

NHS Greater Manchester Integrated Care & GM Healthwatch- Partnership Agreement

21 December 2022

NHS Greater Manchester Integrated Care

MEETING:	<i>NHS Greater Manchester Integrated Care Board</i>
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PURPOSE OF REPORT:

To propose a partnership with the ten Healthwatch organisations operating across Greater Manchester to support engagement, insight and shared information relating to GM residents' needs, access to and experience of care.

KEY MESSAGES:

- The Partnership Agreement builds on historic partnership working between the ten Healthwatch organisations and the former Health & Social Care Partnership
- The Agreement sets out the means of ensuring effective joint working with Healthwatch across GM
- It is recognised that the investment decision will be concluded as part of the coordinated budget setting process for 2023/24.

RECOMMENDATIONS:

NHS Greater Manchester Integrated Care is asked to discuss and support the proposed Partnership Agreement.

1.0 BACKGROUND

- 1.1 The ten Healthwatch organisations have a shared strategic ambition to illuminate the voices of all diverse communities in Greater Manchester and to advocate on their behalf, at all levels of the new ICS to ensure that individuals can get all the health and care support that they need.
- 1.2 Much of this work takes place locally and is supported through the commissioning arrangements in existence with each Local Authority. That local work generates critical insights supporting the work of each Locality Board and engagement with local Healthwatch at that level remains incredibly important.
- 1.3 However, there is an additional perspective, relevant to the context of the Integrated Care System, which recognises the value of collaboration between GM Healthwatch organisations and participation in system working and system governance. GM Healthwatch have confirmed their shared objectives for joint working in support of the aims of the Integrated Care System, to:
- Create arrangements for meaningful engagement with people from across all age groups, analysing their experience in our communities to learn how to transform health and social care.
 - Foster a strong and productive relationship with the ICS.
 - Bring strength and influence whilst valuing difference across our localities.
 - Trust others and be trusted to provide constructive challenge and act with honour as an independent critical friend.
 - Utilise best practice and adopt Healthwatch England's Quality Framework.
 - Work in partnership with others such as the VCFSE towards addressing the wider determinants of health and wellbeing.
 - Collaborate and explore external funding opportunities for joint projects.
- 1.4 To that end, a Partnership with the GM Healthwatch is proposed to formalise the ways of working between the 10 Healthwatch in the Greater Manchester Network; Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan and Leigh as an Integrated Care System with GM Integrated Care (GMIC) going forward for the benefit of the population.

2.0 PARTNERSHIP AGREEMENT

- 2.1 The Partnership Agreement is attached as an Appendix. It sets out:
- The role of Healthwatch
 - Their collaboration across GM
 - Values and behaviours
 - Expectations of each other.

- 2.2 This builds on and updates the arrangements GM Healthwatch and the former Health and Social Care Partnership pioneered from 2016 and recognises the influence that partnership had nationally. It establishes agreed means to ensure the formal representation of GM Healthwatch in the work of the Integrated Care System (for example as part of the Quality & Performance Committee, the Integrated Care Partnership Board and GM system boards as appropriate). In addition the Agreement will allow:
- Joint working with the ICS on a 6-monthly basis to discuss, align, prioritise and review the activities the ICS would like engagement support on from local Healthwatch. This will include co-designing directly commissioned pieces of work.
 - Sharing insight on agreed topics at least annually or when written reports are published.
 - Advising on engagement and involvement approaches to inform the development of consultation strategies, especially in the 2-areas of key strategic interest each year.
 - As an initial priority, advising on the engagement and involvement approaches to inform the review of Mental Health and Children's Services and undertaking (coordinated) engagement and involvement activities in relation to agreed areas of service within the sphere of mental health and services for Children and Young people during 2022/23.
 - Ensuring local Healthwatch monitor, review and publicly share progress with activities related to working with the ICS, including through their own Boards.
 - Being timely in the provision of information for meetings or any other activity.
- 2.3 It is recognised that in supporting the Partnership Agreement, NHS Greater Manchester Integrated Care will invest in the capacity to support collaboration between the ten Healthwatch organisations. This will support more streamlined communication through a single point of contact without undermining the independence of the individual organisations and also ensuring that the complements and adds top local work and does detract from or replace it. The investment decision will be part of the budget setting process for 2023/24.

3.0 RECOMMENDATIONS

- 3.1 NHS Greater Manchester Integrated Care is asked to discuss and support the proposed Partnership Agreement.

Partnership Agreement between Healthwatch in Greater Manchester and GMIC - 2022-2025

1. Background and context

This Partnership Agreement (PA) sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health and wellbeing of the people of Greater Manchester¹. Our communities face several health and social care challenges, including digital exclusion, poor access to specialist child and adolescent mental health services and provision for young people with special educational needs, as well as those with mental health challenges.

In early 2021, the government published a white paper setting out proposed reforms to health and care. This includes a duty to collaborate across the healthcare, public health, and social care system, and a shift away from competition and toward integration, collaboration and partnership. New legislation established ICSs on a statutory footing to be accountable for population health outcomes from 01 July 2022.

2. Purpose of the PA

The purpose of this PA is to formalise the ways of working between the 10 Healthwatch in the Greater Manchester Network; Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan and Leigh as an Integrated Care System with GM Integrated Care (GMIC) going forward for the benefit of the population. This PA supersedes existing agreements that may have been in place already.

¹ This is a 3-year Partnership Agreement



3. Parties involved

This PA is between:

Greater Manchester Integrated Care (GMIC)

And

Healthwatch Bolton

Healthwatch Bury

Healthwatch Manchester

Healthwatch Oldham

Healthwatch Rochdale

Healthwatch Salford

Healthwatch Stockport

Healthwatch Tameside

Healthwatch Trafford

Healthwatch Wigan and Leigh

The 10 independent Healthwatch (parties to this agreement) will continue to operate at locality /place-based level in accordance with the legal duty placed upon Local Authorities in England to commission a local Healthwatch.

4. Role of local Healthwatch

Healthwatch is the health and social care champion. As an independent body with statutory functions, we have powers to ensure system leaders and other decision makers listen to people's feedback and improve standards of care. We use that feedback to better understand the challenges facing the system, to make sure people's experiences improve health and care services for everyone. We also help people with the information and advice they need to make the right decisions and get the support they need.

The Local Government and Public Involvement in Health Act 2007, which was amended by the Health and Social Care Act 2012, outlines the main legal requirements of Healthwatch:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing or scrutinising local care services and to Healthwatch England.
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible

- for managing or scrutinising local care services and shared with Healthwatch England.
- Providing advice and information about access to local care services so choices can be made about local care services.
 - Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
 - Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues.
 - Providing Healthwatch England with the intelligence and insight it needs to perform effectively.

As can be seen in the statutory duties, Healthwatch offers significant value in providing constructive challenge and scrutiny from the perspective of the public in a spirit of partnership working. Healthwatch contribute to the bigger picture by supporting local / place-based leaders to achieve health and care strategic aims and ambitions.

The role of Healthwatch in gathering patient experience is well known and we would expect to be involved in developing engagement proposals by the system to ensure best practice, albeit it is not our Duty to undertake all engagement activities on behalf of partners that have their own obligations. However, the HW in GM Network will work proactively to support the GMIC People, Communities and Engagement Strategy, both at a Network level and at local / place-based level, subject to funding being made available to work at system level. We would also support the GM Equality and Inclusion work, both at a Network level and at local / place-based levels, subject to the same fundings availability, to mobilise the GMIC Equality Objectives to 'engage and involve communities who experience discrimination and disadvantage in planning, design and delivery of health interventions' where appropriate and proportionate to do so.

It is also important that the system acknowledges the independence of Healthwatch and its ability to raise the issues the public feel is important. Healthwatch will look for those that align with the strategic priorities of the system, but there may be issues that Healthwatch will raise because they come through strongly in the insights we get from the public. This might include supporting local Healthwatch to publish reports with findings that may be uncomfortable for the system to have shared.



Specifically, the HW in GM Network has agreed that it will continue to positively agitate on matters relating to the provision of NHS Dentistry and 'flows out of hospital' as matters of importance raised with local organisations by local people.

5. Joint working

The ICS should expect local Healthwatch to work in constructive partnership with the system, taking up opportunities to represent the public at a strategic level wherever possible. Local Healthwatch will raise concerns with the system appropriately and with the right people; for example, a local Healthwatch should not raise concerns publicly before raising them with the ICS first.

The ICS should ensure it makes opportunities for partnership appropriate, reasonable and realistic, recognising the often-limited resources of local Healthwatch. This would be demonstrated by actions such as giving local Healthwatch sufficient notice and clarity on the expectations of their involvement.

The ICS will respond to local Healthwatch reports and recommendations in a timely manner. As making recommendations is a statutory function, the ICS should be clear who are the appropriate officers to respond and ensure they respond within the agreed timescale. Where local Healthwatch provide insight reports and updates, the ICS will confirm how these have been used to improve services.

On an annual basis the HW in GM Network will publish a fact based impact report outlining how local insight has been used to influence decisions across Greater Manchester.

6. Values and Behaviours

All 10 Healthwatch in Greater Manchester have signed a Collaborative Agreement detailing how they will work together to achieve the objectives detailed in the HW in GM All-age Strategy 2022-25.

That agreement includes an explicit commitment to the seven principles of public life, known as the Nolan Principles.

In addition the leaders of the 10 Healthwatch have committed to behaving consistently in ways which model and promote shared values. Specifically:

- We are leaders of our individual organisations, in our place-based localities and of Healthwatch in Greater Manchester.



- We support each other and will work collaboratively.
- We act with honesty and integrity and trust each other to do the same.
- We challenge constructively when we need to and assume good intentions.
- We hold each other to account for achieving our objectives.

The HW in GM Network considers this PA an extension of how local Healthwatch want to work together.

7. Expectations of local Healthwatch

The HW in GM Network will identify a representative to attend the Greater Manchester Integrated Care Partnership Board and other appropriate fora² ensuring that chosen representatives have the capacity to fulfil the role, and where possible, experience commensurate with the terms of reference for the Board / fora. The HW in GM representative will be independent of the GMIC management and responsible for declaring any conflicts of interest with the business of the Board / fora.

The HW in GM Network has agreed 6 key strategic objectives for the period 2022-25:

1. Build on the development of a sustainable and high-performing Healthwatch I Greater Manchester.
2. Be well-governed and use our resources for greatest impact.
3. Amplify the experiences of people needing or using health and care services.
4. Reach out to all communities to ensure that they are heard and reduce the barriers that some groups face.
5. Act on what we hear to transform health and care policy and practice.
6. Share our expertise in engagement within our network and beyond.

In addition, the HW in GM Network has agreed 2-key strategic priorities for local Healthwatch working with the ICS in 2022/23. These are mental health services and services of children and young people.

The HW in GM Network recognises the purpose of this PA being to deliver collaborative work and has set out the funding resources required from the ICS in a separate case for support.

² Such as the Quality and Performance Committee and the Integrated Care Board. Representatives will be selected / agreed in accordance with the approved Representation Framework (August 2022)

Ultimately, during the first year of the HW in GM work plan a data insight repository will be developed and embedded into each of the 10 local Healthwatch forming the basis of updates to the ICS. The insight repository will draw on tools and advice from the Healthwatch England Research and Insight Team.

8. Holding commissioners, providers and system partners to account

Strategic representation allows local Healthwatch to ensure public involvement in planning, commissioning and providing services. As described above this will be in a spirit of constructive partnership.

However, Healthwatch also need to represent the views of the public in areas such as:

- Appropriate use of public funds
- Ensuring safe and high quality services
- Duty of candour for NHS organisations
- Transparent and ethical decision making
- Compliance with law, guidance and policy
- Tackling unequal health outcomes and access to support.

In keeping with the values and behaviours set out in section 6, the HW in GM Network and its representatives will act with integrity when challenging constructively and holding partners to account. In the event of concern, the Network will put those concerns in writing and expect a timely response.

9. Further involvement in ICS priorities

Above and beyond the strategic representation role, local Healthwatch commit to:

- Working with the ICS on an 6-monthly basis to discuss, align, prioritise and review the activities the ICS would like engagement support on from local Healthwatch. This will include co-designing directly commissioned pieces of work.
- Sharing insight on agreed topics at least annually or when written reports are published.
- Advising on engagement and involvement approaches to inform the development of consultation strategies, especially in the 2-areas of key strategic interest each year.
- Advising on the engagement and involvement approaches to inform the review of Mental Health and Children's Services.

- Undertaking (coordinated) engagement and involvement activities in relation to agreed areas of service within the sphere of mental health and services for Children and Young people during 2022/23.
- Ensuring local Healthwatch monitor, review and publicly share progress with activities related to working with the ICS, including through their own Boards.
- Being timely in the provision of information for meetings or any other activity.

10. Expectations of the ICS

Guidance on ICS implementation suggests that:

"To bring independent insight, expertise in engagement, and constructive challenge to ICPs from a community perspective, we recognise the important role that Healthwatch will play (Section 116ZB Health and Care Bill). Local Healthwatch organisations have an existing statutory presence in places, bringing together views of local residents to inform decision making at, for example, HWBs and scrutiny committees. ICSs should build on this, working with local Healthwatch organisations to resource the coordination and analysis of user experience data. ICSs should also draw on the expertise of Healthwatch to engage harder to reach communities and collaborating with voluntary and community sector. This will offer unique insight when tackling issues such as health inequalities. We expect the people and communities of every system to be fully involved in all aspects of the development and delivery of the ICP integrated care strategy. We expect each ICP to set out how it has involved, engaged and listened to local people and explain how it has acted in response to these views."

11. Overarching commitments

The ICS will commit to working effectively with local Healthwatch and the HW in GM Network by:

- Acknowledging local Healthwatch's engagement expertise; the rich, unique insight and community connections they have built; and their role in scrutinising the involvement of people and communities at an ICS level.
- Working to improve the collection, analysis, and application of quantitative and qualitative equalities related information, insight and learning to enable targeted action where required, including that provided by the HW in GM Network.
- Addressing local Healthwatch's level of resourcing to support ICS work.

- Working with local Healthwatch on an 6-monthly basis to discuss, align, prioritise and review the activities the ICS would like support with.
- At the start of any work, being clear about the level of influence local Healthwatch's insight and activities will have to shape the outcomes being sought.
- Providing clarity and articulating expectations of activities prior to agreeing them with local Healthwatch.
- Being timely in the provision of information for meetings or any other activity.
- Provide regular feedback (6-monthly) as to how local Healthwatch support to the ICS has changed outcomes for local people and communities.
- Providing sufficient time for local Healthwatch to consider and respond to any additional requests outside the priorities agreed in this PA.

12. Funding for HW in GM

The HW in GM Network is seeking funding to create the capacity of the Network to work at ICS level. This includes funding for a Chief Coordinating Officer (CCO) to provide a Single Point of Access to the ICS, administrative support for the CCO and funding to uplift capacity in each of the local Healthwatch. The funding requirements are set out in a separate case for support.

The GMIC contract to provide funding in line with the case for support should not compromise the independence or ability of Healthwatch to make decisions. The HW in GM Network must be able to determine its own workplan and demonstrate how it has used local information which it has solicited through surveys and community engagement etc, as well as unsolicited materials brought to its attention, to determine the priorities as part of that plan.

The Network also proposes the adoption of a system of formula to provide equitable funding by Local Authorities over the course of the 3-year all-age strategy where this falls outside of the section 75 agreements. As such the Network looks forward to working with GM ICS to develop such clear and transparent formula.

13. Practicalities of delivering the PA

It is anticipated that the key contact in GM Integrated Care and at the HW in GM Network meet every 6-months to formally review the practicalities of delivering the PA. This will include:



- The type and timelines of insights being shared
- The formatting of reports
- The contribution of the HW in GM representatives, especially but not exclusively at the ICP
- Decisions on the management of confidentiality
- Any conflicts of interest that have arisen
- Whether pieces of work aligned to the 2 areas of key strategic interest are progressing satisfactorily
- Priorities for the coming 12-months
- Further opportunities of engagement in pieces of strategic work
- The nature of any disputes and tactics for avoiding similar future issues.

The GMIC could use the Healthwatch England Quality Framework as part of the contract monitoring arrangements.

Intellectual Property of the insight reports shared belongs to local Healthwatch and / or the Network. Healthwatch prides itself on making reports accessible to the public and will therefore be clear about the status of reports being shared and the timing of publication.

14. Confidentiality

The HW in GM Network considers itself a non-voting strategic partner in the ICS but accepts that access to confidential briefings may compromise independence and the ability to hold the system to account. Therefore Healthwatch will not routinely attend the confidential part of any meetings.

If invited to the confidential part of any meeting the HW in GM representative will need to consider, and agree with the Chair of the meeting, how access for local Healthwatch to confidential parts of the meeting will be arranged?

15. Managing disputes and resolving disagreements

Partners in this agreement will attempt to resolve in good faith any dispute between them in line with the Principles, Values and Behaviours set out in this PA.

Partners will apply a dispute resolution process to resolve any issues that cannot otherwise be agreed through these arrangements. The key stages of the dispute resolution process are:

1. An Executive Group in the ICS will seek to resolve the dispute to the mutual satisfaction of each of the affected parties. If the Executive

- Group cannot resolve the dispute within 30 days, then the dispute should be referred to a Partnership Board.
2. The Partnership Board may choose to convene an independent Resolution Committee, whose purpose will be to consider the dispute and make a recommendation on resolution to the Partnership Board. The Partnership Board will agree the Terms of Reference and membership for the Resolution Committee with the ICS and local Healthwatch / HW in GM.
 3. The Partnership Board will come to a majority decision, with input from the Resolution Committee if relevant, and will advise the Partners of its decision in writing. A majority decision will be reached by a majority of eligible Partners participating in the meeting who are not affected by the matter in dispute determined by the scope of applicable issues, applying the Principles, Values and Behaviours of this PA, taking account of the Objectives of the Partnership.
 4. If the parties do not accept the Partnership Board decision, or the Partnership Board cannot come to a decision which resolves the dispute, it will be referred to an independent mediator selected by the Partnership Board. The mediator will work with the Partners to resolve the dispute in accordance with the terms of this PA.

16. Managing conflicts of interest

The individual local Healthwatch listed in section 3 and the Greater Manchester ICS have individually made arrangements to manage any potential conflicts of interest to ensure that decisions will be taken without influence by external or private interest and do not affect the integrity of their decision-making processes. All parties will comply with their individual organisation's policies on conflicts of interest.

The parties will maintain registers of interest and Individuals should declare interests in line with their own organisation's policy for the management of conflicts of interest. All parties to this PA must ensure that those representing their organisation declare any interest that is relevant to the functions described in this PA.

17. Key Contacts

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