



TRAFFORD
COUNCIL

**AGENDA PAPERS FOR
HEALTH SCRUTINY COMMITTEE MEETING**

Date: Wednesday, 16 December 2015.

Time: 6.30 p.m.

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

A G E N D A	PART I	Pages
1. ATTENDANCES		
To note attendances, including Officers, and any apologies for absence.		
2. MINUTES		1 - 6
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 7 October 2015.		
3. 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.		
4. CONTINUING HEALTH CARE		7 - 22
To receive a presentation from the Head of Personalised Care for Trafford CCG.		
5. DISTRICT NURSING		
To receive a verbal update from Councillor Chilton. The Associate Director of Commissioning for Trafford CCG and the Joint Head of Service – Adult Health & Social Care Integration (South) from Pennine Health Care will provide a verbal report on the Trafford District Nursing Review.		

Health Scrutiny Committee - Wednesday, 16 December 2015

6. **INTEGRATED CARE** To Follow
- To receive a report from the Associate Director of Commissioning for Trafford CCG, the Joint Head of Service – Adult Health & Social Care Integration (South) from Pennine Health Care and the Joint Director for Adults (social care).
7. **TRAFFORD LOCALITY PLAN CONSULTATION** 23 - 98
- To receive a presentation from the Acting Corporate Director of Children, Families and Wellbeing.
8. **HEALTHWATCH TRAFFORD UPDATE** 99 - 156
- To receive a verbal update from the Chairman of Healthwatch Trafford.
9. **JOINT HEALTH SCRUTINY COMMITTEE** 157 - 162
- To receive the minutes from the Joint Health Scrutiny Committee meeting held 10 November 2015.
10. **TASK AND FINISH GROUP UPDATE**
- To receive a verbal update from the Chairman and Vice Chair on the two Health Scrutiny Task and Finish groups.
11. **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,
Tel: 0161 912 4250
Email: alexander.murray@trafford.gov.uk

This agenda was issued on **Tuesday, 8 December 2015** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

Public Document Pack Agenda Item 2

HEALTH SCRUTINY COMMITTEE

7 OCTOBER 2015

PRESENT

Councillor J. Lloyd (in the Chair).

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

In attendance

- | | |
|------------------|---|
| John Pearce | - Acting Corporate Director Children, Families and Wellbeing. |
| Peter Forrester | - Democratic and Performance Services Manager |
| Alexander Murray | - Democratic and Scrutiny Officer |

Also Present

Councillors D. Jarman, E. Malik, W. Stennett.

Also in attendance

- | | |
|----------------|--|
| Julie Crossley | - Associate Director of Commissioning - Trafford CCG |
|----------------|--|

APOLOGIES

Apologies for absence were received from Councillors L. Walsh

16. MINUTES

Resolved: That the Minutes of the meeting held on 12 August 2015 be agreed as a correct record and signed by the Chair.

17. DECLARATIONS OF INTEREST

Councillor Brophy in relation to her employment by Lancashire Care Foundation Trust.

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

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

Councillor Mitchel in relation to his employment with Greater Manchester West.

18. URGENT BUSINESS (IF ANY)

The Chairman reported that she had agreed to an urgent item of Business to be considered by the Committee on the grounds that Significant variation to services were to be made and a decision was required as to whether this required consultation. The matter related to the closure of Stretford Memorial Hospital by Central Manchester University Hospital Foundation Trust (CMFT).

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The Chief Operating Officer from CMFT attended the meeting and gave a short presentation to the Committee which covered a brief description of the hospital site, problems with the site and the risk assessment CMFT had carried out. It also covered the re-provisioning of services, what will be done with the site and the difference in travel for those affected. It was explained that the sudden closure was due to an inspection conducted in August 2015. This inspection found that conditions at the Site had deteriorated at a greater rate than expected and as a result both staff members and patients personal safety was at risk.

After delivering the presentation the Health Scrutiny Committee and ward councillors in attendance were given the opportunity to ask questions. Councillors asked a wide range of questions around additional travel times, the timing of the closure and the provision of services within the Stretford area. Councillors were particularly concerned about the removal of Phlebotomy and INR (Anti-Coagulation) Services. The Chief Operating Officer answered the questions and gave assurances that by working with Pennine Foundation Trust and Trafford CCG the best solutions would be put in place for residents in the affected area. Councillors welcomed the answers given by CMFT and the level of communication that had been present throughout the process. The Committee also expressed their desire for this working relationship to continue and asked for a meeting to be scheduled to update them on progress.

Councillor Harding raised a query about reports that a large influx of patients at CMFT on the 5th October had resulted in the cancellation of elective surgeries. The Chief Operating Officer confirmed that there had been an unexpected increase in attendances on 5th October leading to surgeries being cancelled. The Chief Operating Officer assured all present that cancer surgeries were being protected from being cancelled and if extreme circumstances led to a cancer surgery being cancelled it would be rescheduled quickly.

RESOLVED:

- 1) That the Chief Operating Officer and the Director of Strategic Programmes be thanked for attending the meeting.
- 2) That due to the risk to staff and patients at Stretford Memorial a consultation is not required.
- 3) That another meeting be arranged between members of the Health Scrutiny Committee Ward Councillors and NHS Representatives to review progress before the end of October.
- 4) That suitable Phlebotomy and INR service provision be put in place before Stretford Memorial closes.

19. TRAFFORD CCG - GP PRACTICES UPDATE

The Associate Director of Commissioning from Trafford CCG gave an update to the board as to the closure of the GP practice of Dr Pickup and Dr Kuan based at Timperley Healthcare Centre. The update covered why the practice was closed, the arrangements which were put in place during the closure and the progress that had been made in dispersing the patient list.

In addition to these areas, the Committee were informed that the drugs fridge at the practice had been at temperatures which fell outside of the range where the drugs, vaccinations and immunisations were effective. Due to this error Trafford CCG had been working with Pennine Health Care Foundation Trust to run a re-

Health Scrutiny Committee
7 October 2015

immunisation programme for all those who received immunisations at the practice since 2013.

The Committee put a series of questions to the Associate Director of Commissioning covering the impact of the dispersal on other practices, what role regulatory bodies had taken in the process, the speed of the patient dispersal and what measures Trafford CCG were taking to ensure that the issue with the drugs fridge was not replicated. The Associate Director of Commissioning answered the Committee's questions and informed members that the CQC had performed an inspection of the practice during the period that there was an issue with the fridge temperatures but this had not been picked up.

RESOLVED:

- 1) That the Associate Director of Commissioning be thanked for her update.
- 2) That the CCG be thanked for the way they communicated with the Committee and affected Ward Councillors in relation to these issues.
- 3) That Trafford CCG provides assurance to the Committee that all GPs within the borough are using specialist fridges and that they are being checked regularly.
- 4) That the Committee write a letter to the CQC expressing their concerns that the issue with the drugs fridge was not picked up by the CQC inspection.

20. DEVOLUTION MANCHESTER UPDATE

The Acting Corporate Director of Children, Families and Wellbeing gave a detailed presentation to the Committee on Devolution Manchester. The presentation gave a broad overview of the whole of the programme including; the background, vision and goals, the strategic plan, finances, governance structure, timeline and locality plans. The presentation highlighted that the Trafford Care Coordination Centre (TCCC) will be central to Trafford's locality plan.

After going through the presentation the Committee asked questions about the different aspects of the programme including how funding will be calculated and how the big issues (such as health inequalities) will be tackled. Councillors expressed their concern about how funding is calculated and the affect on Trafford. The Acting Corporate Director of Children, Families and Wellbeing answered the Committee's questions and offered to circulate additional documentation to those who wanted more information.

RESOLVED:

- 1) That the Acting Corporate Director of Children, Families and Wellbeing be thanked for delivering the presentation.
- 2) That the Trafford Health Scrutiny Committee continue to scrutinise Devolution Manchester from a local perspective.
- 3) That the concerns of the committee members over the amount of funding Trafford will receive be noted.
- 4) That Health Scrutiny Committee members were invited to visit the TCCC before the next meeting of the Committee 16th December.

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21. HEALTHIER TOGETHER UPDATE

The NHS England representative was not present at the meeting so the item was not considered.

22. ALTRINCHAM HOSPITAL SITE VISIT

The Chairman, Vice Chairman and Councillor Mitchell updated the Committee on their recent visits to Altrincham Hospital. All the Councillors were impressed with the hospital and the services provided there. All of the visits could only be conducted during the morning and so the Councillors were unable to comment on what patient footfall was like in the evenings.

There appeared to be adequate disabled parking at the Hospital site which had been an area of concern prior to the visits. On behalf of Councillor Mitchell conducted a mystery shopper exercise to book a disabled car parking spot and found the response and booking process swift and easy to go through.

Whilst on his visit Councillor Mitchell asked for information regarding the volume of patients attending the Hospital but Councillor Mitchell had not received this information.

RESOLVED:

- 1) That the Update be noted; and
- 2) That Altrincham Hospital be asked to provide information regarding patient volumes and that this be distributed to Committee Members.

23. DISTRICT NURSING UPDATE

Councillor Chilton gave a brief update to the Committee and informed members that he was still concerned as to the staffing levels of district nurses in the Trafford area. Councillor Chilton also confirmed that he and Councillor Bruer-Morris were due to visit Firsway Health Centre on the 20th October 2015.

RESOLVED:

- 1) That the update be noted; and
- 2) That Councillor Chilton is to provide the Committee with an additional update following the visit 20th October 2015.

24. HEALTHWATCH TRAFFORD UPDATE

The Chairman of HealthWatch Trafford reported that Healthwatch Trafford had conducted enter and view's at Manchester Royal Infirmary and Daveyhulme Medical Centre and had completed another report with HealthWatch Manchester on Manchester Royal Eye Hospital. Junior Healthwatch was running well and if it continued to do so HealthWatch Trafford would consider expanding the scheme. Healthwatch Trafford's patient feedback portal had recently been completed so that patients could leave feedback on GPs on their website. Healthwatch Trafford also conduct monthly drop in sessions at Trafford General and Altrincham Hospital and published their findings on a quarterly basis.

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Members of the Committee asked a series of questions relating to the Enter and View reports. The Chairman of Healthwatch Trafford gave detailed answers to the questions and identified that staffing levels were a common issue across all of the reports.

RESOLVED:

- 1) That the Chairman of HealthWatch Trafford be thanked for attending the meeting.
- 2) That HealthWatch Trafford be thanked for providing the Committee with their Enter and View reports and to note the quality and relevance of the information within them.
- 3) That Health scrutiny and Healthwatch Trafford continue to work closely together and utilise each other's powers to maximise their effectiveness.

25. JOINT HEALTH SCRUTINY COMMITTEE UPDATE

The Vice Chairman gave a brief update to the Committee regarding the meeting of the Joint Health Scrutiny Committee held 29th September 2015.

The Vice Chairman informed the board that as many representatives from the NHS had failed to attend the meeting the Committee had written a letter to NHS partners and the Secretary of State. In addition an extra meeting of the Joint Health Scrutiny Committee was to be scheduled.

RESOLVED: That the update be noted.

26. GOVERNMENT RESPONSES TO THE FRANCIS REPORT

The Committee read the update from central government about progress affecting Health Scrutiny that has been made since the Francis report was published.

RESOLVED: That the report be noted.

27. HEALTH UPDATE

The Chairman updated the Committee on the meetings that she had attended since July as part of her role. The Chairman detailed meetings with the CCG around GP practices and the previous meeting with CMFT regarding Stretford Memorial.

The Chairman also attended the Trafford CCG Annual General Meeting and recommended that Committee members visit Trafford CCG's Website and view the documents available there.

RESOLVED: That the update be noted.

The meeting commenced at 6.30 pm and finished at 9.14 pm

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RIGHT CARE RIGHT TIME

Continuing Healthcare (CHC)

Continuous Improvement - 2014/2016

Merry, Head of Personalised Care, Trafford CCG

Who and What??

Personalised Care Service based at Crossgate House and responsible for;

- Commissioning high quality Nursing Care Home provision

- Commissioning high quality Nursing Homecare provision

- Delivering packages of care for patients at end of life

- Developing services for complex care Patients

- Ensuring timely and safe Hospital Discharges

- Delivering Funded Nursing Care funding allocation

- Delivering Continuing Healthcare Framework process and related commissioning of care packages in NH, Residential and Community settings.

RIGHT CARE RIGHT TIME

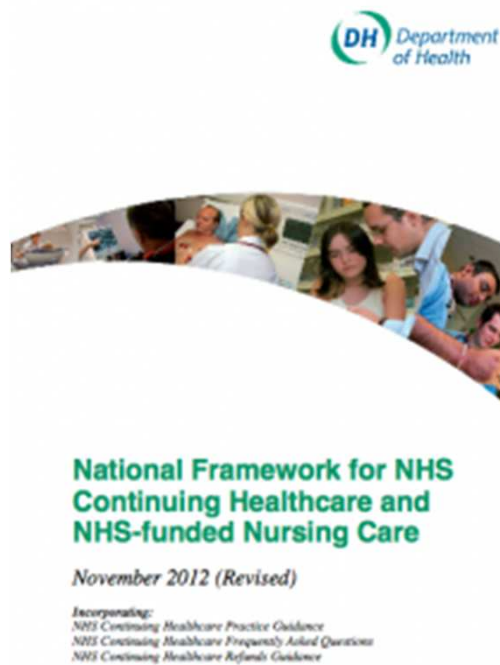
MISINFORMATION



Right **CARE**
Right **TIME**
Right **PLACE**

National Framework

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Stats....

The Service receives;

- Applications from Hospitals (CMFT, UHSM, MRI, SRI, Christies)

3 requests a week for MDTs to be completed on wards

- 40 CHC referrals a month

CHC process for one case takes a total of 8.5 hours

- 24 fast track referrals a month

Providers must have capacity, and more importantly, skills to support

- Daily letters from Solicitors regarding PUPoC reimbursement

We presently have 81 of these cases

- Appeals.....

Processing an appeal means we may have to undertake the whole process again.....

The Service in 2014.....

- Clinical Lead
- Funding Clinical Case Manager x 2
- Funded Nursing Assessor
- Admin Support

Journey Began...

Following appointment to CCG a full review of the service was undertaken;

- At risk of further legal challenge
- No accurate Patient data management or process
- No formal process or procedures
- Limited Budget monitoring process
- Complaints regarding service delivery
- Backlog of 189 cases pending assessment
- Backlog of 91 appeal cases pending review
- Poor Market control and development
- No formal quality monitoring of the market
- Poor skill mix and gaps in expertise within the clinical Team
- No Performance Targets met

.....And **mountains of paper!!**

CCG Response – Implementing Phase One

- § Fully supportive SMT
- § Investment in bespoke Patient Data System, and FOI accuracy
- § Investment in a Patient Data and Management Officer
- § Additional investment in Clinical Case Managers
- § Recognised the need for legal support
- § Revised Governance and improved working with TBC
- § Implementation of Training Programmes
- § Improved Information and Advice
- § Implementation of a Clinical Duty Nurse
- § Process re-design
- § Implementation of revised Hospital Discharge Support Model

Team Members post Phase One

- § Acting Clinical Lead (Temp 03/16)
- § Funded Clinical Case Managers x 4
- § Fast Track (End of Life) Nurse (Temp 05/16)
- § CHC Social Worker (Temp 03/16)
- § Funded Nursing Assessor (Safeguarding)
- § Review Nurse (Quality)
- § Patient Data and Management Officer
- § PUPoC Administrator (Temp 12/16)
- § Service Transformation Officer
- § Team Support Administrator

Team Values and Mission

- § “If you are eligible you are eligible”
- § Fair
- § Transparent
- § Helpful
- § Cost effective

Continuous Improvement Phase Two...2015/16

- § Under direction scrutiny of NHS England QA – very supportive
- § Clean and accurate data – all patient data migrated
- § Peer Review with Oldham CCG – very positive
- § Delivery of 28 day target
- § Delivery of Fast Track conversion = 100%
- § Delivery of PUPoC target
- § Delivery of CHC Assessment Beds

Phase Two...a little more...

- § Investment in technology to increase output and agile working
- § Working in partnership with the 3rd Sector
- § Increased Market analysis and development to increase choice for Patients
- § Improved Quality Monitoring of Services to ensure quality services for Patients

Public Purse.....

Phase Two...alot more...

Public Purse.....Budget Management Action Plan.

1. Review high cost placements
2. Review all interim funded placements
3. Complete annual reviews
4. Implement Choice and Equity Policy
5. North West Framework for Nursing Care Homes
6. Trafford Nursing Homecare Services Approved Provider List
7. Trafford Community Complex Discharge Service

Business Objectives 2015/16

Deliver 90% of all appropriately referred CHC assessments within framework timescales of 28 days by March 2016, evidenced by the performance snapshot in February.

100% of backlog 'interim' funded cases will be reviewed and recommendations processed via the Resource Approval Panel by December 2015

90% of all retrospective appeals which have confirmed 'authority to act' status to be reviewed and processed via the Resource Approval Panel by March 2016

A minimum of 50% of all retrospective cases which are 'previously unassessed periods of care' status will be reviewed and processed via the Resource Approval Panel by March 2016

100% of all retrospective FNC triggered cases will be reviewed and the recommendation signed off by the CHC Panel by September 2015

Complete a cost/impact review of the Hospital Discharge Support model to ensure continued NIL delayed discharge performance regarding CHC assessments by completing MDT's on the relevant ward or within the appropriate care environment by November 2015

Complete 90% of all CHC annual Reviews by January 2016 ensuring high quality of care, CHC eligibility and cost effective placement.

Complete re-tender process for 100% of Trafford based Nursing Care Homes - expand quality framework and introduce ceiling level unit cost for Nursing Care in Trafford. This project includes the development of the Choice and Equity Policy, by March 2016.

Develop Home Care framework specification and tender timeline with internal procurement by March 2016 to ensure increased choice, improved quality, and confirmed NHS contractual arrangements are in place for CHC End of Life Patients.

Complete Commissioning Training for all Personalised Team members by December 2016.

Summary and Challenge

Plans for a fully functioning and Leader service.

Clean and accurate data

Delivery of 28 day target

Delivery of PUPoC target

Developing the hospital discharge support model

Increased market analysis and development

Continued improvement with quality monitoring of services

Service re-design with dedicated, compassionate and experienced Professionals.

AND MUCH LESS PAPER!

Right **CARE**
Right **TIME**
Right **PLACE**

Any questions please?



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The Locality Plan for Trafford to 2020

‘By health and social care working together, we will improve the quality, range and access of services for the people of Trafford.’



Why do we need a Locality Plan?

- Financial modelling indicates a **gap in funding** in Trafford by 2020-21 of approximately **£111m**
 - Social Care £44.3m, CCG £26.6m and NHS Acute Providers £40m
- **Across GM it will be c.£2bn if nothing changes** from the current position
- Multiple challenges of **austerity, rising population demands and public expectation**
- **Radical reform the health and social care system** up to 2021 is required via:
 - A **new relationship** between Trafford Council and the Trafford Clinical Commissioning Group (CCG)
 - A **truly place based, partnership approach** to health and social care in Trafford.
- The changes will be driven through the revolutionary development which is the **Trafford Care Coordination Centre**, complemented by a range of other **transformational developments**:
 - Changes in the **primary care** system;
 - An **all age integrated health and social care** service delivery model for community based services;
 - **Greater levels of independence** for service users through a new model of social care;
 - Improved quality, access and range of support services for people with **learning disabilities, autism and mental health** needs, to support personal resilience;
 - More **effective use of resources** available to support health and social care in Trafford.

Principles for Change

Aims

By 2020, you will be able to:



7 day access to treatment and care



Ability to access the right information at the right time



Enabling people to retain their independence



Promotion & encouragement of self-reliance



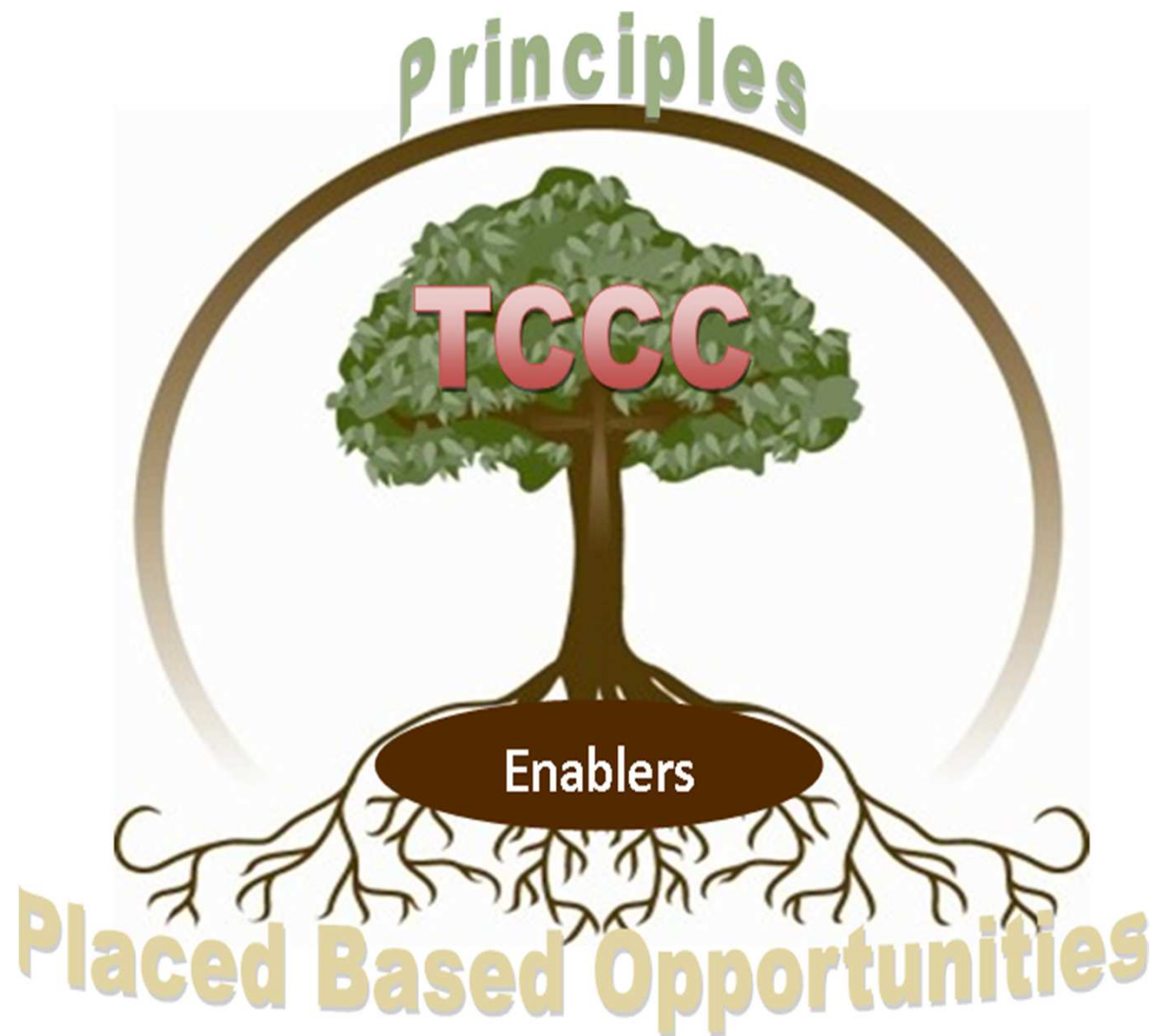
Delivery of a financially sustainable and clinically safe health and social care economy




Deflection of activity from inappropriate sources to manage and reduce dependency

- Get to see a GP when clinically appropriate and be able to get support from adults or children's social care outside of core working hours
- Be able to find out what is going on in your community that you can join in with and the opportunity to buy services for yourself like equipment and support, through recommended suppliers
- Be able to access to services that keep you well at home, making sure you can still do the things you enjoy doing, with same day access to equipment and adaptations to help you at home and out and about
- Talk to experts once and through one contact point, with information provided through one website and one phone number and from staff trained to talk to people with a whole range of different issues
- See that community services will care for you at home as far as possible
- Be seen and treated in a modern purpose built premises which are welcoming and inviting and provide the opportunity to have all you need in one building
- See that the money available to Trafford is being used well to maintain public services that can last into the future.




Trafford Care Coordination Centre (TCCC)






What else will be transformed by 2020?

Service Area	Measure of Success	What this means for residents	What this means for public services
 <p>Primary Care</p>	<ul style="list-style-type: none"> • Additional hospital appointments • Reduced acute attendances • Reduced Did Not Attend (DNAs) • Reduced referrals to A&E by GPs • Development of 4 health and wellbeing centres across Trafford which will increase community service support and access • The TCCC will organise diagnostic tests prior to referrals to speed up the care journey and provide an improved patient experience • All over 75 year olds to have a personal care plan • Reduced hospital admissions from nursing homes as a result of increased level of primary care provision 	<p>You get access to care and treatment at the right time to prevent you from going to hospital</p>	<p>Reduction in the number of people attending A&E and being admitted to hospital by 15%</p> <p>30,000 additional primary care appointment slots as a result of 7 day working</p>

What else will be transformed by 2020?

Service Area	Measure of Success	What this means for residents	What this means for public services
 <p>Planning Acute Provision</p>	<ul style="list-style-type: none"> • Reduced inappropriate admissions • New services to meet patients needs • Services across Trafford to support access 	<p>You receive treatment from high quality hospital services at the right time and in the right place</p>	<p>Reduced number of outpatient appointments and follow ups in hospital clinics by 10%</p> <p>Fall prevention activity will reduce hospital admissions by 10%</p> <p>50% more intermediate care bed nights available</p>
 <p>Locality Health & Social Care Teams</p>	<ul style="list-style-type: none"> • An all age integration of health and social care services • Greater levels of independence for our residents and service users • A workforce which is fit for the future 	<p>You will have an increased level of support from your family</p> <p>You will feel more independent and confident</p>	<p>10 % fewer frail elderly residents are in hospital or high cost care</p>
 <p>Community Enhanced Care</p>	<ul style="list-style-type: none"> • 7 day access to services • Reduced demand on hospital services • All over 75 year olds will have a care plan in place • Flexible access to a range of appointments and diagnostic tests 	<p>You will have an increased level of independence</p> <p>You will help to direct your treatment</p>	<p>15% reduction in non-elective attendances and admissions</p> <p>A reduction in the number of admissions to residential and nursing care by 15%</p>

What else will be transformed by 2020?

Service Area	Measure of Success	What this means for residents	What this means for public services
 <p>Social Care</p>	<ul style="list-style-type: none"> • Admissions to residential care remain low • Reduced demand on services • Improved access to urgent services for those living in residential and nursing homes 	<p>You will have an increased level of independence</p> <p>Care delivered to you in your home</p>	<p>Reduction in number of looked after children by 20%</p> <p>Reduction in the number of adults with high cost packages of care</p>
 <p>Learning Disability Services</p>	<ul style="list-style-type: none"> • Reduced numbers of people in contact with the Criminal Justice System/admitted to secure provision • Increased numbers of people in education/ employment/ volunteering 	<p>You will receive more of your care from our family, volunteers and the community</p> <p>You will feel more independent and confident</p> <p>You will have an increased satisfaction with services (measured through ASCOF/HOF)</p>	<p>A reduction in the number of young people and adults with high cost packages of care</p>
 <p>Mental Health Services</p>	<ul style="list-style-type: none"> • Reduced waiting times • Increased range of mental health support provision 	<p>You will have an increased level of satisfaction with services</p>	<p>An increased number of young people and adults will have intensive care at home with reductions in hospital admissions of 15%</p>

What support do we need to deliver these changes?

- A total investment of **£16m revenue and £36m capital** has been identified to support delivery of the outcomes in Trafford covering:
 - **Trafford Care Co-ordination Centre (TCCC):** An investment of £5m is required to support phase 2 of the TCCC model and ensure a **system wide impact** of the development.
 - **Estates:** A capital cost of £36m is required to support the development of **four integrated locality hubs** as a key point of access for our communities. There is also a request for a revenue allocation of £5m to enable this development.
 - **Primary Care:** An investment of £3m is required to implement **a new primary care model** with improved access and wrap around social care support to **7 day working**.
 - **Transformation and Commissioning changes:** Additional investment of £3m over the five year period is required to deliver the significant integrated transformation of health and social care.

The above forms **our 'asks'** from the Greater Manchester Devolution Agreement.

Next Steps

- Trafford's consultation with Stakeholders closes 18 Dec 2016
- GM Strategy published
- Final revisions made to Locality Plans: Jan/Feb 2016
- Locality Plans signed off Feb/March 2016

Please provide your feedback:

traffordlocalityplan2020@trafford.gov.uk

Between 24 November and 18 December 2015.

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The Locality Plan for Trafford to 2020



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Trafford

Clinical Commissioning Group

‘By health and social care working together, we will improve the quality, range and access of services for the people of Trafford.’



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Foreword

By Councillor Sean Anstee, Leader of Trafford Council and Matt Colledge, Chair of Trafford Clinical Commissioning Group's Governing Body



Councillor Sean Anstee,
Leader of Trafford Council



Matt Colledge, Chair of Trafford
Clinical Commissioning Group's
Governing Body



Trafford is a great place to live, work, learn and relax. We have outstanding educational standards, nationally recognised service provision across health and social care and a vibrant business and local community network. It is our intention to protect these things.

However, Trafford's health and social care system faces some real challenges to its future sustainability, caused by decreased funding from central Government, increasing demands from an ageing population and health inequalities across the borough.

Our Locality Plan describes how we intend to protect the great things about Trafford so we can secure its future beyond 2020. It is of course specific to health and social care, but that system is fundamentally reliant upon all of us taking responsibility to help; we must harness our assets to help us collectively achieve our ambitions and also accept that we need to personally change some of our behaviours to reduce the demands on the health and social care system.

This Locality Plan also presents some really exciting developments and opportunities for Trafford—which will enable us to not only be successful, but also pioneer new ways of working for others to benefit from.

As a borough, we have often been at the forefront of transformational developments and it is heartening to see that in the context of such significant challenges, our aspirations remain so high.

Introduction: Why do we need a Locality Plan?

Health and Social Care Devolution in Greater Manchester provides a fantastic opportunity for both Trafford and the wider sub-region to take control of decision making and influence the future shape of an integrated health and social care system, improving outcomes for our residents. The imperative to take this opportunity is driven by the financial challenge that means the current system is not sustainable. **Financial modelling indicates a gap in funding in Trafford by 2020-21 of approximately £111m** and across GM it will be in the region of £2bn if nothing changes from the current position. In Trafford the financial gap relates to Social Care £44.3m, Trafford Clinical Commissioning Group (CCG) £26.6m and NHS Acute Providers £40m, so a range of interventions are required based on a strategic vision of the place to manage this gap.

Trafford's Locality Plan presents the framework for an enhanced, integrated and co-commissioned health and social care offer for Trafford citizens. It headlines the complex, bold and ambitious programme of change underway to address the **multiple challenges of austerity, rising population demands and public expectation**. It provides an outline of both current and intended programmes which will support us to close the financial gap by 2020-21 and also the impact that our transformational programmes will have.

The purpose of the plan is to outline how we intend to **radically reform the health and social care system** over the period up to 2021, in line with the devolution of health and social care responsibilities across Greater Manchester. It is intended as public document and a substantial amount of detail will underpin the plan and be made available for those who wish to have it. It is supported by information about our placed based opportunities (e.g. asset based community development, housing, economic well-being) and those things which will 'enable' us to deliver our reforms (e.g. workforce, governance and finance). It sets out a **new relationship between Trafford Council and the CCG** to collaborate on a scale not seen before to ensure a **truly place based, partnership approach to health and social care in Trafford**.

The changes will be driven through the revolutionary development which is the Trafford Care Coordination Centre; this will coordinate complex care pathways on behalf of the patient and in doing so provide a rich source of real time intelligence, which can be used to redesign services, promote health improvements through targeted marketing and support behaviour change through the provision of a comprehensive and interactive service directory.

This new system will be complemented by a range of other transformational developments which will contribute to the system wide change required across Trafford. These programmes of work will provide:

- Changes in the primary care system, including 7 day working and a shift in activity from hospitals to the community. through increasing the role and function of local pharmacists to offer local services and advice to support individuals; dedicated health and social care support for residential and nursing homes; continued investment in and potential expansion of the community enhanced care service model;
- An all age integrated health and social care service delivery model for community based services that will see teams working through integrated structures that are multi-agency and geographically based in four localities;
- Greater levels of independence for service users through a new model of social care, which will call upon the use of community assets and individual resources before and in addition to the use of public service resources;
- Improved quality, access and range of support services for people with learning disabilities, autism and mental health needs, to support personal resilience;
- More effective use of resources available to support health and social care in Trafford by pooling budgets and equal commissioning of services that citizens require, alongside a holistic approach to health and social care that considers an individual's wider circumstances such as employment status and housing.

Trafford's Vision for 2020

We do not believe the system is sustainable as it stands and a review of demographic pressures and the estimated financial gap in the system by 2020 reinforces that.

Therefore, our approach for Trafford is to fundamentally transform the whole health and social system - within a place based context and fully utilising our rich community assets.

The vision for Trafford as part of the devolution of Greater Manchester:

'By health and social care working together we will improve the quality, range and access of services for the people of Trafford.'

A sustainable health and social care system is everyone's responsibility and requires shifts in behaviour, culture and lifestyle. So, to achieve our vision for 2020, health (NHS Trafford Clinical Commissioning Group) and social care (Trafford Council) will work together across the locality and with a multitude of stakeholders including:

- GPs and local hospitals
- Community health services e.g. Pennine Care Foundation NHS Trust
- Pharmacists
- Homecare services and residential home providers,
- Trafford Strategic Partners
- The voluntary and community sector
- Active citizens

Our Principles for Change

In implementing the level of change required over the course of the next 5 years, health and social care services will be delivered according to a number of **principles for change:**



7 day access to treatment and care



Ability to access the right information at the right time



Enabling people to retain their independence



Promotion & encouragement of self-reliance



Delivery of a financially sustainable and clinically safe health and social care economy



Deflection of activity from inappropriate sources to manage and reduce dependency

By 2020 this means you will:

- ⇒ Get to see a GP when clinically appropriate be able to get support from adults or children’s social care outside of core working hours, have support services such as homecare and parenting support provided to you at times that make a difference and have your appointments at any clinic or community service booked in a sensible order;
- ⇒ Be able to find out what is going on in your community that you can join in with, with people to help you find your way around if you need it and the opportunity to buy services for yourself like equipment and support, through recommended suppliers;
- ⇒ Be able to access to services that keep you well at home, making sure you can still do the things you enjoy doing, with same day access to equipment and adaptations to help you at home and out and about, and the chance to access good education, employment and training opportunities;
- ⇒ Talk to experts once and through one contact point, with information provided through one website and one phone number and from staff trained to talk to people with a whole range of different issues. You will get information and advice on managing any of your problems, whether that is something like asthma through to debt, that is accurate, easy to follow and based on what works best;
- ⇒ See that community services will care for you at home as far as possible, whether that is very skilled mental health support or community diabetes clinics, to maintain your health and help you to stay out of hospital;
- ⇒ Be seen and treated in a modern purpose built premises which are welcoming and inviting and provide the opportunity to have all you needs met in one building;
- ⇒ Be able to see that the money available to Trafford is being used well to maintain public services that can last into the future.

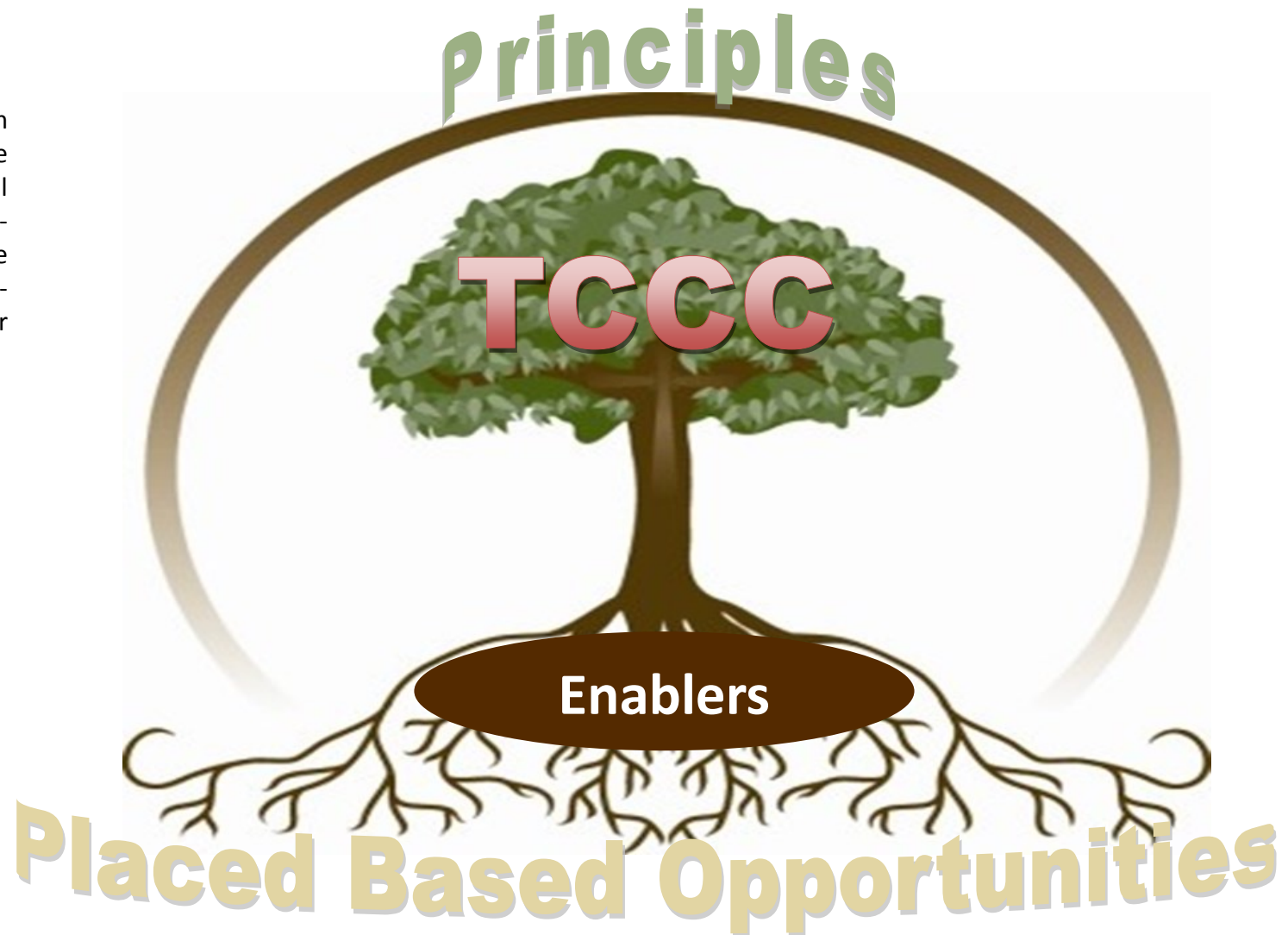
In order to achieve this, health and social care need to transform

Our Big Idea: Trafford Care Coordination Centre (TCCC)

The Trafford Care Coordination Centre (TCCC) is a whole system reconfiguration designed to enable a radical new model of delivering co-ordination of care. It will provide a host of benefits to patients and their carers and is the flagship development of the CCG , being the first of its kind in the country. It is due to go live in Trafford in January 2016 with the full range of its services developed and delivered in 2016. It will manage Trafford’s health and social care system and apply our 6 Principles of Change in delivering a range of services which will ‘enable’ the system work efficiently and effectively .

Why do we need a Local Plan?
Page 42

Chapters 2-5 describe in more detail the TCCC, the other transformational developments, the enablers of change and the placed based opportunities which underpin our plan.



What is the Trafford Care Coordination Centre?




The health and social care system in Trafford has been undergoing a radical re-design process to ensure it is fit for the next twenty years. The current system has huge amounts of waste, replication and confusion within it for how people access and receive care. The Trafford Care Coordination Centre (TCCC) was designed to ensure the residents of Trafford could easily access the right services for their needs in a timely and organised manner.

The TCCC allows for health and social care needs to be managed by patients and families with support from administrative and clinical teams to ensure care is well managed for both patients and clinicians. The centre is designed to be focused around patient / public need and the team within it ensure that they understand the needs of the individuals and help plan care around them; it has been designed to ensure that people have the optimal pathway of care. For our patients with more complex needs, this will mean that patients have regular support and a named individual who can help with planning their care. The TCCC will liaise with any teams and organisations that it needs to on the patients behalf to ensure the best possible outcome for that individual; they will be in frequent communication with GPs to ensure that care is joined up across all organisations.

The TCCC has access to an extensive directory of services which means they can offer a wide range of choice to patients seeking support and signposting. It will also proactively act to reduce the silos of health & social care services.




What else will be transformed by 2020?

Why do we need a **Locality Plan?**




Service Area	Measure of Success	What this means for residents	What this means for public services
 <p>Primary Care</p>	<ul style="list-style-type: none"> • Additional hospital appointments • Reduced acute attendances • Reduced Did Not Attends (DNAs) • Reduced referrals to A&E by GPs • Development of 4 health and wellbeing centres across Trafford which will increase community service support and access • The TCCC will organise diagnostic tests prior to referrals to speed up the care journey and provide an improved patient experience • All over 75 year olds to have a personal care plan • Reduced hospital admissions from nursing homes as a result of increased level of primary care provision 	<p>You get access to care and treatment at the right time to prevent you from going to hospital</p>	<p>Reduction in the number of people attending A&E and being admitted to hospital by 15%</p> <p>30,000 additional primary care appointment slots as a result of 7 day working</p>

What else will be transformed by 2020?

Why do we need a Locality Plan?
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Service Area	Measure of Success	What this means for	What this means for
 <p>Planning Acute Provision</p>	<ul style="list-style-type: none"> • Reduced inappropriate admissions • New services to meet patients needs • Services across Trafford to support access 	<p>You receive treatment from high quality hospital services at the right time and in the right place</p>	<p>Reduced number of outpatient appointments and follow ups in hospital clinics by 10%</p> <p>Fall prevention activity will reduce hospital admissions by 10%</p> <p>50% more intermediate care bed nights available</p>
 <p>Locality Health & Social Care Teams</p>	<ul style="list-style-type: none"> • An all age integration of health and social care services • Greater levels of independence for our residents and service users • A workforce which is fit for the future 	<p>You will have an increased level of support from your family</p> <p>You will feel more independent and confident</p>	<p>10 % fewer frail elderly residents are in hospital or high cost care</p>
 <p>Community Enhanced Care</p>	<ul style="list-style-type: none"> • 7 day access to services • Reduced demand on hospital services • All over 75 year olds will have a care plan in place • Flexible access to a range of appointments and diagnostic tests 	<p>You will have an increased level of independence</p> <p>You will help to direct your treatment</p>	<p>15% reduction in non-elective attendances and admissions</p> <p>A reduction in the number of admissions to residential and nursing care by 15%</p>

What else will be transformed?

Service Area	Measure of Success	What this means for residents	What this means for public services
 <p>Social Care</p>	<ul style="list-style-type: none"> • Admissions to residential care remain low • Reduced demand on services • Improved access to urgent services for those living in residential and nursing homes 	<p>You will have an increased level of independence</p> <p>Care delivered to you in your home</p>	<p>Reduction in number of looked after children by 20%</p> <p>Reduction in the number of adults with high cost packages of care</p>
 <p>Learning Disability Services</p>	<ul style="list-style-type: none"> • Reduced numbers of people in contact with the Criminal Justice System/admitted to secure provision • Increased numbers of people in education/ employment/ volunteering 	<p>You will receive more of your care from our family, volunteers and the community</p> <p>You will feel more independent and confident</p> <p>You will have an increased satisfaction with services (measured through ASCOF/HOF)</p>	<p>A reduction in the number of young people and adults with high cost packages of care</p>
 <p>Mental Health Services</p>	<ul style="list-style-type: none"> • Reduced waiting times • Increased range of mental health support provision 	<p>You will have an increased level of satisfaction with services</p>	<p>An increased number of young people and adults will have intensive care at home with reductions in hospital admissions of 15%</p>

What support do we need to deliver these changes?

To support achievement of this change programme an investment proposal has been put together for submission to the Comprehensive Spending Review. A total investment of £16m revenue and £36m capital has been identified to support delivery of the outcomes in Trafford covering;

- Trafford Care Co-ordination Centre (TCCC): An investment of £5m is required to support phase 2 of the TCCC model and ensure a system wide impact of the development.
- Estates: A capital cost of £36m is needed to support the development of four integrated locality hubs as a key point of access for our communities. There is also a request for a revenue allocation of £5m to enable this development.
- Primary Care: An investment of £3m is required to implement a new primary care model with improved access and wrap around social care support to 7 day working.
- Transformation and Commissioning changes: Additional investment of £3m over the five year period is required to deliver the significant integrated transformation of health and social care.

The above forms our 'asks' from the Greater Manchester Devolution Agreement.

Trafford's Locality Profile

Although Trafford has slightly higher life expectancy than the England average, we are doing less well in some areas. This will directly lead to poorer health especially for our older people. These areas include:

- Reducing death from preventable causes
- Uptake of NHS health checks
- Liver disease
- Cancer screening
- Diabetic retinopathy screening
- Injuries due to falls in people aged over 65
- Fuel poverty

Improvement in these key areas to at least the England average would result in significant improvements in health and reduce the need for services. Some improvement can be achieved through reducing life style related ill health, such as that caused by smoking, alcohol use, lack of physical activity and obesity. There are established programmes in all of those areas, but the reach and impact of these services is variable, meaning that not all of the population is as well supported to make lifestyle change as is required.

For example, locally the mortality rates for liver disease under the age of 75 years and liver disease considered preventable have tracked the national trend. ; however the gap between national and local rate is increasing and in 2011-2013, the mortality rate from liver disease considered preventable was significantly higher than the national rate at 20.3 per 100 000 in Trafford compared to 15.7 per 100 000 nationally.

The revised Health and Wellbeing Strategy sets reducing alcohol related harm as a priority for 2015 onwards and a review of alcohol services will form part of a piece of work required to being to tackle this issue.

Although the local rate of liver disease is high across the borough, hospital admission rates demonstrate the impact of alcohol within our communities. Areas of high deprivation experience high rates of hospital admissions due to alcohol related harm, Bucklow-St Martins, Clifford and Longford wards experience the highest rates in Trafford. As well as having an obvious detriment to the patient, those hospital admissions incur a financial cost to Trafford that could be better prevented.

There are measures required to change the environment in which people live, in order to either reduce the risks they face or to make healthier choices easier. It is a priority to address the high number of households affected by fuel poverty, especially in some of the more affluent wards, where residents may be asset rich but cash poor.

Long-term conditions are a major cause of preventable death in Trafford. Cardiovascular disease, cancer, chronic obstructive pulmonary disease and diabetes all contribute to poor health, disability and death. Some groups are disproportionately affected by long-term conditions. For example, more men die from cardiovascular disease than women.

Evidence also shows that some black and minority ethnic (BME) communities are more likely to develop long-term conditions at an earlier age, for example South Asian populations are more likely to develop diabetes in mid-adulthood compared to other groups. One long-term condition can increase the likelihood of developing other co-morbidities, such as CVD, thus exacerbating the impact of inequality.

Programmes and services have been commissioned to address the needs of residents with long term conditions, but the pace and scale of those needs to be accelerated to achieve the level of impact required to reduce demand on specialist services. A new diabetes strategy will introduce a multi-disciplinary community model of diabetic provision and help bring primary care standards to a gold standard.

Increasing physical activity is a key enabler, which will improve the mental and physical health of our population. We are working to implement the strategic pledges within the Greater Manchester Moving Blueprint for sport and physical activity, in order to minimise the risk of poor physical and emotional health outcomes in the region. Furthermore, through the objectives set by the Strategic Sport and Physical Activity Partnership, there is a clear commitment from Trafford partners to maximise the use of both the built and natural environments to facilitate progress in this area. Central to this is the work that is underway to map available leisure resources, their uptake and quality in order to inform the re-specification of leisure services in the Borough.

At a population level increased physical activity levels have positive impacts on communities and the environment. However, the health costs of physical inactivity per 100,000 population is £2,231,409.

In Trafford 28.2% of residents are inactive, compared to 28.9% nationally, with 55.9% taking the recommended 150 mins of physical activity a week compared to 56% nationally. For both these indicators, Trafford is rated as amber. The challenge for Trafford partnerships is to engage residents to become less inactive by increasing participation in 1 x 30 minutes of sport and physical activity per week through a mix of evidence-based behaviour change interventions and behaviour shaping initiatives at the preventative end.



In Trafford, as demonstrated by national evidence, the number of falls increases with age. With an increasingly aging population the costs associated with falls are considerable. Between 2009/2010 and 2012/13, 931 emergency admissions due to falls were for people aged 85 years and over compared to 187 for people aged 65 to 69 years.

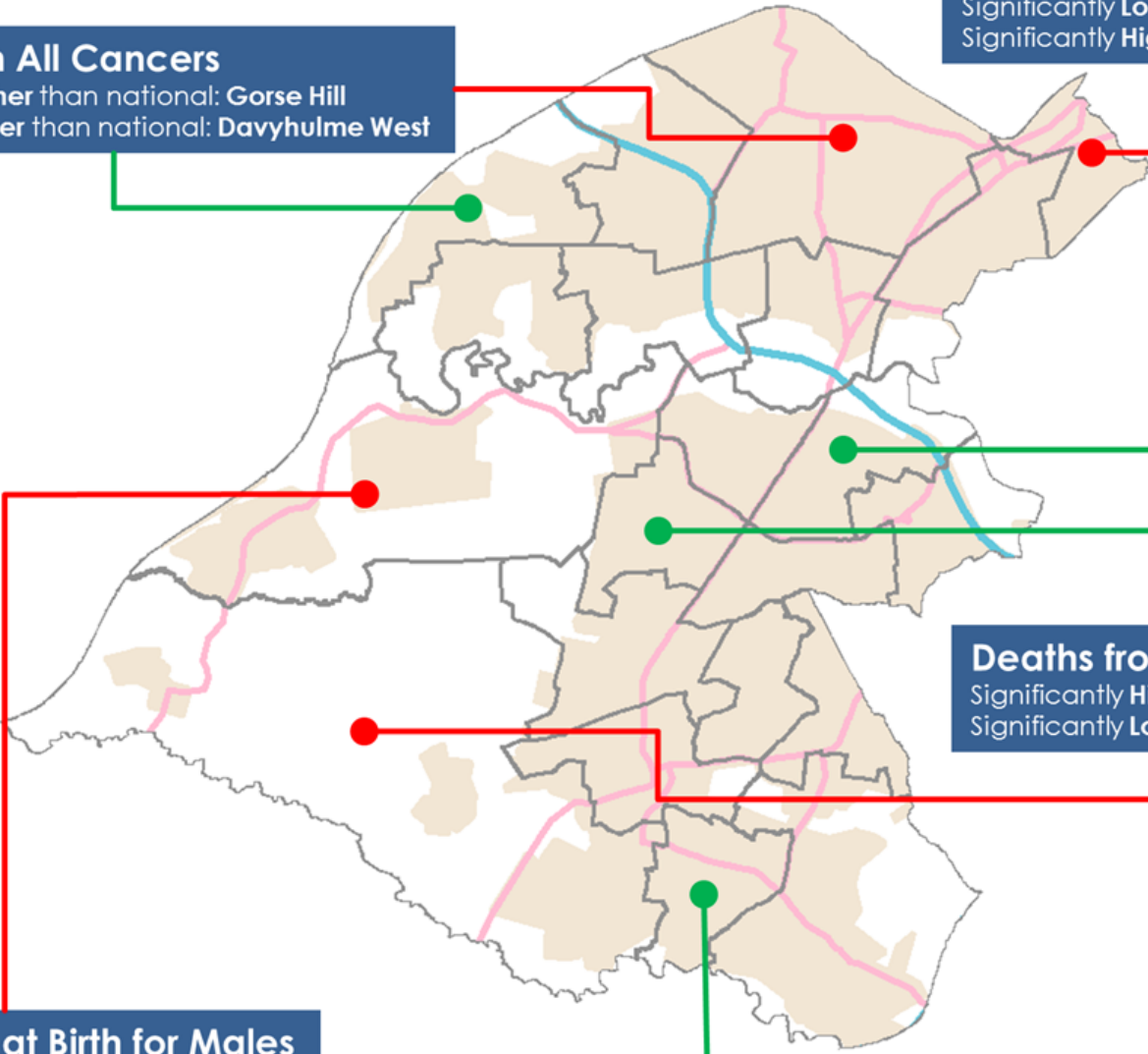
More women than men aged 65 years and over experience an emergency admission as a result of a fall. In 2012/2013, 414 women compared to 167 men were admitted to hospital following a fall. Between 2009/2010 and 2012/2013, females accounted for 70.5% of emergency admissions for falls in the borough. The risk of an admission is most markedly seen in older females, between 2009/2010 and 2012/2013, 32% of admissions for people aged 65 years and over were attributed to women aged 85 years and over.

The successful delivery of a comprehensive falls service which draws on the expertise and support of a whole range of partners, like the Fire and Rescue CRIT service, will be a major contributor to reducing hospital attendances and admissions.

Health Inequalities Across Trafford

Deaths from All Cancers
Significantly **Higher** than national: Gorse Hill
Significantly **Lower** than national: Davyhulme West

A&E Attendances in Under 5s
Significantly **Lower** than national: Priors
Significantly **Higher** than national: Clifford



Deaths from Stroke
Significantly **Higher** than national: Bowdon
Significantly **Lower** than national: St Mary's

Life Expectancy at Birth for Males
75.1 Years in Bucklow St Martins
82.7 Years in Hale Central

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Population Change between 2015 and 2030

Population increases are equivalent to:

4 new GP practices



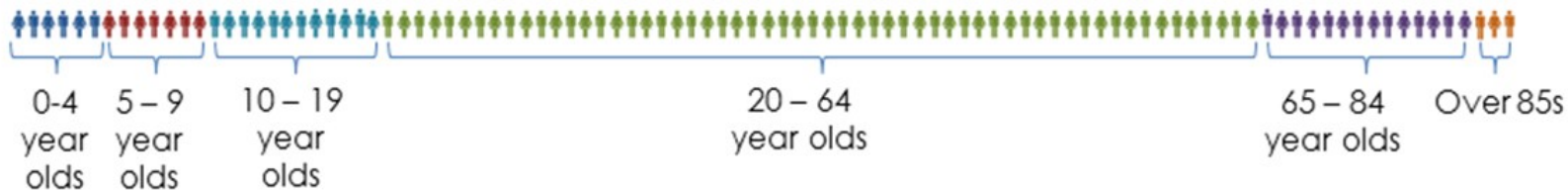
4 new Secondary Schools



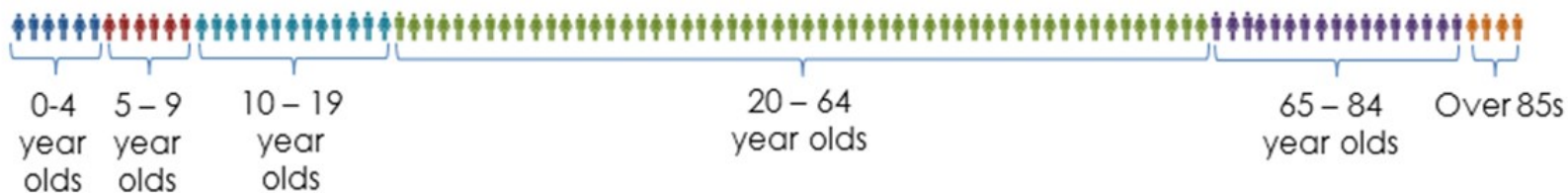
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Trafford as 100 people

Age (2015)



Age (2030)



Population Change between 2015 and 2030

2015 – 233,000 People



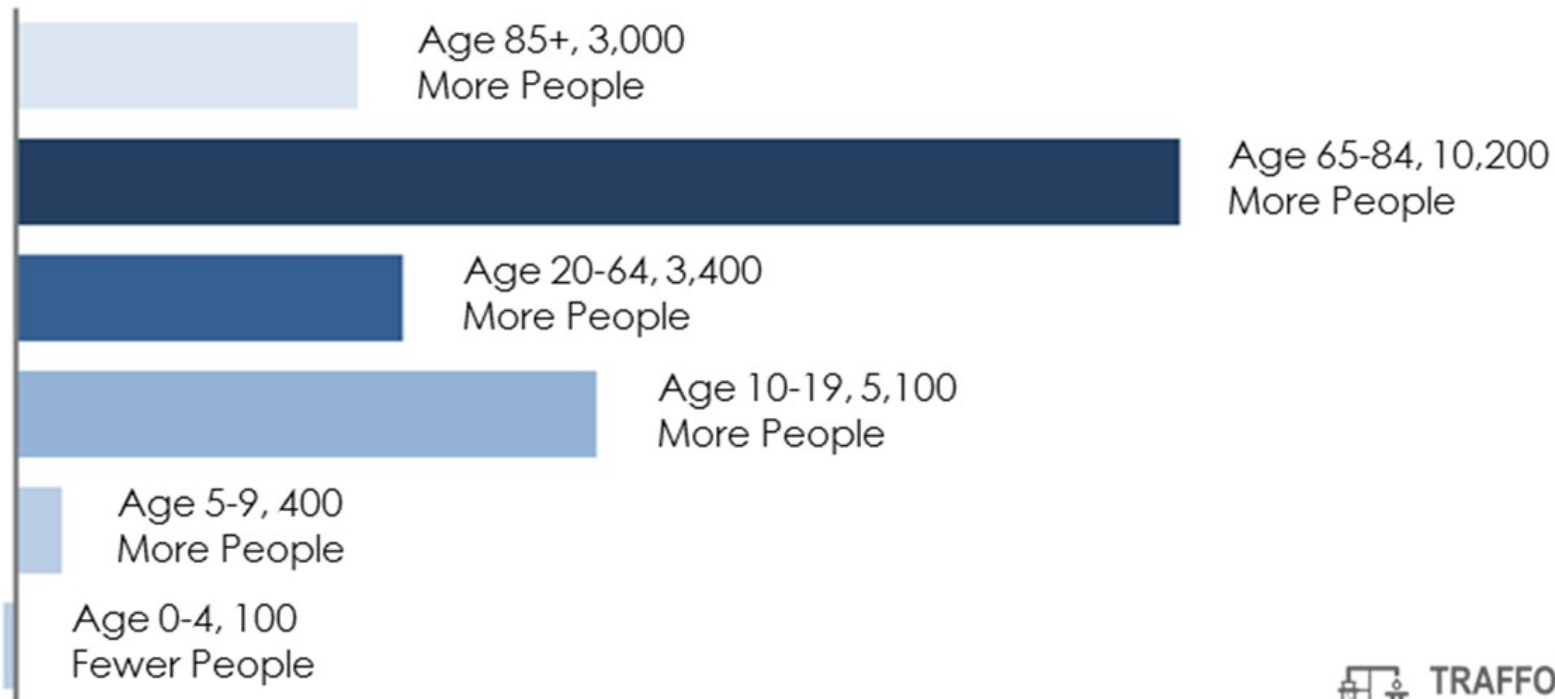
2020 – 241,000 People



2030 – 255,000 People

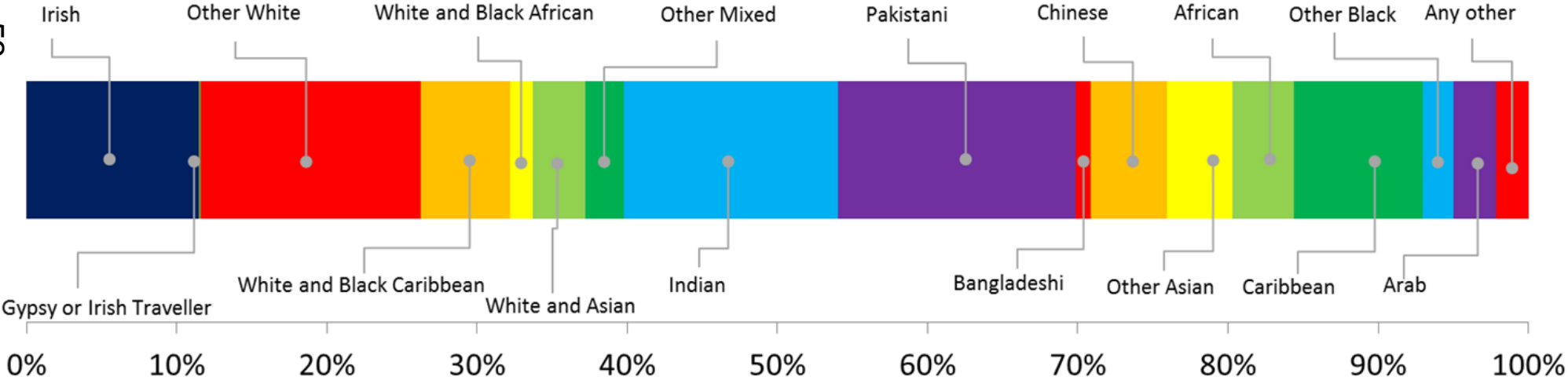


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Trafford's Population - Ethnicity

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More about the Trafford Care Coordination Centre

The 'care co-ordination' centre concept came about from the realisation that putting in place new and alternative ways of delivering treatment would not necessarily result in patients being referred into them unless GP's, patients and those providing treatment were supported and assisted in changing the way they work together.

Currently patients may not be referred to the most appropriate service, and services may not be correctly utilised. There is waste in the system with for example, patients attending clinics when they have not had their diagnostic investigations completed prior to their hospital appointment. This results in more appointments than should be necessary and frustration from patients and carers.

The TCCC will proactively act to reduce the fragmentation of health & social care services. It is innovative and will provide the evidence to enable the planning and effective demand management which reflects the needs of individuals and Trafford as a whole. It will facilitate the opportunity for the CCG and the council to redirect investment to those areas where there are gaps in services to deliver more patient focused systems and to support greater health promotion. This will support a new way of commissioning, combining greater accuracy in predictive planning and more effective demand management across both health and social care sectors. This should deliver improved outcomes and benefits for Trafford which can be replicated across similar areas within the NHS.

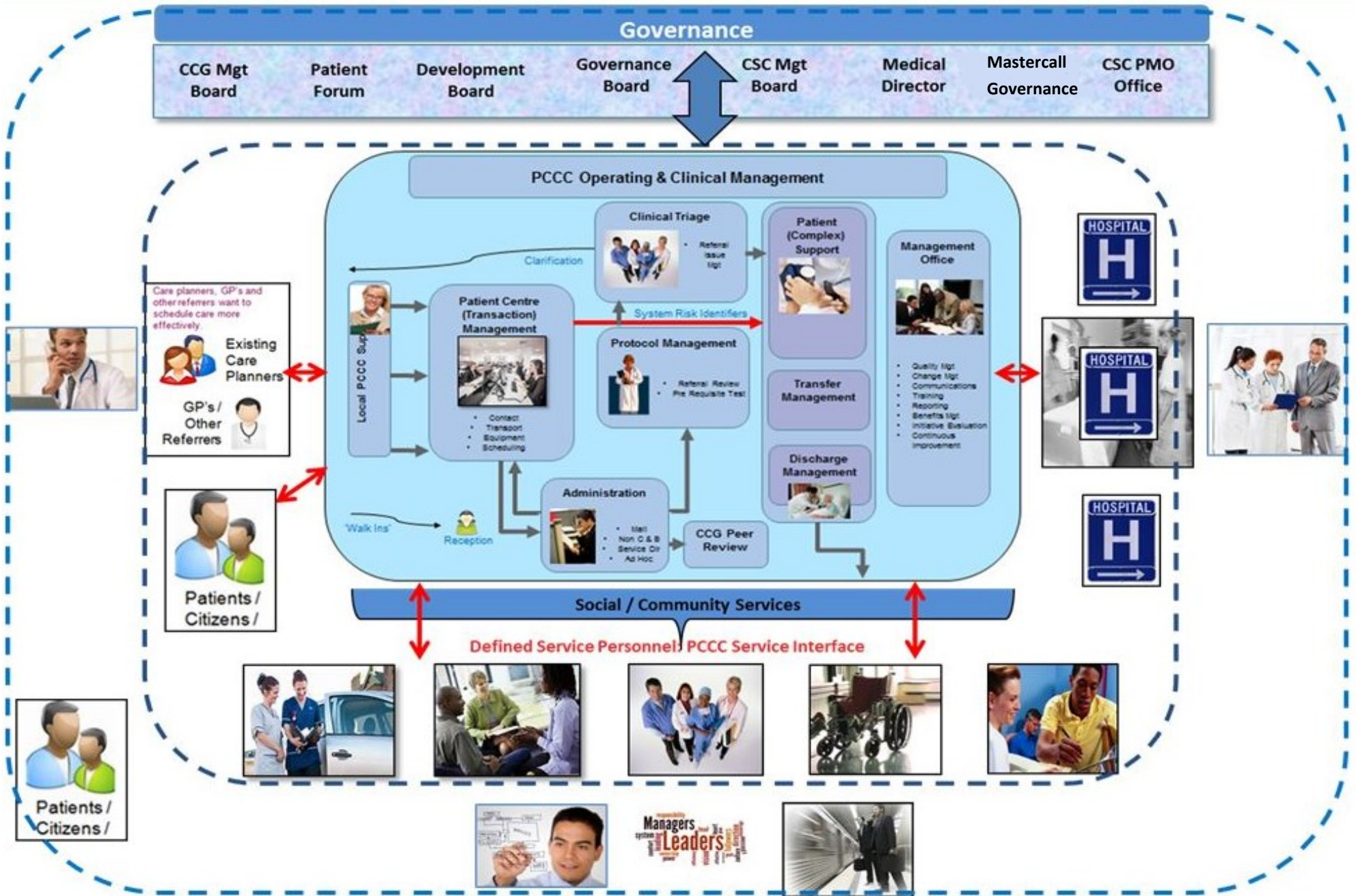
The TCCC will work across and between organisations using common language and processes across health and social care services, to get the best possible experience for service users. It is not a call centre or a simple referral management system; it will manage:

- Complex cases – providing support, care planning and clinical intervention
- Referral management – providing a means to ensure that referrals are of good quality and get to the right place at the right time and there is reduced variation in treatment
- Discharge management – enabling timely and effective discharge from hospital and for to ensure follow up care in the community
- Transport and equipment – arranging transport and equipment
- Enquiry management – managing enquiries regarding services, for patients, carers and staff
- Automated 'pick-up' – identifying individuals with increasing needs and directing support those that need it

The overarching principle of the TCCC is the catalyst for health and social care system reform, implementing the principles of change through the best use of resources across Trafford, delivering the quality, range and access to services that the population of Trafford demands.

This is illustrated by the diagram on the next page.

TCCC Service Touch Points:



What will it deliver?

The TCCC offers multiple potential benefits, to patients, organisations and to the system. It will release capacity from professionals who will use their time more effectively on the delivery of direct patient care, as the co-ordination of care will be the responsibility of the TCCC. This centre will provide a single view of an individual's care record, which will support decision making on the basis of a consistent view of their long term care.

It will provide intelligence to inform commissioning decisions and help to direct resources to meet short and longer term service demands.

The principle of a single access point to the system will be developed through 2016 – 2017 to move all Council and NHS commissioned services to a single front door, with one entry point to all services including safeguarding, which will become the central route through which the health and social care system will be designed. This will be supported by a single service directory that will be a health and well-being platform for all; it will include health, social care services together with services provided by the third sector to support the wellbeing of individuals.

The TCCC will be located in the South Trafford locality where all users can have face to face contact with the staff working within the centre for advice, to answer queries or if they require general help. The fully trained care co-ordinators within the TCCC will aim to develop strong, supportive relationships with those using the service and will be contactable through an interactive Patient Portal, via phone, email and other forms of social media. The TCCC will also be accessible in the other locality hubs so to assist users across Trafford. Access to the service by users will be discussed with them to establish the best way of them interacting with their care co-ordinator and ensure it best meets their needs.

A short video describing the TCCC in more detail can be seen here:
<http://www.traffordccg.nhs.uk/about-us/tccc/>



TCCC Second Generation Model

The Care Co-ordination Centre design has been considered in a number of phases. The second generation model of the service takes on a much wider scope and remit and is described below with three next key steps:

1. Development of the Commissioning function within the TCCC

The combined services of the TCCC and close to real time data means that we can map out exactly what is happening in Trafford and see how patients are accessing services, and how they feel about those services – this will allow us to commission services differently in the future using the TCCC data to use as the basis of the services that we need to purchase in the future.

To make full use of this potential it will mean putting the buying power within the TCCC in order that real time intelligent commissioning can be done to ensure capacity meets demand and service gaps are filled quickly and efficiently. It is expected that commissioning skills and expertise will move into the TCCC in 2016 through an integrated commissioning approach adopted by the Council and the CCG . Agreed budgets and commissioning functions will be absorbed in to the TCCC over a 2 year time period and the functions of the CCG and Council commissioners will begin to reshape over the same time, to take on a more assurance focused role around performance of the TCCC.

TCCC Second Generation Model

2. Provider interface development

The TCCC will hold the oversight of all activity that is occurring in the Trafford area in relation to health and social care. Trafford CCG and Council have a clear vision and hold to the principle that we want to move to a single system offer across Trafford.

This will mean where the provision of services has an interface into the TCCC, both the provider and TCCC commissioner can work together to ensure integration operates across the whole system, with no artificial divides. Due to the geographical issues and multiple providers in Trafford it is considered ideal to have a single provider interface into the CCG, which allows our complex provider market to be managed through the single conduit of one provider vehicle.

The TCCC will work with a provider vehicle which will act as the single interface between the TCCC and the market of providers. It will have the ability to work in several ways:

- It will offer a vehicle for providers to function from, e.g. GP federations.
- It will offer core functions for backroom activities done on behalf of the single integrated system such as Finance, HR, Communications and organisational development.
- It will have the interface role with all providers that are used within Trafford with all aspects of the providers outcomes fed into the TCCC.

3. Developing the range of partners involved in the TCCC

The second generation model of the TCCC is looking to spread its net across the Trafford community more widely to ensure that anyone living in Trafford will have one point of contact and one system to work with.

The CCG and Council are working on identifying partners to operate with the TCCC within the next phase. Early indication would suggest the next partners to come on board could include the police and housing trusts.

TCCC Second Generation Model

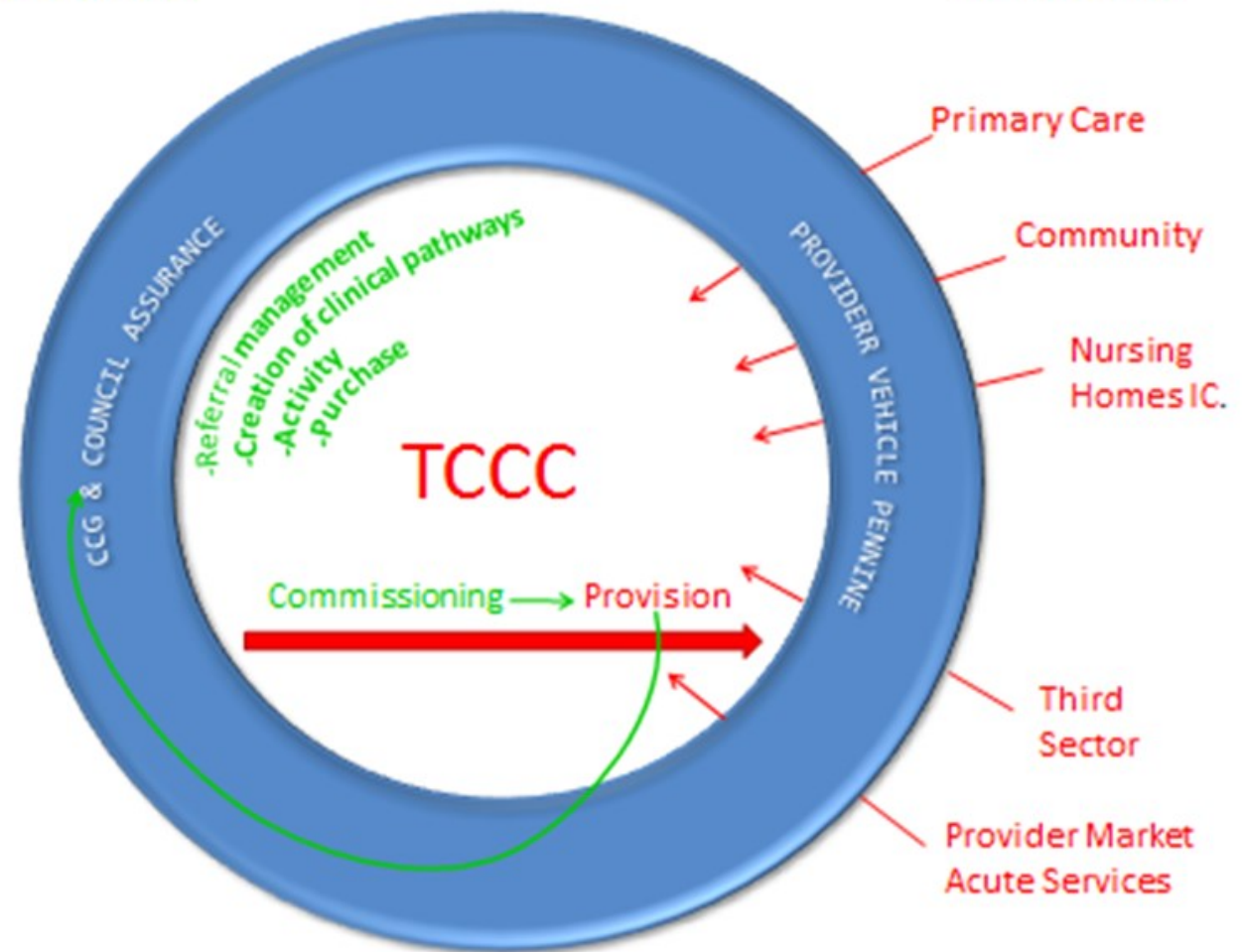
This diagram starts to show the next generation of the TCCC which fundamentally alters the way we commission and organize services in Trafford.

Integrated Trafford service provision sitting together with the integrated commissioning model will allow the residents of Trafford to move seamlessly around services within Trafford.

It means all the artificial divides and perverse incentives are taken out of the system so that the only focus of the TCCC, and those assuring it, is improved services and the ability to use the Trafford pound to create the maximum benefit for the residents of Trafford.

COMMISSIONING

PROVISION



The Acute Trust's Relationship with the Trafford Care Co-ordination Centre

The University Hospital of South Manchester NHS Foundation Trust (UHSM) delivers a number of patient services to many Trafford residents and is working with Trafford Clinical Commissioning Group and their provider Computer Sciences Corporation (CSC), to implement the new Trafford Care Co-ordination Centre (TCCC).

UHSM is fully supportive of the CCGs strategy to focus on Care Coordination, which will include Referral Management, Complex Care and Discharge management initially and are looking forward to working in partnership on this innovation to reduce unnecessary admission or contact with secondary care, therefore freeing up resources for those patients where there is no alternative.

Through the delivery of care coordination, driven by risk stratification, which provides supportive and preventative care to those patients most at risk of unplanned hospital admission, our hope is that we will see a reduction in those patients who regularly attend the Trust's Urgent Care Services, allowing resources to be focused on where they are needed most. This vision is similar to Manchester's as set out in its "Living Longer, Living Better" programme which the UHSM is actively involved in. The alignment of intentions between Manchester and Trafford will help UHSM deliver consistent, effective and efficient services for all our patients.

Through the implementation of the Referral Management Service our hope is that outpatients services can be provided in a "one stop shop" approach, reducing the need for follow up services as patients have been assessed, diagnosed and treated to an agreed standard prior to referral and those which attend will have consistent level of high quality information to aid clinicians in further management. It is therefore important that the new TCCC can interface effectively with UHSM's planned new Electronic Patient Record system. UHSM is already developing "one stop shop" service models, to be based at Withington Community Hospital, in urology, cardiology, respiratory, gynaecology and gastroenterology but these models could also be implemented elsewhere too.

The TCCC has the potential to help avoid the duplication of unnecessary tests thereby improving patient experience, efficiency and value for money. The centralised approach to patient pathways and relationship information should aid more rapid and appropriate discharge of complex patients resulting in reduction of length of stay, again allowing resources to be focused on the growing demand for unplanned care.



Trafford CCG have set out in their strategic plan, that the CCG's 5 year target is to a reduce unscheduled care by 15% and scheduled care by 10% as part of their shift from acute activity into the community. Whilst UHSM is supportive of these aspirations as they achieve the aims of the 5 Year Forward View, it is clear that activity that is currently seen with in UHSM will either be:

- Prevented by the delivery of more appropriate preventative care
- Require a shorter pathway, or
- Deflected to other providers.

This will be delivered by a number of programmes/schemes of which the TCCC is one. Therefore in order for UHSM to continue to meet demand in both the short and long term we need to work with the CCG to have the confidence that transformation will be effected by TCCC and to plan that impact in detail allowing secondary services to respond to the changes in a safe and measured manner.

Pennine Care's Relationship with the Trafford Care Co-ordination Centre

Pennine Care provide community health services in Trafford and is fully supportive of the CCGs strategy to focus on care coordination, which will include the full co-ordination of patients care both in hospital and in the community. Pennine Care will be working in partnership on this innovation which will support fully co-ordinated care resulting in a reduction in the number of people having to attend hospital for care and treatment. More patients will also be treated across the community in the new Health and Wellbeing centres located across Trafford.

The new community teams of health and social care practitioners are already delivering integrated care to address the health and social care needs of individuals. The TCCC will support these teams to deliver an efficient service; it will support patients following discharge from hospital ensuring that the patients' needs are addressed. This can be delivered in many different ways, by ensuring that the integrated care teams know when a patient is going to be discharged, to ensure that any required equipment is available in a patient's home prior to discharge, or simply to provide a contact point for patients to receive regular contact with the clinical teams within the TCCC.

Pennine Care services are often not aware when a patient is admitted to the hospital and often have a number of abortive trips to a patient's home. This is an inefficient use of community services and the TCCC will be able to direct services to those who need them at the right time at the right location. Those most at risk will be identified and care and support will be provided to them. In the majority of cases it will be by community services.

The TCCC will be the centre for all referrals which will be directed to the correct organisation and service. The centre will have appropriate clinical information to support care which will improve the communication in teams, across teams and between organisations. The new TCCC will use information from hospitals, community services and primary care to track patients. The implementation of the new community services information system will interface with primary care information services resulting in the sharing of clinical information across the clinical teams. This will ensure that clinicians have the most up to date information to support care and treat patients.

Pennine Care wants to support and treat more patients in the community, to support the frail and elderly population and support individuals living in social isolation. Pennine Care will receive information from the TCCC who are most at risk for their clinical teams to visit and to avoid any deterioration in these individual's health and wellbeing. The TCCC will identify what gaps in provision exist and where resources need to be redirected.

As set out in Trafford CCG's strategic plan, the objective is to reduce unscheduled care by 15% and scheduled care by 10% which will shift activity from acute into the community. Pennine Care will work with the TCCC to ensure these are directed correctly into the most appropriate community service.

Additional Transformational Developments

In this chapter, we will present the transformational developments across health and social care already underway in Trafford , which will, in partnership with the TCCC activity deliver the change for Trafford by 2020:



Primary Care



Reshaping Social Care



Planning Acute Provision



Learning Disability Services



Integrated Locality Health & Social Care Teams



Building Up to Good Mental Health



Community Enhanced Care



Primary Care

Primary Care in Trafford will be extended to deliver services over 7 days . There will be greater access for individuals to see a GP when you clinical require one. This change will be delivered over time starting with extended opening for all practices from 0800- 1830, Monday to Friday.

There will be further developments to extend access for Primary care from 08.00- 20.00 Monday to Friday which will be provided centrally within each locality. This will provide the opportunity to see a GP for a planned appointment.

The final stage of these changes will provide further access to Primary Care over a weekend for an appointment with a GP.

To support these changes, further information will be provided to all patients so they know what is available and from where.

These changes are to support the shift in activity from hospitals to the community. Primary care will be part of the integrated care model in each locality and will working with the new neighbourhood health and social care teams. Both GP's and these new teams will have shared information which will be accessible to both teams to support the clinical decision for an effective patient's pathway. The TCCC will have all this information which will support the patients throughout their journey whether in primary, secondary and social care, the TCCC will be the main point of contact which will support patient with any queries relating to primary care such as opening times, appointment availability and support booking their appointments.

This will be further enhanced by Trafford's expansion of the role and function of local pharmacists to offer local services and advice to support individuals. This will reduce the need to visit GP's, hospitals and support people staying well.

An expanded Primary Care service is to be provided to residential and nursing homes. This will enable patients to be discharged from hospital more quickly, safely and to ensure that all their health and social care needs are supported. Regular planned visits to these homes will support reduced hospital admissions and the GP will be able to quickly access community services.

Offers fulfilled - Living in Trafford you will...

- Be able to see your GP when it is clinically required;
- Be able to get support from adults or children's social care outside of core working hours;
- Have your appointments at any clinic or community service booked in a sensible order.



Planning Acute Provision

In line with the decision of the Committees in Common, we will work with local partners, commissioning and acute hospital, ambulance and social care providers, to implement the single service for Manchester and Trafford. This will be done through a joint governance structure that is shared across the Manchester and Trafford locality.

We will be cognisant of the Manchester CCGs approach as part of their living longer and better to acute re-design of services which will include capacity modelling and future demand. The Manchester and Trafford locality have targets to reduce both scheduled and unscheduled care from acute trust offering more community care. Trafford will ensure that any reconfiguration of acute service provision ensures access remains in place for Trafford patients with particular focus on our hard to reach groups.

Trafford CCG will have a particular focus with CMFT on the Trafford General estate including Streford Memorial and how to ensure maximum value from the existing estate.

Trafford New Health Deal

As part of the proposals for Trafford New Health Deal there is further modelling to be done to move the urgent care centre from a level two to level three facility. This formed part of the original consultation for the Trafford New Health Deal. The service currently has a consultant led model of care but this was recognised in the consultation that this was a stepping stone to move to a GP/ Nurse led service. It is important that the surrounding A & E's can manage any additional demand and UHSM have been supported with capital moneys to build new estates that will support any increase in activity's on their Wythenshawe site. Work to develop the level three service will begin early in 2016 and will align with the new build at Wythenshawe hospital. The model will ensure that maximum use of community services are used as part of Trafford's integration agenda.

Offers fulfilled - Living in Trafford you will...

- Receive emergency care when you need it
- Have access to more specialist support in the community, which will more closely meet patients needs



Integrated Locality Health & Social Care Teams

Trafford is developing an all age integrated service delivery model that will see teams working through integrated structures that are multi-agency and geographically based in four localities, North, South, Central and West. We are also progressing the development of more integrated commissioning arrangements with the CCG, on which to progress the joint re-tendering of an all age health and social care community service from 2018. We will be piloting our all age health and social care community service with Pennine Care between 2016-18, which will include:

- Locality based delivery, which is supported by the local strategic partners to offer synergy between the different providers like primary care, schools, pharmacists, and nursing and residential homes.
- Integrated care pathways, shared case management, IT systems and processes. These will also integrate with the Trafford Care Co-ordination Centre (TCCC).

We are redesigning the way service users access services on an all age basis, so we can manage demand more proactively through three approaches:

1. Greater promotion of self-help and building a resilient community through e.g. better signposting to community, Third sector and other (non-council) support services, provision of advice and information and better use and marketing of our comprehensive service directory, in partnership with the TCCC.
2. Having a single point of access for agencies and professionals to contact us with all age safeguarding concerns
3. Development of an 'All Age Multi-Agency Safeguarding Hub' (MASH)

In addition, we will be reviewing services which offer a similar range of support services to families who are in crisis but operate separately. We want to assess how these services can be brought together to do this in a more coordinated way across children's and adults services to achieve greater impact. We are calling this approach 'Keeping Families Together'.

Workforce development and culture shift in social care practice is a critical component to help our changes be successful. We are therefore designing new management and workforce structures to facilitate the culture, practice and performance arrangements we need for the future, which will in turn create a sustainable delivery model on which we can manage demand more proactively.

Offers fulfilled - Living in Trafford you will...

- Have support to retain your independence
- Benefit from a strong, sustainable health and social care economy
- Receive services which will care for you at home and in the community



Community Enhanced Care

It has long been recognised that investment in 'out of hospital' care needs to develop community resilience and alternative patient pathways to enable more people to be cared for in their own homes or alternative community settings. In 2013 Trafford commissioned Pennine Care NHS Foundation Trust to provide a community enhanced care service.

It consists of an urgent care team, which provides 24/7 access and intensive support, and an enhanced care component that manages caseloads of medically stable patients working in conjunction with specialist nurses, district nurses and therapy services. Key features of the service are:

- Rapid access within 2 hours dependant on urgency and full triage within 4 hours to an intensive support package for up to 72 hours;
- Seamless pathway to community matrons and district nurses, with therapy and specialist nursing support;
- A matrix model to ensure flexibility and responsiveness to multiple needs.

The profile of the patient cohort is largely frail and elderly allowing clinical management entirely within community services where clinically appropriate. The work is in synergy with other community based services to:

- Provide alternatives to attending A&E
- Provide targeted anticipatory, preventative care
- Facilitate speedy discharge where appropriate
- Deliver on-going care within specified care pathways in community setting
- Support reduction of hospital admissions
- Support reduction of re-admissions
- Support reduction in length of stay

The collective achievement of the above aims to deliver a 10% shift in activity from acute to community. This will be achieved by :

- Increasing the take up and use of these services by Trafford practices
- Increasing the in reach of the service into the 3 acute Trusts, CMFT, UHSM and SRFT to ensure that Trafford patients are picked up and supported on discharge to reduce any readmissions
- In-reaching to emergency admission units to avoid any admissions where patients can be supported by this enhanced service.
- Continuing to follow up on patients seen by the Alternative to Transfer.

Offers fulfilled - Living in Trafford you will...

- Have access to 24/7 intensive support
- Receive support from Community Matrons for long term conditions
- Receive support from community service when needed



Reshaping Social Care

Trafford Residents feel in control of their own health and wellbeing, taking the lead in managing their own health through a range of Self-Care options, to enable people to maintain their independence within strong family and community support networks. There is a different relationship between public sector and its residents with greater expectation resting with the individual and their families. Strong communities will be in place to enable residents to maximise their social interactions and participation contributing to their health and well-being.

Health and Social Care will be community-led, with greater involvement of the voluntary sector and the community supporting itself rather than relying on traditional services. Trained volunteers and health and social care professionals will work side-by-side to support residents to meet their own health and life goals. Digital technology will be the main way in which residents will find, buy and manage their care support. Next generation technology will help keep residents looking for support out of the system by providing them with the information and access to local services from the voluntary sector and local providers.

‘Community Navigators’ will be a key interface, within communities, working in harmony with the voluntary sector embedding self-help techniques. Assessments will focus on people’s abilities and strengths and will be person-centred, asking the question ‘what matters to you?’ On-line assessment by residents will also be the usual practice.

We will work with a range of people to understand how more people can be supported through less intensive services and by working with disabled people and their families to identify more creative and cost effective options. There will be much greater technology-enhanced care, building on smart home computer systems and wireless, and including up and coming technology such as personal care robots to maximise people’s independence. There will be in place a range of early screening and interventions with Public Health to ensure people are proactive about their own health. People will be supported to remain at home or receive their care as close to home as possible. More creative senior and assistive living options will exist, including memory care. The use of direct payments will have increased with people designing creative solutions to meet their needs and managing their own package of support.

Service users will experience the following benefits:

- I understand my needs and have a plan to manage them.
- When I need support I have choice and control over how my health and care needs are met.
- I live independently in the community with support from my family and friends and by access to community groups and organisations.
- I use technology and equipment to support me.
- I can access specialist health and social care support in the community.
- I receive high-quality support in hospital if I need to go there and don’t stay longer than I need to.
- I feel safe at home, and I am supported to manage any risks safely.

Offers fulfilled - Living in Trafford you will...

- A long, healthy and active life
- Live at home as long as possible
- Good access to appropriate health care and other universal services
- Support which effectively meets your needs and those of your family, and enables you to progress
- A full life – a valued place in the community, meaningful activity and positive relationships



Learning Disabilities

Trafford has undertaken robust analysis to better understand the local population of service users engaged in services, their needs, life trajectories, journeys into services and costs and quality associated with care. As a result of the findings and the Transforming Care fast track work across GM, Trafford are committed to a re-commissioned landscape which delivers a sustainable model of a care and improves the lives of people with learning disabilities. National work has identified a set of outcomes which we have adapted locally and which we will deliver :

1. My care is planned, proactive and co-ordinated
2. I have choice and control over how my health and care needs are met
3. I live in the community with support from and for my family and paid carers
4. I have choice about where I live and who I live with
5. I have a fulfilling and purposeful everyday life
6. I get good care from mainstream NHS services
7. I can access specialist health and social care support in the community
8. I am supported to stay out of trouble
9. If I need assessment and treatment in hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to
10. I feel and am safe, and I am supported to manage my risks

We recognise that the successful achievement of these outcomes means that we must strengthen the way in which we work with families, developing a robust partnership as early as possible and providing consistent support planned on a lifespan approach. We will move to an all age approach in 2016, delivered by a skilled and committed workforce with a clear value base that promotes a culture of recognising and building on strengths, not just meeting needs. This will require a shift to planning for the future from an early age, and the use of resources to increase competencies and opportunities, rather than a focus on eradicating risk and restricting lives, especially for people who challenge our services.

Through utilising a variety of commissioning approaches across Greater Manchester, we will create a landscape where our service providers have the right skill set and value base. We will also develop partnerships which create a culture where providers are innovative and deliver creative options which improve individual outcomes for people with learning disabilities/autism.

Offers fulfilled - Living in Trafford you will have...

- Good access to appropriate health care and other universal services;
- Support which effectively meets your needs and those of your family, and enables you to progress;
- A full life – a valued place in the community, meaningful activity and positive relationships.



Building Up to Good Mental Health

Mental health is a broad concept, and in some way or other concerns everyone in Trafford. Thus, one can say that mental health is everybody's business. Over the next five years there must be a drive towards an equal response to mental and physical health, and towards the two being treated together and achieving genuine parity of esteem between positive physical and mental health support and outcomes.

Mental health is built up throughout the whole lifecycle of an individual. All phases have their importance and challenges in this regard: the pre-natal period, birth, infancy, childhood, adolescence, adulthood and the period of old age. Old ways of adapting are no longer valid, or the most appropriate, in facing the new challenges produced by the societal changes recognised through the Locality Plan. Of particular importance are the transitions between the developmental phases: Entering school, puberty, the labour market and retirement bring more challenges than ever before, also in terms of mental health.

Close and mutually satisfying connectedness (also called attachment) between a main caregiver and the child in early infancy is the most important element in building up the good mental health of an individual. We are committed to transforming our work with families and carers in this regard.

However, the mental health of an individual is also strongly related to the characteristics of the community where he or she is living. We are committed to taking co-ordinated action in the development of communities that support the mental health of the people (i.e. increasing social capital), including actions on:

- Enhancing participation and supporting the establishment of self-help activities
- Providing effective local support systems
- Enhancing equity and social justice

Tackling critical environmental factors such as: building mentally healthy housing environments, sustaining parks and other green spaces, more opportunities for play through networks of playgrounds and adventure parks, securing public safety, better access to education, improved access to sporting facilities and cultural activities, supporting facilities for civic participation, youth organisations and activity centres for children, families and older people, preventing loneliness and social isolation, independent living opportunities enhanced (for example by supporting the establishment of so-called smart-home solutions, by providing equipment to help communication and moving about), providing employment opportunities through to old age and by encouraging older workers to remain in the workforce, and combating ageism.

An essential characteristic of a healthy community is the availability of low-threshold community-based mental health services for all who are in need of these services. We will support a broad spectrum of activities: promotion of mental health, prevention of mental ill-health, early detection, responsive specialist services, local care and rehabilitation mental disorders, as well as prevention of premature mortality.

A shared priority with the national agenda is to enhance Access to specialist mental health services as those presenting with common and severe mental health conditions both want to quickly access high-quality, effective care and treatment, when they need it. This includes responding to calls for a wider range of talking therapies (including suitable options and provision for people with complex needs) and access within community/primary care with a whole family emphasis. Overall we will look to reduce the variation in access and recovery outcomes, maintain reduced waiting times with wider adoption of monitored Patient Tracking Lists equivalent to Cancer targets (by step, by site, by therapy type, etc.) and reducing inequalities for particular vulnerable groups.



Building Up to Good Mental Health

Offers fulfilled - Living in Trafford you will...

- Have access to continued improved access to Psychological Therapies, Early Interventions for individuals experiencing Psychosis and Diagnosis and Post-Diagnosis Support for those with or caring for people with Dementia
- Be able to access more Low Intensity and High Intensity Talking Therapies; specialist longer-term Psychotherapy and support for those presenting with Autism and Personality Disorders.
- See enhanced 24/7 Psychiatric Liaison/ Diversion and Rapid Assessment & Intervention (RAID) Services delivered in A&E/Acute Hospitals, Police Custody/Criminal Justice System Diversion and Primary Care support.
- Be supported by Shared Care Protocols for Prescribing and Physical Health Checks
- Have enhanced support for children and adolescents with mental health difficulties including:
 - ensuring in each locality a named point of contact for schools and GP
 - targeted action in the areas of ADHD, Neurodevelopmental Disorders and Eating Disorders
 - collaborative action plans to reduce children being placed outside Trafford, including those placed in residential schools/secure settings (especially for those in Looked-After-Care)
 - additional evidence-based and early intervention programmes supporting children with learning disabilities and their families
 - enhanced programmes targeting maternal, perinatal mental health, early-years health services and parenting programmes
 - mental health promotion and anti-stigma campaigns

Place Based Opportunities

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Place Based Opportunities - A Community Asset Approach

In Trafford we recognise that everyone has something to contribute to the wider community, and that our local residents and communities are reservoirs of untapped resources. But we also recognise that the role of public services is to provide specialist expertise and a safety net where there is no support available. In addition there are many solutions we can deliver better together through co-production between service providers and the community. There is so much the community can do for themselves with a little information, support and encouragement and often by public services given implied permission rather than creating unnecessary obstacles. We want to make it easier, not harder, for local residents and communities to take control of their own lives, their own health and wellbeing and their local areas, making improvements and developing new opportunities. In Trafford we are doing this through an asset based approach which builds on our existing Locality Partnerships through our Locality Working model which includes our borough wide campaign “Be Bold, Be The Difference”. We want residents to know that they can make a difference to the lives of their friends and neighbours and themselves, by being more active, volunteering, joining local groups or simply by being more neighbourly. We are also training and creating networks of Community Builders and Community Connectors across the borough. People who find, connect and unleash the assets in communities.

Locality Working is our framework to work collaboratively and innovatively to make best use of the assets we have in our local area. This means bringing together everyone, from individual residents, businesses, community and faith groups, councillors, community leaders and public sector bodies, to work in partnership, share resources and enable new ideas to develop, making full use of the physical and human assets, financial resources and community spirit that thrives within our localities. To lead Locality Working, Trafford has 4 Locality Partnerships, made up of all stakeholders and active citizens with an interest in their locality including Councillors, public service and Third sector partners, and Community Ambassadors, tasked with engaging with the community and empowering, enabling and supporting a range of locality projects and initiatives which are influenced both by strategic priorities and by community concerns and aspirations.



Place Based Opportunities - Strength in Partnership

A strong locality partnership structure is embedded in Trafford which is maturing to accept a wider range of responsibilities from community ownership of health and well-being outcome improvements through to the physical management of assets. Community and children's centres have transferred through lease-holding arrangements to new partnerships and services have been mapped to deliver from those locations. These services range from early help services through to enhanced targeted provision to vulnerable groups.

As part of the transformation of library services, various innovations are in development to enable residents to continue to access library services as part of a community offer that draws in expertise from a range of services to meet a range of needs.

As part of this, plans are underway to redevelop Timperley Library. The new library will be co-located with a GP surgery and offer a range of wrap-around services.

For Coppice Library a formal partnership is in development with a third sector provider who will run the library for the Council. In addition to the library there will be a Wellbeing Centre provided on site managed by an overall provider but with other partners on site to increase the portfolio of services and information available, and ensure that the model is sustainable.

A good example of how community assets can facilitate sustainable early intervention activity is the planned creation of a 'Youth Trust' in Trafford. This independent organisation, developed in partnership between public services, youth providers and young people, will raise aspirations and ambitions of the youth of Trafford by co-ordinating and promoting a Youth Offer. It will:

- Support of youth provision: To establish a partnership framework against which youth provision for 11-18 year olds (up to 25 years for young people with learning difficulties) will be commissioned and funded
- Investment: To grow investment into youth services within Trafford, through innovative approaches to accessing funding and other resources.
- Collaboration and Co-operation: To provide a network for all providers working with or on behalf of young people in Trafford in order to improve co-ordination of services, collaborative working and the development and sharing of knowledge, skills and resources. To strengthen and sustain Third Sector providers, develop volunteering and improve community resilience.

Trafford Council has committed funding to support the Trust model and it will secure increased investment from across the sectors, pool resources and make use of all available assets .



Place Based Opportunities - Leisure Services

Trafford has a vibrant sport and leisure scene with a rich heritage of sporting success. Private providers thrive alongside municipal facilities offering a vast range of sporting participation and fitness centres.

There is a determination in Trafford that sport and leisure start to make a much greater contribution to the health and social care system. We see significant opportunities to reduce and avoid costs to the system by supporting people to maintain their independence longer, recover more quickly and have access to a range of support services that use creative and engaging ways of working with them.

The Council must energise providers to think differently and to organise themselves so that they can start to develop products and services that encourage independence through participation and specifically support reablement.

Sport can be a great medium to engage the most challenged young people and help to keep families together. Sports coaches are typically young and can relate well to young people that may be on the edge of care providing significant opportunities for commissioners and providers to come together to develop approaches through outreach, schools, and the public estate infrastructure.

With all this in mind there is a vision and commitment to leveraging investment into the borough's leisure facilities and a blueprint for sustainable investment into its estates is in development. The leisure centre of the future will look very different; it must facilitate integrated services where leisure facilities sit alongside GP practices, social workers, health and social care providers who are all working together with a common purpose; to prolong the person's independence by leveraging the totality of the resources in the community and within their families.

Trafford Council has recently set up Trafford Leisure, a Community Interest Company, owned by the Council and working with the Council to support the delivery of this vision and to develop world class facilities that will make a significant contribution to the health and social care system where the physical assets and the expertise of the collective can really start to evidentially drive the agenda forward through sustainable business models that truly improves the health and wellbeing of our residents.



Place Based Opportunities - Environment

Greenspace

Trafford Council is responsible for managing over 37 public parks, over 50 amenity greenspaces, 21 recreation/sports grounds, 5 cemeteries/crematoria, 41 woodlands, 86 children's playgrounds and 6 linear greenspace routes. Accessible greenspace accounts for around 10% of Trafford's total area. 80% of residents are within 300m of an accessible greenspace, the Natural England standard. Going forward the key issues will be related to bringing more resources into greenspace management through working with stakeholders including residents, to maintain and improve standards as well as balancing the uneven distribution of quality and sufficiency, ensuring that where it is needed the quantity and quality of greenspace is improved as part of new housing developments

Can we add something about future housing developments in the borough must incorporate sufficient green space to encourage physical activity through enjoyment of the natural environment; this could be achieved by these new home owners paying an annual property management fee to maintain the green space for their benefit.

Climate Change

In 2011, Trafford borough's carbon footprint was 1729.5 kilo tonnes of CO2 – the second highest in Greater Manchester, with the highest per capita at 7.6 tonnes. In the same year, Trafford recorded the second highest incidence of fuel poverty in Greater Manchester, including within affluent areas, where its linked to poor building energy efficiency and under occupancy. Going forward the implementation of Trafford's Sustainability Strategy, including housing and public buildings retrofit and district heat networks will be important as well as helping home owners, businesses and new development to become more energy efficient cut their utility bills and reduce fuel poverty.

Active Travel

There are 107km of public rights of way and currently 23 km of National Cycle Network routes in Trafford, with plans to significantly expand the cycle network. 50% of residents in Trafford are within 800m from train, tram or major bus station however currently key areas of employment, and areas of future development have poor levels of accessibility by non-car modes. There are deprived communities with poor levels of access to by public transport, walking and cycling and a lack of availability of high quality cycle facilities for many journeys with Trafford. We need to deliver accessible major developments and infrastructure which encourage people to travel by sustainable means of transport and work with partners to deliver better public transport systems. We also need to produce an active travel strategy for Trafford with the aim of delivering a long term programme of investment, with partners, to provide a high quality cycle network.

Place Based Opportunities - Housing

Trafford contains some of the most sought after housing in the North West in established and desirable residential neighbourhoods. This is reflected in house prices which are above the national and regional averages. However there are particular challenges in Trafford related to both the supply and affordability of housing.

Poor housing, unsuitable housing and precarious housing circumstances affect our physical and mental health. Generally speaking, the health of older people, children, disabled people and people with long-term illnesses is at greater risk from poor housing conditions. The home is a driver of health inequalities.

Appropriate housing development is a vital element in ensuring that Trafford continues to meet the needs and aspirations of residents and remains competitive. The delivery of new housing of a range of types and tenures will be critical in addressing the housing supply and affordability challenges in Trafford.

The Council will seek to facilitate productive partnerships between organisations and businesses looking to invest in new housing development and encourage private and public investment. The delivery of sustainable housing growth, especially on previously developed land and in town centres, will continue to be promoted by the Council. Work will be undertaken with Registered Providers, developers, the Homes and Communities Agency and the Council's Planning Team to facilitate the development of affordable and supported housing which meets the needs of Trafford residents.

New housing development should help to support diverse communities and create opportunities for local people. The Council will encourage developers to add value to their schemes through Social Value opportunities, CIL and section 106 contributions by offering apprenticeship schemes, maximising the use of local labour and suppliers and actively engaging with local communities in supporting local projects which deliver against Trafford Partnerships' strategic and locality priorities.

Whilst the Council no longer manages housing stock it retains a statutory responsibility for homelessness and housing allocations. It continues to work with its providers to develop the existing estate to meet the needs of new and different service users, reduce homelessness and improve property conditions, ensuring that any under-utilised provision is re-developed to meet demand. The Council will also work to improve property conditions in existing private sector stock. This will include improving the energy efficiency of properties, the licensing of Homes in Multiple Occupation and tackling rogue landlords.

Green spaces are important to all local communities. The availability of open space, sport and recreation facilities are key factors to the quality of life and physical well-being of people. By adding to the attractiveness of the Borough, it can also encourage potential investors and thereby help stimulate urban regeneration. Because of this, all new housing development will be expected to provide appropriate levels of open space and green infrastructure and developers will need to show how their development would protect and encourage the use of Trafford's open space and sports/recreation facilities.

Place Based Opportunities - Education, Employment & Skills

Employment

Trafford has a relatively high employment rate. Currently 75.3% of Trafford's working age population are in employment, compared to 69.2% in Greater Manchester. Trafford's average unemployment rate is at 5.4% despite wider economic challenges and is lower than the Greater Manchester average of 7.3%.

Employment is linked to economic growth, and Trafford has a strong economic base with one of the highest productivity rates in Greater Manchester at 5.7% higher than the North West rate.

The Council and partner organisations sitting on the Trafford Employment, Enterprise and Skills Group will continue to support new and existing businesses in recruiting their workforce, and will forge productive relationships with new businesses moving into the area to ensure new job opportunities are taken up by Trafford residents. The development of key strategic sites such as Carrington and Trafford Park will also yield significant new job opportunities in Trafford. Productive relationships will also continue to be forged with partner organisations contracted to deliver employment programmes such as the Work Programme and Working Well.

The Council and partner organisations are committed to supporting people into work through the Trafford Pledge, a partnership with local businesses to support people with complex needs into work such as those on Employment and Support Allowance who may have health barriers to securing employment. .

Skills

Trafford has a highly skilled population with nearly 40% of the residents having NVQ Level Four and above qualifications compared to only 30% across Greater Manchester and 29% in the North West. Correspondingly a quarter of people employed in Trafford are in professional occupations and a further 12.7% are Managers, Directors or Senior Officials compared to only 9.5% in the North West. However these statistics mask geographical disparities with some parts of Trafford having 30% residents with basic skills only.

The Council will continue to work with partners from the Trafford Employment, Enterprise and Skills Group such as Trafford College to help address skills barriers both for residents in and out of employment to help create a highly skilled workforce .

Education

Trafford has the second lowest 16-18 NEET (not in employment, education or training) rate in Greater Manchester. For Trafford residents aged 16-19 this is 4.73% (August 2015). The majority of Trafford young people make a successful transition from school to sixth form, college, apprenticeships or other training opportunities. Trafford is one of the highest ranked local authority areas in the country for the achievement of pupils at both Primary and Secondary level with a high number of good and outstanding schools delivering excellent results for Trafford residents. Due to legislative changes young people are now required (from Summer 2015) to remain in learning up to their 18th Birthday. The number of young people remaining in learning is measured by the RPA (Raising the Participation Age) rate and Trafford is the highest performing Local Authority in Greater Manchester with an RPA rate of 93.9% (Aug 2015).

The Council will target resources and use referral systems to ensure all 16 and 17 year olds who are not meeting their duty to participate in learning are made a suitable offer of learning and provided with support and signposting in order to engage them in opportunities.

Place Based Opportunities - Economic Growth

Trafford has a robust economy and due to its large business base, concentrated in Trafford Park, and the employment and housing growth which will be delivered by the Carrington site, Trafford is an 'economic powerhouse' of GM. Trafford's population is just over 230,000 and highly skilled / educated (44% educated at NVQ 4 and above) while the borough has the highest productivity rate per head in GM, and the highest GVA (outside of Manchester), producing £6.6 billion p.a. The number in employment in Trafford is just over 130,000 and this is predicted to increase by 6.6% to 2033. Trafford has a strong entrepreneurial culture with the number of business start-ups per 10,000 working age population being 89.4% in 2012, 45% higher than GM and 36% greater than the UK average.

Services are the dominant sector in the local economy representing 85.6% of all jobs with 'financial and other business services' representing the largest element at 33%. Manufacturing is the second largest sector with just under 8% of all jobs and remains a key sector of Trafford's economy employing some 11,000 people, while advanced manufacturing employs some 2,800 people representing 25% of the manufacturing sector as a whole. The manufacturing sector in Trafford is heavily concentrated in Trafford Park which, as one of the largest industrial estates in Europe, is a vital asset for the local, GM and NW economies.

Many businesses are committed to social responsibility policies and initiatives that can directly benefit not only the health and wellbeing of their workforce, but also the wider community. Simple measures, such as encouraging staff to cycle to work through subsidised purchase schemes, offering healthy eating choices in staff canteens, organising staff building sessions with a physical exercise element, can all have a direct benefit. A healthier workforce is a happier and more productive workforce that benefits business performance, competitiveness and ultimately profit. This needs to be fully communicated to all businesses in Trafford with practical suggestions from best practice in the private sector.

Through corporate responsibility activity, businesses can 'put something back' into the community by sponsoring sports and activity groups, offering staff time and resources to support health and wellbeing activities in the community groups, pro-bono support, mentoring, volunteering, providing equipment and facilities for example. Public sector employers should also commit to corporate social responsibility programmes to illustrate a partnership approach with the private sector, pooling resources to address health and wellbeing issues in the borough. This approach could be developed and implemented by Thrive and other local public and private sector stakeholders. Other fora, such as the Trafford Park Business Network, will also be used as a mechanism to promote this agenda.

Residents claiming Employment Support Allowance with health conditions are being supported by the Working Well programme, a GM initiative providing intensive support through key workers to help individuals address their barriers, improve their health and wellbeing and move into employment. Similar work is also being undertaken through the Stronger Families programme, where key workers support families with complex needs to work through their issues and address long term patterns of worklessness to achieve positive outcomes for the family.

The Working Well programme will be expanded and further aligned with Trafford's Stronger Families initiative to provide a co-ordinated approach to finding employment and improving the health and wellbeing of clients on the programme. The Council will continue to play a major role in supporting the programme at a local level and will continue to work with local businesses to create further job opportunities and match clients with vacancies.

Place Based Opportunities - Crime & Community Safety

Trafford remains the safest place in Greater Manchester with the lowest number of crimes per 1000 head of population that any other Borough. Despite reductions in police officer numbers and a prioritisation on offences involving personal harm, Trafford is currently seeing year to date comparison reductions in the following property offences: Burglary Dwelling, Burglary Other, Drugs offences, Theft from the person, Vehicle Offences, and Pedal Cycle Theft. Public confidence surveys measured on a quarterly basis provided some of the following headlines for 2014/15: **95%** of residents believe that the police are doing a good or excellent job; **97%** of residents agreed that, taking everything into account, they have confidence in the Police and they treat you with respect; **93%** of residents would feel safe outside after dark (an increase from 91%). Only **1%** of residents perceive a high level of anti-social behaviour in their local area. Perceptions of safety within their home environment can have a huge impact on an individual's emotional as well as physical well-being.

Without a doubt there has been a shift in focus for police resources in recent times to harm related incidents and increasingly the police are dealing with a wide range of social issues within society. Surprisingly, on a typical day, it may only be around 10 - 40% of GMP Trafford's workload is directly linked to criminality. Vulnerability, safeguarding and protecting people at risk of harm is a major part of their work. This presents itself in many different ways on members of our community – whether it is the impact of drugs and alcohol, mental ill health, the impact of worklessness, domestic abuse, people trafficking, prostitution or child sexual exploitation.

The opportunity to improve the way residents access health and social care services through this Plan is of critical importance to the crime and community safety agendas. Innovative and successful partnership initiatives are already underway in the borough such as the introduction of a dedicated Specialist Mental Health Practitioner from Greater Manchester West Mental Health NHS Foundation Trust, to operate within the Integrated Safer Communities Team, physically co-located at Stretford Police Station to work alongside police and Trafford Council staff. We are also developing a new service for victims of domestic abuse who report to the police for the first time, using trained PCSOs and volunteers to offer follow up bespoke support to families who otherwise would not necessarily be getting the help they need and are therefore likely to present again to the police or other services in the future.

Both these new models fit well with the principle of a single point of access to services and professionals and the development of the MASH whether at the early help or crisis end of the scale. Police and Safer Trafford Partners are committed to supporting these developments to maximise opportunities for information sharing, integrated working and providing holistic, whole-family solutions to issues which place high demand or have the potential to place high demand on their services.

The Safer Trafford Partnership recently adopted its new 3 year Crime Strategy. The emphasis will continue to be on prevention, on early and targeted intervention and effective enforcement, all through collaborative problem solving across partners. But we will increase the emphasis through our Locality Working model on engaging communities in co-producing solutions which prevent crime, build resilience and improve perceptions of safety in our streets and neighbourhoods. Already we have resident Home Watch Co-ordinators leading a Junior Neighbourhood Watch scheme with a primary school in Sale and residents in the South locality are expanding a Know Your Street capable guardianship project using social media. We are committed to scaling those local place based initiatives which work and to taking partnership action in the areas of Trafford which are most affected by environmental crime, criminal damage, deliberate fires and Anti-Social Behaviour. By developing campaigns such as "Be Responsible" and "Be Bold" to encourage social responsibility amongst communities and make Trafford a cleaner, greener place to live and to keep individuals and their homes and vehicles safe.

Enablers of Change: Public Service Reform

The factors that link together public services are the people who use them and the places in which they live. Public services need to be designed around people's needs and expectations; and be relatable to personal experiences.

The GM Public Service Principles are:

- **A new relationship** between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- **An asset based approach** that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.
- **Behaviour change in** our communities that builds independence and supports residents to be in control
- **A place based approach that redefines services** and places individuals, families, communities at the heart
- A stronger prioritisation of **well-being, prevention and early intervention**
- An **evidence led** understanding of risk and impact to ensure the right intervention at the right time
- An approach that supports the development of **new investment and resourcing models**, enabling collaboration with a wide range of organisations.

Complex Dependency

The National expansion of the Stronger Families and the Working Well programmes with the whole system review of services for young offenders and Integrated Offender Management provide an ideal opportunity to develop an Integrated Complex Dependency approach.

The Complex Dependency model within GM is considered as a key priority for reforming services and improving outcomes for all individuals and families with multiple complex needs.

The GM overarching principles is that regardless of the point at which a service user enters the system, consideration will be made in every instance whether further assessment and triage should take place to determine whether a co-ordinated multi-agency response is required to address the underlying causes of the problem, where appropriate with a whole family.

The GM spine for the approach is:

- Taking a lead key worker approach – from a range of partner organisations, with an agreed set of skills and behaviours.
- Single Front door – identification, assessment and triage processes.
- Integrated place based model – integrated service offer within localities, with a clear community based offer to make the most of assets within a place.
- Evidence Based interventions – Supported by a commissioning framework that will allow front line workers to access services achieving outcomes.
- Evaluation framework – outcomes framework that will capture the outcomes that matter to partners
- An Employment focus – employment and skills will be a central focus of the delivery model aligned to existing local skills provision.

Enablers of Change

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Enablers of Change: Workforce Reform

To deliver our ambitious reform agenda working together to deliver a radical reform of public services with people and place at its heart, we recognize the need for a new relationship between citizen, state and society.

To deliver a changed relationship between citizens and the state we need to change the way we work and this includes systems, services and process as well as workforce behaviours, values and ethos. This change in mindset is needed both at leadership level and in the frontline workforce so that reform happens in practice.

We need a common language and core set of behaviours that define how we work, its not just about what we achieve and it's also about how we do it. Being positive, accountable and being open to doing things differently are core to the principles of reform and equally important to technical skills and qualifications. We need a culture that demands positivity, personal responsibility, openness and transparency.

- From our frontline workforce this means the freedom to focus on what's important to an individual and family, having different conversations to identify assets unconstrained by a tick box assessment.
- For our administrative functions it means moving to a role of enabler, breaking down bureaucracy and working with the community.

In supporting our workforce to change, we need to ensure they have access to the right information to make informed decisions and are supported by leaders who champion a new approach to public services.

Enablers of Change: Leading Change

A set of leadership expectations have been developed in consultation with key stakeholders across Greater Manchester.

The expectation is that a leader in any Greater Manchester public service:

- **Delivers the GM Ambition** - *Understands the GM ambition and the need for it be delivered in all corners of GM*
- **Leads from place** - *Understands what it takes to transform places. Leads within, and on behalf of their organisations, systems and places.*
- **Takes an asset based approach** - *recognises and values the strengths of people and places, enabling them to build on these to overcome challenges and make the most of opportunities.*
- **Understands impact** - *Makes decisions ensuring the impact on people and places informs professional / clinical information and judgments*
- **Is democratically astute** - *Creates a collective responsibility to deliver the GM ambition, understanding governance systems and accountability to people and places.*
- **Acts collaboratively** - *Acts with authenticity, honesty and integrity to build strong collaborative relationships and connectivity across GM*
- **Builds trusts** - *Has a deeply held sense of purpose and is able to share power in a way that supports citizens and others to create the best conditions for people to thrive.*
- **Connects with people** - *Connects with and respects other people's stories and history*
- **Is focused on better outcomes** - *Is resilient, innovative, curious and relentless in getting better outcomes across GM*

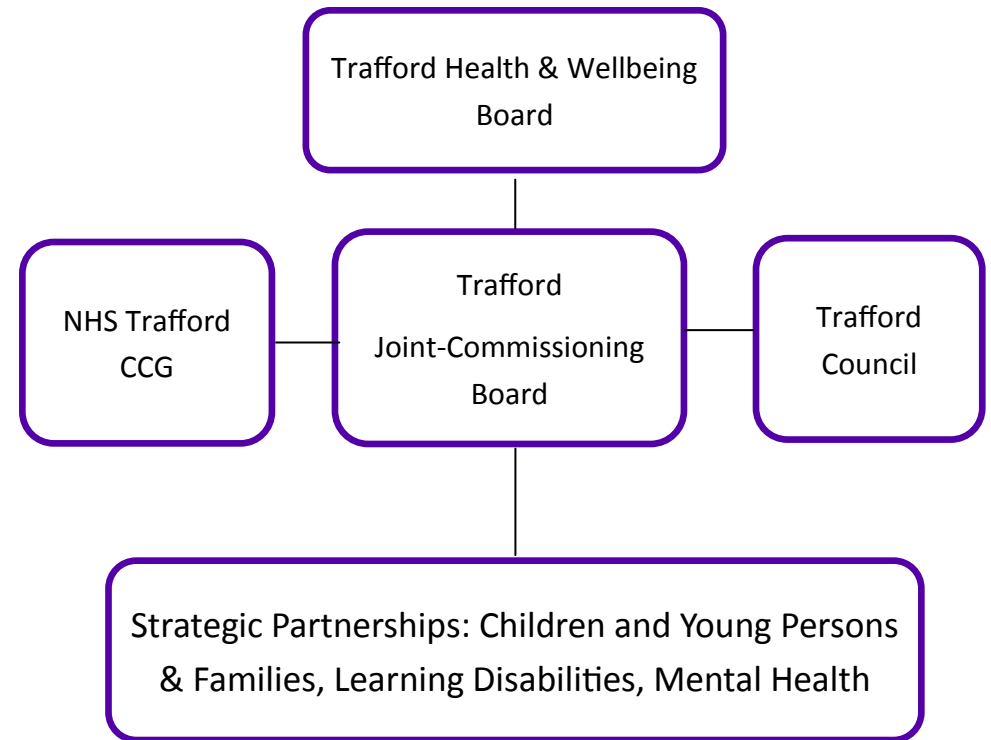
Enablers of Change: Governance

In delivery of devolution an overarching principle in creating new models of inclusive governance and decision-making, is the intention to enable GM commissioners, providers, patients, carers and partners to shape the future of GM together.

The Locality Plan principles of change are being delivered in Trafford devolution through the Health and Wellbeing Board's approval of the Locality Plan.

This is reflected in Trafford through a governance forum - The Joint Commissioning Board, with the CCG and the Council delivering that which is respectively delegated from each organisation with pooled budgets. The Board will ensure robust governance and assurance of delegated commissioning delivery as agreed through this Locality Plan and engaged with patients, carers and the public during the different stages of devolution and service delivery.

Strategic Partnerships of jointly-commissioned services delivered will ensure operational implementation and benefits realisation across initially for example Children and Young Persons & Families, Learning Disabilities and Mental Health delivered through



Enablers of Change: Patient Engagement

We acknowledge the contribution people can make as service users, patients, carers, staff, stakeholders and members of the wider community in setting priorities, planning and developing services and evaluating outcomes. We will continue to ensure that these citizens are at the centre of our services and with every level of our commissioning system and service improvement system being informed by listening to those who use and care about our services. By working collaboratively, we will be able to shape services around the needs of those who use them.

Over the years we have worked with stakeholders and the Trafford population to help refine our vision of integrated care. Early on in our conversations ‘Peoples priorities’ were developed by those we conversed with. People wanted:

“A holistic, joined up service which offers choice and flexibility as well as sufficient resources to support this choice. Furthermore that any change will result in greater efficiency, better communication and information, improved access and location and at all times are designed to achieve a patient focus”

Where appropriate, we will plan services, communicate and engage with those citizens on a locality approach to help shape services which are appropriate for the needs of those individuals and the community which they live in.

Enablers of Change: Public Health

We know that societies change over time, and that public health issues alter across different populations. The challenge for public health is to ensure that services adapt and respond to these changes and reflect the current and future public health threats and risks. Across Trafford we face particular challenges relating to inequalities, ageing, access to services, especially preventative services, housing, the economic crisis, air quality, and climate change.

These factors all result in changes to living environments, lifestyles and disease patterns. In Trafford, around 85% of deaths are caused by chronic conditions such as cardiovascular diseases, cancer, chronic respiratory diseases, mental disorders and diabetes. At the same time there are continuing risks from emerging and re-emerging infectious diseases and health emergencies.

Public Health can help in tackling these difficult issues through the following actions and enablers:

Health protection: the surveillance and monitoring of population health and well-being, and responding to health hazards and emergencies. This includes screening and immunisation programmes, which reduce future ill health.

Health promotion: Using evidence based action to address social determinants of health and health inequality. This includes a wide range of activities such as reducing worklessness, improving housing and reducing smoking.

Health intelligence: Using intelligence, the Joint Strategic Need and Asset Assessment (JSNAA) and evidence based guidance to ensure that all interventions and services are cost effective .

Partnership working: Working with statutory, voluntary and private sector organisations to identify opportunities and structures to improve health and outcomes. This includes working with staff to deliver 'Every Contact Counts', and with third sector organization to promote community engagement.

Improving health care quality and safety: working with health service partners to improve effectiveness and ensure the safety of services provided in the borough.

Enablers of Change: Health Estate Management

Over the last few years public sector organisations within Trafford have been working successfully to remodel and achieve efficiencies from their estates. This approach aligns fully with the Greater Manchester one public estate initiative that was recently launched.

Trafford public sector partners are committed to delivering improved public services for everybody in the area by directly delivering or commissioning the highest quality services available. The vision for Trafford is to have full developed integrated clinical model, which will be delivered from modern safe and efficient building. We want to provide these high quality services as close to our residents' communities and homes as we can, in a collaborative way, ensuring value for money and improved accessibility at a time and location convenient with them.

We recognise that property and the built environment is an important component to delivering high quality, accessible and efficient public services. Therefore the partner organisations are working together through a strategic estates group (SEG) in order to use property to deliver a more integrated, accessible, innovative and efficient range of public services and as an enabler to develop shared services and to support community regeneration.

To fully realise these opportunities together we are taking a more strategic approach to property management and this Strategic Estates Plan sets out our intentions to improve management of this valuable and high cost resource aligned with priority outcomes for Trafford residents.

Trafford CCG has developed an integrated strategy 5 years ago which had estates at its core and identified teams operating from neighbourhoods which would have integrated hubs as their base for service delivery location. It is the intention that these premises will be suitable for offering state of the art integration and be easily accessible for the Trafford public, providing safe, sound and quality services and an alternative to hospital care.

In line with Trafford Council, the CCG operates services on a four neighbourhood system with the vision to have health and wellbeing in each of them, which will bring together health, social care and third sector services so to offer responsive local services for all local people; this will include easy access, flexibility of operating hours, DDA compliant along with parking and other transport links.

The intention of the Strategic Estate Planning process is to support real change in the local estate and to generate strategic solutions that drive system wide savings, integration and new client centred service models.

Significant savings are achievable through a structured and targeted programme to support the strategic planning of the estate, which will deliver:

- Increased efficiencies, through the better utilisation of high-quality community and central property assets.
- Better service integration, driving improvements in service efficiency and better outcomes for residents.
- New service models, supporting the drive to move services into the community, replacing outmoded and inadequate premises and releasing capital through a structured programme of disposals.
- Flexibility in Service provision, making use of new technology to support primary and community services reducing the amount of time required with a physical location. These are essential if we are to meet the changing demographic needs of our population.
- Accessible to all ensuring premises are compliant with all access requirements, adequate parking and transport links including operating hours in to the evenings and weekends.
- Adaptable to meet the ever changing requirements within health and social care

Further information is available in Appendix 2, p.61.

Appendices

1. Financial Information
2. Health Estate Management—further information

Finance Baseline

The CCG is planning to deliver a 1% surplus in 2015/16 and going forward in each of the 5 financial years 2016/17 to 2020/21 as required by NHSE. The Council is required by statute to set a balanced and robust budget each year.

However, it is apparent from the initial calculations that at this stage there is a significant savings challenge that will impact upon the ability of the Council and the CCG to achieve their objectives.

Further significant financial pressures on the social care and NHS providers within Trafford mean that without mitigation there will be a financial gap of c£111m by the end of the 5 year period.

Both the CCG and the Council welcome the opportunity that Devolution Manchester presents to protect health and social care.

The baseline year for the locality plan is deemed to be the 2015/16 (Year 0) although this is based upon forecast outturn and figures may change between now and year-end.

It is noted that GM is presently in discussion on the structure of future financial plans and the GM Strategic Plan and that our financials can only be considered a DRAFT at this stage; given the uncertainty that exists ahead of the Comprehensive Spending Review and its impact on future financial settlements, tariffs, transformation funding, local taxation etc. We expect to revise our position in 2016 and the CCG and Council recognise that this work will be ongoing and require further analysis.

Finance Assumptions

Council Assumptions

As an unprotected service, local government is likely to face continued cash reductions in its grant funding from Central Government. Reductions in the settlement funding assessment of around 10% are assumed with a cumulative loss of £13m over the five year period. The main cost pressures arise from: the New Living Wage which was announced in July 2015; demography - Trafford has significant increases in the elderly and children population; general inflation increase and cost pressures within the fragile care market; assumed pay award increases of 1% and pension increases.

Net spending on care services represents less than half of the Council's total budget and therefore assumptions on other services, such as cost of waste disposal, public transport etc. would have a knock-on effect on social care.

Trafford Council equally recognises that there is a specific ask to protect social care and welcomes this from the CSR and any additional funds that may be accessed to support Social Care and the wider locality plan to benefit social care. Based on the GM 'protecting social care' request for £255m Trafford's share would be approximately £22m.

Finance Assumptions

CCG Assumptions

As outlined above, the CCG continues to work on the basis of existing system rules and is required to deliver a 1% surplus from 2015/16 onwards.

Presently CCGs are expected to spend a minimum of 1% of funds non-recurrently from 2015/16 onwards and retain a 0.5% contingency. It is likely that this will not be possible going forward but for the purpose of this return this has been built into the financial challenge and planning assumptions.

Trafford's Patient Care Co-ordination Centre requires a greater level of investment on a non-recurrent basis and the CCG/Council have submitted an 'Expression of Interest' to the Greater Manchester Transformation Fund for non-recurrent funding amounting to £4m. The expected investment has been increased to £5m in view of the significant transformation of health and social care integration required. This funding has been **excluded** from the financial figures within the CCG sources and application statement but will be required to close the gap of savings assumed within the locality plan.

For the purpose of healthcare contracts, it is assumed that we continue to be on the basis of the current contracting framework i.e. largely driven by PBR but this may change going forward as the CCG is close to the GM work-stream in this area.

It is acknowledged that the detail of these contracting figures will change as contracts are agreed and signed off and a set of principles need to be agreed as part of the GM Devo financial templates submitted at a later point.

The health activity and financial assumptions have been shared with the major NHS Acute Trusts at a summary level however at this stage no real detailed "triangulation" has taken place on NHS Acute and CCG financial plans.

Growth has been factored into the CCGs plan at previously notified levels; no additional growth has been factored in for movement towards target or receipt of transformation funding or receipt of a share of the £8bn additional growth for the NHS.

It is the view from Trafford CCG that any additional funds that it receives over and above the current level of assumed growth may be largely consumed by changes to the PBR tariff deflator, PBR business rules or additional NHS Acute savings programmes to deliver further efficiencies and better coding.

Trafford CCG has experienced significant cost growth over and above the proportionate costs attributable to activity changes and indeed both of its major acute providers have shared plans to increase income from better coding, unbundling tariffs etc.

Trafford CCG has assumed that provider efficiencies of 4% will be required in each of the next 5 years and that savings of 2.5% will be delivered in 2016/17 with 2% from 2017/18 onwards. This provides for an undelivered efficiency saving required for NHS Acute Providers of 1.5% in 2016/17 and 2% from 2017/18 onwards equating to c£19m.

Trafford CCG would welcome its "fair share" of the additional national funding of £8bn and deems this amount to be in the order of c£30m but has not included that within these plans and if this is required in future plans will adjust its costs accordingly to reflect tariff impact above.

The CCG also wishes to use this submission as an opportunity to request Greater Manchester to seek to move towards funding that more reflect utilisation of services and age than the current funding formula. It is accepted that this will require a broader scope of work and be linked more to GM Standardisation however, Trafford like Stockport CCG suffers from a high age profile that consumes appropriately health services at a greater cost. The same is also true for social care costs for the Council.

Financial Challenge: £111m saving

The table below shows how this resource gap is profiled over the five year period. These are included at this stage without mitigation.

TRAFFORD ECONOMY GAP - 2016/17 to 2020/21					SFP3
Trafford Social Care	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m
Gross Cost Pressure / Savings Challenge	13.036	8.732	7.907	7.457	7.174
Cost Pressures / Savings Challenge (Cumulative)	13.036	21.768	29.675	37.132	44.306
Trafford Health Economy savings target	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m
CRES - CCG (In Year)	8.090	4.767	4.256	4.576	4.920
CRES - CCG (Cumulative)	8.090	12.857	17.113	21.689	26.609
CRES - NHS provider efficiency	8.000	8.000	8.000	8.000	8.000
CRES - NHS provider efficiency	8.000	16.000	24.000	32.000	40.000
CRES - Total Health Economy (In Year) savings	16.090	12.767	12.256	12.576	12.920
CRES - Total Health Economy (Cumulative) savings	16.090	28.857	41.113	53.689	66.609
Total - Health and Social Care (Cumulative)	29.126	50.625	70.788	90.821	110.915

These figures should be considered indicative and provisional at this stage and are likely to change when planning assumptions are standardised.

Finance: Activity Planning & Delivery of Savings

The CCG and the Council have made certain assumptions within their plans for cost and activity growth across health and social care; at this stage these are being refined and may need to be re-visited as part of the next cut and submission.

It is assumed that the TCCC will contribute to the significant element of the elective and non-elective savings targets of 10% and 15% activity reductions. At this stage, this has been factored into the plans for assumed delivery of CCG savings and equates to £15.759m at the assumed level of 10% elective and 15% Non-elective admissions; **this leaves a gap of £11m of outstanding CCG savings still to be delivered.**

The actual increase in activity in 2014/15 and 2015/16 for non-elective care means that the CCG will need to re-visit the phasing of the savings however the commitment to delivering this level of reduction of the period of the devolution timeframe remains unchanged.

To date, the phase 1 of the model delivery has identified from initial modelling that savings of £9.7m could be delivered although these are considered provisional at this stage.

Phase 2 of the model requires £5m of additional investment and it is believed that this will deliver at least the balance of £6m of target savings for CCG but is likely to deliver significant additional savings across NHS Acute and Social Care.

Savings are targeted across the sector in line with the TCCC objectives of a complete redesign across health and social care to achieve transformation change. Savings targeted across the sector in line with the Locality plan are set out in the table below.

Theme	Council £m	CCG £m	Total £m
Primary Care			
Better Care (TCCC)		15.759	15.759
Integrated Locality Health and Social Care teams	3.749		3.749
Reshaping Social Care	10.170		10.170
Learning Disabilities	1.825		1.825
Mental Health			
Total	15.744	15.759	31.503

Going forward this approach will be embedded in the Council's involvement with the TCCC.

In summary the savings amount to £15.7m, plus an assumed 'corporate contribution' from within the Council of a further £6.8m; this leaves a deficit on social care of £22m. It is assumed this will form part of the GM Devolution consideration of 'protection of social care'.

It is important to note that the CCG and Council financial submission is considered "draft" and may change at the point in time when it may need to submit a 5 year plan to NHS England or at a later date.

Savings schemes impacting upon NHS providers have been discussed and the CCG has given a clear indication to providers that savings of circa 15% will be delivered against non-elective care over 5 years and 10% for elective care over 5 years.

Further development of other schemes as part of the wider integrated care agenda are ongoing and are described elsewhere within this health and social care locality plan but not at this stage savings have not been factored into this submission.

No assumptions have been factored into the plan for the impact of the GM Transformation agenda and it is recognised that this could help close the economy savings gap further.

Finance: Investment Funding Required

The following schedule summarises TCCC ask for additional funding from transformation sources; at this stage this primarily includes the EOI for TCCC and Estates submission.

Summary of Investments from Transformation Fund					Annex G
Summary of Investments from Transformation Fund		Revenue (Recurrent) £m	Revenue (Non-Recurrent) £m	Total	Capital £m
Investment Area	CCG / Council				
Trafford Patient Care Co-ordination Centre - including social care	CCG / Council		5.00	5.00	
Estates - Revenue consequences of capital investment	CCG	5.00		5.00	
Estates - Capital costs	CCG			0.00	36.00
Primary Care improved access and delivery - including social care	CCG / Council	2.00		2.00	
Primary Care other	CCG	1.00		1.00	
Transformation / Commissioning Resource	Council / CCG		3.00	3.00	
		8.00	8.00	16.00	36.00
Notes					
1. The revenue requirement supports the Expressions of Interest request and requirements to deliver TCCC as well as estates revenue consequences.					
2. Notes - The capital is to support the infrastructure costs of 4 hub model approach within Trafford.					
3. Transformation / Commissioning resource - cost over 4 year period front loaded to drive programme of change. Includes CCG resource.					

The broad rationale for each of the investments identified in the table is set out below:

- Trafford Patient Care Co-ordination Centre (TCCC). This investment is required to support phase 2 of the TCCC model and is explained in much greater detail in the Expressions of Interest submission.
- Estates – revenue consequences of capital investment – *This relates to the revenue costs to support the 4 hub model of service delivery across the locality footprint that in turn sits within the Estates enabler work-stream.*
- Estates capital cost – These are the capital requirements for the hubs sitting within the locality and in turn sit within the Estates enabler work-stream.
- Primary Care improved access and delivery; including social care access requirements for 7 day working.
- Primary Care other – These support additional delivery of services within primary care to enable the locality plan to be delivered.
- Transformation and Commissioning changes. Additional investment is required to deliver the significant integrated transformation of health and social care required and the expected investment requirement over the five year period is £3m.

Health Estate Management

Trafford CCG has commenced on delivering change across Trafford, working on the four locality hubs which will bring together integrated services. This work is done in conjunction with the Council to ensure best use of all buildings across Trafford. All the schemes outlined below offer integrated estates solutions for health and social care. Below are projects that are currently in the delivery phase:

1. North Trafford Locality - Shrewsbury Street

The development of the Old Trafford Community Centre on Shrewsbury Street is part of The Old Trafford Masterplan which aims to create a vibrant, sustainable community, with quality housing, excellent environment, and good connections to employment opportunities together with improved health, retail and community facilities. The scheme will create a vibrant community hub with state of the art health facilities and 80 Extra Care apartments.

This scheme is being led by Trafford Housing Trust along with the Old Trafford Community to create plans for the new Shrewsbury Street Community and Health Development. The Community have been involved throughout the process, helping to guide and influence the plans, with hundreds of people contributing, through drop in sessions, one to ones, and by attending special visioning events. This input along with information gathered by a team of neighbourhood researchers who interviewed local residents to get their views on the proposals has contributed to the development of the designs and guide the principles of the project.

This project aligns with Trafford CCG's vision and the delivery of integrated and coordinated care, although this new building is limited on size. Therefore; Trafford CCG will continue to work with other partners to develop another scheme to support the relocation of other General Practitioners to support a federated model.

2. South Trafford Locality - South Trafford Health and Wellbeing Hub

The South Trafford Health and Wellbeing Hub is being developed in partnership with Trafford Metropolitan Council and a private developer. It will be located on the former site of the old Altrincham General Hospital. This centre will help facilitate the integration of public health services and enhanced community facilities and General Practice services and address the health and social needs that are required within the southern locality. This new facility will be in the heart of the local community and will provide the focus to improve the health of the local community and to promote significant lifestyle changes which will contribute to a healthier and more sustainable community.

The South Trafford Health and Wellbeing Hub will provide the opportunity to co-locate three GP Practices with a total patient list size of circa 29,500, and to work in partnership, will enable the provision of a wider range of appointments including extended hours and the opportunity for greater integration with the community services who will be housed within this Hub. In addition to the above developments, the "Trafford Care Coordination Centre" will be integral within the South Trafford Health and Wellbeing Hub.

3. Central Locality - Sale Point

Trafford CCG is also working with its partner, Trafford Housing Trust to develop a third health and wellbeing centre within the Central Locality of Trafford (Sale). This scheme will support the relocation of a number of GP Practices who currently operate from poor quality premises which are no longer fit for purpose or able to support the developments required within primary care e.g. 7 day access.

4. West Locality – Urmston

Trafford CCG will also be looking to work with its partner, Trafford Housing Trust or a 3rd Party Developer to develop its fourth health and wellbeing centre within the West Locality of Trafford (Urmston). This scheme would support the relocation of a number of GP Practices who currently operate from poor quality premises which are no longer fit for purpose or able to support the developments required within primary care e.g. 7 day access.

Foundation Trust Estates

There will be changes to UHSM and CMFT estate over the next five years which will impact on services for Trafford residents. These are:

UHSM

A new A&E department is planned for early 2017 which will increase the size and improve the layout to support patient flow. This change is one of the conditions set out by the Secretary of State in relation to the next phase of New Health Deal for Trafford. The New Health Deal will implement a new nurse led clinical service at Trafford General Hospital. This will also provide the opportunity for Trafford CCG to implement its urgent care strategy across Trafford with urgent care services at :

- Altrincham with Out of Hours in the Altrincham Health and Wellbeing Hub
- Minor injuries at Altrincham Hospital
- The development of Trafford General site which will incorporate changes re the New Health model.

The CCG will work with all other health partners to ensure services are accessible for all.

CMFT

Trafford CCG will be working with CMFT to develop the Trafford General Hospital site which supports the delivery of Trafford's strategy. This will be part of the New Health Deal but also part of the development of the West Trafford locality.

In addition the CCG will work with CMFT to develop the Streford Memorial site. It is hoped that this site can be used as a site for a health/social care provision which will support the needs of the population, this is currently forming part of our thinking re Palliative care service as part of the End of Life redesign.

CCG Capital Requirements

		Total Capital Requirement By Scheme				
Scheme	Neighbourhood	Capitalised Rental Costs £`000	Fit Out Costs £`000	IT Costs £`000	Associated Professional Fees £`000	Total Requirement £`000
South Health & Well-Being Hub	South	Revenue only	1,000	500	1,000	2,500
Shrewsbury Street	North	2,700	500	330	100	3,630
Locality Development	North	10,000				10,000
Locality Development	Central	10,000				10,000
Locality Development	West	10,000				10,000
Total		32,700	1,500	830	1,100	36,130
		Breakdown By Financial Year				
		2016/17 £`000	2017/18 £`000	2018/19 £`000	2019/20 £`000	2020/21 £`000
		1,500	1,000			
		3,630				
						10000
					10,000	
				10,000		
		5,130	1,000	10,000	10,000	10,000
						36,130

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Patient Experience Report: Altrincham General Hospital



January - August 2015

August 2015

Updated: October 2015

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Executive Summary

This report outlines qualitative and quantitative patient experience data gathered regarding Altrincham General Hospital over January - August 2015 using the following methods:

- 3 drop-ins (March - May 2015) conducted by Healthwatch Trafford at the hospital;
- Healthwatch Trafford online feedback centre, emails and phone calls where members of the public give patient feedback independently
- Healthwatch Trafford face to face engagement at diverse public venues

Services at Altrincham General Hospital are provided by Central Manchester Foundation Trust. In April, 2015, Altrincham General Hospital moved from its premises to a new site at Railway Street. One of the Healthwatch Trafford drop-ins took place at the old site and two were carried out at the new hospital.

The figure below shows the total number of patients and hospital visitors engaged with at the drop-ins.

Hospital drop-in data (March - June 2015)

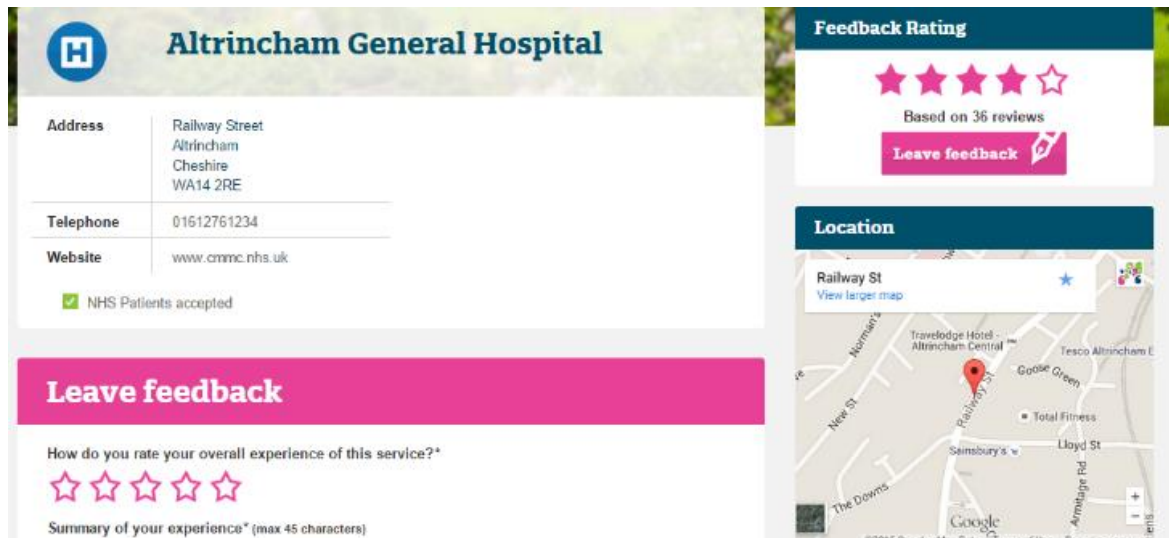
 325

people engaged with
HealthwatchTrafford representatives

 40

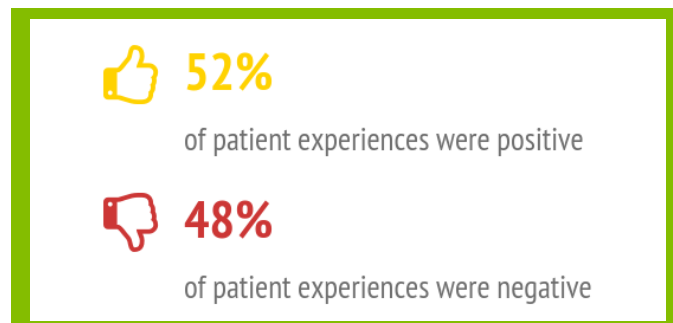
patient experiences were recorded

The overall rating for the hospital on the Patient Feedback Centre (Healthwatch Trafford website), based on 36 patient reviews, is 4 stars (very good). 36 patients gave permission for their comments to be placed on the website and 4 did not. Appendix 1 is the paper copy form of the online feedback centre. This paper copy form is used to record all patient feedback during face to face engagement.



Screen shot of the Healthwatch Trafford website [August 2015] showing the 4 star average rating given by patients / hospital visitors.

Further quantitative analysis of all patient experience data collected through the methods described above shows that :



There were many positive comments given in the patient feedback form (see Appendix 1). Breakdown of this qualitative data can be found overleaf.

Top 3 positive patient experiences

- 
58% of all positive comments focussed on helpful & friendly staff & overall good service
- 
32% of positive comments focussed on very good / excellent service in Minor Injuries Department
- 
16% of positive comments focussed on ENT & Phlebotomy Departments

Positive comments included:

“Good experience. Great staff, lovely hospital, very clean”

“Very good. Everybody was very helpful, polite and caring”

“excellent service”

Areas highlighted for improvement are summarised below.


38%
 of all negative comments relate to Phlebotomy Services


20%
 of all negative comments relate to waiting times


17%
 of all negative comments relate to accessible parking

Other comments related to staff attitudes, accessibility problems outside the building, poor signage and Minor Injuries

Patients experienced problems in Blood Service at the old and new Altrincham hospital sites:

“I’ve been having blood tests at Altrincham for 3 yrs. There’s always been a wait”

The main issues in Blood Service concerned:

- long waiting times due to the drop-in system, (service use is very heavy in the morning), causing problems for people fasting to have blood taken and accessibility problems for people in employment
- shortage of staff taking bloods (observed by patients)

Healthwatch Trafford Recommendations & CMFT staff responses (August 2015)

1. The accessible stair strips placed at the top of the accessible ramp outside the hospital be removed (in the UK they indicate that someone is at the top of stairs and are therefore not appropriate at the top of a ramp) to avoid accidents for visually impaired visitors using a cane.

Response: This will be looked into by CMFT staff

2. Healthwatch Trafford continue to work alongside Central Manchester Foundation Trust (CMFT) managers and staff to ensure that issues identified in this report are included and addressed in the current CMFT action plan for Blood Service;

Response: CMFT staff will share the Blood Service action plan with Healthwatch Trafford and further discussions will take place at liaison meetings between both organisations.

From September 2015, GP Surgeries will be giving patients a User Guide informing patients of the Blood Service opening times and quieter periods when patients may wish to consider accessing the service. Information regarding parking availability at Altrincham General Hospital will also be included.

3. Improve signage - directing people to different departments as well as lifts / stair area as they enter through main hospital entrance. For example, some people are queueing for Blood Service drop-in at main reception when, with better signage, they would go straight to first floor Blood Service services;

Response: New signage was placed in the hospital over the last week and more signage will be put up in late August 2015.

4. Signs indicating floor numbers to be in large print for visually impaired people;

Response: New signage was placed in the hospital over the last week and more signage will be put up in late August 2015.

5. Notification of anticipated waiting times to be developed for patients accessing Minor Injuries Department & patient comments regarding Minor Injuries scheduling to be reviewed;

Response: a whiteboard on the ground floor in waiting area 2 will be updated with names of consultants, dates and approximate waiting times. In the future, information screens will be put up with this information.

6. Hospital information leaflets in a range of accessible formats to be produced, including information on disabled parking that can be distributed widely (including GP Surgeries)¹

Response: A new outpatient information leaflet is currently being produced incorporating information on disabled car parking. A new Altrincham only GP user guide has been sent to all GP's with parking information. Disabled parking posters are widely displayed in all waiting areas. Also there is a working party currently reviewing all patient appointment letters to include information on parking.

Background Information

Healthwatch Trafford is a consumer champion in health and social care services for Trafford residents. Statutory activities include:

- Providing advice and information regarding health & social care services
- Taking people's experiences to decision-makers to influence positive change
- Involving people in decision making about local services
- Involving people in monitoring health and social care services

Healthwatch drop-ins at Altrincham General Hospital commenced in March 2015 through liaison with the hospital manager. Staff and trained Healthwatch Trafford volunteers were present at the drop-ins.

Aims of the hospital drop-ins / face to face engagement:

- to obtain and collate qualitative patient experience data regarding a range of health / social care services, in particular Altrincham General Hospital;
- to identify where Altrincham General Hospital and other local services are working well and where improvements can be made;
- to work with Altrincham General Hospital management and staff to encourage improvement to service design and delivery where identified;
- to share and promote examples of good practice locally, regionally and nationally
- to raise the profile of Healthwatch Trafford, increasing public awareness of the service;
- to signpost people to relevant health /social care or voluntary sector services.

¹ This should conform to the Accessible Information Standard, 2015, a formal guidance document which health and social care organisations must follow by law.

Methodology

Drop -ins

At the old hospital (March 2015), Healthwatch representatives spoke to patients while visiting areas of the hospital including Blood Service, minor injuries and physiotherapy. At the new hospital, (April - June 2015), Healthwatch Trafford staff and volunteers set up a market place stand and pop-up banner in the hospital entrance. Healthwatch leaflets, free resources (stress balls and pens), and other resources, including information sheets on PALS were available.

Patients, family members and carers were approached by Healthwatch staff/volunteers, or vice versa, given leaflets and engaged in discourse around Healthwatch and their patient experiences. Where appropriate, paper copies of feedback forms were distributed and support offered in completing them (see Appendix 1). Paper copy feedback forms mirror the online Healthwatch Trafford Feedback Centre; respondents are asked to rate the service using a five star rating system for overall satisfaction, given the option to rate specific elements of their treatment and then asked to leave comments on their experience.

The star rating system:



Face to face engagement

This is carried out at a range of local community venues with residents from diverse areas and backgrounds by the Healthwatch Trafford Engagement Worker, employing the same methodology as at hospital drop-ins.

Telephone calls & emails from Trafford residents

These are made by residents and answered by Healthwatch Trafford staff. Phone calls range from information and signposting requests to residents wishing to report concerns, comments or compliments regarding health and social care services. Where concerns regarding services are heard, they are recorded and wherever possible, passed on to service providers to influence positive change.

Online feedback

This can be given by members of the public independently using the 5 star rating system, (explained above), on the Patient Feedback area of the Healthwatch Trafford website: www.healthwatchtrafford.co.uk.

Drop-in Data Analysis

March 2015

90 service users and 12 members of hospital staff were engaged by Healthwatch Trafford and 10 patient experiences were received, (3 of which related to Alt'cham Hospital and others related to CAMHS, Moorside Unit, Patient Transport & GP Surgeries). 2 of these patient experiences were sent to us in the post after the drop-in. 3 of these service users engaged were young people (14-16 years) and 1 was a child (aged 8 years).

May 2015

We spoke to 130 people and recorded 20 patient experiences (17 relating to Altrincham Hospital, 2 for GP practices and 1 for Wythenshawe Hospital). 2 of these patient experiences were forms returned by post. 2 residents were signposted to other organisations by contacting them after the drop-in. A further 2 residents gave their views using our online feedback centre.

June 2015

133 service users were engaged at the June drop-in and 7 patient experiences were recorded (all of which related to Altrincham Hospital). 2 patients were under the age of 18 years.

Positive feedback regarding the old Altrincham General Hospital

Below are examples of collated patient feedback gathered at drop-ins, via website, emails and telephone calls from public.

General feedback

- **“I’ve been to MRI Eye Hospital, Altrincham General, Trafford General and Wythenshawe and they’re all good.”** (Bowden resident, March 2015)
- **“Friendly staff. Receptionist was helpful”** (Stretford resident, March 2015)
- **“Helpful and friendly staff”** (March 2015)

Minor Injuries

- **“First class service. No waiting, caring, friendly staff. Fully explained injury and how to aid recovery”** (Altrincham resident, March 2015)

Negative feedback re old Altrincham General Hospital

Blood Service

- **“Poor nursing manner ... I asked the nurse to wash her hands and I felt she was very rude in reply. She said I don’t understand the protocol and she was going to put gloves on - she had already swobbed my daughters arm without washing her hands. I don’t think her manner was appropriate. I have every right to expect good hygiene. Her attitude was totally inappropriate. Good job I am able to stick up for my principles.**

I believe hand washing should be done as soon as the patient walks into the room to show good hygiene and help the patient feel confident.”
(Timperley resident, March 2015)
- **“Wait time for blood testing too long. I often come with an elderly friend for fasting test or other and wait too long. Not enough staff on for demand to be met quickly. Staff always really nice and wait time must frustrate them also.”** (March 2015)
- **“When attending Altrincham General Hospital for a blood test on the morning of Weds 25 March 2015, I saw a notice on the wall advising patients that they may have to wait an hour for a test as it was busy in the mornings. It is not much use telling people this when they have already arrived. I have a suggestion as follows.**

I got a flyer from my GP advising me of the times for the Blood Service clinic, which include afternoons Mon-Fri. It says Altrincham General Blood Service Open Access Clinic is open from 8:00 to 15:30 Mon-Fri except Weds when it is 11:00-15:30, so they are open every afternoon during the week.

Why cannot a note be added to this to say ‘mornings are busy, come in the afternoon if you can’? Presumably my GP gets the opening times info from the hospital so all this needs is a bit of co-operation between them and the GP. It would be a good example of secondary and primary care working together in the interests of the patient, not to mention improved use of staff time by levelling out the workload.

Incidentally, diabetics come early in the mornings so if patients must come in the morning, late morning is best. Maybe this could be added too.

I would be very interested in the replies to this suggestion from the parties concerned.” (Altrincham resident, April 2015)

Positive feedback re new Altrincham General Hospital

General feedback

- **“The new hospital is improving from the first couple of days. Fantastic service, almost perfect”** (Old Trafford resident, May 2015)
- **“Good experience regards services provided. Staff helpful, waiting times bit too long but overall good experience”**
- **“Very good. Everybody was very helpful, polite and caring”** (April 2015)
- **“An extremely quick, efficient and good service. I was referred to Altrincham General by my GP. I was sent to the X-Ray Department, then to Blood Service for a blood test. The whole procedure took ¾ of an hour. It was a very good service.”** (Sale, May 2015)
- **“Service is excellent”** (May 2015)
- **“Fast friendly services. I had a blood test and an x-Ray and saw the consultant within an hr. This seemed a lot quicker than other hospitals I have attended.”** (Altrincham resident, May 2015)
- **“Excellent service. No complaints at all”** (Altrincham resident, May 2015)
- **“Good experience. Great staff, lovely hospital, very clean.”** (Chadderton, May 2015)
- **“Excellent Lovely clean bright, light. Hope it stays this way, quick friendly. Efficient.”** (Timperley resident, May 2015)
- **“Ultrasound: informative - good”** (June 2015)
- **“Hit and miss but nice facilities”** (June 2015)
- **“Easy access, convenient. Good experience regards services provided. Staff helpful overall good experience”** (Wythenshawe resident, June 2015)

- **“Clean, well lit building, very helpful staff.”** (June 2015)
- **“The hospital looks nice and everyone treats you nicely.”** (Sale Moor, June 2015)
- **“Chap [hospital volunteer] dressed in accessible bright red and so willing to come forward and help. Perfection.”** (Urmston resident, visually impairments August 2015)

Minor Injuries

- **“Great patient care provided and easy access”** (May 2015)
- **“Went with my Grandson who has Downs Syndrome. The staff very good - they recognised his needs. One staff calmed him while the other treated him. We parked in the disabled bay outside.”** (June 2015)
- **“Hip X-Ray. I waited for about 15 mins. I am very impressed with the care and treatment by the staff and the new hospital.”** (Altrincham, May 2015)
- **“Informative, good. Clear and concise”** (June 2015)
- **“Minor injuries fantastic Great patient care provided and easy access”** (Sale resident, June 2015)
- **“Excellent service. No complaints at all”** (Altrincham resident, May 2015)
- **“First visit to minor injuries was great - seen very quickly for my fractured ankle and lovely friendly nurse...”** (Altrincham resident, June 2015)
- **“Extremely helpful nursing staff”** (Timperley resident, June 2015)
- **“I waited for about 15 mins for hip x ray. I am very impressed with the care and treatment by the staff and the new hospital.”** (Altrincham resident, June 2015)
- **“Went for x ray. Service v good. Staff v helpful. Building very clean.”** (Timperley resident, June 2015)

Physiotherapy

- **“Wonderful in old and new hospital. Seen within 2 minutes”** (May 2015)

Audiology / ENT

- **“Visit to ENT - very good. Saw an ENT Doctor re tinnitus. He is investigating other issues which is really good - looking at the broader picture. The signs inside need to be improved.”** (May 2015)
- **“So far very good”** (BSL Interpreter, June 2015)
- **“Required new hearing aid, so far very good. My GP recommended a new hearing aid. He said do not buy one as the NHS were very good. I duly went to the old hospital in Altrincham and had a test. I collected the new aid from the new hospital in Altrincham and so far it is very good. I have been asked to go back in one month for a check-up.”** (May 2015)

Negative feedback re new Altrincham General Hospital

General

- **“Not good experience for public as there is no cafe or restaurant for the public.”** (Partington resident, June 2015)
- **“Seems to be a bit short on hand sanitizers, the one on floor 3 needs a drip tray to avoid slips and trips”** (Urmston resident, August 2015)

Blood Service

- **“The appointment system is wrong, there was only 1 staff taking bloods 6 weeks ago.”** (April 2015)
- **“In Blood Service, I waited one hr arriving at 1.10pm. The phlebotomists now have the Patient Indicator Screen working, which they can move on with a handset from in the cubicles. There are four chairs opposite the 3 cubicles. As soon as there is only 1 patient sitting on the four chair area, they use the handset to call through the next four patients, meaning that Phlebotomists time is absolutely maximised. However, when I arrived my ticket no was 69, and the indicator showed 59 as the last patient called through. When I left the next ticket you could take was 80, so although working fast, they were not catching up. There were 2 phlebotomists there when I was in the cubicles.**

However, the ticket machine, and the Indicator Screen are, in my opinion in the wrong place! If they were both in the orange chair area (at the back part of the waiting area) on the same wall as they are now on, it would all work much better. There could then be a notice under the Reception

notice, advising Blood Service patients to go round to “the orange chairs”. It would also mean that patients would not be walking out thinking all the waiting people were for Blood Service.” (June 2015)

- **“I had to wait one and a quarter hours for bloods”** (May 2015)
- **“Waited 15 mins to be seen. Starved for the appointment, arrived at 8.15am. About 20 people ahead of me. Five numbers called & seated near clinic then those five numbers seen in order. Maybe people starved need appointment times?”** (June 2015)
- **“Waited 1 hour and 15 mins in Blood Service. Would be helpful if more staff were available. There’s only 3-4 staff at the moment and volume of people is high. I’ve been having blood tests at Alt’cham for 3 yrs. There’s always been a wait”** (May 2015)
- **“Waiting time could be shortened. All else good / excellent”** (June 2015)
- **“Queued up for too long at reception to be told tickets for patients were behind me. The receptionist wasn’t the most welcoming, she seemed fed up. Windows on the staircase were filthy. Glad I didn’t pay to park - I work for CMFT.”** (Sale resident, May 2015)
- **“Opening times Blood Service. No easy access for people who work.”** (Trafford, May 2015)

Minor Injuries

- **“3 hour wait in Minor Injuries, on triage admin staff didn’t know if x-ray needed (prolonging the wait). No waiting time notice. 3 steps needs to be scheduled. Scheduling could be improved.”** (CMFT staff, June 2015)

Staff attitudes

- **“... typical grumpy receptionist”** (Altrincham resident, June 2015)
- **“Follow up visit a week later [after initial visit to Minor Injuries] with consultant wasn’t so good in that the person who put my cast on was rude and left the door open so everyone could see”** (Altrincham, June 2015)

Waiting times & procedures

- **“Waiting times could be better. After a 20 minute wait, sat in Doctors room waiting for Doctor for a further 5 minutes.”** (Sale resident June 2015)
- **“Waiting times could be shortened”** (Bowden resident, June 2015)

- **“Waiting times bit too long”** (June 2015)
- **“Waiting times could be better”** (June 2015)
- **“Need 1 desk for clinic booking and one for Minor Injuries. At present, they are mixed up so people have to wait unnecessarily.”** (Timperley resident, June 2016)

Signage

- **“Not enough signage in the hospital, especially for the lifts”** (four residents, June 2015)
- **“The signs inside need to be improved”** (May 2015)

Accessibility / disabled parking

- **“I live outside Altrincham and I’m worried about being able to push my mum from a car park to the hospital. I’ve got a disability myself and it’s very difficult without disabled parking spaces at the hospital.”** (June 2015)

- **“On bringing my 88 year old mother-in-law who is disabled, there is an issue with parking. I was initially told after ringing up that there were no disabled parking spaces available that afternoon. Then, after some discussion the operator had with a colleague it was agreed one was available.**

She would usually go to the appointment in Blood Service by taxi but I could find no information within the hospital how to facilitate this, and there is no parking other than underground in the area. I presume the cut-in at the front of the hospital is for this purpose but I am unsure where she would wait without standing for prolonged periods. I feel this needs to be addressed. Once in the hospital it’s good.”

(Stockport resident, June 2015)

- **“It was a very good service. The only drawback was the lack of parking space.”** (Sale, May 2015)
- **“There is nothing to say that you must book disabled parking spaces in advance. A security guard brought us up from the underground parking - he was helpful. Parking needs to be signed like at Wythenshawe where there are signs for parking for the renal unit. GPs should also tell patients about the parking situation.”** (Sale Moor resident, June 2015)
- **“Hospital Guide leaflet inaccessible [for visually impaired or blind people], also small print of Blood Clinics.**

Lift signage is OK apart from the floors are not numbered in large print in each lobby. Lift is talking, loud enough and clear. Lifts have a good service

There is one other issue re accessible stair strips on ramp outside the building. In the UK they should be at the top of stairs but not at the top of a ramp. To put them at the top of a ramp will potentially cause an accident to a cane user.” (Urmston resident, August 2015)

Appendix 1

Service feedback form

Service Name & location (eg. Trafford Health Centre, Davyhulme)

Rate this service provider overall



Cleanliness



Staff Attitude



Waiting Time



Treatment explanation



Quality of care



Quality of food



healthwatch
Trafford

Summary of your experience (45 characters max)

Tell us more about your experience*

Continue on next page if needed....

Where do you live? (Town & borough eg. Sale, Trafford)

About you

Name

Leave feedback anonymously? Yes

Email* (Your email will be kept private and you will not be sent any marketing material)

I accept the Terms and conditions: Yes

Subscribe to the newsletter? Yes No

Can these views go on the [Healthwatch Trafford](#) website?

Yes, with my name Yes, without my name No

Only your overall rating, comment and name (if disclosed) will be visible online.

Service feedback form



Tell us about your experience continued...



Details of visit
Service address:

Review of Care Home provision in Trafford
Beverley Park Nursing Home, 22 Sandy Lane,
Stretford, Manchester M32 9DA

Service Provider:

Beverley Park Nursing Home Limited

Date and Time:

Thursday 24 September 2015 - 10.00am- 12noon

Authorised

Sandra Griesbach and Brian Wilkins

Representatives:

Contact details:

Healthwatch Trafford, Sale Point, Sale, Trafford
M33 6AG

Acknowledgements

Healthwatch Trafford would like to thank the Management, staff, residents and family visitors to Beverley Park Nursing Home for their contribution to the Enter & View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.



Purpose of the Visit

The visit is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing & identifying best practice in the provision of Care homes ‘for vulnerable older people requiring nursing support’
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives

Strategic Drivers

- Ageing population in Trafford requiring care homes
- ‘Good practice’ policy Healthwatch Trafford
- Care Quality Commission & partners ‘dignity and wellbeing’ strategy [<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>]

Methodology

This was an announced Enter and View visit.

Contact was made with the owner/manager of Beverley Nursing Home Limited explaining our reasons for visit and posters were supplied to alert our visit to staff, residents and family members.

Some predetermined questions were available to the Enter and View team carrying out the visit and these can be found on Appendix 1. It was agreed with the Service Provider that the visit would last approximately two hours.

We were guided by staff on the residents we could approach to answer our questions. We had the following discussions:

- Talked to 8 residents and 3 family members

We observed the interaction between staff and residents and the communal areas of the home. Permission to speak to residents was received from residents prior to any conversations taking place.



Care, Dignity and Respect

The CQC 'dignity and wellbeing' strategy states that:

'People using services are treated with respect and dignity at all times while they are receiving care and treatment. To meet this regulation, providers must make sure that they provide care and treatment in a way that ensures people's dignity and treats them with respect at all times. This includes making sure that people have privacy when they need and want it, treating them as equals and providing any support they might need to be autonomous, independent and involved in their local community'. (<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>)

Summary of Findings

Beverley Park Nursing Home Limited is based in Stretford, in the North of Trafford Borough. The home can accommodate up to 18 older people supporting resident's needs. The residents are senior (mostly over 65 years) and have some form of physical care need. We were informed by management that a local GP visits 10 residents at the home on a weekly basis. The home had qualified staff on-site twenty-four hours a day to provide care and support for residents, this was reflected in the responses from residents that they felt safe, happy and well looked after at the home.

Overall, the outcome of this Enter and View is positive. The authorised representatives leading this visit felt that standard of care at Beverley Park Nursing Home is good.

The Enter and View representatives observations concluded that:

- That residents are willing to share their views.
- Residents appeared relaxed and comfortable in their surroundings.
- Staff were observed responding to residents needs quickly and in a considerate and caring manner.
- Inclusion through the provision of communal areas such as lounge and garden area where residents can garden or sit were observed.
- That there is a secure environment with qualified staff on-site twenty-four hours a day, seven days per week.
- There are weekly routine visits to the home by a local GP to check on 10 residents in her charge.



Whilst we were talking to residents we observed staff supporting a resident who required helping to the toilet; staff responded quickly, quietly and calmly. On the day of the visit the Management of the home were extremely helpful in supplying information on the numbers of staff on duty during a 24 hours rota:

- AM - one registered nurse and four carers
- PM - one registered nurse and three carers
- Overnight - one registered nurse and one carer

Environment

There are eight shared rooms and two single rooms. Two of the rooms are on-suite and there are two communal bathrooms. There are several communal areas including a lounge and a conservatory area as well as an outside garden. The building and the communal spaces were welcoming. Aesthetically, the décor, carpets and curtains appeared old. The home smelt fresh, the garden is a pleasant out door area for residents to use. Residents congregated in the lounge. At the time and day of the visit the Enter and View representatives observed little interaction between residents and the atmosphere was one of quiet inactivity.

Residents and Families Views

Wellbeing and care

During our visit we spoke to a number of residents some who had been at Beverley Park nursing home for number of years and others a few weeks. We received a range of comments such as:

“Happy with the care and I’m looked after”, “Can’t fault staff, feel you would get some special attention if needed”, “always help available”, “treated with dignity”. When we asked about the meals two thirds of the residents told us that that menus are set and they were happy with the meals. We received one negative response from a resident who was not happy with the food, however, the family member who was visiting stated that her mother was:

“eating well and that some meals might need to be blended” but emphasised that she was “extremely happy with the care her mother was receiving”.

Safety

When asked how happy and safe residents felt at the home all the residents spoken to on the day of the visit were positive in their response stating that they felt safe and looked after at the home.

Fundamentals

The majority of residents told us that they were satisfied with the arrangements in place for bathing and showering. Some residents did express their preferences, for example, one resident stated that they “have a shower not a bath but would like a



bath twice a week”. Another stated that “they have one bath per week but would like to bathe more often”.

The comments we received regarding the laundering of clothes were mostly positive as residents informed us that their clothes are washed, ironed and returned to them fresh and clean. We received one negative comment from a lady who informed us that the clothes that come back to her washed and ironed are not always hers and this upsets her daughter.

There appeared to be no restrictions on times or number of visits one example given by a resident was that her daughter visits her on a weekly basis at a set time and this works okay, another resident expressed that:

“you can see someone if needed”. We were informed by one gentleman that the home provides a phone for residents to use.

Activities

The Enter and View team observed few activities taking place for residents at the time of the visit. Residents told us that television was the main past time some also stated that they listen to the radio, music, reading and one lady informed us that she plays scrabble. One visitor did state that some activities took place and that her mother had recently observed biscuits being made. Other comments made by residents on the day were:

“Quite happy with my own company, do not do anything during day, go to bed to sleep although TV in room”. Another by a gentleman who said that when his partner visits his partner can take him outside in a wheelchair. We received a number of comments from residents expressing the need for more activities and one resident stating that

“someone used to come to play the piano but no longer comes”.

Healthwatch Trafford Enter & View follow-up process

As the Enter and View visit to Beverley Park is a snap shot in time, we contacted the Manager of the home with a number of follow- up questions to enable us to complete the report on Beverley Park Nursing Home.

We asked the Management of the home to provide us with further information regarding resident’s choice on meals and bathing, on what activities took place and if residents are encourage to move away from the chairs at mealtimes. The Management of the home responded positively and promptly to our request.



Response from Management of Beverley Park on these questions:

Choices

The Management of the home informed us that residents have a choice on meals and offered Healthwatch Trafford the opportunity to view menus showing the choice of meals. We were informed that residents can have a shower and/or bath and that frequency is a personal choice and is discussed on admission and then reviewed regularly.

Activities

Healthwatch Trafford were informed there is an Activities Coordinator at Beverley Park who works 12noon - 6.00pm providing a variety of activities and that on admission all residents complete a Life Story book with the Activities Coordinator; this enables the Coordinator to design one-to-one sessions based around personal choices.

Group activities include:

- arts and crafts
- sing along
- Bingo
- arm chair Zumba
- reminiscing activities and
- movie afternoons

The home provides other activities such as themed days for Armed Forces Day, Children in need and Halloween. At Christmas the home has pantomimes and Christmas Carols; residents are also asked if they would like attend the Christingle at a local church.

Mobility

Management at Beverley Park informed us that residents at the home who can weight bear are encouraged to walk as much as possible to maintain their independence or if they are unable to weight bear they are encouraged to participate as much as possible. The Activities Coordinator will be attending a course so she can provide arm chair exercises for those unable to weight bear.

Management stated that they do not have a separate dining area but have a table that can be set up and residents are asked if they want to sit at the table. The Management did add that due to the nature of their residents most require special chairs to sit in the lounge and generally they do not have residents that can sit safely in standard chairs.



Response from Manager of Beverley Park following the completion of the report:

“I was very disappointed to see the comments about the food as it had been explained that the lady who made the comment has dementia and why she makes comments like that”.

Recommendations:

None

Appendix - 1

Predefined Questions Whilst on Visit

- **Wellbeing:** How would you describe your care home and the way you are looked after?
- **Safety** - How happy and safe do you feel?
- **Time structure** - How do you feel about your meals?
- **Care** - do you feel the staff are caring toward you and treat you with dignity
- **Fundamentals** - for example, are you able to bathe when you want, can you have visitors when you want them?
- **Inclusion** - how do you spend your day

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**Report on drop-ins & patient
feedback gathered for Trafford
General Hospital**

April 2015

June 2015

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Executive Summary

This report summarises patient experience data gathered regarding Trafford General using a range of methods:

- hospital drop-in conducted by Healthwatch Trafford in April 2015;
- Healthwatch Trafford online feedback centre added by residents independently over 2015;
- face to face public engagement at a range of local venues by the Healthwatch Trafford Engagement Worker;
- telephone calls from members of the public over 2015

We have analysed this feedback in context of other patient experiences gathered at previous drop-ins (December 2014, January and February 2015).

Aims of the hospital drop-in and all face to face engagement:

- to obtain and collate qualitative patient experience data regarding a range of health / social care services, in particular Trafford General Hospital;
- to identify where local services are working well and where improvements can be made;
- to work with service providers, including Trafford General to encourage positive change to service design and delivery where possible;
- to share and promote examples of good practice locally, regionally and nationally
- to raise the profile of HWT and increase public awareness of the service;
- to signpost people to relevant health /social care or voluntary sector services.

At the April 2015 drop-in, 30 residents and 17 hospital staff members were engaged.

6 patient experiences were recorded, (relating to Trafford General, GP Surgeries, Salford Royal Hospital and Altrincham General Hospital).

4 people were signposted to services including: Trafford Walk-In Centre, Independent Complaints Advocacy (ICA), Healthwatch Wigan, Healthwatch Salford and Healthwatch Bury.

In total, when combined with previous drop-ins, 314 people have been engaged at Trafford General drop-ins and 43 patient experiences recorded.

The majority of feedback received remains positive and highlighted the following areas for praise; Physiotherapy, Urgent Care Centre, In Patients, Medical Assessment Unit, Rheumatology and Orthopaedics.

Negative comments concerned the following areas: reduction in clinics in Audiology, accessibility issues within the hospital environment and with BSL Interpreters, communication between CMFT Hospitals (Trafford General and Manchester Royal Infirmary), cancellation of operations and concern around costs

within the ENT Service and discharge of an elderly patient from a ward without care plans in place.

The patient journey case study highlights concerns around care and medical treatment for an in-patient with Parkinsons.

Background Information

Healthwatch drop-ins at Trafford General Hospital commenced in December 2014 through liaison with Central Manchester Foundation Trust staff: Jane Grimshaw, (Head of Nursing at Trafford General Hospital) and Linda Adamson, (Clinical Effectiveness & Patient Experience Lead (Trafford)). Staff and trained Healthwatch Trafford volunteers are present at the drop-ins.

Aims

- to obtain and collate qualitative patient experience data regarding a range of health / social care services, in particular Trafford General Hospital;
- to identify where local services are working well and where improvements can be made;
- to work with service providers, including Trafford General to encourage positive change to service design and delivery where possible;
- to share and promote examples of good practice locally, regionally and nationally
- to raise the profile of HWT and increase public awareness of the service;
- to signpost people to relevant health /social care or voluntary sector services.

Methodology

Drop -Ins

HWT staff and volunteers set up a market place stand and pop-up banner in the hospital restaurant. Healthwatch leaflets, free resources (stress balls and pens), and other resources, including information sheets on PALS were available.

Patients, their family members and carers were approached by Healthwatch staff/volunteers, or vice versa, given leaflets and engaged in discourse around Healthwatch and patient experiences. Where appropriate, paper copies of feedback forms were distributed and support offered in completing them (see Appendix 1). The paper copy feedback forms mirror the online Healthwatch Trafford Feedback Centre; respondents are asked to rate the service using a five star rating system for overall satisfaction and then given the option to rate specific elements of their treatment and to leave comments.

The star rating system:



Face to face engagement

This is carried out at a range of local community venues with a wide range of audiences by the Engagement Worker employing the same tools as at the Trafford General drop-ins.

Telephone calls from Trafford residents

These are made by a diverse residents and answered by Healthwatch Trafford staff. Phone calls range from information and signposting requests to residents wishing to report concerns with particular services. Where concerns regarding a health or social care service are heard they are recorded and wherever possible, passed on to service providers to influence positive change.

Online feedback

This can be left by members of the public using the 5 star rating system explained above.

Drop-in Data Analysis

People engaged with at April 2015 drop-in



30 Patients & carers 17 Hospital Staff

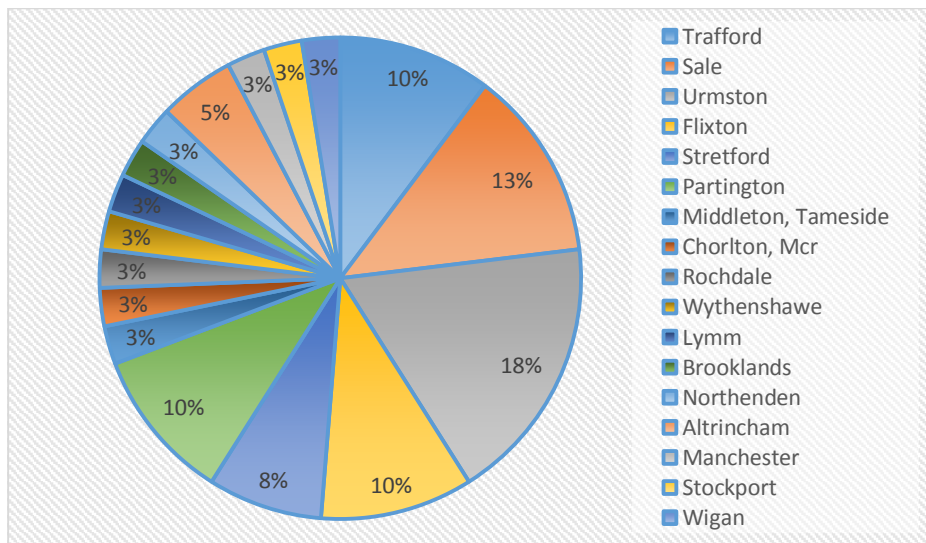
Total engagement over December 2014 - April 2015

311 patients, family members / carers and hospital staff have been engaged by HWT.

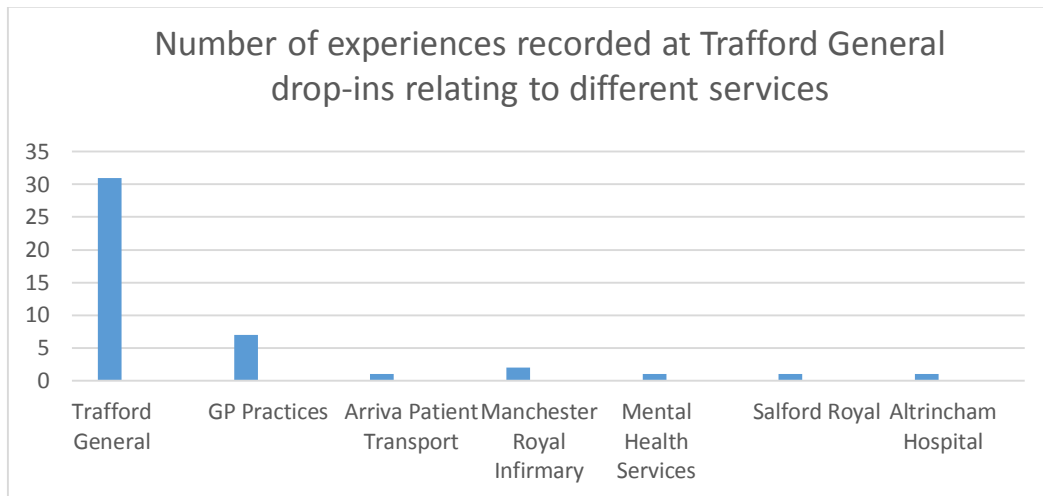
43 patient experiences were recorded.

30 of these 43 patient experiences related to Trafford General Hospital

Respondents by Area:



Summary of Feedback from drop-ins



The Healthwatch Trafford online Feedback Centre (where experiences gathered at the drop-ins were recorded) shows a four star average rating given for overall satisfaction with service at Trafford General Hospital:

Trafford General Hospital

Address | Moorside Road
Davyhulme
Manchester
Greater Manchester
M41 5SL

Telephone | 01612761234

Website | www.cmmc.nhs.uk

NHS Patients accepted

Feedback Rating

★★★★☆
Based on 44 reviews

[Leave feedback](#)

Location

Moorside Rd
[View larger map](#)

Image taken from HWT website (03/05/15)

Detailed feedback on Trafford General Hospital services (January to May 2015)

Where patient consent was given, comments gathered at the drop-ins regarding Trafford General Hospital services were placed on the Healthwatch Trafford online Feedback Centre, (www.healthwatchtrafford.co.uk).

Patient feedback from the following sources is collated below:

- 🌸 taken during face to face engagement in different community venues,
- 🌸 added to the website independently by local residents over 2015
- 🌸 comments made during the April 2015 drop-in
- 🌸 phone calls from local residents to Healthwatch Trafford



Positive feedback for hospital services includes:

Orthopaedics and physiotherapy

- 🌸 “I had a knee operation with excellent physiotherapy. The physiotherapists were all helpful and looked after me”

Fracture Clinic & X ray

- 🌸 Excellent all round

Urgent Care

- 🌸 “I attended Trafford General's Urgent Care Centre soon after opening on Tuesday 12th May with unexplained crippling knee pain. I was triaged, taken straight to the examination area where tests were carried out and seen by the Registrar who explained clearly his diagnosis and proposed treatment. Blood results were received, I was given further information by the doctor on the condition and medication. All staff seen were pleasant and effective and I was home within two hours. An excellent quality service.”
- 🌸 “Brilliant! I went on New Years Eve and was in and out within 40 minutes - this including seeing a nurse twice, a doctor and having an x-ray. Excellent (and speedy) service. Thank you!”

In-patient (removal of thyroid gland)

- 🌸 “Staff very busy but helpful and cheerful”

Medical Assessment Unit

- 🌸 “Staff provide excellent care and deliver with great Dignity and care throughout the day and night. They listen and take on board any of patients and families concern, they allow families to be part of care.

Being South Asian and my mother having specific care needs they allowed me to stay with her throughout the day and that made my mother's stay very confident. The staff should train all the NHS staff and show there good practice."

Rheumatology

5 star ratings given for all aspect of care

Positive comments have been gathered in previous drop-ins for Orthopaedics, Fracture Clinic, Cardiology, Urology, Hearing Clinic, Outpatients and Rheumatology. These can be found in the Healthwatch Report on Drop-ins at Trafford General, Dec 2014 - Feb 2015, available on the 'About Us' section of our website.



Negative feedback for hospital services included:

Audiology

- “I went to get batteries for a hearing aid but was very disappointed to find that you can no longer pick up batteries from reception. Also not happy that there is no longer twice weekly sessions where you can go for new tubes fitted and repairs. Waiting for an appointment when the aid is broken is not acceptable - spending days without being able to hear.

While I was there a lady came in, like me not aware that the clinics had stopped. This lady was severely deaf and wore 2 aids. One of these was not working and she was given an appointment 5 days away. That poor lady was very distressed as she would have great difficulty hearing. It's very distressing and without an aid life can be very difficult."

This echoes previous patient feedback re the Hearing Clinic: "It is such a shame that this clinic is understaffed. The treatment is second to none but because of cutbacks they are understaffed. The walk in clinic has closed and is now appointments only which can cause disaster to someone unable to hear and having to wait for days to be seen to. (Hearing Clinic)

"Not satisfied with length of time I've waited and appointments being altered" (Hearing Clinic)

ENT Clinic

Comments from 2 people

- “We've been told that your first hearing aid is free and if you lose it, you have to pay £80.00 for a replacement. Well, it's very easy to lose it if you've got Alzheimers like my wife. Could an allowance be made for people in this situation?"

Booking of BSL Interpreters

Deaf patient (May 2015):

- “I went to Orthopaedics and arrived 5-10 mins early. The BSL Interpreter arrived and everything was fine. The Interpreter showed me his paperwork from the Interpreter agency. He was booked for 15 minutes, from 12:00-12:15. I didn’t go into the appointment till late. Then they said I needed to go to X ray. The Interpreter did agree to go with me for the X ray but then he had to go. He told reception that it was wrong to book him for only 15 minutes but reception told him it wasn’t their fault, that he was wrong.”

Deaf patient (May 2015):

- “I was seeing an oncologist at Trafford General. The paperwork for the BSL Interpreter said he was booked for 30 minutes. The Interpreter had to leave for another appointment and told the nurse. He had to cancel his 2nd appointment to stay with me.”

(Same patient reported this is also happening at Manchester Royal Infirmary).

Accessibility within the hospital

Patient with rheumatoid arthritis:

- “Lack of disabled toilets and toilet doors too heavy”.

Communication within CMFT hospitals

Resident of South Asian heritage:

- I’m having problems with the transfer of information from Trafford General to Manchester Royal Infirmary. It doesn’t happen.” (May 2015)

Resident of South Asian heritage:

- I went to Manchester Royal with my daughter recently. Then an appointment came from Trafford General. I took her there and they repeated everything that had happened already. I explained she was receiving treatment from Manchester Royal for the same problem. The Doctor was surprised.” (May 2015)

Cancellation of operations

The patient was scheduled to go into Trafford General for a gastro test and had starved themselves for a three day test to take place at Trafford General. On the day of the admission they were rung by the consultant to cancel the test as the nursing staff at Trafford did not have the expertise to monitor the test. No alternative date was offered at MRI just another course of treatment (Nov 2014)

Unsafe discharge (telephone call from resident)

Complaint about residents' elderly mothers discharge following a knee operation. Below are the concerns she outlined:

1. Mother was told she was being discharged at 11am in the morning - no-one in the family was informed
2. Daughter went to the hospital at 3pm from work to find her mother waiting
3. Mother couldn't walk - daughter was told by staff that a porter wouldn't be available until after tea (it was now 4.30pm). Daughter asked for a wheelchair and wheeled her mother to the hospital entrance, brought her car to the front of the hospital and struggled for 10 minutes trying to get her mother into her car, she found it impossible to lift her mother into her car
4. A stranger came to daughters rescue and helped her to get the mother into the car.
5. The mother was returning to a house where she lives alone and no provision had been put into place to enable her to return to her own home.
6. No-one at the hospital spoke to the daughter (or her sister) regarding their mother, her mother stated that no-one approached her to ask how she was going to manage.

The mother has an imminent physiotherapy appointment and the daughter is concerned how is she is going to attend as she cannot take her in her car as she cannot lift her in. No-one informed mother or family of patient transport. (Dec 2014)

HWT signposted the daughter to PALS & patient transport

Patient Journey Case Study

(Recorded during telephone call from Trafford resident)

Sibling contacted us about their brother's treatment and subsequent problems with a stay at Trafford General Hospital.

Patient, who suffers from Parkinson's disease, was admitted to TGH in March 2014 with a water infection and a chest infection. When he was admitted, he went with his medication, including 3 patches to medicate for Parkinsons which is incredibly important to control his condition and heart failure tablets which are also crucially important for his health. These two pieces of medication are so important they are monitored and proscribed jointly by a heart nurse and Parkinson's nurse to ensure that there is a balance and should the dose of one increase then the other must be reviewed.

Upon being admitted, the staff were made aware of his medication needs and the fact that the supplies they brought with them would only last a few days so he will require more. Staff assured patient's sibling that this would be taken care of.

During patients stay, their sibling stresses that the staff were very helpful but noticeably very busy. He was treated on a dementia ward, so the activities of the other patients distressed him. He also suffered with diarrhoea.

He was discharged in April 2014, and was in a much worse condition than when he went in. Patient's sibling observed that although prior to being admitted the patient's movement was limited, he was able to walk and move on his own and only had carers in 3 times per day to bring him meals. When he was discharged he was unable to walk, or even lift his head. Where before being admitted he was lucid and 'with it', after discharge he was not.

On the day he was discharged, they were so confused with the medication they had to call out a GP to go through it. The GP was astonished with the fact that he had been given 3 different types of Laxative, and that his Parkinson's and heart medication had not been included and it seemed had ceased when the original lot ran out in hospital (despite being given assurance that they would be continued).

Due to the laxatives he had been proscribed, patient had suffered diarrhoea and suffered an accident during the night one night. This caused him immense distress as he had to lay in it all night until the morning when sibling and another sibling (who is in her 80's) had to lift him out of bed and clean him up.

His carers realised that the time allocated to him was not enough for his needs and Community Matron Gill Eccles acknowledged the difficulties and arranged for midnight calls from the community nurses to check on him overnight, and he is now temporarily in the Haylands Gentlemens residential care home as it is clear he requires 24 hour care now.

Sibling also noted that patient previously had trouble with clearing phlegm and was taking tablets to assist him to cough it up. These also appear to have stopped in the hospital and has caused him to vomit on more than one occasion due to a build up. She also had informed the hospital that patient suffered from ingrown toenails which caused him discomfort so he had them regularly attended to by a podiatrist. She was told that they would have a podiatrist visit him, in just over two weeks that he was in hospital he was not seen by one.

Patients sibling has made it clear that she has never had a problem with the hospital before, indeed her brothers treatment at Trafford General has been very good in the past, but this time she found it very difficult to find a member of staff that could talk to her about her brother and his treatment. The failures with his medication might have caused serious and possibly irreversible damage. She is very keen that this situation doesn't happen to anyone else in the future, particularly someone so vulnerable.

Appendix 1

Service feedback form

Service Name & location (eg. Trafford Health Centre, Davyhulme)

Rate this service provider overall



Cleanliness



Staff Attitude



Waiting Time



Treatment explanation



Quality of care



Quality of food



Summary of your experience (45 characters max)

Tell us more about your experience*

Continue on next page if needed....

Where do you live? (Town & borough eg. Sale, Trafford)

About you

Name

Leave feedback anonymously? Yes

Email* (Your email will be kept private and you will not be sent any marketing material)

I accept the Terms and conditions: Yes

Subscribe to the newsletter? Yes No

Can these views go on the [Healthwatch Trafford website](#)?

Yes, with my name Yes, without my name No

Only your overall rating, comment and name (if disclosed) will be visible online.

Service feedback form



Tell us about your experience continued...

A large, empty rectangular box with a thin black border, intended for users to provide their service feedback. The box is currently blank.

Only your overall rating, comment and name (if disclosed) will be visible online.



Joint Enter & View Report

Manchester Royal Infirmary

Wards 9,10,11 & 12

Tuesday 6 October 2015
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Details of visit	Review of Manchester Royal Infirmary (MRI) Transplant and urology wards 9 & 10 Hepatobiliary & pancreatic surgical wards 11&12 Oxford Road, Manchester, M63 9WL
Service address: Service Provider:	Oxford Road, Manchester, M63 9WL Central Manchester University Hospitals NHS Foundation Trust (CMFT)
Date and Time:	Tuesday 6 October 2015 11:00 -12:00 observation and patients' experience 1:30-3.00 patients' and visitors' experience
Authorised Representatives:	Healthwatch Manchester – Katherine Bays, Michael Molete and Ken Hsu Healthwatch Trafford – Jean Rose and Marilyn Murray (<i>Lead representative</i>)
Contact details:	Healthwatch Trafford, Sale Point, Sale, Trafford M33 6AG

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission where they are protected by legislation if they raise a concern.



Acknowledgements

Healthwatch Manchester and Healthwatch Trafford would like to thank the patients, visitors and staff at CMFT at the time our visit for their contribution to this Enter and View report. We would like to acknowledge the support received in advance of the visit from Kathryn Krinks, Head of Quality Improvement for Central Manchester Foundation Trust and Margaret Israel, Head of Nursing for Manchester Royal Infirmary Surgical Division.

Disclaimer

Please note that this report relates to findings observed on Tuesday 6 October 2015. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

All Healthwatch Manchester and Healthwatch Trafford authorised representatives have successfully been through: the application process, Disclosure Barring Service (DBS) standard check and Enter and View training.

Executive Summary

The aims of the initiative were to visit and observe the delivery of service on Wards 9, 10, 11 & 12 at Manchester Royal Infirmary and record the views and experience of patients and their visitors on these Wards. This was a joint approach by Healthwatch Manchester and Healthwatch Trafford acting upon information gathered from our public engagement events and patient opinion surveys during 2014/15. These showed mixed reviews from people accessing the service at Manchester Royal Infirmary.

A formal proposal to conduct an Enter and View visit was produced by the joint Healthwatch teams in May 2015. The results on the day of the visit indicate that many of our observations and patient experiences were positive; wards appeared clean, bright and well maintained. Staff were caring, friendly and quick to give help to patients. Some of the negative comments that were recorded at the time of the visit included lack of communication between departments, resulting in delay of treatment, delay in obtaining medication from pharmacy department which is impacting on discharge of patients and long waiting times at the night before staff respond to call bells.

The suggestions and recommendations made following this visit can be found on page 14.



Purpose of the Visit

To find out how patients were informed and involved in their treatment on wards 9, 10, 11, and 12 at Manchester Royal Infirmary; how staff were responsive to patient's needs; how the privacy and dignity of patients is respected and patients safety is maintained.

Strategic Drivers

- To contribute to service improvement, especially the service user experience
- Identifying and sharing 'best practice' e.g. activities that work well
- Encourage providers to engage with local Healthwatch as a 'critical friend' outside of formal inspections

Methodology

This was an announced Enter and View visit.

Arrangements were made in advance between the joint Healthwatch team and Manchester Royal Infirmary. The joint team, comprising staff from the two Healthwatch and trained Enter and View volunteers, met frequently over the summer of 2015 to plan our approach and agree the principles and practicalities for the visit. In September 2015 we met with Manchester Royal Infirmary Head of Quality Improvement and the Head of Nursing for the Surgical Division to explain the purpose of Enter and View visits and to outline the drivers for this particular visit. Answers to some preliminary questions were sought, to help understand the procedures on the wards and maximise time available during the visit [see Appendix 1]. Predetermined questions were used by the Enter & View Team [see Appendix 2]. The time of the visit was two hours before lunch and two hours in the afternoon following lunch time period, this was agreed with senior nursing staff before the visit. A Healthwatch poster was produced by the Healthwatch team and Manchester Royal Infirmary staff agreed to display the poster promoting the Enter & View visit to patients, visitors and staff on wards 9, 10, 11, & 12.

On the day of the visit, the Enter & View team met with Manchester Royal Infirmary Head of Nursing for the Division of Surgery and the Lead Nurse who offered further information to enable the Enter & View team to gain a greater understanding of the wards and the care provided to the patients. The Enter & View team visited the wards twice, in the morning and the afternoon, making observations and talking with patients [as directed by staff] as well as with other members of the nursing staff. The Enter and View team explained to patients who they were, why they were visiting and left patients with a leaflet explaining Healthwatch Enter and View along with the Manchester and Trafford Healthwatch contact details.



Background

Between January and September 2014, the Healthwatch Trafford Engagement Worker listened to and recorded six patient opinions (face to face) relaying treatment of elderly patients (and one young patient) regarding wards 9, 10, 11, and 12 at Manchester Royal Infirmary. Concerns relating to:

- Delays in treatment and diagnosis
- Poor care leading to patient developing septicaemia
- Patients discharged when still unwell
- Poor or no communication with patients / relatives / parents about patient condition and treatment from staff
- Elderly patients not given support to use toilet, left in bed to soil themselves. Relatives had to clean and take care of this
- Elderly patients not bathed (relatives had to do it)
- Buzzers not answered to elderly patients
- No pain relief given
- Patient notes being mixed up with other patients
- Perceived lack of respect / sensitivity regarding cultural differences from Trafford residents of South Asian heritage

In September 2014 Healthwatch Trafford and Healthwatch Manchester met to discuss exploring patient experience as a result of the above. In October 2014, further research using the Patient Opinion website (written by people from a range of locations) revealed 64 patient opinions recording positive experiences at Manchester Royal Infirmary and 57 patient experiences recording negative experiences at Manchester Royal Infirmary.

A formal proposal to conduct an Enter and View visit was produced by the joint Healthwatch teams in May 2015 and after further correspondence with Central Manchester Foundation Trust, our request was received by the Head of Quality Improvement at Manchester Royal Infirmary, was acknowledged and agreed.



The Visit: Observations, patient and staff experience

1. Impressions of Wards:

The Enter and View team observations

Positive:

- Staff were welcoming to patients and that the wards felt calm even though they were busy. On approach, staff were keen, insightful, appropriately identified and very helpful throughout the Enter and View.
- Unattended patients seemed relaxed and comfortable; those who were being attended to seemed in good spirits with the staff.
- Contact information for relatives was visible; the signage for toilets and other facilities was adequate and the wards appeared clean, bright and well-maintained.
- The areas around patient beds were clear and uncluttered.
- The temperature during our visit [during the day time] was comfortable.
- There is evidence that reasonable adjustments have been made to ensure that the ward and ward facilities are as accessible as possible. Information is available for patients with disabilities. Interpreters are available for those patients requiring them.
- Staff conduct ward rounds every month to collect patient feedback data. Patients also give feedback forms on iPads, mostly when they are being discharged. There are monthly reviews to ensure the two sets of data match each other as closely as possible.
- The colour of the urine chart in the toilet to remind patients to drink enough fluids is an excellent idea, as was a separate board showing at-a-glance dietary requirements of patients for staff serving meals [e.g. nil-by-mouth].
- Mealtimes are considered protected though we had concerns about how strongly this is preserved [see below].
- A range of data are available on the notice board including information on staff uniforms, staff levels (they were displayed as understaffed on the day of our visit), infection control stats, patient friends and family test results.

Other observations

- The outside corridor appeared cluttered with machines and trolley but with a clear access.

Needs improvement:

- Welcome signs are hidden when the door to the ward is open [which it often is]. While the ward caters for individual needs and has a wide range of interpreters available for patients, there is no help for visitors with similar needs.



- Protected mealtimes: A screen was put up to stop external visitors coming in during mealtime, however, the staff did not ask visitors to vacate and were still in the rooms.

Staff experience

Positive:

- The two members of staff interviewed in wards 9 and 10 were very knowledgeable about the systems in place to prevent patients from experiencing any complications; they explained that this was facilitated by clinical observations such as routine observation of vital and early warning signs and clinical handover sessions which occur three times a day. Staff input patients' data on computer and in the event of abnormal readings the computer will automatically prompt the attention of a relevant clinical team, who will manage the anomaly accordingly.
- Staff felt that their team is adequately able to reduce falls and pressure sores through 'wet signage', side rails and comfort pressure rounds of those patients unable to move or turn themselves.
- Staff members facilitate meals and snacks for patients with cultural/religious and lifestyle preferences.

Needs improvement:

- Ward staff informed the Enter & View team that there needs to be an improvement in the processes to create more space for new patients: speed up patients' discharge, patients awaiting prescriptions, communication between teams from wards doctors, admission/discharge lounges and community services including pharmacy.





2. Responsive to People's Needs:

The Enter & View team observation

Positive:

- Patient dignity was protected; the patients observed were dressed appropriately and curtains were drawn as necessary. The Enter and View team were offered privacy during their interviews with patients.
- Patients all wore an ID bracelet.
- Washrooms and toilets were suitable and easily accessible.
- Visitors had access to chairs and space to visit.
- Patients receive amenity packs on arrival, which include ear plugs and an eye mask to help them sleep
- Patients receive a discharge pack when they leave which includes information on their stay, the procedures they've had, their medications and aftercare support.

Patient feedback

Positive:

- Patients told us that during the day help is given quickly: "Use the buzzer and the nurses come instantly".
- Patients felt listened to, well-informed and respected:
"The staff respected how I wanted to be involved in my care. I asked them not to tell me much. The wife finds out the details. The team respected our wishes and kept us informed that way."
"I am monitored closely, well informed, chose this hospital to attend rather than opt for closer hospital".
- One patient told us how the doctor wanted to spend time with him to explain what was going to happen: "isn't that brilliant...I felt so reassured"
- A few patients were certain of the 'official' way to feedback comments on their experiences "Discharge survey on the TV when I go" but most we spoke to felt comfortable raising issues directly with staff:
"Don't know how to give feedback, but I would feel comfortable to tell problems to the staff directly".



Needs improvement:

- One patient who has stayed on the ward three times over the last two years told us that sometimes, especially at night, patients are waiting a long time before staff respond to call bells. [Wards 9&10]
- Two patients told us they had to wait an hour for pain relief “probably because they’re busy”. [Wards 9&10]
- A patient told us he observed support staff shouting when addressing an elderly gentleman. The patient thought that the elderly man didn’t understand the English language, he wasn’t deaf. [Wards 9&10]
- A patient who’d been in the ward for six weeks had observed a few negative issues with the pharmacy; his friend had to wait all day to be discharged (from 9am until 8:30pm) because he had to wait for his medication from the pharmacy.
- Three patients on wards 9 & 10 told us that the wards are too hot at night, which prevents them from getting a good night’s sleep.





3. Quality of Care and Patient Safety:

The Enter and View team observation

Positive

- There is clear information for visitors about infection control. A notice board shows the number of recent MRSA cases. Essential measurement data is displayed and illustrates continuous improvement. It includes the number of accidents & incidents/falls/complaints. There is evidence of the NHS Family and Friends Test programme being implemented.
- Staff wore identification badges and information is provided above each patient's bed stating who is looking after them.
- Hand sanitisation is readily available for staff, patients and visitors. The wards are piloting a new scheme whereby staff have a new badge that warns if they have not sanitised their hand after interacting with a patient.
- Patients' call bells were functional and were responded to.
- Appropriate safety measures were in place to prevent and reduce falls. Staff interviewed were insightful about incident and accident procedures.
- Rubbish, dirty items and linen are disposed of appropriately.
- Green running man emergency exit signs were prominent and visible.
- Due to the ward's specialism not many people were able to eat. During the afternoon of the visit the Enter and View team observed jelly and ice cream being served which appeared to be a morale booster that was well received by most patients who were not nil by mouth

Other observations:

- Fire evacuation signs were visible.

Needs improvement:

- Buzzers can be too high to be reached when sitting down. Many patients have the buzzer on their bed and can struggle to find it quickly when needed.
- More can be done to promote how to give feedback whilst on the ward (see patient feedback below).
- Although fire evacuation signs were visible, escape procedures and routes weren't clear.



Patient feedback

Positive:

- Patients told us about the “caring” and “friendly” staff who looked after them.
- Patients said that they were satisfied with the care they received. One patient we spoke to said “Would donate to this hospital if I win the lottery” while another would “recommend the ward even to healthy people”! This patient also commented on the benefit of being with people who had similar health problems and on the support provided for carers. A package of care had been put in place and details had been given to his wife and him regarding the district nurse visits. He felt secure with the support provided when he went home as he had names and phone numbers of people to contact should he or his wife be concerned.
- Most patients gave positive feedback on the food available:
“The food is more than adequate. You select what you want from a computerised system a day before. You get what you want and this reduces waste. It also caters for different nationalities.”
- Patients told us the referrals system which led to them being on the ward works well: “Brilliant service, especially the 40 days fast track cancer referral”.
“Noticed the condition using cancer kits you get though the post. Good communication with all the referrals throughout the process”.

Needs improvement:

Patients told us that communication with other wards/the wider hospital could be improved:

- “Sister called but couldn’t get through till today (it’s now Tuesday, couldn’t get through since Friday). The switch board sent her to the wrong department” [A&E instead of ward 12].
- There was a problem regarding the transfer of one patient’s personal belongings from the Elective Treatment Centre. Books belonging to the patient were one day late arriving on the ward from the admission lounge and the patient’s handbag containing reading glasses a day later.
- One patient told us that his wife, who is also his carer gave a list of his current medication at the admission lounge but the information wasn’t relayed to relevant staff in the ward thus causing delays in his treatment.
- One patient told the Enter & View team that it would be good if staff could look at the sleeping patterns of patients and separate patients that talk in their sleep. “Sometimes you don’t report because you feel guilty about reporting another patient”.



- One patient was not a renal patient but allocated a bed on this ward following admittance to A&E (only availability). When requiring prescribed medication for a condition not directly due to his injuries (over the weekend), doctors on the ward would not do this as he was not one of their patients attached to the renal ward. He told us that staff nurses are “awesome” but that the doctors are “too busy” to see him and that they “don’t listen”.
- A patient told us that a group of patients complained to staff about the disruptive behaviour of one patient who was creating distress for the rest of the ward and that it took two or three days before staff dealt with the situation and moved the patient on.





4. Staffing and Leadership:

The Enter & View team observation

Positive:

- Staff evidence of knowledge of incident and accident policies as well as the risk register: they utilise different care pathways, a checklist and traffic light system to ensure quality of care and patient safety.

Needs improvement:

- It wasn't clear if the staffing numbers displayed on the entrance notice board were for ward 9 or 10 or both.

Patient feedback

Positive:

- One patient told us that she had been visited by the stoma nurse and how helpful the nurse had been.

Needs improvement:

- One patient told the Enter and View team:
“it was obvious which nurses were bank staff as they gave a lower level of care”.
- One patient stated that staff could be more polite in order to improve the service.

Staff experience

Comments

- Staff felt that both wards were short staffed. Nevertheless both staff members felt supported by their colleagues and senior team members.

Needs improvement:

- Ward staff felt that even though they are working well as a team with matron's support the staff shortages in both wards need addressing.



5. Further Questions:

Following the Enter & View visit further questions were put to provider:

- Q1. When patients give feedback during their stay, how do staff reassure the patient that there will be no repercussions from the comments they give?
- Q2. What is the procedure for 'protected meals' and for visiting times in the Wards?

Below are the responses we received from Manchester Royal Infirmary:

- A1. Matrons visit patients daily when on duty. Patients giving feedback received during these visits or at any other time are verbally assured it will not adversely affect their care.
- A2. Manchester Royal Infirmary sent Healthwatch Trafford a booklet 'Your Surgery' which is a guide to having surgery at the Manchester Royal Infirmary stating that all the information on protected meals and visiting times can be found in the booklet.

Recommendations/suggestions

- Reposition welcome signs on back of doors to wards as they are often hidden.
- Ask visitors to vacate the wards at meal times and when visiting time has ended to comply with protected procedure.
- To consider monitoring the temperature on wards 9 & 10 at night as patients are finding it too hot sleep.
- To look at how to improve communication between the different departments including pharmacy to improve the patients admission and discharge.
- Monitor response time by staff to patients during the night.
- Staff to be aware of barriers to communication e.g. language and hearing impairment for visitors as well as for patients.
- Ensure that patients can reach their buzzers easily.
- Ensure that processes are clear for non-renal patients who have been place on the renal wards due to overflow of patients accessing A&E at Manchester Royal Infirmary.
- Identify disruptive patients and act quickly to avoid distress to other patients.



Service Provider response

In response to the above recommendations the Head of Nursing for Manchester Royal Infirmary Surgical Division stated that she was happy with the report and gave the following assurance:

“We will action all the recommendations once the report is finalised and I have circulated it to the senior team so that they can work with their staff to embed them”.



Appendix 1

Preparation for the visit:

Before the visit took place Healthwatch Trafford contact the Head of Quality Improvement for a description and further information of Wards, 9, 10, 11, & 12. The following information was received:

Description of the wards:

Wards 9 & 10: Transplant and urology

Is a double lobbied 54 bed ward - one side of which is for female patients and the other side for male patients. The transplants carried out are kidney, pancreas and islets of Langerhans. Patients are referred from a number of areas:

Salford Royal Foundation Trust, Pennine and their satellite hospitals plus other Trusts refer in relation to kidney transplants.

Leeds, Hull, North Wales, Sheffield, Birmingham and other Trusts refer patients to the MRI for Pancreas transplants.

Within the MRI nephrology and diabetic consultants refer patients also for transplants.

Prior to referring patients for transplant the 'worked up' patients will have begun at their base hospital, then referred for suitability for transplant to MRI. MRI's transplant coordinators take over the coordination of their care at the MRI and prospective transplant, working closely with the medical team, and other units for suitable live, altruistic or cadaver donors.

Urology patients are referred into the MRI service from their GP and via the emergency department.

Wards 11 & 12: Hepatic/pancreatic surgeries

56 beds, and cares for male and female patients with conditions such as:

- Hepatic/pancreatic surgeries which vary from gallbladder removal and Whipples procedures to liver resections and management of pancreatic conditions. Hepatobiliary (HPB) patients are usually complex patients with complex needs and can be very dependent patients requiring long term input from both the ward based nursing, medical and allied health professional team and also the specialist nursing teams when they have been discharged home to recuperate.
- Patients are admitted from a variety of sources including GP referrals, emergency admissions and referrals from other Trusts across the Greater Manchester region, serving a population of over 3 million people. The majority of HPB patients being tertiary referrals from other hospitals across Greater Manchester, with a smaller number being admitted via the emergency department.



Appendix 2

The questions used by the Enter & View team to frame their report of the visit to Manchester Royal Infirmary Wards 9, 10, 11 & 12 on Tuesday 6th October 2015.

On-Site questions: Patient Experience

- How are you today?
- Do you know who is looking after you today?
- Tell me what happens if you ask for help?
- Are you able to get a good night's sleep?
- Is the food adequate?
- Do you feel you have been well informed about your condition/s?
- Do you feel involved in decisions about your care?
- Do the doctors/nurses and other staff members answer your questions fully?
- Are you satisfied with the care you are receiving? What 3 things are you most impressed by?
- Are you aware how to give feedback?
- Is there anything the staff ward/unit could do better or improve?
- Would you recommend this ward/unit to other members of your family and friends?
- Any other key concerns?

On-site questions: Staff Experience

- Are there any blockages/barriers preventing speedy consultation/assessment, admission/ discharge or transfer? If so, what do staff feel can be done to resolve these?
- How do you identify deteriorating patients?
- What actions does the department take to reduce falls/pressure ulcers?
- How do people access meals and refreshments?
Is the Menu user friendly, does it provide enough choice, and does it cater for cultural/religious/lifestyle appropriate to choices?
- Are staff aware of (and are they comfortable with) reporting procedures on incidents, accidents or near misses and are they aware of risk registers?
- How many staff are on duty on each shift?
- What is the skill mix/shift?
- Is the ward up to full establishment?
- How many agency staff are used on the ward?
- What opportunities exist for you to give feedback?
- How are your concerns listened to?
- How do you ensure you're kept up to date with developments in the unit or department or trust?
- How do you ensure effective handover and continuity of care?
- What do you think works particularly well in the ward/unit with patients' care and teamwork?
- Are there any issues around resources and support which affect your provision of care that is responsive and effective?
- What in your opinion do you think needs to improve in your ward/unit?

Trafford Borough Council and Manchester City Council Joint Health Scrutiny Committee – A New Health Deal for Trafford

Minutes of the meeting held on 10 November 2015

Present:

Councillor E Newman - Chair
Councillor P Young- Vice Chair

Manchester City Council - Councillors Reid and Wilson
Trafford Borough Council - Councillors Bruer-Morris, Chilton (substitute for Cllr Ward)
Harding and Lloyd

Dr Nigel Guest, Trafford Clinical Commissioning Group
Gina Lawrence, Trafford Clinical Commissioning Group
Julie Crossley, Trafford Clinical Commissioning Group
Silas Nichols, University Hospital of South Manchester NHS Foundation Trust
Julia Bridgewater, Central Manchester Foundation Trust

Apologies: Councillors Ellison and Ward

JHSC/15/17 Minutes

The Committee received the minutes of the meeting held 29 September 2015. Dr Guest said that the reference in Decision 3 of Item 5 relating to the New Health Deal for Trafford Decision was inaccurate in stating that there was an "understanding that no services at UHSM would be withdrawn". The Chair replied that the decisions are those of the Committee and the minutes recorded what had been agreed by the Committee.

Decision

To approve the minutes of the meeting on 29 September 2015 as a correct record.

JHSC/15/18 Declarations of Interest

The following personal interests were declared:

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

Councillor Chilton declared a personal interest as an employee of the General Medical Council.

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

JHSC/15/19 Update – The New Health Deal for Trafford

The Committee welcomed Dr Nigel Guest, Trafford Clinical Commissioning Group; Gina Lawrence, Trafford Clinical Commissioning Group; Julie Crossley, Trafford Clinical Commissioning Group (CCG); Silas Nichols, University Hospital of South Manchester NHS Foundation Trust (UHSM) and Julia Bridgewater, Central Manchester Foundation Trust (CMFT). The Chair informed the Committee that apologies had been received from NHS England.

Dr Guest introduced the report submitted by Trafford CCG which provided current performance data against national targets for Accident and Emergency activity. He said that performance figures and activity are broadly in line with the planned figures. The Committee welcomed the report.

In response to a question from a member regarding the Falls Service redesign Ms Crossley responded by saying that this work is being delivered through the Better Care Fund. She said that it is still a relatively new model and it is being developed further. Members requested further information regarding the Falls Service redesign is circulated to members of the Committee.

In response to a question from members regarding changes to the delivery of district nursing, Ms Lawrence said that this is being undertaken to modernise the delivery of district nursing and that recruitment activity to deliver this service is ongoing.

The Chair said that the Committee had continued to seek assurances that the £12M capital investment for the Accident and Emergency Department at UHSM would not be compromised as a result of the Healthier Together decision. He invited Mr Nichols from UHSM to address this point specifically and further provide an update on developments and activity at UHSM.

Mr Nichols said that the £12M capital investment for the Accident and Emergency Department at UHSM was not compromised by the Healthier Together decision and they were committed to delivering this project. He said that regrettably there had been delays with this project and he acknowledged the frustrations expressed by the elected members as a result of this. He informed the Committee that work is expected to begin in January 2016 and is expected to be completed in 18 months. The Committee requested that reports are submitted to each future meeting of the Committee which describes the progress in the implementation of the £12M capital investment for the Accident and Emergency Department at UHSM.

Mr Nichols said that, whilst performance targets remain challenging, attendance figures remain broadly in line with the projected figures, however they have experienced an increase in admissions. He said that the surgical bed capacity; medical beds and a new Investigations and Treatment Unit at UHSM will be operational from this month. He explained that whilst the recruitment of nurses remains a challenge, to ensure that these additional beds can be used safely, this is being addressed by offering attractive training and employment packages to nurses. Members welcomed the additional bed capacity at UHSM and requested future reports include analysis of the impact of these.

Mr Nichols described the work of the Frailty Unit that had been established at UHSM. He said that this Unit ensures that patients are assessed to ensure that they receive

the correct care pathways to reduce the numbers of patients being admitted to hospital unnecessarily. He advised that whilst the Unit is relatively new the early performance analysis indicated that it is proving to be very effective in reducing the length of stay patients are having in hospital and the number of patients being readmitted.

He further described the work being undertaken to address delays in discharge. He said that UHSM had co-located Social Workers on site and have dedicated Referral Officers working with patients to ensure patient care assessments are undertaken at the correct time to support patients leaving hospital quickly and safely. Immediately after Trafford Social Care implemented these changes the numbers of delayed discharges reduced dramatically reaching single figures in September 2015. However, since September this number has steadily increased to the point where it is back to previous levels.

He said that it is important to ensure that patients get the right support at the right time from the right professional, both in terms of medical and social care so as to avoid patients having to remain in hospital any longer than is necessary and to support them to live in their own homes. It is with this in mind that UHSM and Trafford Adult Social Care are trying to ensure that patients are seen by a social worker as quickly as possible during their stay at hospital. Mr Nichols said that patient discharge activity is closely monitored with meetings held weekly to review cases where patients had been waiting more than 14 days to be discharged.

He further described the investment in the on site pharmacy service and the presence of senior consultants on wards to minimise delays in patient discharge. In response to comments from members regarding administrative delays, such as the lack of ward rounds at weekends that can contribute to delays in patient discharge, Mr Nichols acknowledged that these had been issues and work is ongoing to address this with the ambition to deliver a seven day a week, consistent hospital service for all patients.

Mr Nichols advised that regular meetings are held between UHSM, the CCG and Local Authority Commissioners to review and improve services and the challenge now is to scale up these initiatives to respond effectively to the demands of a population that are living longer.

Dr Guest said that in addition to the developments at UHSM as described by Mr Nichols Trafford CCG is funding wrap around services to deliver enhanced care for people in residential care to lower incidences of admissions to hospital. He said that this is in addition to the investment made to improve access to primary care, wider preventative health initiatives across the population and the development of a directory of care services.

Ms Lawrence drew the Committee's attention to the issue around the price of nursing homes within the Trafford area. Trafford CCG has a new framework in place whereby a flat rate is paid and any additional charges must be justified by the home. Since this began Trafford CCG has started to see a reduction in the cost of placing people within Trafford.

In response to a question from a member regarding winter resilience planning and concerns expressed by members regarding the impact a bad winter can have on hospital admission rates, Mr Nichols and Dr Guest advised that planning is done to mitigate the impact of winter pressures on A&E services. The Committee requested that a report describing the efficacy of last years winter resilience plan and details of the current winter plan is provided for consideration at the next meeting of the Committee.

Ms Bridgewater then addressed the Committee to describe development at CMFT. She said that the pressures experienced at A&E sites in Manchester are not unique to the city and that they are experienced nationally. She said that the pressures need to be understood not just in terms of numbers of beds but also in the context of how ill people are and the complexity of conditions resulting from an ageing population. She further said that any introduction of additional bed capacity needed to be managed safely and this requires the recruitment of nurses. She said that CMFT had undergone a successful recruitment campaign of nurses from India and Portugal.

She said that she supported the comments made by Mr Nichols regarding the importance of ensuring that patients are seen and assessed at the right time by the correct staff, at all times of the week. She said this was particularly important for those patients presenting with mental health issues as early intervention and assessment can drastically reduce the need for hospitalisation.

She further described the Fragility Service provided at CMFT that is a similar model to the one described by Mr Nichols. She said that by identifying and delivering the correct care pathway this can maintain and support people to continue living in their own homes.

The Chair informed the Committee that members of the Manchester Health Scrutiny Committee had recently visited the A&E Department at CMFT. He said that it had been a very informative visit and recommended that a similar visit to UHSM be arranged for members of the Joint Health Scrutiny Committee. The Committee agreed this recommendation.

A member commented that he had received very positive anecdotal reports regarding the Orthopaedic Centre at Trafford General Hospital. He suggested that a report describing the performance of the Orthopaedic Centre should be provided for consideration at the next meeting of the Committee. The Committee agreed this recommendation.

The Chair concluded the meeting by thanking all of the guests for attending and responding to questions. He advised that the date of the next meeting, to be held in January 2016 will be agreed and shared with all parties.

Decision

1. To thank Officers for attending.
2. The Committee agreed to continue to receive performance reports on the implementation of the The New Health Deal for Trafford. These reports will

include Attendance and Admissions performance data and measures introduced to mitigate these pressures.

3. The Committee regret the delay to the 12M capital investment for the Accident and Emergency Department at UHSM.
4. The Committee requested that reports are submitted to each future meeting of the Committee which describes the progress in the implementation of the 12M capital investment for the Accident and Emergency Department at UHSM.
5. The Committee requested that information regarding the Falls Service redesign is circulated for information to members of the Committee.
6. The Committee requested that a report describing the performance of the Orthopaedic Centre at Trafford General Hospital is provided for consideration at the next meeting of the Committee.
7. The Committee requested that the Committee Support Officer arrange a visit to the Accident and Emergency Department at UHSM for members of the Committee.
8. The Committee requested that a report describing the efficacy of last years winter resilience plan and details of the current winter plan is provided for consideration at the next meeting of the Committee.

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