

Performance Report

July – August – September 2024

Activities during reporting period July – September '24

RESEARCH

- Work on completing the report for the **Pathway to CAMHS** project has been continuing and a final draft is now being finalised. Given the amount and scope of data we received the publication date has been pushed back to allow for more time for analysis and report writing. We hope to publish the report by the end of October.
- The **vaping report** was released in July. Following its publication we have had some positive interest and presented it in partnership with colleagues in the Trafford Public Health Team at Trafford Tobacco Alliance, Trafford Health and Wellbeing Board, and Children's Health Scrutiny Committee. Some of its findings have also been on the Trafford Council 'Vaping Guide'
- Our summer **intern** joined us in July and has been working on data collection for a project focussing on the Accessible Information Standard.
- Earlier in the year we conducted a Healthwatch 100 survey on **sexual health** for which received a low response rate, particularly from those who use young people's sexual health services. We have therefore made plans in partnership with the Trafford Public Health Team to relaunch the survey with some additional engagement activity. The survey is due to relaunch early October.
- Progress has been made with plans for a project on the **Discharge to Assess** process. This work is being informed by our partnership with Trafford Health and Social Care. We hope to launch both a patient and professionals survey in November and to invite respondents to volunteer to take part in interviews on their experience.

COMMUNICATIONS

- During the period we produced our **End of Year Impact Report**, as well as our **Healthwatch Annual Report**. Both reports looked at our achievements, outcomes, and impact over the 2023–2024 financial year, and producing them provided a good opportunity to reflect on what we had done.
- Communications supported the release of our **vaping** report by producing social media assets, a website item, and a press release, as well as proofreading and graphics within the report itself. We also began to put together the same for some upcoming reports, yet to be released, and ongoing research projects such as the **sexual health project** (in conjunction with Public Health) and our much-anticipated **CAMHS** project.

- Our communications officer joined a **CQC reference panel** as a Healthwatch representative from the North West. The CQC are reaching out to key stakeholders while they form their recovery plan, and formed a panel to test and discuss topics before speaking to the wider Healthwatch network. The first session will be in October.
- We continued to receive **enquiries** from residents via our public email inbox and were able to provide information and signpost people as needed. More information on the kinds of issues raised can be found later in the report.
- We released our bi-monthly **newsletter** in August, sending subscribers updates on our activities as well as sharing some health campaigns from other local organisations.

ENGAGEMENT

- The majority of our engagement activities in the months of July, August, and September were focused on gathering responses for the **Locality Plan Refresh**. We engaged with residents at community groups, community centres and events.
- Below are the engagement activities and locations we were present at:
 - Drop ins for Locality Refresh Plan to hear from seldom heard groups at Limelight Wellbeing Hub, Bluesci Support, and Broomwood Community Wellbeing Centre
 - Wellbeing Event for Trafford and South West Manchester MS Society Group at Stretford Public Hall
 - Advocacy Focus Autism & Learning Disability Focus Group at Stretford Public Hall
 - Focus Group with Trafford Carers Chatty Café at Life Centre in Sale
 - Community Free drop-in event for patients and public to meet healthcare professionals at St Johns Medical Centre, Altrincham Health & Wellbeing Centre
 - Old Trafford Wellbeing Centre Event for Trafford Mental Health Service Users and Carers at Bluesci Well-Being Centre Old Trafford

VOLUNTEERING

- Our volunteers contributed a total of **29 hours** between July and September.
- Volunteers supported the **Locality Refresh Plan activities**, and took part in **drop-ins, focus groups** and **event stalls**.
- Towards the end of September volunteers joined the **bi-monthly board meeting** and participated in one of Manchester University NHS Foundation Trust's Patient Led Assessment of the Care Environment (**PLACE**) Assessment.

From the Trafford community

KEY CONCERNS

One of our statutory duties is to signpost people to services and hear their feedback about care.

- One patient was referred under the suspected cancer pathway but were not seen for several weeks. They also had to chase appointments, and felt they were not listened to. Following this, they decided to seek private care.
- Conversely, two people wanted to convey compliments about the GP care they received, with one highlighting how they felt really listened to.
- One resident got in touch to let us know they had been waiting almost 70 weeks for an appointment with Ear, Nose, and Throat care.

Strategic updates

We attended the usual round of meetings over the period, including the Health and Wellbeing Board, Trafford Locality Board and Scrutiny Committee.

We met with the Ascot House review team and were able to share our previous reports and comment on what we consider to be the way forward.

The Fit for the Future event at Flixton House was well attended by members of the public and some useful ideas generated. For our part, we have continued to meet with disadvantaged groups as per our agreed schedule.

The Care Pathway to CAMHS project is virtually complete. Advance copies will be sent to key partners before the official launch at the end of October. Whilst we recognise that 'new' money is limited, our hope is that there could be some 'realignment' to implement some of our recommendations.

The GM System Quality Board affirmed that the priorities for the ICB going forward would be maternity, urgent care and mental health. The ICP was chaired, for the first time, by Mayor Andy Burnham who set out what his ambitions are during his tenure as co-Chair alongside Sir Richard Leese. Of particular interest were his remarks about making the best use of publicly owned buildings and using them creatively across the public sector. Examples given were DWP offices, family hubs and attention was drawn to the Greater Manchester Baccalaureate (technical education for young people) which was seen as transformational as well as the devolution of employment support budgets. The Live Well initiative could utilise some of these devolved monies through investing in Live Well Coordinators, employed by the VCFSE. A significant part of GP referrals were 'social' and so utilising Coordinators could release some pressure on GPs. It was also stated that prevention would be 'hard wired' into future plans in response to the Darzi report.

Healthwatch England has recommended that it should be the commissioner of local Healthwatch. This recommendation likely to take some time as there may well need to be changes in legislation.

General anxiety has been expressed by some GMHW regarding the withdrawal of services in their localities and given the GM financial position this unease likely to continue, particularly if there are no EIAs or responses from commissioners.

We continue to receive feedback on the Locality Plan Refresh through our engagement plan.

We also note the ICB's endorsement for the recommendations in relation to urgent care.



Heather

