

## Research & Workplanning Framework

## Background

Healthwatch is a statutory function set up by the 2012 Health and Social Care Act. The primary function of Healthwatch is to listen to the views of people about their experiences of using NHS health and social care services. This information is then fed back to commissioners and providers of health and care services to bring about change for the better.

We have previously worked to a Research Statement that was agreed in 2018. As time has gone on our income and resources have changed. The health and social care landscape has also changed as a result of the Covid 19 pandemic and the major forthcoming upheaval of the way health and care services will be commissioned and planned (abolition of CCGs and introduction of Integrated Care Systems).

Our relationships with external organisations have also changed and we have worked hard to develop better ways of working, co-planning and co-producing work and ensuring that our work is valued and can contribute to real opportunities for improvement and change. To this effect, this document seeks to replace the 2018 Research Framework to bring it into line with the many changes we have to consider both now and in the future. The 2018 Framework was working towards a Greater Manchester Healthwatch Research Hub which is no longer feasible

## How we plan our work

Each year we consult with the public and ask what their top 3 health and care priorities are. We also look at intelligence drawn from our Information Advice and Guidance service, the Bolton JSNA and any other intelligence that comes to us via our community engagement. From this intelligence, our governing board decide what priority areas will be on the workplan each year.

From the three broad priority areas, we then decide on the actual pieces of work. We use the theory of change<sup>1</sup> process to work through how our work can have most impact. We will only consider carrying out work that satisfies the following:

- we feel that research on a particular topic will add to the local knowledge base on the subject
- we feel that the knowledge that will be produced will be relevant and therefore useful in the local context. (In this respect we take into account what we know about current and forthcoming policy and strategic developments)
- we feel that the public will be able to engage with the issue and have something to say (in this respect we take reference from our priority setting process, our general engagement, our membership and our advice service clients)

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<sup>1</sup> <https://www.theoryofchange.org/what-is-theory-of-change/>

- we feel that we have a good chance of accessing a relevant cohort of participants locally via a variety of contacts and/or methods.
- in line with our obligations as a local Healthwatch, we are more inclined to pursue projects where we feel that the work will help *hard to reach groups* to be heard and amplified.
- We will carry out an Equality Impact Assessment exercise on each proposed piece of work

## Working in Partnership with External Organisations

If an external organisation wishes to work with us regarding obtaining public and patient feedback then we consider this on a case by case basis. There are specific requirements laid down by Healthwatch England to enable us to use the 'Healthwatch' branding.

To enable us to do this we ask the following:

- The request has to fall into at least one of our workplan priority areas.
- The work must involve core Healthwatch functions of gathering the views of patients and the public about health and care services. The Healthwatch brand must only be used when carrying out activities prescribed in s.221(1) of the Health and Social Care Act 2012 (the "statutory activities")<sup>2</sup>. The Healthwatch brand cannot be used for any additional work which is not classed as a statutory function or power
- The work must not compromise our independence
- The work must be driven by us using our community engagement methods and expertise
- Timescales for the work will be agreed at the start of any projects
- The work must result in a final report whereby we can make recommendations for change and request responses to the report from appropriate commissioners and providers
- The work will be published on our website and shared with Healthwatch England
- We own the final report

## Commissioned and Remunerated work

We will consider any requests for work that is remunerated on a case by case basis. We can only consider any remunerated work if it satisfies the following:

- The work relates to our statutory duties in the Health and Social Care Act 2012 as stated above
- The work broadly fits with our current workplan themes

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<sup>2</sup> <https://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/1/crossheading/local-healthwatch-organisations/enacted?view=plain>

- The work does not create a conflict of interest or compromises our independence
- We have the time and resources to do the work effectively
- We retain ownership of the data and final report
- We publish the report on our website (with commissioner agreement)

## Working with Healthwatch in Greater Manchester

Integrated Care Boards (ICBs) and Local Health and Social Care Systems<sup>3</sup>

In July 2022 all Clinical Commissioning Groups will cease to exist and will be replaced by ICBs. They will take on all the commissioning functions of CCGs. ICBs bring health and care closer together and will work in a more integrated way. For Bolton that means we need to work with the Greater Manchester Integrated Health and Social Care Partnership Board.

To do this we need to work effectively as a Healthwatch in Greater Manchester network to work with the ICB to fulfil our statutory obligations. We also need to work with our own Locality Boards. To fulfil our statutory obligations with the ICB, we need to align our workplans with some of the priorities of the ICB. Therefore we will ensure that our local workplan reflects the need to do this for future work.

## Ongoing work

We will continue to monitor our impact from previous work that we have undertaken. It can take time for some of the recommendations contained in our various reports to be acted on. Where we have the opportunity to do so, we will continue to monitor and do further work where we can see a real impact from our work that brings about change for the better.

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<sup>3</sup> <https://www.gov.uk/government/publications/health-and-care-bill-factsheets/health-and-care-bill-integrated-care-boards-and-local-health-and-care-systems#background>