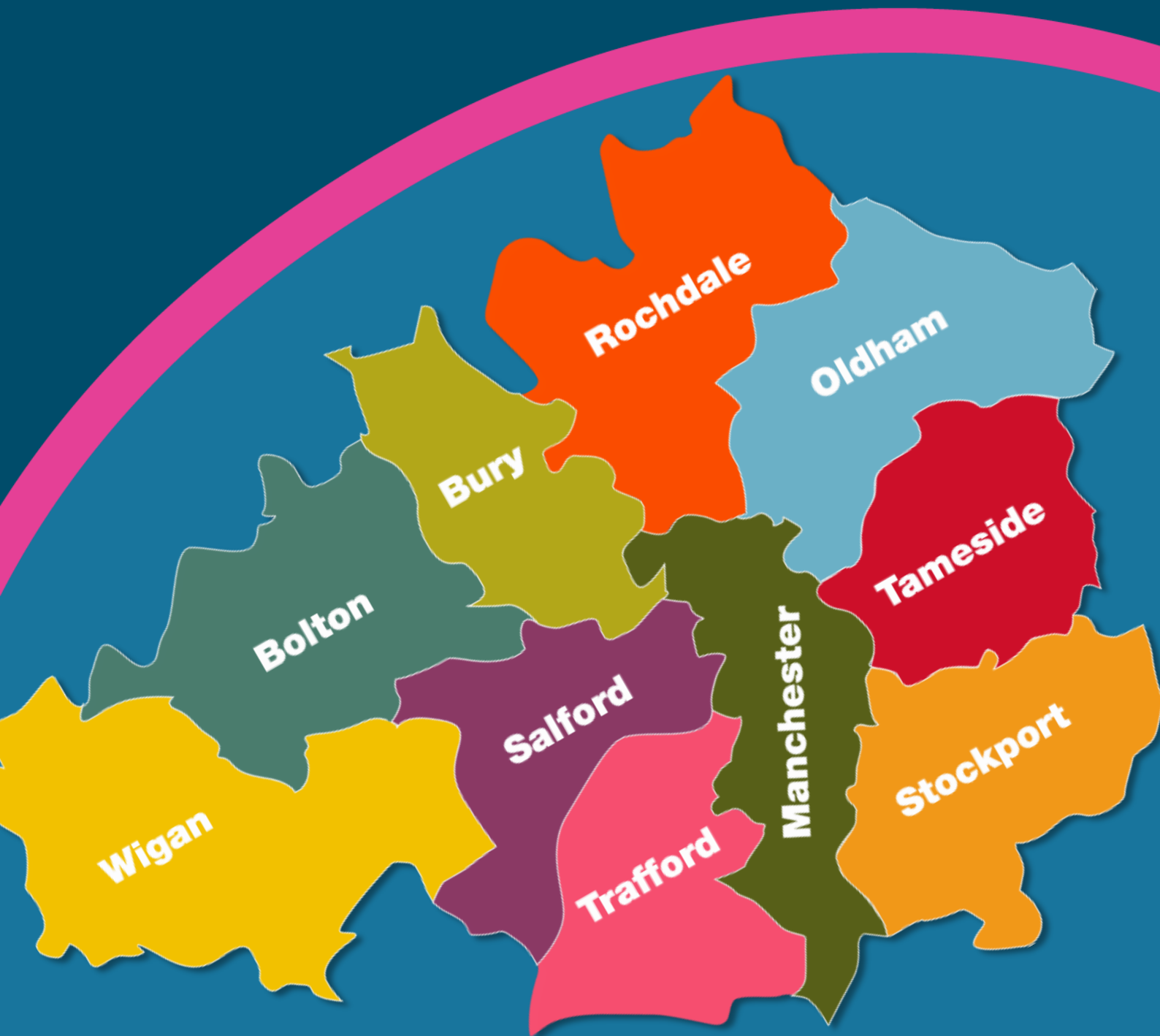


All-age strategy 2022–25

Working towards 'a world where we can all get the health and care support we need'



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Foreword

Healthwatch is a local and national health and social care champion, established and funded in each local authority area in England in accordance with the Health and Social Care Act 2012. Some of our functions covered by this Act relate to the new Greater Manchester Integrated Care System, with whom we want to work productively.

As independent statutory bodies each Healthwatch will obtain the views of local people about their needs and experiences of care and make those views known to leaders who commission, provide and scrutinise services in localities.

At a local level each Healthwatch will make reports about services, provide information and advice to the public and promote public engagement as required according to their statutory functions (appendix 1).

There are 10 Healthwatch in Greater Manchester (appendix 2) and this 3-year, all-age strategy describes the collective objectives of our 10 independent organisations as we collaborate together to share information, expertise and learning to transform health and social care services such as general practice care, hospital care, dental care, care delivered in pharmacies and in people's own homes across England.

Our Healthwatch in Greater Manchester (HWGM) All-Age Strategy 2022-2025 encompasses new ways of collaboration between ourselves; with the Greater Manchester Integrated Care System (ICS) and sectors such as the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE).

Our strategic ambition is to passionately illuminate the voices of all diverse communities in Greater Manchester and to advocate on their behalf, at all levels of the new ICS to ensure that individuals can get all the health and care support that they need.

In pursuit of our ambitions, we will continue to offer constructive feedback and scrutiny to health and care organisations as an independent critical friend, with no vested interests. In addition we will look to the ICS to promote the mutual benefits of working with Healthwatch and importantly Healthwatch involvement in each of the 10 boroughs, as appropriate.

We will be active partners in promoting the newly emerging ICS strategy.

Introduction

In the context of changes in the way that health and social care services are to be commissioned and provided from 01 July 2022, Healthwatch's role as an established and much respected, independent critical friend is crucial.

To ensure that we are as effective as possible and that our work continues to have the greatest impact, we (Healthwatch in Greater Manchester) have come together and developed a new 3-year all-age strategy (2022-2025). This strategy covers work relating to children's and adults' social care as well as NHS and public health services.

Whilst locally we will continue to support people to have their say, provide a high-quality service, and support professionals to act on what people tell us, we as a Greater Manchester collaborative network will work together to represent the voice of our collective communities at every level of the new integrated care system and deliver the following objectives:

1. Build on the development of sustainable and high-performing Healthwatch in Greater Manchester.
2. Be well-governed and use our resources for greatest impact.
3. Amplify the experiences of people needing or using health and care services.
4. Reach out to all communities to ensure that they are heard and reduce the barriers that some groups face.
5. Act on what we hear to transform health and care policy and practice.
6. Share our expertise in engagement within our network and beyond.

Building from a strong base

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Our Vision.

We want a world where we can all get the health and care support we need.

Our Mission.

To passionately illuminate the voices of all diverse communities in Greater Manchester and to advocate on their behalf, at all levels of the new Integrated Care System.

Our Approach.

Together we will:



Create arrangements for meaningful engagement with people from across all age groups, analysing their experience in our communities to learn how to transform health and social care.



Foster a strong and productive relationship with the ICS.



Bring strength and influence whilst valuing difference across our localities.



Trust others and be trusted to provide constructive challenge and act with honour as an independent critical friend.



Utilise best practice and adopt Healthwatch England's Quality Framework.



Work in partnership with others such as the VCFSE towards addressing the wider determinants of health and wellbeing.



Collaborate and explore external funding opportunities for joint projects.

Our 6 strategic objectives

Our 6 strategic objectives and the steps we will take to meet them.

1. **Build on the development of a sustainable and high-performing Healthwatch in Greater Manchester.**
 - 1a. We will develop a comprehensive 3-year, all-age work programme consistent with ensuring that we deliver on our strategy objectives.
 - 1b. We will produce an annual plan of work which will include the priorities we have developed in dialogue with the ICS for joint work.
 - 1c. We will publish, via our Healthwatch websites, a mid-year review of progress and an annual impact report and we will promote these reports in our local communities.
 - 1d. We will promote volunteering in our local communities and explore development opportunities for our volunteers. This will strengthen our ability to ensure that a broad range of communities are heard at a GM level.
 - 1e. As individual local Healthwatch complete their Healthwatch England Quality Framework assessments we will undertake a collective assessment to inform and share best practice and also identify areas for collective improvement.
 - 1f. We will agree a Collaborative Agreement between ourselves to anchor our collaborative relationship. This will include a commitment that we will not bid for the same work. We will collaborate and not compete.
 - 1g. We will agree a distributed leadership model, with accountability to each other (appendix 3).
 - 1h. We will appoint one of the members of our Healthwatch in Greater Manchester network to the position of Chair, in April each year.
 - 1i. We will work to develop a partnership working agreement between the ICS and HWGM.

2. **Be well-governed and use our resources for greatest impact.**

- 2a. We will establish an agreed framework of governance to be applied to all pieces of joint work, this will include appointing a lead member to oversee the joint work from set-up to impact tracking.
- 2b. We will adopt Healthwatch England's Research Governance Framework to ensure that we plan and deliver ethical and robust ways of engaging with our communities.
- 2c. We will seek a Memorandum of Understanding with key organisations in the Voluntary, Community, Faith and Social Enterprise Sector based on a relationship of working together and understanding the contribution that we each bring to enabling individuals to access the health and care support that they need.
- 2d. We will put robust data sharing agreements in place to ensure the rights and privacy of individual people are respected at the same time as enabling us to understand the whole range of people's experiences and aspirations across Greater Manchester.
- 2e. We will work together to explore external funding opportunities for joint projects limiting the use of local funds to only those projects when localities can benefit from shared intelligence. This could include working with academic or similar institutions.
- 2f. We will ensure that our respective Healthwatch Boards are updated on the work of the network at least quarterly, with each Board involved in signing off the ICS work plan and the annual network workplan.
- 2g. We will develop a simple way for the ICS and other external partners to make contact with and liaise with HWGM on new and agreed joint work.

3. Amplify the experiences of people needing or using health and care services.

- 3a. We will build on the role that local Healthwatch have at place-based (locality) partnership level and share local intelligence.
- 3b. We will seek to build a repository of information to inform our decision making.
- 3c. We will bring effective challenge into the ICS by reporting on the issues that matter to our local communities, to inform high level decision making.
- 3d. We will seek out and highlight any inequality issues (particularly relating to access to / outcomes from services) and ensure that the people experiencing those inequalities have their voices heard.
- 3e. We will develop a Communications and Engagement Strategy and build on the key relationship we have with the ICS communications team.

4. Reach out to all communities to ensure that they are heard and reduce the barriers that some groups face.

- 4a. We will utilise the full range of engagement tools that we have collectively.
- 4b. We will apply an equality, diversity and inclusion lens to all pieces of joint work by collecting and analysing demographics including census data and the public health Joint Strategic Needs Assessment (JSNA). We will use this data to ensure that we target key geographical communities and communities of interest when planning our work.
- 4c. We will identify and respect the expertise that exists in individual Healthwatch when choosing a lead for each joint piece of work.
- 4d. We will harness the support of our army of volunteers to gather opinion on what matters in our local communities and use this to inform our representative role.
- 4e. We will work in partnership with other sectors such as the VCFSE to proactively engage with all sections of our communities.
- 4f. We will maintain our statutory role on the Health and Wellbeing Boards and collaborate with Health Scrutiny Committees.

5. Act on what we hear to transform health and care policy and practice.

- 5a. We will promote representation where this is of value and as agreed with the ICS in order to share information to inform decision making through a variety of means ranging from informal / informed exchange to the publication of reports.
- 5b. We will continue to offer constructive challenge when sharing information with the ICS and other relevant partner organisations and be prepared to explain the actions that we have taken when sharing information to the communities who have provided insight.
- 5c. We will develop a representation framework to ensure that our representation is evidence-based and delivered consistently regardless of which local Healthwatch is acting as our representative.
- 5d. We will summarise our actions in the annual impact report which we will publish mid-year, each year.

6. Share our expertise in engagement within our network and beyond.

- 6a. We will develop the skills of our collective Healthwatch workforce (staff and volunteers) and enhance career opportunities through peer support and informal mentoring.

- 6b. We will offer peer review of the Healthwatch England Quality Framework assessments undertaken by individual Healthwatch and learn from each other.
- 6c. We will strengthen Healthwatch in localities by standardising procedures where it makes sense to do so.
- 6d. We will work together to support each local Healthwatch to engage in their place-based ICS architecture.
- 6e. We will work with Healthwatch England to buddy with other networks that can help us address any weaknesses and share our strengths for the benefit of others.
- 6f. We will share our learning with partners in our communities so they too can strengthen the way they engage with and feed into the ICS system.
- 6g. We will promote and support the work of our partner organisations in engaging with local communities. This will strengthen co-production and co-design approaches, placing value on ongoing dialogue rather than one-off consultation.

Appendix 1.

Local Healthwatch statutory functions

Currently the functions of Healthwatch are those set out in the Health and Social Care Act 2012. It is not expected that the functions will change as a result of the Health and Care Bill currently going through Parliament, with the responsibilities for Clinical Commissioning Groups (CCGs) transferring to Integrated Care Boards (ICBs)

The legislation states that every local Healthwatch must carry out the following activities:

- ◉ Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
- ◉ Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
- ◉ Obtaining the views of local people regarding their need for, and experience of, local care services and importantly to make these views known to persons responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England.
- ◉ Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- ◉ Providing advice and information about access to local care services so choices can be made about local care services.
- ◉ Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
- ◉ Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
- ◉ Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

“Care services” means -

- (a) services provided as part of the health service in England: or
- (b) services provided as part of the social care services function of a local authority:

“Local care services” in relation to a local authority, means -

- (a) care services provided in the authorities area: and
- (b) care services provided, in any place, for people from the area;

“Local people” in relation to the local authority, means -

- (a) people who live in the local authority’s area,
- (b) people to whom care services are being or may be provided in that area,
- (c) people from that area to whom care services are being provided in any place, and who are (taken together) representative of the people mentioned in paragraphs (a) to (c);

“The health service” has the same meaning as in the National Health Service Act 2006;

“Social services functions” in relation to a local authority, has the same meaning as in the Local Authority Social Services Act 1970.

Appendix 2.

Healthwatch organisations in Greater Manchester

Healthwatch	Web addresses
Healthwatch Bolton	healthwatchbolton.co.uk
Healthwatch Bury	healthwatchbury.co.uk
Healthwatch Manchester	healthwatchmanchester.co.uk
Healthwatch Oldham	healthwatcholdham.co.uk
Healthwatch Rochdale	healthwatchrochdale.org.uk
Healthwatch Salford	healthwatchsalford.co.uk
Healthwatch Stockport	healthwatchstockport.co.uk
Healthwatch Tameside	healthwatchtameside.co.uk
Healthwatch Trafford	healthwatchtrafford.co.uk
Healthwatch Wigan and Leigh	healthwatchwiganandleigh.co.uk

Appendix 3.

Our shared values and behaviours.

We commit to behaving consistently in ways which model and promote our shared values:

- ◉ We are leaders of our individual organisations, in our place-based localities and of Healthwatch in Greater Manchester.
- ◉ We support each other and work collaboratively.
- ◉ We act with honesty and integrity and trust each other to do the same.
- ◉ We challenge constructively when we need to and assume good intentions.
- ◉ We hold each other to account for achieving our agreed objectives.

Healthwatch in Greater Manchester - Our Distributed Leadership Model 2022-2025.



Who are we?

Healthwatch Greater Manchester is a partnership between 10 independent Healthwatch organisations, each set up in different ways, with different constitutions but with overarching aims, objectives, and statutory duties as their foundation. They are Healthwatch in Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan and Leigh.

Why have we chosen distributed leadership for our partnership?

We believe that by acting collaboratively, and sharing accountability our interactions with each other will result in us developing together and having the agility to operate within complex environments.

Our shared values and behaviours

1. We are **leaders** of our individual organisations, in our place-based localities and of Healthwatch in Greater Manchester.
2. We **support** each other and work collaboratively.
3. We act with **honesty** and **integrity** and trust each other to do the same.
4. We **challenge constructively** when we need to and assume good intentions.
5. We **hold each other to account** for achieving our agreed objectives.

In practice what does this mean?

1. The Chief Officer / Manager and Chair / Vice-Chair or Board member of each of the 10 independent Healthwatch organisations from across Greater Manchester will attend the network meetings.
2. Each member of the network will share their expertise with other members and support each other to achieve our agreed strategic objectives.
3. Information will be distributed to all members ensuring transparency and making sure that everyone has the same level of understanding.
4. Results will be driven through consultation and consensus; together we will place value and importance on each member's contribution.
5. We will appoint one of our members to the position of Chair, in April each year.
6. We will encourage distributed leadership behaviours.

What will our engagement across health and care look like?

1. We will be ambitious in the ways we collaborate to illuminate the voice of the people of Greater Manchester at all levels of the ICS.
2. We will build constructive relationships with partners in order to maximise our impact.
3. We will do work once - sharing intelligence and working together to avoid duplication and potential source of conflict.
4. We will provide a scheme of representation with members acting as a single point of contact with partners.
5. Our representation will provide a collective voice for the Healthwatch in Greater Manchester network underpinned by collective insight and shared intelligence.

Our distributed leadership model.
Healthwatch in Greater Manchester
January 2022.



