

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Health and Wellbeing Board
2.	Date:	16th October, 2013
3.	Title:	Healthwatch Rotherham Outcomes Framework and Work Plan
4.	Directorate:	Neighbourhood and Adults Services

5. **Summary:**

Parkwood Healthcare Ltd was awarded the Healthwatch Rotherham contract which commenced on the 1st April, 2013. Contract monitoring arrangements have been established, this includes an outcomes framework. This framework requires performance against the outcomes to be achieved, as detailed within the contract, to be monitored and reported against on a monthly basis.

The work plan for Healthwatch Rotherham details the specific pieces of work that Healthwatch Rotherham will undertake, or contribute to, in line with their role. This work plan is based on the Health and Wellbeing Strategy priorities but also local intelligence gathered about health and social care services in Rotherham. There is capacity within the work plan for Healthwatch Rotherham to respond to the number of ever increasing enquiries/issues from members of public or to undertake specific consultation with members of the public as determined appropriate.

6. **Recommendations**

That the Health and Wellbeing Board:

- 6.1 Approves the Outcomes Framework for Healthwatch Rotherham**
- 6.2 Approves the Healthwatch Rotherham Work Plan for 1st September, 2013 to 31st March, 2014.**
- 6.3 Receives exception reports on the performance of Healthwatch Rotherham and progress against the outcomes framework and the work plan.**

7. Proposal

7.1 Background

RMBC has commissioned Healthwatch Rotherham (HWR) and the contract commenced on the 1st April, 2013. It was the intention that the contract would be between a new social enterprise company named Healthwatch Rotherham and RMBC. However, this was not possible in the timescales due to the re-tendering process and therefore the current contract has been awarded to Parkwood Healthcare Ltd on the basis that they support and provide leadership to Healthwatch Rotherham. It is, however, the intention that once the infrastructure for HWR has been established and all concerned are confident that they can operate independently, there will be a contract novation (obligation transferred) to HWR.

The contract sets out the specific requirements and outcomes to be achieved during the term of the contract. RMBC's usual contract monitoring arrangements have been established and this includes monthly meetings with HWR/Parkwood Healthcare Ltd.

7.2 Appendix 1 - The Outcomes Framework for Healthwatch Rotherham

This outcomes framework sets out how the outcomes to be achieved (as agreed within the contract) will be delivered, measured and within what timescales. This outcomes framework will enable Parkwood Healthcare and HWR to evidence their achievements and the level of performance they are operating within. This framework focuses on the roles and functions that HWR should deliver as a consumer champion and through the performance measures identified be able to demonstrate the impact achieved overall.

Rotherham is part of the Yorkshire and Humber Regional commissioning group for Healthwatch and this group has developed outcomes and measures that can be used by the group Authorities to enable some element of benchmarking to be achieved. These outcomes are highlighted in italics in the document with a reference: (Y&H). The regional group are also currently developing the customer survey which will be used to capture customer satisfaction with Healthwatch and provide some of the evidence that they are operating effectively.

7.3 Appendix 2 – Healthwatch Rotherham Work Plan 1st September, 2013, to 31st March, 2014.

The Healthwatch Rotherham work plan details the specific work that HWR will undertake during the first year until the 31st March, 2014. This work has been identified through the HWB steering group, specific issues raised with HWR from both the public and partners but also recognising specific activity is required eg. Rotherham Show along with attendance at relevant strategic meetings. The work plan will enable Parkwood Healthcare and RMBC to manage the requirements of / expectations of HWR within the capacity available. There is however some flexibility within the work plan to undertake specific engagement activity that relates to the HWBB strategy and

this would be for the HWBB to determine. Some flexibility is also required to meet the future demand for the service and given this is the first year for HWR the volume and variety of everyday activity is yet to be determined. It is also unknown whether there are any further specific requirements of HWR from other partners that were not detailed in the legislation.

It is anticipated that there will be more capacity in the work plan for the second year of the contract given the functions will have been fully established and operational. However, it is recognised that HWR will also be responding to more issues/enquiries from members of the public by then given the ongoing public awareness of the service and the impact it is making, it is likely to attract more service users to take up their issues with HWR.

It is proposed that the Health and Wellbeing Board approve the Outcomes Framework and the Work Plan. Future reports on performance will be presented to the Health and Wellbeing Board.

8. Finance

The value of the Healthwatch Rotherham contract is £220,000 per annum, the contract is for two years 2013-2015. No additional finance will be required to undertake the activity within the work plan attached or respond to the outcomes framework.

9. Risks and Uncertainties

Healthwatch Rotherham is a relatively new service and the more people that become aware of its purpose, the greater the response that will be required from HWR on a daily basis. The uncertainties around managing the potential increase in enquiries from service users or the public along with implementing the prescribed activity within the work plan will remain. It is the intention however that the work plan and any concerns regarding the volume of work will be monitored as part of the contract review meetings.

10. Policy and Performance Agenda Implications

The performance of, and work plan for, HWR is linked to the priorities within the Health and Well Being Strategy.

11. Background Papers and Consultation

None

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Healthwatch Rotherham Outcomes Framework (Version 3 August 2013)

APPENDIX 1

The key outcomes to be delivered by Healthwatch Rotherham are detailed in this document. It was always the intention that the timescales, outputs and evidence to demonstrate achievement of these outcomes would be discussed in more detail with Parkwood Healthcare when developing Healthwatch Rotherham (HWR).

This document will enable HWR, with the support from Parkwood Healthcare, to detail their performance against the outcomes agreed with RMBC and demonstrate that HWR has robust mechanisms in place for seeking and recording customer and stakeholder feedback; activity levels and quality service delivery.

This document will be used at each contract performance monitoring meeting and progress should be provided in advance. This outcomes framework includes the Yorkshire and Humber Commissioners Group outcomes which are highlighted in italics for reference.

1. An effectively managed Healthwatch Organisation

	Outcome	Performance Measure(s)	Output	Timescales
1.	The HWR Service is established with the support from Parkwood Healthcare to include:- - establishment of management and governance structures, agreement to HWR constitution and appointment of members.	Full staff compliment recruited along with HWR Board with clear roles and responsibilities. (1 original community engagement post to remain vacant until demand determined)	Full staffing structure in place and providing HWR functions.	31 st July 2013
	- recruitment to Executive Officers, Board Members and staff to deliver HWR functions.	Successful appointment to roles.	HWR Team able to respond to every day functions.	5 th September, 2013
	- determining representatives on strategic bodies eg scrutiny.	Representatives determined and relevant body informed.		20 th September, 2013
	- budget profiling and regular budget management.	Budget profile reconciled against actual spend.	Budget re-profiled for the year following recruitment/set up.	Quarterly and Annually
	- develop and maintain relevant policies and procedures for HWR functions including safeguarding and enter and view and provide training.	Evidence of policies developed and being implemented.		30 th August 2013.
	- leadership and operational business systems to enable HWR eventually to operate independently as a social enterprise.	Systems in place and operating eg. making payments.	HWR operating as an independent organisation.	To discuss / date to be confirmed by Parkwood Healthcare
2.	The priorities for HWR are developed in	Minutes of meetings.	Work plan agreed by HWBB	30 th September 2013

	Outcome	Performance Measure(s)	Output	Timescales
	partnership with local stakeholders and the wider community and based on evidence and local need.	Record of issues brought to HWR and disaggregated by stakeholders.	Board by September 2013	
3.	<i>People who engage with HWR (the public, HSC partners and other stakeholders) are satisfied with the service provided. (Y&H outcome)</i>	<i>Overall satisfaction of people who engage with HWR. (Numbers/% but needs a sufficiently large sample) Evidenced through Customer and Partner Surveys, evaluation sheets.</i>	Satisfaction survey developed and distributed to those who have engaged with the service within the year (sample of if significant numbers). Number of contacts with HWR are recorded, including some detail of the contact.	Annual Satisfaction Survey conducted and report 31 st June 2014.
4.	HWR is visible and has a presence in the town centre and is widely recognised by the community.	<i>Overall awareness of HWR among local people (reflecting demographic profile of whole area), commissioners and providers. Measured through Customer and Partner surveys and CRM, database, marketing and comms strategy (Y&H) Baseline completed around awareness of HWR.</i>	HWR is recognised by official branding as an independent consumer champion.	Local Shop access point available 31 st July, 2013.
5.	<i>People have easy access to accurate and appropriate information about Health and Social Care Service so they can make better choices or decisions. (Y&H)</i>	Overall satisfaction with access to services provided by HWR/quality of information provided/outcome of signposting. % people stating information provided by HWR has helped them make decisions/signposted them to appropriate information. Number of people successfully signposted/details of support given. Measures: Customer and Partner Survey, evaluation forms, <i>complaints and compliments received about information provide, hits on website, level of media coverage, case studies..</i>	Number of enquiries recorded broken down by method of communication. Record of nature of signposting enquiry maintained along with support given. Information published on website, publicity material, newsletters etc. Also made attractive to young people	Ongoing / reported monthly. Year 1 baseline.

	Outcome	Performance Measure(s)	Output	Timescales
6.	An independent complaints advocacy function is established to provide advocacy support to NHS service users and their carers who wish to make a complaint.	Number of people using the service, details of support required and that provided. Record maintained of detail of the complaint, length of time taken to resolve, plus detail around escalation and outcomes. Performance monitoring around numbers, timescales and eligibility for access to be monitored.	Record maintained of number of NHS complaints advocacy cases responded to. An overview of the Health complaints procedures and relationships with complaints staff maintained to facilitate effective resolution to complaints.	Ongoing. Monthly reports.
7.	A performance management framework is in place to enable self evaluation of performance and identification of areas for improvement. This should include the ability to demonstrate how HWR it has made a positive impact on local decision-making and improved services.	Self assessment tool developed by Parkwood Healthcare for use by HWR and examples provided of where and how it has been used. Quality measures are used to monitor performance inducing service user complaints and compliments.	Reports on self evaluation.	Annually.

2. Independent, Influential and Accessible to Everyone

No	Outcome	Performance Measure	Output	Timescales
8.	<i>Greater patient and public involvement in the commissioning cycle for Health and Social Care (including from minority and seldom heard groups). (YH outcome)</i>	<i>Numbers/% of local people who have been involved in HSC planning, commissioning, deliver or review, as a direct result of HWR</i> <i>[Evidence of] HSC services having more engagement with communities who are traditionally least engaged, as a result of HWR work programme.</i> <i>Measured through customer and partner survey i.e. numbers of HSC partners involving more people in different aspects of their services through LHW.</i>	Record maintained of the number of community engagement meetings held along with details of the key challenges raised. To include what was the outcome of the challenge.	Ongoing / monthly monitoring meetings Date of survey to be agreed. Year 1 baseline.

No	Outcome	Performance Measure	Output	Timescales
9.	<i>Local people have a better understanding / greater awareness of Health and Social Care issues so they can gain control over their own lives and act on issues they define as important (Y&H)</i>	<p><i>Increasing numbers of people gaining the skills, information or knowledge that will help them have more confidence or self-sufficiency in accessing HSC services that benefit them or their family.</i></p> <p><i>Measured through Customer survey, database, volunteers surveys, evaluation forms, annual report</i></p> <p><i>Measured through work plan around engagement, examples of collaboration with HSC partners, board minutes.</i></p>	Record of information given against enquiries.	Ongoing / reported monthly. Year 1 baseline.
10.	<i>People can connect with HWR in a way that suits them, to give or get information (Y&H)</i> Innovative methodology and inclusive social activities are used to encourage participation.	<p><i>Overall satisfaction with opportunities to be involved with HWR (by protected characteristics) / % people agree HW uses appropriate engagement methods.</i></p> <p><i>Measured through customer and partner survey, database.</i></p> <p><i>Increased number of partners and communities (geographic, community of interest, seldom heard) engaged in HWR network and provided with opportunities to contribute and raise issues.</i></p> <p><i>Measured through annual engagement plan, customer and partner surveys, HWR records on database</i></p>	Record of engagement activity, community groups engaged, engagement tools used and whether successful. Record of issues discussed. Explore the development of apps and/or social networking for young people to use.	Year 1 baseline
11.	<i>Commissioners and providers have a greater understanding of local health and social care needs from people's experience of services, including NHS complaints advocacy. (YH Outcome)</i>	<p><i>Increased numbers of commissioners and providers agreeing that HWR presents accurate information in a credible way, demonstrating high quality robust data gathering and analytical skills.</i></p> <p><i>Measured through partner survey, reports to HWB.</i></p>	Partner survey developed and used to gather evidence around whether HWR has enabled a greater understanding of HSC needs.	Ongoing – Monthly Report around activity. Date of survey to be agreed. Annual for information.

No	Outcome	Performance Measure	Output	Timescales
		<p><i>HSC provider actions/responses to HRW reports.</i></p> <p><i>Number of reports showing that HWR makes sense of all the information it has available locally (including JHWS, JSNA, MHSCA and HWE 'Hub'), identifies gaps and suggests appropriate action.</i></p> <p><i>All measured through partnership survey, reports to HWB, HSC provider actions/responses to HWR reports, HWR references in HSC plans/strategies. .</i></p>		
12.	<p><i>Patient, public and carer voice is driving improved Health and Social Care Services and a better patient experience (YH Outcome)</i></p>	<p><i>Number of cases where HWR can demonstrate where community involvement, supported by HWR, has resulted in HSC service improvement or evidenced the need for change to services (Y&H measure)</i></p> <p>Measured through case studies, annual report, reports to HWB, HSC provider actions/responses to HWR reports and customer and partner survey. Reports to indicate what changes have been made following HWR involvement.</p>	<p>Reports presented to HWBB to influence service improvements. Reports and information for accountable bodies are published in a constructive way using good information governance and professional standards including confidentiality.</p>	<p>Ongoing – monthly report activity.</p>
13.	<p><i>Local people and groups feel that HWR is working effectively on their behalf (Y&H)</i></p>	<p>Numbers / % people and groups connected with HWR who feel that it is acting as an effective consumer champion in the area, ie. Ensuring that the voice of consumers and those who use HSC services reach decision makers.</p> <p>Increased numbers of requests for support or involvement from CCG's and relevant HSC networks including 3rd sector i.e. HWR adding value and not duplicating existing networks.</p> <p>Measured through customer and partner survey, case studies, annual report.</p>	<p>Number of people who state HWR is an effective consumer champion.</p>	<p>Ongoing – quarterly activity. Year 1 baseline.</p>

No	Outcome	Performance Measure	Output	Timescales
14.	HWR is seen as a credible and influential voice on the HWBB. (Y&H outcome)	<p><i>Number of requests from HWBB, commissioners and providers to provide intelligence around HSC services/contribute to JSNA.</i></p> <p><i>[Evidence of] a clear and transparent process for prioritising work of HWR.</i></p> <p>Measured through partnership survey, annual report, case studies, annual work programme.</p>	<p>HWR responded to requests from HWBB around consultation / intelligence to inform service improvements.</p> <p>Made positive contribution to JSNA, local health and social care planning and commissioning. Evidence presented is credible and reflects local communities view/can constructively challenge on behalf of the community/works well with others LHW on cross-boundary issue.</p>	<p>Ongoing – Quarterly report.</p> <p>Year 1 baseline.</p>
15.	<p>A timely two-way information flow will be established between Healthwatch England and HWR.</p> <p>Information is gathered from various sources as evidence to support appropriate recommendations to Healthwatch England and/or the CQC</p>	<p>Evidence of facilitating local resolution to issues identified.</p> <p>Evidence of working in partnership to improve services.</p>	<p>Local resolution of issues is facilitated and encourages a positive ‘critical’ friend approach.</p> <p>Relevant reports submitted to Healthwatch England and/or CQC.</p>	<p>Ongoing – Quarterly Report.</p>

3. Representative, and Promotes Community Involvement

No	Outcome	Measure	Output	Timescales
16.	Awareness is raised amongst commissioners, providers and other agencies about the importance of engaging with communities, and recognising the expertise and value that individuals and the voluntary and community sector can bring to discussions and decision making on local and national issues.	Reports to CQC, Health and Wellbeing Board, Quality Surveillance Group and statutory partners in this context.	Engagement with service users around service design and service improvements.	<p>Ongoing – Quarterly Report.</p> <p>Year 1 baseline.</p>

No	Outcome	Measure	Output	Timescales
17.	An understanding of the local communities in Rotherham and their health and social care needs is maintained to ensure services reflect need. Regular discussions on issues relevant to young people are included.	Evidence of how the needs of priority groups have been determined and discussed with relevant service providers and influenced wider commissioning activities.	Local input into JSNA.	Ongoing – Quarterly Report. Year 1 baseline.
18.	<i>HW is an inclusive, people-centred and learning organisation which demonstrates a commitment to continuous improvement by acting on feedback. (Y&H)</i>	<i>Number of volunteers / retained volunteers and level of involvement. (Y&H). Measured through customer satisfaction survey as detailed above.</i> <i>Evidence that HWR staff and volunteers are highly skilled and informed and appropriate training provided.</i> <i>Measured through HWR records and policies (training needs and skills analysis), customer and partner surveys, annual report, 360 degree feedback.</i>	Feedback following consultation is provided to those originally involved.	Ongoing – Quarterly Report. Year 1 baseline.

1. To Deliver the Healthwatch Rotherham Functions in an effective way					
Action No.	Measure/Milestone	Task Manager	Timeline	Task Status (R, A, G,)	Progress/Outcomes
1.1	The Healthwatch Rotherham outcomes framework is agreed and progress against the outcomes is reported monthly (or as detailed in the outcomes framework document).	Melanie Hall	Ongoing and Reported Monthly		Outcomes framework completed.
2. Contribute to the improvement of Health and Social Care Services by sharing concerns raised with relevant providers.					
2.1	Discuss with social care and health providers the issues that are raised about their service through public enquiries to Healthwatch Rotherham and facilitate local resolution.	Melanie Hall	Ongoing		
2.2	Attend and contribute as appropriate to the regional Quality Surveillance Group.	Melanie Hall	Quarterly Meeting		
2.3	Meet with the Care Quality Commission to understand / share wider service development issues as appropriate.	Melanie Hall	Quarterly Meeting		
2.4	Attend the Patient Participation Group to share information on local concerns raised by the health community.	Melanie Hall	As required		
2.5	Make contact with the Youth Cabinet to raise awareness of Healthwatch and determine other opportunities to gather the views of children and young people on current health and social care issues that matter to them.	Melanie Hall	To be determined		
2.6	Attend Area Assemblies / Parish Council Meetings as when required to keep abreast of current issues/concerns from the wider public.	Melanie Hall	Ongoing		
2.7	Continue to attend relevant community events to raise the profile of Healthwatch Rotherham.	Melanie Hall	Ongoing		

3. Gather the views of Health and Social Care Service Users to inform specific changes across Health and Social Care					
3.1	In conjunction with the HWBB, and in line with the HWB strategy, identify specific areas that require consultation with members of the public to inform change management programmes.	Naveen Judah	To be determine as appropriate		
3.2	Determine the scope, outcomes and reporting parameters for such specific consultation (taking into account the capacity of HWR)	Naveen Judah	To be determined		
3.3	Consider where Healthwatch Rotherham can contribute to a specific Scrutiny Review to assist the understanding of the different roles of each function.	Naveen Judah	To be determined		
3.4	Consider how Healthwatch Rotherham can contribute to specific pharmacy change requests from NHS England	Naveen Judah	Monthly		
3.5	Consider how Healthwatch Rotherham can contribute to the NHS acute hospital annual place assessment (6 week programme).	Naveen Judah	Monthly		
4. Contribute to existing quality assurance processes using 'Enter and View' process					
4.1	Determine in consultation with RMBC the residential homes where 'enter and view' would support the ongoing quality assurance process.	Naveen Judah	October 2013		
4.2	Determine in consultation with CCG and NHS England the health settings where 'enter and view' would support the ongoing quality assurance process.	Naveen Judah			
4.3	In conjunction with RMBC, CCG and NHS England, respond to requests for 'enter and view' visits.	Naveen Judah	Ongoing		
4.4	Agree with RMBC, the first 'enter and view' to be undertaken jointly to share the learning and ensure processes are understood.	Naveen Judah	December 2013		
4.5	Agree with CCG and NHS England, the first 'enter and view' to be undertaken jointly to share the learning and ensure processes are understood.	Naveen Judah	December 2013		

5. To contribute to the Safeguarding Board Requirements					
5.1	Attend the RMBC Safeguarding Adults Board and the Children Safeguarding Board to feed in issues and concerns and using Safeguarding alert knowledge into the Healthwatch process. (This is not about undertaking consultation or engagement around safeguarding)	To be confirmed	Quarterly Meetings		
5.2	To consider the strategic safeguarding issues identified by the Safeguarding Boards and ensure these are communicated to Healthwatch Rotherham Members and relevant Stakeholders.	To be confirmed	Ongoing		
6. Contract review meetings with RMBC					
6.1	Healthwatch Rotherham Manager and Parkwood Healthcare representative (when required) to attend monthly performance/contract review meetings and report on progress	Melanie Hall	Monthly		
7. To Recruit and retain Volunteers					
7.1	Healthwatch Rotherham to have specific volunteer roles and volunteer coordinator with a rolling programme of induction and training in relation to the projects to be undertaken by Healthwatch Rotherham	Melanie Hall	On going		
8. Rotherham Show					
8.1	Healthwatch Rotherham to manage a stall and plan for the event to include both awareness raising and responding to issues raised.	Melanie Hall	September		Completed
8.2	Healthwatch to follow up on any issues raised with individuals and services where necessary	Melanie Hall	September		

8.3	Healthwatch to report on issues raised and outcomes of the show to be submitted to RMBC	Melanie Hall	November		
9. Innovative ways to engage the wider public					
9.1	Attend Rotherham College welcome week	Melanie Hall	September		
9.2	Meet with hairdressers across Rotherham to explain benefits of working with Healthwatch	Melanie Hall	Ongoing 2013-14		
9.3	Meet with Rotherham college and hairdressing students	Melanie Hall	December		
10. Connect 2 support					
10.1	Encourage and enable members of the public to use connect to support to purchase and identify services to met their health and social care needs	Melanie Hall	Ongoing		
10.2	Healthwatch Rotherham staff to undertake training using the e-learning package.	Melanie Hall	Ongoing		
11. Launch Healthwatch Rotherham					
11.1	Plan and deliver an official launch event	Melanie Hall	2 nd October		
11.2	Evaluate Launch and measure impact.	Melanie Hall	10 th October		
11.3	Continued public awareness raising of HW Rotherham	Melanie Hall	August 2014		
11.4	Complete a further impact assessment of public awareness of Healthwatch Rotherham using 2013 baseline.	Melanie Hall	October 2014		