

## How Healthwatch agrees its Priorities

### Creating a Framework

**Aim:** For Healthwatch East Sussex to set strategic values and demonstrate accountability to the public on how decisions are made. Creating the Framework

#### 1. Background

Some background reading has been attached as Appendices to support the Framework

- Review commissioned by the LINK exploring whether a 'Panel' approach, made up of active volunteers and voluntary and community groups could work in Healthwatch (Appendix 1)
- Early ideas and opinions shared by emerging Healthwatch organisations (Appendix 2)
- Summary of outcomes from the last LINK Priorities Panel meeting (Appendix 3)

This framework has been developed from best practice resources available to Healthwatch organisations via local networks, Healthwatch England Hub, PPI Solutions (independent organisations supporting the development of a number of Healthwatch organisations (HWO's)

By looking across a number of HW's, the same issues exist for HW as did for LINKs, in as much as the challenge to balance competing demand. (How HWES responds to concerns voiced from the community against requests from statutory partners to undertake work).

For HWES, there is now the added dimension of the social enterprise element and whether and how ESCV - may be clear on what will be considered within the boundaries of core HW and what might be outside of the boundaries but offered at a price to organisations who may wish to pay (Enhanced services). This means that **prioritising** becomes a business planning tool as well as a tool to set strategic values and demonstrate accountability to the public on how decisions are made.

Another thought is that ESCV has a leaner decision making structure than LINKs and so in theory is more able to set values and then delegate authority to staff to

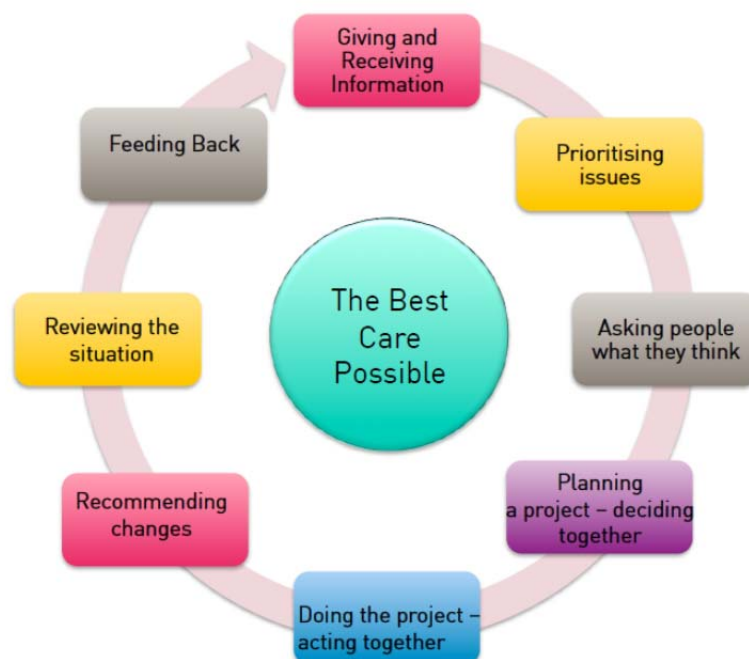
prioritise in line with the values. This will create the opportunity for a faster and simpler decision making process with some mitigation of risks.

This part of the process also enables ESCV to introduce 'Advisory Champions' to support the staff in making those difficult decisions when the risk based system requires unbiased human input.

## 2. What should guide this Framework?

- Healthwatch should always be able to explain to people how and why decisions are made.
- Healthwatch ES should ensure that the way it makes decisions and the outcomes of any decisions is open for everyone to see.
- It should also enable people to contribute to the decision-making process in appropriate ways.
- Working through a decision cycle is a helpful way to understand how a decision will get made and how people can contribute to it.

### Healthwatch Decision Cycle



### 3. Giving and Receiving Information

HWES will ensure any process adopted is developed using an Evidence Base approach. It will also develop a community engagement strategy to support this approach.(Including complaint logging)

## Engagement Towards an Evidence Base

INFORMATION GENERATED THROUGH CONTACT WITH  
INDIVIDUALS AND GROUPS **AND** INFORMATION THAT  
ALREADY EXISTS.

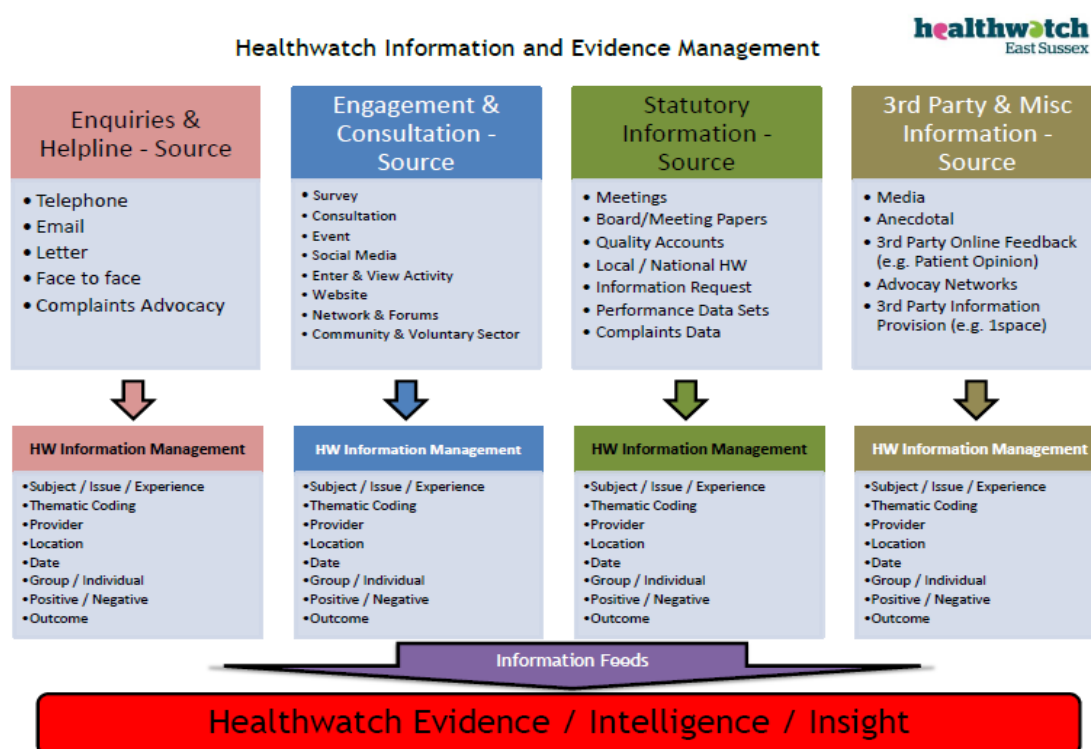


### 4. Prioritising Issues

All comments, views and experiences of services should be logged on the information repository using data sets (of which one of those data sets for example will be enquiries received via the helpline) that are easily analysed and can provide bench marks upon which to discern trends and gaps. This would allow for a more robust argument to be put as to why a particular topic or theme is to be forwarded for prioritising.

The bulk of primary data would be sourced from local community engagement activities such as enter and view, surgery drop-ins, public meetings, community networks, Patient Participation Groups, (PPG), voluntary organisation meetings, social media and local providers of health and social care.

This needs to be placed in context using primary and secondary data from County, Regional and national levels. There is a wide variety of information streams via County forums, Partnership Boards, other HWO's, HOSC, ASCOSC, JSNA, government initiatives, national charity reports etc. and should include the wider determinants of health.



## Setting Priorities using the Consumer Rights

Local people would not always have access to this level of evidence and data; therefore an additional check list has been developed, to agree how an issue might impact on an individual's ability to access the seven consumer rights as set out below:

- the right to [essential services](#)
- the right to [access](#)
- the right to [a safe, dignified and quality service](#)
- the right to [information and education](#)
- the right to [choose](#)
- the right to [be listened to](#)
- the right to [be involved](#)
- the right to [live in a healthy environment](#)

# Scoring Criteria

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1. What level of **structured evidence** is available? (1 being not much evidence from limited sources, 4 being well researched with a range of evidence from a range of structured sources)
2. What level of **unstructured evidence** is available? (1 being limited evidence from a limited range of sources, 4 being a range of unstructured evidence from a broad mix of Sources)
3. Can HW **make an impact in the time available**? (1 being no not likely to, 4 being yes most likely to)
4. Is the issue being **dealt with effectively by someone else already**? (1 someone else is dealing with it, 4 not being dealt with elsewhere at all)
5. How many **local people will be affected by the issue**? (1 being few people, 4 being likely to affect large numbers)
6. Can the Healthwatch **add value to the current situation**? (1 being unlikely to, 4 being highly likely to)
7. What is the **equalities impact assessment** (impact on communities with protected characteristics)? (1 being little impact on equalities priority area and 4 being significant impact on equalities priority area)



## Example

Factors	1 Structured evidence available		2 Unstructured evidence available		3 Ability to impact within timescales		4 Issue being dealt with by someone else		5 Likely impact on community		6 Healthwatch can make a difference		7 Equalities Impact Assessment		Total Weight Score
Weighting															
	Initial Score	Weight Score	Initial Score	Weight Score	Initial Score	Weight Score	Initial Score	Weight Score	Initial Score	Weight Score	Initial score	Weight Score	Initial Score	Weight Score	
Scenario 1															
Scenario 2															
Scenario 3															

- Weighting is how important you feel the criteria is – 1 being less important and 4 being most important
- Weight score is initial score x weighting
- Total weight score is individual weight scores added together

## Example

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Weighting	4		3		1		2		2		4		4		
	Initial Score	Weight Score	Initial Score	Weight Score	Initial Score	Weight Score	Initial Score	Weight Score	Initial Score	Weight Score	Initial score	Weight Score	Initial Score	Weight Score	
Scenario 1															
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Scenario 1	3		2		4		1		3		2		4		
Scenario 2															
Scenario 3															

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Scenario 1	3	12	2	6	4	4	1	2	3	6	2	8	4	16	
Scenario 2															
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Scenario 1	3	12	2	6	4	4	1	2	3	6	2	8	4	16	54
Scenario 2															
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To enable a swift process, 3 team members will assess all evidence and insight gathered on a quarterly basis. If, in the event the matrix charts above do not generate a clear priority, Advisory Champions will be consulted (see role descriptor Appendix...) The Director will sign off the agreed priorities and update the work programme accordingly.

Should any issue require urgent assessment, the Director will over write the work programme to allow for any unplanned work as a priority.

All potential safeguarding referrals by-pass this process and will be sign posted to the appropriate agency.

At the beginning of each year, team members will submit their annual work plans for assessment (linking into performance monitoring and outcome framework).

## Action, review and follow-up

It will be the responsibility of this framework to monitor any actions from reports and reviews this process generates as well as planning for any follow up activity i.e. enter & view.