



Trafford
Integrated Care Partnership

TRAFFORD

Women's Voices 2023

One Voice Raises Another
Feedback Report



Introduction

“In Trafford, we want to make women a priority”

Councillor Jane Slater, Executive Member for Health and Wellbeing and Equalities, Trafford Council

1.1 The publishing of the Department of Health and Social Care’s women’s health strategy for England gives Trafford an opportunity to seize the moment and enable women’s voices in Trafford to be heard in this arena.

1.2 There are many women, groups and initiatives in Trafford that are working hard to get the best health, care and services for women. However, we think that there is an opportunity for women’s voices to be heard now, by those in positions of power, in order to shape and deliver the women’s health strategy in Trafford, with women who live in Trafford.

1.3 A small core group worked to start to build a platform for women in Trafford to raise their voices, believing one voice raises another and collectively we are stronger than individually.

Narrative of the day

2.1 In order to start to hear what the women in Trafford want and need, we held an event on the morning of 6 December 2022 at the Life Centre in Sale. The priority was to listen to the voices in the room, and those that we have captured in the listening phase. The aim is to use the information heard at the event to help create a programme of action for Trafford, which reflects the national strategy - but is focused on Trafford, the women we serve and the inequalities they face.

2.2 We invited Trafford women and a professional audience from across our Trafford health and social care organisations, of those people who we knew could make change happen. There were 70 people in the room on the day. The goals we aimed for were to focus on women, their health in their life cycle and their priorities, inequality and action. To focus on women being heard by the people in power to make the change, leading to a co-produced, jointly owned plan.

2.3 The most impactful part of the morning was hearing from two Trafford women, who were both brave enough to share their stories with the room from the stage. Their accounts were very personal, moving and important to hear. We also had a rolling presentation of quotes that had been collected from the stories over the previous months, which were on the screen throughout the event (in the appendices). This, we hoped, enabled the event to be visually owned by those who had been brave enough to raise their voice. Women in the audience seeing their words on screen.

2.4 The accounts from both women prompted an emotional response from the audience which highlighted the need for emotional support during these events. One of the women, read her poem which can be found on the next page:



We need YOU

No voice, no options, trapped for years
Half-hearted explanations for why we need to stay at home, fall on deaf ears
We're different, we're odd, we're considered by others to be emotionally weak
Best leave us alone, to turn the other cheek

They don't see the paralysing fear that we face
We'd sell our soul to rest our muddled head and to have a safe place
We're vulnerable and we're scared
We want a trusted person to talk to, so that the problems can be shared

We're left to unpick the tangled web of lies and deceit
To stand on our own, to find our own feet
We're exhausted and overwhelmed
We just sit and cry and long to be held

We're lonely and we're scared
Just us now lying in the bed we once shared
The silence is deafening, the walls they cave in
This feels like a battle that we'll never win

We're unable to focus and hear
We're rigid with terror and fear
We experience terrifying flashbacks of dangerous times
But the professionals will tell you, these weren't serious crimes

We need YOU to listen and to truly care
Be present and hear us, please don't compare
We need YOU to guide us, to stand beside us, to catch our fall
Please give us your time and make that call

We need YOU to be consistently strong
To help to point out the right and the wrong
We're scared that we're going crazy and out of control
Please don't let us disappear down the bottomless dark hole

We need YOU to hold our hand through the tough times ahead
We need YOU to dampen the incessant fear and the dread
We're wounded souls with individual tales
Please don't just leave us whilst we flail

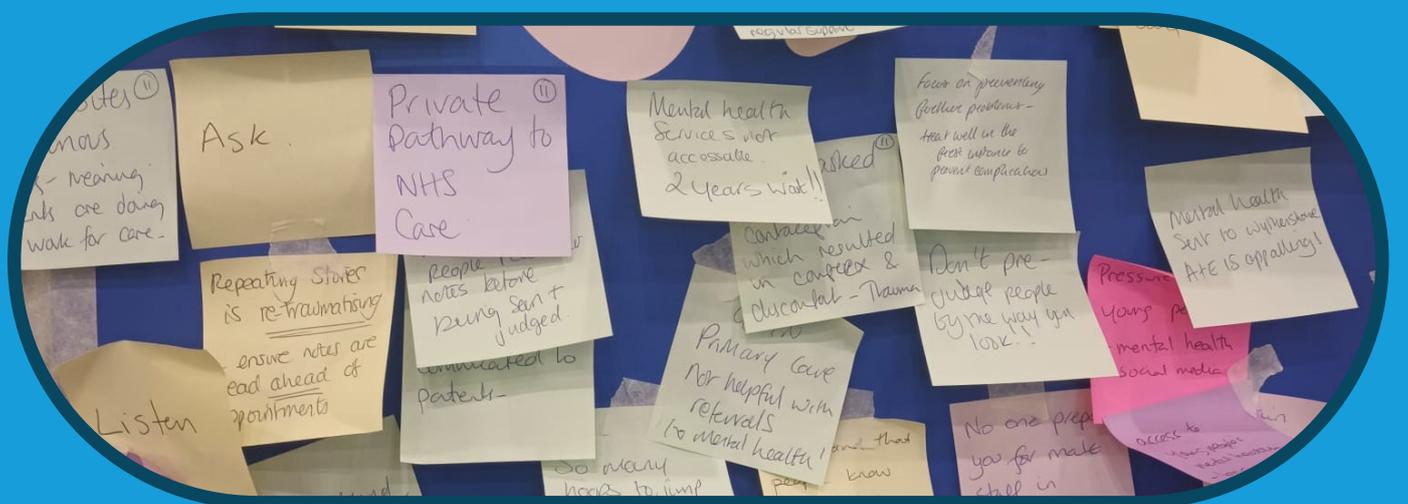
Please understand trauma and all it entails
We need YOU to show flexibility in your approach to ensure your support never fails
YOU can make such a difference, YOU can enable us to survive
Be patient and nurture us and just watch how we'll thrive!

The other voice we heard was Catherine Knight. Catherine gave a brave and powerful account of her experiences using many services in the last 20 or so years. Catherine was sat with her Family Intervention Worker Berni Tomlinson, who had been integral in supporting her to attend the event and talk about her experiences. Through her lived experience of dealing with issues around addiction and abuse plus mental and physical illnesses Catherine gave a detailed picture of what she had been through, what she had to deal with and how she had felt. Catherine stated that she was now living a better life after finding a safe space in a women's group. This allowed her to start turning her life around and be empowered by the support she was being given.

Catherine's comments at the end were empowering for us all, she was pleased that she had been able to talk about her experiences in front of a room full of people and to have enjoyed having her voice heard. Her hopes were that by her speaking up, services will be improved in the future.

A video of Catherine talking about her experience, can be viewed here: <https://youtu.be/OJY3mInrAow>

2.5 We then had table discussions about the issues we had heard, what the women wanted to raise and also the changes the women wanted to make. Seated at the tables were a mix of local women and the invited professionals in the room and were hosted by members of the core working group. These discussions culminated in feedback from each table and the themes raised were put on the wall of commitment, which included their issues and ideas for the next 18 months.



2.6 A resource pack was put on each table so that women could have information if they needed it (in appendices).

How we did it

3.1 To ensure the event was successful, the core group met regularly to discuss the planning and implementation of the event.

3.2 We decided early in the process that any women attending the event should come from the groups that we know from community engagement work and individuals who came forward. Therefore, we used two of our core group members, who had networks and a history of community engagement, to develop links they had and support people in coming to the event. This took a number of months, and we anticipated that for every 100 people who were approached, that possibly a quarter would want and be able to attend.

3.3 Some of the work done to capture voices before the event is outlined below:

- The multi-cultural women's group offered to host a group discussion to find out who would like to get involved. The group already discusses women's health issues and sought agreement to capture the key themes from the group and discuss the various ways the group would like to capture it.
- Libraries offered to host 'pop up' sessions for women who wanted to get involved but may be unable to attend the event in December.
- The Citizens Forum offered to add in additional questions when they met with women through the citizen's forum to seek feedback and engagement on women's health issues.

3.4 We felt from the start that there would be an imbalance of power in the room between the women and men who were there in a professional capacity and those women from Trafford who were there to share their stories. We wanted to try and negate that imbalance as much as possible. One of the things we did was for people to wear their first name on a stick-on label, but not with job titles etc. We also colour-coded the labels, so people would know who was there with a role, who was there as a local Trafford woman and who was on the core group. We felt that a delegate list would be difficult as some women didn't want their names to be made public – however in future we think we will make available a list of the people in professional roles.

3.5 We wanted the event to be as accessible as possible, to work around school hours and school runs, so we based the start time as 9.30am and the finish as 12.30pm, but people could stay on and have lunch. Having a crèche was important to us – it meant that people's lives were not segmented, and children became part of the experience. However, finding people to run the crèche was difficult – we found a way by having the crèche in the room with us, with the support of a local nursery. In the end this proved to be one of the things that made the room feel more normal, safe and inclusive – the noise of the children was not a hindrance, but the positive background to the event.

3.6 The timeline commitment banner was a good visual aid and encouraged people to get up from their tables, mix, and put their own words on the banner. It felt that messages were therefore being recorded and that the implicit message was that women were being listened to.

3.7 The staff from the venue were not only welcoming but really engaged with what we were trying to achieve and went out of their way to make it a success – including accommodating the crèche facility and providing a wide range of food for us throughout the event. This really set the scene for a welcoming environment.

Evaluation

4.1 We asked Advancing Quality Alliance (AQUA), an NHS health and care quality improvement organisation working across the NHS, care providers and local authorities to work with us to design and evaluate the event. Three members of their team were with us on the day and have provided an evaluation. The word cloud below is based on the 37 evaluation forms that were submitted at the end of the event and the words people used to describe the event:



4.2 In summary, AQUA's evaluation of the event is that they thought the women's stories were powerful. However, next time we could have a "what if" approach; to ask the women what they would have liked to have seen differently. Then working on tables to explore if this were enacted, what the impact would be? This could help drill down into changes that we would like to see happen and help focus on some of the small changes that could have a big impact, big changes that might only affect a few, as a way to prioritise change.

4.3 Another suggestion was using online polling systems to engage table discussion at future events. In doing so it may be more time effective and avoid duplication – it may also help pull together the ownership of the themes and the day. The key changes suggested could then be shared with the key leaders on the day and give them tangible actions to go away to be tasked with.

Themes – Issues and Areas for Change

5.1 The commitment wall (as shown in section 2) was an explosion of ideas and issues over the 20-foot banner. Members of the core group took time after the event to sort through the post-it's from the wall and separate them into themes. that could then be added to an 18-month timeline and used to produce co-owned action plan. One of the main actions in the first 6 months is to enable Trafford women to form a Trafford Women's Voices Collective that can work with the core team, the statutory agencies and the third sector to make change happen in the future.

5.2 The identified themes are below.

A Better Trained Workforce

1. Workforce education/development/CPD (culture, behaviour, language, wellbeing, awareness, inclusivity, open questions)
2. Workforce recruitment/availability/specific roles
3. Better communication/information (online, notes, appointments, interpreter)
4. Data sharing/governance/joined up care

Service Development

5. Service development – trauma informed, every contact counts, reduce assumptions, joined up and female friendly/trauma informed system approach
6. Localised services – not always having to travel out of area for services
7. Funding/budgets (to develop services)
8. Improved mental health services
9. Specialised services
10. Gaps (women’s health hub/wellbeing centre, domestic abuse referral service)

Improved Access

11. Choice
12. Access (easier referral processes, reduce waiting lists)
13. Buildings/estates (women friendly – safe spaces, confidential, period products, female equipment)

Changing Attitudes

14. Increased education in Schools/college
15. Promote Inclusivity (all ages, no assumptions)
16. VCFSE/Third sector (value more, reduce competition, collaboration)
17. Increased Co-production/opportunities/influence change (values, patient-led outcome measures etc.)
18. Promote Lived experience
19. More Support (women, carers, families etc.)

Action Plan

6.1 We have created an 18 month draft action plan. The first 6 months have the most itemised actions. The main focus is to hopefully create a Trafford Women's Voices (TWV) Collective to work alongside the core group to co-produce and jointly own the future women's health strategy and plans in Trafford. There are two points in the next year when we will be able to assess the action plan having moved forward – an event for International Women's Day, which we are planning for March 2023 and the second Trafford Women Voices Event in September 2023. During the first 6 months we are asking the organisations to take the themes and areas as highlighted in section 5 and start to clearly action what the changes will be, who will lead them and by when. The draft action plan is below:

TRAFFORD WOMENS VOICES DRAFT ACTION PLAN

What	Why	Who	Deadline
Feedback report written with draft action plan	Action plan will evolve as actions and responsibilities identified	Sara Radcliffe	Jan 23
Report sent to all attendees of December event	Delegate list	Jilla Burgess -Allen	Jan 23
Core group new lead established – leadership and accountability established back to the Locality Board		Sara Todd	Jan 23
Locality Board – Feedback to Board given	Establish programme of work	Jilla Burgess -Allen	March 23
Provider Board – Feedback to the board given	Establish programme of work	Jilla Burgess -Allen	March 23
VCFSE Collective Board – Feedback to Board given	Establish programme of work	Jilla Burgess -Allen	March 23
Scrutiny Committee – Feedback to Board given	Establish programme of work	Jilla Burgess -Allen	March 23

What	Why	Who	Deadline
Feedback to other main institutions	Establish programme of work	Jilla Burgess -Allen	March 23
Trafford Women's Voices Collective of women established – need buddy system established to enable women to be supported to attend if needed	Co-production should be the foundation of the work taken forward	Alicia Clark / Berni Tomlinson	March 23
Feedback event for International Women's Day put on	Need to keep momentum	Core Group and TWV Collective	March 23
Travel expenses process established to enable real time payment back to women at events	Working with the ICB	Tracy Clarke	March 23
Budget for events/programme identified including responsibility for recording and evidencing the events	Ensuring sustainability	Jilla Burgess -Allen	March 23
Qualitative Research on the Collected Stories	Ensuring the learning is not lost	Jilla Burgess-Allen	April 23
Themes from December Event forming Action Plan drafted and agreed – identify responsibility to take forward each theme as action	Actions then put into the 6-18 month action plan	TWV Collective and Core Group	May 23
<p>A Better Trained Workforce</p> <ul style="list-style-type: none"> Workforce education/development/CPD (culture, behaviour, language, wellbeing, awareness, inclusivity, open questions) Workforce recruitment/availability/specific roles 		Provider Board - Lead TBC	
<p>Improved Information</p> <ul style="list-style-type: none"> Better communication/information (online, notes, appointments, interpreter) Data sharing/governance/joined up care 		Provider Board - Lead TBC	

What	Why	Who	Deadline
<p>Service Development</p> <ul style="list-style-type: none"> • Service development – trauma informed, every contact counts, reduce assumptions, joined up and female friendly/trauma informed Locality Board system approach • Localised services – not always having to travel out of area for services • Funding/budgets (to develop services) • Mental health services improved • Specialised services • Gaps (women’s health hub/wellbeing centre, domestic abuse referral service) 		Provider Board – Lead TBC	
<p>Improved Access</p> <ul style="list-style-type: none"> • Choice • Access (easier referral processes, reduce waiting lists) • Buildings/estates (women friendly – safe spaces, confidential, period products, female equipment) 		Provider Board – Lead TBC	
<p>Changing Attitudes</p> <ul style="list-style-type: none"> • Schools/college education • Inclusivity (all ages, no assumptions) • VCFSE/Third sector (valuing, reduce competition, collaboration) • Co-production/opportunities/influence change (values, patient-led outcome measures etc.) • Lived experience • Support (women, carers, families etc.) 		Provider Board – Lead TBC	
2nd Trafford Women’s Voices Event put on	To ensure momentum and progression	TWV Collective and Task Group	September 23

6.2 Four of the women in the room, who were in professional positions of influence and power, gave commitment statements at the end of the event. These were recorded and we have transcribed them (in the appendices). These women lead some of the biggest and most influential health and social care organisations in Greater Manchester, and are women who, we believe, will be able to help us deliver change in the future.

An extract of their commitment statements are outlined below:

6.3 Sara Todd, Chief Executive Trafford Council and Place Lead for Health and Care Integration, NHS Greater Manchester Integrated Care

“So there’s loads I need to listen to and reflect on and hear from the conversation today, it’s absolutely incredible to see that banner and to think about some of those themes that are emerging.”

“So from my point of view, in terms of my roles, I give my commitment absolutely that I will continue to engage in this work and that I will listen and work to improve services for women on the basis of what I have heard today.”

“Because in my experience, in my long experience actually, mostly in local government and a little bit of NHS this year, is that the very best services are those who are designed by those who know them best, and that generally is the people who use them and in this case the women that use those services and those who are on the front line delivering those services as well”

6.4 Sarah Price, Chief Officer for Population & Health Inequalities, NHS Greater Manchester Integrated Care

“I want to go away and try and ensure what we do to try and improve that experience for everybody, but particularly for women who are in very difficult circumstances..... These are difficult times, money is tight but I think what we’ve heard this morning will help to identify things that we really must prioritise and I’ll be there fighting for those with my colleagues and I hope that will mean experiences for the women sitting around this table will get better, so thank you very much for having me and I really am honoured to be a part of the discussion this morning.”

6.5 Gill Heaton, Deputy Chief Executive, Manchester University NHS Foundation Trust (MFT)

“I have to say anything I can do to help the people in this room and people outside this room is what we commit to in MFT and we are big, and we can be a bit of an unruly monster. But at the end of the day, it’s the person who’s in front of you who’s talking to you, asking you if you’re ok, listening to your answers and giving you the time and the space to feel safe and to feel cared for, in a compassionate and kind way is what makes the real difference and that’s what I commit to on behalf of myself and my organisation.”

6.6 Councillor Jane Slater, Executive Lead for Health, Wellbeing and Inequalities for Trafford Council

“We need to have those conversations with our daughters and our sons, to make sure they are responsible adults going forward, that women are treated with respect, and I think that wall we’ve got there is amazing, look at all the stuff we can do immediately, that is stuff that we will take away, look at and look to do immediately. From my position in the council I want to be able to support women and make a change, and just thanks for inviting me today, thank you.”

Next steps

7.1 We realise that this is not the start or the end of the progress. We are building on work that has gone before, but trying to focus on key priorities for our system. We want this to be the start of a coherent and co-produced care strategy for women and women's health in Trafford, building on the foundation of the national strategy.

7.2 We feel it has been a privilege to work with the women in Trafford to host and take forward the event on 6 December 2022. In coming together to raise our voices we felt not only empowered, but no longer alone in voicing concerns and that we can make positive change together. It is now our hope as a core team, that working with other women who bring skills and knowledge from all over Trafford, we will build a platform for change, that can get stronger as we work together to make the services, we all care about better. We look forward to seeing everyone in March.

7.3 We would like to end this report by acknowledging and thanking all the women that made this event possible, giving up their time, telling their stories, supporting each other, and raising their voices so that together we could feel listened to and hopefully be part of change for the future.

Author: Sara Radcliffe, NHS Greater Manchester Integrated Care – Trafford, on behalf of the core group:

Jilla Burgess-Allen
Jo Bryan

Alicia Clare
Berni Tomlinson

Fiona Baldwin
Victoria Ridge

Jacqueline Dennis
Tracy Clarke

AQUA - Lisa Triste, Wendy Bell, Cathryn Sloan

If you need any more information please contact Jilla Burgess-Allen:
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January 2023



Appendices

Appendix 1:
Summary of National Strategy

Appendix 2:
Organisational Delegate List from 6 December 2022



Appendix 1

Summary of the National Women's Health Strategy - Department of Health and Social Care, July 2022

Dame Lesley Regan, Women's Health Ambassador said the strategy is an opportunity to "reset the dial on women's health" after decades of NHS services "failing" women. Nearly 100,000 women came forward to share their experiences.

Being Listened To: Women said that they "persistently needed to advocate for themselves" and had to push for further investigation to secure a diagnosis. The delays often affected their health and quality of life. 84% said they often feel ignored or not listened to when they seek help from the NHS. The strategy will focus on seven key areas, which relate to conditions or aspects of health.

1. **Menstrual health and gynaecology:** Menstrual health was the most popular topic for respondents aged 16-17, while gynaecological conditions were the leading choice of those aged 18-29.
2. **Fertility, pregnancy, pregnancy loss and postnatal support:** Fertility, pregnancy, pregnancy loss and postnatal support were the primary concerns for women aged 30-39. Issues raised included barriers to treatment based on criteria, such as whether a person has a child from a previous relationship.
3. **Menopause:** Improving access to HRT and the HRT supply chain were concerns. Under the strategy, boys and girls will be taught about women's health, including the menopause.
4. **Mental health and wellbeing:** Women flagged that they would like access to mental health services.
5. **Cancer:** New mobile breast-screening units are to be deployed in the areas with the greatest challenges of uptake and coverage.
6. **Health effects of violence against women and girls:** Issues raised were the barriers to accessing services that people affected by violence can experience.
7. **Healthy ageing and long-term conditions:** Healthy ageing was the leading issue for women aged 60 and above, an issue raised was the need to encourage older women to build up muscle strength and resume some of the activities they undertook before the pandemic.

Other areas

Research: Under the strategy, new research on women's health issues will be commissioned to raise understanding of female-specific health conditions.

Women's Health Hubs : The strategy promises to expand women's health hubs, which are currently up and running in Liverpool, Manchester, Sheffield, Hampshire, and Hackney in London.

Appendix 2

	Name	Organisation
1.	Gill Heaton	Manchester University NHS Foundation Trust (MFT)
2.	Rebecca Demaine	NHS Greater Manchester Integrated Care
3.	Alison Houghton	MFT
4.	Ian Daniels	MFT
5.	Nick Bailey	MFT
6.	George Devlin	Trafford VCSE Collective
7.	Councillor Carina Karter	Trafford Council
8.	Alice Seabourne	Greater Manchester Mental Health NHS Trust
9.	Councillor Joanne Harding	Trafford Council
10.	Councillor Akilah Akinola	Trafford Council
11.	Sara Todd	Trafford Council
12.	Sally Jewsbury	MFT
13.	Adele Swain	MFT
14.	Jackie Driver	NHS Greater Manchester Integrated Care
15.	Councillor Linda Blackburn	Trafford Council
16.	Sarah Price	NHS Greater Manchester Integrated Care
17.	Sharmila Kar	NHS Greater Manchester Integrated Care
18.	Jane Wareing	Trafford GP
19.	Connie Chen	Trafford resident
20.	Caroline Davidson	MFT
21.	Diane Eaton	Trafford Council
22.	Trafford Woman (preferred anonymity)	Trafford resident
23.	Helen Donnelly	Trafford resident
24.	Ellen Kitson	Trafford resident
25.	Donna Sager	Trafford resident
26.	Sue Holme	Trafford resident
27.	Jackie Cecil	Trafford resident
28.	Sue Elleson	Trafford Citizen Forum
29.	Emma Parkinson	Bluesci
30.	Sol Diaz	Multiculturalwomensgroup
31.	Fiaza Manzoor	Trafford Rape Crisis
32.	Gemma Fedenco	Trafford resident
33.	Quyen Tran	University of Salford
34.	Nicola Pearson	Trafford resident
35.	Adele Birlcett	Trafford resident
36.	Imogen Halls	Greater Manchester Sport
37.	Victoria Fitzimons	Trafford Domestic Abuse Service (TDAS)
38.	Codbe Ahmed	University of Salford

	Name	Organisation
39.	Judie Collins	Trafford resident
40.	Lisa Weston	Trafford resident
41.	Sharon Clayton	Trafford resident
42.	Clair Broomhead	Bluesci
43.	Donna Higgins	Bluesci
44.	Natalie Qureshi	Trafford resident
45.	Angela Rowe	MFT
46.	Catherine Knight	Trafford resident
47.	Pearline Storer	Trafford resident
48.	Grace McCorkle	Collaborative Women
49.	Councillor Jane Slater	Trafford Council
50.	Trafford Woman (preferred anonymity)	Trafford resident
51.	Trafford Woman (preferred anonymity)	Trafford resident
52.	Trafford Woman (preferred anonymity)	Trafford resident
53.	Trafford Woman (preferred anonymity)	Trafford resident
54.	Trafford Woman (preferred anonymity)	Trafford resident
55.	Trafford Woman (preferred anonymity)	Trafford resident
56.	Trafford Woman (preferred anonymity)	Trafford resident
57.	Trafford Woman (preferred anonymity)	Trafford resident
58.	Trafford Woman (preferred anonymity)	Trafford resident
59.	Trafford Woman (preferred anonymity)	Trafford resident
60.	Sara Radcliffe	NHS Greater Manchester Integrated Care
61.	Jacquie Dennis	NHS Greater Manchester Integrated Care
62.	Janet Nowell	NHS Greater Manchester Integrated Care
63.	Jo Bryan	Trafford Council
64.	Tracy Clarke	NHS Greater Manchester Integrated Care
65.	Fiona Baldwin	Trafford GP
66.	Victoria Ridge	NHS Greater Manchester Integrated Care
67.	Berni Tomlinson	Trafford Council
68.	Alicia Clarke	Bluesci
69.	Wendy Bell	AQUA
70.	Lisa Triste	AQUA
71.	Anna Conway	Trafford Council
72.	Cathryn Sloan	AQUA
73.	Jane Hynes	Trafford Council
74.	Lucy Rutter	Trafford Council
75.	Jacqui Jennings	NHS Greater Manchester Integrated Care
76.	Nicola Burgess	NHS Greater Manchester Integrated Care
77.	Mara Cuppini	Trafford Healthwatch