

## TRAFFORD COUNCIL

**Report to:** Health Scrutiny Committee  
**Date:** 12 September 2013  
**Report for:** Decision  
**Report of:** Democratic Services Officer, Helen Mitchell

### OUTCOMES OF THE HEALTH SCRUTINY ENGAGEMENT EVENT

#### Summary

Members of the Health Scrutiny Committee along with colleagues and Councillors from the Health and Wellbeing Board, Clinical Commissioning Group, Healthwatch, Trafford Council and the Care Quality Commission met on 11<sup>th</sup> April to outline their roles and responsibilities and shared ideas in relation to working together to improve health outcomes.

This report documents the themes which emerged from the session and recommendations for change. These recommendations aim to enhance partnership working and subsequently support the achievement of positive outcomes for Trafford residents.

#### Recommendation(s)

1. To note the report and the supplementary report provided by NHS England;
2. To agree the recommendations contained within -

**Recommendation 1:** That partners explore the use of shared work programmes where appropriate and share their own work programmes widely in order to avoid duplication, share information and maximise resources.

**Recommendation 2:** That formal dialogue between the Health Scrutiny Committee and the Health and Wellbeing Board be established to ensure that relevant and timely information is shared.

**Recommendation 3:** That partners commit to encouraging open discussion and eliminate the use of jargon. This is in addition to using case studies more often and to value the contribution of partners and residents in order to enhance understanding and local health services.

**Recommendation 4:** That a workshop in relation to Integrated Care be organised to establish the current status of this programme of work and future developments.

**Recommendation 5:** That partners commit to exploring all reasonable ways in which to achieve maximum value from staff, buildings and services whether it be through changing operating models, the shared use of buildings or other practices.

**Recommendation 6:** That efforts be made to raise the profile of success stories relating to health and social care to demonstrate the good work undertaken by partners.

Contact person for access to background papers and further information:

Name: Helen Mitchell

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Background Papers: None

**Background Information**

As a result of the significant changes to the health landscape locally, it was agreed by the HOSC and the CCG, to organise an event to establish the roles and responsibilities of partners within the new health landscape and to come to a shared understanding of how they should work together.

Members of the Health Scrutiny Committee along with colleagues and Councillors from the Health and Wellbeing Board, Clinical Commissioning Group, Healthwatch, Trafford Council and the Care Quality Commission (CQC) met on 11th April to discuss this.

The event was introduced and facilitated by Linn Phipps, North West regional advocate for Health Scrutiny from the Centre for Public Scrutiny.

**Presentations:**

Each of the organisations and Committees represented had the opportunity to present their roles and responsibilities, vision for the future as well as opportunities and challenges that they face in the coming months and years. It provided a very introductory opportunity to establish 'who does what and how'.

**Roundtable Discussions:**

The discussions addressed the following questions -

*'What role do we play collectively in the new health landscape and how can we add individual value?'*

*'How can we work together to overcome challenges?'*

**Key Issues Raised**

- Avoid duplication
- Encourage the establishment and development of strong, trusting working relationships
- Share information more effectively
- Mutual appreciation for the roles and responsibilities of partners
- Shared vision and values
- More use of case studies to enhance understanding
- Encourage open discussion
- No more jargon
- Enhanced understanding of Integrated Care
- Removing physical and operational barriers
- Celebrate success

**Conclusions Drawn and Recommendations**

With this in mind, it may be helpful to establish an appropriate mechanism in which partners share their annual work programmes with one another in order to **avoid duplication of effort and share relevant information**. As a result of this, similar programmes of work can be identified and partners will have the opportunity to work

together. This would result in the development and enhancement of working relationships.

*'We all need to work together so that the Joint Health and Wellbeing Strategy is achieved.'*  
*Councillor Dr Karen Barclay, Chairman of Trafford Health and Wellbeing Board*

Partners noted that there was a need to **value the unique contributions of all our stakeholders** including our residents and to encourage **open discussion** in order to clarify understanding and seek the views of others. In order for this to happen, **strong and trusting working relationships** need to be both established and developed with the 'key players' within the new health landscape.

The use of **personal stories/case studies** to enhance learning was also raised and that steps should be taken to **tackle the use of jargon** when discussing health services.

*'We don't want to be seen as an add on, we want to be seen to be adding value.'*  
*Councillor Judith Lloyd, Chairman of Trafford HOSC*

*'GP Member opinion is good, we need that vitality in there.'*  
*Dr Nigel Guest, Trafford CCG*

*'We need to know what people's experiences are – it's not about numbers anymore.'*  
*Ann Day, Chairman of Healthwatch Trafford*

**Integrated Care** was referred to on a number of occasions at the event, specifically in relation to what it means on a practical level to the public. It was suggested that a workshop should be organised to enable partners to understand its implications on patients.

Discussion took place on taking necessary and appropriate steps in order to achieve the best outcomes for our residents. One table noted that the **shared use of buildings** was an important step forward in order to remove organisational barriers and a further table made reference to **innovative use of operating models** for health and social care. It was also highlighted that partners need to **recognise and celebrate successes** as well as deal effectively where improvements need to be made.

*'Our good providers don't make the news which is a shame.'*  
*Emma Popay, Care Quality Commission*

As a result of the discussions, the following recommendations have emerged -

**Recommendation 1: That partners explore the use of shared work programmes where appropriate and share their own work programmes widely in order to avoid duplication, share information and work towards the achievement of strong working relationships.**

**Recommendation 2: That formal dialogue between the Health Scrutiny Committee and the Health and Wellbeing Board be established to ensure that relevant and timely information is shared.**

**Recommendation 3: That partners commit to encouraging open discussion and eliminate the use of jargon. This is in addition to using case studies more often and to value the contribution of partners and residents in order to enhance understanding and local health services.**

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### Event Feedback

Feedback received was very positive overall, with attendees welcoming the opportunity to network and to gain a basic understanding of who does what in the new landscape. A small number of comments related to the presentations being overlong and too detailed which negatively impacted on the opportunity for questions. Further comments were received in relation to the lack of a microphone and challenges associated with parking arrangements, the timing of the meeting and the location of the room within the Town Hall. If any future events are organised, these comments will be considered and acted upon