



Healthwatch Kingston Board Meeting (Part A)	Date: Wednesday 27 November 2018
Report Title: Developing a framework for decisions about our work priorities	Author: William Ostrom (WO) and Nigel Spalding (NS)
PART A Agenda Item 5	Appendix:

FOR DISCUSSION AND DECISION

The Board is asked to:

1. Identify any changes needed to the information contained in the first two columns of Section 1A and the list in Section 1B
2. Approve, with any amendments, the criteria in the third and fourth columns of Section 1A (with the exception of the criteria for issues which is covered in point 4 below)
3. Agree that these criteria becoming the starting point for future decisions about continuing or discounting existing work and starting new work
4. Approve, with any amendments, the methodology for scoring new “issues” that HWK might take on
5. Ask the task groups to use this scoring sheet for identifying their proposed priority issue for 2019/20
6. Decide on a minimum total score required for the board to agree that a proposed new “issue” to be taken on

Background

HWK’s potential remit is vast. Our stated mission is *“To be the local champion for health and social care”*.

Careful choices therefore have to be made about what work HWK undertakes and board members have been having ongoing discussions about how these choices can be made. The initial focus of this work was solely on the “issues” that HWK might take on, especially those pursued by HWK’s task groups. But it became clear that a framework is needed for decision-making about **all** aspects of HWK’s work.

What follows in this report is intended to provide a detailed framework for decisions on what work HWK undertakes, ie whether existing work should be continued or discontinued and what new work should be pursued.

1. HWK Work – What we do and Why we do it

1A: Activities intended to have a direct impact on the quality of local health and social care services as experienced by local people (“Impact Activities”)

Category of Work	Why are we doing this?	How do we decide whether to continue (or discontinue) this work? <i>1 = Not worth continuing</i> <i>2 = Possibly worth continuing</i> <i>3 = Probably worth continuing</i> <i>4 = Definitely worth continuing</i>	How do we decide whether to undertake any <u>new</u> work in this category or to continue work beyond the current funding period?
1. Service Provision and Delivery			
<ul style="list-style-type: none"> • Signposting people with questions/concerns about health and social care services 	It is a statutory requirement of all HWs.	As it is a statutory requirement on all HWs, we must continue it. However, the level of resources devoted could be calibrated according to: <ol style="list-style-type: none"> 1. Signposting activity negligible 2. Some signposting requirement 3. Moderate signposting activity 4. Constant signposting activity 	Not applicable
<ul style="list-style-type: none"> • Acting as the Co-ordinator for the Time to Change Kingston' Hub providing the secretariat and supporting the 'Time to Change Champions' 	In order to make a significant difference on attitudes towards mental health in partnership with other organisations.	Our current commitment is to be an “organic hub”. If our current bid is approved – we will have a contractual obligation to deliver from 1 April 2019 for two years.	<ol style="list-style-type: none"> 1. The work will be in the interests of people who are disproportionately affected by discrimination/ disadvantage/exclusion and/or have the poorest health and social care outcomes. 2. The proposed activity will provide an effective means

Category of Work	Why are we doing this?	How do we decide whether to continue (or discontinue) this work? <i>1 = Not worth continuing</i> <i>2 = Possibly worth continuing</i> <i>3 = Probably worth continuing</i> <i>4 = Definitely worth continuing</i>	How do we decide whether to undertake any <u>new</u> work in this category or to continue work beyond the current funding period?
<ul style="list-style-type: none"> Chairing and providing secretariat to the 'Thrive Kingston Mental Health Strategy Planning and Implementation Group' 	<p>In order to make a significant difference to the lives of people with mental health issues through implementation of a strategy that was developed through co-production.</p>	<p>We have a contractual obligation with Kingston CCG to deliver from September 2018 to March 2019, with an extension to March 2021 tbc.</p>	<p>of enabling people to have their voice heard and exercise influence with health and/or social care providers</p> <p>3. Additional funding (or support) is available to HWK for the work OR there is evidence that the work can be undertaken within HWK's existing resources (which may involve re-prioritising HWK work).</p>
<ul style="list-style-type: none"> Chair and Secretariat duties for the Kingston 'All Age Learning Disability Partnership Board' 	<p>In order to make a significant difference to the lives of people with learning disabilities.</p>	<p>We have a contractual obligation with RB Kingston CCG to deliver from September 2018 to March 2021</p>	
<p>2. Supporting Internal Groups (ie as established by and accountable to the Board).</p>			
<ul style="list-style-type: none"> Healthwatch Kingston Open Meetings 	<p>As a means of (a) involving a wider group of people (other than the board) in HWK's work (b) keeping this group briefed on current issues and (c) at times, holding service providers to account for aspects of their work</p>	<p>1. No attendance 2. Low attendance 3. Well attended, good engagement 4. High attendance and influence</p>	<p>Not applicable as this activity is unique.</p>

Category of Work	Why are we doing this?	How do we decide whether to continue (or discontinue) this work? <i>1 = Not worth continuing</i> <i>2 = Possibly worth continuing</i> <i>3 = Probably worth continuing</i> <i>4 = Definitely worth continuing</i>	How do we decide whether to undertake any <u>new</u> work in this category or to continue work beyond the current funding period?
<ul style="list-style-type: none"> • Mental Health Task Group (including secretariat and follow-up) • Hospital Services Task Group (including secretariat and follow-up) • Community Care Task Group (including secretariat and follow-up) 	<p>Because (a) the board and staff initiated these groups some time ago (b) it provides a means for a wider group of people (other than the board) to be involved in HWK's activities on a regular basis and (c) it provides groups of people with an opportunity to focus their work on specific issues/projects.</p>	<ol style="list-style-type: none"> 1. Dormant 2. Low attendance and weak output 3. Well attended, useful outputs 4. High attendance and significant influence 	<p>Not applicable as this area of work is unique. However, the Board could decide to change the focus of the task groups or establish new ones, eg to work on a single project rather than a whole service area, in which case the methodology for prioritizing issues would apply.</p>
<ul style="list-style-type: none"> • 'Youth Out Loud!' (including development of the Group) in partnership with other key organisations 	<p>Because (a) it was the board's intention to set up new opportunities for young people to be involved in HWK's work (b) funding for this work was offered to HWK and (c) because it is now a contractual obligation with RB Kingston.</p>	<p>Contractual obligation</p>	<p>Deciding whether to continue after the current funding period would be dependent upon (a) the availability of further funding or the capacity of HWK to take on the work within existing resources and (b) evidence of:</p> <ol style="list-style-type: none"> 1. Unknown engagement 2. Some evidence of engagement and influence 3. Good evidence of networking and influence 4. Highly developed caucus and substantial influence

Category of Work	Why are we doing this?	How do we decide whether to continue (or discontinue) this work? <i>1 = Not worth continuing</i> <i>2 = Possibly worth continuing</i> <i>3 = Probably worth continuing</i> <i>4 = Definitely worth continuing</i>	How do we decide whether to undertake any <u>new</u> work in this category or to continue work beyond the current funding period?
<p>3. Supporting External Groups (ie those which are not subject to management by the Board and report to another body).</p>			
<ul style="list-style-type: none"> Kingston Safeguarding Adults Community Reference Group (facilitating and providing secretariat) 	<p>Because (a) a request to set up this group was made by the Chair of the Adults Safeguarding Board and (b) the board includes someone with professional safeguarding knowledge.</p>	<p>A commitment has been made to establish and support this Reference Group. A decision on dis/continuing this group should be made in 2019/20 based upon (a) the availability of a lead board member and (b) evidence of:</p> <ol style="list-style-type: none"> Unknown engagement Some evidence of engagement Good evidence of networking Highly developed caucus 	<p>This is a one-off. It is not expected that any other external groups will be supported.</p>
<p>4. Working on “Issues” to influence service providers</p>			
<ul style="list-style-type: none"> Quality of iCope Kingston Psychological Therapies Service (MHTG) 	<p>All issues were identified through a prioritisation exercise run over two “Joint</p>	<ol style="list-style-type: none"> How much evidence is there that this issue is of importance to local people? To what extent does HWK have the capacity to work on this issue? To what extent do we believe Healthwatch Kingston can actually make a difference on this issue? 	
<ul style="list-style-type: none"> Arrangements for Discharge from Kingston Hospital (HSTG) 			

Category of Work	Why are we doing this?	How do we decide whether to continue (or discontinue) this work? <i>1 = Not worth continuing</i> <i>2 = Possibly worth continuing</i> <i>3 = Probably worth continuing</i> <i>4 = Definitely worth continuing</i>	How do we decide whether to undertake any <u>new</u> work in this category or to continue work beyond the current funding period?
<ul style="list-style-type: none"> • Openness to concerns and complaints at Kingston Hospital (HSTG) • Effectiveness of Connected Kingston (CCTG) 	Task Group Meetings” in Spring 2018.	4. To what extent is Healthwatch Kingston the most appropriate organisation to take up this issue? 5. To what extent does this issue disproportionately affect people who are experiencing greater discrimination/disadvantage/exclusion and/or have the poorest health and social care outcomes. <u>See Section 2 below for full details.</u>	
5. Capacity building with specific categories of people			
<ul style="list-style-type: none"> • Increasing awareness and understanding amongst young people and service providers of health and social care issues affecting young people (YOL!) so that they can better manage their wellbeing and develop their influencing skills 	See YOL! Above in Section 2.	It is intended that this activity will become part of HWK’s ongoing way of working.	<ol style="list-style-type: none"> 1. The work will be in the interests of people who are disproportionately affected by discrimination/ disadvantage/exclusion and/or have the poorest health and social care outcomes 2. There is evidence that the proposed activity will result in capacity being built up. 3. There is additional funding for the work OR the work can be undertaken within HWK’s existing resources.

Category of Work	Why are we doing this?	How do we decide whether to continue (or discontinue) this work? <i>1 = Not worth continuing</i> <i>2 = Possibly worth continuing</i> <i>3 = Probably worth continuing</i> <i>4 = Definitely worth continuing</i>	How do we decide whether to undertake any <u>new</u> work in this category or to continue work beyond the current funding period?
<ul style="list-style-type: none"> Ensuring people with learning disabilities have their voices heard and can participate within HWK and can make their views known to service providers 	To make HWK more effective in using its influence for the benefit of people with learning disabilities	It is intended that this activity will become part of HWK's ongoing method of working.	
<p>6. Organising events at which the public can express their views</p>			
	No work currently underway or planned but a number of events have been organised in the past.	Not applicable	<ol style="list-style-type: none"> The event is about substantial proposed or planned changes to services (as identified by the service commissioner/provider or by HWK) There is additional funding for the work OR the work can be undertaken within HWK's existing resources.
<p>7. Representing the public interest on relevant health and social care committees and working groups</p>	<p>HWK has a place on the Health and Wellbeing Board (HWBB) by statutory requirement.</p> <p>For all other bodies: because we have been offered, or have requested</p>	<p>Not applicable to the HWBB. For all other bodies, where we have a choice, decisions should be made through an annual review of the bodies on which HWK is represented to identify which bodies provide:</p> <ol style="list-style-type: none"> No useful learning or influence Intermittent learning and influence Consistent learning and influence Crucial learning and influence 	

Category of Work	Why are we doing this?	How do we decide whether to continue (or discontinue) this work? <i>1 = Not worth continuing</i> <i>2 = Possibly worth continuing</i> <i>3 = Probably worth continuing</i> <i>4 = Definitely worth continuing</i>	How do we decide whether to undertake any <u>new</u> work in this category or to continue work beyond the current funding period?
	and been granted, a place on the body concerned.		

1B Other work that is undertaken in order to make the work listed in section 1A possible (“Support Activities”)

1. Communications

- Participation in the SW London Healthwatch Network
- Attendance at events to publicise HWK
- Website maintenance and development
- MailChimp, Facebook and Twitter
- Production of leaflets
- Production of Annual Report

2. Governance

- Strategy and planning
- Board reports and meetings
- Board recruitment and induction
- Development and annual review of policies and procedures
- Financial management
- Risk management
- Data protection compliance
- Meetings with / reports for commissioners
- Annual information to HW England
- Annual return to Companies House
- Annual return to Charity Commission

3. Staffing and Volunteers

- Recruitment, including adverts, job descriptions/role profiles
- Contracts
- Staff Handbook
- Payroll arrangements
- Induction
- Supervision and support

4. Finance

- Annual budgeting and forecasting future years
- Monitoring income and expenditure
- Authorisation of expenditure and issuing of cheques
- Book-keeping
- Pursuing funding opportunities
- Banking arrangements

Criteria	More detailed questions to consider when deciding the score	Scoring	Score Given
1. How much evidence is there that this issue is of <u>importance</u> to local people?	What evidence is available? This might include published reports, statistics, equalities impact assessments, surveys at a local level or a national level (where it can be reasonably assumed that the national data applies locally), what we hear on a regular basis from our affiliates, stakeholders and from other local people. How many people does this issue affect and does the number of people impacted make any difference on how important we view the issue?	<p>1 = No actionable, material evidence (ad hoc/ informal/ WOM)</p> <p>2 = Intermittent reports (some informal commentary)</p> <p>3 = Persistent accounts (Detailed, consistent commentary)</p> <p>4 = Compelling (High volume and/or deep legitimate and verifiable concerns)</p>	
2. To what extent does HWK have the <u>capacity</u> to work on this issue?	Are there board members / active affiliates / other people willing and able to work on this issue? Do we have the skills necessary to investigate the issue and produce recommendations? Are there opportunities to work in partnership with other organisations to increase capacity? Is the relevant service provider willing to support our work on this issue? How much staff time will be needed to support or undertake this work and can it be made available?	<p>1 = No capacity (HWK is fully deployed)</p> <p>2 = Serious capacity constraint (Little available resource)</p> <p>3 = Some capacity (HWK can devote reasonable resource)</p> <p>4 = No capacity constraint (Wholly appropriate issue, with the available skills and time in place)</p>	
3. To what extent do we <u>believe</u> Healthwatch Kingston can actually <u>make a difference</u> on this issue?	How receptive will the relevant service providers be to HWK's report/recommendations when they can be presented? Is this an issue that is already a priority for local health and social care providers, as reflected in strategies and plans? Are there any obvious deadlines for exercising influence? Is this a chronic or national problem on which HWK is unlikely to have any impact?	<p>1 = Not relevant for HKW (Outside our ToR)</p> <p>2 = Relevant but discretionary (Problems and unresolvable challenges beyond the scope of HWK ToR)</p> <p>3 = Significant but challenging (Within our ToR but requiring disproportionate resources)</p> <p>4 = Wholly legitimate (Within our terms of reference and capabilities)</p>	

Criteria	More detailed questions to consider when deciding the score	Scoring	Score Given
<p>4. To what extent is Healthwatch Kingston the most <u>appropriate</u> organisation to take up this issue?</p>	<p>Is the issue already being addressed effectively by another organisation? If so, can HWK still add value to the work being done by others? Does HWK have (or can it acquire) the necessary expertise and knowledge to take up this issue?</p>	<p>1 = Not relevant for HWK (Outside our ToR) 2 = Discretionary (HWK is somewhat appropriate, but other organisations may be more relevant) 3 = Appropriate (Good fit with our ToR) 4 = Compelling (HWK is the most relevant; no other body has the remit or skills required)</p>	
<p>5. To what extent does this issue <u>disproportionately</u> affect people who are experiencing greater discrimination/disadvantage/exclusion and/or have the poorest health and social care outcomes.</p>	<p>Who does the issue most affect? Is there national or local data that shows that the people most affected face greater discrimination/disadvantage/exclusion? What does the local health inequality data tells us about the people most affected? Does this issue impact on people whose voices seldom have an impact?</p>	<p>1 = No material evidence (service provision issues affect all members of the public with no disproportionality) 2 = Some evidence (There are issues but these may not be material) 3 = Consistent evidence (Persistent and verifiable issues that may not be of the most serious consequence) 4 = Overwhelming evidence (Serious, persistent and neglected matters that require strong intervention)</p>	