



Manchester Partnership Board	
Report of:	Joanne Roney Chief Executive Officer – Manchester City Council (MCC) and Placed Based Lead – Manchester Integrated Care Partnership (MICP)
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Date of paper:	10 November 2023
Item number:	5
Subject:	Strengthening our approach to Patient Involvement and Engagement in Manchester
Recommendations:	The Manchester Partnership Board is asked to comment on and support the paper.



1. Context

- 1.1 In Manchester, we want everyone to live longer, healthier and fulfilling lives and have access to the best possible services and support, when needed. Our aim is to achieve better health and care for local people. This ambition aligns with the GM Fairer Health for All population health framework and Manchester's own Making Manchester Fairer programme. Evidence tells us that supporting patients to be actively involved in their own care, treatment and support can improve outcomes and experience for patients, and potentially yield efficiency savings for the system through more personalised commissioning and supporting people to stay well and manage their own conditions better.
- 1.2 To this end, we have retained Manchester's Patient and Public Advisory Group (PPAG), the only locality to have done so in GM. Manchester PPAG is a voluntary group, with the purpose of informing and influencing health service developments, business cases and how we engage with patients and the public. The role of the group is to play a part in helping to shape services that will make a positive difference to patient's lives. It provides assurance about the involvement of patients and carers in decisions which relate to their care or treatment through the Delegated Assurance Board.
- 1.3 This paper sets out the opportunities for optimising the potential of PPAG for the wider locality, drawing on the lived experience and knowledge of patients. Manchester has some of the most challenging health inequalities in the country yet has the greatest assets in its diversity of communities. We aim to optimise those assets by addressing the unwarranted systemic and structural discrimination that impacts those communities access, experiences, and outcomes for better health.
- 1.4 During the pandemic, we built a rapid response to community engagement in the form of CHEM (Covid Health Equality Manchester), now Community Health Equity Manchester, to help us better understand how unwarranted health inequalities play out across the city. It involves diverse community representatives and 'sounding board' members from across those communities who are impacted by the worse health outcomes in the design and delivery of health and care services. The model is based on user led communities reach into their communities to bring real time impacts of health interventions.
- 1.5 We have also reviewed how we engage with Manchester Healthwatch group, helping us to share resources to and insight to understand the needs, experiences and concerns of people who use health and social care services, providing crucial evidence reviews and inquiries and speaking out on citizens behalf when things go wrong.
- 1.6 The Manchester Disability Collaborative (MDC) also plays a wider system involvement forum focusing on removing those ingrained systemic inequalities that prevent the full access and engagement of disabled people in their life chances. This forum is system wide and brings partners together to tackle the 'wicked issues' that are blighting disabled citizens full participation in society.

- 1.7 All add significant value to our knowledge landscape, allowing us to better isolate and remove unhelpful practices and conditions that disadvantage people in their health and wellbeing journeys. Together with the Manchester PPAG, we feel we now have a better infrastructure that allows us to explore and feedback patient experience (PPAG), better understand and address the systemic barriers that gives rise to unwarranted disparities across our communities (CHEM and MDC) and working collaboratively to provide evidence based systemic solutions (Manchester Healthwatch).
- 1.8 All of this works within the neighbourhood support afforded across Manchester from both council neighbourhood officers and MLCO health neighbourhood teams providing those vital links in to our complex systems at neighbourhood, locality, and Greater Manchester levels through the evolving NHS Greater Manchester People and Communities Engagement Strategy to resolving the inter related issues identified in our community involvement work.

2. Manchester Locality Patient and Public Advisory Group

- 2.1 The Patient and Public Advisory Group forms part of the governance infrastructure for Manchester Integrated Care Partnership. The group is made up of Manchester residents, registered with a Manchester GP, who provide assurance, insight, and feedback on patient and public involvement across all aspects of work of the organisation. They are a dedicated team of volunteers who provide their time, knowledge, and experiences to improve health and care services for people and communities across Manchester. They work with patients, people who access services, carers, charities, community groups and others to bring diverse perspectives into our work.
- 2.2 During the past year Patient and Public Advisory Group members have provided patient representation in several groups and committees, led by different MPB organisations including:
 - Manchester Area Prescribing Group
 - Healthy Lungs Steering Group
 - Healthy Hearts Steering Group
 - Manchester Primary Care Commissioning Committee
 - Community Health Equity Manchester (CHEM)
 - Carers Learning and Development Board
 - Community Diagnostic Centre (CDC) Equalities Group
 - Manchester System Quality Advisory Group
- 2.3 PPAG members have provided feedback and lived experiences by participating in the Manchester system on a range of subjects over the past year. Some examples of PPAG involvement are listed below:
 - Manchester Integrated Care Partnership Operating Model development
 - Community Diagnostic Centres business case
 - Winter Vaccination Plan

- community services review programme
- Disaggregation of North Manchester General Hospital services between Manchester University Hospitals NHS Foundation (MFT) Trust and Northern Care Alliance
- MFT - Patient Initiated Follow Up (PIFU) appointment system
- Making Manchester Fairer action plan
- Manchester City Council Population Health team – support for the National Institute for Health Research bid to ensure the patient voice was at the heart of the bid.
- Engaging with Healthwatch
- GP Practice Procurement - members have supported the procurement of the APMS GP Procurement process
- PPAG members have informed the development of the Urgent Care strategy and the Urgent Care Needs Assessment in Manchester
- Provided feedback on the GM primary care blueprint
- Understanding Patient Experience Survey - The Patient and Public Advisory Group developed a patient survey to understand the lived experiences of people using their GP Practice following the pandemic. Further work is being undertaken in collaboration with BHA for Equality to engage with communities that experience racial inequality
- Home from Hospital service
- MFT Advice and Guidance system-wide workshop to improve the quality of referrals into secondary care from primary care

3. Embedding Patient Voice

- 3.1 In Manchester, we are invested in continuing the facilitation and development of patient leaders by ensuring lived experiences continues to inform and influence our work. Regular PPAG meetings are supported by the MICP locality engagement lead with agenda items decided by the membership which often include recent patient experiences (their own or others relayed to them) and discuss opportunities for improvement where it is felt it is needed.
- 3.4 The current membership is 17 strong, drawing from a range of backgrounds and diverse lived experience. Manchester health colleagues have the opportunity to raise upcoming issues, campaigns, or events, such as the upcoming Covid and flu public health messaging for greater insight into their impact.
- 3.5 There is an opportunity to further develop and expand the offer of the group. For example, recently two PPAG members have agreed to take part in a Patient Representative Reference Group to help inform the development of a new patient strategy for Manchester Foundation Trust (MFT). This invaluable insight will enable MFT to be assured that they have considered and addressed past issues that have interrupted or presented barriers to patient journeys and built in preventative measures from the outset of the new strategy. This builds on the support provided by PPAG members already described above in terms of condition specific groups, strategy development, procurement and other work led by MLCO, MFT and MCC.

- 3.6 Evidence tells us that our services are not fully accessible or that a little insight wouldn't help us create better conditions for a patient journey. For example, the recent review and re-alignment of the NHS Accessible Information Standard (which will require more from us as the reset comes in later this year) evidences that only *11 per cent* of patients surveyed in the AIS report have equitable access to the NHS and *81 per cent* of patients reported having an appointment where their communication needs were unmet. This report has gone on to inform the AIS reset.
- 3.7 There are examples of positive investment in patient infrastructure and patient leaders that are paying off. Like in Manchester, West Yorkshire ICB's long-standing approach has always been to begin with and listen to people, families and local communities or neighbourhoods in which they live. They know this is better for their populations in terms of helping provide a more joined-up experience, more personalised to people's needs and one that helps people stay healthier and well at home and close to home. There is also clear evidence emerging of associated reduction of cost to the system through reductions in Do Not Attends¹ and through a prevention first model.
- 3.8 It is important that patient experience is placed on an equal footing with other data and information including gathered both at locality and ICB level, that is also included in commissioning plans. This would demonstrate the importance of patient experience and recognise how it can add understanding and meaning to other collected data and information rather than being treated separately.

4. Investing in patient leaders and maximising peer to peer learning

- 4.1 There is a need to further develop our patient leaders - to widen the pool of talent and provide systematic approaches to learning and development that support a broader array of engagement opportunities for the transformers and enablers. We need to develop different modes of learning for patient leaders, based on experiential and accessible learning opportunities.
- 4.2 Learning should be co-produced with patients and carers. It must focus on what matters to them, for instance how to deal with professionals and navigate the system, build trusting relationships in order to influence decision making and developing the skills of dialogue.
- 4.3 Involvement gives people an opportunity to have their say on services, their community, and their lives. By gathering people's views, it helps us with an understanding of what matters to people and communities. This is important to us. Involvement is also about developing relationships and partnerships, we want to make sure that the voices of local people and partners are heard where they need to be across our system and aren't unnecessarily duplicated or responded to systemically but are added to and built on. They are our pressure indicator check and two-way information exchange.

4.4 PPAG is likened to a community of practice. A community of practice involves a group of people, who share a common concern or interest in a specific topic or issue, working together to improve knowledge, share best practice and achieve fulfilment of individual and shared goals. Communities of practice aid collective learning, encourage innovation and create a support network for members.

5. Optimising Manchester PPAG for the system

5.1 All of us delivering public services need reality ‘check and confirm’ touchpoints. PPAG can be developed to offer this to PCNs, optometry, dentistry, pharmacy, and social care wide as well as for general practice, for trusts, community, and independent health providers as well as for public health messaging, interventions and strategies. More importantly, as we develop our integrated approach to patient journeys, we need to evidence our improved planning and delivery of joined up health and care services. This of course will need to include our joined-up approach to patient and community involvement.

5.2 How we invest in PPAG as a patient infrastructure mechanism and dovetail into existing engagements needs further exploration. To this end, we propose to set up a small working group drawn from system partners (including PPAG) to explore what is possible with a focus on optimising available involvement infrastructure, socialising the roles each play and avoiding duplication and repeated system pressures on the same groups through a more joined up engagement framework.

5.3 There needs to be a renewed emphasis on patient experience work, without this there is a risk that ICSs will end up representing another reincarnation of an NHS that does not prioritise the voices of people it serves. Services designed without the input of people and communities and with limited focus on people’s experiences are less likely to produce good outcomes and more likely to waste stretched resources.

The benefits of having patients as partners for improvement and change include:

- Richer insight into health and healthcare challenges
- Generating solutions
- Changing relationships and conversations
- Benefits for those taking part (staff and patients)
- Better quality decision-making
- Improvements in practice
- Spread and sustainability of healthcare improvements
- Improved efficiency

6. Recommendations

- The board are asked to note and comment on the report.
- Support the work of the locality Equality and Engagement team with MPB partner organisations and GM Integrated Care to ensure we continue to build patient voice and experience into our approach to engagement,



involvement, and quality improvement – to inform decision making to improve services.

