Healthwatch Oxfordshire Decision-Making and Involvement Procedures (the 'Required Procedures')

1.0   Introduction

1.1   Healthwatch Oxfordshire wishes to secure broad-based views on its operations wherever possible. These Decision-Making and Involvement Procedures set out how the Board of Healthwatch Oxfordshire will involve others, particularly lay people and volunteers, in its governance and decision-making on how it runs Healthwatch Oxfordshire.

1.2   Engagement work with local people on particular health and social issues will take place in addition to these Procedures for how Healthwatch Oxfordshire is run.

2.0   To which decisions will these procedures apply?

2.1   We plan to use at least one of the key involvement mechanisms set out below to feed into governance decisions made on any of the following matters, which are known in the statutory regulations as Relevant Decisions:

2.1.1 how we undertake our activities (section 221 activities – see appendix 1);

2.1.2 which health and/or care services we plan to look at;

2.1.3 the amounts (budget) for our activities;

2.1.4 whether to make a formal request for information;

2.1.5 whether to make a formal report or recommendation;

2.1.6 which premises to enter and view and when to visit those premises;

2.1.7 whether to refer a matter to an overview and scrutiny committee or health scrutiny authority;

2.1.8 whether to report a matter concerning our activities to another person;

2.1.9 whether to sub-contract any of our activities (where appropriate).

3.0 The Required Procedures

3.1 Healthwatch Oxfordshire plans to draw on the methods below to ensure broad input into its governance and decision-making. The methods shown could each be used singly, or in combination, to help Healthwatch Oxfordshire gather input to enable it to make well-informed decisions. We will always use at least one of these methods to help to inform any important decision-making about how we run Healthwatch Oxfordshire.

Annual Conference

3.2 We will hold an Annual Conference. We will do this both in the interests of transparency and openness – reporting back on our recent work; and also as an engagement exercise, inviting views on the coming period of work.

3.3 We will want to involve the Voluntary and Community Sector in the Annual Conference as much as possible, for example, by inviting groups to lead some workshop sessions on topics of importance to their members and clients.

3.4 We will aim to advertise the key issues/questions in advance, with a key focus being our work plan for the year ahead.

3.5 We will invite views on what our priorities should be, how we should use our resources and how we should undertake our role – for example, whether we should write a formal report where appropriate.

3.6 Board Members will attend the Conference, and a summary of key points will also be produced for the Board, to feed into their decision-making. As part of their decision-making as to what issues to prioritise, the Board will use the Prioritisation Criteria set out in Appendix 2.

Reference Group Input

3.7 We will establish a Reference Group consisting of leaders from a number of local voluntary and community sector (VCS) organisations. It is likely that the Reference Group members may not wish to form a collective view

instead representing a collection of individuals representing a range of different organisations and experience.

3.8   We will aim to hold meetings of the Reference Group 3 times a year to invite their input into HWO work and to provide Reference Group members with updates on HWO work and the opportunity to discuss it. Papers will be provided in advance. Members can send their input by email if they are unable to attend.

3.9   For intra-year issues, we may consult the Reference Group by email to secure their input on smaller or more pressing topics, but we will be careful not to overload them with requests.

3.10   To optimise how representative the Reference Group is, the membership will need to be kept under review. For example, we will aim to include a representative of patient groups. Any feedback will be summarised and reported to the Board.

Volunteer Involvement

3.11   We will seek input from our volunteers on how we run Healthwatch Oxfordshire.

3.12   Volunteer views will be sought by email or letter, or when, for example, meetings of volunteers are held.

3.13   We may seek volunteers' views on general topics, or on specific issues, as well as their input on how we go about our role.

3.14   The views expressed on specific decisions will be fed into the Board through a summary paper on the topic. Views on more general topics will be aggregated periodically and summarised for the Board.

Healthwatch Oxfordshire Organisational Network Members

3.15   To try and generate broad-based contact with all communities across Oxfordshire, Healthwatch Oxfordshire will seek to build up our contacts with, in particular, the local voluntary and community sector (including

faith groups, community groups, charities, residents' groups, patients' groups, etc). We will want to:

- hear from them about the views and experiences of their members and clients;
- arrange through them to hear direct from their members and clients about their views and experiences; and,
- ensure that we co-ordinate what we do and are not duplicating effort.

3.16 Any non-statutory body operating in Oxfordshire that is happy to interact with us will be eligible to join our Organisational Network.

3.17 We are aware that some Organisational Network Members may also provide health or social care services locally, and that they may therefore be subject to review or investigation by Healthwatch Oxfordshire. We would of course expect to work with them in the normal way on any such process.

3.18 We will work closely with Organisational Network Members to undertake engagement on particular topics (an example might be hospital discharge) and to ensure that we involve specialist interest groups on relevant engagement topics. Organisational Network Members will be important in helping Healthwatch Oxfordshire to secure a broad base for our engagement work on specific topics.

3.19 We will also seek Organisational Network Members' input on decisions about how we run Healthwatch Oxfordshire (ie, under these Procedures), for example, by email or by invitation to the Annual Conference.

3.20 When we seek their input, we will not always contact all Members of the Organisational Network, partly so that we can target our requests, and partly to avoid overloading Organisational Network Members with requests. Input received will be summarised for the Board.

Healthwatch Oxfordshire Network Members

3.21 To try and reach out to people across Oxfordshire, including those who are not necessarily linked into any specific groups or organisations, Healthwatch Oxfordshire will also seek to build up a Healthwatch Network of individuals from across the County.

3.22   Anyone living or working in Oxfordshire will be eligible to become a Healthwatch Oxfordshire Network Member.

3.23   We will contact interested individuals by newsletter, email or letter, and invite their input into relevant decisions made under these Procedures.

3.24   We will also invite Network Members' views on specific topics that Healthwatch Oxfordshire is investigating and on which it is therefore undertaking engagement work.

3.25   We will be careful not to overload Network Members with requests.

3.26   Input received will be summarised for the Board.

4.0   Who Makes 'Relevant Decisions'?

4.1   For all the methods outlined above for securing wider input, the final decision will rest with the Healthwatch Oxfordshire Board. Any Board meeting where such decisions are made will be open to the public.

4.2   After the Board has made substantive decisions under the Procedures, any subsidiary decisions about implementation will be made by the Director.

4.3   For decisions about Enter and View, the Board must decide on which service/s will receive Enter and View visits. The Director can then decide under these Required Procedures which premises to undertake formal Enter and View visits to, and when, provided that other people, such as volunteers, have been involved in this decision (see Appendix 3 for a hypothetical worked example).

4.4   Where some exploratory work has been undertaken into whether or not a reported issue is sufficiently serious to warrant further work, then the Director can decide on the basis of the exploratory work whether further investigation is worthwhile. For work that will take more than 7 working days (see below), these procedures must be followed.

4.5   If it should be necessary to make decisions under these Required Procedures very quickly and it is not possible to convene the Board sufficiently quickly, even by email, then decisions may be taken by the Director and the Chair, or, if the Chair is unavailable, another Board Member.

5.0   How Will Decisions Be Published?

5.1   To meet the statutory requirement that any 'relevant decisions' made under the Procedures must be published, we will ensure that Board minutes set out the decisions taken and reasons for any decisions and that these are published on the website within 21 working days.

6.0   When Do These Procedures NOT Apply?

6.1   These Procedures do not apply to decisions that will result in a relatively small amount of work being undertaken, not exceeding 7 days of staff time. This is known as the de minimis rule. It will enable Healthwatch Oxfordshire to undertake exploratory work on matters raised with us or of which we otherwise become aware, in order to assess how serious or widespread such matters may be, before proposing to devote significant resource to any of them.

6.2   This means that, for example, if Healthwatch Oxfordshire receives information about a small number of negative experiences of a local service, it does not need to apply these Procedures before undertaking some initial exploratory work. So it does not need to seek further external input before undertaking some preliminary or validation work to try and establish whether the issue is worth pursuing more formally.

6.3   Even though these Procedures do not apply where the ensuing work will take less than 7 days of staff time, staff may, of course, choose to seek external input, as this is quite likely to be one way in which the seriousness of the issue can be tested and evaluated.

6.4   Once the amount of time spent on exploring a possible issue has reached 7 days, the Procedures will apply. This means that, at that point, external input must be sought into whether or not to continue to apply Healthwatch Oxfordshire resources to the topic, if this has not already happened. A summary report will normally be prepared to feed into the Board decision on whether to pursue the topic.

6.5   However, if the reported experiences are, in fact, relevant to one of the topics already prioritised under the existing work programme, then the decision to undertake further work into that issue has already been made under these Procedures. In this case, no further formal decision is required.

7.0   Procedure for Dealing with Breaches to the Required Procedures

7.1   We are statutorily required to set out a procedure that we will follow if we should breach our Required Procedures. The following procedure will be used if, either:

- we discover that we have inadvertently breached part of our agreed Required Procedures; or,
- an extraordinary, urgent, event necessitates the Board making an immediate decision that should normally follow Required Procedures, but there is either no time to seek wider involvement in the decision, or the matter is too sensitive to do so, so that a breach knowingly occurs.

7.2   As soon as anyone identifies a possible breach, they must report it to the Director, who will immediately notify the Chair.

7.3   The Director will review whether or not a breach has, in fact, occurred and will notify the Chair orally as soon as possible of their assessment and in writing within 5 working days.

7.4   The Director (or Chair) will notify the main contract contact at the Council once the Chief Executive's assessment is completed and reported to the Chair.

7.5   A short report will be prepared for the Board, explaining:

- what the breach to the agreed procedures was and what relevant decision/s was/were affected;
- whether lay people and/or volunteers had nevertheless been involved in the relevant decision;
- what steps will be taken to prevent recurrence.

7.6   The Board will approve a final version of the report, either at a meeting or by email, and the report on the breach will be posted on Healthwatch Oxfordshire's website.

Appendix 1 – Section 221 Activities

Section 221 activities refer to activities set out in section 221 of the Local Government and Public Involvement in Health Act 2007 (as amended by section 182 of the Health and Social Care Act 2012), and consist of:

(a) Promoting, and supporting, the involvement of local people in the commissioning, provision and scrutiny of local care services;

(b) enabling local people to monitor for the purposes of their consideration of matters in subsection (3) of section 221 [the standard of provision of local care services, whether and how these could be improved; and whether and how these ought to be improved], and to review for these purposes, the commissioning and provision of local care services;

(c) obtaining the views of people about their needs for, and their experiences of, local care services;

(d) making (i) views such as mentioned in paragraph (c) known, and (ii) reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England;

(e) providing advice and information about access to local care services and about choices that may be made with respect to aspects of those services;

(f) reaching views on the matters mentioned in subsection (3) of section 221 [see above] and making those views known to Healthwatch England;

(g) making recommendations to Healthwatch England to advise the Care Quality Commission about special reviews or investigations to conduct (or, where the circumstances justify, making such recommendations direct to the Commission);

(h) making recommendations to Healthwatch England to publish reports under section 45C(3) of the Health and Social Care Act 2008 about particular matters; and,

(i) giving it assistance as it may require to enable it to carry out its functions effectively, efficiently and economically.

(The above definition is taken from 'Local Healthwatch Regulations Explained – lay and volunteer involvement and restrictions on activities of a political nature' (March 2013) produced by the Local Government Association and the Department of Health)

HEALTHWATCH OXFORDSHIRE - PRIORITISATION CRITERIA FOR PURSUING ISSUES RE HEALTH AND SOCIAL CARE IN OXFORDSHIRE

Allocating scores of 0 = not relevant, 1 = very low, 2 = low, 3 = medium, 4 = high, 5 = very high

Description	Score out of 5	Multiply by weight	Total score
The issue impacts on a large number of people		5	
This issue is significant for those it affects		5	
The issue has a very significant impact on a small number of people		5	
The issue particularly affects those who may generally be less heard		5	
There is potential for Healthwatch Oxfordshire to make a significant difference to the issue in question		5	
The issue has been raised and evidenced by a VCS Group or other local organisation with specialist knowledge		4	
The issue seems to be a gap in recent work by others		3	
The issue has been flagged up nationally/regionally by other experts and may also be an issue in Oxfordshire		2	
Doing this engagement work with a particular group on this issue will complement work being carried out by others		2	
The issue fits within Healthwatch Oxfordshire partners' strategic planning/timescales		2	
There are sufficient resources for us to pursue the issue		1	
Total Score			

Once an item is identified as a very high priority it will be placed within the work programme if resources allow. Those scored as medium to high priority will be considered as part of a work programme, but will be subject to the availability of resources. Those scored below medium priority may be resubmitted in the future should there be a significant change in the situation.

Worked hypothetical example of using the decision-making and involvement procedures on a case that proves unusually serious

This is not a real-life example, and does not represent any current views on possible priorities, nor any expectation as to what would be found or how serious any issues would be. Decisions could be made using other mechanisms under the Required Procedures and need not be made using the particular mechanisms illustrated here.

1. Healthwatch Oxfordshire holds an Annual Conference, having given fair notice in advance.

2. Under its Procedures, Healthwatch Oxfordshire seeks input on various matters.

3. Many views are collected from Annual Conference participants on matters including Healthwatch Oxfordshire's budget for the coming year and which local services should be prioritised for review in the coming year. Many participants recommend that various aspects of local hospital care and after care for older people should be reviewed. They also think that information should be sought from relevant providers, Enter and View powers used re these topics if necessary, and the services formally reported on and recommendations made, as appropriate.

4. The Board reviews the input received through the Annual Conference and uses the prioritisation criteria (see Appendix A). The Board decides that reviewing hospital care and after care for older people will indeed be one of its top priorities, but that it is not possible to review all the different aspects of such care as the services are so broad. The Board decides to focus in particular on discharge arrangements for older people and how these link in with post-discharge services, as quite a number of serious, specific, concerns have been raised that merit further investigation. The Board decision under the Procedures is recorded and explained in its minutes and is also posted on the website.

5. The Board decides to raise some of the other points raised at the Annual Conference in other ways, even though they cannot be top priorities for Healthwatch Oxfordshire, given its limited resources. Through its involvement externally, the Board raises these other points at relevant meetings, such as with Oxfordshire Clinical Commissioning Group (which plans and buys most local health services), or directly with relevant providers of services, such as the Oxford University Hospital Trust or Oxfordshire County Council, or by referring points to other organisations better placed to deal with the issue.

6. Due to the large number and wide range of issues raised, a large number of further issues raised at the Annual Conference are recorded, in case further

evidence should arise that is relevant to them, but otherwise have no further action is taken on them. This is because the Board concludes that it is simply not possible to undertake work on all matters raised at the Annual Conference.

7. To pursue the issue of hospital discharge and after-care arrangements for older people, the Healthwatch Oxfordshire Board delegates the implementation of this priority to the Director, asking him/her to work collaboratively with other interested parties wherever possible.

8. Now that the decisions have been made under the Required Procedures, the Director implements the decisions by formally seeking information from relevant Providers on what engagement work they themselves have already undertaken and on their records of the services and any complaints, etc. The team of staff and volunteers also work with local voluntary and community groups, including patient groups, to reach local people across the County area, including of diverse backgrounds, who have recently been discharged from hospital. The Director also liaises with neighbouring Healthwatch organisations who may have relevant intelligence and who may be interested in the outcome for services used by more than one area.

9. Some of the engagement work raises some very serious issues concerning a particular aspect of one local service. At the Annual Conference, input had already been collected on whether Enter and View powers should be used where appropriate. The Director seeks and receives the Board's authority (by email, in order to be prompt) to activate these powers.

10. The Director checks with Healthwatch Oxfordshire volunteers on when to visit the service in question, and which premises to visit. S/he then implements the Enter and View visit. Information on this Enter and View decision, made under the Procedures, is recorded at the next Board meeting and posted on the website.

11. Information received during the Enter and View visit raises further serious concerns about one area of a local service, and informal contact with that service indicates an unwillingness to engage with Healthwatch Oxfordshire on the seriousness of the issue. The Director consults the Reference Group about whether the Care Quality Commission (CQC) and the Overview and Scrutiny Committee of Oxfordshire Council should be notified.

12. The Healthwatch Oxfordshire Board receives the views of the Reference Group and then makes the decision (by email) to notify the CQC and sends the CQC a short report covering the concerns in question. It also decides to notify the Overview and Scrutiny Committee of Oxfordshire Council of any issues that relate to social care, in case the Committee wishes to consider them as part of any future

programme of work. These decisions, made under the Procedures, are recorded in the subsequent Board minutes and posted on the Healthwatch Oxfordshire website.

13. After all the engagement work and Enter and View work is completed, to collect the experiences of as many people as reasonably possible, the information is pulled together for the Board into a report, highlighting good practice, as well as poor practice, and setting out some recommendations. The Annual Conference had given input on whether recommendations should be made as part of any formal report, so the Board has already received input on this under the Procedures.

14. Organisations involved in or affected by the report are invited to comment before the report is finalised and released. (This is done in the spirit of what is sometimes known as the process of 'Maxwellisation', of allowing people or organisations to comment on a report that may be critical of them, to check it before it is released.)

15. The Board reviews the final report, with recommendations, and authorises its release. It is issued to all affected organisations and also sent more widely to any interested parties, as well as being posted on the website. Meetings are arranged to follow up the report with the organisations affected.

16. The amount spent on the engagement work, on Enter and View, and report preparation is apportioned to the budget amount that had been authorised by the Board for work on its top priorities.

17. Plans are put in place to follow up in the following year on the recommendations made. Finalisation of these plans will be subject to input from others, under the Required Procedures, on what Healthwatch Oxfordshire's priorities should be in the following year and how it should go about them.