

Key Characteristics Summary of Healthwatch City of London Specification

<p>Overview- Key Activities</p>
<ol style="list-style-type: none"> 1. Provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services; 2. Promote and support the involvement of people in the monitoring, commissioning and provision of local care services; 3. Obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services and 4. Make reports and make recommendations about how those services could or should be improved. 5. Make the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion; 6. Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with their recommendations, for example if urgent action were required by the CQC);
<p>Objectives</p>
<ol style="list-style-type: none"> 7. Produce a model for a single point of access for statutory services to access the service. 8. Provide a single operating gateway to ensure that all people who wish to become engaged are able to influence policy and health and social care provision. 9. Develop a sustainable network and work in partnership with local service User/carer organisations and groups across all service areas. 10. Develop strong working communication and relationships with the City and its partner organisations, inc the NHS and neighbouring borough LHws. 11. To work in partnership to ensure services are delivered within budget and bring added value and value for money to the CoLC, City residents and service users 12. To prioritise its operations according to the needs of the City's population (JSNA, etc) and issues raised by monitoring trends, issues and complaints. 13. Develop strong links with Black and Minority Ethnic groups. 14. Ensure that all member organisations of Healthwatch CoL have policy and procedures which have equality and diversity embedded in them. 15. Healthwatch CoL will sustain networks of service users and carers, patients and communities, including children and young people's groups, who are used for engagement on health and social care issues and be able to take on the delivery of user led services. 16. Healthwatch CoL will develop and maintain a membership structure for individuals and organisations as well as patients and communities including children and young people to join and take part in Healthwatch activities. 17. Healthwatch CoL will ensure its activities will reach all aspects of the CoL, and that will be its primary focus.

Core functions

Influencing

18. Co-ordinating and representing local voices.
19. Scrutinising the quality of service provision.
20. Championing the consumer voice on the Health and Wellbeing Board.
21. Informing the commissioning decision making process.
22. Providing local evidence based information.
23. Participating with commissioners in evaluating service change.
24. Ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA).

Watchdog & Consumer Champion

25. Obtaining the views of local people,
26. Making those views known,
27. Making recommendations on the basis of views and information collected,
28. Championing quality and supporting people or groups to pursue and resolve issues,
29. Approaching commissioners and providers of services on people's behalf and seeking responses to particular concerns raised,
30. Alerting Healthwatch England to concerns about specific care providers.

Partnership Working

31. Develop and maintain networks and working relationships with all health and social care related providers working in the CoL and those providing services to CoL residents.
32. Work and develop working practices with stakeholders and partner organisations of the CoL to provide added value and value for money,
33. Liaise with partner LHW's where CoL residents receive services, as and when required.

Signposting

34. CoLC will not expect Healthwatch CoL to perform this function in year one or two.

Sustainability

35. Work with partner agencies to avoid duplication and improve effectiveness.
36. To extend reach and impact and improve services seek funding from other sources e.g. external grant giving and funding bodies.

Skills and Abilities

37. Use a mix of communication methods to reach the public including:
 - a. Face to face (121, regular and one-off events)
 - b. Telephone
 - c. Traditional mass media
 - d. Internet based communication
 - e. Social media
 - f. Workshops
38. Focus its activities on:
 - a. Resident and Service Users of the CoL

- b. Quality of services
 - c. Co-design and co-production of services
 - d. Monitoring and evaluation of services
 - e. Service commissioning
 - f. Accessibility of services
 - g. Risk and patient safety
39. Collect, analyse and share information by:
- a. Using data from the JSNA and other sources
 - b. Triangulating data with insight from other local community and voluntary organisations
 - c. Gathering individuals stories and experiences
 - d. Knowing where hard to reach groups are located
 - e. Making links between Health inequality and equality and diversity data
40. Work with specialist community and voluntary sector groups in the area
- a. Where there are already existing networks for these groups across London or a local authority area, making strategic contact with the network coordinators
 - b. Understanding the different engagement strategies needed with different groups
41. A Healthwatch CoL will be able to demonstrate that they will have:
- a. An appreciation of the learning, experience and knowledge that already exists and has been collected in the City,
 - b. A strategy to retain and build on this experience to ensure Healthwatch CoL is effective
 - c. A culture which values the contributions of volunteers, members, governors and staff
 - d. The skills and insight to understand commissioner and provider data to be able to analyse it and make informed challenge. This should include an understanding of the methodologies used to collect data,
 - e. A development programme for staff and volunteers,
 - f. Sufficient trained individuals to provide specialised functions e.g. enter and view, data analysis, information and advice,
 - g. The skills to commission and monitor aspects of their functions from third parties if this is part of the proposed operating model.

Outcomes

42. Healthwatch CoL will make a positive contribution to the successful local achievement of outcomes set out in national frameworks for the NHS, primary care, adult social care and public health. Particular attention will be paid to:
- i. Improved patient and user experience.
 - ii. Improved communication.
 - iii. Improved satisfaction with health in CoL.
 - iv. Greater patient and public involvement in health and social care.
 - v. Strong relationship with commissioners and the Health and Wellbeing Board.
 - vi. Improved access to services.
 - vii. Improved people's understanding of their rights (consumer champion).
 - viii. High public Awareness/Profile of HealthWatch CoL.
 - ix. Good image/trust of Healthwatch CoL with the public.
 - x. Develop a greater understanding of Children and Families Services, and have a scrutiny role for Children's Healthcare Services(excluding 'enter and View')

Governance

To ensure the credibility of Healthwatch CoL, it will need to demonstrate it has:

43. Representation at Board/Executive level that mirrors the City's communities and stakeholder groups.

Independence

44. Robust governance and management structures to fulfil its responsibilities to:
 - I. Represent local service users and resident individuals in the CoL,
 - II. The CoLC in terms of value for money,
 - III. Healthwatch England and CoLC in terms of quality standards,
 - IV. The governing organisation for the chosen corporate vehicle e.g. Charity Commission, Companies House and all UK legislation relevant to the organisations activities,
 - V. The Nolan principles of standards in public life, the public sector equality duty under the Equality Act 2010 and the Freedom of Information Act,
 - VI. Safeguard vulnerable adults and children in contact with it,

Accountability

45. Processes in place to ensure local accountability including:
 - I. an annual meeting, open and accessible to local stakeholders/ members,
 - II. a published annual report,
 - III. audited accounts available for public inspection,
 - IV. published organisational governance structures,
 - V. twice yearly reports to the Health and Wellbeing Board,

Practice

46. Effective relationships with commissioners, decision makers and health and social care service providers,
47. A supported, skilled and competent Board/Executive, team of staff and volunteers,
48. The ability to present a range of views and voices of local people,
49. Systems in place to evidence the effectiveness of their influence and impact,
50. An understanding of the health and social care commissioning and decision making processes,
51. The ability to present data and findings in an effective, evidence based and influential way,
52. Sufficient accessible services for patients, service users and the public across their area,
53. Clarity of communications with the public and stakeholders resulting in a visible presence in the area they serve,
54. Transparency of internal processes, prioritisation, decision making and impact analysis,
55. Processes in place for seeking and responding to feedback and/or complaints about Healthwatch CoL development and its on-going work,