



**Independent Strategic
Advisory Body
(ISAB)**

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1. Overview

1.1 What is Healthwatch?

The purpose of Healthwatch is to give patients and the wider public a powerful voice - ensuring that their views and experiences are heard by those who plan and deliver health and social care services, giving people a real say over how their local health and social care services are run. Healthwatch not only has the ability to influence how services are set up, commissioned and delivered, but it is also able to provide advice and information on health and social care services as well as signpost those wishing to make a complaint about their local NHS services.

1.2 Visions and Values

The Vision of Healthwatch is to be the independent champion for local residents, enabling them to improve health and social care.

Our Mission is to listen to local communities and use their views to challenge providers and commissioners of care to bring about improved services.

Our Objectives are to:

- Seek out opportunities for service improvement
- Be recognised as the consumer champion
- Listen to the quieter voices
- Be a credible source for data collection
- Be accountable and hold commissioners and providers to account
- Be trusted and respected as a fair and professional organisation

Our Strategy is to:

- Build public awareness
- Obtain the views of the public
- Build relationships with providers and commissioners
- Challenge organisations to improve services

2. Functions of Healthwatch

2.1 Statutory Functions of a Local Healthwatch

The legislation that has created Healthwatch can be summarised in to eight statutory activities:

1. promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
2. enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;
3. obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
4. making 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. providing advice and information about access to local care services so choices can be made about local care services;
6. formulating views 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;
7. making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;
8. providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

2.2 Legal Powers of Local Healthwatch

Having been developed under the Health and Social Care Act 2012, local Healthwatch organisations have been granted a number of legal powers:

- To gather people's views on, and experiences of, the health and social care system.
- To send trained representatives to 'Enter and View' local services to speak to patients and service users, and observe services being delivered.
- To make reports and recommendations and to get a response from commissioners and service providers.

- To have influence on local commissioning decisions through membership of the statutory Health and Wellbeing Board and involvement in preparing joint health and wellbeing strategies.
- To alert Healthwatch England, or the CQC, where appropriate, to concerns about specific care providers, health or social care matters.

2.3 Other Local Healthwatch Regulations

Additional to the statutory activities, there are a number of other requirements of a Local Healthwatch organisation:

- To be an independent organisation.
- To produce an Annual Report as per the guidance set by the Department of Health.
- To apply for and hold a license to use the Healthwatch trademark.
- Be applicable under the Freedom of Information Act.
- To hold meetings in public.
- To have a decision making procedure as per the local Healthwatch regulations.
- For DBS checks for people undertaking Enter and View to be considered by the local Healthwatch, which should be subsequently satisfied that the individual is a suitable person for the purposes of Enter and View.
- To publish and maintain a list of authorised representatives.
- To not be set up as a political body or make political activities its main activity.
- To have provision for the involvement of lay persons and volunteers in governance and activities.

3. Governance and Accountability

3.1 Contracting and Funding of Healthwatch

The Health and Social Care Act 2012 introduced Healthwatch from 1st April 2013. Each of the 152 upper tier local authority areas in England has its own local Healthwatch organisation (now 148 HWs after some merged). Funding for local Healthwatch was devolved from the Department of Health to each local authority who were then responsible for commissioning a provider to develop an independent Healthwatch organisation in their area. Following a tendering process, the local authority appointed Hull CVS/MNH to continue the delivery of Healthwatch locally.

3.2 Governance Model

Local Healthwatch across the country have adopted varying governance structures. Our framework has been developed from over seven years successful implementation and delivery of four local Healthwatch organisations within the Humber region. This experience has identified that the more complex the governance structure, often the more the nature, role and responsibilities of the board lack clarity. Our experience has also proven that, due to the contracting and accountability arrangements between Local Authority commissioners and the contracting body, a traditional Fiduciary Board structure only adds to a lack of clarity. It is for this reason therefore we have adopted a model of an Independent Strategic Advisory Body (ISAB). Such a model removes any complexities whilst at the same time provides an effective mechanism to access both external lay and professional wisdom and generate insights and ideas which can only come with distance from the day-to-day operations.

3.3 Accountability & Transparency

As holder of the contract from the Local Authority for the development and delivery of Healthwatch, Hull CVS/MNH will remain accountable for ensuring that Healthwatch is meeting its statutory and contractual requirements during the contract period. This will be governed by the Hull CVS/MNH Trustee Board who provides strategic leadership, promotes good governance and accountability on all contractual, legal and financial duties of Healthwatch. Overseeing the day to day operations of Healthwatch will be the responsibility of the Healthwatch Delivery Manager in conjunction with the Deputy Chief Officer of Hull CVS/MNH, however the ISAB will provide added independent lay insight and overview regarding delivery of the annual strategic workplan.

Delivery of the contract against the specified outcomes will be closely monitored by Hull CVS/MNH and the Local Authority Commissioner as part of the contract management process. The ISAB will be appraised of the contractual requirements so that their strategic input complements and supports these requirements, and enables them to offer effective consideration of delivery against the overarching strategic vision.

3.4 Key Features of the ISAB Model

The Healthwatch model of an ISAB differs from ‘traditional board’ models as follows:

Traditional role of a Board	Why HW is different
Setting purpose/mission	This has already been determined by statute - essentially the 8 statutory functions of Healthwatch sets out the purpose. To a further extent have also been determined by the Local Authority commissioner and stipulated in the service specification.
Determining the operational delivery and fulfilment of the service	This has been determined by the provider tender response which forms part of the contract.
Determining the workplan	A high proportion of the workplan is determined in part by each of the above and from what is being raised by the public. There is however scope for the ISAB to contribute to the setting of this.
Determining budget and resources	This has been determined by the tender response, and due to the level of funding, there is limited freedom in movement.
Accountability for delivery	As the contract holder, it is Hull CVS/MNH that are responsible and held to account for the delivery.
Monitoring performance	Hull CVS/MNH are responsible for ensuring delivery of the contract to a high standard, and the Local Authority as the commissioner are to ensure this happens.
Legal duties	The ISAB is created in a voluntary advisory capacity with no legal responsibility/accountability.

3.5 Purpose of the ISAB

The central purpose of the ISAB is to ensure a winning strategy for Healthwatch and be a strategic partner to senior management, enabling it to be one of the best Healthwatch services in the country. Its core work includes setting strategic priorities for Healthwatch as aligned to the statutory and contractual requirements; reviewing and modifying strategic plans; and observing the execution of workplans. The ISAB will also have responsibility for maintaining and safeguarding the independence, probity and transparency of Healthwatch, and ensuring that delivery is focused specifically around the needs of local residents.

The role of the ISAB does not include:

- Operational delivery
- Operational decisions
- A platform for personal agendas
- Managing or directing staff
- Performance management of staff or Hull CVS/MNH

3.6 Recruitment & Composition

Membership of the ISAB will comprise of the Hull CVS/MNH Deputy Chief Officer and Healthwatch Manager as accountable contract and operational leads, in addition to further individuals (both lay and professional) appointed based on their ability to represent specific needs or voices of local communities.

A dedicated member will be recruited from the Voluntary and Community Sector with the purpose of representing the views of grassroots voluntary and community organisations. In order to improve our engagement with and representation of younger people, we will seek to ensure that at least one lay member position is held by someone under the age of 30. If necessary, we will co-opt a younger person for a period of time to fulfil this role.

As a minimum the ISAB membership will include the following:

- Hull CVS/MNH Deputy Chief officer - Accountable Contract lead (Exec)
- HW Manager - Operational Lead (Exec)
- Advocacy Lead - Vulnerable Voice & Complaints input
- VCS Provider - Community Voice (Lay)
- Youth HW representative - CYP Voice (Lay)

Additional lay members of the Advisory Body will be selected via an open application process for their knowledge and expertise in one or more of the following areas:

- patient and public engagement
- children and young people
- marketing and communications
- health and social care
- volunteer management
- strategic leadership

All applicants will be assessed against the person specification and role description by the recruitment panel. If necessary, Healthwatch will seek out individuals with the right skills representing different areas and interests to maintain a balanced Advisory Body.

3.7 Role of Individual Members

The person specification and role description for ISAB members detail specific requirements. Particular attributes and involvement required of individuals will include:

- Experience - Offer advice and insights that comes from seniority and/or time served experience.
- Specialist Knowledge - Contribute or be called upon for expert knowledge from their specialist area.
- Horizon Scanning - To contribute to being the 'eyes and ears' of things Healthwatch needs to be aware of.
- Local Knowledge - Share knowledge of local concerns, plans or developments.
- Different Insight - Consider approaches to activity and offer alternative insights.
- Ideas - Contribute ideas towards brainstorming for the strategy development session.
- Ambassador - Utilising opportunities to promote and champion the work of Healthwatch and encouraged engagement and involvement by others.
- Independence - contributing to safeguarding the probity and transparency of Local Healthwatch.

ISAB members, although appointed for their knowledge and/or expertise in particular areas, may also will invariably bring their own specific interest areas. This may present an opportunity with two way benefit for ISAB members to 'sponsor' a particular area with a view to assessing the potential of inclusion on the future local Healthwatch workplan. This would involve:

- Being the eyes and ears of development in this area.
- Identifying potential gaps that fit within the HW remit.
- Determining how local Healthwatch can offer specialist knowledge to partners in this area.

3.8 Meetings

The ISAB will meet formally at least four times a year, with dates, venues and agendas for meetings published in advance. Apart from the annual strategy development workshop, all meetings will be in public to further enable lay involvement.

The agenda for the meetings will be set on an annual basis in order to ensure effectiveness and optimum contribution. Having a set annual schedule will also enable planned priorities to be adhered to, whilst also being able to effectively monitor capacity to respond to unexpected demands.

Standing items of the ISAB will include:

- Declaration of Interests
- Apologies
- Minutes & Matters arising
- Past quarter activity and developments (for info)
- Decision log (for info)
- Progress against strategic plan
- Themes and trends reported in last quarter
- Risk log, inc. ad hoc/unexpected requests and ability to respond
- ISAB members feed back/horizon scanning
- HW Network scoping feedback
- Public questions

Other key areas of business discussed over the course of the year will include:

- Annual work planning
- Thematic project planning and review
- Annual report

3.9 Annual Workplan Setting

At the beginning of each calendar year, the ISAB will set out the strategic priorities for the 12-16 months ahead. The setting of priorities will be facilitated by a matrix approach that enables the ISAB members to identify and map the against the statutory and contractual requirements. Intelligence that is gathered by the Healthwatch team, including themes and trends, in addition to known system workplans and strategies, will be provided to help inform decision making. A separate decision matrix will then also be utilised to aid in identifying which specific issues Healthwatch should focus upon, that ensures the decision is equitable, avoids duplication and enables Healthwatch to make optimum impact.

Due to the cross boundary nature with neighboring Healthwatch, and having a shared contracted provider, there is also potential to hold future joint strategy development sessions with the fellow Healthwatch ISAB and team. Not only will this aid the avoidance of duplication, it will also help maximise resources, skills, intelligence and impact, and also enable opportunities for joint pieces of work.

Following the annual strategy development, the Healthwatch team then translates this in to an operational workplan, for agreement, and commencement of delivery in the April in time for the new financial and contractual year.

4. Requirements of Role

4.1 Meetings

All ISAB members are expected to attend the majority of all scheduled meetings and to work constructively with other ISAB members and the staff team. Members will also be required to allocate time for reading reports and preparing for ISAB Meetings.

4.2 Representing Healthwatch

There may be times when there also would be two way benefits or efficiencies in ISAB members attending meetings or events under the guise of Healthwatch. Any such circumstances would be based on the following requirements:

- It as the request of or agreement by the Executive team.
- The meeting is sufficiently prepared for, including reading papers of the meeting in advance, and liaising with the Healthwatch manager in advance for any pertinent updates or information.
- The most economical means and route of transport are agreed with the Operational Leads.
- A summary or outcomes of the meeting are fed back to the Executive team / wider ISAB.
- Requests or decisions are not committed to by the representative but are instead fed back to the Executive team.
- Representatives are clear in their remit for being at the meeting.
- Individual views are not presented as being those of Healthwatch. If there is a strong desire to present a personal view, the representative is to be implicit in informing the meeting that it is their own view and not that of Healthwatch.
- A professional image is portrayed at all times.

If an ISAB member is attending a meeting in another personal or professional capacity, then they should ensure that other attendees are aware that they are there in that capacity, and not on behalf of Healthwatch.

4.3 Communications with Partners and Stakeholders

It is important that all contact with partners and stakeholders is made via the Executive team. The reasons for this being:

- It ensures information is up to date with other activity taking place.
- It ensures there is not conflicting messaging with what has been conducted by the Executive team.
- It allows for consistency in delivery of all activity.

- Partners are not confused by multiple contact points to the service.
- All activity can be recorded and followed up appropriately.
- It ensures all parties are involved in any relevant decisions.

Invariably by attending meetings in the capacity as an ISAB member, there will be the need to contribute to discussions which is encouraged, however the above impacts should be considered in doing so.

4.4 Eligibility

Anyone who is over the age of 18 and lives or uses health or social care services within the Local Authority boundary is eligible to apply. However, the following exceptions may apply:

- Current health and social care providers (managers, trustees, employers and current employees) whose main function is to provide services in the Healthwatch contracted area.
- People whose work directly involves them in commissioning health or social care services in/for the Healthwatch contracted area, or in commissioning or making strategic policy for other local authority services.

Applicants are expected to provide honest, full and accurate information and any failure to declare relevant information or the provision of false information could result in an application being rejected or a place on the ISAB being withdrawn. Applicants must declare any relevant personal, professional or commercial interests in any matters which are likely to be passed before the ISAB.

A conflict may arise from financial, professional or personal circumstances, and may include but are not limited to:

- Direct financial gain or benefit to the member, such as:
 - Payment to an ISAB for services provided to the Healthwatch organisation.
 - The award of a contract to another organisation in which an ISAB member has an interest and from which an ISAB member will receive a financial benefit.
- The employment of an ISAB member in a separate post within the Healthwatch organisation, even when the member has resigned in order to take up the employment.
- Indirect financial gain, such as employment by the Healthwatch organisation of a spouse or partner of an ISAB member.
- Non-financial gain, such as when a user of Healthwatch services is also an ISAB member.
- Conflict of loyalties, such as where an ISAB member is appointed by the local authority or by one of the funders of Healthwatch, or where a friend of an ISAB member is employed by Healthwatch.

4.5 Code of Conduct

ISAB Members will be expected to abide fully with Healthwatch's code of conduct and the Nolan Seven Principles of Public Life thus maintaining high standards of probity. They must also present a positive image of the wider ISAB and Healthwatch at external events.

The Principles of Public Life are a template for conduct in the public domain. Healthwatch ISAB Members will follow these principles and be expected to sign up to a code of practice:

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefit for themselves, their families or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

Appendix A - ISAB Member Role Description/Person Specification

Independent Advisory Body (ISAB) Member

Role Description

Overall Objective:

The Healthwatch ISAB are a strategic partner to the Executive team, bringing added independent lay insight and overview regarding delivery of the annual strategic workplan and contributing to safeguarding the probity and transparency of Local Healthwatch. ISAB members bring expertise and experience, as well as knowledge as a member of the local community to Healthwatch.

Scope:

Healthwatch was established in April 2013 to become the new consumer champion for local health and social care services. Each Local Authority area in England has its own Healthwatch organisation and local Healthwatch is now the consumer voice on health and social care issues for the local population.

Specific Duties and Responsibilities:

- Take a strategic overview of the work and activities of Healthwatch.
- To participate in setting, implementing and monitoring Healthwatch strategic objectives and core values.
- Be able to listen to and understand a wide range of views, present information clearly and concisely and get clarification of relevant points, thus enabling the ISAB to make effective strategic decisions.
- Act as an ambassador and representative for Healthwatch upholding the reputation and values of the organisation.
- Safeguard the independence, openness and transparency of Healthwatch and make recommendations to the management of Hull CVS/Meeting New Horizons CIC where these could be called into question.
- To receive, read and consider reports and question these where necessary to ensure that decisions are well founded.
- Demonstrate accountability to the local community for the way it takes decisions through adoption and use of good governance principles, including transparency, independence and lay leadership.
- Build and maintain good relationships with key stakeholders.
- Network and promote the achievements, purposes and benefits of Healthwatch.
- To declare any relevant personal, professional or commercial interests in any matters being discussed by the Board.
- Meet a minimum of four times per year.

Commitment:

The ISAB will meet formally at least four times a year and members are required to give at least twenty hours of their time per year to Healthwatch. All ISAB members are

expected to attend the majority of all scheduled meetings of the ISAB and to work constructively with other members of the ISAB and Executive team. Members will also be required to allocate time for reading reports and preparing for ISAB Meetings.

Other possible attendance:

ISAB members may be requested to attend other events associated meetings e.g. attending conferences, seminars and other Healthwatch related events, in order to increase their knowledge base and share good practice with Healthwatch.

Composition:

Membership of the ISAB will comprise of the Hull CVS/MNH Deputy Chief Officer and Healthwatch Manager as accountable contract and operational leads, in addition to further individuals (both lay and professional) appointed based on their ability to represent specific needs or voices of local communities, and for their skills and expertise in one or more of the following areas:

- Patient and public engagement
- Marketing and communications
- Health and social care
- Volunteer management
- Strategic leadership
- Voluntary & Community Sector representation

Eligibility:

Anyone who is over the age of 18 and lives or uses health or social care services within the Healthwatch corresponding local authority boundary is eligible to apply. However, the following exceptions may apply:

- Current health and social care providers (managers, trustees, employers and current employees) whose main function is to provide services in/to the corresponding local authority boundary.
- People whose work directly involves them in commissioning health or social care services in/for the corresponding local authority boundary.

Applicants are expected to provide honest, full and accurate information and any failure to declare relevant information or the provision of false information could result in an application being rejected or a place on the ISAB being withdrawn.

Applicants must declare any relevant personal, professional or commercial interests in any matters which are likely to be passed before the ISAB.

A conflict may arise from financial, professional or personal circumstances, and may

include but are not limited to:

- Direct financial gain or benefit to the member, such as:
 - Payment to a Board member for services provided to the Healthwatch organisation.
 - The award of a contract to another organisation in which an ISAB member has an interest and from which an ISAB member will receive a financial benefit.
 - The employment of an ISAB member in a separate post within the Healthwatch organisation, even when the member has resigned in order to take up the employment.
- Indirect financial gain, such as employment by the Healthwatch organisation of a spouse or partner of an ISAB member.
- Non-financial gain, such as when a user of Healthwatch services is also an ISAB member.
- Conflict of loyalties, such as where an ISAB member is appointed by the local authority or by one of the funders of Healthwatch, or where a friend of an ISAB member is employed by Healthwatch.

Tenure:

Review of membership will be made on an annual basis, and individuals may hold the post for up to three years. Selection for this role will be based on the personal statements made on your application form and an interview.

Accountability:

As holder of the contract from the Local Authority for the development and delivery of Healthwatch, Hull CVS/MNH will remain accountable for ensuring that Healthwatch is meeting its statutory and contractual requirements during the contract period. Overseeing the day to day operations of Healthwatch will be the responsibility of the Healthwatch Delivery Manager in conjunction with the Deputy Chief Officer of Hull CVS/MNH and as governed by the Provider Board of Trustees, however the ISAB will provide added independent lay insight and overview regarding delivery of the annual strategic workplan.

Code of Conduct:

ISAB Members will be expected to abide fully with the Healthwatch code of conduct and the Nolan Seven Principles of Public Life thus maintaining high standards of probity. They must also present a positive image of the ISAB and Healthwatch at external events.

The Principles of Public Life are a template for conduct in the public domain. Healthwatch ISAB Members will follow these principles and be expected to sign up to a code of practice.

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefit for themselves, their families or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example

Special Requirements:

Members will be required to undertake a DBS check and provide references.

Independent Advisory Body (ISAB) Member

Person Specification

Knowledge & Experience	Essential	Desirable
Knowledge of the Health and Social Care Act 2012 and the role and function of Healthwatch.		□
An understanding of health and social care policy issues and the challenges facing the NHS and Local Authorities.		□
An understanding of the specific health and social care needs of the local population.	□	
Knowledge and understanding of community engagement and / or patient and public involvement.		□
Experience of chairing professional and public meetings.		□
Skills & Abilities	Essential	Desirable
Strong strategic planning skills, with ability to develop vision and encourage others to contribute.	□	
The confidence to use your own initiative, be pro-active and demonstrate an eye for detail.	□	
The ability to recognise and mediate competing interests within a wider agenda.	□	
Ability to work analytically, strategically and with enthusiasm	□	
Good communication and interpersonal skills, coupled with developed networking skills that inspire trust, encourage forward thinking and involvement	□	
Strategic thinking, able to analyse complex information, demonstrate clear analytical intellect and guide rational decision making.	□	
Personal Behaviour & Style	Essential	Desirable
An outgoing, friendly and approachable personality, with the ability to adapt your style to a wide variety of situations.	□	
Passionate about promoting better outcomes in health and social care for all.	□	
Listens to others and provides decisive leadership when it is required.	□	
Committed to the principles of integrity, transparency, accountability and respect for others in accordance with the Nolan principles.	□	

Have a strong commitment to equality and diversity and to forming effective working relationships across the local area's diverse population.	□	
Ensure that Healthwatch will actively seek views from all sections of the community - not just from those who shout the loudest, but especially from those who sometimes struggle to be heard as well as those who are seldom heard.	□	
Political astuteness with mature insight into organisational strategic leadership and success		□
A strong connection to the local area, preferably lives and/or works or receives health or social care in the region.	□	
Time and commitment to effectively discharge the responsibilities of the post.	□	

Appendix 2 - Decision Making Policy

1. Introduction

The Regulations for local Healthwatch state that each local Healthwatch must have a procedure for making relevant decisions.

The complex and constantly evolving health and social care system makes our work particularly challenging to achieve with limited resources. Therefore we have to prioritise what we do and make decisions strategically.

This policy and procedure relate to how our Healthwatch makes decisions about what action to take about issues that are reported directly to Healthwatch.

2. Legal Framework

Regulation 40, The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 state that each Local Healthwatch [LHW] must have a procedure for making relevant decisions, specifically to include:

- Provision as to who may make decisions
- Provision for involving lay persons or volunteers in such decisions
- Provision for dealing with breaches of any procedure referred to in the previous two points which should include circumstances in which a breach would be referred to the Local Authority

Relevant decisions include:

- how we undertake our activities
- which health and care services we plan to look at
- the amount of budget for our activities
- whether to make a formal request for information
- whether to make a report or a recommendation
- which premises to enter and view and when those premises are to be visited
- whether to refer a matter to an overview and scrutiny committee
- whether to report a matter concerning our activities to another person
- any decisions about subcontracting

Relevant decisions do not include day to day administrative activity or other internal office functions that may be required to carry out exploratory work, priority assessments and/or identifying resources prior to making any of the above decisions. The Healthwatch Executive team have general authority to make certain operational and administrative decisions in accordance with their terms of employment and job description.

3. Decision making structure

The governance of our Healthwatch consists of a Provider Board of trustees, an Independent Strategic Advisory Body, and an Executive team; each of whom have different roles in the decisions making by Healthwatch:

3.1 Hull CVS & Meeting New Horizons Board of Trustees & Directors

The Board of Trustee & Directors have overall responsibility for safe and effective delivery of Healthwatch against the requirements of the Contract with the Local Authority. The Board holds final accountability for all aspects of Healthwatch. The Board provides strategic leadership, promotes good governance and accountability on all contractual, legal and financial duties of Healthwatch.

3.2 Independent Strategic Advisory Body (ISAB)

The ISAB are a strategic partner to the Executive team, bringing added independent lay insight and overview regarding delivery of the annual strategic workplan and contributing to safeguarding the probity and transparency of Local Healthwatch.

3.3 Executive Team

The Chief Executive, assisted by the Delivery Manager, undertakes the day-to-day running of Healthwatch and implements the workplan and annual research projects. In the majority of cases, day-to-day decisions will be taken by the executive and updates provided to the ISAB and Board. The executive will take most issues to the regular team meetings for discussion and agreement. The Chief Executive will refer issues to the ISAB and Board when:

- It is new work outside the agreed annual workplan that is significant enough to impact the plan.
- It has significant risk to the reputation, staff wellbeing or financial health of Healthwatch.
- If it challenges the agreed governance or decision-making structure.
- If the Executive feel involving the ISAB will add value.

4. Involving members of the public in making relevant decisions

A key feature of our decision making procedure is involving members of the public to identify which health and social care issues or areas of interest to investigate. Healthwatch has in place a range of mechanisms to support people in doing this, including:

- Speaking to our community outreach team at local community events, meetings and workshops.
- Contacting our Information and Signposting service.
- Sharing views via our website and social media.
- Attending our annual Healthwatch forum.
- Sharing views when our Enter and View team visits services.
- Participating in Project Group /Workstreams/Focus groups.
- Attending our public ISAB meetings.

Healthwatch also invites local people to become subscribers to keep up-to-date with our work and to hear from us about opportunities to become involved in different workstreams as they arise.

A note about lay people and volunteers

“Lay person” and “volunteer” are defined by regulations to reflect those people who wish to give their time to something they feel passionately about in order to influence change and service improvements. In this context, the definition of “volunteer” could include someone with a health and social care background giving their time freely, whereas the definition of a “lay person” is aimed at those without a professional health or social care background contributing their time. Thus, between them, the definitions of “lay person” and “volunteer” can apply to anyone who wishes to give up their time for local Healthwatch.

5. How we prioritise our work

The role of Healthwatch has a number of requirements and activities it is asked to fulfil that have to be planned and resourced over the course of the year. These include statutory requirements, for example, producing and publishing an annual report each year; localised contractual requirements, for example, having to achieve a set number of reports or engagements; or partnership activities, for example providing comments on NHS Trust Quality Accounts. In addition, in order to fulfil some of our statutory roles, for example being a member of the Health & Wellbeing Board, resource also needs to be deployed to effectively contribute to and execute this role.

At the beginning of each year, the Healthwatch Executive team will formulate a plan for the year that incorporates each of these known requirements for the forthcoming year. The remainder of the workplan is then formulated by broad based information that is gathered over the course of the year from widespread engagement with service user groups, members of the public, the voluntary and community sector, Healthwatch Champions (volunteers) and local and national statutory organisations, in addition to observing information gathered from relevant national and local reports and media.

On a practical level, this information may be sourced via the following (non-exhausted) means:

- Issues raised by the public through the means discussed above.
- Information provided via Healthwatch Champions
- Information gathered and shared by local voluntary and community sector (VCS) about local services and the experiences of their service users.
- Information gathered from health and social care providers and commissioners.
- Knowledge about strategies of local or national NHS and public health organisations.
- Knowledge about strategic partner workplans, such as the Health & Wellbeing Board, overview and Scrutiny Committee and Place Board.
- Local context and issues, such as large providers of services in special measures and the Joint Strategic Needs Assessment.

- National context and issues, such as the NHS Forward View or significant inquiries or findings.

Other aspects that may inform our workplan include:

- To assess improvements against recommendations following previous service reviews, either by Healthwatch or another body.
- To assess if there have been changes in patient experience following an implementation of a new service or a service change.
- To assess local service level in line with national standards/initiatives.
- To determine ‘best practice’ with a view to sharing this with all providers to encourage an overall raising of standards.

All information and knowledge is recorded, categorised and collated in to themes that are reported monthly. This information is then used by the Executive team and ISAB to determine and prioritise involvement by Healthwatch. An internal decision making matrix it utilised to inform this decision making and considers the following considerations:

- Levels of structured evidence available.
- Levels of unstructured evidence available.
- Extent of impact or added value Healthwatch can make.
- Extent issue is being addressed by another party.
- The issue fits with Healthwatch priorities or the priorities and timescales of other strategic local commissioners, providers and organisations.
- Number of people affected/potentially affected (for example, the issue impacts on a large number of people or has a very significant impact on a smaller number of people).
- The issue highlights gaps, such as gaps in service delivery or the voice of local people is not being considered.
- Likely impact on quality of life.
- Impact on equalities (eg the issue affects people who are less likely to be heard).
- Balance with existing Healthwatch activity and available capacity.

When faced with a number of competing issues, this tool helps highlight which should be a priority over another, and also quickly helps determine if Healthwatch can make an impact or would be creating duplication.

For additional circumstances that arise over the course of the year, the Executive team will utilise the tool and plan capacity accordingly with reviews held at the quarterly ISAB meetings. Such circumstances may include:

- Increased frequency or emergence of trends from the feedback Healthwatch receives.
- At the request from a Provider to observe and make suggestions regarding a particular matter giving concern internally.
- The issue has been raised and evidenced by a representative organisation with specialist knowledge of concerns or views of local people, such as the Care Quality Commission (CQC).

- To support other bodies to obtain patient experience information which they may not otherwise be able to obtain, or would benefit from an independent approach.
- At the request of Healthwatch England to support their campaigns.
- Following a sudden/unexpected emergence of a concern that potentially would benefit from independent scrutiny, eg media story, escalation to system partners, disproportionate number of complaints.

6. How we communicate decisions

A relevant decision will be recorded in the minutes or notes of the meeting at which the decision was made and published on the Healthwatch website. The note will reflect the reasons for the decision. Additionally, decisions will be included in the Executive update report to the ISAB.

Healthwatch conducts ISAB meetings in public at least twice a year, where anyone is welcome to attend as an observer. Additionally, Service users and members of the public are very welcome to write to the ISAB or Executive team to raise an issue or question. Any relevant decision will be reported at ISAB meetings and published in the minutes on Healthwatch website.

We also share key decisions using the following means:

- On social media platforms of Twitter and Facebook
- In our newsletters
- On our website
- Relevant meetings attended
- Direct email to relevant VCS or other stakeholders

7. How breaches are dealt with

Healthwatch is a learning organisation operating in a complex environment with inherent variability. In the event of a relevant decision being made outside of its appropriate decision making procedure the first step is for the Chief Executive to understand the context and circumstances of the breach to limit any risk to Healthwatch or its partners in the health and care system and to establish true cause and initiate appropriate steps to improve the procedure for the future. All breaches are reported to the Provider Board of trustees and for information purposes to the Independent Strategic Advisory Body. Likewise, if there has been a breach of procedure by the Independent Strategic Advisory Body, this will need to be considered by the Provider Trustee Board.

There may be times when an extraordinary and/or urgent event necessitates that this policy is knowingly breached because there is neither time to seek wider involvement in the decision, or the matter is too sensitive to do so. In this case the following action will be taken:

- As soon as anyone identifies a possible breach, they must report it to the

Manager of Healthwatch who will immediately notify the CEO and in turn the Board of Trustees.

- The CEO will review whether or not a breach has occurred and will report to the Chair of the Board of Trustees in writing within 5 working days.
- If appropriate to do so they will notify the commissioning officer at the local authority once the assessment is complete and the report has been submitted to the Chair.

The CEO will prepare a written report for the Board of Trustees explaining:

- If a breach of the decision-making process has occurred.
- If so, the nature of the breach/breaches and what decision(s) was/were affected.
- What action is needed to either approve the decision retrospectively, or to reverse the decision.
- Any remedial action to prevent a reoccurrence in circumstances where a breach has occurred.