

# Performance Report

June – July 2022

## Activities during reporting period June–July 2022

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### RESEARCH

- In June our research officer was asked to review a new **eLearning** module to be published by Healthwatch England on using Microsoft Excel. We submitted a review for parts 1 and 2 of the course.
- An agreement was signed in July to progress our project with the GM ICS on **Mental Health in Trafford**. Staff from the former Trafford CCG plus local community group The Collective are involved. It was agreed that The Collective would do the engagement for this and Healthwatch would undertake the report writing.
- Our Research and Projects Officer attended a launch meeting for the **Big Conversation 2**. This will follow-up the initial survey and focus on residents' views later this year.
- Due to Healthwatch England ending support for our records management system, **CIVI CRM**, we have looked at various alternatives as well as attend the sessions put on by the Healthwatch Network on options.
- Co-delivered a further research webinar for Healthwatch staff on **Qualitative Methods** in July.
- Our HW100 survey on **Parental Mental Health** was held open so we could gather comment from the community at the end of July. Following this the survey was formally closed. Results are now being analysed with a view to publishing the report as soon as we can.
- At the end of July an **intern from the University of Manchester** joined us for two months. During this time, they worked on a follow up investigation into accessing Occupational Therapy and reablement services in Trafford, both during and post pandemic. A report will be produced in conjunction with stakeholders, with a view to creating an action plan for recommendations.
- We had been working on a project with the Local Authority (LA) around **Learning Disability Services** since July 2021. Unfortunately, the project was put on hold by the LA at the end of July 2022.

## COMMUNICATIONS

- There is ongoing work on our **GDPR** policies to make sure they are updated for 2022.
- We met with the Communications and Engagement Manager from the **Greater Manchester Local Pharmaceutical Committee** to discuss opportunities for collaboration, and to understand some of the issues being faced by pharmacies and staff in the area. This will lead to an infographic/e-leaflet that can be shared, containing some of the key messages for the public.
- June saw the production of our **annual report**, which is available to read at [healthwatchtrafford.co.uk](http://healthwatchtrafford.co.uk).
- In July we issued our bi-monthly **highlights bulletin**.
- We attended a session run by Healthwatch England to update local Healthwatch on the progress of the **Your Care Your Way** campaign (<https://www.healthwatch.co.uk/your-care-your-way>). This campaign aims to highlight the inequalities faced by people who are affected by inaccessible care. Healthcare trusts across the country have now largely responded to Freedom of Information requests, and in one area raising awareness has led to success: invitations for breast cancer screenings have been made available in easy-read format, allowing more people to attend screenings, and improving health outcomes.
- We continued to collect responses for our **parental mental health survey** and shared it with several key community contacts.
- **New public information leaflets**: Two were published in June/July, one giving guidance on how to raise a complaint and the other a general awareness raising leaflet for HWT. We also now have leaflets explaining HW in GM and details of how to contact your local HW throughout GM.
- We had 1,313 visitors to our **website**, reached 3,652 people via **Twitter**, 248 via **Instagram**, and 1,200 through **Facebook**.
- We published the Healthwatch in Greater Manchester joint strategy 2022-25 in June.

## ENGAGEMENT

- Healthwatch Trafford attended **five engagement activities** in the months of June and July. We managed stalls at **The Hope Centre's Birthday** in Partington and **NHS Party in the Park** at Golden Hill Park, Urmston. We also had a chance to speak with **members of community groups** about their experiences with health services, and their complaints were escalated to the appropriate departments. Groups we engaged with include Sale

West Community Urban Trust, Pakistani Resource Centre Peer Support Group, AgeUK Trafford's Memory Loss Advice Service.

- We reached over **150 residents**, with some signing up for our email updates.

## VOLUNTEERING

- Our volunteers supported our event stall management by **recording** the number of people engaged, giving out our **flyers**, and **taking note** of residents' complaints on health and social care issues.
- A total of 10 volunteers attended our June and July monthly catch ups. We decided to take a **hybrid approach** to our monthly catch ups, by holding an in-person catch up in June and met online in July.
- Volunteer tasks and involvement for the months of June and July amounted to **45.4 hours** of work by our volunteers.
- Our **volunteer numbers** have reduced since the pandemic. This is due to a variety of reasons but primarily because we were unable to conduct face-to-face engagement activities and subsequently were not able to recruit new volunteers into that role. With restrictions now lifted but infection rates still high, some volunteers are still reluctant to return to face-to-face engagement, which of course we fully respect. We are however returning to full engagement and are looking to recruit new volunteers in the hope of returning to pre-pandemic levels.

## From the Trafford community

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### KEY CONCERNS

- **NHS dentistry** access remains the largest single-issue area for comment. This is not limited to any particular demographic with enquiries coming from various sources; pregnant women, families with children, cases where callers were seeking to avoid going private due to the cost, and an elderly individual that was struggling to eat due to lack of care options. We continue to liaise closely with the **Local Dental Committee** to help improve information sharing with the public and to resolve minor issues.
- **GPs:** In one instance a patient was being housed outside of Trafford and this meant they had to look for another GP, despite this being a temporary arrangement.
- **Hospitals:** In one example the lack of patient transport during the week meant a patient only had the option of rescheduling and waiting again or cancelling.
- **District nursing:** a caller's relative found the service not well equipped or attentive to their relative's needs.
- **Home care:** we heard the council had reduced a resident's calls to two a week from every day.

## PERSONAL STORIES

On 1<sup>st</sup> July, a new system of providing health and care came into being across the country. New Integrated Care Systems (ICS) have replaced Clinical Commissioning Groups in the NHS, and with them a new set of structures and contacts across the board.

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.

Since then, the ICS have developed contact information pages for each borough in Greater Manchester, however the only one lacking a locality-specific number is Trafford.

We would recommend 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.

## Strategic updates

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### STRATEGY

- In our last report, we mentioned that we were working with the ICS to see how we could best contribute to the new agenda as a network of Healthwatch in GM. A meeting was scheduled for the 8 August with the aim of progressing our case for support to provide a single point of access and to finalise our draft partnership agreement. We will push for a further meeting to establish models of collaboration to allow Healthwatch to relate to the ICS which will be challenged in the context of its engagement work and insight of local Healthwatch to inform its strategy. This would be additional to local Healthwatch work for their local authorities.
- In respect of the ICS strategy, we were involved in Phase 1 of the Big Conversation and will continue to be involved in Phase 2 which is due to begin shortly. The outputs of both Phase 1 and Phase 2 will form the ICS's strategy which is due to be published towards the end of this year.
- Our vice-chair, Jean Rose, attended the first of two deep dive meetings organised by the Health and Wellbeing Board. This one was targeted at improving physical activity and reducing obesity. We put forward the suggestion of using good practice from the Healthy Schools Initiative some years ago, as well as asking hospital and community staff to act as role models.

### FUTURE PLANS

- HWT will compile a report following The Collective's engagement work with Mental Health Service Users.
- Publication of the University of Manchester Intern report on access to Occupational Therapy services, followed by ongoing work based on findings and recommendations.
- Publication of the HW100 Survey into parental mental health.

