

# End of Year Performance and Impact Report

April 2022 – March 2023

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## OUR YEAR IN REVIEW

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Our role is to understand the needs, experiences and concerns of Trafford people who use health and care services and, through making recommendations in our reports, providing representation at both local and Greater Manchester levels (as part of the Greater Manchester Healthwatch network of 10 independent organisations) and providing our scrutiny role, we aim to make an impact so that beneficial changes to our health and care system can be effected.

This report charts the work we have undertaken during 2022/23.

### *2022/23 AS A YEAR OF CHANGE*

We have been presented with several key challenges in the last year and the period immediately preceding it. We have risen to those challenges and adapted to different ways of working that allow us to balance our core objectives with the need to increase our long-term sustainability. This has meant a need to retain flexibility within our workplan, which was agreed by partners in February and March 2022.

On the grounds of affordability and sustainability, we moved to remote working. This brings both pros and cons, with clear reductions to our costs and carbon footprint in both consumption of materials such as paper as well as a significant reduction in staff travel time and rental costs. This comes at the expense of regular face to face contact with colleagues, although we are in constant contact via MS Teams and meet physically as often as is feasible. Many more meetings are being held online and collaboration on documents and work is enabled through screen sharing remotely, both within and across organisations.

We are still very much working with the impact of COVID, not least on our volunteers. In previous years much of our volunteer programme revolved around visiting services such as care homes and, at the present time, this is being held in abeyance. In May we re-designed our staffing complement and recruited a Volunteer and Engagement Officer. This has enabled us to review and revise our volunteer strategy to better accommodate the needs of our volunteers, many of whom are vulnerable and are understandably reluctant to return to face-to-face engagement. Similarly, our Youthwatch volunteers' education has been interrupted, but they have been able to continue to contribute to our work. Over a short period, we have managed to reshape our engagement and volunteer activities to bridge the new way of meeting others, which means being active in both virtual and in-person spaces. Regular

updates have shown us that this has been a real success and builds a good foundation for the coming year.

Additional income generation helps to increase our long-term sustainability and our ability to deliver additional projects in addition to our core activities. It means we can test our skills and knowledge about working in our expert area and really bring these insights to other groups and teams also invested in local people. Whilst it may be accessing people's views through engagement, better communication, or research analysis and report writing that is directly sought, we have had an opportunity to show external colleagues how we work and ask the right questions about project designs that impact local people's services. Increasingly this might mean making sure appropriate questions are asked and otherwise less heard opinions and experiences are highlighted based on our on-the-ground insight.

Effectively, our resource is being split in three ways:

- Our Trafford Council grant to deliver an agreed workplan and core statutory services
- Any work we are asked to do by the ICS
- Independent income generation

Although we have been relatively successful in generating additional income in the last year, this carries high risk for us because of our limited resources and in the majority of cases this is non-recurrent income. Nevertheless, much of the independent work has come from groups like the Care Quality Commission or Healthwatch England. Therefore, by taking on such work we fulfil other duties such as working closely with these linked groups. This work has also meant building contacts within often changing organisations, which have been of use in both recent signposting and enquiry work and opening us to further opportunities in subsequent years. Despite the challenging funding environment, there has also been increased interest in supporting us from Healthwatch England in particular, through open applications.

In wider society and promoted by our parent organisation Healthwatch England, there has been a renewed focus on accessibility. In previous years this might have meant physical access, but our Communication and Information Officer has brought her expertise to adapting our website, news, regular communications across social media and within reports to improve how we talk about what we do. Notable changes might include the use of Alt Text<sup>1</sup> so that those

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<sup>1</sup> Alt Text is text which describes an image or other visual media for those who use screen readers.

that need image descriptions can better understand our documents. The change to writing summaries and key findings of our reports in full on the website is also enabling those that use screen readers but is also helpful for anyone that might not be able to download a pdf version of a document. More and more people are using mobile phones to access content in general and so the time taken to make these changes has benefits for all of those we engage with, not just individuals with different communication needs.

Coming out of the pandemic it is more important than ever that the way we talk to people is clear, appropriate, and adaptive to ongoing debates about inequality. That can mean changing old ways of working and presenting what we do, but it might also mean we reach not just our current audience but new ones as well. It also speaks to our ability and willingness to change and adapt in our role as a consumer champion.

### *OUR 2022/23 TRAFFORD WORK PLAN*

As subsequent sections will show, we have met significant ad-hoc requests for input. This is always an expectation as we know that situations change throughout the year, and we need the flexibility to be able to respond to these changes when called upon.

Our reports published this year include:

- Occupational Therapy Services, Assessment, Adaptations and Equipment
- HW100 Autumn Winter Survey 2022
- HW100 Parental Mental Health Report
- HW100 Occupational Therapy Services Report
- Healthwatch Trafford Annual Report
- Bi-monthly performance reports
- Highlights Bulletins for our mailing list subscribers:
  - Highlights April 2022
  - Highlights July 2022
  - Highlights October 2022
  - Highlights December 2022
  - Highlights February 2023

### *AD-HOC REQUESTS FOR HEALTHWATCH TRAFFORD INPUT (not included in the work plan)*

In addition to our core work, we are often requested to provide input or representation into ongoing work programmes, where our expertise and patient focussed view is required.

This year these topics have included: –

- Urgent Care – part of a Trafford wide review
- Health Inequalities – diabetes prevention
- Communities and engagement working principle
- Governance Focus Groups for the new Trafford ICB
- Health and Wellbeing deep-dives
- Health Scrutiny Task and Finish Group – Access to GPs
- Dentistry.
- Review of e-Learning module for Healthwatch England
- Informational leaflet about pharmacies with Greater Manchester Local Pharmaceutical Committee (LPC)
- Edenfield Medium Secure Unit

### *WORK FOR THE GREATER MANCHESTER INTEGRATED CARE SYSTEM (GMICS)*

GMICS is one of 42 in England. It connects NHS Trusts and providers across the whole of primary care with the GMCA (Greater Manchester Combined Authority), Councils and partners across the VCFSE, Healthwatch and the Trades Unions. Together these partners take actions which will make a difference to the health of the population. Sitting under the ICS are the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP). The ICB is responsible for bringing the NHS together to improve health and wellbeing and the ICP gives all partners the opportunity to work together to improve the health and wellbeing of the population. The ICB corporate leadership team has a duty to develop a strategy which the ICB must take account of in its allocation of resources. Our Chair is the representative of all 10 Healthwatch in Greater Manchester.

We have been heavily involved both individually as Healthwatch Trafford and collectively as the Greater Manchester network of 10 Healthwatch) in developing the ICB corporate leadership strategy. Our role was to work with Trafford ICB and our voluntary sector to elicit the views of local people in relation to what was important to them about local services. This was called the 'Big Conversation' and its outputs were incorporated into the ICB corporate leadership strategy. We attended 5 events in support of this.

In order to hear what the public told us, we listened to people in a range of venues as well as holding focus groups and surveys. There was intensive planning, led by the ICS, which involved frequent meetings over several months as well as organising workshops. Healthwatch in GM and the VCFSE sector provided more than 2,000 comments.

## *INCOME GENERATION*

We worked hard this year to generate income to top up our core grant. This resulted in several pieces of commissioned work for a variety of organisations. We have built up a good reputation over several years of conducting well run, timely and usable reports which means commissioners are returning to us or offering new work.

**Trafford Integrated Care Board:** Trafford ICP hosted a survey and ran local groups on the topic of Urgent Care, as part of a yearlong review of urgent care provision. We produced analysis and subsequent report on the results of this survey plus group work. There were over 600 responses and 17 groups from Trafford residents gathered by the ICP. Our Engagement Officer also conducted one of the groups with our young volunteers. This review is thought to be the first in Greater Manchester since the inception of the Greater Manchester Integrated Care System. The final report was presented to the ICP Corporate Leadership Team and subsequently presented at the Trafford Locality Board meeting. The final report will contribute to the year-long review of urgent care service provision for Trafford.

**Greater Manchester Integrated Care Partnership:** We provided a dedicated support phone line for seven weeks to enable those members of the public who either prefer to speak to someone in person or those without access to the internet to contribute views and opinions on the Integrated Care Partnership's strategy. This public consultation was called the 'Big Conversation'<sup>2</sup>. We also assisted in the analysis of the data gathered for the second phase of this work. This involved analysis of results for the Trafford and Wigan and Leigh areas of Greater Manchester. For the Trafford report there were 171 participants through group work. For the Wigan and Leigh area over 250 people were reached through group work and a survey. We produced the 'Big Conversation' report for Healthwatch Wigan and Leigh and we also undertook the analysis of data for Healthwatch Oldham's report.

The final reports for all Greater Manchester areas are to be used to help inform the GMICP five-year plan which is a statutory plan that Integrated Care Boards must take account of when commissioning services.

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<sup>2</sup> Further details of the Big Conversation <https://gmintegratedcare.org.uk/big-conversation/>

**Healthwatch England:** Our Research and Projects Officer delivered several webinar training sessions on research and analysis to the Healthwatch Network and developed two new e-Learning courses so that as we move forward, more of the network can access better training on aspects of planning and research.

**Personal Health Budgets (PHBs):** Working with Trafford's Head of Individualised Care/Personalisation Lead, we have agreed a programme of work to be undertaken in 2023/4. This will see us provide first point of contact for information for people enquiring about PHBs as well as undertaking a project with current recipients of PHBs to understand how effectively their health outcomes are being met.

### *THE GREATER MANCHESTER HEALTHWATCH NETWORK (GMHW)*

Our network comprises Healthwatch in each of the Greater Manchester localities (Bolton, Bury, Rochdale, Manchester, Oldham, Tameside, Trafford, Salford, Stockport, and Wigan and Leigh).

We have worked closely together to produce:

- An all-age strategy 2023-25
- Formalised a three year partnership agreement with the ICP

The network selected Children/Young People and mental health as its priorities and these are our priorities in Trafford. It was also welcomed that our Mayor in Trafford has a great interest in children's services and we gratefully accepted his offer to work with Healthwatch on any future work.

As a network we have been instrumental, through our GM report on dentistry, in supporting Healthwatch England's discussions with Government. Our Chair, who is also the Vice-Chair of the 10 Healthwatch in Greater Manchester, wrote to the Co-Chairs of the Integrated Care Partnership as well as the Mayor of Greater Manchester expressing concern about access to NHS Dentistry and how dentistry is represented on the Integrated Care Board. The Mayor of Greater Manchester responded outlining how dentistry would move forward. However, since all Healthwatch in England have had more contacts on this topic than any other it is difficult to see how, without root and branch reform, sufficient progress can be made in the short term.

During 2022/23, we undertook Healthwatch England's Quality Assessment Framework. We now have an action plan in place to develop further our organisation. This will be reviewed on an annual basis.



## *OUR SCRUTINY ROLE*

The principal Trafford boards that we have been active in concern children, mental health, the Primary Care Commissioning Group, and the Trafford Locality Board. Our Chair is a core member of the Trafford Locality Board in a non-voting capacity and presents a bi-monthly reports on our activities and can raise issues of concern directly to decision-makers.

We also attend the Health Scrutiny Committee and worked, as part of a Task and Finish Group, to review access to General Practitioners.

## **Reporting on what we heard from the Trafford community**

We use our Performance Reports to highlight the enquiry and signposting calls we have received during the preceding two months. This report is a standing report to Trafford Locality Board (and the CCG Governing Body before that). This allows us to raise any emerging issues throughout the year.

This year we heard a lot about access to NHS dentistry. We were not the only office to hear this and Healthwatch across Greater Manchester came together to produce a report on this in 2021. Healthwatch England also took up this issue with parliament.

More broadly the theme of access to services has informed our work more than ever following the pandemic and is frequently focussed on the digitisation of booking and delivering appointments.

Healthwatch could not function without the continued information shared with us by the public, which is collected not only through our various public engagement events but also via our website, email inbox, and telephone line, and recorded in a database.

We share relevant concerns and information from our enquiry and signposting with the Care Quality Commission (CQC) and respond to requests for information on services from the CQC.

We highlight issues raised by the public and personal stories in our performance reports, some of these are replicated below.

### *Dental access*

Many of the people contacting Healthwatch Trafford have been unable to find a dentist and have struggled to see which practices are or are not taking on patients. Often this means spending hours calling every practice in the area, and many outside it, and doing so multiple

times over the course of months or even years to find out if lists have re-opened. We found that the NHS website did not show an accurate record of practices with open and closed lists, as the practices themselves are required to update this information. Information for the public on why the situation is difficult at present could have been made available much sooner. Making sure that there is an accessible source of information that is being kept up to date would make a substantial difference to the wellbeing of local people.

### *Integrated care*

On 1<sup>st</sup> July, Integrated Care Systems (ICS) replaced Clinical Commissioning Groups in the NHS.

We found some difficulty in navigating this system when trying to reach the right person for locality-related issues. Using the general enquiry number available on the Greater Manchester Integrated Care website (at the time the only contact number listed), we rang the ICS and reached a person who did not identify themselves or their role. They then forwarded us to another unknown contact who did not respond to a voicemail message.

We recommended that to build the confidence of the public around the ICS, these initial points of contact with the public be reviewed and signposting activities strengthened.

### *Ongoing care*

Local residents raised concerns at a community event that they were not receiving invitations for regular disease monitoring. While some clinicians said the appointments were going ahead at their practices, patients are not being called in at every site. We have also heard concerns around preventative care and monitoring in our own surveys over the past year.

We heard via a community Facebook group that people were worried about tonsillectomy appointments for children and young people. We followed up with NHS Manchester Foundation Trust and received a reply in March as follows:

*“Due to safety risks tonsillectomies stopped occurring at Trafford General Hospital in line with the COVID restrictions on AGPs.*

*Additionally, there is no longer any on site paediatric cover at TGH to cover the wards post-operatively to maintain safety post doing true cutting procedures.”*

Meetings have been planned to agree a way forward around the lack of access for children and young people waiting for ear, nose, and throat surgeries.

### *Mental health – patient story*

We heard from a caller that they were not supported after their diagnosis for a mental health condition, they were also not provided with information about other options.

Following contact with us we were able to provide them with contact details for possible local mental health services and also specialists accepting NHS referrals. We also assisted with information on further local support regarding advocacy.

### *Home adaptations – patient story*

A Trafford resident contacted us about home adaptations they needed due to deteriorating health of themselves and their partner. They had spoken to a local charity who referred them to the adaptations team but had been waiting well over a year, before being told it would be at least another two months. While waiting, the individual had fallen and was concerned about further falls. We contacted the adaptations team to find out more and were able to give the resident a date for an assessment. The visit has now taken place and instalment of some of the required home adaptations has begun.

## **Have your say**

'Have your say' is a contact form on our website where we can receive experiences about health and care services that the public wish to share. It is monitored through the year.

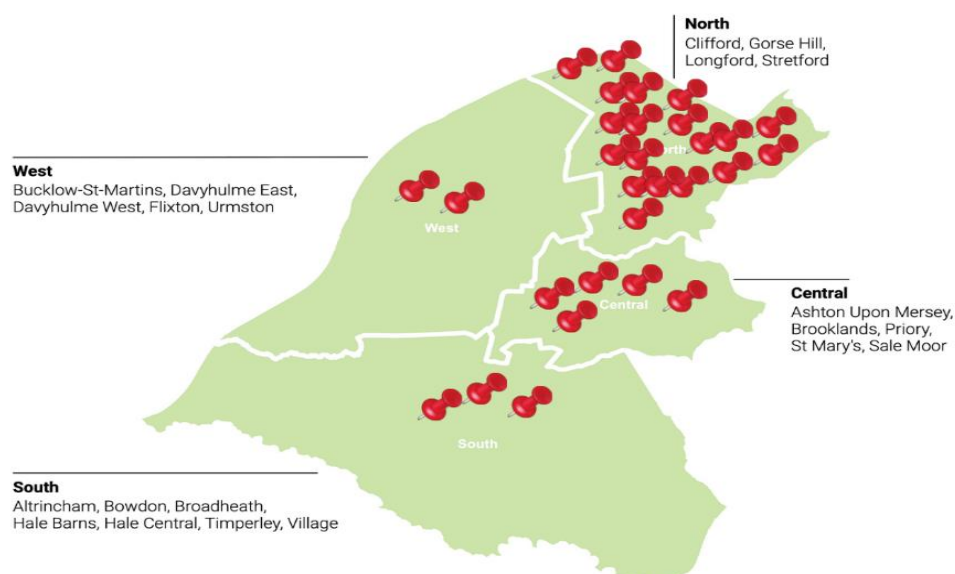
Some offices make use of the have your say as a running survey for issues raised by the public. It can also be adapted to suit local office needs (topics). We conduct regular Healthwatch 100 surveys to gather these kinds of experiences and so receive useful feedback this way.

## **Engagement and events**

During the year, we maintained a continued presence in the community to raise awareness amongst residents and listen to any concerns they may have. It was important for us to reconnect with the community, especially after COVID restrictions meant a lot of face to face engagement was paused.

## Our engagement across the borough

We try to ensure that we have representation and get feedback from residents across the whole of Trafford. However, in the past year, we had more engagement in the North compared with other localities. Below is a map showing our involvement across the borough:



Graphic based on Trafford Council's Localities map<sup>3</sup>

The engagement events attended were:

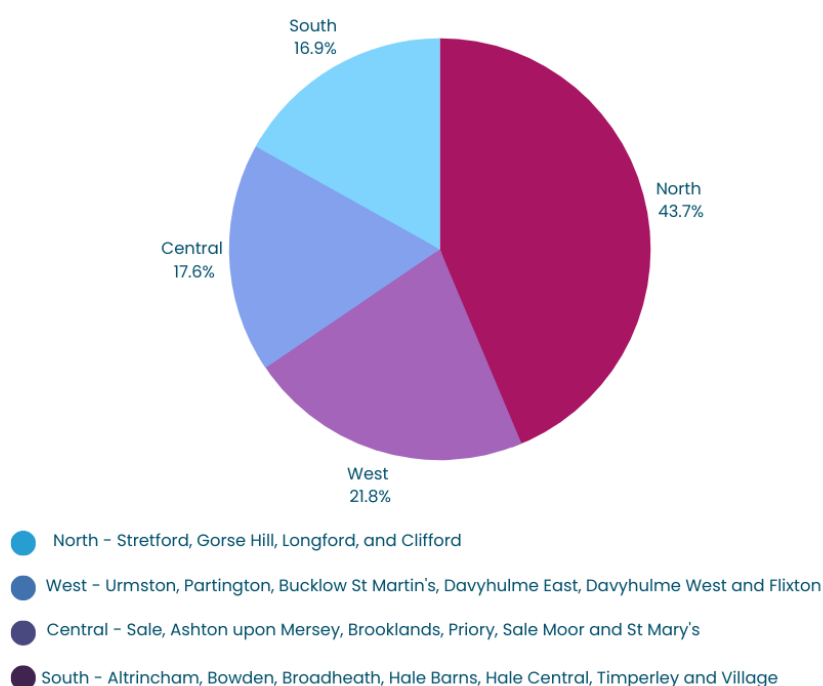
- The Hope Centre's 1<sup>st</sup> birthday celebration at the Fuse in Partington
- 2022 NHS party in the park at Golden Hill Park in Urmston,
- Employment support event for Ukrainian refugees in Trafford with Stretford Public Hall
- Calm Connections RESET 2022
- Trafford Suicide Prevention Conference at Trafford College in Altrincham
- Sale Volunteering Event at Coppice Library
- Carers Information Day Event
- VCFSE Strategic Forum
- Stretford Volunteer Fair
- Trafford Strategic Safeguarding Partnership 2023 -2025 Strategic Priorities Launch Event
- Asian Family Rights Day
- UA92 Volunteer Fair
- Malnutrition Awareness Week Event
- Community Event on diabetes at Limelight Health and Wellbeing Hub
- Pakistani Resource Centre Peer Support Group Session
- Bluesci Coffee Catchup

<sup>3</sup> Trafford JSNA <https://www.traffordjsna.org.uk/Traffords-localities/Our-Neighbourhoods.aspx>

- Limelight Centre Drawing Social Group
- AgeUK Trafford’s Memory Loss Advice Service

Although more engagement activities took place in the North, we gathered survey responses in all localities. We had drop-ins at community spaces in Trafford to gather survey responses from residents, which contributed to our reports.

*Responses to our surveys from the four localities*



580 people were engaged with during the year at engagement events (event stands, community group talks/ engagements, and drop-ins) with over 700 copies of our leaflets handed out to residents. We also provided information and signposted residents to health and social care services in Trafford.

In addition to engagement events, our Engagement and Volunteer Officer attended stakeholder meetings, workshops, and other events during the year to stay abreast of activities happening across Trafford. These included:

- Thrive Trafford quarterly volunteer managers network meetings
- UA92 Wellbeing network event
- Manchester University NHS Foundation Trust 2022 PLACE Assessment briefing meeting with Patient Experience of Care Manager

- North West Ambulance Service Back to Basics – Local Community Event
- Big Conversation planning meetings for Trafford engagements
- Community Event on Diabetes planning meeting
- Bi-monthly West Collective meetings
- West Neighbourhood Workshop

### Summary of our engagement activities during the reporting year

Engagement Activity	Number attended
Engagement event stalls	14
Community Group Engagement	7
Drop-in	3
Big Conversation Engagements for Integrated Care Partnership in Trafford	5
<b>Total</b>	<b>29</b>

### Research

It can be difficult to measure the impact of our findings and recommendations. It can take several years, and sometimes our recommendations may never be followed up on.

Over the course of this year, we have worked hard to ensure that our reports are presented at key meetings to stakeholders and providers. This culminated in an agreement in principle with the Programme Director for Health and Care at Trafford Council & NHS GM that our reports would follow a formal governance pathway to ensure they are acknowledged and reviewed. This is to ensure that recommendations get picked up and are acted upon where possible. We would also like to see repetition of the response to our recent Occupational Therapy report, where we are now invited to regular service improvement meetings, that includes an action log into which our recommendations were adopted.

#### *Healthwatch 100 – Occupational Therapy Services survey*

(<https://www.healthwatchtrafford.co.uk/report/2022-04-06/hw100-occupational-therapy-services-project>)

The COVID pandemic caused many issues with health and care service provision due to the changes in society brought in as a response to the virus. We had already looked at the impact of COVID-19 in previous years and also explored Long COVID.

This report highlighted some of the issues that the public were facing when accessing Occupational Therapy services. This led us to have further conversations with other organisations (such as AgeUK and the Stroke Association) to see if some of these issues were also reflected in feedback from their service users. We found that they were, and this warranted a more in-depth look at OT and adaptations service, culminating in a full report later in the year (outcomes from that report are listed under that report).

- **Findings**

This was an exploratory report triggered by feedback, therefore there were no recommendations made. It also provided the basis for our intern work later in the year.

*How could communication be improved?*

- “[Faster] access in first place – waited a long time and issues got worse then had to wait for forms to be completed before any input.”
- “Private OT commissioned by Trafford LA due to no availability within Trafford.”
- “An appointment would be better.”

*The impact of seeing an OT was...*

- “[Promising] but they don't know everything necessarily specialist re sensory clothing in our local service which is frustrating so far and they need to link into CAMHS too.” CAMHS = Child Adolescent Mental Health Services
- “Support required in school identified and put in place.”  
“Extremely beneficial.”
- “OT was very useful for my wife after her hip replacement operation”

*Challenges for getting OT appointments included:*

- “[There] is a national shortage of Occupational Therapists”
- “OT services in Trafford are very under resourced and under staffed”
- “People need more support from their employers”
- “I ended up paying for a physio myself as I was told there was no chance of seeing one for months.”

## Healthwatch 100 – parental mental health survey

(<https://www.healthwatchtrafford.co.uk/report/2022-11-14/healthwatch-100-parental-mental-health>)

We reported on parental mental health in 2018/19 the results of which were used within a report by Healthwatch England. As we were still picking up anecdotal evidence of issues around this topic, we scheduled to undertake a further survey to see what (if anything) had changed. This coincided with a new survey from Healthwatch England on paternal mental health.

Rather than duplicate their work we combined our approach with Healthwatch England. Our report was sent to Healthwatch England on its completion. We also undertook work on parental mental health in 2018/19 the results of which were used within a report by Healthwatch England.

- **Outcomes**

This report fed into (and was credited in) a national report published by Healthwatch England. Along with numerous other local Healthwatch, this helped to create a body of evidence that allows Healthwatch England to lobby for identified changes at parliamentary level.

- **Recommendations and impact**

Our recommendations here related to our local findings. Healthwatch England have been conducting further research on this topic, updating their guidance and advice over time.

- A third of respondents did not seek help, saying they either did not know how or felt very alone. We recommend that **clear and simple information** about sources of help is made available **throughout the parental journey**, from pre- to post-natal.
- One respondent commented that one of their twins died before birth and they were given no support. This understandably made any mental health issues much worse. People need **signposting** to specific services like **bereavement counselling**.
- Another person told us they had to ask for a health visitor before they got help with their mental health. The **pathway to support services should be clearer**, and there should be **analysis** throughout pre- and post-natal periods to identify issues and assign appropriate support (including community services where needed).



- The previous work by Healthwatch England recommended the [NICE guidelines](#) on care around pregnancy be followed. This remains a goal.
- There needs to be **better communication to patients overall**. The comments we received suggest that well- handled advice and support can make all the difference. Likewise, one negative interaction can make things worse for parents' mental health.

### *Healthwatch 100 – autumn winter survey 2022*

(<https://www.healthwatchtrafford.co.uk/report/2023-01-24/healthwatch-100-autumn-winter-survey-2022>)

With many changes since the pandemic, we wanted to check on local people's experiences of healthcare in general. This survey was also a useful barometer for our work going into 2023.

- **Outcomes**

Whilst we did not make specific recommendations within this report, it did highlight areas of concern from the public. The report is to be presented at the Provider Collaborative Board in April 2023, where any subsequent actions arising will be confirmed and documented.

- **Findings**

Most people mentioned GP services (36%) with the next most mentioned areas being hospital outpatients' appointments (12%); dentists (12%); and pharmacies (11%).

We often hear more about GP services than other areas. In recent years this has been closely followed by dentistry.

Key topics highlighted were:

- AskmyGP – either early closure of the appointment booking or not enough appointments.
- GP appointment times – a general lack of appointments and face to face appointments
- Good quality care – praise for GPs and the care they deliver
- Young people's mental health support – concern over the quality and accessibility of services for young people

- General waiting times – long waits across a range of hospital care
- Ambulances – delays in arrival/long waits
- Long COVID support – difficulties in diagnosis and getting support
- Administrative issues – we heard about the problems admin mistakes can have
- Hospital admission and discharge – a case about staying in a corridor and incorrect discharge notes
- Lack of availability of NHS dental care – which has been a longstanding issue
- Social care difficulties – feeling the need to pay more to top up social care

### *Occupational Therapy Services: Assessment Adaptations and Equipment*

(<https://www.healthwatchtrafford.co.uk/report/2023-02-08/occupational-therapy-services-assessments-adaptations-and-equipment>)

We were joined by an intern from Manchester University in the summer of 2022, to further develop exploration of occupational therapy and adaptations services, following our Healthwatch 100 survey earlier in the year.

Our intern (Shreya) was recruited through the Student Experience Internship Scheme at the University of Manchester, a scheme we have been successful in being a host applicant over several years.

Interns join for a specific short-term project, usually eight weeks, to gain work experience.

- **Outcomes**

The final report was shared with system leaders and was picked up by the Managing Director of Trafford Local care Organisation (TLCO), who subsequently invited us to attend regular service improvement meetings. Our recommendations were integrated into an action plan, which is reviewed at every meeting and will document any positive changes. We will then share this with the public through our highlights bulletins which are a round-up of our activities and projects, and updates from local partners, that goes out to mailing list subscribers every other month.

We heard from 33 people as part of this work, though we also spoke to relevant commissioners and managers as well as having conducted a HW100 on the topic previously.

- **Findings**

This report featured several key findings and recommendations. It also resulted in discussions with commissioners prior to their plan being published about the service. We were also invited to attend service improvement meetings in future.

Key findings.

1. We heard anecdotal evidence that suggests many issues exist around accessing OT and adaptations services. However, we found that there is little readily available physical evidence to support this.
2. We found there was not much published on the topic of OT and re-ablement services in the Healthwatch report library. While there may be currently unpublished projects in progress, there was a lack of easily available work from the network to draw on for this study.
3. We were able to find some general sources on OT services and re-ablement to better understand the national situation, however even these acknowledged there is a need for more qualitative study. We also noted a lack of localised analysis, which presents a gap for future study.
4. We heard from community groups that there may have been issues accessing OT related services over the pandemic. However, we were not able to gather more in-depth public comment or published evidence to support this.
5. We were able to speak to local commissioners about OT services and found that these can be accessed at various levels. COVID has caused challenges for the planning and delivery of services, with a mixture of funding changes, staff sickness, difficulty recruiting, and necessary adaptation during the COVID pandemic playing a part.
6. Following our conversations with service commissioners we were able to conduct survey work with local GPs. We had an excellent response. This reinforced the importance of OT services, the knock-on effects for patients when they cannot be accessed, particularly following hospital discharge, and some potential areas for better understanding.

- **Our recommendations**

### *Community level*

We recommend that there be a wider discussion between stakeholders on meaningful sets of data related to their activities. Improved and more available local data would allow community groups to better understand the local context and build on this understanding as well. Gathering and sharing regular case studies could provide evidence for commissioners and service planners on best practice and current issues experienced by patients. For those organisations that work under contract to the Local Authority, there is an opportunity to review how data related to public experience is reported to improve the quality of data and available evidence.

### *Commissioner and service delivery level*

We suggest that issues reported around the supply chain for adaptations such as wheelchairs or home modifications be looked at in conjunction with the One Stop Resource Centre to clarify whether these have been resolved.

We also suggest that work be undertaken to look at reducing the waiting times for an initial OT assessment. Available evidence shows that reductions in waiting times are likely to improve long term health outcomes and prevent re-admission to hospital (see 'benefits of occupational therapy' in the relevant national reports and publications section).

It would be useful for us to be updated as community OT services resume. Following this report, we would like to monitor the ongoing situation to better signpost potential enquiries and represent local people.

A review of the referral process would be beneficial; We heard some referrals from GPs had been rejected or delayed after being received by OT services.

### **Healthwatch England**

This project has found few published reports by the wider Healthwatch network on this topic. Local Healthwatch can improve understanding of the local situation and identify whether the situation differs across the country. In its role as a lobbying group, Healthwatch England could collate the findings and could encourage further work on the topic such as lobbying for changes at parliamentary level and with wider system leaders.

### *North Trafford inequalities – diabetes prevention*

Following our work on health inequality in the North Trafford area, we continued to meet local stakeholders.

We originally started work on this topic in 2021 following response to the enquiries and feedback we had about health and care services in North Trafford. Primarily we heard about concerns with access to GP and dental services, though other examples are detailed in the main report. It was agreed we would continue to meet stakeholders involved in provision of care in the North Trafford area following the report.

<https://www.healthwatchtrafford.co.uk/report/2021-09-16/north-trafford-project-report>

Local GPs, public health, and the VCFSE sector are represented at this meeting. The group decided to focus on diabetes prevention this year and an event was held to this effect. Further work will be ongoing following funding received for this topic area.

### *Learning disability day care and young people's mental health*

We had agreed to conduct two projects throughout the year that aligned with the Local Authorities priorities, the first on day care for those with a learning disability and the second on young people's mental health. Due to external changes in both personnel and focus these were not progressed during the year but we are looking at how these may be conducted or refocussed in the coming year.

### *Webinar work and e-Learning*

Our Research and Projects Officer has continued to support improved awareness of research skills through co-delivering webinars with Healthwatch England staff on Survey Design and Qualitative Analysis.

Following the success of these webinars our research officer was successful in working with Healthwatch England to develop eLearning programmes for the network on Research Planning and Survey Design in the first quarter of 2022.

This helps to generate income for the organisation as well as improving the skills and standards of the Healthwatch Network and helping to ensure that the data the network produces is of a high quality.

## CORE ACTIVITIES

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### Communications and information

#### *Leaflets*

We produced 3 new leaflets during the year. They were developed taking inspiration from a section of the former website which housed several 'How-To' guides, designed to help residents with common issues and arm them with useful information. Our research has highlighted the exclusion faced by those who have limited digital access as well as the need for physical resources which provided an impetus for this project. We also tried to reflect what we've heard from enquiries and concerns in the prioritisation of which leaflets we designed first. We hope to continue this work over the next year, producing a physical 'information library' available to Trafford residents.

- The new leaflets in circulation are:
- How To: Make a complaint about health and care services
- How To: Get started with a GP
- How To: Get the best from your pharmacy

#### *Our website*

During the period April 2022–March 2023, our website received **24,789** unique page views.

Some of our most popular pages were:

- NHS 111 frequently asked questions
- How do I get seen by a doctor?
- Where to get sexual health advice
- How to contact us
- Share your views
- News and reports

We have repeatedly heard over the last year that people in Trafford are struggling to get appointments with their GP. This reflects the wider national situation, but also gives context to the popularity of our information page on how to get seen by a doctor.

Many services have directed patients to 111 for urgent dental care, prescriptions, same-day medical advice, or to avoid long A&E waits. The visits to our page indicate that many are still in need of more guidance around 111 and the services they offer. We have also continued to re-

develop the website plus our other communications to improve our accessibility. Our language and the format of what we produce is better reflective of a range of access needs.

### *Data and GDPR*

Data protection is a topic that touches much of what we do. As part of our ongoing improvement and development, we have been responding to the increased concern over General Data Protection Regulation (GDPR). This year we have spent time consulting our external Digital Protection Officer (DPO) on how we can adhere to new standards in the best way and what this implies for future working with the public voice. Engaging with this topic is important as it strengthens both our practice ethically and gives the public confidence in what we do. We have been able to apply this knowledge to several Freedom of Information requests that we received this year, as well as an updated Data Retention Policy.

### *Social media statistics*

Our goal across our channels is to share information, support partners and health and social care campaigns, and increase public awareness, allowing people to make informed choices about their health and care as well as promoting our research.

#### **Facebook**

Account	Page likes	Posts
Healthwatch Trafford	289	97
Youthwatch Trafford	46	15

Facebook allows us to create longer-form posts as well as see what people in the community are concerned about. In one such case, a Healthwatch Trafford director was made aware of problems with access to tonsillectomies for children at Trafford General Hospital. There was a need for clearer communication in order to manage public concern. We raised it with Manchester University NHS Foundation Trust (MFT) who clarified the current position.

#### **Instagram**

Account	Followers	Posts
Healthwatch Trafford	898	97
Youthwatch Trafford	249	16

Instagram is a platform that encourages sleek visuals and short posts, and we have been

working to expand our use of the platform to reach younger people, many of whom do not use older platforms such as Facebook.

## Twitter

Account	Followers	Impressions
Healthwatch Trafford	2324	16624
Youthwatch Trafford	319	998

Twitter allows us to post short-form content in a quickly changing digital environment. We can 're-tweet' updates and information from sources including Healthwatch England, Trafford Integrated Care Partnership, and community organisations.

A full breakdown of our digital engagement statistics is available in the Appendix.

We also maintain a subscriber list on Mailchimp to whom we send bi-monthly updates as well as our surveys. They are a key part of our information gathering process, and number **188**.

## Signposting and enquiry work

As part of our function of listening and informing the public we respond to queries about aspects of the health and care system. This could be information on local services for example how to register with your GP or find a local NHS dentist.

Generally, these focus on how to improve access and what to do when something is not as expected. This may involve an explanation of how to raise a concern or how to complain about services. People do not always want to ask service providers directly and we provide an independent forum to ask questions.

We signpost people to the voluntary and community sector as well as local health and care services. This process is quite localised to each Healthwatch office.

At times we have more complex cases that require us to explore a person's needs to make the most appropriate referral or information available to them. This can take some time and involve conversations with commissioners and/or service providers.



We collect details of enquiries and sent anonymised records to Healthwatch England. This improves the whole Healthwatch network knowledge base and helps to identify any emerging trends.

At times a single or small number of cases may lead us to explore an issue further, such as conducting a survey as part of our Healthwatch 100 or may even form part of a key project under our annual workplan. At times we also meet with the Care Quality Commission local representative to share current themes and raise specific issues we have heard.

### Breakdown of enquiry and signposting contact routes

Type	Instances	Percentage %
Telephone	48	55
Email	37	43
Engagement Event	1	1
Post	1	1
<b>TOTAL</b>	<b>87</b>	<b>100</b>

### *The importance of our signposting work*

The below patient story illustrates that our information and signposting service involves much more than a simple referral to another organisation. It often involves extensive research, liaison with multiple agencies and maintaining extensive contact with the patient. This can often extend over a period of several months.

We were contacted by an individual in mental health crisis who felt that they were not getting the support that they needed, despite being in contact with several health service providers. They had made multiple requests for assistance to service providers but did not feel that things were progressing, and they were becoming increasingly frustrated, to the point where they had mentioned considering self-harm. In the first instance we escalated this to Greater Manchester Mental Health (GMMH) and put the caller in touch with GMMH Crisis Support Line, who were able to talk to the patient at length.

Through extended dialogue we identified that the patient's diagnosis is an uncommon one and information on help and support is not easily attainable through traditional sources. We also identified that the caller would benefit from advocacy and put them in contact with Advocacy

Focus, of whom they had not previously been aware. We were also able to source information about a group of Clinical Psychologists that could potentially provide the help and support the patient required, along with information about submitting an NHS Individual Funding Requests (IFR), through which the Psychologists are funded to carry out much of their work. We were also able to advise the patient on their options should they wish to make a complaint about any given part of their experience, allowing them to make better informed choices as well as increasing their understanding of the processes involved.

The patient followed up these contacts and has received assistance to progress their situation.

## Staffing, volunteers, and engagement

Our staff and volunteer complement during the period was as follows:

### Staff

- 1 Chief Officer (5 days/week)
- 1 Research Officer (3.5 days/week)
- 1 Engagement and Volunteer Officer (5 days/week)
- 1 Communication and Information Officer (4 days/week)
- 1 Chair of the Board of Directors (part time)

### Volunteers

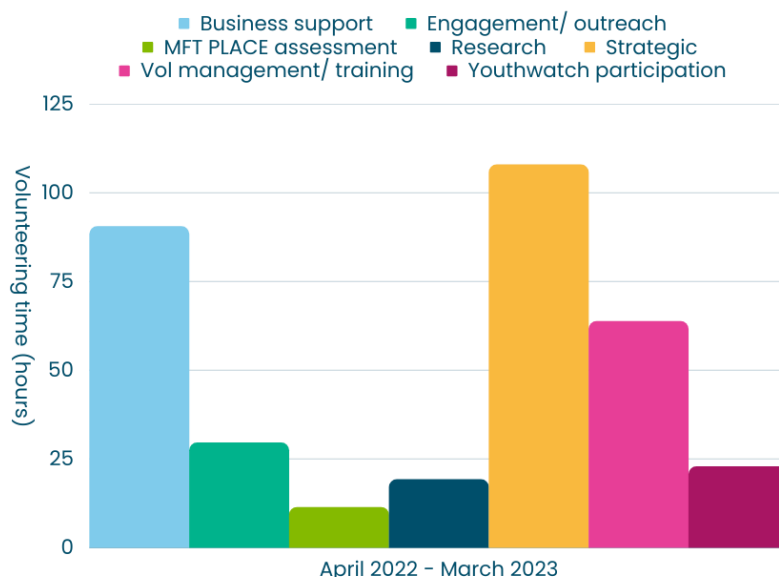
- Adults – 22
- Young People – 18

To ensure we get a representative view of Trafford, we make sure recruitment of volunteers is done across the borough. This year we had a total of 40 volunteers from North, West, Central, South, and outside Trafford.

Trafford Locality	Number of volunteers
Centre	10
West	4
South	10
North	10
Outside Trafford	6
<b>Total</b>	<b>40</b>

Volunteers contributed **345.67 hours (47 days)** to our work during the reporting period. They contribute significantly to our work, and we have sought to make participation as convenient as possible for volunteers by offering hybrid opportunities.

### Volunteering hours over the year



Our volunteers are not always able to participate in face-to-face activities, so we accommodate everyone by having some of our interactions online. This allows them to be flexible and send over any work via email. Our volunteers have become more confident using online tools such as Microsoft Office/Teams, email platforms, and Zoom. This is also convenient for staff, who can also engage with volunteers without having to meet in person.

As an organization we are aware of the importance of physical social interaction and its value to health and well-being; we try to fit in face-to-face activities for volunteers to encourage them to stay active. Volunteers are encouraged to join our stalls at community events, drop-ins, and workshops. We make sure our volunteer catchups are a mix of online and in person.

Although Enter & View visits have been on pause, volunteers got involved in the Manchester University NHS Foundation Trust's PLACE Assessments where they visited and inspected the care environment at different locations under the Trust.

Volunteer Role	Activities included within this role
Business support	Office support, capturing patient feedback, meeting support. Design of materials. Reviewing our website and literature.
Engagement/ outreach	Champion activities: drop-ins, community groups, events, capturing feedback, sharing materials. Enter & View visits.
Research	Preparation for surveys/reports. investigating and writing up (Youthwatch website). Mystery shopper activities. Preparation for Enter & View visits. Attendance at public health Q&As.
MFT PLACE Assessment	Assessing different environments of the health and social care spaces under the Manchester University NHS Foundation Trust
Strategic	Attendance at Board and liaison meetings
Vol management/ training	Inductions, training, attendance at volunteer catchups or one-to-ones.
Youthwatch Participation	Youthwatch involvement at our activities, Council and Partner projects.

Some highlights of our volunteers' involvement throughout the year are:

- Bi-monthly board meetings
- Attendance at strategic meetings across Trafford like Pharmaceutical Needs Assessments, Trafford Nutrition and Hydration steering group, Healthy Weight Physical Activity Deep Dive, Health and Wellbeing Board meetings, and COVID Q + A sessions
- Participation in the Big Conversation planning meetings
- Healthwatch England's Quality Assessment Framework feedback
- Open data research for women in North Trafford
- Trafford Council Young People's Participation Strategy
- Urgent Care Review Survey testing for the Integrated Care Partnership
- Urgent Care Review focus group with Youthwatch
- Youth Focus North West training and inspections
- Manchester University NHS Foundation Trust's 2022 Patient Led Assessment of the Care Environment (PLACE) Assessments
- Feedback session on our draft 2023 – 2024 work plan

## Where we were represented in 2022/23

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 System Reform Board	Start Well Board	Moorside Liaison Group
Health and Social Care Delivery Programme Board	Living Well Board	Trafford Integrated Mental Health Transformation Group
Clinical and Practitioner Senate	Age Well Board	GM Mental Health Strategic Advisory Delivery Group
ICS Communication and Engagement Strategy	Vaccination Programme Board	Mental Health Review Steering Group
Trafford Provider Collaborative Board	Health Inequalities Group	Learning Disability Transformation Group
	Waiting Well Working Group	Learning Disability Services Review
	Nutrition and Hydration Steering Group	
Public & Patient Groups	Other Standing Groups	Children's Services
Patient Reference Advisory Board (PRAB)	GM Quality Board	Children's Commissioning Board
Health Scrutiny Committee	Local Medical Committee Sub-Group	Trafford Safeguarding Policy and Procedures Sub-Committee
Carers Partnership Board	Quality, Finance, and Performance Group	
Voluntary and Community Sector Provider Collaborative	Primary Care Committee	
Trafford Deaf Partnership	CCG Governing Body	
Acute Services	Communication & Engagement Groups	
Trafford General Hospital Liaison Group	Information and Advice Action Group	
MFT Single Hospitals Group	Trafford ICS Communication & Engagement Working Group	

## 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, whilst our central grant funding has not increased for several years.

Income	2022-23	2021-22	2020-21
TMBC Funding	£124,500	£124,500	£124,500
Independent Income	£12,400	£5,325	£2,300
Total	£136,900	£129, 825	£126,800

## APPENDIX 1

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### Healthwatch Trafford Work Plan Summary 2023-24

#### *Background*

This is a summary of the key workstreams within the 2023-24 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.

#### *Workstreams*

##### **Projects:**

#### **1. Income Generation (to supplement LA Grant income)**

##### **Timescale:**

- Ongoing throughout the year.

##### **Contracted Work**

- This may include GMICB contracted work, but this not determined.

##### **Focus of Work:**

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

#### **2. Local Authority/TICS collaborative Project (1): Discharge to Assess**

##### **Timescale:**

- TBC, provisional April – September

##### **Focus of Work:**

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

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

#### **Timescale:**

- TBC provisional Sept – March

#### **Focus of Work:**

- To be finalised – looking at how effective and appropriate the mental health support offer for families in Trafford is.

### **4. Local Authority/TICS collaborative Project (3): Mental Health Engagement**

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

#### **Timescale:**

- TBC, provisional April – June

#### **Focus of Work:**

- Mental Health Engagement – Thrive and Trafford Collective to conduct engagement work with service users. HWT will analyse and produce the report from the data gathered.

### **5. Intern Report: Digital Access – Young People's Mental Health Resources**

#### **Timescale:**

- July–August

#### **Focus of Work:**

- To investigate the quality and accessibility of online/downloadable digital mental health resources for young people.

### **6. HW100 Surveys**

#### **Timescale:**

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

#### **Focus of Work:**

- 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*

#### **1. 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.

## **2. HWinGM:**

- We continue to work with our colleagues across GM. We have advised the ICB that children and mental health are our GMHW priorities.
- The bid to provide a single point of access, through to appointment of a Chief Coordinating Officer was approved by the ICS.
- We also represent the Network on GM wide bodies and help feed the voice of Trafford into GM wide discussions.

### *Core Activities:*

#### **1. Information and Signposting**

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

#### **2. Engagement**

- Engagement: Increased focus on hard to hear groups and individuals. 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.

#### **3. Volunteering**

- Volunteer Activities: 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.

A. Latham

Feb 2023

## APPENDIX 2

### 2022–23 in numbers:

Engagement	
Total people reached via engagement	1,462
<i>Via surveys</i>	182
<i>Via events</i>	580
<i>Via leaflets at drop-in sessions</i>	700
Engagement events	29
Communications channels	
Website	
Unique page views	24,789
Mailing list	
Subscribers	188
Twitter	
Followers	2,324
Impressions	16,624
Youthwatch followers	319
Youthwatch impressions	998
Instagram	
Followers	898
Posts	97
Youthwatch followers	249
Youthwatch posts	16
Facebook	
Page likes	289
Posts	97
Youthwatch page likes	46
Youthwatch posts	15
Research	
Reports produced	4
Reports co-produced	2
Surveys conducted	4

12-14 Shaw's Road  
Altrincham  
Cheshire  
WA14 1QU



[healthwatchtrafford.co.uk/](http://healthwatchtrafford.co.uk/)



t: 0300 999 0303



[info@healthwatchtrafford.co.uk](mailto:info@healthwatchtrafford.co.uk)



@HealthwatchTraf



[Facebook.com/HealthwatchTrafford/](https://www.facebook.com/HealthwatchTrafford/)

