

## 1. Definitions

**Healthwatch** refers to Healthwatch Brighton and Hove (HWBH).

**Employees** refers to all Healthwatch employees.

**CEO** refers to the Healthwatch Chief Executive Officer.

**Volunteers** refers to all Healthwatch volunteers, including Board of Directors.

## 2. Scope

This policy covers all employees and volunteers.

## 3. Summary

The Board has overall responsibility for the effective operation of this policy. The Board has delegated responsibility for overseeing its implementation to the Chief Executive Officer. Suggestions for changes to this policy should be reported to them.

Healthwatch 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 Healthwatch.

## 4. Relevant Decisions

4.1. Regulation 40 requires Healthwatch 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.
- 4.2. Relevant decisions do not include day-to-day activity that may be required to carry out exploratory work prior to making a relevant decision.

## 5. Project Prioritisation

- 5.1. From October 2024, we will implement a revised project prioritisation process. It will build on previous iterations of this policy by introducing an enhanced structured means of hearing the views from Healthwatch employees, the Board, Healthwatch volunteers, the public and other stakeholders e.g. Healthwatch England. The process will be reviewed after it has been implemented to ensure it is deliverable, achievable and adding value.

### Projects not covered by this policy

- 5.2. We afford some projects 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. Additional regular projects which we prioritise are the compilation of our equalities data and analysis of our helpline data, both performed annually. Directly commissioned work is prioritised according to the decision-matrix (see later) and is decided by the staff team, rather than any external stakeholders.

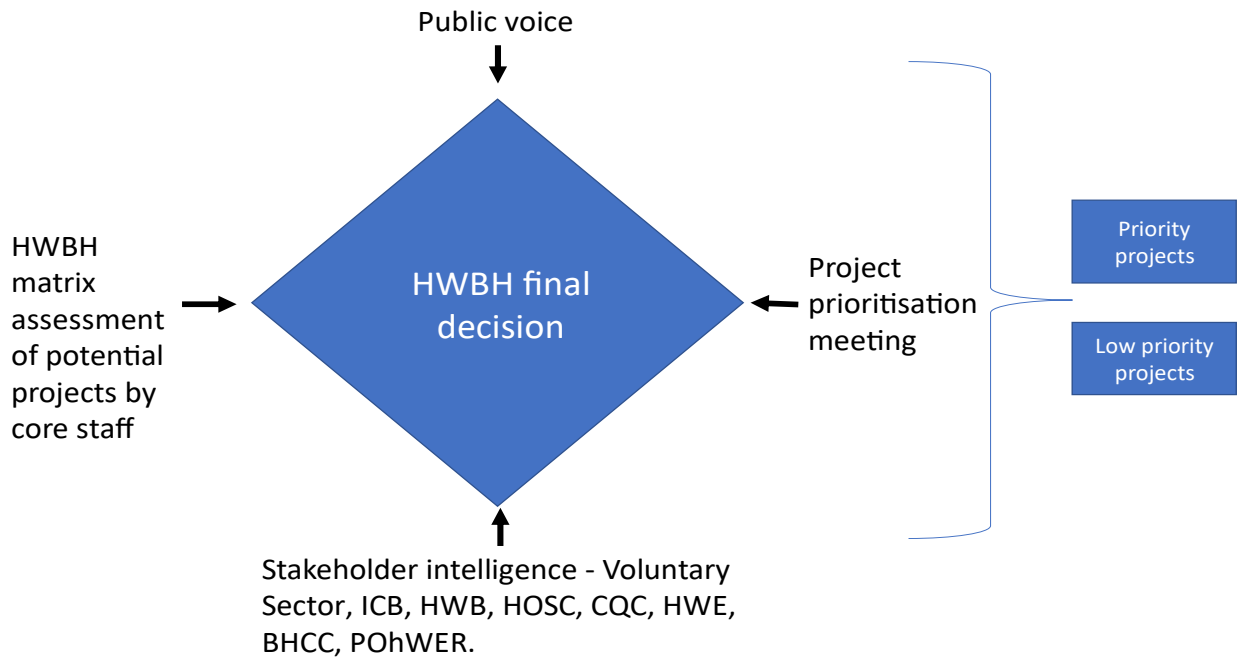
### Projects covered by this policy

- 5.3. 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 and in some instances issues which affect people across Sussex, ensuring our projects focus on the right areas, in response to the views of different stakeholders, and set within the context of a limited employee capacity.
- 5.4. 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 Healthwatch in being agile and responsive to pressing issues in health and social care as they arise.

- 5.5. The process we have adopted allows us to decide whether to prioritise and decide whether to run a project. Those that are prioritised will be taken forward and added to the Healthwatch workplan. The number of 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).

## 6. Prioritisation Process:

- 6.1. To determine which projects are assigned as priority we will include the views, feedback and evidence obtained from:
- Healthwatch employees
  - Healthwatch Board members
  - Healthwatch volunteers
  - The Public
  - Stakeholders including Voluntary Sector Organisations
  - Healthwatch England (HWE)
  - Care Quality Commission (CQC)
  - The Integrated Care Board (ICB) for Sussex
  - Local Authority Boards such as the Health and Wellbeing Board (HWB) and the Health Overview Scrutiny Committee (HOSC).
- 6.2. The prioritisation operates in two stages:
- i) Matrix assessment by Healthwatch employees.
  - ii) Bi-annual project prioritisation meetings with The Healthwatch Board Healthwatch volunteers, the public and other stakeholders.
- 6.3. Employees start this prioritisation process with their own assessments of potential new projects. Employees carry out a matrix assessment of whether certain quality criteria are met or unmet (see below).
- 6.4. Although employees 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.
- 6.5. The process for prioritisation is shown below:



## 7. Prioritisation Stage 1 - The Role of Healthwatch Employees – Matrix Assessment

- 7.1. Meeting monthly, the employees consider any potential new project ideas. Projects arise from a variety of sources such as (but not limited to) employee or volunteer intelligence, (re)commissioning cycles, service and policy changes, critical conversations with service providers, or local intelligence requiring a review of public opinion.
- 7.2. Healthwatch also has a strong presence across the city where intelligence for new projects may arise, including seats at the Health and Wellbeing Board (HWB), system Delivery Boards (focussed on specific topics), Health Overview and Scrutiny Committee (HOSC) and updates from meetings with Sussex NHS Commissioners.
- 7.3. Suggested projects are assessed by the Healthwatch employees through a matrix framework to see if a number of conditions are 'met' or 'unmet'. 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.
- 7.4. As more projects are assessed, they are also ranked in terms of their importance and urgency to inform which ones should be paused in the event of unexpected circumstances.

The conditions that each project is assessed against are set out below:

1. Does it align to the Healthwatch Functions within our contract?
2. Does it align with our mission statement and values?
3. Do we have the necessary expertise and resources?
4. 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?
5. Does it reflect priorities set by the CQC and / or Healthwatch England?
6. 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?
7. Does the project build on recommendations from previous HWBH projects undertaken?
8. 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)?
9. Does the project address health and/or social inequalities?
10. 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'.

7.5. Following the Healthwatch employee assessments, the matrix process will typically produce a list of 4 to 6 projects worthy of further scrutiny.

7.6. For commissioned work, the matrix assessment is used by the staff team to decide whether to prioritise the work. Often over tight timeframes to commence, this assessment is performed by the staff team and is not possible to consider the views of other stakeholders.

## 8. Prioritisation Stage 2 - Bi-annual project prioritisation meetings

8.1. It is the intention that after these Healthwatch employee assessments, the Healthwatch Board, Healthwatch volunteers, the Public, and Stakeholders will help to decide which of this initial list of projects should be prioritised.

8.2. We will hold two project prioritisation meetings per year with the above to inform which projects should be prioritised.

8.3. Precisely when and who we shall consult depends on whether the project requires an immediate start which may not allow us time for the wide consultation that is set out below.

- 8.4. Each project under consideration will be summarised detailing objectives, the rationale for project, timeline, key contacts, resource requirements, project deliverables, and potential for impacts.
- 8.5. A proforma for summarising each project under consideration is appended to this document. Those attending the bi-annual project prioritisation meetings are as follows:

### **Sub-group of the Healthwatch Board of Directors**

- 8.6. The Healthwatch 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. We will invite a Board member to contribute to the bi-annual project prioritisation meetings.

### **Healthwatch volunteers**

- 8.7. In addition to the Board volunteers, we will invite two Healthwatch volunteers to contribute to the bi-annual project prioritisation meetings. Their skills and interest audit will help decide which volunteers to invite.

### **Public View**

- 8.8. The Public View towards potential projects are integrated into the prioritisation process. We will open the bi-annual meeting to members of the public, although it is likely their input will come from other sources, such as:
- 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 Healthwatch helpline email inbox or phone messages, or social media channels.
  - From the team of active Healthwatch volunteers (members of the public) that have supported Healthwatch projects.
  - From first-, or second-hand experience of using health and social care services.
  - Public representation at the Healthwatch Board meetings.

## Stakeholders

- 8.9. We gather intelligence via frequent meetings with our voluntary sector partners and every two years through a stakeholder survey of their views. This may be project related or an opportunity to share intelligence. Part of this process is to source opinion on projects completed by Healthwatch and health and social care areas they consider as priority areas for the forthcoming year.
- 8.10. 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.
- 8.11. Additional stakeholders comprise those providing valuable local intelligence such as POhWER (who hold the contract for NHS independent Health Complaints Advocacy service in Brighton and Hove) and the CQC. Stakeholders such as the NHS Sussex and Brighton and Hove City Council may provide intelligence to align to their priorities or service commissioning.
- 8.12. The choice of stakeholders to invite to the bi-annual prioritisation meetings will depend on the nature of the projects being considered.

## Deciding on Projects to undertake

- 8.13. In combination, the views from Healthwatch, the Healthwatch Board, Public, and Stakeholders will be used to prioritise projects to be undertaken by Healthwatch.
- 8.14. Based on the evidence, Healthwatch 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.
- 8.15. Healthwatch will use its independence to have the final decision on which projects to prioritise.

## 9. Regular Review

- 9.1. Healthwatch 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 regularly shared with the Healthwatch Board.
- 9.2. In the event of exceptional circumstances, such as a change in employee capacity, a recommissioning of services, the Chief Executive Officer will have the ultimate decision to change the project workplan.

## 10. Equity, Diversity and Inclusion Statement

# Decision Making & Prioritisation Policy

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

## 11. Additional Policies & Documents

- 11.1. The Healthwatch policies and documents referred to in this policy are available on request by contacting the Healthwatch Team on 01273 234 040 or email to [policies@healthwatchbrightonandhove.co.uk](mailto:policies@healthwatchbrightonandhove.co.uk).

Date Policy Reviewed	1 <sup>st</sup> July 2024
At the 15 January 2024 meeting of the Healthwatch Brighton and Hove Board of Directors, the Board approved the recommendation to delegate authorisation of operational policies to the Chief Executive Officer of Healthwatch.	
Date Approved by the CEO	1 <sup>st</sup> July 024
Next Review Date	July 2026



# Decision Making & Prioritisation Policy

## Appendix - Priority Setting Proforma

Title	
Date	
Health or social care service involved	
Does this fit with our strategic objectives and statutory remit?	

<b>1. Project objectives – What is the project seeking to achieve?</b>	
<b>2. How does it fit with the policy landscape – ICB/BHCC/HWE/CQC? Does it fit within our workplan?</b>	
<b>3. What is the need for the project? – Adress health inequalities, local data/insight, builds on recommendations from previous HWBH projects undertaken?</b>	
<b>4. What else do we need or need to do to prepare for this project?</b>	
<b>5. Resource requirements (people and financial)</b>	
<p>Is this work commissioned or self-funded? Do we have the staff and volunteers to deliver? Could this project be paused due to resource limitations and what would be the implications of this?</p>	

# Decision Making & Prioritisation Policy

<p>How much will we spend? Are there additional funding requirements to deliver this project?</p>	
<p><b>6. Project deliverables – What difference or impact will the project have?</b></p>	
<p>What will be the outcome of our work? How will we demonstrate impact – SMART recommendations? A report?</p>	
<p><b>7. Communication – Who will be interested in our outcomes and impact?</b></p>	
<p>Does this need to be referred to the local Overview and Scrutiny Committee?</p>	
<p>Who will we share our planned work and our findings with?</p>	
<p>Do we need to subcontract?</p>	