

Performance Report

April – May – June 2024

Activities during reporting period April – June '24

RESEARCH

- Our survey on **vaping in children and young people** opened in April. We spoke to children and young people, parents and carers, and professionals via surveys, focus groups, case studies, and interviews. It garnered the biggest response we have ever had to a survey, with almost **6000 responses** across the board. We were particularly grateful to the Public Health Team who facilitated protected time in schools so that students could complete our survey. The report will be released in July.
- Our **Pathway to CAMHS** project also saw progress, as we began the analysis of data from across 10 Greater Manchester boroughs. This is the first research for the ICB and it has been a steep learning curve. We have also had the pre-election periods which has lengthened timescales for completion of our report. However, we are anticipating publication of the report in August.
- Planning took place in advance of the arrival of our **summer intern** from the University of Manchester who will join us for eight weeks in July. We will be working together in a project around the **Accessible Information Standard**.
- Our alcohol use 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 to help inform their work.
 - 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.

COMMUNICATIONS

- Our **intern interviews** took place, led by our Communications and Information Officer. This was a great experience, and we wish the students we spoke to all the best going forward. We successfully appointed our summer intern, Cat, who joins us in July.
- **Report production** continues to be a focus, and the team has worked hard to deliver both our end of year impact report and annual report for Healthwatch England, as well as preparing our research for release.

ENGAGEMENT

In April:

- We started engagement on the **Greater Manchester Pathway to CAMHS project**. We facilitated an online **focus group** for Trafford residents to share their stories and experiences of trying to access CAMHS services. People shared their experiences with CAMHS waiting times, interim support and communication.
- We had representation at the April **South Neighbourhood Meeting** in Altrincham. In May:
- We had a stall at the CALM Connections **RESET event** in Sale. We spoke to people at our stall and handed out **leaflets** that provide information on how to access health and care services. One young person who came to our stall was signposted to the NHS Talking Therapies team.
- We were present at the **LGBTQ+ Youth Pride** at Gorse Hill Studios in May to speak to young people.
- We had representation at the **North Neighbourhood Network Meeting**. There were presentations from the sports and physical activities team at Trafford Council, connecting with the community and emotional well-being and mental health action groups.

In June:

- Two representatives from Healthwatch Trafford joined the Manchester University Foundation Trust's **PLACE Lite assessments** at Trafford General Hospital. PLACE is an assessment programme run by NHS which is takes place annually in qualifying inpatient premises. We took part in the audit of the hospital as assessors and provided comments on the environment from a non-clinical point of view. The feedback from the PLACE Lite audit exercise was shared with the Manchester University Foundation Trust's Estate and Facilities Team to improve the quality of services for patients.

- We had a **listening event** with members of the Trafford Carers Centre at their June Wellbeing Wednesday session on Zoom. The carers in attendance at the session openly shared their experiences of health and social services. We heard complaints about GP surgery staff, unpleasant experiences with the social care team, and issues following a referral to a specialist.

VOLUNTEERING

- One of our board members attended Healthwatch **Sustainability Webinar** proposals organized by Healthwatch England in May. The webinar touched on the sustainability plans for the Healthwatch network across England as reported in 'Considering the future of Healthwatch: Insights and options' (Kaleidoscope Health and Care March 2024).
- We had an online volunteer catch-up around the end of May. The catch-up was attended by 7 volunteers (inclusive of Youthwatch volunteers). Our guest speaker was Carol Sampson from **Insneuro** who educated us about brain fog and memory loss due to long-term health conditions.
- Volunteers **supported at our stalls** at CALM Connections RESET, PLACE Lite Assessment at Trafford General Hospital and during the Listening Event with Trafford Carers Centre.
- Our Youthwatch volunteer team took part in **Breath Champs Training** at Gorse Hill Studios. The training focuses on asthma education.

From the Trafford community

KEY CONCERNS

One of our statutory duties is to signpost people to services.

- Complaints across services: most callers asked for more information on the complaints process and escalating them after a breakdown in local resolution. In one case, the process had been going on for two years.
- Advocacy: two people asked for signposting towards advocacy help with their complaints, one due to neurodivergence and one to learning disabilities, and were signposted to Advocacy Focus.
- Social care: we heard from a person who had been made homeless and needed to be directed towards urgent housing help.
- NHS 111: a caller felt the process was slow and unpleasant.
- GP care: a caller was concerned about what they perceived to be a decline in the quality of care at their GP practice over the period they had been registered there. However, no further information was given.
- Hospital care: a resident was referred for care under the two-week wait pathway for suspected cancer. Referrals made under this rule should be seen within two weeks, but this resident found it took much longer to get an appointment, and longer still for tests and treatment. They felt they had not been listened to, resulting in issues such as medication being prescribed to which they are allergic. They were considering seeking private care as a consequence.

Strategic updates

This has been a busy period despite having two pre-election periods of 6 weeks each.

We have been working on our Care Pathway to CAMHS project, our Healthwatch 100 survey, in partnership with the Public Health Team on vaping, our end of year report and our annual report which is a statutory requirement.

We responded to the consultation on IVF advocating 2 cycles across Greater Manchester.

We were also invited by the King's Fund to respond to questions for their report entitled 'realising the potential of integrated care systems'.

We have had one-to-ones with members of GMMH about their single improvement plan, followed by regular quarterly meetings with the quality team. We continue to have monthly meetings with Tom Maloney as part of our governance arrangements which are very useful, and we have an agreed work plan for 2024/25.

Salaries and staff costs amount to 96 per cent of our budget but because we have been able to generate additional income to our local authority grant, we have been able to give staff a small increase in pay to combat cost of living pressures.

We have previously referred to the Kaleidoscope report on the future sustainability of Healthwatch and the consensus seems to be that NHS England could be the commissioner. However, following the national election this may well take some time.



Heather

