

TERMS OF REFERENCE

1. Functions

The functions of a local HealthWatch organisation are statutory as they are set out in the Health and Social Care Act 2012.

'Local Healthwatch: A strong voice for people – the policy explained' states that:

'A local Healthwatch needs to ensure that it operates for the benefit of, and is accountable principally to, its local community. In summary, (the) intention is that local Healthwatch will:

- carry out statutory functions;
- be corporate bodies, embedded in local communities;
- act as local consumer champion representing the collective voice of patients, service users, carers and the public, on statutory health and wellbeing boards;
- play an integral role in the preparation of the statutory Joint Strategic Needs Assessments and joint health and wellbeing strategies on which local commissioning decisions will be based;
- have real influence with commissioners, providers, regulators and Healthwatch England using their knowledge of what matters to local people; and
- support individuals to access information and independent advocacy if they need help to complain about NHS services. '

2. Structure

How local Healthwatch is set up and the structure of the organisation is a matter for each local area to decide. In 2012 the Council of the Isles of Scilly invited the IOS LINK Steering Group and other community members to form a transition group, which decided how Healthwatch Isles of Scilly would be established.

It was agreed amongst those present that a locally run group would be of most benefit to the community in order that local people who experience the day to day health and social care issues on the islands would keep complete control of the organisation.

The outcome was that Healthwatch Isles of Scilly is a standalone charitable company, limited by guarantee. It is managed by a Board of volunteer Directors who directly employ staff.

3. Role and responsibilities

The role, responsibilities and functions of a local Healthwatch are described in *'Local Healthwatch: A strong voice for people – the policy explained'*. These have been adopted in the Healthwatch Isles of Scilly Constitution and how they are carried out is set out below.

1) Obtain the views of people about their needs for and experience of local health and care services.

- (a) Run general and issue based community surveys.
- (b) Encourage direct feedback and be accessible to people wanting to register their comments.

- (c) Develop a representation policy to ensure that all feedback is evidence based (not hearsay), that confidentiality is upheld, and that people agree about how their comments will be reported.

2) *Make those views known to those involved in the commissioning, provision and scrutiny of care services.*

- (a) Report to the Devon, Cornwall and Isles of Scilly Quality Surveillance Group.
- (b) Report to the Care Quality Commission and Healthwatch England.
- (c) Contribute local knowledge and feedback through the HIOS seat on the Health and Wellbeing Board.
- (d) Contribute to the Joint Strategic Needs and Assets Assessment and the Health and Wellbeing Strategy.
- (e) Contribute local knowledge and feedback through the HIOS seat on the IOS Health Overview and Scrutiny Committee and engage in joint work with the Committee as appropriate.
- (f) Contribute local knowledge and feedback through the HIOS seat on the Children's Committee.
- (g) Where Healthwatch Isles of Scilly has a voice and a vote on statutory committees, to use it in the best interests of our community and to reflect the views of the community.
- (h) Seek to establish working agreements and/or best practice with all health and social care commissioners and providers.
This will include: regular reporting of feedback; requests for information; opportunities to take issues forward; and communication about specific issues.
- (i) Establish regular liaison meetings with island based commissioners and providers.

3) *Make reports and make recommendations about how services could or should be improved.*

- (a) Identify issues from community feedback.
- (b) Prioritise issues for the work plan and agree how to take issues forward effectively.
- (c) Address tasks through liaison and joint working groups, either existing or created for the purpose by HIOS.
- (d) Make recommendations to commissioners and providers on specific issues.
- (e) Publish survey and issue based reports and recommendations and present to commissioners, providers, and appropriate strategic bodies.
- (f) Request a response from commissioners or providers of health and care services to a report or recommendation, asking for a response within 20 days of receipt, or 30 days for more complex issues.

4) *Make the views and experiences of people known to Healthwatch England helping it to carry out its role as national champion.*

- (a) Share reports with Healthwatch England.
- (b) Comply with Healthwatch England's escalation framework with regard to:
 - Sharing people's views and experiences of health and social care.
 - Highlighting health and care issues for consideration by Healthwatch England.

5) *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).*

- (a) Comply with Healthwatch England's escalation framework with regard to quality and safety issues related to local services.
- 6) *Promote and support the involvement of people in the monitoring, commissioning and provision of local care services.***
- (a) Ensure local people have a leading role in the decision making processes and activities of the organisation, via the Board of Directors and wider membership.
 - (b) Provide information about the current work plan and encourage comments and suggestions.
 - (c) Provide information about health services, surveys and consultations.
 - (d) Promote awareness by other agencies of the issues of IOS access to community consultations, events and focus groups, and ask that provision is made to enable participation.
 - (e) Promote and enable participation in task groups, joint working groups, inspection teams, and public and patient involvement programmes.
 - (f) Hold health and care organisations to account for the provision of opportunities for meaningful and inclusive public and patient engagement and involvement.
 - (g) Have properly briefed representatives in seats on the relevant strategic bodies.
- 7) *'Enter, view and observe' health and social care services, excluding children's social care services, in accordance with relevant regulations and guidance.***
- (a) Have a policy in place to determine when Enter and View visits are appropriate; on how visits are conducted in accordance with regulations and guidance; and make provision for E&V representative training and necessary checks.
- 8) *Provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services.***
- (a) Provide information about services provided in Cornwall & IOS, by developing an effective signposting service.
 - (b) Provide information about choice and access to services, i.e. with reference to the NHS Choice framework, outcomes frameworks; Care Quality Commission and other guidance.
- 9) *Provide, or refer people to, health complaints advocacy.***
- (a) Provide information about and access to Independent Health Complaints Advocacy.

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