



**AGENDA PAPERS FOR  
HEALTH SCRUTINY COMMITTEE MEETING**

**Date: Tuesday, 27 June 2017**

**Time: 6.30 p.m.**

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

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
1.	<b>ATTENDANCES</b>  To note attendances, including Officers, and any apologies for absence.	
2.	<b>MINUTES</b>  To receive and, if so determined, to agree as a correct record the Minutes of the meeting held on 1 March 2017.	1 - 8
3.	<b>DECLARATIONS OF INTEREST</b>  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.	<b>GREATER MANCHESTER MENTAL HEALTH NHS FOUNDATION TRUST QUALITY ACCOUNT 2016/17</b>  To receive a presentation from the Deputy Director, Performance and Business Development from Greater Manchester Mental Health NHS Foundation Trust (GMMH).	9 - 18
5.	<b>SINGLE HOSPITAL SERVICE PROGRAMME UPDATE</b>  To receive a presentation from the Director Single Hospital Service Programme.	19 - 26
6.	<b>NWAS UPDATE REGARDING PROGRESS SINCE CQC INSPECTION</b>	To Follow

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To receive a presentation from the Acting Head of Service for Greater Manchester and the Acting Sector Manager for NWAS.

- |     |   |                                |
|-----|---|--------------------------------|
| 7.  | <b>PROOF OF CONCEPT</b>   | To be Presented at the meeting |
|     | To receive a presentation from the Head of Partnerships and Communities.  |                                |
| 8.  | <b>HEALTHWATCH TRAFFORD UPDATE</b>  | 27 - 62                        |
|     | To receive a report from the Chairman of HealthWatch Trafford.  |                                |
| 9.  | <b>GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE</b>   | Verbal Report                  |
|     | To receive a verbal update from the Vice Chairman.  |                                |
| 10. | <b>HEALTH UPDATES</b>   | Verbal Report                  |
|     | To receive a verbal update from the Chairman of the Committee.  |                                |
| 11. | <b>COMMITTEE WORK PROGRAMME 2017/18</b>   | 63 - 66                        |
|     | To discuss and agree the areas of work that the Committee will undertake in the 2017/18 municipal year.   |                                |
| 12. | <b>URGENT BUSINESS (IF ANY)</b>   |                                |
|     | Any other item or items (not likely to disclose "exempt information") which, by reason of special circumstances (to be specified), the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency. |                                |

**THERESA GRANT**  
Chief Executive

### Membership of the Committee

Councillors J. Harding (Chairman), Mrs. P. Young (Vice-Chairman), Miss L. Blackburn, Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, Mrs. D.L. Haddad, J. Lloyd, K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio).

### Further Information

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

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This agenda was issued on **Monday, 19 June 2017** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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# Public Document Pack Agenda Item 2

## HEALTH SCRUTINY COMMITTEE

1 MARCH 2017

### PRESENT

Councillor J. Harding (in the Chair).

Councillors Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, M. Cawdrey, Mrs. D.L. Haddad, A. Mitchell, K. Procter, S. Taylor, Mrs. V. Ward, M. Young (ex-Officio) and A. Western.

#### In attendance

Mary Burney	Divisional Director of Trafford Hospitals CMFT
Gina Lawrence	Chief Operating Officer Trafford CCG
Dr Nigel Guest	Chief Clinical Officer Trafford CCG
Eleanor Roaf	Interim Director of Public Health
Vicky Sharrock	Associate Director of the Greater Manchester Health and Social Care Partnership Team
Richard Spearing	Trafford Integrated Network Director
Karen Ahmed	Interim Director of all age Commissioning
Debbie Walsh	Strategic Lead for the South Neighbourhood
Alexander Murray	Democratic and Scrutiny Officer

### 40. MINUTES

RESOLVED: That the minutes of the meeting held 14 December 2016 be agreed as an accurate record and signed by the chairman.

### 41. DECLARATIONS OF INTEREST

The following personal interests were declared;

- Councillor Brophy in relation to her employment by Lancashire Care Foundation Trust.
- Councillor Bruer-Morris in relation to her employment within the NHS.
- Councillor Harding in relation to her employment by a mental health charity, as well as being on the Board of Trustees for Trafford Carers.
- Councillor Mitchell in relation to holding a Governor position with a Mental Health Trust.
- Councillor Taylor in relation to her employment by the NHS.

### 42. URGENT CARE CENTRE UPDATE

The Divisional Director of Trafford Hospitals CMFT (DD) presented the update report to the Committee. The DD highlighted that since the implementation of changes in October 2016 the Urgent Care Centre (UCC) had performed as expected with the UCC team working well alongside the Walk-in Centre team. Since the changes attendances at both the UCC and Walk-in Centre had been on

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**1 March 2017**

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the increase and the construction work which had begun in December 2016 was due to be completed by 5<sup>th</sup> March 2017.

A Member of the Committee enquired whether there were plans in place to increase the amount and size of signage for the UCC. The DD replied that there were no plans to adjust the signage until the name of the UCC had been decided upon and that the Integrated Care Redesign Board would make such decisions.

Another member of the Board asked how long CMFT planned to maintain additional Medical staff at the UCC. The Committee were told that a definitive timescale could not be given as the Medical staff members were to remain until all of the Advanced Nursing Practitioner (ANP) positions had been filled. There were two vacant ANP positions at the UCC and CMFT were Training two nursing staff to fill them.

The Chairman of the Committee thanked the DD for the positive feedback. The Chairman noted that CMFT had appointed Helen Hurst as a Nurse Consultant for Frail Elderly people and requested that a report focusing upon Helen's work come to the Committee in six months' time.

**RESOLVED:**

- 1) That the update be noted by the Committee.
- 2) That the work of Helen Hurst be reported to the Committee in six months' time.
- 3) That the DD be thanked for her positive feedback.

**43. SINGLE HOSPITAL SERVICE**

The Committee noted the update report relating to the Single Hospital Service project. The Committee asked whether there were any issues within the project relating to the communication between Trafford, University Hospital of South Manchester (UHSM) and CMFT's computer systems. The DD told the Committee that she was aware of a large piece of work being conducted in relation to the IT systems but was unable to provide any details. The Committee were satisfied that work was ongoing and requested that more detail be provided on this area at their next meeting.

The Chairman stated that there had not been much communication between the project team and Trafford Residents. Whilst it was understood that the project was still in the early stages it was felt that communication needed to improve.

**RESOLVED:**

- 1) That the update report be noted by the Committee.
- 2) That the update at the next Committee meeting is to contain details of the work being done around IT systems.

#### **44. TRAFFORD COORDINATION CENTRE**

The Chief Operating Officer Trafford CCG (COO) went through the report which had been distributed to the Committee. The report covered the purpose of the Trafford Coordination Centre (TCC), its performance to date, the additional functions that the TCC would fulfil and the benefits of the TCC for Trafford residents.

The COO highlighted the following; project overachievement of the first year savings targets, rollout of 35 detailed pathway checks, improvement of existing patient pathways, engagement of nursing and care homes and development of a revised Directory of Services to the Committee amongst a large array of other successes.

Committee Members asked questions covering; the protection of client's data, the structure of teams within the TCC, the process for inappropriate referrals, TCC tracking functionality and patients who had declined the service. The COO gave detailed responses to all of the Councillors questions and the Committee members were satisfied with the answers they received.

A Member of the Committee asked whether a list of all the pathways that the TCC managed was available to the public. The COO replied that they were not available to the public and informed the Committee that they would be provided to them if desired. The Committee responded that they would like the pathways to be sent to them with adequate explanation provided.

Councillor Mitchell relayed his experience of treatment following a stroke. He explained that after excellent early treatment the pathway appeared to breakdown and he struggled to find further care. The COO and the Trafford Integrated Network Director (TIND) expressed that the stroke pathway had been identified by Trafford CCG, Trafford Council and Pennine care as an area of concern and they were working together to improve it. Councillor Mitchell offered to support the work in this area and requested that he be kept informed of progress.

**RESOLVED:**

- 1) That the update be noted by the Committee.
- 2) That Trafford CCG provide information to the Committee relating to all pathways within Trafford with adequate explanation.
- 3) That Councillor Mitchell be kept informed of progress on work relating to the Stroke pathway.

#### **45. GREATER MANCHESTER MENTAL HEALTH STRATEGY**

The Chairman vacated the Chair for items 45 and 46 of the agenda due to the interests declared at the start of the meeting. The Vice Chairman took the chair for the duration of items 45 and 46.

**COUNCILLOR MRS P YOUNG IN THE CHAIR**

The Associate Director of the Greater Manchester Health and Social Care Partnership Team (AD) presented the Greater Manchester (GM) Mental Health

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**1 March 2017**

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Strategy Update report to the Committee. It was noted that the report was out of date, however the Committee were assured that information would be updated throughout the presentation.

The AD drew the Committee's attention to the table on pages 6, 7 and 8 of the report. The table detailed the current position of the Strategic Commitments of the Greater Manchester Mental Health Strategy and the AD provided updates to the Committee where necessary. The areas that had progressed were; the crisis care dashboard was in place, the street triage business case had been completed, the suicide prevention strategy had been launched and the ADHD and eating disorder specification had been completed.

The AD explained that work was ongoing on developing a GM community mental health and crisis provision that would offer a consistent approach across GM. The team had looked across GM for examples of good practice and the work was expected to continue for another six months. The AD stated that a member of her team would bring back the results of this work to the Committee once it was completed.

The Committee were informed that the GM Mental Health Partnership Board had requested an update report on the implementation of the GM Mental Health Strategy. The report would cover the progress so far and identify key areas of work for the year ahead. The AD offered to submit the report to the Committee once it had been to the GM Mental Health Partnership and the Committee confirmed that they wanted to see the report.

Committee Members posed a number of questions covering the level of user and carer engagement, parity of esteem of mental and physical health problems, details of street triage, ADHD and eating disorder services, and financial benefits. The Associate Director gave comprehensive responses to the questions in these areas and Committee members were satisfied with the answers provided.

One member asked how the strategy would enable practitioners to engage better with mental health patients. The AD responded that she was unable to answer this question; however the question was noted and would be presented to the GM Mental Health Partnership Board for a response.

The Chairman thanked the AD for attending the meeting and answering the Committees questions.

**RESOLVED:**

- 1) That the AD be thanked for attending the meeting.
- 2) That the question relating to engagement with mental health patients be passed onto the GM Mental Health Partnership Board for a response.
- 3) That the work being conducted around GM community mental health and crisis provision to come to the Committee in six months' time.
- 4) That the first year update report be submitted to the Committee once it has been to the GM Mental Health Partnership Board.



**46. TRAFFORD MENTAL HEALTH SERVICES UPDATE**

The Interim Director of Public Health (IDPH) delivered a short presentation to the Committee which followed on from the GM Mental Health Strategy. The IDPH noted the parity of esteem between mental and physical illness as a key challenge and highlighted the importance of individuals' wellbeing in enabling them to deal with mental health problems.

The IDPH informed the committee that Trafford was completing a suicide audit as part of the GM Mental Health Strategy work. The audit was due to go to the Trafford Health and Wellbeing Board (THWBB) in April 2017 and would be submitted to the Committee after that. Trafford CCG were looking at the primary care mental health offer and creating a report which would also come to the Committee.

Councillors asked the IDPH what the length of Improving Access to Psychological Therapy (IAPT) waiting lists were and what work was being done in relation to alcohol abuse. The IDPH responded that Trafford had very short waiting lists for IAPT and that alcohol abuse was recognised as a big problem in Trafford and it was one of the main focuses of public health work in Trafford.

**RESOLVED:**

- 1) That the Trafford Suicide Audit results be provided to the committee once it has been to the THWBB.
- 2) That Trafford CCG to submit the report on the Trafford primary mental health offer to the Committee.

Councillor Mrs P Young vacated the chair at the conclusion of agenda item 46 and Councillor Harding resumed the Chair.

**COUNCILLOR J HARDING IN THE CHAIR**

**47. NEW PRIMARY CARE MODEL**

The Chief Clinical Officer Trafford CCG (CCO) delivered a presentation on New Models of Care (NMoC) to the Committee. The presentation covered the vision and objectives of NMoC, progress to date, and the national and GM picture. The presentation also contained an overview of the Trafford programme, details of what success would look like, how success would be measured and the next steps of the programme.

The CCO was asked for details of the monitoring arrangements in place to measure programme objectives. He was also asked whether the monitoring information could be submitted to a later meeting of the Committee. In response the CCO detailed the NHS dashboard that would be used to measure progress and stated that the information would be available to the Committee at a later meeting.

The Committee raised a number of questions in relation to the proposed changes to staffing ratios mentioned within the presentation. In answering these questions the CCO gave details as to how the adjusted ratios would look across the health

workforce, how the referral process would change and how the programme would deal with competition between primary services.

A final question was asked in relation to how the savings attached to prescription waste would be achieved. The CCO responded that Trafford CCG were taking a number of approaches to reduce expenditure on prescriptions ranging from stopping patients stockpiling prescriptions to tracking prescriptions more thoroughly. All of the savings attributed to prescriptions, if achieved, would bring Trafford in line with national averages.

The Chairman thanked the CCO for attending the meeting and asked that the Committee receive an update on NMoC in the next municipal year.

RESOLVED:

- 1) That the CCO be thanked for attending the meeting.
- 2) That the Committee receive an update, including monitoring information, on NMoC in the 2017/18 municipal year.

#### **48. COMMUNITY ENHANCED CARE AND SAMS TEAM UPDATE**

The Interim Director of all age Commissioning (IDAAC) and the Strategic Lead for the South Neighbourhood (SLSN) gave a presentation to the board. The presentation included a detailed structure of Trafford community services with Ascot House as a central hub and the four neighbourhoods spread across Trafford; each of the neighbourhoods working closely with one of the four Hospitals used by Trafford Residents.

The update focused upon the issues surrounding DToC, Home Care, Residential and Nursing Care, and Community Enhanced Care (CEC) for Trafford residents. The IDAAC and SLSN went through each of these areas describing the issues that Trafford was facing and initiatives which were to resolve them.

Councillors asked questions about a number of topics including the number of people from outside Trafford in Trafford Homes, what developments would be brought in to help homecare and what was being done around dementia. The IDAAC and SLSN provided detailed answers to these questions.

Due to the limited amount of time remaining in the meeting two Committee Members were not able to ask questions. The Committee agreed that the two Members would submit their questions to the IDAAC and SLSN for a response outside of the meeting.

RESOLVED:

- 1) That the update be noted by the Committee.
- 2) That any unasked questions be submitted to the IDAAC and SLSN for responses outside of the meeting.

**49. INTEGRATED CARE**

The TIND gave a brief presentation to the Committee. Due to the lack of time only the main points of the presentation could be covered. The Chairman requested that, in light of the enforced brevity of the presentation and the lack of time for questions, the IND attend the first meeting of the Committee of the 2017/18 Municipal Year.

RESOLVED:

- 1) That the TIND attends the first Committee meeting of the 2017/18 Municipal year.

**50. HEALTHWATCH TRAFFORD UPDATE**

The Chairman of Healthwatch Trafford (CHWT) gave a brief overview of the Healthwatch Trafford update report. The fibromyalgia report which had been presented to the Committee's meeting in December 2016 had been recognised by Dr Frank McKenna based at Trafford General. Representatives of Healthwatch were due to meet him to discuss changes. Councillor Taylor requested to attend the meeting with Dr McKenna and the CHWT agreed to send details of the meeting once it had been confirmed.

The CHWT informed the Committee that Healthwatch Trafford had won the tender to continue to deliver Healthwatch within Trafford for a further 2 years. The CHWT told the Committee that she was stepping down as Chairman of Healthwatch Trafford and thanked the Committee members for all the work they had done together over the years.

The Chairman thanked the CHWT on behalf of the Committee for all the work she had done for Trafford residents and for playing such an important role in the work that the Committee had done.

RESOLVED:

- 1) That the Committee note the annual activity report from Healthwatch Trafford.
- 2) That the details of Healthwatch Trafford's meeting with Dr McKenna be shared with Councillor Taylor.
- 3) That the Committee thanks Ann Day for all the work that she has done for the residents of Trafford in her role as Chairman of Healthwatch Trafford.

**51. JOINT HEALTH SCRUTINY COMMITTEE UPDATE**

The Committee noted the report provided by the Vice-Chairman of the Committee. Committee members were given the opportunity to ask questions and none were raised.

RESOLVED:

- 1) That the report be noted.

**52. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE**

The Committee noted the report provided by the Vice-Chairman of the Committee. Committee members were given the opportunity to ask questions and none were raised.

RESOLVED:

- 1) That the report be noted.

**53. TASK AND FINISH GROUP UPDATE**

The Chairman informed the Committee that the task and finish group looking at End of Life Care had finished following preliminary investigations. The Chairman updated the Committee on progress that had been made on the Children and Young People's wellbeing task and finish group. The Committee were told that work was ongoing and a report would be submitted to them in the next municipal year.

RESOLVED:

- 1) That the update be noted.
- 2) That a report on Children and Young People's Wellbeing to be submitted to the Committee in the 2017/18 municipal.

**54. HEALTH UPDATES**

The Chairman informed the Committee that she had acted as the representative for GM at the CQC Quality Summit which reviewed the inspection of the North West Ambulance Service (NWAS). The Chairman stated that she would distribute her notes to members of the Committee and other Greater Manchester Scrutiny Committees.

The Chairman thanked Committee members for all of their work during the municipal year. In response Committee members thanked The Chairman for the work that she had done during the year.

RESOLVED:

- 1) That the Chairman's notes taken at the CQC NWAS Care Quality Summit are to be distributed to Committee members and other GM Scrutiny Committees.

The meeting commenced at 6.30 pm and finished at 9.30 pm



Greater Manchester  
Mental Health  
NHS Foundation Trust

# THE WAY AHEAD

Shaping the best mental health  
care for our communities

## GMMH Quality Account 2016/17

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## Trust Overview

- Provide a wide range of services for the treatment and recovery of mental health conditions and substance misuse.
- Covers District secondary care mental health services across Bolton, Salford, Trafford and Manchester ( health and social care) inpatient, community – adults and older people
- Provide primary care psychological services in localities
- Provide specialist mental health services e.g forensic, child and adolescent mental health services, services for the deaf , eating disorders
- Substance misuse services locally and other parts of the North e.g. Cumbria.
- Support range of services in prisons.
- Recent acquisition of Manchester Mental Health and Social Care services
- Approximately 137 sites and 4,750 staff
- Total income of £272.4M

## Quality Account

- Assurance to service users and carers about the quality of care.
- Public accountability
- NHS Improvement requirement
- Mandated content
- External audit to provide independent scrutiny
- Sets out improvements and progress in 16/17
- Describes key plans for 17/18
- For 17/18 brings together previous GMW and Manchester priorities
- Enables involvement from wider stakeholders in quality assurance and priorities.
- Now approved and external assurance received.

## Priority Areas 17/18

- Service User and Carer experience – Listening to, learning from and feeding back to service user and carers
- Promoting recovery – Improving outcomes through the delivery of recovery focused, positive and safe services
- Enhancing quality of life for people with dementia and older people with functional illness
- Physical Health – Improve assessment and treatment and promote health improvement
- Reducing the number of service users placed outside of the local area for care
- Further develop and improve IAPT services that reflects the needs of people with long term conditions



## Why These?

- Builds on progress in 16/17
- Complements and strengthens wider quality agenda for example national CQUIN's .
- National CQUINs 17-19 support previous QA16/17 priorities Staff Health and Wellbeing and CAMHS
- Greater Manchester Mental Health Strategy
- National Mental health priorities – Five Year Forward View
- Service user and carer feedback
- Manchester clinical transformation workstreams
- Locality and neighbourhood approaches
- Reflects consultation feedback
- National Quality Account Guidance

## Trafford Directorate

- Achieving all key performance indicators and quality targets (April - March 17)
- Low sickness figures – below Trust target level of 5.75%
- Significant improvements to waiting times in Memory Assessment services
- Achieve 6 and 18 week targets for access to psychological therapies.
- Achieve 2 week referral to treatment target for Early Intervention services.
- Local areas for development – supporting locality and GM developments, all age RAID, developing integrated psychological therapy services, developing early intervention, working with commissioners to reduce the number of people placed outside the area due to specialist needs.

## General

- CBT Training Centre – Well recognised regional centre commissioned by national and regional bodies eg Health Education England. Partner with Manchester University. Projects include training on evidence based psychological therapies for children and young people. Access for all involved in delivering projects.
- Gardner unit can be accessed by Trafford residents.
- Staff sickness reducing. Supported by range of staff physical and mental health and wellbeing initiatives. Positive staff survey. Continue to achieve quality and performance targets
- Use of agency reducing although above target as other Trusts, part of national workforce issue. Continuing to promoting recruitment opportunities and work at GM and national level
- Patient survey top overall rating in England

## General

- Open Doors – dementia dining club in Salford – not aware of current club in Trafford Work is ongoing developing the Dementia Alliance in Trafford Suicide Prevention – National ambition for 10% reduction. GMMH suicide prevention strategy in place. Local CQUIN target.
- During 16/17 – launched suicide prevention website, hosted suicide prevention conference, delivered suicide prevention training to clinical staff, promoted MDT learning around patient safety, self harm and suicide.
- Plans for 17/18 – Promote bereavement support to staff, carer and families. Further develop partnership working with the Samaritans. Develop 48 hr wellbeing call after inpatient discharge. Further develop self harm best practice for staff.

## General

- Learning Lessons – continuously developing innovative ways to share learning, positive learning events held and outcomes monitored at Executive level, positive lessons learnt splash screens developed.
- CQC Safety - CQC inspection in 2016/17 , overall rating Good. Safety – requires improvement. Comprehensive post CQC action plan was put in place and monitored at Executive level. All actions addressed.

### Any Questions?

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Single Hospital  
Service Programme

# Trafford Health Scrutiny Committee

## 27 June 2017

### Programme update

**Peter Blythin**  
Director Single Hospital Service Programme

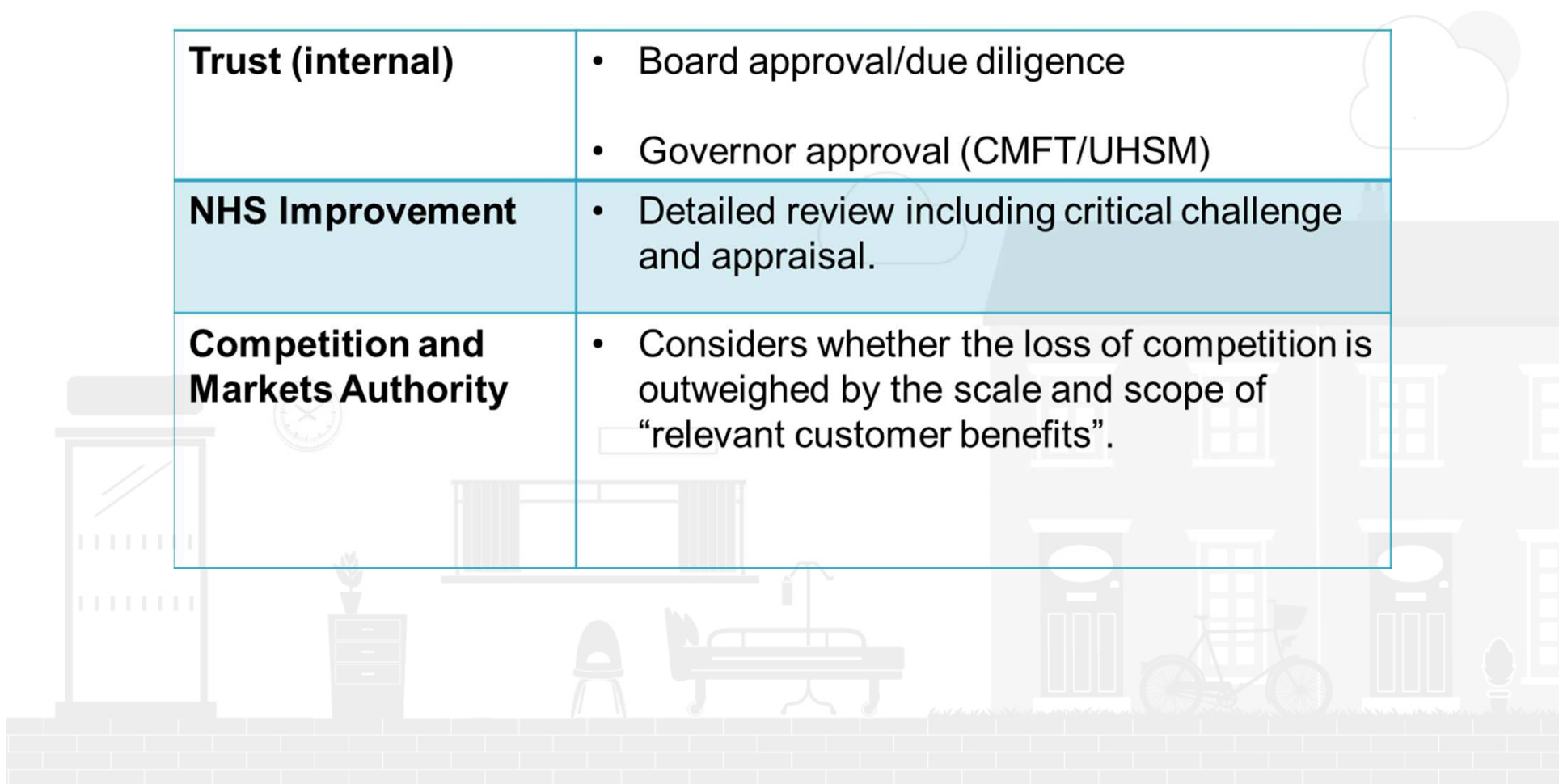
[www.healthiermanchester.org](http://www.healthiermanchester.org)



# Approvals process

Creation of new organisation requires three distinct approval processes:

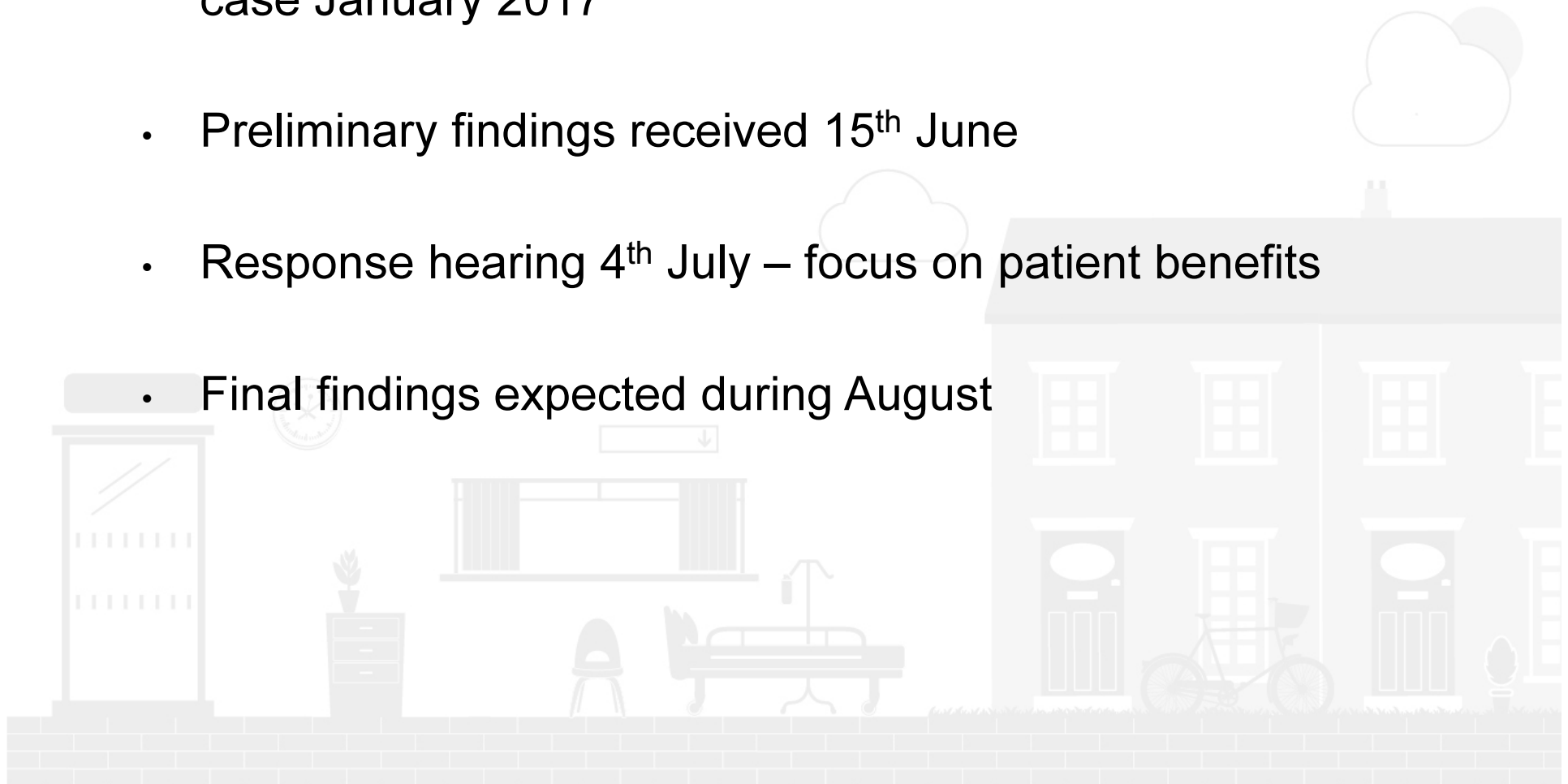
<b>Trust (internal)</b>	<ul style="list-style-type: none"> <li>• Board approval/due diligence</li> <li>• Governor approval (CMFT/UHSM)</li> </ul>
<b>NHS Improvement</b>	<ul style="list-style-type: none"> <li>• Detailed review including critical challenge and appraisal.</li> </ul>
<b>Competition and Markets Authority</b>	<ul style="list-style-type: none"> <li>• Considers whether the loss of competition is outweighed by the scale and scope of “relevant customer benefits”.</li> </ul>





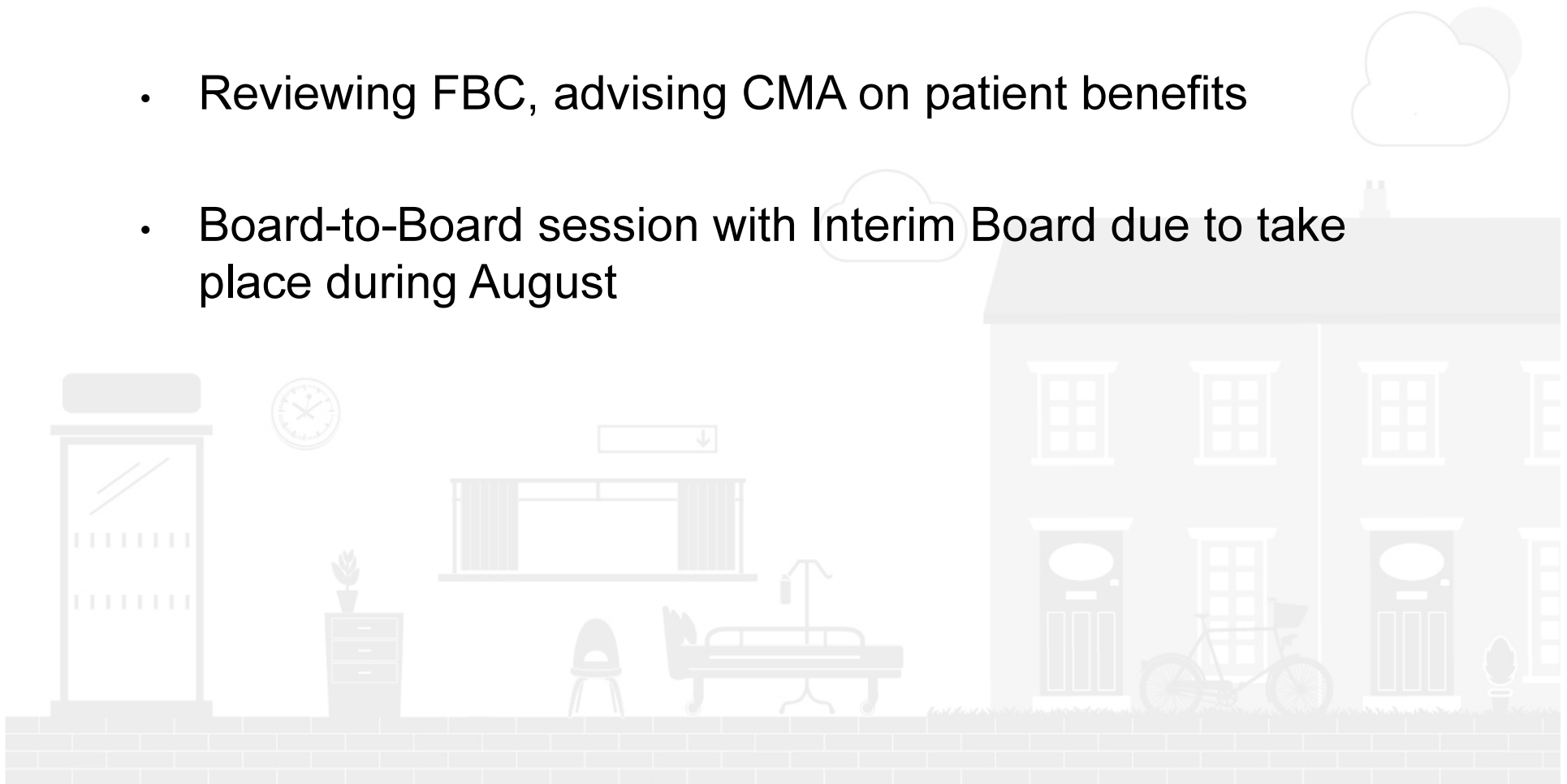
# CMA Process

- Competition case submitted December 2016, benefits case January 2017
- Preliminary findings received 15<sup>th</sup> June
- Response hearing 4<sup>th</sup> July – focus on patient benefits
- Final findings expected during August



# NHS Improvement Process

- Full Business Case submitted during March
- Reviewing FBC, advising CMA on patient benefits
- Board-to-Board session with Interim Board due to take place during August



# Board/Governor approvals

- Due diligence work completed
- Interim Board appointments in progress
- Four Joint Governor workshops completed
- Programme of updates via Trust Council of Governors
- Further Joint Governor workshop planned for July



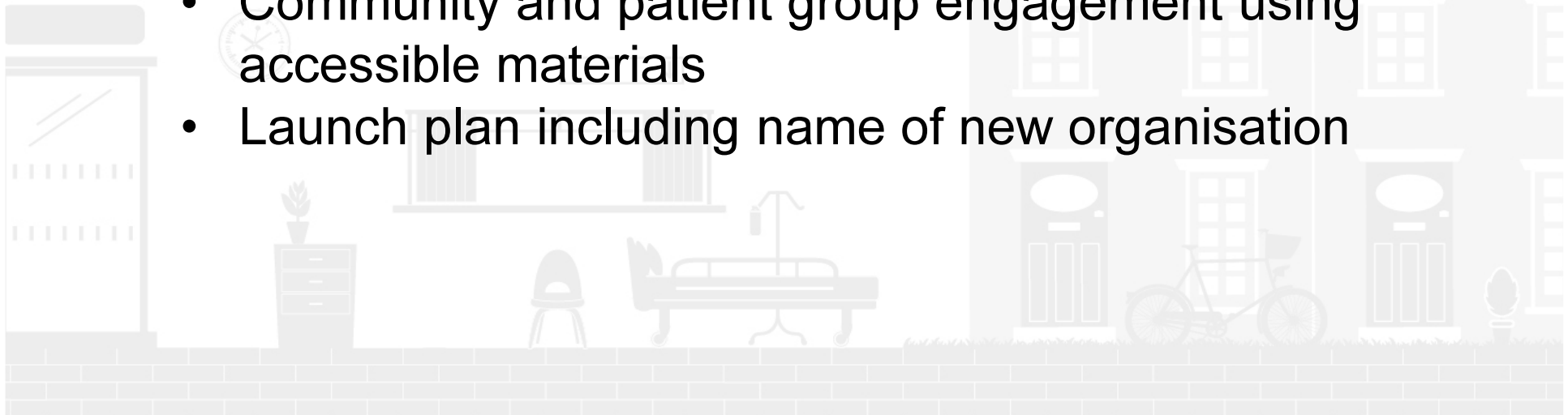
# Integration Planning

- 'Post-Transaction Integration Plan' (PTIP)
- Submitted to NHS Improvement
- Continual development of progressively more detailed plans during coming months



# Communications and engagement

- Detailed plan for engagement with stakeholders June-October
  - Staff – led by clinical leads and OD colleagues
  - Joint staff-side partnership forum well established
  - Partner organisations and political engagement
  - Community and patient group engagement using accessible materials
  - Launch plan including name of new organisation



**Any Questions?**





**PERFORMANCE REPORT**  
**1<sup>st</sup> April – 31<sup>st</sup> May**  
**2017**

**Date published - June 2017**



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## The Trafford Healthwatch 100!

We have created a project called the Trafford Healthwatch 100 to find out directly from the people of Trafford what they think about local health and social care

These surveys will be quick to fill in and relatively simple, so you will never have to spend a long time filling them in. Some will be general, suitable for everyone to fill in, like the first one about GP appointments and some will be targeted to those that suit certain characteristics - for example on issues that only effect older people, only those of a suitable age would be requested to respond.

The information collected will always be anonymised so you wont be identifiable by your answers, meaning you can be completely open and honest. The demographic and contact information is used only by Healthwatch Trafford to send out surveys to the right people and to make sure that our information is as representative of the people in the borough as possible. Your details will never be passed on or supplied to any other organisation and we will only ever use it for the purposes of the Trafford Healthwatch 100 project. You can unsubscribe at any time and we will remove all details upon request.

By giving us your details, we can send you the next appropriate survey when it is available and you can ensure your experiences and views matter.

By participating in the Trafford Healthwatch 100 you can help us make health and social care the best it can be for the people of Trafford.

Find it at [healthwatchtrafford.co.uk/the100](http://healthwatchtrafford.co.uk/the100) or contact the office.



We would be very grateful for any publicity and promotion you could give to this project as we would like as many people as possible to be a part of it. Employees of your organisation as well as members of the public you deal with would all be eligible to take part. The information we gather will inform our work in the coming months.





## Healthwatch Trafford narrative report for April 1<sup>st</sup> - May 31<sup>st</sup> 2017

This is our report on Healthwatch Trafford's performance over the course of the last two months. It is targeted at our commissioner Trafford Council and key committees such as Trafford Clinical Commissioning Group (CCG) Governing Body, the Health and Wellbeing Board and Health Overview and Scrutiny. A separate Highlight Report is circulated to the public and for use as promotional material at the various Trafford events where we participate.



The first thing to note in this report is the change in name and emphasis - from an activity report to a performance report in line with our responsibilities as a publicly funded body to account for the money we receive from our commissioner - Trafford Council.

The period under review has seen many changes both in personnel and approach. Healthwatch Trafford (HWT) is pleased to see the 'pause' between the Clinical Commissioning Group (CCG) and the Council ended and welcomes the appointment of Cameron Ward and Ian Tomlinson as interim Accountable Officer and Change Director respectively. Our hope is that the integration agenda will be pursued at pace.



We also welcomed the appointment of Peter Denton as the Healthwatch Liaison Manager for all ten Healthwatch in Greater Manchester funded by the Health and Social Care Partnership. This coordinating role will strengthen independent Healthwatch views in key priority areas. Healthwatch Trafford will be choosing up to four work areas to prioritise at a GM level.

Healthwatch Trafford has already developed its work plan for Trafford for 2017/18 and that is attached at Appendix 1. We welcome any involvement or contributions by partners. We have already recruited a Manchester University intern to work on men's health and were pleased to have the involvement of Paul Fleming from the CCG in developing questionnaires, analysis of same and mentoring. We have also met with both commissioners and providers at Trafford Council in pursuance of our programme of work and were grateful for their advice and offers of help.

In Trafford, we had early meetings with both Cameron Ward and Ian Tomlinson which we feel were insightful on both sides. We have since established a CCG/Healthwatch liaison meeting and our initial focus has been on communicating and engaging with members of the public through a series of events across the four localities of Trafford planned for July.

We also had a fruitful meeting with Dr Priscilla Nkwenti, Chair of PRAP (Public Reference Advisory Panel) and Chief Executive of Black Health Agency for Equality. We discussed how to engage with hard to reach groups at the four upcoming locality events and the need to reach out beyond our existing partnerships to perhaps broaden our views and approaches to meet challenges that may be presented.

Our links with the new mental health Trust, Greater Manchester Mental Health has strengthened and our recent meeting at Moorside was very positive. We commented on the GMMH quality account where we were pleased to see Carers re-instated as a priority.



Our volunteers are key to our work plan as they are involved in almost every area of our activity from drop-ins through research, analysis to Enter and View (E&V) visits. In relation to the latter, we have reviewed how we approach E&Vs and what we focus on. Our volunteers met with us at a workshop in March and we designed a new process which we recently piloted at Faversham House care home. The key changes are that we will be focussing on aspects of care which often end up in unnecessary hospital admissions e.g. nutrition, hydration, falls and loneliness/isolation which lead up to 4,500 hospital admissions each year across GM. We are also independently (and anonymously) canvassing the opinion of relatives and carers. We believe that these changes will give a much more rounded view of the care home sector in Trafford and contribute to our understanding of best practice.

We took a decision to postpone two events in March which coincided with the Manchester bombings. Healthwatch Trafford wishes to extend its appreciation of the sterling work undertaken by the emergency services across Manchester and beyond. We also wish to commend the work - often behind the scenes - of officers of both the CCG and the Council who exhibited strong leadership.

During this quarter we have published a volunteers' bulletin as well as our highlight report for the public.

We have decided that our Board will meet on a bi-monthly basis which is more in line with other committees. Our performance report will, therefore, change from quarterly to bi-monthly so that we keep in sync. On alternative months we will be setting up an Advisory Board so that we can have full and meaningful debates on the busy health and social care agenda. Terms of reference are being developed

We have just finalised our 2016/17 Annual Report which we hope will provide a more detailed insight to our work. It is always difficult demonstrating impact because very often we are not the only organisation putting forward the same ideas, but also because it sometimes takes a long time to effect change. However, we feel that we have been able to put forward our public's views on a range of topics.

We continue to recruit volunteers and our latest initiative is the development of the Healthwatch 100 whereby we recruit members of the public to commit to responding to short monthly surveys. Our first survey related to GPs and results are awaited.

We have also re-advertised for new Board members so I hope to be able to report positively in our next update.



*Heather Fairfield*

Heather Fairfield

**Chair**




## Analysis of Activities

	Year to date	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018
<i>Public drop-ins -total</i>	2	2	0										
<i>Locality 1</i>	0	0	0										
<i>Locality 2</i>	1	1	0										
<i>Locality 3</i>	0	0	0										
<i>Locality 4<sup>1</sup></i>	1	1	0										
<i>Number of public contacts</i>	tbc												
<i>Number of complaints/ concerns recorded</i>	11	5	6										
<i>Number of public signpostings</i>	16	7	9										
<i>Healthwatch 100 (# of people signed up)</i>	0	First survey set up for June											

<sup>1</sup> Locality 1 - Old Trafford, & Stretford, - Gorse Hill, Longford, Stretford and Clifford, Locality 2 - Sale - Bucklow St Martin's (Sale) Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's, Locality 3 - South Trafford - Altrincham, Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village, Locality 4 - Urmston & Partington - Bucklow St Martin's (Partington), Davyhulme East, Davyhulme West, Flixton and Urmston.

Healthwatch 100		-	-										
# of surveys conducted													
Number of volunteers (total)	42	0 (38)	4 (42)										
Number of volunteer hours (total)	451	451											
Vol. hours - Research	67	67											
Vol. hrs - Engagement/ Outreach	220	220											
Vol. hrs - Training	163	164											
Website visits	3524	1685	1839										
Reports published	0	2	0										

### Online and social media statistics April 2017 - May 2017

**Twitter** 

New followers : 18

Total followers : 1851

Tweets : 90


Impressions : 24,434 people

**Facebook** 

Likes/following : 118

Reach : 108

Post Engagements : 102

**Instagram** 

Posts : 7

Likes : 260

Followers : 88

**Website** 

Visits : 3524

Page views : 5993

News articles : 21



## Key participation and involvement activities from April 1st - May 31st 2017

- Attended Trafford Talk Shop for Proud Trust run Rainbow Reflections (Trafford young LGBT & those questioning their gender) event for young people with MP Kate Green.
- Took part in Greater Manchester Mental Health NHS Trust Quality Accounts event.
- Met with Single Hospital Services implementation team with GM Healthwatch leads.
- Attended Domestic Abuse Awareness Training provided by Trafford Domestic Abuse Service (TDAS)
- Held liaison meetings with Central Manchester University Hospitals NHS Foundation Trust, Trafford Clinical Commissioning Group (CCG), the Care Quality Commission (CQC) and with the chair of the Trafford Health Overview and Scrutiny Committee.
- Participated in the new Health and Equalities group meeting with VCAT, Voice of BME Trafford, Trafford Council, Greater Manchester Mental Health NHS Trust, Pennine Care NHS and Trafford CCG.
- Met with Greater Manchester local Healthwatch.
- Attended the launch of the Trafford Mental Health Partnership and the 'Celebrating Mental Health' evening.
- Conducted an Enter & View visit to Faversham House care home.
- Attended Personal Health Budgets co-production meeting with Trafford Council and Trafford CCG.
- Took part in the Trafford Nursing and Residential care Service Improvement Partnership (SIP) meeting.
- Participated in the Joint Quality Monitoring Group.
- Attended the Trafford Deaf Partnership meeting.
- Conducted a 30 minute interview on Trafford Sound radio.





## What have we heard?

### The key issues coming through from feedback

We have started receiving a few calls from people unable to access NHS Dentists. People are finding that having called many dentists in the area (in one case more than 20) they are not accepting NHS patients.

There were no other recurrent themes in the feedback in April & May.

### Where have we got our information from?

We collect information from a number of sources, both internally and externally.

Feedback received by us via telephone, email, via the contact form on our website, social media, by post and face to face. Our feedback system on our website gives people the opportunity to rate their care and we periodically run surveys to gather information.

In addition to feedback that is given directly to us, we also look at data from external sources, from NHS departments and NHS digital, Independent Complaints Advocacy Services (ICA), to websites like Care Opinion and NHS Choices. We analyse this information to look for patterns and see where services can be improved, or where good practice can be shared.

## Services in Trafford

### Trafford Hospitals' Feedback

Unfortunately due to the awful events of the 22nd May in Manchester, we had to cancel our two-day drop-in at Trafford General, where we would have expected to gather a large number of comments. However we still received 7 pieces of feedback about Trafford General Hospital, which were largely positive, particularly with regards to staff. Negative comments recorded were about changes to appointments and food being a 'let-down'. We received no feedback in this period about Altrincham Hospital.

### Trafford GPs' Feedback

There were 15 pieces of feedback received about GP practices in Trafford during this period. Most were positive, however problems getting appointments, issues with reception staff and administration were reported.



## Appendix 1. Our 2017-18 workplan summary

These are the key elements extracted from our full workplan.

	<b>Title</b>	<b>Detail</b>	
Performance targets Communication & engagement plan	1	Drop-ins in each of the four Trafford localities	<i>HWT to gather patient opinion, share literature and publicise HWT services. Manned by volunteers with staff support.</i>
	2	Public enquiries & signposting	<i>Ongoing throughout year: maintain helpline (telephone, email, postal and web enquiries), providing support, advice and information. Contact to be logged. Respond to public enquiries within 48 hours.</i>
	3	Identify areas of concern	<i>Ongoing throughout year: use evidence from surveys &amp; drop-ins to identify areas of concern. Analyse data, make recommendations at liaison meetings. Include analysis from ICA.</i>
	4	Quarterly highlight reports distributed to approx 1000 people	<i>Highlight reports for public &amp; press, including provider responses. Get draft to Board the first week after end of quarter, with view to publish end of second week.</i>
	5	Two radio interviews per year	
	6	Produce guidance & information to assist public in making the best use of services	<i>Liaise with Healthcare publications to produce annual publication. Produce more 'how to' guides.</i>
	7	Bi-monthly activity reports	<i>Activity reports for stakeholders and Board, monitoring progress towards achievement of targets.</i>
	8	Distribution of materials: information & promotion	<i>Map organisations in Trafford and circulate materials</i>
	9	Ensure accessibility of communication offerings	<i>To people of all backgrounds and abilities. Work with our young volunteers to ensure communications accessible to young people.</i>





	<p>10 Healthwatch Trafford 100</p>	<p><i>Set up and maintain panel of Trafford residents for quick-fire surveys. General survey every quarter, specifically-targeted surveys in the months in between. Respond to what's in the news as well as gathering data for our workplan projects / new projects.</i></p> <p><i>&gt;&gt; 1: Access to GPs [&amp; General information-gathering]</i></p> <p><i>&gt;&gt; 2: Trafford carers</i></p> <p><i>&gt;&gt; 3: Personal health budgets</i></p>
<p>Measuring Impact</p>	<p>1 Enter and View visits</p> <p>2 Increase volunteer numbers from 30</p>	<p><i>Minimum of 10 Enter and Views during the year, with reports published within 6 weeks. To include Dignity in Care assessments.</i></p> <p><i>For this and training, please see Volunteer Coordination section below</i></p>
<p>Work programme projects</p>	<p>1 Study of intermediate and community care, transition and enablement</p> <p>2 Evaluate 24/7 mental health crisis care for Trafford adults &amp; children</p> <p>3 Evaluation of impact on disabled people no longer eligible for Personal Independence Payments</p> <p>4 Survey two groups rated as red/amber under the Equality Diversity System</p> <p>5 Liaise with Trafford Coordination Centre to identify specific issues of concern</p> <p>6 Contribute to the equality &amp; diversity annual grading for NHS providers</p> <p>7 Survey regarding new CAMHS service mental health offer in Trafford</p> <p>8 Men's health</p>	<p><i>As measured against the national audit of intermediate care. Two-year project, with 6 months devoted to each of the 4 elements.</i></p> <p><i>Following implementation of the GM mental health strategy. Undertake interviews and focus groups.</i></p> <p><i>In terms of health, wellbeing and social circumstances</i></p> <p><i>As at the end of 2017. Aimed at addressing inequalities in Trafford</i></p> <p><i>Continue liaison with TCC</i></p> <p><i>Once new service is embedded. Focus on transition to adult services; for young people to assess whether the offer is considered to be age appropriate.</i></p> <p><i>Internship project, intern paid for by University of Manchester</i></p>



*If you require this publication in an alternative format, please contact us*



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Registered in England and Wales

# ***Healthwatch Trafford Annual Report 2016/17***

## Acknowledgements

We would like to say a huge thank you to our team of committed volunteers that have given up their time to help us accomplish so much this year.

We are also hugely grateful to the people of Trafford for speaking up about their experiences and views, without which we couldn't be an effective local Healthwatch.

You can contact us at Healthwatch Trafford in whatever way suits you - via the phone, email, text, social media or by post. You can do so anonymously if you wish.

### We want to hear your feedback.



Visit -

[Healthwatchtrafford.co.uk](http://Healthwatchtrafford.co.uk)



Email -

[Info@healthwatchtrafford.co.uk](mailto:Info@healthwatchtrafford.co.uk)



Telephone -

**0300 999 0303**



Text -

**07480 615 478**



Tweet -

[@healthwatchtraff](https://twitter.com/healthwatchtraff)



Write to -

Sale Point, 126-150 Washway Road, Sale, M33 6AG



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# Our year at a glance

*This year we've reached more than 2,200 people on social media*



*Our volunteers gave 3575 hours to help us with everything from research to Enter & View visits*



*We've visited 19 local services*



*Our reports have tackled issues ranging from ME/CFS and Fibromyalgia to Parent & Toddler groups*



*We've listened to 1000+ people on ME/CFS.*



*We've met hundreds of local people at our community events*



# Message from our Chair

***Welcome to the Annual Report from Healthwatch Trafford for the year 16-17. It has been a year of change in both Health and Social care services...***

The change that has had the most impact came out of the Devolution Program with the creation of the Greater Manchester (GM) Health and Social Care Partnership.

Healthwatch organisations across the 10 GM Boroughs worked together to make sure that the voice of the people was heard at a strategic level. Healthwatch Trafford have played our part in this particularly in the development of the Mental Health and Healthier Together programs. We will continue to ensure that the voice of Trafford is heard through our membership of the GM Healthwatch Network.

Even though we were involving our staff and volunteers, especially our Board members, in the developments across GM our main focus continued to be on issues in Trafford and the concerns residents raised with us. We know that ahead are changes nationally to both Health and Social care provision and we need to hear your views and how they affect you as a Trafford resident. Please keep on talking to us.

This report describes some of the methods we have used to gather the views of local people. In particular it highlights our reports on services for patients with Fibromyalgia, ME/CFS and the views on health services of parents and grandparents



attending toddler groups across Trafford. The findings in these reports have been shared with health and social care decision makers.

Special thanks go to our volunteers for their time and commitment allowing us to extend the reach of Healthwatch across all our communities. They play a key role in our engagement with the public and impact on our reports.

I would like to make a special mention of the members of the Board that stood down in 2016. Bonnie Hadfield, Brian Wilkins, Ahmed Lambat and Yvonne Mackereth. I thank them for their expertise, their support and for their years of service.

In March 2017 I came to the end of my tenure as Chair of Healthwatch Trafford. I would like to thank the Healthwatch Trafford Team and my fellow members on the Board past and present for their support over the years.

Special thanks go to current team members Andy, Marilyn, Adam and Katherine for their hard work over the year. It's not always easy!

A handwritten signature in black ink that reads "Ann Day". The signature is written in a cursive, flowing style.

**Ann Day**

# Message from our Chief Officer

**2016-17 turned out to be another year of change for Healthwatch Trafford.**

In the Autumn of 2016 we entered a competitive tender process with Trafford Council to bid for the right to deliver the local Healthwatch contract from April 2017 onwards and I am delighted to say that we were successful in our bid and will continue to deliver these services in Trafford for at least the next two years. Part of the tender process involved us developing a work plan showing how we intend to deliver services in 2017-18 and beyond. You can find the interesting and exciting work planned for 2017/18 on page 20 of this report.

Our work with external stakeholders such as Trafford Council, Trafford Clinical Commissioning Group and the many providers of health and social care services within Trafford has been vital in enabling us to keep up with what is happening across the borough and even more so in ensuring that we can bring our influence to bear.

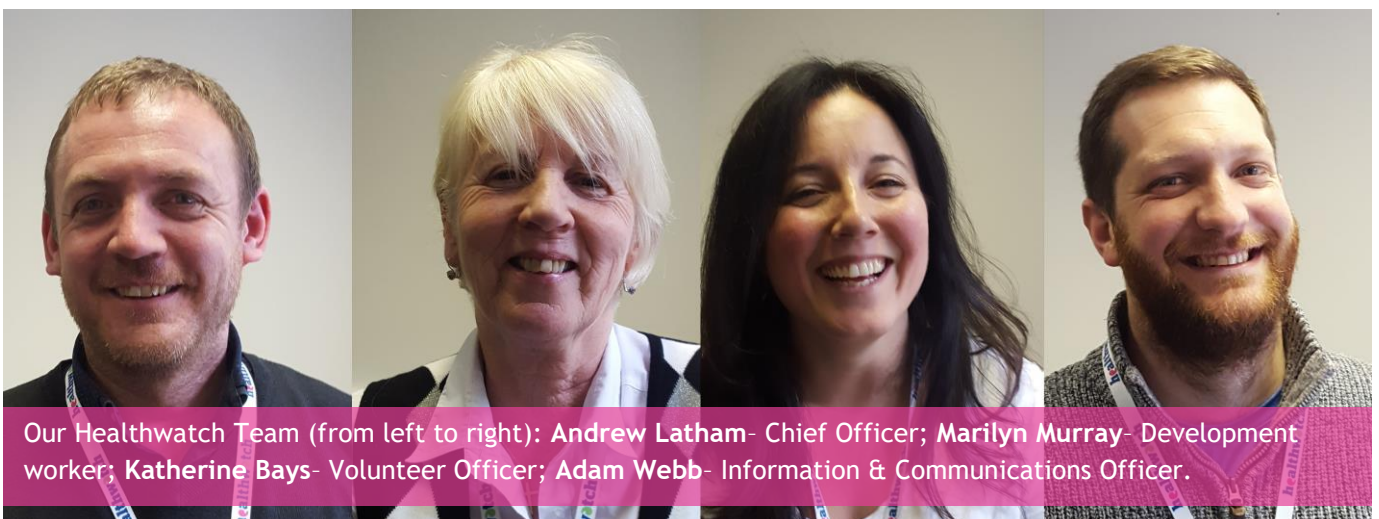
We continue to look at new ways in which to gather information and feedback. Please continue to provide us with your experiences of all the health and social care services that you access throughout the year and take a moment to sign up to our new Healthwatch 100 initiative!

Our Engagement Worker Holly left us this year, after first going on maternity leave and then relocating out of the area following the birth of her daughter. Holly did some fantastic engagement work with us and whilst we are sorry to see her go, we wish her all the very best in her new life.

Finally, a huge thank you to our staff team of Marilyn, Katherine and Adam that put so much hard work in throughout the year and a special mention to our outgoing Chair, Ann Day, who has worked tirelessly on behalf of Healthwatch since it began.



**Andrew Latham**



Our Healthwatch Team (from left to right): Andrew Latham- Chief Officer; Marilyn Murray- Development worker; Katherine Bays- Volunteer Officer; Adam Webb- Information & Communications Officer.



# Who we are

***We exist to make health and care services work for the people who use them.***

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

## ***Our vision***

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

To provide information and signposting for health and social care services in Trafford.

To 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.

To alert Healthwatch England to concerns about specific care providers.

To participate in decision-making via the local authority's health and wellbeing board.

To play an integral role in the preparation of the statutory joint strategic needs assessments (JSNA) and joint health and wellbeing strategies.

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

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



## ***Our priorities***

- To facilitate the improvement of health and social care services within Trafford
- To effectively engage with the people of Trafford, including seldom heard 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 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

### **Management Structure and decision making**

The organisation is governed by its board of directors. These directors are drawn from the local community and local community based organisations. The board of directors is collectively responsible for the governance of Healthwatch 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.

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.

Our board meeting dates are made public and members of the public can submit questions in advance. The meetings themselves can be attended by members of the public as they are officially ‘meetings held in public’, however the public is allowed to observe but not participate as they are not ‘public meetings’.

## **Our board**

**Our board of directors comprises of:**

Ann Day (*Chair until March 2017*)

Heather Fairfield (*Chair from April 2017*)

Jean Rose

Sandra Griesbach

Brian Hilton

Tom Tomkins

**Retired members:**

Bonnie Hadfield (*stepped down April 2016*)

Brian Wilkins (*stepped down June 2016*)

Ahmed Lambat (*stepped down December 2016*)

Yvonne McKereth (*stepped down January 2017*)

# Your views on health and care

## *Listening to local people's views*

In order to capture the views of a diverse array of people from across the borough, we employ a number of different methods to gather feedback (see page 10 for a map showing where we have engaged).

- We have held 'drop-in sessions' at a number of locations, giving members of the public the opportunity to talk to us face to face. We have spoken to hundreds of people at our local hospitals and health centres, talking to those that are actively using services. This helps us also capture the experiences of those that live outside of Trafford, but use services here. We have also held drop-ins at non-healthcare locations, such as libraries.
- At this year's Trafford 'Let's Talk Youth' schools' conference, we spoke to lots of young people about health and social care and recruited new young volunteers. Our young volunteers have collected experiences from school and encouraged feedback via our media squad.
- We visited five Parent and Toddler groups to gather experiences of health and care services from young parents.

## *Visiting services*

- We carried out six Enter & View (E&V) visits, focussing on care homes and nursing homes as our aim for this year has been to look at social care settings.
- In addition to the E&V visits, we also carried out six 'Dignity in Care' (DiC) visits along with Trafford Council to nursing and care homes.

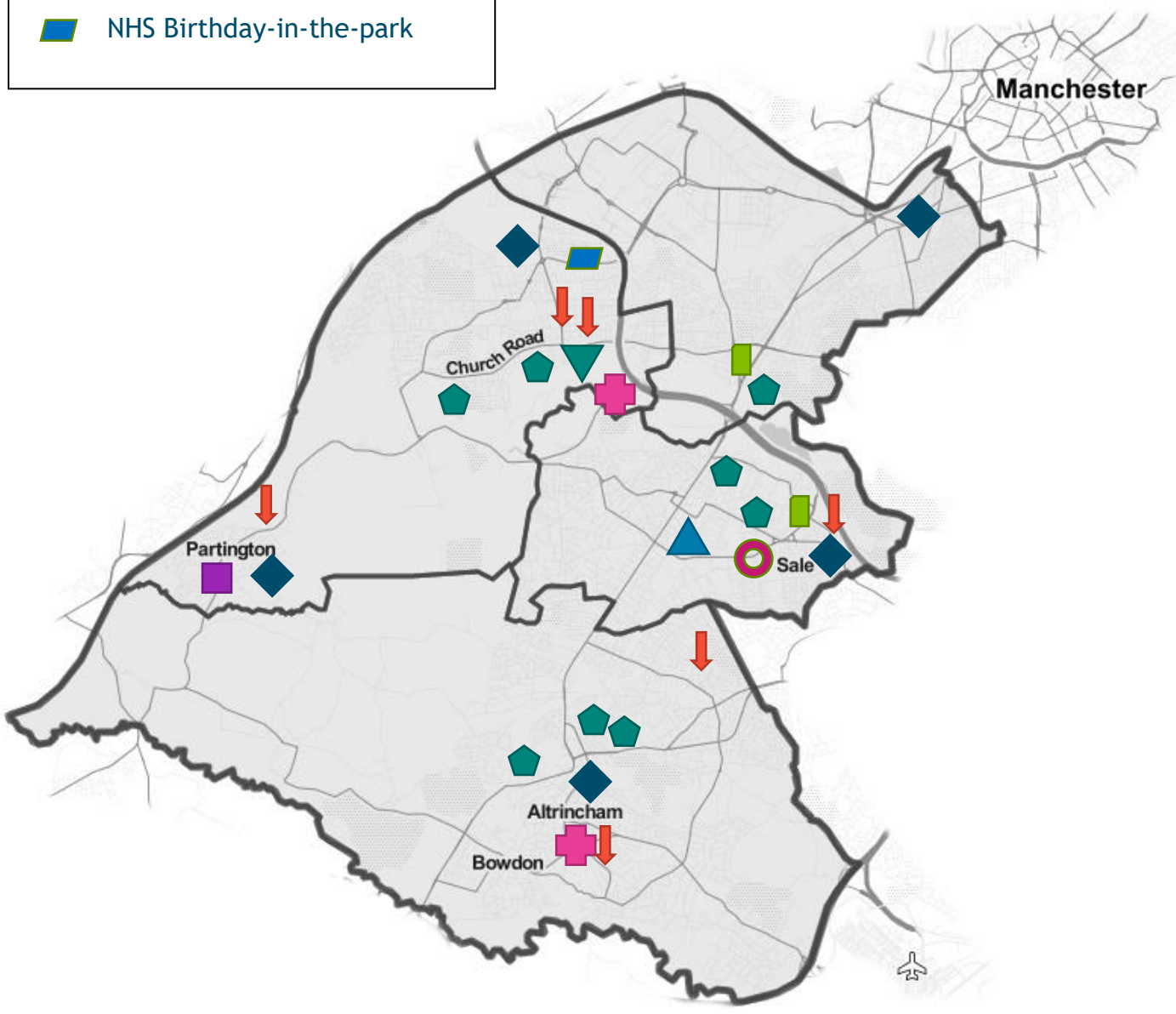


## All around Trafford



In our quest to hear from people from all across the borough, we have travelled around and listened to what people have had to say.

From the drop-ins at hospitals, where we hear straight from people using the services, to our Enter & View visits where we listen to people in their homes, we have endeavoured to gather feedback from a mix of demographic background.



## ***Our Enter & Views - in detail***

During 2016-17 Healthwatch Trafford has concentrated its Enter and View visits on care and nursing homes in Trafford. These visits were part of an ongoing planned series of visits to capture the experience of residents living at these homes and the views of their relatives on the quality of care being provided.

One motivation for our visits was to make sure that the Care Quality Commission's [CQC] dignity and wellbeing strategy is upheld, ensuring that homes are providing care and treatment in a way that protects people's dignity and treats them with respect.

Our dedicated team of volunteer lay authorised representatives carried out Enter and View visits to six care homes within the four localities of the borough.

These were not formal inspections. Rather they provided a lay person's snapshot of care on the day of the visit.

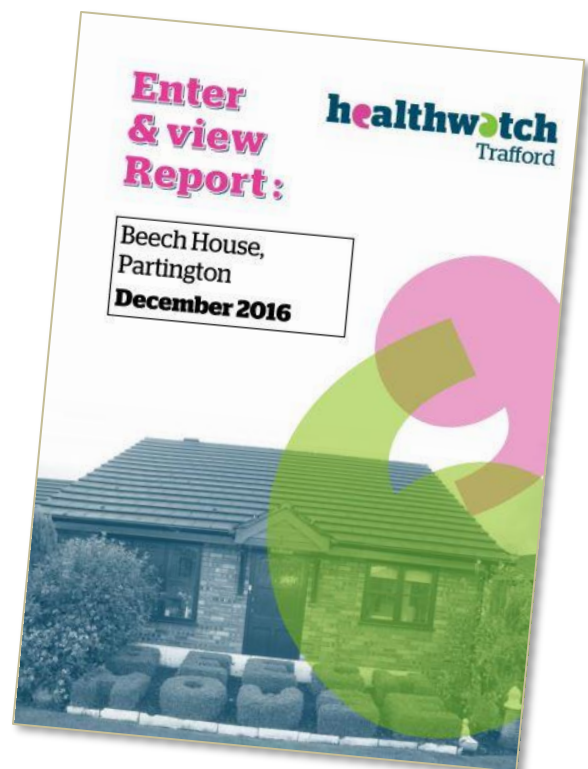
**Handsworth Residential Care Home**, Bowdon was visited in July. We concluded that the home had a happy and relaxed atmosphere. The Enter and View team did not put forward any specific recommendations. However, they did ask the manager to respond to further questions on issues raised within the report on residents' choices on bathing and breakfasting.

**Mayfield Care Home**, Sale was visited in September. We spoke to a small number of residents over the age of 65 years. Most of the comments we received from residents were positive. We asked the manager for further clarification on 'how do residents complain to the manager if they have any

issues and does the home provide information for residents on arrival'

**Beech House** is a dual registered home providing residential care and nursing care in the Partington area of Trafford. The Enter and View team carried out a visit in December. We received several positive comments from residents who were happy living at Beech House. The negative comments we received from residents were on issues of toileting.

**Timperley Care Home**, was visited in January 2017. Timperley Care Home is a nursing home that also provides palliative care for 'end of life' residents. A butterfly is posted on the resident door when 'end of life' care is being provided to alert staff and visitors. The Enter and View team felt that this was a 'best practice' by the home that could be shared with other care homes in the borough. We made two specific recommendations in relation to people with Parkinson's.



**Shawe House** is situated in Flixton and provides care and support for people living with mid-to advanced dementia. The decision to visit Shawe House in January 2017 was made following a recent poor review by the Care Quality Commission's inspection of the home. The Enter and View team observed that the home décor and design was shabby. However, staff on the day of the visit were observed to be caring when supporting residents.



Following the visit three recommendations were put forward.

**Flixton Manor** is a nursing and residential care home in Urmston. The decision to visit Flixton Manor in February 2017 was made following a recent poor review by the Care Quality Commission's inspection of the home and the recent change of manager. We received a mixture of comments from the residents and visitors on the day of the visit. The main cause of concern was

around toileting for residents. Following the visit the Enter and View team made seven recommendations. The home has responded to several of the recommendations put forward following the Enter and View visit.

The full reports on these E&Vs, including our recommendations and responses from care home managers, can be found on our website

[healthwatchtrafford.co.uk/our-reports](http://healthwatchtrafford.co.uk/our-reports).

We made 12 specific recommendations to the homes visited. Many of these related to bathing, toileting and nutrition.

Healthwatch will follow up on these visits in due course to see if our recommendations have been followed up.

These reports are shared with the CQC, Trafford Council, Trafford CCG and Healthwatch England as well as care home managers.

## Our Enter & View authorised representatives



### Our Team of Enter and view representatives: *(in order)*

Joseph Burke, Bonnie Hadfield, Susan George, Georgina Jameson, Anna Kotsonouris  
Ann Day, Jacqueline Blain, Catherine Barber, Lisa Fletcher, Sandra Griesbach  
Marilyn Murray, Barbara Richardson, Pat Lees, Brian Wilkins, Jean Rose

## Dignity in Care Awards Review

The Dignity in Care Campaign was launched in 2006 by the Department of Health to generate an emphasis on improving quality of care and experience of citizens using Health and Social Care services. The Trafford Dignity in Care Award provides an opportunity for providers to take this commitment a stage further by evidencing that their service meets the requirements of the ten Dignity Challenges. The Award



must result in improved outcomes for service users and carers.

The Healthwatch Trafford volunteers involved in the reviews are members of our Enter and View team and found the visits helpful to understand how operations were being run and managed and gave a valuable insight to the culture and values of the provider. The visits also proved valuable in terms of raising the profile of Healthwatch, particularly amongst frontline staff and fostering a relationship with care providers. The providers visited certainly knew more about Healthwatch when they left than they did when they arrived.

From October to the end of November 2016 Healthwatch Trafford authorised volunteers visited six care homes and two homecare providers to undertake the Dignity in Care six-month reviews on behalf on the local authority. The care homes we visited were: **Ferrol Lodge** Sale, **Beverley Park** nursing home Stretford, **the Fairways** Urmston, **Wyncourt** Timperley, **the Knoll**

Urmston, **Oldfield Bank** Bowdon. The two homecare providers were **Imagine Act** and **Succeed** who deliver services for residents at Fiona Gardens Extra Care facility in Sale and **TLC Homecare** who deliver homecare services for residents living at Newhaven Extra Care facility in Timperley.

## Be a part of the Trafford Healthwatch 100!

We have created a project called the Trafford Healthwatch 100 to find out directly from the people of Trafford what they think about local health and social care

These surveys will be quick to fill in and relatively simple, so you will never have to spend a long time filling them in. Some will be general, suitable for everyone to fill in, like this first one about GP appointments and some will be targeted to those that suit certain characteristics - for example on issues that only effect older people, only those of a suitable age would be requested to respond.



The information collected will always be anonymised so you wont be identifiable by your answers, meaning you can be completely open and honest. The demographic and contact information is used only by Healthwatch Trafford to send out surveys to the right people and to make sure that our information is as representative of the people in the borough as possible. Your details will never be passed on or supplied to any other organisation and we will only ever use it for the purposes of the Trafford Healthwatch 100 project. You can unsubscribe at any time and we will remove all details upon request.

By giving us your details, we can send you the next appropriate survey when it is available and you can ensure your experiences and views matter.

By participating in the Trafford Healthwatch 100 you can help us make health and social care better for the people of Trafford.

Find it at [healthwatchtrafford.co.uk/the100](http://healthwatchtrafford.co.uk/the100) or contact the office.



# Our reports

## *How your experiences are helping influence change - Our reports 2016/17*

In the past year we have published reports on ME/CFS (Myalgic Encephalitis/Chronic Fatigue Syndrome), Fibromyalgia, Parent and toddler groups as well as an updated version of our report on Manchester Royal Eye Hospital. We have also released quarterly highlight reports for the public to show what we have been doing throughout the year.

### ***Myalgic Encephalitis/Chronic Fatigue Syndrome (ME/CFS)***

Our role is not to investigate individual complaints and we do not provide an independent advocacy service in Trafford. However, when a Trafford resident got in touch with us to tell us about a series of negative experiences they had suffered in their treatment which they believed was down to the fact that they had ME/CFS, we listened when they said they knew of many others with the condition who were also experiencing poor treatment. We decided to find out what the situation in the area was really like.

With the help of the person that had come to us, we created a survey designed to find out about people's real experiences with the aim of being able to identify areas that



could be improved and good practice that could be shared.

The survey was available online using SurveyMonkey and a paper version was made available for those that do not use the internet. It was promoted via local support groups and social media as well as with national ME charities.

There was a much bigger response to the survey than we anticipated. Not only did more than 130 people across Greater Manchester take part in the survey, but there were well over 1000 respondents from the UK and abroad, in total. It became clear that ME/CFS is a subject that people with the condition feel incredibly strongly about.

Due to the number and complexity of responses that we received, we enlisted the help of Manchester Metropolitan University to assist us in analysing the results and to lend credibility to our findings. We then created a comprehensive report which included many worrying issues, including the fact that 76% of respondents felt that their GP was not knowledgeable about ME/CFS and that this had an adverse impact on their health and wellbeing.

The reception to our report has been very positive both in Trafford and Across the UK. We sent the report to all local NHS trusts and support groups as well as our MPs. We also sent it to National ME charities.

**“We’d like to formally commend you on the very clear way you have set out the report, with a concise and informative summary”**

Trafford Clinical Commissioning Group

Trafford CCG responded to tell us that they were looking at the recommendations we presented saying they would welcome further dialogue with Healthwatch Trafford to help them develop an action plan to address the issues raised. Since then they have started looking at ways of implementing some of the recommendations - including making arrangements for us to speak at an upcoming GP education event on the subject. We are now working alongside Trafford CCG together with Manchester and Salford CCGs in a project to feed in local patient stories to the GM Devolution team, with the aim of creating clear pathways and mapping services as well as being able to

provide reliable information to those with the condition.

## **Fibromyalgia**



In the production of the ME/CFS report, it became apparent that many of the same problems were being felt by those with Fibromyalgia, leading us to undertake a similar project with a dedicated intern, Joanna Melville from Manchester University.

We produced a report about the experiences of services for people with Fibromyalgia after receiving feedback from residents with the condition. We heard from 71 people from Greater Manchester (almost a thousand from the UK as a whole) and produced a report with a number of recommendations which have been taken to local hospital trusts and Trafford CCG, as

well as Healthwatch England, National Fibromyalgia charities and local support groups. As many of the issues raised were similar to those raised in the ME/CFS study as indicated earlier, the recommendations can be taken forward together.

### **Parent and toddler groups**

Our Adult Health and Social Care group looked at ways to hear from families in the area and created our report 'Opinions on health and social care voiced at Parent and Toddler groups in Trafford'. This group was made up of volunteers comprising a mixture of experience, from board members, ex professionals and service users and gave an all-round view of how things work.

The main findings were:

- 78% of respondents found it easy or quite easy to get a GP appointment. However, this masked a large variation as in Old Trafford only 54% of respondents found it easy or quite easy to obtain an appointment.
- 56% of comments received on maternity services were positive. Respondents wanted to see more post-natal help, some respondents felt maternity services were under resourced and there was some concern expressed on the location of maternity services.
- 65% of people were unsure of how to access social care. No respondents identified the local council as an organisation to contact about social services
- 62% of respondents commented that if they needed to access mental health services they would know how to do this via their GP or health visitor.

Recommendations made in the report will be followed up in due course.



# Making a difference together

In this section we highlight some of our achievements in 2016/17. We aim to provide an effective economic, efficient and sustainable local Healthwatch service that the people of Trafford can trust.

Our relationships with providers, commissioners and scrutiny bodies are crucial to us being able to effectively fulfil our aims and objectives. It is vital that we establish and maintain relationships with the key stakeholders in health and social care whilst, at the same time, maintaining our independence and fulfilling our obligation of scrutiny. We have achieved this in a variety of ways, through meetings with individuals, attendance at forums and consultation events. We regularly attend the Governing Body of the Clinical Commissioning Group, the Health and Wellbeing Board, the Health & Overview Scrutiny Committee. We also engage with those external partners who are responsible for delivering services to the residents of Trafford. This includes the hospital trusts and we attend Greater Manchester-wide events such as Healthier Together. We have been involved in the development of Healthier Together and we are members of of the Clinical Alliance responsible for development of clinical pathways.

This year saw the embedding of the Health and Social Care Partnership (HSCP) sometimes called devo-Manc, which is now

responsible for spending £6 billion of public monies.

Healthwatch Trafford has representation on the HSCP Mental Health Executive Group. We are also members of the Crisis Care Concordat, which during its first year, has introduced mental health workers into the Police Control Room so that people experiencing mental health difficulties can have the benefit of the expertise of trained mental health practitioners.

During 2016/17 we provided feedback on:-

- The Trafford Locality Plan
- All our major provider Trusts' Quality Accounts
- Trafford General urgent care changes
- Child and Adolescent Mental Health Service's review
- The Director of Health's Annual Report
- The pharmaceutical needs assessment
- The single hospital service review

We participated in the Equality Delivery System grading event for the Clinical Commissioning Group and we created a Dementia Declaration Action Plan stating what Trafford is committed to doing.

We have worked in partnership with all key agencies and with the 10 local Healthwatch in Greater Manchester, developing a memorandum of understanding on how we will work together to bring more impact to our findings and reports.

Trafford and Manchester have teamed up to form a Patient Participation Group to listen to views of those who use cross border services.

We have made 12 specific recommendations to improve the care provided to people in care homes in Trafford. Overall, the homes we visited were judged to be providing good quality care.

We also received positive feedback from our drop-ins about the hospitals Trafford residents use, although waiting times remain an issue as well as delayed transfers of care when people are ready to go home; hence our focus on intermediate care services in 2017/18.

Communication and engagement is an important aspect of our work and we have produced a number of 'How to' guides which have proved extremely popular. We will continue to produce these so that we can provide easy and understandable information for the public.

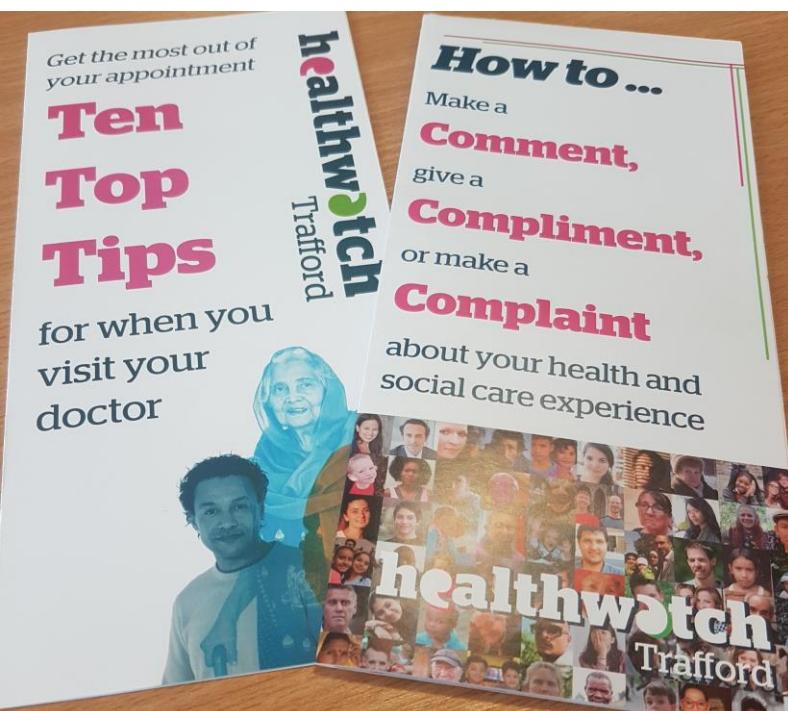
## ***How we have helped the community access the care they need***

A core part of the service we provide to our local community is our information and signposting service. However as this community is a very diverse one, we need to ensure that we use every possible suitable means to reach as many people as possible in the borough, but also to make sure we are as useful as we can be for everyone.

Our website is a centre of information, containing the details of every GP practice, dental surgery, pharmacy, hospital and care home in the borough. It also contains "how-to guides" on a number of subjects (such as how to make a complaint or how to find a care home), as well as many other resources, including a jargon buster and acronym guide.

Our website was visited more than 22,000 times over the year, with our 'How to get seen by a Doctor' guide being the most popular page (other than the home page), showing there are a lot of people needing this information (over 3000 visits!). News pages were also very popular, showing that people are using our website as a regular and reliable source of news in health and social care.

We have distributed the new updated version of our Trafford Health and Social Care Signposting Directory which includes the contact details of all the local services and other useful health and social care related information in a booklet format.



We have updated and refreshed our ‘How to make a comment, compliment or complain about health and social care services’ leaflet to reflect changes in processes and providers. We have also updated and republished our ‘ten top tips for when you see your doctor’ leaflet, reflecting its popularity. Our other leaflets including ‘what can Healthwatch Trafford do for you’ are also very popular.

## What next?

Over the coming year, we intend to become an even more visible presence in Trafford. We will conduct more Enter and View visits to publicly-funded health and social care premises than in previous years (we aim for a minimum of ten), while streamlining the process to ensure that we get both resident and carer views and feedback. We will continue to conduct public drop-in sessions in hospitals, libraries and public events and will seek to develop a more targeted approach, sending trained volunteer champions to community groups to raise awareness of our organisation and listen to their experiences. We will maintain our public enquiry helpline and signposting service, developing at least two new ‘how to’ guides.

“I found Healthwatch very informative and a really good resource and feel it would be a very beneficial tool to our service.”

*Tracy Chapman, Senior District Nurse*

We will connect with residents and service users through our project, **the Trafford Healthwatch 100**. By signing up to be part of our quick-fire anonymous survey panel, they can respond to monthly short surveys to give us their perspective on a variety of topics - some decided by our workplan, some created in response to hot topics and headline-making news. We aim for a minimum of 100 people to form the panel, with a good geographical and demographic spread across the borough. A panel of volunteers will help us to steer the project, design the survey questions and assist with reporting the results and recommendations.

Our young volunteers will design and create their own website, which they hope will become a popular and respected source of information for young people in Trafford - providing information on local health and social care services and support as well as enabling young people to ask questions and give feedback. They will source the content themselves and discuss it with local providers prior to publication. We will increase our number of young champions trained to seek the views of fellow pupils in their secondary school / sixth form.



## Our work programme

Our key projects for the coming year:

- Study of intermediate care in the Trafford area starting with our bed base at Ascot House and Trafford General.
- Men's health - supported by an internship awarded by the University of Manchester
- Evaluate 24/7 mental health crisis care for adults and children
- Survey regarding new CAMHS services mental health offer in Trafford, focusing on the transition to adult services.
- Evaluate impact on disabled people no longer eligible for Personal Independence Payments
- Survey two groups rated as red/amber under the Equality Diversity System
- Liaise with the new Trafford Coordination Centre to identify issues of concern
- Contribute to the equality and diversity annual grading for NHS providers

We will monitor the impact of our work from previous years, checking on the actions local commissioners and organisations have taken in response to our recommendations. This includes actions arising from our CFS/ME and Fibromyalgia reports, our reports on the experience of local deaf people and parents with young children and our visits to Manchester Royal Infirmary and the Royal Eye Hospital.

In response to patient concern, we will undertake an in-depth look at phlebotomy

later in the year - once local hospitals have had time to embed their new choose and book blood testing services and we will conduct a series of drop-ins at their clinics.

## Communication & engagement

We will continually look at ways to improve communication and engagement and represent Trafford people's views.

In order to do this we will produce bi-monthly reports for our key partners. We will continue to share information with the Care Quality Commission when we look into any serious complaints or incidents reported to us. We will also provide any intelligence and evidence on services they are inspecting or investigating.

We will also continue to supply information gathered from our Enter and View visits to social care settings to the local authority and Trafford CCG to arrive at our recommendations for change. We will also work closely with Healthwatch England on a number of topics including the GM devolution agenda.

Finally, we will continue to produce a quarterly highlight report for the public so they are kept up to date with what we are doing. Our current distribution reaches more than 1000 people and we aim to increase this number significantly in 2017/18.



# Our finances

The figures in the table below are a summary of the full Unaudited financial statements for the year ended 31 March 2017 which have been filed at Companies House:

<https://beta.companieshouse.gov.uk/company/08466421>

INCOME	2016 - 2017	2015 - 2016
Funding received from local authority to deliver local Healthwatch statutory activities	£121,072	£158,384
Additional income	£5200	£0
Total income	£126,272	£158,384
<b>EXPENDITURE</b>		
Staffing costs	£99,060	£117,601
Chair's remuneration	£0	£6,996
Office costs (administration & overheads)	£9461	£11,002
Other direct service delivery costs	£13,990	£15,442
Total expenditure	£122,511	£151,041
Surplus or (deficit) for the year	£3761	£7,343
Opening funds	£85,373	£78,030
Closing funds	£89,134	£85,373





We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with 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 licence agreement.

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

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# Contact us



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HEALTH SCRUTINY COMMITTEE

**HEALTH SCRUTINY COMMITTEE WORK PLAN 2017/18**

<u>Date of Meeting</u>	<u>Topic</u>	<u>Actions</u>
<b>20 June 2017</b>	GMW Care Quality Account	
	Integrated Care	
	Single Hospital Service	
	NWAS	
	Proof of Concept	
	Work Programme 2017/18	
<b>12 September</b> <b>(Mental Health Theme)</b>	CAMHS	
	GM community mental health and crisis provision	
	Mental Health Offer for young People Task and finish group	
	Greater Manchester Mental Health Strategy 1 <sup>st</sup> Year Report	

# HEALTH SCRUTINY COMMITTEE

	Trafford primary mental health offer	
	Trafford Suicide Audit	
<b>31 October</b>	New Models of Care	
	Frail Elderly people	
<b>31 December</b> (Public Health Theme)		
<b>23 January</b> (Integration Theme)	All age front door	

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# HEALTH SCRUTINY COMMITTEE

	Adult and Children's Safeguarding	
	4.1 M DOTCS funding	
	Single Hospital Service	
	New Models of Care	
13 March		

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