

# Public Document Pack



**TRAFFORD**  
**COUNCIL**

## **AGENDA PAPERS FOR HEALTH SCRUTINY COMMITTEE MEETING**

**Date: Wednesday, 1 July 2015**

**Time: 6.30 p.m.**

**Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford  
M32 0TH.**

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
1. <b>ATTENDANCES</b>		
To note attendances, including Officers, and any apologies for absence.		
2. <b>CHAIRMAN AND VICE-CHAIRMAN OF THE COMMITTEE 2015/16</b>		
To note that Council has appointed Councillors Judith Lloyd and Patricia Young as Chairman and Vice-Chairman respectively of this committee for the Municipal Year 2015/16.		
3. <b>MEMBERSHIP OF THE COMMITTEE 2015/16</b>		1 - 2
To note the membership of this Committee, as determined by Council, for the Municipal Year 2015/16.		
4. <b>TERMS OF REFERENCE FOR THE COMMITTEE 2015/16</b>		3 - 6
To note the terms of reference for the Committee, as determined by Council, for the Municipal Year 2015/16.		

## **Health Scrutiny Committee - Wednesday, 1 July 2015**

### **5. DECLARATIONS OF INTEREST**

Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.

### **6. MINUTES**

7 - 10

To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 4 March 2015.

### **7. CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE**

11 - 16

To receive a report from the Head of Service South Area Family Support Team in relation to the review of CAMHS 2015/16.

### **8. TRAFFORD CARE COORDINATION CENTRE**

To receive a presentation on the Trafford Care Coordination Centre from the Chief Operating Officer of Trafford CCG.

### **9. HEALTHWATCH TRAFFORD UPDATE**

17 - 24

To receive a report from the Chairman of Healthwatch Trafford.

### **10. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

25 - 30

To receive an update on the work of the Joint Health Scrutiny Committee meeting 1 July 2015 from the Chairman.

To receive the draft minutes of the Joint Health Scrutiny Committee 23 March 2015.

### **11. INTERIM GREATER MANCHESTER HEALTH AND WELLBEING BOARD**

To receive an update on the work of the Greater Manchester Interim Health and Wellbeing Board from the Vice Chairman.

### **12. AGMA JOINT HEALTH SCRUTINY COMMITTEE**

To receive an update on the work of the AGMA Joint Health Scrutiny Committee from the Vice Chairman.

### **13. SPECIALISED CANCER SERVICES**

31 - 32

To receive a report from the Democratic and Performance Services Manager.

## Health Scrutiny Committee - Wednesday, 1 July 2015

### 14. URGENT BUSINESS (IF ANY)

Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

#### **THERESA GRANT**

Chief Executive

#### Membership of the Committee

Councillors J. Lloyd (Chairman), Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, M. Cawdrey, R. Chilton, J. Harding, A. Mitchell, S. Taylor, L. Walsh, Mrs. V. Ward and J. Coupe (ex-Officio)

#### Further Information

For help, advice and information about this meeting please contact:

Alexander Murray,

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Email: [alexander.murray@trafford.gov.uk](mailto:alexander.murray@trafford.gov.uk)

This agenda was issued on **Tuesday, 23 June 2015** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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## TRAFFORD COUNCIL

### MEMBERSHIP OF COMMITTEES 2015/16

#### Notes on Membership:

(1) The Health Scrutiny Committee shall have a membership of 11, or, where this does not achieve the political balance required under the Local Government and Housing Act 1989, whatever figure is necessary to reflect the proportional representation of political groups.

(2) The Health Scrutiny Committee shall be chaired by a Councillor who is not a member of the largest political group on the Council, unless there is no such person serving on the Committee. The person appointed as Vice-Chairman shall be a member of the largest political group on the Council.

(3) The Chairmen of both the Scrutiny Committee and the Health Scrutiny Committee shall be appointed as ex-officio Members of the opposite scrutiny committee.

<b>COMMITTEE</b>		<b>NO. OF MEMBERS</b>
HEALTH SCRUTINY COMMITTEE		11  (plus the Chairman of the Scrutiny Committee as an ex-officio Non-Voting Member)
<b>CONSERVATIVE GROUP</b>	<b>LABOUR GROUP</b>	<b>LIBERAL DEMOCRAT GROUP</b>
Councillors:-  Mrs. Angela Bruer-Morris Mark Cawdrey Rob Chilton Alan Mitchell Mrs. Viv Ward Mrs. Patricia Young <b>V-CH</b>	Councillors:-  Joanne Harding Judith Lloyd <b>CH</b> Sophie Taylor Lawrence Walsh	Councillors:-  Mrs. Jane Brophy
<b>TOTAL</b>	<b>6</b>	<b>4</b>
		<b>1</b>

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## **HEALTH SCRUTINY COMMITTEE**

### **Terms of Reference**

1. To act as the Council's Overview and Scrutiny Committee for the purposes of all relevant legislation including, but not limited to the Health and Social Care Act 2001 and the National Health Service Act 2006.
2. All health scrutiny powers provided under the Health and Social Care Act 2001 are delegated to the Health Scrutiny Committee.
3. The Health Scrutiny Committee will have the power to refer a proposed substantial variation in service delivery to the Secretary of State. If the Committee wish to exercise this power, then this must also be agreed by the Chairman of the Scrutiny Committee who will be an ex-officio member of the Health Committee and will hold the power of veto in respect of any proposed referral of a substantial variation to the Secretary of State.

### **General Role**

4. Subject to statutory provision, to review and scrutinise decisions made or actions taken in connection with the discharge by the Council of its functions and by relevant partner authorities in relation to health and well-being issues.
5. In relation to the above functions:
  - a) to make reports and/or recommendations to the full Council, Executive of the Council, any joint committee or any relevant partner authority as appropriate
  - b) to consider any matter affecting the area or its inhabitants
6. To put in place and maintain a system to ensure that referrals from the Health Scrutiny Committee to the Executive, either by way of report or for reconsideration, are managed efficiently and do not exceed the limits set out in the Constitution.
7. At the request of the Executive, to make decisions about the priority of referrals made in the event of reports to the Executive exceeding limits in the Constitution, or if the volume of such reports creates difficulty for the management of executive business or jeopardises the efficient running of Council business.
8. To report annually to full Council on its workings, set out their plans for future work programmes and amended working methods if appropriate.

## **Specific functions**

9. Maintain a strategic overview of progress towards the achievement of the ambitions and priorities within Trafford's Sustainable Community Strategy in relation to health and well-being matters.
10. Identify the Committee's strategic priorities and determine the Overview and Scrutiny work programme to facilitate constructive evidence based critical-friend challenge to policy makers and service providers within the resources available.
11. Assist and advise the Council in the continued development of the Overview and Scrutiny function within Trafford.
12. Receive, consider and action as appropriate requests:
  - a) from the Executive in relation to particular issues; and
  - b) on any matters properly referred to the Committee
13. Identify areas requiring in-depth review and allocate these to an appropriate Topic Group. The Committee in consultation with the leader of the relevant Topic Group will set the terms of reference, scope and time frame for the review by the Topic Group.
14. In relation to the terms of reference of the Committee it may:
  - a) assist the Council, Executive and shadow Health and Well-being Board in the development of its budget and policy framework by in-depth analysis of policy issues;
  - b) review and scrutinise the decisions made by and performance of the Executive and/or committees and Council officers both in relation to individual decisions and over time;
  - c) review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
  - d) review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the overview and scrutiny committee and local people about their activities and performance;
  - e) conduct research, community and other consultation as it deems appropriate in the analysis of policy issues and possible options;
  - f) question and gather evidence from any other person with their consent.
  - g) consider and implement mechanisms to encourage and enhance community participation in the development of policy options;



- h) question members of the Executive and/or committees, senior officers of the Council and representatives of relevant partner authorities on relevant issues and proposals affecting the area and about decisions and performance;
- i) liaise with other external organisations operating in the area, whether national, regional or local, to ensure that the interests of local people are enhanced by collaborative working; and
- j) undertake any other activity that assists the Committee in carrying out its functions.

**Delegation**

15. The Health Scrutiny Committee shall have all delegated power to exercise the power and duties assigned to them in their terms of reference.

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# Public Document Pack Agenda Item 6

## HEALTH SCRUTINY COMMITTEE

4 MARCH 2015

### PRESENT

Councillor J. Lloyd (in the Chair).

Councillors Mrs P. Young (Vice-Chairman), Mrs A. Bruer-Morris, R. Chilton, J. Harding, K. Procter, S. Taylor and A. Mitchell (ex-Officio).

#### Also Present

Martine Tune	Deputy Director of Nursing (Quality) CMFT
Peter Forrester	Democratic and Performance Manager
Alexander Murray	Democratic & Scrutiny Officer

### APOLOGIES

Apologies for absence were received from Councillors Mrs J.E. Brophy, D. Higgins, B. Shaw and Mrs V. Ward.

### 33. DECLARATIONS OF INTEREST

The following declarations of personal interests were reported to the meeting:

Councillor Bruer-Morris in relation to her employment within the NHS.

Councillor Chilton in relation to his employment by General Medical Council.

Councillor Harding in relation to her employment by a mental health charity.

Councillor Lloyd in relation to her employment with the Stroke Association.

Councillor Procter in relation to his wife's employment with Pennine Care NHS Foundation Trust.

Councillor Taylor in relation to her employment within the NHS.

### 34. MINUTES

RESOLVED: That the Minutes of the meeting held on 3 December 2014 be agreed as a correct record and signed by the Chair.

### 35. CENTRAL MANCHESTER FOUNDATION TRUST QUALITY ACCOUNT

The Deputy Director of Nursing for Central Manchester Foundation Trust (CMFT) attended the meeting and delivered a presentation on CMFT's quality accounts for 2014/15.

The presentation laid out the content of the quality accounts, the way that CMFT are constructing the quality account this year and the priorities of CMFT in the coming year. The Deputy Director stated that the document is in its first draft and would welcome any comments from the Committee or its members.

The Committee asked a number of questions as to the general functioning and specific aspects of services delivered by CMFT. These included questions about patient experiences and how information is gathered about these. They also asked for further information about the complaints process and how these are dealt with

**Health Scrutiny Committee**  
**4 March 2015**

and the impact of staffing shortages on the delivery of services. The Deputy Director gave detailed answers to the questions raised by Members of the Committee.

The Committee thanked the Deputy Director for Nursing for attending the meeting and giving an update on the work at CMFT and stated that they would welcome further updates at future meetings.

RESOLVED:

- 1) That the Deputy Director of Nursing be thanked for her presentation.

**36. ALCOHOL SERVICES UPDATE**

The Committee considered a report from the Commissioning and Service Development Manager responsible for alcohol services. The report provided an update on the Commissioned Alcohol Services and changes which had been made to services in the last 6 months.

The main changes to services provision had been in the following areas;

- Rapid Assessment Interface Discharge.
- Community Detoxification.
- The remodelling of Phoenix futures services.
- New Alcohol Referral Pathway.
- New Shared Care Protocols.

The report also covered the multiagency work which Trafford Council had been involved in through the Quarterly Alcohol Steering Group and the recent Alcohol Awareness week.

In light of the report the Committee requested more detailed information on a number of matters such as the effectiveness of the new provider of detoxification services, support for people who had received a referral but had not had a successful discharge and information on the relapse rate of people who completed the Detox service within the last 7 months. They also asked questions about services for young people and women.

RESOLVED:

- 1) That the report be noted; and
- 2) The Democratic and Performance Service Manager to request more detailed information on the queries raised by Members in relation to alcohol services and circulate this to Members.

**37. TRAFFORD CLINICAL COMMISSIONING GROUP PERFORMANCE UPDATE**

The Committee reviewed Trafford CCG's performance and quality report. The report provided an update on Trafford CCG's performance against the 2014/15 statutory frameworks and the performance of the CCG's main providers, University Hospital South Manchester (UHSM), Central Manchester Foundation Trust (CMFT) and Pennine Care Foundation Trust (PCFT).

The main areas of concern for the Committee were North West Ambulance Services performance levels across Trafford, the amount of time stroke patients spent on specialised wards and the spike of Health Care Acquired Infections in October 2014 after three months of reductions. In addition to these concerns the Committee requested further information with regards to Issues 5.8, 5.10 & 5.11 which related to serious incidents involving liaison at UHSM and mental health providers.

The Committee discussed the position of GP's within Trafford and were concerned about the accessibility of GP's across the borough. They identified this as a possible area for review in the future.

The Chairman gave a verbal update to the Committee on a meeting between the Chairman, Vice-Chairman and Gina Lawrence of Trafford CCG. The update included the CCG's position regarding the practice of Dr Michael Florin and the work they are carrying out with regard to the North West Ambulance Service. She also gave an update on a recent meeting with Healthwatch.

**RESOLVED:**

- 1) The report to be noted.
- 2) That the CCG be asked for further information about what action has been taken at UHSM to deal with serious incidents and more detailed information as to the sudden increase of Health Care Acquired Infections in October 2014 after three months of reductions.
- 3) That the Democratic and Performance Services Manager add "Access to GP's in Trafford" to the work programme as a possible future review.

**38. GREATER MANCHESTER INTERIM HEALTH AND WELLBEING BOARD**

The Vice-Chairman gave an update from the recent Greater Manchester Interim Health and Wellbeing Board meeting held on 13<sup>th</sup> February 2015. The meeting focused upon two areas firstly the new early year's strategy for Greater Manchester and the ageing population and the role that those over 60 have in the future of Greater Manchester.

**RESOLVED:**

- 1) That the update be noted

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4 March 2015**

**39. JOINT HEALTH SCRUTINY COMMITTEE**

The Chair provided an update of the matters discussed at the meeting of the Joint Health Scrutiny Committee on 27<sup>th</sup> January 2015.

The Committee noted that there had not been any focus on the Central Manchester Foundation Trust at recent meetings and suggested that this needed to be addressed at future meetings.

RESOLVED:

- 1) That the update be noted;

**40. BUDGET SCRUTINY REPORT**

The Committee reviewed the report from Democratic and Performance Services Manager which set out the scrutiny review of the budget for 2015/16 The report highlighted the following areas for review by the Health Scrutiny Committee:

- Integrated Care Provision
- Mental Health Services

RESOLVED:

- 1) That the report be noted: and
- 2) That the areas highlighted within the report for review by the Health Scrutiny Committee be added to the workplan for 2015/16.

The meeting commenced at 6.30 p.m. and finished at 8.20 p.m.

## TRAFFORD COUNCIL

**Report to:** Health Scrutiny Committee  
**Date:** 1<sup>st</sup> July 2015  
**Report of:** Head of Service South Area Family Support Team

### Report Title

**CAMHS Report Health Scrutiny Committee**

### Summary

This plan sets out how Children & Adolescent Mental Health Service (CAMHS) will work to meet the mental health needs of children and young people in Trafford, and in doing so; reflect the strategic objectives and operational priorities of Pennine Care Divisional Delivery Plan and the Children and Young People's Plan.

### Recommendation(s)

For information.

Contact person for access to background papers and further information:

**Name:** Ken McDonald

**Extension:** 8223

## **CAMHS Report Overview and Scrutiny Committee**

This plan sets out how Children & Adolescent Mental Health Service (CAMHS) will work to meet the mental health needs of children and young people in Trafford, and in doing so; reflect the strategic objectives and operational priorities of Pennine Care Divisional Delivery Plan and the Children and Young People's Plan.

The work of the specialist Child and Adolescent Mental Health Service (CAMHS) involves the assessment and management of children up to their 18<sup>th</sup> birthday who present with complex emotional /mental health difficulties and who are registered with a Trafford GP.

### **Current Service Structure:**

- Integrated; specialist CAMHS;
- Multidisciplinary –combined psychology and psychiatry + allied health professionals;
- Emergency response – same day duty rota system;
- 7 day follow ups for deliberate self-harm/ Accident &Emergency presentations; and
- Out of hours – part of Greater Manchester wide response.

CAMHS provides high quality service to children and young people in Trafford. At all tiers within the service there are arrangements and pathways in place to deliver safe, effective, patient focussed care and services to children and families.

In the last twelve months, CAMHS as a specialist service continues to works with children and young people with a range of presentations such as:

- Possible Psychotic symptoms;
- Possible Depressive episodes;
- Threatened or actual self-harm;
- Anxiety Disorders;
- Eating Disorders;
- Obsessional thoughts or rituals;
- Difficulties suggestive of Attention Deficit Hyperactive Disorder; and
- Attachment difficulties.

The success of the service in improving outcomes for children and young people in Trafford is based on a well-developed service structure that is delivered to meet the increasing emotional need and demand of local children and young people. In the next twelve months CAMHS will be using the transformational service review to build on a strong partnership base to identify opportunities for collaboration on the future structure of the service and improving patient experience of the service.



CAMHS are supportive of 'Early Help' because by offering advice, support and intervention on emotional health and wellbeing issues at the early stages and in different settings, there is a greater likelihood of reducing demand later on the service, and improving outcomes for children as escalation is reduced.

The annual activity report in fig.1 & 2 clearly show the annual percentage increase in referrals to CAMHS and the need for the CAMHS service to be aligned to the Early Help agenda if we are to successfully divert children and young people from specialist provision such as CAMHS.

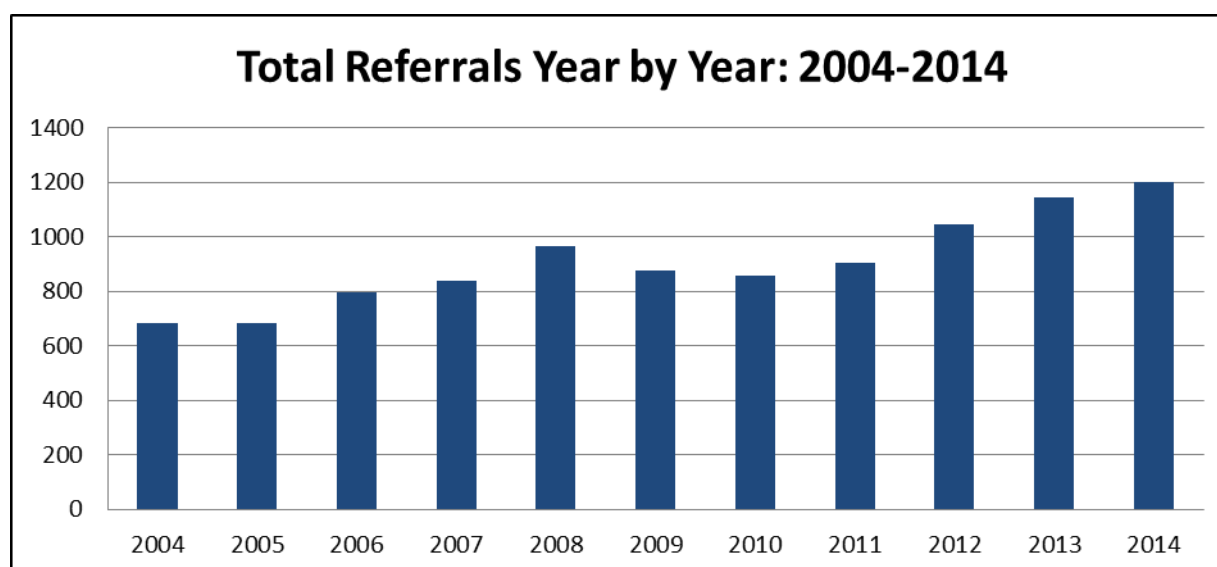
**Referrals into CAMHS:**

Annual Activity Report 2014

Fig 1

<b>Year</b>	<b>Total Referrals</b>	<b>Percentage Increase (year on year)</b>
2004	684	-
2005	685	0.1%
2006	797	16.0%
2007	838	5.1%
2008	968	15.0%
2009	878	-9.0%
2010	856	-2.5%
2011	903	5.4%
2012	1044	15.6%
2013	1146	13.9%
2014	1199	4.6%

Fig 2



### **Achievements by CAMHS:**

- Trafford now have multi-agency CAMHS partnership, within Joint CYPS and has provided a more strategic focus on service developments;
- Increased confidence to deliver fully comprehensive provision for children and young people with complex needs;
- Significant fall in the number of children and young people waiting to be seen, with shorter waiting times as well;
- Increased % of targeted and dedicated worker teams with a focus on looked-after children and social care;
- Provision of 24/7 on-call services with a CAMHS response;
- Overall increase in the size of the workforce;
- Mental health now identified as a focus of work by a broad range of universal and targeted services; and
- More robust communications regarding more Tier 4 service interfaces that provide alternatives to inpatient care, and more units providing secure Inpatient Mental Health.

### **Challenges face by CAMHS:**

The Committee will be aware of the recent concerns raised regarding the reduction in contribution to CAMHS made by the Local Authority. The Council's contribution to the development of the CAMHS Service in Trafford was partly used to establish a discreet CAMHS provision for the Children in Care Service. The current CAMHS resources in Children in Care will be reconfigured resulting in the retention of the 8B Psychologist and replacing the 8C Consultant with a band 7 Psychologist post. The 8C Consultant Psychologist currently in Children in Care will move to core CAMHS to take on some of the role left by a retiring 8D Psychologist. The 8C Psychologist will retain Consultation response for Children in Care. In reality there will be minimal reduction, if any in the resources in Children in Care.

The review of CAMHS that is currently taking place will provide a more robust view of the delivery of children's emotional health and wellbeing across all service areas and initiatives. There is no doubt that the discreet CAMHS provision in Children in Care is a well-regarded service, as is evident in the recent Ofsted inspection, and whilst any efficiency savings come with difficult decisions, it remains my intention to ensure that the impact on the service is minimised through taking into consideration the totality of the CAMHS resources.

It is also fair to say that the Council has demonstrated its commitment to improving children and young people's emotional health and wellbeing by making significant contributions to other evidence based programmes, which includes staff employed through the CAMHS service.

The transformation review of the service will address other challenges such as;

- The need for better workforce planning and skill mix;
- Still unacceptable variations/gaps/delays experienced by families;
- Waiting too long for interventions/ specialised support e.g. Autism/Family Therapy;
- Sometimes the lack of ‘wrap-around’ community packages including planned/crisis ‘respite’ support; and
- Monitoring improved outcomes difficult.

### **Reason for a Transformational Review of CAMHS:**

A transformational review of Trafford tier 3 specialist CAMHS service provision (for those that are registered with a Trafford GP and/or who are resident in Trafford) is being undertaken to ensure that it is able to provide a clinically safe, cost effective and efficient quality service to meet the changing mental health needs of the registered GP and/or resident population (aged under 18) in Trafford.

This includes reviewing current tier 3 specialist CAMHS service provision; clarifying the role of the service within current and proposed future local pathways and arrangements, taking account of national, regional and local developments that could impact or potentially impact on future service delivery models; understanding current (and proposed future) measures and reporting of quality; considering current provision and any presenting capacity or quality issues arising including current waiting times, exploring options around the best use of all available resource opportunities, and to take account of feedback from those that work in the service, service users, carers and other stakeholders and to ensure that the service is able to deliver to the needs of different groups and communities in order to address inequalities.

### **Key outcomes of the transformation:**

While it’s not yet known how the future service will look, there are several key outcomes that we need to achieve through the transformation. These include:

- More effective triage processes;
- Improved skill mix for specialist CAMHS staff;
- Improved identification and treatment of emotional and mental health issues – with a particular focus on early identification;
- Improved clarity over the role of CAMHS and other partners – with a focus on working together more effectively;
- Improved engagement with service users, their families and carers;

- Improved self-care knowledge and skills for service users, and their families and carers, to ensure they are empowered;
- Improved patient experience;
- Improved flexible access to services; and
- Improved access to urgent support and psychiatric assessment.

**Benefits:**

Achieving these outcomes will deliver the following benefits for service users, their families and carers, CAMHS staff and healthcare partners:

- Improved identification of problems at an earlier stage means faster access to advice and treatment and an increased likelihood of successful recovery;
- Improved partnership working will increase the service's capacity to deliver care;
- Children and young people will have clear collaborative goals and outcomes established;
- Reduced waiting times for specialist CAMHS support;
- A reduction in the number of times children, young people and their families have to 'tell their story' to professionals;
- A more efficient service, meaning better use of limited resources;
- Better co-ordination of care;
- A reduction in the number of repeat referrals to CAMHS;
- An increasingly skilled workforce that better meets service users' needs;
- Increased choice for children, young people and families in how, when, where and from whom they receive services; and
- A more flexible access for CYP through weekend and evening provision and 24/7 access to urgent multi-disciplinary team and psychiatry assessment for mentally unwell CYP.

The review should be concluded in March 2016 and a new structure for CAMHS implemented.

**Ken McDonald**  
**Head of CAMHS**

**Healthwatch Trafford Update  
June 2015**

The staff and Board of Healthwatch Trafford (HWT) continue to meet with local groups and residents of Trafford as well as having our scheduled meetings with stakeholders, local commissioners and providers of services.

We continue our regular, monthly drop-ins at

- Broomwood Wellbeing & Community Centre
- Trafford Centre for Independent Living
- LMCP drop in (Trafford Community Centre, Shrewsbury St)
- Trafford General Hospital

We have now commenced a regular drop in at Stretford Leisure Centre and Altrincham Community Hospital.

In partnership with Healthwatch Manchester we are arranging to have a drop-in at Manchester Eye Hospital.

**Healthwatch staff and volunteers have attended the following events, meetings and forums:**

- CCG Locally Commissioned Services Review Group
- CMFT Trafford Division Liaison Meeting
- Moorside MH Unit Liaison meetings
- CCG Public Reference and Advisory Panel (PRAP)
- HW Information & Signposting Group
- Personalisation Co-Production Group
- Locality Partnership Board (North)
- Greater Manchester Healthwatch Meeting
- North West Healthwatch Meeting
- Youth Cabinet meeting
- Integrated Care Redesign Board
- TCCC Comms and Engagement Implementation Group
- Trafford Information network
- Health & Well Being Board
- Information & Signposting Meeting GM
- Trafford Signposting and Accessibility Delivery Group
- Diverse Communities Board
- Ageing Well Partnership Board
- Sale West Health Group Meeting
- Quality Surveillance Group ( NHS England LAT)
- Primary Care Quality Surveillance Group. ( NHS England LAT )
- Healthier Together

**2. Below is an update on specific areas of work and involvement since the last update.**

### **Healthier Together**

We continue our involvement with the Healthier Together Program. We are involved with the Patient, Carer and Community Advisory Group. Currently we are in the process of recruiting the membership of this group.

HWT Chair represents this group on the Clinical and Patient Safety Group

### **Devolution Manchester.**

Greater Manchester Healthwatch Network has been engaging with the Devolution Manchester Program.

### **Engagement with Young People.**

#### **Mental Health Survey**

A Health & Social Care student, (Trafford College), on work placement with Healthwatch Trafford, highlighted mental health as an important issue for young people. She was supported by Healthwatch Trafford staff to develop a mental health survey to find out more about local young people's views and knowledge of mental health services. Recognising that mental health is a priority for Trafford Youth Cabinet, Healthwatch Trafford then shared the survey with Youth Cabinet members to ask for feedback to ensure it was appropriate and didn't duplicate existing work.

The survey was approved by Trafford Youth Cabinet, published on the Healthwatch Trafford website and promoted on social media. Two young Healthwatch Trafford volunteers visited Trafford College to encourage more young people to complete paper copies of the survey.

#### **Impact**

Trafford Youth Cabinet has used the young people's responses to the Healthwatch Trafford mental health survey in their report to the Youth Parliament Select Committee, (a British Youth Council (BYC) initiative, supported by the House of Commons).

The Youth Select Committee is currently embarking on an inquiry focusing on Mental Health. This was identified as a priority and voted for by the UK Youth Parliament in the House of Commons in November 2014.<sup>1</sup>

The responses to the mental health survey will also contribute to the service user evaluation of Trafford CAMHS service taking place over summer 2015.

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<sup>1</sup>The Youth Parliament Select Committee mirrors the UK Parliament Select Committee structure and gives young people the chance to scrutinise issues and hold inquiries on public matters they find important.)

### **Primary School Nurse Pilot Project**

Healthwatch Trafford's community engagement with children, (aged 8 - 14 years of age), at the Sale Moor Community Learning Centre in 2014, revealed a lack of awareness and knowledge amongst the children about their School Nurse Service. Keen to address this gap, Healthwatch Trafford carried out a pilot project with Firs Primary School, (attended by two of the Sale Moor children), to determine the extent to which the school nurse service met local and national best practice guidelines regarding health service design and delivery for children / young people. Twelve Firs Primary School children were trained and engaged by HWT over four months to carry out peer led service evaluations using surveys and then develop their own recommendations. The children called themselves Healthwatch Juniors.

The results of this project can be found in Appendix1

### **Engagement with Deaf people**

Healthwatch Trafford Engagement Officer, Holly Wheeler, has been working with the local Deaf community and BSL interpreters looking at the issues faced by local deaf people using local healthcare services in Trafford

Our recently published report, "Getting it Right for Deaf people in Trafford", outlines the issues faced by local Deaf people using local healthcare services:

- barriers to contacting hospital & GP services to make appointments and collect test results;
- a range of problems with bookings for BSL interpreters and quality of interpreters used by health services;
- a lack of deaf awareness among health and administration staff shown by poor communication methods, often leading to missed appointments and unacceptable delays in assessment and treatment of health conditions.

Taking these important issues forward, Healthwatch Trafford have made a number of recommendations, including take up of deaf awareness training by all medical, support and administrative staff in health services.

The report was presented at the April Trafford GP Practice Managers Event (alongside a presentation from two local Deaf organisations giving further information and advice on how best to meet the needs of Deaf patients).

HWT ensured that the voices of our local deaf residents, outlined in our report, were listened to by the NHS England Primary Care team in the development of the Interpreting and Translation Services - Quality Standards for Primary Care Services, (due to be published in summer 2015). We did this by sharing our report with the

professionals responsible for the development of these quality standards and attending an NHS England event where we advocated the views put forward by local residents in order to influence the quality standards.

We look forward to continuing to work closely with the local Deaf organisations and local healthcare services to drive positive change over 2015 - 2016.

The full report: “Getting it Right for Deaf People in Trafford” is available in the news section of our website.

### **Enter and View**

A schedule of Enter and View visits of health and social care areas has been arranged to take place in 2015.

A recent visit was paid to Trafford General Acute Medical Unit on May 15<sup>th</sup>. We are due to pay a visit to Davyhulme Medical Centre on 28<sup>th</sup> May.

We are currently working in partnership with Manchester Healthwatch to carry out Enter and View visits to secondary care providers that both our residents access.

### **Mental Health Exchange Forum**

Working with Blusci User Forum we have been engaging with commissioners and providers of mental health services to promote better communication between service providers and user groups.

Our aim is to provide a discussion forum in which users, carers and providers of mental health services can be informed of service changes, raise areas of concern and identify areas of good practice.

The first meeting was held in April and was well attended by providers and commissioners of services. It is intended to meet bi monthly and will include a representative from the user groups. The next meeting will take place in June.

### **Healthwatch Trafford Board Recruitment**

Healthwatch Trafford is currently recruiting 3 new members to the Board.

### **Information and Signposting- Social Media**

- Since the last update there have been 900 contacts with the public.
- There have been 44 instances of signposting or information requests from the public.
- There have been 14 concerns / complaints logged with us in this time.
- There have been 104 experiences logged on the Patient Experience Platform.
- Twitter. We have 169 new followers making a total of 1238 followers. We have been mentioned 186 times We have made 544 tweets
- Facebook. We have 73 likes. Posts 40
- 15,000 copies of our new signposting directory have been distributed
- We have had 2 stories in the local newspapers.



- We have had 4 active surveys;-  
ME/CFS survey responses: 663  
Children and young people's mental health: 12  
Trafford Deaf Peoples consultation: 37  
"How can we get better": 20

**Web site:**

- There have been 5541 visits to our website
- 11832 pages have been viewed
- We have had 3989 users
- We have published 327 new stories
- We have listed 18 events and 10 consultations
- We have created 17 new information pages.
- Reports 8
- How to guides 7

Ann Day  
Chair Healthwatch Trafford  
May 2015

## APPENDIX1

### Results from 98 children surveyed at Firs Primary revealed:

- 🌸 50% had met their school nurse team & described staff as “caring”, “helpful” and “explains things well”
- 🌸 62% think it is not easy to see the school nurse team
- 🌸 there is a lack of knowledge & awareness regarding:
  - how to access the school nurse service (72%),
  - what the service provides (72%)
  - the service confidentiality policy (49%)
- 🌸 feeling nervous, scared, embarrassed or worried, were other motives preventing children from visiting the school nurse
- 🌸 some see the service as providing support for issues such as emotional wellbeing, growing up, weight & bullying

### Impact and Outcomes

Two recommendations made by the children, (Healthwatch Juniors), aimed at addressing the lack of awareness / knowledge of the service and raising children’s confidence to access it have been implemented:




- 🌸 The Firs Primary school nurse team have delivered a school assembly with content suggested by Healthwatch Juniors
- 🌸 Healthwatch Juniors have developed posters advertising the service.

In addition,

- 🌸 The Trafford School Nurse team have committed to carrying out assemblies (including the content suggested by Healthwatch Juniors) in **all** primary schools with established school nurse drop-ins
- 🌸 This executive summary will be shared at a Trafford Primary Head Teachers Conference in June 2015
- 🌸 Healthwatch Juniors planned and delivered a school assembly sharing their survey findings and recommendations with their peers

Outstanding recommendations, (agreed to by Firs Primary School Head), include placing the posters (designed by Healthwatch Juniors) and arrows directing children to the school nurse drop-in around the school around school and putting information about the service on the school website and newsletter.

**Moving forward, Healthwatch Trafford recommends:**

-  Repeating the service user led evaluation of the school nurse service at Firs Primary school in September 2015 to evaluate the impact of the work carried out
-  Implementation of the 4 Healthwatch Junior recommendations<sup>2</sup> across all Trafford school nurse teams and primary schools
-  Service user led evaluations of the School Nurse service to continue in all primary schools across the borough

*Healthwatch Trafford would like to thank and acknowledge the hard work of the Healthwatch Juniors and extend thanks to the School Head, Nerys Hitchcock and School Nurse, Kim White, for their co-operation and support.*

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<sup>2</sup> The four recommendations: school assemblies (with suggested content by Healthwatch Juniors) to be delivered by school nurse team, posters promoting the school nurse service designed by children (with specific content) to be put around the school, arrows directing pupils to the school nurse drop-in venue to be placed around school and school nurse service information to be placed on school website & newsletters.

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## JOINT HEALTH SCRUTINY COMMITTEE

23 MARCH 2015

### PRESENT

Councillor Newman (in the Chair).

Councillors Mrs. A. Bruer-Morris, Ellison, J. Holden, J. Lloyd (Vice-Chairman), K. Procter, Reid, Wilson, Siddiqi and Mrs. P. Young

### In attendance

Silas Nicholls	Chief Operating Officer, University Hospital of South Manchester NHS Foundation Trust
Jessica Williams	NHS England
Kate Hines	Scrutiny Team Leader - MCC
Peter Forrester	Democratic and Performance Services Manager - TMBC
Alexander Murray	Democratic and Scrutiny Officer - TMBC

### APOLOGIES

Apologies for absence were received from Councillors

### 1. ATTENDANCES

The Committee noted that Councillor J Teubler had replaced Councillor Rawlins as a member for the Joint Committee and that Councillor N Siddiqi is the named substitute member for Manchester City Council.

The Chair noted that since Councillor Teubler was not present at the meeting Councillor Siddiqi would be acting as a full voting member on behalf of Manchester City Council.

The Chair expressed regret that Trafford CCG had not sent a representative to the meeting due to their normal representative(s) being on annual leave. Members agreed it was inconceivable that an alternative representative could not be found. Members agreed to set the dates of future meetings at the start of the municipal year in order that all parties can ensure they are adequately represented.

### 2. MINUTES OF THE LAST MEETING

#### DECISION:

To approve the minutes of the meeting on 27 January 2015 as a correct record.

### 3. DECLARATIONS OF INTEREST

The following personal interests were declared:

- Councillor Lloyd declared a personal interest as an employee of the Stroke Association based at Salford Royal NHS Foundation Trust.

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- Councillor Bruer-Morris declared a personal interest as a practice nurse at a GP practice in Manchester.

**4. UPDATE - NEW DEAL FOR TRAFFORD**

The Committee welcomed Jessica Williams from NHS England and Silas Nicholls from the University Hospital of South Manchester NHS Foundation Trust (UHSM). The Committee formally received the report. The Chair noted that the report provided for the meeting contained lots of graphs and tables which were not always easy for a layperson to interpret. He said that more detailed analysis would be helpful in future.

Jessica Williams introduced herself, explaining that the role of NHS England was to hold the Clinical Commissioning Groups to account. She said she could provide insight into the report, although she could not provide detailed analysis. She explained that NHS England looked at this type of information on a weekly basis when the new Health Deal for Trafford was established in December 2013. She said that Accident and Emergency (A&E) Attendances were higher than expected in year 2. She noted that the performance figures for quarter 4 within the report were not comprehensive as the period ran from 1 January 2015 - 31 March 2015; however, UHSM was not expected to meet the 95% performance target in this quarter based on current data.

Silas Nicholls introduced himself and explained the data provided for UHSM. He said that in respect of A&E Attendances at UHSM in 2015, 85.3% of patients were seen within the four hour target in January, 91.4% in February, and 92.7% in March; which was a sustained improvement. He said that it would have been difficult to achieve more due to the sheer volume of people attending over the winter months. He said that there was a continued pressure of delayed transfer of care, in particular for patients from Trafford. He said that over the previous week at UHSM approximately 20 patients no longer required hospital treatment but could not be discharged as they were waiting to be transferred elsewhere. A member who was an ex board member of UHSM agreed there was a direct correlation between A&E performance and the volume of patients presenting at A&E. Members agreed that improvements to community care were required to reduce the need for hospital admission. The Chair stressed the importance of integrated care, noting that delayed discharge was a continued problem.

The Chair noted that information on re-admission rates was requested at the last meeting of the Joint Health Scrutiny Committee but had not yet been received. Silas Nicholls advised that re-admission rates at UHSM were broadly in line with national averages. He said variations occurred where hospitals became specialised. At UHSM general medical re-admissions had increased, particularly amongst frail and older patients. He said UHSM was working to address this by expanding the current geriatrics service based in A&E, creating a 12 bed specialist frailty unit, and working closely with GPs to provide appropriate care packages. He offered to share the plan with members, to which the Committee agreed.

As UHSM specialised in respiratory medicines, in particular Chronic Obstructive Pulmonary Disease (COPD) this had also affected re-admission rates. Silas Nicholls explained that UHSM was exploring best practice with Salford Royal Hospital and providing 'care bundles' to patients which were subject to regular audit. He said training was being offered to GPs on respiratory conditions, and that a GP helpline had been set up this winter to enable GPs to speak directly to consultants with any concerns. He offered to share the plans with members, to which the Committee agreed. The Chair said that some information on re-admissions had been received by the Manchester Health Scrutiny Committee. According to this information, between April and December 2014 UHSM's re-admission rate was 6.6%. This compared with 4.4% for Central Manchester

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Foundation Trust (CMFT) and 6.9% for the Pennine Acute Trust (PAT) which includes North Manchester General Hospital).

A member noted that no information on publicity had been received by members on the Urgent Care Centre in Trafford as requested at the previous meeting of the Joint Health Scrutiny Committee, and that she was only aware of negative publicity. The Chair re-affirmed the decision made at the last meeting which read: "The Committee request that all updated publicity information relating to the Urgent Care Centre in Trafford be circulated to members as and when this is produced".

A member noted the 32.6% increase in Walk in Centre attendances in the report and said it would be useful to receive more information on why patients were presenting. She added that more information regarding the elderly and COPD patients presenting at UHSM and why their presentations could not be avoided would also be useful. A member who was also a practice nurse shared some of her experiences of elderly and COPD patients, and stressed the importance of ensuring patients received a high standard of community care in order to prevent the need for hospital admission. The Chair re-iterated the NHS and Council's commitment to integrated care. The Vice Chair asked for more detail on the Walk in Centre data, and whether patients were diverted to the Urgent Care Centre and vice versa and for what reasons. Jessica Williams agreed that further analysis was required. She assured members that she was not aware of any risk to patient safety, the centres worked closely together and referred patients between them where required. She explained that the Walk in Centre was staffed by GPs and Practice Nurses whereas the Urgent Care Centre was staffed by A&E Consultants and A&E Nurses. She said a triage system was in operation and patients were assessed and diverted where appropriate. This could include diverting patients by ambulance to other hospitals such as CMFT. She said diverting A&E patients by ambulance often affected performance as it may take more than 4 hours for patients to be triaged and transferred elsewhere. Transfers were normally on clinical grounds where other hospitals provided a specialist facility and emergency ambulances were normally not required since the patient was already in a hospital environment.

Members asked for assurance that when building work was completed at UHSM they would have adequate capacity. Silas Nicholls said that currently where more than 250 patients presented at UHSM's A&E per day standards would fall. He said that building work at UHSM would commence this year and be completed by 2016. He said that more Trafford residents were presenting at UHSM than initially expected, and that there were a disproportionate number of elderly residents presenting from Trafford. However, once the building work was completed capacity would increase. He advised that an acute hospital environment was not necessarily the safest option for the elderly who were often better cared for within a community setting. He said that adequate capacity would also be dependent on improvements to community care. The Chair said he welcomed the £12 million capital investment planned for A&E at UHSM and requested further information on the additional capacity this would create. Silas Nicholls agreed to provide this to the Committee.

In response to members concerns regarding delayed discharge, Silas Nicholls advised weekly meetings were held with Trafford CCG and confirmed that the root cause was a lack of capacity in Trafford's Community Care. In response to a members query regarding the 95% target he advised this was a political decision and the percentage had changed over the years. A member noted it would be useful to invite a representative from Central Manchester Foundation Trust (CMFT) to a future meeting to which the Committee agreed.

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A member said that there were a large number of patients from Stockport transferred to UHSM but this was not broken down further; and queried why they could not be dealt with at Stepping Hill hospital. Silas Nicholls agreed that the patient flows from Stockport needed further analysis. He said that UHSM did provide some specialist services that were not available elsewhere such as burns and cardiac facilities. He also explained they had a wider catchment area being conveniently located just off the motorway, and having an air ambulance facility. Jessica Williams said she would investigate the Stockport figures.

Members discussed that GPs were now more cautious when assessing children and often referred on to A&E and queried the reasons for this. Jessica Williams said that four boroughs within Manchester had a policy of ensuring that any children up to the age of 5 were seen the same day. She said 3-7pm was the busiest time for children presenting at A&E, and that she would like to see a children's clinic in every GP practice. She said that Sheffield GPs have a commitment to offering all patients up to the age of 7 a telephone appointment and all children up to the age of 3 a face to face appointment on the same day. She talked of an initiative in Bury which went live in January 2015. All residents were given 7 day access to GPs via 5 hubs located across the borough. Patient's notes were shared between the GP and the hub with the patient's permission. She stressed the advantages of seeing a GP over an A&E doctor such as experience of the actual child and their medical history.

Jessica Williams said that she was leading on primary care transformation in Manchester and some initiatives were currently being developed. She said she could provide more information on this at the next meeting. Following the completion of the Healthier Together consultation it was intended that a robust plan would be in place for Manchester by June 2015; and for Greater Manchester later in the year. In response to a members query Jessica Williams explained that GP out of hours access was available nationwide, however services were not seamless. She advised that most out of hours services were accessed by ringing the normal GP practice and either being transferred or being given a different number to contact. She said different mechanisms were available via devolution, which was currently being pursued.

**Decision:**

1. To express regret that Trafford Clinical Commissioning Group (CCG) were not represented at the meeting but to thank NHS England and University Hospital of South Manchester Foundation Trust (UHSM) for attending and contributing to the meeting.
2. To request that future reports contain more analysis of any tables and graphs; and that graphs and tables are placed in the appendix of the report where appropriate.
3. To invite a representative from Central Manchester Foundation Trust (CMFT) to attend the next Joint Health Scrutiny Committee to report on the activity at Trafford General and Altrincham.
4. To re-affirm the decision made at the previous meeting which read: "The Committee welcomes the £12m capital investment in the A&E Department at UHSM and notes the timetable of works. The Committee further requests that information regarding the additional capacity linked to the timetable of works be circulated to members".



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5. To re-affirm the decision made at the previous meeting which read: "The Committee request that all updated publicity information relating to the Urgent Care Centre in Trafford be circulated to members as and when this is produced."
6. To note the continued pressures at the A&E at University Hospital of South Manchester Foundation Trust (UHSM, which is partly a consequence of the downgrading of Trafford General Hospital.
7. To receive information from UHSM relating to the plans for expansion to its Geriatric Services.
8. To receive information from UHSM relating to the plans to decrease the rates of re-admission of patients with Chronic Obstructive Pulmonary Disease (COPD).
9. To note the continued problem of delayed discharge, in particular for Trafford residents.
10. To note the importance of improving integrated care, and its dependence on the provision of good quality community services and intermediate care.
11. To note that improved progress in access to primary care including for young children is required.
12. To request that the impact on pressures at UHSM by patients resident in Stockport is examined in relation to its performance.
13. To receive information from NHS England regarding their initiatives to improve primary care in Greater Manchester, in particular Trafford, as soon as this is available.
14. To note the continued value of the work of the Manchester and Trafford Joint Health Scrutiny Committee in bringing the NHS to account in respect of the New Health Deal for Trafford.
15. To agree that future meeting dates for the Joint Health Scrutiny Committee will be set at the start of the municipal year, and that all parties will ensure they are adequately represented.

The meeting commenced at 6.30 pm and finished at 8.17 pm

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## TRAFFORD COUNCIL

**Report to:** Health Scrutiny Committee  
**Date:** 1<sup>st</sup> July 2015  
**Report of:** Democratic and Performance Services Manager

### Report Title

**Specialised Cancer Service Procurement Update**

### Summary

**To update the committee in relation to progress of the procurement of specialised cancer services within Greater Manchester.**

### Recommendation(s)

**To note the report.**

Contact person for access to background papers and further information:

Name: Alexander Murray  
Extension: 4250

## Background

1. In September 2014 a representative of NHS England presented a report entitled “Improving Outcomes – Specialised Cancer Services” to the Health Scrutiny Committee. The report detailed NHS England’s plans to reconfigure cancer services across Greater Manchester by creating a number of specialised cancer services. The plans would reduce the number of places where these services would be available but were intended to ensure that all treatment is carried out by experienced staff with expertise in the field.
2. In December 2014, NHS England made the decision to begin the procurement for specialist cancer services within Greater Manchester. The decision was made earlier than scheduled as parts of the country where services had already been reconfigured were showing year on year improvements in survival rates and so it was decided to progress the changes.
3. The procurement process finished in May 2015. However, NHS England were unable to make an award from the procurement and the process has been stopped. This was due to NHS England making a detailed review of their position which led them to conclude that an assured, unequivocal award could not be made. This means that the current pathways remain unchanged until the issues which prevented the award can be resolved. The reconfiguration of specialised urological cancer services across Greater Manchester is still planned to go ahead with NHS England working with Greater Manchester Devolution and CCGs to reach a resolution by March 2016.