

Healthwatch Brighton & Hove Decision Making and Prioritisation Policy

Policy Statement

Healthwatch Brighton and Hove (HWBH) makes its decisions in an open and transparent way and ensures the interests of the people of Brighton & Hove are always put first. This process outlines the steps taken to ensure priorities are evidence based and lead to substantive impact in the community.

The governing regulations and standards are:

- The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 – referred to as Regulation 40 throughout this document.
- Freedom of Information Act 2000.
- Seven Principles of Public Life (Nolan Principles).

This policy applies to all relevant decisions made by HWBH.

Relevant Decisions

Regulation 40 requires HWBH to have in place and publish procedures for making relevant decisions. Relevant decisions include:

- How to undertake our activities, particularly projects.
- Which health and care services we are looking at covering with our activities.
- The resources we will use on our activities.
- Whether to request 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 the Council's Health Overview and Scrutiny Committee (HOSC)
- Whether to report a matter concerning our activities to another person or body.
- Any decisions about sub-contracting our non-core work.

Relevant decisions do not include day-to-day activity that may be required to carry out exploratory work prior to making a relevant decision.

Project Prioritisation

Some projects are afforded higher priority because they are statutory requirements and part of the Healthwatch contract, such as the Annual Report and the six month/Annual Performance reports.

This policy refers to projects that are **not** a statutory requirement but respond to the pressing issues affecting public and patients across Brighton and Hove, ensuring our projects focus on the right areas, in response to the views of different stakeholders, and set within the context of a limited staff capacity.

This policy provides a fully transparent process for prioritising some project ideas over others and allows us to identify which ones we would pause in the event of exceptional circumstances such as another pandemic (e.g. Covid-19) or an urgent recommissioning of services. This process supports HWBH in being agile and responsive to pressing issues in health and social care as they arise.

The process scores each project under consideration as *high, medium, or low* priority. Those of high priority will be taken forward and added to the HWBH workplan. The number of high priority projects at any one time will be finite and based on current activity, this would typically be between 3 to 6 projects running concurrently (depending on scale, timelines and capacity).

To determine which projects are assigned as high priority we include the views feedback of and evidence obtained from:

- HWBH staff
- HWBH Board
- Healthwatch England (HWE)
- Care Quality Commission (CQC)
- The Integrated Care Board (ICB) for Sussex
- The Public
- Stakeholders including Voluntary Sector Organisations
- Local Authority Boards such as the Health and Wellbeing Board (HWB) and the Health Overview Scrutiny Committee (HOSC).

The HWBH staff start this prioritisation process with their own assessments of potential new projects. They carry out a matrix assessment of whether certain quality criteria are met or unmet.

Although the HWBH staff are more likely to start the process, the views and input from those listed above can occur at any point rather than following a linear process.

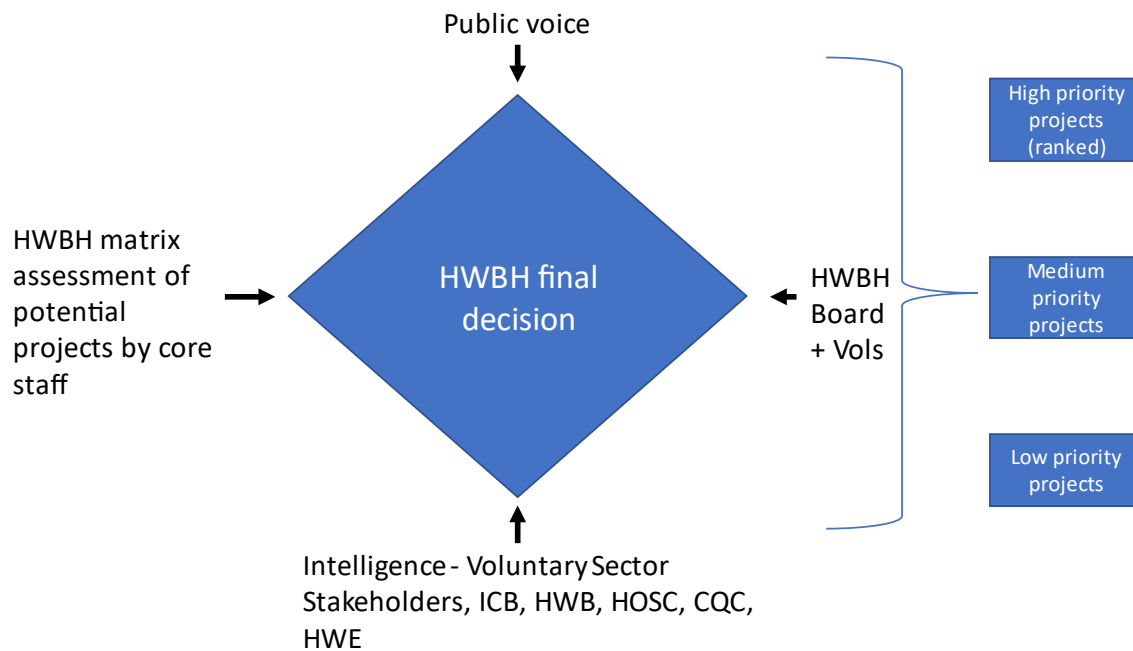


Figure 1: Inputs into the prioritisation process

HWBH Staff and Matrix Assessment

Meeting weekly, the HWBH staff consider any potential new project ideas. Projects may arise from HWBH staff intelligence or from other sources such as those listed above. HWBH also has a strong presence across the City where intelligence for new projects may arise, including seats at the Health and Wellbeing Board (HWB), Accident and Emergency Delivery Board (AEDB), Health Overview and Scrutiny Committee (HOSC) and updates from meetings with Sussex NHS Commissioners.

Suggested projects are assessed by the HWBH team through a matrix framework to see if a number of conditions are 'met' or 'unmet'¹. As more projects are assessed, they are also ranked in terms of their importance and urgency to inform which ones should pause in the event of unexpected circumstances.

The conditions that each project is assessed against are as follows, and three criteria serve as a threshold for taking a project forward – if these are not met then a project will not achieve high priority:

1. Expertise and resources
2. Alignment to HW Functions and Strategic Aims

¹ A checklist is preferred over a scoring system given the range of factors to consider and the difficulty of some factors having a greater 'weight' in these decisions.

3. Alignment with the priorities of the Sussex Integrated Care System, NHS Clinical Commissioners and place-based priorities (i.e. those laid out in the Brighton and Hove Wellbeing Strategy, those set down by local NHS Trusts and/or those determined by Healthwatch England).

The first two thresholds above are internal decisions and the third is achieved through weekly meetings with the Associate Director of Public Involvement (Sussex NHS Commissioners) and regular meetings attended with other key stakeholders.

If these conditions are met, the assessment criteria are as follows:

Matrix Framework – Assessment criteria:

1. Does it reflect Sussex-wide or place level (i.e. for Brighton and Hove) priorities identified through the strategies set by the Integrated Care System or Brighton and Hove Local Authority?
2. Does it reflect priorities set by the CQC and Healthwatch England?
3. Is there a need to undertake this project – local data; public and patient opinion; VCSE data/feedback and from local decision-makers and NHS commissioners including those present at meetings such as the HWB, AEDB, and HOSC?
4. Does the project build on recommendations from previous HWBH projects undertaken?
5. Does the project completion date chime with a commissioning cycle / or deadline to influence the development of a service and, if so, at what stage (e.g. pre service tender specification)?
6. Does the project address health and/or social inequalities?
7. Does the project have the potential to make demonstrable SMART (Specific, Measurable, Agreed, Realistic, Timebound) short- medium- and long-term recommendations and impacts to influence policy decision-makers? How big would the recommendations be? Where could they be best 'landed'.
8. Has HWBH been directly commissioned to conduct a piece of work with finance attached?

Following the HWBH staff team assessments, the Healthwatch Brighton and Hove Board, Public and Voluntary Sector Organisations may help to extend this prioritisation process.

Who we consult with depends on whether the project requires an immediate start which may not allow us time for the wide consultation that is set out below.

This input can occur at any stage and is not necessarily in the same order as presented below.

HWBH Board of Directors

The HWBH Board of Directors combine a wealth of experience with a professional or personal interest in NHS and social care services. Many also act as representatives on other health and social care Boards across the city. Operating at ground level, they are well connected to hear issues of importance in health and social care and help us decide which projects to prioritise.

Public View

The Public View towards potential projects are integrated into the prioritisation process and may include one or more of the following activities:

- From public engagement events such as a Healthwatch stall and community group meetings.
- Responding to the voices of people, including patients, expressed in prior projects that raise common issues of concern (such as through comment boxes in questionnaires).
- Comments and concerns raised through the HWBH helpline email inbox or phone messages.
- From the team of 40 active HWBH volunteers (members of the public) that have supported HWBH projects.
- Public representation at the HWBH Board meetings.

Voluntary Sector Stakeholders

Voluntary sector stakeholders are occasionally contacted through a 'stakeholder survey' or by our frequent meetings with them. This may be project related or an opportunity to share intelligence. Part of this process is to source opinion on projects completed by HWBH and health and social care areas they consider as priority areas for the forthcoming year.

These views are crucial as they provide valuable insight into particular groups of people who have the lived experience of services and support needs that would be less known by Healthwatch e.g. people with disabilities or those who are homeless and rough sleepers.

Deciding Projects as High, Medium, or Low Priority

In combination, the views from HWBH, the HWBH Board, Public, and Voluntary Sector Stakeholders and other stakeholders will be used to prioritise projects to be undertaken by HWBH.

Based on the evidence, HWBH will combine the information and make an informed choice on future projects. Although a consensus on priorities would hope to be achieved this may not always be possible.

HWBH will use its independence to have the final decision on which projects to prioritise.

Regular Review

HWBH is continuously 'horizon scanning' for issues that were unforeseen and may become urgent. We have a workplan that is continually updated that highlights projects underway and other projects that may be undertaken (and subject to this prioritisation policy). This workplan is shared with the HWBH Board every month.

In the event of exceptional circumstances, such as change in staff capacity, a recommissioning of services, the Chief Executive Officer will have the ultimate decision to change the project workplan.

Equality, Diversity and Inclusion Statement

HWBH is committed to ensuring all decisions made are free from any form of discrimination on the grounds of age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, in accordance with the Equality Act 2010.

HWBH will monitor this policy in order to identify whether it is having an adverse impact on any group of individuals and act accordingly.

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