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TRAFFORD COUNCIL

AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD MEETING

Date: Tuesday, 22 September 2015

Time: 6.00 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	
	To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 9 June, 2015.	1 - 6
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.	ACTION LOG AND HWB STRATEGY PRIORITIES UPDATE	
	To receive a report of the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group.	7 - 16
5.	TRAFFORD PARTNERSHIP REVIEW AND NEW PROPOSED GOVERNANCE AGREEMENTS FOR HWB	
	To receive a report of the Head of Partnerships & Communities.	17 - 24
6.	LOCALITY PLAN	
	To receive a presentation of the Acting Director Service Development Children, Family & Education, and the Head of Governance, Planning & Risk	Verbal Report

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at Trafford Clinical Commissioning Group.

7. HALVE IT HIV PLEDGE

To receive a report of the Consultant in Public Health. 25 - 30

8. CAMHS TRANSFORMATION PLAN UPDATE

To receive a report of the Acting Director Service Development Children, Family & Education and the Associate Director of Transformation NHS Trafford CCG. 31 - 36

9. BETTER CARE FUND (BCF) UPDATE

To receive a report of the Chief Operating Officer, NHS Trafford Clinical Commissioning Group. 37 - 42

10. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE

To receive a report of the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group. 43 - 48

11. TRAFFORD COUNCIL UPDATE

To receive a report of the Acting Director Service Development Children, Family & Education. 49 - 52

12. PATIENT AND PUBLIC INVOLVEMENT UPDATE

To receive a report of the Chairman of HealthWatch Trafford. 53 - 98

13. KEY MESSAGES

To consider the key messages from the meeting.

14. URGENT BUSINESS (IF ANY)

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

THERESA GRANT

Chief Executive

Membership of the Committee

R. Bellingham, A. Day, Dr N. Guest (Chairman), Cllr J. Harding, G. Heaton, B. Humphrey, Cllr M. Hyman, G. Lawrence, Supt Liggett, M. McCourt, S. Nicholls, J. Pearce, A. Razzaq, S. Webster and Cllr A. Williams (Vice-Chairman)

Further Information

Health and Wellbeing Board - Tuesday, 22 September 2015

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

Chris Gaffey, Democratic and Scrutiny Officer.

Tel: 0161 912 2019

Email: chris.gaffey@trafford.gov.uk

This agenda was issued on **14 September, 2015** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

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HEALTH AND WELLBEING BOARD

9 JUNE 2015

PRESENT

Dr. N. Guest (Chief Clinical Officer, NHS Trafford CCG) Chair
Councillor A. Williams (Executive Member, Adult Social Services and Community Wellbeing) Vice-Chair
A. Day (Chair, HealthWatch Trafford)
Councillor J. Harding (Shadow Executive Member, Adult Social Services and Community Wellbeing)
Councillor M. Hyman (Executive Member for Children's Services)
J. Pearce (Acting Corporate Director, Children, Families and Wellbeing)
A. Razzaq (Director of Public Health)

Also Present

J. Colbert (Acting Director Service Development Children, Family & Education)
J. Crossley (Associate Director of Commissioning, Trafford CCG)
S. Gardner (Central Manchester Foundation Trust, NHS)
Councillor J. Lloyd (Shadow Lead Member for Integration of Health and Social Care)
K. Purnell (Head of Partnerships & Communities)
Councillor B. Shaw (Lead Member for Integration and Social Care)
J. Whyte (Data Innovation and Policy Specialist)

In attendance

C. Gaffey (Democratic & Scrutiny Officer)

APOLOGIES

Apologies for absence were received from D. Banks, G. Lawrence, Supt Liggett, M. McCourt and S. Webster

1. **MEMBERSHIP OF THE COMMITTEE 2015/16, INCLUDING CHAIRMAN AND VICE-CHAIRMAN**

RESOLVED: That the membership including Chairman and Vice-Chairman of the Health and Wellbeing Board for the Municipal Year 2015/16, as determined by Council at the Annual Meeting held on 28 May, 2015, be noted.

2. **TERMS OF REFERENCE FOR THE COMMITTEE 2015/16**

RESOLVED: That the Committee's Terms of Reference (ToR) as agreed at the Annual Meeting of the Council held on 28 May, 2015, be noted.

3. **MINUTES**

RESOLVED: That the minutes of the Health and Wellbeing Board meeting held on Tuesday 3 March 2015, be approved as a correct record.

Health and Wellbeing Board
9 June 2015

4. DECLARATIONS OF INTEREST

Interest was declared by Councillor Joanne Harding, who is a Senior Manager at Self Help Services, a mental health crisis service which is commissioned in Trafford.

Interest was also declared by Councillor Mrs Judith Lloyd who confirmed she works for the Stroke Association, based at Salford Royal.

5. ACTION LOG

RESOLVED: That the progress against the actions on the Action Log be noted.

6. GREATER MANCHESTER HEALTH & SOCIAL CARE DEVOLUTION AND NEXT STEPS

The Board received a joint presentation of the Chief Operating Officer, NHS Trafford Clinical Commissioning Group, the Acting Corporate Director, Children, Families and Wellbeing, and the Director of Public Health.

The Board discussed several matters that would arise from the devolution of funding, including progress on 7 day access to GPs, staffing issues, the £1.1 billion deficit, locality working / partnerships, and arrangements with national bodies. The Chairman confirmed that the transition team had met on 3 occasions so far and identified key work streams. It was also confirmed that working groups had already been established, but many were in very early stages.

A further presentation was brought to the Board by the Acting Corporate Director, Children, Families and Wellbeing, to discuss the suggested approach that the Health and Wellbeing Board should take going forward with the Greater Manchester Health and Social Care Devolution in mind. It was noted that there are currently many positive aspects of the Health and Wellbeing Board, but underpinning actions sometimes lacked sufficient assessment of relative impact. With Trafford's Health and Wellbeing Strategy running out in 2016, it was suggested that it would be an opportunity to test new ways of working. It was confirmed that task and finish groups would be established to discuss topics identified by the Health and Wellbeing Board, which should lead to positive outcomes on key strategic objectives for a number of agencies.

Topics including reducing alcohol misuse, reducing non-elective hospital admissions among older people, cancer screening, increasing physical activity and childhood obesity were discussed by the board, with the Chairman confirming that the board would be happy to drive these forward.

The Acting Corporate Director, Families, Children and Wellbeing confirmed that he would report back to the board with progress on the new approach.

RESOLVED: That the presentations be noted.

7. BETTER CARE FUND UPDATE

The Board received a report of the Chief Operating Officer, NHS Trafford Clinical Commissioning Group, providing an update on the progress of the Better Care Fund for Trafford and the progress of the individual schemes.

It was confirmed following approval by NHS England, that Trafford CCG and Trafford Council are now making progress to deliver the schemes. It was also noted that the joint financial plan is currently being finalised, and it was hoped that the report would be ready to be presented to the Health and Wellbeing Board at the next meeting.

RESOLVED: That the report be noted.

8. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

The Board received a report of the Director of Public Health describing the future vision and plans for the Trafford Joint Strategic Needs Assessment (JSNA). The report explained that the redesign and refresh of the intelligence in the Trafford JSNA would take place during 2015/16, with initial outputs planned for September 2015.

To accompany the report, the Board received an interactive presentation of the Data Innovation and Policy Specialist. The presentation showed Members a new tool that was being developed, using public data to create an interactive map of Trafford and its needs. It was confirmed that the 'go live' date would be in September 2015.

The Board thanked the Data Innovation and Policy Specialist for the presentation, and looked forward to using the new tool in future.

RESOLVED:

- (1) That the JSNA refresh 2015/16 work plan as outlined in Appendix B be noted.
- (2) That the Chairman would contact Board Members to request they identify a JSNA lead from their organisation which will attend the JSNA steering group and support the contribution of their organisation to the work programme.
- (3) That the JSNA Steering Group will report into the Health and Well Being Programme Delivery Group.

9. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE

The Board received a report of the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group, providing an update on the work of the NHS Trafford Clinical Commissioning Group and providing information and progress on key commissioning activities. It considered locality specific issues and referenced links to Greater Manchester and national issues where relevant.

Health and Wellbeing Board
9 June 2015

RESOLVED: That the report be noted.

10. TRAFFORD COUNCIL UPDATE

The Board received a report of the Acting Corporate Director, Children, Families and Wellbeing, apprising Health and Wellbeing Board members on the current progress of key projects led by the commissioning service.

The Director of Public Health brought the Treasury's announcement to pursue an in year reduction of £200million in Public Health allocations to the Board's attention. He advised that specific details are yet to be confirmed, and until these details are known the Board would be unable to discuss the next steps.

RESOLVED: That the report be noted.

11. HEALTHWATCH TRAFFORD UPDATE

The Board received a report of the Chairman of HealthWacth Trafford, providing an update on the work of Healthwatch Trafford since the last Board meeting.

RESOLVED: That the report be noted.

**12. HEALTH & WELLBEING BOARD AND DEVELOPMENT WORKSHOP
CONFIRMED DATES FOR 2015/16**

The Board received a report of the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group, informing the Board of the Health and Wellbeing Board meeting dates for 2015/16.

As the Joint Health and Overview and Scrutiny Committee had a meeting arranged for the same date, it was agreed that the Health and Wellbeing Board meeting due to be held on 12 January 2016, would be rescheduled for 26 January, 2016.

RESOLVED: That the dates be agreed, incorporating the above change.

13. TRAFFORD PARTNERSHIP UPDATE

The Board received a report of the Head of Partnerships and Communities setting out the key community engagement activities planned as part of the implementation of locality working, including the stakeholder workshops, the borough-wide marketing campaign, and the 'community builder' development sessions for front-line staff.

RESOLVED: That the Board note the report and ensure relevant staff members attend the Locality Partnership Stakeholder Events and Community Building training.

**Health and Wellbeing Board
9 June 2015**

14. HEALTH & WELLBEING SUPPLEMENTARY STATEMENT

The Board received a report of the Director of Public Health updating the Health and Well Being Board on the status of the Trafford Pharmaceutical Needs Assessment (PNA) supplementary statement as at 1st April 2015.

RESOLVED: That the report be noted.

The meeting commenced at 6.10 pm and finished at 8.30 pm

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TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 22nd September
Report for: Information
Report of: Dr Nigel Guest, Chair of Health and Wellbeing Board

Report Title

Health and Wellbeing Board Action Log 9th June 2015

Purpose

The Action Log provides an update on the actions from the Health and Wellbeing Board meeting on 9th June 2015

Recommendations

That the actions are confirmed as complete at the Health and Wellbeing Board.

Contact person for access to background papers and further information:

Name: Sarah Keen, Senior Partnerships & Communities Officer

x3881

ACTIONS ARISING: Health and Wellbeing Board Meeting 9th June 2015

Action Ref No.	Meeting Date	Item No.	Item	Action	Action Lead	Status
1	09/06/15	4	Minutes of the 9 th June HWB Meeting	To be approved by Nigel Guest and to be agreed by Board Members	Nigel Guest and Democratic Services	Action to be agreed at HWBB 15/09/15
2	09/06/15	7	GM Health & Social Care Devolution	Abdul Razzaq to source further information for Members on devolution of funds in relation to good indicators in Trafford	Abdul Razzaq	Action to be presented at HWBB 15/09/15
3	09/06/15	7	GM Health & Social Care Devolution – additional presentation	Task and finish groups to be established and topics agreed upon	John Pearce and Board Members	To be actioned for update at HWBB 15/09/15
4	09/06/15	8	Better Care Fund Update	Joint financial plan to be finalised and reported to the board at the next meeting	Gina Lawrence	Action to be presented at HWBB 15/09/15
5	09/06/15	9	Joint Strategic Needs Assessment Update	Nigel Guest to contact Board Members to request they identify a JSNA lead from their organisation who will attend the JSNA steering group and support the contribution of their organisation to the work programme	Nigel Guests And Board Members	To be actioned for update at HWBB 15/09/15
6	09/06/15	13	Confirmed dates for 2015-16	Present reviewed Board meeting dates as an agenda item at the next meeting	Nigel Guest	Action to be agreed at HWBB 15/09/15

Trafford Health and Wellbeing Board
22nd September 2015
Update on delivery of Health and Wellbeing Board Priorities

At the last meeting of the Health and Wellbeing Board, it was agreed that the workplan for the existing strategy (to 31st March 2016) would be modified, to focus on the following four key areas:

- Physical activity
- Cancer screening
- Older people (in particular, reducing non-elective emergency admissions)
- Alcohol misuse

Progress has been made on developing programmes within each of these areas, and this paper gives some brief information on this. The name of the lead contact for each area is also included, should further information be required on any element. All the groups are including monitoring of impact within their remit, and particular attention will be paid to the impact of these programmes on reducing health inequalities.

Increasing uptake of cancer screening: lead Helen Gollins

- A Trafford Local Cancer Implementation Group chaired by Trafford's CCG Head of Schedule Care group will have its initial meeting in October. This group will pull together all the activity around cancer happening across borough including cancer screening.
- Voice of BME have been commissioned to improve cancer screening (and NHS Health Check) uptake in the North Locality. They will focus predominantly on community engagement.
- Public Health and the CCG are working together to sustain and improve cervical screening rates across the Borough.
- Plans for a community engagement and communication programme are under development.

Reducing the impact of alcohol: lead Paula Whittaker

Trafford Council has appointed an Alcohol Commissioning Lead, Nicky Shaw, and has an Alcohol Steering Group which meets quarterly to share intelligence, plan priorities and monitor delivery of the Trafford Alcohol Strategy.

The following actions have been agreed by the steering group for completion by 31 March 2016:

- Development of a map of alcohol harm for Trafford by ward
- Development and piloting the application of alcohol harm scoring tool to licence applications
- Pilot of a common assessment tool across Phoenix Futures and Greater Manchester West for detoxification patients

- Production of an alcohol brief intervention plan to train all frontline staff to have identification and early intervention conversations with all clients and patients

Increasing physical activity levels: lead Eleanor Roaf

The Sport and Physical Activity Partnership, at its meeting on 17th August 2015, agreed that we should focus on the following three priorities from the Greater Manchester Moving:

- To increase the number of people walking and running
- To increase the number of people cycling
- To promote physical literacy in the early years, at school and at home

In order to achieve these, we are working on the following projects:

- Increasing primary care promotion of physical activity
- Piloting a new falls rehabilitation scheme
- Learning from the Liverpool East Activity Partnership (LEAP)
- Working with Transport for Greater Manchester and British Cycling on identifying and promoting new cycle routes within Trafford
- Working with the Health Visiting team and Greater Manchester Moving on promoting physical activity and play in early years

A paper giving more detail on these topics is attached for information.

We are very fortunate to have Dr Phil Clelland, Specialist Registrar in Sports and Exercise Medicine, working in the team for six months. Phil has a background as a GP and will be taking a particular lead in working with the CCG and local GPs on promoting physical activity in general practice.

Older people and reducing non-elective emergency admissions: Lead Eleanor Roaf

Trafford remains an outlier for the number of falls among older people, and in order to address this, a multi-agency strategy for Bone Health and Falls Prevention has been agreed, and is now being implemented. Within this, we have identified a particular need for work to be undertaken on **reducing falls among residents in nursing and residential homes**, as we have high numbers of admissions from this sector. A multi agency meeting to scope the work required and to produce an action plan for delivery is being held on 23rd September 2015.

Recommendations

The Health and Wellbeing Board is asked to note the contents of this report. Members of the Board are asked to contact the named lead officers if they have any further questions, or suggestions for further activity in these areas.

Eleanor Roaf

9th September 2015

Public Health Delivery Group

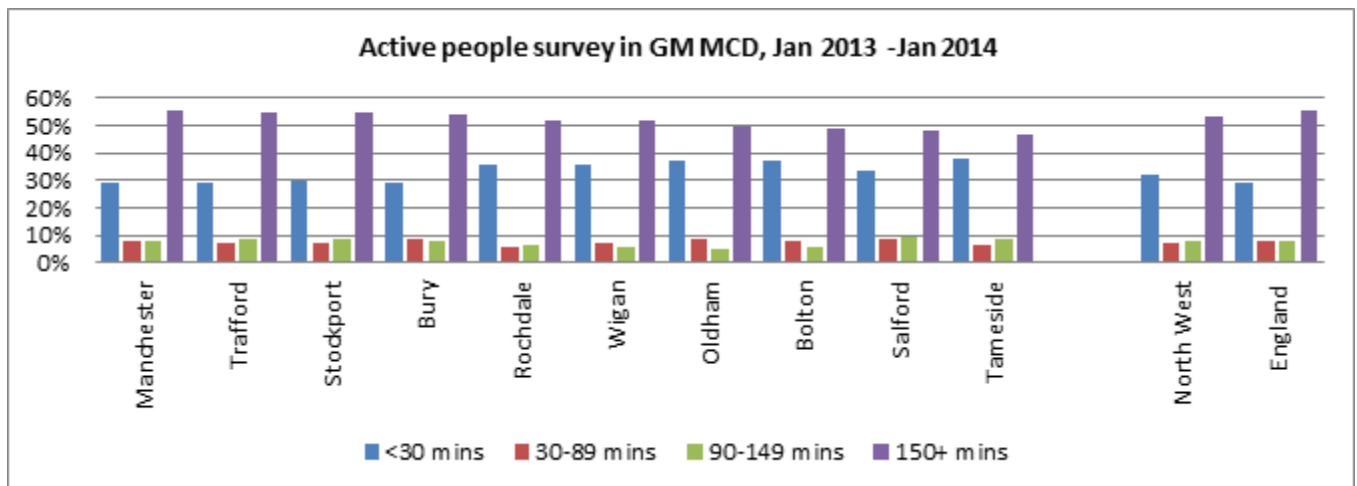
9th September 2015

Update on Physical Activity

As previously reported, the Health and Wellbeing Board has made the decision to focus on four key areas of delivery for the remainder of 2015/16. One of these is physical activity, and the Sports and Physical Activity Partnership discussed this at its meeting on 17th August.

At that meeting, it was agreed that the focus would be on delivering within the areas identified through 'Greater Manchester Moving' (<http://www.greatersport.co.uk/get-active/greater-manchester-moving>). This document provides a blueprint for Physical Activity and Sport and will guide the allocation of investment in physical activity and sport at Greater Manchester level over coming years. It aims to deliver a collaborative approach to planning and investment in physical activity and sport, recognising the importance of these to improving the health of Manchester's population. It also includes targets relating to maximising the contribution a healthy society makes to the economic growth and prosperity of Greater Manchester. The purpose of this strategy and approach is not to replace local strategies but to consider the added value that can be achieved by working together across Greater Manchester, and is aligned to the wider health and social care devolution.

As can be seen from the table below, Trafford performs reasonably well compared to other GM areas in the number of people who are physically active, however, there is plenty of scope for improvement as nearly half of our population do not take the recommended minimum level of activity.



Source: PHE Active People Survey December 2014

Within the Greater Manchester strategy, ten key priorities are identified. These are:

1. To increase the number of people walking and running
2. To increase the number of people cycling

3. Create more active and sustainable environments and communities through the Greater Manchester Spatial Plan
4. Create a transport system that promotes an active life
5. Reduce the social isolation and social and economic inactivity through physical activity and sport
6. Deliver a vibrant and growing physical activity and sports sector and contribute to economic growth
7. Develop an informed and skilled paid and volunteer workforce
8. Co-ordinate and deliver a clear social marketing and communications plan to support Greater Manchester Moving
9. To promote physical literacy in the early years, at school and at home
10. Maximise the NHS contribution to develop a more active Greater Manchester

Within Trafford, we have agreed to focus on three of these this year:

- To increase the number of people walking and running
- To increase the number of people cycling
- To promote physical literacy in the early years, at school and at home.

These areas were chosen as being ones where we would be able to make the most impact within the timescale, and where we have existing plans and strategies in place that we will be able to strengthen through the added multi-agency focus that the Health and Wellbeing Board can deliver.

The specific work currently planned or under way is as follows:

Increasing the number of people walking or running

Across England, 47.2% (confidence interval 46.8- 47.6)¹ of people walk for at least 10 minutes at least 5 times a week.

In Trafford this figure is 41.8% (CI 37.2- 45.5) which is significantly lower than the England average, although it is in line with the Greater Manchester average of 44.1% (CI 43.8-45.4).

The body of evidence is compelling concerning the wide ranging benefits of regular physical activity. The UK chief medical officer has set out clear guidelines regarding how much physical activity is required for adults, older people and children (Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers). The delivery of this guidance is not consistently achieved in primary care and the underlying reasons for this are incompletely understood. NICE public health guidance 44 recommends brief advice by primary care professionals as an effective intervention to increase physical activity which should include information about local opportunities.

¹ Department of Transport June 2015

In order to increase the number of people walking and running, we are undertaking the following projects:

1. Increasing primary care promotion of physical activity

The aim of this work is aligned with that of Get Manchester Moving to increase the number of people undertaking regular physical activity in Trafford. Key partners include:

- Primary care workforce
- Providers of organised local physical activity e.g Active Trafford Greenspace partners
- Trafford CCG

A recent meeting with the CCG clinical director, Mark Jarvis has facilitated this project. The CCG will identify a range of practices in the Trafford area in terms of size, location and engagement. A GP and nurse will be interviewed in each practice using a standardised questionnaire to assess the knowledge of each practitioner in relation to physical activity and health as well as perceived barriers to physical activity promotion. A selection of patients will also be surveyed from each practice to determine:

- What the factors are causing failure to increase physical activity levels? (support, self efficacy, time)
- What barriers individuals face when becoming physically active?
- What changes need to be implemented in order to increase physical activity levels?

This will inform subsequent activities which will aim to increase physical activity levels of Trafford residents. The providers of physical activity will each be consulted to assess the services they provide and establish strong links with primary care.

The outcomes will be education sessions for primary care professionals regarding behavioural change and exercise prescription as well as signposting relevant services, development of the physical activity section of the Trafford CCG directory of services, a written report to the CCG/Health and Well Being Board and the production of templates to systematically record primary care physical activity promotion within EMIS practice software. The latter would enable future analysis and monitoring of primary care physical activity promotion. We are hoping to link into the Trafford Care Co-ordination Centre for promotion and delivery of this work and of physical activity projects such as Active Traffoed Greenspace.

2. Evaluation of a Falls rehabilitation pilot scheme

A pilot scheme is being run by the Trafford Leisure Trust to extend the current falls rehabilitation programme from 8 to 13 weeks. The additional 5 weeks will offer participants a range of activities with the focus upon choosing an activity they enjoy

which is then more likely to be continued after the end of the scheme. Individuals will be responsible for their own transport to the venue to ensure regular participation in the chosen activity is sustainable.

Trafford Leisure Trust aims to start the pilot in October and will recruit those who are at risk of falling from a range of locally delivered rehabilitation programs including musculoskeletal, cardiac and pulmonary. The scheme will be delivered to residents of Davyhulme who have attended the rehabilitation service at the George Carnall leisure centre. Davyhulme has one of highest rates of falls in Trafford.

The evaluation will determine whether the activities offered are evidence based for rehabilitation of the separate groups, the costings of these activities, attendance and likelihood of individuals continuing the activity after completing the scheme. This will be achieved through meeting with the individuals delivering the service:

- Rachael Forde, Active Living manager, Trafford Leisure Trust
- Debra Maloney, Operations Manager, Falls Lead, Trafford Community Services, Pennine Care NHS Foundation Trust
- Angela Easdon, Senior Physiotherapist, Outpatient rehabilitation, Pennine Care NHS Foundation Trust

In addition, structured interviews will be conducted with participants from the scheme.

“Healthy hearts and hips” is an exercise class that targets individuals older than 55 years who are also classified as frail. The delivery of this service is now the remit of AGE UK in Trafford. The aim of the programme is to reduce frailty and improve mobility through fun, predominantly chair based activities. This scheme will be evaluated to determine which exercises are being offered and what the link is to rehabilitation. Following this, recommendations will be made to determine how the scheme should link to rehabilitation and the activities that should be incorporated.

3. Learning from Liverpool east activity partnership (LEAP) - encouraging residents to take up sport and physical activity local cost-benefit analysis.

Liverpool East CCG (LCCG) and Liverpool’s strategic sport stakeholder group developed LEAP to increase participation in physical activity and sport. The aim of the project was to improve health and well-being through sport, promote inclusion and reduce anti-social behaviour. It also hoped to deliver a network of good quality sport and physical activity provision in the local community. Groups targeted included people involved with anti-social behaviour and those at risk of developing long term health conditions.

Liverpool City Council has identified an overdependence on hospital and specialist social care which is felt to be economically unsustainable. Their aim is to make

Liverpool “the most active city in England by 2021”. The impact of their strategy is to be assessed by the metric “increase levels of activity underpinned by a reduction in the percentage of those who are totally inactive”. The combined components ensure the whole population and a wide range of partners will be engaged with the program.

LEAP is to be evaluated upon the implementation of:

- A system to monitor whether a patient’s level of physical activity has changed as a result of the intervention
- An algorithm to calculate the price of health benefits as a result of the increase in physical activity
- Accountability of providers for patients’ activity levels
- A system to measure participation amongst young people aged 16 and under

The program will be funded by LCCG and Sport England who will provide £2m.

LEAP is of interest to Trafford as it may have elements that could be applied locally to deliver the objectives of increasing physical activity levels. This piece of work will determine what an equivalent scheme would deliver in Trafford including outcomes and timescale and what the costs of the scheme would be. Subsequent to this, Sport England will be approached to assess whether there are opportunities to bid for funding next year.

There has been an offer to visit Liverpool from Nicky Yates, LEAP Programme Manager and Healthy Cities Coordinator, and so this would be the initial action to establish further details and to enable extrapolation of the scheme to the Trafford community.

Increasing the number of people cycling

Trafford performs relatively well on the number of people who cycle regularly, with 3.6% (CI 2.2 – 5.8) cycling at least 5 times a week, compared to an England average of 2.5% (CI 2.4-2.6) and a Greater Manchester average of 1.8% (CI 1.5- 2.2).

Trafford is also one of the areas that has shown a significant increase in the number of regular cyclists between 2012/13 and 2013/14, although this may be due to a dip in 2012/13.

We are in a good position to increase the numbers cycling as we already have the highest number in Greater Manchester of people cycling at least once a month, with 15.9% (CI 12.8-19.6)² of people cycling in 2013/14. We can be confident, therefore that there is an interest in cycling in our population, and we intend to build on this.

² Dept for Transport Walking and Cycling statistics 2015

We are interested both in increasing the number of people who cycle recreationally or for sport, and in increasing the number of people who use a bicycle to travel to work, school or other venues. Increasing the number of people who use a bicycle for daily journeys will have a beneficial impact on their health, as well as reducing the number of cars on the roads and so improving congestion and air quality.

We are working with Transport for Greater Manchester (TFGM) and British Cycling, on an ambitious programme to increase the number of identified recreational routes within Trafford and across Greater Manchester. There is a meeting on 16th September, which Trafford representatives will attend, at which the detailed plans for a programme of free, guided bike rides across the area will be discussed. These form part of a national campaign to help more people get cycling for fitness and as a sustainable way of seeing the area, and the rides will be guided by British Cycling Ride Leaders along scenic local routes and pitched at three different levels. Materials to promote the rides locally will also be available.

Promote Physical Literacy in the early years, at school and at home

Greater Manchester Sport has produced a number of materials to support parents of young children to engage in physical activity through play. We are in the process of setting up a meeting with the health visiting lead to discuss the nature of the work that we will develop in Trafford to promote this, and have been very pleased with the enthusiasm with which this has been greeted.

Conclusion

We are interested in members of the Public Health Delivery Group's views on the programmes and projects described above, and in particular, in suggestions for how these can be developed further using the multi-agency resources and influence available via the Health and Wellbeing Board, and the consequent request that should be made to September's meeting of the Board

Eleanor Roaf/Phil Clelland

7th September 2015

TRAFFORD COUNCIL

Report to: Health & Well-Being Board
Date: 22nd September 2015
Report for: Information/Action
Report of: Kerry Purnell, Head of Communities & Partnerships,
Trafford Council

Report Title

HWBB and the proposals for the Principles, Structures and Processes of the Trafford Partnership

Purpose and Summary

This report, based on one which went to the Partnership Executive on 17th September, provides an update on review of the Trafford Partnership and the latest proposals which are being considered by the Partnership Executive. It asks the Health and Well Being Board to consider how these proposals connect with the wider review of the Board.

Recommendation(s)

The HWBB notes the contents of this report and:

- Comments on how these proposals connect with the wider review of the HWBB
- Comments on future membership of the HWBB
- Comments on the viability of HWBB meeting quarterly in a morning as part of the whole day approach to TP meetings in the future
- Supports the proposal for the November 19th TP event to have a health related theme

Contact person for further information:

Name: Kerry Purnell Extension: 0161 912 2115

1 The review of the Trafford Partnership

1.1 Earlier in 2015, in the light of certain strategic pieces of work such as Devolution, Locality Working, Health and Social Care integration and the Early Help Delivery model it was fortuitous to review whether the current Trafford Partnership structures are and will be fit for purpose for the short, medium and longer term.

1.2 In addition recent inspections and annual review processes had led to concerns about how strategies, and delivery against them, are shared, understood and aligned across the Trafford Partnership structures.

1.3 As part of the review the following work has been undertaken:

- Mapping the existing strategies, meeting structures, reporting lines and membership within each Thematic Partnership and to highlight any key observations (reported to the Partnership Executive at the end of March 2015). This process highlighted that there were too many strategies; thematics operate in silos and there is a lack of understanding of how the partnerships 'fit' together; there is insufficient performance monitoring or accountability between partner

agencies; the Partnership needs to consider how 'public facing' it is and how it can provide greater voice and influence to communities.

- Each thematic partnership was then asked to review their structures, in light of new opportunities such as the GM Reform and Growth Strategy, and revise them as appropriate. This led to a number of options emerging for the Trafford Partnership. One revolved around retaining current thematics with the exception of changes to the Childrens' Trust Board. The other, recommended by the Economic Growth Board, took a more radical approach and recommended a complete revision to the overall structure of the Trafford Partnership based around 2 main strategic boards for Reform and Growth.
- The Executive considered the emerging options in June alongside a SWOT analysis and decided at that stage to agree certain aims and principles for the Partnership moving forward and to establish a small working group to examine potential structures in more detail.

2 TP Executive agreement to date

2.1 At the last meeting of the Executive in June a number of aims and principles for the Trafford Partnership were agreed:

- We need to do what makes most difference to Growth and Reform
- We need to be proactive to make the changes we need
- We need to shift from enabler/ facilitator (working separately) to deliverer/ commissioner (as one body)

2.2 The Partnership needs to:

- Be nimble, agile, flexible enough to respond to changing landscape
- Link localities to strategic and vice versa to create and lead communities
- Breakdown silos (across thematics)
- Foster new, disruptive and innovative ways of working
- Facilitate holistic, integrated services (e.g. stronger families model on a larger scale)
- Be preventative rather than reactive
- Support communities to support themselves, whilst managing expectations and maintaining a contract of delivery
- Foster a strong and vibrant third sector
- Ensure equality in partnerships through involvement and co-production (it should be a 'Trafford' partnership not just a 'statutory' partnership)
- Provide strong and effective leadership (including in own organisations, to overcome blockages at middle-management)
- Be accountable to each other and the communities we serve
- Be ahead of the curve – influence the GM Agreement not simply be a part of it
- Use technology to our advantage

2.3 By:

- Taking specific and tangible pieces of work, sponsored/championed by the Executive and delegated to task and finish groups or via existing thematics partnerships.
- Listening to the localities, so we are driven by community voice as much as strategic priorities

The following programmes of work sponsored by the Executive were suggested:

- Locality working
- Youth Trust
- Third Sector

2.4 Plus potential new ones:

- Complex dependency – reduce demand by tackling the most costly individuals and families (to be piloted with top 20 households)
- Employment and skills – align agenda with secondary education curriculum based on what employers are telling us
- Trafford Care Coordination Centre – explore the role this can play in supporting Reform and the Trafford Partnership

3 Current proposals

- 3.1 The small working group was established and the proposed structures and processes shown in appendix A were drafted. The text commentary which accompanies the chart reflects the aims and principles agreed at Executive.
- 3.2 Existing partnership service reform projects have been mapped (although not all may have been captured) and are shown on the structure chart V4a at Appendix B. This demonstrates that there are already a number of partnership structures or task and finish type arrangements underway to progress these projects.
- 3.3 The charts have been shared to date with Trafford Council CMT, with the TP Executive Chairs team and the Chairs/ lead officers of the Economic Growth and the Health and Wellbeing Boards.
- 3.4 The reaction has been generally positive with some further considerations to be discussed (shown in section 5 below).

4 Future Processes

- 4.1 It is proposed that, in order to improve commitment to the Partnership across all agencies, from November the 'One Trafford' Strategic Boards meet quarterly for a whole day. In the morning the Health and Wellbeing Board, Growth Board and Strong Communities Board will meet, if agreed membership of each makes these simultaneous meetings viable.
- 4.2 All members will come together over lunch to network and there is an opportunity to theme discussion and invite in a guest speaker during this part of the day (if relevant). Dr William Bird has been suggested as a potential invitee to the November meeting to discuss how, through strategic commissioning, the health, wellbeing and physical activity agendas can be better linked to deliver tangible outcomes to residents through initiatives such as Social Prescribing.
- 4.3 In the early afternoon the One Trafford Board (Partnership Executive) will meet.
- 4.4 Future all day quarterly TP meeting dates will be set.
- 4.5 Thematic partnerships, including the HWB Delivery Board, will also meet quarterly (as most do now) ahead of the quarterly TP meeting day in order to provide relevant progress information to the Strategic Boards.
- 4.6 The key work of the Partnership will be delivered through the service reform projects, whether these require task and finish meetings, networks or other arrangements to ensure the work is progressed. Once agreed by all strategic boards and thematic partnerships, these will form part of the TP Annual Work Plan. All partnership meetings/structures should exist to deliver the Annual Work Plan. Any other existing groupings that sit outside of this remit should be reviewed and disbanded if they are not contributing to the Reform and Growth agendas.

- 4.7 Each project will have a lead officer (project manager) to ensure day to day progress. The Strategic Boards may feel that some projects require a senior Project Sponsor, the individual who is the 'conscience' of an issue or piece of work, known to all partners and who can hold peers to account to ensure the benefits of a particular project are realised. This will help to foster the cultural shift mentioned in 5.1 below. Work is underway to identify who these project sponsors may be.

5 Considerations

- 5.1 It is recognised that simply rearranging partnership structures on a page will not achieve all the principles listed above. A cultural shift is needed across all agencies and services which form part of the Trafford Partnership, in particular, to ensure that we share power with one another and with our communities. This requires strong and visible leadership, a commitment to honest conversations at all times, to pool resources where necessary, share information, to actively participate and to hold one another to account. It is not our structures which are of most importance but what the Partnership delivers and the ways in which we go about it.
- 5.2 The chart at appendix A, as a 2 dimensional structure, does not reflect the role that our residents and communities play in delivering our Community Strategy nor how the Partnership should seek to put our communities at its heart. The large shaded section which sits in the centre and beneath the SCB and the Locality Partnerships seeks to show how our community and campaigns to improve resilience such as Be Bold underpin the work of the whole Partnership. It has been suggested that the whole structure be turned on its head with Communities at the top and GM structures at the bottom of the page. However a 3 dimensional model would reflect this better because the structure is not intended to be hierarchical.
- 5.3 Membership of the HWBB, the Growth Board and the Strong Communities Board requires further consideration, as does who from these (and others) might form the Executive body. Current proposals (as shown on the charts) make the strategic boards rather large in number of attendees. It has been suggested that each reviews its Terms of Reference in order to fully determine who should be in attendance, but that these reviews should fit within the context of the overall proposals for the Trafford Partnership.

6 Recommendations

- 6.1 The HWB notes the contents of this report and
- Comments on how these proposals connect with the wider review of the HWBB
 - Comments on future membership of the HWBB
 - Comments on the viability of HWBB meeting quarterly in a morning as part of the whole day approach to TP meetings in the future
 - Supports the proposal for the November 19th TP event to have a health related theme

Appendices:

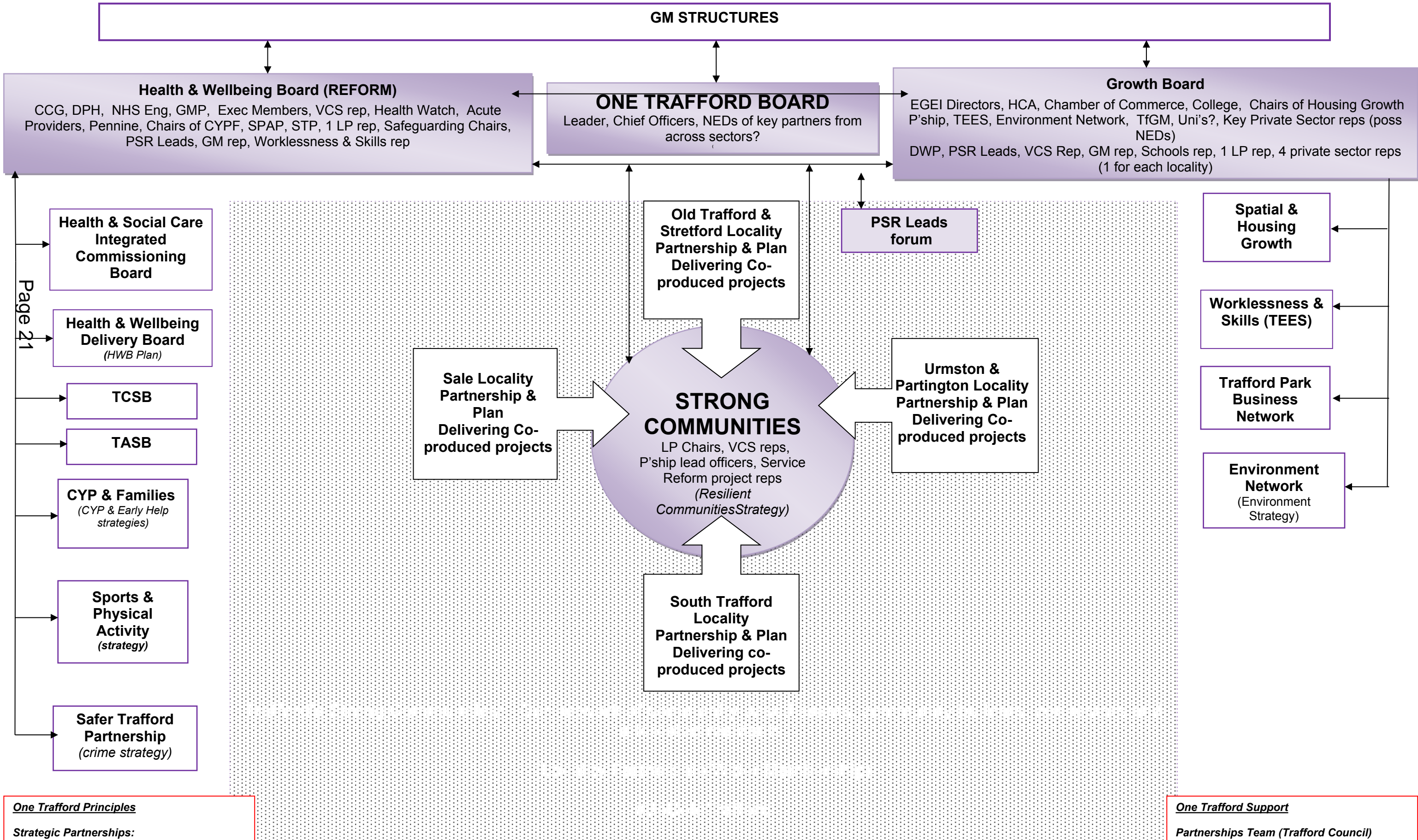
A TP Structure Charts V4

B TP Structure Chart with service reform projects V4a

Background Papers

TP Executive reports on the TP review (March, June and Sept 2015)

Trafford Partnership (V4 9/2015)



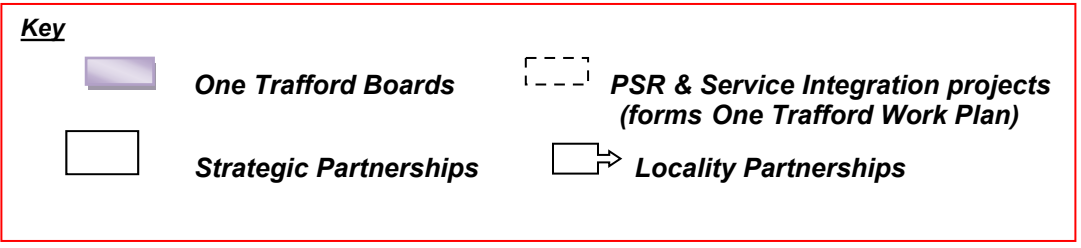
One Trafford Principles

Strategic Partnerships:

- manage partnership strategies
- Accountable for delivery of partnership strategic priorities

One Trafford Boards:

- Sponsorship and active leadership of PSR/Service Integration projects



One Trafford Support

- Partnerships Team (Trafford Council)
- Data Intelligence and Innovation Lab (partnership)
- Performance and Accountability Framework (partnership)
- Strategic Funding Network

Trafford Partnership Review Summer 2015

Principles

- Nimble, agile, flexible enough to respond to the changing landscape
- Role of partnership is to deliver collaboratively 'only what public services can' and 'what can be co-produced across the sectors and with communities' whilst providing links between localities and strategic partnerships and vice versa in order to lead, create and empower strong communities. Ensures that our communities underpin the whole Partnership.
- Fosters new, 'disruptive' and innovative ways of working
- Facilitates holistic, integrated services which breakdown barriers between organisations and strategic partnerships
- Is preventative rather than reactive
- Using an ABCD and Community Building approach, enables communities to support themselves, whilst managing expectations and maintaining a contract of delivery
- Fosters a strong and vibrant third sector
- Equality in partnerships across the sectors and with communities through active participation and co-production (a 'Trafford' partnership not just a public services one)
- Strong and effective leadership (including within own organisations, to overcome blockages at middle-management)
- Partners are accountable to each other and the communities we serve and are open to challenge

Functions:

- To develop and deliver the 2021 Vision – the Community Strategy for Trafford
- To maximise all opportunities afforded to Trafford by the GM Agreement
- To be ahead of the curve – influence the GM Agreement not simply be a part of it
- To use technology to our advantage
- To develop and deliver Partnership thematic strategies and implementation plans which add value beyond each partners' business as usual
- To champion and deliver innovative, cross cutting Service Reform projects which shape demand and improve outcomes for communities
- To get things done

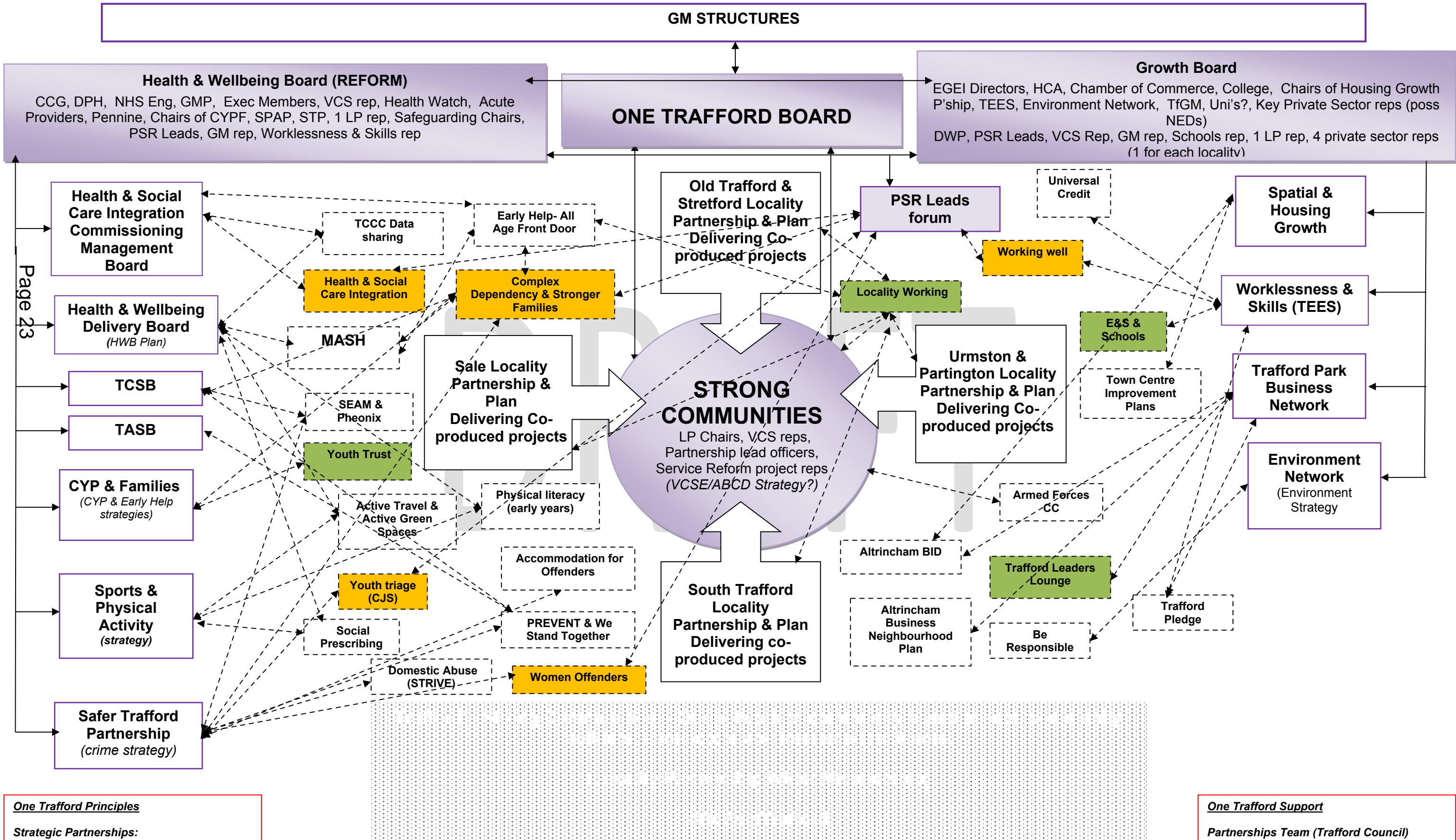
Structures:

- Health and Wellbeing, Growth and Strong Communities are the 3 main Boards. Selected members of each come together to form the 'One Trafford' Board
- One Trafford Board members each champion and lead a sponsored Service Reform Projects
- The 3 Boards lead and oversee progress against the One Trafford Work Programme projects
- The PSR Leads group is currently a Council only forum providing a direct link to the GM PSR work streams. The main focus is complex dependency and in order to progress this to the next level it is proposed to make it a partnership forum into which the GM PSR projects report. PSR Leads will also be represented at the One Trafford Boards.
- Strategic Partnerships are responsible for performance against their partnership strategies and implementation plans. They will ensure that their governance structures and reporting arrangements are fit to deliver their strategies and provide accountability
- Service Reform projects (shown in dashed boxes) will be time limited and delivered through task and finish arrangements or as part of strategic partnership implementation plans.
- Delivery against all Service Reform projects and Locality Plans is ultimately the responsibility of all stakeholders, partners, partnerships and Boards.
- Each partner signs up to clear commitment

Processes:

- Identify specific and tangible Service Reform projects which form an annual Work Programme, some sponsored directly by the Exec, others championed by the Boards and delegated to task and finish groups or strategic partnerships
- Task & Finish arrangements do not necessarily require meetings to progress work. Can be achieved in the most appropriate way for the task/project.
- Progress against Locality Plans and Be Bold initiatives will be reported to the SCB by the Locality Partnerships and any blockages to performance will be raised for escalation as appropriate
- A transparent performance framework for each strategic partnership and each Service Reform project will be established
- HWBB, SCB and GB meet quarterly for a full day. Morning session - HWB, GB and SCB meet separately. Networking event including lunch with a potential for a theme and a guest speaker. Afternoon session - One Trafford nominees meet to review progress against work programme and to assess opportunities, risks and threats to overall performance.

Trafford Partnership (option 4a with projects 9/2015)



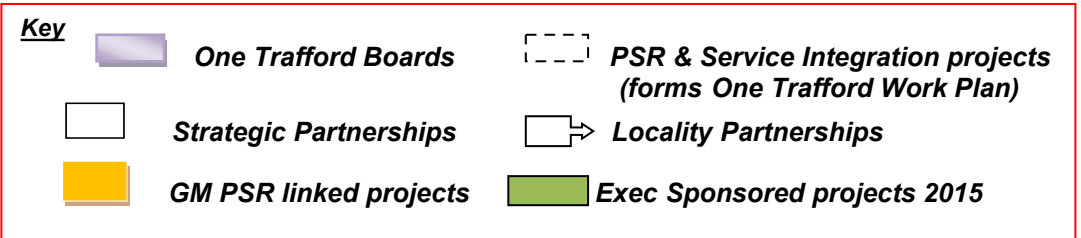
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TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 22 September 2015
Report for: Information
Report of: Paula Whittaker

Report Title

Halve It HIV Pledge

Summary

Trafford Health and Wellbeing Board signed up to the Halve It HIV Pledge. The Half It HIV goal for Trafford Council is to halve the proportion of people diagnosed late with HIV (CD4 count <350mm³) by 2020.

Recommendation(s)

- The Health and Wellbeing Board is asked to note the actions that are already in place in Trafford to identify and test people at risk of HIV
- The Health and Wellbeing Board is asked to recommend that all primary care health professionals should routinely offer and recommend an HIV test to patients at high risk in line with British HIV Association (BHIVA) guidelines.
- The Health and Wellbeing Board is asked to give support for public health to work with local community organisations to promote HIV testing among high risk groups.

Contact person for access to background papers and further information:

Name: Paula Whittaker, Consultant in Public Health
Extension: 1936

TRAFFORD HALVE IT HIV PLEDGE

1.0 INTRODUCTION AND BACKGROUND

- 1.1. HIV needs to be treated as a chronic condition rather than as a fatal illness.
- 1.2. There is no need for more counselling prior to an HIV test than for any other testing.
- 1.3. It is important that we reduce late diagnosis rates of HIV as the prognosis for individuals with the disease is greatly improved if treatment can be started in a timely manner, and early diagnosis can reduce the risk of onward transmission.
- 1.4. Diagnosed prevalence of HIV is increasing in England generally and also in the North West and in Trafford (Figure 1). There was 13% increase in the rate in England between 2010 and 2013 and 24% increase in Trafford in the same period.

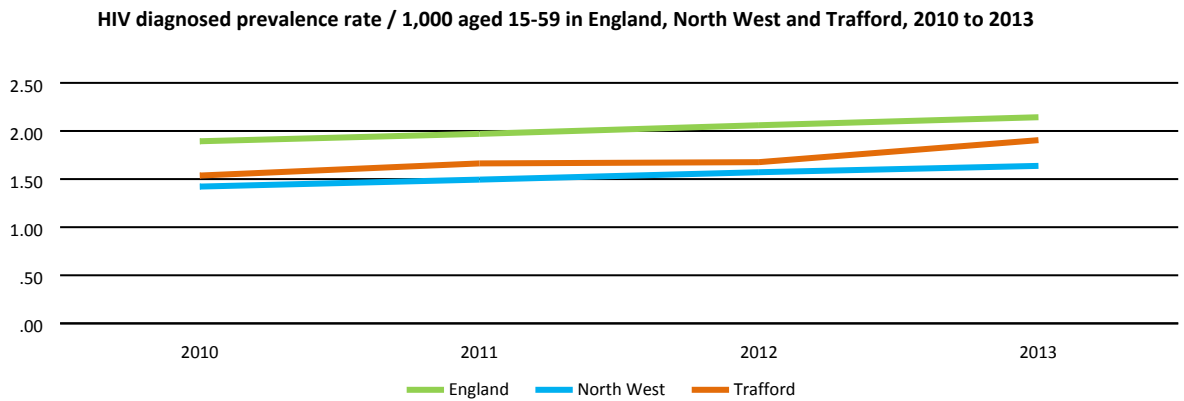


Fig 1: HIV diagnosed prevalence rate
Source of data: PHE, 2014

- 1.5. Sexual health data from PHE shows that in Greater Manchester, the highest HIV diagnosed prevalence rates in people aged 15-59 years were in Manchester (5.8) and Salford (4.8) followed by Bury and Trafford (both approximately 2) as shown in Figure 2 below.

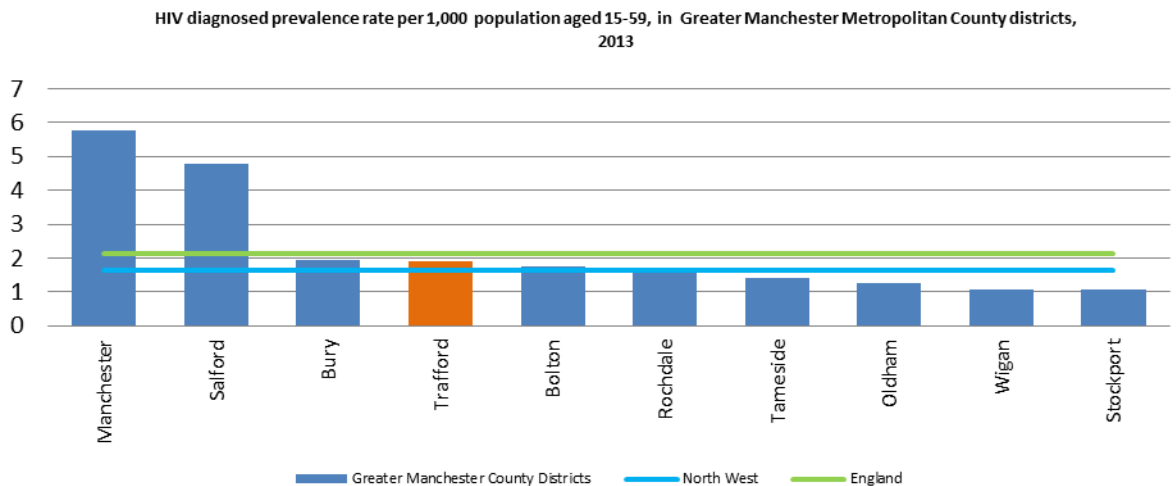


Fig. 5: HIV diagnosed prevalence rate in GM MCD
Source of data: PHE 2014

- 1.6. In Trafford 30 new cases of HIV were diagnosed in 2013. The route of infection was men who have sex with men (MSM) in 50% of cases and heterosexual sex in 40% of cases, with the remainder transmitted through injecting drug use, mother to child and undetermined routes.
- 1.7. The populations at greatest risk of HIV in Trafford are MSM and people who were born in sub-Saharan Africa. Recent arrivals from Eastern Europe are also at increased risk.
- 1.8. **CURRENT PROVISION**
- 1.9. The integrated sexual health service provided by Bridgewater offers HIV testing to all clients accessing the service. Trafford Council also commissions a range of prevention activity focussed on high risk population groups.
- 1.10. LGBT Foundation, formerly known as The Lesbian & Gay Foundation (The LGF), is a national charity delivering a wide range of services to lesbian, gay and bisexual and trans (LGBT) communities. The LGBT reaches and supports lesbian, gay, bisexual and transgender people via a range of targeted work including information and advice on many health and social issues faced by LGBT people, as well as tackling continued problems of discrimination and violence. The LGBT provide Information resources, wellbeing services, counselling, advice surgeries, social and support groups, substance misuse programme, LGBT carers programme, pop-in service, telephone service, condom and lube distribution scheme, sexual health testing, outreach services, sexual health training, women's programme, consultancy & training. Trafford Council commission LGBT to support the provision of clinical services through facilitating and supporting the provision of an HIV and sexual health testing service for men who have sex with men and to provide targeted outreach in identified locations.
- 1.11. George House Trust (GHT) provide a support service for all Trafford residents living with HIV and tailored interventions for a) men who have sex with men and b) heterosexual women and men – in particular, women and men from black African communities, black Caribbean communities and Eastern European countries living in Greater Manchester, to reduce the onward transmission of HIV.
- 1.12. The Black Health Agency (BHA) works to raise awareness and increase motivation amongst black and minority ethnic (BME) people to use condoms and test regularly for HIV. This is achieved through community development, outreach, information and advice and group training and awareness sessions.
- 1.13. The Black Health Agency are also commissioned by Trafford and Salford councils to support South Asian women through one to one and group work with sexual health and wellbeing. The Jeena Project works to challenge the inequality and injustice that Asian women experience and aims to offer them a safe space within which they can access information, advice and support services that are easily accessible and that are set within a confidential, non-judgmental, and culturally appropriate & gender specific framework. The

target population is South Asian women including Pakistani, Bangladeshi, Sikh and Indian origin in Trafford aged 16 plus.

2.0 NATIONAL SEXUAL HEALTH COMMISSIONING STRUCTURE

- 2.1 The Health and Social Care Act (2012) divided responsibilities for the commissioning of sexual and reproductive health services between local authorities, Clinical Commissioning Groups and NHS England. Since April 2013 Local Authorities commission comprehensive sexual health services, including HIV testing and HIV prevention and NHS England commissions HIV treatment and care (including drug costs for prophylaxis).
- 2.2 The Specialist Commissioning Team within NHS England is currently reviewing the quality of HIV treatment provision in the North West and will be making recommendations for the changes required to ensure that all services meet the required standards.

3.0 FUTURE ACTION

3.1 TRAFFORD INTEGRATED SEXUAL HEALTH SERVICE

- 3.2 Individuals at higher risk of HIV are offered support in the behaviour change required to reduce their risk (for example the consistent use of condoms) by the integrated sexual health service. Higher risk individuals seen in Trafford sexual health clinics are also encouraged to undertake an annual HIV test.

- 3.3 The integrated specialist sexual health service commissioned by Trafford Council will be recommissioned with a start date for provision of September 2016. The specification for the service includes improving awareness of HIV and the importance of regular testing in order to reduce late diagnosis, reducing the prevalence of undiagnosed sexually transmitted infections including HIV, reducing the transmission of sexually transmitted infections including HIV and reducing the proportion of residents diagnosed with HIV at a late stage of infection. The service provider is required to work with NHS England to fulfil the requirements of the national specification for HIV outpatient treatment.

3.4 PRIMARY CARE

- 3.5 Given that people already attending sexual health services are offered HIV tests regularly, the biggest opportunity for increasing the number of tests offered to people at high risk of HIV in Trafford is through primary care. GPs see over 85% of their population each year and the average patient visits the surgery five times each year.

- 3.6 There are two circumstances which provide valuable opportunities to diagnose HIV infection in primary care:
 - i. when the patient presents with symptoms or medical conditions possibly associated with HIV
 - ii. offering an HIV test to an asymptomatic patient because they are or may be at risk of HIV infection

- 3.7 There is evidence that a significant proportion of people who present late with HIV infection have been in contact with doctors in preceding years with symptoms which, in retrospect, were related to HIV.
- 3.8 In order to raise awareness and aid identification of high risk patients in primary care an education session will focus on delivery of sexual health care in primary care for nurses and GPs in January 2016.
- 3.9 To support primary care in promoting the uptake of HIV tests among those at risk, local voluntary organisations, such as Voice of BME in Old Trafford, will be asked to raise awareness of the risk factors for HIV and the importance of early testing with their contacts.
- 3.10 POST EXPOSURE PROPHYLAXIS
- 3.11 We currently routinely offer post exposure prophylaxis as part of our HIV prevention offer. Recent research has shown that pre-exposure prophylaxis can also be effective in reducing the spread of HIV. However the cost of this is extremely high; individuals remain at risk of other sexually transmitted infections; and it may undermine efforts to increase the consistent use of condoms, which are by far the most cost effective method of preventing HIV. Within Public Health Trafford we would recommend that no decisions on pre-exposure prophylaxis should be made until NICE has reviewed the evidence for this.

4.0 RECOMMENDATIONS

- 4.1 The Health and Wellbeing Board is asked to note the actions that are already in place in Trafford to identify and test people at risk of HIV
- 4.2 The Health and Wellbeing Board is asked to recommend that all primary care health professionals should routinely offer and recommend an HIV test to patients at high risk in line with British HIV Association (BHIVA) guidelines.
- 4.2 The Health and Wellbeing Board is asked to give support for public health to work with local community organisations to promote HIV testing among high risk groups.

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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: September 2015
Report for: Information
Report of: CAMHS Local Transformation Plan update

Report Title

Trafford CAMHS Local Transformation Plan

Purpose

The report provides an overview of the progress of the CAMHS review to date and key actions going forward associated with the development of the Local Transformation Plan.

Recommendations

For the Board to note the information in the report and to agree to support the future sign off of the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

Contact person for access to background papers and further information:

Name: Claire Ball

Phone 912 4089

1.0 Introduction and Background

- 1.1 As agreed in the NHS Trafford Clinical Commissioning Group (CCG) Five Year Plan, a review of Trafford's Child and Adolescent Mental Health Service (CAMHS) is underway. It is currently on target against its agreed milestones. The steering group has good attendance and is working to govern the actions of the review.
- 1.2 Trafford CAMHS is a well-established local service that is part of the integrated children and young people's service model. It is currently provided by Pennine Care NHS Foundation Trust. It is commissioned by Trafford CCG and to a lesser extent Trafford Council (the funding split for 2015/2016 being 63:37%).

2.0 CAMHS review

- 2.1 In March 2015, work started on reviewing our tier 2 targeted and tier 3 specialist CAMHS provision. We want to ensure that the service is able to provide a clinically safe, cost effective and efficient quality service to meet the changing mental health needs of the GP registered and/or resident population (aged under 18) in Trafford; to review workforce competency and skills; to make best use of, and prioritise, the available resource.

The key drivers for the review are as follows:

- A need to re-consider the service model and associated pathways in the light of changing mental health needs of the Trafford population of children and young people, for example, increasing incidents of self-harm, increasing eating disorder prevalence and a preference from young people for more flexible access to specialist services;
- A need to consolidate and embed the early help, prevention and early identification model of care;
- A requirement for the service to significantly improve the production of data and intelligence;
- An increased focus on co-commissioning with NHS England, which commissions tier 4 in-patient provision;
- Sustainability of Children and Young People's Improving Access to Psychological Therapies (IAPT); and
- National drive for change led by the House of Commons Health Committee supported by the NHS England and Department of Health Children and Young People's Mental Health Taskforce.

- 2.2 The work of the review was started in March 2015 and is overseen by a steering group which is chaired by Adrian Hackney, Associate Director of Transformation, Trafford CCG. There is representation on the group from PCFT, Trafford CAMHS, Public Health, the designated nurse for Safeguarding, and Commissioners from Trafford CCG and Trafford Council. This group reports to the Trafford CCG Senior Management Team.
- 2.3 The work is led by a range of task and finish groups reporting to the steering group:
- Finance group chaired by Jill Colbert, Acting Director Education, Health and Care Commissioning;
 - Service model group chaired by Dr George Kissen, Clinical advisor Children and Young People;
 - Data and Performance chaired by Helen Gollins, Consultant in Public Health;
 - Communications and Engagement chaired by Tracy Clarke, Communication and Engagement Specialist (Trafford CCG);
 - Medicines Management chaired by Leigh Lord, Locality Lead Medicines Management Pharmacist (Trafford CCG).

3.0 Communication and Engagement

- 3.1 A stakeholder event has been held to establish the effectiveness of the current CAMHS service. The event was facilitated to gain the views of professionals, providers, partners and service users utilising Trafford CAMHS on a regular basis.

Attendance at the workshop was made up of a range of partners from the following sectors and organisations:

- CCG
 - Trafford Council
 - Children and Young People from local schools
 - CAMHS staff
 - Teaching staff
 - Trafford Youth Cabinet
 - Pennine Care FT
 - Voluntary & Community Sector
 - Trafford Healthwatch
- 3.2 The findings from this event will help to shape the changes intended for CAMHS. Further engagement work is happening via an online survey. This is available for professionals to complete and the link to that is being circulated to all interested groups. Some specific work will be done with CAMHS staff,

GPs and schools. Another stakeholder event will be held in the autumn to present the findings of the review up to that point and to check potential ideas for the future model.

4.0 Data and Performance

Public health colleagues have partially completed a rapid health needs assessment which provides an understanding of mental health prevalence for 0-18 year olds in Trafford. Service data is now required to complete this piece of work. This will ensure that any service planned going forward is based on need rather than on just those individuals that currently access the service. The group will also be responsible for considering future data collection needs for the service so that the performance of CAMHS is effectively monitored.

5.0 Future in Mind

- 5.1 'Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing' (DoH, March 2015) establishes key principles about how to make it easier for children and young people to access high quality mental health care when they need it.
- 5.2 A self- assessment tool has been developed to enable organisations to assess their readiness to meet the recommendations laid out in 'Future in Mind'. The tool will show the gaps, strengths and challenges of the current service offer and when completed will be a critical element in understanding the baseline performance of the service. The tool will also help to identify what elements of Future in Mind can be implemented now and where additional funding will be required to ensure delivery. Work is continuing on the Trafford self-assessment and the final results will be reported at the next steering group meeting at the beginning of October 2015.

6.0 Local Transformation Plans for Children and Young People's Mental Health and Wellbeing

- 6.1 NHS England is prioritising investment in areas that can demonstrate a shared vision and plan for the reshaping of services for children and young people with mental health needs. CCGs have been asked to develop 'Local Transformation Plans' that set out its intentions to do this. This work will need to be delivered at pace and the overall project plan will need to be revised to reflect the completion of the Local Transformation Plan and assurance process.
- 6.2 Local Transformation Plans should be living documents that cover the whole spectrum of mental health and wellbeing services for children and young people. Trafford will need to outline how our plan will deliver in line with the national 2020 ambition to increase capacity and capability across the whole

system. Plans will also need to reflect a clear focus on specific deliverables for which additional funding (for 15/16) has been made available (see 6.4).

6.3 Guidance has been produced to support local areas in developing plans. An assurance process has been established and all Local Transformation Plans will be assured by NHS England, led by Directors of Commissioning and Operations. In year one, the assurance process is based on the submission of:

- Local Transformation Plans together with a high level summary;
- The completed self-assessment checklist;
- Completed tracking templates which will be used to evidence and monitor progress.

6.4 Along with the guidance documentation, additional funds have been made available to CCGs for the development of evidence based Community Eating Disorder Services for children and young people. Trafford’s initial allocation for 2015/16 is £126,943. **Confirmation that the Eating Disorders funding is recurrent and release of future funds will be conditional on meeting the requirements of the assurance process.** Additional future funding of £317,751 has been allocated to Trafford CCG for 2015/16 for when the Transformation Plan is assured.

6.5 The key national assurances that NHS England requires are:

- Local Transformation Plans are published and made widely available;
- Children, young people, those who care for them and all local partners have been involved in developing the Plans;
- The additional money is being spent for the purposes intended;
- Locally determined KPIs are being met.

6.6 Trafford’s Local Transformation Plan will set out our intentions to facilitate the shift towards a future state whereby Children and Young People (CYP) along with their parents/carers have an improved experience of CAMHS on an on-going basis; through a shift in the model of service delivery in recognition of the need to modernise the way mental health services are delivered for CYP and those who care for them.

6.7 The time frame for the development of Local Transformation Plans is provided below:

Development of Local Transformation Plans	From August onwards and by no later than the 9 th October 2015
First window for submission for assurance at regional level	18 th September 2015
Second window for submission for	16 th October 2015

assurance at regional level	
Assurance process completed and further funding released	1 st Week in November 2015
Transformation Plans published locally	October to November 2015
Transformation Plans inform 2016/17 CCG commissioning intentions	Q3 and Q4 2015/16
Review and development of Transformation Plans embedded in mainstream planning processes across local agencies	From 2016/17 onwards

6.8 Trafford CCG will submit the Local Transformation Plan on behalf of the Health and Wellbeing Board. Sign off by Trafford Health and Wellbeing Board Chair, Director of Children’s Services, Director of Public Health, Lead Member for Children and Young People or portfolio holder for health is required for submission.

7.0 Summary

The development of the Local Transformation Plan is now a key priority to ensure that the allocated funding for Eating Disorders is recurrent. Therefore release of further funding is dependent on Trafford successfully meeting the assurance process. The required elements of work to produce the Plan, including understanding our baseline, communication and engagement with all stakeholders, including children and young people is already established and will continue at pace.

8.0 Recommendations

The Health and Wellbeing Board is asked to note the content of the report and to support the continuation of the CAMHS review. They are also asked to ensure that they are in a position to agree and sign off the content of the Local Transformation Plan for the key submission dates.

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 22nd September 2015
Report for: Health & Wellbeing Board
Report of: Better Care Fund Programme

Report Title

Progress Report of Better Care Fund for Trafford

Purpose

This is to provide the Health and Wellbeing Board an update of the progress of the Better Care Fund for Trafford and the progress of the schemes.

Recommendations

The Health and Wellbeing Board are asked to note the progress outlined in the attached paper

Contact person for access to background papers and further information:

Name: Julie Crossley, Associate Director of Commissioning at Trafford CCG.

Trafford Better Care Fund Programme.

1. Introduction

- 1.1 This is an update of the Better Care Fund Programme for Trafford. This comprehensive programme is monitored by a joint Better Care Fund steering group.
- 1.2 All the schemes are focused on the Frail and Older people, with the schemes supporting this cohort of patients to keep their independence and to support individuals remaining in their own homes with services wrapped around them to support them in the community.
- 1.3 This report provides an overall summary of the actual programme and details of the progress which has been made since the last update to this Board.

2. The Better Care Steering Group

2.1 The Better Care Fund Steering Group has recently met to monitor the following:

- Progress of the individual schemes
- Performance of the Programme
- Protecting Social Care
- Section 75

3. 0 Progress of individual schemes

1. Community Nursing

A commissioning review of Community Nursing has been completed to modernise the existing service. This has resulted in two new separate service specifications for

- A new Community Nursing service and
- A Nurse-led Ambulatory Care Service – the existing treatment room service carried out by the District Nurses.

This new specification will be presented to Pennine Care for them to consider and set out their proposal as to how this will be delivered. The new specification will include new element which address the prevention agenda. The service will be monitored against a new set of Key Performance Indicators

2. End of Life

A review of the current services which support end of life care across Trafford is being completed. This will identify value for money, quality of care and any service gaps. Following this baseline assessment decisions will be made as to any changes in the commission of service.

3 Intermediate Care

Trafford CCG is working collaboratively with Trafford Council to expand the number of intermediate Care beds to 18 at Ascot House. The new facility is currently being registered with CQC and should be operational in October. The new clinical model will include primary care; nursing and therapist based which will support a 7 day service.

4. Primary Care Offer to Nursing and Residential Homes

A dedicated primary care service is to be procured by the CCG to provide a quality and consistent service to all residents of nursing and residential homes. This will have proactive and reactive elements to reduce inappropriate hospital admissions.

5. Falls service

In Trafford there are community and acute falls service across Trafford. These services have limited capacity and the pathways are not always used in a consistent way. The first phase of the falls review has been undertaken by the multidisciplinary steering group who have recommended the introduction of a single point of access.

This will receive access and monitor all referrals for all services. It has been agreed that the Trafford Care Co-ordination Centre will perform this task. This will be part of the early implementation of this new centre in Trafford. This will capture all the data relating to the need and services to identify the actual capacity required and the appropriate service model required.

6. Introduction of integrated care teams

As part of delivering the neighbourhood model, Pennine and the Council are continuing to implement the new integrated care. Following the introduction of the new management structure across the 4 neighbourhoods, the staff consultation is current being progressed. This will ensure each locality across Trafford has the community service with a workforce with the appropriate experience and skills to support the needs of the population of Trafford.

4.0 Performance of the Programme

4.1 Better Care Fund Overarching Key Performance Indicators (KPI's) – Performance Update (September 2015)

- **Non elective admissions**

This indicator reports the total number of Non Elective admissions into hospital. It is reported quarterly.

The baseline position for this indicator is taken from the period January – December 2014 representing **23,982 Non Elective admissions**

The plans and actuals for January – December 2015 are as follows;

	Jan – Mar 15	April – June 15	July – Sep 15	October – Dec 15	Total (Jan – Dec 15)
Plan (Quarterly)	5,491	5,758	5,671	6,222	23,142
Plan (Cumulative)	5,491	11,249	16,920	23,142	
Actual (Quarterly)	6,111	5,990			
Actual (Cumulative)	6,111	12,101			

- **Residential Admissions**

This indicator reports the number of permanent admissions of older people to residential and nursing care per 100,000 populations. It is reported quarterly.

The baseline year was 2013 / 14 data from which targets were set for 2014 / 15 and 2015 / 16.

Current update;

	Baseline 13/14	14/15 Target	14/15 Actual	15/16 target	Q1 15/16
Numerator	260	267	213	266	61
Denominator (Population 65+)	38,450	39,007	39,007	39,714	39,714
Rate per 100,000 pop	681.4	684.5	546.1	669.8	153.6

- **Reablement**

This indicator reports the proportion of older people (aged 65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service. It is reported annually.

The baseline year was 2013 / 14 data from which targets were set for 2014 / 15 and 2015 / 16.

Current update;

	Baseline 13/14	14/15 Target	14/15 Actual	15/16 target
Percentage	85.5%	86%	91%	88%
Numerator	170	172	184	176

Denominator	200	200	201	200

- **Patient / Service User Experience**

This indicator is taken from the Adult Social Care User Experience Survey. It relates to the question “Do care and support services help you have a better quality of life (% responding “Yes”)”. It is reported annually.

The baseline year was 2013 / 14 data from which targets were set for 2014 / 15 and 2015 /16.

Current update;

	Baseline 13/14	14/15 Target	14/15 Actual	15/16 target
Percentage	86.1%	86.5%	84.9%	87%
Numerator	304	307	252	309
Denominator	353	355	299	355

- **Local Metric for Trafford**

This indicator focusses on End of Life care and reports the proportion of deaths at usual place of residence. This indicator is reported quarterly on a rolling year basis. The most recent update covers the period January – December 2014 (Q4 2013 / 14 – Q3 2014 / 15)

The baseline year was 2012 / 13 data from which targets were set for 2014 / 15 and 2015 /16.

Current update;

	Baseline 12/13	14/15 Target	14/15 Actual	15/16 target	Jan – Dec 2014 (Q4 2013 / 14 – Q3 2014 / 15)
Percentage	34%	36%	NA	38%	38.5%
Numerator	634	666	NA	703	691
Denominator	1825	1850	NA	1850	1,797

- **Delayed Transfers of Care**

This indicator reports the total number of delayed transfer of care bed days in year from hospital that are the responsibility of both health and social care. This indicator is reported quarterly.

The baseline position for this indicator was 2013 / 14, from which targets were set for 2014 / 15 and 2015 /16.

Current update;

	Baseline 13/14	14/15 Target	14/15 Actual	15/16 target	15 / 16 Q1
Number of Bed Days delayed in year	5,025	4,824	11,795	4,776	4,075

5. Protecting Social Care

A full review is being completed which is to be presented to the Better Care Fund Steering Group and this will be included in a future update to this Board.

6. Section 75

The section 75 has now been completed and is to be signed off by the CCG and Council. This will then be shared with this Board.

7.0 Recommendations

7.1 The Health & Wellbeing Board are asked to note the contents of the Better Care Fund progress report.

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 22 September 2015
Report for: Information
Report of: Dr Nigel Guest, Chief Clinical Officer, NHS Trafford Clinical Commissioning Group

Report Title

Dr Nigel Guest, Chief Clinical Officer, NHS Trafford Clinical Commissioning Group

Purpose

The report provides an update on the work of the NHS Trafford Clinical Commissioning Group and provides information and progress on key commissioning activities. It considers locality specific issues and references links to Greater Manchester and national issues where relevant.

Recommendations

The Health and Wellbeing Board is asked to note the update report.

Contact person for access to background papers and further information:

Name: Gina Lawrence, Chief Operating Officer, NHS Trafford Clinical Commissioning Group

Phone: 0161 873 9692

NHS TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE

1.0 INTRODUCTION

- 1.1 This report provides an update to the Health and Wellbeing Board on key commissioning activities undertaken since the update provided at the last Health and Wellbeing Board meeting. This considers locality specific issues referencing links to Greater Manchester and national issues where relevant.

2.0 PART 1: COMMISSIONING ACTIVITIES UPDATE

2.1 Trafford Care Co-ordination Centre (TCCC): Implementation update

Following successful phase 1 go-live with the Referral Management Booking and Peer to Peer Review Services in July, implementation remains on-track for phase 2 go-live currently scheduled for week commencing Monday 19 October.

At this stage it is anticipated that complex care, discharge and referral management services will commence as a core part of phase 2 go-live. Significant planning and development activity is well underway with partner organisations critical to go-live which has included process re-design and IT technical requirements to support via patient data flows.

To date partner engagement has been very positive and supportive; partners will be required to commit significant time during September and through October to support required process and IT development activities and training.

The Implementation Sub Groups are continuing to play a vital role in both assurance and assisting with key development and design activities. The sub groups continue to meet formally on a fortnightly basis; steady progress is now being made with development of the Benefits Realisation Plans and Profiles.

In follow-up to the contract change control notice received in July advising the CCG of a change in clinical partner to Mastercall (previously Care UK). On-going discussions have concluded regarding the level of mental health staffing, this will now be provided at the levels outlined in the original contract, as agreed at the Clinical Model Sub Group.

2.2 Primary Care Access

Trafford CCG has submitted its vision and overall model for delivering 7 day access for Primary Care across Trafford. This is now subject to further discussions with NHS England and further progress will be report to the Governing Body, the Primary Care Co-commissioning Committee, and the Health and Wellbeing Board.

2.3 Resilience Monies

Trafford CCG continues to work with both South Manchester and Central Manchester CCGs to agree the priorities for investing in schemes to deliver resilience in Trafford locality for 2015/16.

2.4 Estates

The CCG continues to progress with NHS Property Services the Head Lease arrangement for the South Trafford Health and Wellbeing Hub development. Further progress is being made with partner organisations to identify and confirm space requirements for this new development.

The property developer has held a public engagement event at Altrincham Town Hall as part of the planning applications. NHS Trafford Clinical Commissioning Group will continue to work with NHS Property Services Ltd as part of the development of this scheme. A full work programme is currently being developed in consultation with NHS England, Local Area Team and further updates will be provided.

3.0 **GREATER MANCHESTER UPDATES**

3.1 Healthier Together

On Wednesday 15 July 2015, commissioners agreed new standards of care for emergency medicine and general surgery (surgery on the abdomen and bowels) in all hospitals across Greater Manchester. Under the Healthier Together proposals, 'single services' will be formed – networks of linked hospitals working in partnership. This means care will be provided by a team of medical staff who will work together across a number of hospital sites within the single service.

All hospitals will improve to ensure they meet the quality and safety standards. The new standards will mean an additional 35 consultants recruited across A&E and general surgery, a minimum of 12 hours of consultant cover in A&E seven days a week, and a consultant surgeon and anaesthetist present for all high risk general surgical operations. All hospitals will keep their existing specialisms and will continue to provide care to their local populations as they do now.

There are three elements to the Healthier Together programme – *Joined-up Care, Primary Care and Hospital Care*. Clinically led, the programme aims to provide the best health and care for patients across Greater Manchester. Healthier Together is a key building block for a fully devolved health and social care system in Greater Manchester (GM); the decisions have been named as early priorities for the region's ground-breaking devolution programme. Involving NHS England, the 12 Greater Manchester CCGs, the 10 local authorities and 15 NHS Trusts, the GM health and social care

devolution programme aims to bring organisations together to work in partnership to deliver the biggest and fastest improvement to health and wellbeing for the people of Greater Manchester.

The changes to hospitals are being supported by improvements to primary care and joined up care. These improvements are already underway with, for example, pilot sites in Manchester, Bury, Heywood and Middleton now providing 500,000 people in Greater Manchester with same-day access to primary care services. This has led to a reduction of 3% in total A&E activity in the pilot site areas, compared to the rest of Greater Manchester. By the end of 2015 access will be expanded to everyone living in Greater Manchester with the aim of making care more easily accessible to patients and reducing the number of people going to A&E.

Greater Manchester has a long history of change; the way some specialist conditions such as major trauma and stroke are treated has already been changed. There is evidence that consolidating services onto a fewer hospital sites has already saved lives and improved patient care and Greater Manchester want to do more of this. Learning from the changes to major trauma and stroke services has been used to design the single service model.

All hospitals specialise in providing certain types of care, for example some hospitals specialise in stroke care, others in cancer care. Similarly, one of the hospitals within each of the single services will specialise in emergency medicine and abdominal surgery, for patients with life threatening conditions.

On 15 July 2015, clinical leaders decided unanimously that Stepping Hill hospital in Stockport will be the fourth hospital in Greater Manchester to provide emergency medicine and specialist abdominal surgery as part of a single service, under the Healthier Together proposals to drive up quality and standards.

In June 2015 commissioners decided that there should be four single services introduced in Greater Manchester. On 15 July, the 'Committees in Common' (CiC), comprising GPs from each Clinical Commissioning Group (CCG) in Greater Manchester, reviewed a range of evidence including the feedback from the public consultation held last year and data relating to: travel and access, quality and safety, transition (how easy it will be to achieve the change) and affordability and value for money, and decided that the fourth hospital would be Stepping Hill.

The following hospitals will work in partnership to provide shared single services:

- Manchester Royal Infirmary, Wythenshawe Hospital and Trafford General Hospital
- Royal Oldham Hospital, North Manchester General Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary
- Salford Royal Hospital, Royal Bolton Hospital and Royal Albert Edward Infirmary in Wigan
- Stepping Hill Hospital in Stockport and Tameside General Hospital

A verbal update on the current situation will be provided at the Health and Wellbeing Board meeting.

3.2 Devolution Manchester

A submission has been made for the financial and organisational ask for the Comprehensive Spending Review, the outcome of which is expected at the end of November 2015.

A resilience and strategic plan for Devolution Manchester is in preparation, and the CCG is heavily involved through the Corporate Director, Children, Families & Wellbeing, Trafford Council, and the Head of Governance, Planning & Risk, Trafford CCG. A locality plan is in production and will help to form the basis of the Greater Manchester overall plan.

The next Devolution Manchester Programme Board meeting will take place on 18 September 2015. A verbal update will be provided at the Health and Wellbeing Board meeting.

4.0 **NATIONAL UPDATES**

4.1 Health Secretary vision for the future of the NHS

The Health Secretary has set out the government's ambition for a patient-led, transparent and safer NHS. In a statement to Parliament, the Health Secretary also announced the government's response to the Freedom to Speak Up consultation, the Morecambe Bay Investigation, the Public Administration Selection Committee review into clinical incident investigations and the Lord Rose report into NHS leadership.

4.2 Re-appointment of Chair of NHS England

Professor Sir Malcolm Grant, who originally took up the post of Chair of NHS England in 2011 as founding chairman of the NHS Commissioning Board (which subsequently changed its name to NHS England in 2013), will continue in his role from the end of October for another three years.

NHS England's current Deputy Chair, Ed Smith, is stepping down following his appointment as the joint chair of Monitor and chair-designate of the NHS Trust Development Authority (TDA). The new jointly-led Monitor and TDA will be called NHS Improvement.

4.3 New care models: Vanguard sites

NHS England has announced eight new vanguards to transform urgent and emergency care. The vanguards will change the way organisations work together to provide care in a more joined up way. This includes delivering care, not just in hospitals but also via GPs, pharmacists, community teams,

ambulance services, NHS 111, social care and others. Six vanguards will cover smaller local systems which may include hospitals and surrounding GP practices and social care, while two network vanguards will be working with much larger populations to integrate care on a greater scale.

NHS England has also published an initial support package for the new models of care vanguards announced in March 2015. The support package, which covers 2015/16, focuses on eight areas:

- designing new care models;
- evaluation and metrics;
- integrated commissioning and provision;
- empowering patients and communities;
- harnessing technology;
- workforce redesign;
- local leadership and delivery; and
- communications and engagement.

4.4 Achieving world-class cancer outcomes: A strategy for England 2015-2020

The Independent Cancer Taskforce has published 'Achieving world-class cancer outcomes: a strategy for England 2015-2020'. This report sets out recommendations for a new cancer strategy for England. A detailed implementation plan will be developed later this year in light of the outcome of the Spending Review.

The six strategic priorities proposed over the next five years are:

- Spearhead a radical upgrade in prevention and public health
- Drive a national ambition to achieve earlier diagnosis
- Establish patient experience as being on a par with clinical effectiveness and safety
- Transformation in support for people living with and beyond cancer
- Investment to deliver a modern high-quality service
- Overhauled processes for commissioning, accountability and provision

4.5 Friends and Family Test

Updated guidance has been published to help make the NHS's biggest patient feedback tool, the Friends and Family Test, more inclusive and accessible, following review of feedback received.

The new guidance covers services across the NHS that are provided to children and young people – with special provisions for looked after children – as well as patients with learning disabilities, dementia, language and literacy issues or patients who are deaf or deafblind.

5.0 **RECOMMENDATIONS**

The Health and Wellbeing Board is asked to note the contents of the update.

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: September 2015
Report for: Information
Report of: Jill Colbert

Report Title

Children, Families & Wellbeing Directorate commissioning report

Purpose

For Information and note.

Recommendations

HWB to note the information contained within.

Contact person for access to background papers and further information:

Name: Kylie Thornton Phone x4776

1. Introduction.

This report highlights relevant areas of commissioning activity that interfaces with the Public Health outcomes Framework and the Health and Wellbeing Board strategy. It highlights key area of business activity undertaken or concluded in quarter 2.

2. Commissioning review and re-procurement update

The following provides a position update in relation to the commissioning review and subsequent re-procurement exercise. The review analysed a significant number of previously commissioned services, using agreed criteria drawn from the public health outcomes framework and known activity levels and service outcomes. The review has focused on a number of areas including;

- Sexual Health Provision
 - Substance Misuse
 - Voluntary and Community Sector commissions
 - Locally Commissioned Service
 - Primary and Secondary Care Provision
 - Health and Wellbeing activities
- (this is not an exhaustive list but illustrative of the services commissioned)

Having explored the relevant aspects as described a re-procurement exercise was undertaken to let a range of new service areas out to the market, to focus contracts more sharply on health improvement in key areas using new and innovative delivery models. A small number of services with significant and multiple grant based income (from both Trafford Council and the CCG), delivering core or statutory functions, were excluded from the re-procurement this year to enable more comprehensive reviews to be undertaken.

A procurement exercise has been undertaken over the following service areas (described as Lots in procurement terms) and contracts duly awarded;

- Advocacy (including the new Care Act requirement)
This is a universal Advocacy Service which will provide advocacy in response to statutory needs such as Care Act requirements, Mental Health Advocacy, Learning Disability Advocacy.
- Information and Advice Service (including Care Act requirements).
This is a tiered service which will provide both universal and specialist advice and making greater use of digital technology.
- Prevention and Wellbeing Service
Commissioned to provide prevention and activity based services to improve the health and wellbeing of a range of residents with a particular emphasis on priority health outcome areas.

All of the above lots will be delivered through a consortium / lead provider model which includes a wide range of partners who organised themselves to produce bids that described how they would deliver to the outcomes.

These partners include;

- Age UK Trafford
- Citizens Advice Trafford
- Centre for Independent Living.
- LMCP
- New Way Forward
- Blusci
- ACCG
- Crossroads

By working as a consortium it envisaged that a more a collaborative, easier to access service will be developed; and all of the providers over each of the service areas will be accountable for the delivery of referral and care pathways and work as one.

There will be a single access gateway model developed to enable one point of access and referral across all service areas; borough wide, and this will ensure ease of referral for any referrer who will not have to 'decide' on an appropriate service.

The gateway model will operate on a contact card system with only basic details being required in the first instance, thus reducing the length of time a referral will take and making self-referral easier.

The model will enable the Trafford Care Co-ordination Centre in particular to quickly and easily direct residents to the single source of access to a whole range of early help and support services.

Other benefits of the consortium model include; a reduction in duplication, ease of client journey between services, and a quicker response for individuals. The approach brings added value in terms of additional benefits and resources which individuals will be able to access from the range of services available to them, and the range of specialist knowledge as a result, in comparison to the single referral model.

The contracts are almost all now let with provision in place and monitoring and performance frameworks set with the providers.

A future performance report will be presented to the Board at the end of quarter 3 2015/16.

3. Sexual Health

The Sexual Health service is now in its final year of contract. The service has been reviewing levels of activity with commissioners to ensure access is streamlined and makes best use of available resources.

Quarterly performance information shows that the service has seen improvements in the number of individuals accessing service for screening and treatment, as below:

	Q1 2015	Q4 2014
Number of New/First Attendances (including self-referrals)	1422	1227
Number of rebooks	1518	1182
Number of follow-ups	945	832
Total number of clients seen in reporting period	3885	3241

4. Substance Misuse

Significant improvement in our substance misuse performances across the first two quarters of this financial year has been achieved which not only leads to improved outcomes for service users as well as improving our national position. For example;

Successful Completions

- Successful completions are the number of clients who have successfully completed a structured treatment intervention. This has improved across all substance misuse categories including Alcohol, Opiate and non-opiate. For Q1 (April- June 2015) the rate of increase has been excellent with Alcohol completion increasing above national average (Trafford 47% vs 39.14% Nationally) and Alcohol and Non-opiates now in top quartile for performance (Trafford at 42.8% vs 40.8% Nationally)

Re-presentations

- Re-presentations are measured over each six month period and measure how many individuals return to services either after a successful completion or unplanned exit (treatment incomplete). Opiate client re-presentation showed a marked decline to 22.2% (lower is better) and Alcohol down to 17.1%, a good improvement has also been seen for Alcohol and Non-opiates (combined) currently at 9.1% (Trafford is just outside the top quartile).

There is significant activity on a Greater Manchester level with the production of a GM Alcohol strategy planned; however it is not yet clear how this may be influenced by the devolution agenda. Current GM activity is focusing on the development of a GM Alert System, GM Testing contracts, GM Custody provision and GM Recovery planning, all of which developments Trafford is fully engaged in.

5. Children and Young People's Oral Health

Good oral health has positive implications for future health and wellbeing. Childhood oral health across Greater Manchester is significantly worse than England and the North West. In 2013, 19% of 3 years olds in Greater Manchester had dental caries, compared to 12% in England and 14% in the North West. In Trafford, 10% of 3 year olds had dental caries in 2013, and although this is better than the national picture, it disguises significant inequalities across our Borough with our children from deprived communities experiencing poorer oral health.

Poor oral health is entirely preventable and the impacts are far reaching, including disturbed sleep, interrupted school attendance, poor diet, self-esteem and distress caused by pain and avoidable hospital admissions.

Trafford Council are engaged in the Greater Manchester Oral Health Collaborative Commissioning Network, which has led to a greater understanding of Trafford's epidemiology and cost effective approaches to improve oral health and reduce inequalities. Public Health England facilitated a commissioner-led meeting between Trafford's oral health provider, Bridgewater Community Healthcare NHS Foundation Trust, Trafford Council and NHS England in order to agree service improvements in the delivery model.

This has resulted in the development of an Oral Health Improvement Plan for Trafford. Currently in draft, the plan will primarily focus on improving the oral health of children under 5 years of age and will be achieved through:

- oral health training to front line professionals,
- at agreed milestones the universal distribution of toothpaste and brushes,
- targeted supervised brushing in childcare facilities in areas where prevalence of decayed, missing or filled teeth and admissions for dental caries in children is high.

There will be no financial implications for the CCG or Trafford Council, as the improvements will utilise the existing contracted service, and the plan will deliver effective use of existing resources.

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: September 2015
Report for: Information
Report of: Healthwatch Trafford

Healthwatch Trafford Update

Purpose

To provide an update to the Health and Wellbeing Board on the work of Healthwatch Trafford since the last report June 2015

Recommendations

Health and Wellbeing Board note this report

Contact person for access to background papers and further information:

Name: Ann Day -Chair Healthwatch Trafford Phone 07586337485

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 Trafford GP Practice

130 Davyhulme Road, Urmston, M41 7WJ

Davyhulme Medical Centre

Friday 29th May 2015- 10am-1.00pm

Sandra Griesbach , Jean Rose and Alister Rowe

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

Acknowledgements

Healthwatch Trafford would like to thank the management, staff and representatives of the Patient Participation Group of Davyhulme Medical Practice 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 primary care in Trafford
- Engage with management, staff and service users to understand how primary care is delivered and managed
- Observe the management and delivery of emergency appointment system
- Identify channels available to all service users for routine interaction with management



Strategic drivers

- Promotion of Good Practice in Primary Care
- Quality Integrated Care in the Community
- Reduction in Hospital Admissions
- Health & Wellbeing of Ageing Population

Methodology

This was an announced Enter and View visit.

Contact was made with the GP Practice Manager explaining our reasons for wanting to visit their medical practice in Trafford and an explanation of the areas for engagement.

Information was gathered from recent Care Quality Commissioning report and other statistical details. The visit comprised of viewing premises that included: consulting rooms, minor operations, staff rooms, clinical areas and patient areas and to observe the interaction between staff and patients and the routine operation of the practice.

Information was provided by the Practice Manager and Patient Service Manager with contributions from members of the Patient Participation Group (PPG) to gain the patient perspective. Some predetermined questions were available to the Enter and View team for us

e during the visit and these can be found at Appendix 1.

It was agreed with the Practice Manager that the visit would last approximately two hours and that the Enter and View team would have a tour of the premises including speaking to PPG members.



Summary of Service

Davyhulme Medical Centre is a large General Practice comprising eight Doctors providing primary care for approximately 11,800 patients from a purpose built premises in Davyhulme, Manchester. The Medical Centre is a registered Training Practice and has support from Nursing and Allied Health Professionals, Registrars and a large Administrative team. An independent Pharmacy is integrated within the premises.



Summary of findings

The Healthwatch Trafford Enter and View Team felt there was a strong sense of leadership within the Davyhulme Medical Centre with processes in place to promote quality care for patient in a calm and efficient way.

Evidence includes:

- Davyhulme Medical Centre is a purpose built surgery on two floors. Ground floor contains all clinical areas, including consulting room, minor operation room, and treatment room; there are 22 consulting rooms on the ground floor. The First floor is for administration. The building is clean and welcoming and has its own car park spaces for 20 vehicles.
- The reception area is well managed in a calm and efficient manner, the environment is accommodating and accessible to patients with disability.
- The Centre operates an open urgent surgery daily from 10.30am - 11.30am and a GP will triage priority where patients are allocated a five minute appointment.
- A nominated GP is 'on call' to answer queries from patients and staff.
- Safeguarding and Chaperoning of patients is available on request or if it is felt necessary by Medical Centre.
- The Centre appears to have an active Patient Participation Group (PPG)

First Impressions

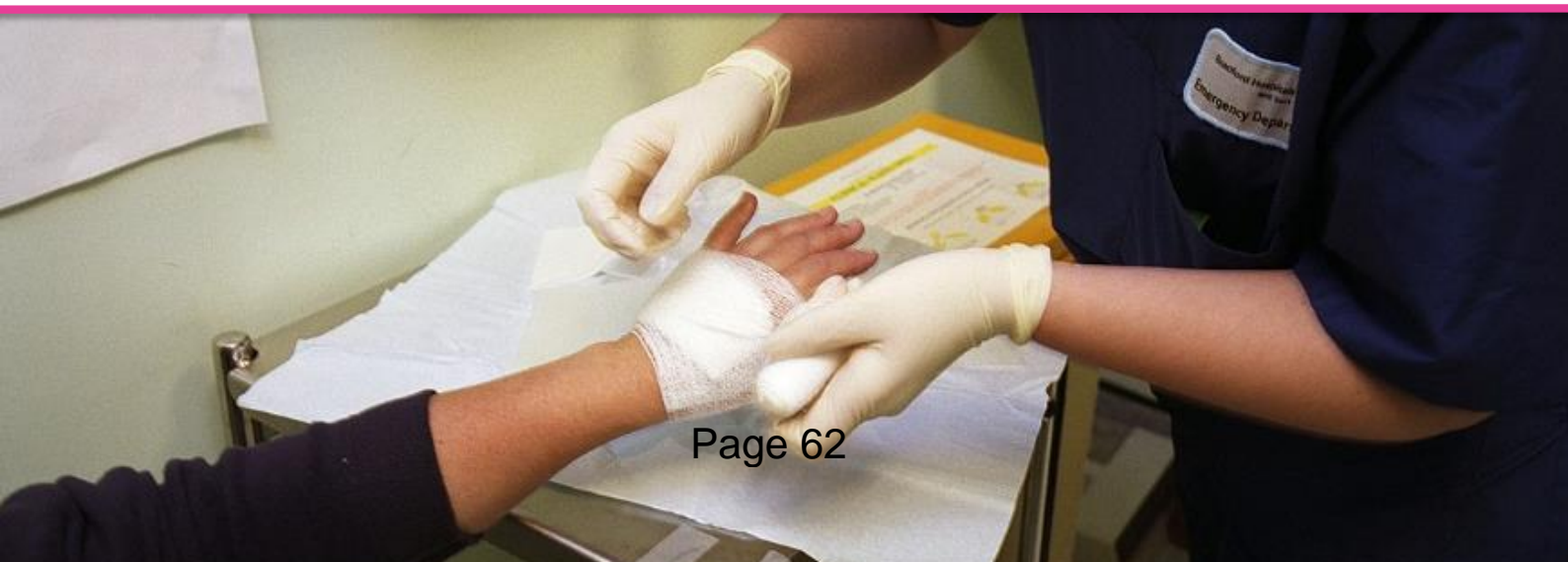


There is an 'L' shaped, well maintained Car Park directly outside the Centre. On the day of the visit the car park was full and patients park on the road abutting the Centre. Entry to the premises is through automatic-opening doors leading to a wide, bright and airy vestibule with the names of the resident GPs displayed on the wall. The premises look clean and welcoming on entry, with a glass walled small room on one side with a TV screen and seating for patients. A large, glass partitioned patient waiting area was adjacent with two TV screens, one used to notify patients when and where a doctor will see them the other with BBC transmission, sound off. The smaller room had a facility for patients to monitor their own Blood Pressure and have the results checked whilst on the premises and a patient was observed using this facility during the visit.

The reception area is directly in front and comprises a self-enclosed counter with open top access for patients and visitors to speak to receptionists. At the time of the visit one receptionist dealt with a two queuing procedure. Patients waiting in the queue wait behind a designated point before being called forward, we observed the receptionist dealing with patient's requests calmly, confidently and quickly. Phone calls are dealt with in a back office, this protects patient's confidentiality and enables the reception area to appear quieter. We observed the back office with two members of staff very busy dealing with calls. Leaflets and information are displayed for patients. During busy periods reception staff managing the phones in the back office, come out to help as the reception desk is filmed by a live feed camera into the back office.

When special clinics run alongside pre-booked appointments a queueing system diverts patients to the appropriate receptionist and this is monitored by the Patient Experience Manager during peak periods. All walkways to consulting areas, doorways, standing and waiting areas and toilet facilities were all good width and could easily be accessed by patients with mobility aids. Hand sanitiser were available in the waiting area.

At the time of the E&V visit the urgent appointments clinic was in progress and the waiting area seating 46 patients was full. The surgery appeared calm and efficient as patients waited to be called in to see the GP; the general noise level was very low so the call through of patients could easily be heard as well as seen on the TV monitor.



Operational/patient focussed



The E&V team found the premises clean, décor subtle with plenty of natural light and the corridors free from hazards; the 22 consulting rooms on the ground floor displayed permanent signage clearly marking the way.

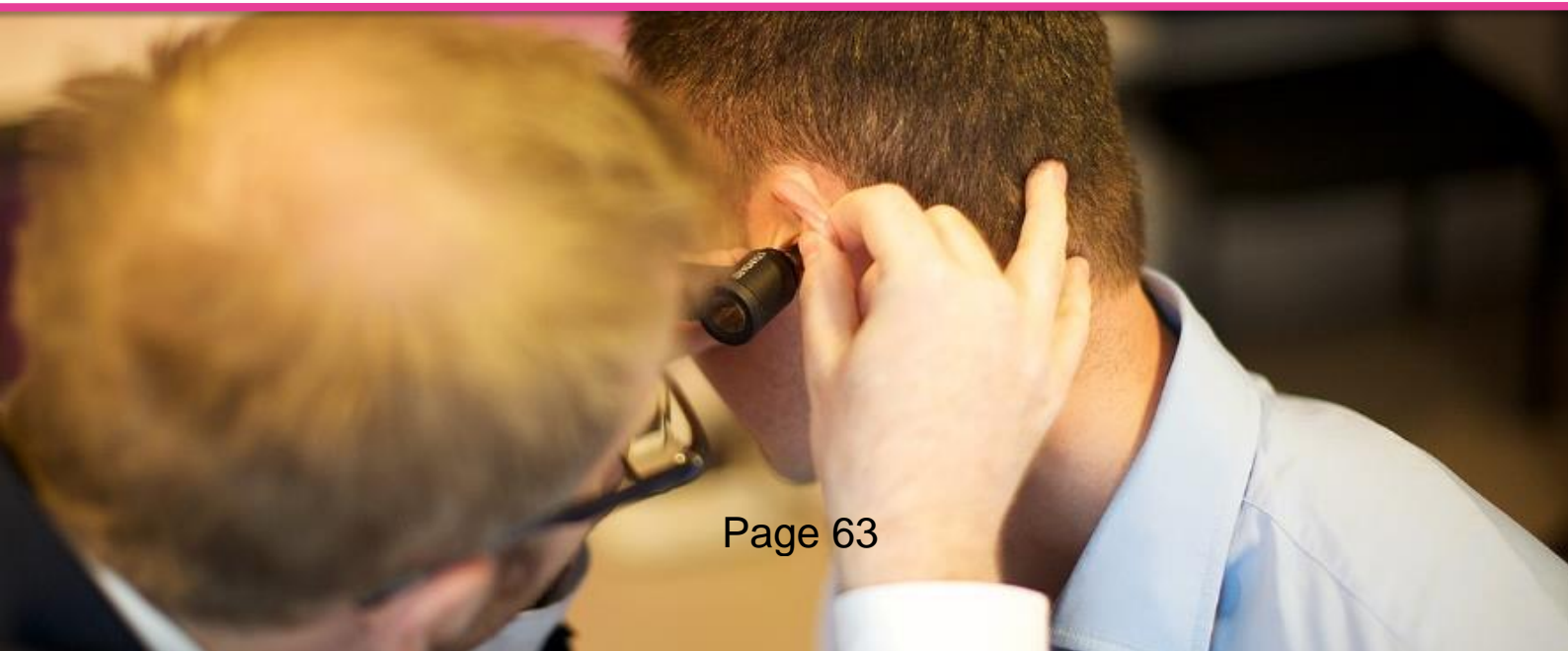
The E&V team observed that patients with pre-booked appointments could use the 'fast check in' facility if centre was busy or book in at reception. It was noted that minimum conversation could be heard between patient and receptionist whilst in the waiting area, the glass wall ensuring a reasonable high level of confidentiality. The team also observed a patient enter and use the Blood Pressure equipment available for patients in the smaller room.

Davyhulme Medical Centre operates an open clinic for urgent, on the day, appointments between 10.30am and 11.30am after morning surgery. All patients report to reception at 10.30am, details and general symptoms listed. A doctor triages priority, all colleagues share urgent clinic list, patients have five minute appointments.

It was noted that some patients, on the day of the visit, complained loudly to each other about long wait. The E&V representatives noted that the information tag-line on the visual display screen informing patients of waiting times was not operating during the Urgent Clinic session.

Babies and young children are seen as priority when presenting at urgent clinic. As part of the team, Practice Nurses under a 'Red Nurse' slot see patients with minor conditions at these clinics, allowing doctors to concentrate on the more urgent cases.

Patients can book advance appointments directly with reception, via telephone or Vision online. Waiting times are approximately one week to see a GP, or longer for a specific doctor. Patients can telephone the Centre for a consultation with the doctor on their test results; the Centre nominates a GP as 'on call' to answer queries raised during the day from patients and staff, this is done on a rota basis. Home visits are carried out after morning clinics.



Quality and Safety:

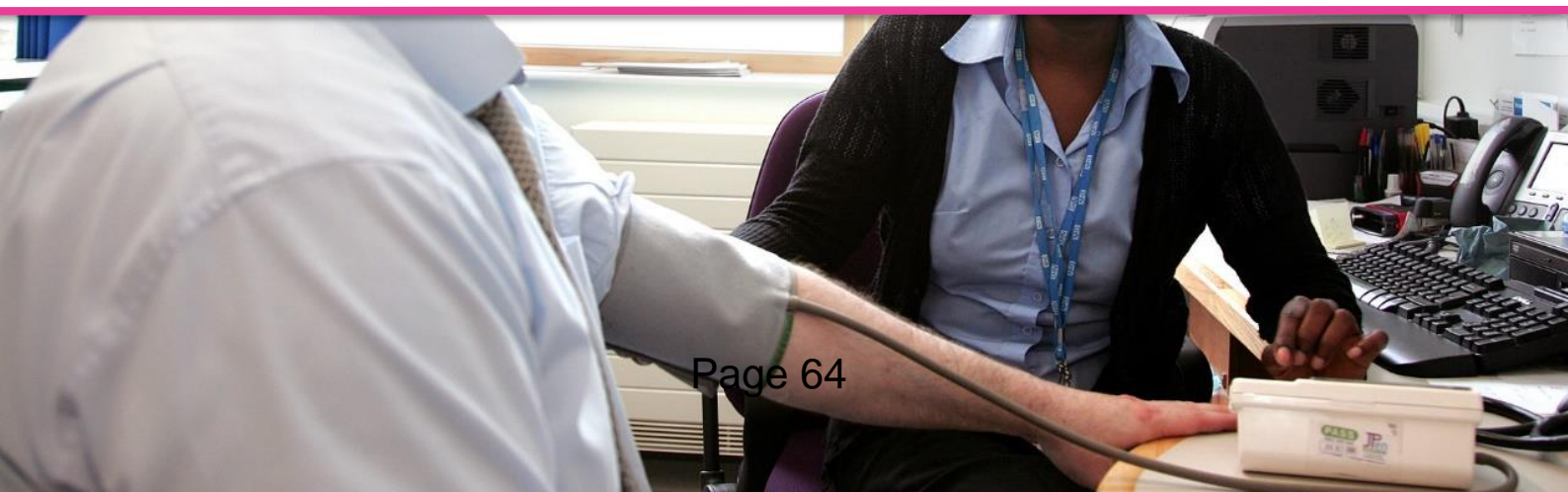
Policies covering Safeguarding and Chaperoning of Patients are available and closely observed by all staff that have undergone the appropriate training and Disclosure and Barring Service (DBS) checks. Chaperones can be provided on request if the Centre feels this is necessary. Meeting between all relevant staff is held on a quarterly basis by the Practice Manager and on a monthly basis for the Administrative and Secretarial support with the Patient Experience Manager. Agenda topics included concerns and incidents raised by patients and staff for open discussion and resolution. Friends and Family questionnaire for patients to complete are available at reception; feedback on the patient experience can also be left on-line.

The numbers of 'do not attend' (DNAs) is recorded on the patient display screens in the waiting area, patients who accrue three DNAs lose the ability to book appointments on-line. Fire Alarms are tested frequently and the E&V team noted Fire Extinguishers were prominently placed on corridors as well as in the consulting areas (details were not checked).

Patient Experience

Currently the Centre use Vision On-line to enable patients to book appointments, submit repeat prescription requests and access test results. However, the Centre will shortly be changing to the Egton Medical Information Systems (EMIS) system, which is an electronic patient record system that will provide greater on-line access for patients. The Practice Manager has offered simple workshops for patients less familiar with new technologies who want on-line access.

To ensure continuity for patients with mental health concerns, appointments are made with the same GP where every possible. The Centre does not offer double appointments as routine. Double appointments are available where a patient is known to have a learning disability, communication problem or a clinical need. The Centre currently text messages to Deaf patients only. Interpreters are booked in advance for Deaf patients. Frail elderly patients who have a clinic need are visited at home.





Additional findings

Patient Participation Group (PPG)

As part of the visit a representative of the E&V team contacted a member of the Davyhulme Medical Centre's PPG to gain a patients view of the practice. When asked 'what the Davyhulme Medical Centre does well and what might be improved', the PPG member stated that the children services delivered by the Centre were excellent and that members of her family have commented on the speed and caring nature of this service; and that all Davyhulme Medical Centre's staff are helpful, friendly and the doctors approachable.

On a personal level the PPG member expressed her exasperation at the centralisation of services. For example, she finds it frustrating having to go the hospital or other GP surgeries for blood test when it could possibly be carried out at Davyhulme Medical Centre by the Practice Nurse.

Service provider's response

In response to the individual PPG member's comments on accessing phlebotomy services at Davyhulme practice, the Practice Manager stated that, 'such a service would require additional funding and resources from Trafford Clinical Commissioning Group (CCG) and though the Davyhulme PPG have lobbied Trafford CCG, funding has not been forthcoming'.

Recommendations

To keep patients informed of unavoidable high volume delays during the 'urgent clinic' we suggest using the information tag-line at the bottom of the visual display screen informing people of anticipated delay time.



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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Healthwatch Trafford

Annual Report 2014/15



We will be making this annual report publically available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the license agreement.

If you require this report in an alternative format please contact us at the address on the back cover.

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Note from the Chair



Welcome to our 2nd Annual report which covers the activities of Healthwatch Trafford in 2014/15

This annual report describes some of the ways in which Healthwatch has involved local people in helping to shape and improve health and social care services. In particular it highlights our work with young people and the deaf community.

Increasing our staff team at the start of the year has enabled us to increase our contact with local people, young and old and those from the more diverse communities.

Over the past year we have seen many changes nationally in the Health and Social care systems. This has led to local cuts in health and social care whilst demand is increasing.

We have had a winter that has been challenging for our health systems, our local hospitals have seen rises in Accident and Emergency attendance, increases in emergency admissions and significant delays in hospital discharge. Given these huge pressures on services, change is inevitable.

It has been more important than ever that we should hear your views and experiences of local services. Healthwatch plays an important role in ensuring that you the users of these services can influence change.

We report these views, good and bad, to the health and social care decision makers in order to give them the opportunity to understand the impacts of their decisions. We use every opportunity to champion the case for improved health and care services with good outcomes. We thank those organisations for listening to us.

Your views can make a difference so please keep talking to us, contacting us by email or posting feedback on our website.

2015/16 will bring even more challenges as we see the implementation of Healthier Together and Devolution Manchester.

Do let us know your views.

I would like to take this opportunity to thank my fellow members of the Healthwatch Board who have given generously of their time and expertise.

Special thanks go to our volunteers for their time and commitment and without whom we would not be able to extend the reach of Healthwatch across all communities.

Lastly I would like to thank Andrew and the staff who have worked so hard to make a difference.

Ann Day

Healthwatch Trafford Chair



Note from the Chief Officer

This year has been an extremely busy one and has seen Healthwatch Trafford make real strides in achieving our key objectives.

The recruitment of a Community Engagement Worker has enabled us to greatly increase the amount of work we are doing with groups and individuals, in particular those that have been hard to hear in the past. It has enabled us to clearly identify issues and to focus our efforts where we feel they can be most effective. We have undertaken consultation and research and presented findings and recommendations through several well received reports (these can be accessed in the 'Resources' section of the website or by contacting the office).

It's often easy to overlook some of the work we do on a daily basis, in particular all the signposting that we do when members of the public contact us. What may seem like a simple task can often make a massive difference to an individual; it can be the first step on the ladder to resolving a long standing issue and the impact of this should not be underestimated.

We undertook the first of our Enter & View (E&V) visits at local Extra Care facilities this year. This is a core element of our work and provides a valuable insight into how care is delivered in Trafford. We have now laid the groundwork for an ongoing programme of E&Vs.

We have done a lot of work this year on redesigning the website to make it as user friendly as possible, as well as making it a useful resource for the public. In addition we introduced the Feedback Centre in November. This allows the public to leave feedback on any health or social care service in Trafford directly through our website. As this becomes more established it will help to provide a rich source of information about services that we can then share with our partners and stakeholders to both champion good practice and to highlight areas that require improvement.

I'd like to extend my thanks to the staff and volunteers for all their hard work. They have done fantastic work this year and we are really starting to see the impact of the work that Healthwatch Trafford does, none of which would happen without their dedication.

Andrew Latham

Healthwatch Trafford Chief Officer



About Healthwatch

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

Our vision/mission

Our role as Healthwatch Trafford is clear and comprises of the following elements:

Provide information about health and care services in Trafford.

Enable people to share their views about Trafford's health and social care services to help build a picture of where services are doing well and where they can be improved.

Alert Healthwatch England to concerns about specific care providers.






Participate in decision-making via local authority health and wellbeing boards.

Play an integral role in the preparation of the statutory Joint Strategic Needs Assessments and joint health and wellbeing strategies.

Provide evidence-based feedback to organisations responsible for commissioning or delivering Trafford's health and social care services.

Help the Trafford Clinical Commissioning Group (Trafford CCG) to make sure that services really are designed to meet citizens' needs.

Our strategic priorities

-  To facilitate the improvement of health and social care services within Trafford
-  To effectively engage with the people of Trafford, including hard to reach groups, in order to represent their interests in the provision of health and social care
-  To facilitate the engagement of users of health and social care services with the providers of health and care services.
-  To effectively engage with those bodies responsible for regulating, commissioning and providing relevant local health and social care services in order to represent the interests of the people of Trafford and support service improvement
-  To provide a comprehensive and meaningful advice, information and signposting service to enable the people of Trafford to access

appropriate health and social care services

- 🌸 To give authoritative, evidence-based feedback to stakeholders in order to support improvement in health and social care services provided to the people of Trafford
- 🌸 To provide an effective, economic, efficient and sustainable local Healthwatch service for the people of Trafford

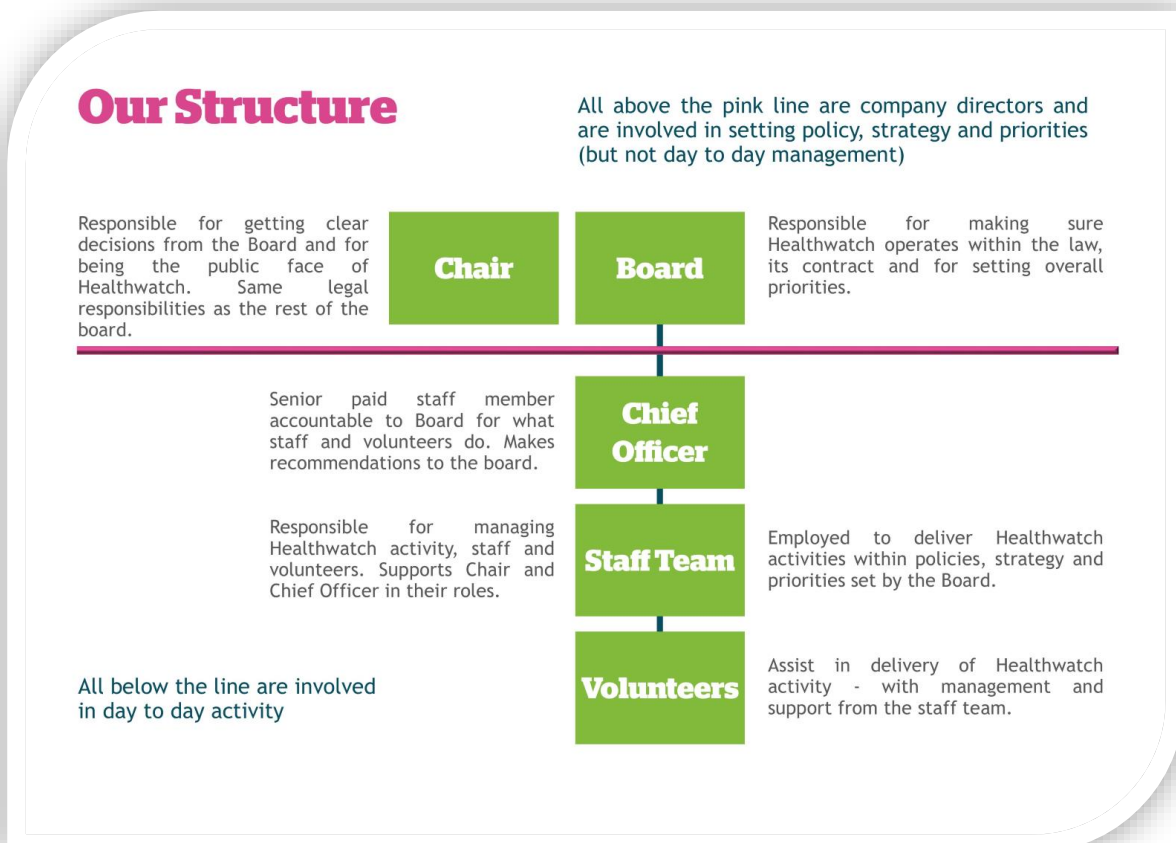
including setting an overall vision and making strategic decisions.

The board ensures there is effective planning, financial management and control. It holds staff accountable while carrying ultimate responsibility for the activities of the organisation. The board is also responsible for ensuring that the organisation complies with company law and other relevant legislation including any requirements included in our contract with the Local Authority and any requirements from Healthwatch England.

Management structure

The bureau is governed by its board of directors, who are also the Members of the Company. These Directors are drawn from the local community and local community based organisations. The Board of Directors are collectively responsible for the governance of Healthwatch Trafford,

In practice day-to-day management is delegated to the Chief Officer who is also responsible for liaison with Healthwatch England and the Local Authority.



The Team



Our Healthwatch Team (from left to right): Andrew; Marilyn; Adam; Holly.

Andrew Latham - Chief Officer

Andrew has been with Healthwatch Trafford since 2013, and has focussed on building upon key relationships in the past year. “If I didn’t think Healthwatch could make a difference for the people of Trafford, I wouldn’t be here”

Marilyn Murray - Development worker

Marilyn has been with Healthwatch Trafford since it started and has spent much of the past year in training volunteers, setting up an enter and view programme and dealing with many of the signposting requests and complaints/concerns that have been brought to us. “I am here to make a difference by improving people’s quality of life”

Adam Webb - Communications and Information Officer

Another that has been with Healthwatch since the beginning, Adam has focussed much of his efforts on creating a well-resourced and easy to access website and building the social media presence, as well as keeping the organisation up to date with developments in health and social care landscape. “I want to make important information about health and social care as widely accessible as possible”

Holly Wheeler - Engagement Officer

Holly has been with the team a year now and in that time has really driven our collection of patient experiences, spread the word of Healthwatch and produced some important reports. “I want to help those who are not usually heard to find a voice”



Engaging with people who use health and social care services

Overall engagement

Engagement was carried out in person at a diverse range of events and locations including community and education events in colleges, parks and leisure centres as well as visits to local community groups meeting in libraries, churches, supported housing settings and community centres.

Between April 2014 and March 2015, 1909 Trafford residents engaged with our Community Engagement Worker and a total of 433 patient /service user experiences (relating to NHS health and social care services) were listened to and recorded.



Face to face engagement aims

- To listen to and record the experiences and views of Trafford residents re local NHS health and social care services;
- To encourage people to report experiences of health & social care to us (via website, telephone or in person at our drop ins);
- To increase awareness of Healthwatch Trafford;
- To signpost people to relevant health /social care services.

Long term desired outcomes for Healthwatch Trafford:

- To collate and monitor qualitative patient experience data regarding a range of health / social care services;
- To identify where local services are working well and where improvements can be made;
- To work with service providers to encourage positive change to service design and delivery where possible;
- To share and promote examples of good practice locally, regionally and nationally.



Regular, sustained community engagement with diverse communities

Libraries

Young families and elderly residents were engaged with at community groups meeting in Davyhulme, Altrincham, Partington, Urmston and Lostock libraries.

Hospital drop-ins

4 drop-ins were carried out over December 2014 to April 2015 at Trafford General Hospital.

Patients, their family members and carers were given Healthwatch leaflets, engaged in discourse by Healthwatch volunteers and staff and patient feedback was sought by giving out our patient feedback forms. These forms mirror the online Feedback Centre on the Healthwatch Trafford website; respondents are asked to rate the service using a five star rating system for overall satisfaction, given the option to rate specific elements of the healthcare service and to leave comments (anonymously if they wish).

Our reports with collated patient experiences relating to Trafford General Hospital have been shared (anonymously) with hospital patient experience and presented at hospital Equality Forum, Clinical Effectiveness meeting and Leadership & Management team meetings. In addition, where specific clinical areas have been mentioned, patient feedback has been shared with nursing staff with the aim that they consider feedback (positive and where there are improvements required) in any future transformation / improvement work.

Our drop-ins at Trafford General are continuing over 2015 and 2 drop-ins have been carried out at the old and new Altrincham General Hospital and we will be feeding back patient experience to hospital staff in the near future.



Broomwood residents

The Broomwood estate is one of the most deprived in the country (in the bottom 10% of Lower Super Output Areas). Engagement with residents from Broomwood was carried out by Healthwatch at the Broomwood Wellbeing Centre.

Stroke Association

Our strong partnership work with the Stroke Association team has led to the development of an aphasia friendly (easy read) patient feedback form, which Healthwatch created with support from the Stroke Association staff, service users and speech and language therapists.

We have attended Stroke Association events and we are responsible for collating and analysis of patient feedback from stroke survivors that is monitoring the recent improvements in



the stroke treatment pathways, along with Trafford CCG.

Engaging with people whose voices are often unheard

BME Engagement

Sustained engagement with LMCP Care Link, a local charity supporting older South Asian persons and their carers in Trafford, was established in August 2014 with 3 visits to the LMCP Care Link weekly Old Trafford community drop-in over August 2014 to March 2015.

Further engagement was carried out with attendees at a Trafford Muslim Association group (a provider of day care support and recreational activities for Muslims over the age of 50 years).

Engagement with these two groups allowed Healthwatch Trafford to meet with 60 residents and record their patient experiences. Many of these experiences echo what other Trafford residents are reporting about a range of local health services, but some issues, distinctive to residents of South Asian heritage were highlighted. These include:

- Lack of cultural awareness within GP and hospital services, e.g, no recognition of the Islamic principle that a person must be buried as quickly as possible after death
- Language barriers, e.g. GP Surgery answer phone messages for appointment bookings are in English creating barriers for patients for whom English is not their main language and don't speak English well

- Cultural barriers meaning services are not reflecting needs and preferences of patients (outlined in the NHS Constitution), e.g female residents want access to a female GP with shared cultural heritage (including shared language) is limited due to lack of diversity of GP Practices
- Lack of awareness amongst members of the community around patient rights to translation services in primary care and potential failures of primary care services to provide equitable provision that is responsive to the needs of all patients

These experiences will be shared with local organisations and Primary Care Services to influence change, dovetailing publication of the new NHS England Quality Standards for Interpreting and Translation Services (due summer 2015) in Primary Care.

Engagement with Carers

Engagement with Alzheimers UK and Age UK groups, in addition to community groups such as the Trafford Deaf and Blind Group, as well as our hospital drop-ins has enabled Healthwatch Trafford to speak to a wide range of carers.

We have also attended Trafford Carer events.



Engagement with Children

Engagement with 12 children at a local community Centre in Sale Moor over summer 2014 provided valuable patient experiences and led to the School Nurse Pilot Project (see below).

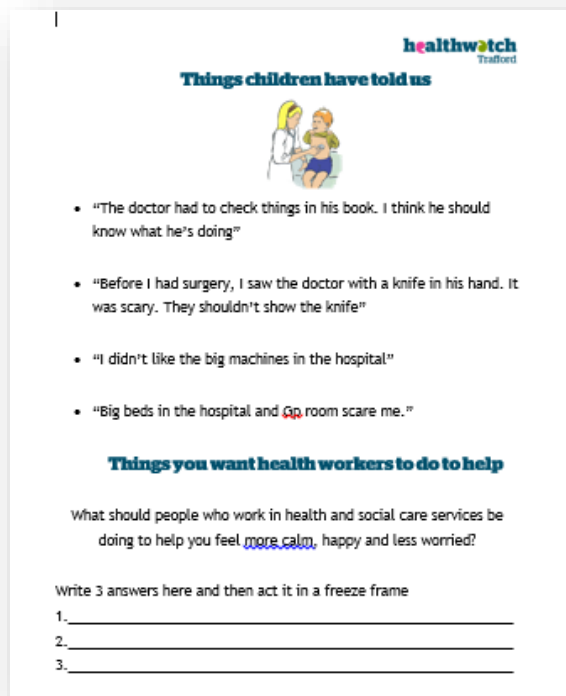
In March, 2015, Healthwatch Trafford engaged with 48 children at Trafford’s Primary School Conference, delivering drama and written activities. This has led to the development of the top 7 tips for healthcare professionals dealing with children, which was published on our website. Comments included:

“I like the hospital I go to because they think of younger and older people because they have a waiting room for children and a separate one for older people.” - 11 year old, Sale



Healthwatch Trafford delivering drama activities with children at Trafford Primary School Conference, March 2015

“I think it is important that you are paid attention when you are hurt, ill or have a bad tooth. Although you may be too young you need to be told what is happening.” - 10 year old, Altrincham



Drama activity at Primary School conference

Primary School Nurse Pilot Project

Healthwatch Trafford’s community engagement with children, (aged 8 - 14 years of age), at the Sale Moor Community Learning Centre in 2014, revealed a lack of awareness and knowledge amongst the children about their School Nurse Service.

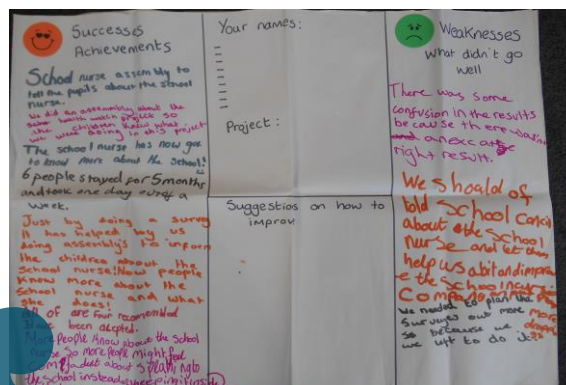
Keen to address this gap, Healthwatch Trafford carried out a pilot project with Firs Primary School, (attended by two of the Sale Moor children), to determine the extent to which the school nurse service met local and national best practice guidelines regarding health service design and delivery for children / young people.



Twelve Firs Primary School children were trained and engaged by HWT over four months to carry out peer led service evaluations using surveys and then develop their own recommendations. The children called themselves **Healthwatch Juniors**.

Results from 98 children surveyed at Firs Primary revealed:

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



Healthwatch Junior’s evaluation of the pilot project

Outcomes

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

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

Additionally:

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



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

- Service user led evaluations of the School Nurse service to continue in all primary schools across the borough

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



5 Healthwatch Juniors from Firs Primary School, Sale

Moving forward, Healthwatch Trafford recommends:

- Repeating the service user led evaluation of the school nurse service at Firs Primary school in September 2015 to evaluate the impact of the work carried out
- Implementation of the 4 Healthwatch Junior recommendations¹ across all Trafford school nurse teams and primary schools



¹ The four recommendations: school assemblies (with suggested content by Healthwatch Juniors) to be delivered by school nurse team, posters promoting the school nurse service designed by children (with

specific content) to be put around the school, arrows directing pupils to the school nurse drop-in venue to be placed around school and school nurse service information to be placed on school website & newsletters.



Engagement with Young People

On a number of occasions this year young people have chosen to collaborate with us.

🌱 Young people working with Uprising! (a national young people's leadership programme) wrote and developed a Healthwatch Trafford promotional video for our website and gave us invaluable tips for future engagement with local young people

🌱 Two Health & Social Care students from a local college chose us for their week long work placements. Both students gave input into our media engagement with young people and, after highlighting mental health as an important issue for young people, one student developed a mental health survey (available on our website) that was later approved and promoted by Trafford Youth Cabinet.

🌱 The Youth Cabinet are currently campaigning to improve the emotional health and well-being of children and young people in Trafford and have used the responses to our online mental health survey in their report to the Youth Parliament Select Committee, (a British Youth Council (BYC) initiative, supported by the House of Commons). The Youth Select Committee is currently embarking on an inquiry focusing on Mental Health identified as a priority and voted for by the UK Youth Parliament in the House of Commons in November 2014. Healthwatch has helped the young people to create a coordinated and unified voice



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

🌱 Our presence at the Trafford Secondary Schools conference allowed us to engage with over 50 students and gather patient experiences via paper feedback forms and our online patient feedback centre

🌱 Presentations to students in health & social care classes as well as engagement with new students and the offer of our free stress balls at two Trafford College Induction days contributed to our efforts to raise young people's awareness of Healthwatch Trafford

Trafford Youth Cabinet present to Trafford CCG

The video and presentation created by Trafford Youth Cabinet in partnership with Healthwatch Trafford was presented to a number of key clinicians at Trafford CCG and will also be viewed by multi-agency professionals at a CAMHS (Children & Adolescent Mental Health Service) stakeholder event in June 2015. *See page 20 for more details*



Engagement with Deaf people

Following consultation with members of Trafford Deaf community, our recently published report, **Getting it Right for Deaf people in Trafford**, outlines the issues faced by local Deaf people using local healthcare services:

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

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

Having presented this report at a recent GP Practice Managers Event (alongside a presentation from two local Deaf organisations giving further information and advice on how best to meet the needs of Deaf patients), we can report the following outcomes:

- 🌱 HWT has signposted several GP Practices to relevant local organisations including Trafford CCG and Genie Networks
- 🌱 Trafford CCG are supporting practices in accessing Deaf awareness training for staff

- 🌱 HWT has received commitments to service improvement from several surgeries and comments indicating increased deaf awareness, including:

“I found your session [Healthwatch Trafford with Genie Networks and Trafford Deaf Partnership] very interesting and has given me a couple of things I would like to change in our practice. Certainly the issue advising that not all deaf people are as literate as hearing people was news to me and I will cascade all that I learnt onto my staff together with the information supplied in your brochure [HWT interim report for the event]. My plan is that at least one of my staff will attend the sign language course in May, just waiting for GP approval. I hope I can improve the experience of visiting our surgery for our current 2 deaf patients and for any future ones we may get.”

Conway Road Medical Practice,
Timperley



HWT made sure that the voices of our local Deaf residents, outlined in our report, were listened to by the NHS England Primary Care team in the development of the Interpreting and Translation Services - Quality Standards for Primary Care Services, (due to be published in summer 2015). We did this by sharing our report with the professionals responsible for the development of these quality standards and attending an NHS England event where we advocated the views put forward by local residents in order to influence the quality standards.

We look forward to continuing to work closely with local Deaf organisations and local healthcare services to drive positive change over 2015 - 2016. The full report: Getting it Right for Deaf People in Trafford is available in the 'About us/our reports' section of our website.

We want to give our sincere thanks to Genie Networks, Deaf Health Champions, Trafford Deaf Community Network and Trafford Deaf Partnership for their invaluable help with our work. We hope to work closely with them in the future to continue to monitor the experiences of the deaf community in Trafford.

Find this report, along with any of our others on our website. If you require a hard copy or another format please contact the Healthwatch Trafford office.

Engagement with residents over the age of 65

In addition to work with elderly residents attending LMCP Care Link & a Trafford Muslim Society community group, engagement with residents over 65 years of age took place at a range of venues including:

- High Lee House (sheltered housing), Sale
- Walk and Talk Group, Sale (Age UK)
- Singing for the Brain session, Old Trafford (Alzheimer's UK)
- The Engage Group (Partington)
- Urmston Leisure Centre (Age UK event)
- Dementia Awareness Week events, Urmston (Age UK)
- Community bingo, Broomwood Wellbeing Centre (Blusci)
- Trafford Older People's Week, Altrincham





Engagement with children/young people with disabilities or additional needs

National evidence highlights that there is a tendency for support for young people with disabilities (aged 16-24), to fall away at key transition points as they move from child to adult services, families with disabled children report particularly high levels of unmet needs, isolation and stress and only 4% of disabled children are supported by social services (Trafford Partnership, A Picture of Wellbeing, Joint Strategic Needs Assessment, Young People, 2014 Update).

Our engagement with young people attending Trafford Centre for Independent Living: Transitions Group (supporting young people with disabilities as they move towards adulthood and independence) revealed that the following aspects of healthcare services were most important to them:

1. I feel listened to
2. Friendly & welcoming staff
3. Waiting times
4. Staff use language I can understand
5. Accessible
6. Opening times that suit
7. Easy to make an appointment

Other comments: “they understand and listen to me”

Healthwatch Trafford contributed to the planning and organisation of the Trafford Let’s Talk Special Educational Needs (SEN) Conference - which we attended and gathered a number of patient opinions.

Engagement with adults with disabilities or additional needs

Joint working with local organisation, United Response, (a service providing a range of services for people with learning disabilities, mental health needs or physical disabilities) enabled us to engage two local residents as volunteers.

Fitzroy Centre staff and some service users

Trafford Blind and Deaf Club

Trafford Compass events



Enter & View

Healthwatch Trafford has statutory powers to carry out Enter and View visits to any Health and Adult Social care service in the borough. These visits can be announced, where the service is aware of the visit taking place, or unannounced, where no notice is given.

These visits give us an ability to see first-hand how services are operating.

April and May 2014 saw authorized Healthwatch Trafford Enter & View (E&V) representatives carry out ‘announced’ visits to the Mastercall Headquarters in Stockport and Mastercall’s Out Of Hours service based on the Trafford General Hospital site. The E&V representatives witnessed a dynamic, patient focused service during their visits to both venues. The visits were carried out to get a solid understanding of the processes involved in delivering the Out of Hours service in Trafford.

Healthwatch Trafford have a number of E&V authorized representatives that have been through the Disclosure and Barring Service and the mandatory Healthwatch Trafford E&V training. During 2014/15 three more Trafford residents came forward and successfully completed the E&V training. A drive to recruit more volunteers is currently underway to increase the size of the E&V team to enable us to capitalize on the statutory E&V powers that we have and progress our E&V programme on a larger scale.

January 2015 the E&V representatives carried out a visit to Trafford Housing Trust run Fiona Gardens extra care facility. This was an announced visit (as was the subsequent Newhaven visit) and was to observe and identify good practice in the provision of ‘Extra Care’ housing facilities

for vulnerable or older people who are less able to do everything for themselves.

The main strategic driver for this visit is the ageing population in Trafford requiring extra care facilities. With the same driver in mind, in February 2015 we also carried out an E&V on Newhaven - which is another extra care facility run by Trafford Housing Trust.

These visits resulted in a positive reports from the E&V team that can be viewed on the Healthwatch Trafford website, along with our other Enter & View reports in the ‘About us - Our reports’ section.

As a result of our E&V visit to Newhaven, the service provider has taken on-board the recommendations that were made and has:

- Adapted the hospital admission forms that are completed for every resident to include their medication. This means if paramedics are called, they will have access to any relevant medication or information about it
- Extra signage has been ordered for the car park to make it clearer where are ‘residents parking only’ spaces

We have not found any necessity to escalate any concerns arising from E&V visits.





Development work

Youth Cabinet

Healthwatch Trafford worked closely with the Trafford Youth Cabinet to find out their opinions and experience of health and social care in Trafford. The Youth Cabinet is a group of young people that meet on a weekly basis to discuss issues that impact young people in the borough. The concerns raised by the young people were primarily towards GPs and those that commission some of the GP Services. The aim of the Youth Cabinet presentation was to bring their concerns directly to Trafford Clinical Commission Group (CCG).

From September 2014 we assisted the young people to bring their presentation to fruition and present their findings to Dr Jarvis and Dr Towers of Trafford CCG in January 2015. Members of the Youth Cabinet gave an excellent presentation and possible solutions to address the concerns raised. The presentation produced a lively and comprehensive discourse that resulted in the following actions taken by the CCG.

We would like to thank all the young people that took part for their invaluable help with this project.

Moorside liaison meetings

Healthwatch Trafford meet bi-monthly with Greater Manchester West (GMW) Mental Health Directors based at Moorside Unit on the Trafford General Hospital site. The meetings enable Healthwatch Trafford to speak directly to the providers of mental health services on behalf of local residents

living with mental health condition, their carers and families.

Gathering soft intelligence from local residents enables us to ask relevant questions to the providers. For example during one liaison meeting we asked what the procedure for Trafford patients if they were unable to be admitted to the GMW Moorside unit due to bed shortages. GMW stressed Trafford services users might be accommodated at either Salford or Bolton, however GMW assure Healthwatch Trafford that any service users admitted out of area are transferred back to their local area as soon as a bed becomes available. By continuing to build the communicative relationship between Healthwatch Trafford and GMW as resulted in providing the most update and correct information which has enhance our signpost and information service for Trafford residents. Another example is Healthwatch Trafford input into the HOME consultation process which was eventually dropped for Trafford residents.





Mental Health project

During autumn 2014 a small group of Healthwatch Trafford volunteers came together to form the Mental Health Steering Group. The group chaired by Ann Day were obtaining information from mental health service users informing them that;

‘they do not always know of new services that they may be able to access and changes to existing services’

Having agreed that communication was a source of great concern to services users led the group embarked on a project to provide a mental health forum that would give commissioners, providers and representatives of user groups the opportunity to exchange information.

During the initial planning stage Bluesci User Forum contacted us to say that they too were considering a similar project. This has resulted in both groups working closely together in partnership to establish a Mental Health Exchange Forum.

Mental Health Exchange Forum

The mental health exchange forum will provide commissioners, providers and representatives of user groups the opportunity to exchange information. Representatives of service user’s organization will be able to disseminate relevant information gathered from the meetings to take and inform their membership.

The mental health exchange forum will enable the knowledge and expertise of users of services to identify specific areas of concern, good practice and areas where there is a lack of service provision. The first mental health exchange forum facilitated by Healthwatch Trafford & Bluesci User Forum for Trafford will take place June 2015.



Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services.

At Healthwatch Trafford, we strive to provide the best local health and social care information and signposting service possible. What that means in practice is that we provide that service in as many ways as we possibly can to not only reach as many people as possible in the borough, but to be as useful and appropriate as it can be for everyone.

That could mean instant, always-available online information for some, or a telephone and text message services for others. So with such a huge diaspora of people to cover and only limited staff and funds available, we have worked hard to make our Info & Signposting service as effective as possible.

Here is what we have offered over the past 12 months :

- Our website - with numerous guides, 'how-to' instructions, the latest news and events in the area, videos and plenty more, it also has the contact details of every GP, Dentist, Hospital and Pharmacy in the borough
- Our Signposting Directory - containing the contact details of every GP, Hospital, Dentist, Pharmacist and Care home in the borough, plus plenty more info.

- Leaflets - Including 'Ten top tips to get the best from your GP appointment' and 'How to comment, compliment or complain'
- Telephone line, open from 9am-5pm Monday to Friday (excluding bank holidays) with an 'always available' answering machine service
- Text message number facility
- Freepost address & pre-printed envelopes - to make communicating with us by post easier and cheaper
- Info@healthwatchtrafford.co.uk email address for all enquiries
- @healthwatchTraff Twitter account
- Our Facebook page
- Our LinkedIn page
- Newsletters, e-bulletins etc.
- Stands and staff & Volunteers at local events
- Features in publications, such as a 'where to go for treatment in Trafford' feature in Trafford Housing Trust's Pulse magazine, which goes out to every one of their tenants.



Healthwatch Trafford Digital Engagement

A core part of the work that we do at Healthwatch Trafford is online. The internet and social media have given us the opportunity to engage with people on a large scale, very quickly.

From daily news stories about developments in health and social care nationally & locally, to signposting guides to help Trafford residents navigate the system, our website has become a powerful resource. Our feedback centre allows people to share their experience of a service from anywhere on a mobile phone, tablet or computer, giving us valuable information on what is going well and where improvements need to be made.

Social media has given us the ability to communicate to thousands of people quickly, easily and inexpensively. It has been an effective resource to gather and spread information amongst local residents, organisations and nationally too.

Here are some statistics to give you some idea of what we have achieved.





Communications and publications

We have continued to produce information in a variety of formats for people to access. In addition to our very popular “Ten top tips to get the most from your GP appointment” and “How to make a comment, compliment or complaint” leaflets which we have continued to supply to individuals and organisations, we have produced plenty of other publications this past year.

Probably most significant is our Health and Social Care Directory, created in conjunction with HC Publications. It is a directory of all GPs, Dentists, Pharmacists, Opticians, Care homes and In Home care providers in Trafford, but also includes information about Healthwatch, plus some useful guides like “understanding the Care Act” and “Choosing a care home”. In all, around 15000 copies of the Directory will be distributed around the area.

We have also produced reports, such as the “Getting it right for Deaf people in Trafford - Report on access to health services for Deaf people in Trafford” and “Primary School Nurse Report - Report on access to school nurse service in primary schools.” We have also published our Enter and View reports. These and more are available on our website, but we can supply hard copied if required and we will also make them available in other accessible formats such as Easy-Read upon request.

Also available on our website are a number of guides, how-to’s and other resources, including:

- 🌸 How to complain about NHS or Social Care services
- 🌸 How to get to an appointment (and how to book patient transport)
- 🌸 How to get seen by a doctor
- 🌸 How to get the best from a GP appointment
- 🌸 How to decide where to go for treatment in Trafford
- 🌸 How to find a care home
- 🌸 How to use a thermometer properly
- 🌸 How to improve childrens health care experiences
- 🌸 Guide to the care act
- 🌸 Trafford Acronym guide
- 🌸 NHS Jargon buster
- 🌸 Guide to the NHS constitution
- 🌸 Gide to the Friends and Family test
- 🌸 And more being added all the time.

We are also happy to provide printed copies of any of this information if requested.

We have placed an information banner with leaflets in every library in Trafford and have also have our information available in places such as leisure centres, the town hall and even with meals-on-wheels services.

Our newsletter went out to more than 300 people and organisations both in hard copy and electronically and is also available on the website.





Case Study

92 year old, 'not eligible' for hospital transport

Background

The Healthwatch Trafford Engagement Worker delivers a regular (6 weekly) drop in with elderly residents at a local community centre. At the drop in, attendees are made aware of Healthwatch Trafford and encouraged to share their experiences, positive or negative. One resident reported her experiences of patient transport to local hospitals and these were recorded by the Engagement Worker.

Patient Experience - Mrs X

“I'm 92 years old, have to visit hospital about every three months and can't walk very far. For a long time I was getting hospital transport to Altrincham Hospital, Trafford. But, this year I was transferred to Withington Hospital and told by the hospital that because I'm not in a wheelchair that I'm not eligible for hospital transport.

To get to Withington Hospital costs a fortune in a taxi so I have to take 2 buses and walk the rest of the way. It's especially difficult in bad weather. Sometimes when you get to the hospital there's a two hour wait when you get there. On these days it's like a full days' work just to go to one appointment!”

Actions taken by Healthwatch Trafford

- 📍 With Mrs X's consent, her patient experience was recorded on the national Patient Opinion website for other local residents to read and with the potential for service providers to respond.
- 📍 A telephone call was made by Healthwatch Trafford to Arriva Patient Transport bookings to clarify the eligibility criteria for patient transport. Arriva advised that Mrs X was likely to be eligible and recommended that she phone the booking line directly.
- 📍 Healthwatch Trafford phoned Mrs X and spoke to her and her daughter to relay the information received from Arriva and passing on the contact details for the booking line.

Outcomes for service user

A week later, Mrs X phoned Healthwatch Trafford to thank us for our help and reporting that she had confirmation that she was eligible for patient transport for her hospital appointments.

Two weeks later, Mrs X phoned Healthwatch Trafford a second time to give us her feedback on the quality of service she's received from Arriva patient transport. She thanked us again for our help and also stated “They've put me on the register in case I need the service again.” Mrs X is therefore now able to access patient transport in the future.



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

We have used our reports and gathered intelligence as tools to influence local service provision. This has been done via meetings and consultation with appropriate commissioners and providers, and in forums such as those listed on these pages. All our reports are available on our website.

Putting local people at the heart of improving services

It is important that we establish and maintain relationships with the key stakeholders in health and social care, to ensure that the public and patient view is represented. We achieve this in a variety of ways, through meetings with individuals, attendance at forums and consultation events and regular attendance at board and panel meetings. We also engage with those external partners that are responsible for delivering services to the residents of Trafford. This includes the hospital trusts and Greater Manchester wide initiatives such as Healthier Together. For example we attended Healthier Together External Reference Group as well as holding regular liaison meetings with Central Manchester Foundation Trust (CMFT), Greater Manchester West Mental Health Foundation Trust (GMW)

and University Hospital of South Manchester (UHSM).

Trafford Health and Wellbeing Board

The Healthwatch Trafford Chair has a statutory seat on the Board and has a regular agenda item in order to report back on our progress and issues arising from engagement with the residents of Trafford. Membership of the Board allows us to have input into the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy as well as ensuring the views of the people of Trafford are represented.

Health Overview and Scrutiny Committee

We meet bimonthly with the chair and vice chair to brief them on emerging issues.

Clinical Commissioning Group

Healthwatch Trafford has a place on the CCG Board.

We have a good working relationship with the CCG and have regular meetings with the Patient Experience Team. We have been involved in several of their projects including major service redesign of Trafford's health services, review of locally commissioned services, the Integrated Care Redesign



Board and recruitment of members of the public to the Public Reference and Advisory Panel.

Care Quality Commission

We have a good working relationship with the inspectors and managers for the Trafford area and meet on a regular basis. We have not made any formal requests to the CQC to undertake investigations of services. We are notified of any inspections upcoming in our area and of any reports due to be published on any services within Trafford

Greater Manchester Healthwatch Network

This is a forum where Greater Manchester and Healthwatch issues are discussed and joint action taken. We have recently completed a survey on Patient Transport Service and currently we are working together to collate our responses to a major redesign of in hospital services across Greater Manchester. We are also involved with a wider North West Healthwatch Network.

Safeguarding

We have membership of the Strategic Adult Safeguarding Board. Healthwatch staff, Board members and volunteers have undertaken Level 1 Children's safeguarding training and an update of Deprivation of Liberty and the Mental Capacity Act.

Quality Surveillance Group

HWT attends the bimonthly meetings of this group. This a group set up by NHS

England Local Area Team as directed from the National Quality Board.

It brings together different parts of the system to share information and intelligence to safeguard the quality of care that people receive.

Our membership allows us to bring the views of the people of Trafford to the attention of the statutory bodies who have the powers to instigate change.

Patient Led Assessments of the Care Environment

Our volunteers have taken part in the PLACE Assessments in the local hospitals that serve our community.

Working with others to improve local services

We share reports with Healthwatch England and the wider Healthwatch network by uploading them to the Healthwatch Hub. We also share them with national networks where appropriate, such as the Communications and Information Officers Network meetings.

- We did not make any recommendations to the Care Quality Commission (CQC) this year to undertake special reviews (themed investigations) or investigations (responsive inspections).
- Subsequently the CQC did not undertake any special reviews or investigations as a result of Healthwatch Trafford recommendations.



Our plans for 2015/16

Public Engagement

Deliver a clear engagement plan and ensure continued contribution to Trafford Join Strategic Needs Assessment and Health & Wellbeing Strategy.

- Continue to capture views and experiences of Trafford residents accessing health and social care services.
- Public engagement to focus on key groups and locations; social care, young people and young families (in areas not previously covered), hard to hear groups and individuals.
- Maintain existing relationships with community groups and attendance at local forums and groups (where appropriate).
- Support local groups and individuals to work with providers to make service improvements.
- Patient Experience Platform (PEP); integrate with manually captured data to identify areas of concern.
- Collaborative work; continue engagement and data sharing with key partners.

Communications & Information

- PEP: launch & publicity drive. Maintain provider database and rating system to contribute to signposting function.
- Raise media profile
- Regular distribution of HWT newsletter and online newspaper
- Produce and distribute briefings on key issues for Trafford residents (for example personalisation, Better Care Fund, Social Care Act etc).

- Produce and distribute information and advice leaflets
- Maintain good working links with Trafford Information Network and Healthwatch England

Enter & View

- Conduct a programme of Enter & View visits; focusing on a mix of social care, hospitals GP surgeries & Extra Care facilities.
- Recruit and train additional E&V volunteers
- Publish reports and recommendations
- Continue work with providers to act on recommendations and facilitate improvement to services

Strategic Partnerships

- Work with key partners to ensure that service design and provision is appropriate and accessible to the residents of Trafford. Regular liaison meetings and attendance at other identified meetings & events.
- Maintain representation and existing contacts.

Devolution Manchester

- Ensure Trafford is represented at all stages of development and implementation
- Work with other GMHW to ensure representation for Trafford during development.
- Work with external parties (TCCG, TMBC et al) to identify Trafford strategy and establish ongoing communication channels.





Governance

● Recruit additional board members

● Review company structure to ensure the most effective vehicle for long term sustainability

Case Study

In the dark about 95 year old's care

Background

Mr X telephoned Healthwatch Trafford about his 95 year old mother, who had been diagnosed with terminal cancer. She was in Trafford General Hospital (TGH) and they have given her a 'rapid palliative discharge' which hadn't yet been activated. Mr X wanted his mother to be transferred to a particular Hospice as this is where his father was before he died and the mother was familiar with it and the care that is given. Mr X stated that TGH didn't seem to want his mother to go there. The principle question He was asking was 'can he make that referral to TGH for his mother to go to the Hospice? If so, how?'

Mr X also had questions about cost implications given the current economic situation and where he stands with his desire for his mother to be transferred to the Hospice and safeguarding the family home. He feels he was not getting very far with TGH administrators though he had not complained.

Action taken by Healthwatch Trafford

The Healthwatch Development Worker spoke to Age UK Trafford and was given information about the Hospice, which is a charity and carries no costs but referral must be made by a medical personal i.e. GP/Consultant or a Macmillan Nurse.

They also stated although in this case a person's condition is terminal it was not critical for TGH to consider a hospice. The need was for a palliative care home in Trafford that specializes in this type of care and they gave details for two such homes, including costs. They advised that if the mother was already accessing continual care then this will continue on discharge from TGH to nursing home and the NHS will pay the nursing home fees.

Healthwatch Trafford then contacted Mr X and explained the situation and he stated that the information fit with the latest information he had received from TGH that afternoon. He said he was was relieved that he was much better informed now and in a better position to move forward with obtaining the nursing care his mother required.

Mr X thanked Healthwatch Trafford for listening, for obtaining information on his behalf and telephoning him back to speak to him.



Our governance and decision-making

Our board



How we involve local people and volunteers

Our Sub Committees and Steering Groups comprise of a representative of the Board and members of the public as volunteers. These committees report into the Operations Committee and the full Board.

They are as follows:

- Adult Health and Social Care
- Media and Communications
- Finance, Governance and HR
- Children and Young Families
- Mental Health
- Enter & View Panel

Advisory members (non voting)



Who replaced

Karen Bridge

in September 2014



Financial information

Healthwatch Trafford Finances for the year 2014/2015

INCOME		£
Income from Trafford MBC		£158384
Total income		£158384

EXPENDITURE		
Staffing costs		£110208
Chair's Remuneration		£7500
Operational Costs		£27562
Equipment		£2737
Total expenditure		£148008
Balance brought forward		£10376

Please note that these figures are produced from our management accounts and have not been independently verified. Final verified accounts for 2014/15 will be published later in the year.



Contact us

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Like us on Facebook: Search Healthwatch Trafford

Find us on LinkedIn: Search Healthwatch Trafford

your
voice
counts



We want to hear about the treatment and care you received here today.

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Trafford website today. You can even leave feedback anonymously.

