

Policies and procedures

Relevant Decision Making

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1. POLICY

The purpose of this policy is to set out how Havering Healthwatch C.I.C. (operating as Healthwatch Havering) makes “relevant decisions”. This legal requirement is mandatory as Havering Healthwatch C.I.C. is a ‘body corporate’ carrying out statutory functionsⁱ. This policy only applies to the relevant decisions that Havering Healthwatch C.I.C. undertakes and does not apply to how Healthwatch Havering C.I.C. makes general decisions which are covered in the related policies and procedures; for members these are also covered within the Handbook.

In the remainder of this policy, Havering Healthwatch C.I.C. is referred to as Healthwatch Havering, the operating name of Havering Healthwatch C.I.C.

2. SCOPE

This policy and procedure apply to all Healthwatch Havering employees and members and the Directors of Healthwatch Havering C.I.C.

3. POLICY BACKGROUND

Healthwatch Havering is required to publish how it makes “relevant decisions” as set out in Regulation 40 of The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012. This provision is summarised in the Appendix. This document therefore sets out how Healthwatch Havering makes relevant decisions and which areas this has cover.

4. PROCEDURES FOR MAKING RELEVANT DECISIONS AND LAY PERSON INVOLVEMENT

4.1 Relevant decisions & lay involvement.

Healthwatch Havering’s governing body is its **Management Board** (referred to hereafter as “the Board”), which consists of the Directors and volunteer members. The Board is responsible for making most relevant decisions (Section 5). The Board has delegated some of the relevant decision making to the Executive Director and Company Secretary (hereinafter “the Director”) and the Executive Chairman and Director of Healthwatch Havering C.I.C. (hereinafter “the Chairman”), to the Governance Committee and to the Engagement Programme Panel (the procedure for this is set out in Section 5). Any amendments to this policy and the procedures governing the making of relevant decisions require the support of a simple majority of members of the Board. Any policy amended following this procedure will be published and made available to the public as soon as is practical after the decision is taken.

4.2 Relevant decisions & voting.

Where the Board meets to discuss “relevant decisions” and Section 221 activities, all such meetings will be held in public. Notice of such meetings and the agenda will be made available to the public at least 3 days before the scheduled meeting.

The Board, when making a relevant decision, must follow the meeting and voting procedures. For making relevant decisions, meetings of the Board must be quorate (more than 5 members of the Board present or by proxy) and the meeting must be chaired by the Chairman/Director or their nominated proxy. Resolutions concerning relevant decisions will be considered as passed by a simple majority of the Board voting in favour.

4.3 Publication of relevant decision.

The minutes of the Board meeting where a relevant decision has been agreed will include the reason for the decision. The approved minutes of the Board meetings will be made publicly available and published on the Healthwatch Havering website.

Where a relevant decision is made under delegated authority, this being by the Chairman, the Director, Governance Committee or Engagement Programme Panel (as the case may be) then Healthwatch Havering will, within reasonable time after a relevant decision has been made, publish a written statement of that decision and the reasons for that decision. This statement will be published on the Healthwatch Havering's website.

5. THE RELEVANT DECISIONS

5.1 Section 221 activities.

The Board is responsible for agreeing the overall decisions regarding how Healthwatch Havering undertakes Section 221 activities **Error! Bookmark not defined.** and allocating resources to meet these activities. The Board has delegated operational decision making on how these activities are delivered to the Director of Healthwatch Havering and/or the Engagement Programme Panel. The Section 221 activities include:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- 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

- Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
- 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.

5.2 Health and care services covered by Healthwatch Havering

Healthwatch Havering undertakes Section 221 activities covering the following organisations/bodies which provide or commission publicly-funded health or care services to the residents of the London Borough of Havering:

- Relevant NHS Trusts including, but not limited to:
 - Barking, Havering and Redbridge University Hospital Trust (BHRUT)
 - North East London Foundation Trust (NELFT)
- persons providing primary medical services (e.g. GPs);
- persons providing primary dental services (i.e. dentists);
- persons providing primary ophthalmic services (i.e. opticians);
- persons providing pharmaceutical services (e.g. community pharmacists);
- Bodies or organisations which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres);
- Bodies or organisations which commission (pay for) NHS health services including the NHS BHR Clinical Commissioning Groups, Havering Clinical Commissioning

Group, locally federated CCG bodies, NHS England and Public Health England;

- Bodies or organisations which commission (pay for) publicly funded care services for either adults or children (the London Borough of Havering)

For the avoidance of doubt, the providers of services that may be monitored by Healthwatch Havering include any based outside the boundaries of the borough of Havering that provide services to residents or former residents of the borough.

5.3 Decisions on Healthwatch Havering's budget

The Board is responsible for approving the overall budget which is allocated to carrying out Section 221 activities. The Board has delegated authority to the Director on how the budget is utilised from day-to-day for the effective discharge of its duties.

5.4 Decisions to make recommendations/reports or request information

The Board has delegated to the Director and the Community Support Officer authority to request information from the organisations/bodies set out in section 5.2 of this policy.

Local Healthwatch have the right to make recommendations to the relevant bodies set out in Section 5.2. The relevant bodies have a duty to pay “due regard” to the Healthwatch recommendations and to provide a written response within 20 working days.

The Board has delegated to the Director responsibility for approving substantive written reports and recommendations made to any of the relevant bodies. The Board has retained oversight of the responses the relevant bodies make and has delegated to the Director authority to monitor implementation of any of the accepted recommendations.

The Director is responsible for informing the Board if any relevant bodies fail to respond to reports/recommendations within the agreed timeframe. The Board is responsible for deciding whether to escalate the recommendation/report to the Healthwatch England committee of the CQC or to other relevant regulators as appropriate (see **section 5.6**).

The failure of any relevant bodies to respond to recommendations by Healthwatch Havering will be recorded by the Director and will be reported in the Healthwatch Havering Annual Report.

5.5. Enter and View Decisions

Healthwatch Havering conducts Enter and View activities as set out in Healthwatch Havering's **Enter and View Policy and Procedure**.

Healthwatch Havering undertakes two types of Enter and View (E&V) activities: "announced E&V visits" and "unannounced E&V visits". These two types of E&V visit differ in terms of the decision-making process:

- An "announced E&V visit" is one of a planned series of E&V visits which occurs over a set period of time and covers a predefined range of premises/providers which have been agreed by the Engagement Programme Panel. Notice of the intended visit is given to the proprietor and/or manager of the establishment to be visited, who are asked to display posters and facilitate the visit.
- An "unannounced E&V visit" is a visit that generally (but not necessarily) occurs in response to an immediate or high-level concern which necessitates an early response from Healthwatch Havering, although such visits may be authorised where other special circumstances apply. The

proprietor and/or manager of the establishment to be visited are not given advance notice of the visit.

The Board has delegated approval of all “announced E&V activity” to the Engagement Programme Panel but retains overall responsibility for the programme of visits. Decisions to undertake a visit depend upon:

- The rationale and the evidence base for undertaking the scheduled E&V visits
- The premises or types of providers that are covered by the proposed E&V visits
- Recommendations with regards to whether the scheduled E&V visits are unannounced or announced (or conducted jointly with other bodies)
- The proposed dates for carrying out the E&V visits
- The proposed timeframe for completion of E&V reports and plans for their publication

The Board has delegated to the Director authority to approve “unannounced E&V visits” with the following provisions:

- Where practicable, the Director will notify the Chair (or in her absence, the other board director) of Healthwatch Havering’s intention to conduct an “unannounced E&V” visit, the reason for this judgement, the nature of the E&V visit and the reasons why it is necessary. The Director will advise whether a safeguarding alert needs to be undertaken with Havering Council, or whether (if the concern does not amount to a safeguarding issue but an immediate risk is posed to an individual) the CQC Compliance Manager should be notified in order to determine if there is a breach of regulations

- As soon as practicable following the completion of the “unannounced E&V visit”, the Director will prepare a short report outlining the reason for conducting the E&V, the premises and date where this activity was conducted.

Regardless of whether the E&V visit is a scheduled “announced” or unscheduled “unannounced”, the Director will report to the Engagement Programme Panel on the outcome of the E&V activity which sets out:

- The evidence or reason for carrying out the E&V activity
- The premises/providers which were covered by the E&V activity
- Dates of the E&V activity
- The principal findings gathered from the E&V activity and any recommendations that are made
- A plan for the publication and sharing of the final report

5.6 Referring matters to other bodies

There are times when issues/concerns which are brought to the attention of Healthwatch Havering will need consideration for further action. In these situations, the Board will be made aware of the various options that are available and will to decide how best to proceed.

The following options are available:

- social care matters which give rise to concerns may be reported to the appropriate Overview and Scrutiny Committee of Havering Council
- matters may be referred to the appropriate regulatory authority (Care Quality Commission, Ofsted, professional body regulators such as The Nursing and Midwifery Council,

The General Medical Council, The General Dental Council etc.)

- matters may be referred to Healthwatch England
- matters may be referred to the London Borough of Havering's Health and Wellbeing Board

In many cases, the nature of the issue will determine where a matter should be referred to. For example, issues/concerns around provider quality and patient safety would be best referred to the Care Quality Commission as recommended by Healthwatch England. The Board of Healthwatch Havering has been responsible for approving which issues should be referred to the London Borough of Havering's External Scrutiny Committee and Health and Wellbeing Board; the Care Quality Commission; professional body regulators; or Healthwatch England. In this regard, the Board of Healthwatch Havering has been guided, where appropriate, by recommendations from the Director, the Community Support Officer and members of the Engagement Programme Panel.

The Board has delegated to the Chairman and the Director authority to refer urgent matters to the relevant bodies or regulators. These include issues/concerns which are brought to the attention of Healthwatch Havering and which require immediate or rapid referral. However, the Chairman and the Director has, at the earliest opportunity, notify The Board of this action.

5.7 Decisions about subcontracting Healthwatch Havering functions

All decisions regarding subcontracting of Healthwatch Havering's functions will be made by the Board. Any such proposals and decisions will be discussed in a public meeting of the Board and recorded in the minutes which has been made publicly available.

6. PROCEDURE FOR DEALING WITH BREACHES OF THE REVELANT DECISION MAKING POLICY

6.1 Notification of a breach of the Relevant Decision Making policy.

Any individual or organisations which are affected by the functions of Healthwatch Havering have the right to notify Healthwatch Havering of a potential breach of this policy.

6.2 Investigation by the Director

In the first instance, notification of a potential breach of the Relevant Decision Making Policy should be made in writing (clearly setting out why a breach of the Relevant Decision Making Policy has occurred) to the Director.

The Director will investigate the potential breach of the Policy and endeavour to resolve it in a satisfactory manner.

6.3 Investigation by the Chair or Investigating Panel

If the Director's investigation is not concluded to the satisfaction of all parties, the potential breach of the Relevant Decision Making Policy may be brought to the attention of the Chairman of Healthwatch Havering. The Chairman of Healthwatch Havering, at her discretion, may convene an Investigating Panel to examine the potential breach of the Relevant Decision Making Policy. The Investigating Panel will consist of the Chairman and at least two volunteer members.

Once the Investigating Panel has investigated the potential breach of the Relevant Decision Making Policy, it will publish a report on the outcomes of the investigation, which may include any recommendations to change the way Healthwatch Havering makes relevant decisions.

6.4 Referral of breach to the local authority

Healthwatch Havering will refer any case to the London Borough of Havering for further investigation if the outcome of the

Investigation Panel's report does not meet the expectations of all parties involved.

At any point during the above proceedings, if the issue warrants it, the Chairman of Healthwatch Havering may refer the matter directly to the London Borough of Havering for further investigation.

6.5 Referral to the Local Government Ombudsman

The complainant has the right to ask the independent Local Government Ombudsman to review how the London Borough of Havering has handled the investigation of the potential breach of Healthwatch Havering's Relevant Decision Making Policy by contacting:

The Local Government Ombudsman

PO Box 4771, Coventry CV4 0EH

Tel.: 0300 061 0614 (open 8.30am - 5.00pm Monday to Friday)

<http://www.lgo.org.uk>

Appendix: Statutory Background.

Summary of Provision 40 of The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012.

- (1) A local Healthwatch, before making any relevant decisions, have and publish the required procedures;
- (2) if any amendments are made to a required procedure, as soon as practicable publish the required procedure as amended;
- (3) comply with the required procedures as may be amended from time to time;
- (4) within a reasonable time after a relevant decision has been made, publish a written statement of that decision and the reasons for that decision;

For the purposes of this regulation, a “relevant decision” is a decision as to:

- (1) how to undertake relevant section 221 activities¹;
- (2) which health and care services you are looking to cover with your activities;
- (3) the amounts you have spent on your activities;
- (4) whether to request information;
- (5) whether to make a report or a recommendation;
- (6) which premises to enter and view and when those premises are to be visited;
- (7) whether to refer a matter to an overview and scrutiny committee;

¹ Section 221 activities refer to section 221 of the Local Government and Public Involvement in Health Act 2007 as amended by the Health & Social Care Act 2012.

- (8) whether to report a matter concerning your activities to another person (and to the Healthwatch England committee of the Care Quality Commission);
- (9) any decisions about subcontracting;

For the purposes of this regulation “the required procedures” means:

- (1) a procedure for making relevant decisions, including provisions as to who may make such decisions;
- (2) a procedure for involving lay persons or volunteers in such decisions; and
- (3) a procedure for dealing with breaches of any procedure referred to in sub-paragraph (a) or (b). This must include provision setting out the circumstances in which a breach must be referred by local Healthwatch to the local Authority.

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

***'You make a living by what you get,
but you make a life by what you give.'***
Winston Churchill

Joining Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?



Call us on **01708 303 300**

email **enquiries@healthwatchhavering.co.uk**

Find us on Twitter at **@HWHavering**



*Healthwatch Havering is the operating name of
Havering Healthwatch C.I.C.
A community interest company limited by guarantee
Registered in England and Wales
No. 08416383*

*Registered Office:
Queen's Court, 9-17 Eastern Road, Romford RM1 3NH
Telephone: 01708 303300*

 Call us on **01708 303 300**
 email **enquiries@healthwatchhavering.co.uk**
 Find us on Twitter at **@HWHavering**


¹ The NHS Bodies and Local Authorities
Trusts, Public Health and Local Healthwatch)



(Partnership Arrangements, Care
Regulations 2012.

<http://www.legislation.gov.uk/uksi/2012/3094/contents/made>