



## Locality Board Update – People and Community Voice Engagement in Health and Social Care

<b>Report To (Meeting):</b>	ONE Stockport Health and Care Partnership Board (Locality Board)		
<b>Report From (Board Lead)</b>	Mara Kildunne, Chief Officer, Healthwatch Stockport / Kathryn Rees, Director of Strategy, Stockport MBC		
<b>Report From (Author):</b>	Maria Kildunne / Andy Callaghan, Communications and Engagement Coordinator, Greater Manchester Integrated Care (Stockport)		
<b>Date:</b>	30 August 2023	<b>Agenda Item No:</b>	10
<b>Previously Considered by:</b>	n/a		

### **Purpose of the report:**

- To document progress and challenges on the People and Communities Voice Engagement Action Plan.
- To provide Board members with an update on public engagement taking place across the One Stockport Health and Care Partnership.

### **Key points (Executive Summary):**

This first quarterly report from the One Stockport People and Community Voice Engagement Group is a result of agreed, approved and ongoing actions arising from the Engagement and Communications Framework for Stockport. The report is presented in four sections.

#### **1. Introduction and overview**

An overview of how the locality partners plan to incorporate engagement into planning and decision making along with how that information will be captured and acted upon.

#### **2. Stockport’s ten principles of working with people and communities:**

The ten principles for how Integrated Care Systems (ICSs) can develop their approach to working with people and communities. The insight and diverse thinking of people and communities is essential to enabling our ICS to tackle health inequalities and the other challenges faced by health and care systems.

#### **3. Progress against the One Stockport Health and Care Engagement and Communications Framework:**

An update on the ongoing and planned work taking place to ensure the mechanisms and processes are in place to enable the public voice to be captured and used in future planning and decision making. The Framework was agreed by board in February, 2023.

#### **4. Engagement activity update:**

An overview of engagement activity across the borough provided by member organisations of the One Stockport Health and Care Partnership as well as other partners and stakeholders.



**Recommendation:**

The Board is asked to:

- Note the progress on actions outlined in the Engagement and Communications Framework.
- Confirm its approval to the format of this report, in particular the presentation of the engagement information by way of theme as displayed in section four of this update.
- Commit their organisations to sharing details of engagement activity via the appropriate person or department to ensure locality engagement is shared and co-ordinated. Details can be sent to [stockportccg.communications@nhs.net](mailto:stockportccg.communications@nhs.net) and/or brought to the quarterly People and Community Voice Engagement Group via their representative at that group.

<b>Decision</b>		<b>Discuss/Direction</b>	<b>X</b>	<b>Information/Assurance</b>	<b>X</b>
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**Aims (please indicate x)**

Which integrated care aim(s) is / are supported by this report:	People are happier and healthier and inequalities are reduced	<b>X</b>
	There are safe, high-quality services which make best use of the Stockport pound	<b>X</b>
	Everyone takes responsibility for their health with the right support	<b>X</b>
	We support local social and economic development together	<b>X</b>

**Conflicts of Interests**

Potential Conflicts of Interest:	None
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**Risk and Assurance:**

List all strategic and high level risks relevant to this paper	None
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**Consultation and Engagement:**

<b>Local People / Patient Engagement:</b>	This update highlights the public and professional engagement activity in Stockport over the last 12 months, along with current and planned engagement. This does not cover all engagement, just the information shared by partner organisations. The long term aim of the People and Community Voice Engagement Group is to capture all engagement across the borough.
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<b>Workforce Engagement:</b>	None
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**Potential Implications:**

<b>Financial Impact:</b>	Non-Recurrent Expenditure	£0
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Please note - All reports with a financial implication require detail of the level of funding, funding stream and comments from Finance.	Recurrent Expenditure (please state annual cost)	£0				
	Funding stream	Yes		No		
	Included in the s75 Pooled Budget	n/a				
	GM ICB (Stockport) delegated budget	n/a				
	Other, please specify:					
<b>Finance Comments:</b>	None					
<b>Performance Impact:</b>	The overall purpose of the People and Community Voice Engagement Group and these updates is to improve the way in which the members of the One Stockport Heath and Care Partnership work together and with its stakeholders. By sharing resources and information the group can have a positive impact on performance generally.					
<b>Workforce Impact:</b>	Please refer to the statement made in the performance section above. By working together more closely partner organisations will benefit from information sharing, pooling resources and working together.					
<b>Quality and Safety Impact:</b>	None					
<b>Compliance and/or Legal Impact:</b>	n/a					
<b>Equality and Diversity:</b>	General Statement:					
Has an equality impact assessment been completed?	If Not Applicable please explain why	Yes		No	x	N/A
<b>Environmental Impact:</b>	General Statement:					
Has an environmental impact assessment been completed?	If Not Applicable please explain why	Yes		No	x	N/A



## 1. Introduction and Overview

### 1.1 Reporting to the Locality Board

- This is the first quarterly report from the One Stockport People and Community Voice Engagement Group. It builds on, and brings together, the continual dialogue and engagement of people living in and using local health and social care services in Stockport, as well as the dedicated workforce, which supports bringing local people into the health and care system.
- There is an expectation that partners within Stockport's integrated care system (ICS) will agree on how to listen consistently to, and collectively act upon, the experience and aspirations of local people and communities when using health and care services. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities.
- Listening to and acting upon the insight and diverse thinking of people and communities is essential to enabling people to live longer, healthier, and happier lives. It also helps to make sure the health and care offered in Stockport is designed around our population, tackles health inequalities and meets the challenges we face.

### 1.2 The People and Community Voice Engagement Group

- This is a dedicated group to support and coordinate communication and engagement activity for the priorities agreed within the One Stockport Health and Care Partnership. It will provide a check and challenge approach, ensuring locality board partners are communicating and engaging with people and communities in line with the ten principles outlined in section two of this update.
- The group was previously known as the People and Community Voice Sub Group. It was a task and finish group established to ensure that the voice of people, patients and communities was at the heart of Stockport's local arrangements for the Integrated Care System (ICS), especially during the transition period. The co-chairs of this group were Maria Kildunne, Chief Officer of Healthwatch, and Kathryn Rees, Director of Strategy at Stockport Council,
- Following development work with New Local (the independent think tank) in 2022, the co-chairs and with the members of the Sub Group agreed to reposition its function and purpose. It was agreed that the group should align itself to the One Stockport Health and Care Partnership Board to help shape and deliver future planning and decision making. The group's Terms of Reference and membership are currently being reviewed and updated. There will be an emphasis on capturing and incorporating the voice of our communities into the heart of everything we do.
- The group will ensure that a diverse range of people, communities and views are involved, listened to and acted upon by working together as equal members. This input will help shape and redesign health and care services.



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- It will act as the governance route for engagement in the locality to ensure the local voice is heard by the Locality Board and included in the decision-making process.

### **1.3 What good looks like**

- A clear plan for how system partners will work together to engage people and communities, linked to agreed system priorities and evidenced in decision-making.
- A system approach to engagement with shared methods and principles, such as system-wide structures involving people who have living or lived experience, health and care experience profiles and co-production approaches.
- Staff involved in engagement and patient experience will be encouraged and enabled to work in an aligned way across all sectors. This will include, but not limited to, the NHS, Stockport Council, Healthwatch and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. This will create regular opportunities to share good practice, make connections and build on engagement already taking place.
- Making full use of existing insights from national data sources and from place and neighbourhood-level engagement to inform activity and decision-making. Building trust with clear, regular, and accessible communications that can be shared across the system.
- Supporting place-based partnerships and primary care networks to work with people and communities to strengthen public health, prevention and treatment.
- Maintaining proactive and systematic dialogue with public representatives, such as councillors and MPs. Building from the current statutory place-based Healthwatch structures to agree a system-wide approach to working with Healthwatch Stockport.
- Working with foundation trust governors, non-executive directors, and elected members as key partners in connecting with communities. Agreeing how the system will demonstrate that it is meeting legal duties relating to public involvement in health and ensuring effective engagement in places, neighbourhoods and system-wide workstreams.
- Creating the right conditions for volunteering and social action that support health and wellbeing, for example providing small grants and/or community development support.
- Working with Stockport's equity networks to ensure that an understand the lived experience of those with protected characteristics.

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### 1.4 Engagement approach

- We know that people will want to be involved in many ways and at different levels. From changes in service provision to patient pathway design or being involved in the setting of budgets and the development of strategies, to being active participants in the delivery of services. They may just want to receive up to date information about services in their area. Whatever their involvement they will want to hold services to account and shape the measures by which success will be defined.
- By working alongside residents and communities in partnership, we will be better able to understand and address inequalities, improve access, experience, and outcomes, and that our best services are those that have been co-designed with the people who use them.
- The Engagement and Communications Framework sets out how this will happen in Stockport and the approach has been approved by the Board in February, 2023. Work has begun on developing an engagement toolkit which will help set out and create a culture that engagement is everybody’s business.
- The Spectrum of Engagement diagram below demonstrates the intended approach:



<p><b>Information giving:</b> Providing balanced and objective information in a timely manner to help communities understand the issues, alternatives and/or solutions</p>	<p><b>Information gathering</b> - seeking feedback on ideas, services, analysis, issues or proposals to feed into planning</p>	<p><b>Learning together:</b> Exchanging information to make sure that community and statutory and voluntary sector partners’ expertise, hopes and concerns are understood, and to help everyone understand and influence the issues, alternatives and solutions.</p>	<p><b>Deciding together</b> Partnering and working together - people in communities with statutory and voluntary partners - in each aspect of idea- generating, planning and decision-making.</p>	<p><b>Working together</b> and sharing power: Enabling final decision-making and power (including over budgets) to be in the hands of people in communities with support of voluntary and statutory sector partners.</p>
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## **Locality Board Update – People and Community Voice Engagement in Health and Social Care**

### **2. Our ten principles of working with people and communities**

- A strong and effective ICS will have a deep understanding of all the people and communities it serves.
- There are ten principles to guide how an ICS can develop its approach to working with people and communities at neighbourhood and place level, as set out in the National ICS Guidance. The Stockport system has agreed to follow these principles as a base to develop its People and Communities Voice Charter. It will test them with local people regularly to ensure they are relevant and adapt where appropriate.
- For each principle, the completed, current and planned actions the Stockport system is working on are outlined in the table below:

<b>The ten principles of the ICS People and Community Engagement Policy</b>
<b>1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.</b>
<ul style="list-style-type: none"><li>• A summary of decisions made by the Locality Board is produced and distributed to members, subgroups, partners and stakeholders of the Board after each meeting.</li><li>• An Engagement Toolkit and a People and Communities Voice Charter will be developed as part of the system-wide engagement plan, with the Healthwatch Stockport Issues to Action Model embedded within. Demonstration of listening and acting upon (“you said, we did”) will be included, using accessible and understandable language throughout.</li><li>• The People and Community Voice Engagement Group will expand its membership to include more community members and will be co-chaired by a person with lived experience. It will also take responsibility for adding to the Locality Board agenda and holding the Board accountable.</li><li>• A People and Community Voice Review Group, drawn from membership of the existing People and Community Voice Engagement Group, will be established to review progress every six months.</li><li>• Key delivery groups will be co-chaired by people with lived experience where appropriate for example the autism partnership, learning disability partnership and mental health delivery group.</li></ul>

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**2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.**

- There will be annual pop-up engagement events to retain the One Stockport Health and Care identity in the community to actively seek feedback and compare findings against previous pop-up events. This builds on engagement work undertaken for the One Health and Care Plan.
- The Engagement Toolkit and People and Communities Voice Charter will form the basis of the system-wide engagement plan, with the Healthwatch Issues to Action Model embedded within.
- The People and Community Voice Engagement Group will be responsible for creating feedback mechanisms such as surveys or focus groups.

**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.**

- The Healthwatch Feedback Centre will be promoted more widely to gather even more information and feedback from local people about their experience of and ideas for health and care services.
- Engagement undertaken as part of the One Stockport Health and Care Plan.
- Joint Strategic Needs assessments and data analysis to draw on experience and aspirations.

**4. Build relationships with excluded groups, especially those affected by inequalities.**

- Plans are in place to expand the membership of the People and Community Voice Engagement Group to better represent our local communities.
- The People and Community Voice group will work closely with Stockport's Equity networks to ensure that these voices are represented.

**5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.**

- The Chief Executive Officers of Healthwatch Stockport and Sector 3 are members of the Locality Board and Stockport Provider Partnership.
- Sector 3, Healthwatch, Stockport Council and NHS GM to work together to understand how the ICS can work with community champions more closely and effectively.



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- Healthwatch Stockport to be invited into the annual planning process and operating plan to ensure alignment and scrutiny.
- Sector 3 and Healthwatch Stockport will explore available resources across all partners of the Locality Board to fund community research and development.

### **6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.**

- Healthwatch and One Stockport to produce a quarterly update on vision, plans and progress, which goes above and beyond the summary decision making update.
- The Locality Board report front sheet will be revised to include engagement covering who, how, what, when and a spectrum of to what extent people are engaged and plans to get people and communities more involved and at the right stage.
- Healthwatch and One Stockport to produce a quarterly update on vision, plans and progress, which goes above and beyond the summary of decisions document.

### **7. Use community development approaches that empower people and communities, making connections to social action.**

- Plans are in place to expand the membership of the People and Community Voice Engagement Group to better represent our local communities.
- Sector 3, Healthwatch, SMBC and NHS GM to work together to understand how the ICS can tap into the community champions more effectively.
- Team around the Place is working in neighbourhoods making connections with voluntary and community organisations and local people to address priorities.
- One Stockport Local Fund is investing in grassroot community projects and focussing on Locality Board priorities, for example mental health and cost of living.

### **8. Use co-production, insight and engagement to achieve accountable health and care services.**

- The Engagement Toolkit and People and Communities Charter will be delivered as the system-wide engagement plan, with Healthwatch Issues to Action Model embedded within. It will demonstrate evidence of listening and applying “you said, we did” principles, produced using accessible language throughout.
- Quarterly workshops, delivered by Healthwatch, Sector 3 and NHS GM will be made available for health and care staff across Stockport. These should be

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incorporated into all new staff inductions to embed the principle that engagement is everyone's business.

### **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 review the charter so that it is inclusive and aligns with the ICS.
- The Engagement Toolkit and People and Communities Charter will be delivered as the system-wide engagement plan, with Healthwatch Issues to Action Model embedded within. It will demonstrate evidence of listening and applying “you said, we did” principles, produced using accessible language throughout.
- The People and Community Voice Engagement Group will be responsible for creating feedback mechanisms such as surveys or focus groups.
- Co-production to be at the heart of all delivery plans and day to day practice through workforce development and culture change.

### **10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places**

- Work will take place annually to build on networks and relationships with ICS partners including a gap analysis to build new relationships.
- As part of the Neighbourhoods and Prevention Programme, primary care networks (PCNs) will be connected to Teams Around the Place (TAPs) work. They will find out what TAPs are doing and how they (PCNs) can get involved.
- The Joint Strategic Needs Assessment Team will be consulted to find out how data can be used to understand the needs of our communities.
- The engagement toolkit, when complete, will be shared with the Locality Board as part of a partnership delivered development session.

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### **3. Progress against the One Stockport Health and Care Engagement and Communications Framework**

#### **3.1 Ongoing work**

- Quarterly People and Community Voice Group meetings have been scheduled for Monday, 10 July, 2023, Tuesday, 10 October, 2023, and Thursday, 18 January, 2024.
- An action plan was developed based on the outcomes from workshops facilitated by New Local independent think tank in 2022 and presented to the Locality Board in February, 2023. The action plan will be held and developed by the People and Community Voice Engagement Group. See Appendix 1 attached to this report.
- Quarterly update to the board highlighting engagement work, emerging priorities, and opportunities currently planned for August 2023, November 2023 and February 2024.
- Bi-annual engagement forum on key health and care priorities: Next forum planned for October 2023. Outcomes will be included in the next Locality Board quarterly update.
- Members of the One Stockport Health and Care Partnership have been invited to share details of completed, ongoing and planned engagement. The plan is to collate and track engagement activity on a single platform or document. This will allow partners see what each other is doing and work together on similar projects or activities, making greater use of resources.

#### **3.2 Future development of plans from the Engagement and Communications Framework**

- The People and Community Voice Engagement Group intends to recruit a co-chair with lived experience and add more community representation to its membership.
- Development of a Stockport wide engagement toolkit, incorporating good practice from all system partners.
- Creation of a forward plan for engagement delivery that all partners are committed to and will contribute to. It will recognise and incorporate, if necessary, the NHS GM People and Communities Strategy and delivery plans.
- Creation of a communications plan that outlines a coordinated system approach to create understanding and awareness of the work of the Locality Board.
- Production of communications for both internal and external audiences, including a newsletter style document to keep the public updated on the progress of the One Stockport Health and Care Plan.

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- Fostering and developing an engagement culture, recognising that collectively we are a great resource not just across health and care but also considering wider determinants such as housing and education.
- A pilot project to be developed to capture informal and anecdotal feedback looking at options as to how feedback is collected and presented to the system, in a way that can be used to inform service delivery.
- Continue to support the Locality Board in the promotion of actions and outcomes to wider stakeholders.

### **3.3 Risks & Challenges**

- True collaboration and engagement are resource intensive and at present has no dedicated budget. This affects timescales of when work can be carried out and by whom.
- Staff and volunteers from across all sectors are providing additional time and resources on top of their usual commitments.
- Continuation of administrative support to the People and Community Voice Engagement Group, which will be affected by the staff consultation being carried out by NHS GM. The consultation is due to conclude before the end of 2023.

### **4. Engagement Activity update**

Below is a summary of the engagement activity which has taken place so far this year. The information has been provided by the members of the People and Community Voice Engagement Group and it is recognised that it is not an exhaustive list of all activity. It's separated into broader themes and a core group of regular themes will be established as this quarterly update develops.

<b>Engagement Activity by Theme</b>
<b>Primary Care</b>
<ul style="list-style-type: none"><li>• Healthwatch Stockport and NHS GM co-produced a survey about patient access at GP Surgeries. Over 500 responses were received, and a report has been produced by Healthwatch. The findings will be shared with primary care networks (PCNs) at a workshop event being led by Viaduct Care.</li><li>• The workshop event referenced above is one of a series organised by Viaduct Care in partnership with Healthwatch Stockport, Sector 3 and wider VCFSE sector colleagues. They will bring together organisations and individuals from across PCN areas plus representation of the patient and service user voice to identify key challenges and explore opportunities for collaboration, innovation and new ways of working (as part of the ICS). The workshops will support the</li></ul>

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ambitious plans for PCNs which will in turn feed into the local integrated care system and provider partnership. They will also help us to embed user voice in the design and development of local health and care services.

- The Partnership Involvement Network (PIN), the public engagement group managed by NHS GM, agreed at its quarterly meeting in March 2023, to focus on helping to improve general practice systems and processes. It will look at how practices identify and deal with patient issues. Primary care colleagues at both practice and NHS GM level are now working with PIN members to see how and when they can get involved in local patient participation groups (PPGs), which are managed by practices and/or PCNs, to develop this work.
- A Primary Care Strategy Workshop was hosted in March 2023, which brought together colleagues from across the system with input from Healthwatch, Sector3 and Stockport Homes. The outputs directly influenced the Greater Manchester Primary Care Blueprint.
- Viaduct Care hosted a Members Event in July 2023. GP practices and PCNs across Stockport came together to discuss how to improve GP services for Stockport patients.
- NHS GM, with contribution from Viaduct Care, developed a suite of resources to help inform and educate the public about the different roles in GP practices. The output can be viewed on the NHS GM website here: [www.gmintegratedcare.org.uk/whoswhoatyourGP](http://www.gmintegratedcare.org.uk/whoswhoatyourGP).

### **Secondary Care**

- Stockport NHS Foundation Trust and Tameside NHS Foundation Trust are planning engagement about a proposed community diagnostic centre. Engagement will take place with Healthwatch Stockport and Healthwatch Tameside at the end of summer 2023, as well as with other patient groups.

### **Adult Social Care**

- The Adult Social Care Team at Stockport Council invited people who use social care services and other stakeholders to its first open information session. Those in attendance were able to give their thoughts on the potential set up of a 'Making It Real Board' in Stockport. The Board would work collaboratively with the council making recommendations on how different service areas can improve and develop, with the aim of seeing services progress towards more person-centred, community-based support. Progress will be highlighted in future updates.

### **Carers**

- A Carers Partnership is being created by Signpost for Carers Stockport in partnership with Stockport Council to support carers. It arises from a discussion at the Healthwatch Stockport Network Forum last December, attended by over 100 people, where carers were able to discuss the issues they face, including

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the health and care needs aside of the person they care for and a lack of resources. A progress report will be available at the next Healthwatch Stockport Network Forum and via this quarterly Board update.

### Children and Young People

- Work to establish a Youth Alliance has been undertaken. This has been co-designed with children and young people and called L!sten:

#### How will it work?

**Youth Panel Steering Group (Meets once a month. Core group of young people who will receive training and support to lead the overall group).**

Monthly community group discussion groups. (Will change each month to reflect different groups opinions. Will discuss monthly questions and report back to Youth Panel)

Monthly sessions led by Autisk. (To focus on engaging with young people with SEND needs and ensuring their voices are heard in youth discussions)

Half termly engagement with youth councils/ groups of young people at each high school in Stockport to ensure we are gaining voices from each area of Stockport.

Monthly online questionnaire to be shared with all youth groups in Stockport, as well as online.

### Dementia

- With over 4,000 people in Stockport who live with Dementia, Healthwatch Stockport in partnership with Stockport Council, the Alzheimer's Society and Dementia United, hosted an awareness event during Dementia Action Week in May 2023. The event, opened by the Mayor of Stockport and Caroline Simpson, Chief Executive Officer of Stockport Council, was attended by over 300 people. They were able to give feedback to inform the Dementia Strategy, hear about the progress of the recommendations set out in the Healthwatch Stockport Dementia Report and take part in workshops. Topics covered included nutrition, hydration, delirium, EDUCATE dementia training, and getting legal help from a specialist solicitor.

### Digital

- Viaduct Care has recruited digital facilitators who have undertaken audits of Stockport GP practice websites. A programme to improve the accessibility and quality of information available has now commenced to help make services and information more accessible to the general public.
- Stockport Council's DigiKnow Team has been working with Viaduct Care, NHS GM, and Starting Point to support and enable people to access digital resources. There's a particular focus currently on promoting the NHS App and encouraging

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people to order their repeat prescriptions using the App. Work will commence in the second half of 2023 to educate and support service users in this area.

### **Learning Disabilities**

- Stockport Advocacy hosted a Learning Disability Conference in June at the Learning Disability Resource Centre (LDRC). Workshop conversations were held with over 60 people with learning disabilities and the feedback will help inform the Learning Disability Strategy, both locally and at GM level, and has already been fed back to the Valuing People's Partnership.
- A Learning Disability Health Information Day was held at Alma Lodge hosted by NHS GM and Stockport Council.

### **Mental Health**

- Engagement has taken place over several months with people and communities to develop the Stockport All Age Mental Health Strategy.
- Mental Health Carers Group Stockport and Healthwatch Stockport have been working with people who have serious mental illness and their carers about their living/lived experience of using services over an 18-month period. They have co-produced a report based on their findings, a summary of which is being presented at Board in July. The outcome of this will be provided in the next update.

### **Other completed engagement activity**

- NHS GM, the VCFSE and Healthwatch Stockport were commissioned to host several engagement activities and conversations about what matters to them about health care services. A summary of the findings along with an overview of the methodology can be found at Appendix 2 of this report.
- A frailty workshop was hosted by the Stockport Provider Partnership as part of its work on four priority areas it identified for pathway improvement. The other areas are diabetes, alcohol related harm, and cardiovascular disease. Work on these areas is due to commence.

### **Other ongoing and future engagement activity**

- The One Stockport Health and Care Plan was refreshed this year by NHS GM and Stockport Council with four priority areas identified. They are cost of living, safe and timely discharge, neighbourhoods and prevention, mental health, mental wellbeing and learning disability, and autism. A series of pop-up sessions took place across the borough supported by an online survey. Participants were invited to give their views on what matters to them and whether they agreed with the four priority areas in focus. An update on this engagement activity and next steps will be provided in the next quarterly Board engagement update.



### Putting People and Communities at the core of the ICS

#### How this will be achieved in Stockport

May 2022

#### Introduction

This paper puts forward proposals for how people and communities can be at the core of the new Integrated Care System in Stockport. It is intended to inform a system-wide strategy for working with people and communities and is presented on behalf of the People and Community Voice Task and Finish Sub-Group, with support from New Local. The proposals are based on a series of workshop discussions held with Sub-Group members and other invited partners between January to April 2022. Areas for further development are also identified. It is recommended that Stockport shares its progress and plans to inform work taking place at a Greater Manchester system level.

#### Process of development

New Local facilitated a series of four interactive workshops with members of the People and Community Voice sub-group, and other invited partners, to ensure working with people and communities becomes an integral part of the integrated care system in Stockport. Following an initial workshop in January 2022 a further three workshops were scheduled. The overall plan for this series of workshops was discussed and developed with the input of the sub-group and all sub-group members were invited to each of the workshops. Sub-group members were also invited to identify additional individuals or organisations to be invited to the workshops to widen participation. Each workshop was run in an interactive and participative format with opportunities for discussion and reflection. An overview of each workshop is provided below.



## Appendix 1 - People and Community Voice Engagement in Health and Social Care

### **Preliminary workshop (17 January 2022; online; 1.5 hours, 18 attendees)**

This session included a verbal presentation from New Local on the potential of community powered approaches, discussion on what is already working well to capture people and community voice in Stockport, and discussion on what further opportunities could be taken to embed people and community voice as part of the Integrated Care System.

### **Workshop 1: A diversity of approaches for a diversity of voices (28 March 2022; online; 1.5 hours; 34 attendees)**

This session considered participants' vision for putting people and communities at the core, how Stockport could build on existing strengths, and shared examples of practice happening elsewhere to inform discussions and action planning for Stockport. Across those discussion emphasis was placed on diversity and inclusion and the importance of unpacking 'people and communities' to address health inequalities.

### **Workshop 2: Listening and learning as a system (11 April, online; 1.5 hours; 25 attendees)**

This session drew on participants' own experiences to identify what it is like to feel engaged and listened to, and how these qualities could be embedded in the system. A short presentation was provided from Stockport to share existing good practice (Stockport Healthwatch, end of life care) and participants were then asked to identify something they think Stockport could do more of or do better at to listen and learn together as a system, and to start the process of planning how this could be actioned.

### **Workshop 3: Testing and learning – innovating with focus (28 March; in person at the Heatons Centre; 2 hours; 17 attendees)**

This session sought to deepen engagement on the ideas and emerging proposals, building on strengths and identifying where further innovation might be needed. Five proposals specific to Stockport yet aligned to the ICS good practice principles for working with people and communities were explored in depth, working in small groups. An open discussion was then held about governance arrangements and key areas requiring further developmental work.

Concise reports were written up and shared with sub-group members following each individual workshop and reflections from each session fed into the agenda and design for subsequent sessions. The individual reports are fully accessible and contain further detail of the discussions and proposals.

## Appendix 1 - People and Community Voice Engagement in Health and Social Care

### Recommended principles for working with people and communities

The principles highlighted below align with those in national guidance and at a Greater Manchester level but have emerged as specific principles to be followed when working with people and communities in Stockport.

1. Recognition of the importance of **lived experience** and actively listening to people's stories to inform outcomes. A clear commitment to patient voice should remain central.
2. **Flexibility**, on the part of system leaders and service providers to ensure that there is a genuine opportunity to change things as a result of the listening and engagement activity.
3. **Transparency**, including being clear about what can and cannot be changed, to help foster open communications and build trust.
4. The need to allow sufficient **time and resources** for effective engagement and co-production with people and communities and balancing this with the system's need to accelerate change.
5. A clear focus on **outcomes** – improved health and healthcare and reduced health inequalities – for all work involving people and communities.

### Proposed approach for working with people and communities

The proposals below have emerged from the workshop sessions. Each proposal is summarised in the left-hand column and the right-hand column shows how each proposal contributes to the principles in the ICS guidance. If these proposals are adopted it is recommended that a delivery plan is developed in relation to each one to identify the necessary next steps, who will lead them, and by when, including any wider engagement activity.

## Appendix 1 - People and Community Voice Engagement in Health and Social Care

	Proposal for adoption	Relevant principle(s) in ICS guidance
1.	Adopt a <b>spectrum of engagement</b> 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.
2.	Develop and implement a <b>system-wide engagement plan</b> 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.
3.	Commit to host and resource at least <b>two ICS open forums each year</b> 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.

## Appendix 1 - People and Community Voice Engagement in Health and Social Care

		Principle 10: Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.
4.	<p><b>Adopt Healthwatch Stockport’s ‘Issues to Action’ model</b> 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.</p>	<p>Principle 2: Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.</p> <p>Principle 8: Use co-production, insight and engagement to achieve accountable health and care services.</p> <p>Principle 9: Co-produce and redesign services and tackle system priorities in partnership with people and communities.</p>
5.	<p>Agree and implement system-wide adoption of the <b>Stockport Co-production Charter</b>, with a further piece of engagement work to be carried out that includes people and communities to review the charter so that it is inclusive and aligns to the ICS context.</p>	<p>Principle 8: Use co-production, insight and engagement to achieve accountable health and care services.</p> <p>Principle 9: Co-produce and redesign services and tackle system priorities in partnership with people and communities.</p>
6.	<p>Alongside continuing to evolve the neighbourhood model encourage <b>‘Team Around the Place’</b> 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</p>	<p>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.</p> <p>Principle 10: Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.</p>

## Appendix 1 - People and Community Voice Engagement in Health and Social Care

	<p>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 '<b>Neighbourhood Networks</b>' to come together on at least a bi-annual basis and connect into the ICS open forums (see proposal 3).</p>	
7.	<p>Sustain and scale the <b>Community Champions</b> 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.</p>	<p>Principle 4: Build relationships with excluded groups, especially those affected by inequalities.</p> <p>Principle 7: Use community development approaches that empower people and communities, making connections to social action.</p>
8.	<p>Utilise collective resources to agree a shared <b>community research and development programme</b> 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.</p>	<p>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.</p> <p>Principle 4: Build relationships with excluded groups, especially those affected by inequalities.</p> <p>Principle 5: Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.</p>

## Appendix 1 - People and Community Voice Engagement in Health and Social Care

		Principle 7: Use community development approaches that empower people and communities, making connections to social action.
9.	Design and implement a <b>community-powered health leadership programme</b> 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.
10.	Design and implement a <b>community-powered health staff development programme</b> 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.
11.	<b>Healthwatch and Sector 3</b> 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.
12.	<b>People and Community Voice Review Group</b> , 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.

## Appendix 1 - People and Community Voice Engagement in Health and Social Care

### Areas for further development

In addition to the proposals which have been outlined above some areas are identified for further development. These are not of lesser importance but simply require additional time and attention to identify the recommended actions associated with each.

**Principle 1: Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.** Some governance aspects are clear but further work is recommended. This will be influenced by decisions with regard to some of the proposals put forward but could include the design of the proposed open forums and how they will enable people and communities to influence priority setting and decision making and how neighbourhood level insights and priorities will inform decision-making. An understanding of the variety of different networks that exist across the borough would also be beneficial to enable effective engagement and make use of existing networks such as tenants, parents, governors etc. The Partnership Involvement Network plans to continue to operate and evolve to ensure a strong patient voice is maintained.

**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.** Further work in relation to data (what will be available, when, from whom) and how this will be integrated with lived experience insights is recommended. This includes the experience of staff. Suggested proposals from the workshops included developing neighbourhood profiles; implementing a 'commitment to share' data (e.g., health inequalities, programme evaluations) with a central repository for access; and tracking data to assess change over time (at appropriate geographical scale). There is an opportunity to link with ongoing work on the Outcomes Framework and it is suggested that a task and finish group is established to build this in. This work can draw on learning from existing practice (e.g., scorecards). Work by Healthwatch to develop a feedback centre and possible repository to share data and insight reports to better understand people's experiences of health and care is underway and should also be considered when developing this proposal further.

**Principle 4: Build relationships with excluded groups, especially those affected by inequalities.** This is partly addressed by some of the proposals however, it was acknowledged that targeted work also needs to be undertaken with those most

## Appendix 1 - People and Community Voice Engagement in Health and Social Care

affected by health inequalities – those groups have not been heavily represented in the People and Community Voice subgroup but need to be part of the engagement strategy moving ahead and supported to bring insight and experience on an ongoing basis. Precisely which communities are prioritised should be informed by One Health and Care Plan priorities and ongoing analysis of those experiencing greatest inequalities. Further work on developing the EDI networks should assist.

**Principle 6: Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.** It was acknowledged that work had progressed in this area but the main outstanding areas are ongoing comms/engagement activity – many community organisations and people remain unaware of ICS changes and what they mean, it is acknowledged that this will take time and require ongoing action; and comms style – reporting back on progress in simple clear language, especially who is going to do what / what is being achieved. It was noted that many people will want to hear about outcomes and improvements not mechanisms and structures, in short documents, in plain English.

### Summary

In summary, the ICS presents a real opportunity to work differently. ICS leaders and partners need to feel and be accountable for engaging people and communities (“unseen communities’ do not exist” – workshop participant) and that the process needs to be iterative. A number of building blocks are already in place, or proposed, and work should continue to draw in a wider range of VCFSE and community perspectives as the new arrangements come into effect.

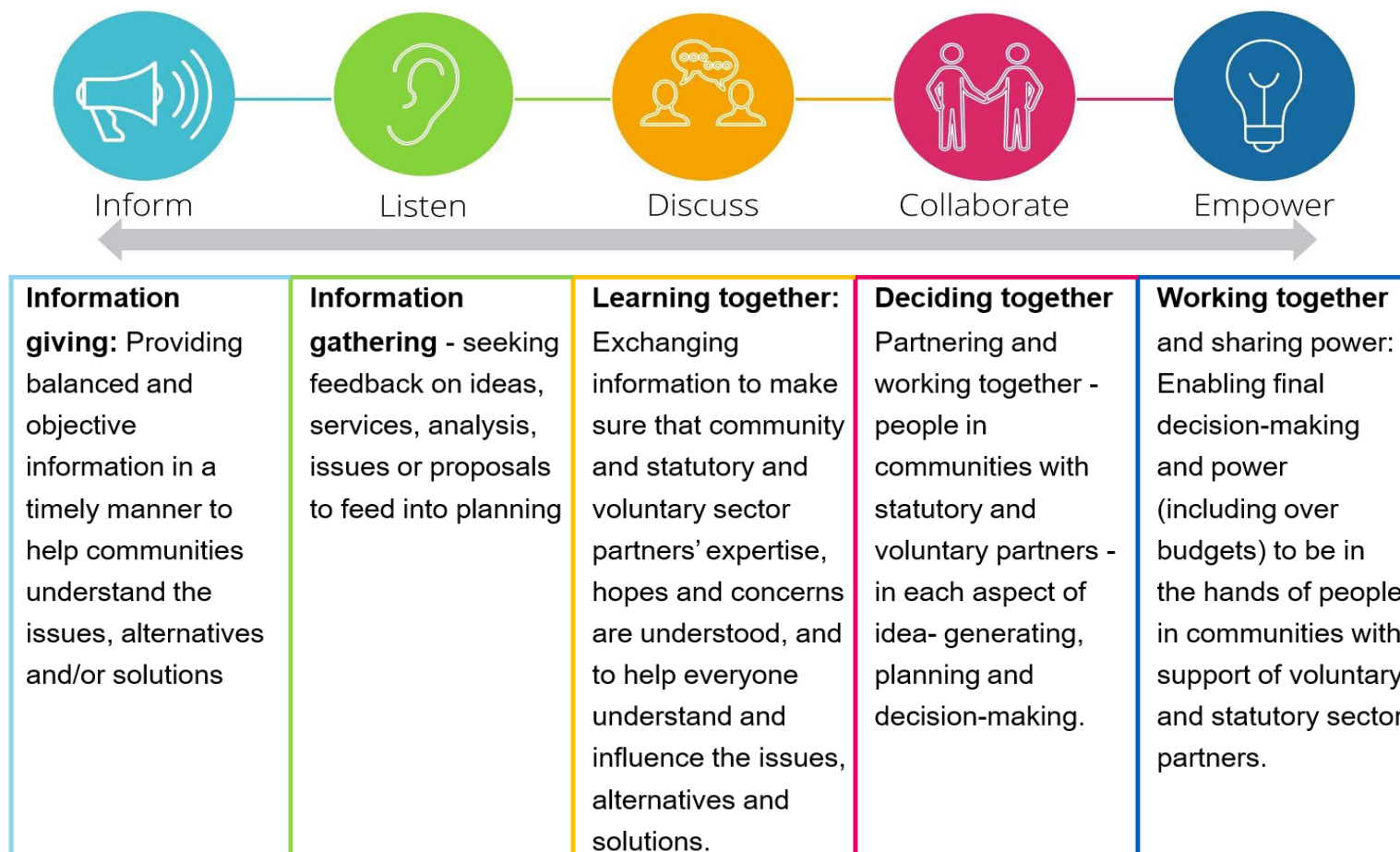


## Appendix 1 - People and Community Voice Engagement in Health and Social Care

### Appendix 1: Spectrum of Engagement

Proposal 1 refers to adopting a spectrum of engagement. The workshops considered the spectrum of engagement developed by NHS England and NHS Improvement, adapted from the Patterson Kirk Wallace Spectrum of Involvement and the International Association for Public Participation Spectrum, and considered how this is being locally tailored and adopted in practice in areas such as the Royal Borough of Windsor and Maidenhead. All elements of the spectrum are valid from informing to empowering. The framework is designed to ensure clarity of intent and purpose when working with people and communities.

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*Adapted from the Spectrum of Involvement used by NHS England and NHS Improvement, originally adapted from the Patterson Kirk Wallace Spectrum of Involvement and the International Association for Public Participation Spectrum*

## **The Big Conversation Stockport Locality**

### **Summary and key messages**

Stockport reached the highest number of residents outside of Manchester, using an opportunistic, mixed methods approach rather than via targeting of specific groups. Interestingly, there were comments within this group about being largely happy with the quality of NHS care received, but that navigating it was the problem. Although access to care was a key theme, and funding was touched on, the themes to emerge from Stockport were less similar to other areas in that there was more of a focus on local issues. There was a particularly big focus on the need for preventative approaches, and particularly around food and diet, and on local transport. The need to support people whilst on waiting lists also arose strongly in this group.

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## 1. Introduction and background

### **Greater Manchester Integrated Care Partnership (ICP)**

In July 2022, Greater Manchester's Integrated Care Partnership was established. The partnership brings together all the different organisations which support people's health and care.

Members of the Partnership come from all ten parts of Greater Manchester (GM), including all NHS organisations, councils, GM Combined Authority, organisations from across the voluntary, community, faith and social enterprise sectors (VCSE) and others all working together to help achieve a shared vision.

The partnership will work with people and communities to create and oversee the region's overall integrated care strategy (five-year plan).

### **Greater Manchester Integrated Care Partnership (ICP) Five Year Plan**

Greater Manchester ICP wanted to engage people and communities on its five-year plan. The plan aims to address the health and care needs of the population across Greater Manchester. It includes actions to improve health and healthcare and reduce inequalities in health outcomes, experience and access to services.

GM ICP wanted to understand what matters most to people and communities to make sure the five-year plan reflects the needs of Greater Manchester's people and communities.

### **Big Conversation**

**Phase 1 (vision and aims).** Between March and May 2022, GM ICP carried out a Big Conversation across GM to ask about the vision and aims of the plan. 1332 gave their views and told us they agreed with these.

**Phase 2 (priorities and actions).** Following this, the partnership wanted to understand what matters most to communities across all ten localities in GM to help shape the priorities and actions for the plan.

Engagement took place in October 2022 and was led by the voluntary and community sector including Healthwatch, GM Equality Alliance and local infrastructure organisations working in partnership with NHS GM engagement leads (below).

This report is a summary of the findings for **Stockport**.

## 2. Methodology

In Stockport, local engagement leads worked together with Healthwatch and used a variety of largely opportunistic methods to reach and engage with the public. This included:

- attending existing local events arranged by Healthwatch throughout the month of October
- seven hours of face- to-face conversations at local vaccination clinics and the town centre shopping complex
- targeted outreach work
- surveys
- additional face to face engagement

The local CVS used a mixed methodology of focus groups plus one to ones.

### Who the engagement reached:

Method of engagement	No of people engaged
CVS focus groups and 121s	100
Healthwatch and NHS engagement - variety of methods including attendance at public events, targeted outreach, surveys and face to face	250
<b>Total</b>	<b>350</b>

Engagement in the Stockport area reached large numbers, estimated at around 350 people. In terms of who the engagement reached, it was not possible to 'count' the characteristics of the groups engaged with from the information provided, however the methods used by the local NHS and Healthwatch included engagement with the following Healthwatch groups (Healthwatch Stockport Senior Management Group; Healthwatch Stockport Board members; Healthwatch Stockport Social Care Task Group) as well as with the Forward Partnership Involvement Network. It also included attendance at a specific event for women and girls, and engagement at the Merseyway Shopping Centre, the One Stockport HUB Covid vaccination clinic, at the Lancashire Hill pop up vaccination clinic, and work with GROW MEET.

The main groups engaged by the local VCSE were **older people, young people, BAME** groups, the **disabled** and **carers**.

## 3. Results

3.1. What would make the biggest difference to people?

People were asked what would make the biggest difference to them in terms of being healthier, happier and better. The main themes to occur were

- **Better access to the NHS** (problems getting through to GPs, shorter waiting times)
- More **prevention and early intervention** (more public health communication eg around diet and exercise, smoking; support for people to lead healthier lifestyles eg more information and advice; access to healthy food)
- **Better communication** (between services/organisations and with patients - patients are left wondering what is happening with their appointments)
- **Environmental changes** (reduced pollution, more green spaces, play areas for children, parks supporting wildlife, community gardens for allotments)
- **Transport** (better public transport including extension of tram to Stockport, more cycle lanes)
- **More community events**

### 3.2. What's stopping this and what would help?

People were asked what was stopping the above. The main themes to occur were

- **Cost of living** (particularly around diet)
- **Lack of local services** (closure of local, face to face services resulting in isolation.)
- **Poor mental health** (including work related stress; impact of lack of sleep/energy)
- **Personal factors** (laziness, low self-esteem, lack of motivation, lack of time e.g. if caring for others)
- **Lack of transport**

What would help?

- **More funding** (e.g. for local VCSE to deliver local services. Loss of funding to Man about a Dog and Handy Ladies both cited as local issues of concern; for GP out of hours service.)
- **More preventative approaches**
  - **Information, advice and guidance** (e.g. how to sleep well)
  - **Cheaper, healthier food** (more information on benefits of a good diet, consequences of bad; clearer food labelling; better understanding of what food labels mean.)
  - **More affordable local activities and services** (e.g. subsidized or cheaper gym memberships; befriending services)
  - **More social prescribing**

- **Services for young adults** (to support advice on health and wellbeing such as contraception and financial wellbeing.)
- **Over 75s health checks** – to include mental health
- **Better transport** (better transport to parks and open spaces)

### 3.3. The most important thing that health and care services need to improve

There were a range of areas that the different groups felt health and social care services needed to improve, namely:

- **Better access to the NHS** (including being seen more quickly, more face-to-face services and reduction in waitlists across the system including to mental health support)
- **More funding and investment** (e.g. for out of hours services; better pay and conditions for health and social care staff, make the job more attractive and rewarding; more specialist local centres to take pressure off GPs and A&E)
- **Better support for mental health** (especially for those on waiting lists and or transitioning to adult services)
- Clearer and more pro-active **pathways**
- **Hospital discharge** (better, community led hospital discharge support)
- **Improved social care** for the elderly (standard policies to ensure good care everywhere, better care packages, including more time with the people being cared for, more affordable non-residential care.)
- **More prevention** (including blood pressure checks, scans, tests)
- **More joined up services** (closer working, shared agendas and communication between health and social care providers.)
- **Social prescribing activities** (people are willing to get out and take part in activities and different solutions. “They want more.”)

## 4. Top 5 themes

- **Access to services** (getting through to GPs on the phone, face to face, reduce size of waiting lists, support people who are waiting)
- **Quality of social care** (home care seen as often inadequate, rushed and not care at all)
- **Mental health** (need for preventative approach, plus importance of the drop off that people experience when they become an adult)
- **Cost of living.**
- **Investment in prevention** (including social prescribing, access to local information, advice and guidance)