

# People and Communities Participation Strategy

April 2024

## NHS Greater Manchester

<b>MEETING:</b>	<b><i>Stockport Locality Board</i></b>
<b>TITLE OF REPORT:</b>	People and Communities Participation Strategy
<b>DATE OF MEETING:</b>	24/04/2024
<b>FILE CLASSIFICATION:</b>	Final
<b>FILE VERSION NUMBER/DATE:</b>	Version: 0.6
<b>AUTHOR/S:</b>	Claire Norman, Claire Connor, Alexia Mitton, NHS Greater Manchester
<b>WHICH GROUP HAS PRODUCED THIS PAPER (IF APPLICABLE):</b>	n/a
<b>PRESENTED BY:</b>	Alexia Mitton, Assistant Director of Engagement, NHS Greater Manchester
<b>PURPOSE OF PAPER:</b>	
<b>Decision Requested:</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>For Discussion:</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>For Noting/Information:</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Financial Implication:</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

### PURPOSE OF REPORT:

To set out the final version of the People and Communities Participation Strategy for discussion.

### 1 BACKGROUND

- 1.1 On 1<sup>st</sup> July 2022, a People and Communities Engagement Framework was approved by the Board. This was a process driven document that helped the organisation to achieve the requirements for day one with regards the engagement duties.
- 1.2 The updated People and Communities Participation Strategy sets out a new vision and ways of working with local residents and communities. We have chosen to use the term participation instead of engagement. This is because it's clearer and simpler and describes what we're trying to achieve – that we build relationships and trust with the people of GM to enable them to participate in discussions and decisions about their own health and services. It's an active term and one people understand, including partners who are critical in this. Engagement is more of an NHS term and, while we were developing this, caused some confusion with staff and stakeholder engagement.

1.3 The strategy has been developed with the support of key stakeholders, including representatives from localities, GMCA, Healthwatch, 10GM and GM=EqAI, and following discussions at locality boards across Greater Manchester (January – March 2024).

1.4 The strategy was approved by the NHS GM Board and received at the Greater Manchester Integrated Care Partnership Board in March 2024.

## 2 KEY MESSAGES:

2.1 The People and Communities Participation Strategy focuses on building a long-term systematic model for participation in health and care using a partnership approach that compliments the myriad of participation activities that take place across Greater Manchester and within localities.

2.2 It sets out why and how we will work with partners, individuals, families, children and communities to understand what matters to them; find the solutions to the challenges that face us; and, better enable them to participate in discussions and decisions about their own health and services.

2.3 The strategy aligns to the GM ICP Strategy and key system priorities, as well as to the participation approach of partners, including the GMCA's emerging focus on participation.

2.4 The Strategy sets out how we will:

- **Deliver participation systematically and with purpose**, being clear about why we are talking to people, what the purpose is, what the right tools are for that piece of work and the outcome we collectively hope to achieve.
- **Target communities who experience the greatest health inequalities**, using participation to support the reduction in health inequality wherever possible.
- **Work in partnership to make the most of the great relationships, infrastructure, assets and ongoing pieces of work which already exist in partners and communities** and continue to build on and develop them, augmenting rather than duplicating. We are not reinventing the wheel, we are refining and improving its performance with partners across GM so we augment rather than duplicate existing work and talk to people once where than can be done.
- **Use the right people and places to reach the right people and places** working with all partners so each can play to its strengths, maximising the breadth and depth of reach of conversations.
- **Meet our statutory duty to involve**, whilst going beyond that to mobilise people to improve their own health.
- **Ensure strong governance and oversight**, taking a partnership approach to both.

- **Focus delivery in localities** with locality-specific plans and resources and avoiding a one-size-fits-all approach, recognising that demographics vary quite drastically across and within our cities and boroughs.

- 2.5 The strategy aligns to the GM ICP Strategy and key system priorities, as well as to the participation approach of partners, including the GMCA's emerging focus on participation.
- 2.6 It sets out an 8-week cycle of planning and delivery, that creates constant and systematic participation. An example is included of how the approach will work in practice over a two-year period to mobilise people and communities to take charge of their own health, focusing on those who experience the greatest health inequalities. The topic of this two-year programme will be determined by the outcome of the Strategic Financial Framework and aligned to the GM ICP Strategy missions.
- 2.7 Delivery of the strategy will be locality focused, with the resources aligned to localities. This includes delivery of locality key priorities and GM-wide priorities within localities. As each locality has a different demographic profile, delivery within localities will need to reflect this, rather than a one-size-fits-all approach. The balance between GM-led and locality-led participation will vary to reflect the needs of the localities and central priorities at any given time.
- 2.8 A key part of this work is to reduce duplication by working across the partnership and to use the resources available to us via front-line teams like library staff, receptionists, community nurses, etc.

### 3 FEEDBACK

- 3.1 Feedback from partners, locality boards, providers and teams across Greater Manchester has varied, depending on their current focus on participation.
- 3.2 Broadly, the strategy has been welcomed with many feeling it is ambitious.
- 3.3 Key, consistent points have included:
1. The strategy was too focused on individuals, with not enough reference to children and families.  
*The strategy has been updated to reflect this.*
  2. It is important that duplication is avoided across Greater Manchester and partners.  
*This is a key focus of the strategy and the locality and system participation groups.*
  3. Localities need to be able to support participation around their priorities.  
*The strategy supports this and it is included in implementation.*

4. Locality governance needs to be reflected in the locality participation groups, as it is important that they are connected locally.  
*The strategy has been updated to reflect this.*
5. There was significant support for the approach being taken with the VCSE sector, with the importance of resources being attached to this highlighted.  
*The strategy supports this and it is included in implementation.*
6. Localities are in different places with regards participation and it is important that this is taken into account in implementation, and that there shouldn't be a focus on standardising to the middle ground.  
*This is an important part of implementation.*

### **3 RECOMMENDATIONS**

- 3.1 That the Board approve the final version of the strategy that has been updated following feedback.