

End of year performance and impact report

April 2021–March 2022

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Chair's report

CHILDREN'S SERVICES

Over the past year there have been several national reports published which have thrown the spotlight on children's services. We have been calling for an independent review to look at Trafford's system since August 2021. What prompted this was the multiplicity of providers and commissioners across both the statutory and voluntary sectors, combined with long waiting lists, financial and workforce challenges. If ever the time was right to look at children's services as a system, that time is now with the incoming Integrated Care System governance structure in July 2020.

We were pleased to learn that the CCG has commissioned a piece of work with AQUA to explore parent and children's views, and to work collaboratively to understand local provision and explore future options in relation to children's mental health. This is a useful starting point, but children's services cover a vast number of areas and the Children's Commissioning Board has rightly agreed some key priorities for further scrutiny.

We will wish to work with Trafford and the wider GM network to develop this service over the coming year to effect the improvements that we all wish to see.

GREATER MANCHESTER HEALTHWATCH

The 10 GM Healthwatch have joined together for some projects, but this has not been done in any systematic way but relied on the good will of independent organisations. Examples include the review of Child and Adolescent Services in 2019, dental services, and Covid 19 in 2021. The GM Partnership, CCGs and Local Authorities had worked with us pre-pandemic to see if we could work together more effectively and in late 2021, with the advent of the ICS legislation, Healthwatch England funded many Healthwatch nationally, including ourselves, to look at what we could do to achieve GM's original vision of working more collaboratively. HWE commissioned AQUA to facilitate our discussions as they have a history of working with many organisations in Greater Manchester including Trafford.

We are pleased to say that we now have a Healthwatch network of the ten bound together by a collaborative agreement and a 3-year all-age strategy which we have presented to the incoming ICS leaders. This has been well received.

We are looking to the ICS to agree two or three priorities for joint working which will be additional to the work we do for our local commissioners, provide representation at key GM Boards, provide a single point of access, and jointly review a funding formula which provides a more equitable base from which we can grow.

The two priorities which the network has proposed are children's services and mental health and we await confirmation of which elements the ICS wish to join with us to work on.

ICS STRATEGY

A further area we are working with the ICS on relates to their new 5- year strategy to be published later this year. There are two phases to this work – the first is to agree primarily with stakeholders the direction of travel and the overriding vision to provide a healthier and greener Greater Manchester and Phase 2 is to garner public views on their priorities to improve health and wellbeing. In relation to Phase 1, we have represented Trafford at numerous meetings to develop this work and provided a telephone line to take the views of people who preferred (or were not able to use digital methods). This covered the 7-week consultation period.

We have worked with 10GM of the voluntary sector, inequalities groups, Oldham and Salford CCGs as well as the ICS.

THE MOVE TO DIGITAL

There remain a significant number of people who either cannot or do not want to use digital means of communication. As will be seen from the People and Communities Strategy above, efforts are made to cater for this challenge, nevertheless there are instances where the move to digital – often at short notice – has seriously affected individuals and often the poorest in our communities.

The following is a quotation from a source which we will anonymise:

“At a time when people are experiencing anxiety and stress around food and energy poverty, we are concerned at the current trend to make accessing support and help being moved to online access only. In areas of Trafford, we have pockets of deprivation which is impacting on people’s physical and mental health. The number of people whose first language is not English who may not be literate, or computer savvy is higher, and we should not be further disempowering or denying them access to help by making access to help purely online. From last year the library service no longer help people to fill in the forms but try and teach them skills to do it themselves. If they do not have the ability to learn these skills, they are automatically disempowered. From 1st April Healthy Start Vouchers can only be accessed by online application and it could become a safeguarding issue if families cannot access the extra food for their child.”

Barely any notice of this change was provided, and we made representations in relation to this.

REPRESENTATION

We provide representation on thirty-five groups. These are primarily Trafford forums, but we meet regularly with the main provider Trusts as well as sit on the GM Quality Board Representation on GM groups will increase significantly once the ICS is established but this will be spread across the 10 Healthwatch. We keep our membership under constant review to make sure that we are having an impact.

CROSS BORDER AND OTHER DIFFICULTIES

There have been a handful of incidents where GPs have been charging upwards of £30 for a letter to enable people with mental health issues to obtain a free bus pass. This has been picked up with individual practice managers, but a uniform policy would be helpful. Very often people with mental health issues are not working and living off benefits and £30 or £40 is a huge drain on their resources.

There have also been difficulties with One Stop reported to us by staff. Only people coming out of hospital have been able to get Occupational or Physiotherapy appointments for assessment.

There is a 12 month wait for incontinence aids, phones have not been answered making getting in touch difficult and frustrating. We were involved in one such incident where someone doubly incontinent could not access aids and was having to buy them for himself and then having to use neighbours' dustbins to dispose of them because of his small bin. Thankfully, working with the CCG we were able to overcome all these difficulties but not knowing who to call and what their telephone number made solving this issue difficult and very time consuming. Our special thanks went to a member of Trafford One staff as they personally visited the man and his wife and provided them with a special bin. The couple were in tears.

One individual had to pay for an assessment for his child (£600) because they lived in Trafford, but the child attended a school in Warrington.

We are told that carers do not feel supported and that there is no respite for patients with dementia, nor can they get sitters.

We understand that these challenges are being addressed and doubtless the vaccination programme has taken its toll but cross border issues such as these have been present for years. Many of the difficulties come down to communication as we can see from the incontinence case above.



Heather Fairfield

Chair of the Board

Outcomes during reporting period Apr 2021–March 2022

RESEARCH

- **Research overview** – There was continued disruption in the earlier part of the year due to COVID-19. Face-to-face engagement was largely postponed, and staff changes meant we had no engagement lead in the final quarter of the year. However, we did make progress in several areas:
 - Following last year's mailing list reset, we continued to rebuild our subscribers list. Our subscribers help to provide responses to our surveys, reports, and general engagement. This total is now at 160.
 - We conducted an internal audit during October to better understand the types of enquiries we have had over the past year and where we typically signpost people. We discussed shared learning with the team.
- **Healthwatch Trafford 100 (HW100)** – We aimed to continue our Healthwatch 100 surveys this year. We met this goal and covered a diverse range of topics including:
 - Priorities for 2021/22
 - Long COVID
 - Occupational Therapy (publication was in quarter 1 of 2022–23)
 - Priorities for 2022/23
- Our work on **Long COVID** saw us improve our signposting information online as well as produce a report on the topic. We worked on this topic alongside Greater Manchester Health and Social Care Partnership (GMHSCP). There were wider implications for the Greater Manchester Healthwatch network as other offices discussed the topic at meetings to raise awareness, and Healthwatch England also approached us as this related to their ongoing work.
- **COVID-19 pandemic**– We continued to monitor the effects of the pandemic throughout 2021–22. There were significant changes in the way the pandemic

affected people's lives in Trafford. Once restrictions were lifted and the vaccine programme rolled out, we conducted a HW100 on awareness of Long COVID support in Trafford as well as publishing a 2021 COVID update.

- **Work with the Local Authority** – Two projects were proposed for the 2021-22 year: One looking at learning disability services in the borough and another on mental health, with both to be further defined over the course of the year. We have been in the discussion phase of the learning disability project since late 2021, and early 2022 for the mental health research, but neither project has yet started engagement. Due to additional pressures, we now plan to deliver this work in the 2022/23 financial year.
- **Work with Greater Manchester Healthwatch** – We continued to work closely with our local Healthwatch neighbours on a number of projects:
 - Building on work undertaken three years ago around the research governance within Healthwatch, six offices took part in a pilot of the Smart Survey platform. This pilot fed into national discussions on whether this system would allow local offices to work closely and share research findings with each other and Healthwatch England.
 - We contributed our data on dentistry to a GM-wide piece of work on the topic. Access to dentists has been a long-running theme which has worsened during the pandemic, with NHS patient lists often being closed due to increased safety measures meaning fewer people can be seen. Our national network has also picked up this topic and used findings from local Healthwatch nationwide to inform a report by Healthwatch England which was presented to parliament.
 - Towards the end of 2021 we also began conversations on the future of data in GM Healthwatch in response to the formation of Integrated Care Systems (ICSSs) and end of Clinical Commissioning Groups (CCGs). This work will be continued in the coming financial year.

- **Work with Healthwatch England** – We co-delivered eight webinars on the topics of Qualitative Analysis and Survey Design. Many of the sessions were oversubscribed and an excellent opportunity to share our experience from several years of community research and insight with the network. Most attendees were new staff or those looking to refresh their skills. We have agreed to continue working on co-delivery into 2022-23. We also began a project to transfer the learning from the webinars into two e-Learning modules: Project Management and Survey Design. This ensures that high quality training will continue to be shared with the network as we move past the COVID pandemic.

COMMUNICATIONS

- We have conducted an audit of our **website content** and updated our guide to making a complaint. Alongside this, we produced a brand-new **leaflet** outlining this information. Going forward, we will be producing further leaflets available online and in print. We have improved many of our **digital resources** with help from our volunteers, and plan to continue doing so.



- We have **migrated our website** to the new Healthwatch England Drupal Nine template, which involved working closely with colleagues at Healthwatch England to coordinate the transfer of content as well as ensure accessibility. The new site will launch on 20 April 2022.



- Our **COVID-19 information** pages continue to prove a popular and much-accessed resource for the Trafford community. Following a piece of work with Trafford Clinical Commissioning Group (CCG), we developed an additional resource page all about **Long COVID**, bringing greater awareness of the subject to local people and providing resources to help people who may be struggling with the condition.
- We attended a number of meetings with the **Care Quality Commission (CQC)** to discuss public feedback and local service providers, working collaboratively to ensure residents' voices are heard.
- We continued to respond to **public enquiries** by phone and online, and on several occasions liaised with partner organisations to provide the public with the solutions they need.

ENGAGEMENT

- **Healthwatch Trafford On Tour** saw our informative display travel round several community sites in Trafford allowing **over 2,250 people** to learn about our work and how to get in touch if they need help.
- We took part in several panels and events including **RESET 2021, Let's Talk Youth: Trafford Secondary school conference**, and **Manchester Foundation Trust's EQIA sessions**. These were great opportunities to get involved with local networks and decision making.
- We accompanied Age UK's **Trafford Health Bus** to two locations and were welcomed by the **Take a Break** group of over fifties women in Altrincham. These were opportunities to hear about residents' recent experiences, which in part led

to our survey on Occupational Therapy. This report is scheduled for release in April 2022.

VOLUNTEERING

- Our volunteer coordinator **Katherine** left us at the end of February after six years with Healthwatch Trafford. She wrote and developed many of our volunteering processes and procedures as well as spearheading Youthwatch Trafford. We wish her luck in her future endeavours.
- Our Youthwatch team undertook several pieces of work, including 'taking over' the Limelight **Covid-19 vaccination clinic** on 27th October, a mystery shop of the Kooth.com website, and participating in the GP website review. We want to thank them for their hard work at what has been a particularly challenging time for young people.
- Our volunteers have continued to meet every month and completed a variety of tasks including capturing **service feedback**, participating in our **readers' panel** looking at our reports and **attending meetings** on behalf of the organisation. Their patience and support over the past year has allowed us to continue our work.

From the Trafford community

KEY CONCERNS

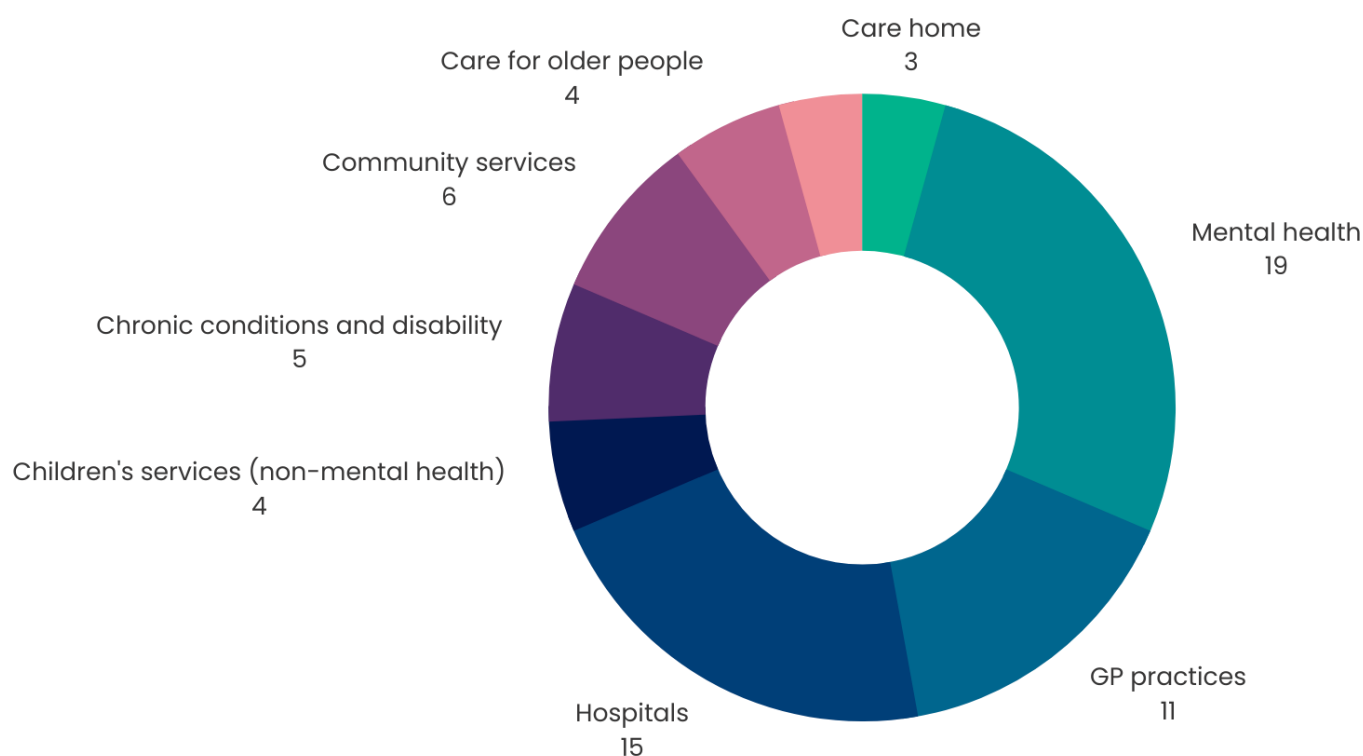
- We have continued to meet with local representatives from the **VCSE, CCG** and **general practice** on inequalities in the North Trafford area following our work in 2020–21. The pandemic has slowed the possibility for engagement, but we hope to be able to do more now that restrictions are lifting.
- **Integrated Care Systems** (ICS) are a forthcoming re-organisation of how health and care will be overseen in the GM area. Our office has been involved in looking at how this structure will affect us and from June we hope to see the structure start work. Healthwatch in Greater Manchester have been particularly preparing so that our collective voice and those of local people we represent is fully heard.
- We received 68 **dental enquiries**, often focused on the lack of availability during the second year of the pandemic. We have tried to respond by checking in with the local dental committee about overall access and working with other Healthwatch in GM to see if similar experiences are present across the wider area.
- We heard from 19 people about **general practice**, concerned about staff attitudes and access to appointments. We followed up each case, in some instances working with the Care Quality Commission, which resulted in action being taken.
- Several people have contacted us with questions relating to **COVID vaccines**. These have ranged from concerns around allergies, clinic locations, and age-related issues. We have worked with the CCG to resolve these queries where necessary and are pleased to have been able to help several people access COVID vaccination.
- We have had 11 enquiries about **hospitals**. These have focused on communication, waiting times, and concern for patients needing support after being discharged.

- **Mental health** as a whole has been highlighted as a problem area, and we hope to be able to take a closer look at this in 2022-23.

PRIORITIES FOR 2022/23

We conducted a Healthwatch 100 survey to ask local people what they would like us to look at over the next financial year. People had a range of concerns, with most people naming mental health, GP practices, and hospitals as a priority.

Within each wider category were specific issues including autism services, waiting times for referral appointments, and face-to-face clinics.



Strategic updates

STRATEGY

- Following an **audit** of our 2021/2 work plan, we can report that most of what we set out to do has been accomplished or will be by the end of this financial year despite several constraints. Unfortunately, (and for understandable reasons) we have not been able to implement our project plan for people with **learning disabilities** who use day services. Our work on providing information to the public on **personal health budgets** has unfortunately been withdrawn, along with the resource.
- At a Greater Manchester Healthwatch level, we have been working with **AQuA** to strengthen our governance in readiness for the Integrated Care System at all levels in the new structures. **Healthwatch England** have agreed to our request to ask AQuA to support GM Healthwatch in developing our joint strategy, our memorandum of understanding and the development of a single point of access
- **Changes in personnel** at both a Greater Manchester Healthwatch and a Healthwatch Trafford level have brought new perspectives and opportunities.

FINANCES

- For the second time in two years, we have had to **change offices**, once from Sale Point and once from Stretford Mall. We have explored several options for relocation but have decided to work from home indefinitely, with all staff meeting once a week in a physical location.
- **Staff costs** represent most of our expenditure. Our staff complement is now 3.4 FTE, and we have 36 volunteers including eight Directors who represent different areas of the Borough and diversity, including those with lived experience.

FUTURE PLANS

- 10 Greater Manchester Healthwatch will produce a **joint strategy** with two agreed priorities for consideration by the ICS. Each Healthwatch will then have the option to produce a 'local' strategy and we propose doing so for Trafford.
- The forthcoming **Integrated Care System** (ICS) means a new structure governing health and social care in Trafford, and the development of new relationships between Healthwatch Trafford and health and social care partners. It may take time to adjust and see what effect this has on local services.

2022-23 WORK PLAN

Details of our work plan are explained further in Appendix I.

- In looking at our work plan we have taken several factors into account and run them through our prioritisation protocol. As an organisation which is responsible for scrutinising health and care services and being a 'critical friend', we do of course wish to work with our partners, particularly in relation to the Trafford Locality Plan and the priorities of our stakeholders. However, we also retain the right as an independent organisation to pursue topics associated with seldom heard and vulnerable groups who might, otherwise, not be in a position to have their needs identified or addressed.
- This year we are aiming to conduct two projects that support the Trafford priorities of Mental Health and Learning Disabilities. These projects are being designed jointly with Trafford MBC and Trafford CCG.
- A key focus for us this year will be a return to face-to-face engagement, which we have not been able to do for the majority of the last two years (due to Covid-19 restrictions). This will include a push to recruit more volunteers from the community so that we can attend more events and connect with more groups and individuals within Trafford.

Our year in review

REPORTS PUBLISHED BY HEALTHWATCH TRAFFORD

Reports
Access to General Practice in Trafford: Website review) (April 2021)
Performance report April-May 2021 (June 2021)
Annual report 2020-21 (June 2021)
Performance report June-July 2021 (August 2021)
Greater Manchester dentistry report (August 2021)
HW100: Health and Social Care Priority Areas (August 2021)
North Trafford Project report (September 2021)
Performance report August-September 2021 (October 2021)
Youthwatch: Kooth.com Mystery Shop (October 2021)
HW100: Awareness of Long COVID and Support in Trafford (October 2021)
COVID-19 in Trafford: 2021 update (November 2021)
Performance report October-November 2021 (December 2021)
Performance report December 21 – January 22 (February 2022)

OUR STAFF

Position	Person
Chair	Heather Fairfield
Chief Officer	Andrew Latham
Communications and Information Officer	Mara Cuppini
Research and Projects Officer	Alexander Tan
Volunteer Coordinator	Katherine Bays (until Feb 2022)
Engagement Officer	Madeleine Colledge (until Nov 2021)
Directors	Brian Hilton
	David Esdaile
	Elaine Mills
	Heather Fairfield
	Jean Rose
	Kerry Blackhurst
	Nasima Miah until (May 2021)
	Susan George
Enter & View Authorised Representatives (E&V)	Ann Day
	Marilyn Murray
	Catherine Barber
	Georgina Jameson
	Heather Fairfield
	Jacqueline Blain
	Jayne Goldie
	Jean Rose
	Martin Reilly
	Natalie Hine
	Peter Johnson
	Steve O'Connor
	Susan George

PERFORMANCE AND ENGAGEMENT STATISTICS

	2020-21 Totals	2021-22	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
ENGAGEMENT														
Engagement activities -total	23	27	2	1	-	6	2	2	8	6	0	0	0	0
Locality 1	2	446	-	-	-	4	0	2	440	0	0	0	0	0
Locality 2	2	757	-	-	-		0	0	750	7	0	0	0	0
Locality 3	1	326	-	-	-	1	0	0	325	0	0	0	0	0
Locality 4	1	882	-	-	-	-	0	0	882	0	0	0	0	0
Outside Trafford	-	-	-	-	-	-	0	0	0	0	0	0	0	0
All Trafford	1	144	-	1	-	1	2	0	0	140	0	0	0	0
Public contacts	2,699	3,252	10	58	-	609	2	29	2397	147	0	0	0	0
FEEDBACK & SURVEYS														
Feedbacks received via website	71	66	3	2	5	1	3	15	9	5	5	7	3	8
Enquiries/feedbacks recorded	81	130	11	8	4	9	14	19	17	16	10	9	9	4
Signposting activities	155	227	24	27	15	14	14	18	29	38	9	1	27	11
Healthwatch 100: new people	191	153	RESET	44	2	5	8	0	81		0	0	13	0
Surveys conducted	2	5	-	1	-	1	1	-	-	1	0	0	1	0

Survey responses	331	157	-	26	4	60	5	4	-	14	1	7	36	0
VOLUNTEERS														
New volunteers (total)	10 (36)	9 (34)	-	-	5	-	-	1	1	2	-	-	-	N/A
Number of volunteer hours	465	495	40	31	65	36	28	60	85	48	24	44	33	N/A
Business support	59	134	-	-	16	15	12	27	9	24	9	7	14	N/A
Engagement/ Outreach	16	80	20	-	-	8	6	-	44	3	-	-	-	N/A
Research	125	41	3	7	11	7	2	4	3	4	1	-	-	N/A
Strategic	92	99	12	23	16	-	3	8	17	4	1	15	1	N/A
Vol management / training	173	141	5	1	22	6	6	22	12	14	13	22	18	N/A
WEBSITE														
Unique page views	162,265	104,040	6,137	6,766	10,176	10,341	11,060	9,068	10,439	8,516	7,694	8,255	7,458	8,130
Youthwatch unique page views	4,205	3,996	393	574	322	730	278	434	315	352	293	305	N/A	N/A
Reports published (minus performance reports)	8	10	1	1	1	-	3	1	2	1	-	-	-	-
SOCIAL MEDIA														
Twitter														
New followers	N/A	29	9	7	1	9	- 2	- 2	2	6	1	- 3	1	-

Impressions	N/A	48,389	3,004	3,889	13,300	3,448	9,225	1,915	3,098	2,325	1,036	2,979	1,382	2,788
Youthwatch new followers	N/A	12	2	- 3	2	3	1	2	1	4	-	- 1	2	- 1
Youthwatch impressions	N/A	6,709	269	123	474	935	1,799	348	1,073	705	434	80	279	190
Facebook														
Page likes	N/A	239	-	-	-	7	-	3	1	2	- 1	2	-	1
Facebook posts	3	69	-	1	6	6	5	5	12	6	6	7	7	8
Reach	-	N/A	1,698	2,261	299	13,269	921	3,893	1,938	113	2,454	248	76	71
Youthwatch page likes	N/A	33	-	-	-	-	-	-	-	-	-	2	1	-
Youthwatch posts	4	23	-	-	-	3	4	1	2	2	3	3	3	2
Youthwatch reach	-	N/A	1	-	2	10	11	27	17	110	296	28	245	12
Instagram														
Posts	16	62	1	2	4	5	5	3	12	6	5	5	7	7
Reach	-	N/A	137	143	157	164	251	134	201	220	165	205	195	171
Followers	N/A	898	-	-	-	11	8	1	21	- 2	-	1	2	-
Youthwatch posts	10	23	-	1	1	1	4	1	2	2	3	3	3	2
Youthwatch reach	-	N/A	-	-	-	42	82	57	62	56	84	102	48	32
Youthwatch followers	N/A	237	-	-	-	-	2	3	10	5	10	-	5	7

REPRESENTATION

<i>INTEGRATED CARE SYSTEM</i>	<i>HEALTH AND WELLBEING GROUPS</i>	<i>MENTAL HEALTH AND LEARNING DISABILITY GROUPS</i>
One System 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
	Health Inequalities Group	Learning Disability Transformation Group
	Waiting Well Working Group	Learning Disability Services Review
	Nutrition and Hydration Steering Group	
<i>PUBLIC AND PATIENT GROUPS</i>	<i>OTHER STANDING GROUPS</i>	<i>CHILDREN'S SERVICES</i>
Patient Reference Advisory Board (PRAB)	GM Quality Board	Children's Commissioning Board (see also Start Well 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	
<i>ACUTE SERVICES</i>	<i>COMMUNICATION AND ENGAGEMENT GROUPS</i>	
Trafford General Hospital Liaison Group	Public COVID Engagement Group	
MFT Single Hospitals Group	COVID Communication and Engagement Group	

Appendix: 2022-23 work plan in detail

BACKGROUND

This is a summary of the key workstreams within the 2022-23 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.

Future updates for this document will include specific pieces of work being undertaken for each workstream, this will allow board members to see what is currently being worked on and how they might contribute (if not already).

PROJECTS

Income Generation

Timescale:

- Ongoing throughout the year, where known dates listed below.

Contracted Work

- Healthwatch England E-Learning; HWE have commissioned us to convert two webinars into e-learning sessions.
- Healthwatch England Training (delivered by Alex Tan) have commissioned us to undertake several training sessions in 2021.
- Greater Manchester Integrated Care Partnership; Commissioned telephone support for the Big Conversation Survey.

Focus of Work:

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

Desired Outcomes:

- A portfolio that can be used to pitch for external research and report writing work by the end of the financial year.
- Work commissioned by external providers.
- Increase organisational sustainability through reduction in reliance in core grant income.

Local Authority/TCCG collaborative Project (1): Day Care Services**Timescale:**

- TBC, provisional April – September

Focus of Work:

- Gathering responses of recipients and relatives of those accessing LA funded day care services (away day care, supported living and alternate provision). Day care services (away from home) are not regulated by the CQC. TMBC would like to gather independent feedback to help monitor the quality of day care services.

Desired Outcome:

- Report published
- Improved understanding of both the issues and best practice in the provision of day care services.

Local Authority/TCCG collaborative Project (2): Mental Health**Timescale:**

- TBC, provisional November – February

Focus of Work:

- TBC: We have begun scoping this project in conjunction with the Local Authority, but it has yet to be decided what our main area of focus will be. It will however complement work being conducted by the Local Authority and other commissioned agencies (i.e., AQuA).

Desired Outcomes:

- Work with providers and commissioners on any service redesign or development to facilitate positive change.

Intern Report: Occupational Therapy and Adaptations**Timescale:**

- July–August

Focus of Work:

- We want to investigate the potential impact on the health and wellbeing of Trafford residents due to difficulties accessing Occupational Therapy services and adaptations equipment during the Covid-19 pandemic.

Desired Outcomes:

- Report Published
- Findings fed into relevant Local Authority/ICS meetings and departments. Establishment of an action plan to address any recommendations and monitor progress against those.

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.

Desired Outcomes:

- Summary report published for each survey and shared publicly, which may lead to further, more involved work dependent on findings.
- Relevant findings fed into partner commissioner and provider workstreams.

HWT Impact Report**Timescale:**

- April

Focus of Work:

- A summary of the work of HWT in 2021-22 and associated impact.

Desired Outcomes:

- Raise awareness of HWT amongst partners and stakeholders.

Enter and View/Dignity in Care Visits

*Note: This section remains unchanged from last year. The situation remains the same and no new guidance has been received from TMBC on either initiative. As an itemised part of our grant agreement, it remains in the work plan until TMBC confirm it is not required (or otherwise).

Timescale:

- TBC – Enter and View (E&V) and Dignity in Care (DIC) are currently suspended due to Covid restrictions and are unlikely to resume until the second half of the year at the earliest. Possible digital visits to be explored as part of the development of the Engagement Strategy.

Focus of Work:

- To provide feedback on residential care services to the LA as commissioners and to provide a public facing insight into what it is like for residents to live in a given home and for relatives to visit.

Desired Outcomes:

- Report published for each E&V; summary report for each DIC visit.
- Allow relatives of those going into care to make a more informed choice about where to place their relative.
- Improve relations with care home providers through regular contact and increase understanding of the issues faced by residential care providers.

Follow Up Work

- Healthwatch 100: Follow up on reports and associated recommendations made in 2021-22

Scoping Exercises

- Care Home website review

ADDITIONAL WORK**People and Communities:**

- We are already undertaking the Big Conversation work as part of the People in Communities programme and it is likely that there will be an additional ask of local Healthwatch over the summer months, when the focus of the conversation shifts away from stakeholders and more toward the public. We do not have any details as yet, but provision should be made in the work plan to accommodate this as and when it occurs.

HWinGM:

- With the imminent advent of Integrated Care Systems and the inevitable bedding in period, we will collaborate with our colleagues across GM to finalise our own network governance arrangements and to contribute whenever appropriate to collaborative pieces of work. As yet the focus of any work undertaken in support of the ICS is unknown.

Core Activities:

- In many instances, the below activities will take place at set times throughout the year

Information and Signposting

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

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.

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.

Governance

- Governance: Schedule regular board meetings, minutes, and action logs; Produce Annual Report; maintain contract monitoring and relationships with external stakeholders; review organisational handbook and policies/procedures; submit all statutory returns; ensure subscriptions are maintained; ensure legal compliance with regulations such as GDPR.

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