Proposal for adoption	Relevant principle(s) in ICS guidance
Adopt a **spectrum of engagement** across the system to support ICS partners to be able to clearly identify and articulate the purpose of working with people and communities across its different activities (see appendix).	Principle 1: Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
Develop and implement a **system-wide engagement plan** so that consultation and engagement activity with people and communities is clear, coordinated and proportionate. Link this engagement plan to the priorities of Stockport's One Health and Care Plan (and continue to review and evolve the engagement plan as new priorities are agreed or emerge).	Principle 2: Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions. Principle 6: Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
Commit to host and resource at least **two ICS open forums each year** which bring people together across the system in Stockport including public, patients, VCFSE and other stakeholders. This would include, for example, the Cross-Sector Forum, Healthwatch, Partnership Involvement Network, PACTs, Children and Young People's Forums, Equality networks, tenants groups, and Neighbourhood Networks. These should be dynamic and engaging in style (not committee meetings) with a focus on listening to people and communities and sharing stories to build understanding and inform priority setting.	Principle 1: Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS. Principle 3: Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect. Principle 6: Provide clear and accessible public information about vision, plans and progress, to build understanding and trust. Principle 10: Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.
Adopt Healthwatch Stockport's 'Issues to Action' model of engagement and co-production as a shared methodology for developing plans and feeding back to communities about how their engagement has influenced activities and decisions, especially in relation to specific health conditions and services.	Principle 2: Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions. Principle 8: Use co-production, insight and engagement to achieve accountable health and care services. Principle 9: Co-produce and redesign services and tackle system priorities in partnership with people and communities.
Agree and implement system-wide adoption of the **Stockport Co-production Charter**, with a further piece of engagement work to be carried out that includes people and communities to	Principle 8: Use co-production, insight and engagement to achieve accountable health and care services.

review the charter so that it is inclusive and aligns to the ICS context.	Principle 9: Co-produce and redesign services and tackle system priorities in partnership with people and communities.
Alongside continuing to evolve the neighbourhood model encourage '**Team Around the Place**' ways of working so that statutory, voluntary, and community organisations and networks are connected at neighbourhood level. This should incorporate existing neighbourhood structures (e.g., Primary Care Networks, Team Around the Place, Place Based Initiative) as well as smaller VCFSEs working in that neighbourhood. It should build on and learn from workshop events being planned and coordinated by Viaduct Care at PCN/Neighbourhood level to help develop some sustainable outcomes and engagement mechanisms in neighbourhoods. Consider how all system leaders could personally link into at least one Team Around the Place. Support these '**Neighbourhood Networks'** to come together on at least a bi-annual basis and connect into the ICS open forums (see proposal 3).	Principle 3: Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect. Principle 10: Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.
Sustain and scale the **Community Champions** initiative to foster ongoing peer to peer connections and support between people at a neighbourhood level, and ensure opportunities for the Community Champions network to engage in the wider ICS.	Principle 4: Build relationships with excluded groups, especially those affected by inequalities. Principle 7: Use community development approaches that empower people and communities, making connections to social action.
Allocate **budget for a community research and development programme** to harness VCFSE organisations and networks' reach into communities to better understand and address health inequalities. The precise focus of the programme should be agreed on an annual basis, linked to place priorities, and activity scheduled as part of the system-wide engagement plan.	Principle 3: Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect. Principle 4: Build relationships with excluded groups, especially those affected by inequalities. Principle 5: Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners. Principle 7: Use community development approaches that empower people and

	communities, making connections to social action.
Design and implement a **community-powered health leadership programme** including a focus on the spectrum of engagement, active listening, and culture change – a basis for genuine co-production and service re-design. All system leaders with decision making authority in Stockport to attend as a minimum (could potentially be GM-wide).	Principles 1-10, especially Principle 10: Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.
Design and implement a **community-powered health staff development programme** including a focus on the spectrum of engagement, active listening, and culture change – including the skills and behaviours which will be needed by staff to deliver and sustain community-powered ways of working.	Principles 1-10, especially Principles 2-9.
Healthwatch and Sector 3 to be represented on the Locality Board and the Place Based Partnership Board.	Principle 1: Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS. Principle 5: Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
People and Community Voice Review Group, drawn from membership of the existing Sub-Group, to reconvene at 6 months and 12 months (from 1 July 2022) to review progress and share this in line with the communications strategy (e.g., with Locality Board, at ICS Open Forums).	Principle 1: Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.