Manchester Health and Care Commissioning Board
A partnership between Manchester City Council and NHS Manchester Clinical Commissioning Group

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<th>3.4</th>
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<th>17 May 2017</th>
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<td>Report Title:</td>
<td>Engagement and Co-production</td>
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<td>Prepared by:</td>
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<td>Presented by:</td>
<td>Atiha Chaudry, Lay Member for Patient and Public Involvement</td>
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<td>Summary of Report:</td>
<td>To update the board on engagement activity taking place to inform commissioning of health and care services in Manchester</td>
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**Strategic Objective:**
- To improve the health and wellbeing of people in Manchester
- To strengthen the social determinants of health and promote healthy lifestyles
- To ensure services are safe, equitable and of a high standard with less variation
- To enable people and communities to be active partners in their health and wellbeing

| Board Assurance Framework Risk: | N/A |
| Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA): | Not applicable |
| Outline public engagement – clinical, stakeholder and public/patient: | As described in the paper. |

Positive – Collaborative – Fair
Recommendation

The MHCC Board is asked to discuss and endorse the ongoing engagement activity taking place across Manchester.

1.0 Introduction

We are in the process of developing an understanding of our assets for Manchester Health and Care Commissioning and the insight each of these can offer around people’s experiences of using health and care services in Manchester.

It will be important to ensure that this information is used by commissioners to:

- strategically plan and assess need
- inform and influence the development and design of services
- monitor and evaluate outcomes
- contract monitor services
- monitor the quality and performance of services
- tackle health inequalities
- manage risk

Below is a diagram of the start of this mapping and a full size picture of this map can be found on appendix one on page 14.

An asset you may be aware of is the Age Friendly Manchester programme which has a long history of creating opportunities and structure which have allowed for older people to influence the direction of this work.
Age Friendly Manchester is currently in the process of refreshing its strategy for 2017 to 2020 (following on from our current / previous strategy, Manchester: A Great Place to Grow Older 2010-2020) which will reflect their new position in Manchester Health and Care Commissioning.

A piece of work is currently being undertaken to capture the breadth of opportunity for older peoples engagement, this will include:

- The Age Friendly Manchester Older Peoples Board and the Age Friendly Manchester Charter launched in 2016
- The Manchester Older Peoples Forum
- The Age Friendly Manchester Cultural Offer Programme, including the Cultural Champions model.
- The Age Friendly Manchester locality approach facilitated by buzz Health and Wellbeing Service (12 locality networks across the 12 health hubs, each with its own age friendly locality action plan)
- Ambition for Ageing Partnership Boards across (4 across the following neighbourhoods - Miles Platting, Moston, Burnage and Hulme and Moss Side).
- Age Friendly Manchester Ambassadors Group
- Age Friendly Manchester Design Group
- Housing for an Age-friendly Manchester Board

Older residents take an active role, often in a delivery capacity as well as that of influencing, in localised Age Friendly projects such as Age Friendly Whalley Range, the Inspired Peoples Project in Levenshulme (where the Older Peoples Task Force currently deliver the Don't Get Caught Short Campaign and Days Out and Holiday Club called Leve Livelies), the Old Moat and Withington Age Friendly project in partnership with Southway Housing, Heathfield Hall activity offer in Newton Heath and North City Nomads.

In addition older people play a significant role in the delivery of services in all of the South Manchester Neighbourhood Care Groups (eg Chorlton Good Neighbours, Withington Assist).

MICRA at Manchester University provide significant opportunities for older people to engage in research and discussion and older people sit on the MICRA Board.

As the interest in Age Friendly Manchester has grown nationally and internationally older Manchester residents have taken opportunities to engage in influencing the broader age friendly agenda worldwide. In the future months there will be more detail about how older people will work collaboratively across Greater Manchester.

2.0 Purpose

This paper provides an update to the Manchester Health and Care Commissioning Board on the following:

- Mapping and understanding our assets as a health and care organisation
- Discussions and activity of the Patient and Public Advisory Group meetings for April and May 2017
- Update on engagement activities taking place across the city
- Update on engagement with the voluntary and community sector organisations via Community Explorers during April 2017
• Update on the Macmillan Cancer Improvement Partnership and co-production with people affected by cancer
• Update on the development of engagement projects for 2017/2018
• Overview of activity of CCG Lay member for Patient and Public Involvement

3.0 PPAG Activity – local and city-wide

3.1 City-wide PPAG meeting held on 4 April 2017
The first formal meeting of the Patient and Public Advisory Group for Manchester Health and Care Commissioning took place on the 4 April 2017.

Action, discussion and feedback at the meeting included the following points:
• A welcome and overview given by the new Chair, Atiha Chaudry, Lay member for Patient and Public Involvement to PPAG and external representative members
• An update on the recruitment of PPAG members and how skills and knowledge of former PPAG members have been retained as volunteer Expert Panel members
• Why external representatives have been invited to join PPAG and links to developing and on-going work programmes
• PPAG terms of reference for the group were discussed and amended
• Agreement of areas to keep awareness of following the work of PPG to date and changes to health and care system taking place
• Planning of knowledge briefings that would include adult social care and public health
• Role of PPAG in advocating for involvement of patient, carers and the public in the work of Manchester Health and Care Commissioning
• An overview of patient and public involvement and wider engagement work taking place and mechanisms used
• Shaping of an induction session for all PPAG members

3.2 PPAG Knowledge Briefing
A knowledge briefing on the Manchester Care Record took place on Tuesday 16 May and was held at the LGBT Foundation.

Mark Wright, Head of IT presented and participated in a question and answer session with PPAG members.

Action, discussion and feedback included the following points:
• Gaining an understanding of the number of patients registered with a GP that will have a Manchester Care Record
• Recognition of the importance of communications for patients so they are aware of their record and can say yes or no to sharing this with health and care professionals
• The difference between a summary care record, care data and the Manchester Care Record
• The links to work taking place across Greater Manchester, such as datawell and difference between the systems and how used
• Strongly supporting the need for partnership communications with Greater Manchester Mental Health NHS Foundation Trust to ensure service users and carers are aware of the Manchester Care Record
• Strongly supporting the development of a patient portal and how PPAG members and other patient and carer groups could support this work
• Development of how other health and care professionals such as pharmacists or dentists in the future would be able to access the Manchester Care Record and feed information into it
• Importance of data inputted around protected characteristics and how this needs be improved – a time to change and improve the quality of this information across Greater Manchester and system leadership is needed
• Gaining an understanding of read codes, how used in GP practices, hospitals and social care. These are currently changing to Snomed which is a structured clinical vocabulary for use in an electronic health record – every action has a code
• The use of Docman in Manchester for electronic correspondence from acute hospital trusts to GP practices across the city
• Feedback on a draft patient information leaflet and agreement to gather further feedback from a wider group of patients and carers

3.3 PPAG Induction Session

A PPAG induction session is taking place on Friday 19 May and will cover the following topics:
• Ways of working
• History of the NHS – this was delivered by a PPAG member
• What is social care? A video was presented from the Kings Fund
• Where we are now – understanding current arrangements of health and care in Manchester and Greater Manchester and Patient and Public Involvement
• Lived Experience videos
• Understanding our population – this was delivered by Neil Bendel, Public Health Specialist (Health Intelligence)
• Equality, Diversity and Human Rights

4.0 City-wide Engagement activity

4.1 Engaging with the Youth Council at Manchester City Council on emotional health and well-being

This was a facilitated session organised by Helen Scott, Children and Young People’s Health and Wellbeing Commissioner and led by Caroline Tosal from the Centre for Public Innovation for representatives from the Manchester Youth Council.

Representatives at the meeting fed-back that they consider mental health to be as important as physical health with a strong consensus that young people deserve to be seen as individuals and as a whole person. In addition to this they recommend that services and approaches need to recognise and accommodate gender and cultural expectations by offering a range of support and interventions.
There was an overall agreement that mental health as a concept is discussed within their schools and youth activities but not necessarily amongst peer groups. Most felt it was still difficult for young people to talk about their own emotional health and wellbeing. “I’d tell my friends if I had a head ache or a cold but not if I was feeling down.” Again the cultural and gendered approaches were identified as a key component in accessing support.

Challenging the stigma of mental health was a key recommendation. Initially all associated the term with a diagnosis or a negative concept. Yet on reflection everyone recognised the basic principle that we all have mental health and that how we perceive that can have consequence on everything that you do. “Your mind determines your ability to succeed, I can run 20k, I have the energy and the capacity but if my mind doesn’t think I can do it, I won’t even get to 5k, good mental health underpins everything that you do.”

During a three minute brainstorm activity, 16 sources of mental health support were identified by the group. Friends were rated as the easiest and most likely avenue young people would turn to. When asked to identify which service they would be most likely to access, the group unanimously agreed they wanted to be supported to maintain their own good mental health. It was suggested that adapting activities and environments which fostered independence, confidence, self-esteem and wellbeing would challenge the negative associations with the term mental health.

Young people valued the following characteristics from a source of support:
- Easily accessible - short waiting times, close to home/school, online, apps, range of times and venues to suit lifestyle
- Recognition for reaching milestones
- Someone who could relate and understand/build rapport and trust quickly
- A welcoming environment/bright/calm/spacious/comfortable
- Consistency - one key relationship holder bringing in other support as appropriate
- Support to find their own solutions by developing hope, self-confidence and knowing their own limits
- Self-help resources available in different formats
- Confidentiality
- Trained and knowledgeable professionals who responded appropriately

Young peoples’ desire to be treated as an individual was a strong recurrent theme informing discussions about awareness raising and service delivery. Young people wanted options to engage with a range of campaigns, provision and interventions underpinned by a genuine objective to support them, their peers and their families to have a holistic approach to wellbeing and emotional health.

Helen Scott, Children and Young People’s Health and Wellbeing Commissioner was able to listen to their experiences and feedback and directly respond to questions and answers raised during the session. All of the feedback is being used to inform the development of the i-Thrive approach for the delivery of CAMHS in Manchester.

4.2 Understanding the health needs and well-being of people living with sight loss in Manchester

Henshaws were commissioned for an engagement project to better understand the health and well-being needs of people living with sight loss in Manchester.
802 people were engaged via surveys and focus groups with the aim of
- Investigating the barriers people with sight loss experience in accessing health services in Manchester.
- Understanding how much access people with sight loss in Manchester have to health information and how this could be improved.
- Understanding what people with sight loss in Manchester believe to be good practice in accessing health services.
- Understanding how all of the above also impacts on the families and carers of people with sight loss.
- Aligning the findings with the Manchester Locality Plan and how the aims of the plan can be achieved for people with sight loss.

Overall the results highlight the following issues:
- People with sight loss in Manchester are experiencing a range of health needs and conditions in addition to their sight loss. They also face a number of lifestyle factors which impinge on their health such as unemployment and social isolation.
- People with sight loss in Manchester are experiencing barriers to accessing health care in a number of ways.
- People with sight loss are not always accessing health information and campaigns which could have a significant impact on their health and well-being.
- Inaccessible patient correspondence could be linked to a large number of missed appointments with its possible impact on health and with significant cost implications.
- GPs were seen as central providers of health information and support and this finding reiterates the important role of the GP at the centre of health provision and communication. Harnessing this more fully by improving the ways GP record sight loss could have huge ramifications for communicating with people with sight loss.
- A single point of access for people who are referred into low vision services from any referral route would significantly improve access to health and social care and health outcomes overall.

This report has been shared with commissioners through the:
- Quality and Performance committee
- Equality, Diversity and Human Rights steering group
- All Age Disability Partnership board, Manchester City Council
- Public Health Manchester team and development of the Joint Strategic Needs Assessment


4.3 Northwards Housing Wellbeing Network Event

The Engagement team and Lynne Harrison, Neighbourhood health worker from Buzz Health and Well-being service were invited to attend the Northwards Housing annual residents’ event.

The residents’ event was well supported with around 40 residents in attendance. It was an ideal
opportunity to inform local residents of how their health and care services are changing, share the Manchester Locality plan which details the vision for health and care service in the future, along with providing residents with the opportunity to share their opinions of health and care services in their local communities.

Residents were asked to discuss and feedback on what mattered to them locally. Feedback provided suggested that there is a lack of information of what community groups/activities are available locally – residents stated that often they are not aware of what services are available, particularly groups that can support reducing social isolation.

The group were asked how communication with residents could be improved and the following suggestions were received:

- Themed leaflets stating what clubs/groups are available
- The council A-Z booklet (which every household receives) should be used to promote local activities and support groups
- GP surgeries are a good starting point, however notice boards need to be regularly updated
- Locals shops/supermarkets
- Community leaders that take responsibility for sharing information
- Notice boards in local communities
- Use of social media such as Facebook and Twitter
- Northwards Natter newsletter
- Churches and local faith organisations
- Face to face events like the residents event
- North Manchester Radio

A number of residents suggested that a local befriending service would be useful to support people who are going to community groups for the first time who may not feel confident walking into a new group alone. Other group members talked about individuals who may not speak to anyone for days who are socially isolated and have lost confidence to speak to people.

**Primary Care**
Generally the feedback from the group was very positive when asked about using their GP practices. Some of the themes that were highlighted were:

- Patients found it easy to access their GP Practice.
- Patients stated that it was important to establish a good relationship with their GP.
- There is an inconsistent approach to charges made for letters from GPs in relation to travel or other situations where confirmation of medication maybe required.
- A patient expressed a concern that when trying to change her allocated appointment date and time for a referral appointment she was referred back to her GP as she had to change it twice
- Medication reviews should be undertaken regularly.
Patients were not aware of the NHS free health check that is available for patients who are aged 40-74, registered with a GP in Manchester and not on a disease register for a pre-existing health condition, such as diabetes or cardiovascular disease.

**Secondary Care**

Feedback from the group was mixed in relation to care and treatment received at their local hospitals which include North Manchester General Hospital (NMGH) and Royal Oldham Hospital. Some of the themes that were highlighted were:

- Difficulties in travelling to NMGH from White Moss estate, Blackley due to poor transport links.
- There is a lack of understanding as to why patients cannot have their treatment such as physiotherapy at NMGH and have to travel to Royal Oldham Hospital.
- Patients reported that over the last few months they have seen an improvement in staff attitude at NMGH.
- Breast screening services used to be available in Harpurhey or at NMGH – more recently they have been moved to Royal Oldham Hospital which patients said is difficult to access due to poor public transport links from the Blackley/White Moss Road Estate area.

**What’s important to us to live a healthier life?**

The tenants provided the following feedback:

- Healthy food information easily available.
- More exercise classes to keep people moving and reduce social isolation – these classes need to be accessible by good public transport links.
- Better transport links to access local community services.
- Befriending service to support local people attending hospital or community groups for the first time.
- More classes to build confidence in older people.

A wider engagement report from Northwards Housing and this event has been shared with commissioners to inform quality of existing contracts in place and colleagues from the Manchester City Council to inform the “Our Manchester” programme of work.

**4.4 Community Explorers in north, central and south Manchester**

Community Explorers is one of the ways we engage with voluntary and community sector organisations working in north, central and south Manchester. Monthly meetings are held to provide an opportunity to network with VCSE individuals, involve them in commissioning processes, provide updates and develop partnership working with GP practices, GP federations and One Team community services.

The meetings are supported by Claire Tomkinson from Macc and Val Bayliss-Brideaux, Senior Engagement Manager.

**North Manchester**

An update on the following voluntary and community sector projects were given at the meeting:

- Growing East Manchester
- Sow the City
- Healthy Me, Healthy Communities
A commissioner attended the meeting and presented on a new service which has been commissioned with Northwards Housing to appoint an Independent Living Officer whose role is to work with older people (not just tenants) who have recently had, or are at risk of having a hospital admission. The Independent Living Officer will give practical and emotional support to increase independence and avoid future hospital admissions. Attending the meeting was an opportunity to inform VCSE representatives and promote referrals to the service.

Feedback from representatives included understanding how this service fits in with existing commissioned services such as the Citizens Advice Manchester GP advice project, the Community Links for Health service which is out for tender and work around High Impact Primary Care.

Standing agenda items at each meeting includes updates from:
- buzz Health and Wellbeing service
- Citizens Advice Manchester

**Central Manchester**

The central Manchester meeting was held in partnership with Primary Care Manchester (GP Federation for central Manchester) and took place at the Kath Locke Centre in Hulme. This meeting focused on neighbourhood working in Moss Side and Hulme with discussions on older people and mental health and food. Attendees included GPs, community explorers and other voluntary and community sector representatives.

**South Manchester**

The south Manchester meeting was held in partnership with the South Manchester GP Federation, Macc and University Hospital of South Manchester and included representatives from:
- GP Federation
- GP practices in south Manchester
- One Team community staff
- Community Explorers
- PPAG members and patients

The feedback from the event and copies of the presentations given has been shared widely with attendees. The event was an opportunity for attendees to network, share best practice and develop relationships.

Outputs from one neighbourhood included:
- GP practices agreeing to send practice representatives to community explorer meetings
- Identifying community notice boards in GP practices to share neighbourhood activities
- Mapping of GP practice meeting rooms that could be made available for neighbourhood activities

All partners are committed to develop this work and further updates will be given in future board meetings.

**4.5 Macmillan Cancer Improvement Partnership and co-production with people affected by cancer**
Since January 2017, people affected by cancer have been involved in a range of activities and group meetings including:

- 2 people affected by cancer have been part of interview panels to recruit new staff members into the MCIP programme
- 3 people affected by cancer involved in the non-clinical champion project
- 2 new patient stories have been put together to support the Living with and beyond agenda
- 2 new people affected by cancer have been recruited into the MCIP programme
- 6 people affected by cancer attended a training course for facilitation skills
- 2 people affected by cancer have been involved in the community e-learning project in developing the content of the training
- 11 people affected by cancer have filmed their personal experiences to be included as content for the e-learning training
- 7 people affected by cancer participated in an evaluation of the “support for you” card as part of the advanced breast work-stream programme
- A video has been made with a person affected by cancer to demonstrate work that has taken place
- 3 people affected by cancer were involved in the soft launch of the lung health check results and information developed to share the learning
- 2 people affected by cancer are involved in branding and communication meetings on a regular basis to co-design and approve resources, patient letters, video content and other formation
- 7 people affected by cancer took part in a focus group to inform the non-clinical cancer champions work-stream
- 14 people affected by cancer co-designed and facilitated a MCIP event with staff which was held on 15 February 2017 to showcase the learning from this partnership working.
  - A person affected by cancer opened the event on why she continued her involvement with MCIP and the impact on her health and wellbeing
  - There were people affected by cancer on each table who all had a role to play from facilitating table discussions, supporting facilitators during table discussions or contributing to the discussions from a patient’s perspective.
  - 3 people affected by cancer hosted a panel to take questions from the audience about their experience and how the partnership had championed co-production throughout the programmes of work
  - Patient stories were delivered as case studies for discussion around the living with and beyond cancer agenda.

Partnership working has continued to learn from communities of interest and identity and ensure that any barriers to accessing services, negative experiences are highlighted and good practice is shared across MCIP:

- Workshop held at Manchester Deaf Centre to generate interest and awareness of MCIP
- Meeting with LGBT Foundation and patient story gained
- Attended a Health and Wellbeing event at Pakistani Community centre
- Attended an engagement event at Khizra Mosque with Pennine Acute Hospitals NHS Trust
• Attended a health fair held at Khizra Mosque

On-going volunteer support from the User Involvement facilitator has continued and has involved supporting people affected by cancer by one to one meet ups, telephone calls and regular email contact.

The Macmillan Cancer Improvement Partnership volunteers have been announced as regional winners of the Richard Hambro Regional Award for leading and inspiring change. An informal thank you event is being held with people affected by cancer on 18 May 2017.

4.6 Engagement Projects 2017/2018

Development work on the following engagement projects has started and updates will be given in future board reports:

• The Men’s Room
• Home Start North Manchester
• Women in Prison
• Healthy Me, Healthy Communities
• Walking with the Wounded

5.0 Lay Member for Patient and Public Involvement

My activities during April and May involved several meetings with MHCC staff to plan city-wide Patient and Public Advisory Group activity, understand my wider roles and responsibilities as a lay member and agreeing priorities for 2017/2018.

Throughout April and May I have chaired* and participated in the following committees and meetings:

• 4.4.17 *City Wide PPAG meeting (6pm-8pm)
• 5.4.17 NHS Manchester CCG governing body and Manchester Health and Care Commissioning board meetings (1pm–5 pm)
• 5.4.17 Remuneration Committee (11.30am-12.30pm)
• 27.4.17 NHS Manchester CCG Audit Committee (8.30am-11.30am)
• 16.5.17 *City Wide PPAG – Knowledge Briefing on the Manchester Care Record (5.30pm-7.30pm)
• 19.5.17 **PPAG induction session (2pm-6pm)
• 23.5.17 *City Wide PPAG meeting (6pm-8pm)
• 23.5.17 NHS Manchester CCG Board Development
• 24.5.17 NHS Manchester CCG Governance Committee (10am-12pm)
• 24.5.17 NHS Manchester CCG governing body and Manchester Health and Care Commissioning board meetings (1pm–5 pm)
• 25.5.17 NHS Manchester CCG Audit Committee
• 25&26.5.17 APMS evaluation

I have also participated in external meetings and events that have relevance to my role as Lay member:

• Making a Difference Awards, University of Manchester Social Responsibility. The University Patient and Public Engagement work which is chaired by a PPAG member won an award at the event.
• Meeting with Jo’s Trust (Cervical Cancer) as part of their work in Manchester to increase cervical screening rates of BAME women.
• Facilitated and attended Manchester BME Network event at University of Manchester on “Delivering Inspirational Midwifery: understanding communities and cultures”

6.0 Forward planning of engagement projects

Forward planning of engagement projects and activities is now taking place and will include:

• Continuing to understand our assets in relation to patients, service users, carers and public insight collected and how used by Manchester Health and Care Commissioning to inform strategic commissioning
• Continuing to develop relationships with colleagues and partner organisations across the city and in Greater Manchester
• Planning work with commissioners to understand what engagement is needed over the next six months with regards to patient and public involvement
• Supporting and facilitating engagement activities at community events over the next 3 months including Wythenshawe Games and North Manchester Games
• Planning and development of PPAG members and activities
• Supporting and sharing information on city-wide patient and public involvement activity and opportunities from other colleagues in the NHS, Manchester City Council, voluntary, community and social enterprise and academia
Appendix 1 – Mapping of assets for Manchester Health and Care Commissioning

Positive – Collaborative – Fair