

ITEM No.1 1

Salford Community Health Council



Annual Report 2001-2002



For further information on the C.H.C. and its activities, please contact us:

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This report will be made available in other formats and languages on request.

Chairperson's Foreword by Maureen Jolley.

Welcome! I am proud to present the Annual Report of Salford Community Health Council for 1 April, 2001, to 31 March, 2002. It outlines our main achievements for Salford citizens, and our recommendations to other agencies.

When we started the year, we expected it to be the Council's last. Parliament has, however, yet to approve the Government's proposals to abolish C.H.C.s in England. It is likely that new structures and processes for patient and public involvement will replace C.H.C.s in 2003. Salford C.H.C. is working hard to ensure that all Salford citizens get the most effective system for the future.

Hazel Blears M.P., a past Chair of the Council, was made Parliamentary Under Secretary of State for Health. Another ex-Chair, Cllr. Margaret Morris, moved from the Chair at Salford and Trafford Health Authority to that at Salford Royal Hospitals N.H.S. Trust. An ex-member, Cllr. Val Burgoyne, is Chair of Salford City Council's Health and Social Care Overview and Scrutiny Committee.

The Council would like to thank all our partner organisations, within and outside the N.H.S., for their cooperation. I also want to thank the Vice-Chairpersons (David Bowers and Sandra Dutson) and all members for their support, and the staff for their dedication to keeping the Council effective during uncertain times.

The Council welcomed the responses by other agencies to our Annual Report for 2000-1. We hope that we will not have to remind anyone for them this year.

Chief Officer's Report by Chris Dabbs.

Despite the uncertainty over its future, Salford Community Health Council has continued to work effectively to improve health and health care in Salford. While there has been a wide range of issues tackled, we focused in particular on developing new systems for citizens' participation in health, and on the long-term plans to redesign health care across the City.

Thanks to the people and agencies who supported us. Thanks to Debbie Bowling and Nikki Evans for their dedication, to all our community animators, and to Sarah Cotterill of the Health Action Zone, who worked with us for six months.

Salford C.H.C.'s reputation was again recognised at national level, with its participation project getting 'pathfinder' status from the N.H.S. Modernisation Agency. We had visitors from Australia, New Zealand, Poland and the U.S.A. We will go on working with local citizens and agencies for the best health and care, and to ensure that we will pass on a proud legacy, whatever is to come.

Who are we?

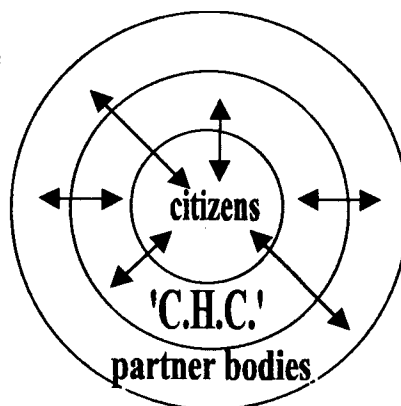
Salford Community Health Council (C.H.C.) has 18 members. They are all unpaid local citizens nominated by Salford City Council, the voluntary sector and the Secretary of State for Health. Our members in 2001-2002 are listed on the next page. The Register of Members and the Register of Members' Interests are both available on request from our office.

If you are interested in becoming a member, please contact the Community Health Council office for information.

Our role.

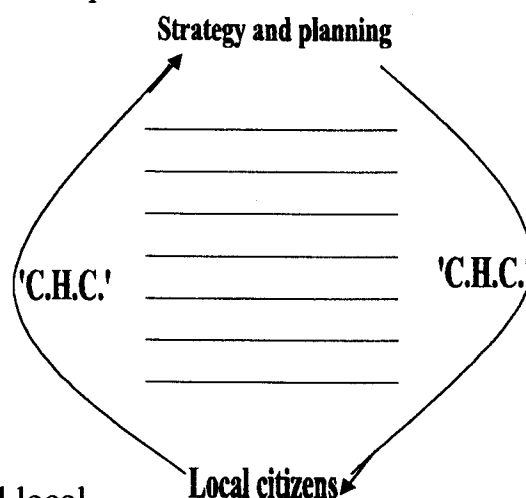
Salford Community Health Council aims to make the greatest possible impact to improve health in Salford. Our **mission** is:

- ☐ To promote and support the active and effective participation of all local citizens in maintaining and improving public health and well-being.
- ☐ To promote effective and coordinated action to maintain and improve the health and well-being of all local citizens.



To achieve this, our **functions** are:

- ☐ To facilitate the effective participation of all local citizens in maintaining and improving public health and well-being, and to promote their health needs.
- ☐ To encourage effective partnerships between other organisations and with all local citizens that maintain and improve public health and well-being.
- ☐ To make recommendations to other organisations to optimise their impact on the health and well-being of all local citizens.
- ☐ To hold other organisations accountable to all local citizens for ensuring that their health needs are addressed and for the effective maintenance and improvement of public health and well-being.



Our members in 2001-2002.

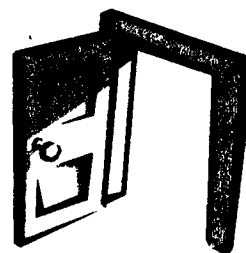
- | | |
|---|------------------------------------|
| ◆ David Bowers | ◆ Gwyneth Main |
| ◆ Bob Boyd | ◆ Sam Portnoy |
| ◆ Bernice Collins <i>(to 23/3/01)</i> | ◆ Sylvia Power <i>(to 2/7/01)</i> |
| ◆ Sandra Dutson | ◆ Vera Shelton <i>(to 17/7/01)</i> |
| ◆ Barbara Green | ◆ Ken Stokes |
| ◆ Valerie Ivison | ◆ Rita Walker <i>(to 2/7/01)</i> |
| ◆ Maureen Jolley | ◆ Marion Wordsworth |
| ◆ Heather Kennedy <i>(from 9/10/01)</i> | |

Our finance.

The Council's base budget in 2001-2002 was £76 556. We ended the year with an underspend of £2 721. The full accounts are available on request from the Chief Officer, Chris Dabbs, at the C.H.C. office. An audit found our financial systems to be generally strong; the minor concerns raised have been addressed.

Queries, comments and complaints.

Salford C.H.C. aims to be open and accountable. We get frequent coverage in the print and broadcast media, and work with a wide range of local citizens. Our meetings are held around Salford and take place in public, with papers available and open forums for local people to raise concerns.



We welcome queries and comments on any of our activities. We got no formal complaints in 2001-2. If want to raise anything with us, contact Maureen Jolley (Chairperson) or Chris Dabbs (Chief Officer) at the C.H.C. office.

Our priorities for 2002-2003.

Salford C.H.C. has produced a work plan for 2002-2003. A full copy is available on request from the C.H.C. office. Our main priorities in 2002-2003 will be:

- The Salford Participation Network (S.Pa.N.)
- Salford's Health Investment For Tomorrow (the S.H.I.F.T. Project)

The Council wishes to remind other agencies that it is very unlikely to support proposals for changes or variations in services unless it can be shown how service users, carers and / or local citizens have been involved in their development, and how they will be involved in their implementation.

Achievements in 2001-2002.

The Council tackled a wide range of issues and prompted many improvements for patients, carers and local citizens in 2001-2002.

On **public health and health improvement**, the Council:

- advised on developing proposals for three healthy living centres in Salford.
- got reassurances that the Manchester inner relief road will not significantly affect air quality, and will reduce overall noise levels and road accidents.
- helped the Real Lives project to involve local citizens in commissioning for well-being at centres in Langworthy, Seedley and Weaste.
- advised on the healthy city section in the Salford Community Plan, and on setting up a Health and Well-Being Forum under the Salford Partnership.
- contributed to setting up the Healthy Communities Collaborative for England, which will look first at reducing falls in people over 65 years old.



Health Park.

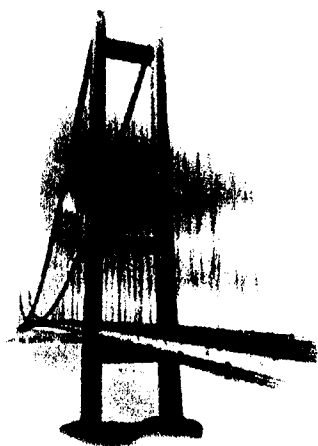
Supported by the Eccles Community Committee, the Council ran a participatory appraisal project in Westwood Park in Winton to promote the participation of citizens, and coordinated action, to improve their health and well-being.

We employed three local people as community animators, who used a range of ways to engage with hundreds of local residents of all ages and backgrounds. Local citizens identified their main concerns and priorities which included: drugs and associated problems; crime and vandalism; bullying and intimidation; children and young people; the environment (including speeding cars, litter and dogs); and City Council services. People most wanted to see better facilities for young people, more effective police enforcement, and an estate clean-up.

Eccles Community Committee asked the relevant agencies to respond to the recommendations made in the report. Actions planned include re-fencing, removing overgrown bushes, and changes to the community lettings policy. New developments may address some concerns, such as Eccles Job Shop Plus and Sure Start in Winton. The Council, however, requests via the Community Committee that more specific responses to the recommendations be given.

On **patient and public involvement**, the Council:

- advised the Audit Commission on “A Healthy Outlook”, its national project on local authority overview and scrutiny of the N.H.S.
- responded in detail to Department of Health consultations on involving patients and the public in health, and on local authority overview and scrutiny of the N.H.S.



Salford Participation Network (S.Pa.N.).

In 2000-2001, the Council worked with other the C.H.C.s and the Health Action Zone in Manchester, Salford and Trafford on the Involving Citizens in Health project. In its Annual Report, the Council recommended that the N.H.S. agencies and Salford City Council back the development of the proposal made, with the aim to set up new arrangements in 2002. All the agencies stated their support in principle for this.

The Council sought to develop the proposal for a whole system for patient, carer and citizen involvement and participation in health in Salford. With local citizens and other agencies, it developed a 12-point plan and made this progress:

Patient, carer and citizen involvement:

- engaged N.H.S. Direct on the development of information and advice
- coordinated a collaborative approach to Patient Advice and Liaison Services (P.A.L.S.) in every trust across the N.H.S. and social care in Salford
- started a plan to support establishment of an Independent Complaints Advocacy Service (I.C.A.S.) in Salford by 2003
- commissioned the development of a policy and strategy for independent advocacy for the most vulnerable citizens in Salford
- initiated work to coordinate both surveys of patients, services users and carers and prospectuses for them
- supported Salford as a pilot site for the Expert Patients' Programme, starting with people with diabetes

Monitoring, overview and scrutiny:

- started a plan for a network of patients' forums in every trust across the N.H.S. and social care in Salford by 2003
- prompted and supported Salford City Council to set up an overview and scrutiny committee to cover health and social care

Influencing policy and decision-makers:

- ensured Salford is one of only three places in England to be involved in the Strategic Action Programme for Healthy Communities that aims to develop the ability of agencies to hear and respond to local citizens' priorities
- made links with the Salford Partnership to ensure complementary progress by the health participation system with non-N.H.S. strategies and initiatives

Whole system working and inclusion:

- initiated a creative process to ensure that all the elements work coherently as a whole system
- developed the concept of a citizens' participation agency for Salford, coordinating specialist participation workers from across the agencies, and complementing the proposed local network of the national Commission for Patient and Public Involvement in Health
- set up a reference group to ensure that systems and mechanisms are accessible and appropriate to those citizens who are most often excluded
- supported the project to improve the investment by statutory bodies in social economy organisations in Salford
- developed a set of criteria against which to evaluate progress.

This ongoing work has the support of the Salford Local Modernisation Review Board and the Manchester, Salford and Trafford Health Action Zone.

The project is designated as a national 'pathfinder' by the N.H.S. Modernisation Agency, and is recognised at national level by the Department of Health.

On **health and social inclusion**, the Council:

- completed its management of the first year of the Participatory Appraisal Team in Lower Kersal and Charlestown, who engaged over 3 000 local citizens (a third of the population). This is now part of the New Deal for Communities initiative that includes plans for new health care facilities.
- helped to set up the Salford Community Network to engage local people (especially those not usually involved) in neighbourhood renewal.
- contributed to the development and implementation of the Social Inclusion and Capacity-Releasing Strategies for Salford.
- got commitments from Salford City Council to improve health and well-being in Salford, especially for children and the most vulnerable citizens, through the use of its 2002-2003 budget priorities.
- supported M.P.s to ensure that the U.K. Fuel Poverty Strategy seeks to end all fuel poverty by 2010, and to vote for the Home Energy Conservation Bill.

health
through
Action

Listening to communities in Ordsall.

The Council supported a listening survey in Ordsall by Re:Generate. This engaged 250 local people on their likes, concerns and visions for their area.

Most local citizens wanted more of a say in their community, but felt that the City Council and others in power made the decisions. Many were willing to be involved, especially in developing activities for children and young people.

Salford City Council used the report as a “a valuable source of information” to inform the priorities in the Ordsall Community Action Plan.

On the **social economy**, the Council:

- supported work with the Community Action Network, Salford Community Venture and the Salford Partnership to develop social and community enterprise in Salford; with other agencies for similar developments across Greater Manchester; and with regional agencies for North-West England.

Investing in the Social Economy in Salford.

The Council worked with Salford Council for Voluntary Service and others to improve statutory agencies' commissioning of small and medium-sized organisations in the social economy. The emerging themes concerned innovation, organisational development, effectiveness, monitoring and finance.

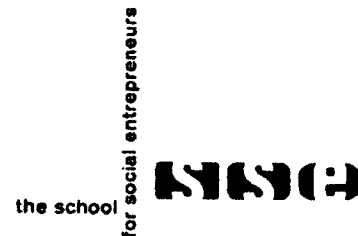
The Council requests that Salford Primary Care Trust and the City of Salford Community and Social Services actively engage in implementing the proposals.

Supporting community sparkplugs.

In 1999-2000, the Council worked with the School for Social Entrepreneurs to set up and run the first local programme for social entrepreneurs in the United Kingdom. The four Salford people who completed the first local S.S.E. programme became Fellows of the S.S.E. Two also won Manchester Evening News Community Awards for 2001: Gwen Baybut (overall winner in the workforce category); and Jay Brennan (winner in the health category).

From this pilot programme, supported by the Health Action Zone, arose:

- a community child care business
- expansion of a community handyperson business
- a developing healthy living initiative
- redevelopment of a backings area for leisure
- a recreation area for children and young people



Resources were secured from the Millennium Commission and the Single Regeneration Budget to run a second Salford S.S.E. Programme in 2002, this time with six local people from across the City being taken on for a year.

The Salford Social Entrepreneurs' Programme has been replicated in places as diverse as the Ardoyne in Belfast, north Glasgow and rural Devon. It has also attracted national interest from the Cabinet Office, the Department of Health, the Department of Trade and Industry, and the London School of Economics.

In its 2000-2001 Annual Report, the Council requested that the Manchester, Salford and Trafford Health Action Zone investigate the potential for rolling out the School for Social Entrepreneurs and support the securing of long-term funding. Despite a commitment to do so, this did not happen, and long-term support for the S.S.E. in Salford is still uncertain.

On **improving health care**, the Council:



- contributed to the clinical governance reviews of the Central Manchester and Manchester Children's University Hospitals N.H.S. Trust and the Salford Royal Hospitals N.H.S. Trust by the Commission for Health Improvement.

In its 2000-2001 Annual Report, the Council recommended that each N.H.S. agency include a separate section on patient involvement in its annual reports and annual plans for clinical governance. All made a commitment to do this.

Salford's Health Investment For Tomorrow (the S.H.I.F.T. Project).



S.H.I.F.T. aims to improve health care in Salford by changing the way services are run, building new primary care facilities and redeveloping Hope Hospital to create:

- new primary care centres to improve access to services for local people
- improving access to specialist diagnostic and treatment services
- new intermediate care services
- extra beds across the health care system - probably around 150
- new acute hospital facilities at Hope Hospital with major new buildings
- a community-wide electronic health care record
- provision of local services for children and young people

S.H.I.F.T. is not only the single most important development ever of the N.H.S. in Salford, but is also a major factor in the long-term development of the City and the quality of life of its citizens. The Council thus spent a lot of time and effort on S.H.I.F.T. during the year, particularly on promoting and supporting:

- involvement and participation by patients, carers and citizens – including a participation framework and a review of existing evidence of lay priorities
- health-promoting environments for health and social care – including a healthy settings approach, and projects on respect for dignity in primary care and on patient attitudes to the built environments of N.H.S. hospitals.
- the development of new centres across Salford that are not only bases for health and social care, but also support activities that improve health
- the assessment of social, economic and environmental effects of S.H.I.F.T. – including a major health impact assessment.

In its 2000-2001 Annual Report, the Council requested a clear statement from Salford and Trafford Health Authority about public consultation on the outline business case. Despite opposition from outside Salford, the Council secured and negotiated full statutory consultation on S.H.I.F.T. The consultation included a range of meetings and events across Salford with local people and voluntary organisations, and several pieces of targeted work with marginalised groups.

The Council made a detailed response to the consultation, at the end of which it was agreed that Salford Primary Care Trust will ensure that:

1. The S.H.I.F.T. partners will implement a comprehensive communication strategy and ensure further development of user and carer influence to the service models. This action will also accommodate the needs of staff.
2. The S.H.I.F.T. partners will ensure that the transfer of services is limited to those that can show equivalent or improved clinical safety in the new locations compared to current locations.
3. The S.H.I.F.T. partners will explore opportunities with the Greater Manchester Passenger Transport Executive and the ambulance services to identify ways of ensuring that transport links between proposed health and social care premises are suitable for patients.
4. The S.H.I.F.T. partners will ensure that the security measures within proposed computer systems holding patient information are addressed in the roll-out of new technology, through the implementation of the Caldicott Report in direct response to concerns raised during consultation and through the ongoing participation of patients.
5. Salford Primary Care Trust, in conjunction with Greater Manchester Health Authority, will progress to an early conclusion the unanswered question regarding the future of secondary surgical services for children.
6. The S.H.I.F.T. partners will exploit opportunities when establishing contracts with the preferred private sector partners to ensure that investment opportunities for local firms and people in Salford are maximised. The S.H.I.F.T. partners should also work with the Salford Partnership to exploit opportunities in education, commerce and employment for Salford citizens and seek to link with social care-led initiatives wherever possible.

The Council requests the S.H.I.F.T. partners to demonstrate in the outline business case evidence of the influence of patient, carer and citizens' views and of the impact assessment, to maximise its positive effects on Salford.

On **children and young people**, the Council:



- contributed to the Salford Children's Services Project to develop plans and a specification for a combined child health care service for Salford.
- responded in detail to a consultation on modernising children's health care in Greater Manchester. The Council requests an early decision by Salford Primary Care Trust and Greater Manchester Health Authority on the future of secondary surgical services for Salford children and young people.

Head Start.

This project sought the views of families on acute neuro-rehabilitation services for children with acquired brain injury in Greater Manchester. Priorities were: interdisciplinary team approach to care and rehabilitation; access to psychological, therapy and social work support; intermediate residential and day services; better collaboration between all relevant agencies; more accessible and timely information and advice; and access to support and independent advocacy.

The Council recommends that the Central Manchester and Manchester Children's University Hospitals N.H.S. Trust uses the results to develop plans for an acute neuro-rehabilitation service for children with acquired brain injury.

With **people from black and ethnic minorities**, the Council:

- resourced translated information leaflets and health needs assessment forms that allowed the Salford Asylum Seeker (Health) Team to improve health care assessments, medical information, and primary care services.



In its 2000-2001 Annual Report, the Council recommended a joint action plan by all the agencies in the Salford 'health system' to address institutional racism and to meet the Race Relations (Amendment) Act. While most N.H.S. and social services agencies stated their support in principle for this approach, there was no common action. The Council therefore approached the Commission for Racial Equality, and we hosted a workshop for local agencies on their statutory duties.

The Council got a commitment from Salford Primary Care Trust to lead on this for the whole N.H.S. in Salford, including in its own contracts. The Council requests from each agency a copy of its Race Equality Scheme by 1 June, 2002.

With **disabled people and their carers**, the Council:

- encouraged a successful bid by Salford Primary Care Trust to be a national pilot site for digital hearing aids, which are more effective than current models.
- prompted earlier links with local services for Salford citizens when they are admitted to the regional spinal injuries unit.
- raised awareness among primary care practitioners of their responsibilities under the Disability Discrimination Act 1995, and pursued action by Salford Primary Care Trust to support compliance with it



In its 2000-2001 Annual Report, the Council recommended that Salford and Trafford Health Authority leads developments to tackle disability discrimination in the N.H.S. in Salford. In light of organisational changes, the Council secured the commitment of Salford Primary Care Trust to take the lead on this for the whole of the N.H.S. in Salford, as the Act comes fully into force in 2004.

With **people with learning difficulties and their carers**, the Council:

- participated in developing integrated commissioning in Salford through a new Partnership Board including both people who need support and carers.

In its 2000-2001 Annual Report, the Council requested a clear statement from Salford City Council and Salford Primary Care Trust on how people with learning difficulties in the N.H.S. dispersed network and their relatives will be consulted and involved in the proposed transfer of responsibility to the City Council. Although some consultation has begun and a newsletter issued, the statement has still not been provided, despite repeated requests and promises. The Council now requests this statement from Salford Primary Care Trust as a matter of priority.

On **older people and continuing care**:

In its 2000-2001 Annual Report, the Council recommended that Salford and Trafford Health Authority investigate the assessment process for eligibility for N.H.S.-funded continuing care and ensure action to raise standards, if necessary. The Council was involved in multi-agency discussions on revising the eligibility criteria. The Council requests formal consultation on any substantial changes to the existing criteria for N.H.S.-funded continuing care in Salford.

Voices of Experience.

Local statutory agencies did not fulfil their commitments to the Council to engage the most frail and vulnerable older citizens in developing the Strategy for Older People in Salford. The Council eventually decided to do this work itself.



Working with senior N.H.S. and social care managers, the Council had in-depth discussions with a range of older people in their own homes or in residential care. They gave their priorities for future health and social care services in Salford, highlighting their wish for better access to more local services from a wider range of professionals. They stressed the importance of socialising and the need to keep active and occupied so as to maintain positive well-being.

The issues raised were submitted for the Strategy and for the S.H.I.F.T. Project.

On **primary health care**, the Council:

- supported and influenced successful proposals to develop personal medical services for homeless citizens and by two practices in Weaste and Irlam
- made sure that patients were properly informed when a branch surgery in Little Hulton closed, and that they could get access to local medical services.
- participated in the interview and selection of G.P.s to take on the patient list of a single-handed G.P. in Irlam who had retired.
- influenced the Health Authority's action plan on access to N.H.S. dentistry, and supported the development of a dental services pilot scheme in Ordsall
- supported successful applications to relocate a pharmacy to the Poplars Medical Centre in Swinton, and for a new pharmacy on Salford Quays.
- participated in the Performance Panel for G.P.s who give cause for concern. This helped three G.P.s improve, but led to two referrals to the General Medical Council.
- promoted plans to develop a performance panel for dentists. The Council recommends similar arrangements be made for optometrists and pharmacists
- prompted the local representative committees to cooperate to ensure that all primary care services (not just doctors) are involved in primary care trusts.



The Local Improvement Finance Trust (N.H.S. L.I.F.T.) is the Government's approach via public-private partnership to improve primary care premises. The Council has engaged with L.I.F.T. to ensure that local citizens have a say and can call the agencies to account, perhaps by a form of 'shareholding' in the L.I.F.T. company. The Council recommends that Salford Primary Care Trust ensures direct involvement of local citizens in the local L.I.F.T. company.

On **mental health services**, the Council:

- persuaded the Mental Health Services of Salford N.H.S. Trust to change its plans to address financial deficits in its Salford services from a range of service cuts and closures to savings with minimal impacts on local citizens.
- ensured that the permanent closure of the inpatient unit for people with dementia at Gloucester House in Broughton was justified and in line with the longer-term development of a full range of provision for older people.
- secured a commitment from the Mental Health Services of Salford N.H.S. Trust to develop both local and specialist eating disorder services.

On **acute hospitals**, the Council:

- held the Salford Royal Hospitals N.H.S. Trust to account for the inaccuracy of waiting lists, effects on patients, and action planned; new senior management acted to address weaknesses and reduce the longest waits
- promoted equity for Salford children within the operational plan for the Children's Hospitals until the new Children's Hospital opens in Manchester
- supported the centralisation of intensive care and high dependency beds at the Royal Manchester Children's Hospital to safeguard clinical services
- supported bereaved parents whose children had had their organs and tissues retained or disposed at the Royal Manchester Children's Hospital; and gave evidence to the external investigation by the Retained Organs Commission

On **information, advice and openness**, the Council:

- participated in the development of the Salford Community Legal and Advice Services Partnership to improve the provision and coordination of information and advice to local citizens.



- secured disclosure by staff to the C.H.C. in the 'whistleblowing' policies of all local N.H.S. agencies, except the Salford Royal Hospitals N.H.S. Trust
- made a detailed response to a Department of Health consultation on reforming the N.H.S. Complaints Procedure

The Council gave help and advice to people with complaints about the N.H.S. This included three independent reviews, one Health Service Ombudsman investigation, and cases at the General Medical Council and the U.K. Central Council for Nursing, Midwifery and Health Visiting. Examples of outcomes are:

- ◆ a new protocol to check blood transfusions are correct
- ◆ new training for midwives to detect heart disease in babies more quickly
- ◆ better arrangements for staff safety and continuity of care in the community

On N.H.S. organisation, the Council:



- supported the establishment of the Greater Manchester Strategic Health Authority, but raised a series of issues to be addressed. The Council requests a response to these concerns from Greater Manchester Health Authority

In its 2000-2001 Annual Report, the Council sought from Salford Primary Care Trust a formal reply to the Council's detailed recommendations on setting up the P.C.T. Among the positive action taken as a result, Salford P.C.T. agreed to:

- invite representatives of dentists, optometrists and pharmacists to join its Professional Executive Committee
- include patients, carers and local citizens in its teaching and learning function
- allocate resources according to needs, and monitor resource use on this basis.

- secured commitments by the Central Manchester and Manchester Children's University Hospitals N.H.S. Trust, amongst other things, to the Children's Hospital(s) having a distinct identity and management, and to a clear plan for the maintenance of services until the new children's hospital is built.
- secured a promise by Salford Primary Care Trust to discuss in public the effects of the rising cost of the central Manchester private finance initiative.

In its 2000-2001 Annual Report, the Council requested the Central Manchester and Manchester Children's University Hospitals N.H.S. Trust to confirm C.H.C. rights previously agreed for its private finance initiative scheme. This did not occur. The Council now requests the Trust to formalise these rights in writing.