



Healthwatch Stockport Work Programme Monthly Report October 2013

27th September - 25th October 2013

The Following Report is a summary of the issues raised and/or work undertaken by Healthwatch Stockport and its members with regard health and social care in Stockport.



Healthwatch Stockport Operational Team - Issues which have been highlighted by Healthwatch Stockport Representatives.

Section 1: Operational Team

Members: John Leach, Sheelagh Peel, Tony Stokes, Mary Foden, Maria Greenwood, Anand Dutta, Jon Burke, June Westley, **Support:** Maria Kildunne

22nd October 2013

The Operational Team met on the above date and a verbal report will be provided at the November Core Group.

Date of Next Meeting: 26th November 2013

1.1 Stockport Health & Wellbeing Board

Healthwatch Lead: John Leach

25th October 2013

No meeting held in October, the next meeting will focus on the Health & Wellbeing Strategy - Themed items and Physical Activity and Healthy Weight.

If members have anything they wish to feedback to the Health and Wellbeing Board regarding Physical Activity and Healthy Weight please contact John via the Healthwatch Office before the 6th November 2013.

Date of Next Meeting: 6th November 2013

1.2 Stockport Clinical Commissioning Group

Healthwatch Lead: Tony Stokes

23rd October 2013

There was no meeting in October.

The CCG held its AGM instead.

The main feature of the meeting was a review of the Healthier Together programme. The Healthier Together programme is highlighted as vital to providing a safe and effective service.

However from the previous meeting: The CCG is looking for patient experience of hospital outpatient clinics.

Do you have any friends and family information relating to experiences related to hospital outpatient clinics?

The CCG want anecdotal information to build up a picture of hospital outpatient clinics.



The hospitals can be anywhere Stepping Hill, Wrightington, Manchester or New York!!

Date of Next Meeting: 13th November 2013

1.3 Stockport NHS Foundation Trust

Healthwatch Lead: Sheelagh Peel

24th October 2013

Foundation Trust Board Meeting

As usual this was a long meeting with a large amount of information. We report on points which can be enlarged upon either at the Core Group meeting or personal contact with David Kirk or Sheelagh Peel.

1) Two new non executive Board Members have been appointed, Mike Cheshire, a former medic and John Schultz, the former CEO Stockport. As yet we do not have a Governor Lead until after their AGM.

2) We had a talk by Dr. David Waterman on 'End of Life Care'. After the directive regarding the Liverpool Care Pathway, we are all desperate for new guidelines and documentation (M/C are developing some) but in some cases the Liverpool Care Pathway will still be used as well as other End of Life services. In the future there will definitely be mandatory training for all!

3) As for Quality Control, we are now receiving much more on Community Indicators which impinge on Hospital Indicators such as pressure sores; as far as their prevalence is concerned much more work needs to be done in the community, whilst the incidence in hospital is satisfactory it could still be better.

Hospital acquired infections are reducing but there are still problems in improving C. Difficile figures and extra measures will be taken (Annual Infection rate Report now available).

The Family & Friends Test remains below target.

Recommendation: Healthwatch or Age UK Stockport can help with this by articles in their journals on the usefulness of this information

The bulk of bank and agency staff are being used by 'Integrated Care' and may reflect the size of the department.

Recommendation: Is this something that John and Maria could bring up with Judith Morris

4) Following on from the Francis Report a further report, The Berwick Report with 10 recommendations is available.

5) The hospital had produced a report about its readiness to support the re-validation of doctors.

6) A new model of care for Integrated Preventative Services is being developed for children. The Foundation Trust Board papers were forwarded onto the Lead for Children and Young People.

Recommendation: We should have a Healthwatch member involved as soon as possible to ensure we are full involved in the consultation process which starts on 9th October

7) There is good news about the development of Stepping Hill Hospital as a site for Integrated Cancer



Services with a grant from the McMillan Trust.

8) We still have no news about the reconfiguration of cancer services and in particular Urology services. Stepping Hill Hospital and S/MC have complaints to Monitor and we should have some news in October.

9) **Unscheduled Care Programme (UCP)**. An 8 point plan agreed with Monitor (the regulator) has been delivered with the exception of ED consultant recruitments which are still a significant risk issue. A trial of an acute medicine consultant commencing in ED has been introduced. A recruitment plan for two additional Advanced Nurse Practitioners has been agreed to attempt to increase capacity during the consultant and middle grade doctor shortages. Performance against key performance indicators has shown continued improvement towards challenging stretch targets and is an improvement against last year.

A new plan is being developed to take the (UCP) further on focusing on both the hospital projects and wider health economy projects. The new (UCP) plan will be monitored within the (CCG) **Unscheduled Care Board** (whole health economy) David Kirk is the Healthwatch representative on this board, overseen by the CCG Transformation Board (whole health economy).

10) **Unscheduled Care / ED Redevelopment**. The Emergency Department (ED) / Medical Assessment Unit (MAU) scheme has been deferred whilst a review is undertaken of the redesign of the clinical service pathway as part of the Trust's response to (ED) design development. Both Healthwatch and Governors are to be invited onto the User Group to ensure we capture the public view through clear and open consultation. A business case is to be presented to the November Board meeting.

11) **Finance**. The yearend forecast for 2013/14 (after 5 months) is currently a deficit of £2,876k this is deterioration on the forecast at month 4. The largest areas of risk continue to be the income and costs associated with Urgent Care and achievement of the cost reduction targets.

Sheelagh Peel and David Kirk

Date of Next Meeting: 3rd December 2013 (again, too late for the December Core Group monthly report!)

1.4 Stockport Council - Adult Social Care

Healthwatch Lead: June Westley

24th October 2013

Adult Social Care Subgroup

Meetings have now been held with all senior managers / Service Leads from the Adult Services Department including two meeting with Terry Dafter, Director. The HWS Adult Social Care Support Subgroup has met twice and has also met with Terry Dafter.

Agreements have been reached on reports to be sent to Healthwatch Stockport and a liaison and co-operative arrangements for working together as appropriate. Reminders need to be sent to send reports as agreed.

In the HWS Adult Social Care Support Subgroup, the membership of other groups has been identified and roles in relation to adult services agreed. These include reading and monitoring reports and



feedback from other HWS or wider groups. The HWS Adult Social Care Support Subgroup is awaiting feedback from the Patient Experience group about any issues to be followed up.

A further meeting is being requested to co-ordinate the work of Enter & View Team with the Council's Quality Assurance and inspection work.

June Westley

Date of Next Adult Social Care Subgroup Meeting: 28th November 2013

1.5 Children, Families & Young people

Healthwatch Lead: Maria Greenwood

25th October 2013

See 2.3 *Healthwatch Stockport Publicity and Communications Sub-group* for work carried out by the Publicity & Communications Subgroup to feed into this work.

Maria Greenwood, John Leach and Gavin Owen are scheduled to meet with Key Managers in Children's Social Care in early December 2013.

1.6 Pennine Care

Healthwatch Lead: Mary Foden

10th October 2013

Rethink Mental Health Carers Meeting

Myself and Mary Popper, Head of psychological services, attended Stockport Rethink meeting on behalf of Pennine on Thursday evening 10th October. This meeting was chaired by Irene Harris. Some of the issues raised were as follows:

1. Following discharge from secondary services there are no clear pathways back when someone is relapsing. Carers struggle to speak to anyone who will listen to their concerns, and act upon them. The person with mental illness has to relapse before anything is done to get them back into services, often resulting in the involvement of the Police and the loved one being restrained.
2. Carers would welcome a flow chart of available services for mental health in Stockport. Mary had a booklet which has been produced for GP.s at the request of a Stockport Commissioner and she was able to leave a copy of this for their library. More copies of this could be made available.
- 3, Carers would welcome a supportive network of resources to help them, as is being proposed by Nick Dixon in Stockport, in his vision of People Power 4. Crisis numbers should be made available to carers to inform them of who they can contact in crisis.
- 5 Carers should be involved in the planning of services at least to give anecdotal information.
6. Representatives of Mental Services. team leaders, staff, and Psychiatrists should attend carers forums at least occasionally to listen to issues carers have.

I would welcome any comments.



Mary Foden

8th October 2013

Pennine Care Event “What’s Happening in Mental Health Services in Stockport?”

Today the 8th October 2013 the pilot event for Pennine Care FT Governors to meet with their members, to share strategic plans for services, and listen to their views, concerns and hopes was held in Stockport.

An overview of mental health services provided by Pennine Care FT was outlined by Stan Boaler, Service Director, and he explained a stepped care model to explain which mental health services were provided within primary and secondary care and how patients could access the appropriate service for their needs. He explained how referrals are screened and triaged and directed to the appropriate service. He outlined the RAID team’s functions in A& E, alcohol misuse and acute services. Primary Care psychological services were outlined, and the different teams that provide services to secondary care were explained.

Nick Dixon Mental Health Commissioner for Stockport MBC talked about his vision of People Powered Health in the Stockport Project. This had a dual function of making necessary savings and tapping into the local peer support. Health and care systems will be reorganised to blur boundaries between each of them and the voluntary sector, and people would support each other focussing upon long term outcomes, recovery and prevention. He also talked about personal budgets, both for care services and for health. Stockport will be a demonstration site for personal budgets for health.

Prevention and Personalisation was explained by Colin McCabe, Service Manager. Education, early mutual support, choice and empowerment were the focus of his presentation.

Sue Baker the Manager of the Welfare Rights service, clearly explained the impact the changes in the benefit system were having upon those in receipt of benefits. She outlined the different functions of the teams under her management and how to access help and support claiming the benefits people are entitled to.

Stockport Memory Assessment Service was presented by Brigid Flannigan, the Manager of the Service, and Carol Rushton, Clinical Lead. They outlined the difficulties they had encountered in working with GP’s to discharge people back to them who had stabilised. Also the education necessary for GP’s who do not understand dementia and the need for early intervention. They also explained how they have developed a service for early onset dementia out of existing funds, and the need for further investment in this service.

Mark Perry, Trainer and Educator, and Alice Sands who suffers from dementia, outlined the project EDUCATE (Early Dementia Users Cooperative Aiming to Educate. They explained and Alice gave examples of how people can function well and live quite normal lives whilst suffering with dementia.

After lunch, Mary Hopper the Service Lead for Psychological Therapies explained the different levels of intervention available both in primary and secondary care. Secondary Care is quite sparsely services in this area at present. DBT therapy is under trial at present for personality disorder sufferers. She also outlined the RAID service in more detail, and explained the positive impact this team is having on those who attend A&E after self harming behaviour, upon the Acute Trust by



educating staff, and timely intervention enabling discharge, and upon those who misuse alcohol and attend A&E.

Karen Maneely, led her managers Martin Corrin and Mathew Pattison in a presentation regarding community mental health teams and their functions, and inpatient wards respectively.

Finally Michael Mc Court and Richard Spearing outlined the Trust Annual Plan and proposed service developments. Michael explained that the Plan was a mandatory requirement for Monitor to understand the strategic direction and priorities for the next three years. He talked about how the focus is shifting to quality weighting, priorities, and how risks will be managed. The introduction of the CCG, and one year contracts requires that there will have to be joint ownership with commissioners, and provision of physical and mental health in tandem, and may involve public consultation. Richard spoke about the shortfall in funding of the NHS due to demand increasing, expectations going up and funding flat lining. This will necessitate jointly working with the Local Authority and the CCG to provide more services for less money. The principles upon which the service will be premised were outlined and these include, redesigning according to patient need, focussed upon highest need, and person centred; maximising productivity; building community resilience; encouraging independence and self management; integrating services; supporting and building a motivated workforce; and maximising technology. Inpatient services have already been pared as much as possible, therefore community services will be the focus of changes, and it is envisaged there will be four key areas in Stockport being clustered for consideration.

The Governors led group facilitation discussion prior to a question and answer panel discussion. Some of the key areas that emerged were:-

1. More time was needed for members to ask questions, and express their views.
2. More detail about what the changes meant for Stockport and how these would be implemented.
3. Service Users, Carers, and Third Sector services should have been more involved in the planning of the day, and in presenting.
4. Publicity for the day should be more widely spread, and for a longer period of time prior to the day.

I personally consider a Consultant Psychiatrist should have been involved along with CCG commissioners.

Mary Foden

8th October 2013

Pennine Care Event “What’s Happening in Mental Health Services in Stockport?”

Margaret McCausland, The Mental Health Carers’ core group member was unable to attend so it was agreed that I could submit a short overview.

This event was the idea of some Pennine Governors initially, but information about the event was, to put mildly, not well communicated. Healthwatch heard from Mary Foden about the event, but few Pennine members appear to have received invitations directly. I knew that Mental Health



Professionals and Service Users too only heard in the main by word of mouth. This seems a great pity as the concept was good.

I would guess that at least a third of people present were carers and could identify several mental health professionals there, most of whom did not know what to expect and because of short notice could only attend for part of the day. They too thought this a great pity and regretted that fewer service users were there.

Even so this was a memorable event There were so many speakers and so many subjects covered that a very short time was given to most items and few questions asked until later on in the day.

The most interesting items in the morning session were around the Memory Assessment Service along with the memorable Alice who spoke about her experiences of dementia. I think few people there were sufferers from or carers for dementia but there were certainly lessons to be learned for those dealing with Adult Mental Health Services - for example not taking "No" from the GP's but insisting in visiting them to discuss dementia awareness and services - including peer group support - available. Also there was clearly willingness to work with other organisations, such as Alzheimer's Society.

One of the most eagerly awaited subjects was that on psychological therapies where secondary services have traditionally done rather badly. In response to later questions, it was discouraging to hear that it was "hoped" to bring the waiting list for CBT for people in secondary services down to around 26 weeks. There is a lack of clarity here which Norman Lamb; the Care Services Minister who has responsibility for Mental Health would say is unacceptable.

Rather ambivalent replies were received to questions about whether people in Stockport could be referred out of the area for Therapies not available in Stockport

There was a pilot study around DBT (Dialectical Behaviour Therapy) which could help people with Borderline Personality Disorder. This is a difficult and rigorous therapy which needs a great deal of commitment so would not be suitable for everyone with this condition. Training is being given but at present only 2 clients are receiving this therapy (at least that's what I gathered). A whole session could have been given to this subject, not just a few minutes, this applied to many of the topics covered.

A brief mention was given to RAID (Rapid Assessment, Interface and Discharge) by Mary Hopper - this again was an immensely important topic about which I was left not much wiser. It means Rapid Assessment Interface and Discharge which ought to help people presenting with mental health issues in A&E. Excuse my cynicism but we've been hearing similar tales since the 90's - need to hear more. How does this relate to people with mental health issues in the main hospital? I'm not sure but this is certainly a big issue. The lack of beds for people who really need them is a national issue and not a great deal was said about the team who are meant to support people in crisis at home. From speaking to other carers this has not been as effective as perhaps Pennine claim.

Questions raised included:

- The misuse of confidentiality, when it was agreed when there are safety issues carers' should be kept involved. The Triangle of Care training should help.
- A desperate carer raised the issue of trying without success to get help for her seriously ill family member and I found Nick Dixon's reply puzzling as he suggested the carer approach Healthwatch. I did comment that Healthwatch could not help as a trouble shooting agency



though would welcome feedback and suggested Rethink National Advice Service might help (as it happens the lady concerned is aware of the Mental Health Carers Group and was also advised to write to Pennine Care).

- Other people asked if GP's and members of the public had enough information about the symptoms of dementia and also asked what happens to service users when they turned 65 (no hard and fast rule apparently, there would be discussion between the teams). The dementia group at the Meadows are producing a booklet for GP's around dementia symptoms and support.
- Others asked about the delay in appointing consultants, provisions for spiritual care for inpatients and when there would be a 24 hour crisis service (I can recall mention of this being on the horizon in the late 90's).
- Questions we asked Governors and others (sometimes informally) ranged around publicity and content. Mary Foden confirmed that this was a pilot event and future ones would ensure that there was input from service users, carers and the voluntary sector.

A pat on the back for Mary Foden for alerting us to the event. Without her the event would have been very thinly attended.

For future events, I would suggestion that perhaps more front line workers and fewer managers to speak, anyone who uses the terms "resilience" or "empowerment" more than once to be fined £100 for a mental health charity and more discussion on help for service users and carers when things go wrong. Blue sky thinking and optimism don't help in a crisis.

Janet Brown

Recommendation: Can Healthwatch ask how Pennine connect with members - as clearly their system didn't work here, even if not members and service users have a vested interest and surely ought to be able to attend events. Pennine to be asked to include a wide range of service users, carers and voluntary organisations when planning future events.

For the full report or meeting papers (including the Stockport Mental Health Declaration -May 2013), please contact the office at info@healthwatchstockport.co.uk.

1.7 Public Health

Healthwatch Lead: To be appointed

17th October 2013

Healthwatch Stockport Public Health Sub-group

This was the first meeting of the public health sub-group after introductions and a general discussion on area of public health that Healthwatch could be involved in a paper was submitted from Eleanor Bannister, head of public health intelligence, and Sarah Newsam, head of health and wellbeing. The subject JSNA 2014-15, planning for the third refresh. This asks for Healthwatch's involvement as a project sponsor and project lead, this was discuss at length and since the meeting Alan Watt has written a paper highlighting pros and cons which will be discuss at the next meeting.

Vicci Owen-Smith, from Stockport CCG, joined the meeting and gave a verbal outline of the public



health priorities for the coming year. One area was failing eyesight which she felt was becoming a major health problem and asks if this was something Healthwatch could become involve with.

[Note: As Public Health has so many facets, each interested member will have their own roles and responsibilities, Roy Oliver will represent this group to the Operational Team.

Recommendation: Roy Oliver to be appointed as Public Health Lead on the Operational Team

Roy Oliver

Date of next meeting: 19th November 2013

1.8 Equality & Diversity

Healthwatch Lead: Jon Burke

17 October 2013

Equality & Human Rights Commission Health and Social Care Roundtable: Mainstreaming Equality and Human Rights in Health and Social Care

NB As much as some participants (including me) tried to make sure the conversation covered issues related to both health and social care, it was actually very dominated by discussion related to health; social care was hardly mentioned.

10 People were present including staff from the EHRC, reps from the Equality & Diversity section of 2 NHS Foundation Trusts, 1 other local Healthwatch (Wigan I think), a policy officer from Voluntary Sector North West, the director of inclusion & engagement Black Health Agency and myself.

The meeting started with a long explanation of the role of the EHRC in relation to health & social care. In this they stressed the working arrangements they have with the Department of Health (DH) and the CQC. They also mentioned their restrictions in terms of recent reductions in resources (from £70m in 2007 to £27m by 2015) and remit.

As a result of these reductions the EHRC can only undertake a small number of investigations and support a small number of people taking cases under equality & human rights legislation each year. Consequently they have to choose which issues they focus on each year very carefully. The overall aim of these roundtables (8 in different parts of the country) was to help the EHRC decide which issues they should take on and to ask for views on how these should be achieved.

We then discussed a variety of local and national equality, diversity & human rights initiatives and issues. The discussion referred to

- Local operation of the Equality & Delivery System (EDS), which I believe Stockport LINK did have some involvement in but that was before my time with Healthwatch Stockport.
- Development of a new national EDS system to be launched in November by DH
- Work to ensure CCGs and local authorities meet their legal obligations under the public sector equality duty.
- The difficulties the EHRC have in monitoring and supporting local statutory organisations in fulfilling all their obligations related to equality, diversity & human rights because of



- a) cuts in local statutory organisation funding
- b) the enormous variation in the way local statutory organisations (particularly in the health world) and different local Healthwatch structure and deliver their work on equality, diversity and human rights.

I made the additional point that unless a local Healthwatch is well connected with other Healthwatch in their region they may not be aware of good practice etc in other areas. This is particularly relevant for Healthwatch in areas where care & support is shared across a number of local authorities, like Greater Manchester. This means it seems essential for organisations like the EHRC to work with Healthwatch England so they can set a baseline for expectations for work on equality & diversity, regardless of how well that work is delivered by individual local statutory organisations.

Finally, participants were asked for opinions on how they thought the EHRC should focus their resources related to health & social care. There was agreement that they should concentrate on continuing to work with the Department of Health and CQC but also that they should work in similar ways with the Local Government Association, NHS England, Monitor and Healthwatch England.

I will share any information I receive about the new EDS system with members as I receive it. Support from staff in Healthwatch Stockport in doing this would be appreciated. We will also hopefully receive something about it from Healthwatch England.

For more information, contact Jon Burke on jonb50@outlook.com

I'm not sure if any formal notes will be produced of the roundtable and shared with participants. If these are made available I will pass them onto staff and any other members who are interested.

Jon Burke

17th October 2013

Deaf Health Champions - Stockport

The Deaf Health Champions project was set up following evidenced inequalities in access and patient experience, lack of deaf awareness. The project is aligned to recent changes to the NHS. It is a Department of Health funded project until December 2015.

I mentioned our previous work with the (no longer running) Deaf Health Community and offered to promote the new project to Deaf Healthwatch members. I mentioned the It's in the drawer project and the Equality & Diversity Lead in Healthwatch and it was suggested that this may be where the project could fit in. The possibility of a Deaf Health Champion feeding into the Equality & Diversity work of Healthwatch Stockport was discussed.

A Deaf Health Leader is on the Board of Healthwatch Wigan, Healthwatch Cumbria are happy to support a Deaf Ambassador. The Deaf Health Champions are also proactively working with Healthwatch in Liverpool and Salford.

Angela Beagrie from Stockport CCG wants to run an awareness day with Healthwatch Stockport, bringing together all local organisations with an interest in deaf health, looking at key health issues; how to access services; consultations; person centred care. It was suggested that Spring / Summer 2014 would be the best time to allow adequate planning.



Other items discussed included more information on the Deaf Health Champion project, work Stepping Hill have carried out (including communication pack with pictures, opportunities for volunteer guides, and the involvement of Disability Stockport in running inspections of the hospital from a service user point of view), Walthew House (drop in audiology clinic, numerous groups, campaigning, Walthew House as a Deaf Hub, befriending services and small pots of funding) and the CCG (created BSL health information clips and happy to create more and the possibility to support a DHC volunteer to join the CCG's Patient Panel)

Kirsty Bagnall

Date of Next Meeting: Steering Meeting will be planned for January 2013.

For a copy of the full minutes, please contact the office on 0161 477 8479 or email info@healthwatchstockport.co.uk.

An update on Healthwatch Development and on-going Subgroups

Section 2: Development Team

Members: John Leach, Tony Stokes, Gerry Wright, Sue Carroll, David Atkinson, Eve Brown,
Support: Kirsty Bagnall

25th October 2013

No Development Team meeting this month.

2.1 Healthwatch Stockport Reading Sub-group

Healthwatch Lead: Eve Brown

23rd October 2013

Due to other commitments, Eve Brown has stepped down as the Healthwatch Stockport Reading Sub-group Lead. David Atkinson has been working on Leading the Reading Group as deputy.

Recommendation: As Eve's deputy, it is recommended that David Atkinson take over at Lead

The following documents from Stockport CCG were sent to the reading group on 24th October 2013:

- Letter to patient GP FU req V4 correct branding version
- Letter to patient no GP req V4 correct branding version

Michelle Sheridan

2.2 Healthwatch Stockport Training Sub-group

Healthwatch Lead: Sue Carroll/Gerry Wright

25th October 2013

Meeting planned to discuss "Meeting the Public: Presentation Skills" training. First date cancelled. To



be rearranged.

2.3 Healthwatch Stockport Publicity and Communications Sub-group

Healthwatch Lead: David Atkinson (filling in for Joyce Drummond)

Tuesday 15th October 2013

Age UK Stockport Winter Warmth Event

I spoke to about 25 people/couples and some were already members. I gave away about 15 Newsletters and 10 application forms to people who said they would like to join and receive a magazine. Feedback was in short supply but I still feel this is a good way to get Healthwatch known. Because the event was organised by Age UK Stockport the people who came were all 65 plus.

Clem joined me to promote the *It's in the Drawer* Questionnaire, giving out 11 questionnaires and 16 leaflets.

David Atkinson

16th October 2013

PIPS (Parents in Partnership Stockport) Information Day -

Parents in Partnership Stockport (PIPS) held their annual Information Day, called "Thinking Local, Acting Personal" at Cheshire Conference Centre. We took part in the all-day marketplace and spoke to visitors during the day about Healthwatch Stockport.

We took along a pin board to collect views on the suggested Healthwatch Stockport priorities on Children & Young people as discussed at the September Core Group and asked people who visited the stall to indicate which issues we should focus on by sticking dots on those they felt to be the most important. The results were as follows:

- Prevention (prevent issues before they escalate) - 17 parents/carers
- Transition (transition from children's to adult services) - 13 parents/carers
- Safeguarding (staying safe and feeling healthy) - 10 parents/carers
- Integration (integration of health, social care and community services) - 10 parents/carers

Additional suggestions for priorities were:

- Transition from Primary to Secondary [School] - 3 parents/carers
- Awareness of relevant services for parents/carers - 2 parents/carers
- More support for care leavers - 1 parent/carer

Individual feedback was also collected during the day, which will feed into the Healthwatch Stockport feedback database. Overall, 22 people were spoken to and I also spoke to 28 service providers about Healthwatch Stockport. One organisation joined Healthwatch Stockport as a member as a result.



Kirsty Bagnall

17th October 2013

Stockport College Wellbeing Day

The Stockport College Wellbeing Fair was aimed primarily at the 16 - 19 year old students but was also open to older students and staff.

We took along a pin board to collect views on the suggested Healthwatch Stockport priorities on Children & Young people as discussed at the September Core Group and asked the students who visited the stall to indicate which issues we should focus on by sticking dots on those they felt to be the most important. The results were as follows:

- Safeguarding (staying safe and feeling healthy) - 85 students
- Transition (transition from children's to adult services) - 66 students
- Prevention (prevent issues before they escalate) - 62 students
- Integration (integration of health, social care and community services) - 22 students

Additional suggestions for priorities were:

- Mental Health - 15 young people
- Schools & Colleges should provide education about real-life jobs as a subject at schools and children shouldn't be pressured into further education - 15 students
- Education to help people look after themselves - 13 students
- Teenagers should be taught about parenting in schools and college to decrease teen pregnancy! - 5 students
- We should be taught about adult life (like getting a mortgage and how to pay taxes) - 5 students
- Homophobia in colleges and schools - 2 students

Overall, around 150 young people were spoken to. Some suggestions collected go outside the remit of Healthwatch Stockport, but I have included them in this report, as they were of importance to the young people themselves. Individual feedback was also collected during the day, which will feed into the Healthwatch Stockport feedback database.

Kirsty Bagnall

22nd October 2013

Morrison's Supermarket for "It's in the Drawer"

A really useful event. Clem and myself spoke with many individuals - hard to be certain of numbers as we lost count but we spoke with a lot.

We selected the older generation to speak with and this proved to be a good approach. Many knew of



friends or relatives who owned hearing aids but did not use them.

I believe that we will receive questionnaire responses from 10 - 20 recipients. We gave away around 100 leaflets about the project.

We spoke with a number of hearing aid users who admitted that they did not always use the aids and were not completely happy with the aids. Clem and myself emphasised the need to use the aids all the time to get used to it and get the best out of the aid.

We also got several new Healthwatch members.

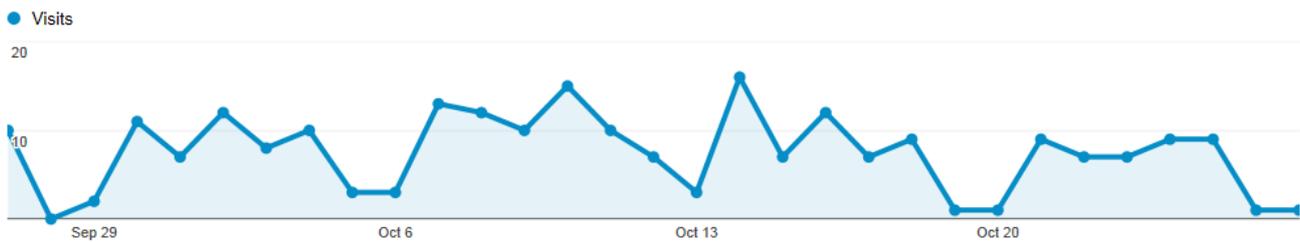
Kirsty Bagnall

26th September - 28th October 2013

Twitter: 795 Tweets, 1,357 Followers, 14 mentions, 18 retweets and 2 favourites.

Facebook: 525 Total Likes and monthly total post reach of 119.

Website:



- Overall, the website received 232 visits, 180 of these were unique visitors with 67.24% of visitors were visiting the website for the first time.
- There were 792 page views with people visiting 3.41 pages per visit. The average time spent on the website was 3m 31s.
- The homepage was the page most visited, followed by *Useful Documents*, *About* and *Get Involved*.

Positive Press Articles:

- Article in *Alliance* Newsletter (autumn) on Mary Foden's appointment and Health & Wellbeing Board focus on mental health.
- Article in *Carelink* (autumn) about Health & Wellbeing Board.
- Article in *Stockport Express* (25th September 2013) and *Stockport Independent* (October 2013) on Complaints Leaflet.
- Article in *Stockport Express* (2nd October 2013), *Stockport Times East & West* (10th October 2013) on It's in the Drawer project.
- Article in *Stockport Express* (26th October 2013) on It's in the Drawer 'roadshow'.
- Double page spread in *NWRKPA (North West Region Kidney Patients' Association)* newsletter on launch event and Complaints Leaflet.

YouTube:

- Two videos uploaded:
 - It's in the Drawer - Do you use a hearing aid?: <http://youtu.be/vEfpcg2kUk8>
 - Do you have a Complaint, Comment or Compliment? : <http://youtu.be/RG1JvUA4Dg>



Kirsty Bagnall

2.4 Healthwatch Stockport Enter & View Functions

Healthwatch Lead: Gerry Wright

25th October 2013

Meeting planned to discuss the future planning of Enter & View visits. First date cancelled. To be rearranged.

Enter & View Representatives have been booked onto Safeguarding Vulnerable Adults Training and Equality & Diversity Training.

Tuesday 22nd October 2013

Stockport Safeguarding Adults Alerter Training

The training is worth attending as there have been some changes to the law helping increase the help for Adult Abuse. They recommended people who come into contact with people who need care should take this course and repeat it every two years. Most of the people on the course were employed as carers who make home visits and a couple on Social workers. All our E & V reps should attend.

David Atkinson

2.5 Patient Experience and Feedback/Evidence Gathering

Healthwatch Lead: Tony Stokes, Members: Beverley Hart, David Kirk, Mike Cain, Roy Oliver, Alan Watt, Gerry Wright, John Leach, Gavin Roberts

1st October 2013

The main aim of this meeting was to establish our methods of collecting information and to establish who we would be informing and talking with in order to get action.

We will be informing and talking with;

1. The core group.
2. The operational team.
3. The equivalent grouping of the CCG.

Tony Stokes

Date of next meeting: 5th November 2013



Section 3: An update on Healthwatch Representatives on other committees

3.1 Equality & Diversity Board - Pennine Care

Healthwatch Representative: Tony Stokes

No meeting this month

Date of next meeting: 18th December 2013

3.2 Stockport Area Medicines Panel

Healthwatch Representative: Mike Lappin

10th September 2013

The main points from the meeting are as follows:

3.5 Matters Arising - Item 5.1 Anticoagulant Guidelines.

Mike was assured that the patients leaflet for APIXABAN would include the reversibility of this drug in the eventuality of a bleed (warfarin is reversible).

3.8 The pathway for Erectile Dysfunction will be discussed at CPC.

3.9 Stockport CCG will be following GMMMC guidelines for the units provided for Gluten Free products.

4. Monthly performance - The current pressures are:

- a) Item growth on prescription
- b) New medicines for Diabetes
- c) Anticoagulation - significant cost pressure due to increased use.

Secondary Care Report

The FT would be adopting the Christie shared care protocol for cancer treatment.

1. Community pharmacy

It was suggested a public event could be held in Mersey way shopping centre to raise awareness amongst the general public on effective inhaler techniques. We will discuss it again.

3.12 HRT Flow Chart

The flowchart was not ready for the meeting but was forwarded later. I commented it could be followed easily.

Mike Lappin

3.3 Stockport Cancer Programme Board

Healthwatch Representative: Anand Dutta



No report received.

3.4 Stockport Care Home Forum

Healthwatch Representative: Gerry Wright

No report received.

3.5 Stockport Care Record

Healthwatch Representative: Joyce Drummond

3.6 Stockport Children's Trust Board

Healthwatch Representative: to be arranged

3.7 Stockport Clinical Policy Committee

Healthwatch Representative: Mike Lappin

23rd October 2013

Interim CPC report

From April 2014 people receiving Continuing Healthcare support from the NHS will have the right to ask for a personal health budget.

Recommendation: I recommend that we ask Sue Brett, Head of Continuing Health Care and Nicole Alkemade, Older People's Joint Commissioning Manager. (The authors of the report) to come to Healthwatch to discuss the matter.

A full report from this meeting will be available in the Work Programme Monthly Report November 2013.

3.8 Stockport Dementia Champion Committee

Healthwatch Representative: Tony Johnson

No meeting this month.

3.9 Disability Stockport Forum

Healthwatch Representative: Tony Johnson

No meeting this month

3.10 Stockport EPAC (End of Life Portal for Anticipatory Care) [*previously Stockport Electronic Palliative Care Co-ordination System Project Board*]

Healthwatch Representative: David Moore

10th October 2013



The meeting for October has been cancelled, so there is nothing to report until after the next meeting in early November.

David Moore

If anyone has any questions, please contact me on: david.moore@homeinstead.co.uk

Date of next meeting: to be confirmed

3.11 Stockport Electronic Prescribing Board

Healthwatch Representative: Joyce Drummond (Mike Lappin deputy)

No report received.

3.12 Stockport End of Life Care Programme

Healthwatch Representative: Gerry Wright

No report received.

3.13 Stockport (Community) Falls Prevention Group

Healthwatch Representative: Sheelagh Peel

No meeting this month.

Next meeting: 27th November

3.14 Stockport Health & Wellbeing Scrutiny Committee

Healthwatch Representative: John Leach

22nd October 2013

The main topics of discussion were:

An Update on unscheduled care at Stepping Hill Hospital - James Sumner and Ann Barnes gave an update on the unscheduled care programme for Stockport. They reported that the Emergency Department performance has improved since July, which was enabled by the continued implementation of actions in the Trusts Unscheduled Care Programme. The Trust has completed all of the actions in its 8 point plan agreed with Monitor with the exception of the recruitment of ED consultants which has been unsuccessful to date. They reported the following key actions:

- Good progress in the implementation of the Ambulatory Care Unit, which has seen an increase in the number of patients streamed from the Emergency Department and seen, assessed and discharged the same day, avoiding admission
- Improved ambulance turnaround times by working with the North West Ambulance Service
- Continued progress on earlier discharge and the use of whiteboard ward rounds
- Commencement of the two new Acute Medicine Consultants to support the Acute Medical Unit



- NWAS pathfinder project has been commissioned by the CCG and commenced in October preventing the ambulance transfer to hospital of 38 patients in its first week (involvement with Mastercall)
- IV therapy pilot progressing well and keeping people out of hospital, awaiting data on types and numbers of patients
- Length of stay taskforce has been established to focus on patient staying in hospital over a month

They reported that as a result of the actions undertaken and continued hard work in all of the pathway areas, the ED performance has continued to improve and is currently above the 95% level for the month to date despite real challenges to performance in early October.

All actions on the new Trust Unscheduled Care work plan are on track so far.

The Trust will be receiving circa £1.5m of non-recurrent winter monies which it has been working with the CCG on. Their plans include:

- The NWAS pathfinder pilot to work with patients who have called an ambulance but are determined to be suitable for GP intervention - with Mastercall
- Support to flex the supply of Advanced Nurse Practitioners and other ED staff over the winter
- Additional ambulance transport
- Additional support for the alcohol liaison team
- Potential expansion of the community IV therapy pilot

Recommendation: That Healthwatch Stockport support these improvements.

Health Profiles for Stockport 2013

You can view the health profiles for Stockport at the following link

<http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=stockport&SPEAR> (or contact the office for a paper copy).

John Leach

3.15 Stockport Local Pharmacy Committee

Healthwatch Representative: Joyce Drummond

No report received.

3.16 Stockport Maternity Programme Board

Healthwatch Representative: Loretta Alao

No report received.

3.17 Stockport NHS 111 and Out of Hours



Healthwatch Representative: Tony Stokes

24th October 2013

Stockport NHS 111 and Out of Hours

This service is now to be run by NWS with Mastercall providing the out of hours doctors (NHS Direct no longer exists) at the next meeting we will be reviewing the manner in which calls are being answered and establishing that this new organisation is fit for purpose.

Tony Stokes

Date of Next Meeting: 12th November 2013

3.18 Stockport Older People's Committee Meeting

Healthwatch Representative: Joyce Drummond (Sheelagh Peel filling in)

1st October 2013.

Congratulations to members who had attended the Focus Group on Older People's Dental Needs, they will continue to be used for further advice/ideas. The Joint Commissioning Group want to link up under this group, two members agreed to attend their next meeting.

Sheelagh Peel

Date of Next Meeting: 3rd December 2013 (12 noon - note changed time)

3.19 Stockport One Service [Sub-group of the CCG]

Healthwatch Representative: Tony Stokes/Mike Lappin

28th October 2013

This service has now been wound up and is to be replaced by the Marple and Werneth Demonstrator Hub. I am attending the inaugural meeting at Marple.

Tony Stokes

Date of Next Meeting: 29th October 2013

3.20 Stockport Pharmacy Application Requests

Healthwatch Representative: Mike Lappin

No report received.

3.21 Stockport Prescribing Committee - NHS Foundation Trust

Healthwatch Representative: Anand Dutta

No meeting this month.



3.22 Stockport Quality & Provider Management Board [sub-group of the NHS Stockport CCG]

Healthwatch Representative: Tony Stokes

16th October 2013

Stockport Quality & Provider Management Board

Currently services being scrutinised are;

- Patient Transport.
- Cancer and Urology services.
- Discharge procedures at Stepping Hill.
- Mental health services - particularly psychotherapy.
- Patients with special needs placed outside Stockport.

Our Healthwatch Patient Experience Group findings feed in to this group.

Tony Stokes

Date of the Next Meeting: 20th November 2013

3.23 Stockport Safeguarding Vulnerable Adults

Healthwatch Representative: Sheelagh Peel

I have not attended previous meetings for which I require the minutes and date of next meeting.

3.24 Stockport Information Integration Committee [previously Stockport Shared Health Record Board]

Healthwatch Representative: David Moore

10th October 2013

There is currently no Project Manager for this Board so the diarised meetings have been cancelled for the time being. Therefore, there is nothing to report. When a new project manager is appointed and the meetings are resumed, I will update the members accordingly.

David Moore

If anyone has any questions, please contact me on: david.moore@homeinstead.co.uk

3.25 Stockport Scheduled Care Programme Board

Healthwatch Representative: Mike Lappin

No report received.



3.26 Stockport Unscheduled Care Programme Board

Healthwatch Representative: David Kirk

October 2013

Unable to attend due to holiday (did e-mail the office)

Main issue currently is the preparedness of services for the winter pressures. Plans are in place.

David Kirk

Contact David Kirk via the Healthwatch Office for more information

Date of Next Meeting: November 2013

3.27 Greater Manchester Chair and Chief Officer Meeting

Healthwatch Representative: John Leach

No report received.

3.28 Stockport CCG Locality Meetings

Healthwatch Representative: Gerry Wright

Date of Next meetings:

30th October 2013 (Marple and Werneth),

6th November 2013 (Heaton and Tame Valley)

20th November 2013 (Stepping Hill and Victoria).

Additional One off Meetings

None to report

Section 4: Reports from Healthwatch Stockport Task & Finish Groups.

4.1 Complaints Task & Finish group

Healthwatch Lead: Gerry Wright/Tony Stokes

The new leaflet reviewed in 6 months' time for its effectiveness and usefulness.

4.2 Diabetes & Podiatry Task & Finish Group

Healthwatch Lead: David Moore

Nothing to report



4.3 Discharge from Hospital back to nursing/residential homes

Healthwatch Lead: John Leach

No report received

4.4 District Nurse Service User Group

Healthwatch Lead: Tony Stokes/Carol Stokes

28th October 2013

When we receive information from District Nurse users, we send to the District Nurses. We are planning the next actual meeting but as yet have no date - this meeting will probably be held along with Signpost.

Tony Stokes

4.5 Older People's Unit

Healthwatch Lead: Sheelagh Peel

No report received.

4.6 Healthier Together

Healthwatch Lead: Mike Lappin

17th October 2013

Healthier Together External Reference Group

The purpose of this group under an independent chair is to ensure the pre-consultation and subsequent consultation is carried out correctly.

The minutes of the last meeting were accepted and it was decided that a complete set of the legal requirement to consult would be sent to each member.

An update of the transport plans were given, at the moment each postcode is being looked at to see what the present use is. This will give an indication as to the future changes. There are 3 main subjects being considered

1. Emergency Assess
2. Visitor and Outpatients
3. Repatriation to other hospitals.

OPTION APPRAISAL

The reports of the 3 events are being correlated but it was clear that the name should change to CRITERIA DEVELOPMENT. Nicola Onley introduced a slideshow highlighting the engagement that has taken place and media coverage. Also 4 models of the possible single model of care were included.



The Prime Minister had visited one of the demonstrator sites.

Nicola also reported positive comments from staff including trainee doctors who see the benefits in (missing word) us moving between hospitals. Nurses and midwives will be contacted next.

Mike Lappin

4th October 2013

Healthier Together Criteria Development Session

The meeting was held at the University of Salford building at Media City.

In February 2013, Executive leaders from the Association of Greater Manchester Authorities (AGMA) defined a set of principles that would underpin the establishment of a health social care system for Greater Manchester residents. These are :

1. Reclaim their independence and be in control of their lives.
2. Improve access to GP and other primary care services.
3. Services provided in their homes.
4. Outcomes delivered in accordance with best practice standards.
5. More services closer to home.
6. Better outcomes depend on having a smaller number of bigger services.
7. Sustainable transport needs.

This may change what services are provided in some hospitals but no hospital sites will close.

To deliver this new system the following is proposed:

1. An “Out of Hospital” Care programme jointly run by local authorities and NHS and led by the Local Health and Wellbeing Board.
2. An “In Hospital” care programme to improve quality and sustainability of hospital services led by the Greater Manchester association of CCG’s.
3. Dr Chris Brooks, an A&E consultant gave an introduction. He said there must be no variations of care between hospitals and gave the example of the Trauma Care in Manchester where a standard specification has saved many lives. There should also be a standard specification for Primary Care.

The solution he said was a single service provided in a number of locations. With GP’s talking to consultants to make sure the patients are properly prepared for visits to hospitals etc.

Mike Dolan the Healthier Together Project Manager then took a Q&A session.

Q1. What time scale? A: could be 3 years.

Q2. Are the Authorities talking to each other? A: Local Authorities meet monthly with CCH chairs and FT’s (note - no Healthwatch participation)

Q3. How does choice line up with the Single Service idea. A: It is very complicated, choice has not



delivered quality as it was set up to deal with waiting times not quality.

Q4. How will standard specification be obtained? A: Staff will be used flexibly with consultants giving advice.

GP standards will be taken nationally. There will be 28 GP standards.

Q5. Money is short, these changes must happen so is Healthier Together to late? A: all Chief Execs know about Healthier Together so they have the opportunity to work on this project.

Nicola Onley said that the top 3 things the public have identified so far are:

1. Primary Care
2. Self Care
3. Seeing a consultant first for proper diagnosis.

In the afternoon we split into 4 groups:

1. Quality and Safety
2. Access
3. Transfers
4. Sustainability

I was in the sustainability group and the following points were the criteria for a sustainable Healthier Together:

1. The hospitals chosen to be in the single service provision must be close together so staff and patients don't have far to travel.
2. It would help if the financial position of the hospitals should be good.
3. There must be agreement between hospitals as to which will be the high activity site
4. If a hospital loses a service it will lose revenue therefore it should obtain another service.
5. Investment should be where the need is.
6. If you are moving staff about then there should be standardisation of equipment.

Mike Lappin

24th October 2013

Healthier Together Task & Finish Group

The Healthwatch Stockport Healthier Together Task & Finish group met to review the Healthier Together Communications & Engagement Implementation Plan. The group also received an update from the Options Appraisal (renamed External Criteria Development) events and the External Reference Group.

The group felt that Healthwatch should be in the High Power and interest box and Provider Trust Executive Teams should be at the top of the list. Otherwise, the group thought it was a very extensive document. The group did, however, have some thoughts and comments on it:



1. The consultation should take place at the weekend, evenings as well as during the day.
2. There should be a 'drop in centre' in Town Centres where people can make their comments i.e. coffee shop, empty shop etc.
3. Choice is going to be a problem. Have the team considered legal challenges to Choice and Competition?
4. It must be established whether the local MPs support the plans or not.
5. When conducting meetings only one question at a time should be dealt with.
6. The consultation presentations should be truthful, specific, realistic, detailed, precise and costed.
7. Facilities in the community must be seen to be in place before the hospital services are reduced.
8. Healthwatch Stockport will co-operate with the Healthier Together consultation process to present these proposed changes to the public for their views.

Recommendation: That the Core Group agree these suggestions for the Healthier Together consultation process.

Mike Lappin

4.7 It's in the Drawer

Healthwatch Lead: Clem Beaumont

21st October 2013

The *It's in the Drawer* Project is going well; we are currently circulating and promoting the questionnaire. We have received 21 requests for copies of the questionnaire from an article which was featured in the Stockport Express and both Times newspapers. A second article was included promoting our attendance at Morrisons supermarket.

We have had a lot of support from local organisations in circulating the questionnaire: Stockport NHS Foundation Trust, Age UK Stockport, Walthew House, Home Instead Senior Care, Signpost stockport for carers, Disability Stockport, Stockport Care Schemes, Stockport Older People's Forum, Stockport Library, Stockport FLAG, Care Needs, Home Instead High Peak, Council Home Care Services, Bluebird Care, Deaf Health Champions, local GPs and community centres and Stockport Health Trainers.

We attended:

- Age UK Stockport's Winter Warmth Event - Tuesday 15th October 2013, - 11 questionnaires and 16 leaflets given out.
- Stockport College Wellbeing Fair- Thursday 17th October 2013 - Some questionnaires left with student services.
- Morrisons Stockport stall - Tuesday 22nd October 2013 - Gave away around 100 leaflets about the project and will hopefully receive questionnaire responses from 10 - 20 recipients.

Planned events will be taking place at:

- Stockport Train Station - Wednesday 6th November, 8am-12 noon



- Asda, Stockport - Wednesday 13th November, 10.30-2pm
- Audiology waiting room at Stepping Hill - Tuesday 19th November, 9.30-12

Kirsty Bagnall/Tony Stokes/Clem Beaumont

4.8 Quality of Home Care Task & Finish Group

Healthwatch Lead: Mike Lappin

Date of Next Meeting: Monday 28th October 2013

4.9 Redevelopment of A&E

Healthwatch Representative: Mike Lappin

15th October 2013

D Block Extension

Since my last meeting some changes to the scheme have taken place due to spiralling cost and lack of savings.

Endoscopy no longer is going to occupy the first floor. It has been replaced by 38 surgical inpatient beds, 2 operating theatres and an 8 position recovery bay.

The second floor will now have the surgical unit along with a 28 bed short stay surgical unit with 26 trolley bays for day cases.

The ground floor remains the same except the beds have reduced from 60 to 59 to accommodate bariatric bed.

The Healthwatch representatives asked if lifting rails could be incorporated in some of the bays. The cost will be looked into.

We asked if Disability Stockport had been involved. Not yet but they will be now the drawings have been signed off.

We asked about the dropping off point at the entrance. The entrance is being redesigned and an article will be sent to Healthwatch to put in the bulletin highlighting the improvements to disabled parking etc (having listened to Healthwatch comments)

Mike Lappin

4.10 Winterbourne View – Programme of Action Stockport Task & Finish Group led by NHS Stockport

Healthwatch Representative: Mike Lappin

The Action plan is Complete.

Recommendation:

Healthwatch Stockport monitor this action plan to ensure it has been implemented by the Commissioners and providers



If you are a representative on any of the above boards/committees please ensure you submit your reports back to the Healthwatch Office to be included in the Core monthly reports. If there is nothing to report please let us know so we do not report 'no report received'

25th October 2013
[Ends]