

# Performance Report

January – February – March 2024

## Activities during reporting period January – March '24

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### RESEARCH

- The Sexual Health survey was opened and has now closed. Analysis is currently underway with a report due to be released in May after the local elections.
- Planning continues for our vaping survey, soft launching for children and young people (CYP) the week beginning 15th April, and generally following local elections.
- The data collection stage of the Pathways to CAMHS project is well underway. Focus groups, case studies, and interviews are continuing to take place until end of April. All three surveys have now closed, and analysis of data has begun.
- Plans for the evaluation of the long-term conditions project are yet to be finalised.

### COMMUNICATIONS

- Our Communications and Information Officer had the pleasure of attending the Women's Voices Workshop in January, having previously attended the strategy session. It has been rewarding to come together with so many brilliant people to discuss women's health in the borough.
- The focus this quarter has been on the three reports due prior to the end of the financial year (looking at alcohol use, our Enter & View visit, and this performance report). This includes proof-reading, copy-edit, formatting, and producing infographics.
- The Pathways to CAMHS survey has also been an important piece of work during this period, and aside from the survey itself we produced a communications pack to be shared among the 10 Healthwatch in Greater Manchester as well as paper surveys.
- We promoted our sexual health survey online and via flyers distributed with the (greatly appreciated) assistance of staff at Trafford Council. We hope this will increase reach and result in a wider demographic answering the questions.
- We have continued to attend a number of communications and engagement groups which have been really beneficial to our relationship with external stakeholders and allowed us to foster greater cooperation in our research.
- We have also continued ad-hoc tasks including answering public enquiries, ensuring adherence to GDPR, and managing our digital platforms and IT issues. Additional tasks have included sharing our data with Healthwatch England, which we do on a quarterly basis and allows them to assess nationwide trends.

- We recently stood down our Youthwatch social media channels due to low engagement, and have absorbed young people's content into our main channels.

## **ENGAGEMENT**

- Healthwatch Trafford attended 6 Neighbourhood Network Meetings across the North, West, South and Central localities, as well as the North Neighbourhood Drugs and Alcohol Stakeholder Discussion in February.
- We also attended the Greater Manchester Integrated Care Partnership's People and Communities Participation Strategy online stakeholder briefing.
- Our engagement officer went to the Trafford CYP Professionals Networking Forum at Gorse Hill Studios in February.
- We were present at Prince's Trust International Women's Day Networking Morning in March, giving us a chance to promote our work and volunteering opportunities.
- We hosted a Listening Event for service users at Bluesci Wellbeing Centre in Old Trafford in the month of March. The session was coordinated by Healthwatch Trafford staff and patients shared their experiences of trying to access health and social care .

## **VOLUNTEERING**

- Healthwatch Trafford had a stall at the Volunteer Fair at Stretford Public Hall in January, which has resulted in a new volunteer joining the team.
- Our Volunteer Officer attended Trafford Volunteer Managers Network Meeting at Stretford Public Hall in February.
- Volunteers joined our 2024 – 2025 Engagement Planning Session at Salvation Army Building in Stretford in March. The planning session spanned two hours and volunteers suggested engagement activities for the coming financial year.
- Youthwatch attended first part of Breath Champs Asthma Awareness Training at Gorse Hill Studios in March. Our young volunteers learnt about how to recognize poor asthma control, tolerating symptoms, treatment and more.
- Volunteers contributed a total of 26hrs in the months of January, February, and March.

## **Enter & View**

- The whole team got involved with relaunching our Enter & View program. The visit took place at Withington Hospital Community Diagnostic Centre in February. Three volunteers and two staff from Healthwatch Trafford were present on the day. Our report was released at the end of March, and we thank CDC staff for their cooperation with the visit.

## From the Trafford community

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### KEY CONCERNS

- Residents have expressed concerns around communicating with reception staff across GP and dental surgeries. This may be due to general tensions around healthcare due to the cost-of-living crisis and the effect of the pandemic on health and social care.
- Conversely, one resident praised their GP practice for responding to patient needs and offering a variety of ways to book appointments, as opposed to solely using AskmyGP.
- We have heard from patients looking for advice on choosing where to receive treatment, and we have been able to share information about Right To Choose.
- A number of residents have been looking for information on community and hospital dental services as they have been unable to access conventional dental care. This has included a resident who is housebound, and another receiving cancer treatment. People continue to be unable to find NHS dentists taking on patients.
- One person praised the out-of-hours care their spouse received but raised concerns about NHS 111 and its suitability for triage.

## Strategic updates

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In my last report, I gave details of the work we are doing on behalf of the 10 Greater Manchester Healthwatch in relation to Children and Young People's services.

At the end of March, we closed the survey element and received more than a thousand responses comprising:

- Survey of young people
- Survey of parents/carers
- Survey of professionals

We have had over 100 individuals from the above groups wanting to participate in focus groups, and these are now under way. Additionally, we will be collecting case studies.

We propose producing an interim report by the end of May with the final report published in July. This is the most complex study we have done and, overall, it has gone well.

Like any of our work, we will be looking at any lessons we can learn for future studies of this size and complexity.

We had a successful enter and view of the Withington CDC. We were well received by both patients and staff alike. A final report has gone to Healthwatch England who commissioned this work. The results were positive with short waits and friendly and efficient staff.

We have drafted our work plan for 2024/5 and look forward to feedback, with any suggestions from partners. The outcome of last year's work plan outcomes will be set out in our outcome report for 2023/24.

Healthwatch England has just published its annual report. The main findings related to easier access and navigation, tackling health inequalities, building a patient-centred culture – all topics of importance for the public.

We have met twice with GMMH. Once with the local service at Moorside and once with Prestwich. There were detailed conversations at both in relation to the Shanley report recommendations.

I attended the GM Quality Board where Mandy Philbin indicated that the ICB would be triangulating the many reports associated with the Panorama programme and will produce

a 'so what' summary by the end of April. We are going to be involved in this work. Some of the recommendations from Shanley will be relevant to the acute and other sectors.

I also attended the Integrated Care Partnership meeting where the main items were the recovery of core NHS and care services, the Joint Forward Plan for Children and Young People and the People and Communities participation plan. Key points on recovery, were COVID, financial and access. The need to implement the Primary Care Blueprint was emphasised but later in the proceedings it was pointed out that primary care was not contributing to the GM deficit. There was also a plea to commission over pathways and bring the planning cycle forward to September each year.

We were told that many primary care services were 'fragile'. In the recent past, 139 pharmacies have been lost. Since the introduction of Pharmacy first in January 2023, there have been 11,000 consultations (funded by NHSE).

The threat to small providers, including VCFSE, was mentioned as of concern.

The CYP strategy covered the range of specialisms.

I drew attention to the work we are leading on in relation to children's mental health.

The participation strategy was well received and we were thanked for our involvement.

A handwritten signature in cursive script, appearing to read 'Heather', is written above a long, thin, curved line that serves as a signature flourish.

Heather

