

## Local Healthwatch Decision Making Policy and Procedure - Agreeing and Setting Annual Priorities

Healthwatch Wolverhampton wishes to ensure that the way it makes decisions and the outcome of any decisions made is transparent. This procedure sets out how Evolving Communities CIC as the Host organisation and the Local Healthwatch Wolverhampton Panel involves others, particularly lay people and volunteers, in its governance and work planning to ensure local determination. Regular engagement work with local people on particular health and social care issues takes place in addition to this procedure.

### Who makes the decisions ?

Evidence from regular and ongoing engagement activity is collated and analysed by the Healthwatch Wolverhampton staff team and the Evolving Communities COO and provided to the Healthwatch Wolverhampton Panel and commissioners on a regular basis as emerging themes. Where some exploratory work has been undertaken into whether or not a reported issue is sufficiently serious to warrant further work, then the Healthwatch Wolverhampton Panel can decide on the basis of the exploratory work whether further investigation is worthwhile. Should the Panel not be able to make a decision for any reason, Healthwatch Wolverhampton's volunteers will be invited to an extraordinary meeting to ensure local determination.

### To which decisions will these procedures apply

Governance decisions made on any key matters are known in the statutory regulations as Relevant Decisions<sup>9</sup>. Healthwatch Wolverhampton draw on the methods below to ensure broad input into its governance and work planning. The methods shown can each be used singly, or in combination, to help Healthwatch Wolverhampton gather input to enable it to make well informed decisions. All intelligence is recorded in the Healthwatch Wolverhampton data management system which enables themed reports to be produced to inform decision making.

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<sup>9</sup> Relevant decisions include:

- how to undertake your activities
- which health and care services you are looking at covering with your activities
- the amounts you will spend on your 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 an overview and scrutiny committee
- whether to report a matter concerning your activities to another person
- any decisions about subcontracting

## **Intelligence - Public engagement and involvement**

Throughout the year Healthwatch teams gathers intelligence from engagement with the public in a variety of forms. We attend partner events, run our own public events, go out to visit partner organisations and groups and engage with the public on specific issues when we are conducting investigations in more depth. We use a combination of qualitative and quantitative data to form a picture of the state of health and social care in Wolverhampton and people's experiences of their care.

## **Annual Conference/Area tour**

We may hold an annual conference or local area tour to report back on our recent work and to invite the public to help shape our work priorities for the next year. This will usually involve an element of information sharing in relation to any key topics or issues within local health and social care provision.

## **Healthwatch Panel, volunteer and involvement**

We seek input from our Panel members, volunteers and staff on how we run Healthwatch Wolverhampton. Their views are sought by email or at meetings. We seek their views on general topics, or on specific issues, as well as their input on how we go about our role. The views expressed on specific decisions are fed into the Healthwatch Wolverhampton Panel. Views on more general topics are aggregated and summarised for the Panel as appropriate.

## **Partnership working - voluntary and community sector organisations**

Healthwatch Wolverhampton work with key organisations within health and social care, in particular, the local voluntary and community sector (including faith groups, community groups, charities, residents' groups, patients' groups, etc). We aim to:

- hear from them about the views and experiences of their members and clients.
- at times arrange through them to hear direct from their members and clients about their views and experiences; and,
- co-ordinate our work with them so that we are not duplicating effort.

## **Healthwatch Associates**

Healthwatch Wolverhampton is growing its database of interested individuals from across the local area to try and reach out to people. This includes those who are not necessarily linked into any specific groups or organisations. Anyone living or working in Wolverhampton is eligible to be added to our database. We contact interested individuals by newsletter, email and invite their views on specific topics that Healthwatch Wolverhampton is investigating. We may also seek their input into other relevant decisions made under this procedure.

We reach many organisations through our engagement work and add organisations to our database so that we can contact them for their expert input on specific topics (for example, hospital discharge). We ensure that organisations on our database get copies of our newsletter and are invited to events. We are aware that some organisations may also provide health or social care services locally, and that they may therefore be subject to review or investigation by Healthwatch Wolverhampton. We would of course expect to work with them in the normal way on any such process.

## **Working within the health and social care ‘system’**

Commissioners and providers in both health and social Care also assist Healthwatch in identifying any specific topic related priorities. We also take consideration of existing local needs assessments (for example Joint Strategic Assessment). An ongoing dialogue with stakeholders through forums including the Health and Wellbeing Board, Health and Care Scrutiny Committees, Integrated Care Boards and voluntary sector groups and forums etc is key to identifying ‘system’ priorities and support decision making processes.

## **Enter and View decisions**

Enter and View visits are undertaken when sufficient evidence exists that this is an appropriate intervention, which may be at short notice. The evidence may arise from any source and the Healthwatch Enter and View procedures will be followed for both announced and unannounced visits. There are certain circumstances where Healthwatch will consider invoking a responsive Enter and View visit. These could be announced or unannounced visits, and could include:

1. If local Healthwatch receive a referral from a relevant Local Authority’s Quality Assurance Board
2. If the CQC ask the local Healthwatch to look at a specific area to assist their inspection regime
3. If through the local Healthwatch’s quality monitoring, we identify a trend or pattern of concern
4. If the local Healthwatch are alerted to concerns from a number of local people
5. As a result of observations made whilst carrying out engagement, for example, through work plan engagement or talking to patients in an acute setting.

If it should be necessary to make decisions under this procedure very quickly and it is not possible to convene the Panel sufficiently quickly, even by email, then decisions may be taken by the CEO/COO and the Local Healthwatch Chair.

## **How will decisions be published?**

To meet the statutory requirement that any ‘relevant decisions’ made under the Procedures must be published, our Healthwatch Panel minutes set out decisions taken and reasons for such decisions and these are published on the website, generally within 21 working days.

## **When do these procedures NOT apply?**

These procedures do not apply to decisions that result in a relatively small amount of work being undertaken, not exceeding 7 days of staff time. This is known as the de minimis rule. It enables Healthwatch Wolverhampton to undertake exploratory work on matters raised with us or of which we otherwise become aware, in order to assess how serious or widespread such matters may be, before proposing to devote significant resource to any of them. This means that if Healthwatch Wolverhampton receive information about a small number of negative experiences of a local service, it does not need to apply these procedures before undertaking some initial exploratory work. It does not need to seek Panel input before undertaking some preliminary or validation work to try and establish whether the issue is worth pursuing more formally. Even though these procedures do not apply where the ensuing work will take less than 7 days of staff time, staff may, of course, choose to seek Panel input, as this is quite likely to be one way in which the seriousness of the issue can be tested and evaluated. If the reported experiences are, in fact, relevant to one of the topics already

prioritised under the existing work programme, then the decision to undertake further work into that issue has already been made under these procedures. In this case, no further formal decision is required.

## Review of procedures

Evolving Communities and the Healthwatch Wolverhampton Panel will review the effectiveness of the decision-making policy set out in this document on an annual basis.

## Setting and agreeing annual priorities and work programmes

Each year local Healthwatch organisations have to agree their annual work plan priorities for the forthcoming year as well as its programme of work.

Our approach to priority setting is one which recognises that Healthwatch sits inside the health and care system. The process will be cyclical and will typically start in November with the plan for priorities shared with commissioners by end of February.

Priorities for Healthwatch are identified in a number of ways:

- **Local people** are encouraged to identify areas of concern and bring these to the attention of Healthwatch by telephone, email or letter, or attendance at local events. Where particular issues are not within Healthwatch remit, people will always be advised on the right agency to contact for help. Local people can also complete an annual survey promoted across the area through existing contacts and networks to find out what they think is important.
- The **Healthwatch Panel, volunteers, and staff** will be involved with consultation and planning workshops so that an analysis of data collected throughout the year as part of ongoing engagement activity.
- **Partnership working** is key to Healthwatch philosophy, so local service user organisations suggest areas of work, and timescales for completion. This avoids duplication of effort.
- **Commissioners** in both Health and Social Care also assist Healthwatch in identifying any specific topic related priorities. We also take consideration of existing local needs assessments (for example Joint Strategic Assessment). An ongoing dialogue with stakeholders through forums including the Health and Wellbeing Board, Health and Care Scrutiny Committees, the Integrated Care System partners and voluntary sector groups and forums is key to identifying 'system' priorities.
- **Healthwatch England** supports the nationwide network of Healthwatch organisations and sets out its statutory responsibilities, for example, the right to Enter and View any publicly funded health and social care service.

All work undertaken by Healthwatch, including partnership projects, is subject to evaluation, review and formal reporting to the Healthwatch Wolverhampton Panel. Good practice is noted, along with areas for improvement. Reports are circulated widely and published on the Healthwatch websites.

The result of the process is a clear set of priorities which deliver on the outcomes required of Healthwatch and determines the engagement work programme for the year. Our governance model dictates that the Healthwatch Wolverhampton Panel will take the final decision about the set of annual priorities.

## **Step 1 (November)**

**Draft** – Local Healthwatch staff teams meet to consider the follow:

- Evidence and intelligence recorded on their database management system
- Data and intelligence collected from current work plan engagement activity
- Local priorities identified by system partners (Health and Wellbeing Board, Health and Care Scrutiny committees, ICS committees and programme board and other local stakeholders and providers)
- Data and intelligence identified at a National level (Healthwatch England, the CQC, NHS England)

## **Step 2 (November)**

**Produce** – Healthwatch Manager with the support of the staff team will produce a summary of the outcomes of the above. This might entail a large list of key messages and possible areas to prioritise.

## **Step 3 (December)**

**Consult** – Draft summary to be shared with the Panel and volunteers for consultation. The purpose of this is to ensure those involved with delivering the annual work plan and directly hearing the experiences and views of local people are involved. It is an opportunity to include addition priority areas for consideration and also to challenge why others might have been included.

## **Step 4 (January)**

**Agree** – In January the draft summary should be considered formally by the Panel. The group should work with the manager to agree which priorities should be put forward and worked into the annual work programme.

## **Step 5 (January to March)**

**Check** – Share priorities with key stakeholders (including commissioners) and the public to sense check. This is an opportunity for people to agree and or challenge whether priorities are right and to understand what the work programme for the coming year will look like.

## Deciding it's a priority:

Decision-making matrix for ranking the different potential priority areas:

Criteria	Weighting (out of 5, 1 being low and 5 being high)
1. <b>Evidence</b> – how much evidence is there that is important to local people?	5
2. <b>Impact</b> – from the evidence what impact is it having on local people?	5
3. <b>What's the difference?</b> – what is the likelihood a piece of work will make a difference to local people?	5
4. <b>Duplication</b> – are there other organisations tackling the issue with local people?	5
5. <b>Does it fit the 'system'?</b> – is the issue a priority for partners within the local system, Health and wellbeing Board, ICB etc	5
6. <b>Result</b> – what level of impact will a piece of work have on local people	5

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