



Our vision, mission, strategy and governance - for discussion

1. Introduction

Periodically it is helpful to review what we are about, and currently it feels timely.

To support this review a presentation will be made at Board. This paper provides an overview for members to consider in advance of the meeting.

The presentation will stimulate discussion and covers the following

- Our objects - from our governing document
- Our vision - the why we do this/ what we believe in
- Our mission - what we do and how we do it (broadly)
- Our strategy - taking stock, and what we need to do now and over the next 12-24 months

2. Our Objects - currently a mix of vision and mission

2.1 The objects of the community interest company are the influencing of the wider determinants of health and social care by:

- working with local communities to influence and improve the quality of health, wellbeing and social care services
- providing community engagement, research, evaluation and assessment services within the fields of health, wellbeing and social care
- providing training and development of skills for volunteers and the wider community
- providing information and advice to the general public about local health and social care services

2.2 Our objects might be publicly expressed as:

- **Our vision:** We believe that users views can improve health and social care services.
- **Our mission:** Is to demonstrate how user views can improve services in health and social care. And to provide practical services, support, and advice to help that happen well.

3. Strategic Choices

3.1 There are some tactical choices to make about what we do and don't do.

We seek to be expert at public engagement, particularly with the seldom heard. To deliver this we need staff, volunteers and associates who are experts

We seek to be expert at drawing in health and social care decision makers and we are relatively well networked.

We have a history of producing good reports though we aren't a research agency.

We should amplify the voice of others (communities of interest and the organisations that represent them). We do not need to be the front organisation.

We could do more to co-ordinate/lead and be part of networks for gathering people's experiences and engaging with decision makers.

There is a large 'transactional' cost to staying networked and informed about issues that are important to users.

We should be focused on the local experience of service implementation, practical, pragmatic, constructive and solution focused.

Our Signposting/information role feels limited. We can't do it well as well as other specialists (e.g. Information Now / Our Gateshead).

Healthwatch contracts are our main business. Our strategy needs to be about delivering them well and winning the contracts when re-tendered. If successful we can look to expand.

Our internal systems need to be improved.

4. Governance

4.1 Recommendations to strengthen our governance will be made at the meeting, these include:

- Tightening the links between the Healthwatch Committees and the Board.
- Recruiting more Gateshead Committee members to the Board.
- A core 'Chairs' Committee that provides a sounding board for the CEO.
- Defining roles more clearly
- Building a pipeline of people so our Board and Committees have a good balance/diversity of people with senior health and social care expertise and people with local lived experience.

5. Questions to guide our discussions

- 5.1
- Do you agree with the draft vision and mission statements?
 - What are your views on the strategic choices?
 - What are your views on governance and the diagram below?
 - What other things do you think are relevant to this discussion?
 - What are our next steps?



What should our governance look like?

