

**SCHEDULE 2**

**SERVICE SPECIFICATION**

**Healthwatch Norfolk**

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1. **Background and Local Need**
   1. This specification outlines the requirements for managing and delivering Healthwatch Norfolk (HWN) covering the administrative area of Norfolk and all age groups.
   2. Healthwatch Norfolk will serve as the independent consumer champion for health, social care, and wellbeing in Norfolk. It will represent the diverse communities receiving health and social care across the county, providing intelligence and evidence from people’s views and experiences to influence service development & improvement.
   3. Key local needs include:
2. Ageing Population: Norfolk has a significant proportion of residents aged over 65, leading to increased demand for age-related health and social care services.
3. Rural Isolation: Many communities in Norfolk are rural, which can limit access to health and social care services and contribute to social isolation.
4. Health Inequalities: There are notable disparities in health outcomes across different areas and communities within Norfolk, with some groups experiencing poorer health and limited access to services.
5. Mental Health: Mental health issues are prevalent, with increasing need for access to mental health services and support.
6. Long-term Conditions: A significant portion of the population suffers from multiple long-term conditions, requiring coordinated and continuous care
7. **National Context** 
   1. Healthwatch is governed by the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012, and the Health and Care Act 2022. Local authorities must ensure that Healthwatch duties are fulfilled, and the provider is accountable to the public. Norfolk County Council is the commissioner.
   2. Legislation requires the contract is with a social enterprise. Most Healthwatch providers are companies limited by guarantee with charitable status, Community Interest Companies or Charitable Incorporated Organisations. There should be clear procedures in place for governance related to the carrying out of statutory activities. As such, the provider must be a corporate body, meeting social enterprise criteria, and is responsible for adhering to key legislation including the Equality Act 2010 and the Human Rights Act 1998.
   3. Local Healthwatch has a statutory place on the Health and Wellbeing Board.
8. **Norfolk Demographics**
   1. Norfolk’s population is an estimated 931,900 (ONS mid-2023). Compared with the England average, Norfolk has a higher proportion of population of those aged 55 and over, with corresponding lower levels in the younger age bands. Estimates for mid-2023 show 24.8% of Norfolk’s population is aged 65 and over, compared with 18.7% in England. Children and young people (aged 0 to 15) make up 16.2% of Norfolk’s population (compared with 18.5% nationally) and working age adults (aged 16 to 64) make up 59.1% (compared with 62.9% nationally).
   2. Norfolk’s ethnic make-up in the Census 2021 is characterised by a predominantly white (aggregated ethnic group) population of 94.7%, compared with 81.0% for England. The proportion of people from all other ethnic groups combined is 5.3%, compared with 19.0% for England.
   3. In terms of national identity, the Census 2021 shows that 93.5% of Norfolk people are associated in some way with a UK identity, compared with 90.0% for England. In the Census 2021, English is the main language for 95.0% of Norfolk usual residents aged 3 years and over (compared with 90.8% for England). Other most widely spoken main languages are Polish, Lithuanian, and Portuguese.
   4. Around 135,000 Norfolk residents live in areas which have been classified as being among the 20% most deprived in England. The most deprived areas in Norfolk are largely centred in and around urban areas such as Norwich, Great Yarmouth, and King’s Lynn, as well as some market towns such as Thetford, Dereham, and Watton.

**A map of norfolk district boundary

Description automatically generated**

1. **Key Service Aims and Objectives**
   1. **Aims**
      1. Healthwatch Norfolk will provide information and advice to the public about accessing health and social care services and the choices available.
      2. Healthwatch Norfolk will ensure that people’s views and experiences are communicated to Healthwatch England, aiding its role as a national advocate.
      3. Healthwatch Norfolk will make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) on conducting special reviews or investigations into areas of concern and directly provides information and recommendations to the CQC when appropriate.
      4. Healthwatch Norfolk will promote and support public involvement in the monitoring, commissioning, and provision of local care services by gathering people’s views on their needs and experiences with local care services and share this feedback with those involved in commissioning, providing, and scrutinising these services. Additionally, it will produce reports and recommendations to improve these services.
      5. Healthwatch Norfolk will look for opportunities to maximise the impact of research and engagement activity by aligning to areas already under scrutiny or review by the health and wellbeing board, and its constituent members.
      6. Healthwatch Norfolk will aim to create an equitable health and social care environment where all residents, especially those who are most vulnerable, can access the support and services they need.
   2. **Objectives**
      1. Statutory Duties, Functions and Powers- Section 221 statutory activities.

The Provider will have responsibility for carrying out the statutory activities of local Healthwatch ([see A guide to running Healthwatch](https://network.healthwatch.co.uk/guidance/2020-02-12/guide-running-healthwatch)). These statutory activities apply to all groups, including children, young people, adults and carers, and include the following elements:

* + 1. Promote and support the involvement of people, in the monitoring, commissioning and provision of local care services.
    2. Enable people to monitor the standard of provision of local care services to determine whether and how local care services could and ought to be improved.
    3. Obtain 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.
    4. Make reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
    5. Provide information and advice to the public about accessing local health and social care services and choice in relation to aspects of those services.
    6. Formulate views from people on the standard of provision and whether and how the local care services could and ought to be improved and sharing these views with Healthwatch England, to help it carry out its role as national champion.
    7. Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making recommendations direct to CQC); and to make recommendations to Healthwatch England to publish reports about issues.
    8. Give Healthwatch England such assistance as it may require, enabling it to carry out its functions effectively, efficiently and economically. Where this includes the provision of data & information, this should be provided in accordance with the new [HealthWatch England Taxonomy](https://network.healthwatch.co.uk/guidance/2022-06-27/new-taxonomy).
  1. **Enter and View**

Local Healthwatch may use their discretionary power of entry with certain requirements. Enter and View is a method for gathering information. Healthwatch Norfolk should use their decision-making process to determine whether they deploy their Enter and View powers.

The Healthwatch provider will adhere to legal requirements on Enter and View and follow [A guide to Enter and View | Healthwatch Network](https://network.healthwatch.co.uk/guidance/2019-04-23/guide-enter-and-view?gad_source=1&gclid=CjwKCAiA6KWvBhAREiwAFPZM7p7vlBsy0SAHpuz5k0fZgxWiPBahOTKEUAqoyBM5q7uuvNsQoFB1lRoCC0cQAvD_BwE)

1. **Expected Outcomes** 
   1. **Successfully represent the views of the Norfolk Public**

Successful engagement with a diverse range of community members, including underrepresented groups, gathering comprehensive feedback on health and social care services and embedded. Actively listening-to and presenting the views and experiences of the public, decision-making processes are directly influenced by what Norfolk residents are saying about services.

* 1. **Shaping Services**

Community feedback is used to make informed recommendations, leading to tangible improvements in the quality and accessibility of health and social care services. This includes acting as a strong advocate for patients and service users, ensuring their voices are heard at both local and national levels.

* 1. **Monitoring Services**

Effective partnerships with local authorities, healthcare providers, and other stakeholders are established to ensure a coordinated approach to monitoring health and social care services, leading to improvements in service delivery.

* 1. **Increased Public Trust**

A service that is trusted by the Norfolk public , achieved by being responsive to their concerns, transparent in operations and demonstrating a commitment to acting on feedback.

* 1. **Operational Excellence is Delivered Consistently**

High levels of skill and competence exhibited in delivering statutory functions; this must ensure efficient and effective use of resources and achieve value for money. The service will operate in accordance with [Healthwatch England’s Shared Values](https://network.healthwatch.co.uk/blog/2024-05-06/our-shared-values-how-we-developed-them-and-next-steps).

* 1. **Have Positively Impacted upon Policy Decisions**

Local health and social care policies influenced to better reflect the needs and preferences of the community, contributing to short, medium and long-term improvements in service provision.

1. **Service Model and Delivery** 
   1. **Service Model**
      1. The Provider will determine the specific methods utilised to maximise the impact of service delivery in achieving the stated aims, objectives and outcomes. As such, this section will focus on the scope of the service rather than being overly prescriptive about how those aspects will be delivered.
      2. Healthwatch Norfolk will ensure that health and social care services in the county are responsive to the needs of the community, continuously improving and accountable to the people they serve.
      3. Healthwatch Norfolk will ensure its role is widely understood that its systems, services and resources are accessible to every resident in the county. This universal availability means that anyone, regardless of their background or circumstances, can seek information, advice and support regarding health and social care services. This will include:
      4. Inclusive Access: Providing services that are open to all, without discrimination based on age, gender, ethnicity, disability, or socioeconomic status.
      5. Comprehensive Coverage: Ensuring that services are available across all areas of Norfolk, including rural and remote locations, so that geographical barriers do not prevent access.
      6. Public Awareness: Actively promoting the availability of services through various channels to ensure that all residents are aware of the support they can receive from Healthwatch Norfolk.
      7. Healthwatch Norfolk will place particular emphasis on reaching out to marginalised and vulnerable groups who might face additional challenges in accessing health and social care services. This focus includes:
2. Targeted Outreach: Developing specific strategies to engage with groups such as the elderly, people with disabilities, ethnic minorities, those with mental health issues, and individuals experiencing homelessness. This might involve partnering with community organisations that already work with these populations.
3. Tailored Support: Offering customised support services that address the unique needs of these groups. For example, providing translation services for non-English speakers or arranging accessible transportation for those with mobility issues.
4. Advocacy and Representation: Ensuring that the voices of marginalised and vulnerable populations are heard in decision-making processes. Healthwatch Norfolk will advocate on behalf of these groups, highlighting their specific needs and challenges to service providers and commissioners.
   * 1. Conducting thorough research and gathering evidence on local health and social care issues is a core function. Analysing data from various sources, including public feedback, service performance reports, and health outcomes, Healthwatch Norfolk will identify trends, highlight areas of concern, and support their recommendations for service improvements. This research is crucial for making informed, evidence-based contributions to policy and decision-making processes.
     2. Providing support is another key aspect of Healthwatch Norfolk’s role to help individuals navigate the complex health and social care systems, offering advice and information on accessing services. Additionally, they signpost people to help making complaints about NHS services, ensuring their concerns are heard and addressed. This work empowers individuals to have a voice in their care and ensures that their rights are upheld.
     3. Healthwatch Norfolk has the statutory power to conduct “Enter and View” visits to health and social care services. These visits allow them to observe the quality of care being provided and gather the views of patients, residents, and staff. The findings from these visits are compiled into reports that highlight good practices and areas needing improvement. These reports are shared with service providers, commissioners, and regulators to drive improvements.
   1. **Expectations:**
      1. A good track record and extensive experience of delivery of local Healthwatch services across a rural authority area is required.
      2. Substantial knowledge, experience and familiarity with Healthwatch England requirements of local Healthwatch providers.
      3. There is a requirement for the Provider to state legal entity on the Healthwatch website (i.e. Company name, number & registered address.
      4. The provider will operate in line with the [7 Principles of Public Life](https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2) (the Nolan Principles) in delivering the service.
5. **Communications, Engagement and Promotion**
   1. The provider will work with Local Authority to engage with a wide range of communities, including those who are often marginalised or vulnerable. To do this effectively, develop targeted engagement strategies that are tailored to the specific needs and characteristics of different groups.
   2. Develop Targeted Engagement Strategies:
   3. Identifying Key Groups: Recognising which communities need more focused engagement, such as young people, older adults, people with disabilities, ethnic minorities, and those with mental health issues.
   4. Customising approaches: Designing engagement activities that are accessible and appealing to these groups. For example, using youth-friendly platforms for younger audiences or arranging face-to-face meetings in community centres for older adults.
   5. Feedback Mechanisms: Implementing various methods to gather feedback, such as surveys, focus groups, and community forums, ensuring that everyone has a chance to voice their opinions.
   6. To reach different communities effectively, Healthwatch Norfolk will employ a variety of communication channels, including:
   7. Digital Platforms: Utilising social media, websites, and email newsletters to share information and gather feedback. These platforms are particularly effective for reaching younger audiences and those who prefer digital communication.
   8. Traditional Media: Using newspapers, radio, and community bulletin boards to reach those who may not be as digitally connected, such as older adults.
   9. In-Person Engagement: Hosting events, workshops, and drop-in sessions in various community locations to provide face-to-face interaction and support.
   10. Multilingual Resources: Providing information in multiple languages to cater to non-English speaking communities, ensuring that language barriers do not prevent access to services.
   11. Healthwatch Norfolk will collaborate with Local Organisations to extend its reach and impact. This involves:
   12. Building Partnerships: Establishing strong relationships with local health and social care providers, community groups, and voluntary organisations to help in sharing resources, information, and expertise.
   13. Joint Initiatives: Working together on projects and initiatives that address common goals, such as improving access to services or raising awareness about health issues.
   14. Referral Networks: Creating a network of organisations that can refer individuals to Healthwatch Norfolk for support and vice versa, ensuring that people receive comprehensive assistance.
   15. The Provider will work closely with the local authority to:
   16. Align Objectives: Ensure that the engagement strategies and activities align with the local authority’s goals and priorities for health and social care, where this can be achieved without undermining Healthwatch Norfolk’s independence.
   17. Share Insights: Regularly share insights and data gathered from community engagement to inform the local authority’s planning and decision-making processes.
   18. Coordinate Efforts: Collaborate on joint initiatives and projects to avoid duplication of efforts and maximize the impact of resources.
   19. Evaluate Outcomes: Participate in the evaluation of engagement activities and their outcomes to continuously improve the effectiveness of the service.
   20. Whole System Relationships
       1. The Provider will be expected to establish positive working relationships with:
6. N&W Integrated Care System partners
7. Social Care Providers
8. Established VCSE and service user groups
   * 1. Key relationships will include (but are not limited to):
9. Norfolk County Council Public Health.
10. Identified local / national / regional partners as appropriate
    1. Equality Impact Assessments (EIAs):
11. When significant changes to service policies or functions occur, the Provider must conduct Equality Impact Assessments (EIAs) to evaluate the potential effects on different groups within the community and share findings with the local authority. This process involves:
    * + 1. Identify changes in service policies or functions that might impact service users.
        2. Assess the impact: evaluate how changes could affect various groups, particularly those who are vulnerable or marginalised
        3. Mitigate negative effects: Develop strategies to mitigate any adverse impacts identified (e.g. adjusting the proposed changes or implementing additional support measures).
        4. Share findings: The provider is required to share the results of EIAs with the local authority, ensuring transparency and accountability & helping the local authority understand potential impacts, supporting informed decision-making.
    1. Healthwatch Norfolk will ensure that changes to services are fair and do not disproportionately affect any particular group, promoting equality and inclusivity in service provision.
12. **Information Governance**
    1. Local Healthwatch have GDPR obligations, including appointment of a Data Protection Officer. The provider is also required to register with ICO and notify about Healthwatch functions.
    2. Healthwatch England provides guidance and templates to facilitate information governance requirements which can be found [here](https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20230117%20Guide%20to%20data%20processing%20and%20protection.pdf).
    3. Freedom of Information Act- Healthwatch themselves can be subject to FOI requests. Healthwatch meets obligations for Information Commissioner’s publication scheme in relation to their statutory activities.
    4. Provider Data Collection
       1. The Provider will need to ensure that service users are made aware of what will be done with their data and must ensure they have obtained informed consent to share the service users’ data, if a service user refuses to give consent to share their information, then they will not be able to receive the service from the Provider. Healthwatch England provides detailed guidance and templates on data processing and protection for local Healthwatch providers and it is expected that the Healthwatch provider will use it to support their data management and protection activity.
       2. The Provider must maintain appropriate records to ensure effective ongoing service delivery and audit.
       3. The Provider will record all relevant information using appropriate data collection software.
       4. The Provider will acquire appropriate consent from service users to be included in behaviour change research in following months from receipt of training provision.
       5. The Provider will ensure that all data storage and management conform to the General Data Protection Regulation (2018).
       6. The Provider is required to create and maintain records of processing activities.
13. **Social Value** 
    1. Social Value is a way of thinking about how to allocate and use scarce resources. Social value considers that if we spend £1 on the delivery of goods, services or works, will that £1 also produce wider social, economic, or environmental benefits to the Norfolk community.
    2. The Local Government Association has further information regarding the [National Social Value TOMS framework](https://www.local.gov.uk/sites/default/files/documents/National%20TOMs%202019%20Guidance%201.0.pdf)
    3. The Healthwatch Provider will work with the council to consider how we can bring more social value benefits to our communities. Our [Contract Standing Orders](https://www.norfolk.gov.uk/article/43419/Tenders-contracts-and-procurement) has more information on social value and the main areas of focus for Norfolk County Council.
14. **Service Requirements**
    1. **National / Legislative Requirements:**
15. The provider organisation must operate as a social enterprise, as defined in Healthwatch England’s [Guide to Running a Healthwatch](https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20200212%20-%20A%20guide%20to%20running%20Healthwatch_0.pdf) (page 5), in accordance with section 222(8) of the Local Government and Public Involvement in Health Act 2007 (LGPIHA) and related regulations (regulations 35 to 38 of the [NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012)](http://www.legislation.gov.uk/uksi/2012/3094/contents/made).
16. To operate under the Healthwatch brand, the Healthwatch provider shall sign and abide by a trademark licence issued by Healthwatch England. Evidence and assurance that the appropriate and current licence is in place, including for any subcontracted activity associated with its statutory functions and powers must be provided.
17. The Healthwatch brand shall only be used when carrying out activities prescribed in s.221(1) (the ‘statutory activities’). The Healthwatch brand cannot be used for any additional work which is not classified as statutory activity or power. This does not preclude the provider from using the brand for activity funded by sources other than from the local authority, provided such activity falls within s.221(1) prescribed definitions.

d. The Healthwatch provider may arrange for some (but not all) of their statutory activities to be carried out by another organisation on its behalf. All subcontracting agreements will be identified in the Agreement for transparency. Overall responsibility for discharging the activities and compliance with the brand licence agreement remains with the Healthwatch provider.

* 1. Under legislation, the local Healthwatch must be named after the local authority area it covers. The name of the Healthwatch covering the Norfolk County Council area will be Healthwatch Norfolk.
  2. **Local Requirements:**
     1. Healthwatch Norfolk will adhere to / have as a minimum written policies and procedures covering the following:

1. Communication, engagement and information exchange with partners and public
2. Complaints policy
3. Data Protection Act compliant
4. Decision-making policy – published on public-facing website and any breaches reported to the commissioner - [phcontracts@norfolk.gov.uk](mailto:phcontracts@norfolk.gov.uk)
5. Disclosure & Barring Service checks for employees and volunteers
6. Employment policy
7. Equal opportunities
8. Equality Act 2010 compliant
9. Health and Safety
10. Business Continuity Planning
11. Lone working
12. User involvement
13. Volunteers’ expenses reimbursement policy
14. Code of conduct
15. Confidentiality policy
16. Conflict of interest policy and [published register](https://network.healthwatch.co.uk/guidance/2021-01-13/helping-you-create-robust-conflict-interest-policy)
17. Cyber security policy
18. All meeting minutes to be published on the Provider’s website
19. Other relevant national policies compliant, as required.
    1. **Protection of Vulnerable Adults**
       1. If the Provider is a Care Quality Commission (CQC) registerable service, then it is required to work to relevant regulations and enactments of CQC.
       2. If the Provider is not CQC registerable, it is required to work within the latest published Norfolk Safeguarding Adult policy. The policy describes how agencies should proactively prevent abuse occurring and respond if abuse is identified, suspected or disclosed. This policy can be found [here](https://www.norfolksafeguardingadultsboard.info/protecting-adults/working-with-adults-at-risk/policy-and-procedures).
       3. Prevent is a part of the UK's counter-terrorism (CONTEST) strategy. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism, it also extends to supporting the rehabilitation and disengagement of those already involved in terrorism. In Norfolk, authorities and communities are working together through the office of the Police and Crime Commissioner for Norfolk. In providing services to the Council, the Healthwatch provider will ensure that staff have awareness of the Prevent Duty and follow the procedures for concerns which can be found [here](https://www.gov.uk/guidance/prevent-duty-training).
       4. To comply with these requirements, the Provider must have:
    2. Senior management commitment to the importance of safeguarding and promoting the welfare of vulnerable adults.
    3. A clear statement of the service’s responsibilities towards vulnerable adults available for all staff.
    4. A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of vulnerable adults.
    5. Effective interagency working to safeguard and promote the welfare of vulnerable adults.
    6. Arrangements for appropriate and proportional information sharing in response to safeguarding concerns.
    7. **Service Transition:**
       1. Where required, the Provider will work collaboratively with all parties involved to ensure a smooth transition of the Healthwatch Norfolk service from one provider to another. Transition will be completed in accordance with Healthwatch England’s guide – [When a Healthwatch Changes Provider](https://network.healthwatch.co.uk/guidance/2020-05-04/what-do-when-healthwatch-changes-provider).
20. **Equality, Diversity and Inclusion**
    1. Norfolk County Council is committed to providing equality of opportunity for Norfolk's people and communities. We respect and value difference in the county and across our workforce, and we want everyone to feel included and able to play their part in making Norfolk a great place to live, learn, work and visit. To help achieve this, the Provider will:

a. Use appropriate communication methods as required (e.g. interpreters, sign language, literature and documentation in required languages and formats) and / or allow the service user to bring an interpreter/translator to sessions free at the point of delivery and within the contract financial envelope.

* + 1. Ensure the Equality Act 2010 requirements are met by ensuring reasonable adjustments for disabled people, those with sight or hearing impediment, learning disability and whose first language is not English. To deliver the service to meet the needs of some service users, the Provider should make reasonable adjustments and adaptions that include:

1. using a reliable digital delivery that can include subtitles / transcript feature;
2. providing both digital and physical resources where applicable;
3. providing resources in easy read, large print, accessible translation for information including alternative languages.
4. **Training and Supervision**
   1. The Provider will ensure all staff and volunteers delivering the service are appropriately trained and able to engage in continuous professional development to ensure skills & knowledge are maintained in line with latest developments and best practice. This will include training in such areas as understanding local health and social care systems, effective communication with diverse populations, and advocacy skills.
   2. The Provider will ensure all trainers engaged are qualified to deliver the appropriate level of training to ensure that staff and volunteers are equipped with the necessary skills and knowledge to perform their roles effectively. This will include ensuring all relevant training programs offered are accredited and recognised within the health and social care sector, to confirm industry standards are met.
   3. The Provider will ensure that sufficient staff and volunteers are trained and available to conduct Enter and View activities in line with the scale and requirements of the care sector in Norfolk.
   4. All staff and volunteers will receive levels of supervision appropriate to their role.
   5. The Provider will ensure effective processes and policies are in place to ensure staff wellbeing is monitored and sustained.
   6. The Provider will report on activity pertaining to staff training and supervision as part of a Quality dashboard (see section 15).
5. **Equipment, Implementation and Resources**
   1. The Provider will demonstrate plans to meet demand and ability to increase capacity if demand rises.
   2. The Provider will be expected to start mobilisation work as soon as appointed and will be expected to commence service delivery from 1st April 2025.
   3. The Provider will demonstrate an implementation plan showing how the service will be delivered to timescales, and that risks are mitigated.
   4. The Provider will be responsible for the purchase and maintenance of applicable equipment and resources related to the service.
   5. The Provider is responsible for ensuring structures and procedures are in place to ensure that the organisation and its resources are managed effectively.
   6. The Provider must ensure that any venues used in the delivery of the service are risk assessed (and must carry out their own risk assessments) and secure and appropriate, taking into consideration the locality of provision, health and safety issues, access and privacy of the participants.
   7. The Provider shall not envisage the utilisation of resource in the provision of services below the level costed into the Contract price.
6. **Quality Monitoring and Evaluation** 
   1. The service will be delivered in accordance with [Healthwatch England’s Quality Framework](https://network.healthwatch.co.uk/quality-framework)
   2. The Provider will work with NCCPH in developing a monitoring process, allowing NCCPH to monitor the quality of delivery.
   3. The Provider will produce a quarterly report to NCCPH, providing details of quality metrics, including but not limited to staffing (vacancies, sickness rates, training etc.), compliments and complaints data, service-user feedback, appraisal compliance, any issues affecting governance etc.
   4. The Provider will ensure that they provide any additional information as required by the Authority for audit and evaluative purposes.
   5. The Provider will liaise as and when any additional management of the Contract is required with a nominated NCCPH officer.
   6. The Provider must inform the Council of any changes in circumstances that may significantly affect the working of the Contract.
   7. Reportable incidents will be reported to Public Health in line with national guidelines.
   8. The Provider will ensure that all Serious Incidents (SIs) are reported to Public Health immediately (within 24 hours).
   9. The provider will deal with any complaints sensitively and will report any complaints, incidences, comments or concerns to the Authority as soon as possible by email: [phcontracts@norfolk.gov.uk](mailto:phcontracts@norfolk.gov.uk)
7. **Performance Reporting Requirements**
   1. **Performance Framework**
      1. The Provider will produce all reporting and operational / performance documentation in accordance with relevant legislation.
      2. Healthwatch Norfolk will provide additional routine reporting in accordance with Norfolk County Council Public Health’s Performance Management Framework.
   2. Members of the Provider team will meet with the commissioner and contracts team for Contract Review Meetings on a quarterly basis, following submission of KPI monitoring data, narrative report, financial data and any other information requested by the Authority.
   3. Additional Provider contract meetings may also be required, a schedule of meetings will be confirmed in line with data submission deadlines.
   4. The Provider will ensure appropriate staff are available to attend all scheduled performance meetings as is necessary.
   5. A suite of Key Performance Indicators with associated targets, aligned to the Healthwatch England Quality Framework, will be agreed with the Provider and used to appraise service delivery and outcomes (see Appendix 1 for examples and further information). The Provider and the commissioner will work collaboratively to develop and revise the KPIs throughout the course of the contract as is necessary.
8. **Priority Deliverables**
9. **Appendices**

**Appendix 1: Key Performance Indicators (KPIs) and Activity Data**

Key Performance Indicators will be aligned with the Healthwatch England Quality Framework’s 6 domains – namely:

1. General
2. Leadership & decision-making
3. Influence & Impact
4. Collaboration
5. People
6. Engagement, Involvement & Reach

KPI data will be required to be provided on a quarterly basis (unless otherwise specified – see below table) and will be discussed as part of the Contract Review Meetings. The following table lists the KPIs Healthwatch England recommend as part of their performance framework.

Please be aware that additional demographic data (aligned to Healthwatch England’s [new taxonomy](https://network.healthwatch.co.uk/sites/network.healthwatch.co.uk/files/20220614%20taxonomy%20guidance.pdf)) will be required to enhance some indicators listed below, to allow for evidencing of Healthwatch Norfolk’s engagement with a representative section of Norfolk’s population and in particular, underrepresented groups.

KPI data will be provided on a quarterly basis to an agreed timetable, unless otherwise specified.

Financial reporting will be required quarterly to a template to be developed between the commissioner and the Provider, which will be based on the commissioner’s existing “Open Book” template.

