



TRAFFORD
COUNCIL

**AGENDA PAPERS FOR
HEALTH SCRUTINY COMMITTEE MEETING**

Date: Wednesday, 7 October 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 - 4
To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 12 August 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. TRAFFORD CCG - GP PRACTICES UPDATE		
To receive a verbal update from the Chief Operating Officer of Trafford CCG.		
5. DEVOLUTION MANCHESTER UPDATE		5 - 24
To receive a presentation from the Acting Corporate Director, Children, Families and Wellbeing.		
6. HEALTHIER TOGETHER UPDATE		
To receive a verbal update from the Director of Commissioning (Greater Manchester) of NHS England.		

Health Scrutiny Committee - Wednesday, 7 October 2015

7. ALTRINCHAM HOSPITAL SITE VISIT

To receive a verbal update from the Chairman, Vice Chairman and Councillor Mitchell.

8. DISTRICT NURSING UPDATE

To receive a verbal update from Councillor Chilton.

9. HEALTHWATCH TRAFFORD UPDATE

25 - 58

To receive Enter and View and Healthwatch Update reports from the Chairman of Trafford HealthWatch.

10. JOINT HEALTH SCRUTINY COMMITTEE UPDATE

To receive a verbal update from the Vice Chairman.

11. GOVERNMENT RESPONSES TO THE FRANCIS REPORT

59 - 64

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

12. HEALTH UPDATE

To receive an update from the Chairman and/or Vice Chairman of the Committee on any matters arising from meetings with health providers.

13. 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.

14. EXCLUSION RESOLUTION (REMAINING ITEMS)

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

THERESA GRANT

Health Scrutiny Committee - Wednesday, 7 October 2015

Chief Executive

Membership of the Committee

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

Further Information

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

Alexander Murray,

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This agenda was issued on **Tuesday, 29 September 2015** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

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Public Document Pack Agenda Item 2

HEALTH SCRUTINY COMMITTEE

12 AUGUST 2015

PRESENT

Councillors J. Lloyd (in the Chair), Mrs. J. E. Brophy, Mrs. A. Bruer-Morris, M. Cawdrey, R. Chilton, J. Harding, A. Mitchell, L. Walsh, Mrs. V. Ward and J. Coupe (ex-Officio).

In attendance

Gina Lawrence	Chief Operating Officer - Trafford CCG
Dr Nigel Guest	Chief Clinical Officer - Trafford CCG
Silas Nichols	University Hospital of South Manchester
Anthony Middleton	Chief Operating Officer - CMFT
Darren Banks	Director of Strategic Development - CMFT
Dr Martin Smith	Consultant in Emergency Medicine – SRFT
Peter Forrester	Democratic and Performance Services Manager
Alexander Murray	Democratic and Scrutiny Officer

Also Present

Councillors S. B. Anstee, J. Baugh, J. Bennett, D. Butt, M. Cornes, Mrs. P. Dixon, T. Fishwick, M. Freeman, J. Reilly, B. Rigby, B. Sharp, M. Young.

APOLOGIES

Apologies for absence were received from Councillors Mrs. P. Young and S. Taylor

13. MINUTES

RESOLVED: That the Minutes of the meeting held on 1st July 2015 be agreed as a correct record and signed by the Chair.

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

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

15. HEALTHIER TOGETHER

The Chairman referred to the decision made by the Committee In Common (CIC) in relation to the Healthier Together programme as to name Stepping Hill Hospital to be the fourth hospital to specialise in general surgery and emergency medicine for patients with life threatening conditions. The meeting of Council on 15 July had

Health Scrutiny Committee 12 August 2015

considered a motion on the outcome and has asked the Health Scrutiny Committee to engage with providers on the implementation of the decision.

The Consultant in Emergency Medicine from Salford Royal Foundation Trust gave a brief overview of the Healthier Together Programme Single Service Model. This included how the Model was conceived by 473 clinicians working together and why this service model was favoured by clinicians. Dr Smith went on to describe how the model was developed, went out to consultation and then finally lead to the decision by the CIC on the 15th July 2015.

After the brief description, the Health Scrutiny Committee put forward numerous questions to the health representatives regarding the decision made by the CIC. The Chairman also allowed questions from other interested Members attending the meeting. The questions covered a wide range of topics relating to the decision. One of the areas of concern was the additional distance Trafford residents would have to travel for treatment within the Shared Service Model. The Chief Clinical Officer of Trafford CCG explained that the streamlining of processes would reduce the amount of time required for patients to receive treatment.

Further, the Chief Operating Officer of Trafford CCG gave assurance to the Committee that the North West Ambulance Service (NWAS) would be focusing on improving ambulance response times within Trafford, with one additional ambulance already placed within the Trafford area. Trafford CCG provided additional assurance by stating that they would closely monitor NWAS's performance and enforce financial penalties if Trafford response times were unacceptable.

On top of these assurances the health representatives informed the Committee that health organisations within Greater Manchester had been collaborating on the development of a new computer system in conjunction with NWAS. The new system would help paramedics diagnose patients to guarantee they would be taken to the correct hospital for treatment.

Councillors asked what the reasons were for the decision to choose Stepping Hill Hospital over Wythenshawe Hospital. The questions asked varied from the criteria used to make the decision to the difference in standards between the two hospitals. The main reason that Stepping Hill was chosen ahead of the other hospitals was due to the travel times that patients from outside of Greater Manchester had to travel for emergency surgery. The reason that this was the deciding factor was due to how close the hospitals were in all other respects.

Another area for concern was the financial and professional impact the decision would have on Wythenshawe Hospital. The Chief Operating Officer / Deputy CEO of Wythenshawe Hospital reassured Councillors that, whilst the financial impact hadn't been fully calculated, there would be no major financial impact on the hospital. Due to collaborative working agreements between UHSM and CMFT there would also be no loss of staff at Wythenshawe Hospital.

A number of questions were asked about the effect of the decision on the way that a major accident at Manchester Airport would be dealt with. The Chief Operating Officer of Trafford CCG explained that in such a situation all processes change in order to deal with the accident in the most efficient way. Dr Martin Smith pointed

Health Scrutiny Committee
12 August 2015

out that the collaborative and streamlined way which services act during such emergencies helped shape the Single Shared Service model.

The Chairman of Healthwatch Trafford asked how the decision made by the CIC would affect previous assurances made as part of the New Health Deal for Trafford. The Chief Operating Officer for Trafford CCG responded that the decision would have no effect on the New Health Deal for Trafford and would continue along the original schedule. The Chief Operating officer pointed out that since the New Health Deal for Trafford came into being there had been a great deal of collaboration between health organisations and integration between health and social care which has greatly reduced the A&E footfall within the Trafford area.

Members commented on the approach to communication between the relevant health organisations, local authorities and members of the public throughout the development and decision making process.

The Committee discussed the current Public Health Consultation. The Committee members agreed that the Public Health Consultation should be reviewed by the Committee. However, it was noted by the Committee that the consultation would be closed before a meeting could be scheduled.

Resolved:

- 1) That the representatives from CMFT, Trafford CCG, UHSM and Healthier Together Programme team be thanked for attending the meeting and answering the Committee's questions.
- 2) That additional information regarding collaboration between health organisations to be shared with the Health Scrutiny Committee.
- 3) That Trafford CCG sends Information regarding the reduced A & E footfall across Trafford to the Health Scrutiny Committee.
- 4) That Trafford CCG share Greater Manchester major accident contingency plans with the Health Scrutiny Committee.
- 5) That the Health Scrutiny Committee express its concerns about the proposals and agree to write a letter to the GM Joint Health Scrutiny Committee asking them to monitor the assurances made in relation to Healthier Together.
- 6) That the Trafford Health Scrutiny Committee writes a letter to the Department of Health raising concerns about the timing of the Public Health Consultation.

The meeting commenced at 6.30 pm and finished at 9.10 pm

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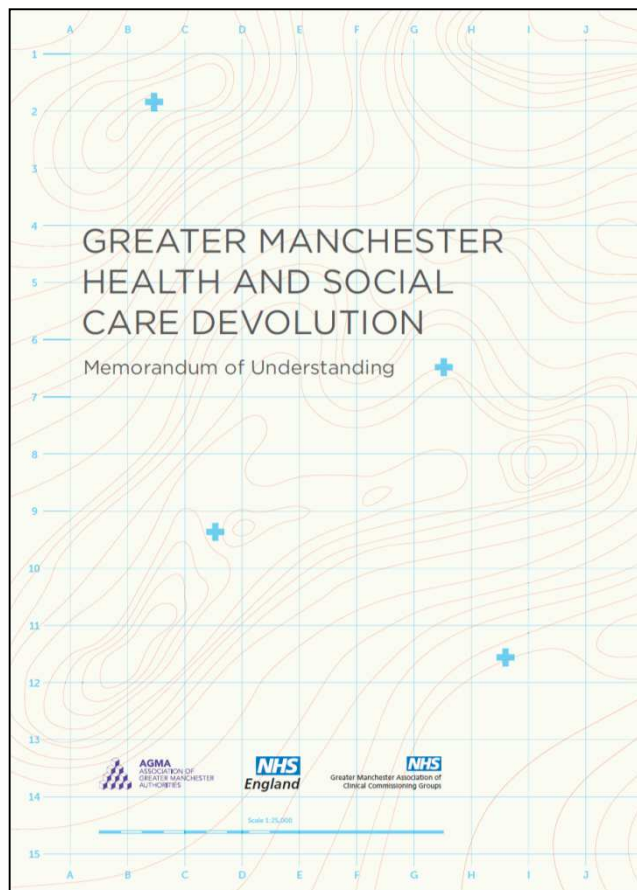


Health & Social Care Devolution: Progress Update
Health and Wellbeing Board
Sept 2015



The background to GM Devolution

- **Greater Manchester Devolution Agreement** settled with Government in November 2014, building on GM Strategy development.
- Powers over areas such as transport, planning and housing – and a new elected mayor.
- Ambition for £22 billion handed to GM.
- **MoU Health and Social Care devolution** signed February 2015: NHS England plus the 10 GM councils, 12 Clinical Commissioning Groups and NHS and Foundation Trusts
- MoU covers acute care, primary care, community services, mental health services, social care and public health.
- To take control of estimated budget of £6 billion each year from April 2016.
- Commitment in July 2015 budget to align the Spending Review process for health and social care to our Strategic Sustainability Plan



The vision for GM Devolution

To ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million citizens of Greater Manchester



Devolution isn't just about health & social care

The roots of poor health are found across society and the public service – we need to do more than just respond at the point of crisis. This requires integration of not just health and care, but contributing wider public services focussing on health, wealth and wellbeing

Page 8

Worklessness & Low Skills	Children & Young People	Crime & Offending	Health & Social Care
<p>Long-term JSA claimants</p> <p>ESA claimants (WRAG)</p> <p>'Low pay no pay' cycles</p> <ul style="list-style-type: none"> Working Tax Credit claimants Low skill levels (vocational or academic) Insecure employment <p>NEET (Young People)</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> Lone parents with children 0-4 Poor literacy and numeracy Poor social skills Low aspirations Living alone 	<p>Child in Need Status (CIN) / known to Children's Social Care</p> <p>Child not school ready</p> <p>Low school attendance & exclusions</p> <p>Young parents</p> <p>Missing from home</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> Repeat involvement with social care LAC with risk of offending Poor parenting skills SEN Frequent school moves Single parents 	<p>Repeat offenders</p> <p>Family member in prison</p> <p>Anti-social behaviour</p> <p>Youth Offending</p> <p>Domestic Abuse</p> <p>Organised Crime</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> Lost accommodation Dependent on service Vulnerability to sexual exploitation Missing from home Violent crime 	<p>Mental Health (including mild to moderate)</p> <p>Alcohol Misuse</p> <p>Drug Misuse</p> <p>Chronic Ill-health (including long-term illness / disability)</p> <p>Compounding factors:</p> <ul style="list-style-type: none"> Unhealthy lifestyle Social isolation Relationship breakdown / loss or bereavement Obesity Repeat self-harm Living alone Adult learning difficulties

What have we said we'll do in the MoU?

- Improve the health and wellbeing of all Greater Manchester people – of all ages
- Close the health inequalities gap faster within GM, and between GM and the rest of the UK
- Integrate physical health, mental health and social care services across GM
- Build on the Healthier Together programme
- Continue to shift the focus of care closer to homes and communities where possible
- Strengthen the focus on wellbeing, including a greater focus on prevention and public health
- Contribute to growth and connect people to growth, eg helping people get in to and stay in work
- Forge a partnership between the NHS, social care, universities and science and knowledge industries for the benefit of the population
- Make significant progress on closing the financial gap

Why do devolution?

- Devolving powers to GM will enable us to have a bigger impact, more quickly, on the health, wealth and wellbeing of GM people
- It will allow us to respond to the needs of local people by using their experience to help change the way we spend the money
- It will allow us to better co-ordinate services to tackle some of the major challenges supporting physical, mental and social wellbeing

How will we do this?

- By integrating our governance: being binding on all the partners, decisive and bold
- By integrating planning: working across CCGs, local authorities and trusts in our 10 areas to create aligned local plans feeding one GM strategic plan
- By integrating delivery: by doing best practice at pace and scale

Strategic plan

1. Strategic Direction

The Strategic Plan will set out the vision for the delivery of services within GM and what a sustainable approach would look like.

2. Locality & Sector Plans

The Strategic Plan will provide a framework to ensure the overall level of ambition is achieved and for the development of Locality Plans. Each area in GM will produce their own five year Strategic Plan for the five years from 2016/17.

3. GM Transformation Proposals

A key component of the Strategic Plan will be to identify new models of care/strategies and where transformation is needed

4. Financial Plan & Enablers

A GM Model will be developed enabling scenario planning for the significant changes of services that will be required. It will be capable of predicting the impact of new models of care and of locality and sector plans.

Outline GM Strategy to secure stability across our health and care system for the long term

Element	Description
Radical upgrade in prevention and public health	<ul style="list-style-type: none"> Galvanising GM and local work on the determinants of poor health Reducing variation in approaches for risk factors for early death and disease Developing a new social contract for GM improved self care and the contribution of people to support their communities
Building capacity in community assets	<ul style="list-style-type: none"> Supporting service users to connect with community resources and make their own contributions Building community capacity to respond to and meet these needs through enterprise development, volunteering, and community hubs Establishing a GM New Society Hub to provide focus, drive and coordination for the development of a new relationship across GM between citizen, state and society.
Transforming integrated community based care and support	<ul style="list-style-type: none"> Developing proactive, joined up care based in communities for patients with one or more long term condition Improving access to Primary Care services, seven days a week Developing new provider models blending assets across acute, primary, community and social care provision Wider Public Service Reform improving school readiness, tackling worklessness and addressing wider dependency
Safe transition to new models of hospital care	<ul style="list-style-type: none"> Adoption of over 500 quality and safety standards to secure reliable and effective care every time Combining medical teams from separate hospitals into Single Shared Services operating across Acute Medicine, Urgent & Emergency Care and General Surgery New models to manage variation in Specialist Care
Radical acceleration of discovery, innovation and spread	<ul style="list-style-type: none"> Establishing Health Innovation Manchester as our Academic Health Science System to accelerate the pace of innovation, and the ability to ensure reliable implementation of evidence based practice into the daily care of patients. Shortening and enriching the journey from ideas to adoption and thereby increasing the value GM brings to the health of our citizens and beyond, our economy, the impact of our research, our reputation and social value.

The Investment Fund

- The Greater Manchester Health and Social Care MoU signed on 27 February 2015 states that “We commit to the production, during 2015/16, of a comprehensive GM Strategic Sustainability Plan for health and social care. This aligned with the Five Year Forward View will describe how a clinically and financially sustainable landscape of commissioning and provision could be achieved over the subsequent five years, subject to the resource expectations set out in the Five Year Forward View appropriate transition funding being available and the full involvement and support of national and other partners.”
- It is important that this outline plan also demonstrates how fiscal neutrality can be achieved during the CSR period. The GM health and social care economy is not in financial balance and the gap is projected to widen. What this work will need to demonstrate is how additional one-off investment in the early years of the CSR period will enable the gap to be closed and financial balance to be achieved. By neutrality it is important that the ultimate saving between the projected deficit and achieving financial balance outweighs the level of one-off investment required.

Governance Structures

- It is widely recognised that key to achieving the scale and pace of reform that is required is the development of robust and inclusive governance.
- The governance that is being developed at GM level will be supplemented by increasingly integrated arrangements at a locality/district level.
- The pan GM governance that is being developed will be the first of its kind in the country.
- The MoU committed GM to have governance in place in shadow form from October 2015, with formal structures being in place from April 2016 that ensures all decisions about health and social in GM will be taken with GM.
- The governance that is being developed will focus on the creation of an inclusive GM Strategic Partnership Board, and a Joint Commissioning Board.

GM Strategic Partnership Board

- The Strategic Partnership Board will encompass the whole of the Greater Manchester health and social care economy. Its membership will include:
 - Greater Manchester Combined Authority
 - 10 AGMA local authorities
 - 12 CCGs
 - 15 NHS Trusts, Foundation Trusts, and NWAS
 - Greater Manchester Fire and Rescue Service
 - Greater Manchester Police and Crime Commissioner
 - NHS England
- It will also actively engage:
 - Monitor
 - Care Quality Commission (CQC)
 - Public Health England
 - Health Education England
 - Primary care, Third Sector, and patient voice representation (and discussions are ongoing to identify how they can be effectively and appropriately engaged).
- Its principle function will be to set the overarching strategic vision and priorities for the Greater Manchester health and social care economy.
- Uniquely, it is anticipated that it will provide a platform for decision making that includes all of the key stakeholders in Greater Manchester.

GM Joint Commissioning Board

- The Joint Commissioning Board will potentially be the largest single commissioning vehicle in GM.
- It will not be responsible for the commissioning of those services that are delivered at a locality level. That function will remain at a local level, and be commissioned in a way that the locality best sees fit (this could be via an increasingly integrated arrangement.)
- It will be responsible for the commissioning of all services that fall within its scope on a GM footprint.
- It will be responsible for delivering those parts of the Strategic Plan that are to be delivered on a pan Greater Manchester footprint.
- The membership of the Joint Commissioning Board will include:
 - Greater Manchester Combined Authority
 - 10 AGMA local authorities
 - 12 CCGs
 - NHS England

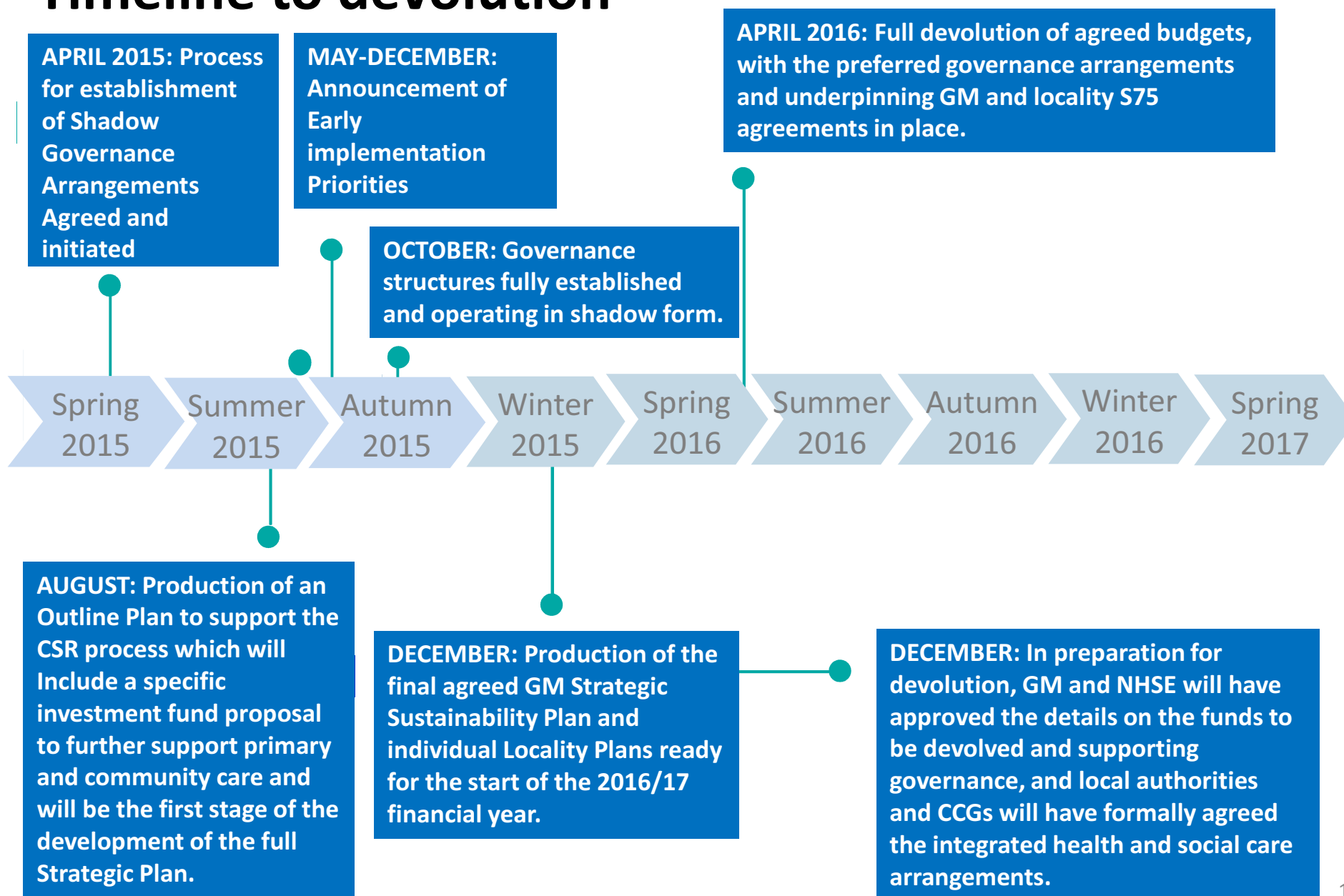
Achieving Binding Provider Decision Making

Significant progress in the provider discussions on achieving sustainable agreements. The discussions involve all hospital, Mental Health, Community and Ambulance Trusts operating within GM. The discussions are developing approaches to:

- Collective decision making through “locked Gateways” with the alignment of regulators
- Incentives and penalties to underpin the operation of such joint arrangements
- Transparency of relevant planning information to inform agreements
- Overall governance through a Federation Board
- OD and Leadership development to help shape the culture and behaviours needed to make this work

Timeline to devolution

Page 18



Trafford's Locality Plan for 2020 – progress to date

- Trafford Council and Trafford Clinical Commissioning Group have accountability for the delivery of Trafford's Locality Plan.
- A working group has been established to draft the Locality Plan and this is chaired by John Pearce, Acting Corporate Director for Children, Families & Wellbeing, as Trafford's nominated Senior Responsible Officer (SRO) for the delivery of the Plan.
- It is intended that the final plan will be creatively designed and engaging for the widest audience.
- The plan will articulate the health and social care vision for 2020 and how we will deliver our financial gap in funding.
- The Trafford Care Coordination Centre will be positioned as the 'big idea' and from this all other transformational developments will be positioned.

Locality Plan

7 day access to treatment and care

Trafford Care Coordination centre

To promote and encourage self - reliance

Ability to access the right information at the right time

To deliver a sustainable health and social care economy

Enabling people to retain their independence

Deflect activity from inappropriate services

Health and Social Care Transformation

The Locality Plan will set out the main areas for transformation across the health social care system and how it will change by 2020. The Trafford Care Co-ordination Centre will be the catalyst for system wide change will all other projects linking to it including;

- Primary Care access
- Healthier Together
- Integrated Locality Health and Social Care delivery
- Reshaping Care Programme
- Learning Disabilities
- Mental Health

Any further areas will be considered through the engagement process as the plan develops

Place Based Opportunities

It is important that the plan is able to explore the broader place based opportunities to improve health and well being outcomes for Trafford's population. The follow areas have been identified to date;

- Leisure and Physical Activity
- Housing
- Education and Skills
- Economic Growth
- Environment
- Asset Based Community models

Any further areas will be considered through the engagement process as the plan develops

Enablers

Whilst the plan is focused on the vision for Trafford in 2020 clearly there a number of key enablers that will underpin the plan;

- Finance
- Estates
- Information governance
- Workforce
- Patient and Service User Engagement
- Governance
- Public Sector Reform

It is proposed that the plan gives headline information across each of these areas with links to more detail

Locality Plan – Next Steps

- It is important that Strategic Partners contribute to the shape and content of the Locality Plan, in particular the *placed based opportunities*
- Engagement events are being planned in October 2015
- Strategic Partners and their representatives from the Trafford Partnership Executive, Health and Well Being Board and Children’s Trust will be invited.



**Healthwatch Trafford Update
September 2015**

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

We continue our regular, monthly drop-ins at

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

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

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

Healthwatch Trafford Board Recruitment

We have recruited 3 new members to the Healthwatch Trafford Board.

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

Healthier Together

We continue our involvement with the Healthier Together Program.

We are involved with the Patient, Carer and Community Advisory Group. We are in the process of recruiting to the membership of this group.

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

GM Healthwatch Network has representation on the Committees in Common.

Devolution Manchester.

Greater Manchester Healthwatch Network continues to work with the Devolution Manchester Team.

G M Healthwatch has representation on the Strategic Plan Leadership Group and the Communication and Engagement Group.

Chronic Fatigue Syndrome / ME Survey

Following a number of complaints and concerns brought to us by Trafford residents about the barriers to accessing services from those in the area that suffer with ME/CFS, we decided to carry out an experience gathering survey to get some background on the subject.

The survey has proved immensely popular, with well over 800 people responding from around the country and even a few from around the world. There is an obvious problem with the way the condition is treated and the results will give us some local, regional and national information from sufferers of this condition on how they feel treatment can be improved.

Due to the size and depth of the survey, the results will take a while to gather and interpret - there is a large amount of quantitative as well as qualitative data to analyse - but will provide a deep insight into the problems that exist.

Results from other localities will be passed to the relevant local Healthwatch to interpret and act upon as seen fit and we hope the issue will then be escalated by Healthwatch England to address on a national level.

We are already involved with several GM CCG's on a ME patient liaison panel looking at available services and how they will fit in the GM Devolution agenda.

Drop-Ins

We continue our drop-ins in healthcare settings. These enable us to engage with patients, carers and visitors in a variety of healthcare settings. They provide us with a wealth of information to what is seen as good or requires improvement in the services provided for Trafford residents.

A recent drop- in at Manchester Eye Hospital we engaged with 150 patients. Many of these posted information on our Patient Experience Platform.

At the 3 Drop-ins which took place at Altrincham Community Hospital information was gathered from 325 people.

All information gathered is shared with the relevant providers and a formal report is submitted to them for comment.

Reports from both of these drop-ins will be available on the HWT website.

Enter and View

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

We are actively recruiting Enter and View volunteers. Four new recruits are currently undertaking training.

A recent visit was paid to Davyhulme Medical Centre. The report can be found as an attachment to this update

There are planned visits to 3 Care Homes in Trafford starting in September.

We are currently working in partnership with Manchester Healthwatch to carry out Enter and View visits to 3 wards at Manchester Royal Infirmary.

All Enter and View reports are available on Healthwatch Trafford Website.

Information and Signposting- Social Media

- Since the last update there have been 700 contacts with the public.
- There have been 44 instances of signposting or information requests from the public.
- There have been 14 concerns / complaints logged with us in this time.
- There have been 78 experiences logged on the Patient Experience Platform.
- **Twitter.** We have 95 new followers making a total of 1335 followers.
- We have been mentioned 93 times We have made 270 tweets
- Impressions (number of people our tweets are visible to) 60500
- Profile visits 1118
- **Facebook.** We have 83 likes. Posts 15
- We have had 2 stories in the local newspapers.
-

Web site:

- There have been 5083 visits to our website
- 10,131 pages have been viewed
- We have had 3700 users

- We have published 115 new stories
- We have listed 8 events and 10 consultations
- We have created 2 new information pages.
- Reports available 12
- How to guides and explanations. 10
- We have 4 active surveys;-
 - ME/CFS survey responses= 888
 - Children and young people's mental health: 12
 - Trafford Deaf Peoples consultation: 37
 - "How can we get better": 20

Signposting directory

- 16,500 copies of our new signposting directory have been distributed.

Ann Day
Chair Healthwatch Trafford
May 2015



Details of visit

Service address:

Service Provider:

Date and Time:

Authorised

Representatives:

Contact details:

Review of Acute Medical Unit (AMU) at Trafford General Hospital

Trafford General Hospital, Moorside Road, Davyhulme, Manchester M41 5DS

Central Manchester Foundation Trust (CMFT) Trafford Division

Friday 15th May 2015 9.30-11.30am

Ann Day, Bonnie Hadfield, Sandra Griesbach

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

Acknowledgements

Healthwatch Trafford would like to thank the management and patients of Trafford General Hospital Acute Medical Unit 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 and staff, 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 CQC where they are protected by legislation if they raise a concern.



Purpose of the visit

- Observe & identify best practice in the management and care of acute medical admissions to Trafford General Hospital Acute Medical Unit
- Engage with medical staff and patients to view the accommodation and facilities available on the Unit
- Observe safety features and safeguarding practices for patients and visitors to the Unit and encourage a proactive collaborative approach for quality care
- To get staff and patient feedback on the service being provided

Strategic drivers

- Ageing population in Trafford requiring an Urgent Admissions facility for acute medical patients
- Good Practice policy Healthwatch Trafford
- New Health Deal requirement to review emergency care provision in Trafford

Methodology

This was an announced Enter and View visit.

Contact was made with the Service Provider explaining our reasons for wanting to visit the Acute Medical Unit (AMU) and what we wanted to view. Answers to some preliminary questions were sought, to help understand Unit procedures and maximise time available during the visit. A predetermined Enter and View Observation format was used by the Team (see Appendix) to ensure relevant questions were raised and it was agreed the visit would last approximately two hours. On the AMU the Matron is in charge of four wards and each ward is the overall responsibility of a Ward Manager.

On the day of the visit the Enter and View Team spoke at length to the AMU Matron and Acting Ward Manager, including resident Consultant and six patients. Guidance on which patients should not be approached or who were unable to give consent was sought. The six patients who gave feedback on their care experience were assured their comments would remain anonymous.

The Enter and View team were escorted around the Unit, to observe and question on ward routine and application, before talking to patients on a one to one basis.



Summary of findings

The Healthwatch Trafford Enter and View Team felt there were rigorous policies and practices in place within Trafford General Hospital's AMU to promote quality care for acute medical patients. Evidence includes:

- the AMU is a bright, clean, spacious, well managed and friendly environment accommodating 29 beds in single sex bays with on suite facilities
- an on-site Consultant Physician is able to provide quality continuity of care to unwell patients admitted in emergency
- the introduction of new technologies and procedures to assist in the prompt assessment of deterioration in a patient's condition and to provide warning when vulnerable patients' get out of bed
- involvement of patient and carer at all stages of care planning, from initial assessment on admission, through treatment and recovery, to discharge
- provision of a safe and caring recovery pathway for the vulnerable patient with access to both the Safeguarding Matron and Mental Health Matron when needed
- support from and liaison with clinicians, allied professionals and other healthcare services to ensure patients can be discharged promptly and safely when ready
- responsive to patient needs by allowing carers flexible access to the Unit thus enabling reassurance to patients in distress.

Results of visit

The Acute Medical Unit at Trafford General Hospital provides Consultant Physician-led care for unwell medical patients and is open 24 hours a day for urgent admissions via GP. The Unit has two medical wards comprising 19 beds for Acute Medical patients (longer stay) and 10 beds for Ambulatory patients needing care and treatment for shorter periods. High Dependency support is also available for



those patients needing more intensive observation and treatment, but this Unit was not part of the Enter and View visit on this occasion.

In addition to the beds, the unit also manages ambulatory care pathways and clinics referred via the Urgent Care Centre or Clinicians in the Division. The average length of stay in the AMU is 48 hours.

First impressions

The Healthwatch Trafford Enter and View Team noted that signage to the AMU from the hospital's main reception area was clear and easy to follow, that a 'Welcome' sign was visible at the entrance to the Ward and that a Bronze Accreditation had been awarded. Essential measurement data was displayed at the entrance to the Ward and also information about infection prevention and hand washing. The team noted as Excellent the verbal alert 'please wash your hands' as they accessed the Unit.

On entry the Team were welcomed by the Matron and ward staff, all had name badges clearly visible. The Unit was calm, looked tidy and well managed and although clearly busy, staff went about their duties without rush. No excessive noise was evident. The main corridor, doorways and bays looked clean and although medical equipment was visible, it was stored safely not causing a hazard.

The single sex bays observed appeared well laid out with the facility to adjust occupancy via signage on the door. Ambulatory equipment, including wheelchairs, could navigate with ease. All bays had on suite bathrooms which were clean and accessible. Meals for patients are chosen from a daily morning or afternoon menu and supplied by a catering contractor, no longer produced on site. The Team noted with some concern, therefore, that hot food for patients outside the hours of 8am-4pm weekdays and not already pre-ordered at weekends, is no longer available. Sandwiches or cold food may be provided by nursing staff for newly admitted patients out of hours, but there is no longer facility for any food to be purchased either by staff or family/carers on site during out of hours.



It was noted that chairs, tables, drinks, alarm bells and other essential items were within easy reach for patients whether bedbound or mobile.

Operational

All patients referred to the Unit are accepted by the on-call Registrar and assessed by a Senior Clinician who decides whether to admit, transfer to another site or discharge. The Unit also benefits from an on-site Physician (Medical Consultant) working 8am-6pm five days a week undertaking reviews of patients and regular board rounds. The Medical On-Call team provide a support service whenever needed.

At the time of the visit all acute beds were full and overflowing into ambulatory bed allocation. Staff advised the team this occurred quite often due to bed shortage on main hospital wards, as a result of discharge delays. The Team were informed that no patients are discharged late in the evening. The unit has a protocol whereby planning arrangements for return into the community includes liaison with relevant professionals (e.g. G.P., Health Visitor, Social Worker, Carer and the RAID service who assess a patient's mental health needs). Instructions to patients during discharge are given by the medical staff verbally and also provided in written format to ensure understanding.

The Team noted the concerns of medical staff who felt integrated care in the community needed more resources, to keep patients out of hospital and ensure they could be managed successfully at home.

The Team were informed that a significant number of patients are treated on a day case basis and can remain in the ambulatory lounge, or in a bed on the ambulatory ward, until discharge arrangements are completed.

Responsive to patient needs

Care Plans are drawn up for patients on admission and closely monitored according to the Care Pathway identified. Patients assessed as vulnerable to falls have a large red dot placed above their bed and, if necessary, may have a tag device



fitted which triggers a warning if they get up. Although not seen in operation during the visit, the Team were informed these measures, aimed at reducing falls, are working well. A discharge date is identified at the outset and staff are proactive in keeping patients and their carers advised of developments.

Acute patients are monitored every two hours, details entered onto paper records and those at higher risk more frequently. Electronic patient records are held on computer terminals in the ward and can be easily moved between bays when required. The Team were pleased to note that a new electronic method of monitoring a patient's deteriorating condition is to be introduced shortly. This new protocol will provide an immediate analysis of the patient's condition, resulting in an alarm being relayed to the medical staff for appropriate intervention if deteriorating.

As an aid to efficiency, the Team observed how notice boards placed outside patient rooms were being used to record test results received and thus providing staff with a valuable visual prompt of progress being made.

Flexible visiting hours are encouraged and it was noted the management and staff team believe patients are happier and more relaxed if family or carers are present. Patients have access to their records, kept by their beds and the medical staff share care and treatment information openly.

All patients seen were appropriately dressed; bed linen and privacy curtains clean and in excellent condition. Patients were observed wearing I.D. bracelets, information on two patients was checked and these were found to be correct.

Quality and safety

The Team were informed that all staff are aware of hospital policy around patient safety and safeguarding. They are actively encouraged to report incidents which can then be anonymised and reviewed at staff meetings to consider lessons learnt. Safeguarding issues are reported directly to the Safeguarding Matron during the week and all staff receive safeguarding training as part of the mandatory



programme. Professional staff are given Deprivation Of Liberties (DOLs) and Mental Capacity Act (MCA) training. The Mental Health Matron is on call at all times should assistance be needed.

Information displayed throughout the Unit was observed by the Team to be clear and relevant, prompting the washing and sanitising of hands and informing visitors about infection control. The user friendly information, displayed clearly on Notice Boards, would assist visitors and carers of vulnerable patients. Measurement data, in chart format, could be viewed at various locations on the unit and 'falls' monitoring information was able to be observed.

Staffing

The Team noted that Ward staffing levels were not up to full establishment and that active recruitment was underway for three RN's. Currently agency staff are employed to cover absences, these are usually Trafford hospital staff working on the Bank or other agency personnel. On occasion staff are re-allocated from within the hospital to assist on a short term basis. Induction training for temporary staff, unfamiliar with the ward, is given by a qualified nurse. Mandatory training, including Safeguarding and Equality and Diversity, is up to date with all but two members of staff and this is due to be completed by the end of May 2015. Staff Training Records were not viewed as part of this visit.

The Team were able to meet the Consultant of the week on duty at the time of the visit. She confirmed that being based on the ward to provide expertise and guidance enabled a continuity of care for patients admitted with acute medical conditions. Although observation of a staff handover did not take place, the team were informed any feedback or concerns regarding patient safety would be discussed in detail at this time, as well as on a one to one basis with senior managers if necessary.

Patient experience

The Enter and View Team spoke to 6 patients on the day who all felt they had received good care on the Ward and had been treated well, in a secure and clean



environment. All six patients felt quite safe and said alarm bells were answered quickly when used. Care Plans, including discharge expectations were understood by most patients and all patients were satisfied with the food provided. Staff were described as friendly and responsive.

Three patients described the ward as busy or a bit noisy at night and one patient was experiencing a delay in discharge due to modifications being required at home. No one had any complaints with the care received. Patients complete the 'Friends and Family' questionnaire on the day of discharge electronically on tablet or card. No family or carers were on the ward at the time of visit, for interview.

Additional findings

- Staff still fear the hospital will close due to staff restructure and redundancies throughout affecting ancillary as well as medical positions. Many changes have been implemented since CMFT took over which means the hospital has been under and continues to be affected by, ongoing new practices.
- One patient interviewed complained about the car parking facility for day case patients and family. A new company has taken over Car Parking arrangements at Trafford General Hospital and patients/visitors are experiencing some problems due to over-running on the length of stay permitted.

Recommendations

1. CMFT to monitor the impact of Trafford General Hospital losing the facility to purchase food 'out of hours' for people attending the AMU.
2. That patients/carers attending AMU on a day case basis are allowed to park for an extended period.



Appendix 1

Predefined Questions Whilst on Visit

- **First impression of ward for example:**
Does the ward feel calm even though it may be busy, are staff welcoming?
- **Operational:**
What measures are in place to ensure that patients are kept informed about waiting times/their care and treatment and how is patient flow managed from admission to discharge?
- **Responsive to people's needs**
What actions does the department take to reduce falls, are staff aware of risk registers?
- **Quality and patient safety**
Patients are able to reach call bells, drinks, side tables, is there clear information for visitors about infections and encouraging their involvement and challenge
- **Staffing and leadership**
How many staff are on duty on each shift, is the ward up to full establishment?
- **Patient Experience for example**
Do you know who is looking after you today, do you feel involved in decision about your care?

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Details of visit

Service address:
Service Provider:
Date and Time:
Authorised
Representatives:
Contact details:

Review of 'Extra Care' provision in Trafford
Fiona Gardens, 29 Atkinson Rd, Sale, M33 6GG
Trafford Housing Trust
Wednesday 28th January 2015 1.00-3.00pm
Sandra Griesbach, Pat Lees, Barbara Richardson,
Jean Rose
Healthwatch Trafford, Sale Point, Sale, Trafford M33 6AG

Acknowledgements

Healthwatch Trafford would like to thank the management and residents of Fiona Gardens 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 and staff, 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 CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

- Observe & identify good practice in the provision of 'Extra Care' housing and facilities for vulnerable or older people less able to do everything for themselves.
- Engage with staff and residents to view facilities and activities available to all which promotes health and well being
- Observe safety features and safeguarding practices for residents and visitors to the premises
- Engage with management, care staff and service users to understand how care packages are delivered and managed
- Identify channels available to all service users for routine interaction with management

Strategic drivers

- Ageing population in Trafford requiring Extra Care facilities
- 'Good practice' policy Healthwatch Trafford
- CQC & partners 'dignity and wellbeing' strategy

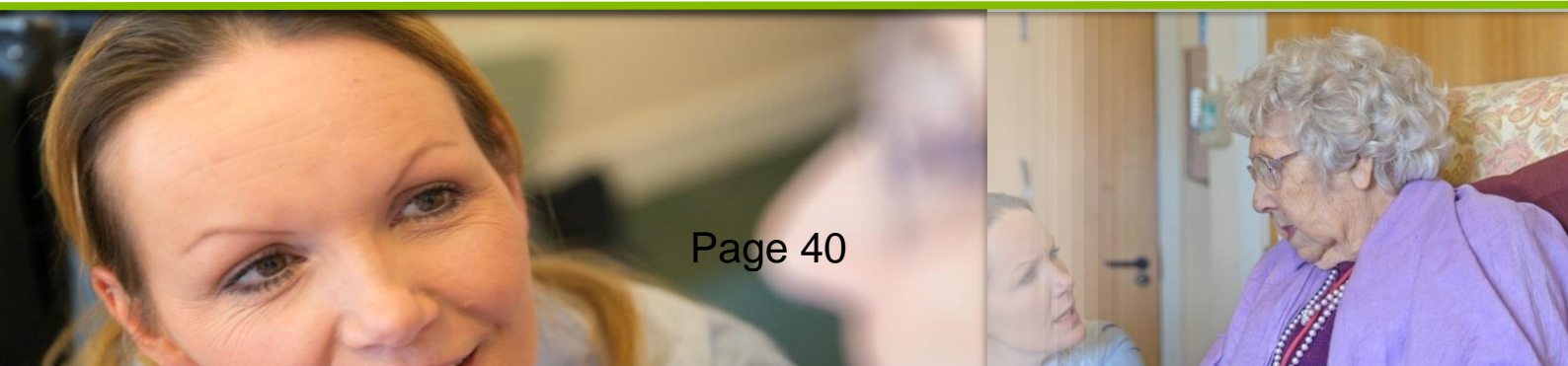
Methodology

This was an announced Enter and View visit.

Contact was made with the Service Provider explaining our reasons for wanting to visit their Extra Care facilities in Trafford and an explanation of the areas for engagement.

Information was provided by the facility on site Manager and staff, with contributions from the I.A.S. Care Manager (an independent care company responsible for residents' Care Packages), an NHS Physiotherapist and two in depth interviews conducted by agreement with residents. Some predetermined questions were available to the Enter and View team for use during the visit and these can be found at Appendix 1.

It was agreed with the Service Provider that the visit would last approximately two hours and that the Enter and View team would have a tour of the premises including a view of apartments if possible. It was also agreed that individual views from residents' could be sought, time permitting.



Summary of findings



The Enter & View team felt that Newhaven is offering a quality 'Extra Care' facility to a vulnerable client group who want to continue living independently in a safe environment.

Evidence includes:

- Health & Wellbeing - there is a vibrant health and social activities calendar which can be accessed by residents' and visitors to the facility, ranging from hot meals available all day in the café, relaxing with friends in the lounges, to Tai Chi and Film nights on other occasions. Hobbies are encouraged and outdoor activities like gardening are available.
- Safety - Fiona Gardens benefits from the experience gained by THT in developing Extra Care facilities and the inbuilt safety features such as security key fobs allowing authorised access to restricted areas, underfloor heating, purpose designed apartments with emergency pull cords in each room, 24 hr. care management, which all provide residents with confidence to lead independent lives.
- Care & Support - from the collaboration with I.A.S. Homecare who provide appropriate care packages to individual residents, to the aesthetics of the furnished communal areas allowing relaxed and peaceful activity, it is evident caring is an 'ethos'. From the smiles and greetings given to the Healthwatch team, residents' appeared happy and relaxed.
- Responsive and Effective - daily routines by management include contact with all apartments to ascertain the wellbeing of residents and provide advice or guidance if required. The interaction between staff and residents' was also evident in the friendly greetings and first name address. Although the Residents' Association is still to be established management has been responsive to requests for new activities to be set up, for example a residents' exchange library and raised beds in the garden to allow vegetables to be grown.

Results of Visit

Extra Care Ethos:

Fiona Gardens Management places the residents at the centre of its policies, offering independent living with the appropriate level of Assisted Care. There are three levels of care which provides the basis of the Admissions Policy, level 1 being minimal and level 3 maximum possible at the facility, split 50/30/20% of occupancy and these are kept under close scrutiny by Management in order to preserve the wellbeing balance for all residents.

The facility Manager shares the office with the I.A.S. Homecare Manager who provides the care assessment and tailored packages for the majority of residents. This new policy enables Management and Social Care daily access (24 hrs) and allows the service to be consistent and immediately responsive if necessary. IAS Care workers report directly to the Homecare Manager on a daily basis and residents Care Packages are reviewed, to ensure continued suitability, on a six weekly basis by the Homecare Manager. New residents can choose to remain with their own Care Provider if they wish and all residents choose their GP. We were informed by the facility Manager that she checks the wellbeing of all residents daily and in her absence the Homecare Manager does this. Residents are also issued with an 'emergency alarm' to be worn for added safety.

The Residence

Fiona Gardens is a Trafford Housing Trust 'Independent Living' facility in an urban area close to Sale Town Centre which opened in June 2014.

'Trafford Housing Trust has combined a number of its support services under one theme - "Independent Living". These services combine accommodation with support services, with one aim, to help people to live as independently as possible with as much or as little support as they feel they need'.

(<http://www.traffordhousingtrust.co.uk/your-home/independent-living/> - date: 19-2-15)

Fiona Gardens comprises 71 one and two bedroom flats (rented or part ownership) over three floors and is surrounded by grassed gardens with seating and pergolas in some areas. The gardens also contain a shed, greenhouse and raised beds which residents can use, one such area already having been redesigned by a resident keen on gardening to include a different planting regime. Parking for carers and visitors is available at the front of the premises, with additional barrier activated

parking for residents located at the rear. A personal security key fob is provided to all residents' which allows access to all areas of the facility. WiFi is available in public areas and a hearing loop throughout the building; residents can purchase WiFi for flats if required.

The main entrance to Fiona Gardens is via glass doors leading into a welcoming, light and clean reception area with seating, grand piano and eye catching waterfall feature. A large Enquiry Desk is prominently located, although this is not normally manned; staff can be seen in the glassed office behind which is easily accessed through a side door when required.

Communal areas:

The public facilities at Fiona Gardens are open to residents and visitors and include:

- **Wendy's Café serving hot meals throughout the day**
- **Hairdressers**
- **Public and residents lounges**
- **Library room set up by residents and staff**
- **Bookable facilities for community and professional groups**
- **Well-being room**
- **sensory room**
- **craft/hobby area**
- **Meeting room for anything else including 'film nights'**

Residents currently attend Tai Chi sessions and recently a Community Physiotherapist, working in conjunction with research being undertaken by Manchester University, held the first 'direct access to physiotherapy' event on the premises to a full audience. The facility Manager helped promote this event to all residents and to visitors through GP surgeries in the area, culminating in two sessions each week being provided for the foreseeable future.

The Healthwatch team observed residents and visitors participating in some of these activities on the day and heard comments from two residents acknowledging their enjoyment of the interactive events.

Residents have access to a large ground floor storage/buggy room for mobility scooters, wheelchairs, which can be entered externally or from inside the building by special security key fob. Toilets are provided in the main reception area.

Private living areas:

The living accommodation is security protected and residents are provided with a key fob which allows access to the apartments and private communal areas, including laundry facilities. Visitors to residents must key in the apartment number on a key code plate by the security door in reception, this alerts residents by phone who can then open the security door allowing visitors entry to the private areas. Doorbell or key safe is then able to be used to gain access to individual apartments, which all have a spy hole as added security. The flat number plate also contains Braille indicating flat number. Residents and their visitors also have access to a quiet Reminiscence Room in this area, where memory boxes are used; this also doubles as a reading area.

The one or two bedroom purpose built flats have a modern kitchen area, living room, wet room and spacious entrance hall, to accommodate residents with mobility aids. Carpets are provided and the light and airy accommodation has underfloor heating thermostatically controlled. All rooms have a pull cord to summon help if needed. The wet room can be adapted to meet the needs of individual residents e.g. grab bars, raised toilet seats. It was noted however, in the apartments visited, low toilet seating was standard and the Healthwatch team queried whether this was appropriate for their vulnerable residents. The Healthwatch team was informed by the facility manager that adaptations are available on request should residents struggle with low toilet seating.

Trafford Housing Trust employ a team of cleaners to clean all communal areas and on the occasion of our visit these areas were clean and free from debris. Private arrangements can be made for any resident to utilise the cleaning services as necessary. Corridors in the private communal areas were well lit and lights activated only when there was a presence during darkened hours. It was noted there were no grab rails in corridors which were quite long and the Management, having researched similar facilities where rails were not installed, concluded this was acceptable as residents used their own mobility aids to assist perambulation. The team were informed that Management had consulted residents about grab rails and that residents had wanted the facility to look more like a hotel than an institution. Although there was seating at various points it was felt these areas should be closer, as some residents may find it difficult to walk the long distances between seating areas.

Features, such as a large lantern, are provided at the end of corridors to aid residents in orienteering around the building. Each of the three floors has a different coloured carpet and coloured area around the doors to aid resident's identification of their own floor. Signage was clear and easy to follow and lifts accessible to all floors.

Residents Comments:

Resident 1 - had recently moved from outside Trafford to be near her daughter and was pleased with her accommodation which she had furnished to her own style and needs. She enjoyed sharing lunch in the café with other residents, was participating in the social activities of the residence, spoke highly of every aspect of care and support, adding that a little time was needed to cope with the changes and to settle in, but she felt Fiona Gardens was a happy place to be.

Resident 2, a female resident living with her husband who both have complex medical needs, invited the Healthwatch team into the apartment that she and her husband share. She informed the team that they had been restricted in their previous home due to their complex medical needs by the lack of living space. She added that they are now enjoying a new independence since moving to Fiona Gardens. They have been able to access the communal activities and can enjoy meals in the café when they wish. When the wife was admitted to hospital before Christmas, the Homecare Manager provided a higher level care package which enabled the husband to remain independent in his own home until his wife's return. Previously the husband had been placed in a care home. The residents could not speak highly enough of the facilities available to both of them at Fiona Gardens.

Up to the date of the Healthwatch visit there was not yet established a resident's Committee or Forum. One resident we spoke to had had trouble with her oven and been uncertain what to do and said she would have raised it with the Committee if available. The team noted that the Management have agreed with residents that a 'Residents Association' will be formed as soon as all the apartments are occupied (only three remain vacant), in the meantime residents meetings and surveys will continue to be used.

There was evidence that the Management have taken into account the views, desires and wishes of some residents with displays in words and pictures from residents along one wall in the Management office. These expressions resulted in the installation of a shed, greenhouse and raised vegetable beds in the gardens and the Management feels that this demonstrates the values that include involvement, dignity, independence, respect and equality.

Additional findings

Rooms are being well used and events have already been organised by residents and Management to support new activities.

Recommendations

- The placement of a suggestion box on the front desk or lounge inviting feedback or suggestions from residents and visitors
- That Management continue to encourage the establishment of a Residents Association Group

Appendix 1

Predefined Questions Whilst on Visit

- **Environment for example:** Where it is situated in the locality i.e. for access to transport, shops, medical facilities. Walking through entrance, access for family & friends public, security day & night
- **Facilities:** Admission policy; How do they maintain the balance of the schemes residency when apartments become vacant?
- **Wellbeing:** How do management get residents feedback? If residents need to see a GP how easy is it to do? Is there one GP practice for the facility?
- **Care packages**
How do the care packages work, do they (do scheme managers get any communication back from agency workers?)
- **Residents**
What activities take place - do public get involved?

Enter and View Report	
Enter and view visit to:	Mastercall Healthcare TRAFFORD HEALTH CENTRE Trafford General Hospital Moorside Road, Davyhulme, Manchester M41 5DS
Date:	Wednesday 28th May 2014
Authorised Healthwatch Representatives:	Sandra Griesbach Bonnie Hadfield Jean Rose Marilyn Murray - (Healthwatch Trafford staff support for the team)
Reason for visit:	Mastercall Healthcare provides an Out of Hours (OOH) urgent medical care service to the patients of Trafford when their GP surgery is closed. Healthwatch Representatives requested a Visit to their Trafford Health Centre located in Trafford General Hospital, Davyhulme to find out how the OOH Service is quality managed locally.
<i>The Healthwatch Representatives wish to thank Chief Executive Michaela Buck and Organisational Medical Director, Dr John O'Malley, for their warm welcome and their comprehensive explanation of the services managed and provided through Mastercall's Trafford Health Centre. A thank you is also extended to staff working during the time of the visit and for individual comments concerning operational aspects of their role.</i>	
Key personnel seen:	Michaela Buck, Chief Executive Mastercall Dr John O'Malley, Organisational Medical Director Mastercall Senior Nurse Practitioner Receptionist
Background and key findings:	Following a visit on 25 th April 2014 to Mastercall Healthcare Headquarters in Stockport, Healthwatch representatives requested a further visit to the Trafford

	<p>Health Centre based at Trafford General Hospital to see exactly how the Facility quality manages its' OOH services for the patients of Trafford. Opening in 2009, the Centre provides a range of clinical services which includes a GP Registered Practice, a Walk-In Centre and the OOH Service from 1900-2200 during the week and 0800-2200 at weekends. The OOH Service is managed through Mastercall Headquarters; patients ringing their GP are diverted to Mastercall who triage and if necessary arrange appointments at Trafford Health Centre where they can be seen by a doctor or health professional. Patients can also 'walk in' to the centre if they wish to see a doctor urgently and this facility is available 0800-2000hrs daily.</p> <p>Protocols and systems are linked to those in place at Mastercall's Stockport Healthcare Centre and services are quality managed in the same way. The Trafford Health Centre is easily accessed by public transport and there is free car parking for 120 vehicles. The predominant age range of users to the Walk In facility is 25-40 years with over 1100 patients attending in one week recently.</p>
<p>Overall impression:</p>	<p>Signage directing patients to the Centre is clear and overall impression is clean, light, clinical, and staff appeared friendly on entry. The reception area is compliant with current legislation re disabled access and because it is situated on the ground floor, provides access for wheelchair users. A portable hearing loop is also available. Because the Reception area is central, there is a sign asking patients to form a queue thus allowing some privacy on registration. The Waiting area quite small with seating for 22 people; this is a shared space with patients visiting the GP Practice and may easily become filled and very busy at peak times.</p> <p>The Centre has five consulting rooms, (this includes GP Practice) which are staffed according to normal peaks/troughs of NHS services.</p> <p>General observation of the Walk In facility is attached.</p>
<p>Safety aspects:</p>	<p>Triaging OOH appointments are handled by staff at Stockport Headquarters following set protocols and the bespoke computer software continues to monitor patient</p>

	<p>journeys from receipt until completion in the Health Centre. Should a patient not arrive for an appointment at the Health Centre pre-booked by the OOH professional, warnings are flagged by the computer system and follow up action taken by reception staff. Information is sent electronically to the patient's GP recording the results of consultation. Antiseptic handwash gel is provided in the Centre and isolation procedures defined and available for staff to follow if required.</p>
<p>Patient focus:</p>	<p>The staff are passionate about the Service they provide and are constantly striving to improve. There is a very strong team ethic, which is supported by the low staff turnover and every member of staff interviewed commented on the quality of the workplace environment and the pleasure working within a strong team.</p> <p>The safety and care of patients and staff is of paramount importance to Mastercall and they have a designated member of staff at the Centre who promotes the ethics of privacy and dignity for all patients using the facility. Communication between Mastercall staff and clinicians in other services who provide care for OOH patients is also well established ensuring appropriate referral when necessary. Patient feedback questionnaires are handed out during a visit and approximately 25% are returned completed.</p>
<p>Ideas/Suggestion/ Recommendations:</p>	<p>As with the visit to Mastercall's Headquarters in Stockport, Healthwatch representatives witnessed in the Trafford Health Centre a dynamic, patient focussed service, OOH as well as Walk In, for the patients of Trafford. The Health Centre population is increasing, many patients appearing to use the facility for convenience (cannot get a suitable GP appointment) as well as being able to just drop in after work. This is inevitably putting pressure on facilities, particularly premises, which are currently limited in size and if patient numbers continue to rise a new location may have to be found. If current patient use continues or increases the service will be strained beyond acceptable limits.</p>

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Details of visit

Service address:
Service Provider:
Date and Time:
Authorised
Representatives:
Contact details:

Review of 'Extra Care' provision in Trafford
Newhaven, Tulip Road, Timperley, WA15 6LP
Trafford Housing Trust
Tuesday 10 February 2015 – 1.00pm – 3.00pm
Bonnie Hadfield, Olive Dobbin, Jean Rose and
Alister Rowe
Healthwatch Trafford, Sale Point, Sale, Trafford M33 6AG

Acknowledgements

Healthwatch Trafford would like to thank the management and residents of Newhaven for their contribution to the Enter & View programme.

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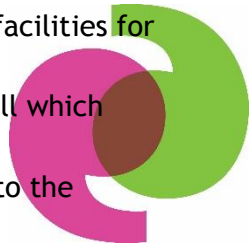
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- Observe safety features and safeguarding practices for residents and visitors to the premises
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Strategic drivers

- Ageing population in Trafford requiring Extra Care facilities
- 'Good practice' policy Healthwatch Trafford
- CQC & partners 'dignity and wellbeing' strategy

Methodology

This was an announced Enter and View visit.

Contact was made with the Service Provider explaining our reasons for wanting to visit their Extra Care facilities in Trafford and an explanation of the areas for engagement.

Some predetermined questions were available to the Enter & View (E&V) 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.

During the visit the Healthwatch Trafford representatives spoke to residents and management, observing both the physical environment and the ambience of the facility. Conversations took place with staff and residents to obtain a broader range of information. Permission was received from residents prior to any conversations that took place with the E&V team and assurance given to safeguarding resident's anonymity.



Summary of findings



The Enter & View team felt that Newhaven is offering a quality 'Extra Care' facility to a vulnerable client group who want to continue living independently in a safe environment. Evidence includes:

- A bright, well maintained facility with a welcoming atmosphere reflected in modern furnishing
- Residents have expressed that if they have any problems they can speak/contact the Trafford Housing Trust (THT) on-site manager who is extremely approachable
- Excellent living accommodation including communal provision, such as laundry, lounge, café, exercise room and garden area for where residents can garden or sit
- Secure environment -inbuilt safety features such as security key fobs and there are members of staff on-site 24 hours.
- Active residents association with good social programme
- 24 hour on-site care agency TLC Private Home Care providing care packages for residents. Other outside agencies do provide care packages for a small number of people living at Newhaven.
- The scheme manager has daily meetings with TLC and outside agencies and any issues raised relating to the facility by the carers are dealt with as and when the issue is raised

Results of Visit

Newhaven is located in a residential area of Timperley situated in the South of Trafford Borough. There is easy access to local shopping areas and a bus-stop is located outside the residency enabling people to travel further. The facility comprises thirty eight two bed roomed apartments. Two apartments are available for short stays of up to six weeks for people who are awaiting permanent care package arrangements in their own homes or other facilities.

The residents acquire living accommodation through private or direct funding and different age ranges live at Newhaven. Some residents were concerned that there were only a small number of younger residents and were keen that younger people could be encouraged to take up any available flats when possible. This was felt to be important to help keep a varied community and to add some support to the resident's committee to help those finding it more difficult to take on the responsibility of social organizing for outings and events. Residents stated that activities are varied and arranged by the residents with many being organized by the residents association. All activities are open to the public including the current weekly coffee mornings.

Newhaven has a restaurant which is a stand-alone business, the menu is initially decided by the restaurant staff, residents do make suggestions for menus and the restaurant staff constantly try to accommodate suggestions put forward by residents.

The car parking area, which is also the resident's car parking area is small with spaces for 20 cars. Residents commented that they were often double parked which prevented them either leaving or parking their cars. This was especially frustrating when residents were attending appointments.

There is a local newsagents and NISA general store locally. The newsagents will deliver not only papers but other ordered items for residents. Residents commented that many of them have Wi-Fi and shop on line at local supermarkets. Wi-Fi is available free of charge in public rooms, however, residents commented there were blind spots created by the metal construction within the building.

Residents commented they had no problem accessing local medical facilities. Most residents we spoke to visited local surgeries, however, local GP'S visited where residents could not travel to the surgery. Residents complimented the District and Practice nurse services as being very efficient. Care is available 24 hours a day seven days a week to all residents. Residents commented that cover after midnight was sparse as only one care worker was on duty. They felt this needed to be reviewed and were going to take this up with the management via the residents association.

The management offered help and support for all residents seeking a GP.

The gardens were small and well maintained, and contained a greenhouse and summer house for use by residents. Seating was also provided for residents during the fine weather. The garden area also provided facilities for residents to dry their washing.

ENTRANCE

The main entrance is open access except between the hours of 7pm and 7am. During the closed hours residents can access the building via a fob and visitors via a key pad which contacts each flat via an entry phone system. During open hours, residents, family and friends, public can access the public areas on the ground floor but have to sign in at the entrance. The residential area can only be accessed by a fob issued to residents. During the closed hours a member of staff is on duty in the office which has a sight line to the main entrance.

SECURITY

Staff are on site 24 hours a day seven days a week. All residents have the scheme manager's mobile number where she can be contacted; she lives locally and will return to the facility if needed during her off duty hours. If the manager is away then a colleague from THT Fiona Gardens extra care facility will cover her post during the period of absence.

Security is via key fobs and key pads. Each flat has a locking system to meet the individual needs of residents. Wheelchair height for example.

A lockable cupboard is provided in each flat for medication.

Residents did not comment on security and this did not appear to be an issue.

ASSISTANCE

The scheme manager showed us around and she was clearly well liked and very approachable. During the tour at least four residents stopped her to ask questions. Staff were on hand in the café and a number of external agency representatives such as carers and nurses were observed entering the building during our visit. Medical support is provided by a number of local GP practices. The scheme manager stated that on occasion emergency services are called to the facility and sometimes misunderstand that Newhaven is an independent living facility and expect staff to know the medication each resident is taking. Paramedics ask the care worker about resident's medication, which they do not necessarily know as it could be an outside care agency that supports that particular resident or it is a resident who does not generally require support with medication. The residents felt that emergency services were unfamiliar with the structure of an Extra Care Facility such as Newhaven. Residents talk for themselves and only added that they were happy with the home.

Recommendations

1. A meeting between a representative of the emergency services and Newhaven or Trafford Housing Trust management of all the extra care facilities to explain how the facility works and the independent status of residents living at extra care facilities such as Newhaven.
2. Review of parking facilities for residents to avoid the problem of being blocked in. Perhaps the use of some type of post barrier may be useful.
3. Residents' concerns regarding staffing at night are addressed through the Residents Association

Service Provider response



In response to Healthwatch Trafford's (HWT) above recommendations the provider has informed HWT of the following actions:

1. The scheme manager has adapted the hospital admission form that is completed for every resident so that their medications may be included. This will be an added cover when paramedics are called to Newhaven as the residency has carers on site 24 hours seven days week where they will be able to access all residents' medication to either hand-over or make a note of.
2. Extra signage has been ordered to reiterate that one side of the car park is for residents only, and the car park is being repainted so that's it's made doubly clear.
3. The scheme manager has been in regular talks with residents since the building has been open regarding extra staffing overnight. The scheme manager informed Healthwatch Trafford that it is a commissioned service so the funding is not there and that in the four years that the building has been open there have been no reported issues.



Appendix 1

Predefined Questions Whilst on Visit

- **Environment for example:** Where it is situated in the locality i.e. for access to transport, shops, medical facilities. Walking through entrance, access for family & friends public, security day & night
- **Facilities:** Admission policy; How do they maintain the balance of the schemes residency when apartments become vacant?
- **Wellbeing:** How do management get residents feedback? If residents need to see a GP how easy is it to do? Is there one GP practice for the facility?
- **Care packages**
How do the care packages work, do they (do scheme managers get any communication back from agency workers?)
- **Residents**
What activities take place - do public get involved?

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TRAFFORD COUNCIL

Report to: Health Scrutiny Committee
Date: 7th October 2015
Report of: Democratic and Performance Services Manager

Report Title

Update - Response to Francis report

Summary

To update the committee in relation to progress of the Government's response to the Francis Report.

Recommendation(s)

To note the report.

Contact person for access to background papers and further information:

Name: Alexander Murray

Extension: 4250

Background

The government published a full response to the public inquiry led by Robert Francis into the events at Mid Staffordshire NHS Foundation Trust on 19 November 2013. The report contained a total of 290 recommendations below is a summary including the most recent updates for the 5 recommendations which most directly affect Health Scrutiny. The full response to the Francis report is available at https://engage.dh.gov.uk/francisresponse/custom_layout/home/.

Recommendation 47

Overview and scrutiny committees and foundation trust governors

The Care Quality Commission should expand its work with overview and scrutiny committees and Foundation Trust governors as a valuable information resource. For example, it should further develop its current 'sounding board events'.

Government Response

The CQC has increased its level of communications with Overview and Scrutiny Committees. This includes Bi-monthly bulletins to Overview and Scrutiny Committees informing them of upcoming inspections and enabling them to have greater input in the inspection process. This process also includes inviting the relevant scrutiny Committees to public listening events and encourages them to give specific feedback about trusts.

In addition to this work the CQC contracted the Centre for Public Scrutiny to develop information sharing and relationships with Overview and Scrutiny Committees.

The CQC now enables overview and Scrutiny Committees to access the data that they hold on health services in order to help drive local improvements. They are also starting to coordinate compliance monitoring with Scrutiny Committee activity where appropriate. In turn Overview and Scrutiny Committees are providing the CQC with information gathered from local Communities on Health and Social Services.

The CQC has developed a number of guides for Overview and Scrutiny Committees on how to work with them. These guides are available on the Centre for Public Scrutiny website.

Recommendation 119

Local Healthwatch access to complaints

Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints, although respect needs to be paid in this instance to respect for patient confidentiality.

Government Response

Complaints data, along with other sources of feedback, can provide important information to local Healthwatch Organisations and Overview and Scrutiny Committees. Trusts need to respect patient confidentiality when releasing information on complaints to outside organisations but, subject to this caveat, Trusts should seek to provide to these organisations with any data regarding complaints that is requested.

The Department of Health will ensure that each quarter every hospital publishes information on the complaints it has received including:

- the number of complaints received, as a percentage of patient interventions in that period
- the number of complaints the hospital has been informed have subsequently been referred to the Ombudsman, and
- lessons learned and improvements made as a result of complaints.

The Department of Health will work with NHS England and other partners to determine the best way to achieve these outcomes.

Rt Hon Ann Clwyd MP and Professor Tricia Hart's Review of the Handling of Complaints in NHS Hospitals recommends that:

- There should be Board- led scrutiny of complaints. All Boards and Chief Executives should receive monthly reports on complaints and the action taken, including an evaluation of the effectiveness of the action. These reports should be available to the Chief Inspector of Hospitals
- patients, patient representatives and local communities and local Healthwatch organisations should be fully involved in the development and monitoring of complaints' systems in all hospitals

Local Healthwatch has an important role to play as patient champion, and as such should have access to detailed information about complaints, subject to patient confidentiality. Local Healthwatch have an important role to play in scrutinising complaints data locally.

The Department of Health, working with the Health and Social Care Information Centre, committed to developing a system that enabled Trusts to publish accurate, detailed quarterly data on the number of complaints received, and to enable comparison across hospitals.

The aim is to provide members of the public and regulatory bodies with frequent, more meaningful data which identifies organisations whose level of complaints suggests there may be cause for concern.

Hospitals began revised collections April 2015, with the first quarterly report envisaged by late summer 2015. It is expected the public can begin to compare Trusts' complaints data by late autumn 2015.

Recommendation 147

Coordination between local Healthwatch and other scrutiny organisations

Guidance should be given to promote the coordination and cooperation between local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees.

Government Response

The department of Health has worked with partners to develop guidance to support effective scrutiny by local government of the commissioning and delivery of local services. The guidance is aimed at local authorities, health and wellbeing boards, NHS commissioners and providers and local Healthwatch. The guidance highlights the importance of all partners understanding their roles and responsibilities and the importance of working together to improve services.

The guidance also covers the new powers given to local Healthwatch by the Local Authorities (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and describes how health and wellbeing boards and Healthwatch can work together with Overview and Scrutiny Committees to ensure the public's views and concerns are heard through the scrutiny process.

The Department of Health has recently issued guidance around health scrutiny which supports Overview and Scrutiny, the NHS and other local partners to understand and develop their roles in ensuring effective scrutiny takes place. The Department of Health, NHS England and Public Health England have jointly commissioned a programme of support for 2014/15 for local authorities in exercising their health scrutiny powers.

Recommendation 149

Support for scrutiny committees

Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.

Government Response

The Department of Health has worked with partners to develop guidance supporting local authorities to carry out effective scrutiny of the commissioning and delivery of local services, ensuring they are effective and safe.

The guidance will help Local Authorities (along with local partners including NHS commissioners and providers, health and wellbeing boards and Healthwatch) to understand the new powers and duties provided by the Local Authorities (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The Department of Health is also delivering a range of programmes to increase the availability and transparency of data for local authorities, to support local democratic accountability including scrutiny processes.

In June 2014, the Department issued guidance to local authorities on how to scrutinise local health systems. The guidance supports local government, the NHS and other local partners to understand and develop their roles in relation to health scrutiny to ensure it adds value for local communities.

The Department of Health, NHS England and Public Health England have jointly commissioned a programme of support for 2014/15 for local authorities in exercising their health scrutiny powers.

Recommendation 150

Power of inspection for scrutiny committees

Scrutiny committees should have powers to inspect providers, rather than relying on local patient involvement structures to carry out this role, or should actively work with those structures to trigger and follow up inspections where appropriate, rather than receiving reports without comment or suggestions for action.

Government Response

This recommendation was agreed in principle in that Overview and Scrutiny should have access to inspection information. However given that the CQC and Healthwatch already have inspection powers it was felt that to give these powers to Overview and Scrutiny would be a duplication and counterproductive. Instead the government encourage collaborative working between providers, Healthwatch and

local authority scrutiny bodies to ensure that the public's concerns trigger investigation when necessary.

To this end the Department of Health has issued guidance around health scrutiny which supports Overview and Scrutiny, the NHS and other local partners to understand and develop their roles in ensuring effective scrutiny takes place. The Department of Health, NHS England and Public Health England have jointly commissioned a programme of support for 2014/15 for local authorities in exercising their health scrutiny powers.

Recommendation 247

Sharing quality accounts

Healthcare providers should be required to lodge their quality accounts with all organisations commissioning services from them, Local Healthwatch, and all systems regulators.

Government Response

The National Health Service (Quality Accounts Regulations) 2010¹ require that by 30 June following the end of the reporting period, quality accounts must be published by making them electronically available on the NHS Choices website or another website if that website is not available at the time of publication.

Prior to publication, and within 30 days of 1 April following the end of the reporting period, each provider is required to make a copy of the draft quality account available to the appropriate local Healthwatch organisation, overview and scrutiny committee and clinical commissioning group.

Where 50% or more of the relevant health services that the provider directly provides or sub-contracts during the reporting period are under contracts or arrangements with NHS England the provider must make the draft quality account available to NHS England rather than a clinical commissioning group.

All Quality Accounts have to be lodged with NHS Choices which is accessible to all stakeholders. The NHS England review of Quality Accounts (see Rec 37) has also recommended an improvement in the functionality of NHS Choices which has taken effect in 2014/15.