

Greater Manchester Health and Care Board

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Date: 16 March 2018

Subject: Healthwatch in Greater Manchester – Progress Update

Report of: Peter Denton, Healthwatch Liaison Manager, Healthwatch in Greater Manchester

SUMMARY OF REPORT:

This report provides an update on the first year of the Greater Manchester Liaison function and signposts the joint work of the 10 GM Healthwatch organisations for the coming year.

KEY MESSAGES:

The report highlights the statutory functions of local Healthwatch, particularly in terms of its role in assessing the quality of health and care services and in supporting community engagement (including people whose voices are 'seldom heard').

Local Healthwatch priorities have been mapped against GM Health and Social Care plans. It notes that Healthwatch priority activity with the Partnership is closely aligned with implementation of the Mental Health Strategy; Theme 3 Standardisation of Acute Hospital Services activity; and supporting effective engagement in the development and implementation of locality plans.

Healthwatch has secured representation in a range of the Partnership's governance boards for both Mental Health and Theme 3 as well as at a strategic level. Healthwatch has also developed a process of aggregating patient, service user and carer feedback to inform its role on the GM Quality Board.

Development areas for Healthwatch the coming year have been identified as including:

- Supporting our partners to build on community based initiatives for the ongoing transformation of the health and care system and landscape.
- Using our role within GM Health and Social Care governance structures to encourage and support the use of 'soft intelligence' and consideration of social value and community benefit alongside more traditional quantitative data.

- Working alongside all our partners to promote, support and deliver meaningful engagement with local people, particularly those whose voices are seldom heard.
- Reviewing how we work as individual Healthwatch organisations with a view to developing more consistent practice across Greater Manchester.

PURPOSE OF REPORT:

For information.

RECOMMENDATIONS:

The Greater Manchester Health and Care Board is asked to:

- Receive and note the contents of this report
- Reaffirm support for all members of the Partnership to work collaboratively with Healthwatch both at locality and Greater Manchester levels.

CONTACT OFFICERS:

Peter Denton, Healthwatch Liaison Manager, Healthwatch in Greater Manchester
peter.denton@gmhealthwatch.co.uk

1.0 INTRODUCTION

- 1.1. There are 10 independent local Healthwatch organisations in Greater Manchester. The GM Health and Social Care Partnership has provided funding to support a Greater Manchester Healthwatch Liaison function. This function provides a clear link between the 10 local Healthwatch organisations and other members of the Partnership. It also enables the 10 organisations to work more effectively with each other and maximise their collective resources.
- 1.2. This report provides an update on how Healthwatch organisations have worked with each other and GM Health and Social Care Partners since April 2017.

2.0 ABOUT HEALTHWATCH

- 2.1. The Health and Care Act 2012 created a statutory duty for all top tier local authorities to commission Healthwatch in their locality. Healthwatch has a number of statutory functions and duties which it must deliver for people who live in the area it serves and also for people who access services in the area. These statutory functions include:
 - promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services;
 - enabling people to monitor for the purposes of their consideration of the standard of provision of local care services; whether, and how, local care services could be improved; whether, and how, local care services ought to be improved - and to review for those purposes, the commissioning and provision of local care services (this includes reaching views on these matters and making those views known to the Healthwatch England committee of the Care Quality Commission);
 - obtaining the views of people about their needs for, and their experiences of, local care services;
 - providing advice and information about access to local care services and about choices that may be made with respect to aspects of those services;
 - making recommendations to the Healthwatch England committee to advise the Commission about special reviews or investigations to conduct (or, where the circumstances justify doing so, making such recommendations direct to the Commission);
 - giving the Healthwatch England committee such assistance as it may require to enable it to carry out its functions effectively, efficiently and economically.
- 2.2. Commissioners and providers of health and care services have the following duties relating to local Healthwatch:

- Permitting authorised representatives to Enter and View services (within a clearly defined framework);
 - Responding within 20 days to requests for information;
 - Responding within 20 days to reports and recommendations made by Healthwatch (and these responses must have due regard to the content of the reports and recommendations).
- 2.3. In addition, local Healthwatch has the statutory power to refer matters to Overview and Scrutiny Committees for their consideration. Healthwatch also has a seat on their local Health and Wellbeing Board and a non-voting seat at local Primary Care Commissioning Committees.
- 2.4. Regulation requires that local Healthwatch organisations must have the status of 'independent social enterprise'. There is also a requirement that local people have a role in setting Healthwatch priorities and that 'seldom heard' voices are amplified.
- 2.5. Some local Healthwatch organisations in Greater Manchester also provide the independent NHS Complaints Advocacy service.

3.0 WORKING TOGETHER WITH THE GM HEALTH AND SOCIAL CARE PARTNERSHIP

- 3.1. The Greater Manchester Healthwatch Liaison Function was established in March 2017 with funding for two years. Strong working relationships have been established with staff in the GM Health and Social Care Partnership. This has resulted in a range of activities to support the voice of local people in the development and implementation of the GM transformation plans.
- 3.2. Building on work that is already being undertaken by Healthwatch in their local areas, the following have been agreed as priorities for Healthwatch joint work at a Greater Manchester level:
- Engaging in the implementation of the Greater Manchester Mental Health Strategy.
 - Supporting and promoting public engagement in acute hospital changes with a particular focus on Theme 3 transformation work streams (local joint Healthwatch activity is also considering Trust mergers, alliances and reviews taking place on a smaller footprint than the whole of GM).
 - Sharing good practice between localities in terms of patient and public engagement in the development and implementation of locality plans.
- 3.3. As a result of building these relationships and setting our priorities we have Healthwatch established representation on the following boards, committees and working groups:

- GM Health and Social Care Board
- GM Quality Board
- Heads of Comms and Engagement group
- Mental Health Programme Board
- Dementia United
- Adult Mental Health Delivery Board
- Children and Young People's Mental Health Delivery Board
- Population Health Board
- Theme 3 Board
- Theme 3 Clinical Reference Group
- 8 x Theme 3 work stream representatives

3.4. We are currently recruiting further representation to:

- GM Children's Health and Wellbeing Board
- GM Primary Care Advisory Board
- GM Medicines Strategy Board

3.5. Other GM level activities during the year have included:

- Holding the first Healthwatch in Greater Manchester Conference. Supported by the GM Health and Social Care Partnership and Healthwatch England, this two day event brought together over 80 delegates from across Greater Manchester. It provided an opportunity for operational staff and volunteers to come together and share learning as well as for Healthwatch leaders to explore opportunities for joint working, efficiencies through economy of scale and also working together to support the GM partnership agenda. A programme of development activity has been developed from this and is now being delivered.
- Providing regular Healthwatch insight to the GM Health and Social Care Quality Board. This includes developing the GM Healthwatch Quality Summit which meets twice a year to identify key areas of concern that cross local Healthwatch boundaries. This role has not been restricted to Healthwatch bringing topics to the Board (e.g. patients detained under the Mental Health Act getting appropriate assistance with toileting needs which in A&E, how effectively providers with poor CQC ratings are engaging with Healthwatch and their local populations). We have also been able to highlight how quality improvements have impacted on patient experiences and where we feel it's too early to

consider a matter resolved (e.g. continuing to receive patient feedback which suggests IT systems haven't been fixed as thoroughly as the IT provider suggests).

- Delivering public engagement for the Diabetic Eye Screening service review.
- Delivering public engagement for the Electronic Referral of Medicines between Hospital and Community project.
- Contributing to the GM Health and Social Care Partnership's draft Consultation and Engagement Framework.
- Contributing to the draft Theme 3 Comms & Engagement strategy.
- Commenting on a number of GM Health and Social Care strategy documents.
- Compiling a library of GM Healthwatch reports which are available for GM HSC Partnership staff to inform their work.
- Promoting a number of public engagement opportunities provided by the GM HSC Partnership.

4.0 IMPROVING LOCALITY WORKING

- 4.1. There are 10 local Healthwatch in Greater Manchester. Though our mission and mandate is the same, and our contexts broadly similar, our organisations face different operational constraints and have developed differently in response to these. We are all small organisations and this presents challenges to our operational capacity as well as heavy governance, management and external relations demands.
- 4.2. The GM transformation plan extended our work load exponentially, we are all now involved in ensuring that patients have a voice in individual locality plans in our areas, but we also need to support patient involvement across our city region health and social care institutions.
- 4.3. The HW in GM liaison Office has supported our efforts in this regard by;
- Taking over the organisation of our monthly Network meetings (previously done on rotation by individual Healthwatch), this has freed up time and improved the Network's productivity by ensuring a more consistent and forward moving agenda.
 - Providing us with timely information about developments in the GM as a whole and in other parts of the city and given us a 'go to' place for questions and queries about GM activity. This helps us to direct and inform our conversations with patients and respond to our residents concerns.

- Provided us with a structure through which to explore and agree practical cooperation both in terms of activity and organisational development. For example we now have a structure for responding to, bidding for and delivering external commissions where GM wide engagement is required, we are able to engage in cross-purchasing and joint purchasing. We are working on a number of specific shared challenges (such as implementing the forthcoming GDPR Regulation, workforce development, development of shared key documents).
- Providing a clear mechanism for us to engage with the GM Health and Social Care Partnership in a way that helps us to meet our objectives both locally and co-operatively across the conurbation.

5.0 OUR FORWARD CHALLENGES

5.1. Healthwatch in Greater Manchester has identified some key challenges which they seek to address, working with the GM Health and Social Care Partnership, during 2018/19:

5.2. How do we support true transformation?

5.2.1. Whilst much progress has been made in terms of developing new infrastructure and governance and there are some individual examples of changes in the services and support that people receive, Healthwatch has an informal sense that the thinking of many people within these new structures is still based on traditional NHS and adult social care processes. We are concerned that this may make it difficult for grass roots ideas about changes to get sufficient traction in the system and that voluntary and community organisations may not have the resources to make a sufficiently strong case for change using the types of evidence base that are expected in the NHS.

5.2.2. We are eager to work with local people and the voluntary, community and social enterprise sector not just to support a greater use of community assets within traditional pathways and structures but also to promote innovative, community based thinking and solutions. This is about making sure that the “new relationship between public services, residents, communities and businesses” has the space and support not just to talk about change and make incremental changes but to be bold and, over a period of time, transform into a system that looks significantly different to the system that was in place when the Health and Social Care Partnership was established.

5.3. How can we help grass roots transformation ideas to be heard?

5.3.1. Very often the evidence base for these is very different from clinical evidence bases. Sometimes there may only be a very limited evidence base and an idea is effectively the suggestion for an action research project that could be delivered at a wider scale in the future. We are aware that this way of working can cause feelings of unease in decision making processes that have been built on using particular types of evidence bases to assess and manage risk.

5.3.2. Through our locality and GM level activity we observe governance structures that rightly focus on statutory responsibilities, risk, quality and cost. We recognise that these are necessary and important in terms of keeping our population safe and demonstrating wise use of public funds. We are pleased to have Healthwatch representation on many of these governance boards and that the voluntary, community and social enterprise sector is also increasing its representation here. We are keen to use our role within these structures to help these governance boards to consider how their work can also be informed by 'soft intelligence' in a meaningful way (not all positive outcomes are easy to quantify) and how more thorough considerations of social value and meaningful community benefit can help in decision making and assurance processes.

5.4. How can we help the partnership to engage with local communities, particularly people whose voices are seldom heard?

5.4.1. We feel that local Healthwatch can play a key role, through our well established networking activity with local people and organisations, to support and promote grass roots voices. We see it as one of the principal ways of delivering the GM HSC Commissioning for Reform principle: *"There is a new relationship between public services and residents, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services."*

5.4.2. We would welcome opportunities, either through our day to day insight collection or through specifically commissioned work, to engage more with local people jointly with the GM HSC Partnership. We anticipate that the new draft consultation and engagement framework will provide a vehicle to promote and support this.

5.4.3. We also note that the work of the voluntary, community and social enterprise sector is doing with the GM Health and Social Care Partnership around equality and diversity will also play a significant role in ensuring that different community voices are heard and able to engage with the Partnership.

5.5. How do we support consistency in Healthwatch activity across Greater Manchester?

5.5.1. There is significant variation in the per capita funding for local Healthwatch across the 10 localities. We have a strong history of working together – we are the longest established network of multiple Healthwatch organisations in England. However we are aware that there is variation in the range, depth and delivery of the work we do. In part this reflects the diversity of our local communities but we recognise that some differences are factors of history and could be improved to help us to provide a more consistent Healthwatch offer to the population of the conurbation.

5.5.2. We are currently reviewing how we can make efficiencies operationally – an example of this is that several GM Healthwatch organisations are working together to procure the services of a Data Protection Officer who can support them collectively as the General Data Protection Regulations come into effect in May and on an ongoing basis thereafter.

- 5.5.3. We are also looking to commission an independent review based on the national Healthwatch Quality Statements to help us to identify what an effective and efficient Healthwatch looks like in the context of a large conurbation with health and social care services working in partnership. This is ground breaking work for Healthwatch in Greater Manchester as similar reviews in the past have largely focused on smaller populations and geographical areas.
- 5.5.4. When these reviews are complete we anticipate that recommendations will emerge which will help to shape the future of Healthwatch within GM localities as well as at the GM-wide level.

6.0 RECOMMENDATIONS

- 6.1. The Greater Manchester Health and Care Board is asked to:
- Receive and note the contents of this report
 - Reaffirm support for all members of the Partnership to work collaboratively with Healthwatch both at locality and Greater Manchester levels.