People and Communities Participation Strategy

Strengthening communities by building systematic participation in health and care

Greater Manchester Integrated Care Partnership

Version control

#	Date	Group engaged	Summary of amends made based on feedback
0.1	12.09.2023	Population Health	Strengthened importance of long term relationships. Strengthened reference to impact participation has on reducing demand, improving outcomes and making savings.
0.2	13.09.2023	NHS GM Engagement Team	Minor amends to language and strengthened references to ongoing conversations, and existing locality infrastructure.
0.3	15.09.2023	10GM Directors	Amendments to reference continuous participation and structural health inequalities; updates to the priorities slide to remove reference to "competing" priorities, update the diagram and how we will decide priorities. Further amends to the governance slide to show the relationship between different groups.
0.4	26.09.2023	Senior leadership	Changes to the formatting of the GM approach slides, and additional slides added for the GM approach, current priorities, and planning and governance.
0.41	29.09.2023	Engagement Team	Final draft for wider discussion
0.5	24.10.2023	Senior leaders, 10GM; Equality, Diversity & Inclusion Team; Healthwatch	Updated to reflect the need for mobilising communities, involving businesses and wider partners and on feedback from partners and teams. Reviewed for accessibility.
0.6	11.03.2024	Locality Boards, GM Directors of Public Health, Engagement professionals from across Greater Manchester	Updated following feedback from across the Boards and groups, to make sure that there was clear reference to children and families, the importance of localities, local flexibility and locality governance, amongst other minor amends.

Contents

Introduction

It is vital that we enable participation with our communities. This participation must have purpose, to both improve services, but more importantly, to improve lives. We must use participation to mobilise local people, including individuals, families and children, and communities, making the most of the abundant assets we have in our localities across Greater Manchester's partner organisations, anchor institutions, voluntary, community and faith groups, employers and business, large and small.

This strategy sets out in broad terms why participation is important and how we intend to work with our partners and communities in neighbourhoods and localities to solve the problems that face our health and care system. It is important that we combine efforts with partners across local authorities and trusts to avoid duplication and make the best use of our resources. This includes working with people who are already connected to our residents, for example, library staff, outreach workers, community nurses, etc.

Much of the work must be targeted at reducing the health inequalities that are embedded within our communities. It is important that we work with these front-facing colleagues, and also the VCSE sector to help us to directly reach the people who experience the greatest health inequalities, build trusted relationships with them, and create ongoing conversations that lead to change.

This strategy will be supported by specific plans and frameworks (e.g. children and young people participation framework) that will detail how we will deliver bespoke participation activities that focus on mobilising people, communities and assets to tackle the biggest challenges facing our system.

What is participation?

Greater Manchester Integrated Care Partnership

"NOT JUST THE RIGHT THING TO DO, IT IS THE SMART THING TO DO"

(from City Leader Guide On Civic Engagement produced by Bloomberg Center for Cities at Harvard University)

Participating means including the voices, ideas and capacity of residents and communities in our work. It means finding out what matters to people and shaping our services according to that.

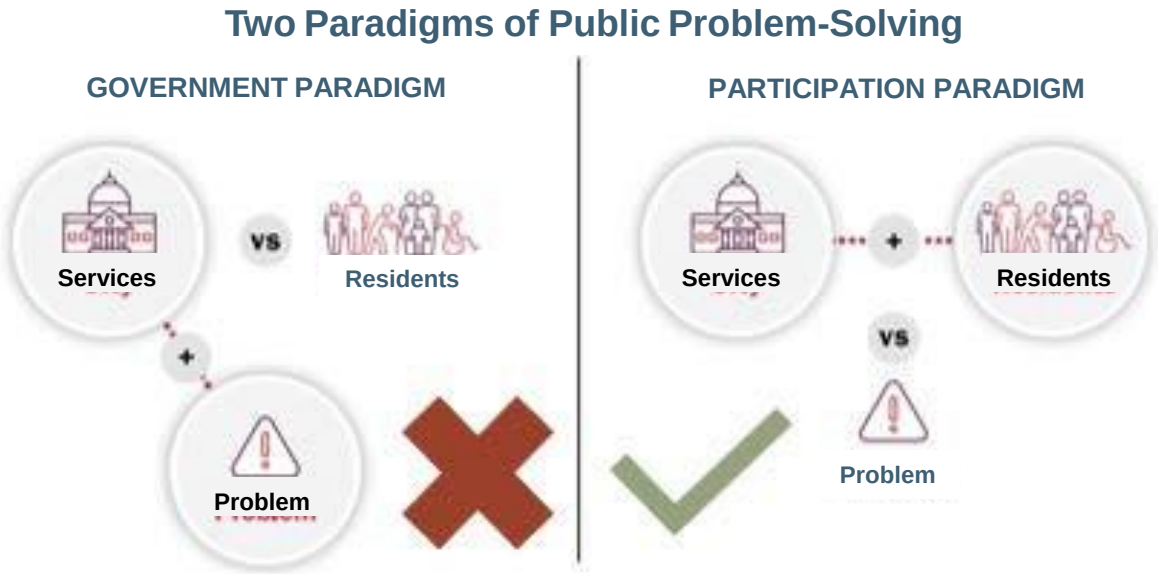
It provides opportunities for the health and care system to work with people and communities to realise solutions together – beyond what is required by law.

It creates a relationship with the public as collaborators engaging in ongoing conversations rather than obstacles to be approached when there is an issue.

Approaching this in a new and systematic way will give us the best chance of successfully delivering our priorities.

This strategy sets out how we will build on our existing strong foundations to create a systematic model for continuous participation - always with a purpose, involving partners, local Healthwatch, the VCSE sector and communities.

We want to work with residents to solve problems together, this is known as the participation paradigm:



What is participation?

There are many different recognised forms and degrees of participation.

The type of participation to be used will depend on the purpose of exercise, the outcomes that are being sought and the people/group being targeted.

Participation with people, families and children, and communities may be delivered by many different parts of the system, both across GM and in the localities.

All types of participation are legitimate and bring value to the system and are all valid methods of delivering this strategy. At different times, depending on the project, we may be listening, or gathering data, or consulting, or co-producing, or a combination of these elements.

Type	Description
Devolving	Placing decision-making in the hands of community and individuals. For example, Personal Health Budgets or community development approach.
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives, and the identification of the preferred solution. This includes co-production and co-design.
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups, and service users participating in policy groups.
Consulting	Obtaining community and individual feedback on analysis, alternatives and/or decisions. For example, surveys, door knocking, citizens' panels and focus groups.

What does well designed participation look like?

In a systematic approach, we will promote participation which has **clarity in its purpose and its design**, with activities not commencing until there are complete answers to four critical questions:

Why are we asking people to participate?

- ✓ Establish the exact problem or opportunity, the purpose of participation, and the desired outcome

What is the topic and the scope?

- ✓ Set a clearly defined role for residents / partners

Who will be asked to participate?

- ✓ Identify all essential voices

How will participation be done?

- ✓ Choose appropriate, accessible methods for essential voices to contribute – these will be different according to each community need and the project's scope, time, budget and audience.

  They could range from rapid polling of insight to focus groups or assemblies, detailed programme co-design or participatory budgeting.

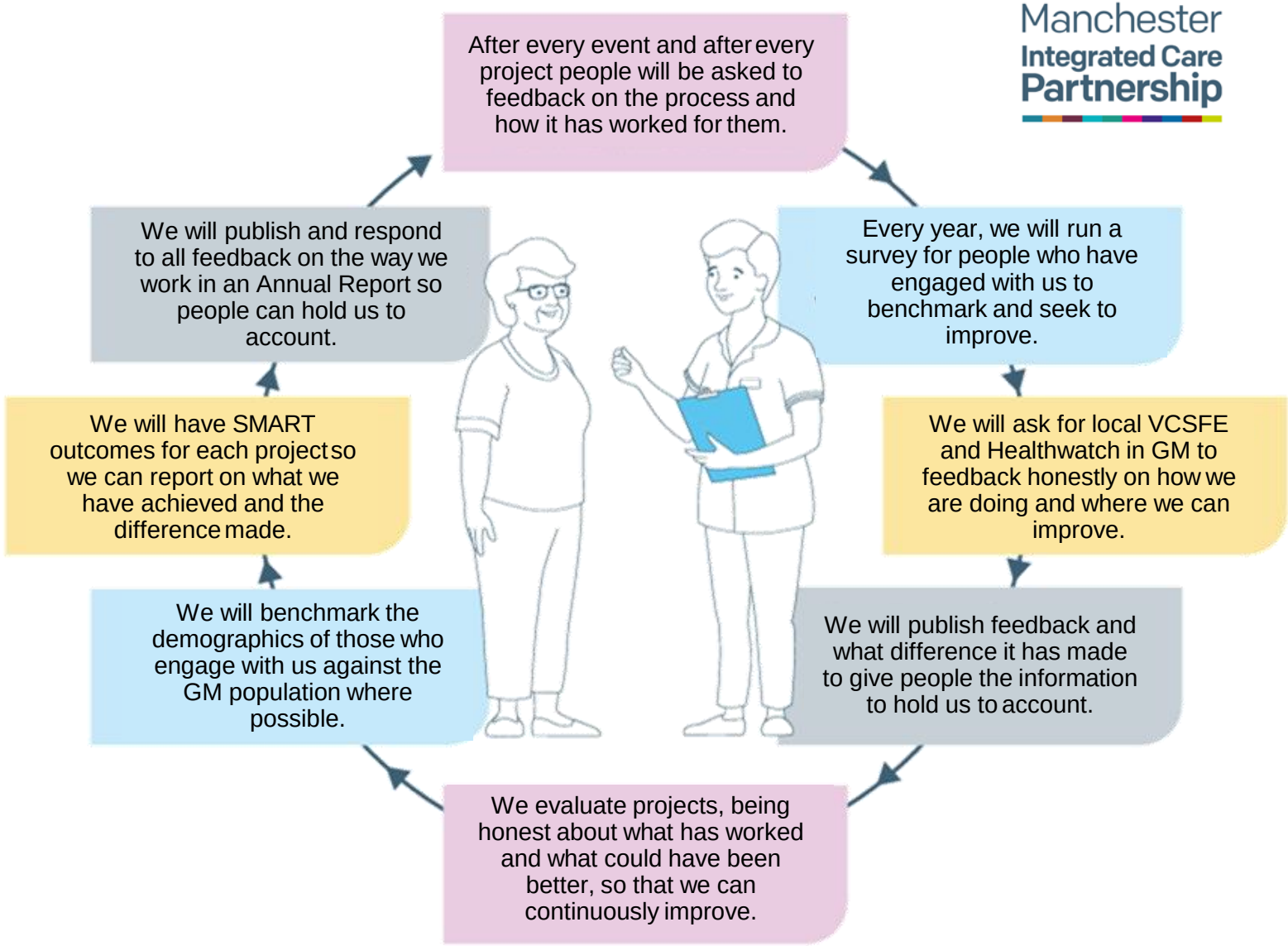
Evaluation

We will create a cycle of evaluation to measure both our delivery against the strategy and plans and the quality of the participation.

This will include asking our partners and the people who participate and work with us for their feedback and suggestions for improvement.

Every year we will publish an annual report on our website about what we have done, the difference it has made and how we can improve.

The Involvement Assurance Group also will provide feedback and assure the evaluation process and annual report.



Why is it important?

There is increasing **access to mis- and disinformation** – impacting on what people know and understand about public sector actions and intentions (Covid 19 and vaccinations).

Mistrust is growing – internationally and in Great Britain, over 4 in 10 people do not trust Government

(2021 data, from OECD Trust Survey)

Overall satisfaction with the NHS fell to the lowest level since being recorded in 1983 (*British Social Attitudes Survey 2022)*

Calls for **social and racial justice** – lack of involvement, fairness, transparency and accountability is increasing disparities, anxieties and disengagement in some communities

A majority (60%) of respondents feel they do not have a say in what happens in their local area (*GM Residents' Survey 2023*)

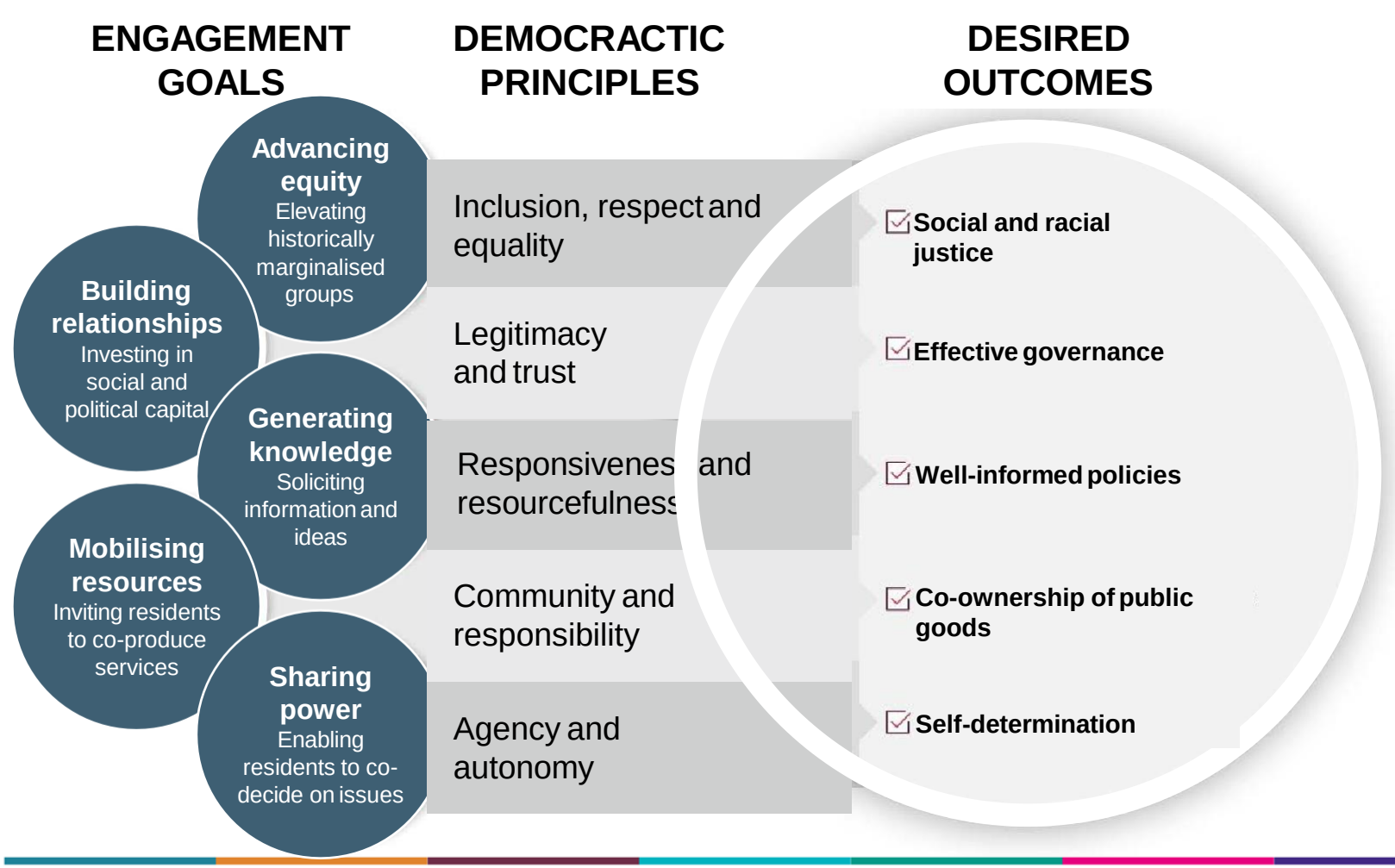
There are vital, long-standing and adaptive **challenges which cannot be solved by public sector services alone**, for example, systematic health inequalities. A significant step change in action by everyone is essential

Strengthening Communities. Only 76% of GM residents said they had people to call on if they wanted company compared to 93% nationally (GM residents' survey 2023)

Public sector services are needing to do more with less to tackle big issues and meet public demands. This includes:

- reducing demand on public services while addressing residents' inequalities, costs of living, wellbeing and the wider economic environment
- safeguarding resources by doing things effectively, in a way that meets public needs

Opportunities



BENEFITS & OUTCOMES FOR GREATER MANCHESTER

Historically marginalised groups are elevated and existing health inequalities addressed

Participation is rooted in Greater Manchester's health and care policy development, decision making and governance

People are empowered to create choices, as well as being offered choices to make

Participation is part of coordinated attempts to promote or support behaviour change, improve outcomes and strengthen communities

Participation approach is delivered at scale, and at all levels of the Greater Manchester health and care system

(adapted from City Leader Guide On Civic Engagement produced by Bloomberg Center for Cities at Harvard University)

The Greater Manchester Approach

Our strategic commitments

The GM Integrated Care Partnership Strategy sets out our ways of working with partners:

We will:

- ✓ Involve communities and share power
- ✓ Take action to understand and tackle inequalities
- ✓ Share risk and resources
- ✓ Spread, adopt and adapt
- ✓ Be open, invite challenge, take action
- ✓ Listen – people are names, not numbers

Find out more about the strategy on our website.

The Greater Manchester Approach

Our commitment to tackle health inequalities shapes all that we do

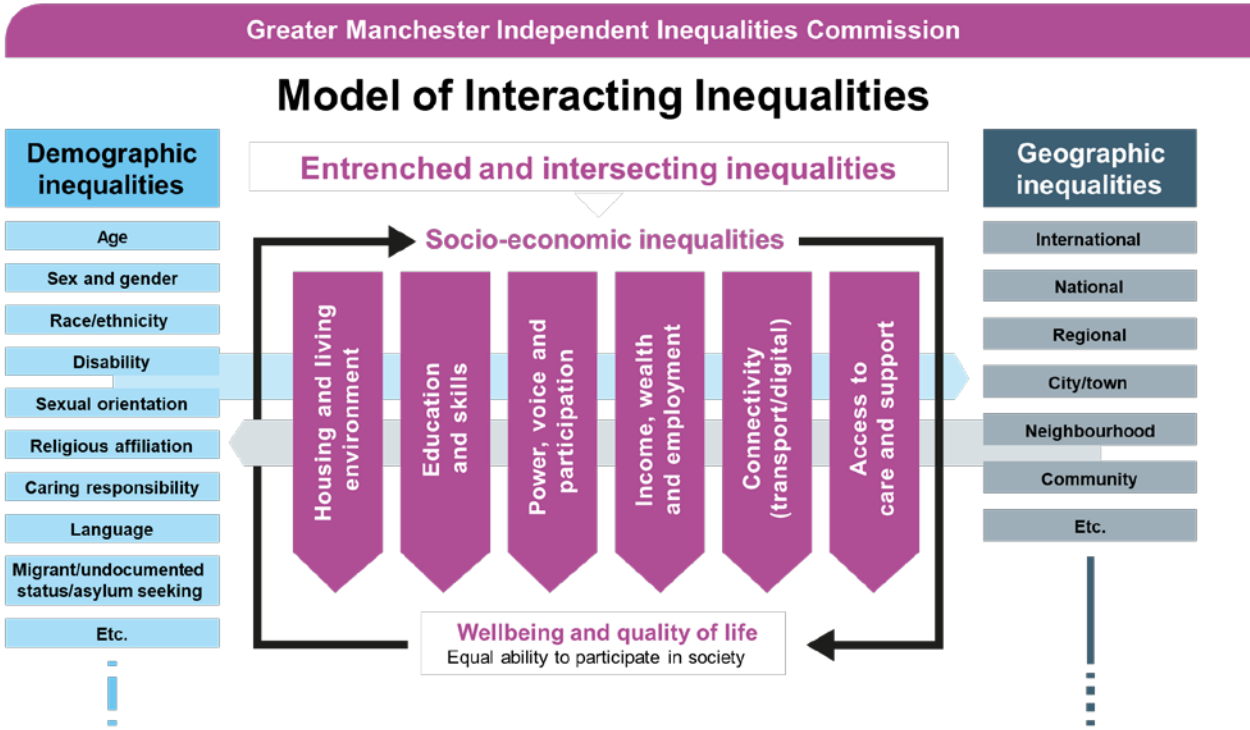
The Greater Manchester Independent Inequalities Commission and Marmot reports call for greater people power to create Good Lives for All. We are committed to supporting this and working with our communities and VCFSE sector to enable resident led problem-solving.

The GM Fairer Health forAll is the health and care response to the Marmot and IIC reports and provides the framework for tackling health inequalities in the city-region.

Greater Manchester has some of the lowest life expectancy in England, with differences between the most and least deprived areas of nearly 10 years for men and nearly 8 for women. Further differences exist between communities according to protected characteristics. Some of these health inequalities are systematic and will be difficult to change.

Our GM Integrated Care Partnership Strategy and Joint Forward Plan sets out how we are embedding the people- and community-focused "GM Model for Health" to change this.

This participation strategy will take the same health inequalities focused approach and support delivery of the strategy and forward plan – in particular, the mission to "strengthen our communities".



The Greater Manchester Approach

Greater Manchester Integrated Care Partnership

Our principles

Throughout our participation work, we will adopt NHS England's [10 principles] for working with people and communities to support integrated care systems.

The Greater Manchester Approach

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In localities and at Greater Manchester level, we have many partners that are vital to delivering our participation strategy:

People
Connections are made by people, families, children and communities speaking to each other and sharing their knowledge, ideas and networks. People whose gift is to find and create those connections and build social capital are called connectors. We will take the time to find out about individuals and build relationships and trust with them, person by person.

VCSE and Healthwatch
The pandemic has shown us that our VCSE sector and healthwatches have the networks and relationships to harness the greatest reach and to get to the widest and most diverse groups of people and their communities. The VCSE are ideally placed to support us to have ongoing meaningful conversations with the communities they work with and to help us build trust and direct relationships.

Institutions
We believe that all businesses operating in Greater Manchester have a part to play in supporting the partnership to achieve our missions. Although some institutions may not have an explicit remit in promoting health and wellbeing, they should be vested in keeping their workforce, customers and stakeholders happy and healthy – and will be looking at ways that they can fulfil their corporate social responsibility duties. We will make the best use of these assets for our engagement work.

Physical environment
These are assets which naturally attract people to visit. They may include places of faith / workshop, parks, open land, buildings, public realm space, shopping centres, marketplaces and streets. We will make best use of these assets when undertaking engagement activities and base ourselves in these places to undertake opportunistic conversations with members of the public who happen to be there.

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We have many tools and resources already to achieve a systematic approach

IN LOCALITIES…

WE HAVE:

- ✓ We have strong partnerships that provide a solid base for building effective participation
- ✓ We have some effective groups with committed residents and patients
- ✓ We have strong local connections within the partnerships to providers, businesses, local healthwatch and VCSE sector – these will help us build/expand local engagement groups
- ✓ We have a great history of delivering participation and mobilising communities with a variety of approaches and methods, from health partners, public health teams, adult and children social care teams, and others.

WE WILL CREATE:

- ✓ We have undertaken a mapping exercise of the localities to identify both good practice we can roll out and areas that need more focus to bring all the localities up to the same high standard (see some examples below).
- ✓ We will further strengthen joint delivery with the local VCSE and faith-based organisations and have undertaken system mapping with our partners to identify opportunities and challenges.
- ✓ We will have **Local Participation Groups** that will focus on systematic, continuous participation within all localities. These may be new or existing groups. They will work within the locality to foster collaboration, reduce duplication and feed into local governance structures.

EXAMPLES FROM LOCALITIES:

Salford has longstanding relationships with their voluntary and community sector	Manchester have a very strong Patient Involvement Group	Bolton work closely with their faith sector.	Wigan has a well-established Equality Reference Group that supports their work.	Trafford have an active engagement professionals' group with partners.

The Greater Manchester Approach

Greater Manchester Integrated Care Partnership

We have many tools and resources already to achieve a systematic approach

ACROSS GREATER MANCHESTER…

WE HAVE:

- ✓ A GM ICP strategy that clearly sets out our missions
- ✓ A VCSE Accord where we commit to working with them as equal partners
- ✓ 10 strong local Healthwatch and have funded a Network Chief Co-ordinating Officer for Healthwatch Greater Manchester
- ✓ Work ongoing to link more closely with our local businesses, employers, universities and anchor institutions through the Good Employment Charter
- ✓ Many regular surveys and insight work already in place, e.g. GM resident survey, Bee Well survey
- ✓ The Fairer Health for All Academy is working to upskill professionals across GM in tools to tackle inequality and teams focusing on Person and Community Centred Care and Fairer Health For All

WE WILL CREATE:

- ✓ We know that we need more behavioural and population health insight to help drive this work forward further and mobilise communities and we will invest in gathering insight through a variety of methods from all parts of our communities working with population health colleagues.
- ✓ We will have a GM wide **System Participation Group** which will link to Local Participation Groups and will focus on planning delivery across GM. It will make sure that participation is continuous and embedded in everything.
- ✓ We will strengthen relationships with the VCSE and Healthwatch in GM, working in closer partnership with them.

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Working systematically and strategically with our VCSE sector

The Voluntary, Community and Social Enterprise (VCSE) sector is a rich tapestry of community and faith groups, clubs, associations and local charities. They are the fabric of communities and the places where people come together to do things that matter to them.

These groups are typically run by and for local people and are often relied on and trusted in ways that big public sector organisations aren't.

They can engage with people, families and children who may not want to engage directly with public sector organisations – including people who experience systemic health inequalities. We intend to work in partnership with the VCSE sector in localities and across GM to open up greater participation for marginalised and disenfranchised communities.

This will help us to build relationships and trust.

Such sustained commitment will mean more systematic funding and long-term planning than have happened before.

Working with the VCSE sector across GM and in localities will mean that we can:

- ✓ Tackle health inequalities by harnessing lived experience
- ✓ Build trusted relationships with communities
- ✓ Invest in our communities and VCSE-sector
- ✓ Plan together, over the longer-term
- ✓ Work in partnership

Planning & Governance

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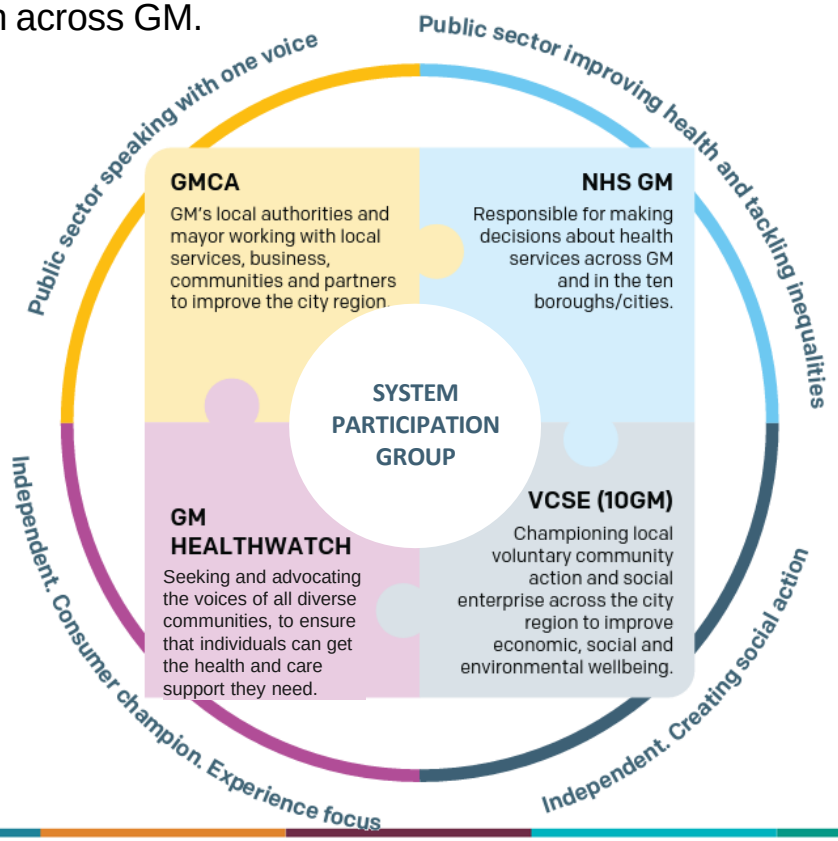
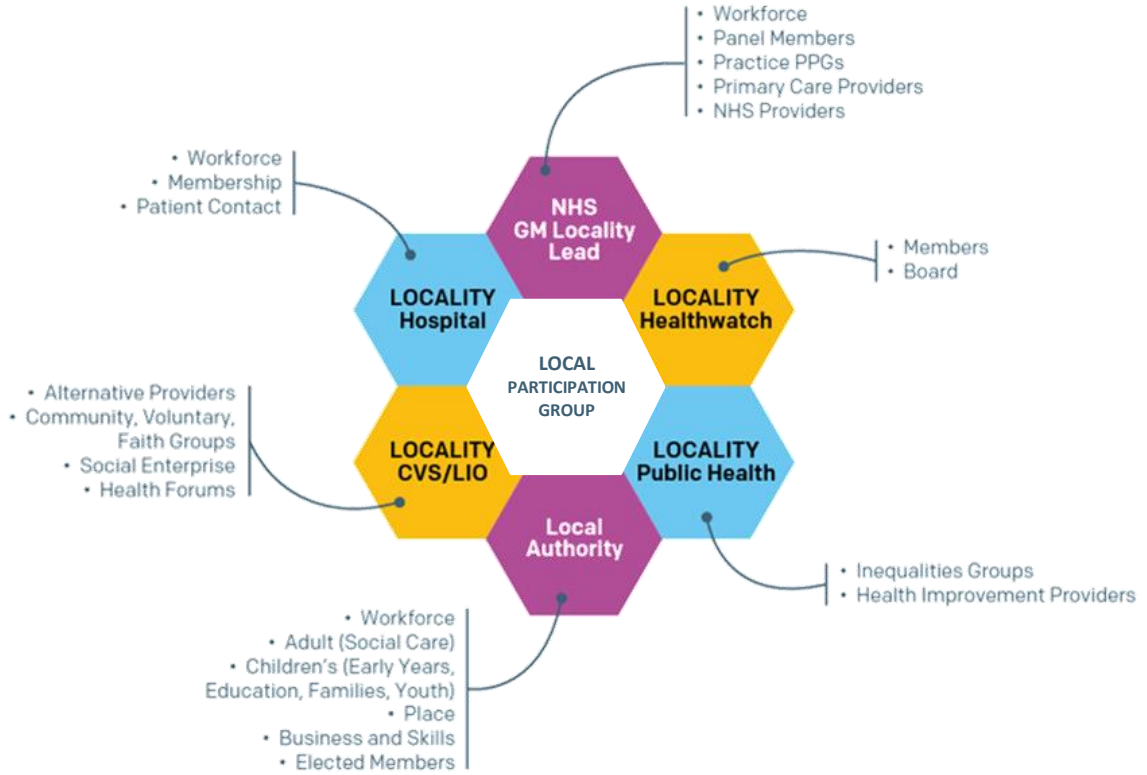
The System Participation Group will agree the priorities for Greater Manchester with membership from local authorities, NHS GM, trusts, VCSE, Healthwatch. It will also be responsible for assuring the delivery of this strategy. The 10 Local Participation Groups will be responsible for delivering locality work and GM-wide priorities that affect their locality (e.g. GM wide service redesigns); they will align to local governance arrangements. The LPG membership, purposes and delivery will be driven by the needs of their population and priorities, and so there will be variation across GM.



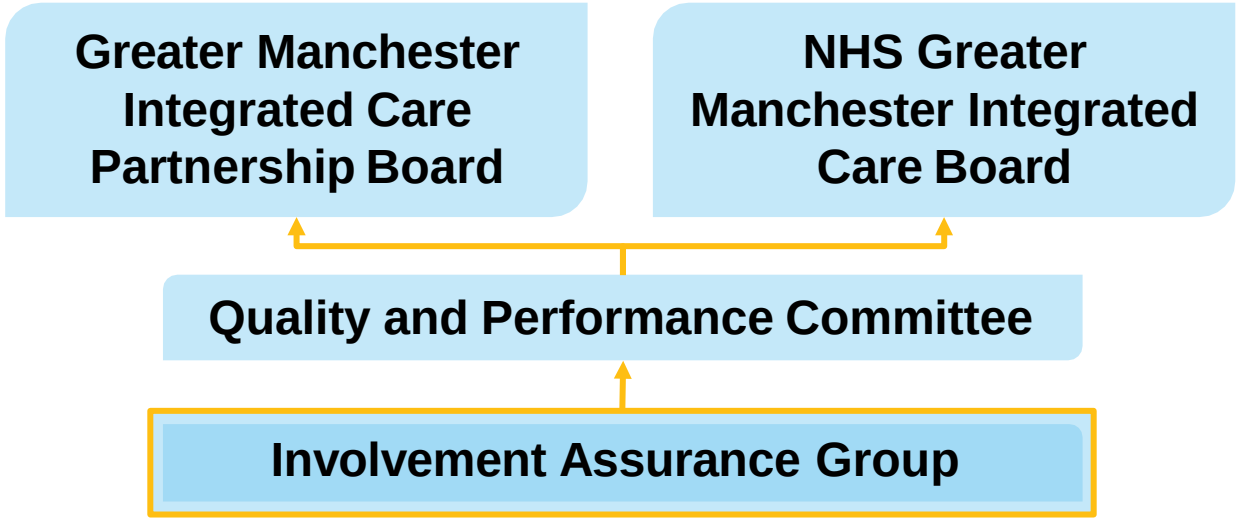


Assurance

NHS Greater Manchester's **Involvement Assurance Group** (IAG) will provide assurance to the Board for the delivery of the statutory duties at GM and local level. GM and locality commissioners and service providers can all seek support and assurance from the IAG.

It will provide oversight of all participation and involvement work, with a focus on delivering the statutory duties.

The IAG is a sub-group of NHS GM's Quality and Performance committee, which receives patient complaints and experience information, giving a place to triangulate this insight and feedback.



Chaired by a VCSE representative from the NHS GM Board. Membership includes Healthwatch, VCSE, Local Authority and NHS GM Engagement and Equality, Diversity and Inclusion teams.

Projects will be invited to attend for support, advice and oversight. The System Participation Group will send regular reports.

Current priorities

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There are four main participation priorities to deliver:

Mobilising people and communities to take charge of their health

- ✓ Developing a long-term GM-wide project to mobilise resources, people, communities and wider assets around a specific health-related goal and seeking to use insight to create change and influence behaviours to encourage people to take charge of their health. This work, delivered through a cycle of ongoing participation over several years, will focus on an opportunity identified through the Strategic Financial Framework. This will enable us to identify a cohort, which can be refined based on people who experience health inequalities.

Fulfilling statutory duties:

- ✓ Working with commissioners on service redesign, for example, Trafford's long-term urgent care conversation with residents
- ✓ Advising and supporting providers with delivering service transformation programmes, for example the ongoing disaggregation of services between Manchester University Hospitals NHS FT and Pennine Acute Hospitals NHS Trust.
- ✓ Supporting primary care colleagues to make changes, for example, GP Practice mergers in Wigan Borough and list dispersal in Trafford.

Delivering insight:

- ✓ Working to improve roll out of public health programmes, for example, GM-wide community engagement with the winter vaccine target groups to encourage uptake and understand vaccine hesitancy, and the ongoing behavioural research targeting health inequalities to understand perceptions and behaviours of at risk groups around cancer screening (bowel, bladder and cervical) and immunisations (flu, Covid and childhood) to improve uptake.

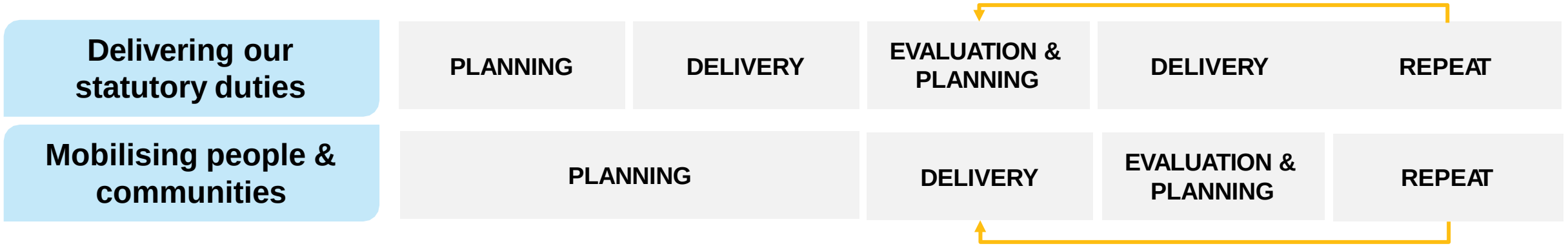
Responding to feedback and lived experience:

- ✓ Responding to feedback on patient experience, for example, Wigan's SEND 12-month engagement project with partners
- ✓ Responding to VCSE feedback, for example, Salford's work with the deaf community following concerns about barriers to access.

Delivering the priorities

Delivery against the main two priorities requires systematic planning and a long-term approach, whilst maintaining the flexibility to be reactive when required.

Alternating 8-week cycles for planning and delivery, will mean a constant programme of participation:



The programme for statutory duties will focus on sustainable, affordable and accessible services, and engagement for key strategies, for example, the Primary Care Blueprint. These cycles will be flexible when necessary to allow for emerging priorities, including from localities, whilst maintaining the 8-week planning and delivery cycle.

The programme for Mobilising people and communities will be a long-term 2-year plan to support the organisational priorities coming out of the strategic financial insight work. There are more details about how this will be delivered on the following pages.

Mobilising people and communities

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The plan for delivering this priority will run over two years: 2024-2026.

It will be designed to **respond to the challenges identified** in the Strategic Financial Framework, focusing on a specific element to use a participatory approach to mobilise people and communities to create change in communities who experience health inequalities.

It will be delivered through a series of 8-week cycles of planning and delivery taking the learning from each phase to develop and inform the next. This will lead to **insight driven targeting, messaging and support that enables people to take charge of their health** and stay well.

We will take an **asset-based approach**, maximising the use of existing community opportunities and promoting them to support growth in the community. We will also make the most of existing work with NHS GM teams, partners, businesses, anchor institutions and VCSE organisations.

An example of how this might work is given on the following page, looking at targeting people at risk of developing **multiple long-term conditions**.

Mobilising people and communities - Example

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Focus: people at risk of developing multiple long-term conditions (LTC)
Outcome: support the reduction of people developing multiple long-term conditions

YEAR 1

Present - Feb 2024

Insight driven planning, considering the most appropriate target audiences for first phases and how to target them. The most appropriate methodologies will be developed, maximising community assets.

Planning cycle 1

Delivery cycle 1

March – April 2024

Target audience: general population with 2 LTCs.
Outcome: understand what people felt led to their LTCs, how it makes them feel, and if they would change any decisions.

Feed in the insight and learning…

Delivery cycle 2

July - Aug 2024

Target audience: specific communities with 2 LTCs, based on deprivation, ethnicity / culture, etc.
Outcome: understand the difference to the general population and highlight any system bias and barriers

…to refine and improve.

Delivery cycle 3

Oct – Nov 2024

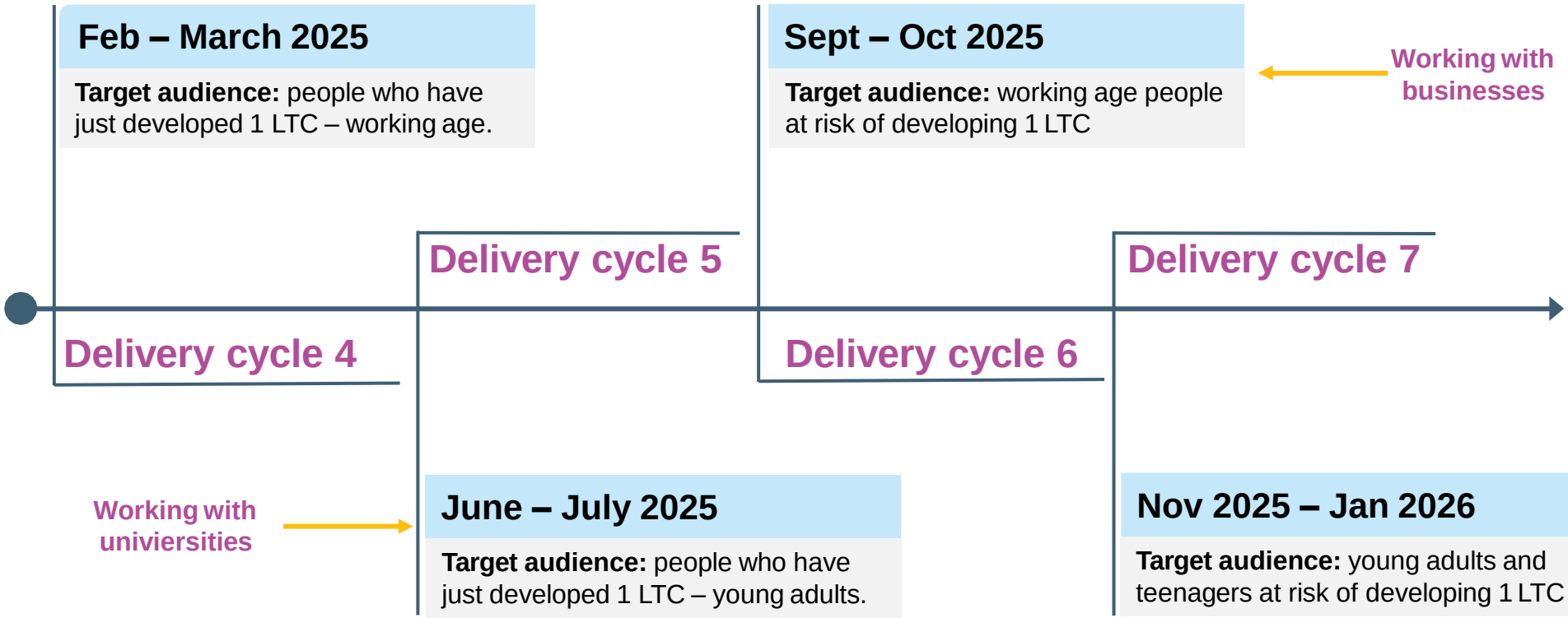
Target audience: people with 1 LTC that are at risk of developing 2 in the groups who are open to influence.
Outcome: use the learning so far to understand and influence behaviours in target groups and wider.

NB. Programme liable to change based on learnings and insight throughout the phases. Delivery of other priorities will be ongoing throughout.

Mobilising people and communities - Example

Focus: **people at risk of developing multiple long-term conditions (LTC)**
Outcome: **support the reduction of people developing multiple long-term conditions**

YEAR 2



Throughout, we will:

- ✓ Identify and upskill community champions.
- ✓ Deliver information on support available and how to live well with LTCs and health advice, e.g. diet, alcohol, exercise, etc.
- ✓ Use methods that offer support to the people who participate, e.g. support groups, cooking sessions, health checks, etc.

NB. Programme liable to change based on learnings and insight throughout the phases. Delivery of other priorities will be ongoing throughout.