SCHEDULE 2

SERVICE SPECIFICATION FOR

PROVISION OF HEALTHWATCH BRISTOL HEALTHWATCH NORTH SOMERSET & HEALTHWATCH SOUTH GLOUCESTERSHIRE

OCTOBER 2024 – 2029

SUMMARY OF HEALTHWATCH SERVICE

The purpose of this specification is to set out our expectations for an effective Healthwatch service in Bristol, North Somerset and South Gloucestershire (BNSSG).

It is the role of Healthwatch to listen to the voices of its local community and involve them in their work to understand the health and care pressures and priorities specific of their local area. These views should be reported to those responsible for commissioning, providing, managing or scrutinising local health and care services and to Healthwatch England. It is the role of each local authority and the BNSSG Integrated Care Board to listen and respond to Healthwatch when it speaks for the community.

The provision of a single BNSSG Healthwatch reflects the footprint of the local Integrated Care Board. There may be variation in Healthwatch activities between the three local authorities responding to local demand but also advantages of combining resources and working across common issues of priority.

Effective Healthwatch services

The effectiveness of the Healthwatch service is dependent on several factors such as strong leadership, effective staff teams, a strong volunteering base, good governance, credible evidence/information and the quality of local relationships. In Bristol, North Somerset and South Gloucestershire we are seeking a service which focuses on quality of activity.

With a wide remit, limited budget and requirement to demonstrate independence, the Healthwatch service must be transparent in how they make decisions and operate. It must be able to determine their own priorities and annual workplan based on the huge number and variety of messages from their local community and demonstrate its opportunity for impact within a clear stated rationale supporting each objective, whilst maintaining open ears to the local community for issues that are not yet on anyone's radar.

As commissioners we will expect to see clear methodology for the chosen workplan, with a concise explanation for why each project was chosen, and how the provider intends to use the findings to influence service change at a local level. Workplans that link clearly to areas of focus for the local Health and Wellbeing Board may have considerably greater opportunity for positive impact as a result of Healthwatch intelligence. Healthwatch reports, and their recommendations, must be shared with Healthwatch England to ensure that the local voice is also heard by the Secretary of State and the Care Quality Commission (CQC).

Influence and impact

Healthwatch England have developed a Quality Framework (Appendix 2) which helps local authorities, Healthwatch providers and Healthwatch England to demonstrate their effectiveness. The Quality Framework, which has six domains, will support all stages of the commissioning cycle. The Healthwatch provider will be required to self-assess their impact using the framework and identify opportunities to improve. In addition, the contract will be monitored by an outcomes framework (Appendix 1).

New and/or unknown messages

Healthwatch has a duty to hear unsolicited information from the local community that would otherwise not be heard. It is of fundamental importance that messages from the local community, particularly those that are new or unknown are presented to the relevant authority such that they can respond appropriately. These messages should always take precedent over strategic relevance and opportunity for impact where the provider feels the new/unknown information warrants such priority.

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1 Introduction

1.1 This service specification sets out the requirements for the provision of the local Healthwatch service for Bristol, North Somerset and South Gloucestershire commissioned by the respective local authorities.

1.2 This service specification is an outcome specification with fixed funding. The provider is expected to minimise overheads and maximise the funds spent on frontline services.

1.3 The specification includes all the statutory elements of the service and forms part of the contract documentation.

2 Background

2.1 Healthwatch was created by Part 5 of the Health and Social Care Act 2012 (the Act) which paved the way for a national body, Healthwatch England (HWE), and a local organisation for each local council in England with social care responsibilities, local Healthwatch (LHW).

2.2 Healthwatch is not a statutory organisation in itself, but assists the Local Authority to meet its statutory obligations under the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012)

2.3 The Local Involvement Network (LINks) Regulations were abolished by the Act and replaced with Healthwatch, ensuring that its legal powers of Enter and View of registered premises continued, and was supported with additional system responsibilities.

2.4 The current commissioned Healthwatch service in BNSSG has been in place since 1st October 2019 and is due to expire on 30th September 2024. The newly commissioned Healthwatch service must be in place to start on 1st October 2024.

3 Service Aims

3.1 The service aims to embed the voice of local communities into the health and care decision making functions within Bristol, North Somerset and South Gloucestershire.

3.2 The specification intends to create a foundation upon which a single local Healthwatch service can work in partnership with the three local authorities of BNSSG in the shared pursuit of local health and care service improvement.

3.3 The single “Healthwatch BNSSG” service for all three local authorities must be agile and respond to the local place-based variations in health needs, inequalities and

geographical factors that vary between the authorities according to what is required for that local population.

3.4 The Healthwatch provider will pay particular attention to the individual local authority arrangements for social care given that, unlike the healthcare service, these are organised and commissioned by each local authority separately.

4 Commissioning principles

4.1 The commissioned Healthwatch provider must be a social enterprise. Most Healthwatch providers are companies limited by guarantee with charitable status; Community Interest Companies or Charitable Incorporated Organisations.

4.2 The Healthwatch provider is required to state legal entity on Healthwatch website including Company name, number and registered address.

4.3 Bristol City Council, on behalf of the three collaborating commissioning local authorities, will make provision within contracts for the Healthwatch trademark license. The local Healthwatch service provider will be required to apply to Healthwatch England for this trademark licence to the Healthwatch provider and operate under these terms.

5 Local Healthwatch Statutory Duties

5.1 Promote and support involvement of people in the commissioning, provision and scrutiny of all local health and care services.

5.2 Enable people to monitor the standard of provision of local health and care services and whether and how they could and ought to be improved;

5.3 Obtain people's views regarding their need for, and experience of, local health and care services and make these views known to those responsible for commissioning, providing, managing or scrutinising local services and to Healthwatch England;

5.4 Produce reports and recommendations about how local care services could or should be improved and direct these reports to commissioners and providers of health and care services, agencies responsible for scrutinising local services and shared with Healthwatch England;

5.5 Provide advice and information about access to all local health care services so people can make informed choices about managing their health and care needs.

5.6 Formulate views on the standard of provision and on whether and how provision can and ought to be improved; and sharing these views with Healthwatch England;

5.7 Making recommendations to Healthwatch England and advise the Care Quality Commission on conducting special reviews or investigations (or, where the circumstances

justify doing so, making such recommendations directly to the CQC); and to make recommendations to Healthwatch England to publish reports on particular issues;

5.8 Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

6 Enter and View

6.1 The Healthwatch provider can choose to use its legal power to visit health and social care services and see them in action. This power is called *Enter and View*.[1] It is not a stipulation of this specification because it is one method for gathering information rather than a statutory Healthwatch activity. Healthwatch should use their decision-making process to determine whether and when they deploy their legal *Enter and View* powers.

6.2 The Healthwatch provider will adhere to legal requirements on *Enter and View* and follow Healthwatch England guidance.

7 Sharing information with Healthwatch England

7.1 It is a requirement that the local Healthwatch service shares information with Healthwatch England in line with Healthwatch England's best practice principles. The local Healthwatch service is expected to submit an annual Healthwatch survey to enable Healthwatch England to report to Parliament on activities.

8 Annual Report

8.1 By law, the local Healthwatch service must publish its annual report by 30 June, outlining how it has met its statutory responsibilities for the financial year that ended 31 March. This is a requirement and will be monitored for compliance. The annual report must be made publicly available, and a copy must be shared with the following:

- Healthwatch England
- Healthwatch contract management group and Healthwatch Commissioning Governance Board of Bristol, North Somerset and South Gloucestershire local authorities
- NHS England
- BNSSG Integrated Care Board
- The CQC

9 Good governance, independence and transparency

9.1 Healthwatch will set out their approach to strategic and business planning. Governance processes must be made explicit, including how an advisory group or Board oversees the effectiveness and management of resources within Healthwatch. This should

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1.1 [1] Enter and View information is found on page 17 of A guide to running Healthwatch: 20200212 - A guide to running Healthwatch.pdf

include who can make ‘relevant decisions’ and whether lay persons or volunteers can be involved.

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.
- Any decisions about subcontracting.

9.2 There is an expectation that workplans are compiled and published on the website on an annual basis in November each year, unless agreed otherwise. Workplans are based upon an explicit prioritisation and decision-making process which takes the views of the public, demonstrably aligned against strategic relevance and identified opportunity for impact or identified as a new/unknown message of key significance or concern.

9.3 Workplans describe the methodology for each project identified, with a clear and concise explanation of why the piece of work was chosen and what the provider expects to change as a result of the work.

9.4 Healthwatch will have clear governance approaches set up to deal with safeguarding, confidentiality, and data security. These must be in line with the Schedule 2 of the Care Act (2014), Data Protection Act 2018 and Freedom of Information Act 2000 respectively.

10 Equalities and Human Rights

10.1 Healthwatch have an important role in promoting and protection equality, diversity and human rights for everyone who uses health and care services.

10.2 All Healthwatch reports and activities are expected to use and demonstrate an embedded approach to equalities and diversity, taking account of the Equality Act 2010, particularly Part 11 “Advancement of Equality, Public Sector Equality Duty” and the State’s obligations under Section 6, Human Rights Act 1998.

10.3 All Healthwatch reports must reference key local and national equalities information at the outset, highlighting associated intelligence relating to protected characteristic groups by utilising the Local Authority’s JSNA, Equality and Human Rights Commission (EHRC) information and other relevant sources.

10.4 Report conclusions must include an explanation of the engagement activities adopted to ensure the views of those with identified protected characteristic, socio-economic

deprivation and/or seldom heard groups were represented as part of the project and detailing what findings were made in relation to those individuals and groups.

11 People

11.1 Healthwatch will have a code of conduct for the activity of all board members, directors, staff, volunteers and people with lived experience that should include a commitment to representing divergent and conflicting views, being clear about what views they are representing and accounting for any bias and following the Nolan Principles of Public Life. A statement on how breaches of this code of conduct are addressed will be required.

11.2 There will be appropriate pathways in place to recruit, induct, train and develop Healthwatch staff, volunteers and people with lived experience to be in the right place at the right time to provide a high-quality service.

11.3 There will be a process in place to evaluate to what extent volunteers and people with lived experience feel supported, valued and involved in Healthwatch work.

12 Sustainability and resilience

12.1 The Healthwatch provider will be granted a 3 year contract with an option to extend for 2 further years. This facilitates a sustainable, resilient and stable service over several years and allows Healthwatch to build and develop healthy working relationships with key individuals and partners.

12.2 Healthwatch will monitor its finances and provide an annual report on number of staffing hours delivered per quarter, volunteer numbers and hours provided and spend per authority.

12.3 Local Healthwatch services are entitled to generate additional income to their core local authority funding, for example, by carrying out commissioned work. Any income generated in this way must not be used to balance shortfalls in core funding as this could compromise the independence of Healthwatch in terms of setting their own priorities. Healthwatch brand can only be used for work which falls within the defined s221(1) activities.

11 Collaboration

11.1 The Integrated Care Board has a duty to respond to reports and recommendations made by local Healthwatch, in section 4.2.1 (p21), and one of its 10 principles is to work with people and communities, listing Healthwatch, in section 9 (p33). A memorandum of understanding should be agreed between local Healthwatch members, ICS members and ICB members to set out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health and wellbeing of the people of BNSSG.

11.2 Healthwatch is a member on each local authority's Health and Wellbeing Board (HWB) and the combined BNSSG Health and Wellbeing Board (3HWB). It is expected that Healthwatch takes an active role in HWB meetings by providing their insights gathered from

local people on relevant topics. The topics discussed at the HWBs can also guide Healthwatch to prioritise their activities.

11.3 Healthwatch can develop workplan activities which are specific to only one, or two, or all three, local authorities to reflect and respond to local demand. Opportunities for joint/collaborative working across all three local authorities are routinely explored but only acted upon when it is appropriate to do so. Activities specific to each local authority within Healthwatch are provided proportionately to the funding received from each Local Authority, such that resource and effort always match the pro rata funding levels accurately.

11.4 Healthwatch are expected to build strong working partnerships with the local BNSSG voluntary, charity, and social enterprise (VCSE) sector to:

a) improve promotion of the Healthwatch service offer

b) improve the reach of Healthwatch to groups in the community, especially those who are seldom heard and underrepresented in Healthwatch data collection, to amplify their voice and experiences of health and care services

c) enable Healthwatch to share information and advice about availability of local VCSE groups so that the public can receive appropriate support.

11.5 Healthwatch will set out how they will work with other local Healthwatch services nearby, Healthwatch England and the CQC in pursuit of consistent quality and to ensure local views are heard more widely.

12 Engagement, involvement, and reach

12.1 Healthwatch must set out how they will gather views from local people and prioritise and reach different sections of the local community, including involving local people in the work of Healthwatch and support partners to do the same.

12.2 Healthwatch must proactively seek the views of people and groups are underrepresented in their data collection, through a range of methods of engagement making reasonable adjustments to ensure accessibility to all.

12.3 Each authority has made considerable investment in provision of information, advice and guidance resources, and the primary responsibility of each Healthwatch service will be to redirect enquiries appropriately.

13 Quality Framework

13.1 The Healthwatch Quality Framework[2] sets out a shared understanding of the key ingredients that make up an effective Healthwatch service between Healthwatch service providers, LA commissioners and Healthwatch England. 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

[2] Commissioning an effective local Healthwatch | Healthwatch Network website (staff) - Appendix 2

Healthwatch England. The focus is on learning to make Healthwatch as effective as it can be.

13 Influence and Impact

13.1 The monitoring and evaluation of local Healthwatch service aims to be outcome driven and proportionate to the funding provided to a small organisation working within a tight budget. This avoids detailed monitoring of outputs which do not necessarily represent the impact the service is having. As such an Outcomes Framework, based on guidance from Healthwatch England, is included in Appendix 1.

13.2 To be effective, Healthwatch should be a known and trusted as a credible voice on behalf of local people. The extent to which this is true should be reflected upon at monitoring meetings and with other stakeholders in the local health and care system to offer feedback and opportunities for development. The three local authorities are keen to develop and maintain a good working relationship with the Healthwatch provider, based on mutual respect and shared interests. Quarterly meetings should be an opportunity to discuss any barriers or difficulties the provider encounters, such that the relevant local authority can act supportively to bring about the positive impacts desired by all.

13.3 Healthwatch will track the recommendations they represent and use escalation processes as appropriate in pursuit of a sufficient response to recommendations and as much as possible, a positive resultant impact.

13.4 Healthwatch reports are professional, accurate, quantified, written in context, and adhere to GDPR regulations in relation to the inclusion of personal information. Where appropriate, a response from the health and care service provider should be sought prior to publishing.

13.5 The provider will meet with the BNSSG Healthwatch Contract monitoring group on a quarterly basis to review progress against the annual workplan, outcomes framework and discuss any other issues as necessary. The purpose of these meetings is to adopt a developmental approach to ensure the service is functioning proportionately and comprehensively.

13.6 The provider will send a quarterly report to the Coordinating Authority two weeks prior to the next quarterly meeting.

14 Armed Forces Community Covenants

14.1 The three Local Authorities have signed the Armed Forces Community Covenants. These are a voluntary statement of mutual support between the civilian community and the local Armed Forces community. This initiative reflects the government's tri-service Armed Forces Covenant and government policy to improve the support available for the Armed Forces community.

14.2 The Community Covenants build relationships and local support between the council and other organisations, the bases and the charities that support in-service and ex-service personnel and their families. They are not intended to give preferential treatment to the

Armed Forces community, but to ensure that they do not suffer detriment because of their service to our country. Members of this community can experience a range of challenges. For instance, when a member of the Armed Forces is drafted to a new post at short notice, the families will have to find accommodation and the children change schools quickly. The councils are keen to ensure parity of outcome for the armed forces community with our other residents. There are many independent charities that provide specific support for the armed forces community and the provider is expected to support the councils by signposting these services to qualifying residents. Further information about the Covenants can be found at; Armed Forces Covenants in the south west - GOV.UK (www.gov.uk)

15 Appendix 1 - Outcomes Framework

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, with demographic data where possible Engagement with the VCSE sector, including those organisations representing under-represented groups	Engagement practice across BNSSG is improved due to Healthwatch service sharing their expertise and holding commissioners and providers to account.	Stakeholder survey Case study examples List of VCSE organisations engaged with, and the communities they represent
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 Case study examples
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.		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.	Quarterly review meetings Stakeholder survey Annual Healthwatch reports
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	The number of reports or briefings published	There is evidence that decisions taken by commissioners and service providers are made with a better understanding of local people's experience. Recommendations made by local Healthwatch have been formally responded to by commissioners and	Published reports Case study examples Stakeholder survey Published responses

scrutinising local care services and shared with Healthwatch England.		providers who set actions to be taken.	
Providing advice and information about access to local care services so people can make choices about local care services.	Number of people supported through advice and information Number of unsolicited contacts received from the public per quarter Website analytics	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 serviced due to Healthwatch information, advice and signposting service.	Quarterly Review meetings Annual Report Case studies
Formulating views on the standard of provision and whether and how the local care services could and ought to be improved and sharing these with Healthwatch England. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.		Evidence of regularly communicating with Healthwatch England through: - 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 report library	Annual Report Local Healthwatch work is acknowledged in Healthwatch England publications.
		Evidence of good relationships with the CQC on a local level: - Regular communications - Involvement in providing evidence where appropriate to provider inspections - Promoting upcoming inspections and reports	Local Healthwatch work is acknowledged in CQC reports.

Good governance	Number of board members and published decision-making policy, board minutes. Evidence of recruitment, induction and training policies in place. Evidence of safeguarding, information governance and freedom of information policies in place.	Board can demonstrate that the decisions it has taken reflect its decision-making policy and have been meaningfully influenced by local people.	Review of board minutes Prioritisation reports Annual self-assessment using Quality Framework Further inspection if deemed necessary
Equality, diversity and inclusion	Number of volunteers and demographic description of people supported through Healthwatch List and breadth of VCSE sector and community organisations who Healthwatch have worked with	Demographic data demonstrates that people who have shared their experience with local Healthwatch or accessed information and signposting services reflect the population who face the greatest inequality. Demographic data demonstrates that the volunteer base of local Healthwatch reflects the diversity of the local population	EDI data shared in Annual Report Case studies
Equitable and proportionate Healthwatch services between 3 local authorities	Number of staff/volunteer provided by LA Annual breakdown of spend by LA		Quarterly review meetings Annual Report

16 Appendix 2 – Quality Framework

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

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