

All-Age Strategy

2022–2025

Strategic Objectives Review

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Executive Summary

This report provides a full review of progress against the six strategic objectives set out in Healthwatch in Greater Manchester's All-Age Strategy 2022–2025. It draws together evidence from annual reports, impact tracking, and operational delivery across the lifetime of the strategy.

Across the three year period, all six objectives have been met. Delivery has not been linear or static; it has evolved in response to a changing health and care system, the development of the Integrated Care System (ICS), and what people across Greater Manchester have consistently told us matters most. The focus throughout has been on building something that lasts: a credible, trusted, independent public voice that operates at both place and system level.

Healthwatch in Greater Manchester (HW in GM) has moved from establishing its role within new ICS structures to becoming a recognised system partner and critical friend. Governance has been strengthened, collaboration across the ten local Healthwatch has matured, and public insight is now brought into forums where it can influence strategy, quality and improvement.

The objectives have been met through formal agreements, evolved workplans, shared ways of working, practical delivery, and sustained system influence. Taken together, they demonstrate a network that delivers tangible outcomes, provides assurance, adds system value, and most importantly represents the patient voice.

Healthwatch

Healthwatch Nationally

Healthwatch (HW) is a network of 152 independent organisations across England, supported by Healthwatch England (HWE), the national body based in London. Established as part of the Health and Social Care Act 2012, Healthwatch exists to champion the voices of people using health and social care services. By gathering patient experiences and insights, Healthwatch influences policy and service delivery, ensuring that individuals' needs remain at the heart of decision-making. Healthwatch has statutory powers to challenge care providers, commissioners, and policymakers, ensuring transparency and accountability in the healthcare system.

Healthwatch Locally

Each local Healthwatch operates independently within its respective local authority area, ensuring that people's voices, especially those who find it hardest to be heard, are at the heart of health and social care decisions.

Healthwatch listens to individuals' experiences with health and social care providers, including GPs, hospitals, mental health services, and community care providers. Local Healthwatch champion what matters most to local communities, working collaboratively to find practical solutions that improve services.

As an independent statutory watchdog, local Healthwatch ensure that public feedback is not only heard but actively shapes service planning and delivery. This role extends beyond identifying concerns. It involves actively working to ensure that services are designed around the real needs of the people who use them, while also coming up with small changes and practical solutions to improve patients' overall experience

Local Healthwatch teams collaborate with the voluntary sector, community organisations, and NHS providers to highlight service gaps and drive meaningful improvements. Informing residents about changes to services, advocate for their involvement in decision-making, and provide clear, accessible information about available health and social care support.

Ultimately, the goal is to make sure health and care services work better for everyone—now and in the future.

Healthwatch in Greater Manchester

The Healthwatch in Greater Manchester (HW in GM) Network is a collaboration of ten independent Healthwatch organisations, working across the boroughs of GM. Recognising that healthcare extends beyond local authority boundaries, HW in GM has a long-standing history of working together on joint projects, sharing intelligence, and ensuring that residents who access care across multiple areas receive seamless support. This collective approach enhances our ability to drive meaningful change in health and social care services across the region.

Since 2021, the ten local Healthwatch organisations have been actively integrating within the ICS by strengthening collaborative strategies, and deepening partnerships. This integration ensures that Healthwatch effectively represents the voices of GM residents in an evolving healthcare landscape. While each local Healthwatch continues to fulfil its statutory role through local authority commissioning, HW in GM also plays a vital role in working collectively with ICS leaders and other key system stakeholders to shape regional healthcare policies and services.

As a network, HW in GM has a unique ability to gather intelligence from community engagement activities across the region, capturing insights that reflect the lived experiences of individuals and communities. These insights inform decision-makers, holding them accountable for delivering improvements that truly meet local needs. The strength of this collaboration led to a formal partnership agreement between HW in GM and GM ICS (2023–2026), reinforcing Healthwatch’s role in influencing regional health and care policies.

Beyond GM, HW in GM contributes to national policy discussions, sharing local intelligence with Members of Parliament, the Care Quality Commission (CQC), and HWE. This ensures that the challenges and priorities identified by local people shape national healthcare decisions.

By fostering cross-borough collaboration and strengthening ties with the ICS, HW in GM enhances patient advocacy, increases transparency in decision-making, and ensures that health and social care services are developed with the needs of local communities at their core.

Context and approach

The All-Age Strategy 2022–2025 was developed at a time of significant change, with the introduction of ICS and new expectations around collaboration, public involvement and accountability. For Healthwatch in Greater Manchester, this required building a regional model that complemented statutory local delivery while enabling collective influence at scale.

The six strategic objectives provided a clear framework for this work. Progress has been assessed not only by whether actions were completed, but by whether the intended outcomes were achieved and sustained. Evidence has been drawn from annual reports, the strategic objectives progress tracker, and the Healthwatch in Greater Manchester impact tracker.

This review does not repeat existing annual reporting. Instead, it brings together learning and evidence across the full strategy period to show how objectives were delivered, embedded and matured over time.

Objective 1:

Build on the development of a sustainable and high-performing Healthwatch in Greater Manchester

What we set out to do

The aim of this objective was to establish a strong, sustainable regional network of local Healthwatch that could operate effectively within the ICS footprint while remaining rooted in local Healthwatch delivery. This included putting in place shared plans, clear leadership arrangements, and collaborative ways of working that supported independence, accountability and collective impact.

What was delivered

Over the lifetime of the strategy, Healthwatch in Greater Manchester transitioned from an early stage collaboration into a mature, strategically positioned and performing network. A rolling, work programme was developed and evolved, aligned to the All-Age Strategy and refreshed annually through agreed and agile workplans. These workplans were shaped by local intelligence from the ten Healthwatch, dialogue with the ICS, and emerging system priorities, ensuring relevance and responsiveness.

A formal Collaborative Agreement was agreed and reviewed annually by Chairs and Lead Officers. This set out shared principles, decision-making processes, and a clear commitment to collaboration rather than competition. Alongside this, a distributed leadership model was agreed and embedded, providing shared accountability while respecting local autonomy.

Leadership and working arrangements evolved as the network matured. The appointment of an Independent Chair and Chief Coordinating Officer provided additional capacity into the Network to support the individual local Healthwatch with co-ordination at a Greater Manchester level. The appointment of the dedicated Network personnel offered continuity, stability and a clear single point of access for system partners, while maintaining strong locality leadership through Chairs and Lead Officers.

Transparency and accountability were supported through regular publication of annual reports, impact reporting, and ongoing updates via a central and locality websites.

Delivery in practice

- Agreement and annual review of a Collaborative Agreement across all ten local Healthwatch, anchoring shared decision-making, conflict resolution and a commitment not to compete for work.
- Development and delivery of annual workplans, agreed with the network and NHS Greater Manchester, and informed by what people across Greater Manchester said mattered most.
- Appointment of an Independent Chair and Chief Coordinating Officer, strengthening governance, coordination and external credibility while retaining distributed leadership.
- Establishment of Healthwatch in Greater Manchester as a single point of access for the ICS, improving clarity, responsiveness and consistency in system engagement.
- Establishment of stronger, consistent liaison arrangements with key representatives of the ICB.

What changed as a result

Healthwatch in Greater Manchester now operates as a stable, credible and high-performing network. It is recognised by partners as more than a coordination function, providing leadership, assurance and strategic value while remaining firmly grounded in local voice. This objective has been met. The foundations for sustainability and performance are embedded, providing a robust platform for continued impact beyond the life of the strategy.

Objective 2:

Be well-governed and use our resources for greatest impact

What we set out to do

This objective focused on ensuring that joint work across the Healthwatch in Greater Manchester network was well-governed, ethical and proportionate, and that limited resources were used in ways that maximised impact for people and communities across Greater Manchester.

What was delivered

Governance arrangements were strengthened and embedded across the lifetime of the strategy. A clear framework for joint work was established, including agreed decision-making processes, named leads for Greater Manchester projects, and collective oversight through key roles.

Healthwatch England's Quality Framework and Research Governance Framework were adopted and applied consistently to Network work, supporting robust, ethical engagement and analysis. Supporting policies and practices were put in place and reviewed when required within the agreed timetable of work, including information governance agreements to protect people's rights and privacy while enabling meaningful insight at scale.

Boards of individual local Healthwatch were kept sighted on work and activity through regular reporting and formal sign-off of workplans. Externally, a single

point of access was established for the ICS and partners, improving clarity and efficiency in how Healthwatch in Greater Manchester engaged with the system.

Delivery in practice

- Establishment and routine use of a regional governance framework for joint projects, with named locality leads and collective oversight through Lead Officers and Chairs.
- Adoption and application of Healthwatch England's Quality and Research Governance Frameworks and learning lessons across GM-wide projects, ensuring consistency and ethical practice.

Development, implementation and review of data sharing agreements, enabling thematic analysis while maintaining compliance with information governance requirements.

- Development of a pan-Greater Manchester insight database, supporting regional analysis and strengthening independent reporting into the ICS.
- Development of a number of policies that established, supported and enabled cross boundary and partnership working, competition, and ethical walls.
- Introduction of a single point of access through the Chief Coordinating Officer, simplifying engagement for ICS partners and improving coordination across the network.

What changed as a result

Governance is now proportionate and consistent. Resources are focused on activity that adds value, complements local statutory delivery, and avoids duplication. Healthwatch in Greater Manchester is recognised as a reliable partner able to provide assurance, challenge and insight grounded in lived experience. This objective has been met. Governance arrangements are embedded and continue to support effective use of resources and sustained impact.

Objective 3:

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

What we set out to do

This objective focused on ensuring that people's lived experiences were consistently gathered, analysed and amplified so they could inform decision making at locality and Greater Manchester level. The intention was to create a clear, credible line of sight across the 10 HW localities and identify hotspots and themes between what people experience and how the system responds.

What was delivered

Healthwatch in Greater Manchester strengthened mechanisms for sharing local intelligence across the network, enabling local insight to inform regional conversations. A central insight database was developed to support thematic analysis across Greater Manchester, allowing patterns to be identified without losing local context. This underpinned independent reporting into the ICS, including reports to the Quality and Performance Committee and contributions to system working groups, quality, safety and assurance forums.

Healthwatch in Greater Manchester provided structured representation across key ICS committees and working groups, embedding public voice within discussions on urgent and emergency care, mental health, women's health, pharmacy, ophthalmology, CAMHS, ADHD and patient safety. Representation was underpinned by an agreed framework and regular review of the

representation register, with reporting back to the Network and submission of monthly and quarterly reports into system governance routes. Where required, formal correspondence and follow-up were used to seek clarity and action.

What changed as a result

People's experiences are now more visible at system level and used more consistently to inform decision-making and provider oversight. The network has strengthened their role and gained increased recognition as a reliable source of independent insight, able to provide both challenge and assurance grounded in lived experience. This objective has been met. Systems are in place to routinely amplify public experience and use it to influence policy, planning and improvement.

Objective 4:

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

What we set out to do

This objective aimed to ensure that Healthwatch in Greater Manchester reached beyond those who already engage, actively reducing barriers for people and communities who are less often heard, and applying an equality, diversity and inclusion lens to joint work.

What was delivered

- Across the strategy period, the network used a wide range of engagement approaches, drawing on the strengths and expertise of individual local Healthwatch. Leads for joint work were selected based on local knowledge and experience, ensuring credibility and relevance.
- Equality and inclusion considerations were embedded across joint and local Healthwatch work, informed by demographic data and local intelligence. In addition to GM-wide projects such as children and young people's mental health and women's health, local initiatives including Deaf community engagement, menopause work and Patient Participation Group development prioritised underrepresented voices and were reported through system routes. Where similar projects were underway across localities, efforts were made to align and coordinate feedback to strengthen collective impact.

- Partnership working with the voluntary, community, faith and social enterprise sector was strengthened, enabling Healthwatch in Greater Manchester to reach communities through trusted routes and existing relationships locally.
- Volunteers across the local Healthwatch played a central role in gathering experiences and supporting inclusive engagement, with a particular focus on engagement work with hard to reach and seldom heard communities. Insight generated through this engagement informed local reporting and was escalated through Greater Manchester analysis and ICS meetings, ensuring volunteer-led intelligence contributed to system discussions.

What changed as a result

The range of voices contributing to regional insight has broadened, and inequality issues are more visible and better articulated at system level. Lived experience from seldom-heard communities has informed both local and Greater Manchester-wide priorities. This objective has been met. Inclusive engagement is a core part of how local Healthwatch and joint work is planned and delivered.

Objective 5:

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

What we set out to do

The intention of this objective was to ensure that insight gathered did not stop at reporting, but led to action, learning and change, with clear accountability back to communities.

What was delivered

- Healthwatch in Greater Manchester used a range of routes to act on insight, from informal dialogue with system leaders to formal reporting, recommendations and follow-up. Representation frameworks and registers ensured that this work was evidence-based and consistent, regardless of who was representing the network.
- Annual impact reporting brought together actions taken and outcomes achieved, while ongoing engagement with the ICS ensured that insight informed quality management, provider oversight and service improvement activity. In several areas, Healthwatch in Greater Manchester prompted further workstreams, reviews or system learning activity.

What changed as a result

There is greater clarity about how public insight is used within the system and what happens next, supported by regular reporting arrangements embedded within the Greater Manchester ICS and by structured follow-up processes to review whether and how issues raised have been acted upon. Healthwatch in Greater Manchester has established itself as a critical friend that supports improvement while remaining independent and accountable to the public. Acting on what people tell us is embedded across the network's work. This objective has been met.

Objective 6:

Share our expertise in engagement within the network and beyond

What we set out to do

This objective focused on strengthening collective capability by sharing skills, learning and expertise across the Healthwatch network and with partners, improving the quality and consistency of engagement.

What was delivered

- Peer support and shared learning were embedded through regular network meetings, peer discussion and informal mentoring.
- Local Healthwatch supported one another with engagement approaches and place-based system working.
- Where appropriate, procedures and agreed ways of working collaboratively were standardised to reduce duplication and support efficiency, while allowing flexibility for local delivery such as our shared decision making processes.
- Healthwatch in Greater Manchester also worked with Healthwatch England and other Healthwatch ICS networks, to share learning and draw on external support.

- Learning and support from engagement activity was shared with partners across Greater Manchester, supporting co-production and co-design approaches and promoting ongoing dialogue rather than one-off consultation.

What changed as a result

The network operates with increased confidence and consistency, supported by clearer governance arrangements and agreed representation frameworks. Healthwatch in Greater Manchester has developed recognised expertise in engagement and public involvement, reflected in regular reporting, system participation and requests for insight. This has contributed to clearer and more meaningful engagement with communities within Greater Manchester. This objective has been met. Shared learning and expertise are now integral to how the network works.

Legacy and lasting impact

The delivery of the All-Age Strategy 2022–2025 has left a clear and practical legacy for Healthwatch in Greater Manchester, and the health and care system.

First, it has established a credible regional public voice model that complements, rather than competes with, local statutory Healthwatch delivery. The network now operates with clear governance, shared purpose and trusted relationships, enabling it to act quickly and confidently in a complex and evolving system.

Second, it has embedded public insight into system decision-making. Mechanisms are now in place that ensure people's experiences are routinely brought into strategic discussions on quality, safety, access and inequality. This is no longer dependent on individual relationships; it is built into how the system works with Healthwatch in Greater Manchester.

Third, it has strengthened collective capability and resilience. Local Healthwatch are better connected to one another, supported by shared tools, shared learning and clear routes for escalation and influence. This has increased consistency while protecting local voice and expertise.

Finally, it has demonstrated the value of independent challenge grounded in lived experience. Healthwatch in Greater Manchester is recognised as a critical friend: constructive, evidence-based and focused on improvement, while remaining accountable to the people and communities it represents.

This legacy provides a strong foundation for future work, regardless of how structures, funding or system arrangements continue to evolve.

Conclusion

The All-Age Strategy 2022–2025 set out an ambitious but grounded vision for Healthwatch in Greater Manchester. Across the lifetime of the strategy, all six strategic objectives have been met.

The work has moved beyond establishment into maturity. Governance is embedded, collaboration is routine, and public voice is actively shaping decisions across Greater Manchester. Importantly, this has been achieved while maintaining independence, local accountability and a clear focus on what people experience in their everyday interactions with health and care services.

This review demonstrates that Healthwatch in Greater Manchester has delivered what it set out to do: building a sustainable, collaborative, agile and impactful network that brings people’s voices to the heart of system decision-making. The challenge now is not whether this model works, but how it is protected, supported and built upon in the years ahead.

Appendix 1: All Age strategy individual objectives

Ref	Objective Action	Notes
1.	Build on the development of a sustainable and high-performing Healthwatch in Greater Manchester.	
1a.	We will develop a comprehensive 3-year, all-age work programme consistent with ensuring that we deliver on our strategy objectives.	<ul style="list-style-type: none"> The 3 year work programme was agreed annually and evolved over time to remain aligned with the developing ICS landscape, committees, forums and with what people across Greater Manchester said was important to them. The programme was not static, allowing priorities and delivery to adapt as system arrangements and public insight developed. Progress against the programme was tracked through a live Progress Action Plan, monitored and updated by Healthwatch in Greater Manchester roles and reported regularly to the network. This provided shared oversight, accountability and a consistent mechanism for review and adjustment.

1b.	We will produce an annual plan of work which will include the priorities we have developed in dialogue with the ICS for joint work.	<ul style="list-style-type: none"> • An annual plan of work was produced and updated each year, including a refreshed Year 3 workplan. Plans were developed and agreed with the Healthwatch in Greater Manchester network and the ICS, informed by dialogue with system stakeholders and aligned to relevant national, regional and local strategy initiatives. • Public insight from across Greater Manchester was a core input to priority setting, ensuring that joint work reflected what people said mattered most while remaining responsive to an evolving system. This approach supported shared ownership, clarity of purpose and effective joint delivery across the network and with the ICB.
1c.	We will publish, via our Healthwatch websites, a mid-year review of progress and an annual impact report and we will promote these reports in our local communities.	<ul style="list-style-type: none"> • Healthwatch in Greater Manchester published progress updates and annual impact reports to support transparency and accountability. Reports were completed for 2022–23 and 2024–25, with quarterly updates also published via the regional website and promoted through local Healthwatch websites. • Planning for the Year 3 Annual Report includes drafting core regional content in advance of leadership transitions, with final locality-level information to be added by Healthwatch Bury following publication of local annual reports in June 2026. This approach supports continuity, consistency and clear public reporting.
1d.	We will promote volunteering in our local communities and explore development	<ul style="list-style-type: none"> • Volunteering was promoted across local Healthwatch and remained as a key mechanism for strengthening engagement and ensuring a

	<p>opportunities for our volunteers. This will strengthen our ability to ensure that a broad range of communities are heard at a GM level.</p>	<p>broad range of communities were heard at Greater Manchester level. While volunteer recruitment and management remained locally delivered Healthwatch in Greater Manchester supported this through shared policies, guidance and peer support.</p> <ul style="list-style-type: none"> • Network meetings were used to share learning, provide informal mentoring and support local development of volunteers. This approach strengthened local capacity, improved consistency where helpful, and contributed to more inclusive engagement across regional work. • Shared volunteer policies and guidance were developed at Greater Manchester level to support and enable future Shared volunteer projects, strengthening consistency where appropriate while preserving local ownership of volunteer recruitment and development.
1e.	<p>As individual local Healthwatch complete their Healthwatch England Quality Framework assessments we will undertake a collective assessment to inform and share best practice and also identify areas for collective improvement.</p>	<ul style="list-style-type: none"> • As local Healthwatch completed their Healthwatch England Quality Framework assessments, Healthwatch in Greater Manchester undertook a network-wide lessons-learned exercise. This enabled shared learning, identification of good practice, and informed improvements to the planning and delivery of future joint work, in line with the Quality Framework.

1f.	We will agree a Collaborative Agreement between ourselves to anchor our collaborative relationship. This will include a commitment that we will not bid for the same work. We will collaborate and not compete.	<ul style="list-style-type: none"> • A formal Collaborative Agreement was agreed across the Healthwatch in Greater Manchester network, underpinned by shared policies and procedures and including a clear commitment to collaborate rather than compete. The agreement has been reviewed, updated and reaffirmed annually by Chairs and Lead Officers.
1g.	We will agree a distributed leadership model, with accountability to each other	<ul style="list-style-type: none"> • A distributed leadership model was agreed and embedded across the network, with shared accountability between local Healthwatch, Chairs and Lead Officers. This model has been kept under review and is supported through regular network, Chairs and Lead Officer meetings.
1h.	We will appoint one of the members of our Healthwatch in Greater Manchester network to the position of Chair, in April each year.	<ul style="list-style-type: none"> • Rather than rotating the role annually, an Independent Chair was appointed to the Healthwatch in Greater Manchester network, providing stable, independent leadership and meeting the objective's intent in a way that better reflected the network's development.
1i.	We will work to develop a partnership working agreement between the ICS and HWGM.	<ul style="list-style-type: none"> • A partnership working agreement between the ICS and Healthwatch in Greater Manchester was established and reviewed annually, enabling a flexible and agile approach that has evolved alongside ICB development and the changing Greater Manchester landscape.

Ref	Objective Action	Notes
2.	Be well-governed and use our resources for greatest impact.	
2a.	We will establish an agreed framework of governance to be applied to all pieces of joint work, this will include appointing a lead member to oversee the joint work from set-up to impact tracking.	<ul style="list-style-type: none"> A consistent governance framework for joint work was implemented, with named locality leads overseeing delivery and Healthwatch in Greater Manchester coordinating impact tracking through scheduled follow-ups, enabling learning and accountability beyond initial project completion.
2b.	We will adopt Healthwatch England's Research Governance Framework to ensure that we plan and deliver ethical and robust ways of engaging with our communities.	<ul style="list-style-type: none"> Healthwatch England's Research Governance Framework was adopted across local Healthwatch and applied to Greater Manchester-wide projects, ensuring that engagement and research activity was planned and delivered in an ethical, consistent and robust way.
2c.	We will seek a Memorandum of Understanding with key organisations in the Voluntary, Community, Faith and Social Enterprise Sector based on a relationship of working together and understanding the contribution that we each bring to enabling individuals to access the health and care support that they need.	<ul style="list-style-type: none"> Healthwatch in Greater Manchester strengthened formal and informal partnership arrangements with the Voluntary, Community, Faith and Social Enterprise sector, including active participation in the Alternative Provider Collaborative and wider VCSE networks, building shared understanding and joint working to support people to access health and care.

2d.	We will put robust data sharing agreements in place to ensure the rights and privacy of individual people are respected at the same time as enabling us to understand the whole range of people's experiences and aspirations across Greater Manchester.	<ul style="list-style-type: none"> Data sharing agreements were put in place and kept under regular review, ensuring compliance with ICO guidance while enabling Healthwatch in Greater Manchester to analyse and understand people's experiences across the region safely and appropriately.
2e.	We will work together to explore external funding opportunities for joint projects limiting the use of local funds to only those projects when localities can benefit from shared intelligence. This could include working with academic or similar institutions.	<ul style="list-style-type: none"> Potential external funding opportunities were identified and shared, with local Healthwatch linked into additional funding sources where appropriate, while maintaining a balanced and proportionate approach in line with network capacity.
2f.	We will ensure that our respective Healthwatch Boards are updated on the work of the network at least quarterly, with each Board involved in signing off the ICS work plan and the annual network workplan.	<ul style="list-style-type: none"> Local Healthwatch Boards were kept sighted on regional work through regular updates, with local arrangements in place across the network and Chairs participating in Network meetings and formally approving ICS and annual network workplans.

2g.	We will develop a simple way for the ICS and other external partners to make contact with and liaise with HWGM on new and agreed joint work.	<ul style="list-style-type: none">• A clear single point of access was established for the ICS and external partners through the Chief Coordinating Officer and Independent Chair roles, supported by website contact routes, providing a simple and consistent way to engage with Healthwatch in Greater Manchester and strengthening proactive collaboration.
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Ref	Objective Action	Notes
3.	Amplify the experiences of people needing or using health and care services.	
3a.	We will build on the role that local Healthwatch have at place-based (locality) partnership level and share local intelligence.	<ul style="list-style-type: none"> Local Healthwatch intelligence was routinely shared and escalated through strengthened place-based links, cross-locality relationships and intelligence sharing via regular Lead Officer communication networks, ensuring local insight informed Greater Manchester-level work.
3b.	We will seek to build a repository of information to inform our decision making.	<ul style="list-style-type: none"> A pan-Greater Manchester insight database was developed, supported by Healthwatch England, providing a shared repository of information to inform decision-making and enable thematic analysis across the network.
3c.	We will bring effective challenge into the ICS by reporting on the issues that matter to our local communities, to inform high level decision making.	<ul style="list-style-type: none"> Effective challenge was brought into the ICS through analysis of local Healthwatch workplans at Greater Manchester level, regular independent reporting to the Quality and Performance Committee with Patient Services and independently formal written reporting to the ICS when action was required, and active participation on named system committees, ensuring community issues informed high level decision-making.

3d.	We will seek out and highlight any inequality issues (particularly relating to access to / outcomes from services) and ensure that the people experiencing those inequalities have their voices heard.	<ul style="list-style-type: none"> • Inequalities were consistently identified and highlighted across all Healthwatch in Greater Manchester projects and reporting, including thematic work and our independent reporting to Q&PC, ensuring that issues of access and outcomes were visible to NHS Greater Manchester and informing commitments to action through quality management and provider oversight.
3e.	We will develop Communications and Engagement Strategy and build on the key relationship we have with the ICS communications team.	<ul style="list-style-type: none"> • Communications and engagement responsibilities were embedded within the Chief Coordinating Officer and Chair roles, with both maintaining regular, constructive working relationships with the ICB. This was reinforced by senior ICB leaders attending Healthwatch in Greater Manchester Network meetings to provide updates and directly receive feedback, supporting active contribution to strategy development, consultations and system assurance activity.

Ref	Objective Action	Notes
4.	Reach out to all communities to ensure that they are heard and reduce the barriers that some groups face.	
4a.	We will utilise the full range of engagement tools that we have collectively.	<ul style="list-style-type: none"> The full range of engagement tools across the network was utilised through shared learning and coordination via Network collaboration, with local Healthwatch linking in with one another to deliver joint work projects, support skills Development, mentoring and coaching and applying locally appropriate and informed engagement approaches.
4b.	We will apply an equality, diversity and inclusion lens to all pieces of joint work by collecting and analysing demographics including census data and the public health Joint Strategic Needs Assessment (JSNA). We will use this data to ensure that we target key geographical communities and communities of interest when planning our work.	<ul style="list-style-type: none"> Equality, diversity and inclusion considerations were embedded into joint work, with demographic data, census information and JSNA insights used to inform planning and target engagement with specific communities and areas.
4c.	We will identify and respect the expertise that exists in individual Healthwatch when choosing a lead for each joint piece of work.	<ul style="list-style-type: none"> Expertise within individual local Healthwatch was taken into account when identifying leads for joint work, with lead responsibility allocated where local knowledge and experience best supported delivery.

4d.	We will harness the support of our army of volunteers to gather opinion on what matters in our local communities and use this to inform our representative role.	<ul style="list-style-type: none"> Insight gathered by volunteers informed local and regional understanding of what matters to communities and was fed into Greater Manchester reporting and representation, including formal reporting to the Quality and Performance Committee amongst our individual projects including Accessibility, Urgent and Emergency Care, CAMHS and Menopause.
4e.	We will work in partnership with other sectors such as the VCFSE to proactively engage with all sections of our communities.	<ul style="list-style-type: none"> Partnership working with the Voluntary, Community, Faith and Social Enterprise sector was used to support practical, community-level engagement, enabling Healthwatch in Greater Manchester to reach a wider range of people through trusted routes and existing networks.
4f.	We will maintain our statutory role on the Health and Wellbeing Boards and collaborate with Health Scrutiny Committees.	<ul style="list-style-type: none"> Statutory representation on Health and Wellbeing Boards was maintained, supported by regular review of the representation register, with local Healthwatch continuing to engage with Health Scrutiny Committees in their respective areas.

Ref	Objective Action	Notes
5.	Act on what we hear to transform health and care policy and practice.	
5a	We will promote representation where this is of value and as agreed with the ICS in order to share information to inform decision making through a variety of means ranging from informal / informed exchange to the publication of reports.	<ul style="list-style-type: none"> Representation was promoted where it added value and agreed with the ICS, supported by a clear Representation Register, regular reporting to the Quality and Performance Committee, use of Greater Manchester data to inform discussion, publication of GM-wide reports, and ongoing coordination through a single point of access, supported by our website.
5b.	We will continue to offer constructive challenge when sharing information with the ICS and other relevant partner organisations and be prepared to explain the actions that we have taken when sharing information to the communities who have provided insight.	<ul style="list-style-type: none"> Constructive challenge was consistently offered when sharing insight with the ICS and partners, supported by transparent reporting through locality and Greater Manchester reporting. Findings and actions were shared publicly via websites and with VCSE partners, in accessible language, providing a route for communities to see how their insight informed system discussion and action.
5c.	We will develop a representation framework to ensure that our representation is evidence-based and delivered consistently regardless of which local Healthwatch is acting as our representative.	<ul style="list-style-type: none"> A representation framework was developed and embedded to ensure evidence-based and consistent representation across Healthwatch in Greater Manchester. The framework has been regularly reviewed and updated in response to changes in the ICB meeting landscape, drawing on network expertise and the roles of the Chief Coordinating Officer and Chair, and used to assess where representation adds value and makes effective use of resources.

5d. We will summarise our actions in the annual impact report which we will publish mid-year, each year.

- Actions and impact were summarised each year through an annual impact report, produced following the publication of local Healthwatch annual reports in June in line with statutory obligations, and published at Greater Manchester level later in the year.

Ref	Objective Action	Notes
6.	Share our expertise in engagement within our network and beyond.	
6a.	We will develop the skills of our collective Healthwatch workforce (staff and volunteers) and enhance career opportunities through peer support and informal mentoring.	<ul style="list-style-type: none"> Skills development was supported through peer support and informal mentoring across the network, with skills audits completed by some local Healthwatch staff to inform understanding of development needs, recognising that further work remains locally led.
6b.	We will offer peer review of the Healthwatch England Quality Framework assessments undertaken by individual Healthwatch and learn from each other.	<ul style="list-style-type: none"> Peer review and shared learning in relation to Healthwatch England Quality Framework assessments were supported through Network meetings and direct links between local Healthwatch, enabling learning from one another where helpful.
6c.	We will strengthen Healthwatch in localities by standardising procedures where it makes sense to do so.	<ul style="list-style-type: none"> Local Healthwatch were strengthened through peer support, shared learning and the development of shared network policies, with procedures standardised where it made sense to do so and where locally appropriate, rather than through a mandated approach.
6d.	We will work together to support each local Healthwatch to engage in their place-based ICS architecture.	<ul style="list-style-type: none"> Local Healthwatch engaged directly in their place-based ICS arrangements, with Healthwatch in Greater Manchester linking centrally into ICS work and supporting shared understanding by connecting insight and feedback between localities and the system, supported by the appointment of locality place-based leads in the ICS landscape

6e.	We will work with Healthwatch England to buddy with other networks that can help us address any weaknesses and share our strengths for the benefit of others.	<ul style="list-style-type: none"> Healthwatch in Greater Manchester worked with Healthwatch England through regional support meetings and participation in the ICS Representatives network, supporting shared learning, peer support and the exchange of strengths and challenges between Healthwatch networks.
6f.	We will share our learning with partners in our communities so they too can strengthen the way they engage with and feed into the ICS system.	<ul style="list-style-type: none"> Learning and insight from Healthwatch in Greater Manchester was shared with partners across communities, including through the Alternative Provider Collaborative, VCSE groups, local activity and publication of information and reports via websites, supporting partners to strengthen how they engage with and feed into the ICS.
6g.	We will promote and support the work of our partner organisations in engaging with local communities. This will strengthen co-production and co-design approaches, placing value on ongoing dialogue rather than one-off consultation.	<ul style="list-style-type: none"> Healthwatch in Greater Manchester promoted and supported partner engagement by building ongoing strategic relationships, actively linking organisations into ICS work where they had previously been excluded, and hosting a Greater Manchester conference that brought VCSE and ICS partners together, strengthening co-production, co-design and ongoing dialogue rather than one-off consultation.

healthwatch

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