

End of Year Performance and Impact Report

April 2023 – March 2024

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ACRONYM GUIDE

Below we have listed some commonly used acronyms in this document and their meanings:

- AI is Artificial Intelligence
- AIS is Accessible Information Standard
- BME is Black and Minority Ethnic
- CAMHS is Children and Adolescent Mental Health Services
- CQC is Care Quality Commission
- CYP is Children and Young People
- ESOL is English for Speaker of Other Languages
- GM is Greater Manchester
- GMMH is Greater Manchester Mental Health
- GP is General Practitioner
- HW100 is Healthwatch 100
- HWE is Healthwatch England
- HWinGM is Healthwatch in Greater Manchester
- HWT is Healthwatch Trafford
- ICB is Integrated Care Board
- ICP is Integrated Care Partnership
- ICS is Integrated Care System
 - TICS is Trafford Integrated Care System
- LA is Local Authority
- LGBTIQ is Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer
- NHS is National Health Service
- NHS is National Health Service
- OFSTED is Office for Standards in Education
- PCN is Primary Care Network
- SEND is Special Educational Needs and Disability
- TMBC IS Trafford Metropolitan Borough Council

OUR YEAR IN REVIEW

From our Chair

Overview

2023/24 proved a challenging year on a number of counts. The Integrated Care System (ICS) governance structure changes throughout the year meant that we had difficulties in maintaining links as personnel were redeployed. Some of these changes resulted in a lot of important history being 'lost'.

Integrated Care System

Healthwatch in GM is not represented on the Integrated Care Board (ICB). Healthwatch in GM is, however, represented on various GM Integrated Care System groups:

- GM System Quality Group – Trafford lead
- GM Integrated Care Partnership Group – Trafford lead
- GM Population Health Board – Bury lead
- Involvement Assurance Group – Wigan lead
- GM Mental Health Group – Salford lead
- GM Quality and Performance Group – Tameside lead
- Equality Impact Assessment Panel – Bolton lead

Trafford regularly reports on issues of concern and recently requested that the GM System Quality Group escalate Children and Young People's services and Dentistry to the Integrated Care Board. In relation to the former, it was agreed that the Children's Board would initiate a deep dive to look at a child's journey through the care system, but we are yet to receive the results.

Dentistry has been one of Healthwatch England and GM in Healthwatch priorities since before Covid. Healthwatch Trafford did write to the Mayor of Greater Manchester on behalf of the GM Network about our concerns in relation to accessibility of NHS dentistry, and received a response which indicated that a scheme to improve NHS access was in train. NHS Greater Manchester states that they work with dental practices to provide services over and above the national contract as well as developing local enhancements. We reported earlier in the year, following a visit to the Northwest Ambulance service, that they are inundated with calls for urgent dentistry and prescriptions.

The Integrated Care Partnership meet quarterly. Early in 2023, the strategy and forward plan were approved. These were ambitious plans which later in the year were tailored according to the financial position. We asked the ICP to produce an easy read version as well as a summary both of which did materialise and were successful in getting across to the public what GM's plans were.

We were heavily involved over most of the year in developing the GM People and Communities Engagement Framework. This involvement has helped to ensure that the needs of local residents are heard when making public facing plans for engagement, and helped keep plans practical and realistic. This has recently been adopted by the Integrated Care Partnership.

Healthwatch In Greater Manchester

Healthwatch In Greater Manchester (HWinGM) have now appointed an independent GM Chair, a new Vice-Chair, and a Chief Coordinating Officer. These appointments were made following a successful case of need to the ICS (£298k) in return for which HWinGM have agreed to undertake two main projects in each of the next 3 years as well as quarterly reporting to the GM Quality and Performance Group and providing representation on GM groups (see above).

HWinGM's two priorities in 2023/24 are Children and Young People's Mental Health and Adult Mental Health. Healthwatch Trafford is leading on the former and our project is well under way – see our research section later in this report.

The network has also been involved in the Edenfield review. Professor Shanley met with the network as the independent Chair appointed by NHS England to review Greater Manchester Mental Health Services (GMMH) and HWinGM have since had discussions with a variety of staff of this Trust at regular quarterly meetings which involve the relevant Greater Manchester Healthwatch who use these services.

The network gathered opinions from across their local communities and used their knowledge to contribute towards the development of the Greater Manchester Dementia United Quality Standards, the Greater Manchester ICS People and Communities Engagement Strategy and the Shanley Report mentioned above.

The network has previously raised concerns regarding the number of deaths across the Trust when we reviewed previous GMMH Quality Accounts. Healthwatch Trafford also wrote to the Trust regarding the number of ligatures used as the vast majority appeared to be utilised by people with a personality disorder. This letter was taken to the Trust's ligature group for

consideration. We have received verbal feedback but no written response and this will continue to be raised at local formal quarterly meetings, but we know that this forms an important part of the single improvement plan overseen by NHS England.

The network was concerned to see non-recurrent monies withdrawn from 42nd Street, the Children and Young People's mental health service. This was also mentioned at the ICP and Healthwatch Trafford formally objected at the locality board to any reduction in Children and Young People's services which were proved to be efficient, effective and sustainable. In 2015, 1 in 10 children had a mental health difficulty and in 2023 the figure had increased to 1 in 5.

Healthwatch in Greater Manchester worked in collaboration with Greater Manchester Patient Services to co-produce ongoing reports throughout the year which identify challenges and share the lived experiences of the people of Greater Manchester. They have and will continue to ensure their voices are heard throughout the Greater Manchester ICS through their Quality and Performance Committee.

Healthwatch England

HWE continues to escalate concerns to the Care Quality Commission which are required to respond to advice from the Healthwatch England Committee. HWE is an independent sub-committee of the CQC which operates under an independent brand but is supported by CQC infrastructure.

Professor David Croisdale-Appleby was confirmed as the new Chair of HWE. He is currently touring round local Healthwatch. Louise Ansari is the Chief Executive.

At the one-day conference in September 2023, Louise stated that she was initiating a review of the sustainability of local Healthwatch. We have now received a report entitled 'Considering the future of Healthwatch: insight and options'. This has been produced by an independent organisation called Kaleidoscope. It looked at commissioning and funding, tensions in the current model and visions for the future.

A second series of meetings with local Healthwatch will now be hosted by Healthwatch England based on the Kaleidoscope options to determine the way forward.

Healthwatch Trafford

We operate under an annual work plan with our partners who all have the opportunity to influence what we do. The 2024/25 work plan is shown in the Appendix and was agreed by the Trafford Locality Board at its May meeting.

As mentioned previously, there have been various challenges throughout the year. Details are provided below but cover projects not going ahead, slow progress in others and in the case of our Young People's digital mental health project not proceeding in accordance with agreed governance arrangements. This was particularly disappointing given that this was the brief for our Manchester University intern. However, there have been some insightful reports produced, particularly with Public Health in looking at health inequalities.

We have been heartened by the links we have with our neighbourhoods, the locality refresh plans, and the Local Government Association review, which is still in its early stages, but which should ensure that Trafford Social Service are in the best possible place it can be going forward. We have also supported locality colleagues in writing up the findings of their acute services review, which is currently in abeyance due to local elections. We were also involved in a group looking at the future options for the Altrincham Minor Injuries Unit.

As in previous years, we have looked to generate additional income to supplement our local authority grant. In 2023/24, we successfully bid to undertake an Enter and View of the Withington Hospital Community Diagnostic Centre which covers both Trafford and Manchester.

We also bid to be the lead Healthwatch undertaking a review of the care pathway to CAMHS as one of the two projects (noted above) for the Integrated Care System. This is the biggest project we have undertaken but, to date, is progressing well. This has involved surveying professionals, parents, children and young people as well as undertaking focus groups across the GM boroughs and producing case studies. A summary of progress will be produced by the end of May 2024 with the full report following a few weeks later. More detail follows.

Summary Against Work Plan 2023-24

We always maintain a degree of flexibility within our work plans; this gives the ability to respond to new and emerging trends throughout the year, allows us to take on externally contracted work and gives the ability to re-prioritise work where planned projects are stalled or unable to continue.

Whilst the breadth of work reported on this year illustrates that a full work programme was achieved, there were several planned projects that were not completed for a variety of reasons. Updates on these projects are detailed below:

Local Authority/TICS collaborative Project (1): Discharge to Assess

Timescale:

- September – March

Focus of Work:

- To assess satisfaction with process and journey home for those people discharged from hospital.

Progress:

- This project has been rolled over into the 2024–25 Work Plan.
- Evidence gathering was undertaken and numerous meetings held with representatives from the Local Authority to clarify the remit and planned focus of the work. HWT was ready to undertake the work but the project stalled due to the unavailability of Local Authority resource that was required to support the project

Local Authority/TICS collaborative Project (2): Children and Young People's Services

Timescale:

- Sept – March

Focus of Work:

- Support for CYP as part of the overall family offer from TMBC

Progress:

- This project was put on hold in part due to inspections including Area SEND inspection of Trafford Local Area Partnership by OFSTED and subsequent planned changes. The focus of HWTs work around CYP instead incorporated the additional work reported on such as the Digital Mental Health Resources for CYP and the Pathways to CAMHS project across GM.

Local Authority/TICS collaborative Project (3): Mental Health Engagement

**Work scheduled for 2022/23 that was delayed.*

Timescale:

- Currently on hold whilst brief is re-assessed by Mental Health Commissioners

Progress:

- HWT received no further contact from Commissioners on this project and it was subsequently abandoned.

From the Trafford Community

People continue to struggle to find NHS dentists accepting new patients. This includes people with urgent, complex, or severe dental issues. One caller had been actively searching for over a year with no success, and another's child had been on a waiting list for an appointment for two years. One patient with cancer was suffering with dental complications from the treatment, but was also unable to find an NHS dentist.

More than one issue about care of the elderly, from hospital care, to discharge to nursing homes: one person's mother fell out of her bed in a nursing home; another patient's broken hip was overlooked and they were discharged with no care, leaving them bedridden for seven weeks and overall condition subsequently worsening; a patient with Alzheimer's was given online links to self-directed physiotherapy exercises and the carers that came in were not trained in physiotherapy; a patient with dementia and diabetes was discharged from hospital to a residential home that led to family members contacting the safeguarding team.

One notable case involving an elderly patient with dementia highlighted issues around patient transport: the district nurse attending providing end-of-life care was unable to find a service in Trafford able to move the patient from upstairs to a downstairs, leaving them stranded without their specialist equipment and away from their spouse who could not go upstairs. A private ambulance would have cost over £300.

We heard about how challenging it can be when only one topic is allowed per GP patient, when patients might struggle to book a second appointment to discuss further issues. For another patient, the difficulty lay in getting an appointment with their GP to get a referral expedited. Some GPs made referrals that never resulted in an appointment, and some patients were continually sent to see clinical staff who could not make referrals.

Some patients struggled with the Patient Advice and Liaison Service at local hospitals, and felt their concerns were not being heard.

One person told us how their child was on a three-year waiting list for an autism assessment with deteriorating mental health, and ultimately decided to pay thousands for a private assessment that they felt was essential to their child's wellbeing. Another child's ADHD referral was delayed for over 5 months as the GP practice could not source a clinician to sign it. This child was experiencing suicidal thoughts, and at the time of their parent calling was still waiting for the referral to be made.

As part of the data gathered for the Pathways to CAMHS project, we heard from a Trafford parent who had been trying unsuccessfully to access CAMHS with their child for the past 10 years. The parent adopted their child when they were two years old and since then the child has experienced behavioural issues relating to anger, self-harm, and aggression towards others. The parent had been directed back to social and adoption services for support numerous times and taken up all provision they offered. Despite this, issues have continued. As a result, the parent told us they felt isolated, ill-equipped, and disempowered, and this experience has negatively impacted their work life, and social and mental wellbeing.

A number of patients contacted to for advice on escalating a complaint as local resolution with their GP practice had failed.

We heard that a patient was unable to register with a GP practice they had previously left, despite remaining in their catchment area. We confirmed with the practice that their policy was not to take on returning patients who had left but not moved out of area. This raises concerns around a patient's Right to Choose, and follows previous contacts we have received from patients around practice catchment areas and patient registration. We are seeking clarification around this issue and are following up with the Integrated Care System.

Several patients highlighted concerns around a lack of follow-up care and information after a diagnosis, and reported this across both hospital and GP services.

We did receive positive feedback from some patients who praised the care they received. One praised the staff at Trafford General Hospital after they were treated for an infection, and another the clinical staff providing out of hours care. However, the latter did raise concerns around NHS 111 triage and the suitability of this for all patients, particularly those with known conditions. Another patient wanted to emphasise how well their GP surgery had responded to patient feedback and improved their offer.

2023-24 IN NUMBERS

Engagement	
People reached via engagement activities	
<i>Via surveys</i>	218
<i>Via joint survey with Healthwatch in Greater Manchester</i>	1170
<i>Via leaflets at engagement sessions</i>	1276
<i>Events attended</i>	47
Communications channels	
Website and enquiries	
Unique page views	34,956
Via telephone and email enquiries	67
Mailing list	
Subscribers	188
Twitter	
Followers	2,305
Instagram	
Followers	936
Posts	85
Facebook	
Page likes	297
Posts	93
Research	
Reports produced	4
Surveys conducted	5

CORE ACTIVITIES

Communications and information

Over the last year we have looked at our reporting and increasingly focused on highlighting our outcomes, which we have been able to translate into our performance reporting. This has made it easier to track the impact of our work.

Following last year's migration to a new website, this financial year saw changes to our internal database, including beta testing in which we – and some other local Healthwatch – took part. The updated platform is now easier to input data into and requires quarterly data sharing with Healthwatch England. Any information shared is completely anonymous, and allows Healthwatch England to monitor national trends.

Making sure people can access care information in ways they can understand is very important to us, and we have been planning a project looking at the Accessible Information Standard and to what extent services in Trafford adhere to it. This project is planned for the 2024-25 financial year.

There have been lots of changes in the social media landscape, and we have reviewed our channels to remove any that no longer served a purpose. This has allowed to focus our energy on core accounts and messaging. We stood down our Youthwatch social media at the beginning of 2024, and have monitored the changes happening on Twitter/X. We have also participated in discussions around the use of AI imagery in Healthwatch communications, and encouraged people to think carefully about the ethical implications of using image generators in their work.

We have continued to strengthen our relationships with communications colleagues at the Integrated Care Board and Trafford Council. This has led to better collaboration when sharing each other's campaigns and projects, and our research reaching more people via mailing lists, posters in clinics, and word of mouth. We have also been able to talk to people across departments and offer input on strategy.

Research

This year we have continued to ensure the work we do relates to the needs and priorities of the people of Trafford. As such, the research we have done has been informed by our contact directly with residents as well as with key stakeholders such as NHS Greater Manchester (Trafford), Trafford Metropolitan Borough Council, Manchester NHS Foundation Trust, Greater Manchester Mental Health NHS Trust and the VCFSE sector.

Occupational Therapy

As a direct result of our Occupational Therapy Services: Assessments Adaptations, and Equipment report, we now meet Trafford Local Care Organisation (TLCO) monthly, which has greatly improved both our understanding of how the system works and our ability to respond to public enquiries. These meetings are held with the Managing Director and Strategic Programme Manager. TLCO also took on board our recommendations and incorporated them into their improvement action plan. Through these regular meetings we have been able to both monitor progress against the agreed actions and to raise any further issues we may have been made aware of via the public, such as issues with phone line management. We communicated feedback that it was difficult to reach the One Stop equipment store via telephone, and subsequently more staff were brought on to manage the public line. They were also able to reduce the quantity of phone numbers associated with the store, which had been causing confusion and further difficulties getting through. The most recent update on action against the report recommendations is as follows:

"1. Community Level

a. Wider discussion to take place between stakeholders on meaningful sets of activity data eg: gathering/sharing case studies would provide evidence for commissioners & service planners on best practice and current issues. Implementation of new elms2 scheduling and ordering system will provide accurate activity data once data quality issues have been resolved.

Services in Trafford are invited to share case studies as part of their service planning process including [Occupational Therapy Assessment Team] team and [One Stop Resource Centre].

b. Opportunity to review how data related to public experience is reported in order to improve quality of data and available evidence. MFT what matters to me patient experience survey has been rolled out throughout clinical services in TLCO and is accessible by service leads.

Additionally, FFT survey continues to be used and QR codes being included on patient leaflets/cards left.

2. Commissioner & Service Delivery Level

a. Clarify if issues previously related to supply chain for adaptations eg: wheelchairs or home modifications is resolved – this is now resolved. Note – the OSRC does not supply wheelchairs.

b. Clarify waiting times for initial OT assessments and any actions taken to address these – 730 referrals are on the OT waiting list with no contact March 2024. Capacity and demand modelling being undertaken.

c. Provide regular waiting time updates to Healthwatch – Regular update meetings have taken place over the last 12months with Healthwatch and used as a channel to update on actions. The new elms2 system has inbuilt performance reports which will enable waiting times updates to be provided. Data quality issues are currently being worked through at the OSRC and once complete accurate waiting times will be available.

d. Clarify referral processes and access criteria for GPs – the TLCO website was reviewed Nov 23 and includes referral process. Access is open access via EAAL line

<https://traffordlco.org/services/adult-community-services/one-stop-resource-centre/#1660147036394-ffd568c2-5f29>

Young People's Digital Mental Health

<https://www.healthwatchtrafford.co.uk/report/2023-11-03/young-peoples-digital-mental-health-support>

COVID-19 saw a huge increase in demand for mental health services as well as a rapid expansion in online mental health provision, as access to in-person care was limited. The period also saw a commitment from the local authority to maintain and improve young people's mental health, set out in the Trafford Local Transformation Plan Children & Young People's Mental Health & Wellbeing 2022–2023. We decided to take a closer look at the online services available to young people, with support from a Manchester University intern who worked with us for an 8-week period during the summer of 2023.

Findings

- Increased waiting times for established mental health support services since the COVID-19 pandemic, **demonstrating** the need for digital support.
- **As** digital mental health is still an emerging area in Trafford and Greater Manchester, NICE has only recently completed Early Value Assessments of some services.
- There is significant overlap between Greater Manchester and Trafford provision. Greater Manchester Integrated Care Board (GM ICB) commission Kooth and the SilverCloud™ platform on behalf of Greater Manchester localities.
- Digital mental health support for children and young people was very broad.
- Commissioned digital services range in the level of support that they provide.
- Parents and carers of children with mental health difficulties are offered a variety of support options in Trafford, such as online programmes and workshops.
- Most commissioned services offer limited accessibility tools such as those for screen readers, and few offer support in different languages.
- Digital services do conduct monitoring of user data and effectiveness, though this is not fully comprehensive and is usually not publicly available.
- There are a wide variety of national services available by self-referral which range from support for specific difficulties to generalised mental health needs. Many of these are signposted to by Trafford organisations.
- Survey results found that young people had very mixed experiences, but generally had not used most digital services and thought that improvements could be made to promote and personalise support options. It should be noted that most of our respondents identified as female, White British, and were aged under 17.
- Survey results showed Kooth to be the most **well-known** and accessed service amongst respondents.
- Digital services appear to offer key advantages, including anonymity, variety of support, low or no wait times, and easy accessibility, including out-of-hours support.

Recommendations

- Access to location-based monitoring data to make informed choices as there is evidence of the value of digital support for young people. Services and outcomes should continue to be monitored by providers, scrutineers, and commissioners.
- Further independent user testing to understand digital services from young people's perspectives.

- Publicise an easily accessible service list outlining what is on offer for which age groups.
- Increase publicity generally by service providers to raise awareness of digital services via local radio, social media, or in places that young people likely frequent.
- Contingency plans by commissioners about what would happen if one or more of these services were withdrawn, and where existing users would be sent for support instead, especially as demand for support overall increases nationally.
- Improved accessibility tools including offering a range of language options, especially those most widely spoken in Trafford. Services should strive to fully comply with Web Content Accessibility Guidelines (WCAG) version 2.1 level AA.
- Provision for young people without digital access as not everyone can get online.
- External services should be subject to quality control before signposting. Commissioned services are already monitored for effectiveness, but all resources should be accurate, up to date, and valuable before being suggested to young people.
- More support aimed at 19–25-year-olds in the transition period from child to adult mental health services. Different services cap their support at different ages, and it should be made clear what happens when users reach the top of that age bracket.
- To be as effective as in-person care, digital services should take a person-centred approach and if not, they should offer support that is evidence-based and clearly marketed to young people so that they can make informed choices.
- Further Healthwatch work on this topic, such as investigating how provision differs across areas like Greater Manchester to see if there are issues with equity of access.

Follow-up activities and outcomes

Since January 2024, we have led on the Pathways to CAMHS project in partnership with the Healthwatch in Greater Manchester Network. This project is exploring children and young people's experiences of the pathways, as well as those of families and professionals across Greater Manchester. Data is currently being gathered by way of surveys, focus groups, case studies and interviews, and we aim to publish a report in June 2024.

Healthwatch 100 Autumn/Winter 2023

<https://www.healthwatchtrafford.co.uk/report/2024-03-01/healthwatch-trafford-autumnwinter-survey-2023>

We launched the Autumn/Winter 2023 HW100 in October 2023 to find out if residents' experience of services had changed since the Autumn/Winter survey of 2022. Given the scope of this HW100 and its exploratory nature, no recommendations were made as part of the report.

Findings

GP services, pharmacies, mental health services, hospital outpatients' services and dentistry were the top five services residents told us about in this survey. This was similar to the results from the 2022 survey, where residents highlighted GP services, hospital services and dentists.

GP services were the most mentioned service two years in a row. There was a significant increase in the proportion of residents talking about mental health services between 2022 and 2023, and a decrease in those talking about dentistry, which slipped from joint second.

A considerable proportion of respondents reported a high quality of care across all services mentioned, however, there was a common theme among respondents regarding dissatisfaction with waiting times. There was positive feedback around communication with staff, but negative feedback in relation to communication of services' systems and processes.

Follow-up activities and outcomes

We were contacted by the Network Manager for Sale Central PCN who informed us that this report was read by their Primary Care Network Board. They confirmed that our findings in relation to access to face-to-face GP appointments and accessibility concerns around online appointment software were similar to feedback gathered via their Patient Participation Group. This work informed their improvement plans for the 5 medical centres they manage including:

- *“Extended the general opening times of the online consultation platforms AskmyGP & Accurx”*
- *“Segmented some of those online platforms (e.g. for admin help or some specialist services like physiotherapy) and increased those access times, so patients can raise their requests throughout the day”*
- *“Changed [...] automated phone greeting messages to better explain about the online platforms and that patients can still speak to their usual reception team on the phone if they can't or don't want to use the online platforms”*
- *“Better balanced the mix of appointments between routine, pre-bookable and urgent, on the day, requests”*

- *“Enabled a wider range of “self-book” appointments, by sending patients a self-booking link for the appointment they need”*
- *“Widened the range of help available from other allied health professionals, eg in-house physiotherapists, social prescribers, Pharmacy First services & better explaining to patients how these services work”*
- *“Promoted the NHS App, [enabling] more appointments to be self-booked during 2024/25”*
- *“Used [their] Patient Participation Groups to better communicate these changes and to seek their further input about future changes they'd like to see.”**

**taken directly from communication from Sale Central Primary Care Network.*

Enter & View at Withington Community Diagnostic Centre

<https://www.healthwatchtrafford.co.uk/report/2024-03-27/enter-view-withington-community-diagnostic-centre>

We successfully bid for funding available via Healthwatch England to conduct an Enter and View at Manchester and Trafford Community Diagnostic Centre (CDC) at Withington Hospital. The visit took place in February 2024 and a total of 13 patients were interviewed in the imaging (CT scan, MR, DEXA, and NOUS), respiratory and cardiology areas.

Findings

- Around half of respondents interviewed had previously heard of CDCs before having an appointment booked. Of these, four patients said it met their expectations.
- All patients found the waiting area comfortable, pleasant, tidy, and well looked after. Patients also confirmed that waiting area provided adequate dignity and privacy.
- Around one half of respondents had been referred to the CDC through their GP and the other half had been referred via specialists.
- There was a significant difference in waiting times: shorter for those who came for imaging, and much longer for those who came for respiratory and cardiology tests.
- No patients waited more than 15 minutes for their appointment.
- All patients were positive about their travel to the CDC site and found it easy to find.
- Most patients interviewed gave positive feedback on their test/ scan experience, with two patients mentioning a bit of tolerable discomfort.

- Staff were communicative and professional and able to work with patients to problem-solve where necessary. Patients were able to ask questions and felt listened to. CDC staff had accommodated for patients with additional communication needs.
- The majority of patients interviewed said CDC staff explained when and how their results would get to them after the appointment.

Recommendations

- Staff could proactively ask patients whether they have communication needs upon arrival, as some patients may have hidden disabilities or be unaware that they can ask for support.
- Better communication around pre-assessments, and between patients and staff around scans/ tests. This includes informing patients what their procedure might require ahead of the appointment e.g., not wearing metal to certain scans or wearing easy-to-remove clothing, or bringing a family member or a friend in case they feel out of energy after a test.
- Clear signage directing people to the site from public transport stops.
- Displaying a notice at the unmanned entrance desk to direct patients to the main reception.

Follow-up activities and outcomes

We received the following comment from the CDC after sharing our report with them:

“In response to the recommendations made in the report that would further improve patients’ experiences, we will incorporate these recommendations and subsequent Improvement Actions into our existing action plan, monitored bi-monthly by the CDC Equalities Group to ensure that we can use this feedback to further improve our services in the Withington CDC.

We would like to thank Healthwatch Trafford for their time in producing the local report and we look forward to reading the overall report that will follow from Healthwatch England regarding CDCs nationally in due course.”

Healthwatch 100: Alcohol use in Trafford

<https://www.healthwatchtrafford.co.uk/report/2024-03-26/healthwatch-100-alcohol-use-trafford>

In partnership with Public Health colleagues at Trafford Council, we conducted a survey investigating residents' feelings about people's alcohol consumption in Trafford.

Findings

- The vast majority of respondents to this question (90%) were not worried about their own alcohol use. 56% people told us they either don't drink at all or only drink on occasions.
- Almost one fifth of respondents told us they would not know where to go if they needed help with their alcohol use. Encouragingly, almost one third of respondents suggested they would seek support via either Achieve or their GP.
- When asked what services they might consider accessing for help with alcohol use, 90% people surveyed selected the specialist alcohol service.
- 82% of respondents would also be likely to speak to their GP, and almost half of respondents suggested they would consider accessing a community group for support.
- Our findings suggest, a large proportion of respondents perceive there to be no barriers to accessing support. However, almost 40% of respondents highlighted concerns with waiting times for appointments as a potential barrier.
- We asked respondents how concerned they were about other people's alcohol consumption in three distinct areas, and people were most concerned about alcohol use was in public. However, a high proportion of respondents also expressed concern for others within their household and family, as well as within their social circles.
- 22% of respondents said they would not feel comfortable having a conversation advising friends and family about support for their alcohol use. While there could be various individual reasons for this, Alcohol Change UK found that stigma towards alcoholism can be a barrier to support and recovery for both dependent drinkers and their family and friends, and they call for a more open, less judgemental approach to the topic.
- Over half of those who said they would approach the subject did not know where to signpost people for support.

Recommendations

- Improve knowledge of the signs of alcohol dependency and support available. This could reduce stigmatisation around the issue, make conversations around the issue easier to be had between friends and families and ultimately, ensure support is sought where required.

- Address barriers to support including waiting times for treatment, childcare concerns and attending appointment during work hours. This could include communicating wait-times and processes and having flexible options in terms of appointment times in the evenings and at weekends.
- More research to be done on the issue of drinking in public as it may be beneficial to explore this further to examine any possible trends in terms of localities where this is an issue and how the issue may present itself (e.g. anti-social behaviour).

Follow-up activities and outcomes

This report was shared with the Trafford Health and Social Care steering group and our colleagues in Public Health at Trafford Council informed us of their plans to utilize the report as follows:

- To summarise the findings as evidence for inclusion in the Drug and Alcohol Joint Strategic Needs Assessment which provides a basis for the commissioning and provision of health, well-being, and social care services in Trafford.
- To share at the Trafford Alcohol, Substance Misuse & Gambling Partnership meeting in order to help inform their work as follows:

“Our local partnership will feed into both the Trafford Health and Wellbeing Board (alcohol) and Safer Trafford Partnership (substance misuse). The local partnership will also be able to provide feedback to the Combatting Drugs Partnership at a regional level, which in turn will report on the national strategic framework and outcomes.”¹

- To share with the Trafford neighbourhood groups which are forums of residents, statutory agencies, voluntary, community and faith organisations, business representatives and elected members and aim to tackle inequalities. The neighbourhood group for South Trafford are due to meet in June and have an action plan specifically aimed at tackling alcohol issues.
- To draw upon in their plans around commissioning alcohol services with GPs

Also, since this report was published, the partnership with Public Health colleagues at Trafford Council has continued and led to two distinct projects; one explores Trafford residents’ experiences of accessing – or trying to access – sexual health care and another focuses on the

¹ <https://democratic.trafford.gov.uk/documents/s45126/Appendix%201%20-%20TOR%20TASMG%20Final%20PDF.pdf>

proportion of children and young people who vape and the extent to which there is accessible support available for them to stop.

Staffing and volunteers

Staffing

We presently have 5 Healthwatch Trafford staff as follows:

- Chief Officer (5 days/week)
- Communications and Information Officer (4 days/week)
- Research Officer (4 days/week) – appointed October 2023, following the departure of the previous postholder.
- Engagement and Volunteer Officer (5 days/week)
- Chair of Board of Directors (part time)

Volunteers

Healthwatch Trafford was recruited 5 new volunteers following volunteer fairs in Sale and Stretford. Volunteers got involved in a variety of tasks and activities in the year. Some of work our volunteers got involved in include:

- **Volunteer catch-ups** – Volunteers were present at our bi-monthly catch ups over the year. We had speakers from Alzheimer’s Society and North West Ambulance Service at two of the sessions.
- **Listening Events and Focus Group sessions** – Volunteers co-facilitated at our Listening Events with Mission Impossible Self-Advocacy and Peer Support Group at Stretford Public Hall and Peer Support Group at Bluesci Wellbeing Centre. Our volunteers supported with Pathway to CAMHS Focus Group and Case Study sessions.
- **Champion activities** – Volunteers championed Healthwatch Trafford at events across the borough, including NHS Party in the Park, Trafford Live, Sale Volunteer Fair, and Stretford Volunteer Fair.
- **Readers Panel** – Our readers panel gave feedback on our Young People’s Digital Mental Health report, 2023 Autumn/ Winter report, and Withington Hospital Enter & View report.
- **Online end-of-year get-together** – Volunteers joined our online get-together in December to celebrate all their achievements and hard work over the year.

- **Our board** – Directors attended meetings online in May July, September, and November 2023, and January and March 2024.
- **Enter & View** – Enter & View Authorized Representatives attended planning meetings and took part in a visit to the Community Diagnostic Centre at Withington Hospital.
- **PLACE (Patient Led Assessments of the Care Environment) assessments** – Volunteers joined Manchester Foundation Trust’s PLACE project as assessors in November and December 2023.
- **Engagement Planning**– Volunteers contributed to our 2024/25 Engagement Planning session. Volunteers shared activities and tasks they would like to get involved in.
- **Training** – Youthwatch attended the 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.

We realized not all volunteers were getting involved in tasks and engagements, so an audit of our volunteer pool was carried out in January 2024. Inactive volunteers were contacted to check if they still wished to continue volunteering with us.

Engagement

We met with groups, participated in workshops, and attended events in the year. Our presence in the different engagement spaces gave us a chance to promote Healthwatch Trafford, gather feedback on health and social care services, and signpost people to appropriate services. Some of the sessions we attended were:

- **ESOL Conversation Café**, a group for migrants from Ukraine and Hong Kong learning to speak English. We shared how to get registered with a GP, how to use pharmacy services and showed some people how to book appointments with their GP surgery using the practice website. Our engagement with this group helped us showcase the support we offer and connect with people on the grassroots level.
- **Trafford Veterans’ Breakfast** in August 2023. Trafford Veterans’ Breakfast is a morning session held in Flixton for retired Armed Forces personnel. We promoted Healthwatch Trafford, and people shared feedback on health and social care at the drop-in. The drop-in with Trafford Veterans’ Breakfast helped us to build a relationship with the organization which has given us opportunities for future engagements.

- **Sale West Family Fun Day Event** in September where we connected with residents in the area. Healthwatch Trafford brand was promoted, and people's stories were heard. We signposted a family to a service that provided them with the support they needed.
- **Young People's Engagement and Participation Group** to gather their views and experiences of using digital mental health services. Young People meet at the Engagement and Participation Group at the Trafford Town Hall at Sale. The information shared by the young people contributed to our Young People's Digital Mental Health Services report.
- **Trafford Children & Young Professionals Networking Forum** at Gorse Hill Studio. We were able to network with other CYP professionals in attendance. Contact details were exchanged with professionals with hopes for future CYP work collaboration and partnerships. Our Pathway to CAMHS Survey was shared with all CYP professionals so they can distribute with their network.
- We started **Listening Events** in July, to visit different groups (cultural, minority, religious, disability, and LGBTIQ) run in Trafford and hear what they have to say about health and social care services. Our first event was with **Mission Impossible Self-Advocacy and Peer Support Group** organized by Advocacy Focus. The group is open to individuals with a learning disability and/or autism in Trafford. We were able to gather feedback from the group. The feedback received from the group will be shared with commissioners and social care teams.
- We hosted a Listening Event for service users at **Bluesci Wellbeing Centre** in March. The session was coordinated by Healthwatch Trafford staff and people shared their experiences of trying to access health and social care. Most of the stories shared by the group were around GP access, triaging and the use of medical terminologies by doctors. The feedback from the group will be shared with the General Medical Council.
- **Trafford 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 made contact with staff at the Trafford Public Health team at one of the Neighbourhood meetings and that led to some projects we are now jointly working on. A couple of the projects we've worked on are Alcohol use in Trafford, Vaping, and a Sexual Health project. Priorities from the Neighbourhood Network have influenced some of our upcoming volunteer engagement activity plans for the coming year.
- **Trafford Carers Information Day** in November was attended by residents, carers, VCFSE organizations, Trafford Council leaders and the Trafford Integrated Care Board. We were

able to network and exchange contacts with other professionals from organizations such as Alzheimer's Society, Trafford Carers Centre, AgeUK, and Full Circle Funerals and Bereavement at the event. Residents and carers present at the event responded to our 2023 Autumn/ Winter Survey.

Stakeholder engagement events

Staff and volunteers attended meetings, events, and strategy sessions to foster stronger relationships with stakeholders. The stakeholders we engaged with include VCFSE organizations, community groups, seldom heard communities, and NHS Service Providers.

We were present at these stakeholder engagements:

- **Trafford Strategic Safeguarding Partnership** and Trafford Community Safety Partnership Domestic Abuse Round Table. We heard information about support available to people that have suffered domestic abuse and how to report domestic abuse.
- Meetings with professionals looking into how to better engage the Black community in Trafford Living Well Model. These meetings gave us a better understanding of mental health challenges black people face, barriers to service access and ways of better engaging. The learnings from those meetings will be guiding our engagement with seldomly heard communities.
- **Trafford Living Well Model** launch event. Our attendance at the event gave us an insight into the Living Well Model in Trafford. We learnt about the support offered to residents, referral processes, and hubs where the Model is being delivered. We were able to signpost people to support available at the hub through the mental health practitioners.
- **Partington Health Stakeholder** meeting where information was shared about the Partington Leisure Centre refurbishment. Being part of the meeting allowed us to learn about the planned spaces available for Trafford organisations when the building is fully refurbished.
- **Black History Month** event organised by Voice of BME. Voice of BME shared stories of Black people who have contributed to British history. We learnt about mental health support available through the African & Caribbean Mental Health Services (ACMHS). We are now able to signpost people from African and Caribbean backgrounds who need support with their mental health to ACMHS.

- **Neighbourhood Programme Design Forum** Meetings where we contributed to discussions around the Trafford Neighbourhood work and priorities. The Neighbourhood networks now meet across the borough, and we attend those meetings.
- Healthwatch in Greater Manchester meeting with **North West Ambulance Service (NWAS)** where information was shared about how the Ambulance Service deals with demand, triaging, service pressures, and staff wellbeing across the North West. We strengthened our relationship with the NWAS network and suggested ways of working together.
- We marched with 42nd Street during the **Manchester Pride** parade in August. Manchester Pride is the biggest pride in Greater Manchester so residents from the 10 boroughs come to march. We joined the march to increase our visibility and encourage young people to join our volunteer team.
- **Greater Manchester Integrated Care Partnership's People and Communities Participation Strategy** online stakeholder briefing, where we were able to provide useful responses to contribute to the shaping of their strategy.
- **Trafford Strategic Safeguarding Partnership's** Young People's Showcase on Exploitation where we learnt about young people's experiences. Learning from the showcase has given us a better understanding of what young people face and how to better engage with them.
- **Trafford Women's Voices** Meetings where we join the conversation about how to make support available to Trafford women better. We had representation at several Trafford Women Voices sessions.
- **Children and Young People Comms & Engagement Task and Finish Group** Meetings where professionals supporting children and young share ideas to better support young people's mental wellbeing.
- Prince's Trust Centre **International Women's Day Networking event** where we exchanged contacts with other professionals and promoted our volunteering opportunities.
- We attended a **Greater Manchester Jewish Mental Health Network meeting** March following an invitation to promote the Pathways to CAMHS project. This enabled us to promote ways members of the public could contribute to the project via the surveys, focus groups and case studies.

Where we were represented in 2023/24

A list of regular and strategic meetings we attend with health and social care providers and commissioners in Trafford and Greater Manchester.

Integrated Care System	Health And Wellbeing Groups	Mental Health & Learning Disability Groups
Trafford Locality Board	Health and Wellbeing Board	GMMH Liaison Group
Health and Social Care Steering Group	Start Well Board	Moorside Liaison Group
Trafford Clinical and Practitioner Senate	Living Well Board	All-Age Mental Health Group
Trafford Provider Collaborative Board	Age Well Board	
Trafford Local Care Organisation One Stop Resource Centre Review Partnership Steering Group	Vaccination Programme Board	
Greater Manchester Integrated Care Partnership Board	North Trafford Health Inequalities Group	
Trafford Safeguarding Policy and Procedures Sub-Committee	Improving Lives Everyday Development Board	
	Trafford Sexual Health Network	
Public & Patient Groups	Other Standing Groups	Communication & Engagement Groups
Health Scrutiny Committee	Greater Manchester System Quality Group	Trafford ICS Communication & Engagement Working Group
Carers Partnership Board	Local Medical Committee Sub-Group	Trafford ICP Comms Huddle
	Quality, Finance, and Performance Group	
Children's Services	Neighbourhood Partnerships and Networking Groups	
Trafford Children's Commissioning Board	Trafford Neighbourhood Network Meetings- North, South, West, and Central.	

FINANCIAL UPDATES

We are very conscious of the need to increase our long-term sustainability through the generation of independent income. Over the last three years we have seen a steady improvement in our ability to generate additional income. This has become increasingly important considering escalating costs.

Income	2023-24	2022-23	2021-22	2020-21
TMBC Funding	£131,017*	£124,500	£124,500	£124,500
Independent Income	£18,396	£12,400	£5,325	£2,300
Total	£149,413	£136,900	£129, 825	£126,800

*Includes £2,159 non recurrent room hire subsidy.

HEALTHWATCH TRAFFORD WORK PLAN SUMMARY 2024-25

Background

This is a summary of the key workstreams within the 2024-5 workplan. The full document is a lengthy internal spreadsheet, which maps out each activity with timelines throughout the year.

Each workstream identified through the workplan has its own project planning template that underpins it; this is where individual tasks are identified and more defined timelines established. This is also where the detail of each workstream is recorded and updated as we progress. As we progress with each workstream we will update this summary for the board to illustrate progress.

Governance

We have agreed a process for Healthwatch reports intelligence to be shared appropriately through Trafford governance. This includes the following steps:

HWT Quarterly reports tabled on the agenda at relevant Trafford meetings and forums, ideally culminating in presentation to Trafford Locality Board. This will ensure that key partners both receive intelligence gathered from public engagement activities and facilitates formal adoption of recommendations made within reports into ongoing action plans. This allows a more formal route for HWT to fulfil its role as a critical friend to Health and Social Care providers and commissioners. It also provides a reference and audit trail through which all parties can assess progress against actions.

This process has been trialled this year through Trafford Provider Collaborative Board (TPCB). The HWT report on Occupational Therapy and Adaptations was presented to TPCB along with recommendations that were accepted by Trafford Local Care Organisation (TLCO).

Subsequent meetings have allowed HWT and TLCO to report back on progress against these actions and for these to be minuted, thus creating a formal record of the overall process.

Workstreams

Projects:

Income Generation (to supplement LA Grant income)

Timescale:

- Ongoing throughout the year.

Contracted Work

- This may include GMICB contracted work and will include continuation of the Children & Young People's (CYP) Pathways to Mental Health Support that began in 2023-24.

Focus of Work:

- Raising the profile of HW Trafford.
- Development of contacts
- Create portfolio of work to illustrate available functions that can be commissioned.

Local Authority/TICS collaborative Project (1):

****Note: May include rolled over projects from 2023-24***

Timescale:

- April – September

Focus of Work:

- To be determined

Local Authority/TICS collaborative Project (2): ADHD – understanding patient experience of current pathways and support services

Timescale:

- September – March

Focus of Work:

- The waiting times for adults to receive support for ADHD in Trafford is currently c.7 years. We want to find out what impact this has on those that are in the pathway and/or waiting for referral and support (including medication).
- We intend to conduct survey work and targeted focus group work to understand the patient journey, to include a focus on areas such as; whether they received a referral, waiting times, the information they are provided with at any given stage

(and how this manages their expectations and allows them to make informed choices), communication between patients and professionals.

- To collate information gathered and to produce a report that is factual, identifies good practice as well as gaps and makes recommendations for improvements and learning.

Engagement: Locality Plan Refresh

Timescale:

- May onwards

Focus of Work:

- During Spring/Summer 2024, Trafford Locality will be embarking on public and stakeholder engagement activities to support the Trafford Locality Plan refresh.
- Details to be agreed but will work towards; Better understanding of stakeholder and key VCFSE priorities to influence the Locality Plan refresh including:
 - Patient/public insight used to influence the Locality Plan refresh
 - A Locality Plan refresh that reflects the GM NHS Integrated System Partnership and Trafford Integrated Care Partnership priorities
 - To collate information gathered and to produce a report that is factual, identifies good practice as well as gaps and makes recommendations for improvements and learning.

Intern Project

*Funding secured by Manchester University; Subject to successful appointment of student candidate

Timescale:

- July to September (exact dates to be confirmed)

Focus of Work:

- Accessible Information Standards:

Healthwatch Trafford (HWT) wishes to review how organisations to which the AIS apply, meet their obligations when providing services within Trafford. To this end, we would like the intern to achieve the following goals and outcomes:

- Identify a comprehensive list of all organisations to whom AIS legislation applies.

- Review the procedures put in place by those organisations that allow them to meet AIS legislation.
- Identify any instances or areas where those obligations are not currently being met and to understand the reasons why.
- To identify how any gaps in AIS provision affects recipients of health and social care services (for example, does this prevent certain demographics from accessing the help and care that they both need and have a right to?).
- To collate information gathered and to produce a report that is factual, identifies good practice as well as gaps and makes recommendations for improvements and learning.

HW100 Surveys

Timescale:

- Five conducted at bi-monthly intervals between May and January

Focus of Work:

- Access to Sexual Health Services
- Vaping amongst CYP (focus on cessation support)
- Others to be confirmed; based on local priorities, feedback received indicating potential issues, stakeholder priorities etc. Ideas can come from either TICS or issues raised with Healthwatch Trafford.

Additional Work

Personal Health Budgets:

HWT has been contracted by Trafford ICP to deliver the following services:

- To provide a first point of information for enquiries about PHBs
- To gather evidence from existing recipients of PHBs to assess how well they meet the desired individual health outcomes.

Note: Core elements of this work were delayed during 2023-24 and are therefore likely to be rolled over in 2024-5.

HWinGM:

- We continue to work with our colleagues across GM, including the afore-mentioned CYP project on pathways to mental health support. We have advised the ICB that children and mental health are our GMHW priorities and that we can only pursue through additional resourcing.
- We also represent the Network on GM wide bodies and help feed the voice of Trafford into GM wide discussions.

North Trafford:

- Long Term Conditions (LTCs): 12 month funding was secured for provider partners to deliver a programme of work (starting April 2024) aimed at prevention for those identified as at risk from developing LTCs. HWT will analyse the data gathered by those partners for inclusion in the evaluation report, to support bids for continuation funding.

Core Activities:

Information and Signposting

- Communications: Production of leaflets, 'How To' guides, Highlights Report, Performance Reports, Impact Report.

Engagement

- Increased focus on seldom heard groups and individuals, in particular minority communities. Desired outcome is an increase in the level of contact and feedback received across the board but particularly with hard to hear individuals and groups.

Volunteering

- Specific tasks as per the current year's Volunteer Strategy. Throughout the year: recruitment (advertising, interviews, references); DBS checks where appropriate; Inductions; training; supervision; get-togethers; bulletins; maintenance of documentation.

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March 2024

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