

Healthwatch Kensington and Chelsea Prioritisation Process

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Policy Statement

Healthwatch Kensington and Chelsea makes its decisions in an open and transparent way and ensures the interests of the people of Kensington and Chelsea 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 Kensington and Chelsea

Relevant decisions

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

- How to undertake our activities.

- 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 Overview and Scrutiny Committee.
- Whether to report a matter concerning our activities to another person.
- Any decisions about sub-contracting.

Relevant decisions do not include day-to-day activity that may be required to carry out exploratory work prior to making a relevant decision. To avoid confusion we refer to this process as priority setting rather than decision-making.

Who has responsibility for priority setting?

The Advocacy Project Board of Trustees

The Advocacy Project is the organisation that holds the contract for Healthwatch Kensington and Chelsea. It is the employer of staff working within Healthwatch Kensington and Chelsea. It delegates the line management of the Healthwatch Service Manager to the CEO (who is also a trustee as this is a unitary board) and delegates priority setting to the Healthwatch Advisory Board.

The Advocacy Project Board of Trustees must be assured that the governance structure and processes in place to deliver Healthwatch Kensington and Chelsea are robust and that the service meets its contractual and statutory obligations. It should also ensure the highest standards of quality and adherence to best practice, in particular the Healthwatch Quality Framework.

The Advocacy Project Board will periodically review the decisions, initiatives and activity taken by Healthwatch Kensington and Chelsea to continue to assure itself that the governance structures and bodies are fit for purpose. It will do this through reporting from the Healthwatch Service Manager via the CEO, as well as having a representative from the Advisory Board.

Healthwatch Kensington and Chelsea Advisory Board

Aims of the board:

- To ensure there is collective responsibility in setting the priorities and strategic direction of the organisation as set out in the Healthwatch Kensington and Chelsea Workplan and Strategy.
- To ensure the views of the Voluntary Community and Social Enterprise (VCSE) sector are heard in the prioritisation process
- To ensure the views of the relevant experts or stakeholders are heard in the prioritisation process.

Objectives:

- Work in constructive partnership with the members of The Advocacy Project Board, Voluntary Community and Social Enterprise (VCSE) sector, relevant experts or stakeholders, staff and volunteers
- To have active oversight of the process for setting annual priorities for the organisation
- Regularly review the list of priorities (the workplan), receive updates on potential new more urgent priorities and advise how the workplan should be adjusted
- Monitor the progress of project work and other activity on the workplan, hold staff and volunteers to account if they are not progressing things effectively and that stakeholders are aware of any significant delays in project timeframes
- Identify what difference a Healthwatch intervention has made and take a view on whether it is enough
- Support the development of the Enter & View programme where appropriate.
- Evaluate whether we are effectively balancing how we raise the voices of the public and challenge services to improve, with ensuring we work in a professional, collegiate, constructive manner with stakeholders
- Consider whether Healthwatch Kensington and Chelsea is suitably visible to public and stakeholders

Membership:

The Advisory Board will be made up of volunteers and public who have had close working with Healthwatch Kensington and Chelsea.

The Board will aim to have between 8 to 12 members, with quorate being 6 to 9 members.

Board members will be recruited as required via application. The application will be reviewed by a panel including the Chair, Vice Chair or other group member and the Healthwatch Service Manager.

The Chair and Vice Chair will be elected by the members of the Advisory Board from amongst the current members.

The Prioritisation Process

The Advisory Board determines which aspects of health and social care will be added to the workplan each year. It must remain independent of any undue influence and be free to select the priorities it feels represent the best for the residents of Kensington and Chelsea. Transparency, rigour and objectivity are the basis for the Advisory Board's effective and successful working.

There are two mechanisms for them to set the priorities of Healthwatch Kensington and Chelsea:

1. Annual priority setting
2. Regular review of the workplan and recommendations of new priorities throughout the year

Annual Priority Setting

The Healthwatch Kensington and Chelsea Workplan of priorities is set by April each year. Potential priorities can come from a number of sources:

1. What Healthwatch Kensington and Chelsea has heard from the public, Healthwatch Kensington and Chelsea records issues throughout the year that could be potential priorities (see the section on Regular Review).
2. Health commissioning plans

The Integrated Care Board and the Local Authority are required to produce an annual commissioning plan. Strategic meeting such as governing body meetings, health and wellbeing board and health overview and scrutiny committee give further intelligence on strategic issues.

3. Social care commissioning plans

Social care commissioners plan forward decisions that impact on commissioning. Meetings of the council cabinet and social care committee provide further intelligence.

4. Intelligence from the RBKC Voluntary Community and Social Enterprise (VCSE) sector and other community and voluntary stakeholders

The Voluntary Community and Social Enterprise (VCSE) sector shares local experiences and issues of concern and provides links with local voluntary sector infrastructure and charities delivering health and social care services.

5. Intelligence from other projects delivered by The Advocacy Project

The experiences of people gathered via the advocacy, personal health budget and user involvement work that The Advocacy Project also deliver are a rich source of issues for Healthwatch Kensington and Chelsea to investigate further.

6. Joint working proposals from neighbouring Healthwatch and Healthwatch England

Neighbouring boroughs will be undertaking work that either impacts on local residents or residents can contribute to. Healthwatch Kensington and Chelsea works closely with its neighbours but needs to ensure it has capacity before it commits to any joint working. This also applies to Healthwatch England campaigns.

Some of these priorities involve ongoing involvement in meetings and monitoring the progress of agreed areas, some will mean doing additional work to understand the service and the experiences of the public. Healthwatch Kensington and Chelsea gathers as much information as possible on the aims of each potential priority, any known timescales and an understanding of what form the work might take.

The paid team compiles the information on any potential priority which it shares with the Advisory Board to ensure they have all available information to make a decision.

The Advisory Board receives the information and agrees which ongoing and monitoring priorities will be included in the workplan.

The Advisory Board will have the power to delegate some of the relevant decision making to the manager of Healthwatch Kensington and Chelsea, for example, small pieces of work which do not have a substantive impact on staff or financial resources.

For priorities requiring additional work which requires a project approach, the Advisory Board ensures Healthwatch Kensington and Chelsea only agrees to projects they have the capacity to deliver. They select on the basis of:

- potential for most impact and change
- what can be realistically resourced
- ensuring seldom heard groups are represented

This process uses the Healthwatch England Research project Planner Questions to interrogate each proposal fully:

Criteria	Action	Date
Project objectives – What is the project seeking to achieve?		
Does this fit with our strategic objectives and statutory remit?		
What is the evidence base for this work?		
What is the proposed impact on individuals and the community?		
Can we influence change, or is there an organisation better placed to do so who we can work with or approach?		
How will we undertake our activities?		
Which services will we cover?		
What additional information will we need to request and who from?		
Is an Enter and View required? What premises will be included? What is the timescale?		
Resource requirements (people and financial)		
Does this fit with our overall work plan? Do we have the staff and volunteers to deliver?		
How much will we spend? Are there additional funding requirements to deliver this project?		

Project deliverables – What difference or impact will the project have?		
What will be the outcome of our work? How will we demonstrate impact? A report? Recommendations?		
Communication – Who will be interested in our outcomes and impact?		
Does this need to be referred to the local Overview and Scrutiny Committee?		
Who will we share our planned work and our findings with?		
Do we need to subcontract?		

The agreed priorities are added to the workplan which is then shared with the public and stakeholders. These decisions and any others, including those delegated to the manager, are recorded in the minutes. Once a decision has been made, the staff team is responsible for implementation and delivery, with an agreed reporting process to the Advisory Board.

The dates and details of how the public can observe each Advisory Board meeting and the minutes of each meeting are published on the Healthwatch Kensington and Chelsea website.

Regular Review

Healthwatch Kensington and Chelsea is continuously ‘horizon scanning’ for issues that were unforeseen and may become urgent.

The Advisory Board meets quarterly and reviews new proposals. It then reviews the Healthwatch Kensington and Chelsea Workplan and determines whether new work should be added to the workplan, replace an existing workplan priority, or be rejected as a priority due to insufficient resource. The Advisory Board can be convened sooner if the proposals are urgent.

The Advisory Board also receives updates on the progress of projects and activities and information about levels of resources so that they can weigh-up the capacity of the organisation.

The group operates by discussion and consensus and is attended by the Healthwatch Manager, who has the authority to escalate to The Advocacy Project

Board any activities that they consider to be contrary to the contract performance framework, the statutory duties or best practice.

The Advisory Board is empowered to take agreed actions forward within the allocated budget and available resources and determine delivery timeframes.

Outcomes

Healthwatch Kensington and Chelsea follow up all recommendations they make through projects with the relevant organisations. For larger projects there is an outcome review at six and/or twelve months after the project report is published. These outcomes are monitored in the Impact Tracker recommended by Healthwatch England and published in a regular impact report. Where there is resultant service change this is recorded in You Said We Did and published.

The Advisory Board receives these documents, so they can review the effectiveness of Healthwatch Kensington and Chelsea in carrying out its aims and having sufficient impact.

4 Dealing with Breaches of this Process

If a decision is taken in the name of Healthwatch Kensington and Chelsea without authorisation in the manner set out in this process document, The Advocacy Project Board will determine what action is needed. This may be to either approve the decision retrospectively, or to reverse the decision.

If the breach of the agreed procedure is considered to have also breached the contract between Healthwatch and the RBKC Local Authority, it will be reported to the Local Authority and further action agreed between the Local Authority and Healthwatch Kensington and Chelsea.

In each eventuality, actions will be minuted and published on Healthwatch Kensington and Chelsea's website.

Reviewing the process

This process will be reviewed annually by The Advocacy Project Board. Additionally it will be reviewed in response to a breach or any feedback that indicates a more urgent need for review. Any amendments to this policy and the

procedures governing the making of relevant decisions will require a simple majority of board members voting in favour.

The amended policy document will be published on the website of Healthwatch Kensington and Chelsea as soon as is practicable.

Equality, Diversity and Inclusion statement

Healthwatch Kensington and Chelsea 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.

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