

**Healthwatch Essex Pathfinder**  
**Service Level Agreement SLA**

This Service Level Agreement is effective from *(Insert Date)*

The agreement is between **Essex County Council** and **The Healthwatch Essex Pathfinder**

**Signatories**

Date	Name/Organisation or Group	Signature
	/ECC	

**Revision History**

Date	Author of Change	New version No.	Description of Revision

## **1. Introduction**

### **Purpose**

- 1.1 This SLA provides the basis for cooperation between Essex County Council (ECC) and the Healthwatch Essex Pathfinder (HEP). It describes the services HEP will provide and the support it can expect to receive from ECC. It relies upon all parties knowing and undertaking their duties and responsibilities and creating an environment which supports the achievement of desired outcomes.
- 1.2 This SLA aims to:-
- Ensure a high quality service is provided with the required support.
  - Create an environment conducive to a co-operative relationship.
  - Identify each organisation's duties and responsibilities.
  - Define the service provided by each party to avoid misunderstanding.
  - Instigate formal arrangements for service level monitoring.
  - Provide all of the above in a single, easily referenced document.

### **Stakeholders**

- 1.3 Key contacts from all parties relating to this SLA can be found in the attached table (Appendix A).

### **Scope**

- 1.4 This Agreement relates to the HEP's role in respect of:
- adult social care and health services and children's health services within the administrative county of Essex; and
  - other services commissioned or provided by Essex County Council, including public health services, in regard to their long term effect on health and wellbeing.
- 1.5 This SLA applies only to the area of Essex under the County Council's jurisdiction (i.e. not including Thurrock or Southend).
- 1.6 Subject to any requirements imposed by its Constitution, HEP will have discretion to take decisions on how best to deliver the duties and responsibilities outlined in this SLA. .

## Review/Changes

- 1.7 The SLA, like the HEP itself, is time limited and will not therefore be subject to an annual review. This Agreement is valid from the date on which it is signed until the launch of Local Healthwatch . However, it can be amended by from time to time by mutual agreement of ECC and the HEP.

## Limitations

- 1.8 This Agreement does not relate to the activity of LINK groups which are not part of the HEP. However, where existing LINK groups are transferred into the HEP or disbanded and replaced by new ones within the HEP, this Agreement will cover those activities so transferred or replaced.
- 1.9 As an autonomous group within the LINK, the HEP is independent of other parts of the LINK but must operate in the context of overall LINK arrangements. These arrangements include the County Council's contract with a third party host.
- 1.10 While the joint Essex & Southend LINK remains in existence, the HEP will need to create a formal co-ordinating group with the Southend part of the LINK.

## **2. Duties and Responsibilities**

- 2.1 The following sections outline specific duties and responsibilities for HEP and ECC.

### Healthwatch Essex Pathfinder (HEP)

- 2.2 Ultimately the HEP must carry out the functions of a pathfinder as outlined in the Health and Social Care Bill 2011. These have been summarised within the list below: -
- a. Promoting and supporting the involvement of communities, service users and the public in the commissioning, provision, performance review and scrutiny of local adult social care (ASC) and health services and other county council policies and services that have a long term bearing on health and well being.
  - b. Engaging all sectors of the community so that a representative sample of views are obtained and represented, including an opportunity to share their own experiences, to elevate the public voice.
  - c. Reviewing current service provision with regard to how this could be improved or augmented; and providing input to the design and development of new services.

- d. Communicating the local community's views to health and social care commissioners, service providers, scrutineers and regulators in the county.
- e. Compiling or commissioning reports and making recommendations on the basis of the views obtained to those responsible for commissioning, providing, managing, regulating or scrutinising local services.
- f. Reviewing the provision of advocacy, advice and information services available and identifying gaps; and identifying a quality standard and criteria to assess the calibre of local advocacy, advice and information services.
- g. Influencing or directly providing advice, information and advocacy services to ensure all sectors of the local population have access to good quality impartial advice, on health and social care services.
- h. Reaching views on the standards and provision of local ASC and health services and making views known to Shadow Healthwatch England.
- i. Making recommendations to Shadow Healthwatch England and advising the Care Quality Commission and Monitor about special reviews or investigations to conduct.
- j. The Pathfinder Executive will have a general purpose of creating, through discussion with LINK decision-taking groups and other stakeholders, a shadow form of Essex Healthwatch which will then operate prior to the legal commencement of Essex Healthwatch. This shadow may replace the existing internal structure of the Essex part of the Essex & Southend LINK while retaining the overall joint LINK with Southend
- k. Carrying out the functions listed above effectively, efficiently and economically.
- l. Assisting Healthwatch England as required for it to carry out its functions effectively, efficiently and economically.
- m. Ensuring the duties and responsibilities of specific individuals (e.g. Executive members) as outlined in article 6 of the constitution are met.

### Essex County Council

- 2.3 ECC will support the HEP in carrying the duties and responsibilities above, this will include the following:
  - a. Undertaking the recruitment and selection of HEP members and staff as detailed in article six of the constitution.

- b. Helping the HEP to ensure that training (including member induction) is available for HEP members and staff in order for them to carry out their duties and responsibilities effectively.
- c. Supporting HEP in their functions by providing professional advice, guidance and resources as and when deemed appropriate.
- d. Undertaking discussions with HEP and the LINK host organisation regarding its financial management.
- e. Partaking in monthly performance management meetings, raising any issues with the service being provided by HEP.
- f. Allocating the grant to HEP on a monthly basis, in equal instalments, on fulfilment of satisfactory levels of performance.
- g. Ensuring that HEP members and officers are well briefed on their roles and responsibilities outlined in the constitution
- h. Ensuring that HEP members and officers are well briefed on their responsibility to avoid possible conflicts of interest.
- i. Handling dispute resolution where local resolution was not possible.

### **3. Monitoring, Evaluation and Review**

- 3.1 The success of this SLA relies on the ability to measure performance comprehensively and accurately, against the right indicators, so that credible and reliable information can be provided and reviewed.
- 3.2 Performance metrics must be meaningful, measurable and regularly monitored. Actual levels of performance should be compared with agreed target levels, to achieve this a quarterly review meeting will be held between the County Council and the HEP, hosted and arranged by HEP.
- 3.3 A fundamental principle here is that the HEP must be accountable to ECC for its efficient and effective use of resources (including following open, transparent and competitive procurement practices) and for upholding the quality standards of its work while maintaining its operational independence. In particular, the HEP has the discretion to determine the content of its own work programme but should consult commissioners including ECC about their views on what the programme should include.
- 3.4 In general, the evaluation of ELHO's performance will be carried out in respect of two broad themes: -
  - a. **How well the HEP is being implemented and how does this inform the development of Essex Healthwatch?**

- ~ Has the HEP put in place an effective training programme for both executive and associate members?
- ~ Does it facilitate the collection of high quality evidence of the need for system and service improvement through its activities?
- ~ How effective is the outreach work of HEP among those people who may have significant health and social care needs but who do not wish to join organisations?
- ~ How effective is the outreach work of the HEP among different sectors of the community, ie, are specialist skills and approaches used as appropriate?
- ~ Does HEP take account in a balanced and representative way of the views of interested individuals and organisations on the topics it considers?
- ~ Have issues around research ethics been given proper consideration?
- ~ Are good working relationships being developed with policy makers, commissioners and service providers that support the timely supply of the evidence and analysis needed by them to influence their decisions?
- ~ Is the evidence and analysis provided by HEP of high quality and therefore credible and persuasive?
- ~ Are those working relationships robust enough to enable HEP to challenge policy makers, commissioners and service providers where necessary and secure a positive result?
- ~ Has operational independence from ECC been maintained while maintaining accountability ensured for effective use of resources?
- ~ What use has the HEP made of LINK legal powers and how effective has this been in furthering its work?
- ~ What compliments or complaints have been received and how have they been used to improve the HEP?
- ~ Do the SLA and Constitution remain fit for purpose?
- ~ What lessons learnt are there for the development of Healthwatch proper?

**b. What has been achieved?**

- ~ Does the HEP have an up to date work programme that reflects in a balanced and coherent way the views of the public, service users, policy makers, commissioners and providers about the priorities for its work?
- ~ To what extent has the work programme been successfully delivered or is on track?
- ~ Have projects been well designed and delivered and have key stakeholders been engaged effectively in carrying them out?
- ~ What reports or other interventions have been produced and what recommendations has the HEP made?
- ~ What evidence is there that HEP's recommendations have been acted on by policy makers, commissioners or providers?
- ~ What evidence is there that HEP's recommendations have led to policy changes or system improvement?
- ~ How effectively has the HEP identified issues around advocacy, information and advice services and raised these with commissioners and providers of such services to secure demonstrable improvements?

- ~ Generally, what resources are being used and how productively?
- ~ What is the progress against key performance metrics, linked to outcomes sought (Appendix B)

3.5 Monthly review meeting will be arranged and led by HEP, who will also provide a monthly written report to the Head of Research & Analysis at ECC. The format for this report will be specified by ECC following discussion with HEP. It will be the responsibility of the County Council to share these with other pathfinders and action learning sets as appropriate.

#### Key Performance Metrics

3.6 There are no absolute metrics or targets set at the outset of HEP, these will be generated iteratively between ECC and HEP and added to Appendix B once agreed. However metrics selected should adhere to the following principles: -

- ~ Designed with desired outcomes in mind.
- ~ Developed with the target audience in mind.
- ~ Simple and easy to understand and use (always selecting the simplest appropriate measures).
- ~ A reasonable number to avoid excessive burden or confusion, focusing on those deemed most critical.
- ~ Able to induce beneficial behaviour and foster improvement.
- ~ Able to be reported in a timely fashion.
- ~ Baseline and historic data being available or easy to obtain.
- ~ Targets can be easily set
- ~ Quantifiable where appropriate

#### 4. Complaints

4.1 Complaints about the HEP or the activities of its members or officers received by either party will be forwarded in writing and distributed concurrently to the signatories of this document. The intent is to ensure thorough, timely and open resolution of all problems.

4.2 The following principles will apply to the management of complaints received:-

- ~ Resolved promptly and with the minimal amount of formality
- ~ Handled confidentially unless disclosure is necessary in handling the complaint.
- ~ Pursue all complaints sensitively and expeditiously.
- ~ Recommendations for improvement in service delivery arising from a complaint are acted upon.
- ~ Manifestly unfounded, trivial or malicious complaints should not be investigated.

- 4.3 Complaints should be dealt with by informal discussion in the first instance, but if this is unsuccessful then the following formal approach should be followed: -
- ~ Complainant to submit complaint in writing with supporting evidence to the HEP Lead Officer. This must be within ten working days of the incident to which the complaint relates.
  - ~ A response will be prepared by the HEP Lead Officer within ten working days of receiving the complaint.
- 4.4 If the complainant remains unsatisfied: -
- ~ A written response must be received explaining why the complaint was not resolved to their satisfaction
  - ~ The complaint will then be referred to a member of the pathfinder executive for investigation, supported by the lead officer.
  - ~ A response will be provided within ten working days and any decisions made will be final.
- 4.5 Essex County Council will only consider complaints against HEP or its members or officers, or appeals against any decision made by the HEP on a complaint, where the complaint raises a significant issue relating to the HEP Constitution.

## **5. Final Review**

- 5.1 Prior to HEP disbanding a final review meeting should be undertaken. This should be in the same format as the monthly review meetings but discuss the whole life of the HEP. In addition the final review meeting should include an independent evaluation of the accounts.
- 5.2 The final review meeting will also discuss lessons learnt and transition arrangements to Healthwatch proper.

## **6. Implications for not following this SLA**

- 6.1 In the event that the HEP does not achieve its standards, desired outcomes or targets, the performance monitoring meeting will identify reasons for this and draw up a remedial action plan which the HEP will implement.
- 6.2 In the unlikely event of repeated and substantial failure by the ELPO, ECC may withhold some portion of its grant until successful remedial action is taken.

## **7. Future Changes to this SLA**



- 7.1 Changes to the duties and responsibilities of either party or to the level of service required will need to be agreed between HEP and ECC and documented in an amended Service Level Agreement.

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**Appendix A**

<b>Name</b>	<b>Role/Organisation</b>	<b>Email</b>	<b>Phone</b>

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**Appendix B – Performance Metrics and Target Levels**

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