

Version	Title	Author	Changes (Summary of changes made)	Authorised	Review Date
3	Decision Making	SD/AC	Review/update	Board Mtg 1.3.17	28.2.20

DECISION MAKING POLICY AND PROCEDURE - HEALTH AND SOCIAL CARE ISSUES

The Regulations for local Healthwatch state that each local Healthwatch must have a procedure for making relevant decisions. It also states that members of the public must be able to have access to meetings where these decisions are being made.

This policy and procedure relate to how Healthwatch West Sussex makes decisions about what action to take about issues that are reported directly to Healthwatch.

Our Decision Making Policy

Priorities and decisions for use of Healthwatch West Sussex resources are made by the Healthwatch West Sussex board and are evidence based. This evidence is gathered from the public and other stakeholders in relation to health and social care issues arising in the communities of West Sussex. All activities and actions are focused around the primary aim of Healthwatch West Sussex being to make sure the consumer's voice is always heard and helps shape the provision of health and social care services in West Sussex.

Our Decision Making Procedure

Identification of issues

Evidence of issues comes into Healthwatch West Sussex through a number of routes:

- Telephone helpdesk
- Face to face
- Community Engagement and Events
- Healthwatch champions and other volunteers
- Social Media
- Contact us Form on our Website
- Data from other organisations
- Patient and Service User Feedback

All direct contacts with members of the public are recorded in our Customer Relationship Management database (CRM).

Prioritising Issues

Healthwatch West Sussex has to be able to identify which issues to look into. A prioritisation matrix has been designed to make it as simple as possible for Healthwatch to prioritise its workload, whilst considering all relevant factors in the decision making process. The matrix uses the following principles:

1. How much evidence is available about this issue? (1. being limited evidence from limited sources and 4. being well researched with a range of evidence from a range of structured sources).
2. Is the issue going to impact on lots of people? (1. being relatively little and 4. being community-wide likely to affect large numbers)
3. What is the impact on people and communities who suffer high inequalities in health and who are seldom heard or easily ignored? (1. being relatively little and 4. likely to affect large numbers of those seldom heard)
4. Does the issue help us to make an investment in future health and care for the people of West Sussex? (1. being unlikely to and 4. being highly likely to)
5. Does the issue align to the joint health and wellbeing strategy? (1. being little alignment and 4. being significant alignment)
6. Is the issue already being dealt with effectively by someone else? (1. being dealt with satisfactorily by someone else and 4. not being dealt with elsewhere at all)
7. If not, can we make an impact in the light of other people's or organisations' timetables? (1. being no, not likely to and 4. being yes, most likely to)
8. Can we add value to the current situation? (1. being unlikely to and 4. being highly likely to)

The matrix tool is based on data/evidence and allows the West Sussex Healthwatch Chief Officer to put before the board a set of issues ranked by priority. This is then discussed at a public board meeting to ensure that any additional evidence is taken into consideration before a consensus is reached about whether the issue will be included in Work and Activity Plans.

Some items of the prioritisation tool rely solely on data, whilst others relate to complex ideas and are somewhat down to interpretation. The Healthwatch Chief Officer endeavours to be as unbiased and fair as possible in these instances. Public discussion with the board helps mitigate any risk from this.

Workplans and priorities are agreed 6 - 12 months in advance but reviewed on a rolling quarterly basis to allow for changing priorities and inclusion of urgent issues arising.

Decision Making Policy and Procedure - Operational and Administrative Issues

Operational and Administrative decisions may be made outside of public meetings if appropriate.

Healthwatch staff have general authority to make certain operational and administrative decisions in accordance with their terms of employment and job description.

In reaching its decisions the Board shall take account of:

1. Available data and evidence
2. The interests of the public and other stakeholders
3. Relevant regulations and the law
4. Other relevant Healthwatch policies
5. Professional advice
6. Best practise
7. The experience and judgement of the Board