

SERVICE SPECIFICATION

SCHEDULE 1

SERVICE SPECIFICATION

FOR

**THE PROVISION OF SOUTHAMPTON
HEALTHWATCH**

Directorate of Health and Adult Social Care

March 2013

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Service Specification

1 Introduction

- 1.1 This specification details the service to be delivered by Healthwatch Southampton (HWS). It sets out our aims and ambitions for the service, and details the activities that are required to be undertaken and is informed by the views, opinion and vision of local people and stakeholders.
- 1.2 The Council requires The Service Provider to deliver high quality services working with the Council and Service Users to fulfil the requirements of this Service Specification and achieve the broad outcomes described in Section 12.
- 1.3 The Council is committed to ensuring that HWS is created, supported and continuously developed to ensure it meets the needs of the people it is established to serve.
- 1.4 Essential to that commitment is the ability of the organisation to take responsibility for assessing and continuously improving its performance in partnership with a full range of stakeholders including:
 - people who use the service;
 - organisations that it works with in partnership or as part of local networks;
 - people whose role is to scrutinise the delivery of public services; and
 - people who commission the service.

2 Background

- 2.1 Part 5 of the Health and Social Care Act 2012¹ ² created Healthwatch to strengthen the collective voice of users of health and social care services and members of the public both nationally and locally.
- 2.2 Healthwatch consists of a national body, Healthwatch England (HWE) and 152 Local Healthwatches (LHW), one for each local authority area with social services responsibilities.
- 2.3 HWE is a statutory committee within the Care Quality Commission (CQC). It represents members of the public and LHW organisations and provides leadership and support to LHW. It can make recommendations to local authorities and give written notice if it is of the view that patient and public involvement activities are not being properly carried out in its area.
- 2.4 LHW is at the heart of the government's ambition for a health and care service that centres on patients and service users. It will have additional powers to those currently held by Local Involvement Networks (LINks) which it will replace.
- 2.5 Through its membership of the Health and Wellbeing Board, LHW will have more influence at the decision-making table, helping to hardwire public engagement into the strategic planning

¹ . The Act: <http://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/1/crossheading/local-healthwatch-organisations/enacted>

² Get in on the Act: http://www.local.gov.uk/c/document_library/get_file?uuid=81914af4-5de6-4ccb-93e2-3764523dd8b0&groupId=10171

of health and social care services from the start. It will also contribute to the development of the Joint Strategic Needs Assessment and the Joint health and Wellbeing Strategy for the City's population.

- 2.6 LHW will also support individuals by providing information, signposting and advice about access to services and to help people to make choices about the type of treatment and care they receive within the choices that are available to them. Along with other initiatives such as personal health budgets and the Expert Patient Programme the Government hopes this will enable people to take more control of their own health, treatment and care and understand and use the increased choices that become available to them.
- 2.7 Each LHW will be a 'body corporate'³ (i.e. a legal entity) which is a social enterprise⁴ able to employ its own staff and involve volunteers, so that it can become an influential and effective voice of the public in relation to health and social care.
- 2.8 Statutory powers and duties of each LHW, which enable them to carry out their Relevant Activities, are:
- i) be representative of local people, representing the diversity of the community it serves and different users of services including children and young people^{5 6};
 - ii) have powers to request information from commissioners and providers of health and social care and a right to a reply within a specific time period;
 - iii) have the power to enter and view premises providing publicly-funded adult health and care services as part of its role in gathering evidence;
 - iv) signpost people to information about local health and care services and how to access them;
 - v) provide people with information about what they can do when things go wrong or if they have a complaint and providing independent advocacy to individuals who want to complain about the National Health Service (NHS) services (some local authorities may be commissioning the advocacy service as a separate service but Southampton is commissioning so that it is provided within this specification);
 - vi) be able to alert HWE, or the CQC where appropriate, to specific care providers, health or social care matters;
 - vii) have a role in ensuring the NHS's Equality Delivery System is met by local health providers;
 - viii) to comment on the Council's Local Account and the Quality Accounts of any health provider who has their headquarters within the city's administrative boundary;
 - ix) have a seat on the local statutory Health and Wellbeing Board⁷; and
 - x) have a duty to produce an annual report on their activities and finance and send a copy of their annual reports to the NHS Commissioning Board, relevant Clinical

³ Governance: http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3735761/PUBLICATION-TEMPLATE

⁴ Social enterprises: <http://www.bis.gov.uk/assets/biscore/business-law/docs/g/11-1400-guide-legal-forms-for-social-enterprise.pdf>

⁵ Engaging with local people: http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3776878/PUBLICATION-TEMPLATE

⁶ Engaging with children and young people: http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3776832/PUBLICATION-TEMPLATE

⁷ Working with health and wellbeing boards: http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3734250/PUBLICATION-TEMPLATE

Commissioning Groups (CCG'S) and HWE among others specified in previous legislation.

- 2.9 Over recent years, Southampton LINK has undertaken a wide range of public and patient involvement activities to enable HWS to build on the knowledge and experience of the LINK. a legacy resource has been developed, summarising the activities and outcomes of the LINK. This will be made available to the Service Provider.

3 Context

- 3.1 Southampton is a major south coast city with a population of 237,470. It is an international port city with a diverse population. The overall health of the population in the city has improved greatly over the past 50 years. Yet in the wealthiest part of Southampton, in Bassett, a man can expect to live to 80.6 and women 84.0 years, while a few kilometres away in Bitterne, one of the cities poorer wards, male life expectancy is 75.3 and female 79.9 years. These differences in life expectancy of 5.3 and 4.1 years respectively for men and women are significant enough not to be a coincidence. Dramatic health inequalities are still a dominant feature of health in Southampton.
- 3.2 The profile of the City's population differs from the national average because of large number of students; over 17% of Southampton's population is aged between 18 and 24 years compared to just 9.5% nationally.
- 3.3 Southampton is a diverse City; in 2007 it was estimated that 17.3% of residents were of an ethnic group other than White British compared to 16.4% nationally. This is a higher proportion than in most of the Cities considered 'most similar' to Southampton. The annual school census in the City in 2010 revealed that 26.4% of pupils were from an ethnic group other than White British. In 2009/10 32% of live births in Southampton (where ethnicity was known) were non-White British or Irish. Looking at trends in ethnicity of live births, it is the other White background which has risen most significantly in recent years; rising from 8% on 2006/07 to 12% in 2009/10.
- 3.4 Those children under 5 years proportionately use the NHS more than other children. Growth in this group has particularly impacted on maternity and paediatric care and health visitor services. A quarter of all paediatric non-elective admissions are for those children under 4 years of age. Typically a GP sees each pre-school child six times a year and school aged children two or three times.
- 3.5 The number of pupils whose first language is not English has risen from 8.4% in 2007 to 12.7% in 2010 with 54 languages other than English spoken in city schools. In 2007 there were 427 pupils whose first language was Polish by 2010 this had risen to 902.

4 Vision of the Service

- 4.1 The vision for HWS is that it will be respected as a professional, independent consumer and public champion for health and social care, operating within a sound governance framework and is seen to be transparent, accountable and autonomous, with roles and responsibilities clearly defined.

5 Aims of the Service

5.1 The aims of HWS are that it will:

- i) be representative of the diverse communities living in Southampton, including young people, and provide, through intelligence, a real opportunity for people to influence the future policy, planning, commissioning and delivery of publicly-funded health and social care;
- ii) provide a high quality information and signposting service to help people access and make choices about services as well as provide a professional, person centred, independent complaints advocacy service to support people if they need help to complain about NHS services; and
- iii) be a robust and credible player in the local health and social care economy by demonstrating that it has the appropriate level of skills and competencies required to deliver its statutory functions to the highest possible level. It will gain the trust of the general public as well as other health and social care stakeholder groups by being responsive and acting on concerns when things go wrong. It will operate effectively and efficiently so that the local authority can demonstrate value for money against an agreed set of outcomes.

6 Strategic Objectives of the Service

- 6.1 Gather views and understand the experiences of all who use services, their carers and the wider community.
- 6.2 Make people's views known, including those from excluded and under represented communities.
- 6.3 Promote and enable the involvement of people in the commissioning and provision of local health and social care services and how they are monitored.
- 6.4 Respond speedily and effectively to local developments in health and social care systems, undertaking specific pieces of work to capture and express the views of local people on changes in services levels and locations, and other major developments.
- 6.5 Provide non clinical advice, signposting and information to all Service Users about access to services and support in making informed choices.
- 6.6 Connect to, but not duplicate the activities of other engagement, signposting and information services, developing a 'network of networks'.
- 6.7 Work at a community, city-wide and regional level.
- 6.8 Provide a professional independent NHS Complaints Advocacy (NHSCA) service.
- 6.9 Develop effective roles for volunteers to contribute to outcomes.

- 6.10 Be a respected member of the Health and Wellbeing Board, Health Overview and Scrutiny Committee and Southampton's CCG⁸.
- 6.11 Play an integral role in the preparation of the statutory Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategy on which local commissioning decisions will be based.
- 6.12 Recommend investigation or special review of provider services, either via HWE, or directly to the CQC.
- 6.13 Through its annual report, make the views and experiences of people known to HWE and provide a steer to help it carry out its role as national champion on behalf of the Secretary of State and of Parliament.

7 Scope of Service

- 7.1 HWS as an independent corporate body will establish an effective operating model to deliver four interrelated Services as listed below. Services will operate at a local, regional and / or national level as appropriate.

7.1.1 **Community Research and Engagement**

Reference strategic objectives 6.1, 6.3, 6.6, 6.7 and 6.9

- 7.1.1.1 Obtain and record the views of people about their needs for, and experiences of, local services.
- 7.1.1.2 Promote and support the active engagement of local people in the commissioning, provision and monitoring of local health care and social care services.
- 7.1.1.3 Recruit individuals and organisations to become members of HWS and provide regular membership 'news'.
- 7.1.1.4 Support and train volunteers to contribute to the work of HWS, including the appropriate use of enter and view powers.
- 7.1.1.5 Promote HWS to members of the public and statutory and voluntary organisations.
- 7.1.1.6 Work collaboratively with other organisations and develop a 'network of networks' to enhance the delivery of Services.

7.1.2 **Evidence, Insight and Influence**

Reference strategic objectives 6.2, 6.4, 6.9, 6.10, 6.11, 6.12 and 6.13

- 7.1.2.1 Develop and maintain effective systems and processes, including research and analysis capability, to establish evidence, provide reports and make recommendations about how health and social care services could or should be improved.
- 7.1.2.2 Use HWS's statutory powers to gain and give information as and when appropriate.

⁸ Working with CCGs and GP practices: http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/3776652/PUBLICATION-TEMPLATE

- 7.1.2.3 Contribute professionally to HWB meetings and other Boards when invited to do so or as appropriate.
- 7.1.2.4 Comment on the Councils Local Account and Quality Accounts of relevant health services.
- 7.1.2.5 Inform the Joint Strategic Needs Assessment, Health and Well being Strategy and providers and commissioners of services of HWS's research findings.
- 7.1.2.6 Send HWS's Annual Report to Healthwatch England.
- 7.1.2.7 Represent the collective views of people, gathered through research, through a variety of mediums.

7.1.3 Information and Signposting

Reference Strategic Objectives 6.5, 6.6, 6.7 and 6.9,

- 7.1.3.1 Provide information and non-clinical advice to the public about health and social care services, including how to access them.
- 7.1.3.2 Signpost people to information not held by HWS through an established network of other organisations.
- 7.1.3.3 Enable people to exercise choice in which services they choose as their provider.

7.1.4 NHS Complaints Advocacy (NHSCA)

Reference strategic objective 6.8

- 7.1.4.1 NHSCA is a client centred, flexible service which empowers anyone who wishes to resolve a complaint about healthcare commissioned and/or provided by the NHS in England.
- 7.1.4.2 To use HWS's NHSCA, complainants have to be: a resident of Southampton (complaining about a service anywhere within England); or a resident of another local authority complaining about an NHS service delivered within Southampton.
- 7.1.4.3 Examples of complaints NHSCA can look into include:
 - i) failure to provide a service;
 - ii) receiving the wrong or poor treatment;
 - iii) delay that could have been avoided;
 - iv) faulty procedures, or failing to follow correct procedures;
 - v) rudeness and not apologising for mistakes;
 - vi) not putting things right when something has gone wrong.
 - vii) a lack of choice⁹
- 7.1.4.4 NHSCA can not look into complaints about government policy or legislation. Other area where there may be no legal power to provide Services are staff, commercial and contractual issues.

⁹ The NHS Constitution specifies that: "You have the right to choose the organisation that provides your NHS care when you are referred for your first outpatient appointment with a service led by a consultant." There are certain exceptions to this but any NHS organisation failing to provide a choice could be subject to a complaint on that basis

8 Requirements of the Service

8.1 The requirements of Healthwatch Southampton are shown below.

8.1.1 General requirements – across all service elements:

- 8.1.1.1 Clear lines of representation and accountability, with community representatives integral to its leadership.
- 8.1.1.2 Build on existing successes with a managed transition from the existing LINK, any relevant PCT PALS activity and the existing ICAS arrangements.
- 8.1.1.3 Migrate appropriate information and data from existing LINKs
- 8.1.1.4 Efficient and effective use of resources which are focussed on the delivery of high quality Services through the development of clear financial plans.
- 8.1.1.5 Led by people with the appropriate skills, knowledge and professional experience.
- 8.1.1.6 Utilise existing access points, skills and expertise particularly within the voluntary and community sector to exercise its statutory duties within Southampton.
- 8.1.1.7 Train staff and volunteers to a standard that they can carry out any statutory powers and duties, and in particular 'Enter and View and advocacy Services'¹⁰.
- 8.1.1.8 All enquires, including NHSCA, will have an initial reply within two Working Days of receipt of the enquiry.
- 8.1.1.9 Collaborate with existing systems and organisations to avoid duplication where possible.
- 8.1.1.10 Provide access to all HWS Services through a range of accessible routes including social media, internet, telephone and face-to-face, and may include home visits or appropriate secure settings.
- 8.1.1.11 Clear decision making processes for assessing information and data and prioritising actions and work programmes to utilise resources effectively and appropriately.
- 8.1.1.12 HWS will provide the facility for people living in Southampton to become members of HWS. Members of HWS will be kept informed of HWS activities, have the opportunity to volunteer to participate in HWS activities (subject to appropriate checks and training) and become involved in the governance of HWS.

8.1.2 Community Research and Engagement

- 8.1.2.1 Link across the community through partnerships, HWS will actively promote itself to the local population to ensure inclusivity and draw on existing expertise and best practice.
- 8.1.2.2 Stakeholders, including the public, will understand the value of HWS and seek to utilise its expertise as appropriate.
- 8.1.2.3 Accessible within local communities: engaging with people through their experiences of / interest in local health and social care services or in particular topics or pathways.
- 8.1.2.4 Work in collaboration with other Local Healthwatch organisations, regionally and nationally.

¹⁰ Get in on the Act: http://www.local.gov.uk/c/document_library/get_file?uuid=81914af4-5de6-4ccb-93e2-3764523dd8b0&groupId=10171

- 8.1.2.5 Have a proven track record in ensuring and enabling community engagement methods and techniques.

8.1.3 Evidence, Insight and Influence

- 8.1.3.1 A well developed and regularly reviewed knowledge of the local health and social care landscape and infrastructure including how and where decisions are made.
- 8.1.3.2 Provide evidence and insight to influence improvement in commissioning and service provision locally, and where appropriate regionally and nationally.
- 8.1.3.3 Develop systematic methods, with the use of appropriate IT systems, of gathering and assimilating views, data and feedback from local, regional and national sources, where information exists and identify gaps.
- 8.1.3.4 Inform relevant organisations that gaps in their information exist and influence the development of appropriate information.
- 8.1.3.5 Develop clear processes to ensure high quality monitoring of health and social care services e.g. Enter and View of hospitals, care homes etc..
- 8.1.3.6 Provide professional and consistent representation on the Health and Wellbeing Board and other organisations and partnerships, particularly the CCG and Health Scrutiny Panel where invited to do so.

8.1.4 Information and Advice

- 8.1.4.1 Display a solid understanding of health and social care in the context of the wider determinants of health including housing, employment, education and domestic finance, for children, young people, family and all adult services.
- 8.1.4.2 Although independent HWS will work with local statutory and voluntary organisations, and where appropriate regional and national organisations, to identify what information already exists and how best to access it and present it to the public.
- 8.1.4.3 Provide a range of high quality health and social care information and non-clinical advice in accessible formats about service providers and health and social care professionals, including information about quality and performance, waiting times and feedback from other patients.

8.1.5 NHSCA

- 8.1.5.1 From April 2013 NHSCA remains free at the point of need, but will be a statutory responsibility of Local Authorities. It is a client centred, flexible service which empowers anyone who wishes to resolve a complaint about healthcare commissioned and/or provided by the NHS in England.
- 8.1.5.2 The NHSCA service telephone line has to be accessible to the public on the 1st April 2013, staffed for 5 days a week 9am to 5pm, with an answer phone at all other times.
- 8.1.5.3 In this section, "NHSCA" means Services providing assistance (by way of representation or otherwise) to persons making or intending to make a:
- complaint under a procedure operated by a health service body or NHS funded independent provider;

- complaint under section 113(1) or (2) of the Health and Social Care (Community Health and Standards) Act 2003;
- complaint to the Health Service Commissioner for England;
- complaint to the Public Services Ombudsman for Wales which relates to a Welsh health body;
- complaint under section 73C(1) of the National Health Service Act 2006;
- complaint to a Local Commissioner under Part 3 of the Local Government Act 1974 about a matter which could be the subject of a complaint under section 73C(1) of the National Health Service Act 2006; or
- complaint of such description as the Secretary of State may by regulations prescribe which relates to the provision of services as part of the health service and is made under a procedure of a description prescribed in the regulations, or gives rise, or may give rise, to proceedings of a description prescribed in the regulations.

8.1.5.4 NHSCA

- helps safeguard the rights of clients as set out in both health policy and law;
- empowers clients to self advocate as far as they are able;
- supports clients to get their views heard;
- supports clients in seeking resolution to issues which concern them;
- signposts to external advocacy support for clients wishing to complain against NHSCA provision; and
- uses client experiences to inform service development in the NHS

8.1.5.5 Advocates should have access to professional medico-legal support where appropriate.

8.1.5.6 Advocates should have access to personal external counselling.

8.1.5.7 A relationship with the client focuses on contact (via phone, email or face-to-face) at each of the following points or activities in the NHS complaints procedure:

- identifying what the available options and possible outcomes are, and deciding which option to take;
- making the complaint to the appropriate Trust(s), or GP(s), etc.;
- deciding how to proceed with the complaint, following the Trust's initial response;
- supporting clients during the local resolution phase by attending meetings or entering into correspondence;
- making a complaint to the CQC;
- supporting the Independent Review stage by attending meetings or entering into correspondence;
- making a complaint to the Health Service Ombudsman; and
- understanding the Health Service Ombudsman's final decision.

8.1.5.8 NHSCA will also support clients with a grievance related to any aspect of healthcare that falls under the jurisdiction of the Health Service Ombudsman, such as complaints about poor treatment, or service, provided through the NHS in England. The Ombudsman looks into complaints against NHS services provided by hospitals, health authorities, trusts, GPs, dentists, pharmacists, opticians and other health care practitioners. The Ombudsman can also investigate complaints against private health providers if the treatment was funded by the NHS. (For more information on the work of the Ombudsman, please go to www.ombudsman.org.uk)

8.1.5.9 Whilst the NHSCA does not provide on-going advocacy for clients outside of the health related complaint it will suggest appropriate referrals for clients who require alternative,

additional or specialist support, including referrals to PALS (where appropriate), professional bodies such as the General Medical Council, and to specialist support such as medico-legal advice, bereavement support, mental health support, etc.

8.1.5.10 NHSCA advocates must ensure that clients understand:

- the service is independent of the NHS and treats all interactions between clients as confidential, in line with HWS's confidentiality policy;
- what they can expect from the service and what the service expects from the client, through the early completion of the client/service contract when appropriate;
- limits of what NHSCA can achieve;
- what they can expect from the NHS complaints procedure and where other advocacy/support services can provide more specialist advice;
- when and how the advocacy service can be contacted;
- they can request to meet with an advocate to talk in confidence to them (except when other staff have to be present for reasons of safety or security); and
- they can make a complaint about any aspect of the NHSCA service and how to do so

8.1.5.11 NHSCA advocates must:

- only act or speak on behalf of a client if requested by the client
- discuss options with clients providing full and balanced information to enable them to make decisions and choices;
- help clients access the information they need;
- act, honestly and courteously, treating clients and NHS staff with respect;
- work within the law;
- adhere to the organisation's confidentiality policy;
- not disclose information about a client to others without consent;
- not sign anything or accept any verbal or written information that allows them to know information about a client which they cannot disclose to that client;
- not give anything away in negotiation without the consent of the client;
- not hold documents, money or valuables belonging to clients;
- not accept gifts from clients or other stakeholders; and
- ensure that accurate records are kept of all interactions with clients.
- enable clients to have access to their records

9 Location of Service

9.1 HWS will be required to operate from business premises within the City. It must provide suitable facilities for staff, volunteers and service users to include:

- work space
- telephone access
- internet access
- meeting space for consultation and group meetings
- storage for stationery and other office consumables

10 Eligibility Criteria

- 10.1 HWS will be accessible to anyone who is legally entitled to access health or social care services in Southampton, or anyone who cares for or represents anyone who has access to health or social care services in Southampton.

11 Referrals

- 11.1 The service will operate an open referral system so that service users may self-refer, or be referred by friends, family or a statutory organisation or another voluntary organisation.

12 Outcomes and Key Performance Indicators

- 12.1 The Council has developed a number of Outcomes and Key Performance Indicators (KPI's) and range of monitoring information required. The Service Provider's monitoring report will be in a format to be agreed with the Council and detail how each KPI has been met.

12.1.1 General requirements – across all service elements

Reference to *all* strategic objectives

	Outcome	Measure	Reported
12.1.1.1	The management committee is duly elected according to HWS's governing documents. Any management committee with volunteers will have service user representation.	<i>The establishment of a formal governing body which will include representation from the provider organisation and from the membership of HWS. Elections occur in accordance with HWS governance documents.</i>	<i>Immediately (As specified in governance documents) Annually or as specified in governance documents</i>
12.1.1.2	A joined up organisation providing a single point of contact for all agencies and partners as well as communities.	<i>Increase in number of partners in network and their geographical and topic coverage, with evidence of how people are using and accessing the service.</i>	<i>Quarterly</i>
12.1.1.3	Proactive in its inclusion of people and communities with clear evidence of systems and processes that do not exclude people by creating barriers to their involvement or engagement.	<i>Increase in diverse representation of communities of place and interest at all levels of the organisation mapped against local demographics from the census and public health data.</i>	<i>Quarterly</i>
12.1.1.4	A model of Board level decision-making that supports unbiased and evidence based prioritisation of issues.	<i>An audit trail that clearly demonstrates how priorities are identified, and what criteria are used, to assess those priorities against one another to determine which are taken forward by HWS.</i>	<i>Quarterly</i>
12.1.1.5	HWS membership increases year on year.	<i>Evidence of annual increase in individual and organisational membership.</i>	<i>Quarterly</i>

12.1.1.6	Members and clients provide feedback about their experience of HWS which is used to inform HWS service development.	<i>An audit trail of how comments, compliments and complaints are actively encouraged and collected and how they influence service development.</i>	<i>Annually</i>
12.1.1.7	Networked at a regional and national level.	<i>Attendance and engagement in relevant local, regional and national networks.</i>	<i>As necessary</i>
12.1.1.8	Services delivered in a timely fashion.	<i>More than 90% of enquiries answered within two Working Days.</i>	<i>Quarterly</i>
Training and Skills			
12.1.1.9	Employees and volunteers given a programme of formal induction and on-going training, including to recognised professional standards where appropriate.	<i>Evaluated induction training provided within a month of joining HWS (volunteers and paid staff), including training in the statutory duties and functions of HWS. Enter and View training given to those registered to carry out this function. All advocates trained to a professional standard. Evaluated ongoing training programme in place to ensure all staff and employees are adequately skilled and can participate effectively when representing HWS at meetings. .</i>	<i>Initially and as necessary. Initially and as necessary. The training programme to be reviewed annually</i>
Communication			
12.1.1.10	HWS is recognisable and relevant to local people with a high profile supported by the clear HWS brand and identity which makes it as easy as possible for local people to understand and know what HWS does, what it can do for them and how to access it.	<i>The purpose of HWS and how to access it is widely promoted. An increase in circulation of publicity material in new areas.</i>	<i>Quarterly Quarterly</i>
12.1.1.11	Use the Healthwatch brand identity on all publications and marketing material including when working with other Local Healthwatch organisations.	<i>All HWS literature has HWS branding on it. Established and effective relationships with neighbouring Local Healthwatches with cross-boundary working protocols in place.</i>	<i>Initially and reviewed annually. Initially and reviewed annually</i>
12.1.1.12	Accessible website, including social media routes, as well as more traditional routes for publicity, marketing and community engagement purposes.	<i>A current Communications Plan and Strategy in place and acted on. Evidence of meaningful engagement and communications through social media activity provided. Website meets recognised accessibility standard and other publicity is available in a range of formats when requested.</i>	<i>Initially and reviewed annually. Quarterly Initially and reviewed annually.</i>
Equality and Diversity			
12.1.1.13	Services provided to excluded groups, vulnerable people and those with	<i>Evidence of an Equality and Diversity Policy with a process for unmet need to be continuously assessed</i>	<i>Initially and reviewed annually.</i>

	protected characteristics ¹¹ .	<i>Increase in number of members within each of the protected characteristics which are further broken down to identify specific ethnicities and disabilities. Increase in new NHSCA cases according to the protected characteristics</i>	Quarterly Quarterly
12.1.1.14	Demonstrate how HWS contributes to strategic commissioning decisions and other activities that reduce health inequalities.	<i>A system to continuously consider and review local health inequalities, alongside socio-economic and demographic data, with evidence of how HWS is using this information to reduce health inequalities.</i>	Annually and as necessary
12.1.1.15	The service must be delivered in a way that ensures it is accessible to all clients, respecting their confidences as needed.	<i>All premises and Services intended for public use to be Disability Discrimination Act compliant including, physical environments and modes of communication (e.g. audiotapes, symbols etc). Availability of an effective translation service.</i>	Annually and as necessary

12.1.2 Community Engagement and Research

Reference strategic objectives 6.1, 6.3, 6.6, 6.7 and 6.9

	Outcome	Measure	Reported
12.1.2.1	Has a well developed understanding of Southampton's communities and the skills and methods required to engage them effectively.	<i>Has in place a Community Engagement Strategy And Plan which includes working with other local voluntary and community groups to access and understand local views and experiences. Evidences how these views are impacting on decision making through improved services.</i>	Quarterly
12.1.2.2	Proactively supports local people and patients, community and user groups, to become engaged in health and social care issues, using appropriate existing routes as well as HWS.	<i>Measured by an annual review to show awareness is continuously raised amongst professionals, communities and stakeholders who understand what HWS does and that it is bringing demonstrable improvement to peoples experiences of health and care services.</i>	Annually
12.1.2.3	Establish community engagement methods and practice to enable patients and local communities to engage in shared decision making with regard to commissioning, provision and monitoring of health and social care provider services.	<i>A programme of work in place specifically aimed at recruiting and training people from excluded and under-represented communities to build skills and confidence to actively participate.</i>	Quarterly
12.1.2.4	Actively obtain and present the views of those that are less well heard,	<i>Evidence of effective local networks that are used to facilitate access to targeted groups who are identified on an equalities impact</i>	Quarterly

¹¹ As defined by the NHS's Equality Delivery System

	complementing and supporting existing networks and routes of engagement.	<i>assessment plan.</i>	
12.1.2.5	Leads by example and is not tokenistic in the way it engages with people.	<i>Others use HWS as a source of expertise on community engagement.</i>	<i>Annually</i>

12.1.3 Evidence, Insight and Influence

Reference strategic objectives 6.2, 6.4, 6.9, 6.10, 6.11, 6.12 and 6.13

	Outcome	Measure	Reported
12.1.3.1	A rigorous, recognised and respected member of the HWB.	<i>Active involvement on the Board and clear and transparent lines of representation and accountability to and from the HWB. Evidence through the annual review of the perceived impact of HWS on the HWB.</i>	<i>Initially and reviewed annually</i>
12.1.3.2	Influences commissioning and service developments through the presentation of qualitative information and evidence drawn from the experiences, feedback and views of local people.	<i>The use of HWS's evidence, information and reports at the HWB, within the Joint Strategic Needs Assessment and within the CCG business planning cycles.</i>	<i>Quarterly</i>
12.1.3.3	Reports are influential.	<i>Robust research governance protocols.</i>	<i>Initially and reviewed annually.</i>
12.1.3.4	Uses information and evidence to constructively challenge and question the commissioning plans and quality of services.	<i>Use its powers including right to reply letters and Enter and View, to seek information and clarification and to make reports and recommendations to support improvements and influence commissioning plans.</i>	<i>Quarterly</i>
12.1.3.5	Has capacity, infrastructure (Including IT) and skills to assimilate, understand and interpret different kinds of data and information.	<i>Presents information as evidence in the context of local health and well being data to support recommendations locally and to HWE and/or the CQC.</i>	<i>Quarterly</i>
12.1.3.6	Makes findings and recommendations publicly available in accessible formats and mediums.	<i>Findings and recommendations are published and presented in plain English with a clear review process in place and a process for stakeholders to influence and improve future data and publications.</i>	<i>Quarterly</i>
12.1.3.7	Continuously learns from the health and social care experiences of local people ensuring changes and improvements are made as a result.	<i>Has in place an information sharing protocol to ensure summary evidence and data is passed from the NHSCA function or provider and other relevant organisations about themes. With evidence to show how this information is being used to influence decision makers.</i>	<i>Quarterly</i>

12.1.4 Information and Advice

Reference Strategic Objectives 6.5, 6.6, 6.7 and 6.9

	Outcome	Measure	Reported
12.1.4.1	Actively seeks information that is requested and not already available through HWS.	<i>Record of types of enquiries made and summary of outcomes.</i>	Quarterly
12.1.4.2	Links to other sources of advice and information at a local, regional and national level.	<i>Range of material from other organisations available to the public or for use in research.</i>	Quarterly
12.1.4.3	Knowledge of the latest information and news	<i>Knows where to direct people, with capacity and systems in place to provide and publish up to date local, regional and national data and information.</i>	Quarterly
12.1.4.4	People are empowered to make informed choices.	<i>Feedback through customer satisfaction surveys.</i>	Quarterly

12.1.5 NHS Advocacy Service

Reference strategic objective 6.8

	Outcome	Measure	Reported
12.1.5.1	A safe transition and handover of 'live cases' from any existing providers of ICAS,	<i>Existing clients fully understand any changes and are protected through the process of transition to ensure that appropriate knowledge is passed on ensuring that a continuation of quality and consistency of support is experienced by the client.</i>	Immediately
12.1.5.2	Successful completion of cases and client satisfaction achieved	<i>All who wish to be are supported in pursuing a complaint against the NHS % of successfully completed cases in each period. % with "good" or "excellent" written in the customer feedback forms. 10% of all cases will be reviewed – the council reserve the right to make random checks</i>	Quarterly Quarterly Quarterly
12.1.5.3	Advocates must ensure that clients understand the service.	<i>Published prospectus outlining the NHS Complaints Advocacy service.</i>	Initially and then annually
12.1.5.4	Collects and reports anonymised data to develop evidence based themes.	<i>A report which summarises areas of complaint activity.</i>	Initially and as necessary

13 Transition Arrangements

13.1 Southampton City Council wishes to support a managed transition to HWS from existing services and will support with The Service Provider to help achieve this aim.

- 13.2 The council will work with The Service Provider to develop outcomes and key performance indicators (contained in Section 12), including agreement on reporting timetables and requirements.
- 13.3 Monthly Transition Meetings will be held between The Service Provider and the City Council for the first six months of the contract.
- 13.4 An exercise to capture S-LINK's legacy over the past four years has been conducted by S-LINK and The Service Provider will work with the previous Steering Group to implement agreed recommendations.

14 Glossary

The following terms shall have the following meanings:

CCG	Clinical Commissioning Group	LHW	Local Healthwatch
CQC	Care Quality Commission	LINK	Local Involvement Network
GP	General Practitioner	NHS	National Health Service
HWB	Health and Wellbeing Board	NHSCA	NHS Complaints Advocacy
HWE	Healthwatch England	PCT	Primary Care Trust
HWS	Healthwatch Southampton	PALS	Patient Advice & Liaison Service
ICAS	Independent Complaints Advocacy		
IT	Information Technology		
KPI	Key Performance Indicator		