

# Making Change Together Strategy 2021-2024



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# Making Change Together

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We are the independent champion for **people** who use **health and social care services** in Sheffield. We're here to find out what matters to people and help make sure their views shape the support they need. We share people's views and experiences with those who have the power to make change happen.

This strategy sets out the ways in which we will be doing our work over the next three years, and the aims and principles that will guide us.

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## *What do we mean by 'people'?*

We are here for all people living in Sheffield; **this means children, young people and adults (including older adults).**

Because we work with people of all ages, we are interested in how services work across both children's and adult's provision, including the experience of moving from one to the other (often called 'transition').

## *What do we mean by 'health and care services'?*

'**Health services**' include things like; GPs, ambulances, dentists, opticians, pharmacists, community nurses, mental health services and hospitals – also specialist services such as speech and language therapists, physiotherapists.

By '**care services**' we mean social care, such as care at home (eg domiciliary care, care arranged via direct payments), day activities, and care in a residential setting (eg care homes, nursing homes).

# Making Change Together

It's important to acknowledge that this strategy is written at a time of great uncertainty, and significant change; one year after the start of the Covid-19 pandemic, the continued and future impact of the virus is still an unknown.

This has huge implications for the health and care system that we work with, and also for the way that we do our work as a local Healthwatch. Most importantly, it has wholly changed the lives of the people that we are here to work for; notably, it has worsened inequalities that already existed prior to Covid. For example disabled people, people from Black, Asian and minority ethnic communities, people in low paid and insecure employment and those without adequate housing have been significantly more impacted by the pandemic. In this strategy, we will place the need to tackle inequality at the heart of everything we do.

In addition to the impact of Covid-19 we recognise that during the life of this strategy, significant changes to the structure of the NHS are planned. These changes are likely to mean that some decisions currently taken at a local level, will instead be taken by a regional body – the South Yorkshire and Bassetlaw Integrated Care System (ICS). Alongside that, there will be a development of the role of local structures such as the Accountable Care Partnership (ACP), Primary Care Networks (PCNs) and Local Area Committees (LACs). We recognise that the way we carry out our role will be impacted by these changes, and we will need to work flexibly to find ways to influence decisions in the new structures.

## We have written our strategy based on:

- What people have told us is important to them (including what was said in our **Listening to You** report from 2020)
- Our **legal duties** as a local Healthwatch
- What we have learnt as a Healthwatch since beginning this work in 2013
- Our understanding of the city, and of the local, regional and national context - including existing plans and strategies for the next 5-10 years (eg NHS Long term plan, Sheffield Health and Wellbeing Strategy, Healthwatch England priorities and focus)

## Our Vision

**‘A city where people have an  
equal chance of a healthy life.’**

### Our overarching goals

Find out what  
matters to local people  
and influence and  
improve health and  
care services

Involve those who  
often aren't heard

Help make Sheffield  
a healthy city to  
live in

We recognise that health inequalities in Sheffield are stark and that the Covid-19 pandemic has moved us further away from equity. We also recognise that health is not just about the provision of services, but shaped by our lives – our work (paid and voluntary), our environment, our homes, and our education. Social factors have the greatest impact on people's health, and in many ways these experiences are unequal.

This will be the lens through which we do our work – promoting voice, experience and involvement as central to understanding and addressing health inequalities. It is the theme which cuts across all of our strategic aims.



# Our Strategic Aims

We have identified four strategic aims which say what we want to achieve; under each one, we have identified our areas of focus, and how we will work to address each of these.

Alongside this strategy, we will publish a work plan each year. This will set out which areas of health and social care will be our priority for that particular year - this is important for us to focus our limited resources effectively.

## 1 Improve access to health and care services through information and advice



### Addressing inequality of access

Share information which recognises and supports better understanding of how people's lives and social circumstances impact on health.

Provide information in different ways, to meet the needs of different people.

challenge where services don't provide accessible information, and highlight good practice where they do.

Listen to people's experiences in order to understand and highlight barriers to accessing care; work with people and services to identify solutions.



### Promoting rights

Provide high quality information which helps people know what they can expect from services.

Provide information on how to give feedback and raise concerns about services, including formal complaints processes.

Highlight good practice around learning from complaints.



### Connecting people to support

Link people with specialist organisations who can offer detailed support and advice. This will include organisations that can support with health and care needs, and also (where necessary) wider needs such as financial or housing advice.

Build relationships with groups, focusing on on-going relationships as a way to build trust and understand people's needs and experiences.

Actively use our connections as part of Voluntary Action Sheffield to link people to the right places.

# Our Strategic Aims

## 2 Support Local People to have their say



### Addressing inequality of voice

Focus greater resource on hearing from people who often find it hardest to be heard.

Identify and promote involvement opportunities to those who find it hardest to be heard.

Identify and focus on topics that are of importance to minority groups.

Develop our own good practice in involving people with diverse needs.



### Improving our reach

Develop new ways of hearing from people following the impact of Covid on the way that we can do our work.

Increase partnership working with voluntary sector organisations to build connections with communities.

Develop ways of reaching individuals who may not be connected to or be part of voluntary and community groups - including those who are not digitally connected.



### Promoting the value of voice

Work with local people to show how their voices can change health and social care services for the better.

Share with the public examples of how local people have changed services for the better.

Let people know how their views have made a difference and encourage services to do the same.

# Our Strategic Aims

## 3 Influence the way health and care services are designed and delivered



### Addressing inequality of influence

Ensure our evidence is collected, analysed and presented in a way which clearly highlights issues of inequality.

Each year we will carry out a piece of work with people from a minority community on an issue of importance to them.

Challenge inequality boldly, and highlight where the views of individuals and communities have not been heard by services.

Promote improved representation at decision making meetings, to include people with lived experience and people from groups that are often not heard.



### Putting people at the heart of decision making

Robustly reflect and stand up for the views of local people, at boards, partnerships and meetings where decision makers are present.

Where possible and appropriate, we will step aside to make space for people with lived experience to have their say directly in these forums.

Promote and support the development of good practice around co-production.

Work to support better understanding of how people's lives and social circumstances interact with their health and wellbeing, and how this impacts on the services they need.



### Connecting people

Create opportunities for people to come together with decision makers.

Connect people to opportunities to participate in different types of involvement taking place across services.

Identify topics of interest where people can work together with health and care services to drive improvement.

# Our Strategic Aims

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## Influencing at different levels

- Support Sheffield's people to be involved in decision making about local services through neighbourhood, City, regional and national structures.
- Share the intelligence we gather in the places where it can have most impact, from local neighbourhood networks (eg Primary Care Networks) through to the national structures that we can connect with (eg Healthwatch England, and the Care Quality Commission).
- Focus on the effective development of our role within the new structures which will emerge from the changes to the Integrated Care System and Sheffield partnerships.
- Promote the importance of accountability and voice within the new structures.
- Support services to develop more and new ways for people to have influence in the new systems.



## Impact

- Identify opportunities to have impact by keeping up to date with what is happening in health and care services.
- Actively listen to people's views and experiences to understand what would make a difference to people accessing services
- Make carefully considered recommendations.
- Follow up with services to track progress against action plans developed in response to our work.



# Our Strategic Aims

## 4 Influence a stronger culture of involvement across Sheffield's Health & Care Services



### Adressing inequality of involvement

Challenge and support services to use more varied ways of reaching and involving a diverse range of people.

Work with people to identify how best to involve specific groups and share our learning with services.

Use our position, our networks and expertise to promote a culture where people's experience comes first.



### People as partners

Promote the involvement of all Sheffield people as equal partners, including those whose voices are often not heard.

Promote involvement which goes beyond consultation – for example co-production, and opportunities for ongoing involvement.



### Building good practice

Work together with statutory partners to build skills, confidence and resources which support engagement and involvement.

Deliver Healthwatch work which can demonstrate good practice in engagement and involvement, including by implementing learning from the wider Healthwatch network.

Highlight and share good practice from different places.

Highlight where improvements are needed in the way that engagement and involvement is done.

# Our Tools

## Enablers – the tools that will help us do our work

|  |   |
|--|---|
| <b>Staff</b>   | A staff group with a diverse set of skills and experience, and a learning culture to develop and grow the way we work.  |
| <b>Volunteers</b>  | A diverse group of volunteers who support our work in a wide variety of roles   |
| <b>Strategic Advisory Group</b>                                  | A group of volunteers with wide ranging experience and expertise, who support the strategic development of our work.  |
| <b>Voluntary Action Sheffield (VAS) as our host organisation</b> | Strong strategic links to health and wellbeing work in the voluntary sector<br>Operational support  |
| <b>Voluntary sector partners</b>                                 | Community Partnerships<br>Informal relationships with voluntary sector organisations<br>Partners for focussed pieces of work – e.g. reports, Speak Up Grants<br>Connection with networks e.g. Mental Health Partnership Network, Autism network |
| <b>Statutory partners</b>  | Strong working relationship with engagement and experience teams<br>Strong links with decision makers<br>Places on decision making boards   |
| <b>Digital</b>   | <u>Care Opinion</u><br>Social media<br>Healthwatch Sheffield Website  |
| <b>Legal status</b>  | <u>Our statutory powers and duties as an independent body</u>   |
| <b>Healthwatch England</b>                                       | Knowledge, support and resource from Healthwatch England<br>Shared learning from across the network<br>Partnership working with the network   |