



Protocol for decision-making to inform work planning

Introduction

Healthwatch Islington has a range of statutory functions set out in the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007. This sets out our role and remit.

- Promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local services, this involves hosting events, out-reach work and working in partnership with a diverse range of local partners.
- Enabling people to monitor services and review commissioning, this includes providing training and support to residents to contribute an informed view.
- Obtaining the views of people about experiences and needs relating to local service,
- Reporting those views, with recommendations, we will endeavour to report to as wide an audience as relevant.
- Providing information about local services and choices,
- Reporting information and findings to Healthwatch England and the Care Quality Commission

We have agreed to undertake paid service audits of other organisations.

We have agreed, based on evidence from our community that digitally excluded residents could benefit from digital skills to better manage their health we developed a digital inclusion programme.

Strategic Planning

Healthwatch Islington will devise a 3 - 5 year Strategic Plan. We will also devise a 12 month plan for the more immediate future. Work we undertake, and work we seek funding for, needs to fit with our Strategic Plan.

The data on which we will base our work

We gather data from a range of sources to inform our work. This includes:

- Information gathered from our local community and partner organisations through our out-reach activity and consultation,

- The experiences of people who come to our signposting service, which could highlight gaps in local provision,
- Data we gather from representing Healthwatch at local meetings of statutory partners (as long as the data is not confidential),
- Data we pick up from local voluntary sector organisations,
- Input from the Care Quality Commission and their reports,
- Policy and information we are aware of within the wider health and well-being landscape,
- Thoughts from local commissioners and providers on upcoming plans.

As set out in the legislation for our London Borough of Islington contracted work, we will pay particular attention to ensuring that the needs of people under 21, over 65, of working age, who are considered ‘vulnerable’, who are from Black and Minority Ethnic Communities and who are ‘seldom heard’.

In addition to this, across all our work, we will consider socio-economic factors and the needs of carers and seek out residents experiencing social isolation and digital exclusion.

Prioritising

Healthwatch Islington has limited resources, therefore it must prioritise its work. We will reserve some capacity to ensure that we can be responsive to issues as they arise.

We will aim to always provide residents with information at the point of gathering their views and facilitate opportunities to capacity build partner organisations to support residents outside of work undertaken with Healthwatch Islington.

Prioritisation will take in to account our Theory of Change and focus on impact.

The Board will finalise the priorities. Priorities will be informed by:

- Whether the activity falls within our remit,
- Whether we have the capacity (skills and resources) to carry out the work effectively, this may involve partnering with local organisations,
- Whether this work is already being done elsewhere,
- Whether we can realistically influence the issue with commissioners and providers,

- Meetings and conversations with commissioners about what information is already available and what is missing (this will help us ensure we avoid duplication and maximise impact - it will also ensure buy in from commissioners),
- Sometimes we may choose to carry out a piece of work because there is no, or very limited, data available on an issue.

Priority may be given to issues that help to add ‘balance’, for example prioritising an item on social care if there is already a lot of work on health or prioritising a particular community if we have not worked with them recently or know them to struggle to be heard by commissioners and/or providers.

Where appropriate and feasible we will work with partner organisations to ensure that our work engages a diverse audience.

Selecting our methodology

Decisions about what methodology to use for each area of work will be made by the staff and volunteers with input from the Board.

We could use Enter and View, Mystery Shopping, Community Research, Health Information Workshops, Community events, or outreach activities depending on the aim of the area of work.

Prior to starting any new work we will consider, equality and diversity, risks and mitigations, safeguarding implications and carry out a Data Impact Assessment.

Commissioned work

Approaches for paid work will be considered in-line with our priorities

Reviewing this policy

This policy will be reviewed every three years unless a change in legislation requires an earlier review.

Accessibility Statement

If you should need assistance to read and understand this procedure we can provide an accessible version or where possible a translated version. Please contact the Chief Executive as above for further information or assistance.

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