

Prioritisation Framework

Health and Wellbeing Board

January 2012

Overview

The Health and Wellbeing Board is responsible for developing a set of strategic priorities that deliver the Boards ambition for Bath and North East Somerset to:

- prevent ill health
- promote equality, health and wellbeing
- improve service quality
- deliver best value
- provide leadership and champion health and wellbeing

(ambitions set out in the Boards Terms of Reference – agreed by the Board in principle).

This report sets out a process that has been designed to help the Health and Wellbeing Board prioritise it's 'priorities' and the outputs from the Joint Strategic Needs Assessment (JSNA). It is based on a process designed for the health, social care and housing partnership to prioritise commissioning (2009).

The process involves four stages:

- Stage 1 - allocates potential priorities into 'groups',
- Stage 2 - is a set of 'check' questions to ensure that the potential priority is in the right group and is the right level of aspiration;
- Stage 3 - is a mechanism for considering the overall benefits of each potential priority;
- Stage 4 - is a final check on affordability.

Appendix 3 summarises the process in the form of a flowchart.

Stage 1 - Priority grouping

The suggested groups are as follows:

Group 1 – Statutory responsibilities

Eg potential priorities that are national, statutory or legislative requirements, initiatives that the partnership has already committed to or collaborative commissioning arrangements.

Group 2

A) Contributes to longer-term Board ambitions and/or sustainability

Eg potential long-term priorities, identified by the Joint Strategic Needs Assessment (JSNA), that contribute to our wider ambitions for health and well-being.

B) Contributes to short-term Board ambitions and/or sustainability

Eg potential short-term priorities, identified by the Joint Strategic Needs Assessment (JSNA), that contribute to our wider ambitions for health and well-being.

Group 3 – Doesn't fit any of the groups

Not a priority.

Potential priorities being considered may fit the definition of more than one group, but need only be allocated to one group.

Stage 2 – Refinement - check questions

These are intended to check that each potential priority is in the right group and is the right level of aspiration.

- a) What justifies the allocation of the potential priority to this group?
- b) Is the potential priority being considered the minimum we need to do, or the maximum we might aspire to? Where does the appropriate balance lie in the current circumstances?
- c) Are there opportunities to shape the potential priority to fit better with the Boards ambitions?
- d) Have timing and sustainability issues been considered in looking at the potential priority?
- e) Have achievability issues been considered in looking at the potential priority?

Stage 3 – Evaluate relative priority within a group

This stage is a mechanism for considering the overall benefits of each potential priority and mapping them in priority order within a group.

Appendix 1 sets out the criteria against which the potential priority should be assessed, both in terms of 'importance' and 'do-ability'. The criteria can be scored (weighted maximum scores are shown against each criteria) to calculate a percentage score on each axis.

These can then be plotted on the prioritisation map (appendix 2) in order to inform judgements about relative prioritisation.

The suggested weighting for each criteria can be debated/agreed/discarded.

For any particular prioritisation mapping process to be valid, there needs to be some consistency of scoring, which is likely to require 'moderation' by a task group of the Health and Wellbeing Board. Ideally there would be a number of people involved in the evaluation to bring a range of knowledge/ perspectives to reach these judgements.

Stage 4 – Affordability/Sign off

Once stages 1-3 have been completed for a number of potential priorities, it will be important to check and confirm the 'affordability' (both financial and management capacity) of the final set of priorities.

Appendix 1 – Relative Prioritisation Criteria

(a) Importance - How important is the potential priority in comparison to all the other potential priorities under consideration?

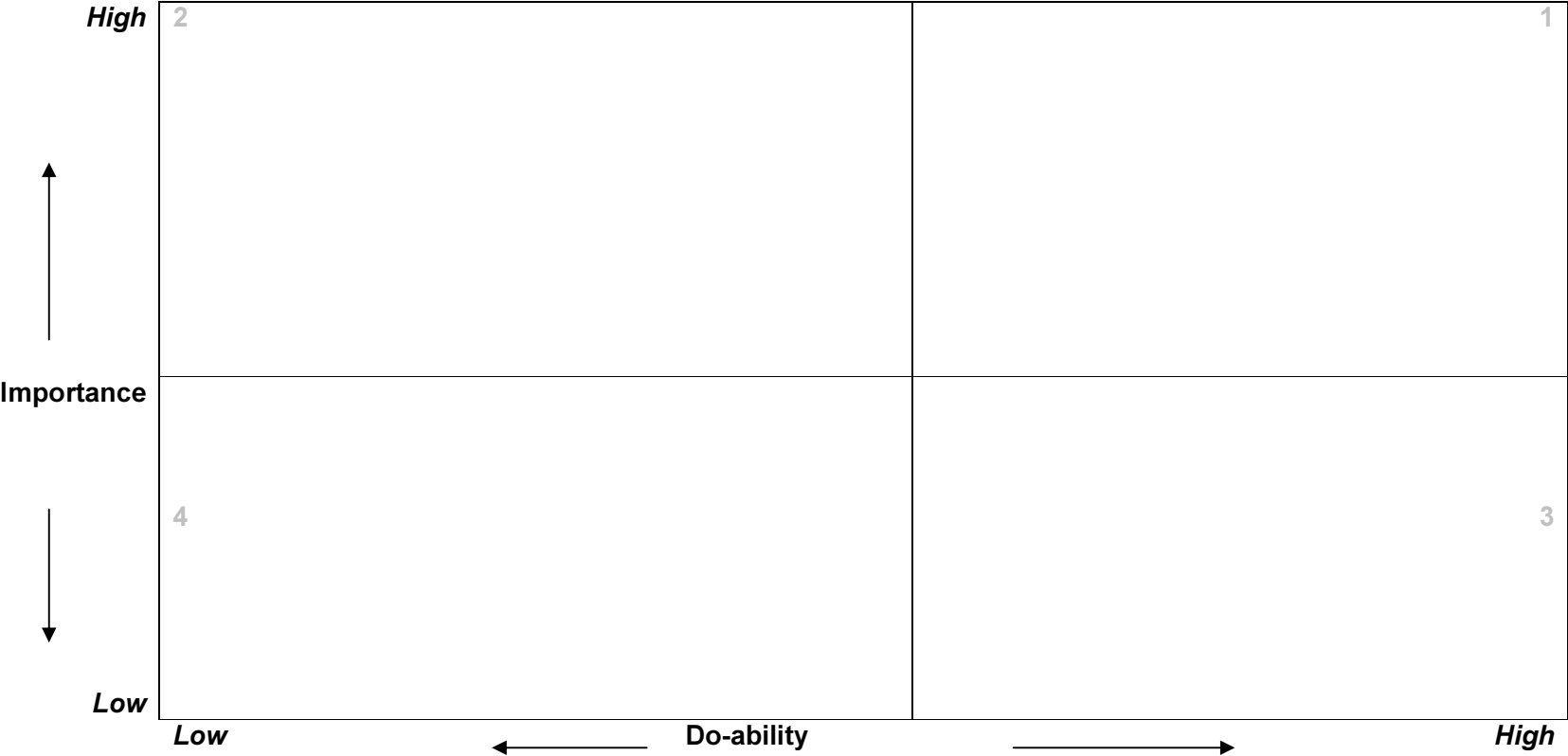
Element	Key 'Importance' considerations	max
Local priority	<ul style="list-style-type: none"> To what extent would the potential priority take forward the Boards overall ambitions, to: prevent ill health (20) promote equality, health and wellbeing (15) improve service quality (20) deliver best value (20) provide leadership and champion health and wellbeing (5) 	80
External drivers	<ul style="list-style-type: none"> To what extent is there pressure for change from other people or organisations (e.g. the public, stakeholders)? To what extent is there pressure for change nationally? Are there wider community benefits (eg, education attainment, environmental) that rely on us delivering this? 	20

(b) Do-ability – How easy is it to deliver this potential priority in comparison to all the other potential priorities under consideration?

Element	Key 'Do-ability' considerations	max
Stakeholders / market capacity	<ul style="list-style-type: none"> To what extent are stakeholders within the local health & well-being community supportive of this potential priority What is the likely reaction of local people/ groups and politicians to this potential priority (e.g. Overview and Scrutiny Committee, Links)? 	15
Service and change management	<ul style="list-style-type: none"> To what extent does this potential priority represent a complex service change, inc workforce change? To what extent would it require other political / organisational agreement? How easy would this be to achieve? Would this potential priority affect the viability of other services? Is the market capable of delivering the potential 	35

priority (is there a market capacity issue?)		
Resources required	<ul style="list-style-type: none"> • Would this potential priority require additional financial investment? (Is this available to the Board?) 	30
Consequences	<ul style="list-style-type: none"> • What is the level of risk of failure to complete/deliver the potential priority? 	10
Good practice evidence	<ul style="list-style-type: none"> • Is there an evidence base for effective intervention on this topic? 	10

Appendix 2 - PRIORITISATION MAP



Appendix 3 - Prioritisation Framework Stages Flowchart

Stage 1 – Grouping

Priority group (to be considered in priority order)	Definition	Next steps
Group 1	Statutory requirement	Evaluate all
Group 2	A) Contributes to longer-term Board ambitions B) Contributes to short-term Board ambitions	Evaluate all
Group 3	Not a priority	X Not a priority – discard.



Stage 2 – Refining - Check Questions (apply to proposals in all groups)

Eg Is this the best approach, are we maximising the benefits from taking this approach, have we fully identified implications, is there anything we would like to change / challenge?



Stage 3 Mapping – Evaluate Relative Priority within a group

Within group 2 assess and score potentially competing priorities against weighted criteria.

Plot outcomes on the prioritisation map to identify relative order of priority.

