and social care to encourage decision makers to address local inequalities. They can do this by:   * Faithfully retelling the stories of local residents * Advocating for change based on knowledge about health inequalities built by combining information from official sources with the testimony of local people Vulnerable/ hard to reach communities * Broadening the conversation about health inequalities when engaging with decision makers * Holding government to account.   Formal duties on health inequalities  Healthwatch needs to know the formal duties of national and local government and the  NHS, so that it can help make sure these duties are fully exercised.  *Formal duties of Government under the Health and Social Care Act 2012*   * The Secretary of State for Health must give regard to the need to reduce inequalities in the benefits that can be obtained from health services * NHS England and Integrated Care Boards have the same duty and are expected to commission and monitor services with a view to the extent to which they reduce inequalities in both access and outcomes * Each local authority must take appropriate steps for improving the health of the people in its area. This may include providing services or facilities designed to promote healthy living, or for the prevention, diagnosis or treatment of illness.   *Public sector equality duty under the Equality Act 2010*   * In relation to people with relevant “protected characteristics”, all public bodies have a duty to have “due regard” to the need to eliminate discrimination, advance equality of opportunity and foster good relations between groups.   [(LGA 2013)](https://www.local.gov.uk/sites/default/files/documents/how-can-local-healthwatch-cbd.pdf)  Collaborating with other Local Healthwatch  There are several reasons why Healthwatch will want to collaborate with each other, including work relating to services for local people which operate from an area served by another Healthwatch and **sharing best practice and learning.**  Collaboration and co-ordination may also be required for the benefit of the local population where Integrated Care Systems cover an area comprising 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. |
| **5.5** | **Enter and View**  Healthwatch have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for a local Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved. **Enter and View is not a statutory Healthwatch activity but a legal power of entry.**  The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people’s experiences better. Healthwatch Anytown can use this evidence to make recommendations and inform changes both for individual services as well as system wide.  To carry out Enter and View visits. Healthwatch Anytown should consider how Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007.  The legislation places a duty on health and social care providers to allow authorised  representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. These powers do not allow Healthwatch to Enter and View local authorities’ social services activity for people under the age of 18.  Health and social care providers do not have a duty to allow entry if:   * The visit compromises either the effective provision of a service or the privacy or dignity of any person * Where the part(s) of premises are used solely as accommodation for employees where health and social care services are not provided at the premises (such as offices) or where they are not being provided at the time of the visit (for example, when facilities and premises are closed) * If, in the opinion of the provider of the service being visited, the authorised representative, in seeking to ‘Enter and View’ its premises, is not acting reasonably and proportionately.   Healthwatch Anytown must publish a procedure for making decisions about who may be an Authorised Representative and keeping it up to date. This is likely to cover Healthwatch’s recruitment and selection process such as carrying out interviews. It is good practice to have this published on the Healthwatch website. Healthwatch Anytown must also make publicly available, a comprehensive and up to date list of all its authorised representatives. The legislation does not specify how to make the names publicly available. Some Healthwatch achieve this by publishing the names on their website. It would also be useful for a Healthwatch Anytown to include the information in their annual report.  [(A guide to Enter and View - HWE 2019)](https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20220323%20Enter%20and%20View%20guidance%20final.pdf) |
| **6** | **Applicable Service Standards** |
| **6.1** | **National Guidance and Standards**  Healthwatch Anytown are expected to follow latest and up to date guidance and advice provided by Healthwatch England. All reports, guidance, frameworks and national intelligence are available via the Healthwatch England network website -  <https://network.healthwatch.co.uk/>. |
| **6.2** | **Reporting and performance monitoring**  Healthwatch Anytown will be required to achieve the outcomes outlined in section 4.2, as well as the statutory duties outlined in section 3.2. Monitoring of these outcomes will be via regular reporting meetings between the Healthwatch Anytown provider and the commissioner.  To achieve these outcomes Healthwatch Anytown will be expected to achieve certain key performance indicators and requirements, using reporting with evidence to comply. These are outlined in appendix a.  These key performance indicators will be reviewed every six months and amended or updated in line with local requirements and in agreement with both provider and commissioner.  Healthwatch Anytown are required to produce regular reports for the commissioner, as well as for the Board, stakeholders, Healthwatch members and the general public (e.g. Healthwatch Anytown annual reports, business plans etc.).  The commissioner requires quarterly progress reports in advance of quarterly progress meetings. Details of Key Performance Indicators to be reported on are included in Appendix A.  An annual performance assessment meeting will be held at the end of each financial year, and will cover, but not be limited to:   * Provider performance, summarised against the key performance indicators * Quality of service * Information and record keeping * Complaints and allegations * Areas for developments * Successes and case studies for sharing good practice * Financial information to assess value for money   **Financial reporting**  As Healthwatch are in receipt of public funds, they will be required to account for their 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.  **Annual report**  By law, Healthwatch Anytown must prepare its annual report by 30 June each year. The annual report outlines how Healthwatch have met their statutory responsibilities for the financial year that ended 31 March. Healthwatch England produce guidance to Healthwatch providers on meeting requirements for producing an annual report. Each year they provide a template to help local Healthwatch to produce their annual report and meet their statutory requirements.  These reports must include how Healthwatch:  • Engage with diverse communities  • Use volunteers and lay people to support their governance and activities  • Share their data and insight to improve services. For example, with Healthwatch England, CQC or local health and social care services  • Have made an impact as a result of their activities  • Have spent their funding (or a subcontractor delivering Healthwatch activities).  The report must be prepared by the provider who has held the Healthwatch Anytown 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 are required to contribute to the annual report. The Annual Report must be made publicly available, and Healthwatch Anytown should send a copy to each of the following:  • Healthwatch England  • Anytown City Council  • NHS England  • ICB  • Any overview and scrutiny committee of their local authority  • The Care Quality Commission.  [(A guide to running Healthwatch 2020)](https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20200212%20-%20A%20guide%20to%20running%20Healthwatch.pdf) |
| **6.3** | **Quality framework**  In 2019, Healthwatch England published the [Quality Framework w](https://network.healthwatch.co.uk/guidance/2022-08-22/quality-framework)hich sets out the key ingredients to running a Healthwatch. Completing the quality framework assessment tool will help Healthwatch Anytown understand where their work is currently effective and where they can make improvements. Local Healthwatch are expected to complete the Quality Framework once every 3 years and meet with their regional manager to discuss continuous development annually. This also assists Healthwatch England to identify where they need to provide more support and training, as well as the individual services which might need more help.  Developed and tested in partnership with local Healthwatch, the framework is a self-assessment tool which Healthwatch boards and leaders can use to explore key questions such as:  •Which aspects of our work are more effective?  •Where can we improve things?  •What barriers do we need to address?  •What factors drive our success?  •What impact are we making?  The six domains of the quality framework are:  1. Leadership and Decision Making: This looks at the importance of Healthwatch having clear goals and a rationale for the work they prioritise. It also looks at the strength of their leadership and governance, both of which are key to successfully navigating a complex environment whilst maintaining independence and accountability  2. People: This recognises the importance of staff and volunteers. It can help Healthwatch understand whether their board, staff and volunteers have the right knowledge, skills and support to deliver an effective, consistent service  3. Sustainability and Resilience: This focuses on a business model that enables Healthwatch to plan and operate effectively, as well as adapting to the changing needs of communities  4. Collaboration: This recognises the value of working in partnership, and of learning from other Healthwatch  5. Engagement, Involvement and Reach: This focuses on Healthwatch's main statutory activities. It looks at how Healthwatch go about reaching out to all sections of their community, gathering people’s views, providing advice and information, and involving people in their work  6. Influence and Impact: This focuses on Healthwatch's purpose by looking at the difference Healthwatch make by ensuring those in charge of health and care services hear and act on people's views. |
| **6.4** | **Violence Against Women and Girls (VAWG)**  The Provider must ensure that the service it provides is able to deal properly with those affected by, or perpetrating, domestic violence & abuse, sexual violence, or other forms of violence against women and girls (including sexual exploitation, sexual harassment, female genital mutilation, ‘honour based’ violence and forced marriage).  In particular, the Provider must ensure that its employees / volunteers are trained to ‘Ask and Act’ service users about violence and abuse.  This means that the Provider’s employees/volunteers must have a basic understanding of the dynamics of these forms of violence and abuse and be able to respond sensitively to a disclosure by a service user. They must be able to provide appropriate advice and support to service users including making referrals as appropriate to the police, safeguarding or specialist services so as to reduce suffering and harm to servicer users and their families. |
| **6.5** | **Social Value**  The Public Services (Social Value) Act 2012 requires public authorities to consider how delivery of procured contracts could improve ‘economic, social and environmental well-being’ in their area. While nationally commissioned public contracts tend to use the Cabinet Office’s Social Value Model, local authorities usually use either the National themes, outcomes and measures (TOMs) model from the Social Value Portal or their own locally developed social value framework. A new ‘TOMs Light’ was introduced to encourage further take-up of this model.  There are two ways of looking at the added social value of a Healthwatch service. One way is to consider the added social and economic benefits linked to improvements made to healthcare services due local Healthwatch insight. This contributes to people being more able to retain their employment, maintain a stable home, be socially active, focus on education and can reduce pressure on carers. Reduction of health inequalities can also benefit healthcare services by reducing demand.  There is additional social value Healthwatch Anytown will bring through doing things over and above core activities and contract requirements. Healthwatch should demonstrate how a socially responsible approach to the delivery of the contract benefits the community and wider society.  The Social Value Outcomes identified for this contract are:  **Outcome 1: A healthy city where people thrive: Provide resources or opportunities for those who are care experienced** (e.g. shadowing, mentoring, work experience or employment opportunities)  **Outcome 2: A diverse, fair and inclusive city: Improve recruitment practices to increase diversity in the contract workforce and increase diversity in senior management** (e.g. actively recruit through organisations or services that serve individuals from underrepresented populations; conduct analyses of job description language and requirements to ensure they are inclusive; do not ask about incarceration history in the application process; etc)  Suggested outputs are provided for guidance only, the Council welcomes innovative outputs beyond those suggested, so long as they deliver on the outcomes. The provider shall:   * Deliver these social value outcomes during the lifetime of the contract as stipulated in the Contractor’s Social Value Plan it submits with its bid. * Evidence progress, impact made and achieved outcomes in a performance report to be emailed to the Council 1 week in advance of each Contract Management meeting. * Share good practice and seek to collaborate with other sectors/organisations to maximise both impact and opportunities of social value. |
| **6.6** | **Anytown Living Wage Employer status**  The Contractor will pay its employees working on the contract a minimum of the Anytown Living Wage (which is subject to change on an annual basis). |
| **6.7** | **Data Protection & Information Governance**  The Supplier undertakes to process the Council’s Data in compliance with the Data Protection Legislation.  The Supplier should adhere to guidance on [data standards](https://network.healthwatch.co.uk/data-standards-and-taxonomy#data-standards) and [guidance](https://network.healthwatch.co.uk/guidance/2022-06-17/guide-data-processing-and-protection) issued by Healthwatch England and be signatory to a [data sharing agreement](https://network.healthwatch.co.uk/guidance/2023-01-11/data-sharing-agreement).  Clarity on data controller – may be something for contract rather than spec??  The Supplier will notify the Council of any breaches of Council data as soon as possible upon becoming aware of them and no later than 24 hours of becoming aware of any breach.  The Supplier must have in place appropriate organisational structures, policies, processes and technical controls to identify, understand, assess, and systematically manage security risks to personal data, so as to comply fully with all applicable Data Protection Legislation. Personal data must be processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction, or damage.  The Supplier may be required to enter into a data sharing or processing agreement with the Council, at the Council’s discretion.  The Supplier will not transfer or cause to be transferred data to any country or territory outside the European Economic Area (EEA) unless subject to controls approved by the European Data Protection Board. Further, the supplier must make provision for data processing to be entirely within the UK in the event of an adequacy decision not being arrived at by the EU. |
| **7** | **Budget/Funding** |
| **7.1** | The budget for this service is £xxx per annum, subject to any variation as a result of the Annual Council Budget setting meeting in February of each year. |

**References**

* [Healthwatch England powers to advise councils, Healthwatch England, 2020](https://www.healthwatch.co.uk/report/2018-03-21/our-power-advise-councils)
* [Healthwatch England, A guide to running Healthwatch, 2020](https://network.healthwatch.co.uk/guidance/2020-02-12/guide-to-running-healthwatch)
* [Our annual report 2018-19, Healthwatch England, 2020](https://www.healthwatch.co.uk/report/2024-03-14/value-listening-our-annual-report-2022-23" \l "Download)
* [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)
* Healthwatch commissioners resource pack, Healthwatch England, 2020
* [Quality Framework, Healthwatch England, 2020](https://network.healthwatch.co.uk/guidance/2022-08-22/quality-framework)
* [Guidance on Purdah, Healthwatch England, 2024](https://network.healthwatch.co.uk/guidance/2023-02-06/pre-election-guidance-how-to-remain-impartial)
* [When A Healthwatch Change Provider, Healthwatch England, 2020](https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20072022%20When%20a%20Healthwatch%20changes%20provider.pdf)
* [A guide to Enter and View, Healthwatch England, 2022](https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20220323%20Enter%20and%20View%20guidance%20final.pdf)
* Healthwatch Network Website: <https://network.healthwatch.co.uk/>
* [Making a difference toolkit, Healthwatch England, 2019](https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20190927%20Making%20A%20Difference%20Toolkit%20.pdf)

**Appendices**

Appendix A: Healthwatch Anytown Outcomes and KPI framework

| **Ref** | **Key Performance Indicator (KPI)** |
| --- | --- |
| 1 | Publish an Annual Report by 30th June each year. |
| 2 | Healthwatch Anytown to appoint a Representative to attend meetings of the local Health & Wellbeing Board and evidence how their contributions have influenced decision making. |
| 3 | Evidence that Healthwatch Anytown’s Board and/or Advisory Board (if required) is actively committed to diverse membership. |
| 4 | Evidence that Healthwatch Anytown acts independently and is seen as a credible organisation. |
| 5 | Provide evidence of collaboration via ICS/ICP; evidence of collaboration with local partners; and evidence of collaboration with other local Healthwatch organisations, and how collaboration has led influenced decision making. |
| 6 | Annual Workplan – provide evidence of how priorities are determined, evidence of regular progress monitoring and achievement of actions. Identification of barriers to achieving actions. |
| 7 | Completion of Healthwatch England’s Quality Framework on at least a thre yearly cycle and the development of an action plan, or evidence of how actions have been fed into Healthwatch Anytown’s Workplan, or other organisational plans. |
| 8 | Evidence how recognised approaches to setting and evaluating outcomes are routinely used as part of the planning cycle. This could include using the Theory of Change Model as recommended by Healthwatch England. |
| 9 | Demonstrate that research and engagement methodologies used have been selected as being suitable to effectively achieve the outcomes sought from a particular activity or project. |
| 10 | Demonstrate the continuous development of Healthwatch Anytown’s staff and volunteers. Investment should be made in recruiting new volunteers and training the existing workforce. |
| 11 | Build knowledge of local health inequalities and how they are experienced by local people. Collect demographic data from engagement activity and demonstrate how analysis of residents’ experiences and board planning are informed by this knowledge. |
| 12 | Evidence how people feel that they have been listened to and understand how their views are used to shape local services. |
| 13 | Insights to be shared with Healthwatch England in a timely way and using systems which integrate with national requirements, to ensure the experience of people in Anytown contributes to national policy activity.  This currently requires doing so through the data sharing platform - https://network.healthwatch.co.uk/guidance/2023-10-10/help-getting-started-data-sharing-platform |
| 14 | Provide data to evidence that Healthwatch Anytown actively engages with the public on a regular basis using a range of methods and channels. |
| 15 | Provide data regarding the number of people providing feedback each month/quarter and methods used. |
| 16 | Provide data regarding the number of people who have received Information and Signposting each month/quarter, broken down by key themes/trends. |
| 17 | Provide data regarding the number of Volunteers (i) trained to undertake Enter and View visits, and (ii) involved in any other roles – provide details of other roles carried out by Volunteers. |
| 18 | Provide information regarding the number of Enter and View visits undertaken, reasons for selecting the particular services/locations for use of this power, and the outcomes achieved for service users following Enter and View visits. |
| 19 | Provide a summary/breakdown of the number of complaints made in relation to local services, by organisation/service and type of complaint (key themes/trends). |
| 20 | Provide individual Service User case studies to illustrate key issues for local residents, changes and improvements achieved, and any barriers to achieving change. |
| 21 | Evidence of Healthwatch Anytown’s sharing and publication of reports regarding local services, including recommendations for improvement. |
| 22 | Increased provision and access of effective community outreach activities to collect local views, which are then represented by robust priority setting and planning; to reflect the needs and demographics of the local population. |

**Acknowledgement**

Special thanks toBrighton & Hove Council for allowing us to use their specification as an example of best practice.